



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

PROVIDER QUARTERLY TRAINING

Thursday, August 30, 2018

12:00 PM - 2:00 PM



Agenda

- [Contracting and Credentialing Updates and Reminders](#)
- [Flu and Synagis Season](#)
- [Texas Health Steps Updates](#)
- [Services for Children of Traveling Farmworkers](#)
- [Value Added Services](#)
- [P4Q and HEDIS 2018 Hybrid Update](#)
- [Prior Authorizations for Outpatient Services](#)
- [Disease Management and Case Management](#)
- [Claims Overview and Updates](#)



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

Contracting and Credentialing Updates & Reminders

Sonia Fernandez

Contracting and Credentialing Lead

Aperture-Credentialing Verification Organization


- Initial Credentialing and Re-credentialing – All providers and facilities
- Practitioners and facilities have begun to receive communications from TAHP and Aperture.
- Applications can be submitted to El Paso Health or thru Availity Portal.

Contracting and Credentialing Process

- New Providers- Providers must contact EPH and complete the demographic form prior to submitting a credentialing application thru Availity.
- Upon completion of the credentialing process, a contract or amendment will be provided.

New Demographic Form

<http://www.elpasohealth.com/forms/Provider%20Demographic%20Form.pdf>


HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.
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: _____

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

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: _____

FOR OFFICE USE ONLY: New Load Update Term Effective Date: _____
Provider Type Code: _____ Provider Specialty Code: _____ Sub Specialty: _____ LTSS X code: _____
Products: STAR w TPI STAR w/o TPI CHIP CHIP Perinatal STAR+PLUS TPA HCO CM
Contract Type: Individual Group Ancillary/Facility Amendment LOA PAR Non Par
Comments: _____

Initial Credentialing and Re-Credentialing

- Initial Credentialing and Re-Credentialing-Providers will receive notifications from Aperture.
- Re-credentialing processes are initiated 6 months prior to the credentialing due date.
 - Provider is allowed 2 months to submit the application (with instructions going out on Day 1 and then reminders going out approximately every two weeks after, total of 4 notifications).
 - Aperture is allowed 1 month to verify the application.
 - El Paso Health has 3 months to get the Credentialing Committee approval.
 - Example: Re-credentialing work due by Sept 30,2018, was initiated on April 1, 2018.

Initial Credentialing

- Initial Primary Source Verification (PSV) is initiated at Aperture with receipt of a work-order from the El Paso Health:
 - Provider is allowed 2 months to submit the application (with instructions going out on Day 1 and then reminders going out approximately every two weeks after, total of 4 notifications).
- Aperture's PSV time frame is based on product code:
 - 8 days for Urgent and Expedite PSV Requests.
 - 15 days for Physician.
 - 30 days for all others.
- Each health plan's credentialing committee process & time frame will vary.
 - El Paso Health's Credentialing Peer Review Committee meets every first Thursday of the month.

Notice-Availability



Credentials Request For:
FIRST NAME LAST NAME, DEGREE
STREET ADDRESS LINE1
STREET ADDRESS LINE2
CITY, STATE & ZIP CODE

Health Plan(s) Requesting Information:
Health Plan1

Date: Month DD, YYYY

Dear: [insert name]

To participate with **[Health Plan1]**, as well as to meet compliance obligations, we ask that you complete the credentialing process. Failure to respond may jeopardize your status within our network.

We are pleased to participate with Availity, a health care information technology company that offers a Web-based credentialing application tool that streamlines the credentialing process. Availity enables health care providers the ability to complete their credentialing application online, control the data stored in the database, easily update their data, and make the data electronically available to **[Health Plan1]**.

To submit your credentialing application via Availity's web-based solution, please visit: **www.availity.com**. If this is your first time submitting through Availity's web-based solution, click on the option to "Register" and follow the steps to get started. If you need assistance, you may call Availity Support at 1-800-282-4548.

After your application is complete on Availity, Aperture Credentialing, LLC, a credentials verification organization, will retrieve your information on the Texas Standardized Credentialing Application and perform primary source verification of your credentials. You may receive requests from Aperture for additional information.

Thank you for your cooperation in completing this requirement for participation in **[Health Plan1]**.

Confidentiality Notice:
The documents accompanying this communication contain confidential information. This information is intended only for use by the individual or entity named on this communication. The recipient of this information is prohibited from disclosing this information to any other unauthorized party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this communication in error, please notify the sender immediately to arrange for return of these documents.

Notice CAQH



Credentials Request For:
FIRST NAME LAST NAME, DEGREE
STREET ADDRESS LINE1
STREET ADDRESS LINE2
CITY, STATE & ZIP CODE

Date: Month DD, YYYY

Dear: [insert name]

Health Plan(s) Requesting Information:
Health Plan1

CAQH Provider ID #: xxxxxxxx
<https://proview.caqh.org/>

In order to participate with **[Health Plan1]**, as well as to meet compliance obligations, we ask that you complete the credentialing process. Failure to respond may jeopardize your status within our network.

We are pleased to participate in an innovative Web-based credentialing application tool that streamlines the credentialing process for health care professionals. The Council for Affordable Quality Healthcare's (CAQH) ProView™ is a Web-based solution (<https://proview.caqh.org/>) that enables health care providers to complete their credentialing application online. In addition, health care providers can control the data stored in the database, easily update their data, and make the data electronically available to **[Health Plan1]**.

To submit your credentialing application via the CAQH ProView™ Web-based solution, please visit:
<https://proview.caqh.org/>.

If you are in a state other than Texas, please ensure that an office location in Texas is reflected in your application data. If you don't have an office location in Texas, please be sure to include Texas as a practicing state. This will ensure that the Texas Standardized Credentialing Application is provided by CAQH to the Health Plans.

If you are a first-time user or to learn more about CAQH and the ProView™ program, visit the CAQH Web site at <https://proview.caqh.org/>, where you can view an online demonstration of the application process. Alternatively, you may call the CAQH Help Desk at 1-888-599-1771.

After your application is complete on CAQH, Aperture Credentialing, LLC, a credentials verification organization, will retrieve your information and perform primary source verification of your credentials. You may receive requests from Aperture for additional information.

Thank you for your cooperation in completing this requirement for participation in **[Health Plan1]**.

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Availity

Provider Credentialing Tool

<https://360.articulate.com/review/content/ce05cf82-dd85-4c73-9368-0a081fb42574/review>

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 and Credentialing Department

Contracting_Dept@elpasohealth.com

915-532-3778



El Paso Health

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THE HEALTH PLANS OF EL PASO FIRST

Flu and Synagis Season

Perla Saucedo

Pharmacy Technician

Flu Season

- El Paso Health will cover the influenza vaccine at participating Texas Network Pharmacies for their members.
- Pharmacies participating in the vaccine service network may administer the influenza vaccine for STAR members ages 18 and older and CHIP Perinate members ages 18 and older. Only the vaccine is covered for the 2018-2019 flu season.
- STAR and CHIP members 17 and under must continue to obtain vaccine from PCP or Specialist (TVFC immunizations only)
- Participating pharmacies:
 - Walgreens
 - CVS/Target
 - Walmart
 - Albertsons

Synagis

- The administration of Synagis injections for El Paso Health will begin mid -November 2018.
- STAR and CHIP Members: Navitus, El Paso Health's pharmacy benefit manager, is processing all Synagis prior authorization requests for Medicaid and CHIP members enrolled with the health plan.
- Synagis is only dispensed through the following pharmacies:

Lumicera Specialty Pharmacy

2601 West Beltline Highway, Suite 302

Madison, WI 53713

Phone # 855.847.3554

Fax # 855.847.3588

Avella Specialty Pharmacy

3016 Guadalupe St., Ste. A

Austin, TX 78705

Synagis Phone # 877.470.7608

Synagis Fax # 877.480.1746

Synagis Cont.

Prior Authorization Process through Navitus is as follows:

1. Prior authorization form can be found on the Navitus website at:
<https://www.navitus.com/texas-medicaid-star-chip/synagis.aspx>
2. Physician faxes the “Navitus Palivizumab (Synagis) Prior Authorization Request Form” directly to selected pharmacy.
 - a. Lumicera Specialty Fax # 855-847-3588
 - b. Avella Specialty Fax # 877-480-1746
3. Pharmacy will forward completed Prior Authorization Request Form to Navitus for final approval.

Synagis (cont.)

4. Pharmacy coordinates Synagis delivery with the physician's office.
5. Physician administers Synagis and bills El Paso Health for the administration. (El Paso Health does not require prior authorization for the administration of the Synagis injection for Medicaid and CHIP members).

For additional information concerning Synagis administration for STAR and CHIP Members, please call Navitus 24 hours a day, 7 days a week at 1-877-908-6023.

Contact Us

Health Services Department

915-532-3778 Ext. 1500



Texas Health Steps Updates

Liliana Jimenez

Provider Relations Representative

Postpartum Depression Screening Benefit

- Effective **July 1, 2018**, postpartum depression screening during an infant's Texas Health Steps (THSteps) checkup became a benefit of Texas Medicaid.
- Postpartum depression screening must be submitted under the infant's Medicaid number and only one procedure code either G8431 or G8510, may be reimbursed per provider in the 12 months following the infants birth.
- Procedure codes G8431 or G8510 must be submitted on the same claim, for the same date of service by the same provider as one of the following THSteps Medical Checkup or follow up visit procedure codes.

Procedure Codes				
99211	99381	99382	99391	99392

TMHP Link: http://www.tmhp.com/News_Items/2018/05-May/05-17-18%20Postpartum%20Depression%20Screening%20during%20an%20Infant's%20THSteps%20Checkup-Benefit%20of%20Texas%20Medicaid%207-1-18.pdf

Mental Health Screening

- Effective July 1, 2018, Texas Health Steps will allow clients 12 through 18 years of age to receive a mental health screening (procedure codes 96160 or 96161) using one or more of validated, standardized mental health screening tools recognized by Texas Health steps.
 - Pediatric Symptom Checklist (PSC-17)
 - Pediatric Symptom Checklist (PSC-35)
 - Patient Health Questionnaire (PHQ-9)
 - Car, Relax, Alone, Forget, Family, and Trouble Checklist (CRAFT)
- The following validated, standardized mental health screening tools were added.
 - Patient Health Questionnaire (PHQ-9) Modified for Adolescents (PHQ-A {depression screen})
 - Patient Health Questionnaire (PHQ-A {anxiety, eating problems, mood problems and substance abuse})
- Procedure code 96160 or 96161 must be submitted on the same date of service by the same provider as procedure code 99384, 99385, 99394, or 99395, and reimbursement is limited to once per calendar year.

TMHP Link: http://www.tmhp.com/News_Items/2018/05-May/05-17-18%20Mental%20Health%20Screenings%20to%20Change%20for%20Texas%20Health%20Steps%20Effective%20July%201,%202018.pdf

Notice Update

Delayed Implementation for Required NPI of Rendering Provider on Institutional Claims Submissions

Information posted August 20, 2018

Note: *Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.*

This is an update to an article titled, "[Effective September 1, 2018, Professional and Institutional Managed Care Claims Must Include the Rendering Provider NPI,](#)" which was published on this website on July 6, 2018.

Texas Health and Human Services Commission has delayed implementation of the rendering provider requirement. HHSC will provide additional information in the future regarding the deployment delay.

For more information, call the TMHP Contact Center at 1-800-925-9126.

TMHP Link: http://www.tmhp.com/News_Items/2018/08-Aug/8-20-18%20Delayed%20Implementation%20for%20Required%20NPI%20of%20Rendering%20Provider%20on%20Institutional%20Claims%20Submissions.pdf

Texas Health Steps Quick Reference Guide

Texas Health Steps Quick Reference Guide			
Remember: Use Provider Identifier • Use Benefit Code EPI			
THSteps Medical Checkup Billing Procedure Codes			
THSteps Medical Checkups			
99381	99382	99383	99384
99391	99392	99393	99394
			99385*
			99395*
* For clients who are 18 through 20 years of age, use diagnosis code Z0000 or Z0001.			
THSteps Follow-up Visit			
Use procedure code 99211 for a THSteps follow-up visit.			
ICD-10 Diagnosis Codes			
Z00110	Routine newborn exam, birth through 7 days		
Z00111	Routine newborn exam, 8 through 28 days		
Z00129	Routine child exam		
Z00121	Routine child exam, abnormal		
Z0000	General adult exam		
Z0001	General adult exam, abnormal		
Point-of-Care Lead Testing			
Use procedure code 83655 with QW modifier to report that an initial blood lead level screening test was completed using point-of-care testing.			
Immunizations Administered			
Use code Z23 to indicate when immunizations are administered.			
Procedure Codes		Vaccine	
90632 or 90633 ¹ with (90460/90461 or 90471/90472)		Hep A	
90620 ¹ or 90621 ¹ with (90460/90461 or 90471/90472)		MenB	
90636 with (90460/90461 or 90471/90472)		Hep A/Hep B	
90644		Hib-MenCY	
90647 ¹ or 90648 ¹ with (90460/90461 or 90471/90472)		Hib	
90649 ¹ , 90650 ¹ , or 90651 ¹ with (90460/90461 or 90471/90472)		HPV	
90630, 90654, 90655 ¹ , 90656 ¹ , 90657 ¹ , 90658 ¹ , 90685 ¹ , 90686 ¹ , 90687 ¹ or 90688 ¹ with (90460/90461 or 90471/90472); 90660 ¹ or 90672 ¹ with (90460/90461 or 90473/90474); 90661, 90673, 90674, 90682 or 90756 ¹ with (90471/90472)		Influenza	
90670 ¹ with (90460/90461 or 90471/90472)		PCV13	
90680 ¹ or 90681 ¹ with (90460/90461 or 90473/90474)		Rotavirus	
90698 ¹ with (90460/90461 or 90471/90472)		DTap-IPV	
90698 ¹ with (90460/90461 or 90471/90472)		DTap-IPV-Hib	
90700 ¹ with (90460/90461 or 90471/90472)		DTap	
90702 ¹ with (90460/90461 or 90471/90472)		DT	
90707 ¹ with (90460/90461 or 90471/90472)		MMR	
90710 ¹ with (90460/90461 or 90471/90472)		MMRV	
90713 ¹ with (90460/90461 or 90471/90472)		IPV	
90714 ¹ with (90460/90461 or 90471/90472)		Td	
90715 ¹ with (90460/90461 or 90471/90472)		Tdap	
90716 ¹ with (90460/90461 or 90471/90472)		Varicella	
90723 ¹ with (90460/90461 or 90471/90472)		DTap-Hep B-IPV	
90732 ¹ with (90460/90461 or 90471/90472)		PPSV23	
90733 or 90734 ¹ with (90460/90461 or 90471/90472)		MPSV4	
90743, 90744 ¹ , or 90746 with (90460/90461 or 90471/90472)		Hep B	
90748 ¹ with (90460/90461 or 90471/90472)		Hib-Hep B	
¹ Indicates a vaccine distributed by TVFC			
Tuberculin Skin Testing (TST)			
Use procedure code 86580 for TST. Procedure code 86580 may be reimbursed on the same day as a checkup.			
Oral Evaluation and Fluoride Varnish			
Use procedure code 99429 with U5 modifier.			
Developmental and Autism Screening			
Developmental screening with use of the ASQ, ASQ:SE or PEDS is reported using procedure code 96110.			
Autism screening with use of the M-CHAT or M-CHAT R/F is reported using procedure code 96110 with U6 modifier.			
Mental Health Screening			
Mental Health Screening in adolescents with the use of the PSC 17, PSC-35, Y-PSC, PHQ-9, PHQ-A (depression screen), CRAFFT, and PHQ-A (Anxiety, mood, substance use) is reported using procedure code 96160 or 96161. Only one procedure code (96160 or 96161) may be reimbursed per client per calendar year.			
Postpartum depression screening with the use of a validated screening tool including the Edinburgh Postnatal Depression Scale, PHQ-9 or Postpartum Depression Screening Scale is reported using procedure code G8431 or G8510. Only one procedure code (G8431 or G8510) may be reimbursed per client.			
Modifiers			
Performing Provider			
Use to indicate the practitioner who is performing the unclothed physical examination component of the medical checkup.			
AM (Physician)	SA (Nurse Practitioner)	TD (Nurse)	U7 (Physician Assistant)
Exception to Periodicity			
Use with THSteps medical checkups procedure codes to indicate the reason for an exception to periodicity.			
23 (Unusual Anesthesia)	32 (Mandated Services)	SC (Medically Necessary)	
FQHC and RHC			
Federally qualified health center (FQHC) providers must use modifier EP for THSteps medical checkups. Rural health clinic (RHC) providers must bill place of service 72 for THSteps medical checkups.			
Vaccine/Toxoids			
Use to indicate a vaccine/toxoid <i>not available</i> through TVFC and the number of state defined components administered per vaccine.			
U1	Vaccine/toxoid privately purchased by provider when TVFC vaccine/toxoid is not available		
Vaccine Administration and Preventive E/M Visits			
Use with THSteps preventive visit checkup procedure codes to indicate a significant, separately identifiable E/M service that was rendered by the same provider on the same day as the immunization administration.			
25	Significant, separately identifiable evaluation		
Condition Indicator Codes			
Use one of the Condition Indicators below if a referral was made.			
Indicator	Indicator Codes	Description	
N	NU	Not used (no referral)	
Y	ST	New services requested	
Y	S2	Under treatment	

Contact Information

Liliana Jimenez

Provider Relations Representative

ljimenez@elpasohealth.com

915-298-7198 Ext. 1021

Provider Relations Department

915-532-3778 Ext. 1507



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Services for Children of Traveling Farmworkers

Mariann Frias

Outreach Coordinator

Accelerated Services

- State initiative to provide services to children of traveling farmworkers.
- Coordinate preventive health care services before child travels out of Texas.
- Service needs determined on a case-by-case basis according to age, periodicity schedule, and health care needs.
- Cooperate and coordinate with the State, outreach programs, and school districts.
- Provider education on these services.

Indicator on Roster

An indicator was introduced to the STAR Master Roster.



El Paso First Health Plans, Inc. STAR Master Roster January 2018										Page 5 of 7
Member#	Member Name	Migrant	Age	DOB	Sex	Phone	Address	Effective	THSteps	PCPName
EL PASO, TX 79907		ALL LOCATIONS								

Member Contact

- Post cards
- Auto-dialer
- Text Messages



Estimado miembro, permítanos ayudarle:

El Paso Health tiene servicios especiales de Medicaid para niños de trabajadores del campo que viajan por el trabajo, por eso nos gustaría saber lo siguiente:

¿Es usted trabajador del campo que viaja por el trabajo?

Si No

¿En la pizca de cebolla, chile, lechuga, tomate, uvas, nueces, etc...?

Si No

¿Empacando o procesando vegetales, frutas, leche, etc...?

Si No

Si contestó **SI** a alguna de las preguntas, por favor comuníquese con la Coordinadora al **915-532-3778**. Con gusto le ayudaremos a obtener los servicios médicos que su(s) hijo(as) necesitan. ¡Gracias por su tiempo!

Dear member, let us help you:

El Paso Health has special Medicaid services for children of traveling farm workers. To help you receive these services, we would like to know the following:

Are you a farm worker that travels for work?

Yes No

Picking onions, chile, lettuce, tomatoes, grapes, pecans, etc...?

Yes No

Packing or processing vegetables, fruits, dairy, etc...?

Yes No

If you answered **YES** to any of these questions, please contact our Coordinator at **915-532-3778**. We will be happy to help you get the medical services your children need. Thank you for your time!

Outreach

- Partner with more than 20 community agencies.
- Partner with Migrant Education Programs of the 11 school districts in El Paso & Hudspeth Counties.
 - Anthony ISD MEP
 - Canutillo ISD MEP
 - Clint ISD MEP
 - Dell City ISD MEP
 - El Paso ISD MEP
 - Fabens ISD MEP
 - Ft. Hancock ISD MEP
 - San Elizario ISD MEP
 - Socorro ISD MEP
 - Tornillo ISD MEP
 - Ysleta ISD MEP

Annual School Supply Distribution

AT NO COST:

- Health Screenings
- Kids Immunizations
- Health Education and much more!!!!



Contact Information

Mariann Frias

Outreach Coordinator

mfrias@elpasohealth.com

915-298-7198 Ext. 1089

Adriana Cadena

C.A.R.E. Unit Manager

acadena@elpasohealth.com

915-298-7198 Ext. 1127



El Paso Health













HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

SFY 19 –Value Added Services (VAS) “Healthy Rewards”
Effective 9/1/2018

Edgar Martinez







Director of Member Services

SFY19 - Healthy Rewards

Value Added Services	Medicaid	CHIP
Members have 24-hour, 7-days-a-week access to FIRSTCALL, a bilingual medical advice <u>infoline</u> 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 help you get to doctor visits or health education classes.		
One allergy-free pillow case is given to members who are enrolled in the Asthma Disease Management Program.		
Members between the ages of 4 through 18 can get a free physical for sports each year.		
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.		








SFY19 - Healthy Rewards

Value Added Services	Medicaid	CHIP
Pregnant Members 21 or older can receive up to \$500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions.		
Pregnant members can receive: <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. 		
Home visits by case managers for members with complex conditions to include high-risk pregnancies, behavioral, or medical conditions that require special attention.		



SFY19 - Healthy Rewards

Value Added Services	Medicaid	CHIP
For contact lenses and glasses (lenses and frames), members receive up to \$125 above the Medicaid benefit.		
A \$10 gift card is offered to members age 20 and younger who complete a Texas Health Steps check up on time.		
Members age 20 or younger can receive four additional nutritional/obesity counseling services above the Medicaid Benefit.		
Members age 18 or younger can receive four additional nutritional/obesity counseling services above the CHIP Benefit.		
A \$15 gift card is offered to members ages 3-6 and 12-19 who get a check-up when due and on time.		



SFY19 - Healthy Rewards

Prenatal Gift Card Process



**¡Felicidades
por su embarazo!**
**Congratulations
you're expecting!**



Congratulations!
from your friends at



Having a healthy baby starts with you!

Go to your 1st, 3rd, 6th, 9th prenatal visits and get a flu shot and you will receive up to **\$105.00** of Walmart gift cards.

Make sure that your doctor fills out the back of this card at each visit.

And enjoy the free gift of good health!

SFY19 - Healthy Rewards

Prenatal Gift Card Process



El Paso Health

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P.O. Box 971100
El Paso, Texas 79997-1100

STEP 1: TO BE FILLED OUT BY THE DOCTOR ONLY:

Patient ID Number

STEP 2: PRENATAL CHECK-UPS

Provider's name, address, signature or office stamp

- \$25 | 1ST VISIT | DATE: _____
- \$20 | 3RD VISIT | DATE: _____
- \$20 | 6TH VISIT | DATE: _____
- \$20 | 9TH VISIT | DATE: _____
- \$20 | FLU SHOT | DATE: _____

STEP 3:

Doctor, please fax this completed form to: **EL PASO HEALTH** at **915-225-6749**
in order to mail the member their gift cards.



El Paso Health

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SFY19 - Healthy Rewards

Prenatal and Postpartum Gift Card Process

Gift cards are earned by completing the following visits:

- \$25 For the 1st prenatal doctor visit. (To receive the prenatal gift card, the 1st visit must be completed within 42 days of enrollment in El Paso Health.)
- \$20 For the 3rd, 6th, and 9th prenatal visit. (\$60 max.)
- \$20 For an annual flu vaccine. One per flu season. (September – April).
- \$25 For postpartum doctor visit. (To receive the postpartum gift card, the visit must be completed within 21-56 days after delivery.)
- The doctor must fill out the back of the postcard and at each visit.
- Completed postcard should be faxed to El Paso Health at (915)225-6749.
- Gift cards are received approximately two weeks after we receive the claim for each visit.

SFY19 - Healthy Rewards

Postpartum Gift Card Process



Congratulations!
from your friends at



Congratulations on your new bundle of joy!

One of the most important things you should do is have a postpartum visit with your doctor.

If you go to your doctor within 21 to 56 days after delivery, you will receive a **\$25** Walmart gift card.

Please take this postcard with you when you visit your doctor and make sure that your doctor fills out the back of this card at your visit.


Call us toll free at 1-877-532-3778, if you need help scheduling your postpartum visit.

Enjoy the free gift of wellness!



SFY19 - Healthy Rewards

Postpartum Gift Card Process



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P.O. Box 971100
El Paso, Texas 79997-1100

STEP 1: TO BE FILLED OUT BY THE DOCTOR ONLY:

Patient ID Number

STEP 2: POSTPARTUM CHECK-UP ON (DATE) _____
Provider's name, address, signature or office stamp

STEP 3:
Doctor, please fax this completed form to: **EL PASO HEALTH** at **915-225-6749**
in order to mail the member a \$25 gift card.



El Paso Health
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SFY 19 - Healthy Rewards

Sports Physicals Process

Benefit Coverage

- Sports physicals for STAR and CHIP Members ages 4 through 18 years of age.
- Once per calendar year.

Billing Guidelines

- Only payable when performed on a separate date of service from a THSteps/Well-Child Visit.
- Must be billed on a separate HCFA claim.
- Modifiers are not required.
- Z02.5 ICD-10 Diagnosis Code is the valid code for Sports Physicals (encounter for examination for participation in sport). Use HCPCS code G0402.
- Rate fee for EPH Sports Physicals is \$ 25.



SFY 19 - Healthy Rewards

Vision Process

- Medicaid Members are eligible for a \$125 allowance towards prescription eyeglasses or towards contact lenses in lieu of eyeglasses, excluding fitting fees, once a year.
- Member will be responsible for any charges exceeding the \$125 allowance.
- Member must document their choice of eyewear beyond the program limitations by signing the Vision Care eyeglasses Patient Certification form. This form should be kept in the Member's file. This form is available from Envolve Customer Service.
- Member must obtain a valid vision prescription and can access this benefit by utilizing any of the contracted vision providers listed on our directory
- Envolve Network Management hotline for Provider participation inquiries is:
1-800-531-2818.



Coming Soon – STAR & CHIP Member Portal

Members will be able to:

- Verify eligibility.
- View demographic information.
- Request a PCP change and/or ID card.
- Print a temporary Member ID card.
- View EOB/Claims.
- View Authorizations.
- Find a Provider.
- Mobile App.



Contact

Edgar Martinez

Director of Member Services

915-532-3778 Ext. 1064

Juanita Ramirez

Member Services & Enrollment Supervisor

915-532-3778 Ext. 1063



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P4Q and HEDIS 2018 Hybrid Update

Don Gillis

Director of Quality Improvement

What is P4Q

- HHSC program that creates incentives and disincentives for MCOs based on quality measures.
- New program began January 1st 2018.
- Holds up to 3% of our capitation at risk.
- Program will be continued in CY 2019.



What is P4Q

STAR and CHIP:

- 3M Reduction of Potentially Preventable Emergency Room Visits (PPVs) – Emergency room treatment provided for a condition that could be provided in a nonemergency setting.
- HEDIS Appropriate Treatment for Children with Upper Respiratory Infection (URI) – Percentage of children 3 months to 18 years of age who were diagnosed with upper respiratory infection and were not dispensed an antibiotic prescription.

What is P4Q

STAR only:

- HEDIS Prenatal and Postpartum Care (PPC) –percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment and percentage of deliveries that had a postpartum visit between 21 and 56 days after delivery.
- HEDIS Well Child Visits in the First 15 Months of Life (W15) – Percentage of members who turned 15 months who have completed 6 or more well-child visits.



What is P4Q

CHIP only:

- HEDIS Weight Assessment and Counseling for Nutrition and Physical Activity (WCC) – Percentage of members 3 to 17 years of age who had an outpatient visit with a PCP who had evidence of counseling for nutrition and physical activity.
- HEDIS Adolescent Well Care (AWC) – Percentage of members 12 to 21 years of age who had at least one comprehensive well-care visit with a PCP during the calendar year.

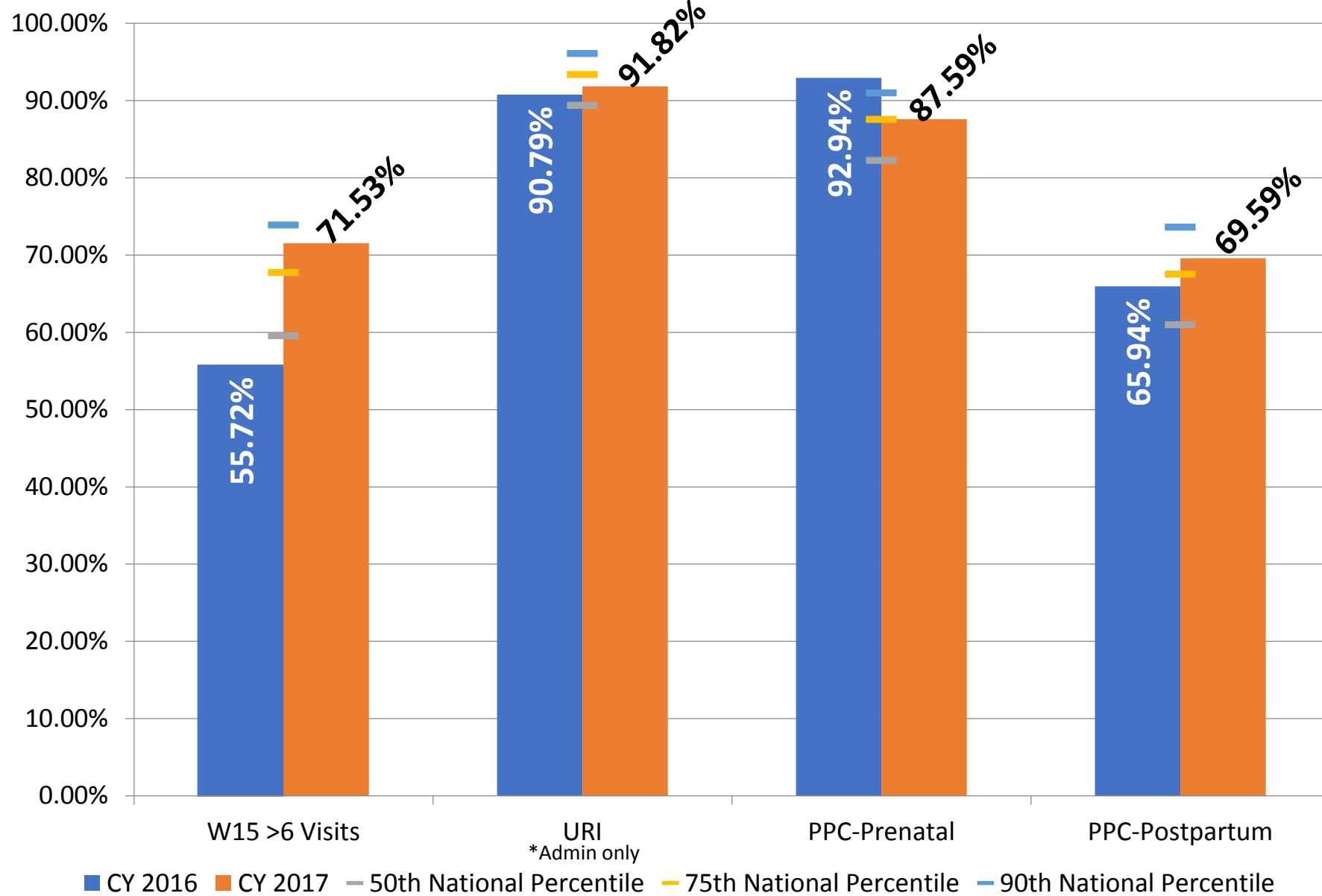
HEDIS 2018 Hybrid Update

- Request made to 173 provider groups

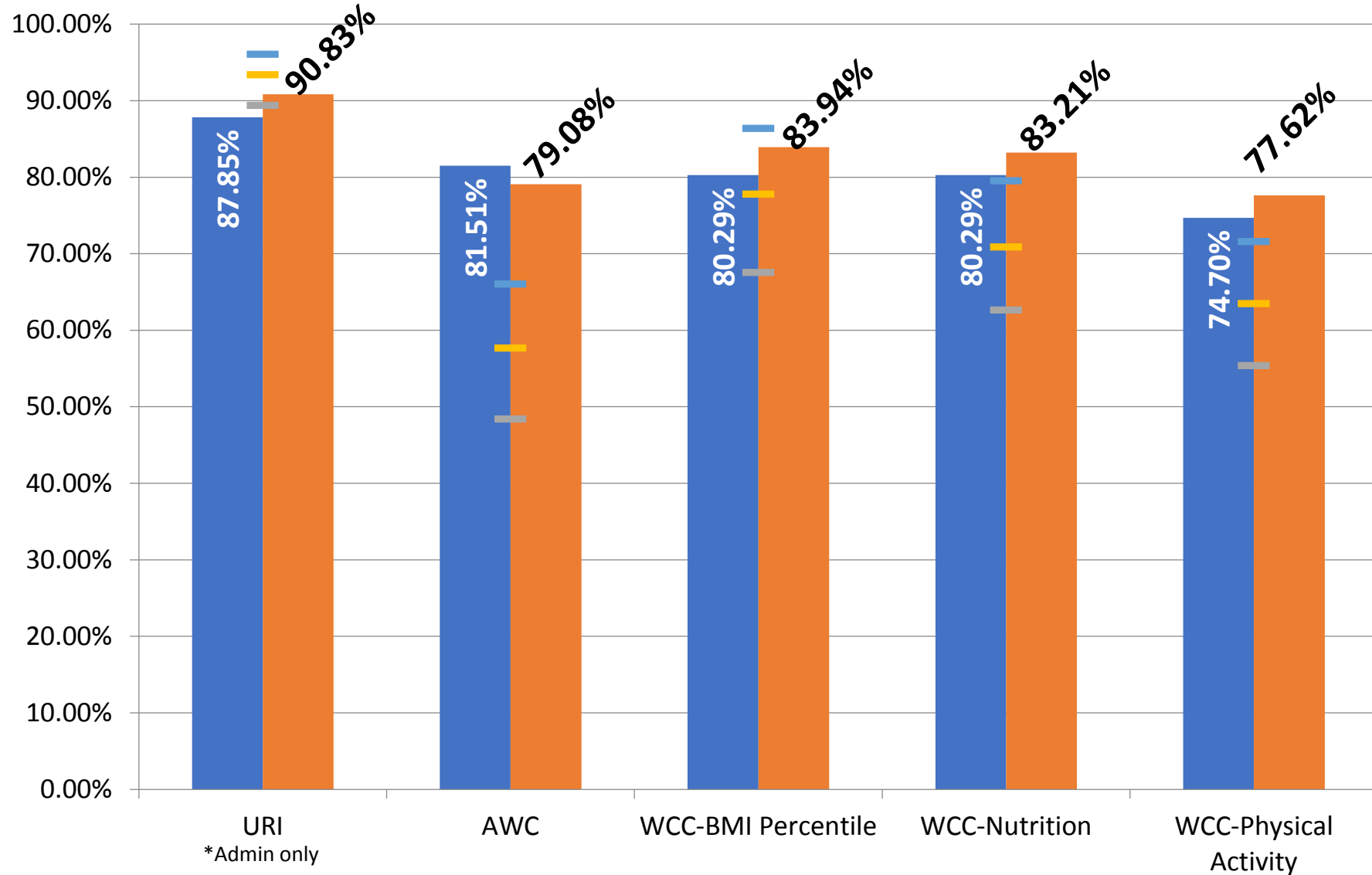
	MRs Requested	MRs Received	MRs Reviewed
HEDIS 2016	3391	2281	(99%)
HEDIS 2017	2946	2095	(96%)
HEDIS 2018	3160	2379	(100%)



STAR Pay for Quality Measures



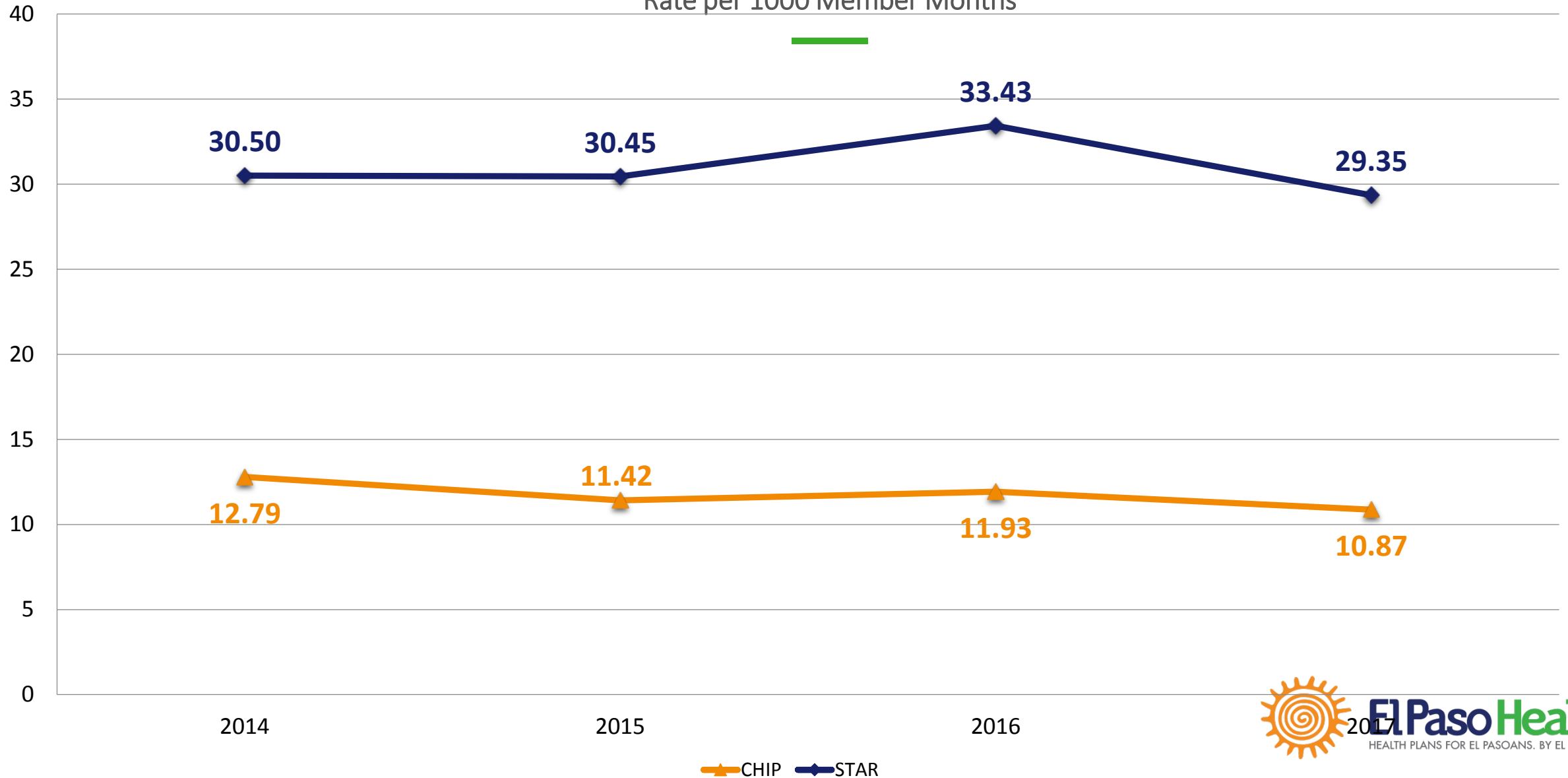
CHIP Pay for Quality Measures



■ CY 2016
 ■ CY 2017
 — 50th National Percentile
 — 75th National Percentile
 — 90th National Percentile

Potentially Preventable ED Visits

Rate per 1000 Member Months



HEDIS 2018 Hybrid Update

All Other Non-P4Q Measures

Measure		CY 2016	CY 2017	Performance	
CHIP	Well Child 3-6 Years	87.83%	87.35%	> National 90 th Percentile	
	Childhood Immunizations Combo 10	32.31%	30.07%	< National 50 th Percentile	
STAR Child	Well Child 3-6 Years	86.37%	88.81%	> National 90 th Percentile	
	Adolescent Well Care	77.62%	81.75%	> National 90 th Percentile	
	Weigh Assessment	BMI Percentile	82.97%	85.40%	> National 75 th Percentile
		Counseling for Nutrition	85.89%	84.43%	> National 90 th Percentile
		Counseling for Physical Activity	81.51%	77.62%	> National 90 th Percentile
Childhood Immunizations Combo 10	26.03%	25.30%	< National 25 th Percentile		
STAR Adult	Controlling Blood Pressure	53.13%	41.76%	< National 25 th Percentile	
	Comprehensive Diabetes Care	HbA1c Testing	86.14%	89.47%	> National 75 th Percentile
		HbA1c Control <8%	34.34%	37.43%	< National 25 th Percentile
		Blood Pressure Control	40.36%	57.31%	< National 50 th Percentile

Questions?

Don Gillis, Director of Quality Improvement

915-298-7198 Ext. 1231

Patricia Rivera, QI Nurse Auditor

915-298-7198 Ext. 1106

Astryd Galindo, QI Nurse

915-298-7198 Ext. 1177

Angelica Baca, QI Data Specialist

915-298-7198 Ext. 1165



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Prior Authorization for Outpatient Services

Dolores Herrada RN, CCM

Director of Health Services

Notifications

- Individual prior authorization requests may be submitted via fax, electronically, or telephonically. Remember to include all pertinent clinical information to support medical necessity.
- Procedures and services requiring pre-authorization/notification is available on El Paso Health's website and the Provider Portal.

Outpatient

FAX: (915) 298-7866

TOLL FREE FAX: (844) 298-7866

Electronically

HealthX

(Web Portal)

Telephonically

915-532-3778

STAR - Ext. 1500

CHIP - Ext. 1536

Texas Standardized Prior Authorization Form for Health Care Services

To access form:

- <http://www.elpasohealth.com/>
 - “Provider” Tab
- http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx
 - (enter into search tool)

TEXAS STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES					
<input type="button" value="Clear Form"/> <input type="button" value="Print"/>					
SECTION I — SUBMISSION					
Issuer Name:	Phone:	Fax:	Date:		
SECTION II — GENERAL INFORMATION					
Review Type: <input type="checkbox"/> Non-Urgent <input type="checkbox"/> Urgent Clinical Reason for Urgency: _____					
Request Type: <input type="checkbox"/> Initial Request <input type="checkbox"/> Extension/Renewal/Amendment Prev. Auth. #: _____					
SECTION III — PATIENT INFORMATION					
Name:	Phone:	DOB:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
			<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	
Subscriber Name (if different):		Member or Medicaid ID #:		Group #:	
SECTION IV — PROVIDER INFORMATION					
Requesting Provider or Facility			Service Provider or Facility		
Name: _____			Name: _____		
NPI #: _____		Specialty: _____	NPI #: _____		Specialty: _____
Phone: _____		Fax: _____	Phone: _____		Fax: _____
Contact Name: _____		Phone: _____	Primary Care Provider Name (see instructions): _____		
Requesting Provider's Signature and Date (if required): _____			Phone: _____		Fax: _____
SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD CODE)					
Planned Service or Procedure	Code	Start Date	End Date	Diagnosis Description (ICD version_)	Code
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Provider Office <input type="checkbox"/> Observation <input type="checkbox"/> Home <input type="checkbox"/> Day Surgery <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Cardiac Rehab <input type="checkbox"/> Mental Health/Substance Abuse					
Number of Sessions: _____ Duration: _____ Frequency: _____ Other: _____					
<input type="checkbox"/> Home Health (MD Signed Order Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No) (Nursing Assessment Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No)					
Number of Visits: _____ Duration: _____ Frequency: _____ Other: _____					
<input type="checkbox"/> DME (MD Signed Order Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No) (Medicaid Only: Title 19 Certification Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No)					
Equipment/Supplies (include any HCPCS Codes): _____ Duration: _____					
SECTION VI — CLINICAL DOCUMENTATION (SEE INSTRUCTIONS PAGE, SECTION VI)					
An issuer needing more information may call the requesting provider directly at: _____					



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Disease Management and Case Management

Dolores Herrada RN, CCM

Director of Health Services

Disease Management Eligibility

- Uncontrolled chronic illnesses; asthma, diabetes, obesity, heart disease, kidney disease, HIV, or AIDS.
- Potentially Preventable Visits (PPVs) AKA high utilization of ER (i.e. 6 or more visits within the last year with one visit in the last month).
- Potentially Preventable Admissions (PPAs) (i.e. readmission within 30 days).
- Any member with a special healthcare need (SHCN)- includes a child/adult with a serious on-going illness, a chronic or complex condition, or a disability lasting or anticipated to last for a significant period of time, requiring regular, ongoing therapeutic intervention and evaluation by healthcare professional.

Case Management Eligibility

Catastrophic condition (i.e. cancer, multiple trauma, condition requiring transplant) or complex medical illnesses (2 or more chronic illnesses).

High Risk Pregnancies

- Pregnant members age 35 and older or 15 and younger.
- Pregnant members diagnosed with pre-eclampsia, HBP, or DM.
- Pregnant members with mental health or substance abuse diagnoses.
- Pregnant members with previous pre-term birth, as identified on the perinatal risk report.

Behavioral/Mental Health

- Members with mental illness and co-occurring substance abuse diagnosis.
- Members with behavioral health issue (i.e. substance abuse, serious emotional disturbance, or serious and persistent mental illness).

Referral Process

[Case Management Referral Forms](#) can be found on our website:

www.elpasohealth.com

Please complete the entire form and include a brief note on members needs and what interventions have been completed.

Referrals may be submitted via fax at 915-298-7866.

Phone referrals are also accepted.

Please call 915-532-3778, ext. 1500.



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How Can DM/CM Help Providers

- Identify barriers and challenges to care during face-to-face visits.
- Educate members to use their PCP instead of the ER for non-emergent services.
- Assist with coordination of services.
- Provide patient education (i.e. diabetic education, symptom management, self-management strategies).
- Help you locate covered services.
- Identify a member's social needs and assist them with those needs for example: transportation to office visits, community resources.



Contact Information

Health Services Department

915-532-3778 ext. 1500



El Paso Health

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THE HEALTH PLANS OF EL PASO FIRST

Claims Overview and Updates

Adriana Villagrana

Claims Manager

Reminders

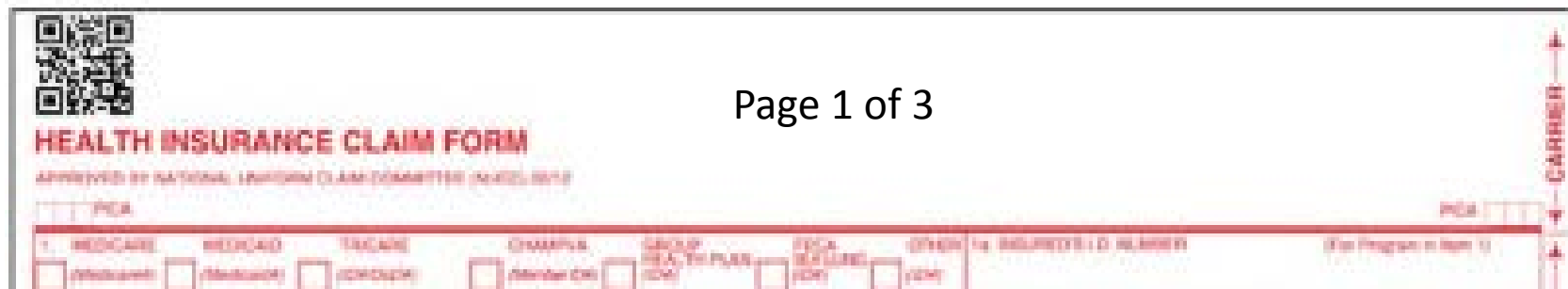
Claims Processing

- Timely filing deadline
 - 95 days from date of service.
- Corrected claim deadline
 - 120 days from date of EOB.

Reminder

Multiple Claims

- If you are submitting multiple claims for a patient, please ensure that you are:
 - Indicating page 1 of X



The image shows a screenshot of a Health Insurance Claim Form (HICL) with a QR code in the top left corner. The text "Page 1 of 3" is centered on the page. Below the QR code, the form is titled "HEALTH INSURANCE CLAIM FORM" and includes the text "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 08/18". A horizontal line separates the header from the main form area. Below this line, there are several checkboxes for insurance types: "MEDICARE", "MEDICAID", "TRICARE", "Group/Plus", "GROUP HEALTH PLAN", "PACA", "OTHER", "INSURED'S ID NUMBER", and "For Program in Item 1". Each checkbox is followed by its respective label. On the right side of the form, there is a vertical red line with the word "CARRIER" written vertically next to it.

Sports Physical

Coverage & Billing Guidelines

- STAR and CHIP members ages 4 – 18 years of age.
- One per calendar year.
- Use ICD10 diagnosis code Z02.5.
- Use HCPCS code G0402.
- Must bill the sports physical on a separate claim (HFCA).
- Rate \$25.00.

Sports Physical

Q & A

Can I bill a sports physical on the same day of a sick visit or follow up visit?

- Yes (must be on a separate HCFA claim form).

Can I bill a sports physical on the same day of a THSteps visit?

- No.

Do I need to submit an EOB if patient has primary insurance?

- No.

Submitting COB Claims through Availity

COB Claims

- Must select Secondary in the Responsibility Sequence drop down box.

Professional Health Care Claim

[Learn More >>](#)

* indicates a required field

* Payer: ? ▼

* Organization: ▼

Transaction Type: ? ▼

Responsibility Sequence: ? ▼

Submitting COB Claims through Availity

COB Claims

- Select “Claim Line Payment Adjustment” under Payment/Adjustment Type:

Primary Insurance Plan Information

* Other Payer ID: ? 1111

Payer Identification Number:

Other Payer Claim Control Number:

Tax ID:

* Payer Name: 123 Insurance

* Claim Filing Indicator: Select One

Country: ? United States

* Address 1: 111 Main

Address 2:

* City, State, ZIP Code: 79901 TX - Texas -

* Release of Information Code: ? Provider has a Signed Consent

* Assignment of Benefits: ? Yes

* Payment / Adjustment Type: ? Claim Line Payment Adjustment

Prior Authorization Number: ?

signature generated on behalf of patient

Submitting COB Claims through Availity

COB Claims

- Select appropriate Group Code and Reason Code:

Primary Insurance Plan Claim Line Adjustment 1 [Remove](#)

Other Payer Primary ID:

Bundled or Unbundled Number:

* Procedure Code:

Description: 80 characters remaining

Modifiers:

* Paid Service Unit Count:

* Group Code: ←

* Reason Code 1: ←

Quantity:

* Adjustment Amount:

[\[+\] Add Another Adjustment Line](#)

[\[+\] Add an Adjustment Group for Primary Claim](#)

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

Contact Us

Phone Number: (915) 532-3778

Provider Care Unit Extension Numbers:

1527 – Medicaid

1512 – CHIP



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Thank You for Attending Providers!

