

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P. O. Box 942732
Sacramento, California 94234-7320
(916) 657-1460



February 10, 1998

PPL No.98-002

To All County Medi-Cal Administrative Activities/
Targeted Case Management Coordinators and
Advisory Committee Members

SUBSEQUENT QUARTERLY MEDI-CAL ADMINISTRATIVE ACTIVITIES TIME SURVEY REQUIREMENTS

The purpose of this transmittal is to reiterate the policy for local governmental agencies (LGAs) that wish to conduct an optional quarterly Medi-Cal Administrative Activities (MAA) time survey subsequent to the mandatory annual MAA time survey conducted during the first quarter of each fiscal year (FY). For example, a subsequent MAA time survey could be conducted with the occurrence of a significant change in the percentage of time spent performing MAA, or if the LGA wishes to add a new claiming unit or activity to the previously approved MAA Claiming Plan.

To conduct a subsequent quarterly MAA time survey, the LGA must provide written notification to the Department of Health Services of the intent to conduct the subsequent time survey at least thirty (30) days prior to the beginning of the quarter in which the LGA will be time surveying. The written notification must be submitted using the form enclosed with Policy and Procedure Letter (PPL) No. 96-017, dated August 14, 1996. The form must be signed by the MAA/TCM Coordinator and mailed directly to:

Patricia Kinney, Chief
Federal Liaison Unit
Department of Health Services
714 P Street, Room 1140
P.O. Box 942732
Sacramento, CA 94234-7320

PLEASE DO NOT MAIL THE REQUEST TO CONDUCT A SUBSEQUENT MAA TIME SURVEY DIRECTLY TO THE ADMINISTRATIVE CLAIMING UNIT.

If the LGA must rescind its request to conduct a subsequent MAA time survey due to unforeseen circumstances, the request for rescission must be submitted in writing to the Federal Liaison Unit (FLU). The request will only be considered if it is *received* by the FLU at least three working days before the first day of the quarter in which the subsequent time survey was to be conducted. Such requests will be evaluated on a case-by-case basis. The LGA must not assume that the submission of a rescission request to DHS relieves the LGA of its responsibility to conduct the time survey. Unless notified in writing by the FLU to the contrary, the LGA must conduct the requested time survey.

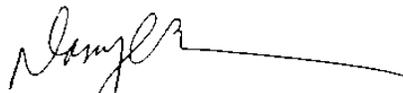
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Once the subsequent MAA time survey request has been approved by the FLU, the time survey *must* be conducted by the LGA and the results *must* be used to prepare the MAA invoice for that, and subsequent, calendar quarter(s) of that FY. The results of the subsequent MAA time survey will be in effect from the first day of the calendar quarter in which the time survey was conducted, and shall remain in effect until superseded by an additional approved subsequent MAA time survey or by the following FY's mandatory time survey.

LGAs must exercise caution when submitting a request to FLU to conduct a subsequent quarterly MAA time survey. Once the request has been approved by FLU, it will *not be rescinded*, except as noted above, and the time survey *must* be conducted. Failure to conduct the approved subsequent quarterly MAA time survey will result in the *denial* and return of that, and subsequent, MAA quarterly invoice(s).

If you have any questions regarding this policy, please contact the Administrative Claiming Unit analyst assigned to your LGA.

Sincerely,



Darryl Nixon, Chief
Medi-Cal Benefits Branch

cc: Mr. Bill Lasowski
Technical Director
Office of Financial Services
Health Care Financing Administration
7500 Security Blvd., MS-C4-17-27
Baltimore, MD 21244-1850

Mr. Richard Chambers
Associate Regional Administrator
Health Care Financing Administration
75 Hawthorne Street, Suite 401
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