STRATEGIES FOR FINANCIAL SUSTAINABILITY FOR WELLNESS CENTERS TOOLKIT

JUNE 2017

Dear Wellness Center and School Health Center Friends and Colleagues:

School health centers provide invaluable services to underserved populations. However, as we all know, financial sustainability continues to be a challenge. We hope this booklet will help increase billing revenue, update your practices and strengthen your sustainability. We also hope the manual will help school districts and providers that are considering starting a school health center to understand potential sources of revenue for a new center.

This guide is designed to give you tips and best practices on how to develop/improve your billing practices, successfully submit billing claims, and maximize the amount of reimbursement that is available to you.

Given the differences in size, staffing, and scope of services offered at the Wellness Centers and school-based health centers, we understand there is variation in the capacity of clinics to integrate into the health care delivery and billing systems. However, we believe this integration is important to better position school health centers to receive increased reimbursement from health plans for essential services provided to their members. This is especially important in California's complex managed care system. L.A. Care has provided a detailed chapter on working with managed care organizations, including tips and best practices on contracting, billing procedures, and verifying patient insurance status.

Please share these materials with others you think may benefit from this type of resource.

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Executive Director

This project was made possible by Cedars-Sinai

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1. INTRODUCTION

Third-Party Billing for Medical Services: Why Is It Important?

School health centers have grown across California, from a handful in the late-1980s to more than 200 today, and many more are expected to open in the coming years. Despite this growth, sustainable funding remains a challenge. School health centers currently expend considerable effort to obtain a patchwork of funding from local, state and federal sources, in-kind support from schools and other sponsors, private donations and insurance payments. Until recently, school health centers relied heavily on local, state and federal grants and private funding from foundations and hospitals. However, uncertainty of these sources combined with a move toward market-driven health care financing has increasingly led school health centers to rely on reimbursements from third-party payers. Although there are a handful of California school health centers that are able to fund themselves almost entirely through third-party billing, there is a wide range in the amount of revenue centers generate from billing. Reasons for these disparities include:

- Type and volume of services provided
- Number of patients served
- Characteristics of the patients served (e.g., age, insurance status)
- Geographic location and availability of other providers
- Type of Medi-Cal managed care system in the county
- Type of organization running the health center
- Capacity and infrastructure for billing
- Billing policies and procedures

Although there are limitations to the amount of revenue some school health centers can generate through billing, most centers have the potential to increase their third-party billing revenue. This booklet provides information about third-party billing options currently available to school health centers including detailed program information on client eligibility, application procedures, reimbursable services, program administration, and billing tips.

Billing-at-Glance: Options for Wellness Centers and School Health Centers

Third-Party Revenue Sources for Wellness and School Health Centers

Funding Source	What services are covered?	Who can provide the service?	Who can the service be provided to?	What is the billing mechanism?	How well does this work for school health centers?
CHDP	Preventive care including health/developmental history, physical health assessments, immunizations, etc. No referrals. Behavioral health and health ed. Are not covered.	Any Medi-Cal provider who has also been enrolled as a CHDP provider	Children up to 21. Same process as Gateway. At or below 200% federal poverty level. Coverage is within the remainder of the calendar month and the following month.	Billing submitted to state. Single billing form.	The billing process is simple, particularly with the introduction of the Gateway system.
Full-Scope Medi-Cal	Comprehensive	Any Medi-Cal provider or a Medi-Cal Managed Health Plan if enrolled	People enrolled in the Medi-Cal program; U.S. citizenship or legal residency required (which includes asylum)	Billing submitted to State (for fee-for-service) or to a health plan	Unless the school health center is a federally qualified health center (FQHC), reimbursement rates do not cover the true costs of providing care.
My Health LA	Comprehensive, includes lab tests, prescriptions and some hospital care. No behavioral health	Any Medi-Cal provider designated as a community partner	Uninsured and uninsurable people 19 and older who reside in LA County. Must qualify as low income, 138% of the FPL	Billing submitted to health plan.	Must be a designated community partner.
Family PACT	Reproductive health services: education, counseling, contraception, and treatment of STIs, screening mammograms for women to age 60. Covers LARCs and ECP up to 6 times a year. Covers health ed. Up to 2 times a month by any type of provider.	Any Medi-Cal provider in good standing enrolled in the Family PACT program.	Any income-eligible female or male under 60 (almost all youth are eligible as they are considered a family of one); California residency (*No documentation required*).	Billing submitted to State (via EDS).	Billing is easy to do and onsite enrollment makes it easy for school health centers to participate in the Family PACT program. However, reimbursement is typically well below the actual cost of providing the service.

Funding Source	What services are covered?	Who can provide the service?	Who can the service be provided to?	What is the billing mechanism?	How well does this work for school health centers?
Medi-Cal Minor Consent Medi-Cal Sensitive Services	The program includes services related to sexual assault, pregnancy and pregnancy-related services, family planning, sexually transmitted diseases, drug/ alcohol abuse, and outpatient mental health treatment and counseling. *	Any Medi-Cal provider, for behavioral health must be a LCSW or psychologist.	Youth up to age 21 who are living with their parents or guardians. No income or proof of residency requirements.	Billing submitted to State	This is an excellent source of revenue for FQHCs that have the capacity to bill because they receive cost-based reimbursement rates. However, setting up billing systems and renewing eligibility every month can be barriers to billing. * For behavioral health Use ICD10 – 90837, 90834, 30832, 90792,90853. Dx codes, dysthymia, anxiety, depression or substance abuse
Temporary (CHDP) Gateway Medi-Cal	Limited to periodic physical exams or have a valid inter periodic reason such as school/ sports PE) For periodic physical, do not enter MNIAH code. Behavioral health is covered if provider is LCSW or Psychologist.	Person funded by state or local government funds through relationship with county or Local Educational Agency (LEA).	Same as CHDP	Same as CHDP	Pays FQHC rate.
Medi-Cal Managed Care—Assigned to FQHC	Depends on negotiated contract		Proof of US residency and meet income requirements. Most will come already enrolled	Submit to plan if not PMPM. Usually pays negotiated rate.	May have co-payments.
Medi-Cal Managed Care Assigned to another provider through LA Care or Health Net,**	CHDP "like" services	Any licensed provider with an agreement	Anyone enrolled in a plan from LA Care or Health Net	Refer to the MOU/agreement	**See the flow charts provided by LA Care and Health Net. Pays FQHC rate plus a negotiated visit rate. Patients should be referred back to their assigned provider however this sometimes creates a barrier to care. If this is the case, it should be noted in the chart but OK to bill.
Beacon	Behavioral health only	Accepts any licensed provider	Everyone is eligible	Billing submitted to Beacon	Rate is low but in many cases the only way to get payment for a mental health visit.

Funding Source	What services are covered?	Who can provide the service?	Who can the service be provided to?	What is the billing mechanism?	How well does this work for school health centers?
Local Educational Agency (LEA) Medi-Cal-Managed Care—Assigned to the FQHC	Medical assessments and evaluation and selected medical services,	Person who is certified or licensed to provide the specific service and is paid by the school district either as an employee or under contract.	Students enrolled in Medi-Cal whose Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) require the specific service; or, to any Medi-Cal enrolled student as long as the service provided has not been provided for free to other students. (See the LEA Provider Manual, pages "loc ed bil 2 and 3." http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part2/locedbil_o09.doc	Billing submitted by LEA biller (or the school district) to the state.	An important revenue source when school health center staff are school district employees or are paid by district funds under contract. However, in many cases, school health center staff and funding comes from outside the school, so this program cannot be used (unless they subcontract with the LEA). As of 2005, excludes state mandated assessments (same screening can be billed if requested by teacher on an individual IEP or IFSP child, but cannot be billed if part of mandatory screening of all kids)

KEEP IT CONFIDENTIAL.

If you are covered under another person's health plan in California—like your parent's or spouse's—your health information will not be kept private unless you...

TAKE ACTION.

It's easy: **Submit a Confidential Communication Request to your health plan provider today.**

TAKE 3 SIMPLE STEPS.

1 Know your health plan and policy number

2 Submit a confidential communications request

3 Call to confirm your information is protected

The Confidential Communication Request form is available for download in English and Spanish.

FIND YOUR HEALTH PLAN

Select a Plan ▼

Languages

- English
- Español

You can do this if you:

- Get sensitive services like birth control, STD/pregnancy tests or mental health care

- Think you could be at risk if your private health information about any health care service was shared

SHARE THESE RESOURCES

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Questions?

DOWNLOAD CONFIDENTIAL COMMUNICATIONS REQUEST FORM

NEED HELP?

KEEP IT CONFIDENTIAL.

Confidential Communications Request
As of January 1, 2015, California law* requires insurers to honor this request

TO: _____
Name of Your Health Insurance Company

FROM:_____
Your Name

_____
Your Date of Birth   Your Insurance Member #

I am contacting you to request:(Please mark one or both statements below)

_____ **All medical information about the sensitive services** I receive using my health insurance including where and when I receive health care **be sent directly to me** and not to my family members.("Sensitive services" include sexual and reproductive health care, mental health, sexual assault counseling and care and treatment for alcohol and drug use.)

_____ **All information about the health care I receive** using my health insurance including where and when I receive care **be sent directly to me and not to my family members** because disclosure of all or part of this information could lead to harm or could subject me to harassment or abuse.**(You will never be asked to explain why you feel this way.)**

I request that communications containing any of the above information be sent to me as available as follows:

(Please mark the way(s) that are safe for you to receive information. If you mark more than one way, put a "1" next to your first choice, "2" next to your second choice and so on. Your health plan is required to contact you through at least one of the communication methods noted below.)

_____ Email to the following email address:_____
_____ Message through my online insurance patient portal:_____
_____ Text to the following telephone #: _____
_____ U.S. Mail at the address below
_____ Other(please describe): _____

IMPORTANT! The following two sections MUST be completed:

1. If a communication cannot be sent in the above selected format(s) and/or I prefer receiving information by U.S. mail, please use the address below:

_____

2. Is there a phone number or email we can use to contact you if we have questions regarding this request?

_____

This request is valid until I submit a revocation or a new request.

Signature:_____**Date:**_____

*As of January 2015, California law obligates health insurers to honor a Confidential Communications Request (CCR) when the CCR requests that "sensitive services" information, as defined in the law, be kept from the policyholder, or when the CCR requests confidentiality of all health service information because disclosure of the information to the main policy holder could lead to harm or harassment. Under California law, when a CCR is submitted, health insurers must send communications directly to the insured individual noted above and NOT the holder of the policy. To comply with California law, health insurers must implement CCRs within 7 days of their receipt by electronic transmission or 14 days of receipt by first class mail. See Cal. Civ. Codes 56.05 and 56.107 and Cal. Insurance Codes 791.02 and 791.29.

How to Submit a Confidential Communications Request

Follow these steps to submit your Confidential Communications Request to your health insurance plan, and ensure your health information stays private and secure.

1. Fill out the Confidential Communications Request Form as completely as possible.

2. Call your health insurance plan's member services department to ask how to submit the CCR form. You can find the toll-free number on your health insurance card.

Health Insurance Company
Quality health care for all

Your Name

Member ID # XXX-XXX

Member Servies (800) XXX-XXXX
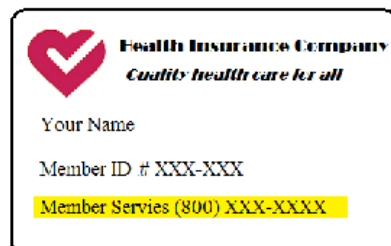
3. You can use this script to talk to your health insurance company:

   - Hello, my name is _____.

   - My policy number is #_____ [state your policy number]

   - I am covered under my parent's/spouse's health insurance policy.

   - I don't want my health service information to be listed on any insurance documents you send to my parents/spouse.

   - Under California's new Confidential Health Information Act, I can submit a Confidential Communications Request to you so that you don't send information about my health services to my parents/spouse.

   - I already filled out the confidential communications request form. What is the best way to submit it to you? Should I email, fax, or mail it to you?

   - Can you please confirm that my request form has been processed? You can contact me at _____ if you have questions.

   - Thank you!

4. Submit your Confidential Communications Request form as directed by your insurer: email, fax, or mail.

5. Confirm that the CCR has been received and your information is protected **before you receive services** or treatment. If you submitted the CCR via phone, email, or fax call your health plan in 7 days. If you submitted the CCR via post mail call them in 14 days.

Need help? Check out our help page at http://www.myhealthmyinfo.org/contact-us

myhealthmyinfo.org

3. My Health LA

Emergency Care MyWellness Login lacounty.gov | Select Language | Text Only | A A A

Enter a search term Search

Subscribe to FAST FACTS

My Wellness | **Health Coverage Options** ▼ | **Find Clinic / Hospital** ▼ | **Our Services** ▼ | **Patient Resources** ▼ | **Health Reform and You** | **More DHS** ▼

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- Medicare
- My Health LA
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- Other Health Coverage Options
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My Health LA

My Health LA (MHLA) provides primary health care at no cost to eligible residents of Los Angeles County. MHLA is not insurance. MHLA is a health care program for the uninsured (and un-insurable) residents of Los Angeles.

For more information, click here.

Who can get it?

- People who live in Los Angeles County
- Age 19 and older
- Individuals or families with incomes below a monthly limit
- People that do not have health insurance and cannot get health insurance

How much does it cost?

- Primary health care under My Health LA is free.
- There is no cost to apply for My Health LA.

What is required?

- You must live in Los Angeles County.
- You must have an income at or below 138% of the federal poverty level. Click here to see if you meet this requirement.

What is covered?

- Ongoing primary care and health screenings
- Health information and advice
- Specialty care at Los Angeles County, Department of Health Services (DHS) clinics
- Hospital and emergency care at Los Angeles County, DHS hospitals. Click here for complete list.
- Prescription medicines
- Laboratory services and tests
- Other related health care services

How do I enroll?

- Visit or call one of the My Health LA Community Partner Clinics to find out if the clinic is accepting new patients. Click here for a complete listing.
- Bring with you a photo ID, proof that you live in Los Angeles County, and something that shows your income like a pay stub or last year's tax forms.

Where do I apply?

- My Health LA partners with 193 clinics called Community Partners. To locate a

4. *New Family PACT Eligibility*

Eligibility

Family PACT is a limited-benefits family planning program. The eligibility process is completed through a Family PACT provider and has 4 simple eligibility criteria. If eligible, your Health Access Program (HAP) card will be activated and you will be seen the same day.

1. You must be a California resident;
2. Your income for your family size must be at or below 200% of the federal poverty guidelines;
3. The client must have no other source of health care coverage for family planning services, or meet the criteria specified for eligibility with Other Health Coverage and;
4. You must have a medical necessity for family planning services.

The Federal Poverty Level Income Guidelines (http://www.familypact.org/Providers/client-eligibilityenrollment/FPL_2016.pdf) are based on the "basic family unit". The "basic family unit" consists of the applicant, spouse (including common-law) and minor children, if any, related by blood, marriage, or adoption, and residing in the same household.

If an applicant is claimed as a tax dependent by the applicant's spouse or parents, the applicant's basic family unit include the applicant, spouse if living together, the tax filer and the tax filer's other tax dependents.

Your provider will ask you for any updates to your current information at the beginning of every appointment. Your provider will let you know if a change has impacted your eligibility for the program. If your income increases above the program level due to a new situation, you would no longer be eligible for Family PACT. Your Family PACT provider will be able to make any necessary changes and determine if you are still eligible for the program. New Federal Poverty Level Income Guidelines are posted every year.

How do I apply?

Only enrolled Family PACT providers may determine client eligibility and enroll Family PACT clients in the program. These providers are trained to help fill out the form correctly..

Family PACT providers use a Client Eligibility Certification (CEC) form and a Retroactive Eligibility Certification (REC) form to certify a client eligible for Family PACT benefits. Information reported by the client about health care coverage, family size and income is used by the provider to determine eligibility. The client must meet all of the eligibility criteria outlined in this section.

To find a provider near you, enter your zip code in the zip code locator at the top of the website or call 800-942-1054. This will give you providers to call in your area for an appointment.

Retroactive Eligibility Certification: This form is designed to cover family planning expenses that were paid for in the 3 months prior to enrolling in Family PACT. The entire process is handled between the Family PACT client and the Department of Health Care Services (DHCS) Beneficiary Services Center. If you submit a claim for the expenses incurred before you were enrolled in Family PACT, the claim will be denied because you were not eligible.

Your Family PACT provider will determine if you were eligible for Family PACT 3 months prior to enrolling. You will be given a number to call to the Beneficiary Services Center to request a claim packet in the mail. You will then provide an itemized list of services paid for to submit with the claim packet.

Age requirements

If you are 17 years of age or younger, you are considered a minor. If you are 18 years of age or older, you are considered an adult. Family planning services does not require the consent of anyone other than the person who is to receive services. In determining eligibility for minors, the State will exclude parental income. Minors may apply for family planning services on the basis of their need for these services, without parental consent.

A minor who is 12 years of age or older may consent to medical care related to the diagnosis and/or treatment of sexually transmitted infections (STIs).

All other age requirements are based on the need for Family Planning services.

This document was updated last at 02-May-2016 01:40 PM

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Privacy Policy (http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx) | Contact Us (http://www.familypact.org/Resources/contact_us)

5. *Medi-Cal Minor Consent Services (Medi-Cal Sensitive Services)*

MATERNAL AND CHILD HEALTH ACCESS

1111 W. Sixth Street, Suite 400
Los Angeles, CA 90017-1800
Tel. 213-749-4261
Fax 213-745-1040
info@mchaccess.org

MINOR CONSENT MEDI-CAL

Minor Consent Medi-Cal, also called Sensitive Services, is a program that provides limited services to people under age 21, regardless of their immigration status, without parental consent or notification. Minors' eligibility for services is determined on the basis of minors' income and resources.

Who is eligible?

- Children of any age under age 21 are covered for services related to pregnancy, family planning, and sexual assault.

- Children ages 12-20 are covered for mental health outpatient care and services related to sexually transmitted diseases.

- Teenagers and youth under 21 living at home with their parents.

- A married teen or youth under the age of 21 living in the home of a parent who is not blind or disabled is considered a child. Therefore the only way these teens can apply for Medi-Cal, on their own, is under this Minor Consent program.

- Teen or youth can qualify for the Minor Consent program even if he or she is already on Medi-Cal as part of his or her parent's case.

- Teens who have their own children, who want regular Medi-Cal, would still be required to have their parents apply on their behalf. The teen parent can apply for their child independently.

- Teens or youth can apply for coverage for one or more sensitive services.

What services are offered?

- Substance abuse treatment

- Outpatient mental health services

- Family planning, pregnancy, and pregnancy related services

- Abortion

- Sexually transmitted disease diagnosis and treatment

- Sexual assault treatment

What are the income/resources limits?

- Parent's income is not counted

- Parent's property is not counted

- Minors' income and resources are counted

What does it cost?

- There is no share of cost with this program-Minors generally qualify regardless of income or property.

- Beneficiaries may not be charged any co-payments or other cost sharing.

Does immigration status matter?

- Citizenship status does not matter

- Undocumented teens and youth should be eligible for Minor Consent services if otherwise eligible.

- Minors do not have to state their citizenship or immigration status for these limited services.

Where can teens and youth apply?

- Department of Public Social Services (DPSS).

- With a County "Outstationed" Eligibility Worker (EW) at community health clinics, County health clinics, health fairs, or other community sites.

- Minor Consent eligible applicants must re-certify their need for services each month with the County.

- Minor Consent applicants get paper Medi-Cal cards for each month they apply.

- Pregnant minors do not have to provide proof of pregnancy.

  NOTE: <u>Important New Rule for Minor Consent Program:</u> Infants whose mothers are covered by the **Minor Consent Program, Aid Code 7N**, now qualify for "deemed eligibility". This means that a baby born to a mother on Minor Consent receives continuous Medi-Cal eligibility for the 12 months following birth, with out the mother having to fill out a separate Medi-Cal application. This is a **new** rule: see ACL 04-02, page 4.

How do teens or youth get services?

- Services are provided through Medi-Cal providers.

- Minor Consent recipients must re-apply for services each month with their Eligibility Worker.

- Mental Health Services can be pre-approved for up to six months by providing a letter from a doctor, psychologist, or counselor stating how long treatment will be needed.

What if the teens or youth have other health insurance?

- The teens or youth are still eligible regardless of insurance status.

What should be done if there is a problem getting services though the Minor Consent Program?

- If a minor is having problems obtaining services though the Medi-Cal Minor Consent program, please call <u>Maternal and Child Health Access</u> (MCHA) in Los Angeles at (213) 749-4261 or Health Consumer Center (HCC) at 1(800) 896-3203.

6. Billing within the managed care system

In this chapter, we discuss ways to help school health centers work more effectively with managed care organizations. The chapter is designed to provide information on how to submit claims and maximize the amount of reimbursement that is available to school health centers for seeing patients with health insurance. Some of the tips and best practices are a result of a reimbursement pilot project L.A. Care Health Plan conducted in 2005 to gain information on how school health centers can better work with managed care organizations. L.A. Care is the Local Initiative Medi-Cal managed care organization for Los Angeles County and serves residents through a variety of programs including Medi-Cal, Covered California, Covered Direct, and CalMediConnect.

We recognize that every health plan has its own criteria on covered services and how to submit claims and every school health center differs in its scope of services, size, and staffing. Given these differences, the information contained in this chapter should be used if it adds value to your processes and customized as you see fit.

Below is a link to help you identify Medi-Cal managed care organizations in California (by county):

Contracting with Managed Care Organizations

In order for school health centers to work with managed care organizations, a partnership must be developed and defined, usually in the form of a signed memorandum of understanding (MOU) or a contract/agreement. The purpose of the agreement is to frame the clinical, administrative, and financial relationship between the managed care organization, the student's primary care physician (PCP), the school health center, and its sponsoring agency (i.e., school district, community clinic, hospital).[1]

The state of California requires that Medi-Cal managed care organizations execute MOUs or agreements with school health centers to support the provision of school-based CHDP services. This includes direct reimbursement or indirect support to assure access to CHDP services for members at school health centers. These MOUs or agreements should include guidelines specifying coordination of services, reporting requirements, and quality standards. School health centers will only be reimbursed for services delivered to managed care members defined in the agreement.

We recommend that school health centers utilize the templates for MOUs or agreements the managed care organization has developed. It has most likely been approved in the past and is a good starting point. The managed care organization should be able to accommodate the need for flexibility at the school health center and will consider incorporating alternative or additional language into the agreement. Each managed care organization will want to include specific language that is required for their business practices and to meet regulatory requirements however, much of the language in the template should be basic and included in every school health center/managed care organization agreement.

> **L.A. Care Best Practice Legal Resources**
>
> Take advantage of the existing legal resources and contract templates that managed care organizations have. They have experience in successfully executing these types of agreements with providers.

Contract negotiation can be costly and time consuming so once a MOU or agreement with a managed care organization has been approved, school health centers should continue to use the template and only propose to amend the scope of services when necessary. Contract standardization will eventually become a component of maintaining quality of health care services delivered to managed care members seen at school health centers.

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[1] www.healthinschools.org

Sections in the agreement school health centers should pay attention to include:

- Covered services
- Services that require prior authorization
- Reimbursement structure (billing and payment mechanism)
- Maintenance of confidentiality for services for which adolescents can give their own consent
- Coordination of care with the student's primary care provider[2]
- Communication, data exchange, and medical record policies

L.A. Care Contracting Tips

Talk to your Liaison - When contracting with L.A. Care, you will be assigned to a liaison in our Provider Network Management Department. This liaison will be your single point of accountability for monitoring the contracting process and will be able to answer any questions you have. The liaison will also be able to put your clinic or your clinic's legal representative in contact with L.A. Care's Legal Department as needed.

Members Can't be Billed - Your contract contains a provision that states that even if L.A. Care fails to pay you for some reason, school health centers cannot bill L.A. Care members for services provided or sue members to collect money owed to you by L.A. Care. This is the law for both Medi-Cal managed care members and members of other L.A. Care health coverage programs.

Keep Those Records - Your contract contains provisions that require school health centers to maintain not only member records, but also accounting and administrative records of the school health centers and make those records available for review by L.A. Care as may be required by law, and by state and federal agencies. Note, the contract also requires L.A. Care to maintain the confidentiality of information given to L.A. Care by the school health centers. L.A. Care will only disseminate the information as required by law. Holding on to those records can also assist the clinic in the case of appealing denied claims.

Follow the Provider Manual - The Provider Manual is part of the contract and is included as an exhibit to the contract. School health centers are required to provide services in accordance with the Provider Manual.

Why Does the Contract Include a Business Associate Agreement and What is it? - When L.A. Care contracts with a provider who has access to the personal health information of L.A. Care members, federal HIPAA law requires that L.A. Care include in the contract certain protections for members' personal health information. The Business Associate Agreement sets forth those protections and discusses the uses and disclosure of a member's personal health information.

Know Those Timeframes - The contract and provider manual contain timeframes and deadlines for various responsibilities. For example, the contract requires that school health centers provide L.A. Care with member medical records within 5 business days of a request by L.A. Care in connection with a member complaint.

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[2] http://www.uchsc.edu/schoolhealth/res_pages/managed_care.htm

Basic Billing Capacity

An effective billing system requires dedicated staff and resources to verify eligibility and monitor billing activities. School health centers with a history of billing, existing infrastructure, and a commitment to reinvesting reimbursement back into the clinic report the greatest level of success[3]. Areas that school health centers should think about prior to starting to work with managed care organizations include[4]:

- Scope of primary care services offered at your health center
- Ability to bill for services rendered
- Knowledge of third party reimbursement
- Ability to identify insurance status of patients
- Percent of patients covered by public health insurance programs (i.e., Medi-Cal)
- Ability of school health center to meet the minimum criteria to be a primary care provider site according to managed organization regulations
  - Physician on site a minimum number of hours per week
  - Pass State facility site review (physician site audit and medical record review)
  - Credentialing of all physicians
  - Clinical location available in a general location (open to non-students)

Establishing and maintaining billing capacity requires dedicated staff and computer resources to verify student insurance status and complete and submit billing forms. Considered most essential is a basic billing infrastructure that has the capacity to correctly complete forms, submit them to the appropriate parties, and monitor the reimbursement that comes in (accounts receivable). Recommended internal resources include:

- A supply of PM 160 Information Only forms and CMS 1500 forms (different managed care organizations may require different forms)
- Dedicated staff to enter data, verify eligibility and insurance status, and track claims, denials, and payments
- Staff that are knowledgeable coders[5]

Appropriate information systems and staff are critical to third party billing. Participants of the reimbursement pilot sponsored by L.A. Care indicated that staff dedicated to verifying student insurance status and eligibility and completing claim forms is essential to maintaining day to day operations. It is recommended that clinics dedicate part of a full time employee to these tasks. The staff member should ideally be an experienced coder and be familiar with billing managed care.

In addition to a part time biller, school health centers should also assess the value of dedicating a position to enrolling students into applicable health insurance programs. The position can often pay for itself if there is a significant Medi-Cal eligible population at the school and especially if the school health center is run by a federally-qualified health center. Also, developing a relationship with the staff who process your clinic's enrollment applications at the county level (e.g., eligibility workers, supervisors, etc.) can facilitate a smoother application process and allow for troubleshooting when problems arise.

The State of California Department of Health Care Services' Fiscal Intermediary Contract (currently Electronic Data Systems) offers classes on the Medi-Cal billing process, how to complete claim forms field-by-field, determine eligibility, and identify common billing errors. Call 1-800-541-5555 or check the Medi-Cal Website (www.medi-cal.ca.gov) to get information on classes in your area. You can also register online for training seminars using the Medi-Cal Website.

The Medi-Cal website also offers online tutorials on how to better understand various Medi-Cal processes including how to verify eligibility using the Point of Service (POS) network. Go to http://files.medi-cal.ca.gov/pubsdoco/eo/webbasedtutorials.asp for more information.

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[3] http://www.nasbhc.org/atf/cf/{CD9949F2-2761-42FB-BC7A-CEE165C701D9}/Funding_IB_MedicaidReimbursement.pdf
[4] http://www.advocatesforyouth.org/publications/sbhc6.pdf
[5] http://www.nasbhc.org/atf/cf/{CD9949F2-2761-42FB-BC7A-CEE165C701D9}/Funding_IB_MedicaidReimbursement.pdf

Verifying Patient Insurance Status

Obtaining accurate and current information from students may be difficult, though there are mechanisms that school health centers can put in place to streamline this process. Before a student is seen by a health professional at the school health center, a number of activities should be undertaken in preparation of an organized and timely visit. Health centers should verify the student's insurance status or eligibility for public programs such as Medi-Cal or Healthy Families. Below are some suggestions from school health centers in Los Angeles County on their pre-appointment procedures to verify insurance status.

- When students submit consent forms for care, do not accept the form unless their insurance information is completed.
- When calling parents to verify the signature on the consent form, request any missing insurance information. Sample consent forms can be found in Appendix 1.

Several automated systems are available to providers of care to verify patient eligibility for public health insurance programs including:

1. Medi-Cal website
2. Point of Service (POS) device
3. Automated Eligibility Verification System (AEVS)

In order to use these systems, you will need basic information from the student including:

- Birth date
- Benefits Identification Card (BIC) number

If the student's BIC information is unavailable or unknown, their Social Security number (SSN) and the current date can be entered into these systems and the BIC number will be returned. Medi-Cal recognizes the importance of protecting the identity and health information of recipients and strongly encourages all providers to avoid using a recipient's SSN whenever possible.

1. Medi-Cal Website (https://www.medi-cal.ca.gov/Eligibility/Login.asp)

The most commonly used method of verifying eligibility for Medi-Cal (according to participants of the L.A. Care reimbursement pilot) is the Medi-Cal website (https://www.medi-cal.ca.gov/Eligibility/Login.asp). Users must be Medi-Cal providers to be issued a login and password by the State of California Department of Health Care Services' Medi-Cal Fiscal Intermediary (currently, Electronic Data Systems, also known as EDS). You will need information from the student's Benefits Identification Card (specifically the BIC number to obtain information on the student's current eligibility status).

For more information on how to become a Medi-Cal provider, go to
http://www.dhcs.ca.gov/provgovpart/Pages/HowtoEnrollasaProvider.aspx

2. Point of Service (POS) Device

The point of service (POS) device is another way to verify Medi-Cal recipient eligibility. The POS device is a machine that contains an internal printer and keyboard that allows you to enter alphanumeric characters. You will need the student's BIC number to access information. You can use the printer to print responses received from the system. Clinics will need to dedicate a separate telephone line for the POS device. Users must be a Medi-Cal provider to access this system. POS device user guides can be located online here:
http://files.medi-cal.ca.gov/pubsdoco/pos_home.asp

The California Department of Health Care Services' Fiscal Intermediary, EDS, also offers an online tutorial on how to verify recipient eligibility using the POS device. It can be located online here:
http://pro.medi-cal.ca.gov/wct/EO/recipelig05/recipelig05default.asp

3. Automated Eligibility Verification System (AEVS) 1-800-866-2387

Another option of verifying Medi-Cal eligibility is the Automated Eligibility Verification System (AEVS), an interactive voice response system that allows you to access recipient eligibility. You can access AEVS by calling 1-800-866-2387. There is no enrollment requirement to use AEVS, however, you must have a valid personal identification number (PIN). PINs are issued to providers upon their enrollment into Medi-Cal, but if you are not enrolled in Medi-Cal you can obtain a temporary PIN by following these steps:

1. Call the EDS Telephone Service Center (TSC) at (916) 636-1200 or the Provider Support Center at (800) 541-5555.
2. Select the option for Point of Service (POS)-related questions, then the option for POS devices and downloads, then the option for all other inquiries. You will be connected to a EDS
3. operator, who will provide you with a temporary PIN that can be used for AEVS.

For instructions on how to use AEVS, refer to the Medi-Cal website at: http://files.medi-cal.ca.gov/pubsdoco/AEVS_home.asp

L.A. Care Tip
L.A. Care Interactive Voice Response System (IVR)
Provider Solution Center: 1-866-LACARE6 (1-866-522-2736)

L.A. Care has an automated, toll free provider information telephone line where providers can access L.A. Care member eligibility information 24 hours a day, 7 days a week. This will assist clinics in identifying which agreement L.A. Care members can be billed under.

During business hours, providers may check eligibility for ten members through one phone call and 25 members during non-business hours. The IVR gives providers up to date member eligibility information. You will need the member's L.A. Care member identification number as well as their birth date.

Step 1 When you hear the welcome message, you will be given these choices:
> ➢ To check eligibility, press 1
> ➢ For claims information, press 4,
> ➢ To repeat the choices, press *

Step 2 Press 1 for eligibility

Step 3 Enter the numeric portion of the Member Identification Number followed by the pound (#) sign

Step 4 Enter the member's eight digit date of birth. For example, May 5, 2003 should be entered as 05052003.

Step 5 You will hear member verification information:
- The last four digits of the identification number are XXXX
- The first two characters of the member's last name are XX
- Press # to confirm this selection
- Press 8 to return to the previous menu

Step 6 If the correct member is identified, press # to confirm the selection

Step 7 Enter the eight digit date of service. For example, May 5, 2003 should be entered as 05052003. Please note this application can only check the current month and 12 months prior.

Step 8 You will hear the member's eligibility information as follows:
- The member's Plan's name is XXXX
- The participating medical group is XXXX
- The provider's name is XXXX
- The effective date is MM DD YYYY (this is the effective date of the member with the medical group and primary care physician)
- To spell the physician's name, press 1
- Your confirmation number is CN XXXXXX
- To repeat this information, press *

Step 9 To check another member's eligibility:
- You may check up to ten member identification numbers for eligibility during L.A. Care's normal business hours (M-F 8am – 5pm) and up to 25 during non-business hours
- To check another member's eligibility, press 1
- To end the call, hang up or press 9

Primary care providers in L.A. Care's network can also check eligibility online via our provider portal. Go to http://www.lacare.org/providers/patienteligibility for more information.

Billing Procedures

School health centers that succeed in billing are characterized by two attributes: a strong business orientation and a philosophy to seek reimbursement for every service rendered.[6] Most managed care organizations require that school health centers complete and submit a PM 160 Information Only form and CMS 1500 (previously known as the HCFA 1500) for reimbursement. Samples of these forms can be found in Appendices 2 and 3.

The Medi-Cal website also offers Medi-Cal billing tips for providers: http://files.medi-cal.ca.gov/pubsdoco/billing_tips.asp

Once a school health center has verified a member's insurance status, complete a PM 160 Information Only form and CMS 1500 form and submit to the appropriate managed care organization.

PM 160 Information Only Form

Payment of claims is dependent on how accurately the PM 160 Information Only (INF) form is completed. A sample PM 160 INF form can be located in Appendix 2. Below are some helpful tips billing using a PM 160 INF form:

- The PM 160 INF form should be signed by the provider or designated representative. Do not use a signature stamp.
- The PM 160 INF form should be completely filled out for the type of assessment rendered (complete, partial, or recheck).
- All required check marks, code numbers, and fees should be entered.
- The provider number should be accurate. Reimbursement is directed to the provider according to the provider number entered on the PM 160 INF.
- The benefits identification card (BIC) number entered on the PM 160 INF belongs to the individual for whom services were rendered, and that the recipient whose BIC is listed is enrolled in Medi-Cal during the month the services were rendered.
- Both the county name and corresponding county code for the patient's residence are entered. Or if the child or youth lives in Berkeley, Long Beach, or Pasadena, enter the two-digit city code.
- All comments, concerns, or problems are entered in the Comments/Problems area.
- "Tobacco Prevention/ Cessation Questions" are answered.
- The appropriate diagnosis code is entered in the correct box.
- The recipient date of birth matches the date of birth on the Medi-Cal file (even if it is incorrect on the file).
- The service location (city, state, and nine-digit zip code where service was provided) matches the service address on the CHDP provider master file.
- The appropriate two-digit place of service code is entered.
- Remove any side perforations before submitting the claim.

Many managed care organizations utilize optical character recognition (OCR) equipment to scan submitted hardcopy forms into electronic files. Below are some PM 160 INF preparation tips that will help managed care organizations expedite processing of the claim:

- Type information onto the PM 160 INF, use black ink, or utilize an electronic PM 160 INF form. Do not use pencil or red ink. Press hard so all four copies are legible. Do not use liquid correction ink ("white out").
- Do not use a highlighter.
- Do not place staples through the bar patch (upper left corner) on the PM 160 INF form
- Legibly enter the provider's name and return address on the outside of the envelope.

Additional instructions on how to complete a PM 160 INF form can be found here:

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[6] http://www.nasbhc.org/atf/cf/{CD9949F2-2761-42FB-BC7A-CEE165C701D9}/Funding_IB_MedicaidReimbursement.pdf

http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/chdp/manual/confclmcomp_c00.doc

CMS 1500 Form

Each CMS 1500 is a complete billing form. A sample CMS 1500 form can be found in Appendix 3. If there is not enough space available on the CMS 1500 to bill all procedures provided on the same date of service, complete a new billing form for the rest of the procedures. Below are some tips on how to successfully complete a CMS 1500 form.

- Be sure you are using the new CMS 1500 (08-05) form (downloadable here: http://www.cms.hhs.gov/cmsforms/downloads/CMS1500805.pdf)
- Pay special attention to correct billing codes and dollar amounts. Be sure you have the most current information for the date of service billed.
- Avoid tiny print, print that overlaps onto a line, no more than 6 lines per claim, and poorly hand written claims forms.
- When using carbon forms, send only the original or top copy
- Do not carry over totals from one CMS 1500 to the other.
- Do not attach Post-it notes to the claim form
- Trim forms carefully only at the perforations. Narrower margins cannot be scanned. The form should be 8.5 inches x 11 inches.
- Do no submit claims with zero charges

The Medi-Cal website offers an online tutorial on how to complete a CMS 1500 form. It can be located here: http://pro.medi-cal.ca.gov/wct/eo/cms1500_07/cms1500_07default.asp

Electronic Billing Options

School health centers are encouraged to explore the benefits of electronic claims submission. Electronic transactions expedite processing, minimize errors, and streamline business office operation.

When claims are denied by the managed care organization, examine why to prevent the same mistake from happening in the future. An incorrect code may mean the difference between payment and denial. If claims are consistently being denied, ask the Claims Department of the managed care organization to help troubleshoot why. Also, maintain impeccable records just in case your claim is denied. Providing the appropriate back up may help in substantiating your claim.

Care Coordination with the Patient's Primary Care Physician (PCP)

L.A. Care Tip – Common Coding Errors

The L.A. Care Claims Department identified the most common coding errors they see on claims. Please see below for the top six offenders.

COVERED SERVICE	DO NOT USE...	INSTEAD, USE...
Hearing Audiometrics	**92552 or 99823**	**92551**
Snellen Eye Test (ages 3-6 years and 7-20 years)	**92015 or 92012**	**92081** depending on the age category
Hemoglobin, Hematocrit	**99830**	**83020, 85014 or 85014** depending on the chart
Urine - Dipstick	**99831**	**81001 – 81002**
Lead Blood-Lead Level Type	**99834**	**83655** depending on the chart
Administration of a vaccine (vaccines themselves are not reimbursable)	**N/A**	**90471** for one vaccine **90472** for two or more vaccines

See Appendix 4 for L.A. Care's patient service delivery flowchart.

The American Academy of Pediatrics recommends that children receive care from a medical home, defined as care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective, and delivered or directed by physicians who provide primary care and help to manage and facilitate all aspects of pediatric care. While some school health centers can serve this role (health centers that serve as primary care provider sites in a managed care network), most others cannot. For this reason, a school health center should share medical information with the patient's primary care physician (PCP) in order to maintain continuity of care and coordinate timely follow up care or referrals to specialty care if needed.

> **L.A. Care Best Practice – LINK**
>
> Clinics that utilize the Los Angeles-Orange Immunization Network (LINK) registry should input all immunizations given to the student so that PCPs and other providers of care may access the student's record. LINK is a free web-based software that securely captures immunization information. The more clinics that adopt and use LINK, the more patient records will be accessible by providers. Clinics can get more information about LINK by calling (213) 351-7800.

All the health center participants in L.A. Care's reimbursement pilot indicated that it is important to share information with the patient's PCP however, approximately 40% of the participants regularly communicated and made referrals to PCPs while another 40% did not have formal procedures to refer their patients to their PCPs (the other 20% served as PCP sites in L.A. Care's network). Most school health centers cite barriers in their ability to identify the assigned PCP of their patients enrolled in with a managed care organization. This coupled with the resources it takes to call or fax documentation to the patient's PCP makes it a labor intensive task.

Since students may access health care services at their school more frequently than at their PCP's office, school health centers play an important role in maintaining and supporting the student's medical home. School health centers can educate students and families on the role of their PCP and the specialty care referral process. Ideally, services rendered by school health centers and PCPs should be complementary, not duplicative. The L.A. Care reimbursement pilot found that although there was some duplication of services, school health centers are an important site for well care visits for students.

How to Share Information

Most clinics in the L.A. Care reimbursement pilot indicated that faxing a copy of the PM 160 INF, PM 161, or a notification of services form to the student's PCP is the preferred method of sharing information (see Appendices 2 and 5). Second is a direct telephone call from the clinic's nurse to the student's PCP. The type of information that should be shared with the PCP includes notation of the visit, services rendered, immunizations, referrals, and required follow up.

The PM 161 form can be downloaded here:
http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/pm161.pdf

Minor Consent

Confidentiality is an important issue to students and reporting responsibilities are different depending on the service rendered. A helpful toolkit on understanding minor consent laws in California including which minors can consent for what services and providers' confidentiality obligations can be downloaded for free here:

Appendices

Appendix 1 - Sample Consent Form (adapted from Northeast Valley Health Corporation)

School Health Center
General Consent for Treatment, Payment or Health Care Operations

Name of Student: _____ **Grade**: _____

Address: _____ **City**: _____

Home Phone Number: _____ **Birth Date**: _____

School: _____ **Student's SS#**: _____

Parent/Legal Guardian Emergency/ Work Phone No: _____

I have read and understand the services offered at this school health center ("health center"). I hereby authorize the health center to provide my son or daughter with simple, common, and routine health care services such as those listed below, to the extent my consent is required by law. I understand that under federal and state laws there are certain services that my child may receive that do not need my consent.

- Diagnosis and treatment of minor and acute illnesses
- Diagnosis and treatment of mental health issues
- First aid for minor injuries
- Physical examinations
- Assistance with chronic ongoing illnesses such as asthma, diabetes, and epilepsy
- Treatment of acne and other skin problems
- Immunizations
- Vision and hearing screening
- Laboratory Services
- Limited x-ray services
- Prescriptive and over-the-counter items
- Diet and weight control programs
- Referral for health care services that cannot be provided at the health center
- Emergency treatment

1. I understand that this consent only applies to services provided at the health center and does not allow any other private or public facility to provide services to my son or daughter.
2. I hereby authorize the health center to give my insurance carrier(s) medical or dental record information needed to complete my son or daughter's insurance claims.
3. I understand that my son or daughter's medical and/or dental records, including immunization records, will be kept confidential but that this information may be shared with other health care providers for purposes of my son or daughter's care and treatment.
4. I understand that this consent may be revoked, restricted or revised at any time in writing by me however, will not affect services and/or treatment previously provided by health center and other prior reliance by health center on this consent.

Signature of Parent/Guardian/Conservator: _____ **Date**: _____

Print Name: _____

Insurance and Financial Information

I request and authorize direct payment to the health center of any insurance benefits (HMO, private insurance, Medi-Cal, etc.) otherwise payable to or on behalf of my son or daughter for services rendered by the health center at a rate not to exceed the actual charges for those services.

For health center services – I understand that neither my son or daughter nor my family will be charged directly for services provided by the health center. I understand that the health center will seek payment from all third party payment sources and/or grant funds. If my son or daughter is covered by any type of health insurance, I will provide insurance information to the clinic.

Signature of Parent/Guardian/Conservator: _____ **Date:** _____

Print Name: _____

No charge will be made directly to you for any health services provided on school premises. The health center is permitted to recover payment for such services from insurance companies or other third party payors (HMOs, private insurance, Medi-Cal, etc.). We ask that you supply the insurance information requested below.

Medi-Cal/Medicaid # (if applicable): _____

Other Health Insurance Name: _____

Other Health Insurance Phone No: _____

Name of Insured: _____

Social Security No. of Insured: _____

Insurance Effective Date: _____

For Office Use Only
Date Received: _____
Signature Verified by: _____

School Health Center

Minor Consent Form

I am here for one or more of the following services:

- Family planning (any birth control method)
- Pregnancy testing and related care
- Diagnosis and treatment of sexually transmitted disease (STD)
- Diagnosis and treatment of contagious reportable disease or condition
- HIV testing, counseling and treatment
- Alcohol or drug abuse intervention
- Outpatient mental health treatment
- Care for rate and/or sexual assault

I am 12 years of age or older. My birthday is _____.

I have read and understand the services offered at the school health center ("health center"). The health center can provide me with services that are simple, common, and routine such as those described above.

I understand that my medical records will be kept confidential but that this information may be shared among health care providers associated with the health center. No other disclosures of my health information will be made without my written permission, except as permitted or required by law. I hereby authorize the health center to furnish my insurance carrier(s) with the necessary medical record data required to complete insurance claims.

I have reviewed and received a copy of my rights as a patient of the health center.

Signature: _____ **Date**: _____

Print Name: _____

Witness Signature: _____ **Date**: _____

Listed below are Place of Service (POS) Codes and Corresponding Descriptions to be used when Billing CHDP services

POS Code	Description
11	Office (any location other than Place of Service code 22 or 71)
22	Outpatient Hospital
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other

RELEASE OF INFORMATION NOTICE TO THE RESPONSIBLE PERSON:

The information provided on this form is voluntary and is used by the California Child Health and Disability Prevention (CHDP) program in accordance with Article 7, Subchapter 13, Title 17, of the California Administrative Code to monitor program quality, to reimburse providers of health assessments for their services, and to facilitate diagnosis and treatment at the local level for children found to have health problems. Information provided may be transferred to local health departments for follow-ups. Refusal to supply the information requested will hamper efforts to monitor this program, may delay reimbursement procedures, and may delay diagnosis and treatment of health conditions affecting your child. For access to records containing this information, you may contact the individual listed below. You may also request the location of this information and the categories of persons who use it.

Chief, Children's Medical Services
Department of Health Care Services
MS 8100
1515 K Street, Suite 400
Sacramento, CA 95814

(916) 327-1400

Appendix 4 - L.A. Care Patient Service Delivery Flowchart
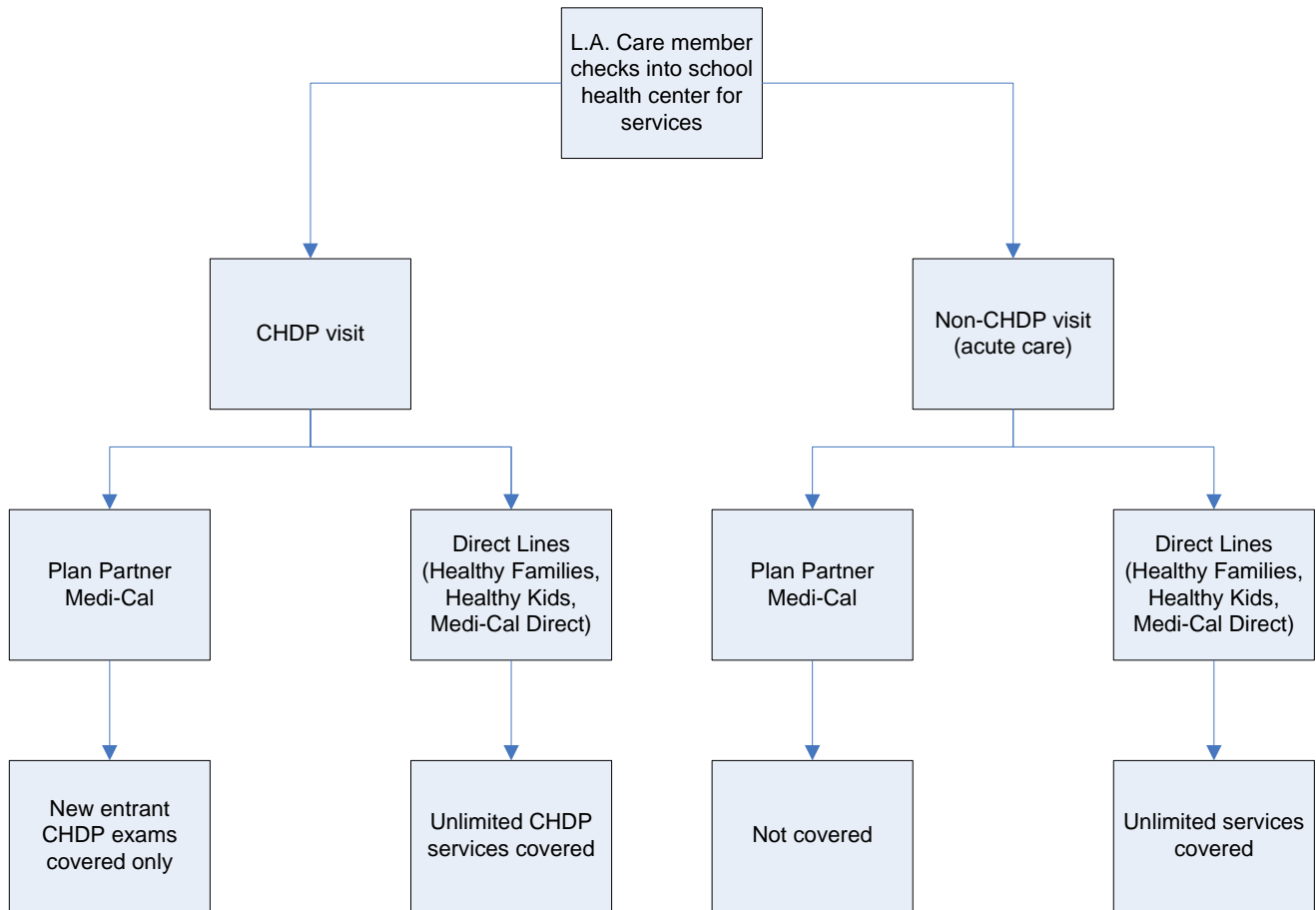
Appendix 5 – Sample PM 161 Form

State of California—Health and Human Services Agency

Department of Health Care Services
Child Health and Disability Prevention Program

CHDP CONFIDENTIAL REFERRAL/FOLLOW-UP REPORT

CHDP Health Assessment Provider:
- Retain original form in patient's medical record.
- Send photocopy to diagnosis/treatment provider.

Diagnosis/Treatment Provider:
- Complete and sign form. Retain the signed form in patient's medical record.
- If patient consent is given, send photocopy of completed and signed form to the CHDP Health Assessment Provider.
- If patient consent is given, send photocopy of completed and signed form to the local CHDP program. To find the mailing address for the local CHDP Program, go to www.dhs.ca.gov/chdp.

CHDP HEALTH ASSESSMENT PROVIDER COMPLETES THIS SECTION:

Patient name (Last)   (First)   (Initial)   BIC number

Date of birth   Month   Day   Year   Sex   ☐ Female   Patient's county of residence   Code   Telephone number
☐ Male

Responsible person (Name)   (Street)   (City)   (ZIP code)

Dear _____ :
(Diagnosis/Treatment Provider)

The above named patient received a CHDP health assessment on _____ . The following suspected
(Date)
condition(s) was identified as needing further evaluation:

1. _____

2. _____

3. _____

After you have seen and examined the patient, please note your findings below. If appropriate consent has been obtained below, please send a photocopy to me and/or the local CHDP program. Thank you,

Printed name of CHDP Health Assessment Provider   Signature   Date

Mailing Address (street, number)   City   ZIP code   ( ) Telephone number

PARENT COMPLETES THIS SECTION:

CONSENT: I have read the release of information disclosure on page 2 and I hereby authorize release of information to:

☐ Local CHDP Program   ☐ CHDP Health Assessment Provider   _____
Signature of Responsible Person   Date

DIAGNOSIS/TREATMENT PROVIDER COMPLETES THIS SECTION:

A. What was your diagnosis (ICD terminology) of suspected condition 1?	What was your diagnosis (ICD terminology) of suspected condition 2?	What was your diagnosis (ICD terminology) of suspected condition 3?
ICD Code *(optional)*	ICD Code *(optional)*	ICD Code *(optional)*

B. Result of diagnosis: *(Check appropriate line.)*
☐ Abnormality not confirmed
☐ Abnormality confirmed:
  ☐ No treatment indicated
  ☐ Treatment indicated—given
  ☐ Treatment indicated—referred
  ☐ Treatment indicated—not given nor referred
  Reason: _____
	Result of diagnosis: *(Check appropriate line.)*
	☐ Abnormality not confirmed
	☐ Abnormality confirmed:
	  ☐ No treatment indicated
	  ☐ Treatment indicated—given
	  ☐ Treatment indicated—referred
	  ☐ Treatment indicated—not given nor referred
	  Reason: _____
		Result of diagnosis: *(Check appropriate line.)*
		☐ Abnormality not confirmed
		☐ Abnormality confirmed:
		  ☐ No treatment indicated
		  ☐ Treatment indicated—given
		  ☐ Treatment indicated—referred
		  ☐ Treatment indicated—not given nor referred
		  Reason: _____

Diagnosis/Treatment Provider signature   Date examined   Month   Day   Year   Diagnosis/Treatment Provider's telephone number
➤   ( )

PM 161 (09/07)   Page 1 of 2

RELEASE OF INFORMATION DISCLOSURE

To the responsible person:

When your child or you are referred for diagnosis and/or treatment as a result of a CHDP health assessment, this form will be used to assist in the referral. Certain information regarding the reason for referral will be written on this form.

The original will be kept in your child's or your confidential patient file by the CHDP health assessment provider, and a copy will be sent to the health care provider or agency providing diagnostic and/or treatment services.

The results of the diagnostic and/or treatment services will be recorded on the copy. It will be kept by the diagnostic and/or treatment provider in your child's or your confidential patient file. With your permission, copies will be distributed as follows:

- A copy will be sent to your local CHDP program to let them know that your child or you received the recommended services. The director or the deputy director of the local CHDP program at your local health department has the responsibility to maintain this copy as a confidential record.

- A copy will be sent to the CHDP health assessment provider to let this provider know that your child or you received the recommended services. This copy will be kept by the health assessment provider in your child's or your confidential patient file.

Appendix 6 - Acronyms Guide

CAA- Certified Application Assistant
DHCS - California Department of Health Care Services
CHDP- Child Health and Disability Prevention
CMS- Children's Medical Services
CMS²- Centers for Medicare and Medicaid Services
CSHA- California School-Based Health Alliance
EDS- Electronic Data Systems
EPSDT- Early, Periodic Screening, Diagnosis, and Treatment
Family PACT- Family Planning, Access, Care, and Treatment
FQHC- Federally Qualified Health Center
HAP- Health Access Program
IDEA- Individuals with Disabilities Education Act
IEP- Individualized Education Program
IFSP- Individualized Family Service Plan
LEA- Local Educational Agency
LEC- Local Education Consortium
LGA- Local Governmental Agency
MAA- Medi-Cal Administrative Activities
MRMIB- Managed Risk Medical Insurance Board
OFP- Office of Family Planning
POS- Point of service
SCHIP- State Child Health Insurance Program