



LEA Medi-Cal Billing Option Program

September 24, 2015 Training – Part One

Logistics and Questions

- ▶ Two part webinar – morning and afternoon sessions
 - 9:00 – 11:00
 - 1:00 – 3:00
- ▶ Submit questions via message box throughout webinar
- ▶ Q&A session includes 10 – 15 minute break

Introductions

- ▶ California Department of Health Care Services (DHCS)
 - Safety Net Financing Division (SNFD)
 - Administers the LEA Program

- ▶ Audits and Investigations (A&I)
 - Financial Audits Branch (FAB)
 - Conducts financial audits/reviews of LEA Program providers
 - Medical Review Branch (MRB)
 - Performs federally mandated post-service, post-payment utilization reviews

- ▶ Navigant Consulting Inc. (NCI)
 - Consultant that works with SNFD to enhance the LEA Program

Training Goals and Overview of Training Topics

- ▶ Section 1: Refresher on LEA Program Resources
- ▶ Section 2: Participation Requirements Updates
- ▶ Section 3: Site Visits/Technical Assistance
- ▶ Section 4: Claims Processing Updates
- ▶ Section 5: In-Progress Work
- ▶ Section 6: Paid Claims Overview
- ▶ Section 7: Q & A

Remember...

- ▶ It is the obligation of each LEA to ensure that they comply with current Medi-Cal policy pertaining to rendered services.
- ▶ ***It is the LEA***, not the billing vendor, ***that is ultimately responsible*** for Medi-Cal compliance in the LEA Program.

Refresher on LEA Program Resources



Website Overview

- ▶ Getting Started
- ▶ Program Information
- ▶ Manuals & Training
- ▶ Tools & Templates
- ▶ Publications & Bulletins
- ▶ Policies & Legislation
- ▶ Contact Information

Getting Started

- ◉ LEA Program Requirements and Links to Required Documents
- ◉ Onboarding Handbook
- ◉ Internal Administrative Functions Chart
- ◉ NEW - Tech Assistance Site Visit Request
- ◉ NEW - LEA Tool Box

Program Information

- ◉ LEA Program Description
- ◉ Related Programs
- ◉ Glossary of Terms
- ◉ FAQs
- ◉ NEW - Random Moment Time Study

Manuals & Training

- ◉ LEA Program Training
- ◉ CRCS Training
- ◉ LEA Program Provider Manual
- ◉ Prescription, Referral, and Recommendation Requirements (PDF)
- ◉ Transportation Billing Guide (PDF)
- ◉ NEW - ICD-10 General Equivalence Mapping

Tools & Templates

- ◉ Provider Participation Agreement / Annual Report
- ◉ Cost and Reimbursement Comparison Schedule
- ◉ Targeted Case Management Labor Survey
- ◉ Eligibility Verification (DUA and POS)

Publications & Bulletins

- ◉ Claims Processing
- ◉ FYI - For Your Information
- ◉ Provider Bulletins
- ◉ Paid Claims Data Reports
- ◉ Reports to the Legislature
- ◉ Advisory Workgroup Minutes

Policies & Legislation

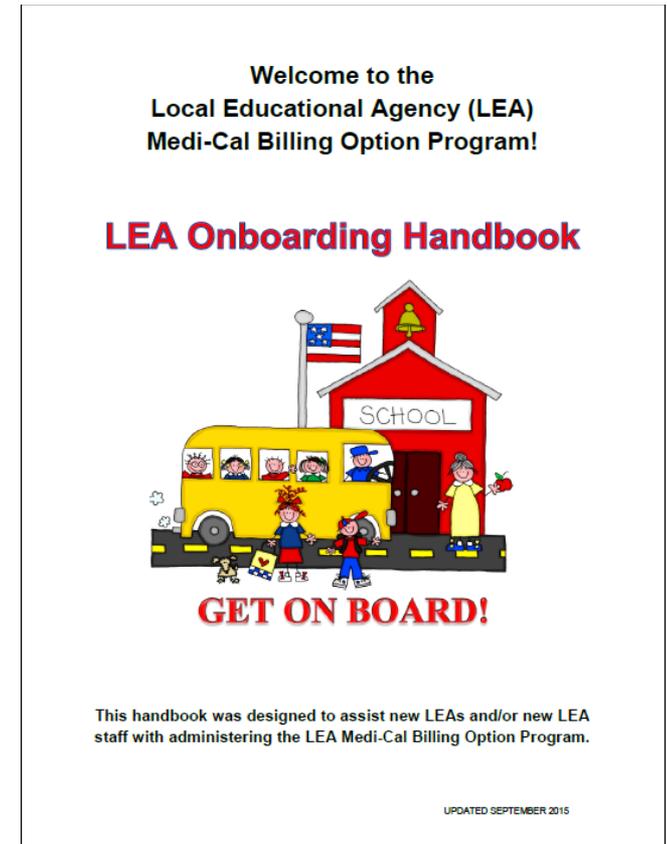
- ◉ California Laws and Regulations
- ◉ Federal Laws and Regulations
- ◉ Policy and Procedure Letters

Contact Information

- ◉ LEA Program Email
- ◉ LEA Audits & Investigations Email
- ◉ Update LEA Contact Information
- ◉ LEA Program Contact Information
- ◉ Email Subscription Service

Onboarding Handbook

- ▶ Provides guidance to new LEAs
- ▶ Program structure – who is involved?
- ▶ How to become a billing provider
- ▶ Program participation requirements
- ▶ Enrollment process
- ▶ Claims process
- ▶ Submission requirements
- ▶ Provider responsibilities



Internal Administrative Functions Chart

- ▶ Lists key functions integral to program administration
- ▶ Provides guidance as to who may be responsible for participating in each function

LEA Functions	Responsible Parties			
	Service Practitioner	Fiscal Personnel	LEA Program Administrator or Coordinator	Collaborative Members
<ul style="list-style-type: none"> • Delivery of Medically Necessary Services Outlined in the Student's IEP/IFSP 	X			
<ul style="list-style-type: none"> • Compile and Maintain Service Documentation, including understanding and meeting the requirements in the Business and Professions (B&P) Code 	X		X	
<ul style="list-style-type: none"> • Verify Practitioners License 	X		X	
<ul style="list-style-type: none"> • Provide Program Oversight, including answering Program questions and ensuring that Program Requirements are Met 			X	
<ul style="list-style-type: none"> • Eligibility Verification Process – Tape Match (completed by LEA/Vendor/Software) 			X	
<ul style="list-style-type: none"> • Monthly Claim Submission (possibly completed by a vendor, but overseen by the LEA Program Administrator) 			X	
<ul style="list-style-type: none"> • Compile Information and Complete the Annual Report (AR) 		X	X	X

Toolbox - NEW

- ▶ Quick access to useful resources and information
 - Helpful Program Links
 - Important Program Documents and Dates
 - Billing Information and Rates
 - At a Glance Self-Audit Checklist
 - Technical Assistance Site Visit Request Form
 - Contact Information

At a Glance Self-Audit Checklist - NEW

- ▶ Basic program requirements
 - Program Compliance
 - Basic Claim Documentation Requirements for LEA Medi-Cal Billing
 - Basic Requirements for Practitioners and Services
 - Other Health Care Coverage
 - Practitioner License Verification
 - Record Retention

- ▶ LEAs are solely responsible for administrative functions and should be familiar with the LEA Program Website, department policies, program regulations, and the LEA Program Provider Manual.

Glossary of Terms

▶ LEA Glossary of Terms

N

NPI (National Provider Identifier) - Unique national 10-digit provider identification number that is Health Insurance Portability and Accountability Act (HIPAA) compliant.

O

OIG (Office of Inspector General) - The OIG protects the integrity of programs administered by the U.S. Department of Health and Human Services (HHS), as well as the health and welfare of the beneficiaries of those programs. HHS provides funding for essential human services in more than 300 programs, including Medicare and Medicaid. The OIG's duties are carried out through a nationwide network of audits and investigations of HHS programs.

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.

P

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.

R

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.

FAQs

LEA Program Frequently Asked Questions (FAQs)

Updated 9/25/14

[Back to LEA Main Page](#)

1. [Assessment Policy and Billing](#)
2. [Contracted Practitioners](#)
3. [CRCS](#)
4. [DHCS PHI Security Requirements](#)
5. [Documentation and Record Retention Requirements](#)
6. [Eligibility Verification and DUA](#)
7. [Free Care and Other Health Coverage](#)
8. [General Program Requirements](#)
9. [LEA Service Limitations](#)
10. [Nursing and Trained Health Care Treatment](#)
11. [PPA/AR \(updated 9/1/15\)](#)
12. [Parental Consent and Patient Confidentiality](#)
13. [Prescription, Referrals, Recommendations, and Protocol](#)
14. [Rendering Practitioner Qualification](#)
15. [Supervision Requirements](#)
16. [Targeted Case Management](#)
17. [Transportation Policy and Billing](#)
18. [Treatment Service Billing](#)
19. [Units of Service and Reimbursement Rates](#)

Random Moment Time Study (RMTS)

- ▶ Quick Profile Page
 - Highlights RMTS areas and topics that impact LEAs
 - What is RMTS?
 - Potential program integration with SMAA
 - Direct billing and claiming
- ▶ Stakeholder Feedback Tool
 - Questions, input and comments from stakeholders
 - <http://lea-medical-rmts.surveyanalytics.com/>
- ▶ IAG Summaries
 - Meeting summaries include ten meetings to date

Provider Manual

- ▶ Contact Information

- LEA (loc ed)

- ▶ Participation Requirements

- Provider's Guide (loc ed a prov)
- Eligible Students (loc ed elig)
- IEPs/IFSPs (loc ed indiv)

- ▶ Billing Information

- Billing and Reimbursement (loc ed bil)
- Billing Codes and Rates (loc ed bil cd)
- Billing Examples (loc ed bil ex)

- ▶ Practitioner Requirements

- Practitioner Qualifications (loc ed rend)

- ▶ LEA Specific Services (10 links)

- Individual services includes covered services, practitioners, prescription/referral/recommendation/supervision requirements, and service limitations

LEA Program Provider Manual

Medi-Cal Provider Manuals

LEA Provider Manual (Searchable PDF - Updated October 2014)

- Part 1 - Medi-Cal Program and Eligibility
- Part 2 - Billing and Policy

The following items link to various sections of the LEA Provider Manual

- LEA (loc ed)
- LEA: A Provider's Guide (loc ed a prov)
- LEA Billing and Reimbursement Overview (loc ed bil)
- LEA Billing Codes and Reimbursement Rates (loc ed bil cd)
- LEA Billing Examples (loc ed bil ex)
- LEA Eligible Students (loc ed elig)
- LEA: Individualized Plans Overview (loc ed indiv)
- LEA Rendering Practitioner Qualifications (loc ed rend)
- LEA Service: Hearing (loc ed serv hear)

Transportation Billing Guide

- ▶ What is needed to bill for LEA covered transportation?
- ▶ Documentation requirements
- ▶ Provider qualifications
- ▶ Transportation regulations and resources

Transportation Billing Guide - continued

- ▶ How to calculate mileage
 - Scenario 1: Transportation from home to school and school to home
 - Scenario 2: Transportation from school to service location and service location to home
 - Scenario 3: Transportation from school to service location and service location to school
 - Scenario 4: Transportation from home to service location and service location to school
 - Scenario 5: Transportation from multiple origination points to service location (school or service provider)
 - Scenario 6: Transportation from home to multiple treatment service locations on the same day (school and service provider)

ICD-10 GEMs - NEW

- ▶ General Equivalence Mappings (GEMs)
 - Represents the top 20 most frequently billed ICD-9 codes in the LEA Medi-Cal Billing Option Program
 - Crosswalk Summary of the 20 ICD-9 codes and their associated ICD-10 GEMs

Publications and Bulletins

- ▶ Claims Processing
 - Inflated Reimbursement Rates
 - Erroneous Payment Correction (EPC) Letters
 - Annual Accounting of Funds Summary Reports
- ▶ For Your Information (FYI)
 - Public Notice re SPA 15-021
 - SPA 12-009
- ▶ Medi-Cal Provider Bulletins
- ▶ Paid Claims Information
 - Medi-Cal reimbursement by LEA Provider
 - Program trends by State Fiscal Year
- ▶ Reports to the Legislature
- ▶ Advisory Workgroup Minutes

Publications & Bulletins

- ▶ Claims Processing
- ▶ FYI - For Your Information
- ▶ Provider Bulletins
- ▶ Paid Claims Data Reports
- ▶ Reports to the Legislature
- ▶ Advisory Workgroup Minutes

Policy and Procedure Letters (PPL)

- ▶ The PPL is a formal communication channel to provide and disseminate policy related to the LEA Program.
- ▶ PPLs help to:
 - Clarify LEA Program participation requirements
 - Ensure consistency within the LEA Program
 - Provide technical assistance in LEA Program implementation
- ▶ PPLs are sent by DHCS to LEAs that have signed up to receive subscription notifications.

Resources/Contacts

- ▶ LEA Medi-Cal Billing Option Program Website:
<http://www.dhcs.ca.gov/provgovpart/pages/lea.aspx>
- ▶ LEA Email Subscription Form:
<http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA>
- ▶ LEA Mailbox for Policy or General Questions: LEA@dhcs.ca.gov
- ▶ Provider Enrollment Questions: (916) 323-1945
- ▶ Reinvestment Questions/CDE: (916) 319-0914
- ▶ Eligibility Match Questions/DHCS Information Technology Services:
 - (916) 440-7254 E-mail: Alexandria.Carrillo@dhcs.ca.gov
 - (916) 440-7240 E-mail: Walter.Osikowicz@dhcs.ca.gov
 - (916) 440-7328 E-mail: Sherri.Henderson@dhcs.ca.gov

Resources / Contacts - continued

- ▶ Xerox Billing Questions: 1 (800) 541-5555
- ▶ Annual Report Submissions Mailbox
LEA.AnnualReport@dhcs.ca.gov
- ▶ DUA Submissions Mailbox
LEA.AnnualReport@dhcs.ca.gov
- ▶ CRCS Submissions Mailbox
LEA.CRCS.Submission@DHCS.CA.GOV
- ▶ A&I Mailbox for CRCS Questions
LEA.CRCS.Questions@DHCS.CA.GOV

Advisory Workgroup

- ▶ Strategize goals and activities to enhance Medi-Cal services provided on school sites and increase access by students
- ▶ Generally first Wednesday of Feb, April, June, Aug, Oct, Dec
- ▶ DHCS, A&I and California Department of Education (CDE)
- ▶ E-blast invitation sent to LEA primary and secondary contacts
- ▶ Includes program and policy updates
- ▶ Includes breakout groups and sub-workgroups

Participation Requirements Updates



Provider Participation Agreement (PPA)

- ▶ Effective this year, the PPA will have an 'evergreen' term in lieu of an expiration date.
 - No longer requires to be renewed at scheduled three-year intervals
 - No pre-determined expiration date
 - Will remain in effect until terminated by DHCS or LEA Provider
 - May be submitted by mail or electronically (with digital signature)
- ▶ **All LEAs must submit the PPA by November 30, 2015**
 - Extended deadline for FY 2015-16 only

 JENNIFER KENT DIRECTOR	State of California—Health and Human Services Agency Department of Health Care Services Location Educational Agency (LEA) Provider Participation Agreement	 EDMUND G. BROWN JR. GOVERNOR
Effective Agreement Start Date: July 1, 2015		<input type="text" value="National Provider Identification Number"/>
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:		
<ol style="list-style-type: none">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 Provider Manual) on Pages 10 and 11.3. 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).		
[Page 1 of 10]		DHCS 37/01/2015

Provider Participation Agreement - continued

- ▶ **PPL 15-020:** Implementation of the Evergreen Provider Participation Agreement in the LEA Medi-Cal Billing Option Program
 - The 'evergreen' PPA was implemented on July 1, 2015, and is effective beginning with the 2015-16 fiscal year
 - **All** new and returning LEAs must submit the PPA by the mandated due date
 - LEAs do not have to automatically resubmit the PPA in 2018

 JENNIFER KENT DIRECTOR	State of California—Health and Human Services Agency Department of Health Care Services	 EDMUND G. BROWN JR. GOVERNOR
DATE:	August 24, 2015	PPL No. 15-020
TO:	Local Educational Agencies (LEAs)	
SUBJECT:	IMPLEMENTATION OF THE EVERGREEN PROVIDER PARTICIPATION AGREEMENT (PPA) IN THE LEA MEDI-CAL BILLING OPTION PROGRAM	
<p>This Policy and Procedure Letter (PPL) notifies LEAs participating in the LEA Medi-Cal Billing Option Program that effective July 1, 2015, the Department of Health Care Services (DHCS) will begin implementing the 'Evergreen' PPA. Upon the effective date, the Evergreen PPA will replace the three-year PPA, which has been used by DHCS in preceding years.</p> <p>The benefit of the Evergreen PPA is that it will not require to be renewed at scheduled three-year intervals and will have no predetermined expiration date. This agreement 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.</p> <p>The parties may alter the terms of the Evergreen PPA once it is in effect, by way of a written amendment, signed by duly authorized representatives of DHCS and the LEA Provider.</p> <p>LEAs participating in the LEA Medi-Cal Billing Option Program must sign and submit the Evergreen PPA to DHCS by the mandated due date of October 10.</p> <p>If you have any questions concerning this PPL, please contact Mr. Rick Record, Chief, LEA Medi-Cal Billing Option Program, by phone at (916) 552-9222 or by e-mail at Rick.Record@dhcs.ca.gov.</p>		
Sincerely,		
ORIGINAL SIGNED BY MICHELLE KRISTOFF		
Michelle Kristoff, Chief Medi-Cal Administrative Claiming Section		
<hr/>		
Safety Net Financing Division 1501 Capitol Avenue, MS 4603, P.O. Box 997436 Sacramento, CA 95899-7436 Phone: (916) 552-9113 Fax: (916) 324-0738 www.dhcs.ca.gov		

Annual Report (AR)

- ▶ **All** LEAs must submit the AR by **November 30, 2015** with the PPA.
 - Will continue to be due annually
 - Reporting period for current and previous fiscal year
 - LEAs may use AR to update their information
 - If the LEA updates its official name, payment/mailing address, EIN number or NPI number, it must resubmit PPA to DHCS and submit Form 6209 to Provider Enrollment Division (PED)
 - May be submitted by mail or electronically (with digital signature)



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
2015-2016 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 DHCS)

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): _____
Data Universal Numbering System (DUNS) Number: _____

LEA Authorization

Signature of Authorized Representative: _____
Typed or Printed Name of Authorized Representative: _____
Typed or Printed Title of Authorized Representative: _____

DHCS USE ONLY

Effective Date: _____
Date Added: _____

Provider Enrollment Information Sheet

Page 1 of 7

DHCS 07/01/2015

PPA/AR Compliance Policy

- ▶ **PPL 15-018:** Notification of Compliance Process For LEAs That Do Not Submit The PPA and AR By The Mandated Due Date
 - LEAs that do not submit PPA/AR by November 30, 2015 will be considered out of compliance
 - Out of compliance LEAs may be placed on withhold from future reimbursements
 - LEAs will receive written notices to alert them of past due documents prior to institution of the reimbursement withhold
 - LEAs will be eligible to receive retroactive reimbursements from initial date of withhold after required documents accepted and filed by DHCS



DHCS
JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN, JR.
GOVERNOR

DATE: July 29, 2015 PPL No. 15-018

TO: Local Educational Agencies (LEAs)

SUBJECT: NOTIFICATION OF COMPLIANCE PROCESS FOR LEAs THAT DO NOT SUBMIT THE PROVIDER PARTICIPATION AGREEMENT (PPA) AND THE ANNUAL REPORT (AR) BY THE MANDATED DUE DATE

This Policy and Procedure Letter (PPL) notifies LEAs participating in the LEA Medi-Cal Billing Option Program that LEAs that do not submit the initial Evergreen PPA and AR by the mandated due date of October 10 will be considered out of compliance and may be placed on withhold from future reimbursements until these documents are received and filed.

LEAs are required to adhere to the terms and conditions prescribed in the PPA, which includes the annual submission requirement of the AR and submission of the evergreen PPA by the mandated due date. Failure to timely submit the required documents may result in a 100% withhold from future reimbursements. LEAs that do not submit the evergreen PPA and AR by the mandated due date will receive written notices to alert them that the required documents are past due.

In accordance with the California Welfare and Institutions Code (W&I), Section 14123, and with the California Code of Regulations (CCR), Title 22, Division 3, Chapter 3, Article 6, commencing with Section 51452, the Department of Health Care Services (DHCS) may place a LEA provider on probationary status 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 the LEA provider.

Compliance and Reinstatement

In order to become compliant and to reinstate participation in the LEA Medi-Cal Billing Option Program, LEAs must submit the past due PPA and AR. 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.

Safety Net Financing Division
1501 Capitol Avenue, MS 4803, P.O. Box 967436
Sacramento, CA 95896-7436
Phone: (916) 552-9113 Fax: (916) 324-0738
www.dhcs.ca.gov

Data Use Agreement (DUA)

- ▶ **All** LEAs must submit the DUA by **November 30, 2015**.
 - Must be renewed at scheduled three-year intervals
 - FY 2015-16 is the renewal year
 - Agreement period extends to November 30, 2018
 - May be submitted by mail or electronically (with digital signature)
- ▶ **Attachment E: Certificate of Destruction of Confidential Data**
 - Must be submitted with DUA by all returning LEAs who have previously used data tape match to verify eligibility
 - May be submitted by mail or electronically (with digital signature)

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

User Initial: _____

Page 1 of 7

DUA No. 2015-SNFD-LEA

Cost and Reimbursement Comparison Schedule (CRCS)

- ▶ The CRCS is an annual cost settlement required by CMS.
 - CRCS calculates the difference between costs incurred by LEAs and interim reimbursement payments received during fiscal year
 - Results in an LEA overpayment or underpayment
 - Due **November 30** of each fiscal year for the prior fiscal year
 - The CRCS for FY 2013-2014 will be due November 30, 2015

Certification of Zero Reimbursements for LEA Services

- ▶ LEAs who received zero reimbursements are required to complete Form 2437a.
 - LEAs indicate that zero reimbursements were received
 - **PPL 15-017**-“Certification of Zero Reimbursements for LEA Services”
 - **Due November 30** of each Fiscal Year

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 2013-2014 (July 1, 2013-June 30, 2014)**

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 2013-14 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.

7/2013

CRCS Compliance Process

- ▶ Submission of the CRCS is a mandatory requirement.
 - Social Security Act, Section 1903 (w)
 - Code of Federal Regulations, Title 42, Section 433.50
- ▶ **PPL 15-019** notifies LEAs of the CRCS Compliance Policy.
 - Failure to submit the CRCS by the mandated due date of **November 30**, may result in future reimbursement withholds
 - Continued failure to submit the CRCS may result in subsequent suspension from the LEA Medi-Cal Billing Option Program

CRCS Resources

- ▶ CRCS Documents:
 - http://www.dhcs.ca.gov/provgovpart/Pages/CRCS_FY_13-14.aspx

- ▶ CRCS Submission to DHCS A&I:
 - LEA.CRCS.Submission@DHCS.CA.GOV
 - Excel and PDF format
 - Naming Convention
 - Fiscal Year, NPI Number, Business LEA Name, Submission Date
 - Example:
FY1314.1234567890.SampleSchoolDistrict.10.15.2015.CRCS.XLS (or .PDF)

- ▶ CRCS Questions:
 - LEA.CRCS.Questions@DHCS.CA.GOV

FY 2015-16 LEA Program Requirements

<i>LEA Program Requirements</i>	Reporting Period			<i>Due Date</i>
	<i>FY 2013-14</i>	<i>FY 2014-15</i>	<i>FY 2015-16</i>	
CRCS	X			Nov. 30, 2015
AR (Annual Report)		X		Nov. 30, 2015* (extended deadline for FY 2015-16 only)
PPA (Provider Participation Agreement)			X	Nov. 30, 2015* (extended deadline for 2015-16 only)
DUA (Data Use Agreement)			X	Nov. 30, 2015

* Please note that the normal deadline for the AR and PPA is October 10. The deadline was extended to November 30 for 2015.

Site Visits/Technical Assistance



Program Integrity

▶ Goals for Site Visits

- **Who:** New LEAs, Non-Compliant LEAs, and those seeking Technical Assistance
- **What:** Assist LEAs in understanding program requirements, help LEAs to identify areas for LEA program expansion
- **Where:** On-site at the LEA's administrative office
- **Why:** Assist LEAs with program compliance

* This is not an Audit!

Program Integrity - continued

- ▶ [Technical Assistance Request Form](#)
- ▶ Submit to LEA@DHCS.ca.gov



**LEA Medi-Cal Billing Option Program
Site Visit/Technical Assistance Request**

The Department of Health Care Services, Local Educational Agency (LEA) Medi-Cal Billing Option Program (BOP) is offering technical assistance to those LEAs in need of support regarding the LEA BOP. If you are interested in receiving assistance from us, please fill out the form below and submit to: LEA@dhcs.ca.gov. We will contact you within 30 days to schedule an appointment.

Official LEA Name: _____

NPI: _____

Administrative Office Address: _____

Name: _____

Phone Number/E-Mail Address: _____

Please check areas in which you are seeking assistance and write a brief description in the box below:

PPA/AR Enrollment Process Other (use box below)

DUA Policies and Procedures

Transportation Billing Information

Other: _____

If you have any other questions, please contact us at: LEA@dhcs.ca.gov.

For DHCS office use only.

Received on _____ (date)

Contacted on _____ (date)

Scheduled for _____ (date)

Approved _____

Claims Processing Updates



Erroneous Payment Corrections (EPCs)

- ▶ EPC: Adjustment of LEA claims for CPT Code 92507 with Modifiers GN and TM
 - Retroactive price correction for claims paid at an erroneous rate that affected claims for dates of service from July 1, 2012, through July 30, 2014
 - Adjustments began appearing on RAD forms on March 12, 2015 with RAD code 0883: Retroactive price correction



EPCs – continued

- ▶ EPC: A0425 (mileage) erroneously denied
 - Background: Starting in March 2015 an error caused some LEA procedure code A0425 claims to be erroneously denied. The error was corrected in May 2015
 - EPC: In process to reimburse those claims that were erroneously denied
 - Implementation date to be determined

EPCs – continued

- ▶ EPC: 2013-14 Rate Inflation
 - Background: FY 2012-13 interim reimbursement rates inflated to calculate revised FY 2013-14 interim reimbursement rates
 - EPC: Corrects reimbursement rate adjustments for claims submitted by LEA providers for dates of service 7/1/13 through 6/30/14 using updated reimbursement rates for LEA services
 - Implemented on May 29, 2015 with RAD code 0875
 - UPDATE: FY 2014-15 Inflated Rates Table located at <http://www.dhcs.ca.gov/provgovpart/Pages/LEAClaimsProcessing.aspx>

LEA Program Provider Support Costs

- ▶ 1% administrative fee for claims processing and related staff costs
 - Medi-Cal Remittance Advice Detail (RAD) code 795
- ▶ Combined 2.5% withhold for the following:
 - A&I fee for administrative costs associated with CRCS audit process with maximum collection of \$650,000 under RAD code 798
 - NCI withhold to fund activities mandated by W&I Code 14115.8 with maximum collection of \$1.5 million under RAD code 798
- ▶ Any over-collection of funds will be proportionately redistributed to LEAs.

System Development Notice (SDN) 14002

- ▶ Exempts cost settlements, over collected withhold reimbursements and electronic health record provider incentive payments from withholds
- ▶ Projected implementation in September 2015

Xerox “Help!” Desk...

- ▶ For billing and claims issues, LEAs should contact the Xerox Telephone Service Center (TSC) at 1-800-541-5555.
 - The LEA provider should initially call the TSC to ask for assistance
 - IMPORTANT: Keep a log of issue numbers that the TSC representative provides for each phone call
 - If the issue is too complicated for TSC, LEA provider should either request the TSC agent to send a Xerox provider field representative OR the LEA provider should write the Correspondence Specialist Unit (CSU), explain the issue, attach required documents, and request assistance
 - If Xerox provider field rep or CSU is not able to resolve the issue, LEA provider may notify SNFD at LEA@dhcs.ca.gov

In-Progress Work



Termination of CPT Code 92506

- ▶ Current Procedural Terminology (CPT) Code 92506 (evaluation of speech, language, voice communication, and/or auditory processing) will be eliminated and replaced with four new, more specific CPT Codes:
 - 92521 Evaluation of speech fluency (eg, stuttering, cluttering)
 - 92522* Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
 - 92523* Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria) **with** evaluation of language comprehension and expression (eg, receptive and expressive language)
 - 92524 behavioral and qualitative analysis of voice and resonance

* CPT code 92522 is a sub-component of CPT code 92523 and these two codes cannot be billed together for the same student

Termination of CPT Code 92506 - continued

- ▶ Effective for dates of service on or after **July 1, 2016**, Speech-Language Assessments will use new CPT code(s) 92521, 92522, 92523 and 92524.
 - LEAs may bill up to a maximum of three components depending on type of assessment
 - When multiple evaluations are appropriate, documentation should clearly reflect a complete and distinct evaluation for each disorder
- ▶ On or after **July 1, 2016** Audiology Assessments will use CPT Code 92557
- ▶ A Policy and Procedure Letter is forthcoming
- ▶ The LEA Program Provider Manual will be updated to reflect the current rates for these CPT codes.

Telehealth for Speech Therapy

- ▶ Effective for dates of service on or after **July 1, 2016**, the LEA Program will allow LEAs to bill for covered speech therapy assessment and treatment services when performed via telehealth.
 - Telemedicine service must use interactive audio, video or data communication to qualify for reimbursement
 - Audio-video telemedicine system used must have capability of meeting the procedural definition of the CPT-4 code provided through telemedicine
 - The provider performing services via telemedicine at the distant site, whether from California or out of state, must be a licensed Speech-Language practitioner in California and enrolled as a Medi-Cal provider
 - When multiple evaluations are appropriate documentation should clearly reflect a complete and distinct evaluation for each disorder

Telehealth for Speech Therapy - continued

- ▶ A Policy and Procedure Letter is forthcoming.
- ▶ The LEA Program Provider Manual will be updated to reflect the current rates for these CPT codes.

Targeted Case Management (TCM) SPA 12-009 and PPL 15-016

- ▶ **PPL 15-016** notifies LEAs of the approval of SPA 12-009 and sunset date of June 30, 2015 for current TCM reimbursement methodology.
- ▶ Effective **July 1, 2015**, all TCM claiming with dates of service from July 1, 2015 forward will be suspended until a rate methodology has been approved by CMS.
- ▶ The TCM Labor Survey will no longer be valid effective July 1, 2015.
- ▶ DHCS will submit a new rate methodology to CMS to include TCM services.
- ▶ TCM claiming under the new rate methodology may be retroactive to July 1, 2015.

 JENNIFER KENT DIRECTOR	State of California—Health and Human Services Agency Department of Health Care Services	 EDMUND G. BROWN, JR. GOVERNOR
DATE:	July 1, 2015	PPL No. 15-016
TO:	Local Educational Agencies (LEAs)	
SUBJECT:	NOTIFICATION OF APPROVED CALIFORNIA STATE PLAN AMENDMENT NUMBER 12-009 TARGETED CASE MANAGEMENT SERVICES AND THE JUNE 30, 2015, SUNSET OF THE CURRENT REIMBURSEMENT METHODOLOGY	
<p>This Policy and Procedure Letter (PPL) notifies LEAs participating in the LEA Medi-Cal Billing Option Program that the approved Medi-Cal State Plan Amendment (SPA) 12-009 modified Targeted Case Management (TCM) Services in accordance with Title 42 Code of Federal Regulations (CFR) 440.109 and established a sunset date of June 30, 2015, for the current TCM reimbursement methodology. SPA 12-009 will be available on the LEA website for reference in regards to the modified TCM Services.</p> <p>The Department of Health Care Services (DHCS) submitted the SPA on January 29, 2015, to the Centers for Medicare and Medicaid Services (CMS) and it was approved on April 10, 2015. The Reimbursement Methodology for Targeted Case Management Services as described in Supplement 1c to Attachment 3.1-A will sunset on June 30, 2015.</p> <p>Effective July 1, 2015, all TCM claiming with dates of service from July 1, 2015, forward will be suspended until a rate methodology has been approved by CMS. In addition, the TCM Labor Survey will no longer be valid effective July 1, 2015. The LEA Medi-Cal Billing Option Program is preparing to submit a new rate methodology to CMS that will include TCM services. TCM claiming under the new rate methodology may be retroactive to July 1, 2015.</p> <p>If you have any questions concerning this PPL, please contact Mr. Rick Record, Chief, LEA Medi-Cal Billing Option Program, by phone at (916) 552-9222 or by e-mail at Rick.Record@dhcs.ca.gov.</p> <p>Sincerely,</p> <p>ORIGINAL SIGNED BY SHELLY TAUNK FOR</p> <p>Michelle Kristoff, Chief Medi-Cal Administrative Claiming Section</p>		
<hr/> <p>Safety Net Financing Division 1501 Capitol Avenue, MS 4603, P.O. Box 997436 Sacramento, CA 95899-7436 Phone: (916) 552-9113 Fax: (916) 324-0738 www.dhcs.ca.gov</p>		

New Services / RMTS SPA 15-021

- ▶ The Public Notice regarding SPA 15-021 is located at <http://www.oal.ca.gov/res/docs/pdf/notice/26z-2015.pdf> listed under “*New Services and Random Moment Time Study (RMTS) Methodology for the LEA Medi-Cal Billing Option Program*” on page 1088.
 - SPA 15-021 proposes to provide new additional direct health care services
 - SPA 15-021 proposes to authorize new practitioner types
 - SPA 15-021 proposes that the LEA Program will use a RMTS methodology to capture the amount of time spent providing direct medical services by qualified health practitioners that bill in the LEA Program

Free Care

- ▶ On December 15, 2014, the Centers for Medicare and Medicaid Services (CMS) issued a [letter](#) to the State Medicaid Director clarifying existing “ambiguity” concerning Medicaid payment for services provided without charge or “free care”.
- ▶ SPA 15-021 proposes to include all individuals under age 22 who are Medicaid eligible beneficiaries, including Medicaid eligible individuals with an IEP/IFSP to receive services under the LEA Program without limitations.

OHC Requirements

- ▶ Per CMS Guidance, states must recoup Third Party Liability (TPL) funds from legally liable third parties, such as health insurance plans and other health coverage (OHC).
- ▶ CMS guidance necessitates that LEAs bill private insurance companies for direct services rendered to students prior to billing Medi-Cal.
 - If a student is dual-eligible, Medi-Cal is the payer of last resort
 - Consistent with the current LEA Program Provider Manual, which requires that LEAs collect OHC information for its students and bill OHC when applicable

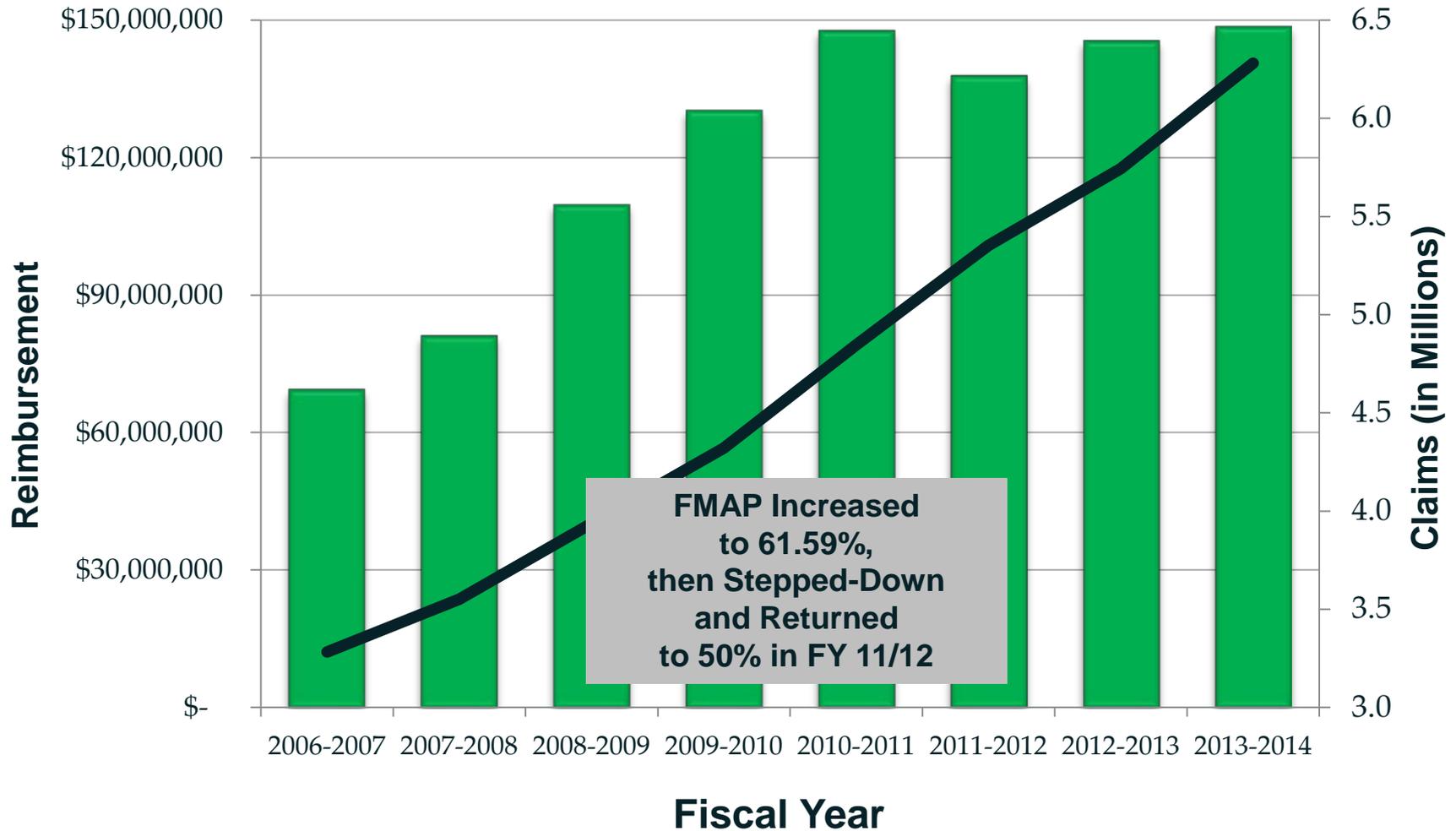
Paid Claims Overview



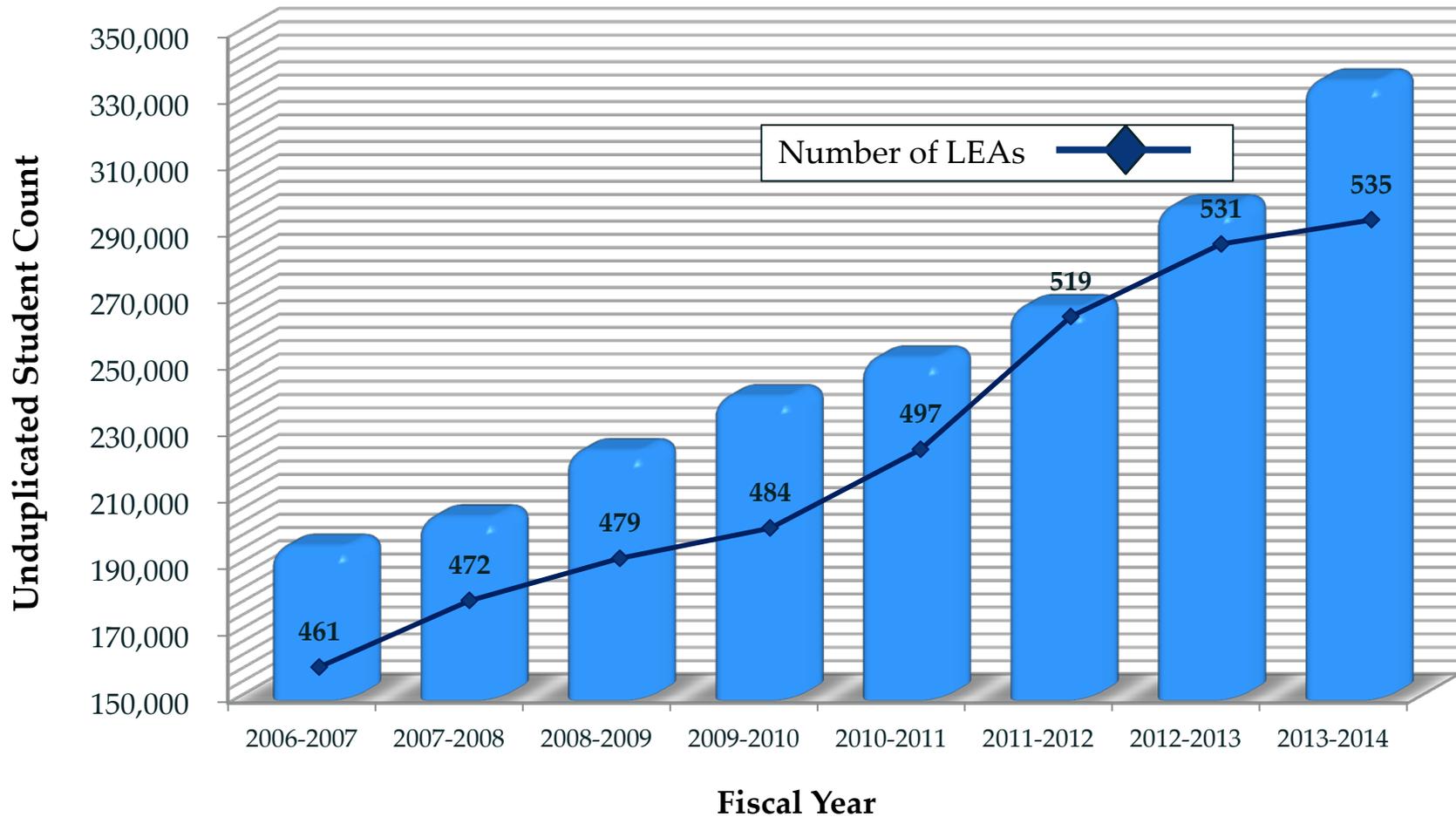
General Program Information

- ▶ LEA Program continues to grow since SPA 03-024 was implemented
- ▶ Number of participating LEAs continues to increase
- ▶ Number of unduplicated students served continues to increase
- ▶ Utilization continues to increase
- ▶ Most Program expenditures are based on assessments (three types); speech therapy treatments and trained health care aide treatments

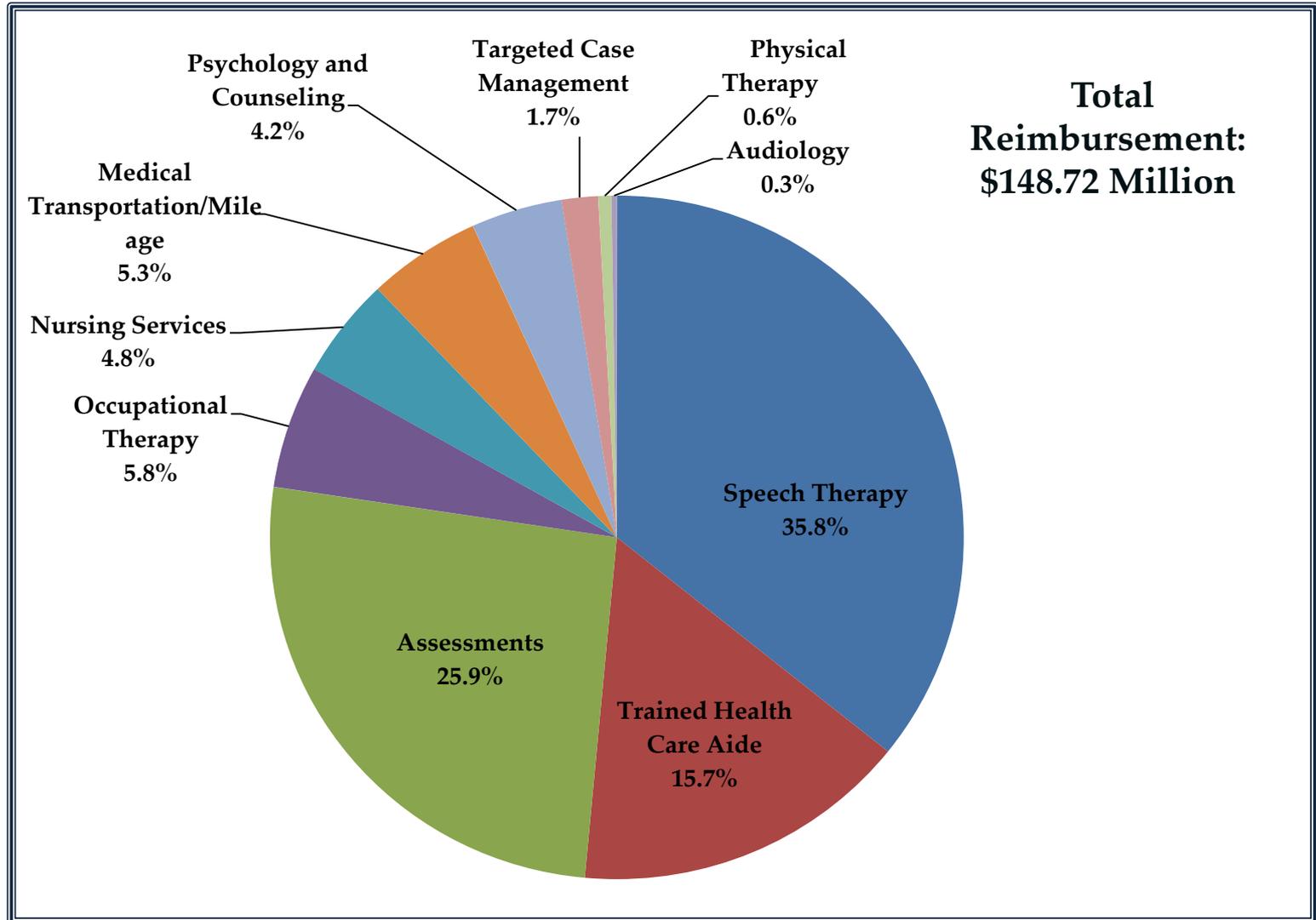
Program Growth Over Time



Growth in LEA Program Participation



LEA Reimbursement by Service Type FY 2013/14



10 Minute Break ***for*** ***Questions and Answers***



Questions and Answers

