



RECEIVED
CITY CLERK

2025 MAR 31 P 3:20

CITY OF AMESBURY OF AMESBURY, MA.
IN THE YEAR TWO THOUSAND TWENTY-FIVE

SPONSORED BY: Kassandra Gove **BILL No. 2025-040**
Kassandra Gove, Mayor

An Order to approve payment from the FY25 general fund operating budget for the below listed prior year invoices.

Summary: The below listed invoices are for operating expenses related to supplies or services rendered in prior fiscal years but for which funds were not encumbered by the corresponding city department at fiscal year-end. This order requests payment be made to the listed vendors from the corresponding department's current year (FY25) operating budget in accordance with M.G.L. c. 44 s. 64. This vote requires a two thirds approval of the City Council.

Be it Ordered by the City Council of the City of Amesbury assembled, and by the authority of the same, as follows:

The City Council hereby authorizes the payment of the below listed prior fiscal year invoices in the amount of **\$2,976.23**.

Administration & Finance Department

Shore Educational Collaborative, QE ending 3/31/24, Date: 5/1/2024 \$1,613.94

Shore Educational Collaborative, QE ending 3/31/24, Date: 10/1/2024 \$1,362.29

Subtotal **\$2,976.23**

The above to be paid from 100 0021 4841 00 - Medicaid Reimbursement

INVOICE

Shore Educational Collaborative
201 Crescent Avenue
Chelsea, MA 02150-1543

Invoice Date	Invoice Number	Rev.
05/01/2024	2402946	0
Customer P.O. Number		
Reference		

Questions ? Scott Gianolasio (857) 776-6856

Bill To :

Town of Amesbury
5 Highland Street
AMESBURY, MA 01913

Attn: Lporto, Joan

Phone:

Fax:

Project: May, 2024

Qty	Unit	Product#	Description	Unit Price	Extended	Tax	Freight
1.00	EA		Qtr Ending 3/31/24 Medicaid Reimbursement Payments	1,613.9400	1,613.94	0.00	0.00

NOTES:

See Backup Attached

Sub-Total:	1,613.94
Freight:	0.00
Tax:	0.00
Total Amount:	1,613.94

ORIGINAL



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
 COMMONWEALTH OF MASSACHUSETTS
 OFFICE OF MEDICAID
 ONE ASHBURTON PLACE, BOSTON, MA 02108



MAURA T. HEALEY
 GOVERNOR

KATHLEEN E. WALSH
 SECRETARY

KIMBERLEY DRISCOLL
 LIEUTENANT GOVERNOR

MIKE LEVINE
 ASSISTANT SECRETARY
 FOR MASSHEALTH

May 22, 2024

Joan Liporto
 Amesbury Public Schools

Dear Joan Liporto,

The Executive Office of Health and Human Services (EOHHS), working with the Center for Health Care Financing at the University of Massachusetts Medical School, has compiled a record of School Based Medicaid claims submitted for the quarter ended on March 31, 2024.

The statement below includes:

- Administrative Activity Claims and amendments (submitted in QE 3/31/24)
- Direct Service Interim Claims (adjudicated in QE 3-31-24)
- The completed reconciliation of interim claims payments for services delivered between July 1, 2022 and June 30, 2023 to the Certified Public Expenditures submitted as part of the school district's FY2023 Cost Report

The breakdown of amounts for this quarter is as follows:

Administrative Activity QE 12/31/23	\$32,093.49
Direct Service Interim Claims 3/31/24	\$6,168.76
FY 2023 Direct Service Cost Report (7/1/22-6/30/23)	
FY23 Certified Public Expenditure	\$55,026.05
FY23 FFP Amount to Provider	\$25,454.51
FY23 Less Interim Claims Payments	-\$18,348.76
Net Cost Report Settlement	\$7,106.75
Annual Contingency Fee Assessment	-\$3,984.88
Total Distribution	\$41,383.12

In case of positive net distribution, the amount will be transferred to an account on your behalf. The State Treasurer's Office will issue this money to you by check or wire transfer based on the vendor code information which you submitted with your original Medicaid Provider Application. It is important that you notify your treasurer's office of the anticipated release of funds. We are anticipating that this payment will be made within the next 10 days.

In case of negative net distribution, then EOHHS will continue to collect against future payments.

If you have any questions concerning payment, please contact the School-Based Claiming Program at 1-800-535-6741 or by email at SchoolBasedClaiming@umassmed.edu.

Sincerely,

Margot Tracy
 School-Based Medicaid Manager



INVOICE

Shore Educational Collaborative
201 Crescent Avenue
Chelsea, MA 02150-1543

Invoice Date	Invoice Number	Rev.
10/01/2024	2501543	0
Customer P.O. Number		
Reference		

Questions ? Scott Gianatasio (857) 776-6856

Bill To :

Town of Amesbury
5 Highland Street
AMESBURY, MA 01913

Attn: Liporto, Joan

Phone:

Fax:

Project: October, 2024

Qty	Unit	Product#	Description	Unit Price	Extended	Tax	Freight
1.00	EA		Qtr Ending 6/30/24 Medicaid Reimbursement Payments	1,362.2900	1,362.29	0.00	0.00

NOTES:

See Backup Attached

Sub-Total:	1,362.29
Freight:	0.00
Tax:	0.00
Total Amount:	1,362.29

ORIGINAL



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
 COMMONWEALTH OF MASSACHUSETTS
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 ONE ASHBURTON PLACE, BOSTON, MA 02108



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 LIEUTENANT GOVERNOR

MIKE LEVINE
 ASSISTANT SECRETARY
 FOR MASSHEALTH

October 22, 2024

Joan Liporto
 Amesbury Public Schools

Dear Joan Liporto,

The Executive Office of Health and Human Services (EOHHS), working with the Center for Health Care Financing at the University of Massachusetts Medical School, has compiled a record of School Based Medicaid claims submitted for the quarter ended on June 30, 2024.

The statement below includes:

- Administrative Activity Claims and amendments (submitted in QE 6/30/24)
- Direct Service Interim Claims (adjudicated in QE 6/30/24)

The breakdown of amounts for this quarter is as follows:

Administrative Activity QE 3/31/24	\$29,802.28
Direct Service Interim Claims 6/30/2024	\$5,128.36
Total Distribution	\$34,930.64

In case of positive net distribution, the amount will be transferred to an account on your behalf. The State Treasurer's Office will issue this money to you by check or wire transfer based on the vendor code information which you submitted with your original Medicaid Provider Application. It is important that you notify your treasurer's office of the anticipated release of funds. We are anticipating that this payment will be made within the next 10 days.

In case of negative net distribution, then EOHHS will continue to collect against future payments.

If you have any questions concerning payment, please contact the School-Based Claiming Program at 1-800-535-6741 or by email at SchoolBasedClaiming@umassmed.edu.

Sincerely,

Margot Tracy
 School-Based Medicaid Manager
 Executive Office of Health and Human Services | MassHealth
 One Ashburton Place | Boston MA 02108

