

Molina Healthcare of CA CHDP/Medi-Cal Wellness Services Bonus

03/28/2019 CHDP Dept.



Your Extended Family.

Update to the CHDP Wellness Service Bonus

As of January 1, 2018 DHCS is sun-setting the Information Only PM160 form Molina was previously required to submit to the State of California.

To receive the CHDP incentive, providers are required to submit complete accurate and timely claims and/or encounters **using the correct codes** for Wellness Services. These codes are documented under the Well Child Visit Incentive coding section.

All claims and encounters must be submitted to MHC within sixty (60) calendar days from the date of service. In the event guidelines are not followed, MHC has the right to withhold bonus payment.

PCPs in Los Angeles County must maintain a minimum enrollment of 200 Los Angeles County Molina Medi-Cal members as well as have a CHDP Certification dated within the last three years to be eligible for the Medi-Cal Wellness Services Bonus.

Effective 1/1/19 Web portal no longer accept historical PM 160 forms.

List of CHDP Service Codes and Rates

CHDP P4P Enrollment forms

MHC's Medi-Cal CHDP program

CHDP Incentive Requirements:

Providers must meet the below requirements in order to participate in MHC's

1. Providers must be contracted and credentialed with Molina
2. Submit completed and legible Provider P4P Acknowledgement Form
3. Submit completed W-9 form
4. Submit completed P4P Participating Provider Sites
5. Submit copy of DHCS CHDP Certification * (*required for LA County Providers serving LA County Medicaid members. CHDP Certification must be dated within the last 3 years*)
6. Maintain a minimum enrollment of 200 Los Angeles County Molina Medi-Cal members (*required for LA County Providers serving LA County Medicaid members*)
7. Required P4P documents must be submitted and approved to participate
8. Submit CHDP Wellness Services on through standard claim and/or encounter submissions
9. Receipt of clean, complete and accurate Wellness Services submitted on a claim and/or encounter must be submitted to Molina within sixty (60) calendar days from the date of service
10. Pay To & Rendering service locations must match the approved locations reported on Participating P4P Provider Site form

Claim Submission

MHC CHDP Wellness services are submitted to MHC through standard claim and/or encounter submissions. 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.

CHDP Wellness Service submissions include, but is not limited to, the following:

- Submit clean, complete and accurate CHDP Wellness Services on a claim and/or encounter
- Molina receive the CHDP Wellness Services within 60 calendar days from the date of service
- Service Location on claim and/or encounter must match the site that was enrolled
- Report with valid ICD10, CPT and HCPCS codes with appropriate modifiers and EPSDT qualifiers
- A P.O Box address cannot be used for the Billing Provider a valid rendering address must be used
- MHC recommends scheduled/frequent submissions of CHDP Wellness Services to ensure timely submission.

Molina has the right to discontinue or modify the CHDP Wellness Service Incentive program at any time.

For Encounter Data questions, please email the Encounter Data Department at:
MHCEncounterDepartment@MolinaHealthCare.Com

When emailing the Encounter Data Department please copy your Provider Services Representative to ensure they are aware of any issues to provide additional support.

Medi-Cal Wellness Services Listing of Eligible CHDP Services and Bonus Amounts

Visit Type, Lab & Vaccines Description	CHDP Code	Age Description	Series	LA	Inland, SAC, SD, Imperial	CPT Code
ASSESSMENTS CODES AND RATES						
New/Extended/Routine History or Physical	1 - 5	0-11 months	By age 1- 2, 4, 6, & 9-Months	\$25	\$25	99381
New/Extended/Routine History or Physical	1 - 5	1-4 years, 11 months	12, 15, 18, 24, 30 mo. and 3 & 4-years	\$35	\$35	99382
New/Extended/Routine History or Physical	1 - 5	5-11 years, 11 months	Yearly	\$35	\$35	99383
New/Extended/Routine History or Physical	1 - 5	12-17 years, 11 months	Yearly	\$35	\$35	99384
New/Extended/Routine History or Physical	1 - 5	18-20 years, 11 months	Yearly	\$35	\$35	99385
Routine History or Physical	1 - 5	0-11 months	By age 1- 2, 4, 6, & 9-Months	\$25	\$25	99391
Routine History or Physical	1 - 5	1-4 years, 11 months	12, 15, 18, 24, 30 mo. and 3 & 4-years	\$35	\$35	99392
Routine History or Physical	1 - 5	5-11 years, 11 months	Yearly	\$35	\$35	99393
Routine History or Physical	1 - 5	12-17 years, 11 months	Yearly	\$35	\$35	99394
Routine History or Physical	1 - 5	18-20 years, 11 months	Yearly	\$35	\$35	99395

Medi-Cal Wellness Services Listing of Eligible CHDP Services and Bonus Amounts

Visit Type, Lab & Vaccines Description	CHDP Code	Age Description	Series ¹	LA ²	Inland, SAC, SD, Imperial ²	CPT Code
LABORATORY CODES AND RATES						
Lead: Blood Lead	15	Determined by Provider	Periodicity schedule	\$20.00	\$20.00	83655
Pap Smear	18	Determined by Provider	Periodicity schedule	\$5.00	\$5.00	88150
Chlamydia Culture + Urine	20	Determined by Provider	Periodicity schedule	\$5.00	\$5.00	87110
OTHER ASSESSMENT CODES						
TB Mantoux	12	Determined by Provider	Periodicity schedule	\$7.50	\$9.00	86580

Medi-Cal Wellness Services Listing of Eligible CHDP Services and Bonus Amounts

Visit Type, Lab & Vaccines Description	CHDP Code	Age Description	Series ¹	LA ²	Inland, SAC, SD, Imperial ²	CPT Code
VACCINES CODES AND RATES						
Meningococcal B (Bexsero) Recombinant Protein	M1	10 years thru 18 years, 11 months	2	\$7.50	\$9.00	90620+SL
Meningococcal B (Trumenba) Recombinant Lipoprotein	M4	10 years thru 18 years, 11 months	3	\$7.50	\$9.00	90621+SL
MMR	33	12 months thru 18 years, 11 months	3	\$7.50	\$9.00	90707+SL
Polio-Inactivated	39	2 months thru 18 years, 11 months	5	\$7.50	\$9.00	90713+SL
Hepatitis B Lower Dose (Pediatric/ Adolescent)	40	Birth thru 18 years, 11 months	3	\$7.50	\$9.00	90744+SL
Hepatitis B Higher Dose (Adult)	42	11 years thru 15 years, 11 months	4	\$7.50	\$9.00	90743+SL
DTaP	45	2 months thru 6 years, 11 months	6	\$7.50	\$9.00	90700+SL
Varicella	46	12 months thru 18 years, 11 months	3	\$7.50	\$9.00	90716+SL
Influenza, VFC	53	6 months thru 18 years, 11 months	2	\$7.50	\$9.00	90674+SL
Influenza, Non-VFC	54	36 months thru 20 years, 11 months	2	\$7.50	\$9.00	90674
Pneumococcal Polysaccharide (23PS)	55	2 years thru 20 years, 11 months	4	\$7.50	\$9.00	90732

Medi-Cal Wellness Services Listing of Eligible CHDP Services and Bonus Amounts

Visit Type, Lab & Vaccines Description	CHDP Code	Age Description	Series ¹	LA ²	Inland, SAC, SD, Imperial ²	CPT Code
VACCINES CODES AND RATES						
Td Adult PF (DECAVAC TM)	58	7 years thru 18 years, 11 months	6	\$7.50	\$9.00	90714+SL
DT Pediatric ³	59	2 months thru 6 years, 11 months	6	\$7.50	\$9.00	90702
Td Adult ³	60	7 years thru 20 years, 11 months	6	\$7.50	\$9.00	90714
Hepatitis A	65	1 year thru 18 years, 11 months	2	\$7.50	\$9.00	90633+SL
Pediarix TM (DTaP/HepB/IPV)	68	2 months thru 6 years, 11 months	3	\$7.50	\$9.00	90723+SL
Meningococcal Conjugate Vaccine (MCV4)	69	2 years thru 18 years, 11 months	2	\$7.50	\$9.00	90734+SL
FluMist	71	2 years thru 18 years, 11 months	3	\$7.50	\$9.00	90660+SL
Tdap Booster	72	7 years thru 18 years, 11 months	1	\$7.50	\$9.00	90715+SL
MMRV (ProQuad)	74	12 months thru 18 years, 11 months	2	\$7.50	\$9.00	90710+SL
Rotavirus Vaccine (Rotateq TM)	75	6 weeks thru 32 weeks	3	\$7.50	\$9.00	90680+SL
Human Papillomavirus (HPV) - (Gardasil)	76	9 years thru 18 years, 11 months	3	\$7.50	\$9.00	90649+SL

Medi-Cal Wellness Services Listing of Eligible CHDP Services and Bonus Amounts

Visit Type, Lab & Vaccines Description	CHDP Code	Age Description	Series ¹	LA ²	Inland, SAC, SD, Imperial ²	CPT Code
VACCINES CODES AND RATES						
Influenza Preservative Free ³	80	6 months thru 35 months	2	\$7.50	\$9.00	90655
Hepatitis A, Adult, VFC	66	19 years thru 20 years, 11 months	2	\$7.50	\$9.00	90632+SL
Rotavirus Vaccine (Rotarix TM)	81	6 weeks thru 32 weeks	2	\$7.50	\$9.00	90681+SL
DTaP/Hib/IPV	82	2 months thru 4 years, 11 months	4	\$7.50	\$9.00	90698+LS
DTaP/IPV	83	4 years thru 6 years, 11 months	1	\$7.50	\$9.00	90696+SL
Bivalent Human Papillomavirus (HPV2) - (Cervarix)	85	9 years thru 18 years, 11 months	3	\$7.50	\$9.00	90650+SL
Pneumococcal 13-Valent (PCV13) - (Prevnar 13 TM)	88	6 weeks thru 18 years, 11 months	5	\$7.50	\$9.00	90670+SL
Pneumococcal Polysaccharide (23PS)	90	2 years thru 18 years, 11 months	2	\$7.50	\$9.00	90732+SL
Meningococcal/Hib (MenHibrix)	92	6 weeks through 18 months	4	\$7.50	\$9.00	90644+SL
9-Valent Human Papillomavirus (HPV9)	93	9 years thru 18 years, 11 months	3	\$7.50	\$9.00	90651+SL

Medi-Cal Wellness Services Listing of Eligible CHDP Services and Bonus Amounts

Visit Type, Lab & Vaccines Description	CHDP Code	Age Description	Series ¹	LA ²	Inland, SAC, SD, Imperial ²	CPT Code
VACCINES CODES AND RATES						
Influenza virus vaccine, quadrivalent, split virus 0.25 mL 6-35 M		6 months thru 36 months		\$7.50	\$9.00	90685
Influenza virus vaccine, quadrivalent, split virus 0.5 ml dosage 3 YRS+		3 years thru 18 years, 11 months		\$7.50	\$9.00	90686
Influenza virus vaccine, quadrivalent, split virus 5.0 ml dosage 3 YRS+		3 years thru 18 years, 11 months		\$7.50	\$9.00	90688
Haemophilus influenzae b (Hib) vaccine (ActHIB®)		6 weeks thru 59 months		\$7.50	\$9.00	90648

FAQs

Who receives the funds?

- Generally paid at the Provider level.

How will Providers know who their payment is for?

- A EOP report will accompany the CHDP Medi-Cal Wellness payment that details Physician and services by member.

When will providers be paid?

- Six months after the close of the quarter in which the service was delivered.

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

Do you accept supplemental data for Wellness Program?

- No, you will need to submit encounter electronically through claims submissions

Does CHDP department have any requirement materials we can point the provider to?

- Yes, all Providers must complete the CHDP P4P enrollment forms in order to received Incentive Bonus Payment

How does Molina captures CHDP data?

- *Through accepted FFS claims/Encounters from an IPA and FFS claims submitted through a clearinghouse*

Is the CHDP and HEDIS payment the same? No

- *CHDP incentive is Pay on top of your capitation*
- *HEDIS incentive are separate and unique even though some of the services overlap*

Feedback and Questions

Region	CHDP P4P Questions	HEDIS and Gaps in Care Questions
Imperial	<p>Provider Services IM inbox MHCImperialProviderServices@MolinaHealthCare.Com</p>	<p>Katie McMahon, Ext. 121083 Katie.Mcmahon@molinahealthcare.com & Fernanda Garate, Ext. 123050 Fernanda.Garate@molinahealthcare.com</p>
San Diego	<p>Provider Services SD inbox MHCSanDiegoProviderServices@MolinaHealthCare.Com</p>	<p>Katie McMahon, Ext. 121083 Katie.Mcmahon@molinahealthcare.com</p>
Inland Empire	<p>Provider Services IE inbox MHCIEProviderServices@molinahealthcare.com</p>	<p>Valerie Duarte, Ext. 110320 Valerie.Duarte@molinahealthcare.com</p>
Los Angeles	<p>Provider Services LA inbox MHC_LAProviderServices@molinahealthcare.com</p>	<p>Megan Fruhwirth, Ext. 111423 Megan.Fruhwirth@molinahealthcare.com</p>
Sacramento	<p>Provider Services SAC inbox MHCSacramentoProviderServices@MolinaHealthCare.Com</p>	<p>Megan Fruhwirth, Ext. 111423 Megan.Fruhwirth@molinahealthcare.com</p>
HEDIS payment inquires	<p>Please send W9's to your Provider Service Representatives</p>	<p>For HEDIS payment questions, please email MHCP4P@molinahealthcare.com no later than 30 days after payment</p>