

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



DATE: February 14, 2022 PPL No. 21-044R

TO: Local Governmental Agency (LGA) Coordinators for the County-based

Medi-Cal Administrative Activities (CMAA) and Tribal Medi-Cal

Administrative Activities (TMAA) Programs

SUBJECT: Mandating the MOVEit eTransfer System

PURPOSE: This Policy and Procedure Letter (PPL) notifies each LGA that the MOVEit

online system is now mandatory for participation in the CMAA or TMAA

Program, which will allow LGAs to meet Alternative Format (AF) requirements and ensure that only populations eligible for Federal

Financial Participation (FFP) are included in the development of an Actual

Client Count (ACC) or Medi-Cal Percentage (MP).

BACKGROUND:

Previously, LGAs were provided with an option to use the MOVEit eTransfer System per PPLs 19-013, 20-001 and 20-002. The MOVEit system allows authorized LGA staff to determine the Medi-Cal eligibility of CMAA and TMAA beneficiaries with the understanding that eligibility data can only be requested as far back as one year. The MOVEit system also allows authorized staff to determine whether a beneficiary is in the Fee-for-Service (FFS) or Managed Care delivery system, which is necessary for claiming units that provide non-emergency non-medical transportation (NMT).

Due to new data elements that are necessary for LGAs to receive, all LGAs participating in CMAA or TMAA are now required to use the MOVEit eTransfer System. Per Federal regulations, entities providing written materials to beneficiaries with speech, hearing, or vision disabilities must provide those materials in AFs such as Braille or 20 point font upon request and on an ongoing basis. Additionally, DHCS must ensure that reimbursement through the CMAA and TMAA programs is only provided for eligible services and populations. Therefore, the existing MOVEit system was modified to verify a beneficiary's Medi-Cal enrollment status, Managed Care Plan, and AF type (if needed), and whether they are eligible for FFP. Additional information about AF requirements can be found in PPL 21-017, Alternate Format Request Requirements, and its upcoming revision. In addition, guidance regarding FFP ineligible populations will be forthcoming.

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POLICY:

Effective January 1, 2022, the MOVEit online system must be used by all LGAs participating in the CMAA or TMAA Programs.

Per the Centers for Medicare and Medicaid Services approved CMAA Operational Plan and TMAA Implementation Plan, ACC and MP are the default methods for discounting the costs of Medi-Cal administrative activities. MOVEit serves as a mandatory tool for all LGAs to develop an accurate discount percentage.

As a result of these changes, the two additional fields listed below have been added to the sample "MOVEit Return File" known as "Attachment A".

- AF Type (FORMATDESC): Identifies the beneficiary's requested format type.
- FFP Qualified (F): Identifies whether a beneficiary is qualified for FFP.

Additionally, all LGA Coordinators are now authorized MOVEit users. However, to add or remove a user, please use DHCS form 5446, the MOVEit User Identification Form. The form is available upon request or at the DHCS website as an attachment to PPL 19-013, Implementation of the MOVEit eTransfer System.

If an LGA does not collect beneficiary data and is unable to develop an ACC, it may use Countywide Average (CWA) within an invoice as long as DHCS receives a justification letter from the LGA prior to the start of the following State fiscal year. DHCS will also be modifying the CWA calculations to meet the same FFP eligibility standards.

If you have any questions or require further assistance regarding this PPL, please email your assigned CMAA or TMAA analyst.

Sincerely,

ORIGINAL SIGNED BY

Jillian Mongetta, Chief Medi-Cal Claims and Services Branch Local Governmental Financing Division Department of Health Care Services