

CalSAWS M&E

CalWIN Migration

Distribution Date:	August 8, 2022
To:	Fiscal.Admin.Mgmt.18, Fiscal.Admin.Mgmt.40, CC:PPOC.18;PPOC.40; Central Print POCs; Consortium.RegionalManagers.R1; Consortium.RegionalManagers.R2;Consortium.RegionalManagers.R3; Consortium.RegionalManagers.R4;Consortium.RegionalManagers.R5; Consortium.RegionalManagers.R6;PMO.Fiscal@CalSAWS.org; MurphyH@CalSAWS.org;UppalG@CalSAWS.org, CarlsenB@CalSAWS.org;Berhelt@CalSAWS.org;DrohanS@CalSAWS.org; WeinmeisterT@CalSAWS.org; GatesM@CalSAWS.org; SAWSFiscal@osi.ca.gov
CIT Name:	CalSAWS Prepopulated Medi-Cal Redetermination Forms Claim Form and Instructions SFY 2022-23
From:	CalSAWS PMO Fiscal

PPOCs, please forward to the appropriate impacted staff in your county:

- | | |
|--|---|
| <input type="checkbox"/> General | <input type="checkbox"/> Reports |
| <input type="checkbox"/> Policy | <input type="checkbox"/> Fiscal |
| <input type="checkbox"/> CW | <input type="checkbox"/> Caseload Movement |
| <input type="checkbox"/> CF | <input type="checkbox"/> Management |
| <input type="checkbox"/> MC | <input type="checkbox"/> Fiscal |
| <input type="checkbox"/> CMSP | <input type="checkbox"/> Security |
| <input type="checkbox"/> FC/KG/AAP | <input type="checkbox"/> Batch and Interfaces |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Imaging |
| <input type="checkbox"/> WtW | <input type="checkbox"/> Migration |
| <input type="checkbox"/> Other Program(s) _____ | <input type="checkbox"/> Conversion |
| <input type="checkbox"/> BenefitsCal | <input type="checkbox"/> Technical |
| <input type="checkbox"/> Your Benefits Now! | <input type="checkbox"/> Training |
| <input type="checkbox"/> Customer Correspondence | <input type="checkbox"/> Help Desk |
| <input checked="" type="checkbox"/> Other: <u>County Budget Personnel/Claims</u> | |

<p>Description: (Including any step-by-step instructions)</p>	<p>Purpose The purpose of this CIT is to provide the Prepopulated Medi-Cal Redetermination Claim Form and Instructions for claiming additional county postage costs and provide information on the supporting details for claiming.</p> <p>Background The Prepopulated Medi-Cal Redetermination Forms premise includes funding for counties to claim additional postage costs due to implementation of this change in CalSAWS in October 2021 and in CalWIN in August 2021. The funding continues for SFY 2022/23.</p> <p>County Action</p>
--	--

1. Refer to your postage reports for the monthly postage amounts to date that may be claimed.

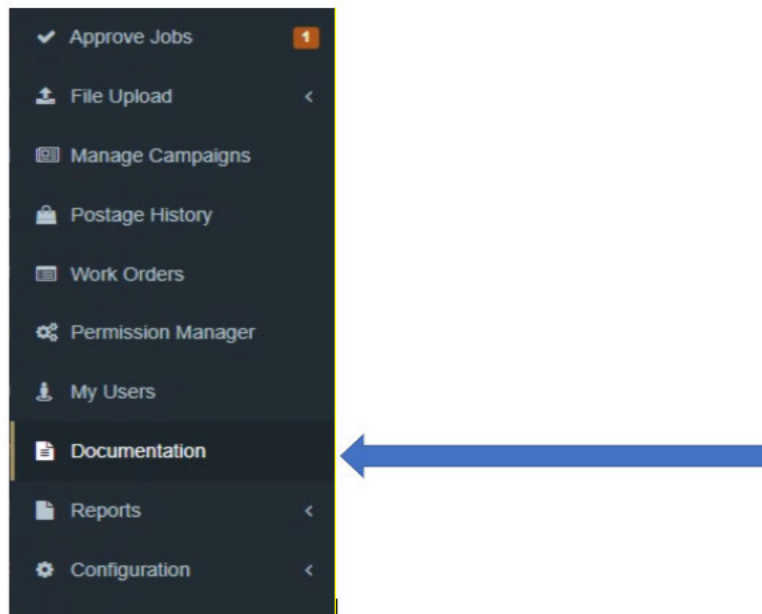
- a. **CalWIN counties** will receive monthly reports via PMO.Fiscal@calsaws.org by the 10th of the month.
- b. **CalSAWS counties** will access the postage reports via the Central Print Portal. The graphic below shows where to find the reports.

To access reports:

Central Print Portal - MC RE Report Location

After logging into the Central Print portal, the user will access the "Documentation" area from the left side menu area. The figure below illustrates the left side menu. The arrow designates the item to select.

After selecting Documentation, a list of available documents will display. At this time, the only item which will be available in the Documentation area is the MC RE Report.



2. To Claims Costs

Using the CalSAWS Prepopulated Medi-Cal Redetermination Forms Claim Form enter one month's cost in the **CalSAWS section on Line G12 for Production and Operations.**

Enter the postage costs based on the reports retrieved from the Central Print Portal or your emailed report. ROUND UP YOUR AMOUNTS if needed.

Please use the postage report as your backup documentation to support your claim. Please highlight or isolate your amount on the report so that it stands out.

3. Additional Information

Allocation letters were sent on 8/8/22, please claim within your allocated amounts.

	<p>Claiming submission instructions and requirements are attached to this CIT. Please refer to those instruction on how to prepare and where to send your claims.</p> <p>If you have questions on this CIT, please reach out to the Primary Contact and cc your Regional Managers.</p>
Primary Project Contact: (Name and email address)	<p>Tina Weinmeister (916) 800-7839 WeinmeisterT@CalSAWS.org</p>
Backup Project Contact: (Name and email address)	<p>Britt Carlsen (916) 282-3661 CarlsenB@CalSAWS.org</p>
Attachments:	<p>CIT 0220-22 CalSAWS Prepopulated Medi-Cal Redetermination Forms Claim Form and CAP for SFY 22-23 Effective July 22.xlsx CIT 0220-22 CalSAWS Prepopulated Medi-Cal Redetermination Forms Claiming Instructions for SFY 22-23 Effective July 22.xlsx</p>
Web Portal Link:	<p>██████████</p> <p>OR</p> <p>You may also retrieve the CIT document and attachments by following these steps:</p> <ol style="list-style-type: none"> 1. Click on the CRFIs & CITs link at the top of the page. 2. Click on the "CalSAWS Information Transmittal (CIT)" folder. 3. Click on the "2022" folder. 4. Click on the appropriate CIT # folder.

