

LEA Agreement to Participate in the EPSDT Administrative Claims Time Study

The _____ (insert LEA name) agrees to participate in the _____ (insert quarter) quarter of the EPSDT Administrative Claims Time Study. We understand that we will follow the schedule that has been provided to us or our claims may not be billed.

Leader's processing fee for the time study is \$2.70 for each reimbursable fifteen-minute unit processed. If there are no claimable units of time for a participant, there is no charge to process the form. If Leader's fee is greater than half of the LEA's share of the federal Medicaid reimbursement, Leader's fee will be discounted to 40% of the LEA reimbursement.

Signature of LEA Representative: _____

Title: _____ Date: _____