

CHDP NEWS

San Francisco Child Health and Disability Prevention (CHDP) Program



Volume VII Issue I

Spring 2014

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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Revised CHDP Gateway Program Income Eligibility Guidelines

Effective January 1, 2014, through March 31, 2014, providers are to use the following income guidelines when determining patient eligibility for pre-enrollment in Medi-Cal through the Child Health and Disability Prevention (CHDP) Gateway program. Providers should disregard all previous CHDP Gateway income eligibility guideline charts. Updated manual pages reflecting this change will be released in a future *Medi-Cal Update*.



INCOME ELIGIBILITY GUIDELINES 266 Percent of the 2013 Federal Poverty Guidelines Effective January 1, 2014 through March 31, 2014

Number of Persons in Household	Monthly Income	Annual Income
1	\$2,547	\$30,564
2	\$3,439	\$41,257
3	\$4,330	\$51,950
4	\$5,221	\$62,643
5	\$6,112	\$73,337
6	\$7,003	\$84,030
7	\$7,894	\$94,723
8	\$8,785	\$105,416
For households of more than eight persons, for each additional person, add:	\$892	\$10,693

Give Kids A Smile Day 2014

co-sponsored by S.F. CHDP and the S.F. Dental Hygiene Society



The 5th Annual Give Kids a Smile (GKSD) Day was held on Feb. 7th, 2014 at SFGH WIC to launch the *National Children's Dental Health Month*. 20 volunteer hygienists, and

over 30 other volunteers spent part of their day addressing the need for dental services in this underserved community. GKSD is a national effort to raise awareness about the lack of dental care for our

low-income children. We were able to provide **early preventive care, place fluoride varnish** on 95 youngsters, (1-5 year olds) and educate their parents!! **22% of these mostly 1-5 year olds had visible decay.** All children will be followed-up to ensure they are linked to a *Dental Home* and insurance!



ADA Now Recommends Fluoride Toothpaste for Children 0-2 years



To create consistent recommendations regarding fluoride toothpaste use in children younger than 6 years, the ADA Council on Scientific Affairs conducted a systematic review of the evidence.

The results of the study demonstrate that for

children younger than 6 years, fluoride toothpaste (FTP) use is effective in caries control. Based on the finding, the Council recommends the following:

- ◇ **For children younger than 3 years**, caregivers should begin brushing children's teeth as soon as they begin to erupt, by using fluoride toothpaste (FTP) in an amount no more than a smear OR the size of a grain of rice.
- ◇ **For children 3 to 6 years of age**, caregivers should dispense no more than a pea sized amount of FTP.



Rice Grain Size < 3yo



Pea Size 3-6yo

The Council stated, "This regimen is intended to maximize the caries-preventive benefits of fluoride while further reducing the risk of developing fluorosis when compared to previous recommendations." The complete systematic review is published in the February 2014 issue of the "Journal of the American Dental Association".

AAP Agrees with ADA re: Toothpaste for Kids

On the basis of strong research evidence, it is recommended that children brush with at least 1,000 ppm of FTP and do not rinse after brushing.

Other recommendations include:

- ◇ Initiate twice daily brushing with a smear of FTP at first tooth eruption in all low-income children
- ◇ Consider initiation of FTP before age 1 year in all children.

Fluoride and Dental Caries Prevention in Children, January 2014 "Pediatrics in Review"

<http://www.cdph.ca.gov/programs/MCAHOraHealth/Documents/MO-OHP-FluorideandDentalCariesPreventioninChildren-PediatricsinReview.pdf>

Vision and Hearing Screening Resources

The American Academy of Ophthalmology (AAO) has made recommendations on visual acuity testing charts similar to the World Health Organization (WHO) and the National Academy of Sciences Committee on Vision.

The charts should contain:

- clear and standardized optotypes with similar characteristics, and free of cultural bias.
- Each line should have 5 optotypes with proportional horizontal spacing between individual optotypes and vertical spacing between the lines.

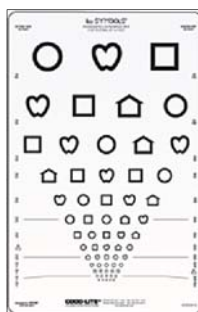
The legibility and spacing of the individual letters on the Snellen chart are not equal and does not meet the WHO/ Committee on Vision standards (Pediatric Eye Evaluations PPP, 2012, p. 30).

[file:///C:/Users/amy%20au/Downloads/Pediatric%20Eye%20Evaluations%20\(2\).pdf](file:///C:/Users/amy%20au/Downloads/Pediatric%20Eye%20Evaluations%20(2).pdf)

CHDP requires children to have *vision screening at every well child exam starting at 3 years of age*. We recommend using the vision acuity testing charts shown on this page for the vision screenings.

For children 3-5 years of age:

LEA Symbols



https://www.good-lite.com/cw3/assets/product_full/250411_lg.png

HOTV



https://www.good-lite.com/cw3/assets/product_full/600759_lg.png

For children 6 years and older:

Sloan Letters



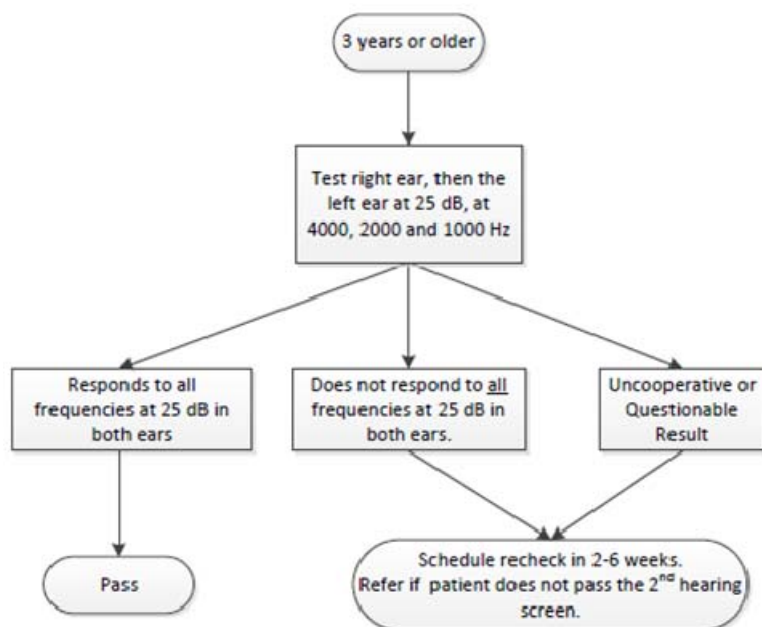
https://www.good-lite.com/cw3/assets/product_full/600711_lg.png

CHDP also requires children to have *hearing screening at every well child exam starting at 3 years of age*. Staff should start the hearing screening with the right ear then left ear, at 25dB, at 4000, 2000, and 1000Hz.

Audiometer Settings:

- Earphones: **Red** =Right, **Blue**= Left
- Pure Tone air conduction
- Masking Off
- Pulse tone ON (if available)
- dB= volume or loudness; Hz= frequency/ pit (high or low)

For more information about the vision and hearing screening guidelines and quick reference flowcharts, please contact your local CHDP Providers Relations Nurse, Amy Au, PHN at 415-575-5705.



Immunization: When to Catch Up, and When Not to Catch Up

As San Francisco pediatric providers know, ours is a truly international city, with children and their vaccine records (or lack thereof) coming to us from all over the world. Here are some tips getting newcomer patients up-to-date on their vaccinations.

Rotavirus:	Don't start after 15 weeks. Don't catch-up after 8 months. Do not start the RV series for infants 15 weeks or older. Do not give RV to infants over 8 months.
Hib	Don't catch up healthy children 5 years of age and older. Unvaccinated healthy children aged 15 months-59 months (mths) only need 1 catch-up dose of Hib. Two Rules of thumb: <ul style="list-style-type: none"> • All children need a booster dose of Hib between 12-15 months, regardless of the number of doses they had previously. • If a child gets Hib at age 15 months or older, they don't need any more doses regardless of the number of doses they had previously. Exceptions: Give 1 dose of Hib vaccine to unvaccinated or partially vaccinated children age 5 yrs and older who have leukemia, other cancer, anatomic or functional asplenia including sickle cell dis-ease, HIV infection, or who are immunocompromised.
PCV13	Don't catch up healthy children 5 years of age and older. Unvaccinated/undervaccinated children aged 24-59 months only need 1 catch-up dose of PCV13. Two Rules of thumb: <ul style="list-style-type: none"> •The minimum interval between PCV doses is 4 weeks for children under 12mths of age; 8 weeks for children 12 mths and up. •The minimum interval before the last PCV dose is 8 weeks. Exceptions: Catch-up undervaccinated children 2-5 years (24-71 months) with the following high-risk conditions: anatomic or functional asplenia including sickle cell disease; chronic cardiac, pulmonary, or renal disease; diabetes; cerebrospinal fluid leaks or who have or will have a cochlear implant; HIV infection or immunosuppression; diseases associated with immunosuppressive and/or radiation therapy. Asthma is considered high-risk only for children treated with prolonged high-dose corticosteroids. 6-18 years: give one dose to undervaccinated children with functional or anatomic asplenia (including sickle cell disease), HIV infection or other immunocompromising condition, cochlear implant, or CSF leak.
DTaP	Switch to Td/Tdap for ages 7 and up.
IPV	Don't catch up after age 18



Special Considerations in Catching-Up New Immigrants



MMR	All children should have 2 doses of vaccine against measles, mumps <u>and</u> rubella. Children from countries that use measles, measles/rubella (MR), or measles/mumps (MM) vaccine may not be immunized against all 3 diseases. They should be given MMR.
Varicella	All patients should have 2 doses. Space doses #1 and #2 at least 3 months apart for children ages 12 years and under.
MCV4	Children who received meningococcal vaccine in China still need MCV4 at 11-12 years and 16 years. Meningococcal vaccine routinely given to children in China only protects against serotypes A and C, not against all 4 serotypes covered by MCV4.
Hepatitis A	All children should be immunized because of the high prevalence of hepatitis A in San Francisco and California.
Hepatitis B	Don't forget to test for Hepatitis B infection as well as immunizing immigrants from regions with HBsAg prevalence of $\geq 2\%$. This now includes Australia. Also test US-born persons, not vaccinated as infants, whose parents were born in regions with HBsAg prevalence of $\geq 8\%$.

Helpful Immunization Resources Routine

•childhood immunization schedules for other countries: http://apps.who.int/immunization_monitoring/globalsummary

Click on "United States of America (the)", about halfway down the page to "Immunization Schedule"

•Comparison of US-Mexico childhood immunization schedules: <http://www.cdc.gov/vaccines/schedules/downloads/child/binational-schedule-pr.pdf>

•immunize.org Vaccine Information Statements (VIS) in many languages, ACIP/AAP recommendations, "Ask the Experts" section.

MNIHA Code (Medically Necessary Interperiodic Health Assessment)

When a child comes into your office for a follow-up after they have had their scheduled well child exam, yet he or she is not due for another one, what should you do as a provider? Although the AAP recommends a yearly well child exam for school- aged children and teens, CHDP covers well child exams about every 2-3 years for these age groups. Fortunately, the number of health assessments may be increased by using a MNIHA (“Men-nah-A”) code. CHDP will pay for the necessary checkup performed before the next regularly scheduled CHDP physical examinations for sports or school entrance. Increasing the number of clinic visits can improve health care access and help decrease the health-care disparities across diverse demographics and accommodate the healthcare needs of our underserved patient populations.

The provider will need to record the appropriate MNIHA code and document the preventative health services provided to the patient in the *Comments/ Problems* section on the PM160 form as shown in the example below.

**Frequency Limitations: Health assessments for individuals who require more frequent visits because of unidentified condition, such as anemia, otitis media or asthma, are not benefits of the CHDP program.*

CHDP ASSESSMENT		NO PROBLEMS SUSPECTED	REFUSED, CONTROL MONITORED	PROBLEM SUSPECTED BUT FROM ANOTHER SOURCE	DATE OF SERVICE	FOLLOW UP CODES	
Indicate outcome for each screening procedure		✓A	✓B	NEW C	02 25 12	1. NO DX/RX INDICATED OR NOW UNDER CARE	4. DX PENDING/RETURN VISIT SCHEDULED
				UNKNOWN D	FEES	2. QUESTIONABLE RESULT, RECHECK SCHEDULED	5. REFERRED TO ANOTHER EXAMINER FOR DX/RX
						3. DX MADE AND RX STARTED	6. REFERRAL REFUSED
01 HISTORY and PHYSICAL EXAM	✓				01	REFERRED TO:	TELEPHONE NUMBER
02 DENTAL ASSESSMENT/REFERRAL	✓					REFERRED TO:	TELEPHONE NUMBER
03 NUTRITIONAL ASSESSMENT	✓					COMMENTS/PROBLEMS IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA MNIHA Code 1: Sports physical BMI = 19.3	
04 ENTICIPANT SCREENING (EARS, THROAT, NOSE)	✓						
05 DEVELOPMENTAL ASSESSMENT	✓						
06 SNELLEN OR EQUIVALENT	✓				06		
07 AUDIOMETRIC	✓				07		
08 HEMOGLOBIN OR HEMATOCRIT		✓			08		
09 URINE DIPSTICK		✓			09		
10 COMPLETE URINALYSIS		✓			10		
11 TB MANTOUX	✓				11		
CODE	OTHER USES	PLEASE REFER TO THE CHDP LIST OF TEST CODES			0000		
HEIGHT IN INCHES	WEIGHT	BODY MASS INDEX (BMI) PERCENTILE	BLOOD PRESSURE	INFORMATION ONLY			
0 60 2	0 99 02	50	90/60	ROUTINE REFERRALIST (Y/N) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
HEMOGLOBIN	HEMATOCRIT	BIRTH WEIGHT (LB)		PATIENT IS A FOSTER CHILD (Y/N) <input type="checkbox"/>			
		LB		BLOOD LEAD <input type="checkbox"/> DENTAL <input type="checkbox"/>			
				REPORTING			
				OPEN TODAY <input type="checkbox"/> MUST CALL TODAY <input type="checkbox"/>			

MNIHA CODES

- 1- Sport/Camp Physical
- 3- School/ Preschool Exam

If you have questions regarding school – related issues, your local CHDP office has a detailed list of contacts for SFUSD school nurses and social workers for clinic use only. Please contact provider relations nurse, *Amy Au, PHN*, at 415-575-5705 for more information.

Remember...

When making any changes in your practice, such as, moving to a new location, forming a group practice, or adding another provider, you must notify Medi-Cal **and** the CHDP Program of these changes. Failure to do so can result in delayed payments and the inability to access the CHDP Gateway.

Free CHDP Trainings can be scheduled and 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)

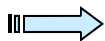
CHDP Providers Information



CHDP Program Letter 13-07 is released on Jan 14, 2014. **Health Assessment Data for Fiscal Year 11-12.**
<http://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx>
<http://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdpannualreport1112.pdf>

NO Provider Information Notices in 2014 yet!

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 # 110 – December 2013

1. **New Phone Number for CHDP Gateway Application Assistance.** Effective January 1, 2014, CHDP Gateway applicants should contact Covered California at 1-800-300-1506 for application assistance. The old number 1-800-880-5305 for CHDP Gateway Internet transaction response messages will NO LONGER be used for Medi-Cal application inquiries. If you have questions or concerns regarding a CHDP Gateway Internet transaction or CHDP Gateway Point of Service (POS) transaction, call the Telephone Service Center (TSC) at 1-800-541-5555.
2. **ICD-10 Transition Checklist Now Available.** Providers are encouraged to read the new International Classification of Diseases, 10th Revision (ICD-10) code transition checklist available on the HIPAA: ICD-10 page of the Medi-Cal website. Failure to comply with ICD-10 by October 1, 2014, may result in delayed claim reimbursement.
3. **Updates for the ACA Increased Medicaid Payments for Primary Care:** payments increased to the Medicare equivalent for certain Evaluation and Management and Vaccine Administration services for calendar years 2013 & 2014. Unfortunately CHDP will NOT be part of the ACA interim payment process at this time. The updated document is available on the ACA Increased Medicaid Payment for Primary Care Physicians page. Once the system is fully updated, payment will be released retroactively for dates of service on or after January 1, 2013.
4. **New Aid Codes for Children's Health Insurance Program.** Effective for dates of service on or after January 1, 2014, new aid codes E2, E4 and E5 will identify children eligible to receive coverage through the Children's Health Insurance Program (CHIP). For children enrolled in CHIP, Medi-Cal provides full-scope or restricted benefits dependent upon citizenship status. The XXI matching federal fund is available.
5. **New Aid Codes for Optional Targeted Low Income Children Program.** Effective for dates of service on or after January 1, 2014, new aid codes T1, T2, T3, T4, T5, T6, T7, T8, T9 and T10 will be used to implement the Optional Targeted Low Income Children (OTLIC) Program. California has elected to implement the OTLIC Program. Title XXI federal funding is available. For children enrolled in the OTLIC Program, Medi-Cal provides full-scope or restricted benefits dependent upon income eligibility as well as citizenship and immigration status.
6. **Twenty New Aid Codes.** Effective for dates of service on or after January 1, 2014, 20 aid codes in three new series relative to children, adults, inmates, pregnant women as well as parents and other caretaker relatives are implemented. These changes result from the federal Patient Protection and Affordable Care Act (ACA).
7. **New Aid Code L1 Transitions From LIHP/MCS to Medi-Cal.** Effective for dates of service on or after January 1, 2014, aid code L1 is a new benefit for non-inmates. Eligible recipients ages 19-64 enrolled in the LIHP/MCS program on December 31, 2013, whose family's income is at or below 138 percent of the Federal Poverty Level (FPL). Recipients will receive full scope

Medi-Cal benefits without a Share of Cost (SOC).

8. **New Aid Codes for Hospital Presumptive Eligibility Determined Coverage.** Effective for dates of service on or after January 1, 2014, new aid codes H6, H7, H8, H9, H0, P1, P2, P3, P4 and 4E will identify individuals eligible to receive Medi-Cal coverage through Hospital Presumptive Eligibility (PE) as a part of the Patient Protection and Affordable Care Act (ACA). ACA allows qualified hospitals to determine presumptive Medi-Cal eligibility from self-attesting individuals.

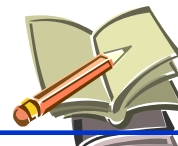
Bulletin # 111 – January 2014

1. **2014 CPT-4 and HCPCS Codes Not Yet Adopted.** Although the 2014 updates to the *Current Procedural Terminology – 4th Edition* (CPT-4) and Healthcare Common Procedure Coding System (HCPCS) Level II codes will become effective for Medicare on January 1, 2014, Medi-Cal, Every Woman Counts (EWC) and the Family PACT (Planning, Access, Care and Treatment) Program have NOT yet adopted the 2014 CPT-4 and 2014 HCPCS updates; therefore, providers should NOT use those updated codes to bill for Medi-Cal, EWC and Family PACT services until notified to do so in the future
2. **Hospital Presumptive Eligibility Program FAQs.** A Frequently Asked Questions (FAQs) list was developed to address common questions and concerns of Medi-Cal providers regarding implementation of the Hospital Presumptive Eligibility (PE) Program. The FAQs will be updated with new information as the Hospital PE Program moves forward.

Bulletin # 112 – February 2014

1. **Express Lane Enrollment in Medi-Cal for CalFresh Eligible Adults**
 Effective for dates of service on or after February 1, 2014, new aid code 7U will be used to enroll CalFresh eligible adults 19 through 64 years of age. Recipients of aid code 7U will receive full-scope, no cost Medi-Cal benefits
2. **ICD-10 Beta Testing Signups Ending**
 If you are interested, please submit practice claims to Medi-Cal, indicating in your email requesting to be a beta tester to ICD-10Medi-Cal@xerox.com by midnight, February 28, 2014
3. **Get the Latest Medi-Cal News: Subscribe to MCSS Today**
 MCSS is a free service that keeps you up-to-date on the latest Medi-Cal news. Subscribing is simple! Just go to <http://files.medi-cal.ca.gov/pubsdoco/mcss/mcss.asp>, the MCSS Subscriber Form and enter your email address and ZIP code. You can customize your subscription by selecting subject areas. You will receive a welcome email after submission. For more information about MCSS, please visit the MCSS help page at http://files.medi-cal.ca.gov/pubsdoco/mcss/mcss_help.asp

Upcoming Events & Trainings



ATTN:

Audiometric Screening & Play Audiometer Training Lecture and Practicum

Sponsored by: SF Child Health & Disability Prevention (CHDP) Program
(Must attend Lecture and One Practicum)

Lecture: Tuesday morning April 29th, 2014
& at 30 Van Ness Avenue, Suite 210 LCR

Practicum Sessions:

Conducted by Rupa Balachandran, PhD, CCC-A,
Director of Audiology, Hearing & Speech Center of Northern CA

- 1) Wednesday morning April 30, 2014 *or*
- 2) Thursday morning May 1, 2014 *or*
- 3) Friday morning May 2, 2014



Register early as enrollment is limited. Deadline to register is April 18, 2014.

To register, call Tina Panziera at 415-575-5712 for a registration form.

There is a \$10 charge to cover for the cost of this training.

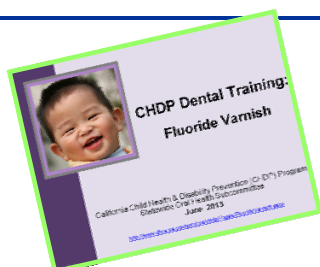
This training is only open to CHDP providers, with priority given to San Francisco CHDP providers.



Do you know:

- **How to classify tooth decay** during a well child dental health assessment?
- **Which key oral health messages** make the biggest impact?
- **Where to refer** a toddler who has beginning tooth decay?

IF NOT ~ It's time to schedule a **Free CHDP Oral Health Training**
for you and your staff ! **Call: 575-5719**



New ON-LINE Fluoride Varnish Training

This is a great way to review information
taught in our IN-OFFICE Training!

Contains Links to: Videos, Brochures,
Guidelines and Research Studies.

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

**NEW
ON-LINE!!**

NEW

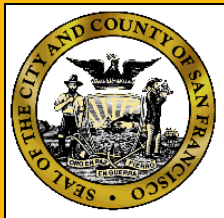
Colorful Oral Health Brochures

“Prevent Tooth Decay in Babies and Toddlers”

ENG/CHIN/SPAN

Call to order Free Brochures for your office : **575-5719**





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

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Vacant Nursing Position