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:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Code</th>
<th>Source</th>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>53</td>
<td>VFC</td>
<td>6mos to 18yrs11mos</td>
<td>$9.00</td>
</tr>
<tr>
<td>Influenza</td>
<td>54</td>
<td>Purchased</td>
<td>36mos to 20yrs,11mos</td>
<td>$13.76</td>
</tr>
<tr>
<td>Influenza</td>
<td>80</td>
<td>Purchased</td>
<td>6mos to 35mos</td>
<td>$18.71</td>
</tr>
<tr>
<td>FluMist</td>
<td>71</td>
<td>VFC</td>
<td>2yrs to 18yrs,11mos</td>
<td>$9.00</td>
</tr>
</tbody>
</table>

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.sfcdcp.org/IZLocations.html](http://www.sfcdcp.org/IZLocations.html)
- Go to a public flu clinic. For a complete list of flu shot clinics in San Francisco: [http://www.sfcdcp.org/fluVaccine.html](http://www.sfcdcp.org/fluVaccine.html) and click on “Where to get a Flu Vaccine”
- For further assistance in San Francisco, call 311

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 MNIHA codes 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 PM160 form.

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

<table>
<thead>
<tr>
<th>MNIHA Reason</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sport/Camp physical</td>
<td>1</td>
</tr>
<tr>
<td>Foster care/out of home placement</td>
<td>2</td>
</tr>
<tr>
<td>School/preschool exam</td>
<td>3</td>
</tr>
<tr>
<td>Additional anticipatory guidance</td>
<td>4</td>
</tr>
<tr>
<td>History of prenatal problems</td>
<td>5</td>
</tr>
<tr>
<td>Significant developmental disabilities</td>
<td>6</td>
</tr>
<tr>
<td>Completion of health assessment requirements</td>
<td>7</td>
</tr>
</tbody>
</table>
Healthy Smiles: CHDP Helps Your Patients Get Dental Care

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

“What’s ‘Ahhhh’”
“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 dentists, 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.

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.

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.

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

<table>
<thead>
<tr>
<th>No Insurance</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Scope Medi-Cal or Gateway CHDP</td>
<td>Refer to Dentist Using CHDP Dental Directory <a href="http://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Eng.pdf">http://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Eng.pdf</a></td>
</tr>
<tr>
<td>Healthy Families</td>
<td>Call HF Main Number or 1-800-300-9950 to find a dentist</td>
</tr>
<tr>
<td>CHDP with Complicated Insurance Situation and Severe Decay</td>
<td>Call 1-800-300-9950 and FAX Fully completed PM160 Form to CHDP office, (in addition to mailing in form)</td>
</tr>
</tbody>
</table>
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 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](http://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

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**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](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](mailto:EnvHealth.DPH@sfdph.org).
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.

www.kidsclub.org/programs/club-membership/
CHDP Providers Information

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

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-Cal at Medi-Cal5010@acs-inc.com.
- Providers may visit NCPDP website for additional information.


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](http://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Eng.pdf) 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.

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**Upcoming Events & Trainings**

**CHDP Oral Health Bulletin Board for your Clinic!**

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

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

Telephone: 575-5719 or email: marga-

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**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)

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**Updated Summer 2012 Dental Directory Now On-line**


CHDP Dental Referral Directory:

[English](http://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Eng.pdf), [Chinese](http://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Eng.pdf), [Spanish](http://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Eng.pdf)
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