CHDP NEWS

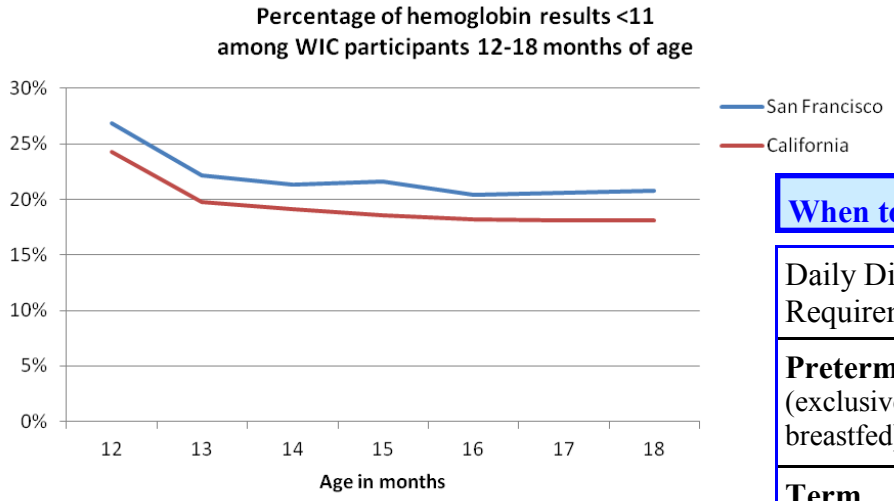
San Francisco Child Health and Disability Prevention (CHDP) Program

Volume V Issue II Summer 2012

This Issue: Why screen early for Anemia?	Linking Care 2 Oral Health 2-3	Bulletins & News 4-5 Upcoming Events 6	IOM: Solving the Weight of the Nation (infographic) 7

Iron Deficiency Anemia—Why Screen by 12 months?

- Iron deficiency is linked to impaired neurocognitive development (Black et al, 2011)
- Anemia is a late indicator of iron deficiency
- SF has a higher rate of anemia than the State
- Local SF and State WIC data show that SF children have an increased rate of anemia at younger ages



When to Prescribe?

Daily Dietary Requirement (Iron)		Start Date	Duration
Preterm (exclusively breastfed)	2 mg/kg	1 month of age	Until iron-rich foods are sufficiently consumed to meet daily dietary requirement
Term, healthy infants (exclusively breastfed)	1 mg/kg	4 months of age	
Infants ages 6-12 months	11 mg	As needed if not met by iron-rich food intake or formula	
Toddlers ages 1-3 years	7 mg	As needed if not met by iron-rich food intake	

When to Screen?

6 months	9 months	12 months
• Preterm infants • LBW infants • Infants born from mothers who are anemic or diabetic	• Exclusively breastfed infants	• Routine screening for all infants

- Required Screening -

CHDP periodicity: Hgb or Hct at 9-12 months of age

WIC participation: Hgb or Hct by 12 months

- WIC discusses abnormal results with parents at child's individual counseling session

Repeat test at any age if concerned
(ie. Toddlers with high milk intake, >16oz/day)

AAP Offers Guidance to Boost Iron Levels in Children, 2010

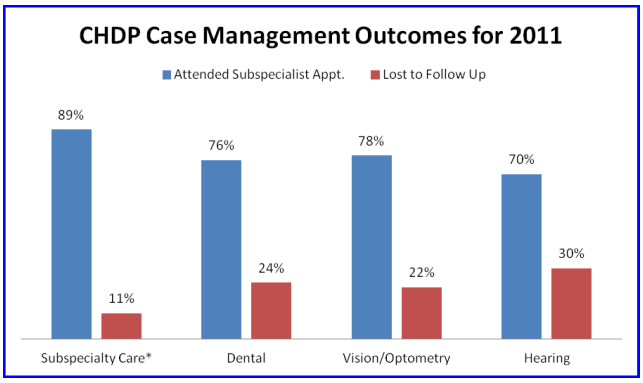
Black MM, Quigg AM, Hurley KM, Pepper MR. Iron deficiency and iron deficiency anemia in the first two years of life: strategies to prevent loss of developmental potential. Nutr Rev. 2011:69 Suppl 1: S64-70.

CHDP: Getting Your Patients Into Subspecialty Care!

Ever wondered what happens to all of those PM160 forms that you and your colleagues fill out so diligently for patients with Gateway/Fee-for-Service coverage? A copy of each is sent to the San Francisco CHDP office at 30 Van Ness, and every single one of them is assessed for case management needs!
Dental, vision/optometry and hearing referrals are assigned to bilingual Health Workers, who then work tirelessly to ensure that families schedule and keep needed appointments.

> In 2011, **89%** of patients followed by a CHDP Public Health Nurse attended their Subspecialist appointment!

All other subspecialty referrals are case managed by CHDP Public Health Nurses, who liaise between patients and subspecialists, facilitate communication between PCPs and subspecialty providers, help with re-scheduling if a patient is not able to attend their initial appointment, and provide case management until

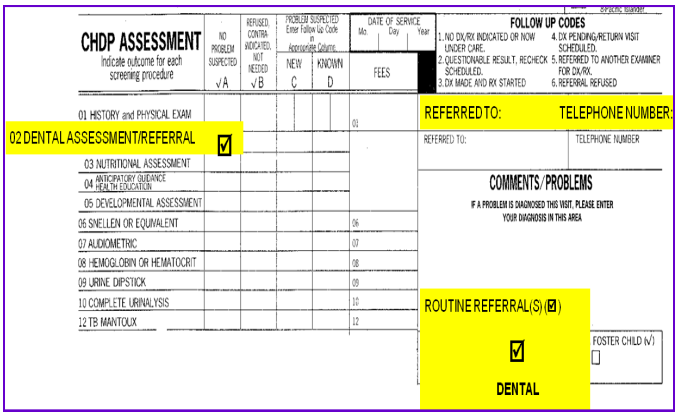


**Subspecialty care includes, but is not limited to: Anemia, Allergies, Cardiology, Developmental Delay, ENT, Failure to Thrive, GI, Mental Health, Neurology, Obesity, Orthopedics and Speech Delay.*

patients actually attend their scheduled appointment. So, how are we doing? The numbers speak for themselves! In 2011, our office assigned approximately 4000 PM160 forms for case management. 89% (3,202) of these patients attended their subspecialty appointment.
How can you ensure that your Gateway/Fee-for-Service patients receive CHDP Case Management?
Always use Follow-Up Code 5 when you want a patient to see a subspecialist for diagnosis/treatment, or Code 4 if you want your patient to schedule a follow-up with you.

Healthy Smiles: CHDP Health Workers Link Kids to Dental Homes!

We recently performed a pilot study of dental referrals made (and noted on the CHDP Reporting PM 160 form) at one of San Francisco's largest pediatric clinics. We followed up on ALL CHDP children whose PM160 form


CHDP ASSESSMENT
Indicate outcome for each screening procedure
NO PROBLEM SUSPECTED √A
REFUSED, CONTRA INDICATED, NOT NEEDED √B
PROBLEM SUSPECTED Enter Follow Up Code in Appropriate Column NEW C KNOWN D
DATE OF SERVICE Mo. Day Year
FEES
FOLLOW UP CODES
1. NO DX/RX INDICATED OR NOW UNDER CARE.
2. QUESTIONABLE RESULT, RECHECK SCHEDULED.
3. DX MADE AND RX STARTED
4. DX PENDING/RETURN VISIT SCHEDULED.
5. REFERRED TO ANOTHER EXAMINER FOR DX/RX.
6. REFERRAL REFUSED
01 HISTORY and PHYSICAL EXAM
02 DENTAL ASSESSMENT/REFERRAL ☑
03 NUTRITIONAL ASSESSMENT
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION
05 DEVELOPMENTAL ASSESSMENT
06 SNELLEN OR EQUIVALENT
07 AUDIOMETRIC
08 HEMOGLOBIN OR HEMATOCRIT
09 URINE DIPSTICK
10 COMPLETE URINALYSIS
12 TB MANTOUX
REFERRED TO:
TELEPHONE NUMBER:
COMMENTS/PROBLEMS
IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA
ROUTINE REFERRAL(S) (☑)
☑
DENTAL
FOSTER CHILD (√)

had either a routine dental referral box checked, or a dental problem noted in the "Comments/Problems" section. During this pilot study, **3/4** of the children, for whom we received correctly completed PM160 forms, kept their dental appointment!
All of the dental care coordination was done by our San Francisco CHDP bilingual health workers, who have been trained in "Intensive Informing" and are able to assist the family in navigating the dental and insurance systems in San Francisco.

> In 2011, **94%** of CHDP kids whose dental appointments were scheduled by a CHDP Health Worker made it to the dentist!

Our bilingual CHDP health workers have a very good record of assisting children into a "Dental Home." We are your "off site" staff, ready to serve you!

Courtesy of San Francisco CHDP
Public Health Nurse: Susan Rudolph (415) 575-5707 and Oral Health Consultant: Margaret Fisher, RDHAP, (415) 575-5719

Oral Health News

National Cancer Institute Launches Smoking Cessation Phone Programs for Teens

Because a cell phone is likely one thing a teenage smoker will pick up more often than a cigarette, the National Cancer Institute's Smokefree Teen program offers SmokefreeTXT, a free mobile tool to help teens stop smoking.

"With 75 percent of youths between the ages of 12 and 17 owning a cell phone there is immense potential for mobile technologies to affect health awareness and behavior change among teens," said Erik Augustson, Ph.D., a behavioral scientist in the NCI's Tobacco Control Research Branch.

SmokefreeTXT is a free mobile service designed for young adults that provides round-the-clock encouragement, advice and tips to help teens stop smoking for good.

Teens can text the word QUIT to IQUIT (47848) from their mobile phones, answer a few questions and start receiving messages.

Signups can also be initiated online at *www.teen.smokefree.gov/smokefreeTXT.aspx*, where participants can click on the button to answer a few questions and then start receiving texts.

Fluoride Varnish: How to Get it, and How to get Reimbursed!

Fluoride varnish is one of the most effective interventions to prevent childhood caries. It can be applied in the medical office in under 5 minutes by a medical assistant. Just one application a year lowers the risk of dental decay by 50%.

San Francisco Health Plan will reimburse eligible providers for fluoride varnish applications provided to SFHP members through the Health Education Compensation Program (HECP). Providers must apply annually to qualify for HECP. **This year's application deadline is July 31st.** For more information or to request an application, please contact Suzanne Bruun, Coordinator of Health Improvement Programs at the San Francisco Health Plan by calling 415-615-5104 or email sbruun@sfhp.org

Fee For Service Medi-Cal will reimburse non-FQHC providers $15-$17 per application up to 3 times a year for fee-for-service Medi-Cal patients 0-5 years old. Use HCPCS procedure code D1203. If the encounter is only for fluoride varnish, you may also bill for an office visit.
FQHCs are not eligible for this reimbursement.

Anthem Blue Cross Medi-Cal will reimburse providers $15-17 per application, depending on agreement with plan (Up to 3x /year for ages 0-5). Use code HCPCS D1203.

San Francisco CHDP will provide both fluoride varnish for CHDP patients, and training on how to apply the varnish, **free of charge to providers!** (While supplies last.)

For More Information Call:
Margaret Fisher, RDHAP
SF CHDP Oral Health Consultant
415-575-5719

CHDP Providers Information

No new PIN since PIN # 11-13.

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

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 # 91 – May 2012

1. **Implementation of Medi-Cal Provider Payment Reductions – on** December 24, 2011Medi-Cal Phase I payment reductions included a 10% payment reduction for Durable Medical Equipment (DME) and medical supplies rendered June 1, 2011 through January 30, 2012.

2. **Checkwrite "In Process" Clarification** – please refer to entire bulletin for details.

3. **June Medi-Cal Webinars** – from June 5, 2012 thru' the end of June Webinars are held Tuesdays through Thursdays at 10am and 2pm. They are hosted in real-time by one of the provider regional representatives offering basic, advanced and specialty classes accessible through the Medi-Cal Learning Portal or by visiting the home page of the Medi-Cal website.

4. **NCCI Edits: Erroneous Denials to be Reprocessed** Medi-Cal identified a processing error for claims billed with National Correct Coding Initiative(NCCI) Edits which resulted in erroneous denials for the following Remittance Advice Details (RAD) code: **RAD code 0068:** Billing error; refer to the CPT-4 book or provider manual for the proper procedure code and modifier. Please contact the Telephone Service Center (TSC) at 1-800-541-5555 or contact your local Provider Regional

Bulletin # 90 – April 2012

1. **May 2012 Medi-Cal Provider Seminars** Throughout the year, the Department of Health Care Services (DHCS) and the new Fiscal Intermediary for Medi-Cal, Affiliated Computer Services (ASC), will conduct Medi-Cal training seminars. These seminars, which target both novice and experienced providers and billing staff, will cover the following topics: a) Changes to Medi-Cal billing; b) Basic and advanced billing issues; c) Provider-specific billing questions; d) Specialty programs such as California Children's Services (CCS). Providers may also schedule a custom billing workshop by contacting their Regional Representative at 1-800-541-5555 or Use the Lookup Regional Representative tool on the MLP.

2. **2012 ICD-9-CM Diagnosis Code Update Additions** – please see bulletin for details**.** The final addendum providing complete information on changes to the diagnosis part of ICD-9-CM is posted on the http://www.cdc.gov/nchs/icd/icd9cm.htm - the ICD-9-CM page of the Centers for Disease Control (CDC) website.

3. **2012 Federal Poverty Levels for CHDP Gateway** eff April 1, 2012. Please refer to page 5 in this Newsletter.

4. **CMS Postpones HIPAA 5010/NCPDP D.0 Enforcement** - see entire bulletin for details.

5. **ASC X12N 5010 and NCPDP D.0/1.2 Update**: Transaction Testing – refer to entire bulletin for details.

Bulletin # 89 – March 2012

1. **Aid Codes Added –** on or after January 1, 2012 New aid codes 4N, 4S and 4W identify any non-minor dependent (NMD) eligible to receive extended benefits under CalWORKS and Kin-GAP until 21 years of age. Recipients will receive full scope Medi-Cal benefits without a Share of Cost.

2. **New Aid Codes for Foster Care and Adoption Assistance Program** – on or after January 1, 2012. Aid codes 07, 43 and 49 will be used to identify recipients who qualify for services under the Foster Care and Adoption Assistance Program. Recipients will receive full-scope Medi-Cal benefits with no Share of Cost. In addition, these recipients will be eligible for Local Educational Agency (LEA) services, the Child Health and Disability Prevention (CHDP) program and for use of mother's ID for infant care.

3. **New POS User Guide and POS Forms Update now available** – both guides can be found on the *Point of Service (POS) Device User Guides* page.

2012 Federal Poverty Level for CHDP Gateway

Effective April 1, 2012 through March 31, 2013, the Child Health and Disability Prevention (CHDP) Gateway is to use the following 2012 Federal Poverty Level (FPL) chart for determining income eligibility. Providers should disregard all previous FPL charts.

200 PERCENT OF POVERTY LEVEL		
Number of Persons	**Gross Monthly Income**	**Gross Annual Income**
1	$1,862	$22,340
2	$2,522	$30,260
3	$3,182	$38,180
4	$3,842	$46,100
5	$4,502	$54,020
6	$5,162	$61,940
7	$5,822	$69,860
8	$6,482	$77,780
For family units of more than 8 members; for each additional member, add:	$660	$7,920

Play Audiometry Training 2012

This quarter's sensory screening training taught CHDP providers the ins and outs of Audiometric Screening and Play Audiometry.

Like the Vision Screen training, participants learned basic anatomy and physiology related to the screening procedure, as well as basic pathologies of hearing disorders.

CHDP providers also attended a skill session where they were able to practice play audiometry with local pre-schoolers. Wow!

Julie Bugarin, Certified School Audiometrist, led the skills sessions and taught participants new ways to engage children and refine screening techniques.

In order to support our local providers, and help to ensure that your practice passes the Facility Review, San Francisco CHDP offers these required trainings on a regular basis. They are held both at our centrally located office, 30 Van Ness, and at pre-schools to accommodate your staff and their schedules.

Stay tuned for information about our next training!

"Great way to examine kids between ages 3 to 6 years old."

"The training provided me with the knowledge and understanding on how to perform acoustic audiometric screenings."

"Great presentation. Very clear.

"There were different techniques described that I would like to try in my next audiometry screening with a small child."

"Answered all of my questions!"

Welcome New Dentists!

To our CHDP Dental Referral Directory

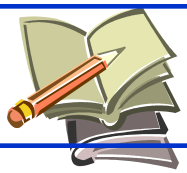
LEONEL V. DICKEY, DDS 567-2600
1845 Fillmore St. 94115 (Sees 5+ years children)

EDWARD SIYAHIAN, DDS 661-3525
2386 15th Ave. 94116 (7+ years)

WILLIAM SMITH, DDS 921-6616
1806 Union Street 94123 (6+ mos.)

TODAY'S DENTISTRY 585-5773
KYAW SOE, DDS
4747 Mission St 94112 (1+ years)

Upcoming Events & Trainings



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 Oral Health Training

- **CHDP** Oral Health Training offers **"in-office"** Early Dental Assessment & Referral training and support!
- SF Health Plan reimburses for Fluoride Varnish Applications!! for SFHP children
- **FREE** Box of Fluoride Varnish (worth $150) with the training

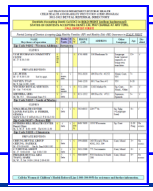
575-5719

NEW CA CHDP Dental Training!

http://www.dhcs.ca.gov/services/chdp/Pages/Training.aspx

This is a great way to review information taught in our *IN–Office* Training!
Contains Links to: Videos, Brochures, Guidelines and Research Studies!!

UPDATED Summer 2012 Dental Directory Available Now On-line
http://www.sfdph.org/dph/comupg/oservices/medSvs/dentalSvcs/dentalSvcs.asp
CHDP Dental Referral Directory: English, Chinese, Spanish



OBESITY: COMPLEX BUT CONQUERABLE

THE UNITED STATES FACES AN ALARMING OBESITY PROBLEM. WE ARE QUICK TO BLAME INDIVIDUALS FOR EATING TOO MUCH OR EXERCISING TOO LITTLE, BUT IN TRUTH, THE CAUSES ARE MORE COMPLEX AND INVOLVE MANY FACTORS.

THE WEIGHT OF THE NATION

1 OUT OF 3 CHILDREN ARE OVERWEIGHT OR OBESE.

2 OUT OF 3 ADULTS ARE OVERWEIGHT OR OBESE.

$190.2 BILLION ESTIMATED ANNUAL COST OF OBESITY-RELATED ILLNESS.

21% OF ANNUAL MEDICAL SPENDING IS ON OBESITY-RELATED ILLNESS.

$4.3 BILLION IN ANNUAL LOSSES TO BUSINESSES BECAUSE OF OBESITY-RELATED JOB ABSENTEEISM.

37% OF ADULTS ARE PREDIABETIC.

3% OF ADULTS THAT HAVE TYPE 2 DIABETES ARE UNDIAGNOSED

8% OF ADULTS HAVE TYPE 2 DIABETES.

OBESITY CAN CAUSE OTHER HEALTH PROBLEMS:

CARDIOVASCULAR DISEASE
TYPE 2 DIABETES
HIGH BLOOD PRESSURE
SLEEP APNEA
DEPRESSION

5 ESSENTIAL AREAS THAT NEED IMPROVEMENT

PHYSICAL ACTIVITY

AMERICANS HAVE BECOME MORE RELIANT ON CARS, AND WALKING AND BIKING HAVE DECREASED.

PERCENT OF INDIVIDUALS WALKING TO WORK IN

4.1% 1977
2.8% 2008

19% OF AMERICANS GET THE RECOMMENDED AMOUNT OF PHYSICAL ACTIVITY.

PERCENT OF SCHOOL-AGED CHILDREN WALKING TO SCHOOL

1977 **20.2%**
2001 **12.5%**

FOOD AND BEVERAGES

OVER THE PAST 40 YEARS, CALORIE INTAKE HAS INCREASED, AND HIGH-CALORIE FOODS ARE OFTEN AVAILABLE IN LARGE PORTION SIZES AT RELATIVELY LOW PRICES.

CALORIES CONSUMED PER DAY BY ADULTS IN:

1971-1974: 1,996
2005-2008: 2,234

ON A GIVEN DAY, **30-40 PERCENT** OF CHILDREN AND ADOLESCENTS EAT FAST FOOD.

20% OF WEIGHT INCREASE IN THE U.S. BETWEEN 1977 AND 2007 IS ATTRIBUTED TO SUGAR-SWEETENED BEVERAGES.

MARKETING

THE MOST FREQUENTLY MARKETED FOODS AND BEVERAGES ARE HIGHER IN ADDED FATS AND SUGARS, AND AMERICANS ALREADY EAT AND DRINK TOO MUCH OF THESE FOODS AND BEVERAGES.

OLDER CHILDREN AND ADOLESCENTS CONSUME MORE THAN **7.5** HOURS OF MEDIA EACH DAY.

87% PERCENT OF FOOD AND BEVERAGE ADS SEEN BY CHILDREN AGES 6-11 ON TV FOR PRODUCTS HIGH IN SATURATED FAT, SUGAR, OR SODIUM.

HEALTH CARE & WORKPLACE

HEALTH CARE PROVIDERS AND EMPLOYERS ARE NOT TAKING FULL ADVANTAGE OF THEIR OPPORTUNITY TO PREVENT OBESITY.

1/4 OF AN EMPLOYED ADULT'S LIFE IS SPENT AT THE WORKPLACE.

MANY HEALTH CARE PROVIDERS DO NOT FEEL PREPARED OR COMFORTABLE DISCUSSING WEIGHT WITH PATIENTS.

SCHOOLS

FOODS AND DRINKS AVAILABLE AT SCHOOLS ARE RADICALLY DIFFERENT THAN THEY WERE A FEW DECADES AGO, WITH MANY SCHOOLS NOW OFFERING AND PROMOTING HIGH-CALORIE, LOW-NUTRITION FOODS THROUGHOUT THE SCHOOL DAY.

UP TO **1/2** OF CHILDREN'S WAKING HOURS ARE SPENT IN SCHOOL.

THE PERCENT OF HIGH SCHOOL STUDENTS ATTENDING DAILY PHYSICAL EDUCATION CLASSES IN:

1991 **41.6%**
2009 **33.3%**

FOR SPECIFIC ACTION STEPS NECESSARY TO IMPLEMENT THESE SOLUTIONS, SEE THE IOM REPORT "ACCELERATING PROGRESS IN OBESITY PREVENTION: SOLVING THE WEIGHT OF THE NATION"
IOM.EDU/ACCELERATINGOBESITYPREVENTION

SOURCES: FULL CITATIONS FOR REFERENCES CAN BE FOUND IN ACCELERATING PROGRESS IN OBESITY PREVENTION: SOLVING THE WEIGHT OF THE NATION

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES
Advising the nation • Improving health

San Francisco CHDP Program Staff

CHDP Main Line:
Marylou Remo
415-575-5712
(marylou.remo@sfdph.org)

Medical Director:
C. Jeanne Lee, MD, MPH
415-575-5712
jeanne.lee@sfdph.org

Nurse Manager:
Dorothy C Quan, RN, PHN, MPA
415-575-5712
(dorothy.quan@sfdph.org)

Dental Hygienist:
Margaret Fisher, RDHAP, BS
415-575-5719
(margaret.fisher@sfdph.org)

Nutritionist:
Rebekah Buzolich, RD, MPH
415-575-5731
(rebekah.buzolich@sfdph.org)

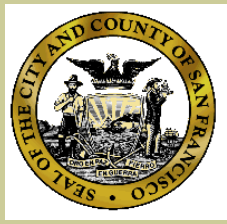
CHDP Deputy Director:
Greg Cutcher, MS, RN, PHN
415-575-5712
(greg.cutcher@sfdph.org)

Billing Inquiry & PM160 orders:
Tina Panziera
415-575-5720
(tina.panziera@sfdph.org)

Public Health Nurses:
Provider Relations:
Meldy Hernandez, RN, PHN
415-575-5722 (currently on leave)
(meldy.hernandez@sfdph.org)

Susan Rudolph, RN, PHN
415-575-5707
(susan.rudolph@sfdph.org)

Vacant nursing position



CITY AND COUNTY OF SAN FRANCISCO

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4

CHDP website: http://www.dhcs.ca.gov/services/chdp/Pages/default.aspx