

Child Health & Disability Prevention



SAN FRANCISCO CHILD HEALTH & DISABILITY PREVENTION (CHDP) PROGRAM NEWSLETTER

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BRIGHT FUTURES RELEASES UPDATED TOOL AND RESOURCE KIT

The newly published Bright Futures Tool and Resource Kit reflect recommendations from Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescent, 4th edition. Medical Reference Screening Tables, Assessment Forms, Resources, Questionnaires, and Hand-outs have all been updated to reflect current preventive healthcare guidelines and screening recommendations. For more information, please visit the American Academy of Pediatrics Bright Futures website: <https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx>

CHDP adopted Bright Futures periodicity schedule and recommendations for Preventive Pediatric Health Care in the summer of 2016. CHDP providers are expected to follow Bright Futures recommendations.* Please contact your CHDP provider relations nurse with any questions.

*California and Medicaid law, or CHDP Health Assessment Guidelines may supersede some Bright Futures screening recommendations.

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Updated SF CHDP Winter Spring 2018-19 Dental Directory is now online!

•English: https://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Eng.pdf

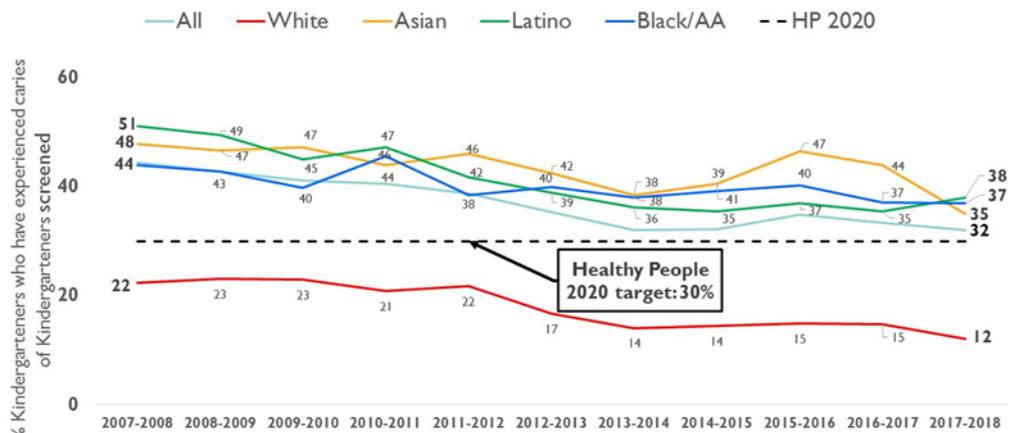
•Chinese: https://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Chi.pdf

•Spanish: https://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Span.pdf

2017-2018 SAN FRANCISCO KINDERGARTEN ORAL HEALTH STATUS

The San Francisco Unified School District, in partnership with the San Francisco Dental Society and the San Francisco Department of Public Health Dental Programs conduct oral health screenings for San Francisco kindergarteners every year. The screenings reflect the oral health status of 65% of our city’s kindergarteners and oral health trends in San Francisco’s children. Last year (2017-2018) a total of 3,956 kindergarteners from 73 schools were screened. 32% of all children screened experienced cavities by kindergarten. Compared to white kindergarteners, kindergarteners of color experienced significant oral health disparities.

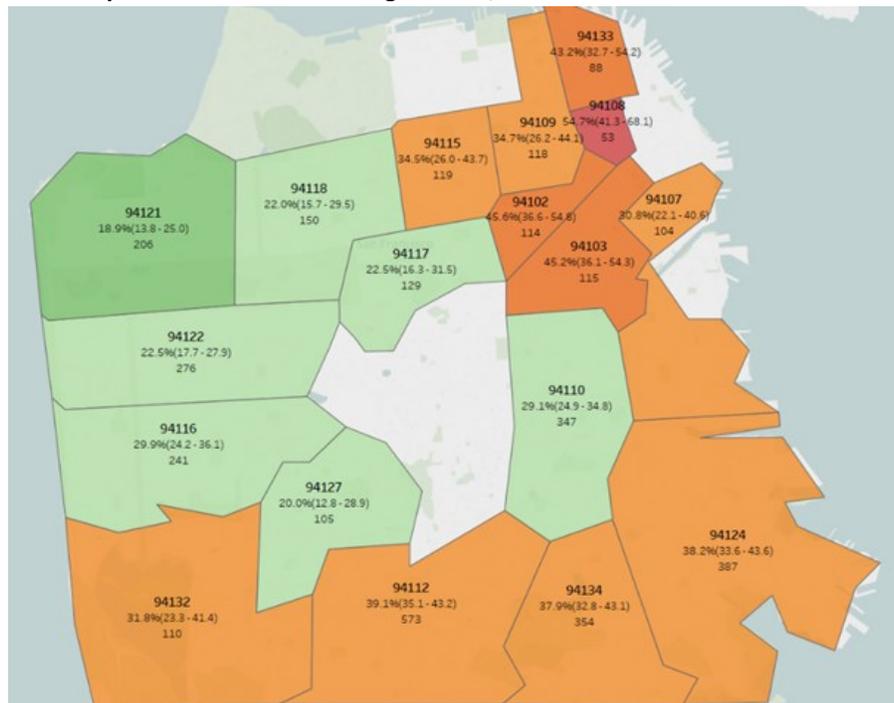
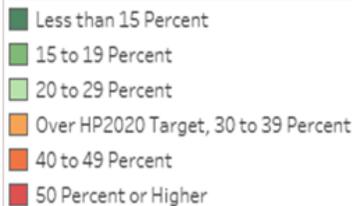
San Francisco Unified School District kindergarteners who have experienced caries in their primary teeth by race-ethnicity



Data source: SFDPH-SFUSD-SFDS Kindergarten Oral Health Screening

Disparities also exist geographically across the city. Low income neighborhoods in the city have higher rates of cavities experienced.

Caries Experience in SFUSD Kindergarteners, 2017-2018



DENTAL CARE COORDINATION SERVICES

Having an early dental home with routine preventive dental visits are associated with better oral health across the lifetime. Good oral health from birth to death is linked to good overall health. Difficulty making a dentist appointment or difficulty in finding the right dentist prevents many families from getting routine preventive treatment. SF CHDP health workers care coordinate all CHDP dental referrals sent to our office (for eligible FFS/Gateway or Straight Medi-Cal CHDP clients), with approximately 90% success rate! The following table lists available care coordination and case management services for dental (and medical) referrals.

Content Notes:

¹For medical case management questions, contact your SF CHDP provider relations nurse.

²Denti-Cal Provider Bulletin
https://www.denti-cal.ca.gov/DC_documents/providers/provider_bulletins/Volume_34_Number_23.pdf

³Anthem Blue Cross Quick Reference Guide, https://www.anthem.com/ca/provider/f3/s1/t0/pw_e232872.pdf?refer=agent

SF CHDP Care Coordination Services for Children with STRAIGHT FFS/GATEWAY MEDI-CAL						
Agency	Program Type	Telephone	E-mail/Referral Forms	Dental	Medical ¹	Ages
CHDP	Care Coordination	(415) 575-5712	<ul style="list-style-type: none"> FQHC clinics: PM160 Forms Non-FQHC clinics: https://www.sfdph.org/dph/files/MCHdocs/CHDP/CHDP-FFS-Gateway-Care-Coordination-Follow-up-Request-Form-and-Instructions-3-1-18-Fillable-Form-Reader-Extend.pdf 	All	All	0 to under 21
Other SF Care Coordination Services for Children with MEDI-CAL MANAGED CARE						
Agency	Program Type	Telephone	E-mail/Referral Forms	Dental	Medical	Ages
Denti-Cal	Care Coordination	Beneficiaries: (800) 322-6384	Telephone only	All		All
Denti-Cal	Case Management ²	Providers only: (800) 423-0507	Referral Forms: https://www.denti-cal.ca.gov/DC_documents/providers/case_mgmt_referral_form.pdf	Special Health Care Needs— with complicated Dental Needs		All
SF Health Plan	Child, Adolescent & Transitional Aged Youth (CATY) Care Management program	Beneficiaries or Providers: (415) 615-4515	Email referrals: caremanagement_referrals@sfhpc.org Additional questions: Jess Wiley, Children & Family Program Manager, 415-615-4416 or jwiley@sfhpc.org SFHP Care Coordination team will connect members assigned to clinics outside of the SFHN, SFCCC or UCSF system with one of SFHP delegated medical group's case management programs.	Members with multiple medical and/or behavioral health care coordination needs, including dental care.		0-17 (SFHN, SFCCC or UCSF clinic patients)
SF Dental Transformation Initiative (DTI) Program	Care Coordination Pilot Project (Program Ends Oct 2020)	Providers only: (415) 575-5681	Referral Forms: https://sfdti.weebly.com/uploads/1/1/3/6/113613631/dti_medical_dti_managed_care_plan_-_dental_care_coordination.follow-up_request_form_with_instructions_final_2-27-18-fillable.pdf	Any Dental Need		0-5
Anthem Blue Cross ³	Case Management	Providers only: (888) 334-0870	Referral Forms: https://mediproviders.anthem.com/Documents/CACA_CAID_CareMgmtReferralForm.pdf Please fax to 1-866-333-4827 and note your email on referral. Write urgent at top of form if urgent need.	Any Dental Need	Any Medical Need	All

CHDP NEWSLETTERS

As CHDP moves towards the digital age, CHDP will stop sending out printed newsletters in Summer 2019 unless requested. If you prefer and would like to receive printed CHDP newsletters, please e-mail teresa.chan@sfdph.org.



Physical Activity Guidelines for Americans

2nd edition



NEW PHYSICAL ACTIVITY GUIDELINES FOR AMERICANS

In November 2018, the U.S. Department of Health and Human Services released the second edition of the *Physical Activity Guidelines for Americans* to provide evidence-based recommendations for children and adults. Included is new evidence about specific health benefits of exercise and updated guidelines for different age groups, including ages 3-5, 6-17, adults, and older adults. The guidelines highlight the specific amounts of exercise needed for each age, condition, and types of exercises.

- **New guidelines for children ages 3 through 5** encourage physical activity throughout the day to enhance growth and development. Adult caregivers should encourage children to participate in active play for at least 3 hours each day.
- Guidelines for **ages 6 through 17** have not changed: at least 1 hour a day of moderate-to-vigorous activity with a combination of aerobic (walking, running, or anything that increases the heart rate) and strength movements to build muscles and bones (climbing on playground equipment or rock climbing walls, playing basketball, and jumping rope). If 1 hour a day can be achieved, more specific goals may be created such as including 3 days a week of vigorous activity and 3 days a week of strengthening activities (within the 1 hour).

Some activities, such as bicycling or swimming, can be moderate or vigorous intensity, depending upon level of effort. For preschool aged children, aerobic activities listed can be either moderate or vigorous intensity.

Reference:
Physical Activity Guidelines for Americans, 2nd edition
<https://health.gov/paguidelines/second-edition/>

Examples of Aerobic, Muscle, and Bone-Strengthening Physical Activities for Children and Adolescents from *Physical Activity Guidelines for Americans, 2nd edition*.

Type of Physical Activity	Preschool-Aged Children	School-Aged Children	Adolescents
Moderate-intensity aerobic	<ul style="list-style-type: none"> • Games such as tag or follow the leader • Playing on a playground • Tricycle or bicycle riding • Walking, running, skipping, jumping, dancing • Swimming • Playing games that require catching, throwing, and kicking • Gymnastics or tumbling 	<ul style="list-style-type: none"> • Brisk walking • Bicycle riding • Active recreation, such as hiking, riding a scooter without a motor, swimming • Playing games that require catching and throwing, such as baseball and softball 	<ul style="list-style-type: none"> • Brisk walking • Bicycle riding • Active recreation, such as kayaking, hiking, swimming • Playing games that require catching and throwing, such as baseball and softball • House and yard work, such as sweeping or pushing a lawn mower • Some video games that include continuous movement
Vigorous-intensity aerobic	<ul style="list-style-type: none"> • Games such as tag or follow the leader • Playing on a playground • Tricycle or bicycle riding • Walking, running, skipping, jumping, dancing • Swimming • Playing games that require catching, throwing, and kicking • Gymnastics or tumbling 	<ul style="list-style-type: none"> • Running • Bicycle riding • Active games involving running and chasing, such as tag or flag football • Jumping rope • Cross-country skiing • Sports such as soccer, basketball, swimming, tennis • Martial arts • Vigorous dancing 	<ul style="list-style-type: none"> • Running • Bicycle riding • Active games involving running and chasing, such as flag football • Jumping rope • Cross-country skiing • Sports such as soccer, basketball, swimming, tennis • Martial arts • Vigorous dancing
Muscle strengthening	<ul style="list-style-type: none"> • Games such as tug of war • Climbing on playground equipment • Gymnastics 	<ul style="list-style-type: none"> • Games such as tug of war • Resistance exercises using body weight or resistance bands • Rope or tree climbing • Climbing on playground equipment • Some forms of yoga 	<ul style="list-style-type: none"> • Games such as tug of war • Resistance exercises using body weight, resistance bands, weight machines, hand-held weights • Some forms of yoga
Bone strengthening	<ul style="list-style-type: none"> • Hopping, skipping, jumping • Jumping rope • Running • Gymnastics 	<ul style="list-style-type: none"> • Hopping, skipping, jumping • Jumping rope • Running • Sports that involve jumping or rapid change in direction 	<ul style="list-style-type: none"> • Jumping rope • Running • Sports that involve jumping or rapid change in direction

REMINDER TO PROVIDERS

As stated in the CHDP provider manual, providers must notify the local CHDP office within 30 days of any change of information:

- Change of address
- Addition of sites of service
- Use of temporary location or mobile van unit
- Changes in Medi-Cal or Federal Tax Identification Number
- Addition or deletion of rendering providers

Providers whose status changes from an individual provider to a group, from a group to a clinic, or from a clinic to a Federally Qualified Health Center (FQHC), etc., must notify CHDP after securing the new status.

CHDP PROVIDER INFORMATION NOTICES

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

No new Provider Information Notices since PIN # 17-03 6-27-17.

All CHDP providers are required to comply with the most recent AAP Bright Futures Guidelines and the AAP Bright Futures Recommendations for Preventive Pediatric Health Care (periodicity table). In addition, CHDP providers are also required to comply with any additional state regulatory requirements for risk assessments and testing as outlined in the CHDP HAG (Health Assessment Guidelines).

Medi-Cal NewsFlash <http://www.medi-cal.ca.gov/>

EPSDT Services Code Conversion: Frequently Asked Questions – released September 18, 2018

Effective for dates of service on or after September 1, the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services code conversion replaced HCPCS Level III local codes with HIPAA-compliant HCPCS Level II national billing codes. Frequently Asked Questions (FAQs) and answers related to this conversion are posted to the **HIPAA: Code Conversions** page of the Medi-Cal website and can be accessed via http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaacorrelations_home.asp

Upcoming 2019 Medi-Cal Provider Training Webinars – released November 7, 2018

January 2019 - training webinars will be hosted in real time by a Regional Representative for the entire month:

- Held Tuesdays, Wednesdays and Thursdays at 10 am and 2 pm.
- Cover basic, advanced and specialty classes. Interested providers can access through the Medi-Cal Learning Portal <https://learn.medi-cal.ca.gov/> or the Medi-Cal home page <http://www.medi-cal.ca.gov/>.

Continued on page 7

- Print class materials and ask questions during the training sessions.

February 2019 – Seminar will be held on February 13- 14, 2019 at Crowne Plaza in Concord, CA. Crowne Plaza is located at 45 John Glenn Drive, Concord, CA 94520. Providers should register if interested in attending.

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 # 167 – September 2018

1. Blood Draw and Counseling Services for CHDP Children and Youth

The following crosswalk chart is provided to illustrate the CPT-4 code billed for blood draw services rendered to Child Health and Disability Prevention (CHDP) qualified children and youth, effective for dates of service on or after May 1, 2018.

CHDP school-based provider exception: CPT-4 code 99000 is not reimbursable to CHDP school-based providers. They have not yet transitioned to billing CPT-4 codes on the national *UB-04* claim forms. CHDP school-based providers will continue to bill local code 23 until instructed otherwise.

Local Code	Description	National Code	Description	Notes
23	Blood Draw for Lead Testing and Counseling	99000	Handling and/or conveyance of specimen for transfer from the [physician's] office to a laboratory	Instructions for billing CPT-4 code 99000 are included in the <i>Pathology: Blood Collection and Handling</i> section in the appropriate Part 2, Medi-Cal provider manual.

Bulletin # 168 – October 2018

1. November 1 Go Live: CHDP Phase 3 HIPAA Code Conversion for School-Based Services

To comply with HIPAA national standards for health care electronic transactions and code sets, school-based services will transition to national standards on November 1, 2018.

School-based providers will bill services directly to Medi-Cal in accordance with HIPAA national standards. Services will be billed with CPT-4 national codes on the *UB-04* claim form or electronic equivalent. Services billed on the incorrect claim form for the date of service will be denied.

As a reminder, well-child health assessments and lab services conducted by school-based providers will continue to be performed in accordance with the American Academy of Pediatrics (AAP) Bright Futures periodicity schedule.

Bulletin # 169 – November 2018

1. Provider Manual Revisions:

Gateway on pages 6, 8 and 10

Gateway transactions on pages 1 to 4

Provider responsibilities on Health Assessments on page 5

2. A New Way to Subscribe – Contact Medi-Cal Subscription Service Representatives

Providers can now contact MCSS representatives directly at MCSSCalifornia@conduent.com to subscribe and for assistance with managing subscriptions. This is just another way to subscribe in addition to either online or email subscription.

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C H D P

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