



**El Paso Health**  
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.



## PCP PROVIDER QUARTERLY ORIENTATION

Thursday, August 31, 2023

12:00 PM - 1:30 PM (MDT)

1145 Westmoreland, El Paso, TX 79925



Join us for a **lunch and learn** at our office.  
Participation giveaways and a chance to win door  
prizes and gift cards will be available!



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# Agenda

- Provider Relations – [Updates and Reminders](#)
- Quality Improvement - [Quality Assurance and Performance Improvement Program & Initiatives](#)
- Health Services – [Health Services Updates](#)
- Complaints and Appeals – [Reminders](#)
- Special Investigations Unit – [SIU Process](#)
- Member Services – [Updates and Reminders](#)
- C.A.R.E Solutions – [Provider Partnerships](#)
- Claims – [Reminders](#)





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## **Provider Relations Updates and Reminders**

Vianey Licon

Provider Relations Representative

# Prohibition of Cost Sharing for COVID-19 Vaccine, Treatment and Testing Services

As a reminder, providers should not collect copays for COVID-19 related services (including treatment of health conditions that may seriously complicate the treatment of COVID-19). The American Rescue Plan Act, ensures COVID-19 related services such as the following are provided without cost-sharing, including copayments:



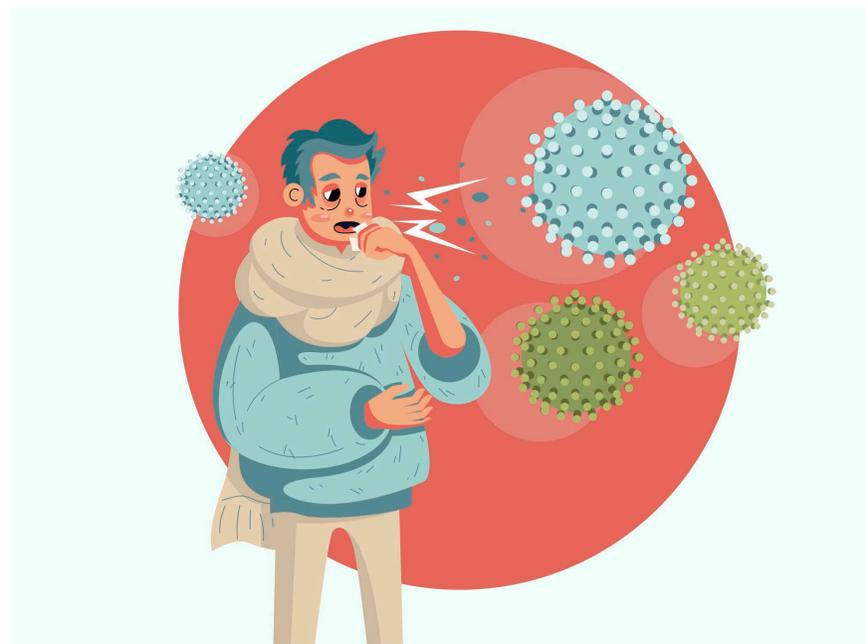
- Vaccines
- Testing
- Treatment of COVID-19, including preventative therapies and Treatment of post-COVID conditions (long-haul COVID-19) and
- During the period when a beneficiary is diagnosed with or is presumed to have COVID-19 treatment of health conditions that may seriously complicate the treatment of COVID-19.

Please keep in mind, this policy is contingent on the public health emergency and will end on the last day of the first calendar quarter that begins one year after the last day of the COVID-19 public health emergency period.

# Diagnosis Guideline for COVID-19 related Services

Conditions that may seriously complicate COVID-19 treatment during the period when a beneficiary is diagnosed with or is presumed to have COVID-19 should have the U07.1 diagnosis code indicating confirmed COVID-19 infection as a secondary diagnosis.

Treatment of post-COVID conditions (long-haul COVID-19) should have the U09.9 diagnosis code indicating post-COVID-19 condition as a secondary diagnosis.



# Reminder: COVID-19 Related Services Waiver of CHIP Co-Payment

El Paso Health will reimburse the provider full rate for services including any member cost sharing for COVID related services.

Providers must attest that an office visit co-payment was not collected from the member by submitting the [attestation form](#) along with a list of the following:

- Member Name
- Claim Number
- Date of Service
- Copayment Amount

Forms will be accepted via email at [providerservicesdg@elpasohealth.com](mailto:providerservicesdg@elpasohealth.com) or via mail at the following address:

*El Paso Health  
Attention: Provider Relations  
1145 Westmoreland Dr.  
El Paso, TX 79925*



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# Out of Network Providers

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Providers not enrolled in Texas Medicaid are ineligible for reimbursement for services rendered to a member participating in the STAR program.

Providers are subject to non-participating provider authorization and reimbursement guidelines.

## **Continuity of Care**

Newly enrolled members whose health or behavioral health condition has been under treatment or whose health could be jeopardized if care is disrupted will be allowed access to OON providers up to a certain period of time in order to ensure continuity of care

# Provider Directories

HHSC performs random audits to ensure accuracy of our Provider Directories

An internal review is done by our Provider Relations Department on a monthly basis

The following elements are reviewed and updated as necessary:

- provider name
- phone and fax number
- address
- program participation
- languages spoken
- age limitations
- new patient restrictions
- hours and days of operation

Updates and discrepancies may be corrected using the [Provider Demographic Form](#)

Provider Directories are available in the following formats:

- Print - Available for pick up at our office or mailed
- [Online](#) - PDF version
- Interactive [Provider Search](#) - Available on our website at [www.elpasohealth.com](http://www.elpasohealth.com)



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# Cultural Competency

## Cultural Competency Training

El Paso Health facilitates provider orientation sessions to promote our Cultural Competency Plan to educate network Providers about culturally competent services. This education assists in avoiding disparities in the delivery of medical services to the diverse populations of the El Paso SDA. El Paso Health's Cultural Competency Plan is available to El Paso Health Network Providers in written form, when requested. Our Provider Manual includes a section on cultural competency and we have also provided a Training video for you.

Click on the links below to review the Cultural Competency Training and fill out the online form for attestation of completion.

- [Cultural Competency Annual Training Presentation- pdf version](#)
- [Cultural Competency Annual Training Presentation - video](#)

Medical Provider/Group Name\*

Tax ID\*

Phone\* format:9151231234

Email\*

Form Completed By\*

Position Title\*

Date\*

Training Confirmation\*

The Provider Cultural Competency Training has been completed by the Provider Group above.

**Submit**

\*These fields **MUST** be filled out to register.

El Paso Health believes in the importance of providing services in the language of choice for our members. We recognize the importance of clear communication with your patients and committed to assisting you through interpreter services.

Cultural Competency Training is available to our providers on our website [www.elpasohealth.com](http://www.elpasohealth.com) in the [Providers Tab](#) under Provider Quality Information.

You can also directly access our Cultural Competency Training at the link below:

<https://www.elpasohealth.com/cultural-competency-training/>



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# Provider Manual

Our [Provider Manual](#) can be found on our website at [www.elpasohealth.com](http://www.elpasohealth.com) in the [Provider](#) section.

The screenshot shows the El Paso Health website interface. At the top, there is a navigation bar with contact information: "Español", "Call us at 915-532-3778", "Outside El Paso 877-532-3778", and "Hours of Operation 8:00 A.M. – 5:00 P.M. MST". On the right side of the top bar are links for "Provider Login", "Member Login", and "Careers", along with social media icons for Facebook and a person icon. Below the top bar is the El Paso Health logo and a navigation menu with options: "Member", "Providers" (highlighted with a blue box), "Find a Provider", "About", "Volunteer", and "Contact". A search bar is also present. On the left side, a sidebar menu lists various resources, with "Provider Manual" highlighted by a blue arrow. The main content area features a large image of a doctor examining a young child with a parent, and the word "Providers" in green text. To the right of the image is a vertical list of green buttons: "Find a Doctor", "How do I qualify", "How to renew", "Complaints and Appeals", and "Medicaid/CHIP Authorization Tool".

Call us at 915-532-3778

Outside El Paso 877-532-3778

Hours of Operation 8:00 A.M. – 5:00 P.M. MST

Provider Login Member Login Careers

El Paso Health HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

Member Providers Find a Provider About Volunteer Contact Search ... Search

Provider Forms

Provider Manual

Provider Directories & Member Handbooks

HHSC Notifications for Providers

Texas Health Steps Information for Providers

Provider Newsletter

Our Case Management Program

Provider Resources

## Providers

Find a Doctor

How do I qualify

How to renew

Complaints and Appeals

Medicaid/CHIP Authorization Tool

# El Paso Health Provider Manual



## Provider Manual



September 2022

### STAR Medicaid & CHIP Programs

1145 Westmoreland Dr.  
El Paso, Texas 79925  
Toll Free- 1-877-532-3778  
915-532-3778  
[www.elpasohealth.com](http://www.elpasohealth.com)

Service Area: El Paso and Hudspeth Counties  
(STAR Medicaid and CHIP)



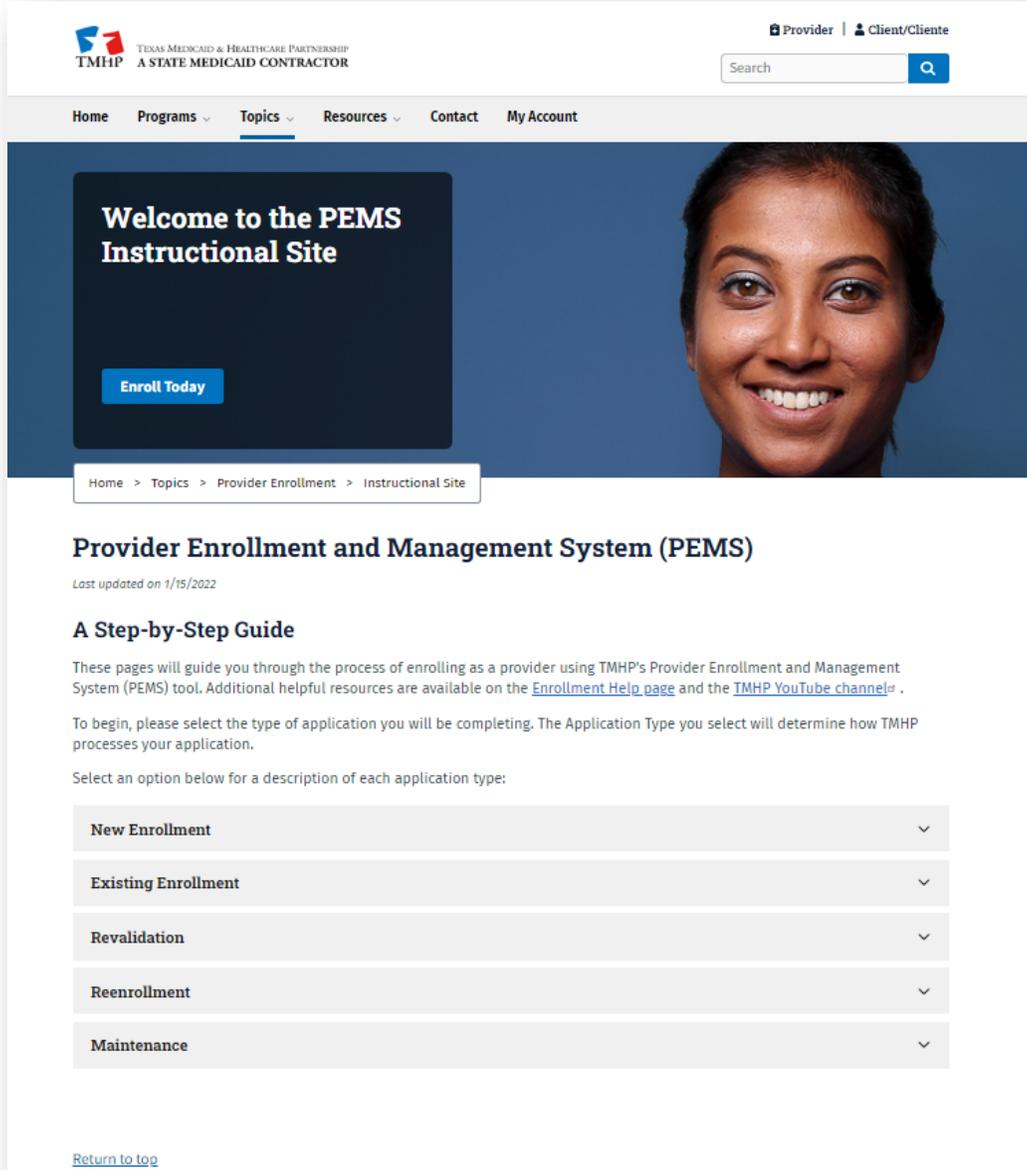
The Provider Manual contains information about El Paso Health policies and procedures and specific “how to” instructions for providers when working with El Paso Health such as:

- Covered services
- Behavioral Health Services
- Quality Improvement Program
- Utilization Management
- Claims Processing Guidelines

You may also access the Provider Manual directly at:  
<http://www.elpasohealth.com/pdf/providermanual.pdf>



# Provider Enrollment and Management System (PEMS)



The screenshot shows the Texas Medicaid & Healthcare Partnership (TMHP) website. The header includes the TMHP logo, navigation links for Home, Programs, Topics, Resources, Contact, and My Account, and a search bar. A large banner features a woman's face and the text "Welcome to the PEMS Instructional Site" with an "Enroll Today" button. Below the banner is a breadcrumb trail: Home > Topics > Provider Enrollment > Instructional Site. The main content area is titled "Provider Enrollment and Management System (PEMS)" and includes a "A Step-by-Step Guide" section. This section explains that the pages will guide users through enrolling as a provider and provides links to "Enrollment Help page" and "TMHP YouTube channel". It also instructs users to select an application type, with a list of options: New Enrollment, Existing Enrollment, Revalidation, Reenrollment, and Maintenance. A "Return to top" link is at the bottom left.

Utilize PEMS system for the following:

- New Enrollment
- Existing Enrollment
- Revalidation
- Re-enrollment
- Maintenance – update demographic information

Log into PEMS account on a monthly basis to ensure accuracy of provider information.

[Provider Enrollment and Management System \(PEMS\) | TMHP](#)

# CLIA Certification

All providers that bill laboratory services must have CLIA certification for the procedure code being billed. If a provider bills for a procedure without appropriate CLIA certification, the claim will be denied.

## **Updating CLIA Certifications in PEMS**

- Providers must update their CLIA certifications in the Provider Enrollment and Management System (PEMS) under the License/Certification/Accreditation link.
- Providers may find more information about updating CLIA certifications in PEMS through the tmhp.com website at <https://www.tmhp.com/topics/provider-enrollment/pems/licenses>.

For additional CLIA information please review the CMS CLIA website link:

<https://www.cms.gov/regulations-and-guidance/legislation/clia>



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# CLIA Certification Types

CLIA certification types published by the Centers for Medicare & Medicaid Services (CMS)

| CLIA Certification Types   | Description   |
|--|---|
| <b>Certificate of Waiver</b>   | This certificate is issued to a laboratory to perform only waived tests.  |
| <b>Certificate for Provider-Performed Microscopy Procedures (PPMP)</b> | This certificate is issued to a laboratory in which a physician, midlevel practitioner, or dentist performs no tests other than microscopy procedures. This certificate also permits the laboratory to perform waived tests.  |
| <b>Certificate of Registration</b>                                     | This certificate is issued to a laboratory that enables the entity to conduct moderate- or high complexity laboratory testing or both until the entity is determined by survey to be in compliance with the CLIA regulations. |
| <b>Certificate of Compliance</b>                                       | This certificate is issued to a laboratory after an inspection that finds the laboratory to be in compliance with all applicable CLIA requirements.   |
| <b>Certificate of Accreditation</b>                                    | This is a certificate that is issued to a laboratory on the basis of the laboratory's accreditation by an accreditation organization approved by CMS.   |
| <b>Full/Accredited Certification</b>                                   | May bill any laboratory procedure, regardless of modifier that may be required for other certification types.   |
| <b>Waived Certification</b>  | May only bill CLIA-waived procedures (e.g. codes that do not require the QW modifier to be designated as CLIA waived tests, and procedures with the QW modifiers)   |
| <b>PPMP (Partial) Certification</b>                                    | May only bill for Provider-Performed Microscopy Procedures and CLIA-waived procedures (e.g. codes that do not require the QW modifier to be designated as CLIA waived tests, and procedures with the QW modifier)             |
| <b>No CLIA Certification on file</b>                                   | May only bill procedures for which a CLIA certificate is not required.  |



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**ECI, THSteps, and Sports Physical Reminders**

# Early Childhood Intervention (ECI)

ECI encourages families not to take a "wait and see" approach to a child's development. As soon as a delay is suspected, children may be referred to ECI, even as early as birth.



## ➤ **Birth through 35 months:**

[Federal Regulation CFR Sec. 303.303 of Title 34 \(Education\)](#) requires a provider to refer children under age three to Early Childhood Intervention (ECI) as soon as possible, but no longer than 7 days of identifying a child with a delay or eligible medical diagnosis, even if also referring to an appropriate specialist.

## ➤ **Ages 3 years and older:**

The provider is encouraged to refer to the appropriate school district program, even if also referring to an appropriate specialist.



ECI Referrals can be made online, via fax 915-496-0750 or on the 24/7 referral line at 915-534-4324.

<https://www.elpasoeci.org/>



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# THSteps Reminders

## Texas Health Steps Provider Outreach Referral Form

 **TEXAS HEALTH STEPS  
PROVIDER OUTREACH REFERRAL FORM**  
FAX: 512-533-3867

- Complete this form and submit by fax.
- Use only **ONE FORM PER HOUSEHOLD**, up to 2 patients.
- You will receive notification once your referral is processed.

**Provider Information** **Date:** \_\_\_\_\_

|   |       |               |           |
|---|-------|---------------|-----------|
| Provider/Clinic Name:   |       | Contact Name: |           |
| Office Address:   | City: | County:       | Zip Code: |
| Phone Number:   |       | Fax Number:   |           |
| Provider Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Orthodontic <input type="checkbox"/> Case Management <input type="checkbox"/> Other: |       |               |           |

**Parent/Guardian Information**

|  |  |               |         |                |  |
|--|--|---------------|---------|----------------|--|
| Parent/Guardian Name:  |  | Phone Number: |         | Mobile Number: |  |
| Address:   |  | City:         | County: | Zip Code:      |  |
| Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: |  |               |         |                |  |

**Patient #1 Information**

|  |  |  |  |              |  |
|--|--|--|--|--------------|--|
| Patient Name:  |  | Date of Birth:   |  | Medicaid ID: |  |
| Appointment Type: <input type="checkbox"/> THSteps Checkup <input type="checkbox"/> THSteps Followup <input type="checkbox"/> Sick Visit <input type="checkbox"/> Lead |  | <input type="checkbox"/> Other:  |  |              |  |
| Reason for referral ( <i>check all that apply</i> )  |  |  |  |              |  |
| <input type="checkbox"/> Patient missed appointment, date:   |  | <input type="checkbox"/> Assistance needed scheduling appointment.                       |  |              |  |
| <input type="checkbox"/> Follow-up appointment for additional lead testing.  |  | <input type="checkbox"/> Provide updated patient address ( <i>Case Management Only</i> ) |  |              |  |
| <input type="checkbox"/> Assist with transportation to appointment.  |  | <input type="checkbox"/> Other, see comments.  |  |              |  |
| Comments:  |  |  |  |              |  |

**Outreach Services Results (SSU Use Only)**

|   |  |
|---|--|
| <input type="checkbox"/> Appointment scheduled; date/time:                    | <input type="checkbox"/> Patient provided education about appointment etiquette.   |
| <input type="checkbox"/> Patient assisted with transportation to appointment. | <input type="checkbox"/> Patient will contact provider directly.                   |
| <input type="checkbox"/> No action taken; patient declined assistance.        | <input type="checkbox"/> No action taken; patient no longer eligible for Medicaid. |
| <input type="checkbox"/> Unable to locate patient; letter mailed to patient.  | <input type="checkbox"/> Other:  |
| Comments to Provider:   |  |

**Patient #2 Information**

|  |  |  |  |              |  |
|--|--|--|--|--------------|--|
| Patient Name:  |  | Date of Birth:   |  | Medicaid ID: |  |
| Appointment Type: <input type="checkbox"/> THSteps Checkup <input type="checkbox"/> THSteps Followup <input type="checkbox"/> Sick Visit <input type="checkbox"/> Lead |  | <input type="checkbox"/> Other:  |  |              |  |
| Reason for referral ( <i>check all that apply</i> )  |  |  |  |              |  |
| <input type="checkbox"/> Patient missed appointment, date:   |  | <input type="checkbox"/> Assistance needed scheduling appointment.                       |  |              |  |
| <input type="checkbox"/> Follow-up appointment for additional lead testing.  |  | <input type="checkbox"/> Provide updated patient address ( <i>Case Management Only</i> ) |  |              |  |
| <input type="checkbox"/> Assist with transportation to appointment.  |  | <input type="checkbox"/> Other, see comments.  |  |              |  |
| Comments:  |  |  |  |              |  |

**Outreach Services Results (SSU Use Only)**

|   |  |
|---|--|
| <input type="checkbox"/> Appointment scheduled; date/time:                    | <input type="checkbox"/> Patient provided education about appointment etiquette.   |
| <input type="checkbox"/> Patient assisted with transportation to appointment. | <input type="checkbox"/> Patient will contact provider directly.                   |
| <input type="checkbox"/> No action taken; patient declined assistance.        | <input type="checkbox"/> No action taken; patient no longer eligible for Medicaid. |
| <input type="checkbox"/> Unable to locate patient; letter mailed to patient.  | <input type="checkbox"/> Other:  |
| Comments to Provider:   |  |

**TEXAS HEALTH STEPS  
PROVIDER OUTREACH REFERRAL SERVICES**

### FAX COVER SHEET

**DATE:** \_\_\_\_\_

**TO: SPECIAL SERVICES UNIT**

**PHONE: 877-847-8377**

**FAX: 512-533-3867**

**FROM:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**TOTAL PAGES INCLUDING COVER SHEET:** \_\_\_\_\_

**COMMENTS:**

CONFIDENTIALITY NOTICE: This fax and any pages transmitted with it are confidential and intended solely for the use of the individual or entity to which they are intended. If you are not the intended recipient, you are hereby notified that any use, disclosure, dissemination, distribution, copying, or taking of any action because of this information is strictly prohibited. Please notify the sender immediately if you received this fax in error and destroy this fax and any pages transmitted with it.

 TEXAS Health and Human Services  
Texas Health Steps

# THSteps Provider Outreach Referral Form

## Submission of Referral Form

Submit the referral form by fax to the Texas Health Steps Special Services Unit at 512-533-3867 using the fax cover sheet included.

For questions about the Texas Health Steps Provider Outreach Referral Service or for technical assistance with the completion and submission of the referral form, please contact your Texas Health Steps Provider Relations Representative.

### DSHS Public Health Region 9/10

| Name                         | Office     | Phone        | Fax          | Email  |
|------------------------------|------------|--------------|--------------|--|
| Patrice Loge, Manager        | El Paso    | 915-834-7733 | 915-834-7808 | <a href="mailto:Patricia.Loge@dshs.texas.gov">Patricia.Loge@dshs.texas.gov</a>       |
| Kimberly Salazar, Supervisor | El Paso    | 915-834-7689 | 915-734-7808 | <a href="mailto:Kimberly.Salazar@dshs.texas.gov">Kimberly.Salazar@dshs.texas.gov</a> |
| Vacant                       | El Paso    | 915-834-7697 | 915-834-7808 |  |
| Kieri Sitz                   | San Angelo | 325-659-7852 | 325-655-6798 | <a href="mailto:kieri.sitz@dshs.texas.gov">kieri.sitz@dshs.texas.gov</a>             |
| Melissa Knott                | Midland    | 432-571-4126 | 432-571-4153 | <a href="mailto:Melissa.Knott@dshs.texas.gov">Melissa.Knott@dshs.texas.gov</a>       |
| Michael Jacquez              | El Paso    | 915-834-7695 | 915-834-7808 | <a href="mailto:michael.jacquez@dshs.texas.gov">michael.jacquez@dshs.texas.gov</a>   |
| Karen Sanchez                | El Paso    | 915-834-7735 | 915-834-7808 | <a href="mailto:Karen.Sanchez3@dshs.texas.gov">Karen.Sanchez3@dshs.texas.gov</a>     |

<http://www.elpasohealth.com/providers/texas-health-steps-information-for-providers/>

# SAVE THE DATE

Texas Health Steps Provider Conference

Thursday, November 9, 2023

El Paso Community College ASC Auditorium

El Paso, Texas



## 2023 Texas Health Steps Provider Conference

**WHEN**

Thursday, November 09, 2023  
8:00 AM – 4:30 PM

**WHERE**

El Paso Community College  
Administrative Services Center

Additional details forthcoming. Please direct questions or concerns to: Karen Sanchez  
@[karen.sanchez3@dshs.Texas.gov](mailto:karen.sanchez3@dshs.Texas.gov) or 915-843-7755



Texas Department of State  
Health Services

[dshs.texas.gov](http://dshs.texas.gov)



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## **Outpatient Pharmacy Prescription Services Reminders**

# Pharmacy Benefit Manager

Navitus Health Solutions is El Paso Health's Pharmacy Benefit Manager for our STAR, CHIP, and CHIP Perinate plans. Providers (prescribers and pharmacies) may contact the Navitus Provider Hotline for questions regarding any of the following:

- Prior Authorizations
- Mail Order/Specialty Pharmacy services
- Point of Sale (POS) Claims processing
- Contracting and Credentialing



**Navitus Provider Hotline 1-877-908-6023**

Hours: 24 hours a day, 7 days a week  
(Closed Thanksgiving and Christmas Day)

[www.navitus.com](http://www.navitus.com)

# 72-Hour Emergency Prescriptions

72-hour emergency overrides for prescriptions apply to:

- non-preferred drugs
  - drugs that are subject to clinical prior authorization
- 72-hour emergency supply allows the pharmacy to dispense a three day supply of medication to allow the prescriber time to submit a Prior Authorization (PA) request.
    - If the prescribing provider cannot be reached or is unable to request a PA, the pharmacy can submit an emergency 72-hour supply override.
  - Pharmacies will be paid in full for 72-hour emergency prescription claims, with no cost to the member.
  - Pharmacies may refer to the [Pharmacy Provider Procedure Manual](#) for additional information and requirements.



# Pharmacy Quick Reference Guide

Navitus Provider Hotline: 1-877-908-6023

Navitus BIN# 610602      PCN: MCD      Rx Group: EPH

Prior Authorizations: Phone 1-877-908-6023 / Fax 1-855-668-8553

Prescriptions for mail order: 1-833-432-7928

Clinical PA Criteria: <https://txstarchip.navitus.com/pages/clinical-edits.aspx>

Pharmacy Listing: <http://www.elpasohealth.com/pdf/PharmacyDirectory.pdf>

Formulary: <https://www.txvendordrug.com/formulary/formulary-search>

Preferred Drug List: <https://www.txvendordrug.com/formulary/prior-authorization/preferred-drugs>

72 hour Emergency Fill: <https://www.txvendordrug.com/formulary/prior-authorization/dispensing->

[72-hour-emergency-prescriptions](#)



**El Paso Health**  
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# Contact Information

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## **Claudia Aguilar**

Provider Relations Representative  
Phone Number: 915-298-7198 ext.1049

## **Jose Chavira**

Provider Relations Representative  
Phone Number: 915-298-7198 ext.1167

## **Liliana Jimenez**

Provider Relations Coordinator  
Phone Number: 915-298-7198 ext. 1018

## **Shantee Aguilera**

Provider Relations Representative  
Phone Number: 915-298-7198 ext.1021

## **Vianey Licon**

Provider Relations Representative  
Phone Number: 915-298-7198 ext.1244

## **Cynthia Moreno**

Provider Relations Manager  
Phone Number: 915-298-7198 ext.1044

## **Erika Ozuna**

Director of PR, Contracting & Credentialing  
Phone Number: 915-298-7198 ext. 1119

## **Provider Relations Department**

(915) 532-3778

[ProviderServicesDG@elpasohealth.com](mailto:ProviderServicesDG@elpasohealth.com)



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## **Quality Assurance and Performance Improvement Program & Initiatives**

Angelica Chagolla

Director of Quality Improvement

# Quality Assurance and Performance Improvement Program

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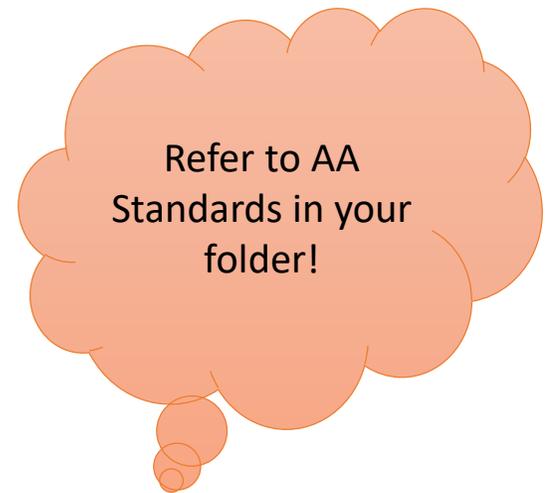
- Pay for Quality (P4Q) 3% Premium at Risk
- HEDIS Hybrid Medical Chart Reviews
- Performance Improvement Projects (PIPs)
- Quality Improvement Committee (QIC)
  - Adverse Events
  - Mortalities
  - Provider and Member Quality of Complaints
- Operations Improvement Committee (OIC)
- HHSC Deliverables
  - Quality Assessment and Performance Improvement Evaluation
  - Administrative Interview Tool
  - Provider Appointment Accessibility and Availability Surveys
- Medical Chart Reviews and Provider Education
- Provider Profiling and Data Analysis



# Accessibility and Availability

- Regulatory mandate - Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC)
- **Accessibility:** appointment available **within a specific time frame (calendar days)**
- **Availability (PCPs only):** after hours availability; **must return call within 30 minutes.**  
*\*\*Includes OB Providers designated as a PCP*
  - *5 pm to 8:30 am, Monday through Friday*
  - *Any time Saturday and Sunday*
- **Monitoring Efforts**
  - State-wide secret shopper calls (Senate bill 760)
  - EPH surveys by PR and QI Nurses

✓ **Please keep Provider Directories updated!**



**Provider Contract Requirement: Participation in Quality Improvement initiatives and activities.  
This includes access and availability surveys.**



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# Request for Medical Records

**COMING SOON!!**

**TWO DIFFERENT INITIATIVES in QI**

|   | THStep Annual Audit  | HEDIS Hybrid Audit   |
|---|--|--|
| <b>What</b>   | Audit on specific selection of providers <ul style="list-style-type: none"><li>Assesses compliance with required components of THSteps visit</li></ul> | Audit on select providers based on PCP assignment and/or claim history <ul style="list-style-type: none"><li>Assesses compliance with HEDIS measures (WCC, IMA, CIS, CBP, CDC)</li></ul> |
| <b>Requests Sent</b><br><br><i>*via Provider Portal -&gt; QI Correspondence</i> | November/December 2023<br><br><i>File QI_TaxID_THStep REQUEST_SFY2024</i>  | February 2024<br><br><i>File QI_TaxID_HEDIS REQUEST_MY 2023</i>  |
| <b>Submission Deadlines</b>   | Typically 1 month turnaround   | Typically early March!<br><br><i>**EPH must complete all audits by May 1st (NCQA Deadline)</i>   |

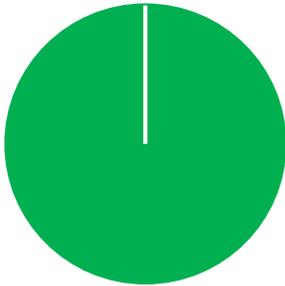


# How we did this past season...

## THStep Annual Audit

Groups Requested = 7

Records Received = 100%



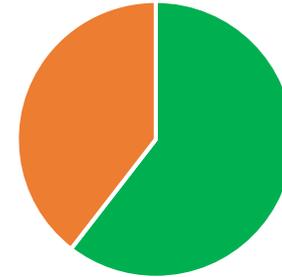
If we don't receive records timely, or at all:

- Risk artificially under-reporting HEDIS rates
  - Has trickle down impacts on other initiatives
- Less time for second chances on THSteps audits
  - ✓ Reminder: Compliance is  $\geq 85\%$

## HEDIS Hybrid Audit

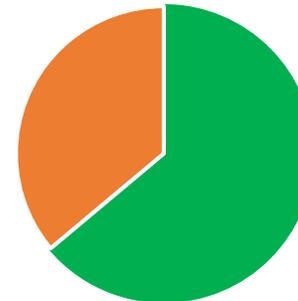
Groups Requested = 220

Response Received = 60%



Total Chases Requested = 3363

Total Response Received = 64%



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# Get ready for next season!

- **We want to improve - Please take our surveys!**

- **Provider Portal and MR Submission**



**AND**

- Quick Questionnaire – **located in folder**
- Ensure the correct people have access to the EPH Provider Portal
- Lookout for requests and be **mindful of deadlines**
- Reach out if you have questions on requests
- With your cooperation, we can have a successful audit season!

**Electronic  
Submission  
STRONGLY  
encouraged!**

# Social Determinants of Health

## Aka – Non Medical Drivers of Health

- Conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning and quality-of-life outcomes and risks.-Healthy People 2030.
- Providers can assist and support patients facing social challenges by
  - inquiring about their social history,
  - providing guidance, and
  - referring them to support services, including referrals to El Paso Health.
- Help us facilitate our member's access to services within the community and assist in closing the loop of any SDOH needs.
- Encourage submission of appropriate ICD10 z-codes when SDOH needs identified
- Clinical Practice Guideline

<http://www.elpasohealth.com/pdf/Social%20Determinants%20of%20Health%20Clinical%20Practice%20Guideline.pdf>



*Social Determinants*  
of **HEALTH**  
 **El Paso Health**

# Please take this Survey

We want to understand YOUR process for  
assessing and assisting members with Non-Medical Drivers of Health.



# Clinical Practice Guidelines

---

-  Prenatal and Postpartum Care Guideline
-  Routine Preventive Services Guideline 5d-24mo
-  Routine Preventive Services Guideline 30mo-11yr
-  Routine Preventive Services Guideline 12yr-20yr
-  Asthma Management Guideline
-  Diabetes Management Guideline
-  Viral URI Management Guideline
-  Mental Health Follow Up Guideline
-  Social Determinants of Health Guideline
-  Prescribing Opioids for Chronic Pain Guideline



# Resources on Website

<http://www.elpasohealth.com/providers/quality-improvement-program/>

AST A  
Provider Login Member Login Careers f i

Providers Find a Provider About Volunteer Contact Search

Providers  
Forms

- Contracting and Credentialing
- Out of Network Provider Enrollment Find
- Provider Enrollment
- Quality Improvement Program How d
- Case Management Referral Form
- Texas Health Steps Information for Providers How
- Clinical Practice Guidelines
- HHSC Updates for Providers Complaints
- Prior Authorization
- Prior Authorization Tool Medicaid/CHIP
- Prior Authorization Catalog

g evidence-based care in a patient-

## Commitment to Quality

El Paso Health's Quality Improvement Program is built upon standards that comply with Texas Department of Insurance (TDI) and HHSC requirements, as applicable. In addition, El Paso Health is accredited by the national accrediting organization URAC and the Quality Improvement Program is consistent with all applicable URAC standards.

## Quality Improvement Program

The purpose of El Paso Health's Quality Improvement Program is to continuously improve patient safety and Member outcomes by providing well-coordinated care within a robust network of contracted Providers, invested in providing evidence-based care in a patient-centered environment. The Quality Improvement Program is designed to assure that Members receive care that is consistent with our mission.

Our Quality Improvement Program is designed to improve:

- quality of care for all physical and behavioral health care and services
- member and provider satisfaction
- member safety
- access to services

As part of our commitment to quality, we review a variety of data to track member complaints, safety concerns, quality outcomes, and member and provider satisfaction in order to improve our programs and services to ensure the best quality care is provided. El Paso Health strives to build relationships that strengthen the delivery of healthcare in our community so that we may be the region's trusted community health plan.

- + Clinical Practice Guidelines
- + Access and Availability
- + HEDIS Measure Tip Sheets
- + HEDIS Hybrid
- + Texas Health Steps

# Contact Information

---

Angelica Chagolla  
Director of Quality Improvement  
915 298 7198 Ext 1165  
[abaca@elpasohealth.com](mailto:abaca@elpasohealth.com)

Patricia S. Rivera, RN  
Quality Improvement Nurse Auditor  
915 298 7198 Ext 1106  
[privera@elpasohealth.com](mailto:privera@elpasohealth.com)

Astryd Galindo, RN  
Quality Improvement Nurse  
915 298 7198 Ext 1177  
[agalindo@elpasohealth.com](mailto:agalindo@elpasohealth.com)

Jamicka Harrigan  
Quality Improvement Coordinator  
915 298 7198 Ext. 1024  
[jharrigan@elpasohealth.com](mailto:jharrigan@elpasohealth.com)





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## **Health Services Updates**

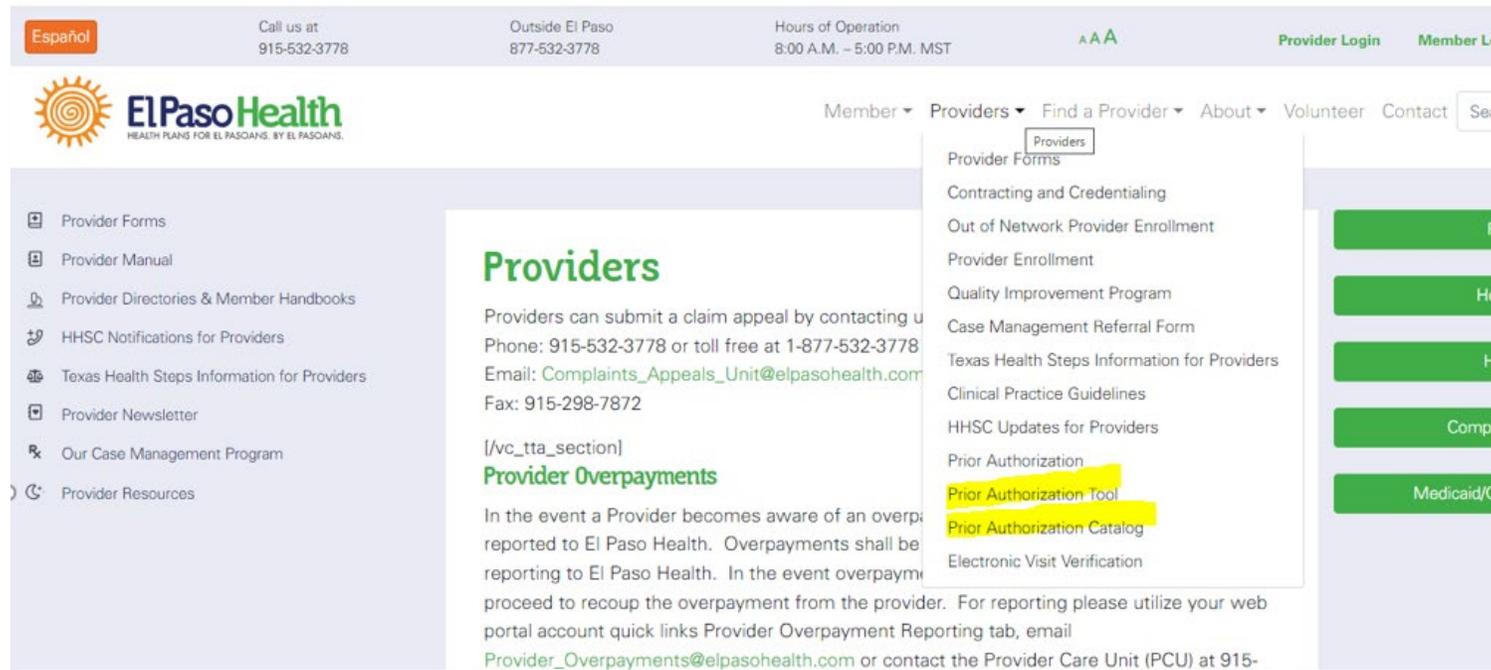
Celina Dominguez

Health Services Administrative Manager

# Prior Authorization Catalog

Certain services may require a prior authorization. El Paso Health has developed the Prior Authorization Catalog to help providers determine if a CPT code requires authorization for our STAR and CHIP programs and what supporting documentation you might need.

- [Prior Authorization Tool](#) and [Catalog](#) may be found on our website at [www.elpasohealth.com](http://www.elpasohealth.com) in the Providers tab.



A9272

MECHANICAL WOUND  
SUCTION, DISPOSABLE,  
INCLUDES DRESSING,  
ALL

**NO AUTHORIZATION REQUIRED - UNLESS CONDITION**

OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS  
MEDICAID PROVIDER PROCEDURE MANUAL

TEXAS STANDARD PA REQUEST FORM  
FOR HEALTH CARE SERVICES, PHYSICIAN  
ORDER W/FREQUENCY/DURATION,  
CLINICAL DOCUMENTATION RELEVANT TO  
DIAGNOSIS/TREATMENT.

CHIP PERINATAL (NB)

09/01/2020

08/01/2021

# Prior Authorization Tool

- All questions on the table must be answered in order to be able to search for CPT codes.
  - A 'yes' answer to any of the questions will automatically require a prior authorization.
  - Answering 'no' to all questions on the table will prompt the CPT code search query.

Please answer all of the following questions to determine if an authorization is needed:

| Types of Services  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| Are services being provided by an out-of-network Provider?           | <input type="radio"/> | <input type="radio"/> |
| Is the member being admitted to an inpatient facility?               | <input type="radio"/> | <input type="radio"/> |
| Is the member receiving oral surgery services?                       | <input type="radio"/> | <input type="radio"/> |
| Is the member receiving plastic and reconstructive surgeon services? | <input type="radio"/> | <input type="radio"/> |
| Is the member receiving venous surgical procedures/services?         | <input type="radio"/> | <input type="radio"/> |

- Enter your CPT code and click Search to determine if prior authorization is required for that specific code.

To determine if an authorization is needed enter CPT code below.

CPT code: 1:  2:  3:  4:

- Providers may search up to four CPT codes at a time.



# How are authorizations received?

- Fax: Authorizations created approximately 1 hour from time received via fax
- Provider Portal (HEALTHX): Authorizations import approximately 1 hour after submission
- Verbal: Authorization shelled, not complete until clinicals are submitted and can be reviewed (CCR transfers Provider to ext. 1591, ext. only to be used for verbal auths)
- Walk – In: Authorization scanned and entered 1 hour from time received from receptionist

## **Essential information required to complete Standard Prior Auth request regardless of method received**

|                                |                          |                         |
|--------------------------------|--------------------------|-------------------------|
| Member Name                    | Member DOB               | Rendering Provider Name |
| Rendering Provider NPI         | Requesting Provider Name | Requesting Provider NPI |
| Services requested (CPT/HCPCS) | Start & End Dates (DOS)  | Units*                  |

\*Not for surgical procedures

# Fax Coversheet



**El Paso Health**  
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## IMMEDIATE ATTENTION REQUIRED

Date: 3/18/2021 12:05:46 PM

To Company: EPH Attention: EPH

To Fax No: 1 915-298-7866

Re: Member ID: \_\_\_\_\_ Auth No: \_\_\_\_\_

From: El Paso Health Phone No: 915-532-3778  
Health Services Department Toll Free Phone No: 877-532-3778  
1145 Westmoreland Drive Fax No: 915-298-7866  
El Paso, TX 79925 Toll Free Fax No: 844-298-7866

### Comments:

We are in receipt of your authorization request for <Member Name> (Member I.D. No. \_\_\_\_\_). However, you submitted the authorization request without the essential information and cannot be processed. **List of what is incorrect, illegible, and missing will be here.**

Please correct and resubmit your authorization request in its entirety with this fax coversheet to honor your start of care.

Thank you for your attention to this matter.



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# Turnaround Times

What are the turnaround times?

Day received is day zero, turn around time does not begin until next **business** day

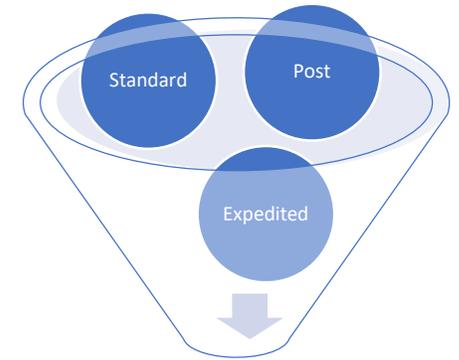
- Standard request – 3 business days
- Expedited request – 24 hours
- Retrospective request – 30 days (start date is 5 business days past date received)

**\* When requesting additional information, turn around time can be extended up to 14 calendar days**

Member and Provider will receive notification of extension for requesting additional information.

Provider will receive fax.

Member will receive letter in mail.



**Nurse Queue's**



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## **Health Services Updates**

Moses Priego

Care Coordination Manager

# Case Management Referrals

| CASE MANAGEMENT/SERVICE COORDINATION REFERRAL FORM   |                                  |  |
|--|----------------------------------|--|
| <b>To: El Paso Health</b><br>ATTN: Case Management<br>Phone: (915) 532-3778 ext. 1500<br>Fax: 915-298-7866   |                                  | <b>FROM:</b> _____<br>(Physician's Office Name)<br><b>OFFICE CONTACT PERSON:</b> _____<br><b>FAX NUMBER:</b> _____<br><b>TELEPHONE NUMBER:</b> _____ |
| <b>Member Name:</b> _____  | <b>Medicaid/CHIP ID #:</b> _____ | <b>DOB:</b> _____  |
| <b>Member Contact Number:</b> _____  | <b>Member Address:</b> _____     |  |
| <b>REASON FOR REFERRAL (check all that apply and add comments when applicable):</b>  |                                  |  |
| <input type="checkbox"/> <b>HIGH RISK PREGNANCY</b>  |                                  |  |
| <input type="checkbox"/> <b>BEHAVIORAL HEALTH</b>  |                                  |  |
| <input type="checkbox"/> <b>ASTHMA</b>   |                                  |  |
| <input type="checkbox"/> <b>HEART DISEASE</b>  |                                  |  |
| <input type="checkbox"/> <b>DIABETES</b>   |                                  |  |
| <input type="checkbox"/> <b>SPECIAL HEALTH CARE NEEDS</b><br>(individuals who have a behavioral/medical condition that is expected to last more than 12 months)  |                                  |  |
| <input type="checkbox"/> <b>SOCIAL WORK/SOCIAL DETERMINANTS OF HEALTH</b>  |                                  |  |
| <input type="checkbox"/> <b>OBESITY</b>  |                                  |  |
| <b>PRESENTING CONCERN:</b>   |                                  |  |
| <input type="checkbox"/> Assistance locating covered services<br><input type="checkbox"/> Coordination of care<br><input type="checkbox"/> Non-compliance with treatment plan<br><input type="checkbox"/> Assistance obtaining durable medical equipment/medical supplies (i.e. nebulizer, peak flow meter)<br><input type="checkbox"/> Patient education (i.e. symptom management, self-management strategies, diabetes education)<br><input type="checkbox"/> Assistance accessing treatment for behavioral health diagnosis<br><input type="checkbox"/> Social concerns (i.e. SDOH), please specify concern(s): _____<br><input type="checkbox"/> High risk pregnancy, please specify condition/concern: _____<br><input type="checkbox"/> Access to community resources (i.e. support/advocacy groups, basic needs)<br><input type="checkbox"/> Positive Maternal Depression Screening |                                  |  |

## Case Management Programs:

- Behavioral Health Case Management
- Disease Management
- OB-Case Management
- Medical Case Management
- Medicare-DSNP Service Coordination
- Complex Medical Case Management

## Case managers/Service Coordinators can help:

- Coordinate services with Members' PCP and other community providers or agencies
- Teach Members how to be active participants in their medical care
- Educate Members on their condition and medication
- Identify the needs and strengths of the Member and their family

# Case Management for Children and Pregnant Women Program (CPW)

What is Case Management for Children and Pregnant Women (CPW)?

Case management services are provided to help Medicaid eligible persons gain access to necessary medical, social, educational and other services. Case manager assess a person's need for these services and then develop a service plan to address those needs. Provider types include registered nurses and licensed social workers who must be enrolled in Medicaid.

## **Eligibility Requirements**

- Be eligible for Texas Medicaid
- Be a pregnant woman who has a high-risk condition or child (0-20 years) who has a health condition or health risk
- Need assistance in accessing necessary medical, social, education and other services related to their health condition, health risk or high-risk condition.
- Want to received case management services

# Case Management for Children and Pregnant Women Program (CPW)

## Referrals for (CPW)

To refer a Medicaid eligible person to Case Management for Children and Pregnant Women services, providers may utilize the [EPH Case Management form](#)

## Services, Benefits, and Limitations

Services are limited to one contact per day per person

Additional provider contacts on the same day are denied as part of another service when rendered on the same day

Visits completed using synchronous audiovisual technology or synchronous telephone (audio-only) technology should be provided only if agreed to by the client or parent/guardian

## Prior Authorization

All services must be prior authorized using the [Texas Standard Prior Authorization Request Form](#)

One comprehensive visit is approved for all Medicaid eligible persons

Follow-up visits are authorized based on contributing factors



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# Case Management for Children and Pregnant Women Program (CPW)

## Procedure Codes and Modifiers

Case management for children and pregnant women services must be submitted with procedure code G9012 and the following modifiers:

| Service                                       | Required Modifiers |
|---|--------------------|
| Comprehensive visit (in-person)               | U2 and U5          |
| Comprehensive visit (synchronous audiovisual) | U2, U5 and 95      |
| Follow-up visit (in-person)                   | U5 and TS          |
| Follow-up visit (synchronous audiovisual)     | U5, TS and 95      |
| Follow-up visit telephone (audio-only)        | Ts and 93          |

Retrospective Review: Case Management for Children and Pregnant Women services are subject to retrospective review and recoupment if documentation does not support the service billed.



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## **Special Investigations Unit (SIU)**

**Alina Macias**

SIU Claims Auditor

**Jennifer Herrera**

SIU Assistant

# SIU Team Purpose

---

Texas requires all Managed Care Organizations like El Paso Health to establish a plan to prevent and detect Waste, Abuse, and Fraud (WAF).

This plan is carried out by El Paso Health's Special Investigations Unit (SIU).

El Paso Health SIU Team conducts monthly audits of our network providers and members.

We will request Medical records for review to prevent FWA in accordance with Texas Administrative Code.



# What We Look For

When we are auditing claims we identify several factors which include:

- Documentation
  - Review to determine if the level billed meets all requirements (History, Exam, Medical Decision Making & Level of Service).
- Coding
  - Correct and/or required modifiers appended
  - Diagnosis (to the highest level of specificity)
  - CPT/HCPCS
  - NCCI edits
- Diagnostic Labs/Procedures
  - Separate report
- Authorizations
- Consent of Treatment



# Medical Records Request

We will send providers the request for medical records as follows:

- 1<sup>st</sup> request faxed with a 4 week deadline.
- If no response within 2 weeks, 2<sup>nd</sup> request faxed and provider is called.
  - Given same deadline date as the first request.
- If no response within 1 week, final request faxed and contact with provider is made.
  - Same deadline date as first request.



Please make sure you and/or your Third Party Biller handle a records request with urgency.

Extension may be granted but **must be requested in writing before the Records Request due date. (email is ok)**

Failure to submit records results in an automatic recoupment that is not appealable.



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██████████ 2020

██████████  
ATTN: Medical Records/ Release of Information  
██████████

El Paso, TX 79925

RE: Request for Medical Records –Time Sensitive Response Due  
Plan: El Paso Health  
Request Number: ██████████  
Member: Please see member list at bottom of letter  
Response Due: ██████████, 2020

Dear Provider:

Please accept this as a request for medical records/documentation for the enclosed members. The submission of these records will support El Paso Health, with its operational responsibility of oversight of participating partners. We thank you in advance for your cooperation.

El Paso Health is a Covered Entity as defined by HIPAA and all past and current members are provided with a HIPAA Privacy Notice upon enrollment therefore Protected Health Information (PHI) may be released to a Covered Entity without a release from the member/patient for treatment, payment or health care operations. Under the Health Insurance Portability and Accountability Act (HIPAA)

Please adhere to the following directions when photocopying, packaging, and mailing the requested records

- 1) Complete copies should include specific records to support the services provided. **Send complete records to support the claims billed for each member. It may include but not be limited to the following:**
  - Patient Information Sheets (completed by parent, guardian or patient)
  - Financial Records including superbills, copays, Patient Ledgers and Patient Intake Forms (Please submit a letter signed by the doctor if your office currently uses an EMR system that prevents you from producing superbills.)
  - Physician Orders / Notes, Nurse/Attendant Notes, Consultant and Other Medical Reports
  - Diagnostic Test Results, Graphic Reports / Images (regardless of where they are performed)
  - Referral / Authorization Requests and Forms
  - Medication Records, All Lab Requisitions and Lab Reports
  - Emergency Room Records, Operative Reports
  - Clients application for services, Timesheets, DME Orders
  - Health assessment, Plan of Care
  - Agreement for services, orientation documentation for attendants, supervisory visit
  - Delivery Slip
  - Tracking Information
  - Certificate of Medical Necessity
  - Product Description and Serial Number
  - Rental Agreements
  - Any other records pertaining to the claims billed for the member.
- 2) Copy of Photo ID and Member ID card.
- 3) All records are to be shipped via a traceable manner such as registered United States Postal Service.

## Medical Records Request Letter Sample



**El Paso Health**  
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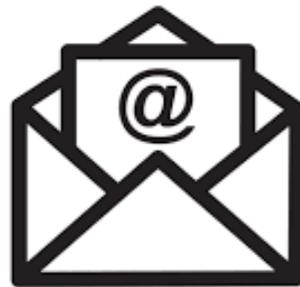
# Methods to Submit Medical Records

---

Fax: 915-225-1170

Email: [AMacias@elpasohealth.com](mailto:AMacias@elpasohealth.com) or [JHerrera2@elpasohealth.com](mailto:JHerrera2@elpasohealth.com)

Pick Up: Contact your EPH Provider Relations Rep or the SIU Department to schedule a pick up



# Missing Medical Records

It is important to send the entire medical record as requested.

When submitting records, if any detail is left out, the entire claim may be recouped for insufficient documentation.

When records are submitted providers will sign an attestation to the number of pages included.

After attestation signature, additional records will not be accepted.



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# Closing the Review

Providers office will be notified of the audit findings once the review is completed.

You have the right to dispute/appeal the findings within 30 days of notification.

- The dispute/appeal will be handled by the SIU team.
  - The review of appeal for the Audit is not handled by the Complaints & Appeals Department or any other department at El Paso Health.
- **You may not dispute claims for which you did not provide any documentation.**

After 30 days or the appeal review, EPH will begin recoupments via claims adjustments unless the provider requests to send a check or set up a payment plan.



# External Audits

---

Please keep in mind that **HHSC Office of Inspector General (OIG)** and **Office of Attorney General (OAG)** conduct their own independent audits.

- EPH is not involved with these audits.
- Make sure you check the letterhead to see who is requesting medical records.



# Remember

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**El Paso Health**  
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# SIU Contact Information

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When in  
doubt,  
reach out!

Jourdan Norman, SIU Manager  
(915) 298-7198 ext. 1039  
[jnorman@elpasohealth.com](mailto:jnorman@elpasohealth.com)

Alina Macias, SIU Claims Auditor  
(915) 298-7198 ext. 1108  
[amacias@elpasohealth.com](mailto:amacias@elpasohealth.com)

Jennifer Herrera, SIU Assistant  
(915) 298-7198 ext.1228  
[jherrera2@elpasohealth.com](mailto:jherrera2@elpasohealth.com)

Waste, Fraud, Abuse Hotline: [\(866\) 356-8395](tel:(866)356-8395)



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## **Complaints and Appeals**

Liliana Jimenez

Provider Relations Coordinator

# Complaints and Appeals

## What to Submit

Letter Explaining reason for appeal  
Supporting Documentation  
Remittance Advice  
Medical Records (If Necessary)  
Proof of Timely Filing

## How to Submit

Fax: (915)298-7872  
Web Portal  
Mail to :  
El Paso Health  
Attention:  
Complaints and Appeals  
Department  
1145 Westmoreland  
El Paso, TX 79925

## What happens once we receive your appeal?

An Acknowledgment Letter will be sent within 5 business days  
A Resolution letter will be sent within 30 calendar days  
If you do not agree with EPH findings, you have the right to a second level of appeal



# Contact Information

---

Complaints and Appeals Department

[Complaints&AppealsTeam@elpasohealth.com](mailto:Complaints&AppealsTeam@elpasohealth.com)

915-532-3778



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## **Member Services Department**

Nellie Ontiveros

Member Services Manager

# EPH is part of the Community Partner Program

In an effort to assist our members with their Medicaid/CHIP re-enrollments, El Paso Health applied with HHSC to become a Community Partner Program site. Several of our employees underwent certification and training to become Case Assistance Navigators. This allows us to assist with the application process.

If you have EPH members inquiring about their coverage or renewals, feel free to direct them to call us or visit our website to make an appointment. We have designated appointment dates and times throughout the week dedicated to assisting with this process.

## WILL YOUR MEDICAID BENEFITS END SOON?!

El Paso Health can help update your account -  
and maintain or transition your plan!

MAKE AN APPOINTMENT

EPHM6452301



Call or Visit  
El Paso Health  
for more info.

**915.532.3778**  
toll free 1.877.532.3778

[www.elpasohealth.com/MakeAnAppointment](http://www.elpasohealth.com/MakeAnAppointment)



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# Community Partner Program (CPP) Locations

Members can find an office that can assist with their applications by going to the Texas Community Partner Program website and entering their zip code. It will give them a list of all Community Partners in that area.

## Texas Community Partner Program

Connecting Texas Communities with Texas HHS

FIND COMMUNITY PARTNERS: Zip Code:  (OR) City:  (OR) County:  (OR)

Your Location:

(AND) Range:  Type of Help Available:

### RESULTS:

The distances below are shown from the center of 79925, El Paso

| PARTNER  | SITE                               | ADDRESS                                | DISTANCE | WEBSITE  | CITY    | COUNTY  | PHONE          |
|--|------------------------------------|--|----------|--|---------|---------|----------------|
| Project Amistad                                      | Project Amistad                    | 3210 Dyer St., El Paso, TX 79930       | 5.09     | <a href="http://www.projectamistad.org">www.projectamistad.org</a> | El Paso | El Paso | (915) 532-3790 |
| Ysleta Lutheran Mission Human Care                   | Ysleta Lutheran Mission Human Care | 301 S. Schutz Drive, El Paso, TX 79907 | 7.51     | <a href="http://www.ylm.org">www.ylm.org</a>                       | El Paso | El Paso | (915) 858-2588 |
| El Paso Community Action Program Project BRAVO, Inc. | Project BRAVO - Northeast Center   | 4838 Montana Ave., El Paso, TX 79903   | 4.30     | <a href="http://www.projectbravo.org">www.projectbravo.org</a>     | El Paso | El Paso | (915) 562-4100 |
| El Paso Health                                       | El Paso Health                     | 1145 Westmoreland, El Paso, TX 79925   | 2.06     | <a href="http://elpasohealth.com">elpasohealth.com</a>             | El Paso | El Paso | (915) 532-3778 |

[First](#) [Previous](#) [Page 3 of 3](#) [Next](#) [Last](#)

<https://www.texascommunitypartnerprogram.com/>



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# Non-Emergent Medical Transportation (NEMT) Services

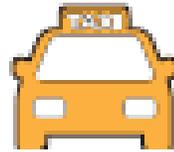
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Access2Care, an El Paso Health Partner, may be able to help STAR members with Non-Emergent Medical Transportation (NEMT) to Medicaid Services, to include:

- Public transportation



- A taxi or van service



- Money to purchase gas



- Commercial transit



- To request transportation, members must call Access2Care at 1-844-572-8196.
- Arrangements must be made at least two days before appointment or five days before is appointment is outside the county.
- Phones are answered 24 hours a day, 7 days a week, 365 days a year.



# Non-Emergent Medical Transportation (NEMT) Services, cont.

---

Members must include the following when calling Access2Care:

- Address and phone number where appointment will take place with exact date & time.
- Name of the physician they will be seeing.
- Address and phone number of where they need to be picked up and can be reached.
- Arrangements must be made by the assigned Case Name.
- Provide details of what they will need. (Lodging, meal assistance, gas reimbursement etc.)



\*\*If the member does not call within the set timeframes, they will be directed back to the Plan and it will delay the arrangements.

# New Value Added Service Effective 9/1/2023

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El Paso Health has partnered with Sun City Dietitians to offer Pregnant Star Members age 21 or older and CHIP Perinatal Members ages 19 or older, four nutritional counseling / meal planning services. Members can receive a \$25 Walmart gift card upon completion for health food related items.

# New Value Added Service Effective 9/1/2023



El Paso Health has a certified lactation consultant who will be providing in-home breastfeeding counseling support visits for postpartum STAR and CHIP Perinate members with high-risk pregnancies that require specialized intervention.

**Lactation for High Risk  
Pregnancies**



# PCP Change Form

Providers can assist members in making PCP changes via fax rather than calling.

The “Primary Care Provider Change Request Form” can be found under the Provider section on our website under:

- Provider Forms
- Member Services Forms

We will honor the date on the fax as the effective date of the PCP change. (It may take 24-48 hours to reflect on the portal)

\*Note: the member may also request a PCP change using the app or their member portal.

## Provider Forms

- + Claim Forms
- + Complaints and Appeals Forms
- + Credentialing Packet Forms
- + Health Services Forms
- Members Services Forms

Authorization to Disclose information to PCP  
1027 Medicaid Eligibility Form  
Specialist as a PCP Request Form  
Primary Care Provider Change Request Form



# Member Cost Sharing Obligations

| STAR   | CHIP / CHIP Perinate   |
|--|--|
| <p>Medicaid Members do not have cost sharing obligations for covered services.</p> | <p>Co-payments for medical services or prescription drugs are paid to the health care provider at the time of service.</p> <p>Members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays.</p> <p>No cost-sharing on benefits for well baby and well child services, preventative services, or pregnancy related assistance, behavioral health visits in an office setting and SUD. (Substance Use Disorder)</p> |



# Benefit Limitations and Exclusions

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Some covered services may have limitations or require a prior authorization. There are certain services that are excluded from the covered benefits for STAR and CHIP members. Examples of exclusions include, but are not limited to, the following:

- Elective surgery to correct vision
- Prostate and mammography screening
- Immunizations solely for travel
- Custodial care
- Personal comfort items (e.g./ telephone, newborn infant photographs)
- Elective abortions
- Gastric procedures for weight loss
- Cosmetic surgery (solely cosmetic purposes)
- Contraceptive medication (Family Planning for CHIP only)
- Over-the-counter medications



# Prohibitions on Balance Billing

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Members cannot be held liable for any balance related to covered services.

Network Providers and Out-of-Network Providers are prohibited from billing or collecting any amount from a Member for covered services.

According to Section 1.6.10, Billing Clients from Provider Enrollment and Responsibilities from the Texas Medicaid Provider Procedures Manual: Vol.1:

'Providers cannot bill nor take recourse against eligible clients.'



**El Paso Health**  
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

# Contact Information

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**Nellie Ontiveros**

Member Services Manager

(915) 532-3778 ext. 1112



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## **Provider Partnerships**

Rosie Medina

CARE Solutions Manager

# Partnerships

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Health fairs for:

- Encouragement of Texas Health Steps
- Flu vaccinations
- COVID vaccinations

Address Non-Medical Drivers of Health

- Contact CARE Solutions if a member needs to be referred to community agencies.

Medicaid/CHIP application assistance





# C.A.R.E. Solutions Department

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**Rosalinda Medina**

C.A.R.E. Solutions Manager

Phone Number: 915-298-7198 ext. 1161



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## **Claims Updates**

Adriana Villagrana

Claims Manager

# Timely Filing Reminders

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## Timely filing deadline

- 95 days from date of service

## Corrected claim deadline

- 120 days from date of EOB

# Electronic Claims

## Payer ID Numbers

Claims are accepted from:

- Availity
- Trizetto Provider Solutions, LLC. *(formerly Gateway EDI)*

| Availity/TPS Payer Identifications                        |       |
|---|-------|
| El Paso First Health Plans Premier Plan STAR Medicaid HMO | EPF02 |
| El Paso First Health Plans CHIP                           | EPF03 |
| El Paso First Health Plan HCO Healthcare Options          | EPF37 |
| Preferred Administrators                                  | EPF10 |
| Preferred Administrators Children's Hospital              | EPF11 |
| El Paso Health Advantage Dual SNP                         | EPF07 |

# Sports Physical Reminder

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El Paso Health STAR and CHIP members seeking a Sports Physical are able to obtain this service from a Primary Care Provider.

## Benefit Coverage

- Sports Physicals Coverage
- STAR and CHIP members ages 4 through 18 years of age
- Once per calendar year



## Billing Guidelines

- Sports Physicals are only payable when performed on a separate date of service from a THSteps/Well Child Visit
- Providers must bill the Sports Physical on a separate HCFA claim
- No modifiers are required on claim submission for a Sports Physical
- Z02.5 ICD-10 Diagnosis Code is the valid code to submit for Sports Physicals (encounter for examination for participation in sport)
- G0402 CPT code must be utilized for the Sports Physical
- Rate fee for EPH Sports Physicals is \$25



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**For more information:**

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(915) 532-3778



[www.elpasohealth.com](http://www.elpasohealth.com)

