Effective July 1, 2016, CHDP will be adopting the American of Pediatrics (AAP) Bright Futures periodicity schedule for fee-for-service, well child health assessments. This means, fee-for-service children are eligible for 14 additional health assessments.

**CHDP BRIGHT FUTURES SCHEDULE FOR HEALTH ASSESSMENTS BY AGE GROUPS**

<table>
<thead>
<tr>
<th>Screening Requirement</th>
<th>INFANCY</th>
<th>EARLY CHILDHOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodic Well Child Health Assessment (History &amp; Physical)</td>
<td>3-5 day By 1 mo</td>
<td>2 mo 4 mo 6 mo 9 mo 12 mo 15 mo 18 mo 24 mo 30 mo 3 yr 4 yr</td>
</tr>
</tbody>
</table>

In addition, the components of each periodic health assessment will follow the AAP Bright Futures Recommendations for Preventive Health Care. Changes include frequency of vision and hearing screens, TB risk assessments, Hematocrit or Hemoglobin testing, among others. 

**Continued on Page 2**
Providers are encouraged to become familiar with the new recommendations: [https://www.aap.org/en-us/Documents/periodicity_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)

Billing for the Additional Health Assessments

Claims for the additional assessments shown below should be billed as Medically Necessary Interperiodic Health Assessments (MNIHAs) on the CHDP Confidential Screening/Billing Report (PM 160) claim form. In the Comments/Problems section of the PM 160, providers should enter:

**MNIHA:** There is a need to complete health assessment requirements

<table>
<thead>
<tr>
<th>AGE</th>
<th>INFANCY</th>
<th>EARLY CHILDHOOD</th>
<th>MIDDLE CHILDHOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bill as a MINHA</td>
<td>By 1 mo</td>
<td>30 mo</td>
</tr>
<tr>
<td>0-1 mo</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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</table>

**ADOLESCENCE**

<table>
<thead>
<tr>
<th>AGE</th>
<th>INFANCY</th>
<th>EARLY CHILDHOOD</th>
<th>MIDDLE CHILDHOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bill as a MINHA</td>
<td>11 y</td>
<td>12 y</td>
</tr>
<tr>
<td>0-11 y</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Your CHDP Provider Relations Nurses will be in touch to provide an additional overview of these changes and to answer any questions on the new guidelines.


**MEDI-CAL EXPANSION UPDATE**

The Senate Bill 75 (SB75), approved in October 2015, expanded the Medi-Cal health coverage in California to all low-income children younger than 19 years of age that meets the income guidelines of less than 266% of the Federal Poverty Level (FPL) regardless of immigration status. Between May 16, 2016 and June 1, 2016, children with Restricted Medi-Cal (RMC or also known as “emergency Medi-Cal”) were automatically enrolled into full-scope Medi-Cal without reapplying, with a retroactive effective date of May 1. DHCS has mailed out letters to RMC clients to inform about the Medi-Cal expansion. An estimate of 75% or 1,500 children in Healthy Kids are expected to transition to full-scope Medi-Cal by 2017. New enrollees will have until September 2016 to select a health plan, or otherwise be defaulted into a health plan.

[Continued on page 3](#)
Any personal information shared when enrolling your patient into restricted-scope or full-scope Medi-Cal is confidential. The information used to enroll will never be shared with immigration enforcement. Medi-Cal enrollment will not affect your patient’s application or immigration status. Providers, continue to encourage your client that meets the new criteria and has not yet enrolled, especially undocumented children, to speak with an eligibility worker at your local Medi-Cal office today.

Please see attached inserts in English, Spanish, and Chinese for more information on the Medi-Cal enrollment, or contact your local CHDP Provider Relations Nurse.

### 2016 UPDATE TO CHDP GATEWAY INCOME ELIGIBILITY GUIDELINES

#### Income Eligibility Guidelines

266 Percent of the 2016 Federal Poverty Guidelines

Effective January 1, 2016, through December 31, 2016

(For determinations of CHDP Gateway aid codes 8W and 8X only)

<table>
<thead>
<tr>
<th>Number of Persons in the Household</th>
<th>Monthly Income</th>
<th>Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,634</td>
<td>$31,601</td>
</tr>
<tr>
<td>2</td>
<td>$3,552</td>
<td>$42,614</td>
</tr>
<tr>
<td>3</td>
<td>$4,469</td>
<td>$53,626</td>
</tr>
<tr>
<td>4</td>
<td>$5,387</td>
<td>$64,638</td>
</tr>
<tr>
<td>5</td>
<td>$6,305</td>
<td>$75,651</td>
</tr>
<tr>
<td>6</td>
<td>$7,222</td>
<td>$86,663</td>
</tr>
<tr>
<td>7</td>
<td>$8,142</td>
<td>$97,702</td>
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<tr>
<td>8</td>
<td>$9,064</td>
<td>$108,768</td>
</tr>
<tr>
<td>9</td>
<td>$9,987</td>
<td>$119,833</td>
</tr>
<tr>
<td>10</td>
<td>$10,909</td>
<td>$130,899</td>
</tr>
<tr>
<td>For households of more than 10 persons, for each additional person, add:</td>
<td>$923</td>
<td>$11,066</td>
</tr>
</tbody>
</table>
A Message from Hayley Kriss, Certified Audiometrist for SF Dept of Public Health

About 6 per 1000 children will develop permanent hearing loss before school age. Failure to identify hearing loss at 3 – 6 years of age can result in life long developmental deficits, therefore early detection and intervention is essential. Screeners have the most important roles – screening is the first step in identifying hearing loss. It is important to be familiar with your audiometer, and confident and accurate in your technique.

2016 AUDIOMETRIC SCREENING TRAINING

Thank you to all of the participants who joined us for the CHDP Audiometric Screening Training held in April. The training was a great success! We reached our maximum capacity of 30 registrants, representing 22 different CHDP provider locations throughout San Francisco. We want to offer a big thank you as well to the Kai Ming Head Start for hosting the skill sessions, and to all of the children who participated in the screenings.

Tips from the 2016 Training

For screening children 3-6 years of age:
- Use the “Play Audiometry” method – “Let’s play a game”, “When you hear the beep, put the block in the basket”
- Practice/Condition with younger patients with the headphones on the table and the volume dialed up
- Be energetic and confident when explaining the game and during the screening
- Move quickly as younger children have short attention spans

For screening children 6 years of age and older:
- Use raising of the hand method – “Raise your hand when you hear a beep”

For all ages:
- If the patient doesn’t respond to a beep, increase the volume from 25dB to 50dB to get their attention and recondition if necessary. Then retest that frequency at 25dB. If they still don’t respond, move on
- Passing criteria is when a patient responds to ALL FREQUENCIES (4000, 2000, and 1000) at 25 dB in both ears

Recheck and Referral Criteria:
- If the patient does not respond to all frequencies at 25 dB in both ears, is uncooperative, or there is a questionable result, schedule a recheck in 2-6 weeks.
- Refer to a specialist if the patient does not pass the 2nd hearing screen.

Audiometer Settings:
- Keep audiometer buttons out of the patient’s view
- Use pulse tone
- Always press tone for “1 Mississippi”
- Avoid visual clues – be mindful of your body language when presenting the tone
- Avoid patterning – change the timing of the tone presentation so the patient cannot predict when they should hear a beep
- Screen in a quiet room free of distractions
San Francisco Health Plan offers care management services for its members. Referrals to the Community Based Management Program, Time Limited Coordination, and Complex Medical Case Management programs can be made by calling 415-615-4515. All programs include assessment, care planning, and in person visits.

The program’s focus is on patients with:
- (1) complex medical conditions
- (2) high utilization - frequent ED and inpatient visits
- (3) psycho-social barriers preventing access to care

If you need more information about SFHP’s care management services, please call the SFHP Care Coordination line at 415-615-4515 to speak with the Intake Coordinator.

As a Special Supplemental Nutrition Program, WIC provides nutritious foods to supplement diets, information on healthy eating and breastfeeding, and referrals to health services to low-income women, infants, and children up to age 5 who are at nutrition risk. Over the years, revisions to the WIC food packages have been made to align with the Dietary Guidelines for Americans and infant feeding practice guidelines of the American Academy of Pediatrics. The WIC food package was most recently updated with additional healthy options on March 28, 2016: adding yogurt as an extra item for women and children, whole wheat pasta as option, dried fruits as an option for children, and fruits & vegetables check option in place of some jarred baby foods for older infants. For more information, please visit https://www.cdph.ca.gov/programs/wicworks/Documents/NE/WIC-NE-EdMaterials-NewFoodChoicesAtWIC-2016.pdf
During the well child check, you may see a child with some black areas on her teeth. At first glance, you might quickly determine it is untreated tooth decay. However, there is a new treatment that dentists are now beginning to use to stop the progression of tooth decay, until a child can get a needed dental restoration. This new treatment is called Silver Diamine Fluoride (SDF) and it will turn areas of tooth decay black, as it stops the progression of the lesion.

Silver Diamine Fluoride (SDF) is an antimicrobial liquid that was approved in the summer of 2015 by the FDA to treat dental hypersensitivity. While fluoride varnish prevents the beginning of tooth decay, by hardening the developing enamel, SDF’s off label use has been shown to arrest tooth decay once it begins, more effectively than fluoride varnish. The silver ions in SDF kill the bacteria that cause tooth decay and the fluoride forms an acid-resistant protective layer on the tooth. As a result, a cavity treated with SDF turns from soft and brown to hard and black. Healthy tooth structure (the part that is not cavitated) remains unchanged.

Dentists are currently using SDF with informed consent from the patient, parent, or guardian, to help slow or stop the caries process on accessible tooth surfaces until the person is able to safely be treated with fillings, crowns, or other recommended treatment to restore esthetics (covering the black stain) and function. This is particularly helpful for very young children that cannot be treated in the traditional dental office setting, or while waiting for a hospital dental appointment. A child treated with SDF will present with arrested dark black stains where they previously had active decay on the upper front teeth and/or the grooves of the back teeth.

For more information about SDF, please read: http://www.nationaloralhealthconference.com/docs/presentations/2015/04-29/Jeremy%20Horst.pdf

**Process of SDF on tooth decay**
**NEW DENTI-CAL DENTAL PROVIDERS AND CLINICS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruce Lau, DDS</td>
<td>929 Clay St, # 205, SF, CA 94108</td>
<td>415.788.1155</td>
</tr>
<tr>
<td>Marin City Health &amp;</td>
<td>6301 3rd St, SF, CA 94124</td>
<td>415.339.8813</td>
</tr>
<tr>
<td>Wellness, SF Bayview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Clinic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**North East Medical Services**

**Dental Clinic San Bruno**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Rothman, DDS</td>
<td>2301 Ocean Ave, SF, CA 94127</td>
<td>415.333.6811</td>
</tr>
<tr>
<td></td>
<td>2574 San Bruno Ave. SF, CA 94134</td>
<td>391-9686 Ext.6040</td>
</tr>
<tr>
<td><em>MUST BE REGISTERED NEMS PATIENT</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*OPEN STARTING AUGUST 1st*

**MUST BE REGISTERED NEMS PATIENT**

**UPDATED SF CHDP DENTAL DIRECTORY**

Summer 2016 Updated SF CHDP Dental Directory is now ONLINE!

- **ENGLISH** [https://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Eng.pdf](https://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Eng.pdf)
- **CHINESE** [https://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Chi.pdf](https://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Chi.pdf)
- **SPANISH** [https://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Span.pdf](https://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Span.pdf)

All CHDP children should see a dentist every 6 months beginning at first tooth or by “Age One”! Refer early and often!

**LEARN MORE ABOUT THE AGES & STAGES QUESTIONNAIRE (ASQ)**

Conducting the Ages and Stages Questionnaire (ASQ) with your families provides rich information to identify and address concerns and start referrals and services early. Do you want to learn more about how to implement developmental screening in your clinic? Do you have a question about reviewing the ASQ with a family? Or a question about how to address a family’s concern after the ASQ has been scored? In partnership with Help Me Grow, San Francisco Inclusion Networks is exploring ways to support and answer your ASQ-specific questions. Please email us at info@helpmegrowsf.org to find out more information.

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**SUPPORT FOR FAMILIES**

A Help Me Grow Affiliate
PIN # 16-01 04-15-16. Addition of 2 new CHDP Program Meningococcal serogroup B (Men B) vaccines and new Program Procedure Codes, for meningococcal recombinant protein and outer membrane vesicle vaccine, Bexsero®, CPT Code 90620 (2-dose schedule) and meningococcal recombinant lipoprotein vaccine, Trumenba®, CPT Code 90621 (3- dose schedule).

CHDP Bulletin highlights – for details, please use the following link. http://www.medi-cal.ca.gov/, click on Provider Bulletins, scroll to bottom. Click on CHDP Gateway to Health Coverage under Specialty Programs

Bulletin # 136 – February 2016
1. Effective immediately, unless otherwise directed by Medi-Cal, all paper Treatment Authorization Requests (TARs) should be sent to TAR Processing Center at 820 Stillwater Road, West Sacramento, CA 95605-1630. If a provider submits a TAR to a field office, the TAR will be returned to the provider with instructions to send the TAR to the TAR Processing Center. For TAR status or issues, providers may call the Telephone Service Center (TSC) at 1-800-541-5555. Providers outside of California may call (916) 636-1980.

Bulletin # 137 – March 2016
1. New CHDP Benefits: Meningococcal B Vaccines. Effective for dates of service on or after October 1, 2015, meningococcal recombinant protein and outer membrane vesicle vaccine (Bexsero) and meningococcal recombinant lipoprotein vaccine (Trumenba) are new benefits for the CHDP program. Providers are encouraged to bill retroactively if they provided these on or after October 1, 2015. A CHDP program letter and Provider Information Notice about these two vaccines will be released shortly.

2. Provider Manual Indexes Survey. The Medi-Cal and specialty program provider manuals include online indexes that assist providers in finding information in the provider manuals. The Medi-Cal website also includes an online search tool that allows providers to quickly search key words and locate appropriate policy information in the provider manuals.

The Department of Health Care Services (DHCS) is exploring an idea to retire the index sections from the Medi-Cal, Child Health and Disability Prevention (CHDP) and Family Planning, Access, Care and Treatment (Family PACT) provider manuals.

DHCS developed the Manual Indexes Survey to collect provider feedback. Responses will help DHCS assess any provider issues or concerns about retiring the indexes. While participation is not required, DHCS encourages all providers to take the survey. All answered surveys will be kept confidential and anonymous.

Continued on page 9
Continued from page 8

**Bulletin # 138 – April 2016** – nothing new

**Bulletin # 139 – May 2016**

1. **Expanded Age Eligibility for Menveo Meningococcal Conjugate Vaccine.** Effective for dates of service on or after February 1, 2016, the age restriction for Menveo meningococcal conjugate vaccine has expanded to include beneficiaries 2 months through 18 years, 11 months of age. Menveo should NOT be administered in conjunction with Menactra for children ages 2 through 23 months.

2. **2016 Update to CHDP Gateway Income Eligibility Guidelines.** Please refer to the table on page 3 in this Newsletter.

3. **Deecommissioning of the Omni 3300 POS Device in November 2016.** In November 2016, the Omni 3300 Point of Service (POS) device will be decommissioned. Active POS providers should have received a VeriFone VX 520 POS device to replace their Omni 3300 POS device. Active POS provider status is based on POS usage within the last 6 months.

   Active providers who received a VX 520 device should return their Omni 3300 device using the return shipping label that was provided in the shipment box for the VX 520 device. Active POS providers who have not received the VX 520 replacement device may contact the POS/Internet Helpdesk at 1-800-541-5555 to request one.

   **Important:** When returning the Omni 3300 POS device, providers must only return the device. The POS device keyboard should not be returned. Although the VX 520 device includes a connector to link the VX 520 and the device keyboard, providers should note that the shipment does not include a replacement device keyboard. Providers should use their current device keyboard with the new VX 520 POS device.

   If you are not an active POS device user and have an Omni 3300 device, this device is required to be returned to DHCS as soon as possible. **Note: Providers should read Bulletin #139 in details by accessing the link on page 8 if you want to switch to one of the recommended interfaces to perform transactions.**

**Bulletin # 140 – June 2016**

1. **New Benefit Identification Card Design Coming Soon to commemorate Medi-Cal’s 50th anniversary.** The new design, featuring the California poppy, will be provided to newly eligible recipients and recipients requesting replacement cards. There are no plans to provide the new card to the entire Medi-Cal population. Both BIC designs should be accepted by providers but possession of a Medi-Cal BIC does not guarantee eligibility, therefore providers must continue to verify eligibility.

2. **Provider Manual Survey Now Available.** DHCS is exploring modernizing the Medi-Cal, Child Health and Disability Prevention (CHDP and Family Planning, Access, Care and Treatment (Family PACT) provider manuals to reflect the shift to mobile computing. This Provider Manual Survey will collect provider feedback on this modernization effort. Responses will help DHCS assess provider concerns about moving toward a more mobile-friendly platform. While participation is not required, DHCS encourages all providers to take the survey. All answered surveys will be kept confidential and anonymous.

3. **Get the latest Medi-Cal News by subscribing to MCSS (Medi-Cal Subscription Service).** Subscribing is simple and free.
   i. Go to the MCSS Subscriber Form
   ii. Enter your email address and ZIP code
   iii. Customize your subscription by selecting subject areas for NewsFlash announcements, Medi-Cal Update bulletins and/or System Status Alerts.
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