

CHDP NEWS

San Francisco Child Health and Disability Prevention (CHDP) Program



Volume V Issue III

Fall 2012

SF CHDP's quarterly newsletter - a great way to stay abreast of CHDP updates to assist your practice! Contact Tina by email at tina.panziera@sfdph.org, if you prefer an e-copy.

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Flu Season is here!

Every year, over 6,000 Californians die of complications from influenza. Getting an annual influenza vaccination continues to be the best thing that Californians can do to prevent hospitalizations and deaths related to influenza. Beginning with the 2012-2013 influenza season, everyone who is at least 6 months of age should get a flu vaccine this season.

Vaccination should begin in September, or as soon as vaccine is available. Children 6 months through 8 years of age who did not receive at least one dose of the 2011-2012 vaccine, or whom it is not certain whether the 2010-2011 was received, should receive 2 doses of the 2012-2013 seasonal vaccine. The first dose should be given as soon as vaccine becomes available, and the second dose should be given 28 more days after the first dose.



For CHDP billing purposes, please note the following: There is no longer a requirement for a high risk factor for Inactivated influenza vaccine for children 6 months through 20 years. Please bill as follows:

Vaccine	Code	Source	Age	Rate
Influenza	53	VFC	6mos to 18yrs 1 mos	\$9.00
Influenza	54	Purchased	36mos to 20yrs, 1 mos	\$13.76
Influenza (Pres.-Free)	80	Purchased	6mos to 35mos	\$18.71
FluMist	71	VFC	2yrs to 18yrs, 1 mos	\$9.00

Other resources for getting a flu vaccine:

- Visit the SF Adult Immunization and Travel Clinic, or call 415-554-2863
- Find a community health center in San Francisco: <http://www.sfdcp.org/IZlocations.html>
- Go to a public flu clinic. For a complete list of flu shot clinics in San Francisco: <http://www.sfdcp.org/flu vaccine.html> and click on "Where to get a Flu Vaccine"
- For further assistance in San Francisco, call 311
- Other links for flu information and update: <http://www.cdc.gov/flu/> and <http://www.cdc.gov/h1n1flu/>

MNIHA 101: Seeing your teens outside of the CHDP Periodicity Schedule

Although the AAP recommends annual well child visits for older children and teens, CHDP only covers routine well-child checks every 3-4 years for this age group. Fortunately, there are several common situations where CHDP will pay for an annual checkup, such as: sports physicals and school entry exams.

To assure payment of the claim, record an explanation in the Comments/Problems section, along with the appropriate MNIHA code. The table to the right lists the seven MNIHAs with codes.

When using Gateway, office staff must include the appropriate MNIHA code in the patient's Gateway application AND in the Comments/Problems section of the PMI60 form.

To learn more about using MNIHA codes to justify more frequent well child checks, call your CHDP provider relations nurse.

MNIHA Reason	CODE
Sport/Camp physical	1
Foster care/out of home placement	2
School/preschool exam	3
Additional anticipatory guidance	4
History of prenatal problems	5
Significant developmental disabilities	6
Completion of health assessment requirements	7



Mei's Story: Getting Dental Services for Children With Severe Decay

“Say ‘Ahhhhh’”

“Mei” a 4 year-old newly-arrived from China, opened her mouth to reveal severe dental decay in all her teeth and multiple oral abscesses. Her pediatrician promptly sent her to the dentist.

Eight months later, after being referred from dentist to dentist, including a pediatric dentist who did not accept her public insurance and another, inexperienced in pediatric dentist, who chose to manage her severe decay and oral abscesses with monthly observation only, Mei finally underwent oral surgery. By then, only 6 of 20 teeth could be saved.

The above anecdote illustrates the challenges in obtaining dental care for children with severe decay. General dental clinics can do routine exams, cleanings and fillings, but are often not equipped to treat severe dental decay in very young children, which often requires general anesthesia. Very few pediatric dentists accept public insurance.

In this case, the primary care clinic's dental department appropriately referred “Mei” to a pediatric dentist because of her age and the severity of her condition. The pediatric dentist however, did not accept her public insurance. Her insurance plan then assigned her to a dentist who did not normally accept children under 7.

Mei came to the attention of CHDP staff through a routine dental screening at her Chinatown preschool. Even with ongoing efforts of the CHDP care team with the family, her insurance plan, and the oral surgery clinic, getting Mei into care took nearly 3 months more.

Four of Mei's teeth were crowned and 2 others received root canals. The rest were removed. CHDP staff supported the family throughout the process. Mei will follow-up with her primary care clinic's dental department for routine care. Mom has taken an oral health class at the preschool, and her baby brother has already been to the dentist.

What can a primary care provider do to connect a child to dental care?

- ◆ For a child with extensive dental decay, ask whether the condition can be treated by an outpatient general dentist, or whether it merits a referral to oral surgery.
- ◆ Prevention is key: refer patients by age 1 for routine dental care. Many general dental clinics can provide regular exams, cleanings, fluoride treatment, and parent education on dental hygiene to prevent development of dental caries in children. Once a child has extensive dental caries, it becomes much more difficult to find a dental provider who is equipped to treat young children and accepts public insurance.
- ◆ Consider fluoride dental varnish applications as part of your medical practice. Dental varnish applications are covered by FFS and managed care Medi-Cal, and have been shown to reduce the risk of caries 50%
- ◆ The CHDP case coordination team will help CHDP Gateway and FFS Medi-Cal patients access dental care.
 - ◆ For patients who need only routine preventive care, check the dental box on the PM160.
 - ◆ For patients with obvious caries or other dental problems, use the Comment/Problems box to write in the dental diagnosis and indicate the urgency (Class 2-routine, Class 3-urgent, Class 4-emergent). This helps us prioritize your patient and connect them to the appropriate dental or oral surgery clinic.

Have a non-CHDP patient who needs dental care but is facing roadblocks?

The CHDP care coordination team is happy to share its expertise on getting a child into care! Call Margaret Fisher at 575-5719.

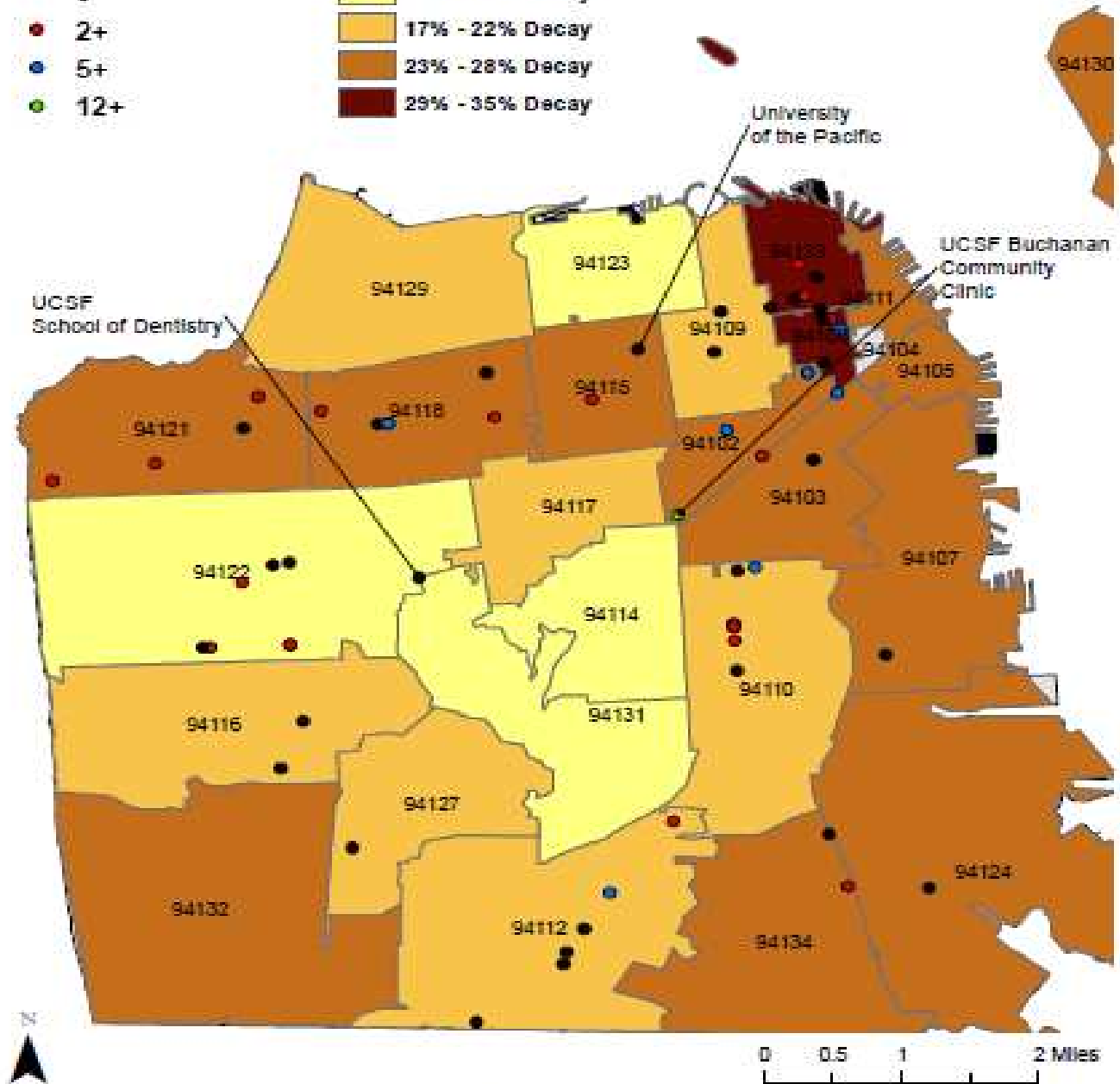
How to Find a Dentist for Your CHDP or CHDP Eligible Patient

No Insurance	Enroll into CHDP Gateway (covers up to 2 mos. of Full Scope Denti-Cal if income qualifies for Medi-Cal or Healthy Families), then refer using the CHDP Dental Director
Full Scope Medi-Cal or Gateway CHDP	Refer to Dentist Using CHDP Dental Directory http://www.sfdph.org/dph/files/dentalSvcdocs/CHDPDentalDir_062012_Eng.pdf
Healthy Families	Call HF Main Number or 1-800-300-9950 to find a dentist
CHDP with Complicated Insurance Situation and Severe Decay	Call 1-800-300-9950 <u>and</u> FAX Fully completed PM160 Form to CHDP office, (in addition to mailing in form)

Dentists Accepting Denti-Cal and Percent of Kindergarten Students with decay by Zip Code

Age of Patients Served Tooth Decay by Zipcode

- | | |
|-------|-----------------|
| ● 0+ | 12% - 16% Decay |
| ● 2+ | 17% - 22% Decay |
| ● 5+ | 23% - 28% Decay |
| ● 12+ | 29% - 35% Decay |



Source: SF Department of Public Health, Child Health & Disability Prevention Program, June 2011

Map: R. Quezada - For the SF HIP Children's Oral Health Partnership Working

Chinatown has the highest percentage of children with dental decay in San Francisco. Some of the reasons postulated are: recent immigration status (many children never saw a dentist while in China), dietary habits (for example: offering sugary drinks, and sugary treats), lack of understanding of the importance of keeping baby teeth healthy, and most important, not taking young children to a dentist by 1 year of age. Fortunately, Chinatown also has a high number of Denti-Cal providers.

California's Children's Services

California Children's Services (CCS) is a program for children under age 21 with specific disabling medical conditions and special health care needs. CCS is not an insurance plan, but a program that provides case management and care coordination as it relates to the child's CCS eligible condition. Eligible chronic medical conditions include, but are not limited to, cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, immune deficiencies, infectious disease that produce major sequelae, and craniofacial anomalies. Many CCS clients will need to face the challenges of their medical conditions for a lifetime. Therefore, CCS is making efforts to secure a medical and dental home for children and provide transition services starting at age 14 to better prepare them to address their needs when they age out of the program at 21.

Examples of CCS cases:

An infant born with a heart murmur: In some cases there may be a more serious congenital heart condition that needs specialized care. CCS can authorize a full cardiac evaluation to determine if treatment is indicated.

A child with cerebral palsy: Neurological or musculoskeletal disorders are often seen in cerebral palsy cases. Muscles may be rigid, spastic, ataxic, and/or atrophy. CCS will authorize physical and occupational therapy provided through the Medical Therapy Program for these children to help them gain/maintain muscular control and develop skills for independent everyday living.

A child with a cleft lip/palate: Treatment usually begins as a newborn and will require a team approach for their care. CCS authorizes a special care center with providers including: a plastic surgeon, oral surgeon, geneticist, speech pathologist, nurse, dentist, orthodontist, and clinical social worker. CCS works with the family and providers to help navigate the child through years of treatment.

If a CCS medical condition is suspected, CHDP providers can make a referral to CCS by phone, fax or mail. For more information, go to www.dhs.ca.gov/ccs. This link includes eligible conditions, financial/residential criteria, a directory of CCS programs in different counties, and downloadable forms.

For San Francisco residents, contact CCS (415) 575-5700 phone/(415)575-5790 fax

Children's Environmental Health update

New! Highlights on Lead Exposure. The CDC has recently updated its recommendations on children's blood lead levels.

Please Take Note:

- 1) New reference point is 5 micrograms per deciliter of lead in blood.
- 2) The new, lower value means that more children likely will be identified as having lead exposure allowing parents, doctors, public health officials, and communities to take action *earlier* to reduce the child's future exposure to lead.
- 3) The "level of concern" has been eliminated from all future CDC policies. "Level of concern" has been misleading to providers and has given a false sense of acceptable blood lead level in pediatric patients.
- 4) By shifting our focus to *primary prevention* of lead exposure, we can reduce or eliminate dangerous lead sources in children's environments BEFORE they are exposed. http://www.cdc.gov/nceh/lead/ACCLPP/blood_lead_levels.htm

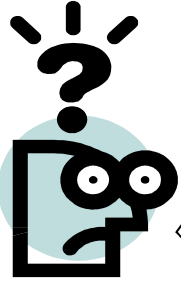
Please use your influence as a Doctor and talk to your families about the importance of identifying lead hazards in their home, particularly if their child already has detectable lead exposure. Remember we are here to help!

SFDPH Children's Environmental Health Department offers:

- PHN Case Management
- Free home inspections to detect lead hazards
- Home remediation referrals/services

If you have further questions please call 415-252-3800 or email environmental department at EnvHealth.DPH@sfdph.org.

Ask Your CHDP Nurses... SFUSD Special Education



My patient is having trouble in school. What do I need to tell mom and dad about requesting Special Education assessment and services?

~ Dr. A , a CHDP provider

To request special education services, parents should write a letter to their child's teacher, principal or special education administrative office. The letter should include key phrases such as:

"I am concerned about my child's educational progress."

"I am requesting complete educational testing, speech and language assessments, and assessment for special education services."

"I look forward to receiving an assessment plan within 15 days from the district's receipt of my letter."

The letter should also include specific examples of parents' observations and concerns (difficulty following directions, problems with expression, poor peer-relations, slow to reach developmental milestones).

Parents should keep a copy of this request and any other correspondence with the school district. **Even if the school district refers a child for special education, it is still critical that PARENTS follow up with their own written request.** Mom and Dad's written referral will ensure that time lines and assessment will begin. Each school has 15 business days to respond to a parent's request, and 50 business days from the date of that response to initiate testing.

If a child does not qualify for special education, parents can still request that their child be assessed under Section 504 of the Rehabilitation Act, to determine whether the child might qualify for accommodations due to a medical condition. If so, the school district is required to provide accommodations and/or services.

Writing the diagnosis and detailed comments on the PM 160 form will allow the Public Health Nurses to follow up with the family to assist in obtaining the appropriate services for the child.

For more detailed information related to Special Education Services provided by the school district, and what parents MUST do to initiate the assessment process, visit: <http://www.sfusd.edu/en/programs/special-education/parent-guide-details.html>



Still have questions? Contact the Special Education Services department 415-379-7656 (voicemail), 415-750-8624 (fax)

New Member to CHDP Family



Our new PHN Kathy Shumaker has been working for the Department of Public Health since 2006. She started as a Case Manager for the California Children Services program and then ventured into the Field Nursing Unit providing home visits to high-risk antepartum women, moms and babies, as well as children.

Kathy is excited to join the San Francisco CHDP crew and to continue her work to ensure our vulnerable population receives regular health care and screenings. She earned her BSN from the University of North Carolina at Chapel Hill and an MSN from San Francisco State University. Welcome aboard, Kathy!

POWER PLAY, 30 MINUTES OF FUN, NON-COMPETITIVE PHYSICAL ACTIVITY FOR ALL YOUTH.

Many families are seeking physical activities for their children. The Boys and Girls Clubs provide one option. They offer physical activities and a nutritious afternoon snack program. Membership is open to all youth between the ages of six to 18 ~ valid at any of nine Clubhouses citywide. Cost: \$10.00/Year.

No SODA! CANDY! or SWEETENED DRINKS!



www.kidsclub.org/programs/club-membership/

CHDP Providers Information

<http://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx>



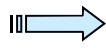
PIN # 12-02. 06-27-12. Revised Recommendation for Quadrivalent Human Papillomavirus Vaccine CHDP Code 76 for Males and Females.

PIN # 12-03. 06-27-12. CHDP Health Assessment Guidelines (HAG) Revision: Section 56, Injury Prevention and Anticipatory Guidance.

PIN # 12-04. 06-27-12. Administration of a Single Supplemental Dose of Pneumococcal Conjugate Vaccine 13 Valent (PCV13) for Children Who Have Received a Full Series of PCV7.

PIN # 12-05. 06-11-12. Recommended Booster Dose of Meningococcal Conjugate Vaccine (MCV4), CHDP Code 69.

CHDP Bulletin



<http://www.medi-cal.ca.gov/> Click on Provider Bulletins, scroll to bottom. Click on CHDP Gateway to Health Coverage under Specialty Programs

Bulletin # 92 – June 2012

1. CMC Billing and Technical Manual Update

This is being updated on an ongoing basis to reflect the new HIPAA 5010 and NCPDP D.0/1.2 formats. The updated sections will be posted under the “5010 CMC Billing and Technical Manual” heading on the [CMC Billing and Technical Manual](#) page. The following sections have been updated:

- Pharmacy Billing – Request (Section 1.2.5) ctm5010 09
- Pharmacy Billing – Reponses (Section 1.2.6) ctm5010 10

Related Information and Resources

- Frequently Asked Questions, testing dates and additional information will be forthcoming on the Medi-Cal website.
- Provider questions in regard to the NCPDP D.0 and 1.2 update may be emailed to Medi-Cal5010@acs-inc.com.
- Providers may visit [NCPDP](#) website for additional information. Information on the Standard Implementation Guide, Data Dictionary and External Code list is available in the [Standards Matrix](#).

2. Provider Manuals Updated with HIPAA 5010 Information

The Medi-Cal provider manual has been updated with HIPAA ASC X 12N 5010 transaction information. These updates replace previous 4010A1 transaction information and instructions.

Primary updates on the manual pages are as follows:

- HIPAA 4010A1 changes to HIPAA 5010
- NCPDP telecommunication standard 5.1 changes to NCPDP D.0
- NCPDP telecommunication standard 1.1 changed to NCPDP 1.2
- Transaction and companion guide titles were updated

One exception to the preceding occurred in the Part 1 Medi-Cal provider manual, *CMC Enrollment* section, page 3. As the information on page 3 was deemed more complex, please refer to the entire bulletin for details.

3. Payment Adjustment for Provider-Preventable Conditions – refer to entire bulletin for details.

The Department of Health Care Services (DHCS) anticipates approval of a State Plan Amendment (SPA) to adjust payment for Provider-Preventable Conditions (PPC). This will require providers to report PPCs beginning July 1, 2012 and affects all providers of medical care in inpatient and outpatient settings.

4. CMC Error Codes and Messages

The *Computer Media Claims (CMC) Billing and Technical Manual* is being

updated on an ongoing basis to reflect the new HIPAA 5010 and NCPDP D.0/1.2 formats. Please see bullet 1 above also.

5. Medi-Cal Checkwrite Schedule Updated

Effective July 1, 2012, the [checkwrite](#) schedule is updated for fiscal year 2012-2013. The schedule reflects warrant release dates and Electronic Fund Transfer (EFT) dates of deposit for the following programs: Medi-Cal; California Children’s Services (CCS); Genetically Handicapped Persons Program (GHPP); Abortion; Family PACT (Planning, Access, Care and Treatment); Healthy Families (HF); Child Health and Disability Prevention (CHDP); Cancer Detection Programs: Every Woman Counts (CDP: EWC)

Bulletin # 93 – July 2012

1. CMC Billing and Technical Manual Update

This manual is being updated on an ongoing basis to reflect the new HIPAA 5010 and NCPDP D.0/1.2 formats. The updated sections have been posted under the “5010 CMC Billing and Technical Manual” heading on the [CMC Billing and Technical Manual](#) page. The following sections have been updated:

- How to Use This Manual; ctm5010 00
- Testing and Activation Procedures; ctm5010 05
- NCPDP Batch Version 1.2 Pharmacy Drug Claims (Section 1.0); ctm5010 06
- General Batch Transmission File Formatting (Section 1.1); ctm5010 07
- Version D.0 Transaction Information (Section 1.2); ctm5010 08
- Pharmacy Billing – Response Error Message System (Section 1.2.7); ctm5010 11
- Recipient ID Check Digit Algorithms; ctm5010 13
- CMC Submission: Valid Character Input; ctm5010 14
- Submitter Control Record Data Specifications – CHDP Claim Type; ctm5010 15
- Provider Control Record Data Specifications – CHDP Claim Type; ctm5010 16
- Claim Type 11 (CHDP) Claim Record Data Specifications; ctm5010 17
- Claim Type 11 (CHDP) Remarks Record Data Specifications; ctm5010 18

Providers with questions regarding HIPAA 5010 implementation can call the Telephone Service Center (TSC) at 1-800-541-5555.

2. Transition of CMAC Power, Duties and Responsibilities to DHCS

As a result of Assembly Bill 102 (Chapter 29, Statutes of 2011), the Department of Health Care Services (DHCS) will assume operation of the Medi-Cal Selective Provider Contracting Program (SPCP) from the California Medical Assistance Commission (CMAC) on July 1, 2012, as outlined in *Welfare and Institutions Code* (W&I Code), Section 14165. The telephone number for staff who operate SPCP and supplemental funds will continue to be (916) 324-2726, including after their transfer to DHCS. SPCP program descriptions and related information will be available on the [Hospital and Clinics](#) page of the DHCS website. *For details, please refer to Bulletin 93.*

3. HIPAA 5010 Companion Guide Update – the Department of Health Care Services has released a revision of this guide.

Please refer to Bulletin 93 for complete details

Bulletin # 94 – August 2012

1. September 2012 Medi-Cal Provider

Throughout the year, the Department of Health Care Services (DHCS) and the Fiscal Intermediary for Medi-Cal, Affiliated Computer Services (ASC), conduct Medi-Cal training seminars. These seminars, which target both novice and experienced providers and billing staff, will cover the following topics: a) Changes to Medi-Cal billing; b) Basic and advanced billing issues; c) Provider-specific billing questions; d) Specialty programs such as California Children’s Services (CCS).

(Continue on next page.)

CHDP Bulletin

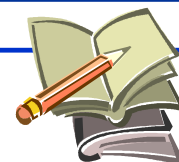
The next seminar is scheduled for September 18, 2012, and September 19, 2012, at the Network Meeting Center in Santa Clara, California. Providers can access a class schedule and sign up by visiting the Training page of the Medi-Cal Learning Portal (MLP). Providers may also schedule a custom billing workshop by contacting their Regional Representative at 1-800-541-5555 or Use the [Lookup Regional Representative](#) tool on the MLP.

2. Use TAR3 Attachment form to FAX eTAR Attachments

3. DHCS Fiscal Intermediary Name Change

The ACS (Affiliated Computer Services) name and logo is being replaced by the new legal entity name, “Xerox State Health Care, LLC (Xerox),” and the Xerox logo. Business has continued as usual.

Upcoming Events & Trainings



CHDP Oral Health Bulletin Board for your Clinic!

Would you like a beautiful felt Bulletin Board for you office or clinic?

- ◆ On-loan to your office
- ◆ Spanish, English or Chinese
- ◆ Adjustable size

575-5719 or email:
marga-



Free CHDP Trainings can be conducted at your clinic by licensed CHDP staff members:

- PM 160 Training
- Oral Health Training
- Assessing Child Growth Using the Body Mass Index (BMI)-for-Age Growth Charts
- Counseling the Overweight Child

For more information, contact: your CHDP nurse consultant, dental hygienist or nutritionist (listed on address page)

CHDP Oral Health Training



- ◆ CHDP Oral Health Training offers “in-office” Early Dental Assessment & Referral training and support!
- ◆ SF Health Plan reimburses for Fluoride Varnish Applications!!
\$15/application for SFHP children
- ◆ **FREE** Box of Fluoride Varnish (worth \$150) with the training

Updated Summer 2012 Dental Directory Now On-line

http://www.sfdph.org/dph/files/dentalSvcdocs/CHDPDentalDir_062012_Eng.pdf

CHDP Dental Referral Directory:

[English](#), [Chinese](#), [Spanish](#)



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1-800-300-9950

**CHDP website: [http://
www.dhcs.ca.gov/services/
chdp/Pages/default.aspx](http://www.dhcs.ca.gov/services/chdp/Pages/default.aspx)**

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