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June 25, 2015

TO: CHDP Providers

FROM: Alan Tomines, M.D., Director
Child Health and Disability Prevention Program

SUBJECT: **CHDP PROVIDER UPDATE #01:15**

I. Notification: Department of Health Care Services (DHCS) System Replacement

The California Medicaid Management Information System (CA-MMIS) processes payments to providers of medical care for the state's Medi-Cal beneficiaries. DHCS is implementing a CA-MMIS replacement system, referred to as CA-MMIS Health Enterprise (HE). The transition from CA-MMIS to CA-MMIS HE will occur over several major software releases in the coming weeks and months, including a change in process for the submission of CHDP claims. This transition is expected to provide full compliance with HIPAA (Health Insurance Portability and Accountability Act) standards for electronic health care code sets and transactions. To stay informed and to minimize service and reimbursement disruptions, providers are encouraged to follow CA-MMIS HE updates and news on the Medi-Cal website. Providers can also subscribe to the Medi-Cal Subscription Service (MCSS) to receive up-to-the-minute notifications related to CA-MMIS HE by completing the MCSS Subscriber Form on the Medi-Cal website. Click [here](#) to subscribe.

II. Notification: Recent Medi-Cal News Flashes

June 22, 2015: CA-MMIS Health Enterprise: Specialty Programs Beneficiary Enrollment Update, click [here](#) for details.

June 16, 2015: State Budget Reimbursement Contingency, click [here](#) for details.

June 4, 2015: Fiscal Year 2014 – 2015 Checkwrite Hold for Specific Provider Payments, click [here](#) for details.

June 4, 2015: Update: June 2015 Medi-Cal Webinars, click [here](#) for details.

June 4, 2015: Medi-Cal Checkwrite Schedule Update for Fiscal Year 2015 – 2016, click [here](#) for details.

May 15, 2015: CA-MMIS Health Enterprise: Beneficiary Enrollment in Specialty Programs, click [here](#) for details.

April 30, 2015: July 2015 Medi-Cal Webinars, click [here](#) for details.

April 23, 2015: New Guidelines for Use of Psychotropic Medication with Foster Children, click [here](#) for details.

April 6, 2015: June 2015 Medi-Cal Webinars, click [here](#) for details.

April 6, 2015: New POS Device VeriFone VX 520 Replacing Omni 3300 Beginning April 2015, click [here](#) for details.

April 3, 2015: CA-MMIS Health Enterprise System Release 2: CHDP Provider Update, click [here](#) for details.

April 1, 2015: New Family PACT and CHDP Sections for VeriFone VX 520 POS Device User Guide, click [here](#) for details.

March 30, 2015: CHDP Gateway User Guide Updated to Remove Healthy Families, click [here](#) for details.

III. Notification: CHDP Gateway to Health Coverage Bulletins

June 2015, Bulletin 128, click [here](#) for details.

May 2015, Bulletin 127, click [here](#) for details.

April 2015, Bulletin 126, click [here](#) for details.

Archived Bulletins, click [here](#) for details.

IV. CHDP Provider Information Notices (PIN) No. 15-01

CHDP PIN No. 15-01 provides information about the CHDP Program transition to the use of the CMS (Children's Medical Services) 1500, the ACS X12N 837P electronic transaction, and the use of national CPT-4 codes. Click [here](#) for details.

CHDP PIN No. 14-02 includes updated recommendations regarding use of a consistent approach to the Pre-participation Physical Evaluation History and Pre-participation Physical Examination (PPE). The information has been added to the Additional Assessment Components section of the Health Assessment Guidelines (HAG) Section 508. Click [here](#) for details.

CHDP PIN No. 14-01 notifies providers of an updated CHDP Program training module, "Using Body Mass Index (BMI) -for-Age Growth Charts for the CHDP Well-Child Exam." Click [here](#) for details.

V. Notification: The Use of Psychotropic Medication for Children and Youth in Foster Care

The California Department of Health Care Services and Department of Social Services have released guidelines for the use of psychotropic medication for children and youth in foster care. These guidelines are focused on approaches to treatment that address the root causes that may contribute to a child's emotional, cognitive, and/or behavioral dysregulation, and the monitoring of symptoms and psychosocial functioning to evaluate the effectiveness of the interventions (please click [here](#) for the guideline document). Although specifically developed for children and youth in foster care, these guidelines for evaluation and treatment may also be appropriate to consider for all CHDP clients. Los Angeles County CHDP is currently developing a list of mental health resources and referrals in the community to support all CHDP clients, including those children and youth in foster care. We will send a separate e-mail notification when these updated resources are posted on the Los Angeles County CHDP website.

VI. Notification: Specialty Referrals to the Los Angeles County Department of Health Services

In the past, we have encouraged CHDP providers to refer any uninsured patients who require specialty care to the Los Angeles County Department of Health Services (LAC DHS), by submitting copies of the PM160 and PM161 forms to a designated LAC DHS facility. Please note that LAC DHS has recently made changes to its referral process for uninsured patients. LAC DHS has invited us to share their new Specialty Care Referral Procedure (which we have included as an attachment to this Provider Update for your convenience), including the following recommendations:

- 1) If your practice is an LAC DHS-contracted entity and you have access to the eConsult system, please consider initiating your specialty care requests electronically using eConsult.
- 2) If your practice does not have access to their eConsult system, LAC DHS recommends the following:
 - a) All emergent/urgent needs should be addressed in whatever manner the treating provider deems appropriate. This may involve emergency services at the nearest facility.
 - b) Patients with health insurance should receive specialty care services according to the provider network made available by their insurance coverage.

- c) If the patient has no insurance, but the patient's provider is part of a healthcare delivery system that has the ability to care for uninsured patients, this is an option that should be considered.
- d) If the patient is uninsured and desires an evaluation at an LAC DHS facility, the patient can be seen at an LAC DHS urgent care facility (as listed on page 3 of the LAC DHS Specialty Care Referral Procedure attachment)--LAC DHS will not accept requests made by mail, fax, or phone. If referring a patient to LAC DHS urgent care, the practice should complete the LAC DHS "Request to Evaluate for Specialty Care" form (page 4 of the LAC DHS Specialty Care Referral Procedure attachment). Keep the original of the LAC DHS "Request to Evaluate for Specialty Care" form in the patient's medical record, and send a copy of the form with the patient to the LAC DHS urgent care facility. LAC DHS staff will determine if a specialty consult is needed and, if so, their staff will work with the patient to assist with their specialty work-up.
 - i) **IMPORTANT NOTE:** The patient (or patient's family) will go through LAC DHS financial screening prior to being seen. LAC DHS recommends that the patient (or patient's family) should bring the following documents: a current California Driver's License or government issued ID (e.g., Matricula Consular ID, passport, or military ID), Social Security Card (if applicable), proof of address, and proof of income.

If you choose to refer a patient to an LAC DHS facility for specialty care, we encourage you to follow-up with the patient's family to ensure that action has been taken, as LAC DHS has made no assurance that they will contact your practice with an update on the patient's referral.

If you are referring a patient for specialty care **outside of the LAC DHS network**, please remind the family to bring their child's Immediate Need document or Benefits Identification Card (BIC)—when available—to the physician's office. Please keep a copy of any additional referral documentation that you send to the specialty care provider in the patient's medical record.

VII. Notification: Vaccine Information Statements (VIS)

In 2015, the following Vaccine Information Statements are either new or have been updated:

- Hib (Haemophilus Influenzae type b) (4/2/15) UPDATED
- HPV - Gardasil-9 (4/15/15) [Interim] NEW
- Pneumococcal Polysaccharide (PPSV23) (4/24/15) UPDATED
- Rotavirus (4/15/15) UPDATED
- Tdap (Tetanus, Diphtheria, Pertussis) (2/24/15) UPDATED
- Td (Tetanus, Diphtheria) (2/24/15) UPDATED

Click [here](#) for the Centers for Disease Control and Prevention's (CDC) up to date listing of Vaccine Information Statements.

VIII. Notification: 2015 SPRING IMMUNIZATION UPDATE

On February 25, 2015, the Advisory Committee on Immunization Practices (ACIP) released the Recommended Immunization Schedules for Persons Aged 0 through 18 years and Adults 19 Years and Older. The 2015 Recommended Immunization Schedule for Persons 0 through 18 Years of Age does not contain new vaccine recommendations for this age group. However revisions have been made to clarify recommendations for some vaccines (which we have included as an attachment to this Provider Update for your convenience).

IX. Notification: Women, Infants, and Children (WIC) Update

Effective September 29, 2014, women and children age 2 and over are able to buy only 1% low-fat milk and nonfat milk with their WIC checks. WIC no longer provides 2% reduced fat milk as a standard milk. Click [here](#) for details.

X. Notification: Helping Medical Providers with Nutrition and Growth Assessment flyer

The CHDP Program flyer, "Helping Medical Providers with Nutrition and Growth Assessment" is available on the CHDP website. This flyer provides information describing nutrition-related training modules and education materials available on the DHCS CHDP Program website as well as the internet addresses where these items may be viewed and downloaded free of charge. Click [here](#) for details.

XI. Notification: Audiometric Screening Training (AST)

Los Angeles County CHDP is currently revising the Audiometric Screening Training (AST) offered to CHDP providers. In addition to Conditioned Play Audiometry techniques suited for screening toddlers and preschool-aged children, the revised training will include training in traditional pure-tone audiometric techniques that are suitable for school-aged children and adolescents. Trainings are expected to resume this fall. Registrants are being placed on a waiting list and will be scheduled once the trainings resume. Please contact your Los Angeles County CHDP Regional Office for additional information on how to register for AST, or to check the status of a previously-submitted AST request.

XII. Annual Notice: Provider Changes

Providers are required to report any changes in provider information to the local program (per the guidance in the Provider Enrollment section of the CHDP Provider Manual, 2003). Changes must be in writing and submitted within 30 calendar days. These changes include:

- Provider Applicant
- 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 clinicians

The CHDP Program verifies the address where CHDP services are provided corresponds exactly to information provided by Medi-Cal. Providers planning to relocate the service address are encouraged to update the Medi-Cal program in advance. Failure to update provider information with the Medi-Cal program and provide written notification of changes in provider information to the CHDP Program within 30 calendar days may be subject to disenrollment.

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