

the **checkup**



by
Texas
Children's
Health Plan
Medical
Directors

FEBRUARY 2017

A monthly publication of Texas Children's Health Plan



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.

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Office Manager's
OB/GYN's
PCP's

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Vaccinate for flu; know when to prescribe antivirals



Flu season is back and vaccinating continues to be the best way to protect ourselves and our patients against serious complications from the flu. Patients should only receive the intramuscular vaccine; intranasal flu vaccine is not effective for the 2016-2017 flu season.

Treatment (Antiviral and Supportive)

Patients who are high risk for complications and appear to have influenza should be considered for early antiviral treatment, independent of laboratory confirmation or influenza vaccine status. This includes:

- Pregnant and postpartum women.
- Children younger than 2 years.
- Persons with chronic illness such as asthma, diabetes, sickle cell disease, or seizure disorders.
- Persons with neurodevelopmental disorders such as cerebral palsy and intellectual disability.
- Persons with immunosuppression.
- Children on long-term aspirin therapy.

Clinical benefit is greatest when antiviral therapy is started within 48 hours of influenza illness onset. Relenza (zanamivir) and Tamiflu (oseltamivir) are antivirals recommended by the FDA and covered by Texas Medicaid with activity against influenza A and B. Both antivirals are indicated for patients who have been symptomatic for no more than 48 hours and treatment duration is five days.

Relenza (zanamivir)

- Dispensed as an orally inhaled powder.
- May be a good choice for patients who do not tolerate the GI-related side effects of other antivirals/antibiotics or have difficulty taking suspensions with strong taste.
- Approved for treatment in ages 7 and older and prophylaxis in ages 5 and older.
- Not recommended for patients with asthma or an underlying respiratory disease.
- Common side effects include sinusitis, dizziness, and bronchospasm.
- Like Tamiflu, Relenza is a neuraminidase inhibitor and may be a good alternative if Tamiflu resistant flu is suspected.

Tamiflu (oseltamivir)

- Available as a capsule or oral suspension.
- Approved for treatment in all ages and prophylaxis in children 3 months or older.
- Nausea, vomiting, and diarrhea are the most common side effects, occurring in 15% of patients.

Go to TheCheckup.org for complete article.

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.

Go to TheCheckup.org for complete article.



RIBBON CUTTING



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

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.

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

PRENATAL CARE - TIMELINESS

MEASURE DESCRIPTION:

Measures the percentage of women who had a live birth and received a prenatal care visit during their first trimester of pregnancy or within 42 days of enrollment with Texas Children's Health Plan.

CODING:

Codes to identify first prenatal visit

Prenatal standalone visit

CPT codes: 99500, 0500F, 0501F, 0502F

HCPCS: H1000-H1004

Prenatal Visit Codes to use with Pregnancy Diagnosis or Other Prenatal Services

CPT codes: 99201-99205, 99211-99215, 99241-99245

HCPCS: G0463, T1015

MEASURE

POSTPARTUM CARE

MEASURE DESCRIPTION:

Postpartum visit for a pelvic exam or postpartum care with an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery. A Pap test within 21-56 days after delivery also counts.

CODING:

Postpartum CPT codes: 57170, 58300, 59430, 99501, 0503F

ICD-10 CM code: Z01.411-Z01.42, Z30.430, Z39.1, Z39.2

Cervical Cytology: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175

HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091



Are you compliant?

Be prepared for accessibility and demographic spot-check calls

Providers are required to meet appointment availability, after-hours access and current demographic information so members have the most current information available. To ensure the members have access to this information, Texas Children's Health Plan and Texas Health and Human Services Commission (HHSC) conduct secret shopper calls to offices requesting this information.

Please be sure your staff knows the Texas requirements for appointment availability and after-hours access. Also, please be sure office hours and other demographics are updated by calling Texas Children's Health Plan Provider Relations department at 800-731-8527. Providers can also email Texas Children's Health Plan at tchpprovel@tchp.us. For additional information on these requirements, go to TheCheckup.org

Providers will also need to update demographic information with TMHP by going to tmhp.com/Provider_Forms/Provider%20

What is the role of STAR Kids Service Coordinators?

STAR Kids spotlight

A Service Coordinator is the central contact between Texas Children's Health Plan and a member's providers and family members. The purpose of a Service Coordinator is to maximize a Member's health, wellbeing and independence. The Service Coordinator must work with the Member's PCP to coordinate all of a member's health services. The STAR Kids Service Coordinator also engages as an advocate and intervenes on behalf of the member if approved by the member.

The Service Coordinator will perform an overall evaluation of the member's needs through use of the STAR Kids Assessment Instrument (SAI) and other valid assessment tools, which identify strengths, preferences, and individual needs.

Providers can access the Service Coordination department for STAR Kids members at Texas Children's Health Plan by calling 346-232-4923 or 1-800-659-5764. The Member's assigned Service Coordinator will be notified to contact the provider.

Go to TheCheckup.org for complete article.

Important information about pharmacy and vision benefits managers

Texas Children's Health Plan utilizes Navitus Health Solutions for our Pharmacy Benefit Manager (PBM). If you have questions about medications or pharmacy clinical edits, call 877-908-6023 or visit navitus.com/Texas-Medicaid-Star-Chip.

Texas Children's Health Plan utilizes Superior Vision for routine vision services. For questions please call 800-879-6901.

New prior authorization list available

Our prior-authorization list has been updated effective February 1, 2017. Visit TexasChildrensHealthPlan.org/providers/provider-resources to access our current prior authorization list and review the most recent updates.

For further reading

You can go to our website and log-in to Provider TouCHPoint to learn more about important topics.

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is published monthly by Texas Children's Health Plan.

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PO Box 301011
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02/2017