

# BEHAVIORAL HEALTH PROVIDER TRAINING

Thursday, May 26, 2022  
12:00 PM - 1:30 PM (MDT)



Join us for a **lunch** and learn  
at our office.

Participation **giveaways** and a  
chance to win **door prizes** and  
**gift cards** will be available!

**Eventbrite Info:**

<https://epbhprovidertraining.eventbrite.com>

**Password: BH2022**



**El Paso Health**  
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# Leadership

## Experience. Talent. Leadership. El Paso Health is proud to introduce its two new CEOs.

El Paso Health's mission is to help ensure access to quality healthcare for those who are in most need. It's a sensitive mission, and complicated. It involves STAR, CHIP, and recently, the Medicare Advantage Dual Special Needs Plan. A leader with passion and compassion, a sense of caring, and vast experience, El Paso Health has two of the best.

Carol G. Smallwood has been appointed President and Chief Executive Officer of El Paso Health, and Janel Lujan has been named Chief Executive Officer of El Paso Health Medicaid.

Carol joined El Paso Health last year as Chief Organizational Development Officer. She has thirty years of experience in healthcare administration and management, almost exclusively in Medicaid Managed Care. Her previous leadership positions include working for Green Planet Group, Health Services Advisory Group, and Blue Cross Blue Shield of Arizona. She also served as President and CEO of El Paso First Health Plans (now El Paso Health) from 2006 to 2013. Ms. Smallwood holds a Bachelor of Community Health degree from New Mexico State University and Master of Public Health degree from the University of Oklahoma. She is a decorated NMSU alumna and serves on several higher education boards.

Janel is a 15-year veteran of El Paso Health and previously served as the Interim Chief Executive Officer. Her broad healthcare experience includes utilization management, population health, provider reimbursement, provider engagement, and pharmacy benefit implementation. She began her career with El Paso Health as a Social Work Case Manager II, and was subsequently promoted to Case Management Coordinator, Clinical Supervisor, Director of Health Services, Senior Director of Operations, Vice President of Operations and Chief Operating Officer. Ms. Lujan has both a Bachelor of Psychology degree and a Master of Social Work degree from Arizona State University.

On behalf of El Paso Health's 150+ associates, the Board of Directors congratulates our new CEOs. We look forward to these two healthcare management veterans continuing our work as the largest health maintenance organization in the service delivery areas of El Paso and Hudspeth counties.



**Carol G. Smallwood**  
President and Chief Executive Officer



**Janel Lujan**  
Chief Executive Officer  
Medicaid



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# Agenda

- Provider Relations – [Updates and Reminders](#)
- Quality Improvement- [Accessibility and Availability Standards](#)
- Health Services – [Updates and Reminders](#)
- Special Investigations Unit – [SIU Process](#)
- Claims – [Reminders](#)
- Member Services – [Reminders](#)



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## **Updates and Reminders**

Stacy Arrieta

Provider Relations Coordinator

# COVID-19 Update: Waiver of CHIP Co-Payment

HHSC is waiving in office face to face visit co-payments for all CHIP members for services provided from **March 13, 2020 through June 30, 2022.**

- El Paso Health will reimburse the provider the full rate for services including any member cost sharing.
- Providers must attest that an office visit co-payment was not collected from the member by submitting the [attestation form](#).
- Please include a list with member name, claim number, date of service, and co-pay amount along with the attestation form.
- Forms will be accepted via email at [providerservicesdg@elpasohealth.com](mailto:providerservicesdg@elpasohealth.com) or via mail at the following address:

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

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

# COVID-19 Update: Behavioral Health Telemedicine and Telephonic Services

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

## **Telephonic (Audio-Only) Behavioral Health Services**

Providers may bill to receive Medicaid reimbursement for the following behavioral health services delivered by telephone (audio only) and telehealth for dates of service March 20, 2020 thru August 31, 2022.

# COVID-19 Update: Behavioral Health Telemedicine and Telephonic Services

Description of Services	Procedure Codes	POS	
Psychiatric Diagnostic Evaluation	90791, 90792	02	
Psychotherapy	90832, 90834, 90837, 90846, 90847, 90853		
Peer Specialist Services	H0038		
Screening, Brief Intervention and Referral to Treatment (SBIRT) *	H0049, G2011, 99408		
Substance Use Disorder Services *	H0001, H0004, H0005		
Mental Health Rehabilitation**	H0034, H2011, <b>H2012**</b> , H2014, H2017		**Effective March 1, 2022, procedure code H2012 will not be allowed for reimbursement by synchronous audio-visual or audio-only (telephone) technology
Health and Behavior Assessment and Intervention (HBAI) Services *	96156, 96158, 96159, 96164, 96165, 96167, 96168		
Mental Health Targeted Case Management (MHTCM) Services	T1017		
Psychiatric Evaluation & Management (E/M) Services and Pharmacological Management	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215		

Providers should continue to use **modifier 95** to indicate remote delivery has occurred.

**HHSC encourages the use of synchronous audio-visual technology over telephone audio-only delivery of telemedicine and telehealth services whenever possible.**

Note: For pharmacological management, providers must use the appropriate E/M procedure code with modifier UD to designate when a visit is primarily focused on pharmacological management

# Provider Directories

El Paso Health Provider Directories are available in the following formats:

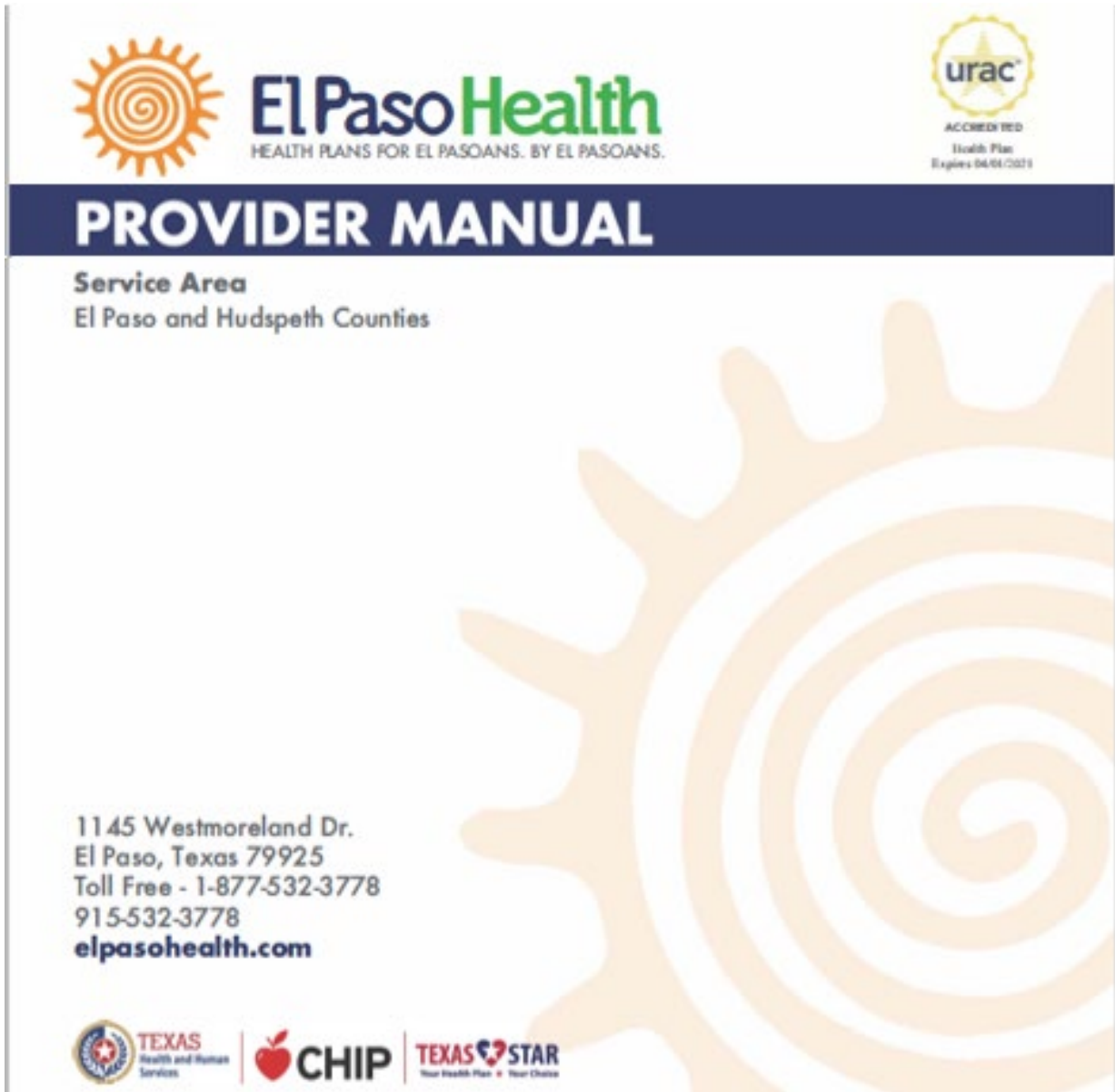
- Print: available for pick up at our office or mailed to members upon request
- [Online](#): a PDF version is available for viewing or for printing on our website

An interactive [Provider Search](#) option is also available on our website at [www.elpasohealth.com](http://www.elpasohealth.com).

- HHSC performs random audits to ensure accuracy of our Provider Directories.
- An internal review is done by our Provider Relations Department on a monthly basis.
- The following elements are reviewed and updated as necessary:
  - provider name
  - phone and fax number
  - address
  - program participation
  - languages spoken
  - age limitations, if any
  - new patient restrictions
  - hours and days of operation
- Updates and discrepancies may be corrected using the [Provider Demographic Form](#).



# El Paso Health Provider Manual



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

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

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

You may also access the Provider Manual directly at: [EPH-PR-Provider Manual February 3-4-2022.pdf](#) ([elpasohealth.com](http://elpasohealth.com))

# Out of Network Providers

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If a Provider or Facility is not an In-Network Provider, the provider is considered out of network (OON).

- OON Providers must notify our Contracting Department when they are enrolled as a Medicaid Provider.
- OON providers are subject to non-participating provider authorization and reimbursement guidelines.

## **Continuity of Care**

Newly enrolled members whose health or behavioral health condition has been under treatment by a specialty care provider or whose health could be jeopardized if care is disrupted or interrupted will be allowed access to OON providers up to a certain period of time in order to ensure continuity of care when the following special circumstances apply:

- Transitioning from one plan to another
- Disabilities
- Acute conditions
- Life-threatening illnesses
- Pregnant members past the 24th week of pregnancy

# Electronic Usages

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

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



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**Additional Updates / Reminders**

# Enhanced El Paso Health Website

Español

Call us at  
915-532-3778

Outside El Paso  
877-532-3778

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

AA

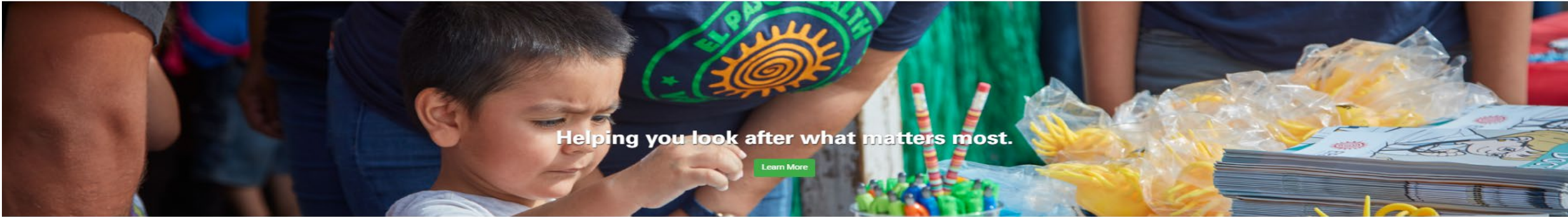
Provider Login

Member Login

Careers



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



Helping you look after what matters most.

[Learn More](#)

## Welcome to El Paso Health

We are your local, non-profit health plan serving El Paso and Hudspeth counties. Our team of bilingual professionals is dedicated to helping our members and providers.

### STAR

For pregnant women, children and anyone who gets TANF

[Find Out More](#)

### CHIP

For children age 18 and under who are not eligible for Medicaid and don't have health coverage.

[Find Out More](#)

### Medicare

Medicare Advantage Dual SNP for people who have Medicare and Medicaid.

[Find Out More](#)



2021 annual report is now available.  
Click on the link below to view  
the annual report digitally.

[VIEW ANNUAL REPORT](#)



We're in this together!

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



# Autism Services / *New Medicaid Benefit*

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Autism Services will now include Applied Behavior Analysis (ABA) evaluation and treatment, and will be a benefit of the Texas Health Steps Comprehensive Care Program (THSteps-CCP). Texas Medicaid recipients **20 years of age and younger** who meet the criteria outlined in the Autism Services benefit description may receive this service.

**ABA is a new Medicaid benefit effective February 1, 2022.**

## **What is ABA?**

- Applied Behavior Analysis (ABA) is a therapy based on the science of learning and behavior.
- ABA therapy applies our understanding of how behavior works in real situations.
- The goal is to increase behaviors that are helpful and decrease behaviors that are harmful and affect learning.

# Telehealth New Place of Service Code 10 Effective January 1, 2022

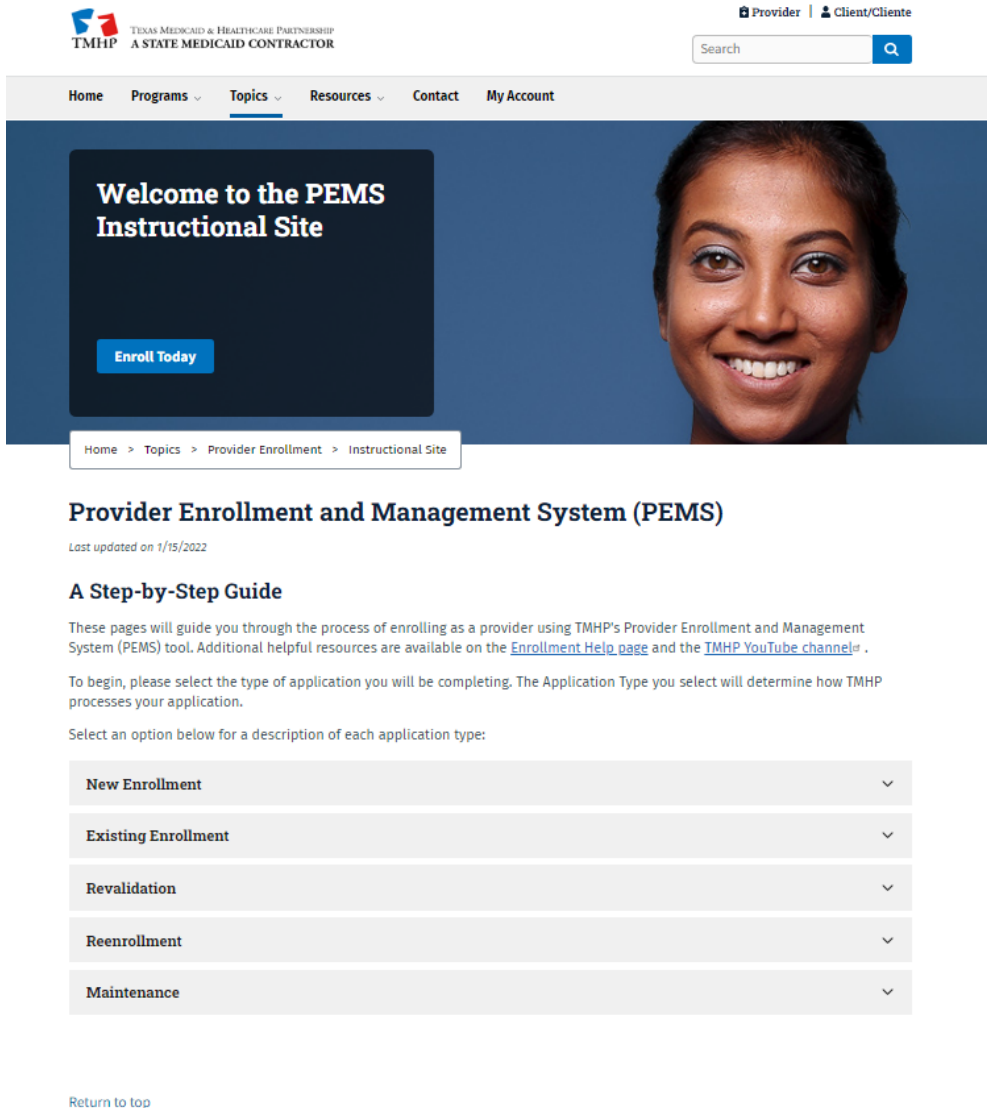
Effective January 1, 2022, a new place of service (POS) code (code 10) is available for providers who provide telehealth services to patients who attend the telehealth appointments in their own homes.

Description of Services	Place of Service	Modifier
Telehealth Provided in Patient's Home	10	95

[Telehealth New Place of Service \(POS\) Code \(Code 10\) Available, Effective January 1, 2022 | TMHP](#)



# Provider Enrollment and Management System (PEMS)



The screenshot shows the TMHP website's PEMS Instructional Site. At the top left is the TMHP logo with the text "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR". To the right are links for "Provider" and "Client/Client" and a search bar. A navigation menu includes "Home", "Programs", "Topics", "Resources", "Contact", and "My Account". The main banner features a woman's face and the text "Welcome to the PEMS Instructional Site" with an "Enroll Today" button. Below the banner is a breadcrumb trail: "Home > Topics > Provider Enrollment > Instructional Site". The page title is "Provider Enrollment and Management System (PEMS)" with a sub-header "A Step-by-Step Guide". The text explains that the pages guide users through enrolling as a provider and lists application types: New Enrollment, Existing Enrollment, Revalidation, Reenrollment, and Maintenance. A "Return to top" link is at the bottom left.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

Provider | Client/Client

Search

Home Programs Topics Resources Contact My Account

Welcome to the PEMS Instructional Site

Enroll Today

Home > Topics > Provider Enrollment > Instructional Site

## Provider Enrollment and Management System (PEMS)

Last updated on 1/15/2022

### A Step-by-Step Guide

These pages will guide you through the process of enrolling as a provider using TMHP's Provider Enrollment and Management System (PEMS) tool. Additional helpful resources are available on the [Enrollment Help page](#) and the [TMHP YouTube channel](#).

To begin, please select the type of application you will be completing. The Application Type you select will determine how TMHP processes your application.

Select an option below for a description of each application type:

- New Enrollment
- Existing Enrollment
- Revalidation
- Reenrollment
- Maintenance

[Return to top](#)

<https://www.tmhp.com/topics/provider-enrollment/pems/start-application>



# Cultural Competency and Linguistic Services

- El Paso Health established a **Cultural Competency Plan** that reflects the National CLAS principle standards, Title VI of the Civil Rights Act guidelines and the provision of auxiliary aids and services, in compliance with the Americans with Disabilities Act, Title III, Department of Justice Regulation 28 C.F.R. § 36.303, 42 C.F.R. § 438.10(f)(6)(i), and 1 Tex. Admin. Code § 353.411, builds upon our relationships with the community, our Members, and the health care Providers in our borderland community.
- El Paso Health is committed to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- El Paso Health ensures annually that governance, leadership, associates, providers and subcontractors are educated and trained about, remain aware of, and are sensitive to the cultural differences and language needs of our Members.

# Contact Information

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Provider Relations Department

(915) 532-3778

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



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# **Appointment Accessibility Standards**

Patricia Rivera, RN

Quality Improvement Nurse Auditor

# Appointment Accessibility

- Regulatory mandate - Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC)
- **Accessibility:** appointment available within a specific time frame

Standards:	Able to schedule appointment:
Initial Outpatient Behavioral Health (new members, child and adult)	Within 14 calendar days
Emergency Services	Upon member presentation
Urgent Care, to include urgent behavioral health services	Within 24 hours
Follow up care after inpatient hospitalization	Within 7 calendar days
In addition:	
Contact Members who have missed appointments within 24 hours to reschedule appointments	

# Monitoring

## State-Wide Secret Shopper Calls

HHSC monitors MCO's compliance

Required by Senate Bill 760

Samples selected based on MCO **provider directories**

HHSC required standards must be met

(Please see A&A Standards on EPH website)

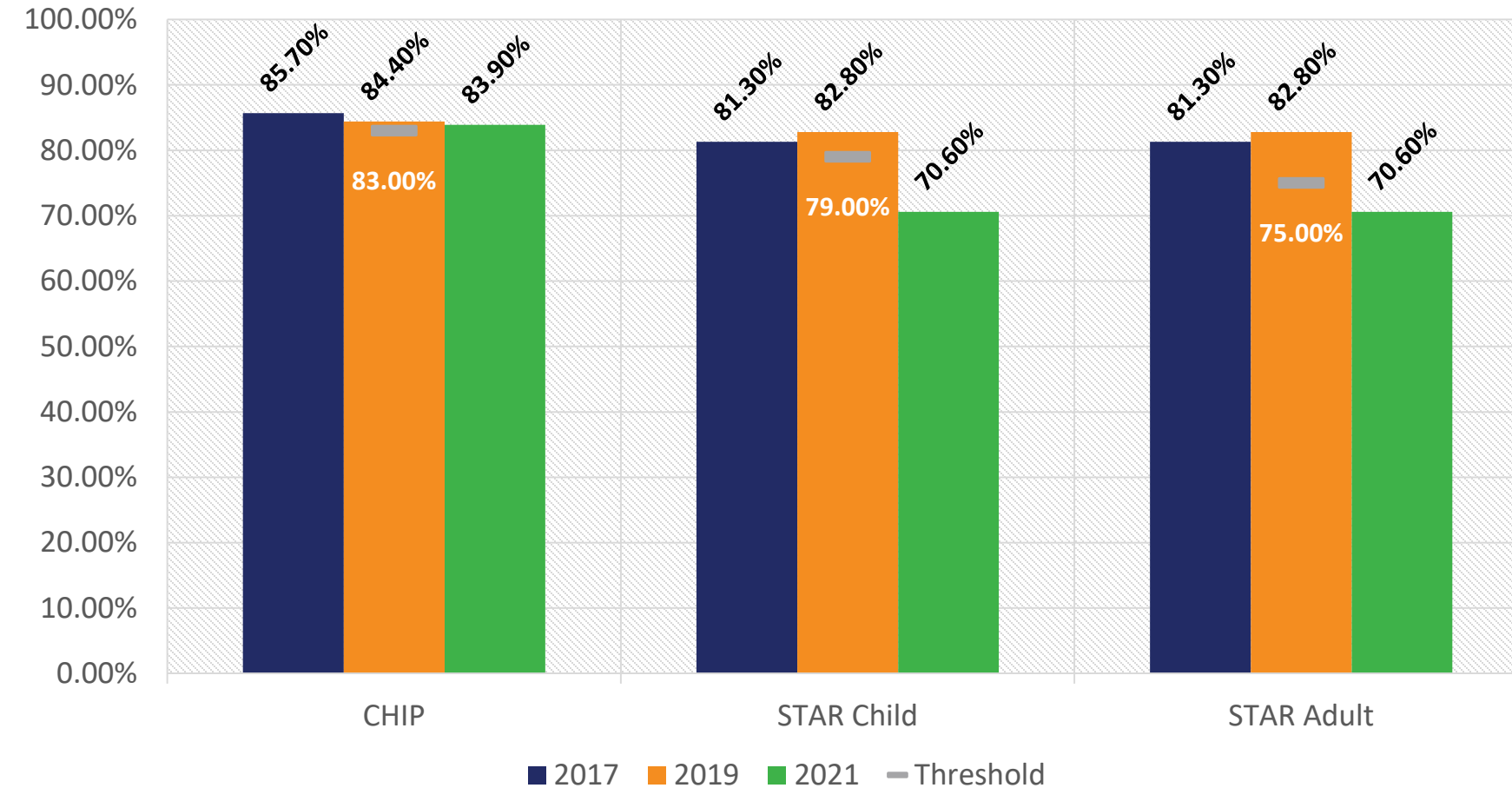
## Internal

- Provider Relations Representatives
  - Appointment accessibility surveys
  - Provider Directory Verification calls
- QI Nurses
  - Secret shopper calls on HHSC required standards

Appointment wait times are assessed on **calendar days**

# State-Wide Monitoring Results

## Initial Outpatient BH Visit w/in 14 days



SFY 2022 Results PENDING

- If threshold not met:
  - HHSC requests CAP from MCO
  - State can issue up to \$1k per non-compliant call
- 23% of calls were excluded due to invalid information in provider directory
- **Please ensure office staff are aware of A&A Standards!**
- **Please notify us of any changes to your information in our provider directory at any time.**

# Resources on Website

- Clinical Practice Guidelines

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

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

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

- Provider Accessibility and Availability Standards

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

## Provider Resources

- ☀ Formularies Available on Epocrates
- ☀ HEDIS FAQ – EPH
- ☀ HEDIS Medical Record Documentation Tips
- ☀ The Texas Clinician’s Postpartum Depression Toolkit
- ☀ Contract Checklist Version 2.6 Ch 8\_1 EFF Apr.5.2019
- ☀ Provider Accessibility and Availability Standards

# Contact Information

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## **Health Services Updates and Reminders**

Diana Gonzalez, LVN

Behavioral Health Case Manager

# Substance Use Disorder (SUD)

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SUD services may include the following:

- Withdrawal management services
- Individual and group SUD counseling in an outpatient setting
- Residential treatment services
- Medication assisted treatment
- Evaluation and treatment (or referral for treatment) for co-occurring physical and behavioral health conditions

# SUD Requirements

- Level of care (e.g., **outpatient, residential, inpatient hospital**) and specific services provided must adhere to current **evidence-based industry standards and guidelines** for SUD treatment, such as those outlined in the current edition of the **American Society of Addiction Medicine's Treatment Criteria for Addictive Substance-Related and Co-Occurring Conditions**, as well as the licensure requirements outlined in 25 TAC §448 pertaining to standards of care.
- **SUD treatment services** (outpatient or residential) may only be delivered in a **licensed chemical dependency treatment facility (CDTF)**. Medication assisted treatment (MAT) may also be delivered by appropriately trained physicians, nurse practitioners (NPs), clinical nurse specialists (CNSs), and physician assistants (PAs) in the office setting.

# Prior Authorization Requirements for Substance Use Disorder (SUD)

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**All SUD services require a prior authorization.**

- Inpatient (detox, rehab.)
- Residential (SUD)

# Screening, Brief Intervention, and Referral to Treatment (SBIRT)

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- SBIRT is a comprehensive, public health approach to the delivery of early intervention and treatment services. Benefit available for Members who are 10 years of age and older and who have alcohol or substance use disorders or are at risk of developing such disorders.
- SBIRT is used for intervention directed to individual clients and not for group intervention.
- Who can provide SBIRT: physicians, registered nurses, advanced practice nurses, physician assistants, psychologists, licensed clinical social workers, licensed professional counselors, certified nurse midwives, outpatient hospitals, federally qualified health centers (FQHCs), and rural health clinics (RHCs).
- Non-licensed providers may deliver SBIRT under the supervision of a licensed provider if such supervision is within the scope of practice for that licensed provider.
- The same SBIRT training requirements apply to non-licensed providers.

# SBIRT Training

- Providers that perform SBIRT must be trained in the correct practice of this method and will be required to complete at least four hours of training.
- Proof of completion of SBIRT training must be maintained in an accessible manner at the provider's place of service.
- Information regarding available trainings and standardized screening tools can be found through the Substance Abuse and Mental Health Services Administration at [www.samhsa.gov](http://www.samhsa.gov)

SBIRT is limited to clients who are 10 years of age and older.

**Prior Authorization is NOT required.**

# Peer Specialist Services

**Peer specialist services** (procedure code H0038) for mental health conditions or substance use disorders are a benefit of Texas Medicaid **for persons who are 21 years of age and older**, and who have peer specialist services included as a component of their person-centered recovery plan.

**Peer specialist services may include the following:**

- Recovery and wellness support services, which include providing information and support for recovery planning.
- Mentoring, which includes serving as a role model and helping find needed community resources and services.
- Advocacy, which includes providing support during stressful or urgent situations and helping to ensure that the person's rights are respected. Advocacy may also include encouraging the person to advocate for him or herself to obtain services.

**Peer Specialist services DO NOT require prior authorization**

# Peer Specialist

Peer specialist services are based on a mutual relationship between the peer specialist and the Medicaid eligible person.

A peer specialist uses his or her experience to support the person with the following:

- Achieving the goals and objectives of the person's individualized recovery plan
- Skill development
- Problem solving strategies
- Coping mechanisms for stressors and barriers encountered when recovering from a mental health condition or a substance use disorder

Peer specialist services can be delivered individually or in a group setting.



# Peer Specialist Requirements

Must be employed by any of the following Medicaid-enrolled providers:

- Clinic/group that treat BH conditions
- Physicians (M.D.s), osteopaths (D.O.s), nurse practitioners (NP), clinical nurse specialists (CNS), and physician assistants that treat BH conditions
- LMHAs
- Federally qualified health clinics
- Chemical dependency treatment facilities
- Opioid Treatment Providers
- Rural health clinics

# Peer Specialist Criteria

## **Peer Specialist must meet the following criteria:**

- Be at least 18 years of age.
- Have lived experience with a mental health condition, substance use disorder, or both.
- Have a high school diploma or General Equivalency Diploma (GED).
- Be willing to appropriately share his or her own recovery story with the person receiving services.
- Demonstrate current self-directed recovery.
- Pass criminal history and registry checks

## **A peer specialist may not:**

- Practice psychotherapy
- Make clinic or diagnostic assessments
- Dispense expert opinions
- Engage in any service that requires a license
- Falsify any documentation related to application, training, testing, certification, or services provided

# Outpatient Behavioral Health Benefits No Longer Require Prior Authorization

**Effective January 1, 2020**, El Paso Health will no longer require prior authorizations for Outpatient Behavioral Health Benefits under the **CHIP** and **STAR** programs only. The codes no longer requiring prior authorization are:

Psychotherapy	Substance Use	Psychological Testing
90832	H0004	96130
90833	H0005	96131
90834	H0020	96132
90836	H0020 (UA)	96133
90837	T1007	96136
90838	S9445	96137
90846		96116
90853		

Please continue to submit authorization requests for, Partial Hospital Hospitalization (PHP) and Intensive Outpatient Program (IOP). A notification is needed for Mental Health Rehabilitation and Targeted Case Management services.

For billing purposes on STAR or CHIP, any claims prior to January 1, 2020 will require an authorization to be submitted on the claim. Claims for dates of service on or after January 1, 2020 will not require authorizations.

If you have questions or concerns about the Outpatient Behavioral Health Benefits, please contact Member Services at 1-877-532-3778.

# Mental Health Rehabilitative Services (MHR) and Targeted Case Management (TCM)

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- Targeted case management services are case management services to clients within targeted groups.
- The target population that may receive Mental Health Targeted Case Management (MHTCM) as part of the Texas Medicaid Program are clients, regardless of age, with a single diagnosis of chronic mental illness or a combination of chronic mental illnesses as defined in the latest edition of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM), and who have been determined via a uniform assessment process to be in need of MHTCM services.
- Clients of any age with a single diagnosis of intellectual and developmental disabilities (IDD) and related conditions, or a single diagnosis of substance use disorder (SUD) are not eligible for MHTCM services.

# MHR/TCM

## Benefits

- Notification must be submitted, however no Prior Authorization is required.
- A notice for the Level of Care (LOC) is necessary as we are contractually obligated to provide a STATE FAIR HEARING if Member transitions to a lower/higher level of care.

<b>MHR/TCM Benefits – Depending on Level of Care</b>				
Psychiatric Examination	Pharmacological Management	Individual Counseling	Group Counseling	Peer Support
Skills Training and Development	Medication Training & Support	Family Counseling	SBIRT	Case Management

# MHR/TCM

## Resources

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Resources for Providers:

- [Texas Medicaid Provider and Procedures Manual](#)
- [Texas Medicaid Provider Procedures Manual – BH](#)
- [Texas Resilience and Recovery Utilization Management Guidelines](#)

# Behavioral Health Case Management

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El Paso Health has Case Managers available to assist Members with a diagnosis of Severe and Persistent Mental Illness (SPMI) and Seriously Emotionally Disturbed (SED).

Case Managers will:

- collaborate with Providers as part of the Interdisciplinary Team to assist our Members and their families
- Assess Member's condition and environment
- Provide Education regarding benefits and condition
- Coordinate Care for Medical, Behavioral Health and Social Needs
- Develop a Service Plan to identify Member goals, progress, and interventions
- Refer Members to specialty Providers
- Refer Members to community agencies

# Behavioral Health Benefit - Exclusions

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The following services are not benefits of Texas Medicaid:

- Psychoanalysis
- Multiple Family Group Psychotherapy
- Marriage or couples counseling
- Narcosynthesis
- Biofeedback training as part of psychophysiological therapy
- Psychiatric Day Treatment Programs
- Transcranial magnetic stimulation
- Services provided by a psychiatric assistant, psychological assistant (excluding Master's level LPA), or a licensed chemical dependency counselor



# Contact Information

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Behavioral Health Case Manager  
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## **Special Investigations Unit (SIU)**

Vanessa Berrios  
Compliance Supervisor

# SIU Team Purpose

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Texas requires all Managed Care Organizations like El Paso Health to establish a plan to prevent Waste, Abuse, and Fraud (WAF Plan). This plan is carried out by El Paso Health's Special Investigations Unit (SIU).

What do we do?

- Regularly audit El Paso Health's providers and members to make sure providers are billing correctly and members are receiving the services we are being billed for.
  - If a pattern of incorrect billing exists, or if a member cannot verify they received services we were billed for, El Paso Health will request additional records from a provider or providers.
  - Review for incorrect billing can include but is not limited to: suspicious volume of claims, upcoding, duplicate billing, (un)bundled services, correct use of modifiers, etc.
- 400 randomly selected members are texted to verify they received services on a billed DOS.
  - Telemedicine is included
- 39 Week OB inductions Audits

# SIU Partner & Medical Records Request

## Data Analytics and Audits Vendor/Partner

- Cotiviti will send providers the request for medical records.
  - 1<sup>st</sup> request mailed to the provider's address on file. Given 4 weeks to respond.
  - If no response, 2<sup>nd</sup> request mailed and phone call to provider's phone number on file to attempt to email request. Given 2 weeks to respond.
  - If no response still, 3<sup>rd</sup> and final request mailed, phone call to provider again, email requested again to send request via email. Given 1 week to respond.
- Please make sure you and/or your Third Party Biller handle a records request with urgency and submit all of the documentation requested as soon as possible.
- Failure to submit records results in an automatic recoupment that is not appealable.
- Providers may mail paper records or a USB device containing the records directly to Cotiviti or call EPH (Jourdan or Vanessa) to pick up records.
- If there are extenuating circumstances that prevent your office from submitting documentation on time, an extension may be granted but **must be requested in writing before the Records Request due date. (email is ok)**

COTIVITI

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

El Paso, TX 79925

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

Dear Provider:

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

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

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

1) Complete copies should include specific records to support the services provided. Send complete records to support the claims billed for each member. It may include **but not be limited** to the following:

- Patient Information Sheets (completed by parent, guardian or patient)
- Financial Records including superbills, copays, Patient Ledgers and Patient Intake Forms (Please submit a letter signed by the doctor if your office currently uses an EMR system that prevents you from producing superbills.)
- Physician Orders / Notes, Nurse/Attendant Notes, Consultant and Other Medical Reports
- Diagnostic Test Results, Graphic Reports / Images (regardless of where they are performed)
- Referral / Authorization Requests and Forms
- Medication Records, All Lab Requisitions and Lab Reports
- Emergency Room Records, Operative Reports
- Clients application for services, Timesheets, DME Orders
- Health assessment, Plan of Care
- Agreement for services, orientation documentation for attendants, supervisory visit
- Delivery Slip
- Tracking Information
- Certificate of Medical Necessity
- Product Description and Serial Number
- Rental Agreements
- Any other records pertaining to the claims billed for the member.

2) Copy of Photo ID and Member ID card.

3) All records are to be shipped via a traceable manner such as registered United States Postal Service.

# Medical Records Request Letter Sample

# How to Submit

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El Paso Health retains HMS/Cotiviti as our subcontractor for Medical Records acquisitions. Please return the medical records to the following address on or before **{4 weeks from date of letter}**:

**Via U.S. Mail:**  
C/O Cotiviti, Inc  
66 Wadsworth Park Drive, Suite 5250  
Draper, UT 84020

Medical records can be sent via secure portal or fax:

[www.submitrecords.com](http://www.submitrecords.com), with the client identifier/password eph24FWA

secure fax: 877-300-7850

# Missing MR Items and Attestation

If some information but not all is submitted, the entire claim may be recouped for insufficient documentation for service provided.

- Examples of items left out of a record include X-Ray results after an X-Ray is ordered/billed, In/Out Times, Ultrasounds, HPI, etc.
- If no documentation is submitted for a claim whatsoever, the entire claim will be recouped for no documentation for that claim.

In line with Federal C.F.R. guidelines, a signed attestation is required by the Custodian of Records and the Provider when records are initially submitted.

- After this attestation is signed and submitted with records, **no new records may be accepted during the audit or appeal process.**
- El Paso Health's attestation states **"By attesting the above, I understand that any medical records or documentation not submitted with this request for medical records will not be considered after the final audit review findings. If a review of the documentation submitted does not identify sufficient documentation for the services provided, payment for those services can and will be recouped in their entirety... I further attest that the records attached hereto are complete, and original or exact duplicates of the original, records on file."**

# Remember

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# Closing the Review

Once the audit is complete, we will confirm your office's email via phone and send you a notification email with a review of findings as well as a list of claims examined.

- You have the right to dispute/appeal the findings. The deadline is 30 days after the email notification.
  - The dispute/appeal will be handled by the SIU team. **It is not handled by the Complaints & Appeals Department or any other department at El Paso Health.**
  - You may not dispute claims for which you did not provide any documentation.
  - No documentation results in an automatic recoupment.
  - No medical records will be accepted after the review has been completed.
- 30 days after sending the notification email, or after the appeal has been completed, EPH will finalize the recoupment of overpaid claims
  - EPH will recoup via claims adjustments unless a provider specifies they will submit payment via check or checks

# External Audits

The **HHSC Office of Inspector General (OIG)** and **Office of Attorney General (OAG)** conduct their own independent audits.

- The OIG or OAG may request our claims data, provider contracts, or internal audits we've done on providers.
- The can initiate Claims Freeze Requests
  - Instances where we cannot adjudicate a claim.
  - Can last several months.
  - The Provider and MCO will be notified.
- The OIG or OAG will do their recoupments via MCO. EPH will give direction to providers in these instances.

# SIU Contact Information

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Jourdan Norman, Special Investigations Unit Program Manager

- (915) 298-7198 ext. 1039
- [jnorman@elpasohealth.com](mailto:jnorman@elpasohealth.com)

Vanessa Berrios, CPC, Special Investigations Unit Claims Supervisor

- (915) 298-7198 ext. 1040
- [vberrios@elpasohealth.com](mailto:vberrios@elpasohealth.com)

When in doubt,  
reach out!

Waste, Fraud, Abuse Hotline: (866) 356-8395



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## **Claim Reminders**

Shantee Aguilera

Provider Relations Representative

# Reminders

## Telehealth Claims

Providers may be reimbursed for Telemedicine claims for medical/preventive services rendered to EPH members.

Claims must be submitted with:

- Modifier 95
- Place of Service (POS) 02
- Place of Service (POS)10

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

# Targeted Case Management Skills Training

## H2014 Update

El Paso Health (EPH) requires **Modifier UK** to identify skills training services delivered to the caregiver or Legal Authorized Representative (LAR)

H2014 –HA	Skills Training Individual Child/Youth
H2014-HQ/HA	Skills Training Group Services Child/Youth
H2014-HQ	Skills Training Group Services for Adults
<b>H2014-UK</b>	<b>Skills Training LAR/Caregiver</b>

# Modifiers

## Mental Health

Service Category	Procedure Codes	Modifiers
Day Program for Acute Needs	H2012	
Medication Training and Support	H0034	HQ: group services for adults HA/HQ: group services for child/youth
Crisis Intervention	H2011	HA: child/youth
Skills Training and Development	H2014	HQ: group services for adults HA: individual services for child/youth HA/HQ: group services for child/youth
Psychosocial Rehabilitation Services	H2017	TD: individual services provided by RN HQ: group services HQ/TD: group services provided by RN ET: individual crisis services

Modifier	Description
TF	Routine Case Management
TG	Intensive Case Management
HA	Child/Adolescent Program
HZ	Funded by criminal justice agency

# Electronic Claims

Claims are accepted from:

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

## Availity/TPS Payer Identifications

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



# Contact Information

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Adriana Villagrana

Claims Manager

(915) 532-3778

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



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## **Member Services Updates and Reminders**

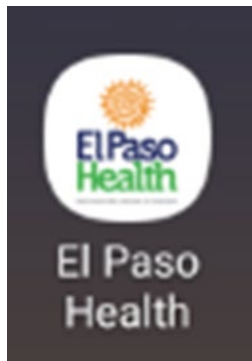
Nellie Ontiveros

Member Services Manager

# STAR and CHIP Member Portal/ EPH Mobile App

Members can perform a variety of functions on the El Paso Health Member Portal and the El Paso Health Mobile App, to include:

- View and print a temporary ID
  - View eligibility information
  - Request a PCP change
  - View authorizations
  - Ask a question to one of our representatives
  - Request a new ID card
  - Find a Provider
  - View wellness information
  - View claims
- Members can access the **Member Portal** on our website at [www.elpasohealth.com](http://www.elpasohealth.com) by clicking on the Member Portal Login.
  - Members can also download the **El Paso Health Mobile App** via Google Play or Apple Store.



# Behavioral Health Crisis Line

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El Paso Health offers STAR and CHIP members a crisis line for assistance with behavioral health.

- Crisis Line staff is bilingual
- Interpreter services are available, if needed
- Open 24 hours a day, 7 days a week

**STAR**            **1-877-377-6147**

**CHIP**            **1-877-377-6184**



# Non-Emergent Medical Transportation (NEMT) Services

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

- Public transportation



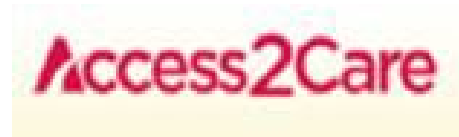
- A taxi or van service



- Money to purchase gas



- Commercial transit



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

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

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Members must include the following when calling Access2Care:

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

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















# VAS – Healthy Rewards

## A Great Health Plan Comes With Healthy Rewards.

HEALTHY REWARDS*		MEDICAID MEMBER	CHIP MEMBER
 <p>Members have 24-hour, 7-days-a-week access to FIRSTCALL, a bilingual medical advice info line staffed by nurses, pharmacists, and a medical director on call.</p>	✓	✓	
 <p>A free ride service to help you get to medical appointments or health education classes.</p>	✓	✓	
 <p>Two free books from the EPH Literacy Program for members in speech therapy.</p> <p>Readers Today. Leaders Tomorrow. by El Paso Health</p>	✓	✓	
 <p>Pregnant members 21 or older can receive up to \$500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions.</p>	✓	✓	
 <p><b>Members 20 and younger.</b> For contact lenses and glasses (lenses and frames), members receive up to \$125 above the Medicaid/CHIP benefit.</p>	✓	✓	
 <p><b>Members 21 years and older.</b> For contact lenses and glasses (lenses and frames), members receive up to \$150 above the Medicaid benefit, once every 24 months.</p>	✓	✓	
 <p>Pregnant members can receive:</p> <ul style="list-style-type: none"> <li>• A free convertible car seat after attending a baby shower at El Paso Health.</li> <li>• A First-Steps Baby Shower including a diaper bag, a starter supply of diapers, and other items for the baby.</li> <li>• Gift cards for completing prenatal visits and after confirmation of those visits for: <ul style="list-style-type: none"> <li>• \$25 - Prenatal visit in the first trimester or within 42 days of enrollment.</li> <li>• \$20 - 3rd prenatal visit.</li> <li>• \$20 - 6th prenatal visit.</li> <li>• \$20 - 9th prenatal visit.</li> <li>• \$20 - flu shot during pregnancy.</li> <li>• \$25 - a timely postpartum visit within 7 to 60 days of delivery.</li> </ul> </li> </ul>	✓	✓	
 <p>Medicaid members age 20 or younger and CHIP members age 18 or younger can receive four additional nutritional/obesity counseling services above the Medicaid/CHIP benefit.</p>	✓	✓	
 <p>A free "EPH Food from the Heart" food basket for new members after completing a new member orientation with El Paso Health.</p> <p>Food from the Heart</p>	✓	✓	

# VAS – Healthy Rewards

## A Great Health Plan Comes With Healthy Rewards.

	<p>\$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.</p>		
	<p>Members between the ages of 4 and 18 can get a free sports physical each year.</p>		
	<p>One allergy-free pillow case for members who are enrolled in the Asthma Disease Management Program.</p>		
 <p>VIRTUAL-CONNECT BY EL PASO HEALTH</p>	<p>“Virtual Connect by El Paso Health” is a service that provides face to face virtual visits for members with social determinants of health or complex conditions such as high-risk pregnancies, behavioral, or medical conditions that require specialized intervention.</p>		
	<p>A \$15 gift card for members ages 3 to 19 who get a check-up when due.</p>		

 <p>STAY SAFE KIT by El Paso Health</p>	<p>A free “EPH Stay Safe kit” that includes 2 washable and reusable cloth masks, 2 mask covers, 4 disposable masks, gloves, hand sanitizers, thermometer, healthy tips on hand washing, and sanitizing wipes.</p>		
	<p>A \$20 gift card is offered to members ages 21 and older who get an annual preventative wellness exam.</p>		
	<p>A \$10 gift card for members 20 and younger who complete a Texas Health Steps check up on time.</p>		
	<p>A \$10 Walmart gift card for members 20 and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay. Members can receive one gift card per year.</p>		
	<p>Up to \$35 discount for any sport, swim, or camp registration fee at participating YMCA’s; once every 12 months.</p>		



For questions or doctor information: **877-532-3778**  
 TTY line for people with a hearing or speech disability: **855-532-3740**  
 Help for mental health, drug, or alcohol problems: **877-377-6184**  
 For prescription or medicine information: **877-532-3778**

*\*Healthy Rewards are El Paso Health’s Value Added Services. Terms and limitations may apply.*



# Member Cost Sharing Obligations

STAR	CHIP/ CHIP Perinate
<p>Medicaid Members do not have cost sharing obligations for covered services.</p>	<ul style="list-style-type: none"><li>• Co-payments for medical services or prescription drugs are paid to the health care provider at the time of service. (Currently waived due to COVID19 pandemic)</li><li>• Members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays.</li><li>• No cost-sharing on benefits for well-baby and well-child services, preventive services, or pregnancy-related assistance.</li></ul>

# CHIP Copays for Mental Health and Substance Use Disorder

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To comply with the Mental Health Parity and Addiction Equality Act, HHSC is prohibiting co-payments for CHIP Mental Health and Substance Use Disorder (MH/SUD) outpatient office visits and residential treatment services effective **July 1, 2022**.

Providers **are not to collect any co-payments** for MH/SUD office visits and residential treatment services.

# Benefit Limitations and Exclusions

---

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

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

# Prohibitions on Balance Billing

- Members cannot be held liable for any balance related to covered services.
- Network Providers and Out-of-Network Providers are prohibited from billing or collecting any amount from a Member for covered services.
- According to Section 1.6.10, Billing Clients from Provider Enrollment and Responsibilities from the Texas Medicaid Provider Procedures Manual: Vol.1:

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

# Contact Information

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**Nellie Ontiveros**

Member Services Manager

(915) 532-3778 ext. 1112



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**For more information:**

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(915) 532-3778



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

