



MAC Local Match Leveraging Form

For prepayment of non-federal local share match funds – Medicaid Administrative Claiming only

Instructions

Complete and submit this form to accompany each local match payment for Medicaid Administrative Claiming (MAC) activities billed to the Department of Human Services (DHS) Financial Receipting Unit.

- Make sure to enter the Intergovernmental Agency (IGA) number and provider agency name on the check submitted for match payment.
- If DHS is unable to identify a payment that is unaccompanied by this form, the payment may be returned.

If you need to set up electronic funds transfer (EFT) payments, or have questions about the local match payment process, call DHS Financial Services at 503-947-5007 (Salem).

Reimbursement Authority

Pursuant to 42 CFR 433.51, **only** a unit of government is authorized to participate in Federal Financial Participation (FFP) by providing the non-federal share of public funds for Medicaid reimbursement for covered services.

Enter the authorized unit of government’s information here:

| | | |
|------------------------|-------------|----------------------|
| Provider Agency Name: | IGA Number: | IGA Expiration Date: |
| Provider Contact Name: | Phone: | E-mail: |

Payment information

Complete the following information about the prepayment(s):

| Quarter surveyed | Year | MAC total claim | 50% non-federal match |
|---|------|-----------------|-----------------------|
| Select one: | | | |
| Method of payment: <input type="checkbox"/> Check - Enter check number here <input type="checkbox"/> Electronic Funds Transfer (EFT) - Enter transfer date here | | | |

How to submit the completed form

For electronic funds transfer (EFT) payments:

Submit the completed form by fax or e-mail to:

Fax: 503-378-2806 (Salem)
 E-mail: medicaid.leveraging@state.or.us
 (enter “MAC” in the subject line)

For check payments: Submit the completed form by mail to:

DHS Receipting Unit
 P.O. Box 14006
 Salem, OR 97309-5030

| <i>DHS use only:</i> | Receipting code | Index | PCA | Object | Deposit information | |
|----------------------|-----------------|-------|-------|--------|---------------------|-------|
| | | OF | 74050 | 79917 | 2657 | Date: |
| | Payment code | Index | PCA | Object | Approved by | Date |
| | | 74050 | 87098 | 7611 | | |

Current Local Match Leveraging Process

Provider procedure to submit local matching funds prior to processing Intergovernmental Agreement (IGA) payments for providers who invoice for Medicaid Administrative Claiming (MAC) activities:

1. Submit payment of matching funds to DHS for the Federal Financial Participation (FFP) percentage amount indicated in your IGA.
 - For example, the IGA for an Education Service District (ESD) specifies that the non-federal share portion is 50% of the total allowable costs attributable for Medicaid-covered activities performed.
 - Therefore, an ESD must submit 50% of the total amount of the claim for each quarter surveyed. DHS will accept payment via electronic funds transfer (EFT) or check.
2. Submit the local match form to DHS Receiving Unit by fax, e-mail or mail. For EFT payments, send the form by e-mail or fax. Make sure the completed form and EFT payment clearly identify the payment(s) to associate with the completed form. For check payments, send the completed form by mail with the check enclosed.

DHS procedure upon receipt of local matching funds:

1. DHS Receiving Unit will confirm the provider's prepayment deposit by completing the Deposit Information section at the bottom of the completed MAC Local Match Form submitted by the provider:
 - "Date" is the date funds were deposited.
 - "Document No" is the Receiving Unit's document number for tracking the funds.
2. DHS Receiving will forward the completed MAC Local Match Form to the DMAP Budget and Finance Unit for processing.
3. DMAP Budget and Finance will contact the MAC Program Analyst to confirm that funds were deposited, and to request the MAC invoice with signature approvals for payment processing.
4. The MAC Program Analyst will send the provider's MAC invoice with signature approvals to DMAP Budget and Finance for processing with the corresponding MAC Local Match Leveraging Form.
5. DMAP Budget and Finance will complete the Payment Codes section at the bottom of the completed MAC Local Match Form, add payment code information the corresponding MAC invoice, and send both documents to DHS Contracts Payable Unit.
6. DHS Contracts Payable verifies the provider's contract information to ensure that payment is in accordance with the IGA. If the payment complies with the provider's IGA, DHS Contracts Payable issues payment to the provider.