



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.

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Appeal Process

LEAs may appeal the withhold of fund reimbursement 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 final correspondence letter, including 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
P.O. Box 997436
Sacramento, CA 95899-7436

Nothing stated in this PPL shall supersede any State or federal regulations or statutes.

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.

The PPA and AR, as well as additional information and instructions, are located on the LEA website at: <http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx>

Sincerely,

ORIGINAL SIGNED BY MICHELLE KRISTOFF

Michelle Kristoff, Chief
Medi-Cal Administrative Claiming Section