

CHECKLIST FOR PREPARING THE CMAA DETAIL INVOICE FOR MEDI-CAL ADMINISTRATIVE ACTIVITIES

LGA: _____ Claiming Unit: _____ Invoice #: _____

It is the responsibility of the authorized CMAA Coordinator to review all invoices for completeness and accuracy prior to submitting to the Department of Health Care Services (DHCS). Invoices submitted using an incorrect format will be returned without being reviewed. Each County Medi-Cal Administrative Activities (CMAA) Detail Invoice must be submitted with a completed checklist verifying the following items have been reviewed by the Coordinator before it will be processed for payment:

- _____ Approved Comprehensive Claiming Unit Grid and Claiming Unit Function Grid(s) on file; time survey frequency must match and ensure the "95 percent confidence level" requirement is met
- _____ Current invoice forms located on DHCS website (Revised 12/08/2014 DHCS/SNFD) being used and in the proper format
- _____ Correct authorized LGA coordinator name on the invoice
- _____ Correct contract number consistent throughout CMAA Detail Invoice
- _____ Correct period-of-service consistent throughout CMAA Detail Invoice
- _____ Claiming Unit Name matches the Claiming Unit Function Grid
- _____ Invoice number matches period-of-service (If the invoice is a Correction, add C-1, C-2, etc. If the invoice is a Revision, add R-1, R-2, etc. If unsure, call your program analyst for instruction.)
- _____ Methodology used to determine the Medi-Cal discount percentage consistent with the Claiming Unit Function Grid
- _____ Total reimbursement amount greater than zero with no "Error" and no comments on the claim
- _____ Variance Form – If over 20% variance must check a variance narrative option and fill out a "Detailed Explanation"
- _____ Required supporting documentation attached for processing:
 - **Cost Pool 6** – detailed list of all staff names, their classifications, and their **salaries** and **benefits** claimed
- _____ Date and sign (in blue ink): Summary Invoice, Time Survey Results, Direct Charge Costs Worksheet, Revenue Sources Worksheet, Claim Calculation Worksheet 1 & 2 and the Cost Worksheet
- _____ Mail entire original claim to correct address at DHCS (see Contact Information on CMAA Website)

SIGN AND DATE TO CONFIRM ALL ABOVE ITEMS HAVE BEEN REVIEWED PRIOR TO SUBMISSION.

Print Name of Authorized LGA CMAA Coordinator

Signature of Authorized LGA CMAA Coordinator

Date

CHECKLIST FOR PREPARING THE CMAA SUMMARY INVOICE FOR MEDI-CAL ADMINISTRATIVE ACTIVITIES

LGA: _____ Claiming Unit: _____ Invoice #: _____

It is the responsibility of the authorized CMAA Coordinator to review all invoices for completeness and accuracy prior to submitting to the Department of Health Care Services (DHCS). Invoices submitted using an incorrect format will be returned without being reviewed. Each County Medi-Cal Administrative Activities (CMAA) Detail Invoice must be submitted with a completed checklist verifying the following items have been reviewed by the Coordinator before it will be processed for payment:

- _____ Cover letter, identifying any irregularities or variations in the CMAA Detail Invoice, is attached to the CMAA Summary Invoice
- _____ CMAA Summary Invoice, correctly formatted on agency letterhead for the agency under contract with the DHCS (Use only the form located on the CMAA website; ensure certifications and CALSTARS CODE information are correctly printed on the form.)
- _____ Correct authorized LGA coordinator name on the invoice
- _____ Check Program/Department and Claiming Unit names are the same throughout CMAA Detail Invoice and name matches the Claiming Unit Function Grid
- _____ Correct contract number consistent throughout CMAA Detail Invoice
- _____ Correct period-of-service consistent throughout CMAA Detail Invoice.
- _____ Invoice number consistent throughout CMAA Detail Invoice CMAA Detail Invoice
- _____ 50 percent amount on Claim Calculation worksheet (page 2) is the same as reimbursement on Summary Invoice
- _____ 75 percent amount on Claim Calculation worksheet (page 2) is the same as reimbursement on Summary Invoice
- _____ Total on the Amt. of Fed. Govt. Reimbursement on Summary Invoice is the same as Total Inv. Amt. on Claim Calculation worksheet (page 2)
- _____ Date and sign (in blue ink): CMAA Summary Invoice

SIGN AND DATE TO COMFIRM ALL ABOVE ITEMS HAVE BEEN REVIEWED PRIOR TO SUBMISSION.

Print Name of Authorized LGA CMAA Coordinator

Signature of Authorized LGA CMAA Coordinator

Date