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Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: December 16, 2021

PPL No. 20-001R

TO: Local Governmental Agencies (LGAs) for the
County-Based Medi-Cal Administrative Activities (CMAA) Program

SUBJECT: Application of MOVEit eTransfer System (MOVEit) in the CMAA Program

This Policy and Procedure Letter (PPL) informs LGAs that the Department of Health Care Services (DHCS) is now providing the use of MOVEit per PPL 19-013. As stated in PPL 19-013, the MOVEit system allows authorized LGA staff to use MOVEit to determine the Medi-Cal eligibility of CMAA beneficiaries with the understanding that eligibility data can only be requested from DHCS as far back as one year. Therefore, LGAs must submit CMAA eligibility files to their DHCS MOVEit account no later than 60 calendar days after the end of the quarter in which the beneficiaries were served. In addition, the MOVEit system allows LGAs to determine whether a client is a Fee for Service (FFS) or Managed Care beneficiary which is necessary for claiming units that provide non-emergency non-medical transportation (NMT). Beginning January 1, 2022, the MOVEit system will also identify beneficiaries eligible for Federal Financial Participation.

LGAs that are currently using a system to verify Medi-Cal eligibility are allowed to continue using their current system until December 31, 2021. However, effective January 1, 2022, all LGAs will be required to use MOVEit. If the LGA provides NMT, their system must identify FFS and Managed Care beneficiaries. All other LGAs participating in the CMAA program that collect client data will be required to utilize MOVEit to develop each claiming unit's Actual Client Count (ACC) effective July 1, 2020.

LGAs that utilize their own system must submit an annual letter to DHCS indicating the system being used and confirm the system has the ability to identify FFS and Managed Care beneficiaries prior to July 1 of each state fiscal year (SFY) of participation in the CMAA program. The letter can include the annual Medi-Cal discount methodology request for ACC.

DHCS allowed LGAs that have already requested to use countywide averages for SFY 2019-20 to utilize MOVEit to determine their ACC. Beginning in SFY 2020-21, LGAs that do not collect client data and therefore cannot utilize MOVEit will be required to

submit an annual justification letter to DHCS prior to July 1 of each SFY of participation in the CMAA program. The justification must explain why the LGA is unable to comply with this requirement. The letter can include the annual Medi-Cal discount methodology request for countywide averages.

Per the Centers for Medicare and Medicaid Services approved CMAA Operational Plan, ACC is the default methodology to determine a Medi-Cal percentage. The Medi-Cal percentage is used to discount reimbursement for time spent providing CMAA to CMAA eligible Medi-Cal beneficiaries. MOVEit serves as a tool for all LGAs in developing an accurate ACC. MOVEit is especially beneficial for claiming units that provide code 10, Arranging and/or Providing Non-Emergency, Non-Medical Transportation to FFS beneficiaries (refer to PPL 18-017 for more information) because LGAs utilizing code 10 must ensure that they are claiming for FFS beneficiaries only.

The following CMAA codes are discounted by a Medi-Cal percentage:

- CODE 6: Referral, Coordination, and Monitoring of Medi-Cal Services
- CODE 10: Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Medi-Cal covered service
- CODE 13: Contract Administration for Medi-Cal services specific for Medi-Cal and Non Medi-Cal populations
- CODE 17: Program Planning and Policy Development (Non-Enhanced) for Medi-Cal services for Medi-Cal and Non Medi-Cal clients
- CODE 18: Program Planning and Policy Development Skilled Professional Medical Personnel (Enhanced) for Medi-Cal services for Medi-Cal and Non Medi-Cal clients

Please contact the DHCS at cmaa@dhcs.ca.gov with any questions regarding this PPL.

Sincerely,

ORIGINAL SIGNED BY

Jillian Mongetta, Chief
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