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Director

State of California—Health and Human Services Agency
Department of Health Care Services



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**2008-2009 LOCAL EDUCATIONAL AGENCY (LEA) MEDI-CAL BILLING OPTION
ANNUAL REPORT**

As specified in the Local Educational Agency (LEA) Provider Participation Agreement, enrolled LEAs must submit an Annual Report (AR) describing their collaborative, service priorities, and reinvestment expenditures. Each LEA Medi-Cal provider with an enrollment effective date prior to July 1, 2008, is required to complete the AR which must be returned on or before **October 30, 2009**.

An AR is required whether or not the LEA has submitted Medi-Cal claims during the 2008-2009 Fiscal Year (July 1, 2008 through June 30, 2009). In addition, timely receipt of the 2008-2009 AR is necessary to allow the LEA to claim Medi-Cal reimbursement during the 2009-2010 Fiscal Year.

Beginning this year, the 2008-2009 AR, its attachments, and instructions for completion can be obtained through the LEA Program Web site:

www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx, under Tools and Templates. The current AR version allows you to “fill in” the required information online; however, you will not be able to save a copy online. Hard copies of the AR forms will not be mailed unless specifically requested. To request a hard copy of the AR please send an email with your contact information to LEA@dhcs.ca.gov. The DHCS must receive an original hardcopy of the AR signed in blue ink. You may not submit a facsimile or electronic version in place of a hardcopy. Do not make two-sided, back-to-back copies of the pages.

Mail all pages of the original LEA Medi-Cal Billing Option 2008-2009 AR, including Attachment 1 and Attachment 2, on or before **October 30, 2009** to:

California Department of Health Care Services
Provider Enrollment Branch
MS 4704
P.O. Box 997413
Sacramento, CA 95899-7413

Email Subscription Service: Have you subscribed? If you have not already, subscribe to receive Emails for the most up to date information as it relates to the LEA Billing Option Program. Go to www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx and click on the Email Subscription Service link.

The DHCS LEA Medi-Cal Billing Option Program has also developed an LEA Contact Database to ensure program information, correspondence, and required documents are directed to the appropriate contact. Please visit the LEA Medi-Cal Billing Option Program Website and select the “LEA Contact Information Form” link on the homepage to ensure LEA Program information is directed to the proper staff.

If you have questions about the LEA Medi-Cal Billing Option AR, please contact James “Rob” Williams at (916) 552-9323.

Provider Enrollment Branch