



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST



ACCREDITED
Health Plan
Expires 04/01/2018



El Paso Health

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Provider Quarterly Orientation

August 31, 2017

Agenda

- **Rebranding:** [El Paso Health](#)
- **Provider Relations:** [Updates](#), [Texas Health Steps](#), [LARC](#)
- **C.A.R.E.:** [Services for Children of Traveling Farmworkers](#), [Website Review](#)
- **Quality Improvement:** [HEDIS Hybrid](#)
- **Health Services:** [Prior Authorization Process](#), [Catastrophic Services](#), [AA/PCA](#), [Pharmacy Formulary and Prior Authorization](#)
- **Compliance:** [Complaints and Appeals](#)
- **Claims:** [Updates and Reminders](#)
- **Member Services:** [Value Added Services – SFY2018](#)



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Rebranding

Janel Luján, LMSW

Vice President of Operations

A new name and image

EL PASO FIRST

Health Plans, inc.

has a new name. . .



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ORIGINAL FONT DESIGN
TO ENSURE
DISTINCTIVENESS

El Paso Health

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SLOGAN DEVELOPED
BY ADMINISTRATIVE
DISCOVERY GROUP

THE HEALTH PLANS OF EL PASO FIRST

TEMPORARY TRANSITIONAL ELEMENT DURING INTRODUCTION PHASE

COLOR SCHEME
INCORPORATES
TWO COLORS FROM
ORIGINAL LOGO
AND INTRODUCES
A NEW, THIRD HUE

Making the transition

1. Will the name change affect my current contract with El Paso First?

No, all contracts will remain the same under El Paso First Health Plans, Inc.

2. Is the health plan moving locations?

No, the physical and mailing address will remain the same as follows:

Physical Address

El Paso Health
1145 Westmoreland Drive
El Paso, TX 79925-5615

General Correspondence

El Paso Health
P.O. Box 971100
El Paso, TX 79997-1100

Paper Claim Submissions

El Paso Health- Claims
P.O. Box 971370
El Paso, TX 79997-1370

3. Will the website remain the same?

You can continue using: www.epfirst.com. The new website is scheduled to be announced in August.

All information will remain the same on the website with the exception of the new logo and health plan name.

4. Will any of the provider forms on the website be affected?

The forms will be updated with the new logo. No other changes will be made to the existing Provider forms on the website.

Making the transition

5. Will there be a change in payer names and identification numbers for electronic claims submission?

The payer names will only change for Medicaid and CHIP product lines to reflect the new name.

The payer ID numbers will remain the same.

The new payer names are as follows:

NEW Payer Name	Payer ID#
El Paso Health-STAR	EPF02
El Paso Health-CHIP	EPF03

6. Will the web portal link remain the same?

The web portal link will continue to be available through: www.epfirst.com

7. Will web portal log-in information need to be updated or changed?

No, all web portal log-in information will remain the same.

8. Will members be receiving notification of the change as well as new ID cards?

All El Paso First Medicaid, CHIP and CHIP Perinatal members will receive a letter of notification of the change, as well as new ID cards with the new health plan logo and name.

9. Will any contact information change for the health plan?

All phone numbers and department queues will remain the same.



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Provider Relations Updates

Liliana Jimenez

Provider Relations Representative

Medicaid Ordering/Referring Provider Enrollment

- **October 16, 2017 - STAR** Provider enrollment must be completed.
- Medicaid clients will be unable to obtain a prescription from a non-enrolled Provider.
- **December 31, 2017 - CHIP** Provider enrollment must be completed.
- CHIP-only providers are not required to participate in Texas Medicaid.

www.elpasohealth.com

[Providers / Communication /](#)

[June.2.2017.Ordering Referring Provider Enrollment](#)

For More Information

- Providers should visit the CHIP webpage added to TMHP.com

http://www.tmhp.com/Pages/CHIP/CHIP_home.aspx

Or

- Call the TMHP Contact Center at 1-800-925-9126.

NPI of the Ordering/Referring Provider

- Effective October 1, 2017, claims for services that require an order or referral must include the NPI of the Ordering/Referring Provider on the claim.
- Claims will deny with dates of service on or after October 1, 2017, for non-compliance.
- NPIs are submitted on CMS-1450 claim form in field 76, or in loop 2310A on electronic claims.
- NPIs submitted on the CMS-1500 claim form in field 17B, or in loop 23100A with modifier DN on electronic claims.

Examples

Examples of services or items requiring an order, referral, or prescription:

- Prescription drugs
- Durable medical equipment (DME)
Supplies
- Home health Services (nursing, personal care, and therapy service)
- Nonemergency and out of State
Ambulance services
- Orthotics
- Prosthetics
- Laboratory
- Diagnostic Test
- Radiology
- Radiation Therapy
- Consultations (Physician services)

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[Providers / Communication /](#)

[Aug.17.2017.Claims Must Include the NPI of the Ordering/Referring Provider](#)



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THSteps Updates

Liliana Jimenez

Provider Relations Representative

THSTEPS Updates

- **Reporting Blood Lead Results Electronically** - Healthcare Providers now have the option to submit blood lead reports electronically using a secure FTP server.
- If you are interested in reporting electronically, please link to Texas Childhood Lead Poisoning Prevention Program (TXCLPPP) at <https://www.dshs.texas.gov/lead/child.shtm>.

THSteps Checkup Documentation Improvement

- Reviews of medical records have shown that missing documentation is the largest factor and the primary cause of records being reviewed and money being recouped.
- [Texas Health Steps Documentation Improvement Provider Letter](#)

THSteps Checkups Documentation Cont.

The following links are resources available to assist the completion of the THSteps checkup documentation:

- [Texas Health Steps Clinical Record Review Tool with Instructions](#) - This Excel workbook clinical record review tool is available to assist you in self-audits in preparation for health plan quality reviews. This electronic format will self-populate totals with numerical values.
- [Texas Health Steps Clinical Record Review Tool](#) - This PDF is the clinical record review tool to use as a paper copy. See instructions for paper copy use on Excel workbook.

When to Contact Provider Relations

Any changes you consider we may need in order to update our system and your records.

- NPI/TPI updates
- Billing company changes
- Bank account changes
- Changes in address locations
- Phone and fax updates, etc.

www.elpasohealth.com

[Providers / Provider Forms](#)

Demographic Form

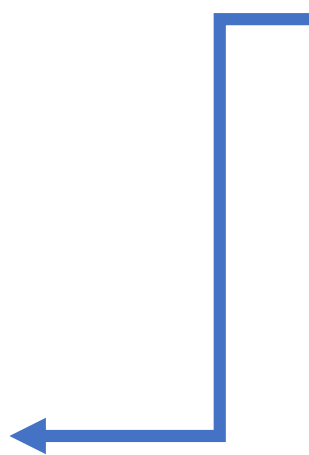


Telephone: (915) 532-3778 Fax: (915) 298-7870 Email: Contracting_Dent@elpasohealth.com

IMPORTANT: Completion of this form is not considered a binding contract with El Paso Health. For more information please contact your Contracting Representative.

Demographic Information Form			
Please Check off Health Plan Participation (Contract):		Please check off Specialty Type:	
<input type="checkbox"/> Medicaid/Premier Plan	<input type="checkbox"/> HCO (Indigent Program)	<input type="checkbox"/> PCP	<input type="checkbox"/> Ancillary (DME, Home Health, Hospice)
<input type="checkbox"/> CHIP	<input type="checkbox"/> TPA (Preferred Admin)	<input type="checkbox"/> Specialist	<input type="checkbox"/> Behavioral Health (LPC)
<input type="checkbox"/> CHIP Perinate (OB Providers Only)		<input type="checkbox"/> Hospital Based (Anesthesiology, ER, Radiology)	<input type="checkbox"/> Allied Health (Rehab, PT,OT,ST)
Group Name: (If Applicable)			
Group NPI: (If Applicable)		Group TPI: (If Applicable)	
Provider Name (Last, First, Middle):		Professional Category Professional Category:	
		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> LPC <input type="checkbox"/> Other:	
Individual NPI:		Individual TPI:	
Primary Specialty:		Do you Perform THSteps Checkups: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Secondary Specialty:		EPSDT Number:	
Telemedicine Services:	Languages Spoken:	Accepting New Patients <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Established Patients Only <input type="checkbox"/>	
Medical License:	Practice Limitations:	<input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> Age Range()	
Office Days/Hours:	CLIA Certificate:	Radiology Certificate:	
After Hours:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provider Billing Information			
W-9 must be submitted along with Demographic Information Form			
Official Business Name (as it appears on W-9/IRS Documentation)			
Doing Business As (if different from above)**this information must match Box #33 on claim form			
Billing Address, City State and Zip Code:		Tax ID Number: (Required)	
Primary Practice Location		Secondary Practice Location	
Address:		Address:	
City, State, Zip Code:		City, State, Zip Code:	
Phone Number:	Fax:	Phone Number:	Fax:
()	()	()	()
Primary Contact Person:		Phone Number:	Email address:
		()	
For EP Health Staff Only:			
Verifications: <input type="checkbox"/> W-9 <input type="checkbox"/> NPPES <input type="checkbox"/> TPI Look Up			
Provider Type: <input type="checkbox"/> PCP <input type="checkbox"/> PCP/Specialist <input type="checkbox"/> Specialist <input type="checkbox"/> Ancillary <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Hospitalist			
Contract Type: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Attachment B <input type="checkbox"/> Attachment C <input type="checkbox"/> Attachment D <input type="checkbox"/> Attachment E			
Credentialing: <input type="checkbox"/> Facility <input type="checkbox"/> Ancillary <input type="checkbox"/> After Hours <input type="checkbox"/> LOA			
Provider Credentialed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			
Credentialed Site Visit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			
Actions: Add: <input type="checkbox"/> To Network <input type="checkbox"/> To Group <input type="checkbox"/> Program			
TERM: <input type="checkbox"/> From Network <input type="checkbox"/> From Group <input type="checkbox"/> From Program REASON: _____			
<input type="checkbox"/> STAR <input type="checkbox"/> CHIP <input type="checkbox"/> CHIP Perinate <input type="checkbox"/> HCO <input type="checkbox"/> CM <input type="checkbox"/> TPA Effective Date: ___/___/___			
<input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating			
Comments: _____			

Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification		Give form to the requester. Do not send to the IRS.
Name (as shown on your income tax return)				
Business name, if different from above				
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶				
<input type="checkbox"/> Other (see instructions) ▶ <input type="checkbox"/> Exempt payee				
Address (number, street, and apt. or suite no.)				
City, state, and ZIP code				
Requester's name and address (optional)				
List account number(s) here (optional)				
Part I Taxpayer Identification Number (TIN)				
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.				
Social security number				
OR				
Employer identification number				
Part II Certification				
Under penalties of perjury, I certify that:				
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and				
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and				
3. I am a U.S. citizen or other U.S. person (defined below).				
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.				
Sign Here	Signature of U.S. person ▶			Date ▶
General Instructions				
Section references are to the Internal Revenue Code unless otherwise noted.				
Purpose of Form				
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.				
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:				
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),				
2. Certify that you are not subject to backup withholding, or				
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.				
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.				
Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:				
• An individual who is a U.S. citizen or U.S. resident alien,				
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,				
• An estate (other than a foreign estate), or				
• A domestic trust (as defined in Regulations section 301.7701-7).				
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.				
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:				
• The U.S. owner of a disregarded entity and not the entity,				
Cat. No. 10231X Form W-9 (Rev. 10-2007)				



Please make sure information in this area matches your W-9



Contact Information

Liliana Jimenez

Provider Relations Representative

ljimenez@elpasohealth.com

915-532-3778 ext. 1018

Provider Relations Department

915-532-3778 ext. 1507



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Long Acting Reversible Contraception (LARC) for FQHC

Stacy Arrieta

Provider Relations Coordinator

LARC_Federally Qualified Health Center (FQHC)

Reimbursement

- Effective January 1, 2016 FQHC's may receive reimbursement for LARC procedure codes in addition to the FQHC encounter payment.
- Claims must be submitted with the procedure code for the family planning service provided and the procedure code for the contraceptive device.
- Modifier U8 as well as the insertion code must also be present on the claim.
- LARC codes – J7297, J7298, J7300, J7301, J7307

LARC Devices

The following products are currently available through the pharmacy benefit:

[Mirena® \(NDC 50419042101\)](#)

Walgreens Specialty Pharmacy **J7298**

10530 John W. Elliott Drive, Suite 100

Frisco, TX 75033

(877) 686-4633

NPI:1851463087

[Skyla® \(NDC 50419042201\)](#)

Walgreens Specialty Pharmacy **J7301**

10530 John W. Elliott Drive, Suite 100

Frisco, TX 75033

(877) 686-4633

NPI:1851463087

LARC Devices Continued

[Nexplanon® \(NDC 0052433001\)](#)

Accredo **J7307**

4343 West Royal Lane, Suite 124

Irving, TX 75063

(972) 929-6800

NPI: 1073569034

[Paragard® \(NDC 51285020401\)](#)

Biologics, Inc, Specialty Pharmacy **J7300**

c/o TWH Access Solutions

120 Weston Oaks Court

Cary, NC 27513

(888) 275-8596

NPI: 1487640314

***NDC's are subject to change ***

Resources

NAVITUS

<https://www.navitus.com/texas-medicaid-star-chip/LARC.aspx>

Texas Vendor Drug Program

<https://www.txvendordrug.com/formulary/formulary/long-acting-reversible-contraception-products>

Contact Information

Stacy Arrieta

Provider Relations Coordinator

sarrieta@elpasohealth.com

915-532-3778 ext. 1059

Provider Relations Department

915-532-3778 ext. 1507



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Services for Children of Traveling Farmworkers

Lluvia Acuna

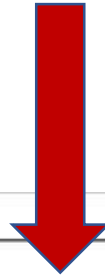
Outreach Coordinator

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 THSteps Members Due Roster.



ROBERTO CANALES MD PA	ALL LOCATIONS
EL PASO, TX 79902	

El Paso First Health Plans, Inc.
STAR Master Roster - THSteps Due Members Only
July 2011

Member#	Member Name	Migrant	Age	DOB	Sex	Phone	Address	Effective	THSteps	PCPName
---------	-------------	---------	-----	-----	-----	-------	---------	-----------	---------	---------

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 travelling 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!!!!



Health Fairs



Mobile Food Pantries



Contact Information

Lluvia Acuña

Outreach Coordinator

llacuna@elpasohealth.com

915-298-7198 ext. 1075

Adriana Cadena

C.A.R.E. Unit Manager

acadena@elpasohealth.com

915-298-7198 ext. 1127



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Review of El Paso Health Website

Adriana Cadena

C.A.R.E. Unit Manager

C.A.R.E. Unit

- Marketing.
- Marketing materials.
- Member education and services.
- Community education.
- Health fairs and events.

El Paso Health Website

www.elpasohealth.com

Contact Information

Adriana Cadena

C.A.R.E. Unit Manager

915-298-7298 ext. 1127

acadena@elpasohealth.com



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HEDIS Hybrid

Don Gillis

Director of Provider Relations & Quality Improvement

What is HEDIS?

- Health Effectiveness Data and Information Set.
- A tool used to measure performance on quality of care and service.

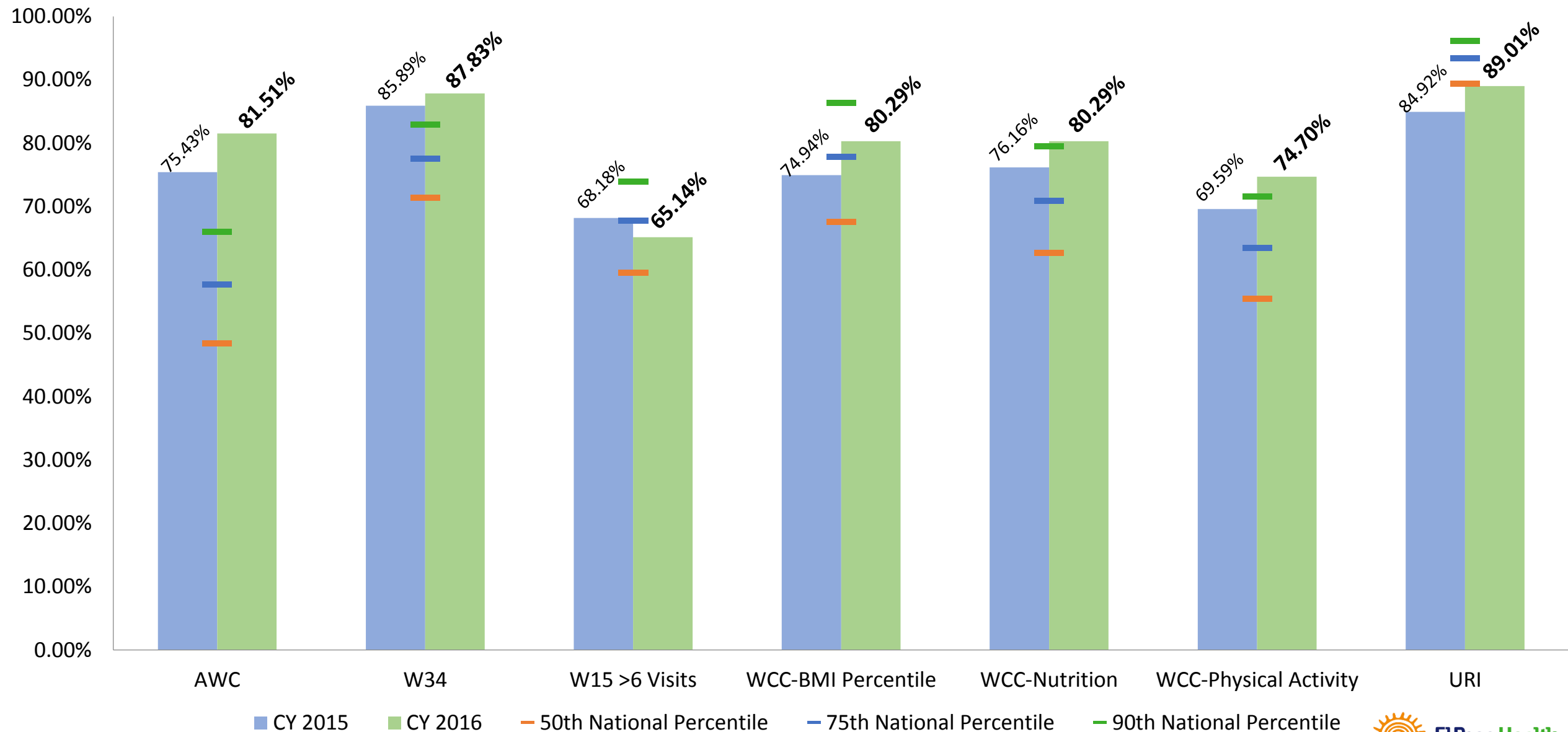
HEDIS Medical Record Chases

- Hybrid Calculations -> administrative claims data plus medical record review.
- Medical record review is not necessary if member is compliant through claims.
- Request for medical records will begin January 2018.
- Secure electronic transfer of medical records (SFTP) is preferred.

2018 HEDIS Hybrid Measures

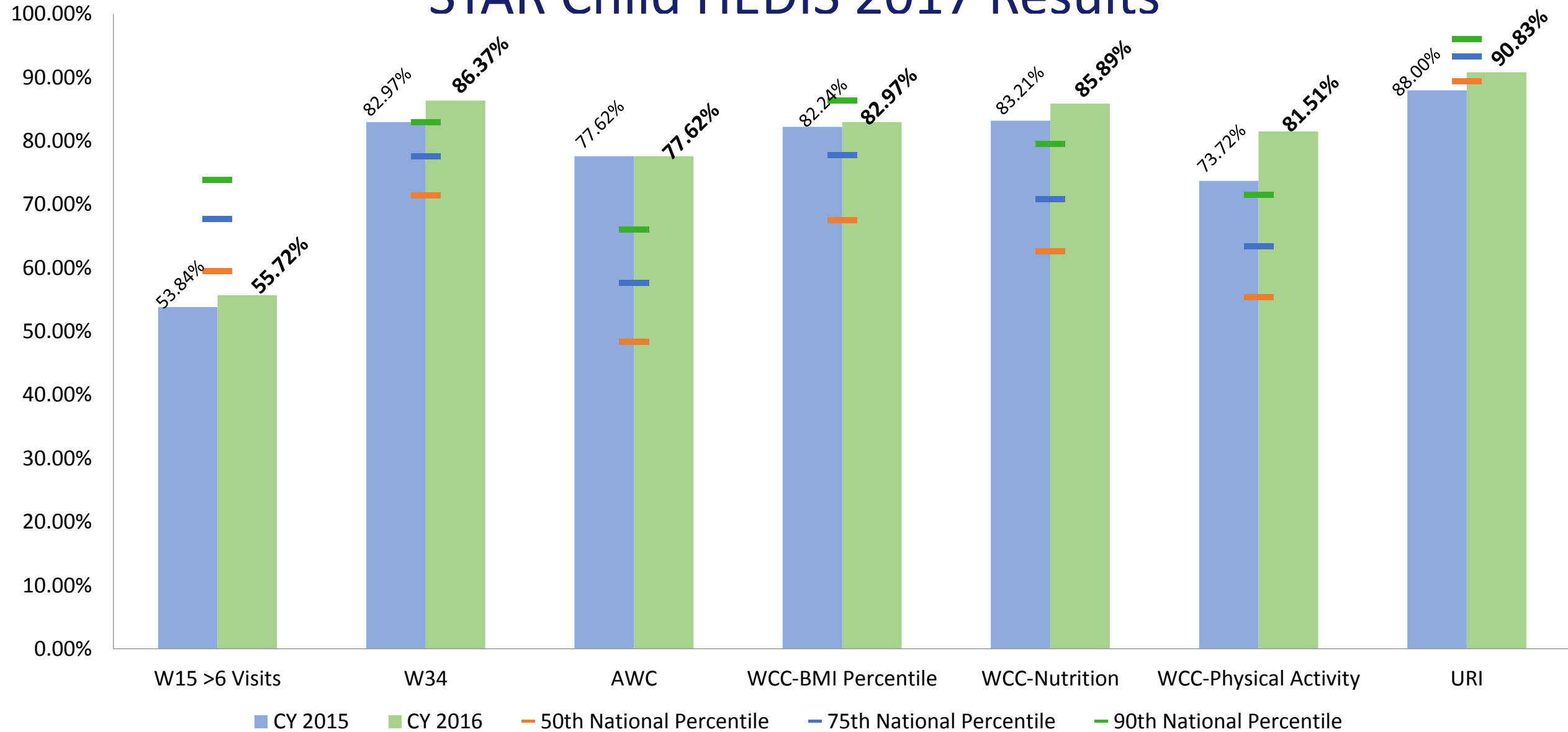
	Measure Description
WCC	Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents
CIS	Childhood Immunization Status
CBP	Controlling High Blood Pressure
CDC	Comprehensive Diabetes Care
PPC	Prenatal and Postpartum Care
W15	Well-Child visits in the first 15 months of life
W34	Well-Child visits in the 3 rd , 4 th , 5 th and 6 th years of life
AWC	Adolescent Well-Care visits
URI	Appropriate Treatment for Children With Upper Respiratory Infection

CHIP HEDIS 2017 Results

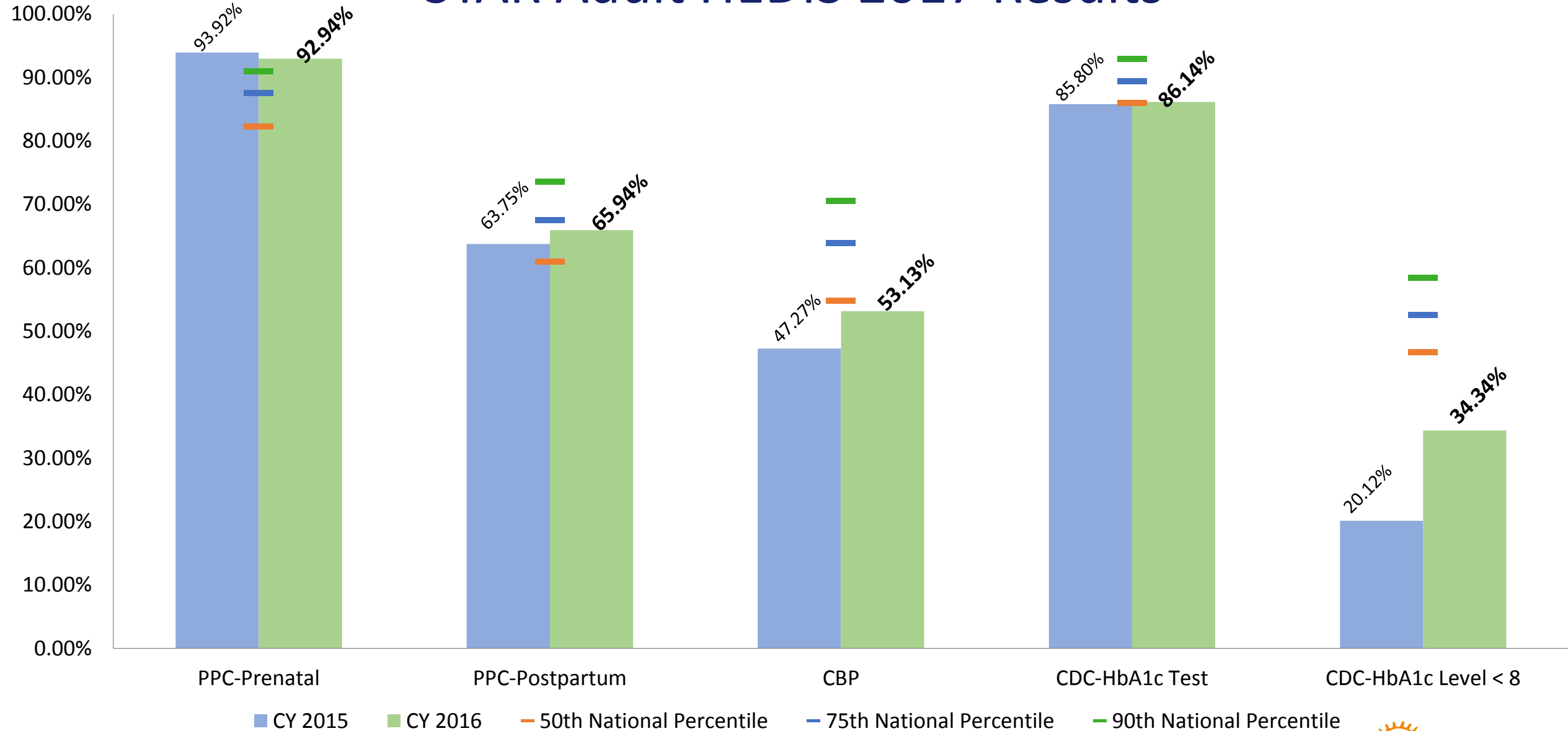


■ CY 2015
 ■ CY 2016
 — 50th National Percentile
 — 75th National Percentile
 — 90th National Percentile

STAR Child HEDIS 2017 Results



STAR Adult HEDIS 2017 Results



Questions?

Don Gillis, Director of Provider Relations & 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. 1153

Angelica Baca, QI Data Specialist

915-298-7198 ext. 1165



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Health Services



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Prior Authorization Process

Gilda Rodriguez, RN

Prior Authorization Nurse Coordinator

Pre Auth Checklist

Don't forget to include these items along with your request:

- ✓ Completed Texas Standardized Prior Authorization Request Form.
- ✓ Complete MD orders to include: what is being ordered, date, MD signature, frequency, duration.
- ✓ Supporting clinical documentation.
- ✓ Imaging studies.
- ✓ Laboratory results.
- ✓ For therapies: Completed Eval/Re-eval with a Plan of Care.

Important Timeframes

- Non-urgent within 3 working days.
- Therapies within 3 working days.
- Urgent Reviews within 1 working day.

STAR vs CHIP Timeframes

- It's important to note: CHIP authorization requests must be completed within 3 working days.
- STAR authorizations a bit more flexible when we need to obtain additional information, but the request must be completed within a 7 day timeframe for STAR members under 21.
- For STAR members over 21 – a 14 calendar day extension to submit the requested information may be provided

REQUEST FOR ADDITIONAL INFORMATION

DATE: _____ **NO. OF PAGES:** 1
TO: _____
Attention: _____ **FAX NO:** _____
FROM: Health Services Dept. - PA # _____ **PHONE NO.** 532-3778 EXT _____
RE: Member Name: _____
ID No.: _____ Date of Birth: _____
Account No. (if applicable) N/A MR. No. (if applicable) N/A

REFERENCE NO. _____

Your request has been reviewed. Additional clinical documentation is necessary to determine the medical necessity for the requested service(s). Please submit the following:

Missing/Incomplete Title 19 Missing/Incomplete CCP Form Missing/Incomplete Medical Necessity Form

Other _____

The following supporting documentation:

This notice is to provide you with the opportunity to submit the above requested information. The information must be received by _____. If the information is not received by this date, medical determination will be made based on the information submitted.

This form will be sent to provider via fax with specific information as to what information is needed to make a determination.

It will also include the due date.



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Catastrophic Services

Bertha Alarcon, RN, CCM

Case Manager

Catastrophic Services

- Services for Catastrophic members
- Steps to take when you identify a member
- Information on Medical Transportation Program for STAR members
- Case Management available for Catastrophic members to include service coordination



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AA/PCA

Edna Lerma, LPC

Health Services Clinical Supervisor

Adoption Assistance/Permanency Care Assistance

- Effective September 1st, EPH will be managing members under AA/PCA.

DFPS operates:

- The Adoption Assistance program which provides help for certain children who are adopted from foster care.
- The Permanency Care Assistance program which gives financial support to family members who provide a permanent home to children who were in foster care but could not be reunited with their parents.

Transition Phase

- Authorizations for basic care such as specialist visits, medical supplies, etc., are honored for **90 days**, until the authorization expires or until the health plan issues a new one.
- During the transition period, members can keep seeing current providers, even if they are out of the health plan's network.

Case Management

AA/PCA Members

All AA/PCA members will be screened for case management, if CM services are necessary the following will be implemented:

- In collaboration with member/caregiver and treatment providers a service plan will be developed, which includes a summary of current needs, a list of services required, and a description of who will provide those services.
- Coordination of services among a member's primary care provider, specialty providers and non-medical providers.
- Verifying that member receives the medically necessary covered services and other services and supports.



El Paso Health

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Pharmacy Formulary and Prior Authorization

Perla Saucedo

Pharmacy Technician

FORMULARY

- Navitus creates and maintains a formulary tool which provides the necessary information for prescription coverage.
- The formulary tool will list ALL covered products. If it isn't listed, it isn't covered.
- The tool will be posted to Navitus' (www.navitus.com) website under Providers > Texas Medicaid STAR/CHIP.
- There are separate formularies for STAR and CHIP.
- The formulary is updated monthly.
- The formulary is a PDF so you will use Ctrl+F to search for a drug name, NDC, etc.

FORMULARY (cont.)

NDC	NDC NAME	TIER	PDL STATUS	MARKET BASKET ID	DRUG EDIT	PUBLISHING NOTE	PA FORM	EXPIRATION DATE	CLASS
00555076402	ADDERALL TAB 10MG	BRAND	NPD	MKID_7	QL ST	QL = LESS THAN 2 TAB/DAY; NO QL REQ'D FOR MEMBERS LESS THAN 18 YEARS; STEP THERAPY REQUIRES TRIAL OF PREFERRED PRODUCT		12/31/2222	AMPHETAMINES

Both the STAR and CHIP formulary document will indicate:

- The specific covered NDC.
- The drug name, dose and form for that NDC.
- Brand or generic indicator for quoting CHIP copays.
- Drug Edits such as:
 - ST which is a PDL PA edit (must try preferred PDL alternative for coverage- STAR only)
 - PA which means a clinical PA requirement exists
 - QL which indicates there is a quantity limit
 - 90DS which means the member can get a 90 day supply at any contracted retail pharmacy.

FORMULARY (cont.)

NDC	NDC NAME	TIER	PDL STATUS	MARKET BASKET ID	DRUG EDIT	PUBLISHING NOTE	PA FORM	EXPIRATION DATE	CLASS
00555076402	ADDERALL TAB 10MG	BRAND	NPD	MKID_7	QL ST	QL = LESS THAN 2 TAB/DAY; NO QL REQ'D FOR MEMBERS LESS THAN 18 YEARS; STEP THERAPY REQUIRES TRIAL OF PREFERRED PRODUCT		12/31/2222	AMPHETAMINES

- Formulary notes clarifying restrictions or requirements. For example, if a drug has a QL, the explanation of that quantity limit will be indicated here. If a drug has a PA and the 72-hour emergency PA supply is not allowed it will also be indicated here.
- Initially, if a drug has a PA requirement, the name of the PA form will be listed. All PA forms will be posted to www.navitus.com under the same link as the formularies.
- Expiration date of the NDC.
- Drug class.

Prior Authorization Process

- Prescription Prior Authorizations can be submitted directly to Navitus, El Paso Health's Pharmacy Benefit Manager.
- Provider can call 1-877-908-6023 for PA submission.
- Prior Authorization forms can be obtained from their website, www.navitus.com.
- A determination will be made within 24 hours of PA submission.

72-hour Emergency Supply

- A 72-hour Emergency Supply allows pharmacy to dispense a 3 day supply of medication, at no cost to member, to allow prescriber time to submit PA
- The 72-hour Emergency Supply should be dispensed any time a PA is not available and a prescription must be filled for any medication on the Texas Vendor Drug formulary.
- If the prescribing provider cannot be reached or is unable to request PA, the pharmacy should submit an emergency 72-hour prescription.

72-hour Emergency Supply Cont.

Pharmacies should submit:

- '8' in "Prior Authorization Type Code"
- '801' in "Prior Authorization Number Submitted"
- '3' in "Days Supply"
 - The quantity submitted in "Quantity Dispensed" should not exceed the quantity necessary for a 3-day supply according to the directions for administration. If the medication is a dosage form that prevents a three day supply from being dispensed, e.g., an inhaler, it is still permissible to indicate that the emergency prescription is a three day supply and enter the full quantity dispensed

Formulary Look-Up

- www.navitus.com/texas-medicaid-star-chip/formulary.aspx
- <http://www.txvendordrug.com/formulary/formulary-search.asp>
- www.epocrates.com

Health Services Contact

915-532-3778 ext. 1500

Gilda Rodriguez, RN

915-298-7198 ext. 1016

Bertha Alarcon, RN, CCM

915-298-7198 ext. 1162

Edna Lerma, LPC

915-298-7198 ext. 1078



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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 Unit
1145 Westmoreland Drive
El Paso, Texas 79925
- Please include detailed and supporting information:
 - 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.

Note: STAR and CHIP Members must NOT be billed or balanced billed for covered services.

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

+ Add Attachments

 From:
To:
Subject:

Today's Date:
Contact Name (First & Last name):
Mailing Address:
Phone Number:
Provider Name:
Provider NPI Number:
Member Name:
Member ID:
Date of Service:
Claim Number:

Reason for Appeal: (Please put an "x" in the appropriate box)
 Authorization Issue
 Past Timely Filing
 Requesting Payment/Additional Payment
 Other (Use comments section to give detailed explanation)

Comments:

Your appeal will be acknowledged in writing within 5 business days and you will receive a resolution letter within 30 calendar days. If you have any further questions or need additional assistance, please contact the Provider Care Unit at 915-532-3778 extension 1504 or 1-877-532-3778 extension 1504.

Sample

Acknowledgment Letter

July 18, 2017

PROVIDER GROUP
TEMP PROVIDER M.D.
Attn: OFFICE, MANAGER
2501 N. MESA
EL PASO, TX 79912

RE: John Doe
Member ID: 55555555
Date of Service: 01/01/2017
Appeal Received on: 07/18/2017

Case #: AGI00000001583

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.

If you have any further questions or need additional assistance, please contact the Provider Care Unit at 915-532-3778 extension 1504 or 1-877-532-3778 extension 1504. Our TDD Line for the hearing impaired is Toll Free 1-855-532-3740.

Sample

Resolution Letter

July 18, 2017

PROVIDER GROUP
TEMP PROVIDER M.D.
Attn: OFFICE, MANAGER
2501 N. MESA
EL PASO, TX 79912

RE: John Doe
Member ID: 555555555
Date of Service: 01/01/2017
Appeal Received on: 01/18/2017

Case #: AGI000000001583

Dear Office Manager:

The review of information submitted and received by El Paso Health regarding the denial of payment on Claim #:0000000000 has been completed. The decision has been made to uphold the denial *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 Unit
1145 Westmoreland
El Paso, Texas 79925

Should you have any further questions or concerns, you can call or contact the Provider Care Unit (PCU) at 915-532-3778, ext. 1504.

Contact Information

Corina Diaz

Complaints and Appeals Supervisor

cdiaz@elpasohealth.com

915-298-7198 ext. 1092



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Claims Reminder

Nellie Ontiveros

PCU Representative

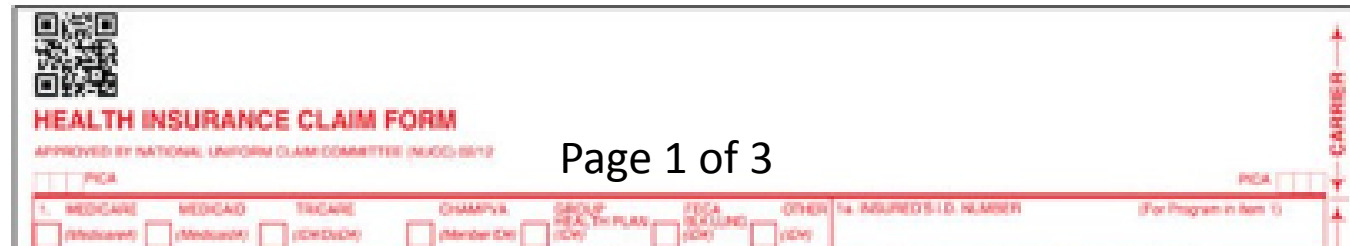
Reminders

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

Claims Processing

If you are submitting multiple claims for a patient, please ensure that you:

- Indicate on the claim header page 1 of x (number of pages).
- Staple the claims together.



The image shows the header section of a Health Insurance Claim Form. It includes a QR code in the top left corner. The title "HEALTH INSURANCE CLAIM FORM" is printed in red. Below the title, it states "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 8812". The page is labeled "Page 1 of 3". On the right side, there is a vertical red line with the word "CARRIER" written vertically. Below the title, there are several checkboxes for insurance types: "1. MEDICARE (Medicare)", "MEDICAID (Medicaid)", "TRICARE (TRICARE)", "CHAMPVA (Member Care)", "GROUP HEALTH PLAN (GRP)", "ETC. INCLUDING (Other)", and "OTHER". There is also a field for "1a. ASSURED'S ID. NUMBER (For Program in Item 1)".


Top Denials / OB

- The time limit for filing has expired.
- Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
- Duplicate claim/service.
- Resubmit with primary EOB.
- The diagnosis is inconsistent with the procedure.

Top Denials / PCP

- The time limit for filing has expired.
- Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
- Duplicate claim/service.
- Expenses incurred after coverage terminated.
- The diagnosis is inconsistent with the procedure.

Additional Information Request - Professional Claim

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

Thank you for participating with El Paso Health. We value your partnership with our organization and would like to assist you with the adjudication of your claims. However, the attached claim you have submitted is either missing required information or contains invalid values. In accordance with CMS & Texas Insurance regulations [under 21.2907 Effect of Filing Clean Claim], your claim is being returned as incomplete. Please review the item(s) on this form and resubmit the claim with the necessary information within 120 days of the date of this notice.

Additional Information Request for Professional Claims

Receipt Date:	Return Date:	
Member ID#:	Member DOB:	
From Date of Service:	To Date of Service:	
Claims Reviewer ID:	Adjudicator ID:	Approval Signature:


The claim(s) cannot be processed due to the following reason(s):

- We are unable to identify eligibility with the information submitted. Please resubmit with a copy of the Participant's card.
- Newborn full name and plan identification number is required. Please contact our enrollment department for assistance.
- Box 1a** The member I.D. number does not match our records or is incomplete on the claim form.
- Box 2** The patient's last name, first name, and middle initial, does not match our records or is incomplete.
- Box 3** The patient's eight-digit birth date (MM | DD | CCYY) and sex does not match our records or is incomplete.
- Box 4** The insurance primary to El Paso Health, either through the patient's parent or spouse, does not match our records.
- Box 5** The patient's mailing address and telephone number does not match our records or is incomplete.
- Box 6** The relation to patient does not match our records or is incomplete.
- Box 7** The insured's address and telephone number does not match our records or is incomplete.
- Box 9** The insured's name does not match our records or is incomplete.
- 9a** The policy and/or group number of the insured does not match our records or is incomplete.
- 9b** The insured's eight-digit birth date (MM | DD | CCYY) and sex does not match our records.
- 9c** Leave blank if the Payer ID is entered in item 9d.

The element on the claim that is missing or is incorrect will be highlighted.



Additional Information Request – UB04 Claims



Thank you for participating with El Paso Health. We value your partnership with our organization and would like to assist you with the adjudication of your claims. However, the attached claim you have submitted is either missing required information or contains invalid values. In accordance with CMS & Texas Insurance regulations [under 21.2807 Effect of Filing Clean Claim], your claim is being returned as incomplete. Please review the item(s) on this form and resubmit the claim with the necessary information within 120 days of the date of this notice.

Additional Information Request for UB-04

Receipt Date:	Return Date:	
Member ID #	Member DOB	
From Date of Service	To Date of Service	
Claims Reviewer ID:	Adjudicator ID:	Approval Signature:

The claim(s) cannot be processed due to the following reason(s):

- We are unable to identify eligibility with the information submitted. Please resubmit with a copy of the Participant's Card.
- Newborn full name and plan identification number is required. Please contact our enrollment department for assistance.
- Box 1** Facility Name and/or Address does not match our records or is incomplete on the claim form.
- Box 3** The patient's control number is incomplete.
- Box 4** The Bill Type is inconsistent, invalid or incomplete with procedures.
- Box 5** Federal Tax No. does not match our records or is incomplete.
- Box 6** Covered Dates for Inpatient does not match our records or is incomplete.
- Box 8B** Patient's last name and/or first name does not match our records or is incomplete.
- Box 9A-B** Patient's Address does not match our records or is incomplete.
- Box 10** Patient's Date of Birth does not match our records or is incomplete.
- Box 11** Patient's sex does not match our records or is incomplete.

The element on the claim that is missing or is incorrect will be highlighted.



Provider Claim Notification Form



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

Provider Claim Notification

Servicing Provider Name:

Return Date: _____

Member Name: _____

Member DOB: _____

Member ID Number: _____

Date of Service: _____

Dear Provider,

Thank you for providing services to an El Paso Health member. This notice is an acknowledgement of receipt for your claim. Your claim has been referred to our claim resolution team for further review. If our team should need further information you will be contacted in addition to this notice. Should you have any questions feel free to contact our claims department at (915) 532-3778.

We are in need of further information to process your claim. Please provide the following information within 30 days from return date of this letter: _____

Your claim has been reviewed and it has been determined that the supporting documentation does not justify reimbursement from El Paso Health. Please forward claims to the appropriate health plan.

Electronic Claims

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

Contact Us

915-532-3778

Provider Care Unit Extension Numbers:

- 1527 – Medicaid
- 1512 – CHIP
- 1509 – Preferred Administrators
- 1504 – HCO



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Value Added Services – SFY2018

Edgar Martinez

Director of Member Services

Value-Added Services

Medicaid

- 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.
- A free ride service to help you get to doctor visits or health education classes.
- Members between the ages of 4 through 18 can get a free physical for sports each year.
- Members age 20 or younger can receive four additional nutritional/obesity counseling services above the Medicaid Benefit.
- One allergy-free pillow case is given to Members who are enrolled in the Asthma Disease Management Program.
- Home visits by case managers for Members with complex conditions to include high-risk pregnancies, behavioral, or medical conditions that require special attention.

Value-Added Services

Medicaid

- For contact lenses and glasses (lenses and frames), Members receive up to \$125 above the Medicaid benefit.
- \$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 \$10 gift card is offered to Members age 20 and younger who complete a Texas Health Steps check up on time.
- 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.

Value-Added Services

Medicaid Pregnant Members

- Pregnant Members 21 or older can receive up to \$500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions.
- A free convertible car seat after attending a baby shower at El Paso Health.
- A First-Steps Baby Shower including a diaper bag, a starter supply of diapers, and other items for the baby.

Value-Added Services

Medicaid Pregnant Members

Gift cards for completing prenatal visits and after confirmation of those visits for:

- \$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.

Value-Added Services

CHIP Members

- 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.
- A free ride service to help you get to doctor visits or health education classes.
- Members between the ages of 4 through 18 can get a free physical for sports each year.
- Members age 18 or younger can receive four additional nutritional/obesity counseling services above the CHIP Benefit.
- One allergy-free pillow case is given to Members who are enrolled in the Asthma Disease Management Program.
- Home visits by case managers for Members with complex conditions to include high-risk pregnancies, behavioral, or medical conditions that require special attention.

Value-Added Services

CHIP Members

- \$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 \$15 gift card is offered to members ages 3-6 and 12-19 who get a check-up when due and on time.
- 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.

Value-Added Services

CHIP Pregnant Members

- Pregnant Members 21 or older can receive up to \$500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions.
- A free convertible car seat after attending a baby shower at El Paso Health.
- A First-Steps Baby Shower including a diaper bag, a starter supply of diapers, and other items for the baby.

Value-Added Services

CHIP Pregnant Members

Gift cards for completing prenatal visits and after confirmation of those visits for:

- \$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.

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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Thank You for Attending Providers!

TEXAS STAR
Your Health Plan ★ Your Choice





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For more information:



(915) 532-3778



www.elpasohealth.com

