## □ CalSAWS M&E □ CalWIN Migration

Distribution Date:	August 2, 2023
To:	Fiscal.Admin.Mgmt.Alameda; Fiscal.Admin.Mgmt.Butte; Fiscal.Admin.Mgmt.Contra Costa; Fiscal.Admin.Mgmt.El Dorado; Fiscal.Admin.Mgmt.Fresno; Fiscal.Admin.Mgmt.Humboldt; Fiscal.Admin.Mgmt.Imperial; Fiscal.Admin.Mgmt.Memt.Crange; Fiscal.Admin.Mgmt.Mgmt.Mendocino; Fiscal.Admin.Mgmt.Orange; Fiscal.Admin.Mgmt.Placer; Fiscal.Admin.Mgmt.Riverside; Fiscal.Admin.Mgmt.Sacramento; Fiscal.Admin.Mgmt.San Bernardino; Fiscal.Admin.Mgmt.San Diego; Fiscal.Admin.Mgmt.San Francisco; Fiscal.Admin.Mgmt.San Joaquin; Fiscal.Admin.Mgmt.San Luis Obispo; Fiscal.Admin.Mgmt.San Mateo; Fiscal.Admin.Mgmt.Santa Barbara; Fiscal.Admin.Mgmt.Santa Clara; Fiscal.Admin.Mgmt.Santa Cruz; Fiscal.Admin.Mgmt.Solano; Fiscal.Admin.Mgmt.Sonoma; Fiscal.Admin.Mgmt.Solano; Fiscal.Admin.Mgmt.Sutter; Fiscal.Admin.Mgmt.Tehama; Fiscal.Admin.Mgmt.Tulare; Fiscal.Admin.Mgmt.Ventura; Fiscal.Admin.Mgmt.Tulare; Fiscal.Admin.Mgmt.Ventura; Fiscal.Admin.Mgmt.Yolo;  CC: PPOC.Alameda; PPOC.Butte; PPOC.Contra Costa; PPOC.El Dorado; PPOC.Fresno; PPOC.Humboldt; PPOC.Imperial; PPOC.Kern; PPOC.Los Angeles; PPOC.Sacramento; PPOC.San Bernardino; PPOC.San Diego; PPOC.San Francisco; PPOC.San Joaquin; PPOC.San Luis Obispo; PPOC.San Mateo; PPOC.Santa Barbara; PPOC.Santa Clara; PPOC.Santa Cruz; PPOC.Solano; PPOC.Sonoma; PPOC.Santalslaus; PPOC.Sutter; PPOC.Tehama; PPOC.Tulare; PPOC.Sonoma; PPOC.Stanislaus; PPOC.Sutter; PPOC.Tehama; PPOC.Tulare; PPOC.Ventura; PPOC.Yolo; Consortium.RegionalManagers.R1; Consortium.RegionalManagers.R2; Consortium.RegionalManagers.R5; Consortium.RegionalManagers.R4; Consortium.RegionalManagers.R5; Consortium.RegionalManagers.R6; PMO.Fiscal; Holly Murphy; Girish Uppal; Britt
CITAL	Carlsen; Melissa Gates; Tina Weinmeister; Tracy Berhel; Stacey Drohan
CIT Name:	CalSAWS Prepopulated Medi-Cal Redetermination Forms Claim Form and Instructions SFY 2023-24
From:	CalSAWS PMO Fiscal

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

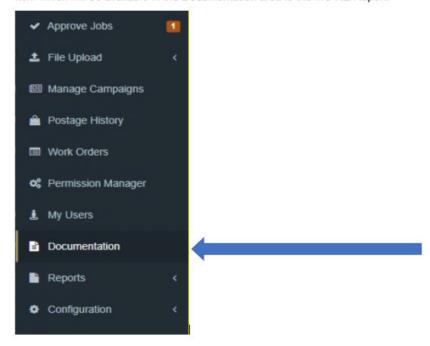
Child WtW Other BenefitsCal Customer C	G/AAP Batch and Interfaces	
Description: (Including any step-by-step instructions)	Purpose The purpose of this CIT is to provide the Prepopulated Medi-Cal Redetermination Claim Form and Instructions for claiming additional county postage costs and	
	Background The Prepopulated Medi-Cal Redetermination Forms premise includes funding for counties to claim additional postage costs due to initial implementation of this change in CalSAWS in October 2021 and in CalWIN in August 2021. The funding continues for SFY 2023/24.  County Action	
	Refer to your postage reports for the monthly postage amounts to date that may be claimed.	
	a. <u>CalWIN counties</u> will receive monthly reports via <u>PMO.Fiscal@calsaws.org</u> by the 10th of the month.	
	<ul> <li>b. <u>CalSAWS counties</u> will access the postage reports via the Central Print <u>Portal</u>. The graphic below shows where to find the reports.</li> </ul>	
	To access reports:	

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## 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 <u>CalSAWS section on Line G12 for Production and Operations.</u>

Enter the postage costs based on the reports retrieved from the Central Print Portal or your emailed report. <u>ROUND UP YOUR AMOUNTS</u> 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 June 15, 2023, via CIT # 0221-23, <u>please claim within your allocated amounts</u>.

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.

If you have questions on this CIT, please reach out to the Primary Contact and cc your Regional Managers.

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Primary Project Contact: (Name and email address) Tina Weinmeister (916) 800-7839

WeinmeisterT@CalSAWS.org

Backup Project Contact: (Name and email address)	Britt Carlsen (916) 282-3661 CarlsenB@CalSAWS.ora
Attachments:	CIT 0281-23 CalSAWS Prepopulated Medi-Cal Redetermination Forms Claim Form and CAP for SFY 23-24 Effective July 23.xlsx CIT 0281-23 CalSAWS Prepopulated Medi-Cal Redetermination Forms Claiming Instructions for SFY 23-24 Effective July 23.docx
Web Portal Link:	OR  You may also retrieve the CIT document and attachments by following these steps:  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 "2023" folder.  4. Click on the appropriate CIT # folder.