

MMIS Local Match Leveraging Form

For Behavior Rehabilitation Services, Targeted Case Management and School-Based Health Services claims

Reimbursement authority

42 CFR 433.51 **only** authorizes a unit of government to participate in Federal Financial Participation (FFP) when the unit of government provides the non-federal share (“local match”) of public funds for Medicaid reimbursement for covered services.

By completing and submitting this form, the unit of government agrees that the government provider(s) listed below will retain the full amount of the total computable payment received from the Oregon Health Authority (OHA) for leveraged Medicaid-covered services.

Instructions

- Complete this form for each prepayment submitted for local match. To find out the amount you need to prepay, please see the [Leverage Claims Payable – Not Paid section of the paper remittance advice](#) for each provider you list below.
- Enter the authorized unit of government’s information and the specific match amount for each unit of government provider listed. Make sure the prepayments clearly identify the match amount(s) to associate with each provider number listed below.
- Prepayments received and reported on this form to DHS|OHA by 5:00 p.m. Wednesday will be available for claims that process the following weekend.

If you have questions about submitting local match prepayments, call DHS|OHA Financial Services at 503-947-5017 or 503-947-5007 (Salem).

| Unit of Government Name: | | Telephone: | |
|--|---------------------------------|--------------------------|--------------|
| Service Type | Oregon Medicaid Provider Number | Government Provider Name | Match Amount |
| Select service type: | | | |
| Select service type: | | | |
| Select service type: | | | |
| Select service type: | | | |
| Select service type: | | | |
| Select service type: | | | |
| Select service type: | | | |
| Select service type: | | | |
| Select service type: | | | |
| Total prepayment submitted: | | | |
| Prepayment type: | | | Select type |
| Check/Electronic Funds Transfer (EFT) # (if known): | | | |
| Submission date (MM/DD/YY): | | | |

EFT payments:

- E-mail the completed form to medicaid.leveraging@state.or.us (enter “MMIS” in the subject line of the e-mail) or
- Fax to 503-378-2806 (Salem).

Check payments:

Mail the check with the completed form to:
 DHS|OHA Receiving Unit
 P.O. Box 14006
 Salem, OR 97309-5030