

CHDP Care Coordination/ Follow-Up Form

The PM 160 claim form has been replaced by the HIPAA compliant form CMS 1500, UB-04, or their electronic equivalents (837 P/I). The CMS 1500, UB-04, or the 837 P/I are not to be submitted to local county CHDP programs.

These forms do not permit the recording of sufficient health information to enable local CHDP programs to provide follow-up assistance to children/youth receiving FFS well child health assessments.

As specified in Health and Safety (H & S) Code 124040 (a)(4) local county CHDP programs and CHDP providers are responsible for "referral for diagnosis or treatment when needed" and for the "methods for assuring referral is carried out."

All children served by the CHDP Program and CHDP providers 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)).

Although FFS CHDP providers no longer submit the PM160 claim form to local county CHDP programs, local county CHDP programs will continue to ensure that FFS Medi-Cal beneficiaries receive needed follow-up care.

To ensure a referral for follow-up care is carried out, CHDP providers must continue to report children/youth needing follow-up from the health assessment to the local county CHDP program. To facilitate CHDP follow-up, a new follow-up request form has been developed for use by CHDP providers and local county CHDP programs.

The CHDP Care Coordination/Follow-Up Form, or any alternative approved by the state, replaces the referral for follow-up function of the PM 160 for those children/youth previously reported on the PM 160 with a Follow-Up Code of 4, 5 or 6.

Follow-Up Codes:

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

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., return visit scheduled to complete immunizations but no show and no response to provider follow-up calls and letters).

Please contact our office with any questions at (831) 763-8100.