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

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DATE: May 04, 2020   **PPL No. 20-013**

TO: Local Governmental Agency (LGA) Coordinators for the County-Based
           Medi-Cal Administrative Activities (CMAA) Program

SUBJECT: Revised CMAA Invoice Template

The purpose of this Policy and Procedure Letter (PPL) is to notify LGAs that the Department of Health Care Services (DHCS) has revised the CMAA invoice template. The revised CMAA invoice template, dated May 1, 2020, supersedes all prior CMAA invoice templates and must be used for all invoices submitted after the publication date of this PPL, including corrected invoices submitted for previous claiming periods.

The following changes have been made to the revised CMAA invoice template:

- The Summary Invoice Page has been retitled to "Invoice - Summary Page"
- The Quarterly Summary of Time Survey Results worksheet has been retitled to "Quarterly Time Survey Results Summary"

The following changes have been made on the "Invoice - Summary Page" tab.

- Language has been added indicating the enhanced rate is for applicable Skilled Professional Medical Personnel (SPMP) costs only.
- The size of the Remit Payment To address box has been enlarged.

The following changes have been made to the revised CMAA invoice template on the "Invoice - Direct Charge Cost" tab.

- The formula in the Enhanced (SPMP) Medi-Cal Administrative Activities (MAA) Staff Costs cells is updated to pull the Medi-Cal Percentage for code 18 from the Time Survey Results page.

DHCS will provide the revised CMAA invoice template and a detailed depiction of the functional and text corrections/adjustments via email to all LGAs. In addition, the revised template will be available at request from the DHCS' CMAA program staff. For questions regarding this PPL, please contact DHCS at cmaa@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY DAMITRA HAWKINS

Damitra Hawkins, Chief
County-Based Medi-Cal Administrative Activities Unit
Local Governmental Financing Division