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*Director*

State of California  
Department of Health Services



GRAY DAVIS  
*Governor*

September 19, 2003

CHDP Program Letter No.: 03-20

TO: ALL 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 FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) AND  
RURAL HEALTH CLINICS (RHCs)

Enclosed is a letter being distributed by the CMS Branch to Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) providers who are CHDP providers.

This letter has been mailed to all FQHC and RHC providers directly by 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 Maridee Gregory, M.D.**

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

Enclosure



Do your part to help California save energy. To learn more about saving energy, visit the following web site:  
[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

1515 K Street, Suite 400, MS 8100, P.O. Box 942732, Sacramento, CA 94234-7320  
(916) 327-1400

Internet Address: <http://www.dhs.ca.gov/pcfh/cms>



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TO: FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) AND RURAL HEALTH CLINICS (RHCS)

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

The purpose of this letter is to clarify the procedures for and the responsibilities of Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) for claiming and reporting of CHDP services provided to Medi-Cal fee-for-service beneficiaries. Effective January 1, 2001, federal legislation repealed the reasonable cost-based reimbursement requirements for services provided to Medicaid recipients by FQHCs and RHCs and now requires payment reimbursement for these services under a Prospective Payment System (PPS) that is monitored by the Department of Health Services (DHS) Audits and Investigations (A and I).

It also provides background information related to the delivery of CHDP services by FQHCs and RHCs and information on the new CHDP Gateway.

Background Information

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

The CHDP Program is responsible for overseeing the Early and Periodic Screening 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.



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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.

Healthy Families (HF) is California's State Children's Health Insurance Program (SCHIP) which provides comprehensive health coverage to low-income children. The HF Program is administered by the California Managed Risk Medical Insurance Board.

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.

### CHDP Gateway

Effective July 1, 2003, CHDP Program providers, including FQHCs and RHCs, can pre-enroll eligible children in the Medi-Cal Program by using either the Internet or a Point of Service (POS) device. The process for providing CHDP services to children and youth already enrolled in Medi-Cal has not changed.

The population of children eligible for pre-enrollment through the Gateway process includes those children who have been receiving state-funded CHDP services. These children now have the opportunity to be pre-enrolled into fee-for-service Medi-Cal for up to a two-month period at the time of 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 HF Program.

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.

CHDP providers who currently do not have an active PIN, a POS device or access to [Transaction Services](#) on the Medi-Cal Web site should call the POS/Internet Help Desk, at 1-800-427-1295.

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CHDP providers have a six-month period for implementation of the Gateway automated pre-enrollment process in their offices. After December 30, 2003, low-income children who are not already full-scope Medi-Cal beneficiaries must be pre-enrolled through the Gateway to receive CHDP health assessment services.

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

### Prospective Payment System

FQHCs and RHCs under PPS are paid an all-inclusive rate per visit for all visits to Medi-Cal beneficiaries. This includes 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. FQHCs and RHCs 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 A and I. 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

FQHCs and RHCs 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](http://www.dhs.ca.gov/chdp).

### Billing and Reporting Requirements

RHCs and FQHCs enrolled as CHDP providers must meet the following requirements for billing and reporting CHDP services:

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## 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, must submit a:
  - UB 92 Claim Form and
  - “Information Only Reporting” CHDP Confidential Screening/Billing Report PM 160.
- For children eligible for state-funded CHDP services only, the standard CHDP Confidential/Billing Report PM 160 must be used.

## 2. Distribution requirements for the PM 160s:

- “Number 1—White Copy” is forwarded to the DHS Fiscal Intermediary (FI) Electronic Data Systems (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 patient’s parent.

## 3. Computer Media Claims (CMC) Billing

- Both the standard and information-only PM 160s may be submitted electronically via CMC billing to the CHDP Program’s FI. 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.

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- 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.
4. 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 imprinted on the Information Only Reporting PM 160s or the standard PM 160s by contacting the local CHDP office.
5. 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.
6. For information and assistance regarding the PPS billing and reporting requirements, please contact Donna Shine of DHS, A and I, at (916) 324-9658.

**Original Signed by Maridee Gregory, M.D.**

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Children's Medical Services Branch