

Child Health and Disability Prevention Program Director/Deputy Director Training - Section VI

Provider Network

ELIGIBILITY

Provider Enrollment

- ❑ Health care providers wishing to enroll as a provider with the CHDP Program must complete an application (DHCS 4490) and be approved by the local CHDP Program in order to bill the CHDP Program for CHDP services.
- ❑ Laboratories must use the CHDP Laboratory Provider Application (DHCS 4502)

Provider Eligibility Requirements

Full details of the CHDP provider eligibility requirements are found in the Local Program Guidance Manual. In summary, the following Medi-Cal enrolled providers are eligible to participate in the CHDP program as health assessment providers:

- ❑ Physician/Doctor of Osteopathy who is a board certified or board eligible pediatrician or family practitioner
 - ❑ Board certified or board eligible Internist to serve children 14 years and older
 - ❑ Independent pediatric nurse practitioner
 - ❑ Independent family nurse practitioner
 - ❑ Medical groups that employ physicians who meet the requirements
 - ❑ Health clinics that employ physicians who meet the requirements
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PROVIDER TYPES



Comprehensive Care Providers

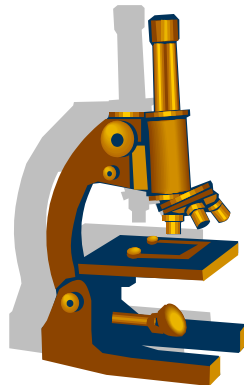
- ❑ Provides all preventive health assessment services as outlined in the CHDP Program Health Assessment Guidelines
 - ❑ Is responsible for the overall follow-up and medical case management for a child initially evaluated through the CHDP Program by initiating diagnosis, treatment, and follow-up for discovered or suspected conditions identified during the health assessment and referring to specialty care when appropriate
 - ❑ Provides family and/or patient with written summary of findings
 - ❑ Is available as the source for primary medical care, serving as a medical home, on an ongoing basis for medical services
 - ❑ Assures the availability of medical services after usual and customary office hours
 - ❑ Maintains records for each child receiving a CHDP health assessment
 - ❑ Comprehensive Care providers apply to the local CHDP Program in each local jurisdiction in which they wish to render services
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Health Assessment Only Providers

- ❑ Provides all preventive health assessment services as outlined in the CHDP Program Health Assessment Guidelines
 - ❑ Documents in the child's record the referral for discovered or suspected conditions identified during the health assessment needing definitive diagnosis, treatment, and follow-up services
 - ❑ Provides families and/or patient with written summary of findings
 - ❑ Provides referral/follow-up report form to families and/or patient to be given to the provider(s) to whom the child has been referred for follow-up care showing the reason for referral
 - ❑ Maintains records for each child receiving a CHDP health assessment
 - ❑ Different fee schedules have been established for Health Assessment Providers because they do not provide ongoing coordinated care to CHDP-eligible children
 - ❑ Health Assessment providers apply to the local CHDP Program in each local jurisdiction in which they wish to render services
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CHDP Laboratory Providers

- ❑ Laboratory providers wishing to enroll as a provider with the CHDP Program must complete an application (DHCS 4502) and be approved by the Department of Health Care Services – Systems of Care Division in order to bill the CHDP Program for CHDP services.



Two Types of Clinical Laboratories

Clinical Laboratory

- ❑ Be licensed or registered by the Department of Public Health pursuant to the Business and Professions Code, Section 1265
- ❑ Hold the appropriate certification or approval under Clinical Laboratory Improvement Amendments (CLIA) for the level of testing done in the laboratory

Clinical Laboratory with Blood Lead Proficiency

- ❑ Licensed or registered by the Department of Public Health pursuant to the Business and Professions Code, Section 1265
 - ❑ Certified or approved under CLIA for non-waived testing and for subspecialty toxicology, analyze blood lead
 - ❑ Enrolled in, and qualified as proficient in blood lead level analysis by, the California Blood Lead Proficiency Assurance Program administered by Department of Public Health
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More Information about Laboratory Providers



California Department of Public Health CDPH

This site California

[Services](#) [Health Information](#) [Certificates & Licenses](#) [Publications & Forms](#) [Data](#)

Home > Programs > [Biochemistry Section, Environmental Health Laboratory Branch](#)

Biochemistry Section, Environmental Health Laboratory Branch

The Biochemistry Section of the [Environmental Health Laboratory Branch \(EHLB\)](#) provides environmental and clinical analytical services, and leadership in the development of laboratory methods. The Section is a partner in the [California Environmental Contaminant Biomonitoring Program](#), and provides technical assistance and advice to the California Childhood Lead Poisoning Prevention Branch. The laboratory also serves as a reference laboratory for public health agencies and as a referee laboratory for determining levels of analytes in reference and proficiency materials for biological testing.

The Section maintains a [list \(PDF\)](#) of laboratories proficient in blood lead analysis (for reimbursement by the [California Child Health and Disability Program](#)) and a [list \(PDF\)](#) of laboratories approved to perform cholinesterase testing for occupational health surveillance.

Organization	Program Information
<ul style="list-style-type: none"> » Biomonitoring » Lead Poisoning Prevention Unit (LPPU) » Special Projects (Cholinesterase Laboratories) » California Blood Lead Proficiency Assurance Program 	<ul style="list-style-type: none"> » Biochemistry Section Contact Information » About the Biochemistry Section » Accreditations & Certifications

Resources

- » Biomonitoring at Environmental Health Investigative Branch
- » Biomonitoring at Centers for Disease Control and Prevention
- » Department of Health and Human Services: Agency for Toxic Substances and Disease Registry
- » Centers for Disease Control and Prevention: Lead Poisoning Prevention Program
- » Environmental Protection Agency: Lead in Paint, Dust, and Soil

To find out more, refer to [Biochemistry Section, Environmental Health Laboratory Branch](#) or call (510) 620-2800.

FQHC, RHC, and IHS

Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), and Indian Health Service (IHS) are paid an all-inclusive rate per visit for all clinic visits for 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 ([CHDP Program Letter 04-14](#)).

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 this reason, a partial or a screening procedure recheck may not be billed separately to the Medi-Cal fee-for-service program.

Billing partial screens or screening procedure rechecks to the CHDP Program would result in an overpayment to the clinic that would be recovered by Audits and Investigations. Although visits to complete CHDP health assessment requirements may not qualify as billable, the visits are to be reported on the appropriate PM 160.

CLIA



Clinical Laboratory Improvement Amendments (CLIA)

- ❑ All clinics/offices performing laboratory testing for assessments of human health or diagnosis, prevention, or treatment of disease must have a current, unrevoked, unsuspended site-specific CLIA certificate, or evidence of renewal.
- ❑ Sites that perform only waived tests must obtain a CLIA Certificate of Waiver.
- ❑ [Current listing of waived tests](#)

[Program Letter 09-02](#) provides information on the CLIA waived status of the Lead Care II blood lead test system, a point of care device for blood lead testing. This program letter explains how the CHDP provider who has obtained lead proficiency seeks reimbursement for CLIA approved blood lead testing conducted in their office. Providers establish proficiency through the Department of Public Health, Environmental Health Laboratory Branch. (See slide #10 for contact information.)

GENERAL PROVIDER RESPONSIBILITIES



Provider Responsibilities

- ❑ All CHDP health assessment providers are required to maintain current CHDP enrollment in each county or local jurisdiction in which they render services. In addition, they must follow CHDP program laws, regulations, guidelines, policies and procedures, as outlined in their CHDP provider agreement.
 - ❑ All CHDP program health assessments must be performed by or under the supervision and responsibility of a physician or by an independent pediatric or family nurse practitioner licensed to practice in California.
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Notification of Changes

- ❑ Providers must submit changes of information to the local CHDP program within 30 days of the change. These changes include:
 - ❑ Change of name or 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
 - ❑ Providers whose status changes from an individual provider to a group, from a group to a clinic, from a clinic to a Federally Qualified Health Center (FQHC), or is no longer a satellite clinic, etc., must notify CHDP after securing the new status.
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DOCUMENTATION

Well-documented medical records facilitate communication and coordination, and promote the efficiency and effectiveness of treatment.

Documentation Criteria

- ❑ Allergies and adverse reactions are prominently noted
 - ❑ Allergies and adverse reactions must be listed in a consistent location in the medical record. If client has no allergies/adverse reactions, “No Known Allergies” (NKA) OR “No Known Drug Allergies” (NKDA) must be documented.
- ❑ Health-related conditions are identified (e.g., problem list)
 - ❑ Chronic conditions include current long-term, on-going problems with slow progress or little progress (e.g., hypertension, depression, diabetes). Documentation can be on a separate problem list or listed in the progress notes.
- ❑ Current continuous medications are listed
 - ❑ The list of current, on-going medications must include medication name, strength, dosage, route, start/stop dates. Documentation can be on a separate problem list or listed in the progress notes.

- ❑ Appropriate consents are present (in record) when appropriate
 - ❑ Written consents must be signed for operative and invasive procedures, all contraceptive methods, human sterilization, and release of medical information. The parent/legal guardian of a minor may sign a written consent form for medical care. Each chart will have a signed and dated consent for treatment. If the client is a minor, a parent or legal guardian will have signed the consent for treatment.

- ❑ Errors are corrected according to legal medical documentation standards
 - ❑ Persons making a documentation error must correct it by drawing a single line through the error, writing “error” above/near the lined-through entry, writing the corrected information, and signing the entry. Erasing and/or use of correction fluid is not acceptable.

- ❑ All entries are signed, co-signed (if applicable), dated and legible
 - ❑ Signature includes the first initial, last name, and title. Stamped signatures are acceptable, but must be authenticated. Methods used to authenticate signatures in electronic medical records are dependent upon computerized system used on site, and must be individually evaluated by reviewers. Date includes the month/day/year. Physicians assistants must have a co-signature by a physician as required by California law.
 - ❑ Copy of pre-enrollment application (DHCS 4073)
 - ❑ Must be filed in medical record along with the Immediate Need Eligibility Document.
 - ❑ It is recommended that a copy of the submission preview also be filed in the medical record.
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REFERRALS

- ❑ Comprehensive Care providers are expected to provide any needed diagnostic and treatment services within their area of expertise for conditions discovered as part of the CHDP health assessment.
 - ❑ For diagnostic and treatment services outside their area of expertise (example dental, vision, cardiology, etc.), the provider is expected to refer the client to an appropriate source of care and to follow-up to ensure that care is obtained.
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- ❑ Health Assessment Only providers are expected to refer the client to another provider for any needed diagnostic and treatment services.
- ❑ Providers may use the CHDP Confidential Referral/Follow-up Form (PM 161) found in the CHDP Provider Manual, Appendix section and on the [CHDP website](#) or another form of their choice.

- ❑ All referrals should be fully documented on the PM 160 in the “Referred To” section, including name and telephone number of provider or agency. Additional comments may be written in the “Comments/Problems” section.

TRAINING OF OFFICE STAFF

- ❑ The accurate completion and documentation of all CHDP health assessment components are the responsibility of the approved CHDP provider.
- ❑ Providers are responsible to ensure that their staff are adequately trained in CHDP program requirements, screening techniques, and medical record and PM160 documentation.

- ❑ Local CHDP programs offer training to new CHDP providers and their staff.
- ❑ Local CHDP programs vary in the method that is used to provide initial training. Some provide training in individual provider offices, others conduct training in groups.
- ❑ Local CHDP programs also provide training on an as-needed basis to address performance issues in a provider's office.

- ❑ Office staff who conduct audiometric and vision screening assessments are required to obtain certification through attendance at training offered by their local CHDP program or the training equivalent.
 - ❑ Local programs can choose to offer additional training at their discretion on topics such as Fluoride Varnish Placement, BMI and Height/Weight Measurements. [Training modules](#) can be found on the CHDP website for some topics.
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GATEWAY PROGRAM

Gateway

- ❑ Providers must have access to the Medi-Cal web site or the POS network. Participation requires the following:
 - ❑ An active provider identification number (PIN)
 - ❑ A POS device or
 - ❑ Internet Access

- ❑ Providers who do not have an active PIN must contact the POS/Internet HelpDesk, at 1-800-427-1295.

- ❑ Providers are also responsible for maintaining supplies of the various forms related to the Gateway process:
 - ❑ Pre-Visit Flyer
 - ❑ CHDP Pre-Enrollment Application (DHCS 4073)
 - ❑ Take Home Flyer
 - ❑ How to apply for health care coverage.

Gateway

User guides are available on the CHDP website. From the CHDP home page, select the Provider Manual under the Provider and Partners heading and scroll down to:

CHDP GATEWAY TRANSACTION USER GUIDES

Internet Transaction:

[CHDP Gateway Internet Step-by-Step User Guide \(2.2 MB\)](#)

POS Device Transaction:

[Device System Transactions: Child Health and Disability Prevention Program Gateway](#)

For more information about the CHDP Program, visit the [CHDP Web site](#).

VACCINES FOR CHILDREN PROGRAM

Vaccines For Children (VFC) Program

The Vaccines for Children (VFC) Program is a program of the Centers for Disease Control and Prevention (CDC) that helps provide vaccines to children whose parents or guardians may not be able to afford them. This helps ensure that all children have a better chance of getting their recommended vaccinations on schedule.

Vaccines available through the VFC Program are those recommended by the [Advisory Committee on Immunization Practices](#).

All CHDP providers are required to maintain participation in the [VFC program](#) in California and be in good standing.

- The VFC program provides free vaccines to providers for eligible children ages birth to 19 years of age.
- The CHDP program reimburses the provider an administration fee for vaccines provided through the VFC program.
- Providers register for VFC at eziz.org.

- ❑ The State VFC program shares the results of their provider audit visits with the local CHDP program.
- ❑ This allows the CHDP program to be aware of problems and follow-up on them during CHDP facility reviews.
- ❑ VFC distributes program letters via e-mail.
- ❑ Contact the VFC program at 877-243-8832
Business hours: 9 a.m. 5 p.m.; Fax: 877-329-9832;
eziz@cdph.ca.gov.
- ❑ The California website for VFC is eziz.org

- ❑ Eziz.org is the “one-stop shop for immunizations training and resources.” Available is:
- ❑ VFC enrollment and recertification
- ❑ Information on the VFC Program
- ❑ EZIZ Trainings
- ❑ Vaccine management, storage, and handling
- ❑ Resources such as forms, immunization materials for patients, job aids
- ❑ Disease Reporting
- ❑ Vaccine Adverse Event Reporting System (VAERS)

ACCESSIBILITY TO LOCAL CHDP PROGRAM STAFF

Accessibility to CHDP Staff

- ❑ CHDP Providers must consent to periodic reviews of their offices by local CHDP program staff for the purposes of completing:
 - ❑ Facility Reviews
 - ❑ Medical Record Reviews
 - ❑ Site Reviews may also be needed for:
 - ❑ Complaint Investigations
 - ❑ Evaluation of Data Reporting
 - ❑ Evaluation of Billing
 - ❑ CHDP Staff may also visit provider offices to provide new information and answer questions.
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