Measles! Public Health & Vaccine Exemptions

Measles was declared eliminated in the U.S. in 2000. The U.S. has experienced a resurgence of this highly contagious disease with 170 cases reported this year between January 1, 2015 and February 27th, 2015. California tops the list as the state with the most cases at 124 reported. San Francisco has not confirmed any cases at this time.

In California, two U.S. senators are proposing a repeal of the “personal belief exemption” which allows parents to not vaccinate their children before sending them to day care centers or schools. When looking at the current controversy surrounding the “personal belief exemption” it is possible to make connection between unvaccinated children and adults and transmission of the virus. Of the 125 cases reported from December 28th, 2014 to February 8th, 2015, 49 cases (45%) were contracted by unvaccinated patients. The unvaccinated group included children too young to receive the vaccination as well as 28 patients (18 children and 10 adults) who were not vaccinated due to personal beliefs.

Even those who are not eligible for certain vaccines—such as infants, pregnant women, or immunocompromised individuals—get some protection from “herd immunity”. For one part of the “herd immunity” to be established in terms of measles, the CDC estimates a 95% 2 dose MMR vaccination rate of public school children entering Kindergarten. According to the Kindergarten Immunization Assessment 2014-15, 92.9% of public school children in California have received the recommended MMR. Although the overall state data looks good this masks the fact that many California counties have rates much lower then 90%. In order to avoid an outbreak, the overall state rate will need to be much higher. Some of the reasons for this low rate include children behind on vaccinations, exemptions due to
medical, religious, or personal belief exemptions and possibly data not being updated. The personal belief exemption percent varies significantly in different California counties. For example, Nevada County has a 22% rate of exemption while San Francisco has a 1.8%. This translates to a significant amount of children in California opting out of a necessary vaccination due to personal beliefs.

In conclusion, public health departments and the CHDP program can be beneficial in the containment and elimination of the measles virus. CHDP offers “vaccination-only visits” as part of the program. These visits can occur outside of the periodicity schedule. We encourage providers to speak with program representatives or contact the local health department for more information. We hope once again to eliminate this disease from the children we serve.


State statistics on immunization levels in child care and schools in California: http://www.cdph.ca.gov/programs/immunize/Pages/ImmunizationLevels.aspx

Measles Information

Measles is a highly contagious respiratory disease caused by a virus. It begins with a fever, followed by a cough, runny nose and conjunctivitis. A rash starts on the face and upper neck, spreads down the back and trunk, then extends to the arms, hands, legs and feet. Most people improve a week after the rash develops. The disease can be more serious for some people causing middle ear infections, pneumonia or encephalitis.

Measles is spread by drops of saliva from the mouth, mucus from the nose, coughing or sneezing, and tears. The measles virus can be airborne indoors for up to two hours after sneezing or coughing. People with measles can spread the disease to others from four days before the rash starts through four days after the rash begins.

SF Communicable Disease Control and Prevention Health Alerts: http://sfcdcp.org/healthalerts.html

Vaccination Only Visits PM 160

If a child needs to return to the clinic for needed immunizations, CHDP allows a “partial screening” visit. A regular PM 160 form is used. Refer to the following link to see an example of a PM 160 filled out for a partial or immunization only visit:


MMR Recommendations

CDC recommends all children get two doses of MMR vaccine, starting with the first dose at 12—15 months of age, and the second dose at 4—6 years of age. Children can receive the second dose earlier as long as it is at least 28 days after the first dose. Some infants younger than 12 months should get a dose of MMR if they are traveling out of the country.
2015 Vision Screening Training for Providers

Thank you to all of the participants for making this year’s vision screening training a success! We had a great turn-out of 25 registrants, representing 17 different CHDP offices throughout San Francisco. We also want to offer a big thank you to Mission Head Start for being a gracious host of the skills sessions, and to the children who participated in the screenings.

Key Points from 2015 Training

For screening 3-5 year olds:
- Use the HOTV or LEA charts (with flashcards if needed)
- Refer when a client sees 20/50 or worse in either eye OR there is a 2 line difference between the eyes
- If the client is uncooperative or if there is a questionable result, schedule a recheck in 6 months for a 3 year old, and 1 month for a 4-5 year old

For screening 6+ year olds:
- Use a SLOAN vision chart
- Refer when a client sees 20/40 or worse in either eye OR there is a 2 line difference between the eyes
- If uncooperative or there is a questionable result, schedule a recheck in 1 month

For all ages:
- The charts should be placed at eye level. Mounting the charts on the wall with a Velcro strip is recommended, as you are able to adjust the height of the chart up according to the child’s eye level
- Line up the child’s HEELS on the heel line, not the toes
- To prevent a child from peeking, do not let them cover their own eyes
- It is highly recommended to use occluder glasses, but Dixie cups or tongue depressors with back to back stickers will suffice
AAP Clarifies Recommendations on Fluoride Use in Primary Care

AAP published a clinical report titled *Fluoride Use in Caries Prevention in the Primary Care Setting* in 2014. A recent AAP Clinical Report article clarifies their recommendations. The following are key points from the report:

- The most important effect of fluoride is the topical effect. Best choice for maximum cavity prevention is daily use of fluoride toothpaste.

- Current AAP recommendations are to brush the teeth as soon as they erupt, with a smear of fluoride toothpaste two times per day, delivering 0.25 mg of fluoride. [http://jada.ada.org/article/S0002-8177(14)60048-9/pdf](http://jada.ada.org/article/S0002-8177(14)60048-9/pdf)

- USPSTF recommends that Primary Care Providers apply fluoride varnish to the teeth of all infants and children at least once every six months starting with the first tooth, at least until the establishment of a *Dental Home*.

- New CPT (CDT) Code For Fluoride Varnish applied in a Medical Home - 99188 - took effect Jan. 1st. In California, a DHCS policy has been prepared to allow either D1206 or 99188 to be submitted, with an edit that would deny payment if both codes were used on the same day. The implementation date is 10/1/15. Until then, only the D1206 code should be used.

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**CHDP Gives Kids a Smile 2015**

"Chequeo dental aquí?" Guadalupe and her frightened-looking six year-old daughter peeked around the corner. The little girl was hiding behind her mother. A friendly dental volunteer squatted down in front of the little girl and offered her a sticker. "Cómo te llamas?" he asked.

In celebration of National Children’s Dental Health Month in February, 30-40 volunteers gathered to teach parents (mostly from WIC) how to take care of their young child’s teeth, and to provide a positive first dental care experience. Volunteers from the SF Dental Hygiene Society taught volunteer student nurses how to perform a dental assessment and apply fluoride varnish. This annual event at SF General Hospital called “Give Kids a Smile Day” gave everyone a smile, not just the kids.

The nurses were excited to learn how they could prevent dental decay even before a young child attends their first dental appointment. This training provided the nurses with the knowledge and skills to offer this preventive oral health care during well child visits. Afterwards, each family also received a follow-up call to connect them with a dentist and dental insurance. Over 150 children received a screening, a fluoride varnish application, and nutrition, homecare and referral information. Of these children, 34% were identified with dental decay. This year’s theme was *Read a Book, Brush your Teeth, Go to Bed*, to help integrate oral care in the child’s nighttime routine.

Many of the families who attended the event were recent immigrants. Guadalupe's mother was so recent, that she was not sure of what school her daughter attended, or in which part of town she lived. She did know her little girl had a swollen, painful jaw. During the screening, we found her daughter had many decayed teeth, an abscess and swollen alveolar ridge. She was quickly guided to SFGH Children’s Health Center for antibiotics to treat the infection. This child was able to get an immediate care! A CHDP health worker then helped coordinate her continuing dental care and follow up. Every child went home after their screening with a book, a toy, a toothbrush with toothpaste and a great first dental experience. Guadalupe’s daughter left smiling.

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**“Read a Book, Brush your Teeth, Go to Bed!” - 2015 Give Kids a Smile Day Theme**
UCSF Opens New Pediatric Dental Clinic at Mission Bay

UCSF Pediatric Dental Clinic just opened a new additional clinic site at Mission Bay. All UCSF hospital dental treatment will be done at Mission Bay Campus. Parnassus Pediatric Clinic is still in operation. The Mission Bay clinic is an optimal referral site for children 3 years and under, with dental caries.

ONLINE REFERRAL FORM:
http://pediatricdentistry.ucsf.edu/content/online-referral-form

REQUEST AN APPOINTMENT:
http://pediatricdentistry.ucsf.edu/content/request-appointment

MAIN WEBSITE:
http://pediatricdentistry.ucsf.edu/mission-bay-clinic

CHDP Gateway provides Medi-Cal coverage for only 2 months or less. Return PM160 forms promptly to our office to ensure enough time to help your patients receive needed dental treatment!

Oral Health Supplies For Your Office

Healthy Habits for Happy Smiles—Free Colorful Handouts

This series of handouts for parents of infants and young children provides simple tips on oral health issues. Topics include managing teething pain, brushing children’s teeth, choosing healthy drinks, getting fluoride.

To order for your office:
http://www.mchoralhealth.org/order/index.html

Or call: 415–575-5719

Varnish America—Free Fluoride Varnish (200 count)

With an in-office/clinic training to learn how to perform an accurate oral assessment and apply fluoride varnish to your pediatric patients. Also available for providers who are currently applying fluoride varnish to their pediatric patients.

To order for your office: Call: 415–575-5719
Open Truth – A Resource to Share with Your Young Patients

The Open Truth campaign, a youth-focused effort to highlight the health impacts of sugary drinks and expose precision marketing practices that target young people and communities of color, launched recently in San Francisco. The public health campaign features a concerted effort by Bay Area youth to address the type 2 diabetes epidemic afflicting them and their communities.

The Open Truth campaign aims to:

- Increase awareness about how sugary drinks are making young people sick
- Expose the tactics of the sugary drinks industry, which targets young people, parents, and communities of color in order to increase profits and brand loyalty
- Inspire policy changes that will increase access to healthy drinks, limit marketing to kids, educate consumers, and provide funds for sugary drink education

You can share this resource with your patients by directing them to [www.opentruthnow.org](http://www.opentruthnow.org), @opentruthnow on twitter, and Open Truth Now on Facebook.
Provider Update—Changes to PM 160 Forms
(See PIN#15-1 on page 8)

The PM160 forms will no longer be used as a billing form by June 30, 2015. Continue to use and submit PM 160 forms to the local office for informational and data collection purposes. The data will support and secure Federal and State dollars towards children's health.

Providers should transition to the CMS 1500 claim form or the 837p electronic version beginning July 1, 2015. We encourage providers to apply for Computer Media Claim (CMC) electronic claim batch transaction if it hasn’t been done already. The CMC will take several months to get approved so apply soon in anticipation of the waiting time.

We encourage providers to subscribe to the Medi-Cal Subscription Service (MCSS) in order to stay informed with all the upcoming changes during this interim period. Talk to your assigned public health nurse if you have further questions.

TB Screening Reminders

- Adopt a universal risk assessment policy for TB screening.
- Children with 1 or more risk factors for TB infection require TB skin test or blood test before school entry.
- Children with NO risk factors, the TB screening is complete. Providers can sign the form and it should satisfied school entry requirement.
- For CHDP providers, a TB risk assessment should be conducted and documented at every well child exam.

*Please refer to the policy included as insert with newsletter*

Provider Trainings

CHDP offers trainings by licensed CHDP staff members. These trainings can be held at your clinics for your convenience.

- PM 160 Training—Correct completion of the form ensures meaningful data is collected for the State and provides information for our public health nurses to follow up with case coordination needs if indicated

- Oral Health Training by our dental hygienist

- “Assessing Child Growth Using the Body Mass Index (BMI)-for Age Growth Charts” and “Counseling the Overweight Child” by our nutritionist

For more information, contact your CHDP nurse consultant, dental hygienist or nutritionist.
**CHDP Provider Information Notices** - [http://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx](http://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx)

**PIN # 15-1** 02-25-15. The CHDP Program transition to the use of the CMS (Children’s Medical Services) 1500, the ACS X 12N 837P Electronic Transaction, and the use of National CPT-4 Codes. The projected implementation date for this transition is June 30, 2015. CHDP providers should continue submitting the PM-160 and PM-160 Information-Only Confidential Screening and Billing Reports until further notice.

**CHDP Bulletin Highlights**— for complete bulletins visit—— [http://files.medicall.ca.gov/pubsdoco/bulletins/bulletin_archives.asp?Type=chdp](http://files.medicall.ca.gov/pubsdoco/bulletins/bulletin_archives.asp?Type=chdp)

**Bulletin # 124 – February 2015**

**Update: Additional Information for Providing Care to Recipients with Pending Applications.** For help with a pending Medi-Cal application, contact your Medi-Cal Regional Field Representative or Telephone Service Center (800-541-5555).

**New Point of Service Device for CHDP Gateway Transaction.** The Gateway Transaction Overview of the Child Health and Disability Prevention (CHDP) Provider Manual has been revised to indicate the replacement of the VeriFone Omni 3300 Point of Service (POS) device with the VeriFone VX 520 POS device for submission of CHDP Gateway transactions.

**Bulletin # 123 – January 2015**

**DHCS and Providers Team for Rollout of CA-MMIS Replacement System.** This is a multi-year HE (Health Enterprise) transition (from 12/2014 through end of 2016). The existing CA-MMIS system will be replaced over several releases. The new system will enhance Medi-Cal program automation, standardization and interoperability. CHDP has been selected to test the 1st wave of claim related changes. CHDP providers will be notified and supported as they transition. The projected implementation date is 6/30/15. For questions or concerns call the Telephone Service Center (TSC) at 1-800-541-5555 (8am to 5pm Monday-Friday).

**2015 CPT-4 and HCPCS Codes Not Yet Adopted.** Providers should NOT use the 2015 codes until further notice.

**Healthy Families No Longer Part of CHDP Program.** Effective on & after Jan 1, 2013, all services previously provided under the CHDP Healthy Families Program are now provided under the Medi-Cal Program.

**Reminder: Medi-Cal Payment Considered ‘Payment in Full’.** DHCS reminds all providers that Medi-Cal payment is considered “payment in full” for covered services, according to Title 42 of the Code of Federal Regulations, Section 447.15, and California law in Welfare and Institutions Code (W&I Code) Section 14019.3.

**Bulletin # 122 – December 2014**

**Date Specific Eligibility Policy Update: Hospital PE, CHDP and CHDP Gateway.** Date Specific Eligibility for Medi-Cal Presumptive Eligibility (PE) is established by DHCS. Eff Dec 31, 2014, this eligibility policy will be implemented in the Medi-Cal PE pro Bulletin # 122 – December 2014. This eligibility policy will be implemented in the Medi-Cal PE programs, such as CHDP and CHDP Gateway, in which PE coverage begins on the date an individual is determined eligible for PE.

**In the CHDP Gateway program,** eligibility must be verified when services are provided when referring to the Immediate Need Eligibility Document. This information is reflected in the CHDP Provider Manual under elig chdp; gate; and gate trans.

**2015 Medi-Cal Provider Training Dates and Locations Announced.** In the Bay Area, there will be 1 upcoming seminar on March 26, 2015 in Sacramento. Providers can access seminar and webinar details, including class schedules, RSVP for trainings in the Medi-Cal Learning Portal (MLP) Provider Training page.

**Subscribe to Medi-Cal Subscription Service (MCSS) Today**—A free service for up-to-date information on Medi-Cal news—[http://files.medicall.ca.gov/pubsdoco/mcss/mcss.asp](http://files.medicall.ca.gov/pubsdoco/mcss/mcss.asp) to subscribe.
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Public Mural Art Credits

Page 1 – “Naya Bihana” by Martin Travers located in the Balmy Alley in the Mission District
Page 3 – Ping Yuen Housing Project by Darryl Mar located at Stockton and Pacific in Chinatown
Page 7 – “Weeds” by Mona Caron hidden in the Civic Center
Page 9 - “Maestrapeace” collaborative mural by Juana Alicia, Miranda Bergman, Edythe Boone, Susan Kelk Cervantes, Meera Desai, Yvonne Littleton and Irene Perez on the Women's Building in the Mission