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**Department of Health Care Services**



GAVIN NEWSOM  
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DATE: October 7, 2022

**PPL No. 20-001R**

TO: Local Governmental Agencies (LGAs) for the  
County-Based Medi-Cal Administrative Activities (CMAA) Program

**SUBJECT: Application of MOVEit eTransfer System (MOVEit) and Actual Client Count (ACC) Calculation in the CMAA Program**

PURPOSE: This Policy and Procedure Letter (PPL) instructs LGAs how to use MOVEit to calculate the ACC.

**BACKGROUND:**

As stated in PPL 19-013, the MOVEit system authorized LGA staff to use MOVEit to determine the Medi-Cal eligibility of CMAA beneficiaries. Per PPL 21-044R, beginning January 1, 2022, the Department of Health Care Services (DHCS) required that all LGA claiming units participating in the CMAA program that collect client data utilize MOVEit to develop each claiming unit's Actual Client Count (ACC). LGAs with claiming units that do not collect client data, and therefore cannot utilize MOVEit, must obtain DHCS' approval to utilize the County Wide Average Medi-Cal Percentage methodology by way of submitting an Annual Justification prior to the start of the claiming year.

**POLICY:**

The ACC, per the Centers for Medicare and Medicaid Services (CMS) approved CMAA Operational Plan, is the default methodology to determine the Medi-Cal percentage. The Medi-Cal percentage is used to discount reimbursement for time spent providing CMAA to ensure that only services provided to CMAA eligible Medi-Cal beneficiaries are claimed and reimbursed. Effective January 1, 2022, the ACC, or the default Medi-Cal percentage, is calculated as follows:

$$\text{ACC} = \frac{\text{Medi-Cal Clients Served} - \text{CMAA Medi-Cal Clients Ineligible for FFP}}{\text{Total Number of Clients Served}}$$

MOVEit serves as a tool for all LGAs to use in developing accurate ACCs for their claiming units. LGAs are encouraged to upload their CMAA eligibility files to their DHCS MOVEit account no later than 90 calendar days after the end of the quarter in which the beneficiaries were served. LGAs' claiming units must use information from their MOVEit

output files for the quarterly calculation of their claiming units' ACC percentage per the CMS approved methodology indicated above as follows:

Based on the claiming unit's beneficiary data uploaded by the LGAs, the MOVEit output file provides LGAs with the Medi-Cal eligibility information per month per individual served for the claiming unit. If a client is eligible for one or more months for the applicable quarter as indicated by a "Y" in one or more of the applicable months of the quarter, the client can be included in the numerator in the formula above to obtain the "Medi-Cal Clients Served".

Based on the beneficiary data uploaded by the LGAs, the current MOVEit output file also provides LGAs with the FFP Qualified status per individual served for each claiming unit, indicating FFP ineligibility status with an "N" under the FFP Qualified header, which can be used to determine the "CMAA Medi-Cal Clients Ineligible for FFP" to be used in the numerator above. Clients with an "N" in the FFP Qualified header should be subtracted from the Medi-Cal clients served.

MOVEit is especially beneficial for claiming units that provide Code 10, "Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Medi-Cal covered service" for Fee For Service (FFS) beneficiaries (refer to PPL 18-017 for more information) because LGAs utilizing Code 10 must ensure that they are claiming for FFS beneficiaries only.

The following CMAA codes are discounted by a Medi-Cal percentage:

- CODE 6: Referral, Coordination, and Monitoring of Medi-Cal Services
- CODE 10: Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Medi-Cal covered service
- CODE 13: Contract Administration for Medi-Cal services specific for Medi-Cal and Non Medi-Cal populations
- CODE 17: Program Planning and Policy Development (Non-Enhanced) for Medi-Cal services for Medi-Cal and Non Medi-Cal clients
- CODE 18: Program Planning and Policy Development Skilled Professional Medical Personnel (Enhanced) for Medi-Cal services for Medi-Cal and Non Medi-Cal clients

Please contact the DHCS at [cmaa@dhcs.ca.gov](mailto:cmaa@dhcs.ca.gov) with any questions regarding this PPL.

Sincerely,

**ORIGINAL SIGNED BY**

Brian Fitzgerald, Chief  
Local Governmental Financing Division

Department of Health Care Services