



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



ARNOLD SCHWARZENEGGER
Governor

July 25, 2008

PPL No. 08-011

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

SUBJECT: Medi-Cal Percentage: the Actual Client Count Method

The purpose of this Policy and Procedure Letter (PPL) is to clarify how to determine the Medi-Cal Percentage using the Actual Client Count (ACC) method. The Department of Health Care Services (DHCS) has noticed in recent invoice reviews that some LGAs are using the ACC method in a manner inconsistent with the Department of Health Care Services (DHCS) policy.

Using the ACC method, a claiming unit calculates the Medi-Cal percentage by counting the number of Medi-Cal beneficiaries it serves during a specific period of time and dividing that number by the total number of people it serves during that same period of time. The numerator of this ratio is the number of Medi-Cal beneficiaries served by the claiming unit, and the denominator is the total number of persons served by the claiming unit. $ACC = \text{Number of Medi-Cal Beneficiaries} / \text{Number of All Clients Served}$.

For example, a facility might have a group of clients that regularly receive facility services. Using the ACC method, the Medi-Cal percentage would not be based on the total number of persons in that group but on the number **who were actually served** during the specific period during which the percentage was calculated. The ACC method identifies the number of unduplicated clients served or actual client visits. Alternatively, several claiming units may be housed in one building and serve several different groups of clients. In that case, the ACC method should not identify the number of clients who enter the building but the number of clients **who are actually served** by each claiming unit.

Persons who would be Medi-Cal eligible but have not applied for Medi-Cal, have not been determined to be enrolled in Medi-Cal, or whose status is “pending” may not to be included in the numerator of the calculation to determine the Medi-Cal percentage using the ACC method. These persons should be included in the denominator.

The term “enrolled client” is defined as an individual who has gone through a formal eligibility determination process with the county social services agency and has been determined to be eligible and currently able to receive Medi-Cal services. At any given point in time, “share of cost” clients or “spend down” clients might not be enrolled in Medi-Cal. Clients who have not met their share of cost are not considered Medi-Cal eligible for this purpose and are not to be included in the numerator of the calculation. These persons should be included in the denominator.

The claiming unit must identify the Medi-Cal status of each person by recording the Medi-Cal ID number of each person served. The ACC method requires a minimum of one full month of client data for each quarter in which claims will be submitted. The Medi-Cal percentage must be determined using data from the quarter being claimed. For claiming units that do not routinely maintain statistics on the Medi-Cal status of clients served, a log may be maintained at intake stations for clients receiving services from the claiming unit during the designated month each quarter.

For the activities below, the claiming unit must first determine the number of Medi-Cal beneficiaries actually served and the total number of individuals actually served.

Outreach B1. To determine the ACC, the claiming unit will identify the total number of Medi-Cal beneficiaries and the total number of individuals actually served.

Non-Emergency, Non-Medical Transportation. When a claiming unit performs this activity to both Medi-Cal and non-Medi-Cal populations, it will record (separately from health clinic counts) the number of Medi-Cal beneficiaries and total number of individuals for whom this transportation is arranged or provided.

Contracting for Medi-Cal Services or MAA. This activity may involve more than one contract. The Medi-Cal percentage may vary for each contract; therefore, the Medi-Cal percentage will be determined for each contract.

Program Planning & Policy Development B. Claiming units direct their PP&PD efforts toward Medi-Cal services that will benefit populations similar to those they serve; therefore, to determine the ACC, the claiming unit will identify the total number of Medi-Cal beneficiaries served and the total number of individuals served.

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If you have questions regarding this PPL, please contact Ms. Linda Hayes, Chief, County-Based
Medi-Cal Administrative Activities Unit, at (916) 341-3969 or Linda.hayes@dhcs.ca.gov.

Sincerely,

Original Signed by Bob Baxter for Elizabeth Touhey

Elizabeth Touhey, Chief
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