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# JUST THE FAX

November 12, 2018 2018

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# THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

#### **COUNTIES:**

- ⋈ Riverside/San Bernardino
- □ Orange
   □

#### **LINES OF BUSINESS:**

- ☐ Molina Medicare
- Options Plus

  Molina Dual Options Cal
  MediConnect Plan
  (Medicare-Medicaid Plan)
- ☐ Molina Marketplace (Covered CA)

## **PROVIDER TYPES:**

# **Primary Care**

- □ Directs

# Specialists

- □ Directs
- $\square$  IPA

# ☐ Hospitals

# Ancillary

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

# FOR QUESTIONS CALL PROVIDER SERVICES:

(855) 322-4075, Extension:

#### Los Angeles/Orange Counties

X111113 X123017 X127657 X120104

## Riverside/San Bernardino Counties

X127684 X128010 X120618

# Sacramento County

x126232 x121360

# San Diego County

x121805 X121401 x127709 X121413

# **Imperial County**

x125682

# PM 160 FORM SUBMISSION UPDATE

This is an advisory notification to Molina Healthcare of California (MHC) network providers for the Child Health and Disability Prevention Program (CHDP) submissions on the reporting information only PM160 forms.

# **Overview**

Per DHCS directive, effective January 1, 2018, Providers are required to report wellness services rendered to Medi-Cal recipients in the standard 837 form.

# **Update**

Molina Healthcare of California will no longer be accepting PM 160 forms via mail or Web Portal effective 1/1/2019. Providers should utilize standard claim and/or encounter submissions to submit CHDP Wellness Services. 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 the CHDP Wellness Services.

## **OUESTIONS**

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