

the checkup



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Dr. Hollier named ACOG president-elect

Lisa Hollier, M.D., MPH, Chief Medical Officer for Obstetrics and Gynecology for Texas Children's Health Plan and Medical Director for the Centers for Children and Women, has been selected President-elect of American College of Obstetrics to serve the May 2017- May 2018 term.

Hollier has spent her career caring for the underserved and improving women's health by advancing women's health policy.

Randall P. Wright, President, Texas Children's Health Plan, acknowledges Hollier's achievement. "Being nominated President-elect of the 57,000-member American College of Obstetrics and Gynecology is recognition of Dr. Hollier's outstanding accomplishments as a clinician and as a leader in the profession. Texas Children's Health Plan and our members are blessed to have a renowned medical authority as Chief Medical Officer for Obstetrics and Gynecology," he says.

Please go to TheCheckup.org for complete article.

Facilities and Specialists
2 HEIDIS Spotlight
3 AAP advises against codeine
4 Tyler ribbon cutting

In this ISSUE

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HEDIS Spotlight

HEDIS stands for **Healthcare Effectiveness Data and Information Set**. It is a widely used set of performance measures by the nation's health plans, and an essential tool in ensuring that our members are getting the best healthcare possible. It is extremely important that our providers understand the HEDIS specifications and guidelines. In this section of *The Checkup* we will highlight different HEDIS metrics. We will provide a description of the measures, the correct billing codes to support services rendered and tips that includes specific resources and tools available to you that correspond with that measure.



MEASURE

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

MEASURE DESCRIPTION:

Members 6 years of age and older who were hospitalized for treatment of selected mental health diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 and 30 days of discharge.

TIPS

- The literature indicates that the patient is at greater risk for hospitalization within the first 7 days post-discharge and the risk of patient self-harm is high within the first 3 weeks post-discharge.
- Ensure that the follow-up appointment is made before the patient leaves the hospital and is scheduled within 7 days of discharge.
- Assist the patient with navigation of barriers, such as using their transportation benefit to get to their follow-up appointment.
- Review medications with patients to ensure they understand the purpose and appropriate frequency and method of administration.
- Ensure accurate discharge dates and document not just the appointments scheduled, but appointments kept. Visits must be with a mental health practitioner.
- Follow-up visits must be supported by a claim, encounter or note from the mental health practitioner's medical chart.
- Patients with chronic mental illness who are receiving care in multiple care settings may benefit from the Texas Children's Health Plan Case Management Program – please contact Case management at 832-828-1430.

CODING

Codes to identify follow-up visits

(must be with a mental health practitioner)

CPT®: 99201-99205, 99211-99215, 99217-99220, 99341- 99345, 99347-99350

UB Rev (Visit in a behavioral health setting):
0513, 0900-0905, 0907, 0911-0919

UB Rev (Visit in a non-behavioral health setting):
0510, 0515-0523, 0526-0529, 0982, 0983

For complete article, go to TheCheckup.org



AAP strongly advises against codeine for children

The American Academy of Pediatrics (AAP) has recently released a Clinical Report strongly advising against codeine use in children. The rationale of the AAP is as follows:

“Codeine is a prodrug with little inherent pharmacologic activity and must be metabolized in the liver into morphine, which is responsible for codeine’s analgesic effects. However, there is substantial genetic variability in the activity of the responsible hepatic enzyme, CYP2D6, and, as a consequence, individual patient response to codeine varies from no effect to high sensitivity. Drug surveillance has documented the occurrence of unanticipated respiratory depression and death after receiving codeine in children, many of whom have been shown to be ultra-rapid metabolizers. Patients with documented or suspected obstructive sleep apnea appear to be at particular risk because of opioid sensitivity, compounding the danger among rapid metabolizers in this group.”

This statement strongly advises against the use of codeine both as an analgesic agent and as an antitussive agent. The AAP notes that an FDA advisory panel (in December 2015) recommended that the use of codeine for cough should be considered as contraindicated in all children under 18 years.

Texas Children’s Health Plan endorses the AAP and FDA recommendations and strongly advises providers NOT to prescribe codeine-containing medications for children.



Clinical Pearls for Analgesia

- Avoid the use of codeine containing products in children.
- Consider prescribing alternative analgesics such as ibuprofen or acetaminophen. If opioids are required, consider hydrocodone preparations.
- When prescribing opioids, use lowest effective dose for shortest period of time.
- Avoid prescribing opioids “round the clock.”
- Counsel patients and caregivers on how to recognize signs of opioid toxicity, and advise them to seek medical attention or call 9-1-1.

Harold J. Farber, MD, MSPH, FAAP, Associate Medical Director, Texas Children’s Health Plan

Joy P Alonzo, M.E., PharmD, Associate Pharmacy Director, Texas Children’s Health Plan

Source:

Tobias JD, Green TP, Coté CJ, AAP SECTION ON ANESTHESIOLOGY AND PAIN MEDICINE, AAP COMMITTEE ON DRUGS. Codeine: Time To Say “No”. *Pediatrics*. 2016;138(4):e20162396

<http://pediatrics.aappublications.org/content/pediatrics/early/2016/09/15/peds.2016-2396.full.pdf>

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Texas Children's Health Plan rolls out **STAR Kids** program in Tyler

RIBBON CUTTING

Texas Children's Health Plan recently opened its newest location in Tyler to serve the STAR Kids population in the northeast service area. A ribbon cutting ceremony at the office's **100 East Ferguson in Tyler** marked the grand opening of the satellite office.

"We're very excited to have the chance to serve families and their children with disabilities in Tyler and across Northeast Texas," said Gail Bean, Provider and Care Coordination Regional Director. "We believe our long legacy and commitment to children's health will make us a valued partner for many families and children with disabilities in this region of Texas."

The Tyler office will serve more than 30 counties in the northeast Medicaid rural service area.

We have great value-added benefits for our members

At Texas Children's Health Plan, we go the extra mile for our members. So, besides access to top-notch health care, we have value-added benefits **that our members enjoy**. Go to texaschildrenshealthplan.org/members.

For further reading

You can go to our website and log-in to **Provider TouCHPoint** to learn more on topics like:

- Quality program goals, processes, and outcomes
- Referrals to case management
- Pharmaceutical management procedures
- Disease Management Programs
- Formulary
- How practitioners can access authorization criteria
- Limits/quotas
- Availability of staff to discuss authorization process
- Supporting an exception process
- Availability of TDD/TTY services
- Member rights and responsibilities
- Availability of language assistance for members
- Generic substitution, therapeutic interchange, and step therapy protocol
- Prohibiting financial incentives for utilization management decision makers
- Clinical practice guidelines and preventive health guidelines

