New CHDP Care Coordination/Follow-Up Form FAQs

1. **What is this form?**
   This is called the CHDP Care Coordination / Follow-Up Form.

2. **Why is this form important?**
   The Health and Safety (H & S) Code 124040 (a) (4) requires local county CHDP programs and CHDP providers to ensure the following: (1) “referral for diagnosis or treatment when needed;” and (2) “methods for assuring referral is carried out.” Additionally, all children who are served by the CHDP Program and its providers and who are eligible for Medi-Cal must be provided with “assistance with scheduling appointments for services and with transportation” (H & S Code 124040 (a) (10)).

   On July 1, 2017, Fee-for-Service (FFS) CHDP providers were required to discontinue use of the Confidential Screening/Billing Report form PM 160. The form had served two purposes: billing claim and health report. The HIPAA compliant form CMS 1500 which was implemented on July 1, 2017 replaced only the billing component of the PM160. Yet, it is still the responsibility of local County CHDP programs and CHDP providers to ensure that FFS Medi-Cal beneficiaries receive needed follow-up care.

   To remain compliant with the Health and Safety Code 124040 as previously outlined, CHDP providers must continue to report to the local County CHDP program children and youth who need follow-up assistance from the health assessments.

   This new follow-up request form was developed and approved by the state for use by CHDP providers and local county CHDP to facilitate the reporting and referral process.

3. **When to start using this form?**
   This form should be implemented as soon as possible and no later than March 1, 2019. If your clinic or provider site decides to use an alternate method of referral (PM160 or information from your medical record) as allowed by the CHDP state administrative office, *information provided must include all items in the care coordination form or the referral will be returned to you.*

   *Forms must be submitted to the CHDP administrative office within 5 business days of the exam.*

4. **Who can use this form?**
   Any clinic and/or medical personnel providing care to and referring FFS clients (Gateway) except FQHC provider sites.

5. **When do we use or fill out this form?**
   The CHDP Care Coordination/Follow-Up Form replaces the referral for follow-up function of the PM 160 for those children and youth with suspected problems previously reported on the PM 160 with a Follow-Up Code 4, 5 or 6.

   **Follow-Up Codes referred to the following:**

   4. **Diagnosis Pending/Return Visit Scheduled**
      a. A return visit has been scheduled for diagnosis, or
      b. A return visit has been scheduled for diagnosis and treatment, or
      c. A return visit has been scheduled for treatment only.

   5. **Referred to Another Examiner for Diagnosis/Treatment**
      a. The patient has been referred to another provider for diagnosis and treatment, or
b. A diagnosis has been made on the day of the health assessment and the patient has been referred to another provider for treatment, or
c. A dental problem is suspected.

6. Referral Refused
The patient or the responsible person has refused referral or follow-up by examiner for any reason

Lost to follow-up
Additionally, the CHDP Program will provide follow-up assistance, upon request, for any FFS Medi-Cal beneficiary that is at risk of being lost to follow-up where the determination of the need for care resulted from a CHDP preventive health assessment (e.g., a return visit was scheduled to complete immunizations but the patient did not keep the appointment or there was no response to provider follow-up calls and letters).

6. How do we send this form?
Please use confidential fax to send the form to 805-681-4958 within 5 business days of the examination

7. What will happen after the form is faxed?
The CHDP Local Program will initiate follow-up within 2 business days and complete follow-up within 60 days. Update will be provided to the reporting physician or medical office at 30 days and/or when follow-up is complete.

8. How does this form relate to the Information Only PM 160 (brown form)?
As explained in item 2 above, the new CHDP Care Coordination / Follow-Up Form replaces the reporting component of the PM 160.

9. Do we still need to fill out and fax this form even though we are using the Information Only PM160 Form?
If your clinic or provider site decides to use an alternate method of referral such as the Information Only PM160 as allowed by the CHDP state administrative office, information provided must include all items in the new care coordination form or the referral will be returned to you.

10. Is this a Billing Form?
NO, this is not a billing form. It is a request form for follow-up and care coordination. The billing component of the CHDP PM 160 was replaced by the CMS 1500 form. FQHC, RHC and Indian health services will continue to bill using the UB-04 claim.

11. CHDP Billing Questions?
For additional information regarding billing and care coordination activities:
- FQHC, RHC, IHS should contact their federal representative
- Non-FQHC facilities/offices should:
  - For CenCal Health CHDP clients: please contact your CenCal Health provider relations
  - For Non-CenCal clients (state medical, FFS clients): For billing please contact the CHDP transitions Help Desk at 1-800-541-5555 or CHDPTransition@conduent.com; For care coordination, please contact your CHDP PHN at 805-681-5122, or the local CHDP administrative office 805-681-5130
12. Do we use this form for Foster kids?
No, please use the "Health Care Program for Children in Foster Care (HCPCFC) Foster Care Medical (Specialty) Contact Form" which has been developed by the State to address specific reporting and care coordination requirements for all foster children.