



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



DIANA M. BONTÁ, R.N., Dr. P.H.  
Director

ARNOLD SCHWARZENEGGER  
Governor

December 5, 2003

CHDP Program Letter No.: 03-27

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

Enclosed is a letter being distributed by the CMS Branch to IHS/MOA 638 Clinics who are CHDP providers.

This letter has been mailed directly to all IHS/MOA Clinic 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 A. Gregory, M.D.**

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

Enclosure



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DIANA M. BONTÁ, R.N., Dr. P.H.  
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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 the procedures for and the responsibilities of IHS/ MOA 638 Clinics for claiming and reporting of CHDP services provided to Medi-Cal fee-for-service beneficiaries. In California, the CHDP Program is responsible for the EPSDT health assessment component of the Medi-Cal fee-for-service program for Medi-Cal-eligible individuals under age 21.

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

### **Background Information**

The California DHS 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 the county/city health departments.

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.

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

Page 2

December 8, 2003

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 IHS/MOA clinics, can pre-enroll eligible children in the Medi-Cal Program by 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 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 now 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. 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.

CHDP providers have until January 1, 2004, to implement the Gateway automated pre-enrollment process in their offices. After December 31, 2003, low-income children who are not already full-scope Medi-Cal beneficiaries must be pre-enrolled through the Gateway to receive CHDP services.

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

Page 3

December 8, 2003

Other information, printed materials and forms related to the 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)).

### **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 established 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 will result in an overpayment to the clinic that will 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 enrolling as a 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**

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

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

Page 4

December 8, 2003

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).
- 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 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 to the CHDP Program’s Fiscal Intermediary (FI) in the CMC format. To submit CMCs, providers must complete an

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

Page 5

December 8, 2003

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.

4. Ordering PM 160s:

- PM 160s must be requested directly from the CHDP office of the local health jurisdiction where the IHS/MOA 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 IHS/MOA billing and reporting requirements, please contact Jeanne Machado-Derdowski, Medi-Cal Benefits Branch, at (916) 552-9576.

**Original Signed By Maridee A. Gregory, M.D.**

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