

Winter 2012 issue:

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CHDP NEWS

San Francisco Child Health and Disability
Prevention (CHDP) Program
Volume V Issue IV, Winter 2012



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Healthy Families Insurance Begins Transition to Medi-Cal

All Healthy Families Program (HFP) enrollees will transition to Medi-Cal as targeted low-income Medicaid children beginning January 1, 2013. Parents should watch for letters from the State.

Information for parents to remember:

- ⌘ Children currently enrolled in Healthy Families will continue to have health dental and vision coverage.
- ⌘ Healthy Families is still open and is accepting new enrollment.
- ⌘ Healthy Families continues to process plan transfer requests, monthly premium payments, Annual Eligibility Reviews, and enrollment of infants whose mothers are enrolled in the Access for Infants and Mothers Program.
- ⌘ The move to Medi-Cal will begin in San Francisco in January 2013. The transition will occur in phases based on the health plan the child is enrolled in.

Families have already begun receiving letters in the mail from Healthy Families (beginning in late October 2012) explaining the process. You may view the Notice to Members [here](#).

- ε It is very important for parents to keep their address and telephone number up-to-date with Healthy Families so that they will receive the latest information.
- ε Families need to continue to pay their Healthy Families premiums in order to maintain coverage in the program.

For more information, see the DHCS [Healthy Families Transition website](#).



Reversing Dental Decay in the Medical Office

Dental decay is an infection that causes demineralization and destruction of the hard structures of the tooth (*enamel, dentin and cementum*). This destruction is caused by acid, produced by bacterial fermentation of fermentable carbohydrates, such as white flour products, sugary foods, juice, etc. When the pH at the surface of the tooth drops below 5.5, demineralization proceeds faster than remineralization (meaning that there is a net loss of mineral structure on the tooth's surface.) Initially the demineralization of the enamel may appear as a small chalky area (smooth surface caries), which may eventually develop into a large cavitation.

What do the initial stages of tooth decay look like when doing a CHDP oral assessment?

It is important to look at the tooth enamel close to the gums. Indications that there is a caries process occurring are:

- ε Presence of plaque
- ε White "line" on the enamel near the gums
- ε Inflamed gingiva



Reversible

This initial destruction is reversible with proper oral health care which includes: better brushing with fluoride



Irreversible

Once the enamel has been destroyed however, and a cavitated lesion has exposed the dentin, the only way to

toothpaste, reduction in the frequency of exposure to fermentable “carbs”, and increasing the application of fluoride varnish.

protect the tooth from further destruction is by a dentist removing infected tooth structure and placing a dental filling.

What can be done to reverse beginning decay?

- ε Show the caregiver the areas and instruct them to brush better (with a tiny "dot" of fluoride toothpaste) on the gumline. *Most people do not brush close enough to the gums, where bacteria hide.*
- ε Apply fluoride varnish during the medical visit.
- ε Refer the child to a dentist to get more fluoride varnish and a more thorough dental exam.
- ε Stop the "Acid Attack": Advise parents to limit frequent exposure to fermentable carbohydrates - especially in bottles and sippy cups.

Why we ask our primary care providers to apply the fluoride varnish and give guidance to parents?

- ε Learning that oral health is important during a medical visit has greater impact on parental compliance.
- ε Many parents do not get their child back to a dentist in time to reverse the decay.
- ε Having a child in your office is an opportunity to provide prevention guidance and therapy.

Many of our low-income parents are struggling with two jobs, housing and immigration issues. Often their children’s oral health is a low priority, until a crisis such as tooth ache or infection occurs. It is important to use this opportunity when the child is in the exam room, to provide proven prevention treatment, rather than just refer and hope they make it to a dentist.

Why does a dental referral not replace fluoride varnish in the medical office? A dental referral is essential; however, referring to a dentist for a Medi-Cal benefit (fluoride varnish) that should be applied in a medical office is not sufficient.

The Medi-Cal fluoride varnish benefit is meant for children who are at moderate to high risk for dental decay. This benefit should be available to them during their well child visit in the medical office, as well as in a dental office, which together can total up to 5 times a year. If children only receive fluoride varnish in the dental office, they miss the intended 3 additional applications. (AND that is only IF they go to the dentist.) If they do not make it to the dentist, which is often the case, their child may not get any of this protective treatment

Is there any reimbursement for fluoride varnish?

The good news is yes. For all “*fee-for-service*” Medi-Cal children (ages 0 through 5 years), each application is reimbursed \$18 by billing Medi-Cal (not CHDP). Anthem Blue Cross Medi-Cal reimburses per application at a slightly lower rate. SF Health Plan reimburses fluoride varnish applications for their SFHP children through their HECP program. Providers must apply and enroll in the SFHP HECP program, usually in July.

http://sfhp.org/providers/quality_improvement/HealthEdCompProgram.aspx

Many offices utilize their MEAs to apply the varnish. CHDP offers training, as well as an office protocol to help you get started.

Is your office ready to respond to parents’ request for this Medi-Cal benefit?

Of course, we want all children referred to a “Dental Home” by age one. But our high risk CHDP children need access to the protection of frequent applications of fluoride varnish, offered during their well child visits. If your office does not offer fluoride varnish to Medi-Cal children, and a parent requests this benefit, it is important that you have a plan to ensure they have access to this medical treatment.

Protecting children’s oral health is no longer only the purview of the dentist. Now medical providers not only prevent, but also reverse tooth decay in their young patients.

For More Information about Fluoride Varnish Application in the Medical Office:

<http://www.mchoralhealth.org/flvarnish/index.html>

Or call 575-5719 for training, free supplies and written materials.



Holiday Food and Toy Resource List for SF Families

Spread the joy this holiday season by sharing these resources with your families in need.

Dec 13th– SFGH Annual Children’s Holiday Party: take photos with Santa, face painting, carolers, arts and crafts, petting zoo, and more... location: SFGH Main Lobby time: 2pm-5pm

Dec 15th – Western Addition Family Resource Center’s 3rd Annual Christmas Toy Give Away: Enjoy hot chocolate, cookies, take a picture with Santa, receive a free Christmas gift... location:

1426 Fillmore St, Ste 303 time: 10am-3pm Must RSVP by Dec 2 with Loria Price, 415-202-9770 ext 112

Dec 19th – GLIDE Grocery Bag Giveaway location: 330 Ellis Street time: 7:30am-12:30pm

Dec 22nd – GLIDE Toy Giveaway location: 330 Ellis Street time: 9am-11am

Dec 25th – GLIDE Christmas Meals location: 330 Ellis Street time: 7-8:30am breakfast, 9am-2pm dinner

Families can also apply for these toy programs:

The Salvation Army: call 553-3568 to register, kids must be 0-16 years of age

SF Fire Department: pick up an application at any SF fire station and return it by December 15th, kids must be a resident of SF and under 12 years of age



Ask Your CHDP Nurses: Replacing Lost or Broken Eyeglasses

While it is commonly believed that Medi-Cal does not provide replacement eyeglasses, your local CHDP office has confirmed with the Medi-Cal Vision Care Policy Unit that Medi-Cal will reimburse optometrists for the replacement of lost, damaged or broken eyeglasses as needed.

When you see a patient who needs replacement eyeglasses:

1. Advise them to make an appointment with their regular optometrist.
2. Mom or Dad needs to provide the optometrist with a short, signed note explaining how the glasses were lost or broken, and what was done to “recover” the eyeglasses (e.g. “we called the school’s lost and found office, and talked to the school bus driver, but we were not able to find our child’s glasses.”)
3. Remember, CHDP staff are here to provide case management for all referrals with a follow-up code of 4 or 5, including vision and eye care needs.
4. There are other local organizations that provide free eyeglasses where your patients may qualify, such as Healthy Eyes Eyeglass Program. Please call [Prevent Blindness Northern California](#) at 415-567-7500 for more details.

Medi-Cal's eyeglasses replacement policy can be found on page 4 of the [Eye Appliances](#) section of the Medi-Cal Vision Care Provider Manual.

Early detection is key to healthy vision!

Why your youngest patients should see an optometrist:

- ε Children of parents lacking health insurance are 3x more likely to have amblyopia.
- ε Amblyopia is the leading cause of vision loss in children and young adults (est. 500,000 pre-K).
- ε >29% children in Head Start programs have one or more vision disorders.
- ε 25 % of students K-6 have a serious vision problem that can impede learning (APHA).
- ε 60% of students marked as problem learners have undetected vision problems (AOA).
- ε Est. 80% of learning-disabled children have an undiagnosed vision problem (VCA).
- ε Est. 70% of juvenile delinquents have a vision problem.

We have listed information below on InfantSEE, a public health program that provides comprehensive eye and vision assessments for infants through local optometrists within the first year of life.

InfantSEE: Free Vision Screening for Infants

The American Optometric Association (AOA) recommends that in addition to the routine vision screenings performed in pediatrician offices, an infant should be evaluated by an optometrist in their first year of life. Many of the eye disorders that will affect a child's learning and development can be detected with a comprehensive eye exam as early as six to twelve months of age.

- ε InfantSEE is a public health program launched in 2005 by the AOA designed to ensure that all children between the ages of six to twelve months have access to a comprehensive eye exam, regardless of their family income or insurance status, i.e. free exam.
- ε During an InfantSEE exam, an optometrist will evaluate a baby's ocular motility and alignment, visual acuity, refraction, as well as the overall eye health of the child.
- ε Please encourage your families to take advantage of this resource as early screening and detection is vital in healthy vision and normal development.
- ε And remember, risk factors for eye disorders include: prematurity, LBW, CNS disorders, traumatic deliveries which can involve low Apgar scores and fetal distress, family history, among others, so refer, refer and refer.

For more information on the InfantSEE program and to locate an InfantSEE provider (several Bay Area optometrists volunteer their services), please visit their website :

<http://www.infantsee.org/x3421.xml>

CHDP Provider Information

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

No new PINs since last Newsletter.

CHDP Bulletins

Available online at <http://www.medi-cal.ca.gov>. Click on Provider Bulletins, scroll to bottom. Click on CHDP Gateway to Health Coverage under Specialty Programs.

Bulletin # 95 – September 2012

1. Modifier Required with Provider-Preventable Conditions Claims

Effective for dates of services on or after October 1, 2012, one of the three modifiers is required on claims regarding Provider-Preventable Conditions (PPC) related to surgical or other invasive procedures performed in any outpatient setting. The modifiers are: PA (surgical or other invasive procedure performed on the wrong body part), PB (surgical or other invasive procedure performed on the wrong patient), or PC (wrong surgical or other invasive procedure performed on a patient).

Claims will be “zero paid” (Medi-Cal quantity paid amount is zero).

2. Double Billing Error Correction for CHDP Providers

The Department of Health Care Services (DHCS) has identified an error that incorrectly allowed Child Health and Disability Prevention (CHDP) providers to double bill CHDP service code 83 (vaccine, DTaP-IPV, 4 years thru 6 years, 11 months) and CPT-4 code 90696 (diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine,

Note: If you cannot view the MS Word or PDF (Portable Document Format) documents correctly, please visit the Web Tool Box to link to a download site for the appropriate reader. There is no CHDP bulletin #96 for October 2012.

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Bulletin # 97 – November 2012

1. Two HCACs Added to Provider Preventable Conditions

Two Hospital-Acquired Conditions (HACs), which by federal regulations automatically become Medicaid Health Care-Acquired Conditions (HCACs), have been added to the list of Provider-Preventable Conditions (PPCs).

The first new HCAC is surgical site infection (SSI) following cardiac implantable electronic device (CIED) procedures. The second HCAC is iatrogenic pneumothorax following venous catheterization.

The federal requirement for inpatient hospitals to report the two new HCACs and for Medicaid to adjust payment for them is effective for dates of service on or after

inactivated [DTap-IPV], when administered to children 4 through 6 years of age, for intramuscular use) for the same provider, beneficiary and date of service.

No action is necessary by providers. An Erroneous Payment Correction (EPC) will be created to collect any Medi-Cal payments made to CHDP providers for dates of service on or after December 1, 2008, that billed service code 83 and CPT-4 code 90696 for the same provider, beneficiary and date of service.

3. Medi-Cal Provider Seminar

Throughout the year, the Department of Health Care Services (DHCS) and Xerox State Healthcare, LLC, the DHCS Fiscal Intermediary (FI) for the Medi-Cal program, conduct Medi-Cal training seminars. These seminars, which target both novice and experienced providers and billing staff, cover the following topics:

- Changes to Medi-Cal billing
- Basic and advanced billing issues
- Provider-specific billing questions
- Specialty programs, such as California Children's Services (CCS)

Providers can access a class schedule and sign up for the seminar by visiting the Training page of the Medi-Cal Learning Portal (MLP) and selecting the seminar date.

Providers are encouraged to bookmark the Training page and refer to it often for current seminar information.

Providers may also schedule a custom billing workshop by contacting their Regional Representative in one of the following ways:

- Call Medi-Cal at 1-800-541-5555 and request to be contacted by a representative.
- Use the Lookup Regional Representative tool on the MLP.

October 1, 2012.

More information on PPCs is available on the PPC page of the Medi-Cal website. The final rule document detailing the Centers for Medicare & Medicaid Services (CMS) regulations on PPCs is available on the Government Printing Office Website.

2. Clinical Laboratory and Laboratory Services Reimbursement Rates

The Department of Health Care Services (DHCS), under the direction of Assembly Bill 1494 (Chapter 28, Statutes of 2012), is developing a new reimbursement rate setting methodology for clinical laboratory and laboratory services. AB 1494 also directs laboratory service providers to submit data reports by December 27, 2012 (six months after the date AB 1494 was enacted) to assist DHCS in establishing the reimbursement rates for impacted services.

DHCS extended the reporting date to January 31, 2013, and has developed proposed data elements for provider submission as part of the rate setting methodology.

In addition, DHCS has identified the CPT-4 and HCPCS codes that fall under California Code of Regulations (CCR) Title 22, Section 51137.2, description of "Clinical Laboratory and Laboratory Services." Both the data elements and codes can be viewed on the Clinical Laboratory and Laboratory Services Rate Methodology Change Web page of the DHCS website.

3. Provider Manual Revisions

Pages updated due to ongoing provider manual revisions: aid codes (19)

Note: If you cannot view the MS Word or PDF (Portable Document Format) documents correctly, please visit the Web Tool Box to link to a download site for the appropriate reader.

Trainings and Patient Education Materials

CHDP Trainings

Trainings can be scheduled and conducted at your clinic by licensed CHDP staff:

- ε PM 160 Training
- ε Oral Health Training
- ε Assessing Child Growth Using the Body Mass Index (BMI)-for-Age Growth Charts
- ε Counseling the Overweight Child

Contact your CHDP provider-relations nurse consultant, dental hygienist or nutritionist at the email or phone number listed at the end of this newsletter.



Oral Health Patient Brochures and Professional Resources

Color brochures can be ordered free from the National Maternal and Child Health Oral Resource Center at Georgetown University. Online pdf files also available.

Order directly at ~

<http://www.mchoralhealth.org/order/index.html>

or contact Margaret Fisher at (415) 575-5719

or margaret.fisher@sfdph.org.



CHDP Oral Health Training

- ε CHDP Oral Health Training offers “in-office” Early Dental Assessment & Referral training and support.
- ε A box of fluoride varnish (worth \$150) will be provided as part of the training at no charge.
- ε SF Health Plan reimburses for fluoride varnish applications. \$15/application for SFHP children. Details on the last page of the [SFHP May 2012 Provider Update](#)

Contact Margaret Fisher at (415) 575-5719 or margaret.fisher@sfdph.org

Summer 2012 CHDP Dental Directory

Available online in

[English](#), [Chinese](#), [Spanish](#)





New CHDP Dental Training On-line

The California CHDP Dental Training on Oral Health Assessment and Referral is now online at

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

Also available at this website are patient brochures and provider resources such as the [CHDP-CCS Orthodontic and Craniofacial Referral Guideline](#).

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