STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF MEDICAID SERVICES

Lori A. Weaver
Commissioner

Henry D. Lipman
Director

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DATE: September, 2025

TO: Superintendents, Enrolled Medicaid LEA/SAU School District Providers

FROM: NH Medicaid

SUBJECT: Federally Required Annual Certification of Local Match for Medicaid Reimbursement Statement

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Medicaid is a health care assistance program for the poor, elderly and disabled that is jointly funded by the State and federal government. The State share is based on its percentage of unemployed and its per capita income relative to other states. The State of New Hampshire must match each dollar the federal government pays towards Medicaid medical services rendered. Currently, this match represents fifty percent (50%) of the Medicaid program expenditures.

Federal regulations allow states to use state general funds or other non-federal governmental funding sources – such as local or county funds – to be used as "state match". To prove that this match is being made, each SAU must document that the SAU has provided at least 50% of the cost of services reimbursed by Medicaid, as required under He-W 589.08, Medical Assistance provided by Educational Agencies. The attached form "Documentation of Expenditure of Non-Federal Funds" is to be used to comply with federal documentation requirements.

Each year, the Department of Health and Human Services (DHHS) sends this reminder notice to all participating SAUs indicating that the Match for Medicaid funds form is due. The due date this year is October 31st. The form covers local match to Medicaid funds **paid** during a specific July 1 through June 30 time period **regardless of dates of service**, that is, enter figures based on what you have actually received during this period. SAUs must enter data for each of their enrolled districts that were paid Medicaid funds. The district's "match" payment total (far right column on the form) should always be at least equal to or greater than the Medicaid payment column (middle) since the system automatically pays 50% of the actual cost billed or 50% of the rate established by the Department whichever is less.

Questions may be addressed to NH Provider Relations: NH.Medicaid.Provider.Relations@dhhs.nh.gov. You may mail completed forms to: NH Provider Relations, 129 Pleasant St., Concord NH 03301or fax to: (603) 314-8101.

DOCUMENTATION OF EXPENDITURE OF NON-FEDERAL FUNDS

CLAIMS PAID FROM July 1, 2024 to June 30, 2025

Medicaid is a federal health care assistance program for the poor, elderly and disabled that is jointly funded by state and federal governments. The state share is based on its percentage of unemployed and its per capita income relative to other states. The State of New Hampshire currently must match each dollar the federal government pays on behalf of Medicaid services. Consequently, New Hampshire must fund fifty percent (50%) of the Medicaid Program. Federal regulations allow states to use state general funds or other non-federal governmental funding sources - such as local or county funds - to be used as "state match". To prove that this match is being made, each SAU must document the level of local funding that is being applied to match the federal funding. The following sheet can be used to comply with federal documentation requirements.

SAU #: **ADDRESS:**

CONTACT PERSON: **TELEPHONE NUMBER:**

For Claims PAID from *Dates*
(regardless of Date of Service)

Name of each Enrolled School District	School District's Medicaid Provider Number	Total Amount Billed	Total Amount Reimbursed/Paid by Medicaid (i.e. Total of all Medicaid payments)	Amount Paid from local or other Non-Federal Funds to be counted as "match" for the Medicaid Payments

I hereby certify that all Medicaid funds paid to the above named districts under He-W 589.08, Medical Assistance Services Provided by Education Agencies for the period July 1, 2024 through June 30, 2025 have been supplemented with LEA/SAU and/or other non-federal funds to total 100% of the cost of services rendered and that the Medicaid reimbursement received does not exceed 50% of the total cost of the services rendered.

Superintendent's Signature: Date:

Mail to: Jordan McCormick
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129 Pleasant Street
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September 2025