

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:
COUNTIES:

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

PROVIDER TYPES:
 Medical Group/ IPA/MSO
Primary Care

- IPA/MSO
- Directs

Specialists

- Directs
- IPA

 Hospitals
Ancillary

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

FOR QUESTIONS CALL
PROVIDER SERVICES:

(855) 322-4075, Extension:

Los Angeles/Orange Counties

122233	117079
120104	127657

Riverside/San Bernardino Counties

128010	127709
127684	

Sacramento County

126232	121360
121031	

San Diego County

120056	121588
120630	

Imperial County

125682	120153
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MEDI-CAL CHDP WELLNESS SERVICES BONUS (P4P INCENTIVE PROGRAM)

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding MHC's Medi-Cal Child Health and Disability Prevention Program (CHDP). This is an update to a previous notification regarding the phase out of PM 160 forms for dates of service January 1, 2018 and forward.

REQUIREMENTS

Providers must meet the below requirements in order to participate in MHC's Medi-Cal CHDP program:

1. Providers must be contracted and credentialed with Molina
2. Submit completed and legible Provider P4P Acknowledgement Form
3. Submit completed W-9 form
4. Submit completed P4P Participating Provider Sites
5. Submit copy of DHCS CHDP Certification * (required for LA County Providers serving LA County Medicaid members. CHDP Certification must be dated within the last 3 years)
6. Maintain a minimum enrollment of 200 Los Angeles County Molina Medi-Cal members (required for LA County Providers serving LA County Medicaid members)
7. Required P4P documents must be submitted and approved to participate
8. Receipt of clean, complete and accurate Wellness Services submitted on a claim and/or encounter must be submitted to Molina within sixty (60) calendar days from the date of service
9. Rendering service locations must match the approved locations reported on Participating P4P Provider Site form

REPORTING PERIOD

Effective January 1, 2018, MHC will use the Provider's standard claim and/or encounter submissions to identify services eligible for the CHDP Wellness Service Bonus. If a PCP is contracted with an IPA/Medical Group, the PCP should follow their respective IPA/Medical Group's data submission guidelines. All providers should submit timely claims and/or encounter data through normal and current reporting channels to ensure the receipt of incentive payouts by MHC.

Incentives will be evaluated for a 3 month measurement period and will be payable to the appropriate contracted Provider/Group of the participating PCP. Claims and/or encounter guidelines must be met and maintained in order to receive bonus reimbursement. In the event the guidelines are not followed, Molina has the right to withhold bonus payment.

Submission of Wellness Services that results in duplication, rejection, or errors will not be counted towards calculating the bonus payment. In the event Wellness Services that are submitted on a claim and/or encounter is rejected, all **claims and/or encounter corrections must be resubmitted within sixty (60) calendar days from the date of service** to be eligible for bonus reimbursement. Failure to submit clean, complete and accurate Wellness Services within the required timeframes or failure to meet the guideline requirements will result in ineligibility of bonus reimbursement. Please be aware that Molina has the right to discontinue or modify the bonus program at any time.

Reporting Period	Measurement Period	Payment Date
1st Reporting Period	January 1 – March 31	September 2
2nd Reporting Period	April 1 – June 30	December 2
3rd Reporting Period	July 1 – September 30	March 3
4th Reporting Period	October 1 – December 31	June 2

TIPS FOR SUCCESSFUL SUBMISSION

- Report with the current and valid ICD10, CPT and HCPCS codes with appropriate modifiers, EPSDT qualifiers and NDC
- A Post Office Box address cannot be used for the billing Provider. Valid and complete address must be used.
- MHC recommends scheduled/ frequent submissions of Wellness Services to ensure timely submission.
- All Wellness Services must be submitted timely and meet the specified guideline requirements.
Note: The method of transmission, connectivity and submission of electronic capitated encounters differ from FFS claims.
- Contact the respective Provider Service Representative for detailed information on the appropriate method of submission and requirements

Please refer to the next page for eligible CHDP services and bonus amounts.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075.

ELIGIBLE CHDP SERVICES AND BONUS AMOUNTS

Visit Type, Lab & Vaccines Description	Age Description	Series	CPT	VFC Modifier	LA	Inland, SAC, SD, Imperial
New/Extended History or Physical	Birth - 11 months	by age 1- 2 ,4 ,6, & 9 months	99381		\$25.00	\$25.00
	1-4 years, 11 months	12, 15, 18, 24, 30 months and 3 & 4 years	99382		\$35.00	\$35.00
	5-11 years, 11 months	Yearly	99383		\$35.00	\$35.00
	12-17 years, 11 months	Yearly	99384		\$35.00	\$35.00
	18-20 years, 11 months	Yearly	99385		\$35.00	\$35.00
Routine History or Physical	Birth - 11 months	by age 1- 2 ,4 ,6, & 9 months	99391		\$25.00	\$25.00
	1-4 years, 11 months	12, 15, 18, 24, 30 months and 3 & 4 years	99392		\$35.00	\$35.00
	5-11 years, 11 months	Yearly	99393		\$35.00	\$35.00
	12-17 years, 11 months	Yearly	99394		\$35.00	\$35.00
	18-20 years, 11 months	Yearly	99395		\$35.00	\$35.00
TB Mantoux (Birth thru 20 years 11 months)	Determined by Provider	Periodicity schedule	86580		\$7.50	\$9.00
Lead: Blood Lead	Determined by Provider	Periodicity schedule	83655		\$20.00	\$20.00
Pap Smear	Determined by Provider	Periodicity schedule	88150		\$5.00	\$5.00
Chlamydia Culture + Urine	Determined by Provider	Periodicity schedule	87110		\$5.00	\$5.00
Meningococcal B (Bexsero) Recombinant Protein	10 years thru 18 years, 11 months	2	90620	SL	\$7.50	\$9.00
Meningococcal B (Trumenba) Recombinant Lipoprotein	10 years thru 18 years, 11 months	3	90621	SL	\$7.50	\$9.00
Measles/Mumps/ Rubella (MMR)	12 months thru 18 years, 11 months	3	90707	SL	\$7.50	\$9.00
Polio-Inactivated	2 months thru 18 years, 11 months	5	90713	SL	\$7.50	\$9.00
Hepatitis B, Low-Risk	Birth thru 18 years, 11 months	3	90744	SL	\$7.50	\$9.00
Hepatitis B Higher Dose (Adult)	11 years thru 15 years, 11 months	4	90743	SL	\$7.50	\$9.00
DTaP	2 months thru 6 years, 11 months	6	90700	SL	\$7.50	\$9.00
Varicella, VFC	12 months thru 18 years, 11 months	3	90716	SL	\$7.50	\$9.00

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Please leave provider name and fax number and you will be removed within 30 days.

Influenza, VFC	6 months thru 18 years, 11 months	2	90674	SL	\$7.50	\$9.00
Influenza, Non-VFC	36 months thru 20 years, 11 months	2	90674		\$7.50	\$9.00
Pneumococcal Polysaccharide (23PS)	2 years thru 20 years, 11 months	4	90732		\$7.50	\$9.00
Pneumococcal Polysaccharide (23PS)	2 years thru 18 years, 11 months	2	90732	SL	\$7.50	\$9.00
Td Adult ³	7 years thru 20 years, 11 months	6	90714	SL	\$7.50	\$9.00
DT Pediatric, Non-VFC	2 months thru 6 years, 11 months	6	90702		\$7.50	\$9.00
Hepatitis A, VFC	1 year thru 18 years, 11 months	2	90633	SL	\$7.50	\$9.00
Hepatitis A, Adult, VFC	19-20 years, 11 months	2	90632	SL	\$7.50	\$9.00
DTaP-HepB-IPV Vaccine	2 months thru 6 years, 11 months	3	90723	SL	\$7.50	\$9.00
Meningococcal Conjugate Vaccine (MCV4)	2 years thru 18 years, 11 months	2	90734	SL	\$7.50	\$9.00
FluMist	2 years thru 18 years, 11 months	3	90660	SL	\$7.50	\$9.00
Tdap Booster	7 years thru 18 years, 11 months	1	90715	SL	\$7.50	\$9.00
MMRV VFC	12 months thru 18 years, 11 months	2	90710	SL	\$7.50	\$9.00
Rotavirus, 3 doses, oral	6 weeks thru 32 weeks	3	90680	SL	\$7.50	\$9.00
Quadrivalent Human Papillomavirus (HPV), VFC	9 years thru 18 years, 11 months	3	90649	SL	\$7.50	\$9.00
Influenza Preservative 3 Non-VFC	6 months thru 35 months	2	90655		\$7.50	\$9.00
Rotavirus, 2 doses, oral	6 weeks thru 32 weeks	2	90681	SL	\$7.50	\$9.00
DTaP-Hib-IPV	2 months thru 4 years, 11 months	4	90698	SL	\$7.50	\$9.00
DTaP-IPV	4 years thru 6 years, 11 months	1	90696	SL	\$7.50	\$9.00
Bivalent Human Papillomavirus (HPV2), VFC	9 years thru 18 years, 11 months	3	90650	SL	\$7.50	\$9.00
Bivalent Human Papillomavirus (HPV2), Non-VFC	6 weeks thru 18 years, 11 months	5	90670	SL	\$7.50	\$9.00
Meningococcal/Hib (MenHibrix)	6 weeks through 18 months	4	90644	SL	\$7.50	\$9.00
9-Valent Human Papillomavirus (HPV9)	9 years thru 18 years, 11 months	3	90651	SL	\$7.50	\$9.00

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