



SANDRA SHEWRY
Director

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



ARNOLD SCHWARZENEGGER
Governor

2006-2007 LEA MEDI-CAL BILLING OPTION ANNUAL REPORT

Enclosed is the 2006-2007 Annual Report form (AR) and its attachments, along with instructions for completion. A download of the 2006-2007 AR may be obtained at the LEA Program Web site at www.dhs.ca.gov/LEA. As specified in the Local Educational Agency (LEA) Provider Participation Agreement, enrolled LEAs must submit an AR describing their collaborative, service priorities, and reinvestment expenditures. Each LEA Medi-Cal provider with an enrollment effective date prior to July 1, 2007 is to complete the AR, which must be returned on or before October 30, 2007. Deadline extensions will not be granted.

The California Department of Health Care Services (DHCS) must receive an original hardcopy of the AR. You may not submit a facsimile or electronic version in place of a hardcopy. It is also required that the enclosed AR and attachments, created by the Department, be utilized. Do not make two-sided, back-to-back copies of the pages.

An AR is required whether or not the LEA has submitted Medi-Cal claims during the 2006-2007 Fiscal Year (July 1, 2006 through June 30, 2007). In addition, the CDHS receipt of the 2006-2007 AR is necessary to allow the LEA to claim Medi-Cal reimbursement during the 2007-2008 Fiscal Year.

Mail all pages of the original LEA Medi-Cal Billing Option 2006-2007 AR, including Attachment 1 and Attachment 2, on or before October 30, 2007 to:

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

If you have questions about the LEA Medi-Cal Billing Option AR, please contact Bob Baxter at (916) 552-9618.

Provider Enrollment Branch