



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

PROVIDER QUARTERLY ORIENTATION

Thursday, August 27, 2020

2:00pm – 3:30pm

LIVE WEBINAR

EVENTBRITE LINK: <https://providerorientation4.eventbrite.com>

Password: elpasohealth

Complete our survey for a chance to win!

Prize Bag Includes :

- El Paso Health Beach Bag
- El Paso Health Aluminum Water Bottle
- El Paso Health Blue Tooth Speaker
- El Paso Health Hard Cover Journal
- El Paso Health Desk Lamp / Fan / Phone Charger
- EOS Lotion
- \$15.00 Gift Card



Please return your survey to be included in the drawing.

Presenters

- **Edgar Martinez**- Director of Member Services
- **Debbie Galindo** - Contracting and Credentialing Representative
- **Vianey Licon** - Provider Relations Representative
- **Adriana Cadena** – C.A.R.E Unit Manager
- **Angelica Chagolla** - Quality Improvement Manager
- **Edna Lerma**- Care Coordination Manager
- **Adriana Villagrana** – Claims Manager
- **Corina Diaz** – Complaints and Appeals Supervisor

Agenda

Member Services: [Member Services Updates and SFY 2021 –Value Added Services \(VAS\) “A Great Health Plan, Comes With Healthy Rewards” Effective 9/1/2020](#)

Contracting: [Contracting Reminders / COVID-19 Updates](#)

Provider Relations: [Updates and Reminders](#)

C.A.R.E: [Community Outreach](#)

Quality Improvement: [Accessibility and Availability](#)

Health Services: [Prior Authorization Tool & Behavioral Health Benefits](#)

Claims: [Claim Reminders](#)

Complaints and Appeals: [Complaints and Appeals Process](#)



El Paso Health

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THE HEALTH PLANS OF EL PASO FIRST

Member Services Updates and SFY 2021 –Value Added Services (VAS)

“A Great Health Plan, Comes With Healthy Rewards”

Effective 9/1/2020





Edgar Martinez

Director of Member Services

COVID-19 updates

- HHSC is extending Medicaid, CHIP, and CHIP Perinatal coverage during the public health emergency declaration.
- In response to the COVID-19 pandemic, office visit co-payments for all CHIP members for services provided from March 13, 2020, through October 23, 2020 are waived.
- Providers must not collect office visit co-payments for CHIP members during this time. El Paso Health will reimburse the provider the full rate for services including member cost sharing.
- Co-payments are not required for covered services delivered via telemedicine or telehealth to CHIP members. HHSC encourages the use of teleservices in lieu of in-person office visits, as appropriate.
- Co-pays do not apply to Medicaid Members.

A Great Health Plan, Comes With Healthy Rewards

		MEDICAID MEMBER	CHIP MEMBER
 FIRSTCALL MEDICAL ADVICE INFOLINE <small>Available 24 Hours/7 Days A Week</small> CALL 1-844-549-2826 <small>BY MEMBERS OF</small> 	HEALTHY REWARDS* Members have 24-hour, 7-days-a-week access to FIRSTCALL, a bilingual medical advice infoline staffed by nurses, pharmacists, and a Medical Director on call.	✓	✓
	\$25 gift packet which includes a first aid kit and a \$10 Walmart gift card for health related items, for new Members who complete the request form and send by return mail within 30 days of enrollment.	✓	✓
	A free ride service to doctor visits or health education classes.	✓	✓

A Great Health Plan, Comes With Healthy Rewards

HEALTHY REWARDS*	MEDICAID MEMBER	CHIP MEMBER
 <p>For contact lenses and glasses (lenses and frames) Members receive up to \$125 above the Medicaid benefit.</p>	✓	✓
 <p>One allergy-free pillow case is given to Members who are enrolled in the Asthma Disease Management Program.</p>	✓	✓
 <p>Pregnant Members 21 or older can receive up to \$500 each year for dental check-ups, x-rays, routine cleaning, fillings, and extractions.</p>	✓	✓

A Great Health Plan, Comes With Healthy Rewards

HEALTHY REWARDS*	MEDICAID MEMBER	CHIP MEMBER
 <p>Members between the ages of 4 through 18 can get a free physical for sports each year.</p>	✓	✓
 <p>A \$15 gift card is offered to Members ages 3-6 and 12-19 who get a check-up when due and on time.</p>		✓
 <p>A \$10 gift card is offered to Members age 20 and younger who complete a Texas Health Steps check-up on time.</p>	✓	

A Great Health Plan, Comes With Healthy Rewards

HEALTHY REWARDS*	MEDICAID MEMBER	CHIP MEMBER
 <p>A \$10 movie gift card is offered to Members 20 years and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay. Members can receive one movie gift card per year.</p>		
 <p>Members age 20 or younger can receive four additional nutritional/obesity counseling services above the Medicaid Benefit.</p>		
 <p>Members age 18 or younger can receive four additional nutritional/obesity counseling services above the CHIP Benefit.</p>		

A Great Health Plan, Comes With Healthy Rewards

HEALTHY REWARDS™		MEDICAID MEMBER	CHIP MEMBER
	<p>Pregnant members can receive:</p> <ul style="list-style-type: none">• A free convertible car seat after attending a baby shower at El Paso Health.• Gift cards for completing prenatal visits and after confirmation of those visits for:<ul style="list-style-type: none">• \$25 – Prenatal visit in the first trimester or within 42 days of enrollment.• \$20 – 3rd prenatal visit.• \$20 – 6th prenatal visit.• \$20 – 9th prenatal visit.• \$20 – flu shot during pregnancy.• \$25 – a timely postpartum visit within 21-56 days of delivery.• A First-Steps Baby shower including a diaper bag, a starter supply of diapers, and other items for the baby.	✓	✓

A Great Health Plan, Comes With Healthy Rewards

HEALTHY REWARDS*		MEDICAID MEMBER	CHIP MEMBER
	Up to \$35 discount for any sport, swim, or camp registration fee at participating YMCAs; once every 12 months.	✓	✓

A Great Health Plan, Comes With Healthy Rewards

NEW Healthy Rewards – “Virtual Connect” Virtual Home Visits– Effective 9/1/2020

HEALTHY REWARDS*

MEDICAID
MEMBER

CHIP
MEMBER



VIRTUAL-CONNECT
BY EL PASO HEALTH

“Virtual Connect by El Paso Health” is a service that provides face to face virtual home visits for members with social determinants of health or complex conditions such as high-risk pregnancies, behavioral, or medical conditions that require specialized intervention.

A Great Health Plan, Comes With Healthy Rewards

NEW Healthy Rewards – Food from the Heart – Effective 9/1/2020

HEALTHY REWARDS*

MEDICAID
MEMBER

CHIP
MEMBER

A free “EPH Food from the Heart” food basket for new members, after completing a new member orientation with El Paso Health.

The new member orientation class must be completed within 90 days of enrollment to be eligible to receive an EPH Food from the Heart food basket. Every 12 months Members are eligible to receive one EPH Food from the Heart food basket per household.



**Food from
the Heart**

A service of  **El Paso Health**

A Great Health Plan, Comes With Healthy Rewards

NEW Healthy Rewards – El Paso Health Stay Safe Pandemic Kit – Effective 9/1/2020



HEALTHY REWARDS*

A free “EPH Stay Safe pandemic kit” that includes: 2 washable and reusable cloth masks, 2 mask covers, 4 disposable masks, gloves, hand sanitizers, thermometer, healthy tips on hand washing, and sanitizing wipes.

EPH high-risk Members must complete a wellness class within 60 days of enrollment to be eligible to receive an EPH Stay Safe pandemic kit. Every 12 months Members are eligible to receive one kit per household.

MEDICAID
MEMBER



CHIP
MEMBER



Behavioral Health Services Hotline

El Paso Health offers Medicaid and CHIP Members a 24 hours day/7 days a week Behavioral Health crisis hotline. The Behavioral Health crisis hotline staff is bilingual and interpreter services are also available.



STAR and CHIP Member Portal

Members can access the Member Portal on our website at www.elpasohealth.com, by clicking on the Member Portal Login.

The screenshot shows the top navigation bar of the El Paso Health website. It includes contact information, hours of operation, and two links for the Member Portal Login. A blue arrow points to the 'Member Portal Login' link. Below the navigation bar is the El Paso Health logo and a menu with options like HOME, ABOUT EL PASO HEALTH, MEMBERS, PROVIDERS, and PROC. The main content area features a 'Login' form with fields for Username and Password, a 'Submit' button, and a link for 'Forgot your username or password?'. A blue arrow points to the 'Login' form. To the right of the form is a 'Welcome' section with a list of benefits and a note about registration requirements. A photograph of a family is also visible.

Call us at: 915-532-3778

Outside El Paso: 1-877-532-3778

Hours of Operation: 7:00 A.M. – 5:00 P.M. Mountain Time

Providers Portal Login →

Member Portal Login →

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

HOME ABOUT EL PASO HEALTH MEMBERS PROVIDERS PROC

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

Login

Username

Password

Submit

[Forgot your username or password?](#)

First Time Users

Welcome

Login or create an account to view and maintain your EL Paso account. From this site you'll be able to:

- View your health plan benefits
- Print a temporary ID card
- Find a network healthcare provider
- View your healthcare claims

In order to complete registration you'll need information from your Member ID card.

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El Paso Health Mobile App

The El Paso Health Mobile App gives Members up-to-date online access to eligibility coverage and service information.



On the El Paso Health Mobile App Members can do the following:

- View eligibility coverage information
- View temporary ID cards
- Find a Provider
- View authorizations
- View claims explanation of benefits (EOB's)



Questions

Edgar Martinez

Director of Member Services

915-532-3778 ext. 1064



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Contracting Reminders / COVID-19 Updates

Debbie Galindo

Contracting and Credentialing Representative

Credentialing Updates-Covid-19

- Increase the period for organizations to complete participating provider re-credentialing from 36 months by an additional 90 days.
- Accept and application that is signed and updated up to 210 days.

Changes in your practice

- What to do when a provider leaves or joins your practice?
 - Contact EPH at Contracting_Dept@elpasohealth.com or call 915-532-3778
- Who do I need to notify?
 - El Paso Health Contracting and Credentialing Department or Provider Relations
- What forms do I need to send and where?
 - Submit a provider demographic form and W-9 to Contracting_Dept@elpasohealth.com

Contact Information

For any questions please contact us directly at the email or phone number below.

A Contracting and Credentialing Representative will respond to your inquiry within 48 business hours.

Contracting_Dept@elpasohealth.com

915-532-3778



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Provider Relations Updates and Reminders

Vianey Licon

Provider Relations Representative

COVID-19 Update: Telemedicine and Telephonic Services

Providers can provide telemedicine for certain medical services to promote continuity of care for our members. Telemedicine services do not require a prior authorization with an in-network provider and co-pays are not applicable to these services for CHIP members.

Telephonic (Audio-Only) Medical Services

Providers may bill the following codes for telephone (audio only) medical (physician delivered) evaluation and management services delivered on **March 20, 2020 through October 23, 2020**:

Description of Services	Procedure Codes	Place of Service	Modifier
Evaluation and Management (E/M)	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	02	95

- Providers should continue to use the 95 modifier to indicate that remote delivery has occurred.
- Telephonic E/M services are not to be billed if clinical decision-making dictates a need to see the member for an in-person or telemedicine (video) office visit within 24 hours or at the next available appointment. In those circumstances, the telephone service shall be considered a part of the subsequent office visit.
- If the telephone call follows an office visit performed and reported within the past seven calendar days for the same diagnosis, then the telephone services are considered part of the previous office visit and are not separately billed.

COVID-19 Update: Waiver of CHIP co-payment

HHSC is waiving in office face to face visit co-payments for all CHIP members for services provided from March 13, 2020 through October 23, 2020.

- El Paso Health will reimburse the provider the full rate for services including any member cost sharing.
- Providers must attest that an office visit co-payment was not collected from the member by submitting the [attestation form](#).
- Forms will be accepted via email at providerservicesdg@elpasohealth.com or via mail at the following address:

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

Reminder: *Co-payments are not required for covered services delivered via telemedicine or telehealth to CHIP members. Co-payments are not required for well child visits either.*

COVID-19 Page

El Paso Health has designated a page specifically for COVID-19 updates and information.

- Visit our website at www.elpasohealth.com.
- Click on [Coronavirus Disease \(COVID-19\) Updates for Members and Providers](#).

The image shows a screenshot of the El Paso Health website. At the top, there is a navigation bar with several links: "Call us at: 915-532-3778", "Outside El Paso 1-877-532-3778", "Hours of Operation 7:00 A.M. – 5:00 P.M. Mountain Time", "Providers Portal Login →", "Member Portal Login →", "En Español", and "Careers". There is also a URAC Accredited Health Plan logo. Below the navigation bar is the El Paso Health logo and a menu with links: HOME, ABOUT EL PASO HEALTH, MEMBERS, PROVIDERS, PROGRAMS, FIND A PROVIDER, EVENTS, and CONTACT US. The main content area features a large image of a sleeping baby. Overlaid on the bottom of this image is a white banner with blue text that reads "Coronavirus Disease (COVID-19) Updates For Members and Providers" and "Actualizaciones del Coronavirus (COVID-19) para miembros y proveedores". Below the banner is a blue button with white text that says "CLICK HERE / PRESIONE AQUÍ". A red arrow points to the right of this button.

COVID-19 Page (continued)

- Click on COVID-19 INFORMATION FOR PROVIDERS.

PARA LA VERSIÓN EN ESPAÑOL PRESIONE AQUI

Versión en Español



CORONAVIRUS PREVENTION IS THE KEY.

The best way to prevent illness is prevention.
The CDC recommends the following actions.

COVID-19 INFORMATION FOR PROVIDERS

UPDATES

[July 31, 2020, Updated COVID 19 Prior Authorization Requests Extended](#)

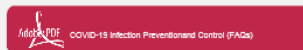
[July 31, 2020, Updated COVID 19 Waiver of CHIP Co Payments](#)

[July 31, 2020, Updated COVID_19 Telemedicine, Telehealth & Telephone Services](#)

[July 31, 2020, Updated EPH-Telehealth Services for OT, PT, and ST Providers](#)

[July 31, 2020, Updated COVID_19 THSteps Medical Checkup Restrictions via Remote Delivery](#)

ADDITIONAL INFORMATION



FOR HEALTH MEMBERS

Call FIRSTCall Medical Advice Infoline if you have questions or are experiencing symptoms.



FIRSTCALL
MEDICAL ADVICE INFOLINE

Electronic Usages



El Paso Health is encouraging electronic forms of communication during to the COVID-19 pandemic. The following items are currently available via electronic platforms:

- Remittance Advice (RA) Reports via our Provider Web Portal
 - Must have an Administrative account in order to access RAs.
 - Standard users may contact Provider Relations at 915-532-3778 to request Administrative user rights.
- Electronic Remittance Advice (835) files via your clearinghouse
 - Submit our [Electronic Remittance Advice \(835\) Request Form](#) to enroll.
- Electronic Claims Submission
- Upload appeals via our Provider Web Portal
- Submit prior authorizations and prior authorization amendments via our Provider Web Portal
- Direct Payments (ACH) to your financial institution
 - Submit our [EFT Form](#) to enroll.

Electronic Remittance Advice (835) Request Form



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Electronic Remittance Advice (835) Request Form

915.532.3778 ext. 1507 • Fax: 915.225.6762

BILLING PAY TO PROVIDER INFORMATION (PLEASE INCLUDE W9)

Official Business Name: _____
Doing Business As: _____
Billing Address: _____ City: _____ State: _____ Zip: _____
Federal Tax ID: _____ Group NPI: _____
Primary Contact: _____ Phone: _____ Email: _____

PROVIDER INFORMATION

Primary Service Location: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Website URL: _____

CLEARINGHOUSE INFORMATION

Clearinghouse Name: _____ Phone: _____
*Availity Customer ID# (Genkey): _____ Billing Submitter Number: _____
Software Vendor Name: _____ Phone: _____
*Genkey is required for Availity.

AUTHORIZATION STATEMENT SIGNATURE

Provider (enter provider/provider representative name) _____ hereby appoints (enter vendor name) _____ to act as the authorized agent for the purpose of retrieving the 835 electronically from El Paso Health.
Provider/Provider Representative Signature: _____ Date: _____

EL PASO HEALTH PAYER IDs

El Paso First Health Plans Premier Plan STAR Medicaid HMO	Availity/ Trizetto Provider Solutions Payer ID: EPF02
El Paso First Health Plans CHIP	Availity/ Trizetto Provider Solutions Payer ID: EPF03
El Paso First Health Plan HCO Healthcare Options	Availity/ Trizetto Provider Solutions Payer ID: EPF37
Preferred Administrators	Availity/ Trizetto Provider Solutions Payer ID: EPF10
Preferred Administrators Children's Hospital	Availity/ Trizetto Provider Solutions Payer ID: EPF11


CONFIRMATION OF TEST FILE

After submission of the Electronic Remittance Advice Request Form, a test file will be sent to ensure the successful transmission of the 835 file. Please enter the contact information for the representative that will be able to confirm receipt of the test file. Please note that the test file must be confirmed before the process can be completed. Failure to confirm the test file within 30 calendar days will cause the request to be closed and a new request will need to be submitted.

Contact Name: _____ Phone: _____ Email: _____

- Our [Electronic Remittance Advice \(835\) Request Form](#) is used to retrieve 835 files via your clearinghouse.
- The Electronic Remittance Advice (835) Request Form can be found on our website at www.elpasohealth.com under Providers- Provider Forms- Misc. Forms.
- The completed form may be faxed to:
915-225-6762

EFT Form



Please fill out form and fax to Provider Relations at 915-225-6762
Questions/Concerns call 915-532-3778 x1507

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

Provider/Group Name: _____
NPI Number: _____
Tax ID Number: _____

I (we) hereby authorize:
El Paso Health to initiate credit entries to the account at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of the U.S. law.

Name of Depository Account: _____
Bank / Financial Institution Name: _____

Account Type (please check one):
 Checking Account
 Savings Account

City: _____
State: _____ Zip code: _____
Account number: _____
Routing number: _____

This authorization is to remain in full force and effect until El Paso Health has received written notification from me (or either of us) of its termination in such time and in such manner as to afford El Paso Health and DEPOSITORY a reasonable opportunity to act on it

Name(s): _____
Title: _____
Date: _____
Signature: _____

NOTE: CREDIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR BY THE MANNER SPECIFIED IN THE AUTHORIZATION.

ATTACH A VOIDED CHECK


- Our [EFT Form](#) is used to initiate credit entries to your financial institution. This will eliminate the need for a paper check for our STAR and CHIP product lines.
- Please remember to attach a voided check or a letter from your financial institution confirming your account information.
- The EFT Form can be found on our website at www.elpasohealth.com under Providers- Provider Forms- Misc. Forms.
- The completed form may be faxed to: 915-225-6762.

Provider Directory Review

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.
- Provider Directories are available in the following formats:
 - Print: available for pick up at our office or mailed to members upon request
 - [Online](#): a PDF version is available for viewing or for printing on our website
 - [Provider Search](#): an interactive search option is available on our website
- The following elements are reviewed and updated as necessary::
 - provider name
 - address
 - workdays
 - age limitations, if any
 - program participation
 - phone and fax number
 - languages spoken
 - new patient restrictions
- Updates and discrepancies may be corrected using the [Provider Demographic Form](#).

Provider Demographic Form

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915.532.3778 • Fax: 915.298.7870 • contracting_dept@elpasohealth.com

PROVIDER DEMOGRAPHIC FORM

Group/Facility Name: _____
Group/Facility Specialty: _____
Tax ID: _____ Group NPI: _____ Group TPI: _____

Program Participation: Medicaid CHIP CHIP Perinatal Preferred Administrators Health Care Options

Please check off provider type: PCP Specialist PCP/Specialist Hospital Based

Last Name: _____ First Name: _____ Middle: _____
Individual NPI: _____ API: _____ TPI: _____ EPSDT: _____
Specialty: _____ Subspecialty: _____ Medical License: _____

Professional Category: MD DO FNP ACNP PA CRNA Other: _____

Primary Practice Address: _____
City, State, ZIP: _____ Office Hours/Days: _____
Phone: _____ Fax: _____ Website URL: _____
Secondary Location: _____ City, State, ZIP: _____
Office Hours/Days: _____ Phone: _____ Fax: _____
Taxonomy number: _____ Additional Taxonomy Numbers: _____

Languages Spoken: English Spanish American Sign Language (ASL) Other: _____

Accepting New Patients: Yes No Established Only Age Range: _____

Practice Limitations: Male only Female Only None Other: _____

CLIA Type: _____ Radiology Certificate: Yes No N/A

Completed cultural diversity training? Yes No

Do you offer: Telemedicine Telehealth Telemonitoring Targeted Case Management

Does this office meet American Disabilities Act (ADA) accessibility requirements? Yes No

Billing Information (Must Reflect W-9): _____
Doing Business As: _____
Pay to Address: _____ Tax ID: _____
Primary Contact: _____ Phone: _____ Email: _____
Reason for submission: _____

- Our [Provider Demographic Form](#) is used when updating any practice information.
- The Provider Demographic Form can be found on our website at www.elpasohealth.com under Providers- Provider Forms- Credentialing Packet Forms.
- The completed form may be returned using one of the following:
 - Email: contracting_dept@elpasohealth.com
 - Fax: 915-298-7870

Therapy Referrals for Children

A Guide for Texas Health Steps Providers

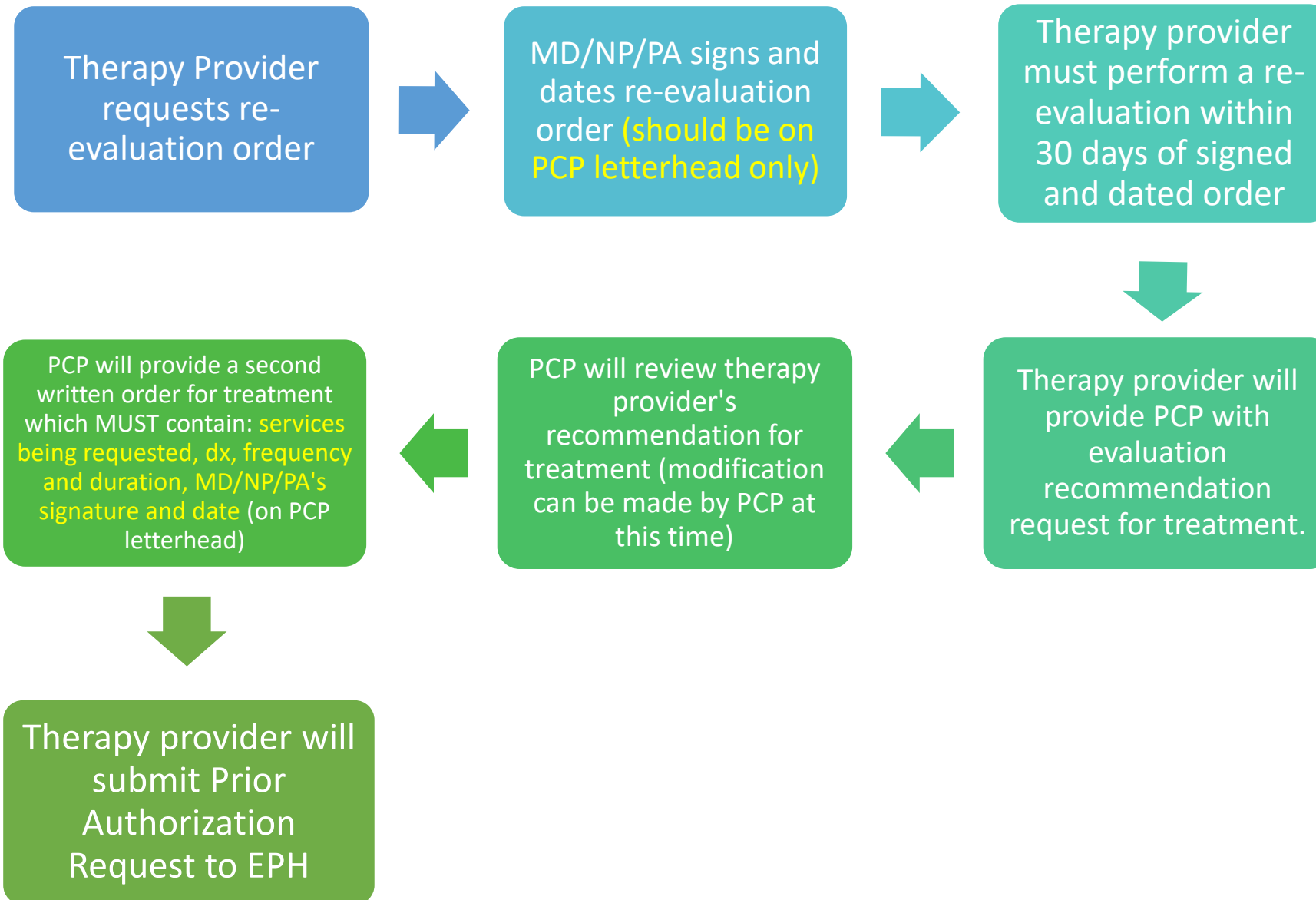
Learn how to make timely appropriate referrals for pediatric physical, occupational and speech therapy (PT/OT/ST) services to facilitate effective communication with families and therapy providers.

Therapy Referrals for Children: A Guide for Texas Health Steps Providers



<https://www.txhealthsteps.com/static/courses/therapy/sections/section-1-1.html>

PCP Guidance for Therapy Services



Contact Information

Vianey Licon

Provider Relations Representative

(915) 298-7198 ext. 1021

vlicon@elpasohealth.com

Provider Relations Department

(915) 532-3778

ProviderServicesDG@elpasohealth.com



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Community Outreach

Adriana Cadena

CARE unit Manager

Community Outreach Events

- Monthly Online Prenatal Class and Car Seat Distribution Events
- Food Distribution Drive-Thru Events
- Diaper Distribution Drive-Thru Event
- Backpacks and Food Distribution Event

Monthly Car Seat Distribution to Members



Food Distribution Drive-Thrus



Diaper Distribution Drive-Thru



Annual Back to School Event – July 18



Annual Back to School Event – July 18



Community Events



Aug. 6 – Tornillo Back to School Drive, Tornillo

Aug. 11 - Ysleta Migrant Education Program, El Paso

Aug. 11 – Village of Vinton, Vinton

Aug. 14 – Texas A&M Colonias Program, El Paso

Aug. 28 – Backpack and Diaper Distribution, Holy Ghost Tabernacle Church, Northeast

Aug. 29 – El Paso County Housing Authority, Fabens

Aug. 29 – Socorro Ramirez Community Center, Horizon

Contact Information

Adriana Cadena

C.A.R.E. Unit Manager

acadena@elpasohealth.com

915-298-7198 ext.1127



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Accessibility and Availability

Angelica Chagolla

Quality Improvement Manager



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
- **Availability (PCPs only):** after hours availability; **must return call within 30 minutes.**
 - 5 pm to 8:30 am, Monday through Friday
 - Any time Saturday and Sunday

State-Wide Monitoring

- HHSC monitors MCO's compliance with appointment accessibility standards (required by Senate Bill 760)
- State methodology - secret shopper calls
- Samples selected based on MCO **provider directories**
- Standards according to HHSC requirements must be met (Please see [A&A Standards on EPH website](#))
- Appointment wait times are assessed on calendar days

****IMPORTANT****
Please notify us of any changes to your information in our provider directory at any time.

State-Wide Monitoring

IN PROGRESS!

- Provider Directories were requested from MCOs
- Secret Shopper calls resumed by the state in June 2020
- Results pending! – performance will determine request for corrective action and possible liquidated damages

**Please ensure your office staff, current and new,
are aware of these A&A standards!**

El Paso Health Methodology

- Provider Relations Representatives - assess appointment accessibility during Provider Directory Verification reviews
- QI Nurses - conduct after-hours calls and secret shopper calls

Standards for After Hours Availability

Acceptable

- Answering service and/or recording are English and Spanish
- Answering service can contact provider or on-call designee
- Recording directs caller to another number that leads to in-person answer
- Call is returned within 30 minutes

Non – Acceptable

- Phone only answered during office hours
- Caller asked to leave a message
- Recording tells caller to go to ER
- Phone call not returned within 30 minutes
- Caller informed of fee for after hours call
- Answering service refuses to contact provider or on-call designee

What happens if you're non-compliant?

Non-compliance with initial survey:

- Notification letter explaining which standard was missed
- Education from Provider Relations Representatives
- Re-survey within 3-6 months

Non-compliance with re-survey

- Notification letter explaining which standard was missed
- Phone call from Medical Director
- Results get reported at the next Credentialing and Peer Review Committee
- Provider does not meet applicable criteria on end of year profiling

****All results get reported on a provider's re-credentialing file every 3 years.**

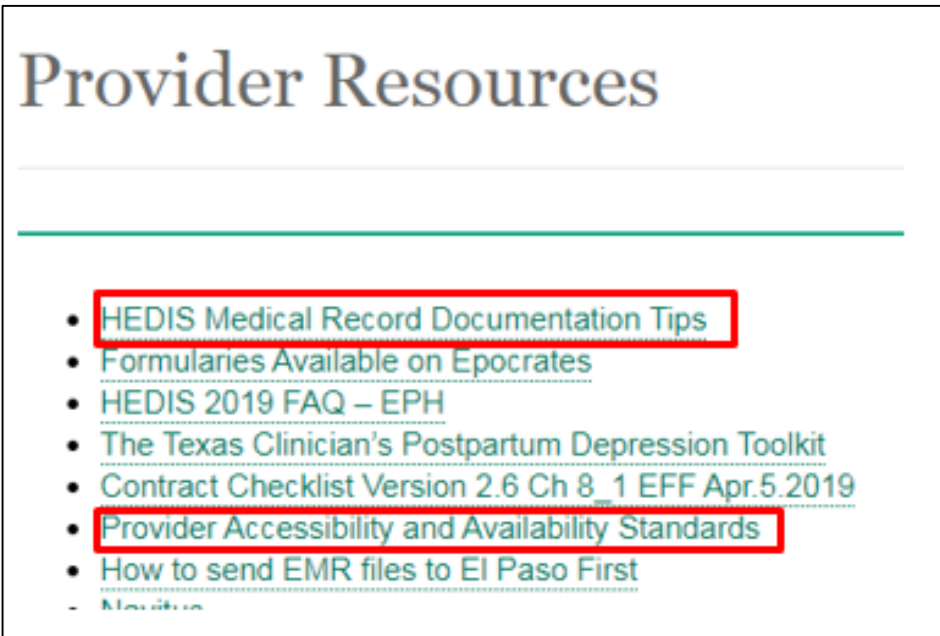
Resources on Website

- HEDIS Medical Record Documentation Tips

<http://www.elpasohealth.com/pdf/HEDIS%202020%20Medical%20Record%20Documentation%20Tips%20081920.pdf>

- Provider Accessibility and Availability Standards

<http://www.elpasohealth.com/pdf/Accessibility%20and%20Availability%20Standards.pdf>



Provider Resources

- **HEDIS Medical Record Documentation Tips**
- [Formularies Available on Epocrates](#)
- [HEDIS 2019 FAQ – EPH](#)
- [The Texas Clinician’s Postpartum Depression Toolkit](#)
- [Contract Checklist Version 2.6 Ch 8_1 EFF Apr.5.2019](#)
- **Provider Accessibility and Availability Standards**
- [How to send EMR files to El Paso First](#)
- [Mentor](#)

- Clinical Practice Guidelines

<http://www.elpasohealth.com/providers/clinical-practice-guidelines/>

To view our Clinical Practice Guidelines please click on the link below, or if you would like to obtain a hardcopy, please contact the Quality Improvement Unit @ 915-532-3778.

- [Prenatal and Postpartum Clinical Practice Guidelines](#)
- [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](#)

Contact Information

Don Gillis
Senior Director of Quality Improvement
915 298 7198 Ext 1231
dgillis@elpasohealth.com

Angelica Chagolla
Quality Improvement Manager
915 298 7198 Ext 1165
abaca@elpasohealth.com

Patricia S. Rivera, RN
Quality Improvement Nurse Auditor
915 298 7198 Ext 1106
privera@elpasohealth.com

Astryd Galindo, RN
Quality Improvement Nurse
915 298 7198 Ext 1177
agalindo@elpasohealth.com



El Paso Health

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Prior Authorization Tool & Behavioral Health Benefits

Edna Lerma, LPC

Care Coordination Manager



PRIOR AUTHORIZATION TOOL

STAR/CHIP



<http://www.elpasohealth.com/providers/medicaid-chip-prior-authorization/>

Providers may use this tool to identify if a CPT code requires a Prior Authorization.

Case Management

The Behavioral Health Unit offers case management services to all Members, services include:

- Holistic, comprehensive assessment
- Referrals to community resources
- Education on medication and diagnosis
- Assistance with authorizations for medications
- Transportation assistance to and from medical appointments.
- Education on accessing health plan benefits
- Contact information for Behavioral Health Crisis Line and Medical Advise Infoline

ADHD Referrals

The Behavioral Health Unit can assist member with referrals for:

- Psychiatry
- Therapy
- Targeted Case Management
 - Psychiatry, therapy, case management/skills training.
- Community resources
 - Assistance applying for other benefits. (SNAP, WIC, SSI, Rental Assistance)

Education

The Behavioral Health Unit will assist member and their guardians with education on:

- Diagnosis
- Interventions
 - How to better manage their diagnosis
- Medication
 - The importance of taking medication as prescribed
 - Who to contact in case of emergencies
 - Possible side effects to medication

Value Added Services

- The Behavioral Health Unit will educate Members and/or their guardian on the value added services available which include:
 - Transportation assistance
 - Gift cards for completing regular check ups and certain aftercare appointments
 - Home visit availability
 - Crisis and Medical lines

Contact Information

Edna Lerma, LPC

Care Coordination Manager

915-298-7198 ext. 1078

elerma@elpasohealth.com



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Claims - Reminders

Adriana Villagrana

Claims Manager

Reminders

Claims Processing

- Timely filing deadline
 - 95 days from date of service
- Corrected claim deadline
 - 120 days from date of remittance advice

Telemedicine

Reimbursement

- Providers may be reimbursed for Telemedicine claims for medical/preventive services rendered to EPH members.
- Claims must be submitted with:
 - Modifier 95
 - And Place of Service (POS) 02

Note: Claim will deny if claim is submitted only with modifier 95 and POS 02 is not present or vice versa

Top Denial Reasons

- Duplicate Claim
- Expenses incurred after coverage terminated
- Diagnosis is inconsistent with the procedure
- Procedure code/bill type is inconsistent with the POS
- Time Limit for Filing has expired

Electronic Claims

Payer ID Numbers

Claims are accepted from:

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

Payer ID Numbers:

El Paso Health - STAR	EPF02
El Paso Health - CHIP	EPF03
Preferred Admin. UMC	EPF10
Preferred Admin. EPCH	EPF11
Healthcare Options	EPF37

Questions



Contact Information

Patricia Diaz
Director of Claims
915 298 7198 Ext 1171
pdiaz@elpasohealth.com

Adriana Villagrana
Claims Manager
915 298 7198 Ext 1097
avillagrana@elpasohealth.com

Yvonne Grenz
Senior Claim Analyst
915 298 7198 Ext 1070
ygrenz@elpasohealth.com

Julie Zubia
Senior Claim Analyst
915 298 7198 Ext 1067
jzubia@elpasohealth.com



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Complaints and Appeals Process

Corina Diaz

Complaints and Appeals Supervisor

Complaints and Appeals Process

- All Complaints and Appeals must be submitted in writing
 - Fax: 915-298-7872
 - Secure FTP site through our Web Portal
 - Mail:

El Paso Health
Complaints and Appeals Department
1145 Westmoreland Drive
El Paso, Texas 79925
- Include detailed and any supporting information, example:
 - Copy of Remittance Advice
 - Medical records (if necessary)
 - Proof of Timely Filing
 - Etc.

Complaints and Appeals Process

- Provider will receive
 - Acknowledgment letter no later than five (5) business days
 - Resolution letter within thirty (30) calendar days
- Appeals must be received within 120 days from the notice of the denial

Web Portal

Provider Appeals

You are currently logged in as

[Messages \(0\)](#) [Profile](#) [Logout](#)

[Home](#)

[Eligibility and Benefits](#)

[Claims and Payment](#)

[Authorizations](#)

[Reports](#)

Welcome to the **Provider Portal**

This site provides quick access to member eligibility and benefits, claims payment details, and more!

Provider Name:

Provider Phone:



Quick Links

[Submit Claims](#)

[Submit Claim Attachments](#)

[Provider Appeals](#)

[Amended Authorizations](#)

[Provider Overpayments](#)

Contact Us

If you have questions or need assistance, contact the Provider Relations Department at:

915-532-3778 ext 1507

Toll-Free: 1-877-532-3778 ext 1507

Our customer service hours are Monday through Friday between 8:00 am and 5:00 pm MST.

Fax Number: 915-225-6762

Web Portal

Provider Appeals



Sample

Acknowledgment Letter

July 27, 2020

PROVIDER GROUP
TEMP PROVIDER MD
ATTN: OFFICE MANAGER
2501 N MESA
EL PASO, TX 79902

RE: Jane Doe
Member ID: 55555555
Date of Service: 04/11/20
Appeal Received on: 07/22/20
Case #: AGI000000020513

Dear Office Manager:

Thank you for taking the time to let us know about your appeal. At any time, the Health and Human Services Commission may review documentation we retain regarding the appeal and the action taken on it. We will look into your appeal and send you a letter with our findings no later than thirty (30) days from the date we received the appeal.

Sample

Resolution Letter

August 19, 2020

PROVIDER GROUP
TEMP PROVIDER MD
ATTN: OFFICE MANAGER
2501 N MESA
EL PASO, TX 79902

RE: Jane Doe
Member ID: 555555555
Date of Service: 04/11/20
Appeal Received on: 07/22/20
Case #: AGI000000020513

Dear Office Manager:

The review of information submitted and received by El Paso Health regarding the denial of payment for claim # 00000000000 has been completed. The decision has been made to uphold *or* reprocess your claim.

You have the right to a second level appeal. Your appeal must be filed within 120 days of this resolution or the latest Provider Remittance Advice Notification. If you have additional information and/or documentation regarding this case that has not been previously considered, or if you wish that El Paso Health reconsider the decision, you may submit a letter appealing this decision to:

El Paso Health
Attn: Complaint and Appeals Department
1145 Westmoreland
El Paso, Texas 79925

Members

Billed/Balance Billed

STAR and CHIP Members must

NOT

be billed or balanced billed for covered services.

Contact Information

Corina Diaz

Complaints and Appeals Supervisor

cdiaz@elpasohealth.com

(915) 532-3778 ext. 1092



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For more information:



(915) 532-3778



www.elpasohealth.com



Complete our survey for a chance to win!

Prize Bag Includes :

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- El Paso Health Aluminum Water Bottle
- El Paso Health Blue Tooth Speaker
- El Paso Health Hard Cover Journal
- El Paso Health Desk Lamp / Fan / Phone Charger
- EOS Lotion
- \$15.00 Gift Card



Please return your survey to be included in the drawing.