

# **Business Objects**

## **Reports Guide for CHDP Gateway (APT) and CHDP Claims (CHD)**

*Updated 4/2/2014*

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## Introduction/Background

Business Objects (BO) is the software gateway for accessing data through a secured site on the Internet. The State Department of Health Care Services (DHCS) has developed two reporting systems that enable you to view **CHDP Claims** and **CHDP Gateway** through Business Objects.

To use Business Objects you need, at a minimum, access to the Internet and Microsoft Internet Explorer Version 8.0.

- County users connect to the DHCS Extranet site  
<https://biportal.dhcs.ca.gov/InfoViewApp/>
- State users connect to the DHCS Intranet site  
<http://dhitseeboiip02/InfoViewApp/>
- You will also need a Business Objects User ID and Password issued by the State. To obtain a password, please fill out [DHCS 4074](#). It can be found on the CHDP website under 'Local CHDP Program'. Click on [Business Objects](#). Click on Account Request Form

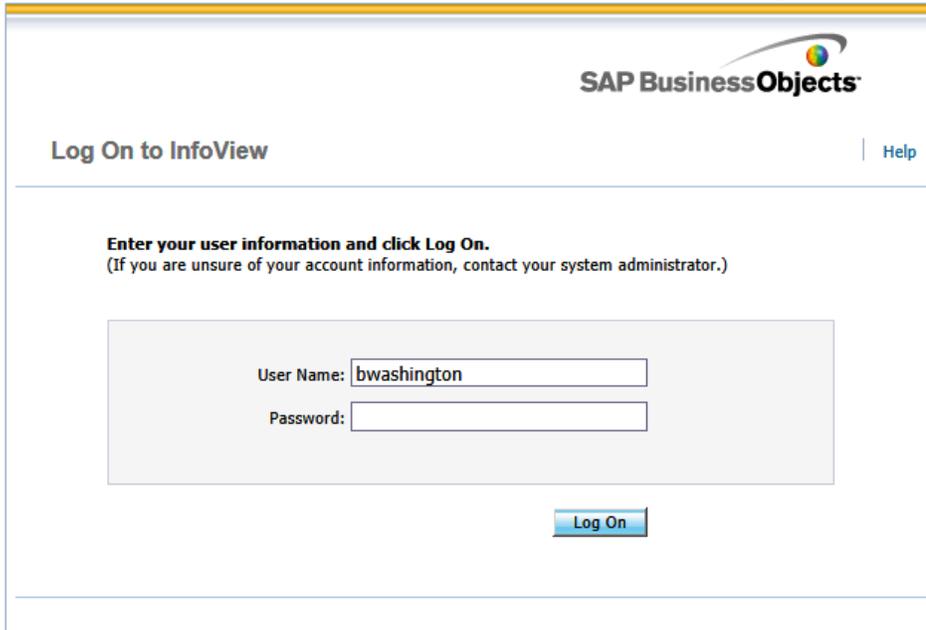
The number of reports through this reporting site will continue to grow based on program needs and your feedback.

## Business Objects Passwords

The Business Objects password instruction document has instructions for setting a new password and changing an existing one. It is located at <http://www.dhcs.ca.gov/services/ccs/cmsnet/Documents/BOPasswordInst.pdf>.

# Opening Business Objects and Running a Corporate Document

Type your User name and Password, and then click Log on.



SAP BusinessObjects

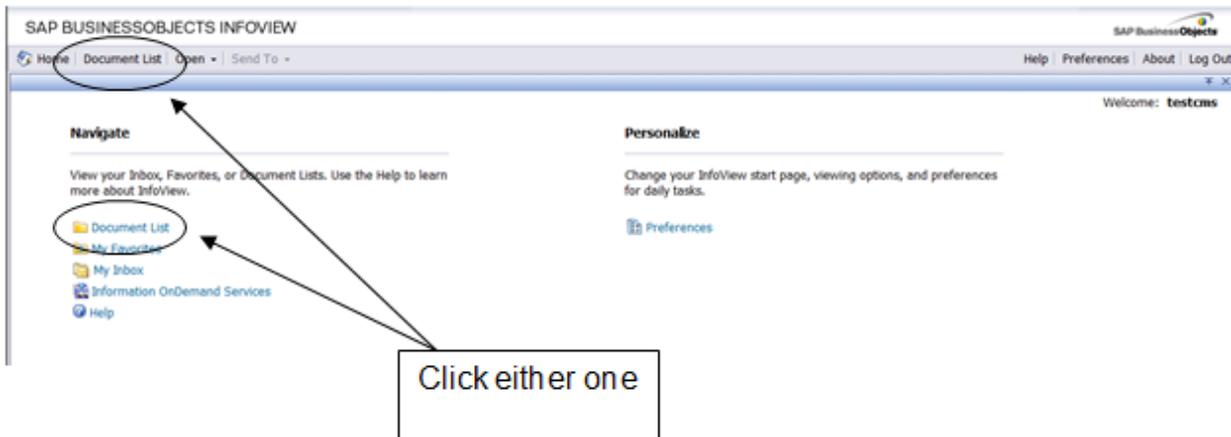
Log On to InfoView [Help](#)

Enter your user information and click Log On.  
(If you are unsure of your account information, contact your system administrator.)

User Name:

Password:

Click on “Document List”



SAP BUSINESSOBJECTS INFOVIEW

Home | Document List | Open | Send To -

Help | Preferences | About | Log Out

Welcome: testcms

**Navigate**

View your Inbox, Favorites, or document Lists. Use the Help to learn more about InfoView.

- Document List
- My Favorites
- My Inbox
- Information OnDemand Services
- Help

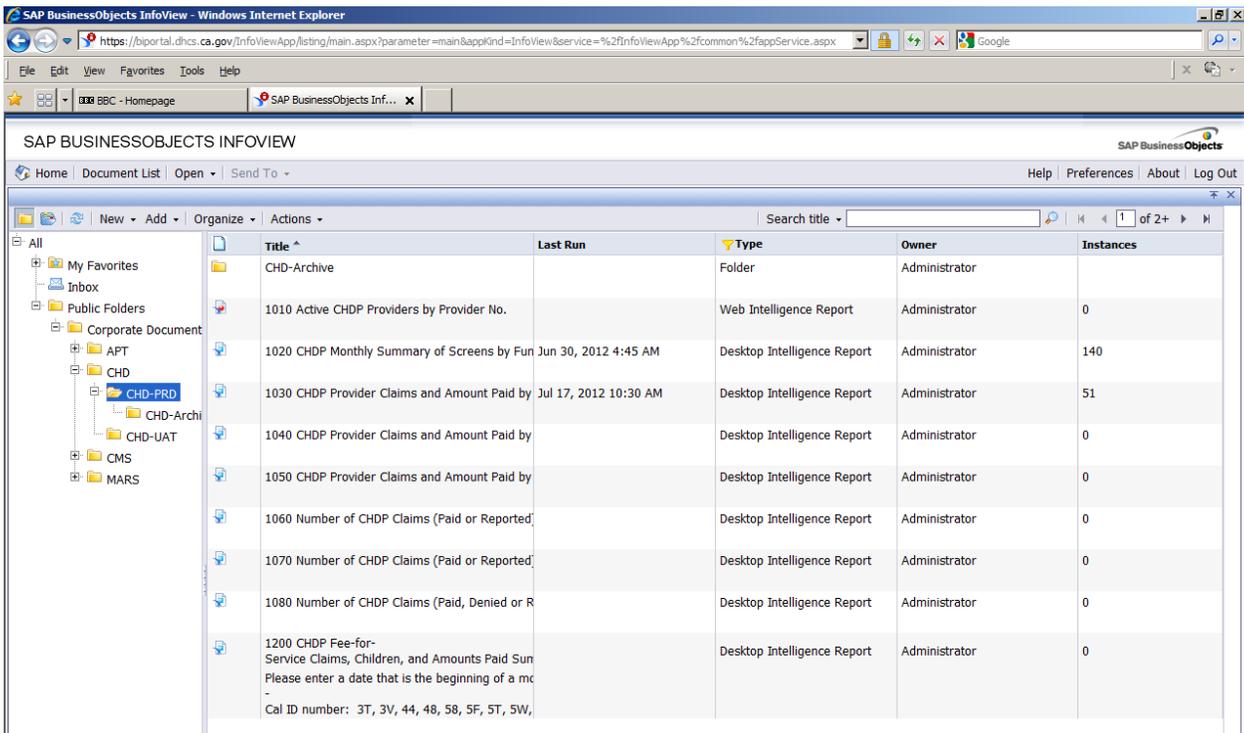
**Personalize**

Change your InfoView start page, viewing options, and preferences for daily tasks.

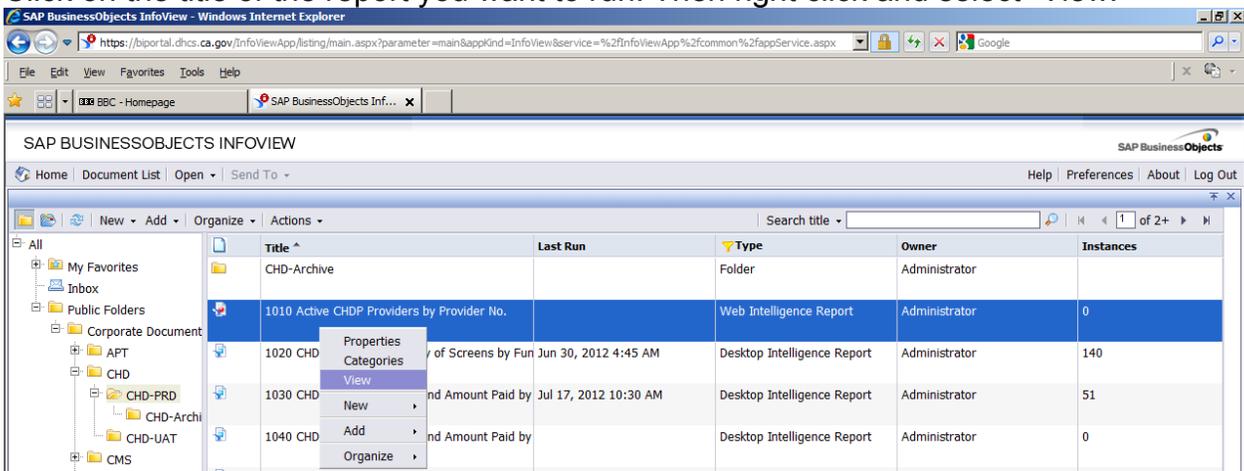
[Preferences](#)

Click either one

Click on “Public Folders,” then “Corporate Documents,” then “APT,” then “APT-PRD” (for CHDP Gateway) or “CHD,” then “CHD-PRD” (for CHDP Claims)



Click on the title of the report you want to run. Then right click and select “View.”



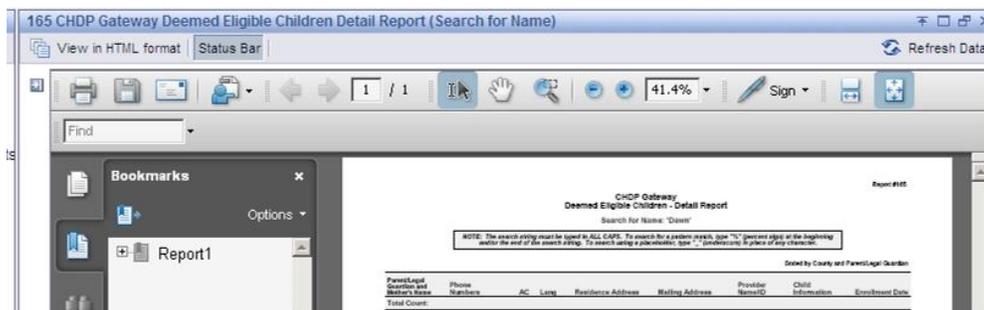
To run another report, click the “Document List” button on the top left of the screen, then choose another report to run.

# Saving the Report as Excel, Adobe PDF, or Comma Separated Values (CSV)

Saving a report will open the report in a new window. Some users will not see the new window- this is because of Internet Explorer settings, not Business Objects. If you do not see a new window, please contact your local IT and get their assistance in changing your browser permissions.

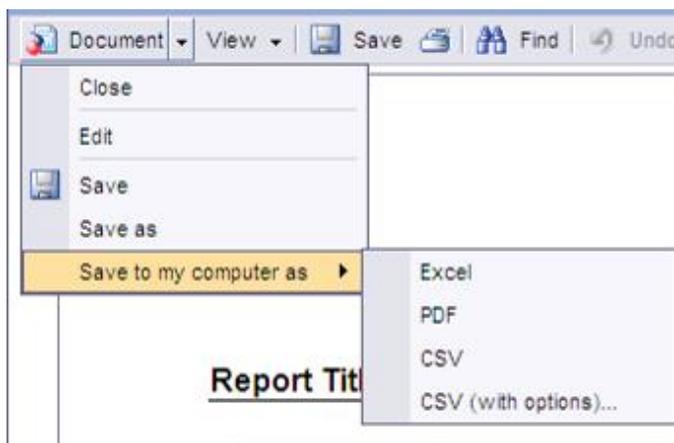
If the report disappears from the screen and you are taken to the beginning Business Objects welcome screen when trying to save, simply navigate to the report and try again. This occasionally occurs when you try to save the report, but should not happen twice in a row.

Some corporate documents will default to opening as Adobe PDF format. You can only save these documents as Adobe PDF unless you can see a “View in HTML format” button. Click this button to save the report as Excel or CSV.



Open the report in “View” mode

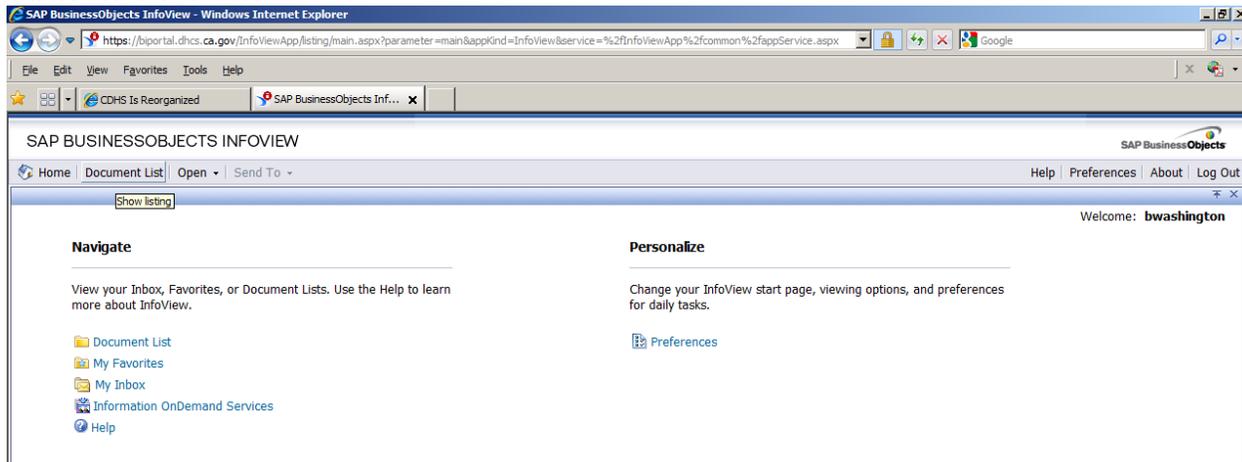
Click the down arrow next to the “Document” icon on the toolbar



Highlight “Save to my computer as...” and click either Excel, PDF, or CSV.

# Optimizing Business Objects Using Preferences

Click on “Preferences”

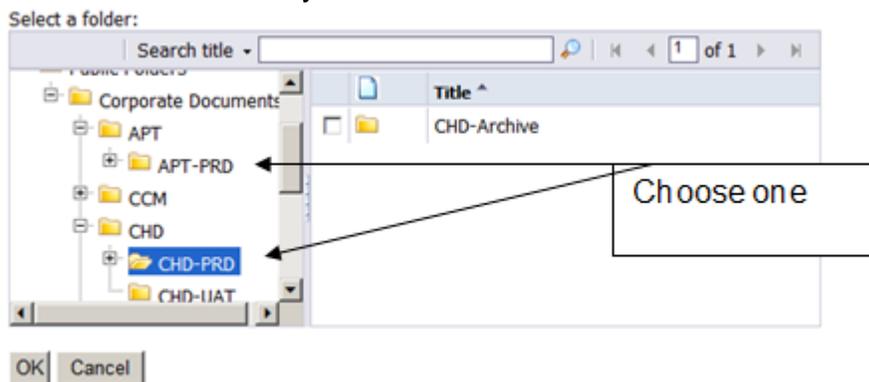


Click on the arrow next to “General” to see the options below if they are not visible.

Infoview Start Page (this will set the “Home” button): Click on the radio button next to “Folder” and click “Browse Folder...”



Navigate to either APT-PRD or CHD-PRD (whichever one you use more) and highlight it, then click the “OK” button directly under the window.



Change “Set the number of objects (max.) per page:” to 40. This will put the list of your reports on one page.



Click the “OK” button at the bottom of the page to save your changes.

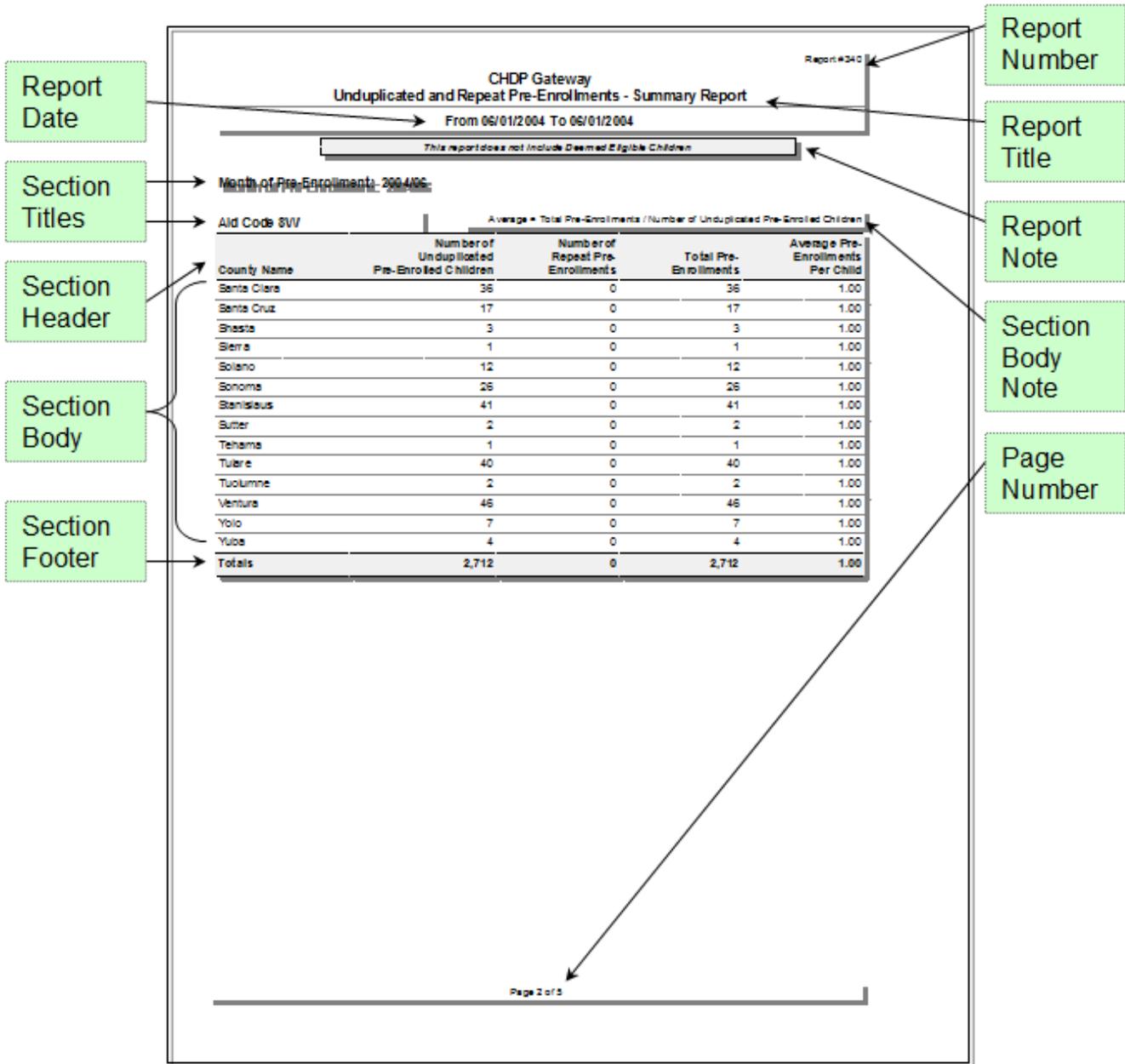


## CHDP Gateway (APT) Corporate Documents

All reports automatically refresh with Gateway data received as of yesterday unless otherwise stated.

### *CHDP Gateway Report Layout Description*

1. **Report Number:** This is located on the upper right corner of each page. It is in fine print.
2. **Report Title:** This is located on the top of each page. It is in big bold print.
3. **Report Date Range:** This is based on the date prompts that are entered before the report is generated. It is in bold print.
4. **Report Note:** This is located either under the report title and/or above the page number. It is in a shaded box in bold and italicized print.
5. **Section Titles:** The data on the report are grouped for each value of the section title. It is in bold print.
6. **Section Body Note:** This is located above the section body either on the left, center, or right. It is in fine print.
7. **Section Header:** This has all the column headings. The row is shaded and in bold print.
8. **Section Body:** This has all the data such as the row headings and counts.
9. **Section Footer:** This has one or more totals for all the rows within each section. The row is shaded and in bold print.
10. **Page Number:** This has the current page number and the total pages within the report.



County Name	Number of Unduplicated Pre-Enrolled Children	Number of Repeat Pre-Enrollments	Total Pre-Enrollments	Average Pre-Enrollments Per Child
Santa Clara	36	0	36	1.00
Santa Cruz	17	0	17	1.00
Shasta	3	0	3	1.00
Sierra	1	0	1	1.00
Solano	12	0	12	1.00
Sonoma	26	0	26	1.00
Stanislaus	41	0	41	1.00
Sutter	2	0	2	1.00
Tehama	1	0	1	1.00
Tulare	40	0	40	1.00
Tuolumne	2	0	2	1.00
Ventura	46	0	46	1.00
Yolo	7	0	7	1.00
Yuba	4	0	4	1.00
<b>Totals</b>	<b>2,712</b>	<b>0</b>	<b>2,712</b>	<b>1.00</b>

## ***CHDP Gateway Terms***

**County:** The county or city name used for strictly reporting purposes. This includes all 58 California counties and the cities of Berkeley, Long Beach, and Pasadena.

**Did Not Request a Joint Application:** This includes all the children for whom a “No” was indicated to the question “Continuing coverage through Medi-Cal?” in their Pre-Enrollment Application or who were denied when their Pre-Enrollment Application was submitted. This includes all 8Y aid code children regardless of whether they requested a Joint Application or not.

**Extended Eligibility Notice:** The notice mailed to families (or addresses) of Pre-Enrolled Children after the Single Point of Entry received the completed Joint Application form from the families of Pre-Enrolled Children.

**Joint Application:** The paper form sent out to the families of Pre-Enrolled Children who indicated “Yes” to the question “Continuing coverage through Medi-Cal?” in their Pre-Enrollment Application and who were not denied.

**Pre-Enrolled Children:** Children who went through the Pre-Enrollment Application process and were not denied. This includes all children for whom a Joint Application was not requested.

**Pre-Enrollment Application:** The first step in enrolling a child into the CHDP Gateway using either the internet or the POS device. This is an electronic application form.

**Pre-Enrollment Application Date:** The date when a provider enters a child’s information into the CHDP Gateway using either the internet or the POS device.

**Reminder Date:** This date is usually on the last business day of each month. This is the date when the CHDP Gateway system determines if the family of a pre-enrolled child has completed and returned the Joint Application to the Single Point of Entry. If a Joint Application for a child is not received by the Single Point of Entry by this date, then a Reminder Notice will be mailed to that child’s address. The actual mail date of the notice is three business days after the Reminder Notice Mail Date.

**Requested a Joint Application:** This includes all the children for whom a “Yes” was indicated to the question “Continuing coverage through Medi-Cal or Medi-Cal/Targeted Low-Income Children’s Program?” in their Pre-Enrollment Application and were not denied when their Pre-Enrollment Application was submitted. This does not include any 8Y aid code children regardless of whether a Joint Application was requested or not.

**Single Point of Entry (SPE):** The entity that receives the completed Joint Application form from families of Pre-Enrolled Children.

## **140 CHDP Gateway Deemed Eligible Children Detail Report (Copy and Paste Format)**

### **Use:**

All newborns entered into the Gateway. Send list to Medi-Cal Eligibility Liaison to convert clients from state funded to managed care.

### **Report Prompts:**

Enter From Date (MM/DD/YYYY): Date prompt for the beginning enrollment date report period. The enrollment date is the date when the Deemed Eligible child was enrolled into the CHDP Gateway using the internet or POS.

Enter To Date (MM/DD/YYYY): Date prompt for the ending enrollment date report period.

### **Section Title:**

County Name: Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

### **Columns:**

Parent Last Name: The last name of the child's parent or legal guardian

Parent First Name: The first name of the child's parent or legal guardian

Par. MI: Middle initial of the child's parent or legal guardian

Mother Last Name: Last name of the child's mother

Mother First Name: First name of the child's mother

Home Phone: Home phone number of the parent or legal guardian

Work Phone: Work phone number of the parent or legal guardian

Other Phone: Other phone number of the parent or legal guardian

AC: Aid Code assigned to the child:

- 8U: Deemed Medi-Cal Eligibility: No Share of Cost (SOC)
- 8V: Deemed Medi-Cal Eligibility: Share of Cost (SOC)

SL: Spoken language of the parent or legal guardian

WL: Written language of the parent or legal guardian

Res Street: Residence street number and street address of the child

Res City: Residence city of the child

Res State: Residence state of the child

Res Zip: Residence zip code of the child

Mail Street: Mailing street number and street address of the child

Mail City: Mailing city of the child

Mail State: Mailing state of the child

Mail Zip: Mailing zip code of the child

Provider ID: Provider Number or ID that uniquely identifies each provider

Provider Name: Name of the provider

Child Last Name: Last name of the child

Child First Name: First name of the child

Child MI: Middle initial of the child

Birth Date: Child's date of birth (DOB) in the "mm/dd/yyyy" format

CIN: CIN of the child. CIN is the Client Index Number that uniquely identifies each child.

Enrollment Date: Enrollment Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS.

**Section Footer:**

Total Count: Total number of children in each county Pre-Enrolled within the date range.

**Sorted By:**

County Name

Last Name of Parent or Legal Guardian

First Name of Parent or Legal Guardian

CHDP Gateway  
Deemed Eligible Children - Detail Report (Copy and Paste Format)  
From 1/1/2010 To 1/15/2010

*NOTE: You must view this report in HTML format. Copy the column headers and report details. Then paste it in your spreadsheet application.*

Sorted by Cou

Parent Last Name	Parent First Name	Par MI	Mother Last Name	Mother First Name	Home Phone	Work Phone	Other Phone	AC	SL	WL	Res Street
								8U	SPA	SPA	
								8U	SPA	SPA	
								8U	ENG	SPA	
								8U	ENG	ENG	
								8U	ENG	ENG	
								8U	ENG	ENG	
								8U	ENG	ENG	
								8U	SPA	SPA	
								8U	SPA	SPA	
								8U	SPA	SPA	
								8U	ENG	ENG	

Report #140

City and Parent/Legal Guardian

Res City	Res Stat	Res Zip	Mail Street	Mail City	Mail Stat	Mail Zip	Provider ID	Provider Name	Child Last Name	Child First Name	Child MI	Birth Date	CIN	Enroll. Date
							1942238153	St Rose Hospital						01/12/2010
							1386373674	Zandkarimi, Fariba Md						01/06/2010
							1437270014	Montebello Pediatric						01/05/2010
							1215150529	Joshua Internat'l Med Group						01/12/2010
							1215150529	Joshua Med Center Buena Park						01/12/2010
							1902869878	Shafai, Touraj Md Inc						01/14/2010
							1295822658	Vista Community Clinic						01/05/2010
							1245489814	Elm Community Health Center						01/13/2010
							1326033929	County Of Santa Clara						01/11/2010
							1134297260	Baig, Admani & Kapoor Mds						01/07/2010

## **160 CHDP Gateway Deemed Eligible Children Detail Report (Search for CIN)**

This report allows search for an exact match of the CIN.

Type the letter at the end of the CIN in ALL CAPS.

### **Use:**

Search if a client has been deemed eligible by CIN. Used by those who do not have access to MEDS.

### **Report Prompts:**

Enter Search String for CIN in format 00000000Z.

### **Section Title:**

County Name: Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

### **Columns:**

Parent/Legal Guardian and Mother's Name

- The child's parent or legal guardian in the "Last Name, First Name, Middle Initial" format.
- The child's mother in the "Last Name and First Name" format.

Phone Numbers: Phone numbers of the parent or legal guardian: home, work, and other phone number.

AC: Aid Code assigned to the child:

- 8U: Deemed Medi-Cal Eligibility: No Share of Cost (SOC)
- 8V: Deemed Medi-Cal Eligibility: Share of Cost (SOC)

Lang: "SL" means spoken language and "WL" means written language

Residence Address: Residence address of the child that includes the street address, city, state, and zip code

Mailing Address: Mailing address of the child that includes the street number, street address, city, state, and zip code

Provider Name/ID: Name of the provider. The Provider Number or ID uniquely identifies each provider

Child Information:

- Child's name in the "Last Name, First Name, Middle Initial" format
- Child's date of birth (DOB) in the "mm/dd/yyyy" format
- Child's CIN. This is the Client Index Number that uniquely identifies each child

Enrollment Date: Enrollment Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS.

### **Section Footer:**

Total Count: Total number of children in each county Pre-Enrolled within the search string.

### **Sorted By:**

County Name

Last Name of Parent or Legal Guardian

First Name of Parent or Legal Guardian

**CHDP Gateway  
Deemed Eligible Children: Detail Report  
Search CIN: "0000000Z"**

Long Beach

Sorted by County and Parent/Legal Guardian

Parent/Legal Guardian and Mother's Name	Phone Numbers	AC	Lang	Residence Address	Mailing Address	Provider Name/ID	Child Information	Enrollment Date
		8W	SL: Eng WL: Per			Tanaka, Roger MD ID: AA0027590		07/02/2003 08/31/2003 07/31/2003
		8W	SL: Eng WL: Per			Takia, Bill MD ID: 550789690		07/02/2003 08/31/2003 07/31/2003
		8W	SL: Eng WL: Per			Bing, David MD ID: CC0024517		07/02/2003 08/31/2003 07/31/2003
<b>Total Count: 3</b>								

Legend: AC: Aid Code, SL: Spoken Language, WL: Written Language

## 165 CHDP Gateway Deemed Eligible Children Detail Report (Search for Name)

This report allows search for a pattern match of the Child's Name.

The search string must be typed in ALL CAPS. To search for a pattern match, type “%” (percent sign) at the beginning and/or the end of the search string. To search using a placeholder, type “\_” (underscore) in place of any character.

### Use:

Search if a client has been deemed eligible by name. Used by those who do not have access to MEDS.

### Report Prompts:

Enter Search String: The search string must be typed in ALL CAPS. To search for a pattern match, type a percent sign (%) at the beginning and/or end of the search string. To search using a placeholder, type an underscore (\_) in place of any character. For example: %JOHN% returns all recipient names that contain the word JOHN.

### Section Title:

County Name: Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

### Columns:

Parent/Legal Guardian and Mother's Name:

- The child's parent or legal guardian in the “Last Name, First Name, Middle Initial” format.
- The child's mother in the “Last Name and First Name” format.

Phone Numbers: Phone numbers of the parent or legal guardian: home, work, and other phone number.

AC: Aid Code assigned to the child:

- 8U: Deemed Medi-Cal Eligibility: No Share of Cost (SOC)
- 8V: Deemed Medi-Cal Eligibility: Share of Cost (SOC)

Lang: “SL” means spoken language and “WL” means written language

Residence Address: Residence address of the child that includes the street address, city, state, and zip code

Mailing Address: Mailing address of the child that includes the street number, street address, city, state, and zip code

Provider Name/ID: Name of the provider. The Provider Number or ID uniquely identifies each provider  
Child Information:

- Child's name in the “Last Name, First Name, Middle Initial” format
- Child's date of birth (DOB) in the “mm/dd/yyyy” format
- Child's CIN. This is the Client Index Number that uniquely identifies each child

Enrollment Date: Enrollment Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS.

### Section Footer:

Total Count: Total number of children in each county Pre-Enrolled within the search string.

**Sorted By:**

County Name

Last Name of Parent or Legal Guardian

First Name of Parent or Legal Guardian

CHDP Gateway									Report #165
Deemed Eligible Children: Detail Report									
Search Name: "%ROMULO%"									
Long Beach				Sorted by County and Parent/Legal Guardian					
Parent/Legal Guardian and Mother's Name	Phone Numbers	AC	Lang	Residence Address	Mailing Address	Provider Name/ID	Child Information	Enrollment Date	
		8W	SL: Eng WL: Per			Tanaka, Roger MD ID: AA0027590		07/02/2003 08/31/2003 07/31/2003	
		8W	SL: Eng WL: Per			Jakia, Bill MD ID: BB0789690		07/02/2003 08/31/2003 07/31/2003	
		8W	SL: Eng WL: Per			Bing, David MD ID: CC0024517		07/02/2003 08/31/2003 07/31/2003	
<b>Total Count: 3</b>									

Legend: AC: Aid Code, SL: Spoken Language, WL: Written Language

Page 1 of 5

## ***170 CHDP Gateway Deemed Eligible Children Summary Report***

### **Report Prompts:**

Enter From Date (MM/DD/YYYY): Date prompt for the beginning enrollment date report period. The enrollment date is the date when the Deemed Eligible child was enrolled into the CHDP Gateway using the internet or POS.

Enter To Date (MM/DD/YYYY): Date prompt for the ending enrollment date report period.

### **Section Title:**

Month of Enrollment (YYYY/MM): The month when the children were enrolled into the CHDP Gateway using the internet or POS.

### **Columns:**

County Name: Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

Number of Children Who Were Deemed Eligible: The number of children in each county for a particular month who were determined as “Deemed Eligible”. These are the children with an initial aid code of 8U or 8V.

### **Section Footer:**

Total: The total number of children statewide for a particular month who were determined as “Deemed Eligible”.

### **Sorted By:**

Month of Enrollment

County Name

**CHDP Gateway**  
**Deemed Eligible Children - Summary Report**  
From 06/01/2004 To 06/15/2004

Month of Enrollment: 2004/06

<b>County Name</b>	<b>Total Number of Children Who Were Deemed Eligible</b>
Santa Barbara	9
Santa Clara	175
Santa Cruz	22
Shasta	9
Siskiyou	4
Solano	49
Sonoma	11
Stanislaus	127
Sutter	8
Tehama	2
Tulare	75
Ventura	16
Yolo	9
Yuba	7
<b>Totals</b>	<b>3,008</b>

## **190 CHDP Gateway Disposition of Deemed Eligible Children Summary Report**

This report includes all Deemed Eligible Children regardless of their current age.

### **Use:**

Children's health initiatives; metrics.

### **Report Prompts:**

Enter From Date (MM/DD/YYYY): Date prompt for the beginning enrollment date report period. The enrollment date is the date when the Deemed Eligible child was enrolled into the CHDP Gateway using the internet or POS.

Enter To Date (MM/DD/YYYY): Date prompt for the ending enrollment date report period.

### **Section Titles:**

County Name: Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

Month of Enrollment (YYYY/MM): The month when the children were enrolled into the CHDP Gateway using the internet or POS.

### **Section Column Headers:**

Aid Code 8U: Number of Deemed Eligible Children with a starting Aid Code of 8U

% (Aid Code 8U): Percentage of Deemed Eligible Children with a starting Aid Code of 8U

Aid Code 8V: Number of Deemed Eligible Children with a starting Aid Code of 8V

% (Aid Code 8V): Percentage of Deemed Eligible Children with a starting Aid Code of 8V

Total: Total number of Deemed Eligible Children with a starting Aid Code of 8U and 8V

% (Total): Percentage of all Deemed Eligible Children with a starting Aid Code of 8U and 8V

### **Section Row Headers:**

Total Deemed Eligible Children: Total number of Deemed Eligible Children

Full Scope Medi-Cal: Number of Deemed Eligible Children who were dispositioned to Full Scope Medi-Cal

Limited Scope Medi-Cal: Number of Deemed Eligible Children who were dispositioned to Limited Scope Medi-Cal

Denied Medi-Cal: Number of Deemed Eligible Children who were dispositioned to be not eligible for Medi-Cal

Undetermined Disposition: Number of Deemed Eligible Children who were not yet dispositioned

### **Sorted By:**

County Name

Month of Enrollment

**CHDP Gateway**  
**Disposition of Deemed Eligible Children - Summary Report**  
**As Of 08/06/2004**

*This report includes all Deemed Eligible Children regardless of their current age*

Los Angeles

Month of Enrollment: 2004/06

The aid codes below are the starting aid codes

	8U	%	8V	%	Total	%
<b>Total Deemed Eligible Children</b>	<b>1,887</b>	<b>100.00%</b>	<b>5</b>	<b>100.00%</b>	<b>1,892</b>	<b>100.00%</b>
Full Scope Medi-Cal	389	20.61%	2	40.00%	391	20.67%
Limited Scope Medi-Cal	2	0.11%	0	0.00%	2	0.11%
Denied Medi-Cal	2	0.11%	0	0.00%	2	0.11%
Undetermined Disposition	1,494	79.17%	3	60.00%	1,497	79.12%

## **210 CHDP Gateway Disposition of Pre-Enrolled Children Summary Report**

### **Use:**

County summary report.

### **Report Prompts:**

Enter From Date (MM/DD/YYYY): Date prompt for the beginning Pre-Enrollment Application Date report period. The Pre-Enrollment Application Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS.

Enter To Date (MM/DD/YYYY): Date prompt for the ending Pre-Enrollment Application Date report period.

### **Section Titles:**

County Name: Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

Month of Pre-Enrollment (YYYY/MM): The month when the children were enrolled into the CHDP Gateway using the internet or POS.

### **Section Column Headers:**

Aid Code 8W: Number of Pre-Enrolled Children with a starting Aid Code of 8W

% (Aid Code 8W): Percentage of Pre-Enrolled Children with a starting Aid Code of 8W

Aid Code 8X: Number of Pre-Enrolled Children with a starting Aid Code of 8X

% (Aid Code 8X): Percentage of Pre-Enrolled Children with a starting Aid Code of 8X

Total: Total number of Pre-Enrolled Children with a starting Aid Code of 8W and 8X

% (Total): Percentage of all Pre-Enrolled Children with a starting Aid Code of 8W and 8X

### **Section Row Headers:**

Total Pre-Enrolled Children: Total number of all Pre-Enrolled Children

Joint App Requested: Total Number of Pre-Enrolled Children who requested a Joint Application

Joint App Not Requested: Total Number of Pre-Enrolled Children who did not request a Joint Application. Children who did not request a Joint Application may still get it from the county welfare department.

Medi-Cal/Targeted Low-Income Children's Program: Number of Pre-Enrolled Children who were dispositioned to Medi-Cal/Targeted Low-Income Children's Program

Full Scope Medi-Cal: Number of Pre-Enrolled Children who were dispositioned to Full Scope Medi-Cal

Limited Scope Medi-Cal: Number of Pre-Enrolled Children who were dispositioned to Limited Scope Medi-Cal

Joint App Denied: Number of Pre-Enrolled Children who returned their Joint Application but was denied for Medi-Cal/Targeted Low-Income Children's Program or Medi-Cal based on their information on the returned Joint Application

Joint App Returned and Pending: Number of Pre-Enrolled Children who returned their Joint Application but are still waiting to be dispositioned to Medi-Cal/Targeted Low-Income Children's Program or Medi-Cal. The children can also be denied based on their information on the returned Joint Application.

Joint App Not Returned (Under Joint App Requested): Number of Pre-Enrolled Children who have not returned the Joint Application that was mailed to them.

Joint App Not Returned (Joint App Not Requested): Number of Pre-Enrolled Children who have not returned a Joint Application.

**Sorted By:**

County Name

Month of Pre-Enrollment

Aid Code

CHDP Gateway Disposition of Pre-Enrolled Children - Summary Report As Of 08/06/2004							Report #210
<b>Los Angeles</b>							
<b>Month of Pre-Enrollment: 2004/07</b>							The aid codes below are the starting aid codes
	8W	%	8X	%	Total	%	
<b>Total Pre-Enrolled Children</b>	<b>18,951</b>		<b>2,402</b>		<b>21,353</b>		
<b>Joint App Requested</b>	<b>16,497</b>	<b>100.00%</b>	<b>2,039</b>	<b>100.00%</b>	<b>18,536</b>	<b>100.00%</b>	
Healthy Families	55	0.33%	36	1.77%	91	0.49%	
Full Scope Medi-Cal	844	5.12%	79	3.87%	923	4.98%	
Limited Scope Medi-Cal	54	0.33%	3	0.15%	57	0.31%	
Joint App Denied	16	0.10%	9	0.44%	25	0.13%	
Joint App Returned and Pending	367	2.22%	52	2.55%	419	2.26%	
Joint App Not Returned	15,161	91.90%	1,860	91.22%	17,021	91.83%	
<b>Joint App Not Requested</b>	<b>2,454</b>	<b>100.00%</b>	<b>363</b>	<b>100.00%</b>	<b>2,817</b>	<b>100.00%</b>	
Healthy Families	10	0.41%	5	1.38%	15	0.53%	
Full Scope Medi-Cal	101	4.12%	7	1.93%	108	3.83%	
Limited Scope Medi-Cal	5	0.20%	0	0.00%	5	0.18%	
Joint App Denied	4	0.16%	4	1.10%	8	0.28%	
Joint App Returned and Pending	24	0.98%	2	0.55%	26	0.92%	
Joint App Not Returned	2,310	94.13%	345	95.04%	2,655	94.25%	

## **230 CHDP Gateway Disposition of Pre-Enrolled Children Under One Year Old Summary Report**

This report does not include Deemed Eligible Children.

### **Use:**

Metrics.

### **Report Prompts:**

Enter From Date (MM/DD/YYYY): Date prompt for the beginning Pre-Enrollment Application Date report period. The Pre-Enrollment Application Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS.

Enter To Date (MM/DD/YYYY): Date prompt for the ending Pre-Enrollment Application Date report period.

### **Section Titles:**

County Name: Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

Month of Pre-Enrollment (YYYY/MM): The month when the children were enrolled into the CHDP Gateway using the internet or POS.

### **Section Column Headers:**

Aid Code 8W: Number of Pre-Enrolled Children with a starting Aid Code of 8W

% (Aid Code 8W): Percentage of Pre-Enrolled Children with a starting Aid Code of 8W

Aid Code 8X: Number of Pre-Enrolled Children with a starting Aid Code of 8X

% (Aid Code 8X): Percentage of Pre-Enrolled Children with a starting Aid Code of 8X

Total: Total number of Pre-Enrolled Children with a starting Aid Code of 8W and 8X

% (Total): Percentage of all Pre-Enrolled Children with a starting Aid Code of 8W and 8X

### **Section Row Headers:**

Total Pre-Enrolled Children: Total number of all Pre-Enrolled Children

Joint App Requested: Total Number of Pre-Enrolled Children who requested a Joint Application

Joint App Not Requested: Total Number of Pre-Enrolled Children who did not request a Joint Application. Children who did not request a Joint Application may still get it from the county welfare department.

Medi-Cal/Targeted Low-Income Children's Program: Number of Pre-Enrolled Children who were dispositioned to Medi-Cal/Targeted Low-Income Children's Program

Full Scope Medi-Cal: Number of Pre-Enrolled Children who were dispositioned to Full Scope Medi-Cal

Limited Scope Medi-Cal: Number of Pre-Enrolled Children who were dispositioned to Limited Scope Medi-Cal

Joint App Denied: Number of Pre-Enrolled Children who returned their Joint Application but was denied for Medi-Cal/Targeted Low-Income Children's Program or Medi-Cal based on their information on the returned Joint Application

Joint App Returned and Pending: Number of Pre-Enrolled Children who returned their Joint Application but are still waiting to be dispositioned to Medi-Cal/Targeted Low-Income Children's

Program or Medi-Cal. The children can also be denied based on their information on the returned Joint Application.

Joint App Not Returned (Under Joint App Requested): Number of Pre-Enrolled Children who have not returned the Joint Application that was mailed to them.

Joint App Not Returned (Joint App Not Requested): Number of Pre-Enrolled Children who have not returned a Joint Application.

**Sorted By:**

County Name

Month of Pre-Enrollment

Aid Code

CHDP Gateway Disposition of Pre-Enrolled Children Under One Year Old - Summary Report As Of 08/06/2004							Report #230
<i>This report does not include Deemed Eligible Children</i>							
<b>Los Angeles</b>							
<b>Month of Pre-Enrollment: 2004/07</b>				The aid codes below are the starting aid codes			
	8W	%	8X	%	Total	%	
<b>Total Pre-Enrolled Children</b>	<b>6,171</b>		<b>10</b>		<b>6,181</b>		
<b>Joint App Requested</b>	<b>5,550</b>	<b>100.00%</b>	<b>10</b>	<b>100.00%</b>	<b>5,560</b>	<b>100.00%</b>	
Healthy Families	14	0.25%	0	0.00%	14	0.25%	
Full Scope Medi-Cal	521	9.39%	1	10.00%	522	9.39%	
Limited Scope Medi-Cal	3	0.05%	0	0.00%	3	0.05%	
Joint App Denied	9	0.16%	0	0.00%	9	0.16%	
Joint App Returned and Pending	117	2.11%	1	10.00%	118	2.12%	
Joint App Not Returned	4,886	88.04%	8	80.00%	4,894	88.02%	
<b>Joint App Not Requested</b>	<b>621</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>	<b>621</b>	<b>100.00%</b>	
Healthy Families	3	0.48%	0	0.00%	3	0.48%	
Full Scope Medi-Cal	54	8.70%	0	0.00%	54	8.70%	
Limited Scope Medi-Cal	1	0.16%	0	0.00%	1	0.16%	
Joint App Denied	2	0.32%	0	0.00%	2	0.32%	
Joint App Returned and Pending	7	1.13%	0	0.00%	7	1.13%	
Joint App Not Returned	554	89.21%	0	0.00%	554	89.21%	

## **240 CHDP Gateway Enrollments by Provider Summary Report**

This report lists all the CHDP Gateway providers who submitted at least one CHDP Gateway PrE application using the internet or POS within the date range specified. Denied children are not counted in the CHDP Gateway Pre-Enrollment Applications, so any provider who tried to pre-enroll a child who was denied will not be included in this report if the provider never had any non-denied pre-enrollment transactions.

### **Use:**

Let Public Health Nurses know what providers are active and how many use the CHDP Gateway.

### **Report Prompts:**

Enter From Date (MM/DD/YYYY): Date prompt for the beginning enrollment Application Date report period. The enrollment Application Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS.

Enter To Date (MM/DD/YYYY): Date prompt for the ending enrollment Application Date report period.

### **Section Title:**

County Name: Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

### **Columns:**

Provider Name: Name of the provider

Provider Number/ID: Provider Number or ID that uniquely identifies each active CHDP Gateway provider

Telephone Number: Telephone number of the provider

LA District Code: District Code used only by Los Angeles county. The values are 00, 03, 04, 05, or 06.

Pre-Enrolled: Total number of Pre-Enrollment Applications entered into the CHDP Gateway using the internet or POS. Denied children are not counted in the CHDP Gateway Pre-Enrollment Applications.

Deemed Eligible: Total number of Deemed Eligible children entered into the CHDP Gateway using the internet or POS.

### **Section Footer:**

Totals –County totals for the Pre-Enrolled and Deemed Eligible children.

### **Sorted By:**

County Name

Provider Name

**CHDP Gateway  
Enrollments By Provider - Summary Report  
From 06/30/2004 To 07/01/2004**

**Los Angeles****Month of Enrollment: 2004/07**

Provider Name	Provider Number/ID	Telephone Number	LA District Code	Pre-Enrolled	Deemed Eligible
Zacoalco Medical Group Inc	GR0080240	213-588-1383	06	4	0
Zacoalco Medical Group Inc	GR0080241	323-725-1050	05	2	0
Zafaranchi, Mojdeh MD Inc	00A492350	818-887-5515	04	1	0
Zafar, Hameeduz MD	00C402230	661-273-2400	04	5	0
Zargarian, Vigen MD	00A671070	818-244-2224	04	2	1
Zarrabi, Manoochehr MD	GR0059030	213-773-3000	05	1	0
<b>Totals</b>				<b>991</b>	<b>76</b>

## 250 CHDP Gateway No Enrollments by Provider Summary Report

### Use:

Follow up with providers as to why they are not enrolling Gateway clients.

### Section Title:

County Name: Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

### Columns:

Provider Name: Name of the provider

Provider Number/ID: Provider Number or ID that uniquely identifies each active CHDP Gateway provider

Telephone Number: Telephone number of the provider

LA District Code: District Code used only by Los Angeles county. The values are 00, 03, 04, 05, or 06.

### Section Footer:

Total Providers: The total number of providers in the county that did not have any CHDP Gateway enrollments as of the current date.

### Sorted By:

County Name

Provider Name

Report #250

**CHDP Gateway  
No Enrollments by Provider - Summary Report  
As of 03/26/2014**

#### Ventura

Provider Name	Provider Number/ID	Telephone Number	LA District Code
CASA PACIFICA MEDICAL CLINIC	1154413854	805-445-7800	
DIGITY HEALTH MEDICAL GROUP	1386937977	805-988-8058	
DIGNITY HEALTH MEDICAL GROUP	1386937977	805-384-8071	
LAS ISLAS FAMILY BEDICAL GROUP	1508187329	805-486-2145	
LAS ISLAS FAMILY MEDICAL GROUP	1952542896	805-240-7000	
LAS POSAS FAMILY MEDICAL GRP	1982846366	805-437-0900	
LIN, CALVIN C MD	1770507709	805-487-0669	
MAGOLIA FAMILY MEDICAL GROUP	1861633703	805-981-5151	
PEDIATRIC DIAGNOSTIC CENTER	1619118569	805-652-6255	
PIRU FAMILY MEDICAL CENTER	1992947725	805-521-0960	
SIERRA VISTA FAMILY MEDICAL	1386886117	805-582-4000	
WEST VENTURA MEDICAL CLINIC	1780821660	805-641-5600	
<b>Total Providers: 12</b>			

## 260 CHDP Gateway Extended Eligibility Notice Summary Report

This report lists all the CHDP Gateway providers who submitted at least one CHDP Gateway Pre-Enrollment Application using the internet or POS within the date range specified. Denied children are not counted in the CHDP Gateway Pre-Enrollment Applications, so any provider who tried to pre-enroll a child who was denied will not be included in this report if the provider never had any non-denied pre-enrollment transactions.

### Use:

Metrics.

### Report Prompts:

Enter From Date (MM/DD/YYYY): Date prompt for the beginning Pre-Enrollment Application Date report period. The Pre-Enrollment Application Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS.

Enter To Date (MM/DD/YYYY): Date prompt for the ending Pre-Enrollment Application Date report period.

### Section Title:

Month of Pre-Enrollment (YYYY/MM): The month when the children were enrolled into the CHDP Gateway using the internet or POS.

### Columns:

County Name: Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

Total Number of Pre-Enrolled Children for Whom Eligibility Was Extended: The total number of kids for whom eligibility was extended. The Single Point of Entry received the Joint Application for these children.

Total Number of Pre-Enrolled Children for Whom an Application Was Mailed: The total number of kids for whom a Joint Application was mailed. These are the children who requested a Joint Application and presumably have a deliverable mailing address. This does not necessarily mean that the children actually received the Joint Application mailed to them. Children with an 8Y aid code are not mailed a Joint Application. This does not include any children who were denied.

Percentage of Pre-Enrolled Children for Whom an Application Was Mailed and Whose Eligibility Was Extended: The percentage of "Total Number of Kids for Whom Eligibility Was Extended" divided by the "Total Number of Kids for Whom an Application Was Mailed".

A child has up to two months to return the Joint Application so this percentage might fluctuate until the "Enter To Date" date prompt entered is more than two months prior to the current date.

### Section Footer:

Totals: The statewide totals for the Pre-Enrolled and Deemed Eligible children.

### Sorted By:

Month of Pre-Enrollment  
County Name

**CHDP Gateway**  
**Extended Eligibility Notice - Summary Report**  
**From 06/01/2004 To 07/31/2004**

**Month of Pre-Enrollment: 2004/07**

Percentage = Total Extended / Total Mailed for Each County

<b>County Name</b>	<b>Total Number of Pre-Enrolled Children for Whom Eligibility Was Extended</b>	<b>Total Number of Pre-Enrolled Children for Whom a Joint Application Was Mailed</b>	<b>Percentage of Pre-Enrolled Children for Whom a Joint Application Was Mailed and Whose Eligibility Was Extended</b>
San Luis Obispo	4	125	3.20 %
San Mateo	42	531	7.91 %
Santa Barbara	22	339	6.49 %
Santa Clara	51	454	11.23 %
Santa Cruz	14	286	4.90 %
Shasta	5	102	4.90 %
Sierra	0	1	0.00 %
Siskiyou	0	23	0.00 %
Solano	25	172	14.53 %
Sonoma	20	350	5.71 %
Stanislaus	34	675	5.04 %
Sutter	6	90	6.67 %
Tehama	3	47	6.38 %
Trinity	0	8	0.00 %
Tulare	29	854	3.40 %
Tuolumne	4	19	21.05 %
Ventura	10	659	1.52 %
Yolo	10	191	5.24 %
Yuba	3	98	3.06 %
<b>Totals</b>	<b>1,959</b>	<b>48,333</b>	<b>4.05 %</b>

## **270 CHDP Gateway Joint Application Request Summary Report**

This report lists all the CHDP Gateway providers who submitted at least one CHDP Gateway Pre-Enrollment Application using the internet or POS within the date range specified. Denied children are not counted in the CHDP Gateway Pre-Enrollment Applications, so any provider who tried to pre-enroll a child who was denied will not be included in this report if the provider never had any non-denied pre-enrollment transactions.

### **Report Prompts:**

**Enter From Date (MM/DD/YYYY):** Date prompt for the beginning Pre-Enrollment Application Date report period. The Pre-Enrollment Application Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS.

**Enter To Date (MM/DD/YYYY):** Date prompt for the ending Pre-Enrollment Application Date report period.

### **Section Title:**

**Month of Pre-Enrollment (YYYY/MM):** The month when the children were enrolled into the CHDP Gateway using the internet or POS.

### **Columns:**

**County Name:** Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

**Total Number of Kids Who Requested a Joint Application:** Total number of kids for whom a Joint Application was requested on their CHDP Gateway Pre-Enrollment application using the internet or POS. This does not include any children who were denied or 8Y children for whom a Joint Application was requested. The numbers for the city of Berkeley are included in the county of Alameda. The numbers for the cities of Long Beach and Pasadena are included in the county of Los Angeles.

**Total Number of Kids for whom a Joint Application was not requested:** Total number of kids for whom a Joint Application was not requested on their CHDP Gateway Pre-Enrollment application using the internet or POS. This does not include any children who were denied. The numbers for the city of Berkeley are included in the county of Alameda. The numbers for the cities of Long Beach and Pasadena are included in the county of Los Angeles. Children with an 8Y aid code are included here regardless of whether they requested a Joint Application or not.

**Total Number of Applications Mailed to a Household:** Total number of Joint Applications mailed to the same household on the same day. These are for the children who requested a Joint Application and presumably have a deliverable mailing address. Families of multiple children from the same household who were Pre-Enrolled on the same day will only be mailed one Joint Application. It is possible that the same household will be mailed another Joint Application if another child from the same household is Pre-Enrolled on a later date.

**Total Number of Kids for Whom an Application Was Mailed:** The total number of kids for whom a Joint Application was mailed. These are the children who requested a Joint Application and presumably have a deliverable mailing address. This does not necessarily mean that the children actually received the Joint Application mailed to them.

The difference in the number of kids for whom an application was mailed and the number of kids for whom a joint application was requested is the number of kids who have an invalid address (due to returned BIC, failed MEDS validation edits, foster care assistance terminated, residence address but not a mailable address, or general residence area for a homeless client).

**Section Footer:**

Totals: The statewide totals for the Pre-Enrolled and Deemed Eligible children.

**Sorted By:**

Month of Pre-Enrollment

County Name

Report #270

**CHDP Gateway  
Joint Application Request - Summary Report  
From 06/30/2004 To 07/01/2004**

**Month of Pre-Enrollment: 2004/07**

<b>County Name</b>	<b>Total Number of Pre-Enrolled Children Who Requested a Joint Application</b>	<b>Total Number of Pre-Enrolled Children Who Did Not Request a Joint Application</b>	<b>Total Number of Joint Applications Mailed to a Household</b>	<b>Total Number of Pre-Enrolled Children for Whom a Joint Application Was Mailed</b>
Santa Clara	30	8	30	31
Santa Cruz	22	0	19	22
Shasta	7	3	6	7
Siskiyou	0	1	0	0
Solano	9	3	8	9
Sonoma	10	5	10	10
Stanislaus	36	0	35	36
Sutter	4	2	3	4
Tehama	3	0	2	3
Trinity	1	0	1	1
Tulare	40	6	38	40
Tuolumne	1	0	1	1
Ventura	33	7	29	32
Yolo	14	0	11	14
Yuba	5	1	5	5
<b>Totals</b>	<b>2,190</b>	<b>307</b>	<b>1,987</b>	<b>2,206</b>

## **280 CHDP Gateway MNIHA and Periodicity Screens Enrollments Summary Report**

### **Use:**

Outreach.

### **Report Prompts:**

Enter From Date (MM/DD/YYYY): Date prompt for the beginning enrollment Application Date report period. The enrollment Application Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS.

Enter To Date (MM/DD/YYYY): Date prompt for the ending enrollment Application Date report period.

### **Section Titles:**

Month of Enrollment (YYYY/MM): The month when the children were enrolled into the CHDP Gateway using the internet or POS.

Aid Code: Aid Code assigned to the child.

- 8U: Deemed Medi-Cal Eligibility: No Share of Cost (SOC)
- 8V: Deemed Medi-Cal Eligibility: Share of Cost (SOC)
- 8W: Medi-Cal
- 8X: Medi-Cal Presumptive Eligibility, Targeted Low-Income FPL for Children
- 8Y: CHDP Only

### **Columns:**

Provider Name: Name of the provider

Provider Number/ID: Provider Number or ID that uniquely identifies each active CHDP Gateway provider

Number of MNIHA Screens by Service Type Code: Number of MNIHA Screens by service type code for each county. MNIHA is the acronym for a Medically Necessary Interperiodic Health Assessment. This describes CHDP health assessments that are necessary to be performed outside of the usual and customary Periodicity Schedule. Examples of when services might be a MNIHA is when there is a need for a school or camp physical prior to the next regularly scheduled health assessment, or when there is a need to perform a physical examination of a child placed in foster care.

These are the seven different MNIHA screen service types:

- Sports or Camp Physical
- Foster Care/Out of Home Placement
- School/Preschool Entrance
- Additional Anticipatory Guidance
- History of Perinatal Problems
- Significant Developmental Disabilities
- Completion of Health Assessment Requirements

Total Number of MNIHA Screens: Total number of MNIHA Screens for all seven service types for each county.

Total Number of Periodicity Screens: Total number of Periodicity Screens. These are the non-MNIHA screens.

Total Number of Enrollments: Total number of MNIHA Screens and Periodicity Screens.

**Section Footer:**

Totals: The statewide totals.

**Sorted By:**

Month of Enrollment  
Aid Code

Report #280

**CHDP Gateway  
MNIHA and Periodicity Screens Enrollments - Summary Report**

From 06/01/2004 To 07/31/2004

Month of Enrollment: 2004/07

Aid Code 8W

County Name	Number of MNIHA Screens by Service Type Code							Total Number of MNIHA Screens	Total Number of Periodicity Screens	Total Number of Enrollments
	1	2	3	4	5	6	7			
Santa Barbara	4	0	1	94	0	0	178	277	188	465
Santa Clara	0	0	29	1	0	1	86	117	356	473
Santa Cruz	6	0	11	1	0	0	92	110	176	286
Shasta	0	0	3	0	0	0	13	16	80	96
Sierra	0	0	0	0	0	0	0	0	1	1
Siskiyou	0	0	1	0	0	0	3	4	19	23
Solano	3	0	2	2	0	0	21	28	163	191
Sonoma	3	0	23	1	0	0	92	119	243	362
Stanislaus	5	1	8	5	1	1	285	306	319	625
Sutter	1	0	7	0	1	0	25	34	54	88
Tehama	2	1	3	0	0	0	28	34	20	54
Trinity	1	0	0	0	0	0	0	1	5	6
Tulare	23	5	49	42	0	0	338	457	346	803
Tuolumne	0	1	0	0	0	0	0	1	12	13
Ventura	25	1	32	11	3	1	178	251	433	684
Yolo	4	2	7	0	0	2	87	102	49	151
Yuba	1	0	3	0	0	0	14	18	81	99
<b>Totals</b>	<b>1,213</b>	<b>400</b>	<b>3,587</b>	<b>1,157</b>	<b>106</b>	<b>40</b>	<b>14,344</b>	<b>20,847</b>	<b>26,786</b>	<b>47,633</b>

<b>MNIHA Service Type Code Legend:</b>	2 = Foster Care/Out of Home Placement	4 = Additional Anticipatory Guidance	6 = Significant Developmental Disabilities
1 = Sports or Camp Physical	3 = School/Preschool Entrance	5 = History of Perinatal Problems	7 = Completion of Health Assessment Requirements

## **290/295 CHDP Gateway Pre-Enrolled Children Detail Report (with Provider Prompt)**

This report does not include any children who were denied or were assigned an 8Y aid code.

### **Use:**

Medical record reviews; keep track to see if provider is using Gateway.

### **Report Prompts:**

Enter From Date (MM/DD/YYYY): Date prompt for the beginning Pre-Enrollment Application Date report period. The Pre-Enrollment Application Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS.

Enter To Date (MM/DD/YYYY): Date prompt for the ending Pre-Enrollment Application Date report period.

Provider Number (optional): Provider number or NPI

### **Section Titles:**

County Name: Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

### **Columns:**

Parent/Legal Guardian and Mother's Name

- The child's parent or legal guardian in the "Last Name, First Name, Middle Initial" format.
- The child's mother in the "Last Name and First Name" format.

Phone Numbers: Phone numbers of the parent or legal guardian: home, work, and other phone number.

AC: Aid Code assigned to the child:

- 8W: Medi-Cal
- 8X: Medi-Cal Presumptive Eligibility, Targeted Low-Income FPL for Children

Lang: "SL" means spoken language and "WL" means written language

Residence Address: Residence address of the child that includes the street address, city, state, and zip code

Mailing Address: Mailing address of the child that includes the street number, street address, city, state, and zip code

Provider Name/ID: Name of the provider. The Provider Number or ID uniquely identifies each provider

Child Information

- Child's name in the "Last Name, First Name, Middle Initial" format
- Child's date of birth (DOB) in the "mm/dd/yyyy" format
- Child's CIN. This is the Client Index Number that uniquely identifies each child

Pre-Enroll Date: Pre-Enrollment Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS

Term. Date: Termination Date is the date when the CHDP Gateway service eligibility expires

Reminder Date: The date when the Reminder Notice was mailed to the child's address. If this is blank, it means that the child's completed Joint Application was received by the Single Point of Entry (SPE)

Extended Date: The date when the child's completed Joint Application was received by the Single Point of Entry (SPE). This date may be blank if the child's family has not returned the Joint Application to the SPE.

**Section Footer:**

Total Count: Total number of children in each county Pre-Enrolled within the date range.

**Sorted By:**

- County Name
- Last Name of Parent or Legal Guardian
- First Name of Parent or Legal Guardian

Report #290/295

**CHDP Gateway**  
**Pre-Enrolled Children - Detail Report (with Provider Prompt)**  
 From To

Sorted by County and Parent/Legal Guardian

Parent/Legal Guardian and Mother's Name	Phone Numbers	A		Residence Address	Mailing Address	Provider Name/ID	Child Information	Pre-Enroll.		Chd Provider.Pr ov Nbr
		C	Lang					Term. Date	Extended Date	
								Reminder Date		

<b>Total Count:</b>
---------------------

## **300 CHDP Gateway Pre-Enrolled Children Detail Report (Copy and Paste Format)**

This report does not include any children who were denied or were assigned an 8Y aid code.

The "Copy and Paste Format" is similar to the "Excel Format", except that it separates the names into last name, first name, and middle initial. You must view this report in HTML format. Copy the column headers and report details. Then paste it in your spreadsheet application.

Please refer to the document titled "A Step-by-Step Guide to Printing and Saving Reports" in the Corporate Documents list for more information about the copy and paste process.

### **Use:**

Outreach to clinics and families.

### **Report Prompts:**

Enter From Date (MM/DD/YYYY): Date prompt for the beginning Pre-Enrollment Application Date report period. The Pre-Enrollment Application Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS.

Enter To Date (MM/DD/YYYY): Date prompt for the ending Pre-Enrollment Application Date report period.

### **Section Titles:**

County Name: Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

### **Columns:**

Parent Last Name: The last name of the child's parent or legal guardian

Parent First Name: The first name of the child's parent or legal guardian

Par. MI: Middle initial of the child's parent or legal guardian

Mother Last Name: Last name of the child's mother

Mother First Name: First name of the child's mother

Home Phone: Home phone number of the parent or legal guardian

Work Phone: Work phone number of the parent or legal guardian

Other Phone: Other phone number of the parent or legal guardian

AC: Aid Code assigned to the child:

- 8W: Medi-Cal
- 8X: Medi-Cal Presumptive Eligibility, Targeted Low-Income FPL for Children

SL: Spoken language of the parent or legal guardian

WL: Written language of the parent or legal guardian

Res Street: Residence street number and street address of the child

Res City: Residence city of the child

Res State: Residence state of the child

Res Zip: Residence zip code of the child

Mail Street: Mailing street number and street address of the child

Mail City: Mailing city of the child

Mail State: Mailing state of the child

Mail Zip: Mailing zip code of the child

Provider ID: Provider Number or ID that uniquely identifies each provider

Provider Name: Name of the provider

Child Last Name: Last name of the child

Child First Name: First name of the child

Child MI: Middle initial of the child

Birth Date: Child's date of birth (DOB) in the "mm/dd/yyyy" format

CIN: CIN of the child. CIN is the Client Index Number that uniquely identifies each child.

Pre-Enroll Date: Pre-Enrollment Date is the date when the child was entered into the CHDP Gateway using the internet or POS

Termination Date: Termination Date is the date when the CHDP Gateway service expires

Reminder Date: The date when the Reminder Notice was mailed to the child's address. If this is blank, it means that the child's completed Joint Application was received by the Single Point of Entry

Extended Date: The date when the child's completed Joint Application was received by the Single Point of Entry. This date may be blank if the child's family has not returned the Joint Application.

**Section Footer:**

Total Count: Total number of children in each county Pre-Enrolled within the date range.

**Sorted By:**

County Name

Last Name of Parent or Legal Guardian

First Name of Parent or Legal Guardian

CHDP Gateway  
Pre-Enrolled Children - Detail Report (with County Prompt)  
From 1/1/2010 To 1/15/2010

*NOTE: You must view this report in HTML format. Copy the column headers and report details. Then paste it in your spreadsheet application.*

Alameda

Sorted by Cou

Parent Last Name	Parent First Name	Par . MI	Mother Last Name	Mother First Name	Home Phone	Work Phone	Other Phone	AC	SL	WL	Res Street
								8w	ENG	ENG	
								8w	ENG	ENG	
								8w	ENG	ENG	
								8w	SPA	SPA	
								8w	SPA	SPA	
								8w	ENG	ENG	
								8w	SPA	SPA	
								8w	SPA	SPA	
								8x	SPA	ENG	
								8w	SPA	SPA	
								8w	SPA	ENG	
								8w	ENG	ENG	
								8w	SPA	SPA	
								8w	SPA	SPA	
								8w	ENG	ENG	
								8w	ENG	ENG	

Report #300

nty and Parent/Legal Guardian

Res City	Res Stat	Res Zip	Mail Street	Mail City	Mail State	Mail Zip	Provider ID	Provider Name	Child Last Name	Child First Name	Child MI	Birth Date	CIN	Pre-Enroll Date	Termination Date	Reminder Date	Extended Date
							1760568117	Glenn, Carol Md						01/13/2010	02/28/2010	01/23/2010	
							1104959089	Alameda County Medical Center						01/05/2010	02/28/2010	01/23/2010	
							1942387188	Tri-city Health Center-liberty						01/09/2010	02/28/2010	01/23/2010	
							1942387188	Tri-city Health Center-liberty						01/12/2010	02/28/2010		
							1942387188	Tri-city Health Center-liberty						01/06/2010	02/28/2010	01/23/2010	
							1942387188	Tri-city Health Center-liberty						01/08/2010	02/28/2010	01/23/2010	02/16/2010
							1104959089	Alameda County Medical Center						01/11/2010	02/28/2010	01/23/2010	
							HSP40611F	Childrens Hosp Med Ctr						01/14/2010	02/28/2010	01/23/2010	
							1326055963	Hayward Pediatric						01/13/2010	02/28/2010	01/23/2010	
							1144336181	La Clinica De La Raza						01/05/2010	02/28/2010		01/07/2010
							1144336181	La Clinica De La Raza						01/13/2010	02/28/2010	01/23/2010	
							1003961251	Childrens Hosp Med Ctr						01/07/2010	02/28/2010	01/23/2010	
							1851389696	Tiburcio Vasquez Health Center						01/14/2010	02/28/2010		
							1316303461	Bancroft Pediatric Medical						01/06/2010	02/28/2010	01/23/2010	
							1033241633	Winton Wellness Center						01/04/2010	02/28/2010		01/11/2010
							1942298153	St Rose Hospital						01/11/2010	02/28/2010	01/23/2010	

## **320 CHDP Gateway Pre-Enrolled Children Detail Report (Search for CIN)**

This report does not include any children who were denied or were assigned an 8Y aid code.

This report allows search for an exact match of the CIN.

### **Use:**

Lookup when user does not have MEDS.

### **Report Prompts:**

Enter Search String for CIN in format 00000000Z.

### **Section Title:**

County Name: Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

### **Columns:**

Parent/Legal Guardian and Mother's Name

- The child's parent or legal guardian in the "Last Name, First Name, Middle Initial" format.
- The child's mother in the "Last Name and First Name" format.

Phone Numbers: Phone numbers of the parent or legal guardian: home, work, and other phone number.

AC: Aid Code assigned to the child:

- 8W: Medi-Cal
- 8X: Medi-Cal Presumptive Eligibility, Targeted Low-Income FPL for Children

Lang: "SL" means spoken language and "WL" means written language

Residence Address: Residence address of the child that includes the street address, city, state, and zip code

Mailing Address: Mailing address of the child that includes the street number, street address, city, state, and zip code

Provider Name/ID: Name of the provider. The Provider Number or ID uniquely identifies each provider

Child Information

- Child's name in the "Last Name, First Name, Middle Initial" format
- Child's date of birth (DOB) in the "mm/dd/yyyy" format
- Child's CIN. This is the Client Index Number that uniquely identifies each child

Pre-Enroll Date: Pre-Enrollment Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS

Term. Date: Termination Date is the date when the CHDP Gateway service eligibility expires

Reminder Date: The date when the Reminder Notice was mailed to the child's address. If this is blank, it means that the child's completed Joint Application was received by the Single Point of Entry (SPE)

Extended Date: The date when the child's completed Joint Application was received by the Single Point of Entry (SPE). This date may be blank if the child's family has not returned the Joint Application to the SPE.

### **Section Footer:**

Total Count: Total number of children in each county Pre-Enrolled within the search string.

**Sorted By:**

County Name

Last Name of Parent or Legal Guardian

First Name of Parent or Legal Guardian

Report #520

**CHDP Gateway**  
**Pre-Enrolled Children: Detail Report**  
Search CIN: "00000000Z"

Long Beach

Sorted by County and Parent/Legal Guardian

Parent/Legal Guardian and Mother's Name	Phone Numbers	AC	Lang	Residence Address	Mailing Address	Provider Name/ID	Child Information	Pre Enroll Dt	Term. Date	Extended Date
		8W	SL: Eng WL: Per			Tanaka, Roger MD ID: AA0027590		07/02/2003	08/31/2003	07/03/2003
		8W	SL: Eng WL: Per			Takia, Bill MD ID: BB0789690		07/02/2003	08/31/2003	07/03/2003
		8W	SL: Eng WL: Per			Bing, David MD ID: CC0024517		07/02/2003	08/31/2003	07/03/2003
<b>Total Count: 3</b>										

Legend: AC: Aid Code, SL: Spoken Language, WL: Written Language

Page 1 of 5

## 325 CHDP Gateway Pre-Enrolled Children Detail Report (Search for Name)

This report does not include any children who were denied or were assigned an 8Y aid code.

This report allows search for a pattern match of the Child's Name.

The search string must be typed in ALL CAPS. To search for a pattern match, type “%” (percent sign) at the beginning and/or the end of the search string. To search using a placeholder, type “\_” (underscore) in place of any character.

### Use:

Lookup when user does not have MEDS.

### Report Prompts:

Enter Search String: The search string must be typed in ALL CAPS. To search for a pattern match, type a percent sign (%) at the beginning and/or end of the search string. To search using a placeholder, type an underscore (\_) in place of any character. For example: %JOHN% returns all recipient names that contain the word JOHN.

### Section Title:

County Name: Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

### Columns:

Parent/Legal Guardian and Mother's Name

- The child's parent or legal guardian in the “Last Name, First Name, Middle Initial” format.
- The child's mother in the “Last Name and First Name” format.

Phone Numbers: Phone numbers of the parent or legal guardian: home, work, and other phone number.

AC: Aid Code assigned to the child:

- 8W: Medi-Cal
- 8X: Medi-Cal Presumptive Eligibility, Targeted Low-Income FPL for Children

Lang: “SL” means spoken language and “WL” means written language

Residence Address: Residence address of the child that includes the street address, city, state, and zip code

Mailing Address: Mailing address of the child that includes the street number, street address, city, state, and zip code

Provider Name/ID: Name of the provider. The Provider Number or ID uniquely identifies each provider  
Child Information

- Child's name in the “Last Name, First Name, Middle Initial” format
- Child's date of birth (DOB) in the “mm/dd/yyyy” format
- Child's CIN. This is the Client Index Number that uniquely identifies each child

Pre-Enroll Date: Pre-Enrollment Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS

Term. Date: Termination Date is the date when the CHDP Gateway service eligibility expires

**Reminder Date:** The date when the Reminder Notice was mailed to the child's address. If this is blank, it means that the child's completed Joint Application was received by the Single Point of Entry (SPE)

Extended Date: The date when the child's completed Joint Application was received by the Single Point of Entry (SPE). This date may be blank if the child's family has not returned the Joint Application to the SPE.

**Section Footer:**

Total Count: Total number of children in each county Pre-Enrolled within the search string.

**Sorted By:**

County Name

Last Name of Parent or Legal Guardian

First Name of Parent or Legal Guardian

CHDP Gateway										
Pre-Enrolled Children: Detail Report										
Search Name: "%ROMULO%"										
Report #325										
Long Beach										
Sorted by County and Parent/Legal Guardian										
Parent/Legal Guardian and Mother's Name	Phone Numbers	AC	Lang	Residence Address	Mailing Address	Provider Name/ID	Child Information	Pre Enroll Dt	Term. Date	Extended Date
								Reminder Date		
		8W	SL: Eng WL: Per			Tanaka, Roger MD ID: AA0027590		07/02/2003	07/03/2003	07/03/2003
		8W	SL: Eng WL: Per			Lakia, Bill MD ID: BB0789690		07/02/2003	07/03/2003	07/03/2003
		8W	SL: Eng WL: Per			Bing, David MD ID: CC0024517		07/02/2003	07/03/2003	07/03/2003
<b>Total Count: 3</b>										

Legend: AC: Aid Code, SL: Spoken Language, WL: Written Language

Page 1 of 5

## **530 CWD - CHDP Gateway Pre-Enrolled Children Under One Year Old Detail Report**

This report does not include any Deemed Eligible Children, any children who were denied or were assigned an 8Y aid code, or any children whose eligibility were extended.

This report is date prompted. Please enter a from and to dates. Any non-holiday Monday included in the date range entered will include all pre-enrollments from the prior Saturday, Sunday, and Monday. Any date entered after a holiday will include the holiday and the date entered. The cut-off time is around 7:00 PM so any pre-enrollments after the cut-off time will be included on the following business day.

### **Report Prompts:**

Enter From Date (MM/DD/YYYY): Date prompt for the beginning Pre-Enrollment Application Date report period. The Pre-Enrollment Application Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS.

Enter To Date (MM/DD/YYYY): Date prompt for the ending Pre-Enrollment Application Date report period.

### **Section Titles:**

County Name: Name of the county that is reported. The cities of Berkeley, Long Beach, and Pasadena are also included.

### **Columns:**

Parent/Legal Guardian and Mother's Name: The child's parent or legal guardian in the "Last Name, First Name, Middle Initial" format. The child's mother in the "Last Name and First Name" format.

Phone Numbers: Phone numbers of the parent or legal guardian: home, work, and other phone number.

AC: Aid Code assigned to the child:

- 8W: Medi-Cal
- 8X: Medi-Cal Presumptive Eligibility, Targeted Low-Income FPL for Children

Lang: "SL" means spoken language and "WL" means written language

Residence Address: Residence address of the child that includes the street address, city, state, and zip code

Mailing Address: Mailing address of the child that includes the street number, street address, city, state, and zip code

Provider Name/ID: Name of the provider. The Provider Number or ID uniquely identifies each provider

Child Information:

- Child's name in the "Last Name, First Name, Middle Initial" format.
- Child's date of birth (DOB) in the "mm/dd/yyyy" format
- Child's CIN: This is the Client Index Number that uniquely identifies each child

Pre-Enroll Date: Pre-Enrollment Date is the date when the child was enrolled into the CHDP Gateway using the internet or POS

Term. Date: Termination Date is the date when the CHDP Gateway service eligibility expires

Reminder Date: The date when the Reminder Notice was mailed to the child's address. If this is blank, it means that the child's completed Joint Application was received by the Single Point of Entry (SPE)

**Section Footer:**

Total Count: Total number of children in each county Pre-Enrolled within the date range.

**Sorted By:**

County Name

Last Name of Parent or Legal Guardian

First Name of Parent or Legal Guardian

CHDP Gateway										Report #530
Pre-Enrolled Children Under One Year Old – Detail Report										
From 07/01/2003 To 07/31/2003										
Long Beach					Sorted by County and Parent/Legal Guardian					
Parent/Legal Guardian and Mother's Name	Phone Numbers	AC	Lang	Residence Address	Mailing Address	Provider Name/ID	Child Information	Pre Enroll Dt	Term. Date	Extended Date
						Tanaka, Roger MD ID: AA0027590		07/02/2003	08/31/2003	07/03/2003
						Takia, Bill MD ID: BB0789690		07/02/2003	08/31/2003	07/03/2003
						Bing, David MD ID: CC0024517		07/02/2003	08/31/2003	07/03/2003
<b>Total Count: 3</b>										

Legend: AC=Aid Code, SL=Spoken Language, WL=Written Language

Page 1 of 5

## ***CHDP Claims (CHD) Corporate Documents***

CHDP Claims are loaded into Business Objects once a month. Prior month's claims are available around mid-month.

### ***1010 Active CHDP Providers by Provider No.***

Lists all active CHDP Providers. This list comes from the CHDP Provider Enrollment System. Providers can submit the [Medi-Cal Supplemental Changes Form \(DHCS 6209\)](#) to change their information on the Medi-Cal Provider Master File.

There are two tabs on this report:

- By Provider No (sorted by Provider Number)
- By Provider Name (sorted by Provider Name)

#### **Use:**

Verify provider changes are being posted; reflection of master file.

#### **Report Prompts:**

None

#### **Columns:**

Provider No.: Provider Number

Provider Name: Provider Name

Type: Kind of service that the provider is licensed to provide.

- 01: County Hospital - Outpatient Clinic
- 02: Community Hospital - Outpatient Clinic
- 03: Organized Outpatient Clinic – Other than Hospital based
- 04: Office of Economic Opportunity (OEO) Clinic
- 05: Private Corp
- 06: Non-profit Corp
- 07: Professional Society
- 08: Day Care
- 09: School
- 10: Prepaid health
- 11: Fabricating Optical Laboratory – Prison Industry Authority
- 12: Physicians Group Practice
- 13: Physicians Solo practice
- 14: Family Nurse practitioner
- 15: Pediatric Nurse practitioner
- 21: County Health Department Clinic
- 22: Rural Health Clinic / Federally Qualified Health Center (FQHC)
- 23: Headstart/State Preschool Program
- 24: Indian Health Clinic/Tribal Health Program
- 25: Community Health Clinic
- 26: Clinical Laboratory with Blood Lead Proficiency
- 27: Clinical Laboratory-Other

- 28: Nurse Practitioner
- 30: CalOptima
- 50: Other
- 99: IRS

Cat: Provider Category

- 1:Health Assessment only;
- 3: Laboratory services only
- 4:Comprehensive continuous care provider with referral;
- 5:Comprehensive continuous care provider without referral;
- 9:Internal Revenue Service

Ind: Provider Indicator

- P:Primary;
- S:Secondary;
- L:Lab;
- I:IRS

Phone: Phone Number

Address: Provider Address

City: Provider City

Zip Code: Provider Zip Code

LA Code: LA Area Codes

- 03:West (Harbor);
- 04:North (Van Nuys);
- 05:East (Pico Rivera);
- 06:South(Martin Luther King);
- Other: blank (Rancho Los Amigos)

Appr Date: Provider Approval Date

**Active CHDP Providers by Provider Number**  
Current Date: 10/12/10

PROV NO.	PROVIDER NAME	TYPE	CAT	IND	PHONE	ADDRESS	CITY	ZIP CODE	LA CODE	APPR DATE
000G46150	KAUFMAN, STEPHEN L MD	13	4	P	(415) 752-3664	3905 SACRAMENTO STREET #205	SAN FRANCISCO	941181651		4/16/75
00A139080	KUSHNER, JOSEPH H MD	13	4	P	( ) -	3835 CALIFORNIA ST	SAN FRANCISCO	94118		3/5/75
00A239441	LI, RAYMOND K Y MD INC	13	4	P	( ) -	1842 NOREGA STREET	SAN FRANCISCO	94122		2/4/83
00A327040	DO, TUONG DINH MD INC	13	4	P	( ) -	2089 CLEMENT STREET	SAN FRANCISCO	941212117		10/2/80
00A350980	PHAM, TUONG DO MD INC	13	4	P	( ) -	456 ELLIS ST	SAN FRANCISCO	94102		8/12/83
00A369110	KHONG, DOAN M MD	13	4	P	( ) -	324 LEAVENWORTH STREET	SAN FRANCISCO	94102		2/8/83
00A667660	LIN, DON D MD	13	4	P	(415) 399-9694	950 STOCKTON ST STE 207	SAN FRANCISCO	941081819		8/24/01
00C358470	GRAVES, BOBBIE G MD	13	4	P	( ) -	6315 3RD STREET	SAN FRANCISCO	94124		3/1/78
00G190890	KWAN, TINA T MD	13	4	P	(415) 221-5795	950 STOCKTON STREET #207	SAN FRANCISCO	94108		7/17/81
00G515300	CHU, KEVIN B MD	13	4	P	(415) 847-3886	1640 VALENCIA ST STE 204	SAN FRANCISCO	941100000		9/8/98
00G592801	BRONER, KATHERINE A MD	13	4	P	(415) 241-8320	105 GOLDEN GATE AVE	SAN FRANCISCO	941023809		3/1/99
00G639940	YONG, CAROLINE MD	13	4	P	(415) 982-4878	805 CLAY STREET SUITE 1	SAN FRANCISCO	94108		8/18/92
						407 RTH AVE #202				

## **1020 CHDP Monthly Summary of Screens by Funding Source**

This report is scheduled to run automatically each month. The report totals the number of screens each month.

### **Use:**

Summary report of clients going through the CHDP Process.

### **Report Prompts:**

Select Begin Date (MM/DD/YYYY): Date prompt for the beginning process date. This is the date the claim was processed by the fiscal intermediary.

Select End Date (MM/DD/YYYY): Date prompt for the ending process date. This is the date the claim was processed by the fiscal intermediary.

### **Section Titles:**

Number Paid by Funding Source: CHDP screens paid from either Medi-Cal or State Only Funds

Number Reported: Information Only screens as reported by Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Programs and Medi-Cal Managed Care Plans.

Unknown: Total number of unpaid / funding source not determined

### **Columns:**

#### Number Paid by Funding Source

Medi-Cal

Temp Medi-Cal 8W

State Only 8Y

Temp Medi-Cal 8X

Infant Enrollment 8U & 8V

Other: Undefined Funding Source

Total Number

Total Dollars

#### Number Reported

FHC/RHM/THP

Gateway FHC/RHM/THP

HCP

Other: Information Only with inaccurate information

Total Number

County/City Total: Combined total of screens from the Paid and Reported columns

#### Unknown

Unknown: Total number of unpaid / funding source not determined

### **Section Footer:**

Total for each column

### **Sorted By:**

County

CHDP Monthly Summary of Screens by Funding Source  
For Month of: August 2010

	Number Paid by Funding Source							Number Reported					Unknown		
	Medi-Cal	Temp Medi-Cal SW	State Only BY	Temp Medi-Cal BX	Infant Enrollment BU & BV	Other-Undefined	Total Number	Total Dollars	FHC/RHM/THP	Gateway FHC/RHM/THP	HCP	Other	Total Number	County/City Total	Unknown
00 UNKNOWN	1	0	0	0	0	0	1	\$84.87	6	0	165	765	906	937	7
01 ALAMEDA	527	223	0	35	155	0	940	\$57,086.48	1	0	561	1,548	2,610	3,450	89
02 ALPINE	12	1	0	0	1	0	14	\$689.94	0	0	0	19	19	33	0
03 AMADOR	145	9	0	3	7	0	164	\$7,876.30	0	0	11	19	30	194	5
04 BUTTE	1,104	40	0	10	15	0	1,179	\$72,814.49	0	0	10	788	798	1,971	27
06 CALAVERAS	50	3	0	1	0	0	54	\$3,702.10	0	0	8	246	254	318	3
08 COLUSA	108	17	0	1	6	0	132	\$5,848.50	1	0	12	124	137	269	15
07 CONTRA COSTA	197	44	0	7	15	0	263	\$14,651.71	0	0	194	1,757	1,951	2,224	43
08 DEL NORTE	8	0	0	0	0	0	8	\$279.38	0	0	0	155	155	164	0
09 EL DORADO	344	16	0	7	2	0	369	\$16,819.18	1	0	5	434	441	810	20
10 FRESNO	1,238	507	0	82	45	0	1,872	\$104,342.56	147	2	6,033	2,628	8,810	10,682	85
11 GLENN	51	8	0	0	0	0	59	\$3,780.38	0	0	1	460	461	520	2
12 HUMBOLDT	59	4	0	2	0	0	65	\$1,482.88	33	7	1	857	898	953	2
13 IMPERIAL	529	70	0	3	20	0	622	\$82,228.16	0	0	3	740	743	1,675	20
14 INYO	80	4	0	1	4	0	89	\$4,244.57	1	0	5	57	63	152	2
16 KERN	671	305	0	54	51	0	1,081	\$90,654.38	5	0	5,072	5,150	10,227	11,318	197
18 KINGS	240	45	0	2	4	0	291	\$12,781.36	1	0	3	1,229	1,230	1,524	7
17 LAKE	29	25	0	3	4	0	61	\$3,314.38	78	35	3	239	366	416	0
18 LASSEN	18	4	0	0	0	0	22	\$1,166.00	0	0	4	12	16	38	1
19 LOS ANGELES	10,215	10,533	0	1,151	1,102	0	23,001	\$1,646,266.67	0	0	25,714	19,397	45,111	68,112	1,200
20 MADERA	1,241	211	0	30	50	0	1,542	\$89,049.68	19	6	3	467	496	2,037	52
21 MARIN	104	0	0	0	0	0	104	\$4,826.33	0	0	27	1,005	1,005	1,137	7
22 MARIPOSA	10	2	0	2	0	0	14	\$660.22	13	0	0	23	36	50	2
23 MENDOCINO	55	5	0	0	0	0	60	\$1,198.81	12	1	0	773	786	820	2

## 1030 CHDP Provider Claims and Amount Paid by County and Funding Source

The report totals the number of claims processed by county and funding source.

**NOTE: The info only claims are currently being listed under “Unknown” county, with a provider name of “Provider Name Missing on Table” and the correct Provider Number. This is a known issue and has been reported.**

### Use:

Detail report of clients going through the CHDP Process.

### Report Prompts:

Select Begin Date (MM/DD/YYYY): Date prompt for the beginning process date. This is the date the claim was processed by the fiscal intermediary.

Select End Date (MM/DD/YYYY): Date prompt for the ending process date. This is the date the claim was processed by the fiscal intermediary.

### Columns:

- County
- Provider Name
- Provider Number
- Service Location
- Medi-Cal (No. Paid, No. Denied)
- State Only (No. Paid, No. Denied)
- Info Only (No. Paid, No. Denied)
- Unknown (No. Paid, No. Denied)
- Claims Total (Claim Count, Paid Amount)

### Section Footer:

Total for each column

### Sorted By:

- County
- Provider Name
- Provider Number

Child Health & Disability Prevention Program, CMS Branch  
State of California, Department of Health Care Services

CHDP Provider Claims and Amount Paid by County and Funding Source  
Report Period: 1/1/2014 12:00:00 AM to 1/3/2014 12:00:00 AM

	Provider Name	Prov Nbr	Prov Serv Location	Claims Total		Claims Total	
				No. Paid	No. Denied	Claim Count	Paid Amount
	ALL PROVIDERS						

## 1040 CHDP Provider Claims and Amount Paid by Funding Source

The report totals the number of claims processed by funding source.

**NOTE: The info only claims are currently being listed as a provider name of “Provider Name Missing on Table” and the correct Provider Number. This is a known issue and has been reported.**

### Use:

Detail report of clients going through the CHDP Process.

### Report Prompts:

Select Begin Date (MM/DD/YYYY): Date prompt for the beginning process date. This is the date the claim was processed by the fiscal intermediary.

Select End Date (MM/DD/YYYY): Date prompt for the ending process date. This is the date the claim was processed by the fiscal intermediary.

County Code (optional): Enter county code to restrict results to a specific county.

### Columns:

- Provider Name
- Provider Number
- Provider Service Location
- Medi-Cal (No. Paid, No. Denied)
- State Only (No. Paid, No. Denied)
- Info Only (No. Paid, No. Denied)
- Unknown (No. Paid, No. Denied)
- Claims Total (Claim Count, Paid Amount)

### Section Footer:

Total for each column

### Sorted By:

- Provider Name
- Provider Number

Provider Name	ProvNbr	Prov Serv Loc			Claims Total	Claims Total
			No. Paid	No. Denied	Claim Count	Paid Amount
<b>ALL PROVIDERS</b>						

## 1050 CHDP Provider Claims and Amount Paid by Provider Number

The report totals the number of claims processed by funding source.

**NOTE: The info only claims are currently being listed as a provider name of “Provider Name Missing on Table” and the correct Provider Number. This is a known issue and has been reported.**

### Use:

Site review/PM 160 review; report gives number of claims processed per service location.

### Report Prompts:

Select Begin Date (MM/DD/YYYY): Date prompt for the beginning process date. This is the date the claim was processed by the fiscal intermediary.

Select End Date (MM/DD/YYYY): Date prompt for the ending process date. This is the date the claim was processed by the fiscal intermediary.

County Code (optional): Enter county code to restrict results to a specific county.

Provider Number (optional): Provider number or NPI

### Columns:

Provider Number

Provider Name

Provider Service Location

Medi-Cal (No. Paid, No. Denied)

State Only (No. Paid, No. Denied)

Info Only (No. Paid, No. Denied)

Unknown (No. Paid, No. Denied)

Claims Total (Claim Count, Paid Amount)

### Section Footer:

Total for each column

### Sorted By:

Provider Number

Provider Number	Provider Name	Prov Serv Loc			Claims Total	Claims Total
			No. Paid	No. Denied	Claim Count	Paid Amount
<b>Provider Totals</b>						

## **1070 Number of CHDP Claims (Paid or Reported) by County, Age and Funding Source**

The report totals the number of claims processed by county, age group, and funding source.

### **Use:**

Reporting.

### **Report Prompts:**

Select Begin Date (MM/DD/YYYY): Date prompt for the beginning process date. This is the date the claim was processed by the fiscal intermediary.

Select End Date (MM/DD/YYYY): Date prompt for the ending process date. This is the date the claim was processed by the fiscal intermediary.

County Code (optional): Enter county code to restrict results to a specific county.

### **Columns:**

County

Age Group

Medi-Cal (Number Paid/Reported)

State Only (Number Paid/Reported)

Info Only (Number Paid/Reported)

Claims Total (Number by Age)

Claims Total (Paid Amount)

### **Section Footer:**

Total for each column

### **Sorted By:**

County

Age Group

Number of CHDP Claims (Paid or Reported) by County, Age and Funding Source  
 Report Period: 5/1/2010 to 5/31/2010

		Medi-Cal	State Only	Info Only	Claims Total	Claims Total
		No. Paid/Reported	No. Paid/Reported	No. Paid/Reported	No. by Age	Paid Amount
<b>ALAMEDA</b>	< 12 MONTHS	594			594	\$32,652.25
	1-2 YEARS	87			87	\$5,070.65
	2-3 YEARS	46			46	\$2,215.28
	3-4 YEARS	36			36	\$1,669.41
	4-5 YEARS	64			64	\$4,323.10
	5-6 YEARS	28			28	\$2,015.03
	6-7 YEARS	24			24	\$1,441.81
	7-8 YEARS	12			12	\$532.62
	8-9 YEARS	18			18	\$848.62
	9-10 YEARS	11			11	\$619.29
	10-11 YEARS	28			28	\$1,593.14
	11-12 YEARS	26			26	\$1,557.24
	12-13 YEARS	19			19	\$1,124.23
	13-14 YEARS	17			17	\$970.84
	14-15 YEARS	17			17	\$1,069.07
	15-16 YEARS	8			8	\$676.15
	16-17 YEARS	12			12	\$726.55
	17-18 YEARS	11			11	\$529.26
	18-19 YEARS	6			6	\$269.34
	19-20 YEARS	1			1	\$2.51
	20-21 YEARS	2			2	\$131.11
<b>ALAMEDA</b>	<b>Age Group Total</b>	<b>1,067</b>			<b>1,067</b>	<b>\$69,937.50</b>