



California
Department of
Health Services

SANDRA SHEWRY
Director

State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

August 12, 2004

Supercedes CHDP PL No.: 03-27

CHDP Program Letter No.: 04-15

TO: ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP)
PROGRAM DIRECTORS, DEPUTY DIRECTORS, STATE CHILDREN'S
MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE
STAFF

SUBJECT: CHDP/EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND
TREATMENT (EPSDT) REPORTING AND BILLING REQUIREMENTS
FOR INDIAN HEALTH SERVICES (IHS), MEMORANDUM OF
AGREEMENT (MOA) 638 CLINICS

Enclosed is an updated letter being distributed by the CMS Branch to IHS/MOA 638 Clinics providing CHDP services. Updated information includes mailing addresses for the *UB 92* claim form. The *UB 92* claim form is mailed separately from the *Information-Only PM 160*.

This letter has been mailed directly to all IHS/MOA Clinic providers directly by the CMS Branch to expedite distribution. Therefore, it will not be necessary for local programs to distribute this notice.

If you have any questions, please contact your Regional Nursing Consultant.

Original Signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Acting Chief
Children's Medical Services Branch

Enclosure



California
Department of
Health Services

SANDRA SHEWRY
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State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
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August 12, 2004

Supersedes Letter Dated December 8, 2003

TO: INDIAN HEALTH SERVICES (IHS), MEMORANDUM OF AGREEMENT
(MOA) 638 CLINICS

SUBJECT: CHILD HEALTH AND DISABILITY PREVENTION (CHDP)/EARLY AND
PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)
REPORTING AND BILLING REQUIREMENTS FOR IHS/MOA CLINICS

The purpose of this letter is to clarify claiming procedures for and the responsibility of IHS/MOA 638 Clinics providing CHDP services. Due to an omission in the letter dated December 8, 2003, many IHS/MOA 638 Clinic providers were incorrectly sending the *UB 92* claim form and the *Information-Only PM 160* to the same address. Please note that these forms are to be sent to **different** addresses, as outlined in the *Billing and Reporting Requirements* section of this letter. In addition, this letter provides information about modifications to the CHDP Gateway that allow the automatic enrollment of eligible infants into Medi-Cal through the CHDP Gateway, effective June 1, 2004.

Background Information

On April 21, 1998, the Department of Health Services (DHS), in conjunction with the Federal IHS and the Centers for Medicare and Medicaid Services, implemented the IHS/MOA. Under the IHS/MOA, CHDP providers must report information relating to the provision of EPSDT services to DHS in accordance with the Federal Social Security Act.

The DHS also administers the CHDP Program. CHDP operational responsibility is delegated to local governments in all 58 counties and the cities of Berkeley, Long Beach, and Pasadena. Local CHDP programs are operated by county/city health departments.

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The CHDP Program is responsible for overseeing the EPSDT requirements of the Federal Medicaid Program (Medi-Cal in California). These requirements include the reporting of specific information relating to the provision of EPSDT services in accordance with Section 1902 (a)(43) of the Social Security Act as amended by Section 6403 (b) of the Omnibus Budget Reconciliation Act of 1989. The CHDP Confidential Screening/Billing Report (PM 160) was designed to collect the required data and enables the CHDP Program to monitor compliance with Federal requirements.

The CHDP Program also reimburses providers, through state-only funds, for health assessments provided to children and youth under 19 years of age whose family's income is at or below 200 percent of the Federal Income Guidelines and who have no source of health insurance for well-child care. Claiming for these services is accomplished through the use of a Standard PM 160.

Since July 1, 2003, CHDP Program providers, including IHS/MOA clinics, can pre-enroll eligible children in the Medi-Cal Program at the Medi-Cal Internet site or through the Medi-Cal Point of Service (POS) system. The process for providing CHDP services to children and youth already enrolled in the Medi-Cal has not changed.

The population of children eligible for pre-enrollment through the Gateway process includes those children who previously received state-funded CHDP services. These children have the opportunity to be pre-enrolled in fee-for-service Medi-Cal for up to a two-month period at the time they receive a CHDP health assessment, and their families have the opportunity to apply on their behalf for continuing health care coverage through Medi-Cal or the Healthy Families (HF) Program.

Effective June 1, 2004, modification to the CHDP Gateway allow any CHDP Program provider to automatically enroll eligible infants under one year of age into Medi-Cal, without requiring their parent(s) to complete a joint *Healthy Families/Medi-Cal application* (MC 321). Through a single CHDP Gateway transaction in the provider's office, eligible infants are enrolled in full-scope, no-cost Medi-Cal until their first birthday.

Provider participation in the CHDP Gateway requires the following:

- Enrollment as a CHDP provider.
- An active provider identification number (PIN) issued by Medi-Cal; and either:
- Internet access; or
- A Medi-Cal Point of Service (POS) device

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CHDP providers who currently do not have an active PIN, a POS device or access to **Transaction Services** on the Medi-Cal Website should call the Telephone Service Center, at 1-800-541-5555.

Other information, printed materials and forms related to the CHDP Gateway can be accessed on either the CHDP Website (www.dhs.ca.gov/chdp), or the Medi-Cal Website (www.medi-cal.ca.gov).

Reimbursement Policy for IHS/MOA Clinics

The IHS/MOA changed the reimbursement policy for services provided to Medi-Cal recipients within American Indian or Alaskan native health care facilities identified as federal "638" facilities. Providers participating under the IHS/MOA are identified by the prefix "THP" (Tribal Health Program) in their provider identification number.

Services provided by IHS/MOA clinics are reimbursed on a per-visit rate calculated by the federal government. This reimbursement includes payment for a visit in which a CHDP complete health assessment is provided. Encounters with more than one health professional and multiple encounters with the same health professional that take place on the same day and at a single location constitute a single visit. IHS/MOA clinics no longer have options on how they submit claims for services provided to Medi-Cal beneficiaries.

Clinic visits at which a patient receives services "incident to" physician services, even if delivered on a subsequent day (for example, laboratory services, x-ray services, or immunizations) do not qualify as billable visits. For these reasons, a "partial" or a screening procedure "recheck" may not be billed separately to the Medi-Cal fee-for-service program. Billing these "partials" or screening procedures to the CHDP program would result in an overpayment to the clinic that would be recovered by DHS. Although visits to complete CHDP health assessment requirements may not qualify as billable, the visits are to be reported on the appropriate PM 160, as described below.

Provider Enrollment

IHS/MOA clinics who wish to participate in the CHDP program should contact the CHDP program in their local jurisdiction for specific information on applying to become an enrolled provider. A directory of local CHDP programs is available at CHDP Website, www.dhs.ca.gov/chdp.

Billing and Reporting Requirements

IHS/MOA clinics enrolled as CHDP providers must meet the following requirements for billing and reporting CHDP services:

1. Billing and reporting requirements:

- For children with fee-for-service, full-scope, Medi-Cal including those pre-enrolled in temporary, fee-for-service Medi-Cal through the CHDP Gateway process, you must submit a:
 - *UB 92 Claim Form and*
 - "Information Only Reporting" *CHDP Confidential Screening/Billing Report* (PM 160).
 - **Note: Do not** attach the UB 92 Claim Form to the Information-Only PM 160. These forms are to be sent to different addresses as outlined below.
- For children eligible for state-funded CHDP services only, the standard CHDP Confidential/Billing Report (PM 160) must be used.

2. Submission requirements for the UB 92 Claim Form:

- UB 92 claim forms are mailed to the DHS Fiscal Intermediary, Electronic Data Systems (EDS) at the following address:
P.O. Box 15600
Sacramento, CA 95852-1508
- All mailed UB 92 computer media claims (CMC) tapes and diskettes are addressed to:
EDS
CMC Unit
P.O. Box 15508
Sacramento, CA 95852-1508
- All UB 92 CMC tapes and diskettes sent by courier are delivered to:

EDS
CMC Unit
3215 Prospect Park Drive
Rancho Cordova, CA 95670-6017

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3. Submission requirements for the PM 160s:

- “Number 1 – White Copy” is mailed to EDS at the following address:
Medi-Cal/CHDP
P.O. Box 15300
Sacramento, CA 95851-1300
- “Number 2 – Yellow Copy” or a facsimile copy of the CHDP computer media claim form is sent to the local CHDP Program in the county/city in which the child resides.
- “Number 3 – White Copy” or a facsimile copy is retained by the provider in the patient’s record.
- The “Number 4 – Pink Copy” or a facsimile copy is given to the parent.

4. CMC Billing for PM 160s

- Both the standard and information-only PM 160s may be submitted electronically to EDS. To submit CMCs, providers must complete an application/agreement form with DHS and follow all CMC enrollment procedures as outlined in the Medi-Cal Provider Manual.
- To receive an application or to learn more about this option, providers may call the CMC Help Desk, at (916) 636-1100.
- CMC billers are required to submit a copy of the PM 160 to the local CHDP program.

5. Ordering PM 160s:

- PM 160s must be requested directly from the CHDP office in the local health jurisdiction where the FQHC or RHC is located.
- Providers may request to have their clinic center name, address, and provider number printed on the Information-Only Reporting PM 160s or the standard PM 160s by contacting the local CHDP office.

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6. For additional information or assistance with the procedure for completing and submitting the appropriate PM 160, please contact your local CHDP program or refer to the CHDP Provider Manual located under "Forms and Publications" on the CHDP website.
7. For information and assistance regarding the IHS/MOA billing and reporting requirements, please contact Jeanne Machado-Derdowski, Medi-Cal Benefits Branch, at (916) 552-9576.

Original Signed by Marian Dalsey, M.D., M.P.H.

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