

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814
(916) 322-4780



November 28, 1978

DSS All County Letter #78-51
CHDP Program Letter #78-27

To: All County Welfare Directors

All Community Child Health and Disability Prevention
Program Directors and Deputy Directors

Subject: Prepaid Health Plan Reporting Procedures for
Child Health and Disability Prevention Services

Prepaid Health Plans (PHPs) that contract with the California State Department of Health Services to provide health care to Medi-Cal beneficiaries (see Attachment 1) must provide all required Child Health and Disability Prevention (CHDP) services to eligible enrollees as a part of their contract.

A simplified procedure for reporting CHDP services rendered by PHPs has been approved by Region IX HEW staff. Attachment 2 is a draft of a letter which has been mailed to PHPs in November clarifying the change and including the approved reporting format. We anticipate this reporting system will be implemented by January 1, 1979.

The completion and submittal by PHPs of a CONFIDENTIAL SCREENING AND BILLING REPORT (PM 160) for persons who have received CHDP screening services is no longer required. PHPs can now submit monthly, aggregate statistical reports of the number of eligible persons screened. PHPs will be required to maintain audit trails and all necessary medical record material to support the monthly report. This change in reporting requirements for PHPs is being implemented to more adequately reflect the extent to which CHDP health screening services are provided to eligible persons enrolled in PHPs.

Each PHP which contracts with the California State Department of Health Services will designate a liaison. We ask that each county CHDP program and each county welfare department that has such a PHP in their county, or that has such PHP enrollees residing in their county, designate a liaison person to work with the local PHP appointed liaison. (Welfare departments in counties who have such PHP enrollees residing in their county receive monthly PHP status history lists from the state Medi-Cal program.) The county welfare department should forward the name of their designated liaison to their Social Services regional consultant. The county CHDP program should forward the name of their designated liaison to their CHDP regional consultant. The CHDP/Social Services regional consultants will forward these names to the California State Department of Health Services, Prepaid Health Plans Section. In turn, the PHP Section will forward a list of local PHP liaison staff to the regional consultants for distribution to the appropriate counties.

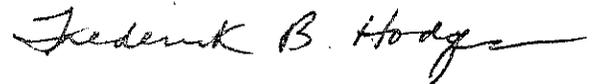
November 28, 1978

Regional and Headquarters staff from the CHDP Branch, the PHP Section, and the Family and Children's Services Branch will be meeting with liaison staff and other county health and welfare personnel to further clarify responsibilities so that appropriate procedures for the inter-relations between local PHPs and the local CHDP program can be developed.

If you have any questions, please contact your regional CHDP or Social Services consultant staff.



James H. Gomez
Deputy Director
Adult and Family Services



Frederick B. Hodges, M.D., Chief
Child Health and Disability
Prevention Branch
California State Department of
Health Services

Attachments

PHP CONTRACTS
DEPARTMENT OF HEALTH SERVICES

Effective 10-1-78 Page 1 of 2

PHP Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum Enrollment	Current Enrollment	Capitation	Area	Contractor	Principal Contact
				OAS	AFDC						
<u>ALAMEDA COUNTY (01)</u>											
Northern California Institute for Medical Care, Inc. (Rockridge) (76-57293)	63	3-1-77	10-31-78	OAS 46.50 ATD 101.41	AFDC 35.38 AB 77.99	10,000	7,045	293,225	Alameda Co.	Mike Ferguson,	Dirk DeLange 415/653-9930
Total County Public Assistance Eligible, June 1976:				108,983							
Subtotal						10,000	7,045	293,225			
<u>CONTRA COSTA COUNTY (07)</u>											
Contra Costa (76-56983)	45	1-1-77	12-31-78	OAS 46.50 ATD 84.49	AFDC 35.80 AB 77.99	20,000	4,799	234,527	Contra Costa County	County Supervisors	D. J. Ludwig 415/372-4241
Total County Public Assistance Eligible, June 1976:				50,338							
Subtotal						20,000	4,799	234,527			
<u>LOS ANGELES COUNTY (19)</u>											
California Medical Group Health Plan (76-57288)	2	3-1-77	9-30-78	OAS 46.50 ATD 101.41	AFDC 35.09 AB 77.99	120,000*	50,388	2,069,661	L.A. Co.	Elliot Wolf	Davina Lane 213/553-6555
So. L.A. Community Health Plan (76-57109)	22	2-1-77	12-31-78	OAS 46.50 ATD 101.41	AFDC 33.92 AB 77.99	15,000	6,279	227,728	So. W. L.A.	Larry Pipes	Betsy Rose 213/299-9471
Kaiser (77-59188)	28	8-1-77	12-31-78	OAS 43.55 ATD 98.46	AFDC 32.92 AB 75.04	13,000*	6,013	244,870	L.A. Co.	Carl Berner	Beverly Stepher 213/667-8510
Maxi-Care (76-57106)	31	2-1-77	11-30-78	OAS 46.50 ATD 101.41	AFDC 35.89 AB 77.99	15,000	1,689	68,966	L.A. Co. Hawthorne Torrance, Culver City	Woodrow Miller, M.D.	Pam Anderson 213/679-9037
Watts Health Plan (76-57294)	32	3-1-77	11-30-78	OAS 46.50 ATD 101.41	AFDC 32.78 AB 77.99	16,000	12,416	444,685	L.A. Co. Watts, Hawthorne	Clifton A. Cole	Clyde Oden, O.D. 213/564-4331
Family Health Services, Inc. (76-57358)	33	4-1-77	10-31-78	OAS 46.50 ATD 101.41	AFDC 34.35 AB 77.99	16,000	6,605	244,351	Pomona	Robert W. Dukes, M.D.	Garry Gibson 714/623-0641
HMO Concepts, Inc. (76-57292)	82	3-1-77	9-30-78	OAS 46.50 ATD 101.41	AFDC 35.66 AB 77.99	See PL #56	52	1,920	L.A. Co.	Alfred Caruso, M.D.	Henry Shultz 714/997-9554
Northeast Valley (76-57290)	55	3-1-77	11-30-78	OAS 46.50 ATD 101.41	AFDC 34.60 AB 77.99	10,000	1,900	72,691	San Fernando Valley, L.A.	Louis Garcia	Louis Garcia 213/365-0861
Total County Public Assistance Eligible, June 1976:				826,462							
Subtotal						205,000	85,342	3,374,872			
<u>ORANGE COUNTY (30)</u>											
Kaiser (77-59188)	76	8-1-77	12-31-78	OAS 38.63 ATD 95.46	AFDC 32.92 AB 75.04	See PL #28	52	2,314	Orange Co.	Carl Berner	Beverly Stephen 213/667-8510
California Medical Group Health Plan (76-57288)	23	3-1-77	9-30-78	OAS 41.58 ATD 101.41	AFDC 35.09 AB 77.99	See PL #02	4,228	181,229	Orange Co.	Elliot Wolf	Davina Lane 213/553-6555
Family Health Service (76-57358)	83	4-1-77	10-31-78	OAS 41.58 ATD 101.41	AFDC 34.35 AB 77.99	See PL #33	951	35,575	Orange Co.	Robert W. Dukes, M.D.	Garry Gibson 714/623-0641
HMO Concepts, Inc. (76-57292)	56	3-1-77	9-30-78	OAS 41.58 ATD 101.41	AFDC 35.66 AB 77.99	10,000	5,021	188,609	Orange Co.	Alfred Caruso, M.D.	Henry Shultz 714/997-9554
Total County Public Assistance Eligible, June 1976:				78,174							
Subtotal						10,000	10,200	405,413			

* Total maximum enrollment for this plan in all counties.

PHP CONTRACTS
DEPARTMENT OF HEALTH SERVICES

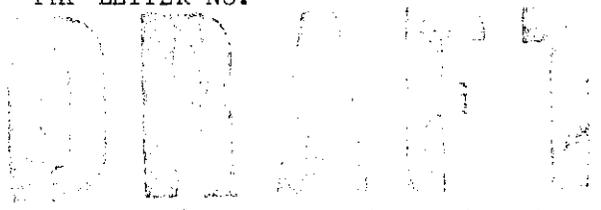
Effective 10-1-78 - Page 2 of

PHP Name and Contract Number	Code No.	Effective Date	Term Date	Rates	Maximum Enrollment	Current Enrollment	Capitation	Area	Contractor	Principal Contact	
<u>RIVERSIDE COUNTY (33)</u>											
Kaiser (75-56010)	77	8-1-76	12-31-78	OAS 36.18 ATD 81.80	AFDC 32.92 AB 75.04	See PL #28	79	3,190	Riverside Co.	Carl Berner	Beverly Steph 213/667-8510
Total County Public Assistance Eligible, June 1976: 63,224											
					Subtotal		79	3,190			
<u>SAN BERNARDINO COUNTY (36)</u>											
California Medical Group Health Plan (76-57288)	24	3-31-77	9-30-78	OAS 41.83 ATD 87.23	AFDC 35.09 AB 77.99	See PL #02	1,239	49,197	San Bernardino Co.	Elliot Wolf	Davina Lane 213/553-6555
Family Health Services (76-57358)	60	4-1-77	10-31-78	OAS 41.83 ATD 87.23	AFDC 34.35 AB 77.94	See PL #33	1,784	65,612	San Bernardino Co.	Robert W. Dukes, M.D.	Garry Gibson 714/623-0641
Kaiser (77-59183)	78	8-1-77	12-31-78	OAS 38.88 ATD 84.28	AFDC 32.92 AB 75.04	See PL #28	2,298	91,065	San Bernardino Co.	Carl Berner	Beverly Steph 213/667-8510
Total County Public Assistance Eligible, June 1976: 82,112											
					Subtotal		5,321	205,874			
<u>SAN DIEGO COUNTY (37)</u>											
Southern Calif. Health Foundation (76-57291)	47	3-1-77	9-30-78	OAS 41.03 ATD 101.41	AFDC 34.06 AB 77.99	10,000	6,204	229,412	San Diego	Edwin Reiner, M.D.	Max Reiner 714/263-8111
Kaiser (77-59183)	79	8-1-77	12-31-78	OAS 38.08 ATD 98.46	AFDC 32.92 AB 75.04	See PL #28	411	15,559	San Diego Co.	Carl Berner	Beverly Steph 213/667-8510
Total County Public Assistance Eligible, June 1976: 123,219											
					Subtotal	10,000	6,615	244,971			
<u>SANTA CLARA COUNTY (43)</u>											
Family Health Foundation of Alviso, Inc. (75-54175)	13	4-1-77	9-30-78	OAS 40.29 ATD 100.78	AFDC 34.83 AB 77.99	8,000	2,991	107,702	San Jose	Roy Jimenez	Rene Cardona 408/262-7944
Health Alliance of Northern California, Inc. (76-57289)	68	3-1-77	2-28-79	OAS 40.29 ATD 100.78	AFDC 34.06 AB 77.99	5,000	541	21,305	San Jose	William Bell	Sam Wein 408/249-7900
Total County Public Assistance Eligible, June 1976: 95,852											
					Subtotal	13,000	3,532	129,007			
Grand Total Public Assistance Eligible for Above Counties June 1976: 1,549,942											
					Total		122,933	4,891,079			

FIFTH DRAFT
MS/sje
10/25/78

Attachment II

PHP LETTER No.



TO: All Prepaid Health Plans
SUBJECT: CHDP/EPSDT Procedures for PHPs

The purpose of this letter is to clarify changes in CHDP/EPSDT procedures for the health plans.

BACKGROUND

PHP Letter No. 44 of May 2, 1975 and IMS Letter No. 4 of August 14, 1975 speak to the basic agreements for the provision of CHDP services to enrollees up to age 21. They also outline the reporting requirements ancillary to these services.

CHDP Branch reports receipt of 945 Confidential Screening and Billing Forms (PM 160's) from the PHPs from July 1, 1977 through March 31, 1978. This figure represents a 1.2% penetration rate for the health plans' target population. For the same time period, the fee-for-service CHDP Program achieved a 10% penetration rate of their target population.

In view of the fact that approximately 70% of our statewide enrollment are individuals 21 years and under, CHDP services must be of the highest priority to this program.

It has been my belief that the submittal of the PM 160's does not reflect the total CHDP screening and follow-up activities which have been ongoing in the PHPs. Additionally, I realize that the PM 160 is the billing form for fee-for-service, CHDP providers. This has given them an incentive to complete and submit the PM 160 which is not operative for the health plans.

In view of the above, my staff has met with CHDP staff and the following changes to the processing of CHEP reports have been agreed to:

FIFTH DRAFT

MS/sje

10/25/78

-2-

REPORTING PROCEDURES

Plans will no longer be required to complete and submit the PM 160 on each enrollee receiving CHDP services. Instead, PHP reporting will consist of the monthly, aggregate statistics on the number of screens completed in the format specified in Attachment I. It is important that this format be followed exactly and each portion fully completed as it represents the minimum information required by the Federal government to be submitted on a monthly basis. CHDP staff will create one statewide monthly summary report to be sent to DHEW based on your reports.

A year's supply of the reporting form is attached (Attachment A). Forms should be sent to:

Department of Health Services
Child Health and Disability Prevention Program
Data Management and Evaluation Unit
714 "P" Street, Room 300
Sacramento, CA 95814

A copy of the report should be mailed to the local CHDP Program as well (see Attachment C). Any questions regarding completion of this form should be directed to Anthony Oreglia, CHDP Section at (916) 322-8041.

Your report should be received by CHDP staff by the end of the month following the report month and should include the sum of all reports received by the PHP during the report month. DHEW has given permission for the Health Plans to report the month they receive data on the number of screens completed rather than the service month. For example, a CHDP service completed June 15 is reported to the PHP in August. The plan would then include this service as a part of their August report which would have to be received by CHDP staff by the end of September. As a condition of this waiver, DHEW must be assured that the plans are reporting CHDP screens only once; that is, children screened in previous months were not included in prior reports to them. Therefore, the internal PHP audit trail system will have to assure that duplicate reporting for individual screens does not occur.

DRAFTVERIFICATION BY AUDIT

Representatives from DHEW and CHDP agreed to this aggregate reporting for the PHPs only if the plans maintained audit trails for tracking the individuals who have been reported as being screened and referred for further medical services. DHEW staff (as well as representatives from the Department) will be auditing the CHDP/EPST activities which have been reported to them. Any instances of (1) failure to provide the requisite services, or of (2) questionable reporting practices can lead to financial judgments against the State, and findings of noncompliance against the PHPs. Therefore, it is very important that the plan be able to produce in a timely fashion the names and medical records for each enrollee represented by the aggregate reports.

SCREENING RESULTS

California State law requires that the parent, guardian, or the emancipated minor be given a copy of the results of the CHDP screen and that these results be explained to them. Current CHDP regulations state: "Screening providers shall provide the child, parent, or guardian with a copy of the results of screening tests, an explanation of the meaning of the results, shall interpret the need for follow-up and shall emphasize the significance of the test results to the child's health as soon as possible after completion of the screening evaluation. Such notification and discussion of screening test results, unless provided by a licensed or certified practitioner of the healing arts, shall be free of diagnostic statements or suggestions that the child needs any particular treatment." California Administrative Code, Title 17, Part I, Chapter 4, Article 8, Section 6920(d). Currently, one copy of the PM 160 is reserved to meet the requirements of this regulation.

The change to monthly aggregate reporting will not relieve the health plans from the above requirements of the law or the regulations. Therefore, a form has been designed to fill this purpose as well as two others: (1) Appointment scheduling for further diagnostic or treatment services indicated by the CHDP screen results; and

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(2) Assistance in completion of the monthly statistical report (see Attachment B). One copy of this form must be given to the parent, guardian, or the minor enrollee. A second copy should be kept in the patient's chart as proof required information was given.

If a health plan feels they can provide the same level of information contained in the attached parent information form through a form of their own, a written proposal should be sent to:

Department of Health Services
PHP Section
Operations Support Unit
714 "P" Street, Room 1540
Sacramento, CA 95814

The proposal will then be referred to CHDP Section for their review and approval. The Health Check-Up Information Form can be ordered by writing to the Operations Support Unit as well. Please indicate the number of forms required and the name, full street address, and zip code of the receiving party.

FOLLOW-UP REQUIREMENTS

The change to aggregate reporting will have one further impact. Responsibility for all required follow-up activity to the CHDP screen will fall to the PHPs. Neither the County Welfare Departments nor the County CHDP Program will have the information to accomplish this. Such responsibility has always been a part of the PHPs contractual obligations, but I realize some of the plans have relied upon these other resources to assist in cases of missed appointments, etc. Plan procedures now must reflect this total responsibility once again.

EPSDT/Social Service staff of the County Welfare or Health Departments will make available social and supportive services to PHP enrollees in the same manner as these are available to other Medi-Cal eligible individuals. For example, if a child has been diagnosed to have a serious condition which requires further medical treatment, but the parents are unable to follow through on appointments due to their lack of understanding or to their denial of the gravity of the need, it would be appropriate for the PHP to refer the family for social services, either through the EPSDT unit

or the social services division of the Welfare Department, in accordance with the County's local procedure.

An enrollee who has been scheduled for, or who has begun, the CHDP screening process may disenroll or become ineligible for the PHP prior to the completion of CHDP and related diagnostic and treatment services. The Plan must notify the local CHDP Program that such disruption in care has occurred. This notification should include the enrollee's name, Medi-Cal number, last known address, and should indicate whether screening was completed or not and whether further services are needed, as well as the month ineligibility or disenrollment became effective. The notification must be sent in such a manner that the PHP will have documentation that notification was made and received by the local CHDP Program. Documentation of this referral to and receipt by the County must be kept by the PHPs for review in future Federal and State audits. A list of the local CHDP Programs is attached (see Attachment C).

At the time of eligibility redetermination, the Welfare Department will inform Medi-Cal beneficiaries of CHDP services. County Health or Welfare Departments will be instructed that (1) if a beneficiary indicates a desire for CHDP services, and (2) if the individual is a member of a PHP, a referral should be made directly to the PHP for appropriate action. The written referral from the County will include the name, address, phone number, and Medi-Cal number of the enrollee(s) requesting service and will be mailed to the designated PHP liaison person. The request must then be handled as if the enrollee had made the request for CHDP services directly to the Health Plan. If it is found that the request is for an ineligible or disenrolled enrollee, this referral should be sent on to the local CHDP Program for their action.

CHDP LIAISON

To increase communication and coordination while implementing these new procedures, please indicate a CHDP liaison person from your health plan for each county you serve. You may use one designee for more than one county if this is feasible, based on work load and accessibility to County Health and Welfare personnel.

FIFTH DRAFT

MS/sje

10/25/78

-6-

It would be most helpful if I could have the name by (15 days from the date of the letter). This person's name will also be given to the CHDP Program staff and County Welfare/Health Department staff who require direct communication with the plans. A list of designated County Welfare and County Health Department CHDP liaison staff will be mailed to you as soon as this information is available. It is recommended that a meeting be held between PHP staff and the designated County liaison personnel to encourage mutual efforts during the implementation period. PHP and CHDP Sections and Department of Social Services staff will try to be available for these initial meetings if you feel this would be helpful.

I have attached the current CHDP regulations, including periodicity table, showing the medical services which must be offered to enrollees on an ongoing basis between birth and 21 years of age (see Attachment D). CHDP Section will be issuing new regulations in the near future. A copy of these will be sent to you as soon as they are available.

If you have any questions, please feel free to contact me, or your contract manager.

Sincerely,

John Larrea, Chief
Alternative Health Systems Branch

Attachments

**MONTHLY STATISTICAL REPORT ON
NUMBER OF INDIVIDUALS RECEIVING EARLY AND PERIODIC SCREENING SERVICES**

PHP Name: _____ Project No: _____ Report for Month of: _____ 19__

ITEM	Age of Children Screened		
	Total (1)	Under Age 6 (2)	Age 6 Through 20 (3)
1. Number of individuals screened during month (sum of 2 & 3).			
2. Number with no referable conditions uncovered or suspected during screening			
3. Number with referable conditions uncovered or suspected during screening (sum of 3a and 3b)			
a. Referred during month for diagnosis and/or treatment			
b. Not referred			
4. Number of individuals screened with:			
a. Visual problems			
b. Hearing problems			
c. Dental problems			
d. Lead poisoning			
e. Inadequate immunizations			
f. Other problems			

Please see instructions on back.

Mail this form by the end of each month following the month of the report to:

A copy of this form should also be sent to the local CHDP Program.

Data Management and Evaluation Section
Child Health and Disability Prevention Branch
Department of Health Services
714 P Street, Room 300
Sacramento, California 95814

INSTRUCTIONS

Item 1. Number of Individuals Screened During Month.

Enter the number of individuals by age group who were screened during the month. Include those children who had been screened in prior months, but were not included in prior reports. Only those individuals who received a **complete** screen should be reported. A complete screen is one in which the child has received the health screening and evaluation services appropriate to his/her age and sex as defined in state regulations. Furthermore, a complete screen must include, unless medically contraindicated or refused by the parent, as assessment of immunization status and initiation at the time of screening of immunizations needed to bring the child up to date for age. Required services may be omitted if deemed medically contraindicated or refused by the child's parent or guardian. A health screen and evaluation which omits required services that are medically contraindicated or refused by the parent is to be counted as a complete screen. If all of the required health screening and evaluation services are not completed at the same time (with the exception of medically contraindicated or refused services), the child should be reported as "screened" only after he/she has received the entire state screening package. The total number of individuals screened will be distributed between those with no referable conditions uncovered or suspected during screening (Item 2) and those with referable conditions (Item 3).

Item 2. Number With No Referable Conditions Uncovered or Suspected During Screening.

Enter the number of individuals by age group who received a complete screen during the month and were found to have no suspected conditions or, if conditions were found, they were already under treatment.

Item 3. Number With Referable Conditions Uncovered or Suspected During Screening.

Enter the number of individuals by age group who received a complete screen during the month and were found to have one or more suspected conditions not already under treatment. The number with referable conditions will be further distributed between those referred during the month for diagnosis and/or treatment (Item 3a) and those not referred (Item 3b). The "referred" group includes those for whom diagnosis and/or treatment is initiated at the time of screening. The "not referred" group includes those who refused referral for diagnosis and/or treatment services.

Item 4. Number of Individuals Screened With Various Problems.

Enter the number of individuals by age group who received a complete screen during the month and were found to have one or more of the conditions specified in Items 4a through 4f.

- e. Inadequate immunizations: When the exam is completed, the child needs further immunizations to bring his status up to date for his current age. (re: American Academy of Pediatrics; *Standards of Child Health Care*, Third Edition, Appendix D).