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LEA MEDI-CAL REIMBURSEMENT PROCESS (BUD-W011)  
Sacramento City Unified School District

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**1. SCOPE:**

- 1.1. This outlines the work instruction followed by the Medi-Cal Reimbursement Unit to process LEA Medi-Cal Claims for Sacramento City Unified School District.

The online version of this procedure is official. Therefore, all printed versions of this document are unofficial copies.

**2. RESPONSIBILITY:**

- 2.1. Supervisor of Medi-Cal

**3. APPROVAL AUTHORITY:**

Approved signature on file

- 3.1. Director of Budget Services

**4. DEFINITIONS:**

- 4.1. DHS – California Department of Health Services
- 4.2. DOS – Date of Service
- 4.3. EDS – Electronic Data Systems
- 4.4. HEBS – licensed software program to process LEA Medi-Cal claims
- 4.5. LEA – Local Education Authority
- 4.6. SBSC – School Business Services of California
- 4.7. TCM – Targeted Case Management

**5. WORK INSTRUCTION:**

- 5.1. The LEA Medi-Cal Program reimburses the school district for Heal
- 5.2. Mail is received by Inter-office mail (Box 802C), Picked up from Special Ed & Health Services departments, or Faxed from Non-Public Agencies/Schools
- 5.3. Inventory of Mail
- 5.3.1. First sort of mail is by month of service
  - 5.3.2. Second sort of mail is by Provider type/billing claim form within the month
  - 5.3.3. Claim forms are then counted, or if amount is large – measured
  - 5.3.4. Amounts are recorded on the Inventory/Batch sheet as “In-Coming” (attachment 2)
- 5.4. Workflow
- 5.4.1. Work is prioritized by age / Date of Service (DOS) – exception Transportation (see below)
    - 5.4.1.1. Aged claims are penalized by Department of Health Services (DHS)
      - 6 months old – payment reduced by 25%
      - 9 months old – payment reduced by 50%
      - 12 months



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**8.0 REVISION HISTORY:**

<u>Date:</u>	<u>Rev.</u>	<u>Description of Revision:</u>
11/12/04	A	Initial release
07/19/06	B	Location Change

**\* \* \* E n d o f p r o c e d u r e \* \* \***