

CHDP Overview

Child Health and Disability Prevention (CHDP) Program

March 2019 | CHDP Team



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State Requirements

Child Health and Disability Prevention (CHDP) Program

State CHDP Program Description

- Is administered by the Children's Medical Services Branch in the Systems of Care Division of the Department of Health Care Services (DHCS) and is operated by local health departments.
- The program provides complete health assessments for the early detection and prevention of disease and disabilities for low-income children and youth.
- Health assessments are provided by enrolled private Physicians, local health departments, community clinics, managed care plans and some local school districts.
- A health assessment consists of a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance and referral for any needed diagnosis and treatment.
- Oversees the screening and follow-up components of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal eligible children and youth up to age 21 years.
- Local CHDP programs are also responsible for oversight of the Health Care Program for Children in Foster Care (HCPCFC).

State Provider Enrollment Requirements

- The following Medi-Cal enrolled Providers are eligible to participate in the CHDP program
 - Pediatricians, Family Practitioners or Internist providing services for children 14 years and older
 - Independent Pediatric Nurse Practitioner
 - Independent Family Nurse Practitioner
 - Physician Assistants
 - Medical groups that employ Physicians who meet the requirements
 - Health clinics that employ Physicians who meet the requirements
- Physician Provider Minimum Requirements
 - Hold an unrestricted California Physician and Surgeon license
 - Be enrolled as an active Medi-Cal Provider
 - Physician has a current, unrevoked and unsuspended Provider number
 - Be board certified in Pediatrics, Family practice or Internal medicine
 - A minimum of 600 hours of post-graduate Pediatrics experience.
 - A CLIA certificate or waiver.
 - Certain office equipment, such as a Hemoglobin meter or Hematocrit machine and urine testing equipment

State Provider Enrollment Process

- Healthcare Providers wishing to enroll in the CHDP Program must complete an application from their local CHDP office and be approved by the local CHDP Program.
- Laboratories must use the CHDP Laboratory Provider Application (DHS 4502).
- Health Assessment Providers must apply to the local CHDP program in each local jurisdiction in which they wish to render services.
- A separate application must be completed if a Provider wishes to apply for participation in the CHDP Program in more than one location.
- Upon review and approval of the complete application and an on-site facility/medical record review the Provider Applicant will be assigned a Provider number to use when billing the CHDP program.
- Medi-Cal Managed Care Plans may contract with Providers to render CHDP Services and may require those Providers to enroll as CHDP Providers

State CHDP Application Process

- **Submission**
 - Application form is submitted to the local CHDP office that serves the area where the Provider's office is located
- **Receipt Acknowledgment**
 - The local CHDP program notifies applicants in writing that the application has been received and is being reviewed
- **Facility and Medical Record Reviews**
 - An appointment is scheduled for a local CHDP program staff member to complete both onsite facility and medical record reviews
- **Written Notification of Provider Eligibility**
 - Providers who are approved to enroll receive written notification from the Medi-Cal Fiscal Intermediary of the effective date that the Provider may render CHDP services
 - A copy of the written notification is sent to the local CHDP program
 - Providers must not submit claims until they receive written notification of the effective date they may render services
- **CMS Notification**
 - The local CHDP program forwards the necessary documentation to CMS to ensure the Provider may start billing for CHDP services
- **Change of Information**
 - Providers must submit changes of information to the local CHDP program within 30 days of any changes such as:
 - Change of address
 - Addition of sites of service
 - Use of temporary location or mobile van unit
 - Changes in Medi-Cal or Federal Tax Identification Number
 - Addition or deletion of rendering Providers
 - Changes from an individual Provider to a group, from a group to a clinic, or from a clinic to a Federally Qualified Health Center (FQHC), etc., must notify CHDP after securing the new status.

For more information concerning CHDP:

DHCS site:

- <http://www.dhcs.ca.gov/services/chdp/Pages/default.aspx>

CHPD Provider Manual:

- http://files.medi-cal.ca.gov/pubsdoco/manual/man_query.asp?wSearch=%28%23filename+%2A%5F%2Ac00%2A%2Edoc+OR+%23filename+%2A%5F%2Ac00%2A%2Ezip%29&wFLogo=CHDP+Provider+Manual&wFLogoH=52&wFLogoW=516&wAlt=CHDP+Provider+Manual&wPath=N

CHPD Provider Bulletin:

- http://files.medi-cal.ca.gov/pubsdoco/bulletins/bulletin_archives.asp?Type=chdp

CHDP Certificates information

Facility, Medical and Provider Review

- The local CHDP program performs an onsite review of an applicant's or Provider's site to assure that a minimum standard is maintained in the delivery of quality care
- The review consists of two parts a facility review and medical record review

Written Notification of Provider Eligibility

- Providers who are approved to enroll receive written notification from the Medi-Cal Fiscal Intermediary of the effective date that the Provider may render CHDP services
- A copy of the written notification is sent to the local CHDP program
 - Refer to the sample CHDP Provider Approval letter in the Appendix of this manual
 - http://files.medi-cal.ca.gov/pubsdoco/publications/Masters-Other/CHDP/forms/chdpprovltr_c01.pdf

Rendering Services

- Newly approved Providers must not submit claims until they receive written notification of the effective date they may render CHDP services

Periodic Review of Enrolled Providers

- A periodic review of CHDP Provider information, including both facility and medical record reviews is conducted by local CHDP program staff at least every three years to assure compliance with CHDP program requirements

CMS Notification

- The local CHDP program forwards the necessary documentation to CMS to ensure the Provider may start billing for CHDP services

CHDP Overview

Pay for Performance (P4P) Program

Participation Qualification

- Available to participating PCPs who are credentialed and certified as a CHDP by Children's Medical Services (CMS) servicing Molina Medi-Cal members ages 0 through 20 years and 11 months
- Providers eligible to Enroll under the CHDP P4P Incentive Program include:
 - All Contracted PCP and Providers with no licensing restrictions
 - Pediatrician, Family Practice Physician and FQHC Clinics
 - Internists providing services for children 14 years of age or older
 - Physicians Assistants and Nurse Practitioner under the supervision of a Physician
 - PCP's who maintain current DHCS CHDP Certification dated within the last 3 years (Only L.A)
- Participating Counties:
 - Los Angeles, Riverside, San Bernardino, Sacramento San Diego and Imperial County
- Member Ship Requirement for Los Angeles County ONLY
 - PCP's who maintain a minimum enrollment of **200** Medi-Cal members
- Submit a complete, accurate and timely P4P program documentation

Reimbursement Guidelines

- CHDP P4P incentive payments are provided to enrolled Provider only
- CHDP P4P incentive payments will be issued to the appropriate Provider/Group as designated by the participating PCP.
- Payment is determine base on submission of P4P form per Provider per service Location.
- Physicians are reimbursed directly by Molina Healthcare of California through the P4P program
- Effective date of Payment will be assigned by the CHDP Unit utilizing the Receipt date of the complete and accurate P4P enrollment forms
- Incomplete or inaccurate information will result in a delay of payment.
- All guidelines must be met and maintained in order to receive reimbursement.
- Molina has the right to discontinue or modify the CHDP Wellness Service Incentive program at any time.

Provider Participation Requirement

- Providers must complete **ALL** P4P Documentation accurately and sent to their Provider Services Representative for review.
- Incentive P4P Programs
 - Medi-Cal HEDIS Performance Bonus
 - *Should be forwarded to the HEDIS team*
 - CHDP Wellness Services Program
- CHDP P4P Documentation (must be legible):
 - P4P Acknowledgement form for each Participating Provider
 - W-9 IRS form per package
 - Service Locations form per package
 - Copy of Current DHCS CHDP Certification dated within the last 3 years (only L.A)
- Incomplete documentation will be return for corrections and the effective date of Payment for the Program will be delayed.

CHDP P4P Guidelines

- Provider Service Representative must validate P4P forms are completed legibly and accurately
- PSR must validate Providers are in QNXT affiliated to Payto group and locations prior to submitting to CHDP unit
 - *if Incomplete forms or Providers are not loaded or affiliated in QNXT P4P will be send back*
- P4P Enrollment Forms must be submitted to MCA Health Plan Ops CHDP Unit
- CHDP Wellness Services must be documented on Claims and Encounters
 - Providers contracted with an IPA/Medical Group should follow their respective IPA/Medical Group's data submission guidelines
 - The method of transmission, connectivity and submission of electronic capitated encounters differ from FFS claims
 - All Providers should submit timely claims and/or encounter data through normal and current reporting channels to ensure the receipt of CHDP Wellness Services.
- Wellness Services must be submitted accurately with valid ICD10, CPT and HCPCS codes with appropriate modifiers and EPSDT qualifiers
- Service locations must match the site that was enrolled
- Submit CHDP Wellness Services within sixty (60) calendar days from the date of service
- Followed the (“AAP”) Health Assessment guidelines American Academy of Pediatrics schedule

In the event the guidelines are not followed Molina has the right to refuse payment

CHDP P4P Application Package

P4P Application Package Requirement Chart

Type	Acknowledgment Form	Clinic Rosters of CHDP Providers	Service Location Form	W-9
Physician/Group	Required		Required	Required
FQHC	Required	Required	Required	Required
RHC	Required	Required	Required	Required

One FQHC/RHC Location

- Acknowledgment Form
- Location Form
- Roster
- W-9

• Referred to page.18 for additional detail

Multiple FQHC/RHC Locations

- Acknowledgment Form
- Acknowledgment Form
- Acknowledgment Form
- Location Form
- Roster
- W-9

• Referred to page.18 for additional detail

Physician/Group

- Acknowledgment Form
- Location Form
- W-9

• Referred to page.18 for additional detail

Physician/Group Application Package

Groups must complete the P4P forms as follows:

- One Acknowledgement form
 - *For each Rendering Provider and must print Full Name Legibly*
- One Site participation
 - *listing the service locations where Provider will render services*
 - *One per package*
- One W9 form
 - *The Tax id number must match the Pay To name as stated in the IRS*
 - *One per package*
- One CHDP Certification
 - *For each Rendering Provider (LA only Providers)*

NOTE:

- Payment is determine at time of complete Package receipt for each Rendering Provider & Service Location
- Incomplete P4P will be return to sender
- No Retro Payment will Be assigned

FQHC/RHC Application Package

FQHC/RHC will complete the following P4P forms as follows:

- **One Acknowledgment form for each FQHC's location**
 - Print FQHC/RHC full name on the Rendering Provider Name section
 - FQHC/RHC NPI on the Rendering Provider NPI# section
 - FQHC/RHC License on the Rendering Provider License # section
 - If Signed by Medical Director on behalf of Rendering Providers, state that Medical director is signing
- **One Site participation form**
 - listing the service location where Provider will render Services
 - If multiple locations list all related to FQHC/RHC locations
 - OR**
 - One Rendering Provider Roster listing participating CHDP Physicians, PA's, NP's
 - Roster must contains CHDP Providers and Locations only, NPI, License # that are contracted with Molina
- **One W9 form per Group**
 - If submitting a request for multiple locations all locations must share the same Tax ID
- **CHDP Certification** listing all Physicians approve for CHDP at location
 - One DHCS CHDP Certification per FQHC dated within the last 3 years

Note:

- Incomplete P4P will be return to sender.
- No Retro Payment will Be assigned

P4P Acknowledgement Form

What is the Acknowledgement form?

- Is a Contract Document signed by the Provider to acknowledge that He or She has reviewed the P4P documents and understands the Incentive Program Requirements.

Physician/Group Acknowledgment form

- Type Rendering Provider Name (first and Last Name)
- Rendering Provider Title
- Rendering Provider NPI Number
- Pay-To Group Name
- Rendering Provider License No
- Payto Tax ID
- Check the Wellness Service Program
- Sign and Date form

FQHC/RHC Acknowledgment form

- FQHC/RHC full name OR Medical Director Name
- Title of Clinic OR Medical Director or Responsible party on behalf of the Rendering Providers
- FQHC/RHC NPI Number
- Pay-To Group Name
- FQHC/RHC License No
- Payto Tax ID
- Check the Wellness Service Program
- Signed by Medical Director or Responsible party on behalf of Rendering Providers and Date form



Wellness Service Bonus Enrollment Forms

P4P Wellness Service Bonus Enrollment Forms - Provider Acknowledgement Form

This Provider Acknowledgement Form serves as documentation that you have reviewed all enclosures regarding the Molina's Pay-For-Performance Program which consists of the following:

- Medi-Cal HEDIS® Performance Bonus
- Medi-Cal CHDP Wellness Services Bonus

Acknowledgment **MUST** be received in order to participate in either Program. In addition to the required enrollment forms for CHDP.

_____ Physician Name (Please Print)	_____ Rendering Provider Title
_____ Physician NPI Number	_____ Pay-To Group Name (Please Print)
_____ Physician License Number	_____ Pay-To Tax ID

Select all programs you will be participating in:	
Medi-Cal HEDIS® Performance Bonus	Medi-Cal CHDP Wellness Services Bonus
Required forms for participation: <input type="checkbox"/> Provider Acknowledgement Form <input type="checkbox"/> IRS W-9 Form (One W-9 per TIN is required)*	Required forms for participation: <input type="checkbox"/> Provider Acknowledgement Form <input type="checkbox"/> Participating Provider Sites <input type="checkbox"/> IRS W-9 Form (One W-9 per TIN is required)* <input type="checkbox"/> Copy of DHCS CHDP Certification

By signing below, I further acknowledge that I am aware of the eligibility requirements and proper submission procedures to participate in this program. **In the event encounters and/or claims are submitted incorrectly, all corrections must be resubmitted within sixty (60) days from the date of service to be eligible for bonus reimbursement.** Please be aware that Molina has the right to discontinue or modify the bonus program at any time

_____ Provider Signature	_____ Date
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* One (1) W-9 form is required per individual Tax Identification Number (TIN). For example, if a same TIN is used for more than one service site, please complete and submit one (1) W-9 form. Please identify each service site with its own TIN.

Service Location Form

What is the Site Participation form?

- This form is used for Providers to acknowledge where services are being rendered for Molina Members

Why this form needs to be submitted?

- To acknowledge and add service location to the Web Portal
- Payments are Assigned Per Provider Per Location

Complete a Site participation form

- **Site Name:** Print Location name
- **Address:** Print service address where services will be performed
- **City and Zip Code:** Print city and Zip code
- **Phone #:** Print site phone number

Site 1	Site 2
Site Name: _____	Site Name: _____
Address: _____	Address: _____
City: _____ St: _____ Zip: _____	City: _____ St: _____ Zip: _____
Phone: _____	Phone: _____

W-9 Form

Why do we need a W9 form?

- This form is used to establish CHDP P4P payments to Providers or Groups

All payments will be issued to the Providers/Group as designated by the participating PCP

- The payment is set up to the Tax ID number submitted in the W9
 - **Business Name:** To make checks Payable to, Assigned by IRS
 - **TIN number:** OR SSI number of group assigned by IRS
 - **Address:** Where to send CHDP payments for group or Direct Provider

The Pay To information on W9 must match in Qnxt for proper payment distribution

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

OR

Employer identification number

PSR Validations

Receipt of P4P Enrollment Forms Validation

- Date Stamp all P4P form if not received Via Email
- Ensure P4P documentation is legible and accurately completed
- Sent only P4P Enrollment forms via Email to CHDP Unit: MHCCHDPUNIT@MolinaHealthCare.Com
- All P4P form Components must be submitted to add Provider to Web Portal and assign payment
 - A - Acknowledgement
 - B - Service Location form
 - C - W-9
 - D - Current CHDP Provider Certificate
- P4P application should **NOT** be missing any Required forms

Qnxt and Credentialing Status Validation

- Before sending to CHDP Unit validate Providers are in Qnxt and Update any Credentialing statuses
- Providers and their credentialing status must be loaded or updated in Qnxt on or before P4P receipt date
- All Service locations must be loaded in Qnxt according to P4P form
- The Pay To Name and Tax ID number on the W-9 must match Qnxt
- The Pay To information must be loaded and affiliated to each Physician, FQHC or RHC per the W-9
- All FQHC, Physicians, Mid-Level and Groups must be affiliated in Qnxt
- All Mid-Level Providers must be affiliated to a Supervising Physician per P4P

FAQ



P4P Program

Who is eligible to participate in the CHDP P4P Program?

- The Program is open to all Molina contracted Providers who are certified as a CHDP Provider by Children's Medical Services (CMS) CHDP Program and have Pediatric members assigned with no licensing restriction

Who can register for the CHDP P4P incentive payment?

- Any FQHC/RHC Facility, MD, NP & PA

How a Provider does become eligible for the P4P program?

- A PCP must be under Molina and must submit P4P documentation for the incentive program

How often does Molina Require Updated P4P?

- Updated forms must be completed and received by Molina every 3 years or when Provider acquires a new service location

When is the Provider effective to receive the Molina Reimbursement Incentive payment?

- The Provider is eligible to receive CHDP incentive payments on the day a complete P4P documentation is received

How are CHDP payments issued?

- A Payment is issued to the appropriate Provider/group as designated by the participating PCP per Tax ID number submitted according to the W9

P4P Program

Do all Counties Have same Qualification?

- No, L.A County Providers ONLY will need to maintain a minimum enrollment of 200 Molina Medical members.

Are LA Providers who are close to having 200 members eligible?

- No, in order to ensure consistency throughout the network the membership threshold is 200.

How will the membership threshold be determined for FQHCs?

- The accumulative membership with the same Tax ID number including all sites will be used to determine the 200 membership threshold.

How often is the list of eligible Wellness Program Providers updated?

- Molina will update the list of eligible Providers Quarterly.

When Providers expect CHDP Incentives to be Paid?

- Incentives will be evaluated for a 3 month measurement period, payment will be distribute as schedule.

Reporting Period	Measurement Period	Payment Date
1st Reporting Period	January 1 – March 31	September 2
2nd Reporting Period	April 1 – June 30	December 2
3rd Reporting Period	July 1 – September 30	March 3
4th Reporting Period	October 1 – December 31	June 2

Still have Questions?



CHDP department contact information

Mary Ellen Flores ext. 127371

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Michael Arriaga, Manager Ext. 117522

Or Providers Services liaison at 1-855 322-4075