

PLACE ON COUNTY LETTERHEAD

[DATE]

Department of Health Care Services
County-Based Medi-Cal Administrative Activities
1501 Capitol Avenue, Suite 71.2203, MS 2628
Sacramento, CA 95899-7436
Attn: [NAME OF CMAA ANALYST]

RE: Countywide Average (CWA) Justification Letter – [CLAIMING UNIT NAME] - FY [FISCAL YEAR]]

Dear [NAME OF CMAA ANALYST],

Based on the DHCS CMAA/TCM Implementation Plan, we would like to request authorization to use the County Wide Average (CWA) Medi-Cal and not the Actual Client Count (ACC) percentage on our FY [FISCAL YEAR] CMAA invoices for our [CLAIMING UNIT NAME] Claiming Unit. The reason is that in [COUNTY NAME], our [CLAIMING UNIT NAME] does not always collect the level of client data required to use the MOVEit software. We plan to use the CWA for all of the discounted codes staff in this claiming unit are approved to use: Codes 6 and 17. The [CLAIMING UNIT NAME] Claiming Unit does not use Codes 10, 13, and 18.

I appreciate your consideration in this matter. Please let me know if you have any questions at [PHONE # FOR LGA COORDINATOR] or [EMAIL ADDRESS FOR LGA COORDINATOR].

Sincerely,

[NAME OF LGA COORDINATOR]
LGA Coordinator