Welcome to the
Local Educational Agency (LEA)
Medi-Cal Billing Option Program!

LEA Onboarding Handbook

GET ON BOARD!

This handbook was designed to assist new LEAs and/or new LEA staff with administering the LEA Medi-Cal Billing Option Program.

UPDATED OCTOBER 2016

Local Education Agency (LEA) Medi-Cal Billing Option Program Onboarding Handbook

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Purpose of an Onboarding Handbook

"Onboarding" refers to the mechanism by which new employees acquire the necessary knowledge, skills, and behaviors to become effective organizational members and insiders.

The Department of Health Care Services (DHCS) designed this Onboarding Handbook to provide guidance to California Local Educational Agencies (LEA) participating in the LEA Medi-Cal Billing Option Program to help them to acquire the necessary knowledge, skills, and behaviors to become effective participants in the LEA Medi-Cal Billing Option Program. This Onboarding Handbook offers guidance on the correct and appropriate steps for enrolling as a LEA Medi-Cal Billing Option Program provider, and how to seek reimbursement for School-Based Medi-Cal services provided to students with an Individualized Education Plan (IEP) or an Individualized Family Services Plan (IFSP). Additional information about the LEA Medi-Cal Billing Option Program is contained in the State Plan and the LEA Medi-Cal Billing Option Program Provider Manual.

Note: This Onboarding Handbook does not supersede Medi-Cal policy and it is the obligation of each LEA to ensure that it complies with current Medi-Cal policy pertaining to rendered services.

LEA Medi-Cal Billing Option Program Overview

In 1989, Congress provided an option for school districts to recover a portion of the costs of providing Medicaid services to eligible and enrolled children, and the LEA Billing Option was developed to allow school districts to claim federal dollar reimbursement to match the education dollars already being spent for health services for children eligible for medical services assistance.

In 1993, the LEA Medi-Cal Billing Option Program was established in conjunction with the California Department of Education (CDE), and allows LEAs to become Medi-Cal providers and bill for covered services provided by qualified employed or contracted practitioners. The LEA Medi-Cal Billing Option Program provides the federal share of reimbursement for health assessment and treatment for Medi-Cal eligible students who have an Individualized Education Plan (IEP)/ Individualized Family Services Plan (IFSP). A LEA provider (generally a school district, charter school, special education local plan area (SELPA), or county office of education) employs or contracts with qualified medical practitioners to render certain health services.

The LEA Medi-Cal Billing Option Program is authorized under California's Welfare and Institutions (W&I) Code 14132.06 and funded with a combination of local and federal Title XIX (Medicaid) funds. LEAs bill Medi-Cal for the direct medical services covered by the LEA Medi-Cal Billing Option Program provided by qualified practitioners, identified in the LEA Medi-Cal Billing Option Program Provider Manual, to Medi-Cal eligible students with an IEP/IFSP. Claims are filed using the traditional Medi-Cal fee-for-service system through Xerox, the fiscal intermediary for DHCS.

LEAs are reimbursed the Federal Financial Participation (FFP) share of 50% of the maximum allowable rate listed as specified in the LEA Medi-Cal Billing Option Program Provider Manual. LEA Medi-Cal Billing Option Program funds are a reimbursement for services rendered, and are not considered federal dollars upon receipt by the school. The funds are restricted in their use and must supplement, not supplant, existing services. Federal funds are based upon a "fee-for-service" model; therefore, there is no State General Fund expense for this program. LEAs must have the funds budgeted for program administration and practitioners providing services prior to seeking reimbursement from the LEA Medi-Cal Billing Option Program.

In order to seek reimbursement through the LEA Medi-Cal Billing Option Program, LEAs must have an approved Provider Participation Agreement (PPA) with DHCS through CDE. As a condition of participation, LEAs must reinvest reimbursements in health and social services for children and their families, as outlined in Education Code 8804(g) and comply with Education Code 8806, which requires LEAs to develop and maintain a collaborative committee to assist them in decisions regarding the reinvestment of LEA reimbursements.

How Does the LEA Medi-Cal Billing Option Program Work?

The LEA hires practitioners based on the school budget for that fiscal year.

The LEA Program is a reimbursement program. LEAs must have the funds budgeted for the practitioners providing services prior to seeking reimbursement from the LEA Program.

LEAs pay for the services upfront and are reimbursed the FFP 50% rate relative to the cost of each individual service from federal funds based upon a "fee-for-service" model.

The LEA bills Medi-Cal for direct medical services provided by qualified practitioners, identified in the LEA Medi-Cal Billing Option Program Provider Manual, to Medi-Cal eligible students with an IEP/IFSP.

When a practitioner provides service to a Medi-Cal eligible student, the LEA may submit a claim for reimbursement for services covered under the LEA Program.

Claims are filed using the traditional Medi-Cal fee-for-service system through Xerox, the fiscal intermediary for DHCS.

Funds are disbursed in accordance to the information provided by the LEA on the Payment Receiver Agreement (DHCS 6246).

Xerox mails the LEA a check and remittance advice detail (RAD), which outlines the LEAs transaction information for that checkwrite.

Communication

The preferred method of communication with LEAs participating in the LEA Medi-Cal Billing Option Program is electronic; therefore, it is essential that the LEA inform DHCS if there are any changes to its contact information. DHCS sends all program information and updates via e-mail using the most recent contact information on file for the LEA.

DHCS has a group e-mail box to submit all LEA Medi-Cal Billing Option Program related questions. The DHCS staff is committed to providing thorough and accurate information; therefore, e-mail response times may vary. The analyst reviewing the question may need to call the LEA for clarity or additional information, so please include a phone number in the e-mail.

- DHCS LEA Medi-Cal Billing Option Program group e-mail box: LEA@dhcs.ca.gov

DHCS will issue a Policy and Procedure Letter (PPL) when there is a policy change in the LEA Medi-Cal Billing Option Program. The intended audience will be identified in the "TO" section of the PPL and will specify the "LEA Medi-Cal Billing Option Program"

Note: Policies that pertain to other programs may not apply to the LEA Medi-Cal Billing Option Program.

- If new to the LEA Medi-Cal Billing Option Program, make sure to sign up for these updates through the LEA Medi-Cal Billing Option Program subscription notification.

LEA Medi-Cal Billing Option Program Contact Information

Program/Policy Questions or Comments DHCS, LEA Medi-Cal Billing Option Program	LEA@dhcs.ca.gov
Cost and Reimbursement Comparison Schedule Questions	lea.crcs.questions@dhcs.ca.gov
Request Provider Participation Agreements/ Provider Enrollment Questions	(916) 323-1945
Billing Questions (Xerox) Telephone Service Center	(800) 541-5555
Eligibility Tape Match Questions	(916) 440-7328

Request Copies of Prior FY LEA Provider Participation Agreement (PPA):

1. Send a request to: PEDCorr@dhcs.ca.gov. The e-mail request must meet the following guidelines:
   a. Subject Line: "(FY) LEA Provider Participation Agreement Request – (NPI Number)"
      i. Example: 2008-2009 LEA Provider Participation Agreement Request – 1234567890
   b. Copy (CC): All LEA staff members who will also need a copy of the prior LEA Annual Report
   c. Body: (NPI Number), (Official LEA Name), (Contact Name and Phone Number)
      i. Example:1234567890, Official LEA Name USD, Terry Administrator (817) 980-0987

Request Copies of Prior FY LEA Annual Report (AR):

1. Send a request to: LEA@dhcs.ca.gov. The e-mail request must meet the following guidelines:
   a. Subject Line: "(FY) LEA Annual Report Request – (NPI Number)"
      i. Example: 2008-2009 LEA Annual Report Request – 1234567890
   b. Copy (CC): All LEA staff members who will also need a copy of the prior LEA Annual Report
   c. Body: (NPI Number), (Official LEA Name), (Contact Name and Phone Number)
      i. Example:1234567890, Official LEA Name USD, Terry Administrator (817) 980-0987

LEA Medi-Cal Billing Option Program- Who is Involved?

It is the responsibility of the LEA to designate staff to manage the LEA Medi-Cal Billing Option Program. Oftentimes, the LEAs Special Education Director/Program Manager and Business Manager work in conjunction with the Billing Agent/Vendor to administer the LEA Medi-Cal Billing Option Program. The individual(s) identified by the LEA is responsible for managing the program functions and should be familiar with the LEA website, department policies, program regulations, and the program provider manual. The Internal Administrative Functions Chart, found on the LEA website, provides an overview of the key functions that are integral to administrating the LEA Medi-Cal Billing Option Program. It is the LEAs responsibility to ensure that all information submitted on their behalf is true and accurate.

Local Educational Agencies (Providers) can consist of the following:

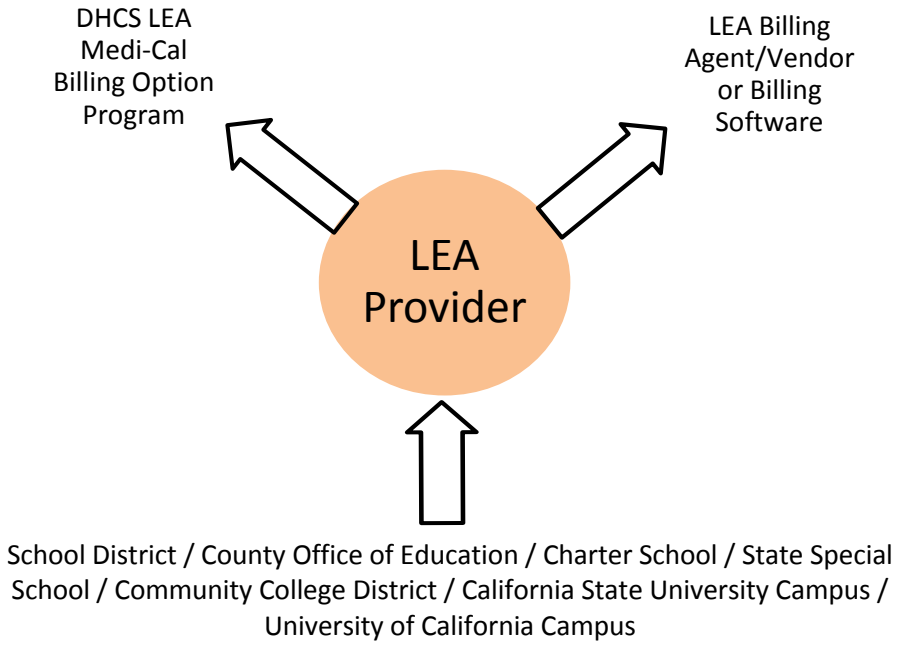
- School District
- County Office of Education (COE)
- Charter School
- State Specail School
- Community College District, California State University Campus or University of California Campus

LEA Providers may be part of a LEA Billing Consortium

- Two or more LEAs pooling their resources to provide LEA services and bill under one LEA National Provider Identifier (NPI) Number
- LEAs may join larger LEAs to share practitioner and administrative resources to support medical services provided to beneficiaries

LEA Billing Agent/Vendor

- Optional third party (for profit) contracted to assist LEAs with billing/claims submission



Getting Started

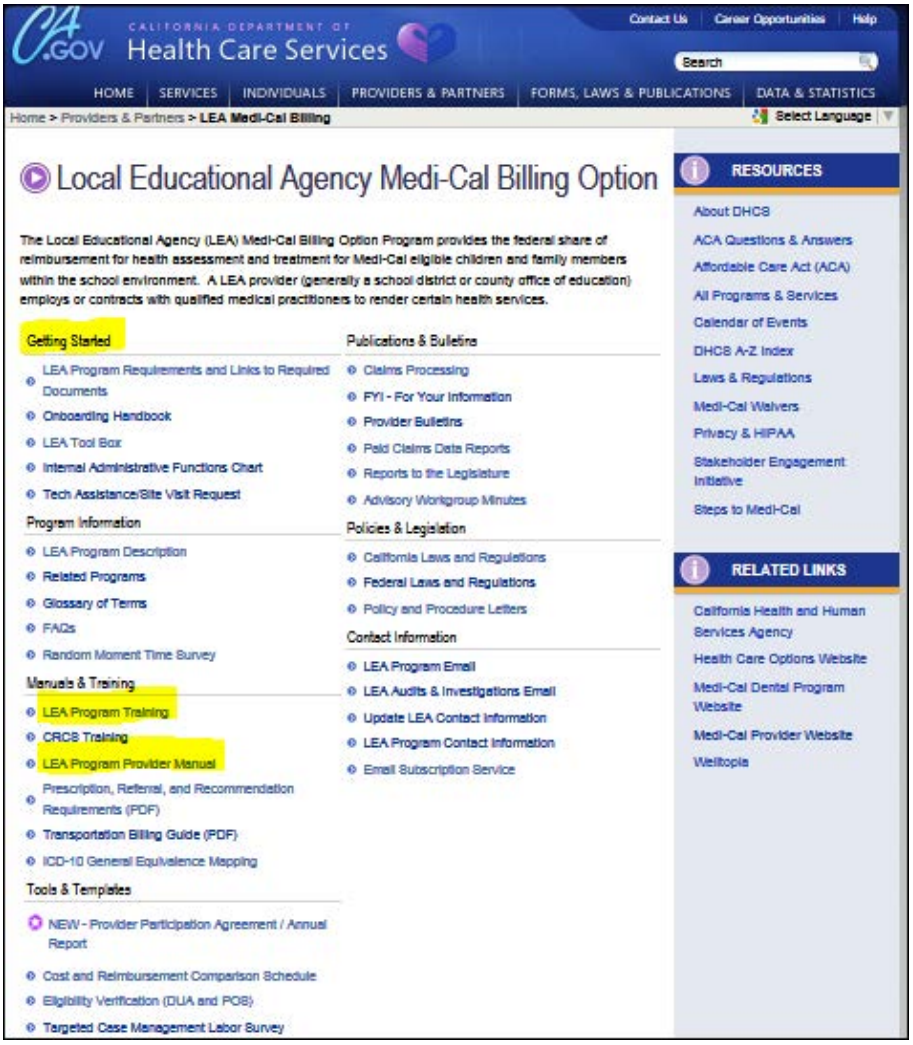
LEAs interested in participating in the LEA Medi-Cal Billing Option Program should start by reviewing the items below located on the LEA Medi-Cal Billing Option Program website.

1) The Getting Started links - provides links to the necessary documents to participate in the LEA Medi-Cal Billing Option Program;

2) 2012-2013 LEA Billing Option Program Training - provides a comprehensive overview of the LEA Medi-Cal Billing Option Program;

3) 2013-2014 LEA Billing Option Program Training - provides program updates and documentation requirements;

4) The LEA Program Provider Manual – please refer to the provider manual for program and policy questions or e-mail DHCS at LEA@dhcs.ca.gov.

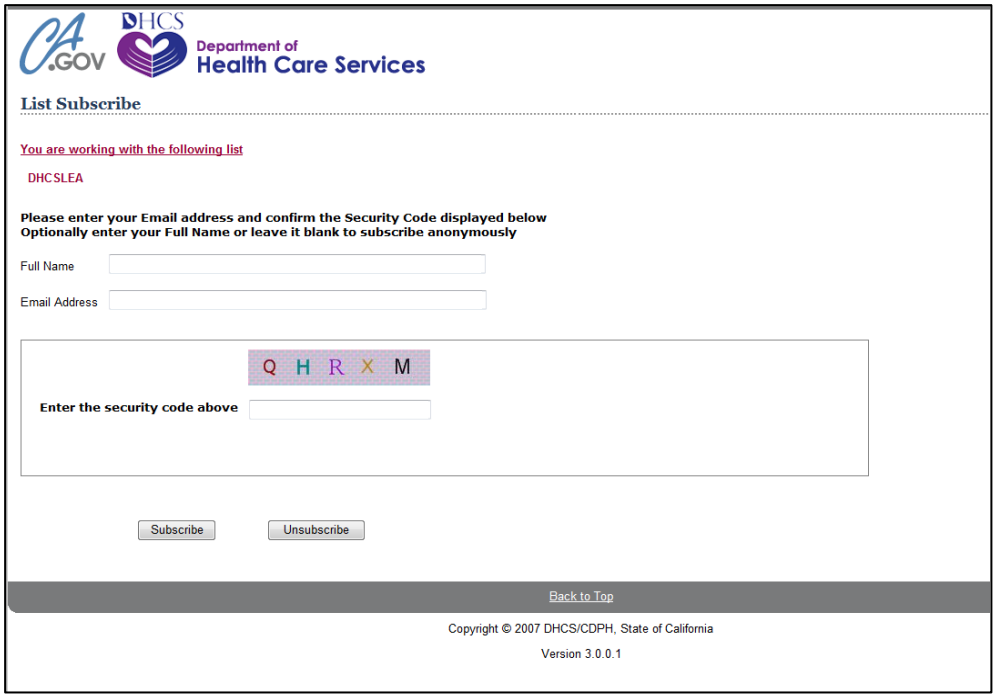


Becoming a Provider

To become a billing provider, the LEA should do the following:
Go to DHCS LEA Medi-Cal Billing Option Program website

Step 1 - Sign up through the subscription notification.

- DHCS utilizes the subscription notification to send LEA Medi-Cal Billing Option Program information and website updates to LEAs on this list.



The LEA must complete steps 2 - 5 prior to submitting LEA Medi-Cal Billing Option claims for reimbursement.

Step 2 - All billing providers must obtain a NPI number for the billing shcool district.

- The NPI Number is issued and obtained through the Centers for Medicare & Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES). Information via the NPI Enumerator Phone Line: 1-800-465-3203 or TTY 1-800-692-2326 or apply on the National Plan and Provider Enumeration System (NPPES) website.

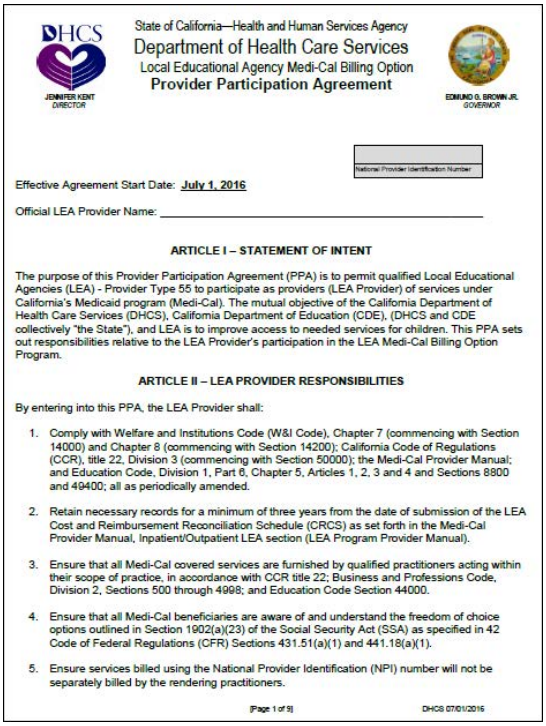
If unsure of the LEAs billing provider status (new or returning), contact DHCS LEA Medi-Cal Billing Option Program at LEA@dhcs.ca.gov.

Becoming a Provider, cont.

Step 3 - Complete the Provider Participation Agreement (PPA) and Annual Report (AR) located on the LEA Medi-Cal Billing Option Program website.

- The PPA is the contract that each LEA must complete to participate in the LEA Medi-Cal Billing Option Program.
- The PPA is an 'evergreen' PPA that has no predetermined expiration date. It will remain in effect until terminated either by DHCS or the LEA Provider, pursuant to the terms in Article V, Sections 4 and 5 of the PPA. The parties may alter the terms of the PPA once it is in effect by way of a written amendment, signed by duly authorized representatives of DHCS and the LEA Provider.
- The AR must be submitted every year by the mandated due date, and includes:
    - Medi-Cal Provider Enrollment Information Sheet (Include with every PPA/AR Submission)
    - Consortium Billing Page (If Applicable)
    - Current Year Certification of State Matching Funds (Attachment 1)
    - AR Financial Data (Attachment 1A)
        - New LEAs should enter 0 in all fields on Attachment 1A
    - Statement of Commitment to Reinvest (Attachment 2)
    - LEA Collaborative Partners (Attachment 2A)

The PPA and AR are located under the Tools and Templates Heading on the LEA Medi-Cal Billing Option Program website.



DHCS
JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services
Local Educational Agency Medi-Cal Billing Option
Provider Participation Agreement

EDMUND G. BROWN JR.
GOVERNOR

National Provider Identification Number

Effective Agreement Start Date: **July 1, 2016**

Official LEA Provider Name: _____

ARTICLE I – STATEMENT OF INTENT

The purpose of this Provider Participation Agreement (PPA) is to permit qualified Local Educational Agencies (LEA) - Provider Type 55 to participate as providers (LEA Provider) of services under California's Medicaid program (Medi-Cal). The mutual objective of the California Department of Health Care Services (DHCS), California Department of Education (CDE), (DHCS and CDE collectively "the State"), and LEA is to improve access to needed services for children. This PPA sets out responsibilities relative to the LEA Provider's participation in the LEA Medi-Cal Billing Option Program.

ARTICLE II – LEA PROVIDER RESPONSIBILITIES

By entering into this PPA, the LEA Provider shall:

1. Comply with Welfare and Institutions Code (W&I Code), Chapter 7 (commencing with Section 14000) and Chapter 8 (commencing with Section 14200); California Code of Regulations (CCR), title 22, Division 3 (commencing with Section 50000); the Medi-Cal Provider Manual; and Education Code, Division 1, Part 6, Chapter 5, Articles 1, 2, 3 and 4 and Sections 8800 and 49400; all as periodically amended.
2. Retain necessary records for a minimum of three years from the date of submission of the LEA Cost and Reimbursement Reconciliation Schedule (CRCS) as set forth in the Medi-Cal Provider Manual, Inpatient/Outpatient LEA section (LEA Program Provider Manual).
3. Ensure that all Medi-Cal covered services are furnished by qualified practitioners acting within their scope of practice, in accordance with CCR title 22; Business and Professions Code, Division 2, Sections 500 through 4998; and Education Code Section 44000.
4. Ensure that all Medi-Cal beneficiaries are aware of and understand the freedom of choice options outlined in Section 1902(a)(23) of the Social Security Act (SSA) as specified in 42 Code of Federal Regulations (CFR) Sections 431.51(a)(1) and 441.18(a)(1).
5. Ensure services billed using the National Provider Identification (NPI) number will not be separately billed by the rendering practitioners.

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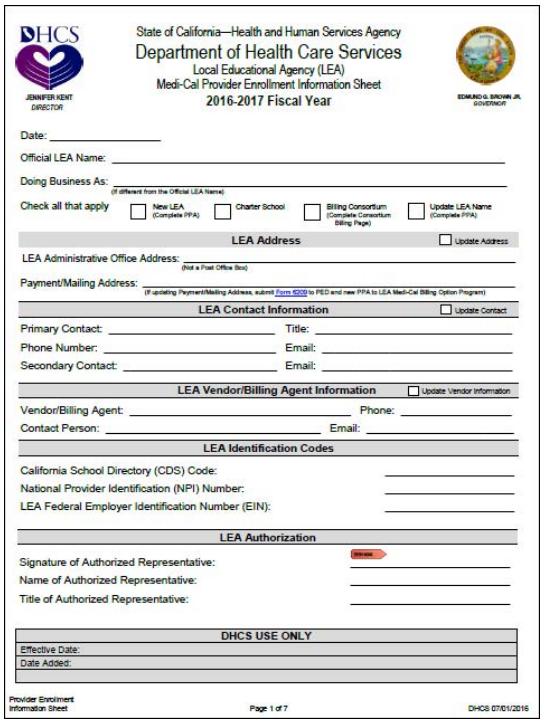


DHCS
JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services
Local Educational Agency (LEA)
Medi-Cal Provider Enrollment Information Sheet
2016-2017 Fiscal Year

EDMUND G. BROWN JR.
GOVERNOR

Date: _____

Official LEA Name: _____

Doing Business As: _____
(If different from the Official LEA Name)

Check all that apply ☐ New LEA (Complete PPA) ☐ Charter School ☐ Billing Consortium (Complete Consortium Billing Page) ☐ Update LEA Name (Complete PPA)

LEA Address ☐ Update Address

LEA Administrative Office Address: _____
(Not a Post Office Box)

Payment/Mailing Address: _____
(If updating Payment/Mailing Address, submit Form 4200 to PED and new PPA to LEA Medi-Cal Billing Option Program)

LEA Contact Information ☐ Update Contact

Primary Contact: _____ Title: _____
Phone Number: _____ Email: _____
Secondary Contact: _____ Email: _____

LEA Vendor/Billing Agent Information ☐ Update Vendor Information

Vendor/Billing Agent: _____ Phone: _____
Contact Person: _____ Email: _____

LEA Identification Codes

California School Directory (CDS) Code: _____
National Provider Identification (NPI) Number: _____
LEA Federal Employer Identification Number (EIN): _____

LEA Authorization

Signature of Authorized Representative: _____
Name of Authorized Representative: _____
Title of Authorized Representative: _____

DHCS USE ONLY

Effective Date:
Date Added:

Provider Enrollment Information Sheet Page 1 of 7 DHCS 07/01/2016

Becoming a Provider, cont.

Step 4 - Complete the Data Use Agreement (DUA) if applicable.

- The Data Use Agreement (DUA) is a contract which safeguards data and documents residing in the DHCS Medi-Cal system of records; ensures the integrity, security, and confidentiality of such data and documents; and permits only appropriate disclosure and use as may be permitted by law.
- LEAs that designate a third-party billing vendor as their 'Custodian of Files' to receive beneficiary Medi-Cal eligibility information via a data tape match are required to submit a DUA. It is the LEAs responsibility to verify student's Medi-Cal eligibility prior to billing services to the LEA Medi-Cal Billing Option Program. LEAs may not share or use Medi-Cal eligibility information obtained for the LEA Medi-Cal Billing Option Program for any other purpose.
- The LEA responsible for the billing for a consortium may submit a single DUA on behalf of the consortium.
- The DUA is located under the Tools and Templates Heading on the LEA Medi-Cal Billing Option Program website.

DEPARTMENT OF HEALTH CARE SERVICES

DATA USE AGREEMENT

AGREEMENT FOR DISCLOSURE AND USE OF MEDI-CAL DATA AND DOCUMENTS CONTAINING INDIVIDUAL AND PROVIDER-SPECIFIC INFORMATION

In order to secure data and documents that reside in the California Department of Health Care Services (DHCS) Medi-Cal systems of records, or with its agents, and to ensure the integrity, security, and confidentiality of such data and documents, and to permit only appropriate disclosure and use as may be permitted by law, DHCS and _____ (parties) enter into this Agreement to comply with the following specific sections. This Agreement shall be binding on any successors to the parties.

1. This Agreement is by and between the California Department of Health Care Services and _____ (User(s)).

2. This Agreement addresses the conditions under which DHCS will disclose and the User(s) will obtain and use Medi-Cal data file(s) as set out in Attachment A. This Agreement supplements any agreements between the parties with respect to the use of information from data and documents and overrides any contrary instructions, directions, agreements, or other understandings in or pertaining to any other prior communication from DHCS or any of its components with respect to the data specified in this Agreement. The terms of this Agreement may be changed only by a written modification to this Agreement or by the parties entering into a new agreement. The parties agree further that instructions or interpretations issued to the User(s) concerning this Agreement, and the data and documents specified herein, shall not be valid unless issued in writing by the DHCS point-of-contact specified in Section 4 or the DHCS signatories to this Agreement shown in Section 22.

3. The parties mutually agree that the following named individuals are designated as "Custodians of the Files" on behalf of the User(s) and shall be responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements as specified in this Agreement to prevent unauthorized use or disclosure. The User(s) agree to notify DHCS within fifteen (15) days of any change to the custodianship information.

_____
Name of Custodian of Files

_____
Title/Component

_____
Company/Organization

_____
Company Address

_____
City/State/Zip

_____
Phone Number / Email Address

Page 1 of 7

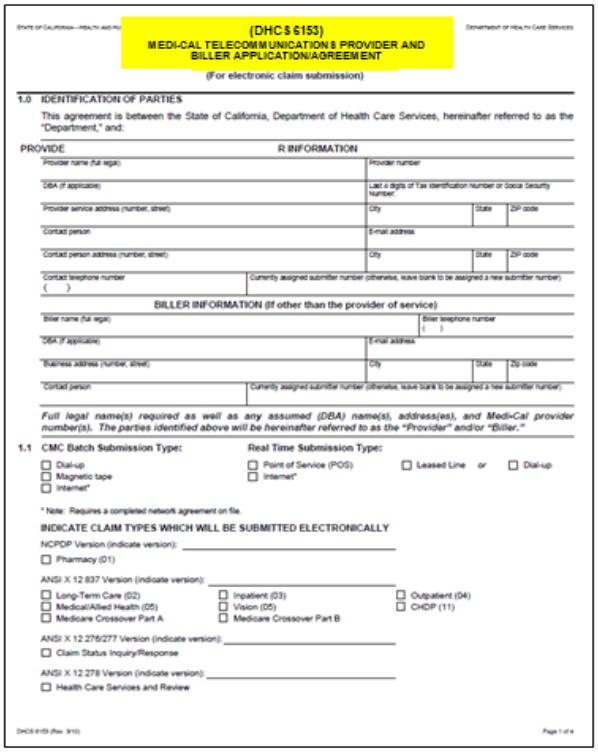
User Initial: ____ DUA No. 2015-SNFD-LEA

Becoming a Provider, cont.

Step 5 - Billing Process

Each LEA is required to complete a Biller Application Agreement (DHCS 6153) and Payment Receiver Agreement (DHCS 6246) to receive reimbursement for practitioner services billed through the LEA Medi-Cal Billing Option Program.

- **Billing Models**: A LEA may work independently or employ a billing agent/vendor to prepare and submit Computer Media Claims (CMC) claims.
  - Independent LEAs
    - Independent LEAs do the billing in-house and use staff employed by the LEA to submit LEA billing claims.
      - Have employees on staff to submit claims.
      - Purchase software to assist in the internal claims submission.
  - Vendors
    - A third party entity is contracted by the LEA to assist with preparation and submission of LEA Medi-Cal billing claims.
    - A contract between the LEA and billing vendor is required, and copies should be retained by both parties.
      - The fee structure in this contract must not be contingent upon the receipt of LEA reimbursements (refer to OMB Circular A-87 §32 (a)).



(DHCS 6153)
MEDI-CAL TELECOMMUNICATIONS PROVIDER AND BILLER APPLICATION/AGREEMENT
(For electronic claim submission)

1.0 IDENTIFICATION OF PARTIES

This agreement is between the State of California, Department of Health Care Services, hereinafter referred to as the "Department," and:

PROVIDER INFORMATION

Provider name (full legal) | Provider number
DBA (if applicable) | Last 4 digits of Tax Identification Number or Social Security Number*
Provider service address (number, street) | City | State | ZIP code
Contact person | E-mail address
Contact person address (number, street) | City | State | ZIP code
Contact telephone number ( ) | Currently assigned submitter number (otherwise, leave blank to be assigned a new submitter number)

BILLER INFORMATION (If other than the provider of service)

Biller name (full legal) | Biller telephone number ( )
DBA (if applicable) | E-mail address
Business address (number, street) | City | State | Zip code
Contact person | Currently assigned submitter number (otherwise, leave blank to be assigned a new submitter number)

Full legal name(s) required as well as any assumed (DBA) name(s), address(es), and Medi-Cal provider number(s). The parties identified above will be hereinafter referred to as the "Provider" and/or "Biller."

1.1 CMC Batch Submission Type:
☐ Dial-up
☐ Magnetic tape
☐ Internet*

Real Time Submission Type:
☐ Point of Service (POS)
☐ Internet*
☐ Leased Line or ☐ Dial-up

* Note: Requires a completed network agreement on file.

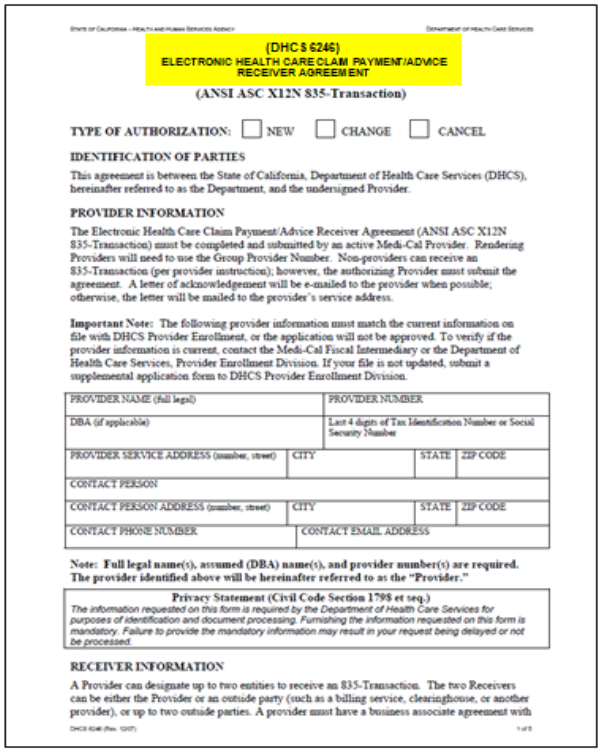
INDICATE CLAIM TYPES WHICH WILL BE SUBMITTED ELECTRONICALLY

NCPDP Version (indicate version): _____
☐ Pharmacy (01)

ANSI X 12 837 Version (indicate version): _____
☐ Long-Term Care (02)
☐ Medical/Allied Health (05)
☐ Medicare Crossover Part A
☐ Inpatient (03)
☐ Vision (05)
☐ Medicare Crossover Part B
☐ Outpatient (04)
☐ CHDP (11)

ANSI X 12 276/277 Version (indicate version): _____
☐ Claim Status Inquiry/Response

ANSI X 12 278 Version (indicate version): _____
☐ Health Care Services and Review



(DHCS 6246)
ELECTRONIC HEALTH CARE CLAIM PAYMENT/ADVICE RECEIVER AGREEMENT
(ANSI ASC X12N 835-Transaction)

TYPE OF AUTHORIZATION: ☐ NEW ☐ CHANGE ☐ CANCEL

IDENTIFICATION OF PARTIES

This agreement is between the State of California, Department of Health Care Services (DHCS), hereinafter referred to as the Department, and the undersigned Provider.

PROVIDER INFORMATION

The Electronic Health Care Claim Payment/Advice Receiver Agreement (ANSI ASC X12N 835-Transaction) must be completed and submitted by an active Medi-Cal Provider. Rendering Providers will need to use the Group Provider Number. Non-providers can receive an 835-Transaction (per provider instruction); however, the authorizing Provider must submit the agreement. A letter of acknowledgement will be e-mailed to the provider when possible; otherwise, the letter will be mailed to the provider's service address.

Important Note: The following provider information must match the current information on file with DHCS Provider Enrollment, or the application will not be approved. To verify if the provider information is current, contact the Medi-Cal Fiscal Intermediary or the Department of Health Care Services, Provider Enrollment Division. If your file is not updated, submit a supplemental application form to DHCS Provider Enrollment Division.

PROVIDER NAME (full legal) | PROVIDER NUMBER
DBA (if applicable) | Last 4 digits of Tax Identification Number or Social Security Number
PROVIDER SERVICE ADDRESS (number, street) | CITY | STATE | ZIP CODE
CONTACT PERSON
CONTACT PERSON ADDRESS (number, street) | CITY | STATE | ZIP CODE
CONTACT PHONE NUMBER | CONTACT EMAIL ADDRESS

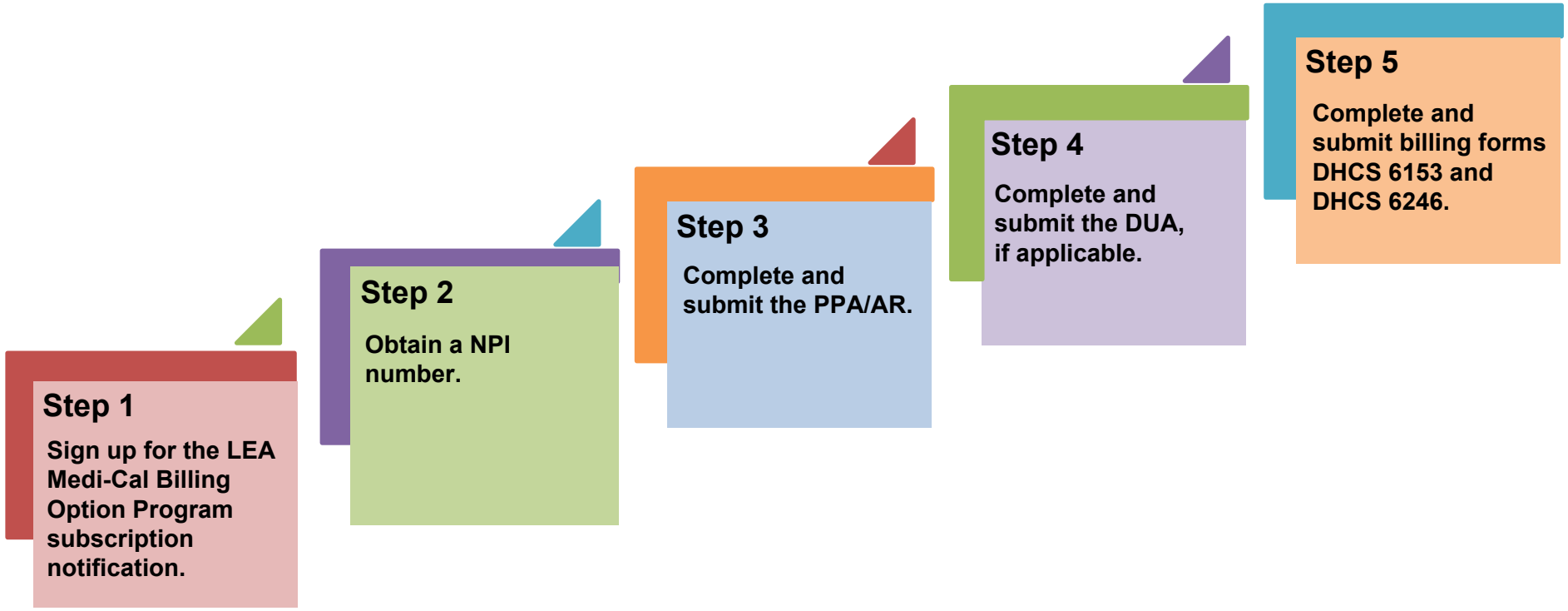
Note: Full legal name(s), assumed (DBA) name(s), and provider number(s) are required. The provider identified above will be hereinafter referred to as the "Provider."

Privacy Statement (Civil Code Section 1798 et seq.)
The information requested on this form is required by the Department of Health Care Services for purposes of identification and document processing. Furnishing the information requested on this form is mandatory. Failure to provide the mandatory information may result in your request being delayed or not be processed.

RECEIVER INFORMATION

A Provider can designate up to two entities to receive an 835-Transaction. The two Receivers can be either the Provider or an outside party (such as a billing service, clearinghouse, or another provider), or up to two outside parties. A provider must have a business associate agreement with

5 Steps to Become a LEA Medi-Cal Billing Option Program Provider



The LEA may contact DHCS regarding the LEA Medi-Cal Billing Option Program at LEA@dhcs.ca.gov for assistance with any of the steps.

Note:

- All forms must be signed in blue ink.
- DHCS cannot process the PPA/AR without the DUA if the LEA is utilizing a billing vendor.
- Xerox cannot process the billing forms until the PPA/AR is processed.

Changing/Updating LEA Information

If the LEA needs to change its name, payment/mailing address, Federal Employer Identification (EIN) Number, and/or NPI Number, the LEA will need to submit a new PPA to DHCS during the AR submission period. In addition, Medi-Cal Supplemental Changes Form (DHCS 6209), must be submitted to DHCS Provider Enrollment Division (PED). The changes should be updated on the Provider Enrollment Information Sheet (page one of the AR) and submitted with the AR by the mandated annual due date.

DHCS

JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency

Department of Health Care Services

Local Educational Agency (LEA)

Medi-Cal Provider Enrollment Information Sheet

2016-2017 Fiscal Year

EDMUND G. BROWN JR.
GOVERNOR

Date: _____

Official LEA Name: _____

Doing Business As: _____
(If different from the Official LEA Name)

Check all that apply ☐ New LEA (Complete PPA) ☐ Charter School ☐ Billing Consortium (Complete Consortium Billing Page) ☐ Update LEA Name (Complete PPA)

LEA Address ☐ Update Address

LEA Administrative Office Address: _____
(Not a Post Office Box)

Payment/Mailing Address: _____
(If updating Payment/Mailing Address, submit Form 6209 to PED and new PPA to LEA Medi-Cal Billing Option Program)

LEA Contact Information ☐ Update Contact

Primary Contact: _____ Title: _____

Phone Number: _____ Email: _____

Secondary Contact: _____ Email: _____

LEA Vendor/Billing Agent Information ☐ Update Vendor Information

Vendor/Billing Agent: _____ Phone: _____

Contact Person: _____ Email: _____

LEA Identification Codes

California School Directory (CDS) Code: _____

National Provider Identification (NPI) Number: _____

LEA Federal Employer Identification Number (EIN): _____

LEA Authorization

Signature of Authorized Representative: _____

Name of Authorized Representative: _____

Title of Authorized Representative: _____

DHCS USE ONLY
Effective Date:
Date Added:

Provider Enrollment Information Sheet

Page 1 of 7

DHCS 07/01/2016

The Enrollment Process

There are three steps included in processing the PPA and AR.

Step 1: Local Educational Agency

- Complete the PPA/AR in their entirety and submit to DHCS

Step 2: DHCS- LEA Medi-Cal Billing Option Program

- Receive and review the original and signed PPA/AR
- Obtain signature from CDE Administrator
- Sign and Submit to PED

Step 3: DHCS Provider Enrollment Division

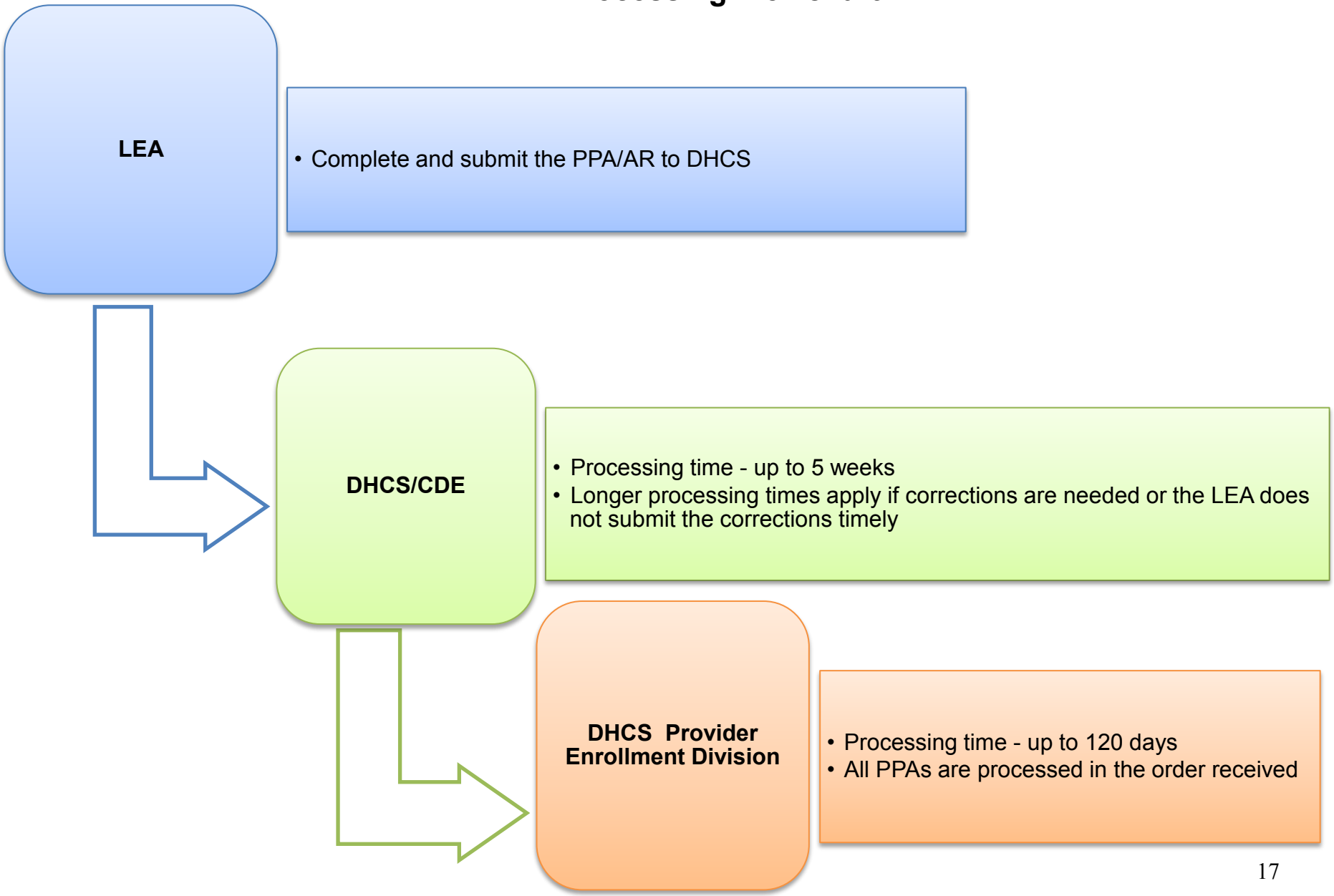
- Receive the original, signed PPA/AR, update the Provider Master File, and send Welcome Letter to the LEA with an effective date.

It is important for the PPA/AR documents to be completed correctly. PPA/AR documents that are incomplete or submitted with errors will be returned to the LEA. Once the PPA is submitted to PED, it can take up to 120 days to process.

The welcome letter will include a PIN number, which is required to submit electronic claims. The LEA should store the welcome letter with the LEA billing records.

✧ PED will deactivate the NPI number of providers from the provider master file that have not submitted a reimbursement claim for the LEA Medi-Cal Billing Option Program for 12 months and the LEA will have to re-enroll to claim for LEA Medi-Cal Billing Option Program services. The re-enrollment process can take up to 120 days from the date that PED receives the PPA.

PPA/AR Processing Flowchart



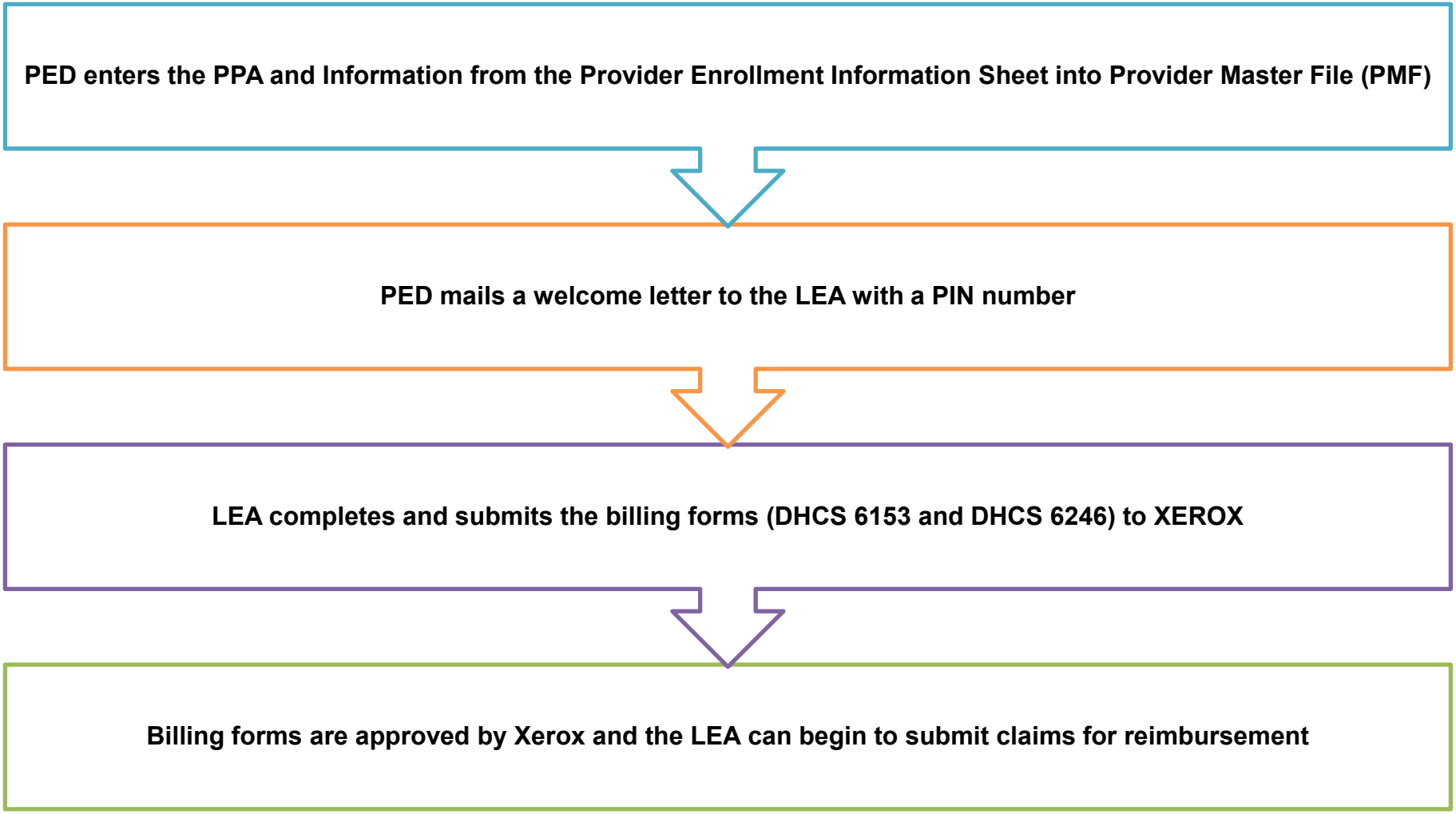
Electronic Claims Submission

- Participation as a Computer Media Claims (CMC) submitter is open to all LEA providers, assuming submitted claims are on an acceptable medium, in the proper format, and claim data meets the criteria for CMC billing. CMC are submitted via Point of Service (POS) or on the Medi-Cal website. CMC bypasses the claims preparation and data entry processes of hard copy claims and go directly into the claims processing system. This significantly reduces adjudication time. Providers submitting electronic claims independently or through a billing agent/vendor service must complete and sign the provider portion of the DHCS 6153 form. This form must be completed along with the biller information before the billing agent/vendor can submit CMC claims on the provider's behalf.
- The CMC Unit assigns a unique three-character submitter number. This number identifies all claims submitted by the CMC submitter and is mandatory on all claim submissions, including test submissions. CMC will mail this number to the LEA.
- The following two requirements are mandatory for CMC submission:
    - DHCS Fiscal Intermediary (FI) must verify ability to produce claim data on acceptable media and in the proper format.
    - DHCS must authorize participation in the CMC billing program.
        - To meet the above requirements, the LEA must submit a test file.
- Once enrollment is complete and a submitter number has been assigned, submitters must send a test file to the Medi-Cal test site (*http://sysdev.medi-cal.ca.gov/*) to ensure accurate file format, completeness, and validity. Any format problems discovered during the testing period must be corrected and a new test submitted for review prior to final approval. The CMC staff works directly with the submitter during all phases of the testing process.
- Additional CMC information is located in the Medi-Cal Computer Media Claims (CMC) Billing and Technical Manual

The signature on the billing forms (DHCS 6153 and 6246) must be legible and original (no stamps or copies), and signed in blue ink. The title of the signer and the date must be included.

The Medi-Cal Telecommunications Provider and Biller Application Agreement (DHCS 6153) form must be filled out completely. Each section must have a proper entry or notation of NA (not applicable). All application/agreement forms must contain the original signature of an authorized person responsible for claim submission, as specified above. DHCS will reject all application/agreement forms if incomplete and/or with an unauthorized signature.

Claim Processing Process



Administrative Program Cost

AB 2608 Chapter 755, Statutes of 2012, requires **ALL** LEAs to pay a fair share of LEA Medi-Cal Billing Option Program related costs. If the obligatory withholds are not applied, the LEA will be required to pay the necessary withhold amounts at the end of the fiscal year when the program costs are reconciled.

A 1 percent administrative withhold is levied against LEA reimbursements for claims processing and program-related costs. In addition, a 1.5 percent withhold is levied against LEA reimbursements to cover program enhancement and audit administration associated costs, not to exceed $650,000 annually and to fund support activities outlined in W&I Code 14115.8, not to exceed $1,500,000 annually. The total annual amount of the 1.5 percent withhold is not to exceed $2,150,000. The withholds are subtracted from the total reimbursement amount on the Medi-Cal Remittance Advice Details (RAD) with RAD code 795 for the 1 percent administrative withhold and RAD code 798 for the 1.5 percent withhold.

If a LEA is aware that the required withholds are not being applied to their reimbursements, the LEA must notify DHCS, LEA Medi-Cal Billing Option Program immediately.

LEA Providers Responsibilities–Important Points

The information below is included in the LEA Medi-Cal Billing Option Program Provider Participation Agreement

- Complying with W&I Code, Chapter 7 (commencing with Section 14000); and Chapter 8 (commencing with Section 14200); California Code of Regulations (CCR), Title 22, Division 3 (commencing with Section 50000); and California Education Code, Division 1, Part 6, Chapter 5, Articles 1, 2, 3 and 4 and Sections 8800 and 49400; all as periodically amended.

- Retain necessary records for a minimum of three years from the date of submission of the LEA Cost and Reimbursement Reconciliation Schedule (CRCS). Records must fully disclose the extent of services furnished to the student and must meet documentation requirements of the CCR, Title 22, Section 51476 and W&I Code, Section 14170.

- The LEA Provider MUST furnish LEA records and any information regarding payments claimed for providing the services, upon request, to DHCS, Audits and Investigations (A&I); California Department of Justice, DHCS Medi-Cal Fraud Bureau; Office of State Controller; Centers for Medicare & Medicaid Services; and the U.S. Department of Health and Human Services, Office of the Inspector General.

- Ensure that all LEA Medi-Cal Billing Option Program covered services submitted for reimbursement are furnished by qualified practitioners acting within their scope of practice, in accordance with CCR, Title 22, commencing with Section 51053.; California Business and Professions (B&P) Code, Division 2, Section 500 through 4998; California Education Code, Section 44000; and Code of Federal Regulations (CFR), Tile 42.

- Ensure that all Medi-Cal beneficiaries are aware of and understand the freedom of choice options outlined in Section 1902(a)(23) of the Social Security Act as specified in 42 CFR Sections 431.51(a)(1) and 441.18(a)(1).

- Ensure services billed using the NPI number will not be separately billed by the rendering practitioners.

- LEA providers shall adhere to and comply with all Federal Health and Human Services and CMS requirements with respect to billing for services provided by other health care professionals under contract with the LEA and must avoid duplication of services and billing with other programs.

- Annually certify the State match portion of federal claiming dollars for unique LEA bundled services only as specified in CCR, Section 51270.

Things to Remember

- Although a LEA may work with a billing vendor, the LEA is responsible for all information reported by billing vendors on billing claims, AR, CRCS, or any other documents that are submitted on behalf of the LEA.
- It is the LEA's responsibility to be knowledgeable about LEA Medi-Cal Billing Option Program requirements.
- DHCS is the governing agency for administering the LEA Medi-Cal Billing Option Program and is the primary source for obtaining information and does not sanction information, clarification, or interpretation of policy related to the LEA Medi-Cal Billing Option Program disseminated by entities outside of DHCS (refer to PPL 13-005).
- LEAs should contact DHCS directly for any questions that pertain to billing, payment inquiries, policy changes, and the status of any forms submitted by or on the behalf of the LEA.
- Only services identified in the LEA Medi-Cal Billing Option Program Provider Manual are billable under the LEA Medi-Cal Billing Option Program.
- Send e-mail questions to the LEA Mailbox at LEA@dhcs.ca.gov .
- **DO NOT** include vendors in the LEA Collaborative, as it is a conflict of interest.
- Each LEA is required to submit an AR and CRCS to DHCS Annually as required in the *Local Educational Agency (LEA) Medi-Cal Billing Option PPA*.
- Failure to comply with any of the requirements outlined in the PPA may result in a 100% withhold from future reimbursements. Continued failure to submit the mandated documents may result in suspension from the LEA Medi-Cal Billing Option Program.

Cost and Reimbursement Comparison Schedule (CRCS)

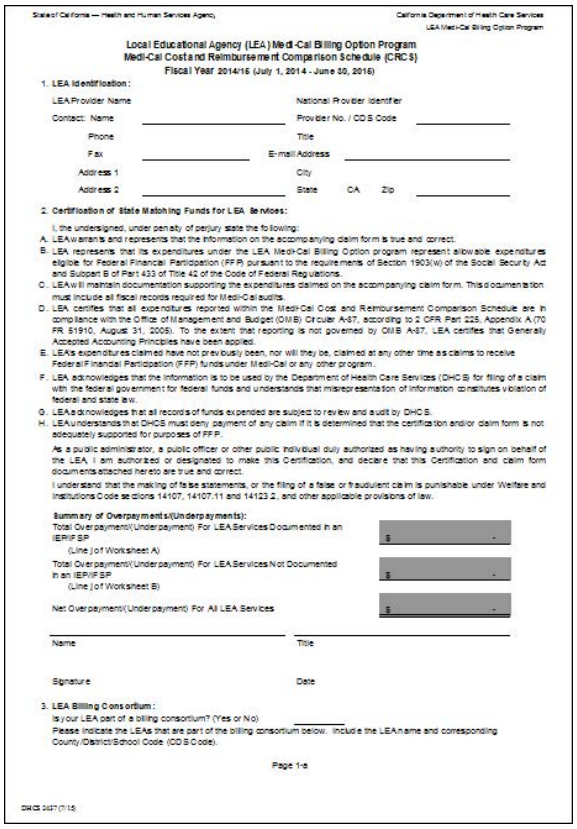
Annual Program Requirement

The CRCS is a mandatory requirement for participation in the LEA Medi-Cal Billing Option Program. DHCS requires that LEAs annually certify that the public funds expended for LEA services provided are eligible for FFP. Therefore, continued enrollment in the LEA Medi-Cal Billing Option Program is contingent upon timely submission of the CRCS, by **November 30**, of each fiscal year. Failure to meet this requirement may result in a 100% withhold from future reimbursements. Continued failure to submit the CRCS may then result in subsequent suspension from the LEA Medi-Cal Billing Option Program.

DHCS must also reconcile the interim Medi-Cal reimbursements to LEAs with the actual costs LEAs incur in the course of rendering eligible services. The CRCS will be used to compare each LEA's total actual costs for LEA services with interim Medi-Cal reimbursement rates from the LEA Medi-Cal Billing Option Program Provider Manual for a specific fiscal year. This will determine if LEAs are owed additional funds to DHCS, or vice versa.

LEAs must complete a CRCS for any year that they are enrolled in the LEA Medi-Cal Billing Option Program and eligible to receive Medi-Cal reimbursement. The CRCS is based on the date services are provided, not when the reimbursement is received.

- Beginning with the FY 11/12 CRCS, DHCS A&I Audit Review & Analysis Section (ARAS) will implement a 100% withhold on LEAs that have not submitted a CRCS report and are more than 30 days past the annual CRCS deadline (**November 30**).
- The CRCS is located under the Tools and Templates Heading on the LEA Medi-Cal Billing Option Program Website.



State of California — Health and Human Services Agency, California Department of Health Care Services
LEA Medi-Cal Billing Option Program

Local Educational Agency (LEA) Medi-Cal Billing Option Program
Medi-Cal Cost and Reimbursement Comparison Schedule (CRCS)
Fiscal Year 2014/15 (July 1, 2014 - June 30, 2015)

1. LEA Identification:

LEA Provider Name — National Provider Identifier
Contact: Name _____ Provider No. / CDS Code _____
Phone — Title
Fax _____ E-mail Address _____
Address 1 — City
Address 2 _____ State CA Zip _____

2. Certification of State Matching Funds for LEA Services:

I, the undersigned, under penalty of perjury state the following:

A. LEA warrants and represents that the information on the accompanying claim form is true and correct.
B. LEA represents that its expenditures under the LEA Medi-Cal Billing Option program represent allowable expenditures eligible for Federal Financial Participation (FFP) pursuant to the requirements of Section 1903(w) of the Social Security Act and Subpart B of Part 433 of Title 42 of the Code of Federal Regulations.
C. LEA will maintain documentation supporting the expenditures claimed on the accompanying claim form. This documentation must include all fiscal records required for Medi-Cal audits.
D. LEA certifies that all expenditures reported within the Medi-Cal Cost and Reimbursement Comparison Schedule are in compliance with the Office of Management and Budget (OMB) Circular A-87, according to 2 CFR Part 225, Appendix A (70 FR 51910, August 31, 2005). To the extent that reporting is not governed by OMB A-87, LEA certifies that Generally Accepted Accounting Principles have been applied.
E. LEA's expenditures claimed have not previously been, nor will they be, claimed at any other time as claims to receive Federal Financial Participation (FFP) funds under Medi-Cal or any other program.
F. LEA acknowledges that the information is to be used by the Department of Health Care Services (DHCS) for filing of a claim with the federal government for federal funds and understands that misrepresentation of information constitutes violation of federal and state law.
G. LEA acknowledges that all records of funds expended are subject to review and audit by DHCS.
H. LEA understands that DHCS must deny payment of any claim if it is determined that the certification and/or claim form is not adequately supported for purposes of FFP.

As a public administrator, a public officer or other public individual duly authorized as having authority to sign on behalf of the LEA I am authorized or designated to make this Certification, and declare that this Certification and claim form documents attached hereto are true and correct.

I understand that the making of false statements, or the filing of a false or fraudulent claim is punishable under Welfare and Institutions Code sections 14107, 14107.11 and 14123.2, and other applicable provisions of law.

Summary of Overpayments/(Underpayments):

Total Overpayment/(Underpayment) For LEA Services Documented in an IEP/IFSP (Line J of Worksheet A) — $ -
Total Overpayment/(Underpayment) For LEA Services Not Documented in an IEP/IFSP (Line J of Worksheet B) — $ -
Net Overpayment/(Underpayment) For All LEA Services — $ -

_____ _____
Name — Title

Signature — Date

3. LEA Billing Consortium:

Is your LEA part of a billing consortium? (Yes or No) _____
Please indicate the LEAs that are part of the billing consortium below. Include the LEA name and corresponding County/District/School Code (CDS Code).

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DHCS 3437 (7/15)

Certification of Zero Reimbursements for LEA Services Form 2437a

Annual Program Requirement

If a LEA did not claim reimbursements from the LEA Medi-Cal Billing Option Program during a fiscal year, the LEA is required to submit the Certification of Zero Reimbursements Form 2437a. Participants in the LEA Medi-Cal Billing Option Program are required to annually certify through the CRCS Process that the public funds expended to provide LEA Medi-Cal Billing Option Program services are eligible for FFP participation.

Certification of Zero Reimbursements for LEA Services Form 2437a

State of California-Health and Human Services Agency

California Department of Health Care Services
LEA Medi-Cal Billing Option Program

Local Educational Agency (LEA) Medi-Cal Billing Option Program
Certification of Zero Reimbursements for LEA Services
Fiscal Year 2014-2015 (July 1, 2014-June 30, 2015)

1. **LEA Identification:** Identify the primary LEA employee who can be contacted to answer questions about information submitted in the Medi-Cal CRCS.

LEA Provider Name: _____ National Provider Identifier: _____

LEA Contact Name: _____ Provider Number/CDS Code: _____

Phone: _____ Title: _____

Fax: _____ E-mail Address: _____

Address 1: _____ City: _____

Address 2: _____ State: CA Zip Code: _____

2. **Certification of Zero Reimbursements for LEA Services:** The LEA employee that completed or supervised the completion of the Medi-Cal CRCS should read, sign, and date this certification statement under penalty of perjury. The contact in Section 1 may be different than the signatory responsible for certification in Section 2.

I certify under penalty of perjury that the Local Education Agency (LEA) received zero reimbursements for the State Fiscal Year of 2014-15 and that there are no expenditures to report.

Summary of Matching Funds

Total Reimbursement Received: $_____._____

I, the undersigned, state the following: As a public administrator, a public officer or other public individual duly authorized by the LEA as having authority to sign on behalf of the LEA, I am authorized or designated to make this certification on behalf of the Public Entity for_____, (LEA) and declare that this Certification and CRCS form documents attached hereto are true and correct. I understand that making false statements, or the filing of a false or fraudulent claim is punishable under Welfare and Institutions Code sections 14107, 14107.11, and other applicable provisions of law.

_____ _____
Print Name Title

_____ _____
Signature Date

Instructions for Completing Certification:

Section 1- LEA Identification: Report the LEA Provider's full name, Medi-Cal Provider Identifier and Provider Number/CDS Code. Identify the primary LEA employee who can be contacted to answer questions about information submitted in the Medi-Cal CRCS, as well as their title, phone number, fax number, e-mail address and mailing address.

Section 2- Certification of State Matching Funds for LEA Services: Indicate that a total of zero reimbursements were received for LEA services, and identify the LEA for which this certification is binding to. Provide (print) name, title, and signature of the person who is authorized by the LEA, and the date.

7/2016

CRCS - Annual Reimbursement Report

LEAs may download a copy of the LEA Annual Reimbursement Reports from the CRCS section on the [DHCS LEA Medi-Cal Billing Option Program website](). The annual reimbursement information will include encounters, units of service and reimbursement by LEA, and specific procedure code and modifier combination. The report will be based on paid claims data for dates of service within the fiscal year. The LEA Annual Reimbursement Reports may assist LEAs in completing the CRCS. LEAs should verify the reasonableness between their internal accounting system and the LEA Annual Reimbursement Report and accurately report the information on the CRCS form.

LEA Medi-Cal Billing Option Program
LEA Annual Reimbursement Report
Fiscal Year 2014/15

Medicaid Provider Identification (MPI)	CRCS Row Number	CRCS Worksheet	Services Provided By	LEA Service	Medi-Cal Code	Procedure Modifier	Modifier	Modifier	Fiscal Year 2014/15 Totals: Encounters	Units of Service	Reimbursement
	1d	A-4	Psychologists	IEP Psychological Assessment: Initial/Triennial	96101	TM	-	-		178	$ 43,888.46
	1e	A-4	Psychologists	IEP Psychological Assessment: Annual	96101	TM	-	52		13	$ 1,848.37
	1f	A-4	Psychologists	IEP Psychological Assessment: Amended	96101	TM	-	TS		83	$ 7,101.41
	1i	A-4	Psychologists	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AH	-	453		$ 16,824.42
	1j	A-4	Psychologists	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AH	22		37	$ 378.73
	1m	A-4	Psychologists	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AH	-	13		$ 155.42
	1n	A-4	Psychologists	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AH	22		1	$ 1.68
	4d	A-4	School Nurses	IEP Health Assessment: Initial/Triennial	T1001	TM	-	-		258	$ 17,531.18
	4e	A-4	School Nurses	IEP Health Assessment: Annual	T1001	TM	-	52		18	$ 638.34
	4f	A-4	School Nurses	IEP Health Assessment: Amended	T1001	TM	-	TS		184	$ 4,838.32
	4k	A-4	School Nurses	IEP Nursing Services	T1002	TM	-	-		1,233	$ 12,613.23
	5k	A-4	Licensed Vocational Nurses	IEP LVN Services	T1003	TM	-	-		33,623	$ 134,152.78
	6k	A-4	Trained Health Care Aides	IEP Trained Health Care Aide Services	T1004	TM	-	-		15,834	$ 63,334.42
	7d	A-4	Speech-Language Pathologists	IEP Speech/Language Assessment: Initial/Triennial	92506	TM	GH	-		118	$ 12,133.58
	7e	A-4	Speech-Language Pathologists	IEP Speech/Language Assessment: Annual	92506	TM	GH	52		82	$ 4,357.72
	7f	A-4	Speech-Language Pathologists	IEP Speech/Language Assessment: Amended	92506	TM	GH	TS		435	$ 23,327.78
	7i	A-4	Speech-Language Pathologists	IEP Speech Therapy, Individual Treatment - Initial	92507	TM	GH	-	624		$ 28,853.33
	7j	A-4	Speech-Language Pathologists	IEP Speech Therapy, Individual Treatment - Additional	92507	TM	GH	22		53	$ 524.16
	7m	A-4	Speech-Language Pathologists	IEP Speech Therapy, Group Treatment - Initial	92508	TM	GH	-	3,338		$ 41,863.36
	7n	A-4	Speech-Language Pathologists	IEP Speech Therapy, Group Treatment - Additional	92508	TM	GH	22		143	$ 588.64
	1d	A-4	Psychologists	IEP Psychological Assessment: Initial/Triennial	96101	TM	-	-		32	$ 7,746.24
	1f	A-4	Psychologists	IEP Psychological Assessment: Amended	96101	TM	-	TS		4	$ 322.76
	1i	A-4	Psychologists	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AH	-	48		$ 1,485.68
	1j	A-4	Psychologists	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AH	22		4	$ 48.36
	1m	A-4	Psychologists	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AH	-	63		$ 564.42
	1n	A-4	Psychologists	IEP Psychology Counseling, Group Treatment - Additional	96153	TM	AH	22		6	$ 18.88
	4d	A-4	School Nurses	IEP Health Assessment: Initial/Triennial	T1001	TM	-	-		153	$ 10,804.85
	4f	A-4	School Nurses	IEP Health Assessment: Amended	T1001	TM	-	TS		7	$ 274.84
	4k	A-4	School Nurses	IEP Nursing Services	T1002	TM	-	-		18	$ 37.18
	7i	A-4	Speech-Language Pathologists	IEP Speech Therapy, Individual Treatment - Initial	92507	TM	GH	-	43		$ 1,444.37
	7j	A-4	Speech-Language Pathologists	IEP Speech Therapy, Individual Treatment - Additional	92507	TM	GH	22		1	$ 18.88
	7m	A-4	Speech-Language Pathologists	IEP Speech Therapy, Group Treatment - Initial	92508	TM	GH	-	1,336		$ 16,453.52
	7n	A-4	Speech-Language Pathologists	IEP Speech Therapy, Group Treatment - Additional	92508	TM	GH	22		13	$ 43.68
	1a	A-4	Psychologists	IFSP Psychological Assessment: Amended	96101	TL	-	TS		3	$ 242.87
	1d	A-4	Psychologists	IEP Psychological Assessment: Initial/Triennial	96101	TM	-	-		1	$ 242.87
	2i	A-4	Social Workers	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AJ	-	47		$ 1,745.58
	2j	A-4	Social Workers	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AJ	22		53	$ 535.34
	3i	A-4	Counselors	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	-	-	53		$ 1,368.42
	3j	A-4	Counselors	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	-	22		181	$ 1,813.83
	7d	A-4	Speech-Language Pathologists	IEP Speech/Language Assessment: Initial/Triennial	92506	TM	GH	-		4	$ 443.48
	7f	A-4	Speech-Language Pathologists	IEP Speech/Language Assessment: Amended	92506	TM	GH	TS		2	$ 128.32
	7i	A-4	Speech-Language Pathologists	IEP Speech Therapy, Individual Treatment - Initial	92507	TM	GH	-	34		$ 1,157.46
	7j	A-4	Speech-Language Pathologists	IEP Speech Therapy, Individual Treatment - Additional	92507	TM	GH	22		35	$ 352.88
	7m	A-4	Speech-Language Pathologists	IEP Speech Therapy, Group Treatment - Initial	92508	TM	GH	-	488		$ 5,826.56
	7n	A-4	Speech-Language Pathologists	IEP Speech Therapy, Group Treatment - Additional	92508	TM	GH	22		218	$ 785.68
	1a	A-4	Psychologists	IFSP Psychological Assessment: Initial	96101	TL	-	-		8	$ 1,936.56
	1d	A-4	Psychologists	IEP Psychological Assessment: Initial/Triennial	96101	TM	-	-		74	$ 17,986.37
	1e	A-4	Psychologists	IEP Psychological Assessment: Annual	96101	TM	-	52		3	$ 242.87
	1f	A-4	Psychologists	IEP Psychological Assessment: Amended	96101	TM	-	TS		6	$ 484.14
	1i	A-4	Psychologists	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AH	-	47		$ 1,745.58
	1m	A-4	Psychologists	IEP Psychology Counseling, Group Treatment - Initial	96153	TM	AH	-	386		$ 3,157.48
	2i	A-4	Social Workers	IEP Psychology Counseling, Individual Treatment - Initial	96152	TM	AJ	-	24		$ 894.36
	2j	A-4	Social Workers	IEP Psychology Counseling, Individual Treatment - Additional	96152	TM	AJ	22		12	$ 121.88
	4d	A-4	School Nurses	IEP Health Assessment: Initial/Triennial	T1001	TM	-	-		78	$ 5,308.18
	4e	A-4	School Nurses	IEP Health Assessment: Annual	T1001	TM	-	52		2	$ 77.66

Preliminary and Draft — Page 1 of 182 — For Discussion Purposes Only

Terminating Participation

If the LEA chooses not to participate in the LEA Medi-Cal Billing Option Program, it may terminate participation at any time by submitting a cover letter explaining the action requested, and a Medi-Cal Supplemental Change Form (DHCS 6209), to the DHCS Provider Enrollment Division. A copy of the notice must be e-mailed to the California Department of Health Care Services LEA Medi-Cal Billing Option Program.

Department of Health Care Services
Provider Enrollment Division
MS 4704
P.O. Box 997412
Sacramento, CA 95899-7412

California Department of Health Care Services LEA Medi-Cal Billing Option Program
LEA@dhcs.ca.gov

The termination shall be effective on the last day of the month in which the notice of termination was given. This information is found on page 8 of the PPA.

- If the LEA terminates participation and the required reports are not submitted, the LEA will be required to submit any delinquent reports prior to reinstating participation and DHCS may seek to recoup funds.

State of California—Health and Human Services Agency

Department of Health Care Services

MEDI-CAL SUPPLEMENTAL CHANGES

Important:

- Read *all* instructions before completing the application.
- Type or print clearly, in ink.
- If you must make corrections, please line through, date, and initial in ink.
- For Medi-Cal return completed forms to:
  Department of Health Care Services
  Provider Enrollment Division
  MS 4704
  P.O. Box 997412
  Sacramento, CA 95899-7412
  (916) 323-1945
- For Denti-Cal return completed forms to:
  Medi-Cal Dental Program (Denti-Cal)
  Provider Enrollment
  P.O. Box 15609
  Sacramento, CA 95852-0609
  (800) 423-0507
- ***This is not the correct form for reporting a change in business address.***

FOR STATE USE ONLY

Legal provider name (as listed with the IRS)	Provider Number (NPI or Denti-Cal provider number as applicable)	Date / /

PROVIDER TYPE (check one)

- ❒ Dentist
- ❒ DME
- ❒ Laboratory
- ❒ Orthotic and prosthetic
- ❒ Pharmacy
- ❒ Physician
- ❒ Provider group
- ❒ Registered Dental Hygienist Alternative Practice
- ❒ Transportation
- ❒ Other provider type (please describe) _____

ACTION REQUESTED (check all that apply)

Add:

- ❒ Business activity
- ❒ Clinical Laboratory Improvement Amendment (CLIA)
- ❒ Doing-Business-As (DBA) name
- ❒ Licenses, permits, certificates, etc.
- ❒ Medical transportation vehicle, driver or pilot
- ❒ Seller's Permit
- ❒ Medicare/Other NPI
- ❒ Specialty code
- ❒ Taxonomy Code

Delete:

- ❒ Clinical Laboratory Improvement Amendment (CLIA)
- ❒ Medical transportation vehicle, driver, or pilot
- ❒ Specialty code

Change:

- ❒ NPI assigned to one or more locations--**see page 10.**

Change (continued):

- ❒ Address and/or phone (pay-to or mailing only)
  List any provider numbers the change is associated with:
  _____
- ❒ Medical transportation vehicle, driver, pilot or geographic area served
- ❒ Persons with ownership or control interest less than 50 percent
- ❒ Pharmacist-in-charge
- ❒ Managing employee
- ❒ Hours of operation
- ❒ Business activities
- ❒ Doing-Business As (DBA) name
- ❒ Other information previously submitted in an application package

Miscellaneous:

PIN (Provider Identification Number)

- ❒ Issuance (new PIN)
- ❒ Confirmation (existing PIN)
- ❒ Deactivate provider number _____
- ❒ Deactivate provider type/location (attach letter specifying change)

Complete only the boxes specific to the action requested. Complete boxes 35–40. Complete box 41, if applicable.

GENERAL INFORMATION

1. Business name, if different		2. Business telephone number ( )
Is this a fictitious business name? ❒ Yes ❒ No	If yes, list the Fictitious Business Name Statement/Permit number	Effective date / /
	(Attach a legible copy of the recorded/stamped Fictitious Business Name Statement or Fictitious Name Permit, if applicable.)	

3. Pay-to address (number, street, P.O. Box number)	City	State	Nine-digit ZIP code
4. Mailing address (number, street, P.O. Box number)	City	State	Nine-digit ZIP code

5.a. Clinical Laboratory Improvement Amendment (CLIA) certificate number (attach a legible copy)	5.b. State Laboratory License/Registration number (attach a legible copy)	6. Medicare/Other NPI/Medicare Billing Number (see instructions)
7. Seller's Permit number (attach a legible copy)	8. Any local business license, permit or certificate numbers (attach a legible copy)	9.a. Specialty code(s), if applicable Add: _____ Delete: _____

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LEA Medi-Cal Billing Option Program Compliance

In accordance with the W&I Code, Section 14123 and the CCR, Title 22, Division 3, Chapter 3, Article 6, commencing with Section 51452, DHCS may suspend an LEA provider from participating in the LEA Medi-Cal Billing Option Program due to: violation of any Medi-Cal statute; rule; or regulation relating to the provisions of health care services under the California Medical Assistance Program by a LEA provider.

LEAs are required to adhere to the terms and conditions prescribed in the PPA, which includes the annual submission requirements of the PPA, AR, and the CRCS by the mandated due dates. Failure to timely submit the required documents may result in a 100% withhold from future reimbursements. LEAs that do not submit the required documents will receive written notices to alert the LEA that the required document(s) is past due. Continued failure to submit the requested document (s) may then result in subsequent suspension from the LEA Medi-Cal Billing Option Program, and recoupment of funds paid to the LEA.

Compliance and Reinstatement

In order to become compliant and to reinstate participation in the LEA Medi-Cal Billing Option Program, LEAs must submit all past due required reports and documents. After the required documents are accepted and filed by DHCS, LEAs will become eligible to receive retroactive reimbursements from the initial date of the withhold.

Appeal Process

LEAs may appeal the withhold of reimbursement funds in writing within thirty (30) days from the withhold date by submitting an appeal letter. The appeal letter must contain the issues being appealed, reasonable evidence to support the appeal and the suggested course of action for consideration. DHCS will make the appropriate final decision on program compliance based upon State and Federal guidelines, and will send notification to the LEA in a letter, stating reason(s) for the decision, within ninety (90) days after the request for an appeal has been received.

Appeal letters must be sent to:

Department of Health Care Services
Safety Net Financing Division
Medi-Cal Administrative Claiming Section, LEA Program Unit
1501 Capitol Ave., MS 4603
P.O. Box 997436
Sacramento, CA 95899-7436

See PPL numbers 15-018 and 15-019 regarding the compliance process for the PPA/AR and the CRCS.

Getting Started Checklist

		When to Submit
❒	**NPI** Obtained	Include on PPA/AR, billing forms DUA, and CRCS
❒	**PPA** signed by an individual authorized to bind contracts for the LEA **Submit to:** Department of Health Care Services Safety Net Financing Division Medi-Cal Administrative Claiming Section, LEA Program Unit Attn. Dmitry Terlesky1501 Capitol Ave., MS 4603 P.O. Box 997436 Sacramento, CA 95899-7436 **Or** Complete the documents online using electronic signatures and e-mail as a PDF to: LEA.AnnualReport@dhcs.ca.gov **Or** Complete the documents online and print, sign, scan, and e-mail as a PDF to: LEA.AnnualReport@dhcs.ca.gov	To begin participating in the LEA Medi-Cal Billing Option Program, submit PPA at any time. • Refer to the submission instructions on the LEA website • The PPA can take up to 120 days to process
❒	**DUA** **Submit to:** Department of Health Care Services Safety Net Financing Division Medi-Cal Administrative Claiming Section, LEA Program Unit Attn. Dmitry Terlesky 1501 Capitol Ave., MS 4603 P.O. Box 997436 Sacramento, CA 95899-7436 **Or** Complete the document online using electronic signatures and e-mail as a PDF to LEA.AnnualReport@dhcs.ca.gov **Or** Complete the document online and print, sign, scan, and e-mail as a PDF to LEA.AnnualReport@dhcs.ca.gov	To begin participating in the LEA Medi-Cal Billing Option Program, submit at any time. After initial enrollment, the DUA, if applicatble, is submitted with the PPA and renewed every three years (common renewal date) • Upcoming renewal date for ALL LEAS is November 30, 2018 • Refer to the submission instructions on the LEA Website
❒	**Billing Form 6153** **Submit to:** Xerox CMC Unit P.O. Box 15508 Sacramento, CA 95852-1508	At enrollment or when the submitter's information changes
❒	**Billing Form 6246** **Submit to:** Medi-Cal Fiscal Intermediary HIPPA Help Desk P.O. Box 13029 Sacramento, CA 95813-4029	At enrollment or when the receiver's information changes
❒	**CRCS** **E-mail to:** LEA.CRCS.Submission@dhcs.ca.gov	Due November 30 annually

Important: All original signatures must be in blue ink. Submission instructions are located in the appropriate sections of the LEA Medi-Cal Billing Option Program Website.

References and Resources

Please visit the LEA Tool Box for more helpful links.

Billing Application Agreement (DHCS 6153) and Payment Receiver Agreement (DHCS 6246)
http://www.dhcs.ca.gov/provgovpart/Pages/LEABilling.aspx
CRCS
http://www.dhcs.ca.gov/provgovpart/Pages/CostandReimbursementComparisonSchedule(CRCS).aspx
DUA
http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx
Education Code 8804(g)
http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=08001-09000&file=8803-8804.5
Education Code 8806
http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=08001-09000&file=8806
Getting Started Link
http://www.dhcs.ca.gov/provgovpart/Pages/GettingStarted.aspx
LEA Medi-Cal Billing Option Program Provider Manual
http://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx
LEA Medi-Cal Billing Option Program Website
http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx
Medi-Cal Computer Media Claims (CMC) Billing and Technical Manual
http://files.medi-cal.ca.gov/pubsdoco/CTM_manual.asp
Medi-Cal Supplemental Change Form (DHCS 6209)
http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/10enrollment_DHCS6209.pdf
Medi-Cal Website
http://www.medi-cal.ca.gov/
NPI Number
https://nppes.cms.hhs.gov/NPPES/Welcome.do
OMB Circular 1-87 §32 (a)
https://www.whitehouse.gov/omb/circulars_a087_2004
PPA/AR
http://www.dhcs.ca.gov/provgovpart/Pages/LEA%20Annual%20Report%20new.aspx
PPLs
http://www.dhcs.ca.gov/formsandpubs/Pages/MAATCMPPLs.aspx
State Plan (SPA 02-024)
http://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA/LEA%20FYI/SPA%2003-024.pdf
Subscription Notification
http://apps.dhcs.ca.gov/listsubscribe/default.aspx?list=DHCSLEA
Technical Assistance/Site Visit Request
http://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA/Program_Req_and_Info/Tech_Assistance_Request.pdf
W&I Code 14132.06
http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=14001-15000&file=14131-14138
2012-2013 LEA Billing Option Program Training
http://www.dhcs.ca.gov/provgovpart/Pages/2012-2013PPA-ARTraining.aspx
2013-2014 LEA Billing Option Program Training
http://www.dhcs.ca.gov/provgovpart/Pages/2013LEA.aspx

List of Acronyms/Clarifications of Terms

Please see the LEA Website for a complete list of glossary of terms.

AR	Annual Report	All LEAs enrolled in the LEA Medi-Cal Billing Option Program must submit an "Annual Report" to the Department of Health Care Services by the mandated due date of each year. The report includes information on LEA Medi-Cal reimbursement, reinvestment expenditures, anticipated reinvestment service priorities, certification of state matching funds, and commitment to reinvest.
CMS	Centers for Medicare & Medicaid Services	Formerly known as the Health Care Financing Administration (HCFA), CMS is the federal agency that oversees the Medicare, Medicaid, State Children's Health Insurance Program (CHIP), and several other health-related programs.
CPE	Certified Public Expenditure	Certified Public Expenditure, or CPE, means expenditures that a governmental entity certifies it has expended in furnishing health care services to eligible enrollees, which may be used as a mechanism for providing the non-federal share of the allowable federal payments under the LIHP, in accordance with 42 C.F.R. §433.51.
CRCS	Cost Reimbursement and Comparison Schedule	All LEAs enrolled in the LEA Medi-Cal Billing Option must submit a CRCS to the Department of Health Care Services by November 30th of each year. LEA providers must annually certify that the public funds expended for LEA services are eligible for federal financial participation. The CRCS will be used to compare each LEA's actual costs for LEA services to the LEAs Medi-Cal reimbursement.
DHCS	Department of Health Care Services	The State agency charged with administering the Medicaid program for the Federal Government. (Medi-Cal in California).
DUA	Data Use Agreement	Agreement between the LEA and State to order and receive beneficiary Medi-Cal eligibility information via a data tape match.
EPC	Erroneous Payment Correction	Process used to make adjustments for specific services or claims determined to have been erroneously overpaid or underpaid. The EPC process voids the original claim, appearing as a negative on the provider's Remittance Advice Detail followed by a new claim line showing the corrected amount.
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment	The EPSDT service is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. The EPSDT program consists of two mutually supportive, operational components: (1) assuring the availability and accessibility of required health care resources and (2) helping Medicaid eligibles and their parents or guardians effectively use these resources. In California, the Child Health and Disability Prevention (CHDP) program provides periodic preventive health services to Medi-Cal eligible children based on the EPSDT program.
FFP	Federal Financial Participation	States must meet certain federal requirements to participate in the Medicaid program. States that meet these requirements receive federal funding in the form of Federal Financial Participation for all Medicaid expenditures.
FFS	Fee-for-Service	The traditional method of billing for health services under which a health care provider charges separately for each patient encounter or service rendered.

	Healthy Start Program	The Healthy Start program is a state initiative that provides students and their families with links to community resources through school-based family resource centers.
HMO	Health Maintenance Organization	An organization that assumes responsibility for providing health care to members for a fixed payment without regard to the amount of actual services provided to an individual enrollee. The HMO is responsible for providing most health and medical care services required by enrolled individuals or families, and these services are specified in the contract between the HMO and the enrollees.
IDEA	Individuals with Disabilities Education Act	The federal law that mandates that all children with disabilities have available to them a free appropriate public education (FAPE) that includes special education and related services to meet their unique needs. Part B of IDEA provides formula grant assistance to state education agencies for the education of children with disabilities, ages three through 21. Part C of IDEA provides funds to state lead agencies to assist in the provision of early intervention services to infant and toddlers with disabilities, ages birth through two.
IEP	Individualized Education Plan	A legal agreement composed by educational professionals, with input from the child's parents, for students identified as disabled in accordance with IDEA requirements. This agreement guides, coordinates, and documents instruction that is specially designed to meet the student's unique needs.
IFSP	Individualized Family Service Plan	A written plan for providing early intervention services to a child eligible under IDEA and the child's family. The IFSP enables the family and service provider(s) to work together as equal partners in determining the early intervention services that are required for the child with disabilities and the family.
LEA	Local Education Agency	The governing body of any school district or community college district, the County Office of Education, a state special school, a California State University campus, or a University of California.
	LEA Collaborative	A collaborative interagency human services group (local collaborative) at the county level or sub-county level that makes decisions regarding the reinvestment of funds made available through the LEA Medi-Cal Billing Option Program. Generally, representation will include the schools, major public agencies serving children and families including health, mental health, social services and juvenile justice, the courts, civic and business leadership, the advocacy community, parents or guardians, and current safety net and traditional health care providers.
	LEA Medi-Cal Billing Option Program	A program for LEAs to bill Medi-Cal for specific health and medical services provided to students and their families in the school setting. Services provided through this program include assessments and treatments.

	Medicaid	A federal program established in 1965 under Title XIX of the Social Security Act and jointly funded by the Federal and State governments. Medicaid provides health care coverage for low-income families; aged, blind, and disabled persons; and individuals whose income and resources are insufficient to meet the costs of necessary medical services. Medi-Cal is California's Medicaid program and is administered by the Department of Health Care Services (DHCS).
	Medi-Cal Eligibility Data Match	A process established for LEAs to obtain verification of Medi-Cal eligibility for enrolled students.
NPI	National Provider Identifier	Unique national 10-digit provider identification number that is Health Insurance Portability and Accountability Act (HIPAA) compliant.
OMB Circular A-87	Office of Management and Budget	A codified Federal Executive Branch regulation that provides mechanisms and guidelines for state and local governments for accounting for costs when administering federal programs.
PPA	Provider Participation Agreement	The Provider Participation Agreement (PPA) is the contract through which qualified Local Educational Agencies enroll to participate in the LEA Medi-Cal Billing Option Program.
RAD	Remittance Advice Details	A report listing provider claims that have been paid for a particular payment period. The RAD is used by providers to reconcile their records with claims that have been paid, denied or suspended.
SELPA	Special Education Local Plan Area	The **SELPA** coordinates with school districts and the County Office of Education to provide a continuum of programs and services for disabled individuals from birth through 22 years of age.
SNFD	Safety Net Financing Division	SNFD administers supplemental payments in accordance with the "Bridge to Reform" Section 1115 Medicaid Waiver and the Medicaid State Plan. The Medi-Cal Supplemental Payments Section (MSPS) processes and monitors payments for hospitals and other type of providers for various supplemental programs and administers the Hospital Quality Assurance Fee (QAF) program. The Hospital/Uninsured Demonstration and Subacute Section (HUDSS) evaluates designated public hospital costs and rates and oversees California's comprehensive waiver. The Diagnosis Related Group Section (DRG) oversees the implementation of the inpatient hospital's reimbursement methodology and administers the Subacute Care Program. The Medi-Cal Administrative Claiming Section provides federal reimbursement to counties and school districts for administrative activities, targeted case management and certain medically necessary school-based services. The Disproportionate Share Hospital Financing and Non-Contract Hospital Recoupment Branch (DSH) reimburses eligible hospitals for uncompensated care costs for hospital services and recoups overpayments for inpatient hospital services provided by non-contract hospitals.