



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



OB Specialty Training

Thursday, April 27, 2023

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://EPHOB2023.eventbrite.com>

Password: EPHOB



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Provider Relations Updates and Reminders

Liliana Jimenez

Provider Relations Representative

COVID-19 Update: Waiver of CHIP Co-Payment

The Health and Human Services Commission (HHSC) has issued notice that the COVID-19 federal public health emergency (PHE) declared January 31, 2020, will end on May 11, 2023.

HHSC is waiving in office face to face visit co-payments for all CHIP members for services provided from **March 13, 2020 through May 11, 2023.**

- 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 or via mail at the following address:

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

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
- 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 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

Electronic Usages

El Paso Health is encouraging electronic forms of communication.

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.

Out of Network Providers

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

- OON Providers not enrolled in Texas Medicaid are not eligible for reimbursement for services rendered to a member participating in the STAR program.
- 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



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Outpatient Pharmacy Prescription Services Reminders

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



Navitus Provider Hotline 1-877-908-6023

Hours: 24 hours a day, 7 days a week
(Closed Thanksgiving and Christmas Day)

www.navitus.com

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 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>



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Long – Acting Reversible Contraception (LARC)

Long-Acting Reversible Contraception (LARC)

Long-Acting Reversible Contraception (LARC) is covered as a medical and pharmacy benefit.

- **Medical benefit**- providers will continue to have the option to receive reimbursement for LARC as a clinician-administered drug through the existing buy-and-bill process.
- **Pharmacy benefit**- providers can prescribe and obtain LARC products on the Medicaid formulary from certain specialty pharmacies. Providers who prescribe and obtain LARC products through these specialty pharmacies will be able to return unused and unopened LARC product via the Abandoned Unit Return program,
- Please refer to the Vendor Drug Program website for additional information:

<https://www.txvendordrug.com/about/manuals/pharmacy-provider-procedure-manual/p-8-drug-policy/8-7-drug-specific-requirements/long-acting-reversible-contraception-products>

Long-Acting Reversible Contraception (LARC)- continued

[Mirena® \(NDC 50419042301\)](#)

Walgreens Specialty Pharmacy
(877) 686-4633
NPI:1851463087

[Skyla® \(NDC 50419042201\)](#)

Walgreens Specialty Pharmacy
(877) 686-4633
NPI:1851463087

[Kyleena \(NDC 50419042401\)](#)

Walgreens Specialty Pharmacy
(877) 686-4633
NPI:1851463087

***NDCs are subject to change.**

For the most current information, please visit: [TX STAR CHIP - LARC \(navitus.com\)](https://navitus.com/TX-STAR-CHIP-LARC)

[Nexplanon® \(NDC 78206014501\)](#)

Accredo
(972) 929-6800
NPI: 1073569034

[Paragard® \(NDC 59365512801\)](#)

Biologics, Inc, Specialty Pharmacy c/o TWH Access
Solutions
(888) 275-8596
NPI: 1487640314

Currently only available through the **medical benefit:**

[Liletta \(NDC 00023585801\)](#)

Accredo
(866) 759-1557

CVS Specialty Pharmacy
(888) 275-8596



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Healthy Texas Women Program (HTW)

Healthy Texas Women Program

The Healthy Texas Women program is dedicated to offering women's health services and family planning at no cost to eligible women in Texas.

- They provide a variety of women's health and core family planning services to include:
 - Pregnancy Testing
 - Mammograms
 - Depression
 - HIV Screening
 - Sexually Transmitted Infection Services
 - Screening and Treatment for Postpartum
 - Contraceptives and Permanent Sterilization

Members who are currently enrolled in Medicaid for Pregnant Women may be automatically enrolled in the Healthy Texas Women program once their Medicaid coverage ends.

- Eligible members will receive a letter from Texas Health and Human Services confirming their enrollment in the Healthy Texas Women program.
- Please visit www.healthytexaswomen.org for additional information regarding covered services and eligibility requirements.





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TDAP Vaccine Benefit

Tetanus, Diphtheria and Acellular Pertussis (Tdap) Vaccine

The Tetanus, Diphtheria and Acellular Pertussis (Tdap) Vaccine is recommended by the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), and American College of Obstetricians and Gynecologists (ACOG) as part of routine prenatal care for pregnant women.

CPT code

90715

Description

Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap)

Providers that do not carry the vaccine in their office may refer members to:

Proaction Inc. (Immunize El Paso)

6292 Trowbridge

El Paso, TX 79905

915-533-3414

Tdap Vaccine Benefit

STAR

- Members up to 18 years of age:
 - Available through Texas Vaccines for Children (TVFC)
 - Claim for vaccine will be processed as informational
 - Administration fee is reimbursable through El Paso Health.
- Members 19 years of age and older:
 - Immunization and administration fee are reimbursable through El Paso Health.

CHIP Perinate

- Members of all ages:
 - Program does not participate with TVFC nor Adult Safety Net (ASN)
 - Immunization and administration fee are reimbursable through El Paso Health.

Makena

- On April 6, 2023, the U.S. Food and Drug Administration announced the final decision to withdraw approval of Makena.
- Vendor Drug Program has removed the NDCs for Makena and its generic, hydroxyprogesterone caproate from the formulary.
- Below is a link to the announcement for your awareness.

[FDA Commissioner and Chief Scientist Announce Decision to Withdraw Approval of Makena | FDA](#)

Contact Information

Provider Relations Department
(915) 532-3778

ProviderServicesDG@elpasohealth.com



Quality Assurance and Performance Improvement Program & Initiatives

Angelica Chagolla
Director of Quality Improvement

Quality Assurance and Performance Improvement Program

- Pay for Quality (P4Q) 3% Premium at Risk
- HEDIS Hybrid Medical Chart Reviews
- Performance Improvement Projects (PIPs)
- Quality Improvement Committee (QIC)
 - Adverse Events
 - Mortalities
 - Provider and Member Quality of Complaints
- Operations Improvement Committee (OIC)
- HHSC Deliverables
 - Quality Assessment and Performance Improvement Evaluation
 - Administrative Interview Tool
 - Provider Appointment Accessibility and Availability Surveys
- Medical Chart Reviews and Provider Education
- Provider Profiling and Data Analysis

Performance Improvement Projects (PIPs)

TODAY



Deliverables due to HHSC

2021	2022	2023	2024
Medicare Advantage: Diabetes Management			
	STAR: Prenatal & Postpartum Care (SDOH)		
	CHIP: Weight Assessment and Counseling for Nutrition and Physical Activity		
		STAR and CHIP: PPAs for BH	

Refer to Fax Blast handout in your folder!

Accessibility and Availability

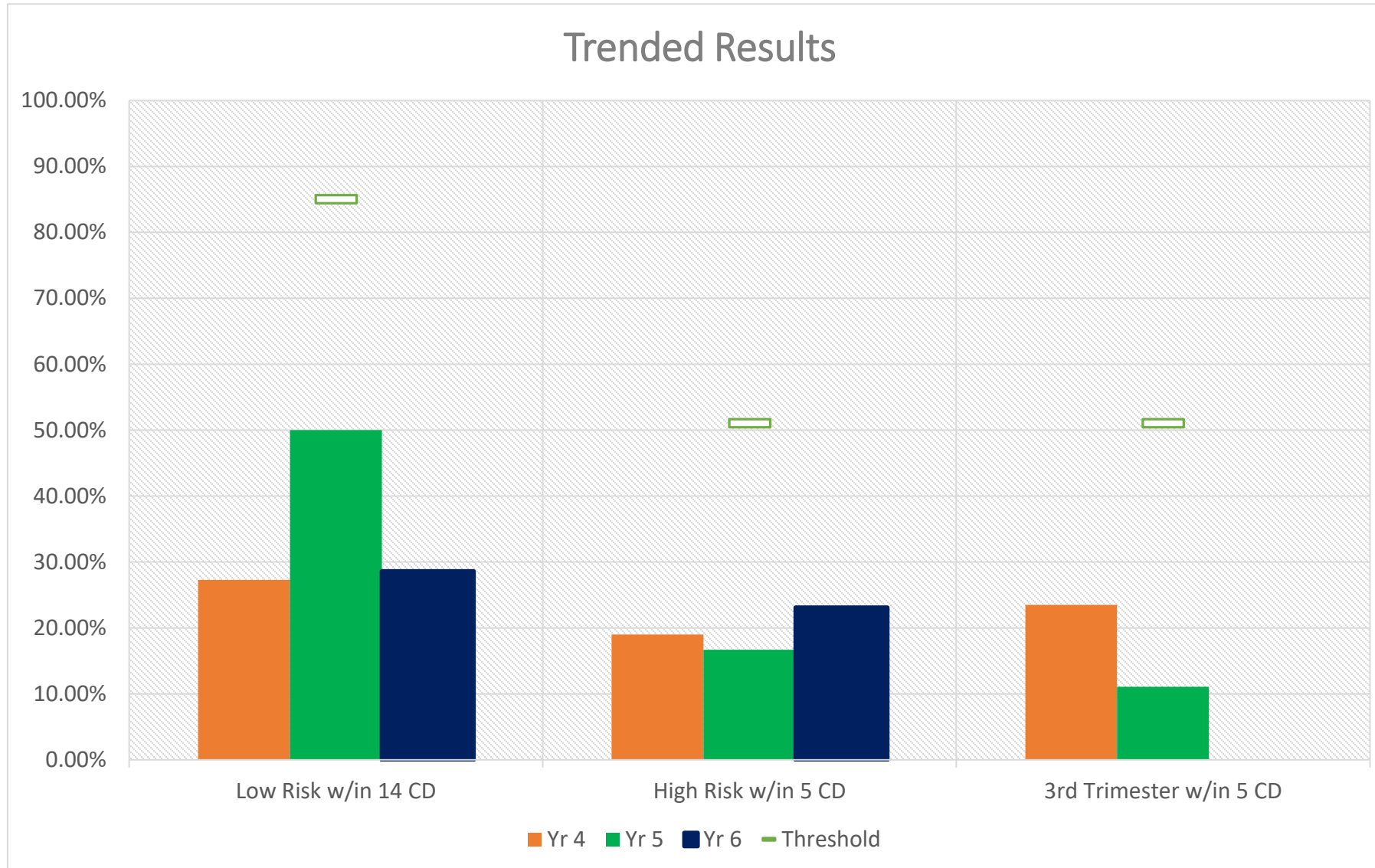
- Regulatory mandate - Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC)
 - **Accessibility:** appointment available **within a specific time frame (calendar days)**
 - **Availability (PCPs only):** after hours availability; **must return call within 30 minutes.**
***Includes OB Providers designated as a PCP*
 - *5 pm to 8:30 am, Monday through Friday*
 - *Any time Saturday and Sunday*
 - **Monitoring Efforts**
 - State-wide secret shopper calls (Senate bill 760)
 - EPH surveys by PR and QI Nurses
- ✓ **Please keep Provider Directories updated!**



Provider Contract Requirement:

Participation in Quality Improvement initiatives and activities. This includes access and availability surveys.

State-Wide Monitoring Results



- Yr 6 calls performed October/November 2022
- CAPs and LDs are active!
- State can issue up to \$1k per non-compliant call
- 35% of calls were excluded due to invalid information in provider directory
- **Please ensure office staff are aware of A&A Standards!**

HEDIS Season!

- Requests sent 02/10/2023
 - Provider Portal
 - Fax or secure email via PR Representative
- Submission Deadline – 03/10/2023
 - *NCQA Deadline to STOP reviews is 05/01/2023*

Electronic Submission
STRONGLY encouraged!

- Submission Options

Electronic Options

1. *FTP*
2. *QI Fax*
3. *Secure Email – if you have that option*
4. *Load to CD/Thumb-drive and arrange for pick up or drop off*

Paper Options

1. *Print records and arrange for pick up, mail, or drop off*

Potential HEDIS Requests for OB Providers

Timeliness of Prenatal Care (Goal: 86%)

- First Trimester
- On or before enrollment start date with El Paso Health
- Within 42 days of enrollment with El Paso Health

Postpartum Care (Goal: 77%)

- Visit on or **between 7 and 84 days** after delivery

Controlling High Blood Pressure

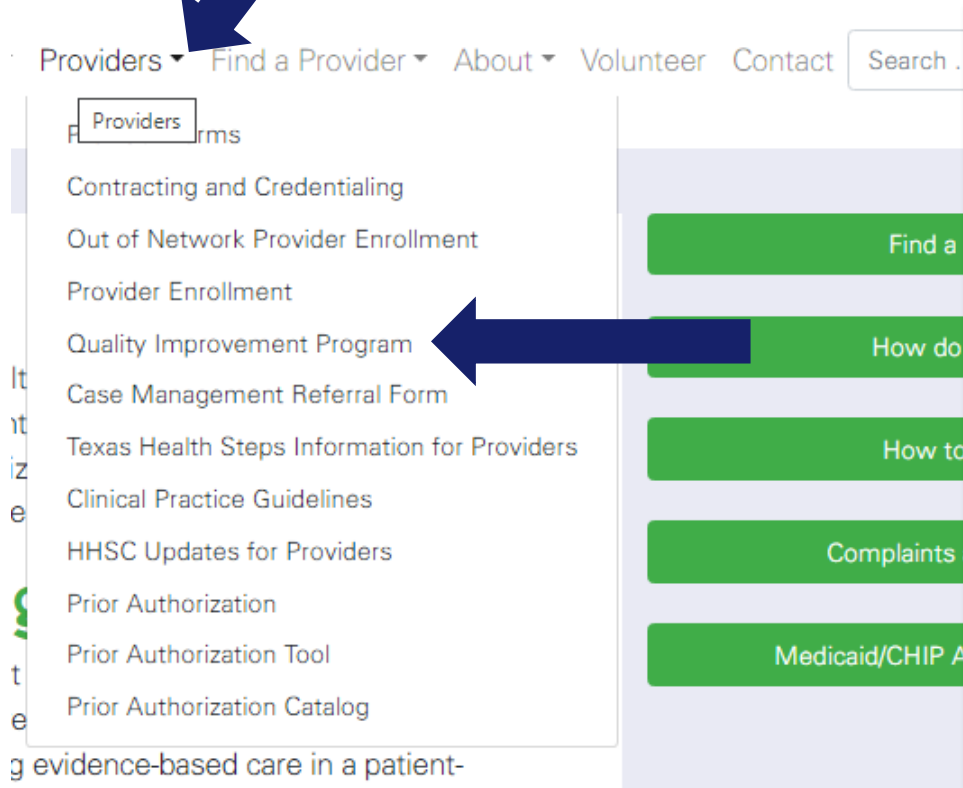
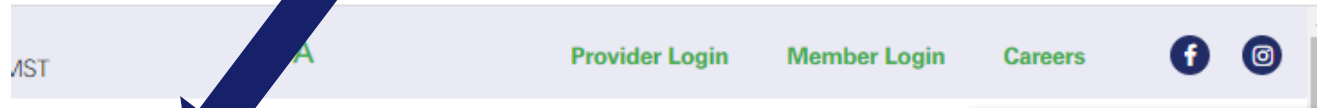
- Latest blood pressure reading

Measurement Year	MY 2018	MY 2019	MY 2021	MY 2022	Trends
Season Jan-May 2019 Jan-May 2020 Jan-May 2022 Jan-May 2023					
Records Requested:	276	175	228	246	
Records Received:	207	81	73	78	
Received Rate:	75.00%	46.29%	32.02%	31.71%	
Performance					
PPC – Prenatal Rate	88.32%	87.83%	82.48%	81.75%	
PPC – Postpartum Rate	73.97%	84.91%	74.70%	77.37%	

Note: MY 2020 excluded due to rates being admin only because of COVID 19 impacts

Resources on Website

<http://www.elpasohealth.com/providers/quality-improvement-program/>



Commitment to Quality

El Paso Health's Quality Improvement Program is built upon standards that comply with Texas Department of Insurance (TDI) and HHSC requirements, as applicable. In addition, El Paso Health is accredited by the national accrediting organization URAC and the Quality Improvement Program is consistent with all applicable URAC standards.

Quality Improvement Program

The purpose of El Paso Health's Quality Improvement Program is to continuously improve patient safety and Member outcomes by providing well-coordinated care within a robust network of contracted Providers, invested in providing evidence-based care in a patient-centered environment. The Quality Improvement Program is designed to assure that Members receive care that is consistent with our mission.

Our Quality Improvement Program is designed to improve:

- quality of care for all physical and behavioral health care and services
- member and provider satisfaction
- member safety
- access to services

As part of our commitment to quality, we review a variety of data to track member complaints, safety concerns, quality outcomes, and member and provider satisfaction in order to improve our programs and services to ensure the best quality care is provided. El Paso Health strives to build relationships that strengthen the delivery of healthcare in our community so that we may be the region's trusted community health plan.

+ Clinical Practice Guidelines

+ Access and Availability

+ HEDIS Measure Tip Sheets

+ HEDIS Hybrid

+ Texas Health Steps

Contact Information

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Quality Improvement Nurse
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agalindo@elpasohealth.com



First Steps Case Management Program OB Benefits and Prior Authorization Process

Erika Hernandez, BSN, RN, CLC

OB Case Manager

Case Management Overview

- Identification of members who are at risk.
- Assessments to determine severity of condition.
- Individualized Service Plan designed to identify barriers, goals and interventions.
- Education regarding benefits, pregnancy and other conditions.
- Referrals and Service Coordination as needed.
- Home Visits, safety permitting.
- Virtual Connect via VeMiDoc: Face-to-face virtual home visits for members with social determinants of health or complex conditions that require specialized intervention.



How Can A Case Manager Help Our Members?

We are dedicated to promoting the highest quality care available and provide our members with:

- Resources to enhance health education.
- Pregnancy planning.
- Health promotion.
- Education for reproductive age women and adolescents.
- Comprehensive assessments.
- Service Coordination and collaboration with our valued providers.

Our members are encouraged to:

- Discuss available services in detail.
- Obtain education about how to access emergency services, OB/GYN, and specialty care.

Providers may refer members by submitting the [Case Management Referral Form](#) found on our website at www.elpasohealth.com.

- Form must be faxed to 915-298-7866, attention: Case Management

Providers – El Paso Health

Not secure | www.elpasohealth.com/providers/

Español

Call us at
915-532-3778

Outside El Paso
877-532-3778



Hours of Operation
8:00 A.M. – 5:00 P.M. MST


AAA

Provider Login

Member Login

Careers





Member

Providers

Find a Provider

About

Volunteer

Contact

Search ...

Search

Provider Forms

Provider Manual

Provider Directories & Member Handbooks

HHSC Notifications for Providers

Texas Health Steps Information for Providers


Provider Newsletter

Our Case Management Program

Clinical Practice Guidelines

Provider Resources

Providers



You can contact us at 915-532-3778 or toll free at 1-877-532-3778. Provider Relations Department Representatives can be reached during the hours of 8:00 a.m. –5:00 p.m. Mountain, Monday thru Friday.

To join our network, visit our [Contracting and Credentialing page](#).

[Click here to visit the Texas Medicaid and Healthcare Partnership website.](#)

[Click here to visit the Texas Health and Human Services Commission website.](#)

Find a Doctor


How Do I Qualify

How to Renew

Complaints and Appeals

Prior Authorization Tool

HCO Directory Search



Privacy - Terms



CASE MANAGEMENT/SERVICE COORDINATION REFERRAL FORM

To: El Paso Health ATTN: Case Management Phone: (915) 532-3778 ext. 1500 Fax: 915-298-7866	FROM: _____ (Physician's Office Name) OFFICE CONTACT PERSON: _____ FAX NUMBER: _____ TELEPHONE NUMBER: _____
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Member Name: _____	Medicaid/CHIP ID #: _____	DOB: _____
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Member Contact Number: _____	Member Address: _____
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REASON FOR REFERRAL (check all that apply and add comments when applicable):

<input type="checkbox"/> HIGH RISK PREGNANCY
<input type="checkbox"/> BEHAVIORAL HEALTH
<input type="checkbox"/> ASTHMA
<input type="checkbox"/> HEART DISEASE
<input type="checkbox"/> DIABETES
<input type="checkbox"/> SPECIAL HEALTH CARE NEEDS (individuals who have a behavioral/medical condition that is expected to last more than 12 months)
<input type="checkbox"/> SOCIAL WORK/SOCIAL DETERMINANTS OF HEALTH
<input type="checkbox"/> OBESITY

PRESENTING CONCERN:

<input type="checkbox"/> Assistance locating covered services
<input type="checkbox"/> Coordination of care
<input type="checkbox"/> Non-compliance with treatment plan
<input type="checkbox"/> Assistance obtaining durable medical equipment/medical supplies (i.e. nebulizer, peak flow meter)
<input type="checkbox"/> Patient education (i.e. symptom management, self-management strategies, diabetes education)
<input type="checkbox"/> Assistance accessing treatment for behavioral health diagnosis
<input type="checkbox"/> Social concerns (i.e. SDOH), please specify concern(s): _____
<input type="checkbox"/> High risk pregnancy, please specify condition/concern: _____
<input type="checkbox"/> Access to community resources (i.e. support/advocacy groups, basic needs)
<input type="checkbox"/> Positive Maternal Depression Screening

Search tools

- Create PDF
- Combine Files
- Edit PDF
- Export PDF
- Organize Pages
- Send for Comments
- Comment
- Fill & Sign
- Scan & OCR
- Protect
- Redact
- More Tools

Store and share files in the Document Cloud
[Learn More](#)

Maternal Depression Screening

Maternal depression Screening is a covered benefit for pregnant & postpartum Medicaid members.

Maternal depression is a serious and widespread condition, not only affecting the mother but having a lasting detrimental impact on the child's health.

Early risks factors include:

- proper child development
- mother-infant bonding
- family dynamics

Positive Findings are referred to Case Management

No authorization is required for the Maternal Depression Screening

Qualifying Criteria

Maternal depression screenings can be conducted at a OB/GYN, PCP, or Pediatrician office when the following is suspected:

- Perinatal Depression
- Postpartum Depression
- Anxiety Disorders
- Post-Traumatic Stress Disorders
- Bipolar Illness
- Substance Use Disorders

Children and Pregnant Women (CPW)

- Is a Texas Medicaid benefit (Star Programs)
- Case Management (CM) services that assist eligible members in gaining access to necessary medical, social, educational, and other services related to their health condition

CPW Eligibility

- Must be Medicaid eligible
- Child birth through age 20 with a health condition
- A woman of any age who has a high-risk pregnancy

Referrals to CPW

- Members may self-refer
- Star members identified as non-MSHCN
- CPW Providers
- Service Coordinator (Case Manager) identifies a service that EPH is not able to provide and is within the scope of the CPW services

Standard Authorization/STAT Authorizations

For services/procedure codes requiring an authorization:

- Individual prior authorization requests may be submitted via fax, electronically, or telephonically.
- Include all pertinent clinical information to support medical necessity and avoid any delays.
- Processing time is 3 business days (up to 14 days if additional information is needed), receipt date is Day 0.

When is a Standard Authorization considered a Stat?

- Interruptions or delay of services will impact the life or health of the consumer.
- The request is part of a transition of care.
- Interruption or delay of services will impact the ability of the consumer to regain maximum function.
- Interruption or delay of services will subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is subject of the case.

Prior Authorization Tool / Catalog

Certain services may require a prior authorization. El Paso Health has developed the Prior Authorization Tool to help providers determine if a CPT code requires authorization for our STAR and CHIP programs.

- [Prior Authorization Tool](#) may be found on our website at www.elpasohealth.com in the Providers tab.

The screenshot displays the El Paso Health website interface. On the left, a red banner reads "DON'T WAIT AND UPDATE!" with the text "OUR INFORMATION TODAY." and a link to "Benefits.com". The main header features a navigation bar with "Member", "Providers", "Find a Provider", "About", "Volunteer", and "Contact" links, along with a search bar. A dropdown menu for "Providers" is open, showing a list of links including "Connecting and Credentialing", "Out of Network Provider Enrollment", "Provider Enrollment", "Quality Improvement Program", "Case Management Referral Form", "Texas Health Steps Information for Providers", "Clinical Practice Guidelines", "HHS Updates for Providers", "Prior Authorization Tool", and "Prior Authorization Catalog". A red arrow points to the "Prior Authorization Tool" link, which is also circled in red. Below the header, a large banner image shows people in blue shirts with the El Paso Health logo, with the text "Helping you look after what matters most." and a "Learn More" button. The main content area includes a "Welcome to El Paso Health" message and three colored boxes for "STAR", "CHIP", and "Medicare", each with a "Find Out More" link. At the bottom, a banner for "El Paso Health's 2022 Annual Report is Here" is displayed next to an image of the report.

Prior Authorization Tool

- All questions on the table must be answered in order to be able to search for CPT codes.
 - A 'yes' answer to any of the questions will automatically require a prior authorization.
 - Answering 'no' to all questions on the table will prompt the CPT code search query.

Types of Services	Yes	No
Are services being provided by an out-of-network Provider?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving oral surgery services?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving plastic and reconstructive surgeon services?	<input type="radio"/>	<input checked="" type="radio"/>
Are the services being provided by a Podiatrist (excluding CPT codes 11720, 11721, 11730, 11732, and 11750)?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving venous procedures/services?	<input type="radio"/>	<input checked="" type="radio"/>

- Enter your CPT code and click Search to determine if prior authorization is required for that specific code.

To determine if an authorization is needed enter CPT code below.

CPT code: 1: 2: 3: 4:

- Providers may search up to four CPT codes at a time. If no auth required, you can begin treatment immediately and submit your claims for reimbursement.

Prior Authorization Catalog

Certain services may require a prior authorization. El Paso Health has developed the Prior Authorization Catalog to help providers determine if a CPT code requires authorization for our STAR and CHIP programs and what supporting documentation you might need.

- [Prior Authorization Tool and Catalog](#) may be found on our website at www.elpasohealth.com

A9272	MECHANICAL WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER W/FREQUENCY/DURATION, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
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For Example: Ultrasounds / Sterilization

Ultrasounds

CPT Codes that require PA	CPT Codes that DO NOT require PA
<p>Include all pertinent clinical information to support medical necessity and avoid any delays with your request.</p> <ul style="list-style-type: none">Echocardiography/Doppler's CPT Codes 76825 thru 76828.	<p>No authorization is required for the following CPT codes for STAR Medicaid or CHIP:</p> <ul style="list-style-type: none">76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817Fetal Biophysical Profile – 76818, 76819Umbilical Artery Doppler - 76820Middle Cerebral Artery Doppler - 76821

Sterilizations

- Sterilization procedures for STAR members **DO NOT** require a prior authorization.
- Signed consent forms must be a part of the patients medical record.
- Claims for sterilization must be submitted with a family planning diagnosis code.
- Sterilization of any kind is **NOT** a covered benefit for CHIP/CHIP Perinate members.

BRCA Panel and Genetic Testing

- Authorization is required for BRCA and genetic testing (CPT Code 82105 No Authorization Required)
- Quest Diagnostics/ is currently the only in-network laboratory for BRCA and genetic testing.
- Gyn Path Services (Pap smears, STD screening, and (Cytology Biopsies)
- Genetic Perinatal Codes 81420 and 81507 (No Authorization Required)



Diabetic Supplies / Gestational Diabetes

Diabetic Supplies: STAR benefit

Continuous Glucose Monitor and Insulin Pump (If criteria is met)

Glucometers:

- Providers may provide members with the numbers below to obtain the *free glucometer*:
 - TRUE METRIX: 1-866-788-9618
 - FREESTYLE: 1-866-224-8892

Note: Medicaid does not reimburse glucometers/Not a Benefit for STAR.

Test Strips/Lancets:

- *Prescription is required for the lancets and test strips (90 day supply).*

Gestational Diabetes:

CHIP Perinate benefit

Breast Pumps

Members may qualify for purchase of a breast pump once they deliver. The following breast pumps are covered for STAR and CHIP members:

- Manual (***no authorization required***)
- Non-hospital grade electric pump (***no authorization required***)
- A hospital-grade breast pump (HCPCS code E0604) may be considered for rental, not purchase (**authorization is required**)

To obtain a breast pump:

- Member must *obtain prescription* from OB provider or newborn's pediatrician
- Members must take the prescription to an in-network DME provider

No authorization requirement for DME under \$300

NOTE: DME company must keep Title XIX for their records only

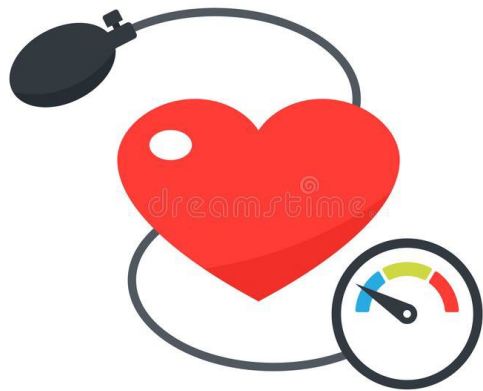
Blood Pressure Cuff

Blood Pressure Cuff/Monitor: STAR and CHIP Perinate Benefit

To obtain a Blood Pressure Cuff/Monitor:

- Member must *obtain prescription* from OB provider or PCP
- Members must take the prescription to an in-network DME provider

NOTE: DME company must keep Title XIX for their records only



Questions

Erika Hernandez BSN, RN, CLC

OB Case Manager

(915) 298-7198 ext. 1189



Special Investigations Unit (SIU)

Alina Macias, CPC, CPB

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). This plan is carried out by El Paso Health's Special Investigations Unit (SIU).

39 Week OB induction Audits

According to section, *4.1.3 Elective Deliveries Prior to 39 weeks*, of the TMPPM, Texas Medicaid restricts any Cesarean section, labor induction, or any delivery following labor induction to one of the following criteria:

- Gestational age of the fetus should be determined to be at least 39 Weeks.
- When the delivery occurs prior to 39 weeks, maternal and/or fetal conditions must dictate medical necessity for the delivery.

Medical Records Request

- El Paso Health will fax providers the request for medical records.
 - 1st request faxed to the provider's fax number on file. 15 days allotted to provide medical records. After 7 days a friendly reminder is sent.
 - If no response by the 15th day, final request will be faxed requesting records by close of business.
 - If no response or communication from the provider, EPH will initiate a recoupment.
- Please make sure you and/or your Third Party Biller handle a records request in a timely manner 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 or fax paper records or save to a USB device. You can call your EPH Provider Representatives or the SIU department to request a records/device pick up.
- 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 (emails are a valid form of a written request).**

Medical Records Request Letter Sample



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1145 Westmoreland Drive
El Paso, Texas 79925
1-877-532-3778
elpasohealth.com



March 09, 2023

Jane Doe, M.D.
P.O. Box 12345
El Paso, TX 79905

Regarding Patient: Last Name, First Name
Member Health Plan Identification No.: 123456789
Date of Birth: 07/11/2000

Request for medical records faxed or emailed:

According to the Texas Medicaid Provider Procedure Manual: Elective Deliveries Prior to 39 Weeks section 4.1.3, Texas Medicaid restricts any Cesarean section, labor induction, or any delivery following labor induction to one of the following criteria: Gestational age of the fetus should be determined to be at least 39 weeks. Modifiers U1 Prior to 39 Weeks and Medically Necessary U2 39 Weeks or Later U3 Prior to 39 Weeks and Not Medically Necessary. When the delivery occurs prior to 39 weeks, maternal and/or fetal conditions must dictate medical necessity for the delivery.

Note: Records are subject to retrospective review. Payments made for Cesarean section, labor induction, or any delivery following labor induction that fail to meet these criteria (as determined by review of medical documentation), are subject to recoupment. Recoupment may apply to all services related to the delivery, including additional physician fees, birthing center, and inpatient and outpatient hospital fees.

El Paso Health has conducted a random evaluation of paid claims for obstetric delivery procedures. The medical record for patient listed above has been selected for retrospective review. This review is being conducted to monitor compliance with the Texas Health and Human Services Commission regulations regarding medically necessary inductions and cesarean sections performed prior to 39 weeks' gestation and the proper use of modifiers. The following documentation must be submitted to

El Paso Health for review within 15 days from the date of this letter:

- **Delivery Summary / Operative Report**
- **Last progress note prior to delivery**

The information must be sent faxed or emailed by March 24, 2023.

El Paso Health
Attn: Alina Macias
Fax (915) 532-2877
Email: amacias@elpasohealth.com

El Paso Health's Medical Director will review the documentation to determine if the procedure was medically necessary. If medical review indicates medical necessity for the obstetrical procedure, El Paso Health will take no further action on the paid claim. If the medical review identifies the induction or cesarean section procedure was performed before 39 weeks of gestation and was not medically necessary, the payment previously rendered will be recouped from the physician(s) involved with the delivery and the facility where the delivery was performed.

Once the retrospective review is completed, you will be notified of its outcome. If you have any questions about the retrospective review process, please contact me at (915) 298-7198 Ext 1108.

***If medical records are NOT received, El Paso Health will recoup the claim for no verification/documentation of services rendered.**

Sincerely,

Alina Macias, CPC, CPB

Special Investigations Unit Coding Auditor

Cc: Jorge Guzman, M. D., El Paso Health Medical Director



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Required Medical Records

- Operative Report / Delivery Summary
- Last progress note prior to delivery
 - Keep in mind both records are required to conduct the audit. If either is missing, we will consider it as incomplete medical records and the claim will be recuperated.
 - It is important the providers electronic signature is on the medical records. "Authenticated by" is also a valid form of electronic signature. Lack of either, constitutes as an incomplete medical record.



Remember



Closing the Review

Once the audit is complete, we will fax a resolution letter with a review of findings.

- 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

Provider Remote Access



UNIVERSITY
MEDICAL CENTER
OF EL PASO

Information Technology (IT) Help Desk

Information Systems

Marcos Flores, Director Cyber Security

(915) 521-7941



The Hospitals of
PROVIDENCE

A COMMUNITY BUILT ON CARE

Benjamin Yates – Physician Analyst

Benjamin.Yates@tenethealth.com

Office: (915) 577-6903

Cell: (915) 603-1648



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Provider Remote Access



Log into - <https://cwtphyssupport.com/applications/remote-access-portal.dot>

Under Resources, click on Access Request Form. This will open a new window providing the basic application. The form is required to be filled out electronically. Once completed, print and fax it.



Remote Access Resources Applications About Us Contact Us

Remote Access Portal

Applications Remote Access Portal

Remote Access gives providers and their staff capabilities to securely connect to hospital resources while away from the facility or from within the practice - a convenient way for providers to complete work or serve patient information without having to be present at a hospital facility. This also allows quick and easy access for clinical staff within the practice to pull information for patients for reference or billing purposes.

Highlights:

- Utilizes Virtual Desktop Technology
- Significantly reduces login time
- Quick, user friendly interface
- Compatible with Microsoft Windows, Mac and iPad

PGN Wireless Network

PGN wireless network allows physicians access to HCA's private wireless network on mobile devices and personal laptops. Once installed and logged in, physicians stay logged on the network at any HCA facility.

- [PGN Web Networking Agreement](#)

Link:

<https://cwtphyssupport.com/login>

Resources

- [Access Request Form](#)
- [Mobile Access user guide](#)
- [Guest Networking Acceptable Use Policy](#)

Support:

• Service Desk: (844) 324-3665



Central/West Texas Division

HCA Healthcare Central and West Texas Hospitals

Should you have any questions or concerns, please contact Support:

Service Desk (844) 324-3665

ACCESS REQUEST FORM

Questions? Call 512-901-2777

Please fax complete form to 512-341-6933.

Please allow 5-7 business days for access to be processed.

StDavid's HEALTHCARE

Today's Date: 01/01/2023

Access Request Type:
☐ Meditech Clinical (Primary access for PHI)
☐ Patient Keeper
☐ Scheduling Express (schedule view only)
☐ Meditech Billing (Primary access for billing inquiries)

3-4 User ID (If known)

Please complete before printing-DO NOT HANDWRITE please!!
Please select clinical or billing for Meditech access.

Requestor Information:

First Name: Jane
Last Name: Doe
Personal Phone: 915-555-5555
Home Address: 1234 Anywhere Ave.
City: El Paso
State: TX
Zip code: 79905
Preferred E-mail address: preferredemailaddress@domain.com
DOB: 01/01/2000

Practice Information:

Practice Name: Medical Practice Name
Practice Address: 1234 Doctors Row
Practice Phone: 915-555-5555
City: El Paso
State: TX
Zip code: 79905
Practice Manager Name: Office
Practice Manager E-mail Address: Manager

www.elpasohealth.com/MakeAnAppointment



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THE HEALTH PLANS OF EL PASO FIRST

SIU Contact Information

When in doubt, reach
out!

Alina Macias, CPC, CPB, SIU Claims Auditor

- (915) 298-7198 ext. 1108
- amacias@elpasohealth.com

Jourdan Norman, SIU Manager

- (915) 298-7198 ext. 1039
- jnorman@elpasohealth.com

Robert Valenzuela, Director of Compliance

- (915) 298-7198 ext. 1040
- rvalenzuela@elpasohealth.com

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



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Member Services Department

Beth Ortiz

Member Services Supervisor

EPH is part of the Community Partner Program

In an effort to assist our members with their Medicaid/CHIP re-enrollments, El Paso Health applied with HHSC to become a Community Partner Program site. Several of our employees underwent certification and training to become Case Assistance Navigators. This allows us to assist with the application process.

If you have EPH members inquiring about their coverage or renewals, feel free to direct them to call us or visit our website to make an appointment. We have designated appointment dates and times throughout the week dedicated to assisting with this process.

WILL YOUR MEDICAID BENEFITS END SOON?!

El Paso Health can help update your account -
and maintain or transition your plan!

MAKE AN APPOINTMENT

EPHM6452301



Call or Visit
El Paso Health
for more info.

915.532.3778
toll free 1.877.532.3778

www.elpasohealth.com/MakeAnAppointment

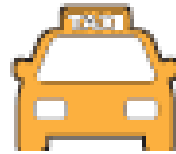
Non-Emergent Medical Transportation (NEMT) Services

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



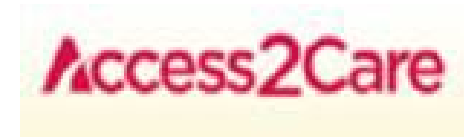
- A taxi or van service



- 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.

Members must include the following when calling Access2Care:

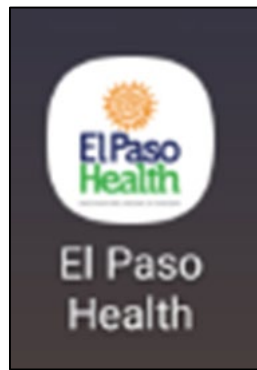
- Address and phone number where appointment will take place with exact date & time.
- Name of the physician they will be seeing.
- Address and phone number of where they need to be picked up and can be reached.
- Arrangements must be made by the assigned Case Name.
- Provide details of what they will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

El Paso Health Mobile App

Members can perform a variety of functions on 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 download the **El Paso Health Mobile App** via Google Play or Apple Store.



Behavioral Health Crisis Line

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

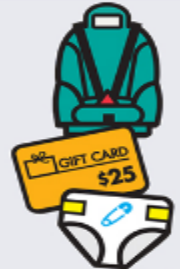

STAR	1-877-377-6147
CHIP	1-877-377-6184



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>\$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>Pregnant members 21 or older can receive up to \$500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions.</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>		✓	✓

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. • A First-Steps Baby Shower including a diaper bag, a starter supply of diapers, and other items for the baby. • 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 7 to 60 days of delivery. 		✓	✓
 <p>A free "EPH Food from the Heart" food basket for new members after completing a new member orientation with El Paso Health.</p>		✓	✓

Member Cost Sharing Obligations

STAR	CHIP/ CHIP Perinate
Medicaid Members do not have cost sharing obligations for covered services.	<ul style="list-style-type: none">• 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)• Members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays.• No cost-sharing on benefits for well-baby and well-child services, preventive services, or pregnancy-related assistance.

*Note: CHIP copays will resume on May 12, 2023 due to end of PHE

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 (Family Planning for 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.’

PCP Change Form

Providers can assist members in making PCP changes via fax rather than calling.

The “Primary Care Provider Change Request Form” can be found under the Provider section on our website under:

- Provider Forms
- Member Services Forms

We will honor the date on the fax as the effective date of the PCP change. (It may take 24-48 hours to reflect on the portal)

*Note: the member may also request a PCP change using the app or their member portal.

Provider Forms

+ Claim Forms

+ Complaints and Appeals Forms

+ Credentialing Packet Forms

+ Health Services Forms

– Members Services Forms

Authorization to Disclose information to PCP

1027 Medicaid Eligibility Form

Specialist as a PCP Request Form

Primary Care Provider Change Request Form

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.

Cultural Competency Training

El Paso Health facilitates provider orientation sessions to promote our Cultural Competency Plan to educate network Providers about culturally competent services. This education assists in avoiding disparities in the delivery of medical services to the diverse populations of the El Paso SDA. El Paso Health's Cultural Competency Plan is available to El Paso Health Network Providers in written form, when requested. Our Provider Manual includes a section on cultural competency and we have also provided a Training video for you.

Click on the links below to review the Cultural Competency Training and fill out the online form for attestation of completion.

- [Cultural Competency Annual Training Presentation- pdf version](#)
- [Cultural Competency Annual Training Presentation](#) - video

Medical Provider/Group Name*

Tax ID*

Phone* format:9151231234

Email*

Form Completed By*

Position Title*

Date*

Training Confirmation*

☐ The Provider Cultural Competency Training has been completed by the Provider Group above.

Submit

*These fields MUST be filled out to register.

Contact Information

Nellie Ontiveros

Member Services Manager
(915) 532-3778 ext. 1112

Beth Ortiz

Member Services Supervisor
(915) 532-3778 ext. 1096

Javier Herrera

Member Services Supervisor
(915) 532-3778 Ext. 1023



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Claim Reminders

Adriana Villagrana

Claims Manager

Reminders

Claims Processing



Timely filing deadline

- 95 days from date of service

Corrected claim deadline

- 120 days from date of EOB

CHIP Perinate

Reminder

Laboratory and radiological services are limited to services that directly relate to ante partum care and the delivery of the covered CHIP Perinate until birth.

Always include the pregnancy ICD-10-CM code to the highest degree of specificity as your primary diagnosis on any lab or radiology order. (This is important to ensure lab or radiology claims are not denied)

- *You may include other diagnosis that coexist

- *Pregnancy codes can be found in Chapter 15 of the ICD-10-CM (Pregnancy, Childbirth, and the Puerperium).

Coordination of Benefits

STAR / CHIP

Claims are billed fee-for-service

Primary carrier Explanation of Benefits (EOB) is required when processing your secondary claim

Example:

DOS	CPT	Charge	Primary Carrier Allowed Amt.	Primary Carrier Payment	El Paso Health Allowed Amt.	Primary Carrier Patient Resp.
10/1/2019	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
11/1/2019	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
12/1/2019	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
1/2/2020	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
2/1/2020	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
3/1/2020	59412	\$3,500.00	\$2,500.00	\$2,000.00	\$3,000.00	\$500.00
		\$4,850.00	\$3,400.00	\$2,720.00	\$4,170.00	\$680.00
<div>Subtract the primary carrier from the EPH allowed amount</div>						
		EPH Allowed Amt.	\$4,170.00			
		Primary Carrier Allowed Amt.	(\$2,720.00)			
			\$1,450.00			
<div>Pay the Lesser of the 2 amounts</div>						
			\$680.00			

Electronic Claims

Payer ID Numbers

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 Heath Advantage Dual SNP	EPF07

Questions





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For more information:



(915) 532-3778



www.elpasohealth.com

