

PROVIDER UPDATE



Important Information for Providers of CHDP Services to CalOptima Medi-Cal Members

The Department of Health Care Services (DHCS) requires all Medi-Cal fee-for-service (FFS) providers submitting claims for Child Health and Disability Prevention (CHDP) services to bill in compliance with Health Insurance Portability and Accountability Act (HIPAA) using the CMS-1500 form, UB-04 form or electronic equivalent. This requirement will apply to all providers rendering CHDP services to CalOptima Medi-Cal members. The financial responsibility for payment of CHDP services will change from CalOptima to the health networks.

What you need to know to prepare for the changes:

- Your health network(s) will be communicating with you regarding provider contracting, claims processes, procedures, and testing (for electronic submissions).
- Reimbursement arrangement may vary by health network(s), as some health networks may include this in your capitation payment.

What you need to do to prepare for the changes:

- Verify member eligibility at the time of service to determine proper submission of the health network the claim.
- Submit claims to the member's assigned health network using the CMS 1500 form for dates of service on or after July 1, 2018.

Please note: the two-digit procedure codes previously used to bill CHDP services are discontinued and replaced by the national Current Procedural Terminology (CPT) and/or Healthcare Common Procedure Coding System (HCPCS) procedure codes and modifiers that comply with HIPAA requirements.

For information regarding CHDP claim submissions for CalOptima Direct/Community Network, contact CalOptima Provider Relations at **714-246-8600**.

