



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

**BEHAVIORAL HEALTH PROVIDER
SPECIALTY TRAINING**

Thursday, April 22, 2021

2:00pm – 3:30pm

LIVE WEBINAR

EVENTBRITE LINK: <https://eph-behavioralhealth-2021.eventbrite.com>

Password: BH_Apr22

Complete our survey for a chance to win!

Prize Bag Includes :

- El Paso Health Beach Bag
- El Paso Health Blanket
- EOS Lotion
- EOS Lip Balm
- El Paso Health Pens
- El Paso Health Masks (2) Black & Blue
- El Paso Health Mouse Pad / Phone Holder
- \$20.00 Gift Card

<https://www.surveymonkey.com/r/NLMNF79>



Please complete your online survey to be included in the drawing.

Agenda

- Member Services – [Reminders](#)
- Provider Relations – [Updates and Reminders](#)
- Quality Improvement – [Performance Improvement Projects & Appointment Accessibility Standards](#)
- Health Services – [Behavioral Health Benefits](#)
- Claims - [Reminders](#)
- Complaints and Appeals – [Provider Appeals Process](#)
- Special Investigations Unit – [SIU Process](#)



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Member Services Department

Nellie Ontiveros

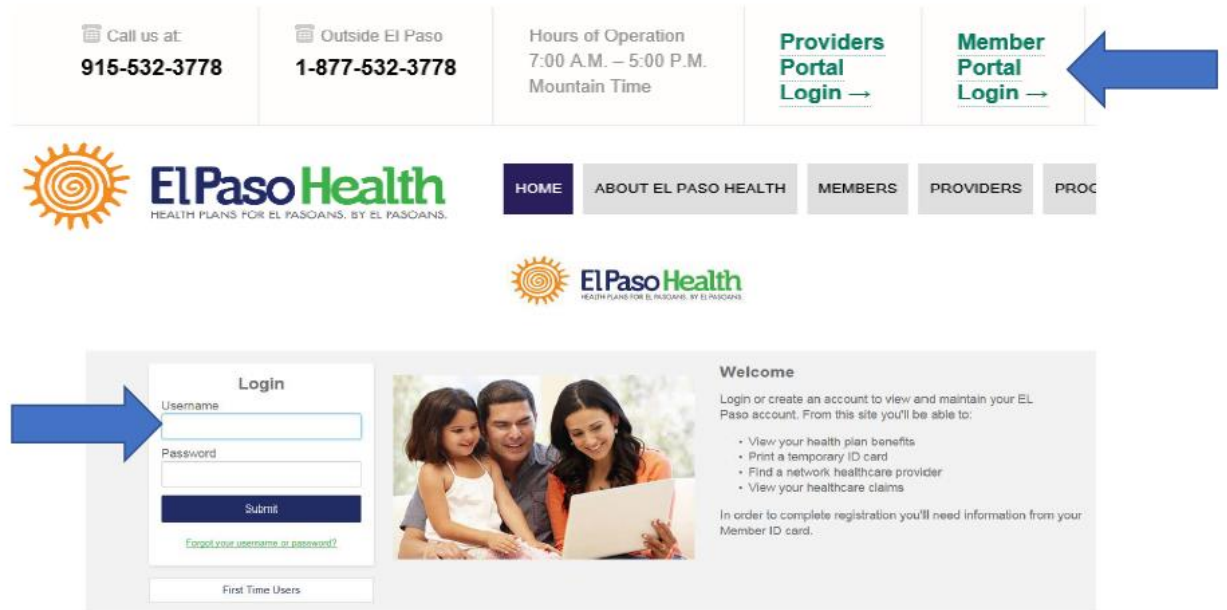
Member Services Supervisor

STAR and CHIP Member Portal

On the El Paso Health STAR and CHIP Member Portal, you can:

- View and print a temporary ID
- Request a new ID card
- View eligibility information
- Find a Provider
- Request a PCP change
- View wellness information
- View authorizations
- View claims
- Ask a Question

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



The screenshot shows the El Paso Health website header with navigation links: HOME, ABOUT EL PASO HEALTH, MEMBERS, PROVIDERS, and PROC. The 'MEMBERS' link is highlighted with a blue arrow. Below the header, there is a 'Login' form with fields for Username and Password, a 'Submit' button, and a link for 'Forgot your username or password?'. To the right of the login form is a 'Welcome' message and a list of services available to members: View your health plan benefits, Print a temporary ID card, Find a network healthcare provider, and View your healthcare claims. A blue arrow points to the 'Member Portal Login' link in the top navigation bar.

Call us at: 915-532-3778

Outside El Paso: 1-877-532-3778

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

Providers Portal Login →

Member Portal Login →

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

HOME ABOUT EL PASO HEALTH MEMBERS PROVIDERS PROC

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

Login

Username

Password

Submit

[Forgot your username or password?](#)

First Time Users

Welcome

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

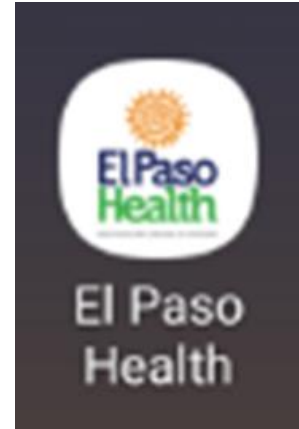
- View your health plan benefits
- Print a temporary ID card
- Find a network healthcare provider
- View your healthcare claims

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

El Paso Health Mobile App

On the El Paso Health App, you can:

- View and print a temporary ID
- View eligibility information
- Find a Provider
- Request a PCP change
- View wellness information
- View authorizations
- View claims
- Ask a Question



Behavioral Health Services Hotline

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



Transportation Services

El Paso Health offers Medicaid and CHIP Members a free taxi ride service to doctor visits or health education classes.



To schedule a transportation request for a doctor's appointment or health education class, call the El Paso Health Member Services Line 48 hours before the appointment at 1-877-532-3778 and a Member Service Representative will assist with scheduling the taxi ride.

Non Emergent Medical Transportation (NEMT)

House Bill 1576 was passed and required HHSC the transition of NEMT services to Medicaid MCOs.

Effective June 1, 2021 EPH will begin providing these services via






Access to Care 1-844-572-8196

NEMT services provide transportation to covered health care services for patients who have no other means of transportation.





Such transportation includes rides to doctor, dentist, hospital, pharmacy and other places an individual receives Medical Services.



More information will be forthcoming.....please be on the lookout!

A Great Health Plan Comes With Healthy Rewards

HEALTHY REWARDS*		MEDICAID MEMBER	CHIP MEMBER
 <p>24-hour, 7-days-a-week access to FIRSTCALL, a bilingual medical advice infoline staffed by nurses, pharmacists, and a Medical Director on call.</p>		✓	✓
 <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>A free ride service to doctor visits or health education classes.</p>		✓	✓
 <p>For contact lenses and glasses (lenses and frames) Members receive up to \$125 above the Medicaid or CHIP benefit.</p>		✓	✓
 <p>One allergy-free pillow case is given to Members who are enrolled in the Asthma Disease Management Program.</p>		✓	✓

A Great Health Plan Comes With Healthy Rewards




HEALTHY REWARDS*		MEDICAID MEMBER	CHIP MEMBER
	Pregnant Members 21 or older can receive up to \$500 each year for dental check-ups, x-rays, routine cleaning, fillings, and extractions.	✓	✓
	Members between the ages of 4 through 18 can get a free physical for sports each year.	✓	✓
	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 gift card is offered to Members age 20 and younger who complete a Texas Health Steps check-up on time.	✓	




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

A Great Health Plan Comes With Healthy Rewards

New Value Added Services

Effective 9/1/2020

HEALTHY REWARDS*		MEDICAID MEMBER	CHIP MEMBER
	Members age 20 or younger can receive four additional nutritional/obesity counseling services above the Medicaid Benefit.	✓	
	Members age 18 or younger can receive four additional nutritional/obesity counseling services above the CHIP Benefit.		✓
	Up to \$35 discount for any sport, swim, or camp registration fee at participating YMCAs; once every 12 months.	✓	✓

HEALTHY REWARDS*		MEDICAID MEMBER	CHIP MEMBER
	A free food basket for new members who participate in a new member orientation with El Paso Health.	✓	✓
	A free kit that includes 2 reusable cloth masks, 4 disposable masks, gloves, hand sanitizers, thermometer, sanitizing wipes, and more.	✓	✓
	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.	✓	✓

Cultural Competency and Linguistic Services

El Paso Health (EPH) 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.

To accomplish this goal, 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.

Member Cost Sharing Obligations/Benefit Limitations & Exclusions for Medicaid

- Medicaid Members do not have cost sharing obligations for covered services.
 - **Some services require prior authorizations**
 - Examples of exclusions
 - Not medically necessary
 - Services outside the USA
 - Ear piercings
 - Infertility Treatments

Member Cost Sharing Obligations for CHIP

- 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)
- CHIP Perinatal members and CHIP members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays.
- Additionally, for all CHIP Members there is no cost-sharing on benefits for well-baby and well-child services, preventive services, or pregnancy-related assistance.

Benefit Limitations and Exclusions for CHIP

- Some services may require prior authorization
- Exclusion examples
 - Elective surgery to correct vision
 - Prostate and mammography screening
 - Immunizations solely for travel
 - Custodial care
- Examples continued:
 - Personal comfort items (e.g./ telephone, newborn infant photographs)
 - Elective abortions
 - Gastric procedures for weight loss
 - Cosmetic surgery (solely cosmetic purposes)
 - Contraceptive medication (Family Planning)
 - Over-the-counter medications

Prohibitions on Balance Billing Members for 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 (Texas Medicaid Provider Procedures Manual: Vol.1)
 - Providers cannot bill nor take recourse against eligible clients
- On page 222 from the EPH Provider manual "The member cannot be held liable for any balance related to covered services."

Contact Information

Nellie Ontiveros

Member Services Supervisor

915-532-3778 ext. 1112



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Provider Relations Updates and Reminders

Karla Ochoa

Provider Relations Representative

COVID-19 Update: Waiver of CHIP Co-Payment

HHSC has waived in-office visit co-payments for all CHIP members for services provided from March 13, 2020 through **April 30, 2021**. Providers must not collect office visit co-payments for CHIP members during this timeframe.

El Paso Health will reimburse providers the full rate for services, including any member cost sharing. Providers must submit the following for co-pay reimbursement:

- the [attestation form](#), attesting that an office visit co-payment was not collected from the member
- a listing that includes the member name, claim number, date of service, and co-pay amount

Providers may submit the attestation form and listing via email to providerservicesdg@elpasohealth.com or via mail to the following address: El Paso Health

Attention: Provider Relations Department
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 Medicaid Members.

COVID-19 Update: Telehealth and Telephonic 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 through **April 30, 2021**:

Description of Services	Procedure Codes	Place of Service	Modifier
Psychiatric Diagnostic Evaluation	90791, 90792	02	95
Psychotherapy	90832, 90834, 90837, 90846, 90847, 90853	02	95
Peer Specialist Services	H0038	02	95
Screening, Brief Intervention and Referral to Treatment (SBIRT)	H0049, G2011, 99408	02	95
Substance Use Disorder Services	H0001, H0004, H0005	02	95
Mental Health Rehabilitation	H0034, H2011, H2012, H2014, H2017	02	95

COVID-19 Update: Telemedicine and Telephonic Medical 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, however, prior authorization is still required for services listed on our [List of Services Requiring Prior Authorization](#). Co-pays are not applicable to these services for CHIP members.

Telephonic (Audio-Only) Medical Services

Providers may bill the following codes for telephonic (audio only) medical (physician delivered) evaluation and management services delivered on March 20, 2020 through **April 30, 2021**:

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

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

COVID-19 Update: Prior Authorization Requests Extended Thru December 31, 2020

El Paso Health issued a 90-day extension for previously approved acute care authorizations with an end date between **March 1, 2020 and December 31, 2020** to ensure continuity of care.

It is no longer necessary to request an override of a current 90-day extension.

- Providers will need to follow the current prior authorization process when requesting a new authorization for services.
- The 90-day extension will be terminated the day prior to the new date of service on the new authorization. This will prevent gaps in dates of service.
- Requests for new authorizations will be processed according to medical necessity and current guidelines.

Specific prior authorization timelines and instructions may be found at :

<http://www.elpasohealth.com/providers/prior-authorization/#1610988091049-d841f1e9-1860>

COVID-19 Page

El Paso Health has designated a page specifically for COVID-19 updates and information. Visit our website at www.elpasohealth.com and click on [Coronavirus Disease \(COVID-19\) Updates for Members and Providers](http://www.elpasohealth.com/coronavirus.html).

The screenshot shows the top section of the El Paso Health website. At the top, there is a navigation bar with several links: 'Call us at: 915-532-3778', 'Outside El Paso 1-877-532-3778', 'Hours of Operation 7:00 A.M. – 5:00 P.M. Mountain Time', 'Providers Portal Login →', 'Member Portal Login →', 'En Español', and 'Careers'. To the right of these links is a URAC Accredited Health Plan logo, which states 'ACCREDITED Health Plan Expires 04/01/2024'. Below this navigation bar is a horizontal menu with buttons for 'HOME', 'ABOUT US', 'MEMBERS', 'PROVIDERS', 'PROGRAMS', 'FIND A PROVIDER', 'CONTACT US', and 'VOLUNTEER'. The main banner features the El Paso Health logo on the left, followed by the text 'Coronavirus Disease (COVID-19) Updates For Members and Providers' in large blue font, and 'Actualizaciones del Coronavirus (COVID-19) para miembros y proveedores' in a smaller blue font below it. At the bottom of the banner is a dark blue button with the text 'CLICK HERE / PRESIONE AQUÍ' in white, with a large red arrow pointing to it from the right.

You may also access the page directly at <http://www.elpasohealth.com/coronavirus.html>.

COVID-19 Page (continued)



Vaccination Information

For more information on how to get the Covid-19 Vaccine please click on the button below.

[Click Here](#)

Click on COVID-19 INFORMATION FOR PROVIDERS.

COVID-19 INFORMATION FOR PROVIDERS

UPDATES

[Apr.9.2021.EPH-PR New DSHS COVID-19 Vaccine Resource for Members and Providers](#)

[Mar.30.21.Updated COVID 19 Waiver of CHIP Co Payments_Extension through April 30, 2021](#)

[Mar.30.21.Updated_EPH-Telehealth Services for OT, PT, and ST Providers_Extension until rescinded](#)

[Mar.30.21.Updated COVID_19 Telemedicine, Telehealth & Telephone](#)

ADDITIONAL INFORMATION



COVID-19: Practice Management Consideration



COVID-19 Infection Prevention and Control (FAQs)


Updates, fax blasts, and any additional information for providers related to COVID-19 will be posted in this section.

Provider Directory Review

HHSC performs random audits to ensure accuracy of our Provider Directories.

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

Provider Demographic Form

 915.532.3778 • Fax: 915.298.7870 • contracting_dept@elpasohealth.com

PROVIDER DEMOGRAPHIC FORM

Group/Facility Name: _____

Group/Facility Specialty: _____

Tax ID: _____ Group NPI: _____ Group TPI: _____

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

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

Last Name: _____ First Name: _____ Middle: _____

Individual NPI: _____ API: _____ TPI: _____ EPSDT: _____

Specialty: _____ Subspecialty: _____ Medical License: _____

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

Primary Practice Address: _____

City, State, ZIP: _____ Office Hours/Days: _____

Phone: _____ Fax: _____ Website URL: _____

Secondary Location: _____ City, State, ZIP: _____

Office Hours/Days: _____ Phone: _____ Fax: _____

Taxonomy number: _____ Additional Taxonomy Numbers: _____

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

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

Practice Limitations: ☐ Male only ☐ Female Only ☐ None ☐ Other: _____

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

Completed cultural diversity training? ☐ Yes ☐ No

Do you offer: ☐ Telemedicine ☐ Telehealth ☐ Telemonitoring ☐ Targeted Case Management

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

Billing Information (Must Reflect W-9): _____

Doing Business As: _____

Pay to Address: _____ Tax ID: _____

Primary Contact: _____ Phone: _____ Email: _____

Reason for submission: _____


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

Electronic Usages

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

- Remittance Advice (RA) Reports via our Provider Web Portal
 - Must have an Administrative account in order to access RAs.
 - Standard users may contact Provider Relations at 915-532-3778 to request Administrative user rights.
- *** Effective 2/1/2021, RA's are available for a 6 month period***
- Electronic Remittance Advice (835) files via your clearinghouse
 - Submit our [Electronic Remittance Advice \(835\) Request Form](#) to enroll.
- Electronic Claims Submission
- Upload appeals via our Provider Web Portal
- Submit prior authorizations and prior authorization amendments via our Provider Web Portal
- Direct Payments (ACH) to your financial institution
 - Submit our [EFT Form](#) to enroll.

Electronic Remittance Advice (835) Request Form

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

Electronic Remittance Advice (835) Request Form
915.532.3778 ext. 1507 • Fax: 915.225.6762

BILLING PAY TO PROVIDER INFORMATION (PLEASE INCLUDE W9)

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

PROVIDER INFORMATION

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

CLEARINGHOUSE INFORMATION

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

AUTHORIZATION STATEMENT SIGNATURE

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

EL PASO HEALTH PAYER IDs

El Paso First Health Plans Premier Plan STAR Medicaid HMO	Availity/ Trizetto Provider Solutions Payer ID: EPF02
El Paso First Health Plans CHIP	Availity/ Trizetto Provider Solutions Payer ID: EPF03
El Paso First Health Plan HCO Healthcare Options	Availity/ Trizetto Provider Solutions Payer ID: EPF37
Preferred Administrators	Availity/ Trizetto Provider Solutions Payer ID: EPF10
Preferred Administrators Children's Hospital	Availity/ Trizetto Provider Solutions Payer ID: EPF11
El Paso Health Advantage Dual SNP	Availity/ Trizetto Provider Solutions Payer ID: EPF07

CONFIRMATION OF TEST FILE


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

Contact Name: _____ Phone: _____ Email: _____

EPHP3142103

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

EFT Form

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

Please fill out form and fax to Provider Relations
at 915-225-6762

Questions/Concerns call 915-532-3778 x1507

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

Provider/Group Name: _____

NOI Number: _____

Tax ID Number: _____

I (we) hereby authorize:

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

Name of Depository Account: _____

Bank / Financial Institution Name: _____

Account Type (please check one):

☐ Checking Account

☐ Savings Account

City: _____

State: _____ Zip code: _____

Account number: _____

Routing number: _____

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

Name(s): _____

Title: _____

Date: _____

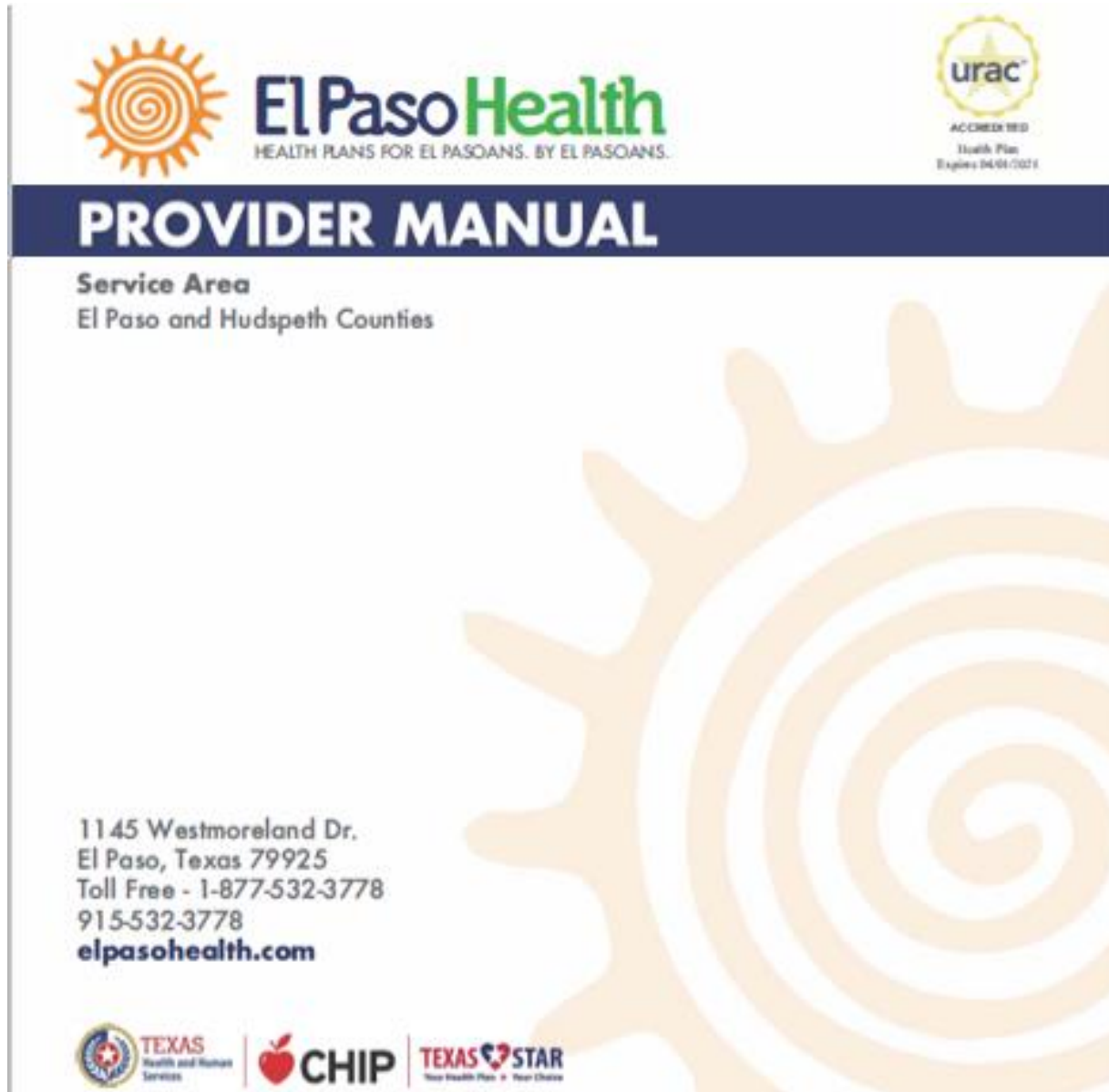
Signature: _____

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

ATTACH A VOIDED CHECK

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

El Paso Health Provider Manual



Our [Provider Manual](#) can be found on our website at 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: <http://www.elpasohealth.com/pdf/providermanual.pdf>



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Outpatient Pharmacy Prescription Services Reminders

Formulary Look-Up

Providers may access the pharmacy formulary through each of the following websites:

- Texas Vendor Drug Program: <https://www.txvendordrug.com/formulary/formulary-search>

Drug Search

By NDC code:

Brand Name

Generic Name

PDL Class

- Any -

☐ Medicaid

☐ CHIP

☐ CSHCN

☐ KHC

☐ PDL PA Required

☐ Family Planning

☐ Clinical PA Required

☐ HTW

☐ 90% Utilization

☐ OTC

Apply

- Navitus: <https://txstarchip.navitus.com/>

	NDC NAME	TIER	DRUG EDIT	PA FORM	PDL STATUS	MARKET BASKET ID	PUBLISHING NOTE	EXPIRATION DATE	CLASS
00002322830	STRATTERA CAP 25MG	BRAND	PA QL	ADD/ADHD - NON-STIMULANT	NPD	MKID_7	NON-PDL AND CLINICAL EDITS APPLY; QL = 2 CAP/DAY; ONLY COVERED FOR MEMBERS 6 YEARS AND OLDER	12/31/2222	ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

72-hour Emergency Prescriptions

72-hour emergency overrides for prescriptions apply to:

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

Pharmacy Benefit Manager

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

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

The Navitus Provider Hotline is available 24 hours, 7 days a week.
(open from 8am-6pm CT on Thanksgiving Day and Christmas Day)

Navitus Provider Hotline

1-877-908-6023

www.navitus.com

Prior Authorization Requests

Prior Authorization requests may be submitted to Navitus by phone or fax at the following numbers:

Phone: 1-877-908-6023

Fax: 1-855-668-8553

Turn around time for Prior Authorization determination is as follows:

- STAR- 24 hours
- CHIP- 72 hours

Clinical Prior Authorization Criteria can be found at:

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

Pharmacy Quick Reference Guide

Navitus Provider Hotline: 1-877-908-6023

Navitus BIN# 610602 PCN: MCD Rx Group: EPH

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

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

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

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

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

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

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

Contact Information

Provider Relations Department

(915) 532-3778

ProviderServicesDG@elpasohealth.com



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Performance Improvement Projects & Appointment Accessibility Standards

Angelica Chagolla

Quality Improvement Manager

Performance Improvement Projects (PIPs)

- Required by our regulators (HHSC and URAC)
- Currently have two PIPs addressing behavioral health

Topic	Interventions and Aim
Beneficiaries with Complex Needs <i>Targets members with depression and anxiety</i>	Screening calls to identify need for Case Management referrals Aim to reduce potentially preventable admissions and ED utilization
Improving Mental Health Follow Up Care <i>Targets members with hospitalizations and prescribed ADHD medications</i>	Member Outreach - Text messages encouraging follow up visits with providers Aim to improve rates of follow up visits

Improving Mental Health Follow Up Care

Follow Up Care After Hospitalization for Mental Illness

- Percentage of discharges from members hospitalized for treatment of select mental illness or intentional self-harm who had a follow up visit with a **mental health practitioner** within 7 calendar days and 30 calendar days of discharge

Mental Health Practitioners

- Psychologist – MD
- Social Worker
- Mental Health Counselor
- Professional Counselor
- MD with specialties in Psychiatry and Neurology
- Mental Health Occupational Therapist
- Psychiatric/Mental Health Nurse Practitioner
- Psychiatric/Mental Health Clinical Nurse Specialist
- Clinical Neuropsychologist
- Marriage & Family Therapist
- Community/Behavioral Health Agencies

Types of Visits

- Behavioral Health outpatient visit with a **mental health practitioner**
- Intensive outpatient or partial hospitalization with a **mental health practitioner**
- A telehealth visit with a **mental health practitioner**
- Transitional care management services with a **mental health practitioner**

Improving Mental Health Follow Up Care

Follow Up Care for Children prescribed ADHD Medication

- Percentage of children newly prescribed ADHD medication who had one follow up with a **practitioner with prescribing authorization** within 30 days

Practitioner with Prescribing Authority

- A practitioner with prescribing privileges, including nurse practitioners, physician assistants and other non-MDs who have the authority to prescribe medications.

Types of Visits

- An outpatient visit with a practitioner with prescribing authority
- Intensive outpatient or partial hospitalization with a practitioner with prescribing authority
- A telehealth visit or telephone visit with a practitioner with prescribing authority



NEW

Text Messages to Members

Behavioral Health Follow-Up



REMEMBER!

You must complete a follow-up visit within **7 days** of being discharged from the hospital.

And, you will be entered into a drawing to win a **\$100 gift card** from Walmart*.



*Limitations and restrictions may apply.

EPHM1219127

One winner will be chosen each month.
Don't miss your opportunity to WIN. IT'S EASY!

Need help scheduling an appointment with your mental health provider?

Call us at: 1-877-532-3778.

We're in this together.



HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.



AND YOUR CHILD

Was your child prescribed ADHD medication?

If yes, make sure to schedule a follow-up visit with your child's primary or behavioral health doctor.

Your visit must be within 30 days of receiving the medication.

If you need help call us at
915-532-3778 or toll free at 1-877-532-3778
from 7:00 A.M. to 8:00 P.M. Monday thru Friday.



HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

EPHM0220140

Accessibility Standards

Service:	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 with members who missed appointments	Within 24 hours

REMINDER – Please report any updates you have to your Provider Directory information.

Statewide Monitoring

Secret Shopper calls

Behavioral Health Providers will be targeted this year!

PLEASE BE READY!!!

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 Unit @ 915-532-3778.

- [Prenatal and Postpartum Clinical Practice Guidelines](#)
- [Routine Preventive Services Guideline 5d-24mo](#)
- [Routine Preventive Services Guideline 30mo-11yr](#)
- [Routine Preventive Services Guideline 12yr-20yr](#)
- [Asthma Management Guideline](#)
- [Diabetes Management Guideline](#)
- [Viral URI Management Guideline](#)
- [Mental Health Follow Up Guideline](#)

- Provider Accessibility and Availability Standards

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

Provider Resources

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

Contact Information

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El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

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Behavioral Health Benefits

Diana Gonzalez, LVN

Behavioral Health Case Manager

Substance Use Disorder (SUD)

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.

SUD Requirements (continued)

- SUD **withdrawal management in an inpatient hospital** setting may be provided for individuals who meet hospital level of care requirements as a result of the severity of their withdrawal syndrome or the **severity of their co-occurring conditions**. These services may be reimbursed as general hospital inpatient services. The treatment setting and the intensity or level of services will vary depending on the severity of the individual's SUD and what is **clinically appropriate**. The intensity or level of services refers to the number of hours of services per week, as well as the types of services the individual receives. Early Intervention services are part of the spectrum of SUD treatment and are a benefit in Texas Medicaid. Early intervention services target individuals who are at risk of developing a substance related problem but may not have a diagnosed SUD.

Prior Authorization Requirements for Substance Use Disorder (SUD)

All SUD services require a prior authorization.

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

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

- 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

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

Prior Authorization is NOT required.

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

- 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.

MHR/TCM Benefits – Depending on Level of Care				
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

Resources for Providers:

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

Behavioral Health Case Management

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

Medicaid Non-Capitated Services

The following Texas Medicaid programs, services, or benefits have been excluded from MCO Covered Services. Medicaid Members are eligible to receive these Non-Capitated Services on another basis.

- Texas Health Steps dental (including orthodontia)
- Texas Health Steps environmental lead investigation (ELI)
- ECI case management/service coordination
- ECI Specialized Skills Training
- Case Management for Children and Pregnant Women
- Texas School Health and Related Services (SHARS)
- Department of Assistive and Rehabilitative Services Blind Children's Vocational Discovery and Development Program
- Tuberculosis services provided by DSHS-approved providers (directly observed therapy and contact investigation)
- HHSC's Medical Transportation Program
- Personal Care Services
- STAR, Texas Health Steps Personal Care Services for Members birth through age 20
- STAR, CFC services

Behavioral Health Benefit - Exclusions

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
- Applied Behavioral Analysis
- Services provided by a psychiatric assistant, psychological assistant (excluding Master's level LPA), or a licensed chemical dependency counselor

Contact Information

Diana Gonzalez , LVN

Behavioral Health Case Manager

Phone: 915- 298- 7198 Ext 1082

Stephanie Valenzuela

Behavioral Health Case Manager II

Phone: 915- 298- 7198 Ext 1050



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

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Claims - Reminders

Adriana Villagrana

Claims Manager

Timely Filing Reminders

Claims Processing

Timely Filing Deadline

95 days from date of service

Corrected Claim Deadline

120 days from date of the Remittance Advice

Telehealth Claims

Claims Processing

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

Claims must be submitted with:

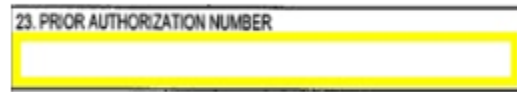
- Modifier 95
- Place of Service (POS) 02

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

Common Authorization Errors on Claims

Professional Claim Form

EPH requires ONLY authorization numbers on the CMS-1500 claim form block 23.



****NOTE****

Adding CLIA numbers or any other numbers/alphas in block 23 will cause claim to **DENY** for authorization mismatch.

Common Authorization Errors on Claims

Authorization Field

Missing numbers (even a slight 0)

Invalid numbers

CLIA numbers

Alphas on auth field

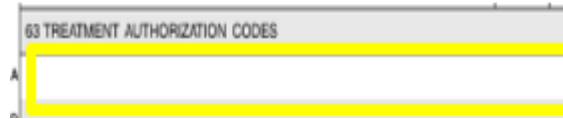
Prior Auth

NO AUTH REQUIRED

Authorization Number on Claims

UB04 – CMS1500 forms

EPH **ONLY** requires authorization numbers on UB04 block 63

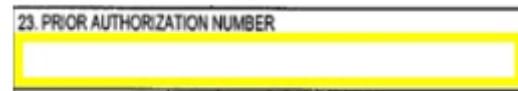


63 TREATMENT AUTHORIZATION CODES

A

A rectangular box with a yellow border, intended for entering treatment authorization codes.

EPH **ONLY** requires authorization numbers on CMS-1500 claim form block 23



23. PRIOR AUTHORIZATION NUMBER

A rectangular box with a yellow border, intended for entering the prior authorization number.

Initial Evaluation Claims

Counseling Services

Initial Evaluations do not require an authorization

When billing your claim for initial evaluations services you want to ensure:

- You do not bill an authorization number on your claim
- Split your claim from other evaluation services that do require an authorization

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

H2014-UK Skills Training LAR/Caregiver

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*)

EL PASO HEALTH PAYER IDs	
El Paso First Health Plans Premier Plan STAR Medicaid HMO	Availity/ Trizetto Provider Solutions Payer ID: EPF02
El Paso First Health Plans CHIP	Availity/ Trizetto Provider Solutions Payer ID: EPF03
El Paso First Health Plan HCO Healthcare Options	Availity/ Trizetto Provider Solutions Payer ID: EPF37
Preferred Administrators	Availity/ Trizetto Provider Solutions Payer ID: EPF10
Preferred Administrators Children's Hospital	Availity/ Trizetto Provider Solutions Payer ID: EPF11
El Paso Health Advantage Dual SNP	Availity/ Trizetto Provider Solutions Payer ID: EPF07

Contact Information

Adriana Villagrana, CCS-P

Claims Manager

Phone: 915 298 7198 Ext 1097

Patricia Diaz

Director of Claims

Phone: 915 298 7198 Ext 1171



Provider Appeals Process

Corina Diaz

Complaints and Appeals Manager

What is a Provider Appeal?

A request for reconsideration of a previously dispositioned claim.

- Complete Denial of Claim
- Partial Denial of Claim

How to Submit Provider Appeals

- All Provider Appeals must be submitted in writing
 - Fax: 915-298-7872
 - Secure FTP site through our Web Portal
 - Mail:
El Paso Health
Complaints and Appeals Department
1145 Westmoreland Drive
El Paso, Texas 79925

What to Submit

- Letter explaining your reason for appeal
- Include any supporting information, Example:
 - Copy of Remittance Advice
 - Medical records (if necessary)
 - Proof of Timely Filing
 - Any Pertinent Information for Review

Levels of Provider Appeals

- Level 1
 - Acknowledgment Letter within 5 business days
 - Resolution Letter within 30 calendar days
- Level 2
 - Acknowledgment Letter within 5 business days
 - Resolution Letter within 30 calendar days
- Exhausted Process
 - HHSC (STAR)
 - TDI (CHIP & Preferred Administrators-EPCH)
 - DOL (Preferred Administrators – UMC)

Members

Billed/Balance Billed

STAR and CHIP Members must

NOT

be billed or balanced billed for covered services.

Contact Information

Corina Diaz

Complaints and Appeals Manager

cdiaz@elpasohealth.com

(915) 532-3778 ext. 1092



Special Investigations Unit (SIU)

Vanessa Berrios, CPC, SIU Claims Auditor

SIU Team Purpose

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.
- 80 randomly selected members are called to verify they received services on a billed DOS.
 - Telemedicine is included
- 39 Week OB inductions Audits

Medical Records Requests and Attestation

Business Records Attestation is required.

- This attestation states that you are submitting **all** of the requested information pertaining to a claim being billed to the correct standard.
 - 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-Rays, MRIs, Ultrasounds, HPI, etc.
 - If no documentation is submitted for a claim whatsoever, the entire claim will be recouped for no documentation for that claim.
- Per Federal C.F.R. Guidelines, after signing the attestation, or if the due date to submit documentation has passed, **no additional information/documentation will be accepted by El Paso Health during the review process.**

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.

- If there are questions about what is required, the SIU team will answer your questions.
- 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.**

Remember



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

SIU Partners

HMS – Our SIU Vendor

- They will send you the request for medical records. You may mail the records directly to them or call EPH (Jourdan or Vanessa) to pick up records.

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.
- They 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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- (915) 298-7198 ext. 1039
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Vanessa Berrios, CPC, Special Investigations Unit Claims Auditor

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Rocio Chavez, CHC, Chief Compliance Officer

- (915) 298-7198 ext. 1032
- rchavez@elpasohealth.com

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

When in doubt
reach out!



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For more information:



(915) 532-3778



www.elpasohealth.com

