

PCP PROVIDER QUARTERLY ORIENTATION

Thursday, August 25, 2022
12:00 PM - 1:30 PM (MDT)



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

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

Eventbrite Info:

<https://PCPQTR4.eventbrite.com>

Password: PCPQTR4



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

Agenda

- Provider Relations – [Updates and Reminders](#)
- Quality Improvement - [Quality Assurance and Performance Improvement Program & Initiatives](#)
- Health Services – [Health Services Updates](#)
- Special Investigations Unit – [SIU Process](#)
- Member Services – [Reminders](#)
- C.A.R.E Solutions – [Reminders](#)
- Claims – [Reminders](#)



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Provider Relations Updates and Reminders

Liliana Jimenez

Provider Relations Representative

COVID-19 Update: Waiver of CHIP Co-Payment

HHSC is waiving in office face to face visit co-payments for all CHIP members for services provided from **March 13, 2020 through August 31, 2022.**

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

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

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

COVID-19 Update: Telemedicine and Telephonic Services

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

Telephonic (Audio-Only) Medical Services

Providers may bill the following codes for telephone (audio only) medical (physician delivered) evaluation and management services delivered on March 20, 2020 through **August 31, 2022**:

Description of Services	Procedure Codes	Place of Service	Modifier
Evaluation and Management (E/M)	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	02/10	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 and reported 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 separately billed.

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.

Provider Portal Quick Links



You are currently logged in as: Janeth Edwards

[Messages \(0\)](#) [Profile](#) [Logout](#)

[Home](#) [Eligibility and Benefits](#) [Claims and Payment](#) [Authorizations](#) [Reports](#) [QI Correspondence](#)

Welcome to the **Provider Portal**

This site provides quick access to member eligibility and benefits, claims payment details, and more!

Provider Name:

Provider Phone



Quick Links

Submit Claims	»»
Submit Claim Attachments	»»
Provider Appeals/Recoupments	»»
Amended Authorizations	»»
Provider Overpayments	»»
Credentialing Process	»»
EFT Form	»»
Texas Medicaid Provider Enrollment Management System (PEMS)	»»

Pharmacy MAC List

Contracted pharmacies can readily access the MAC list at any time through the Navitus Health Solutions Website <https://www.navitus.com/>

Contact Us

If you have questions or need assistance, contact the Provider Relations Department at:

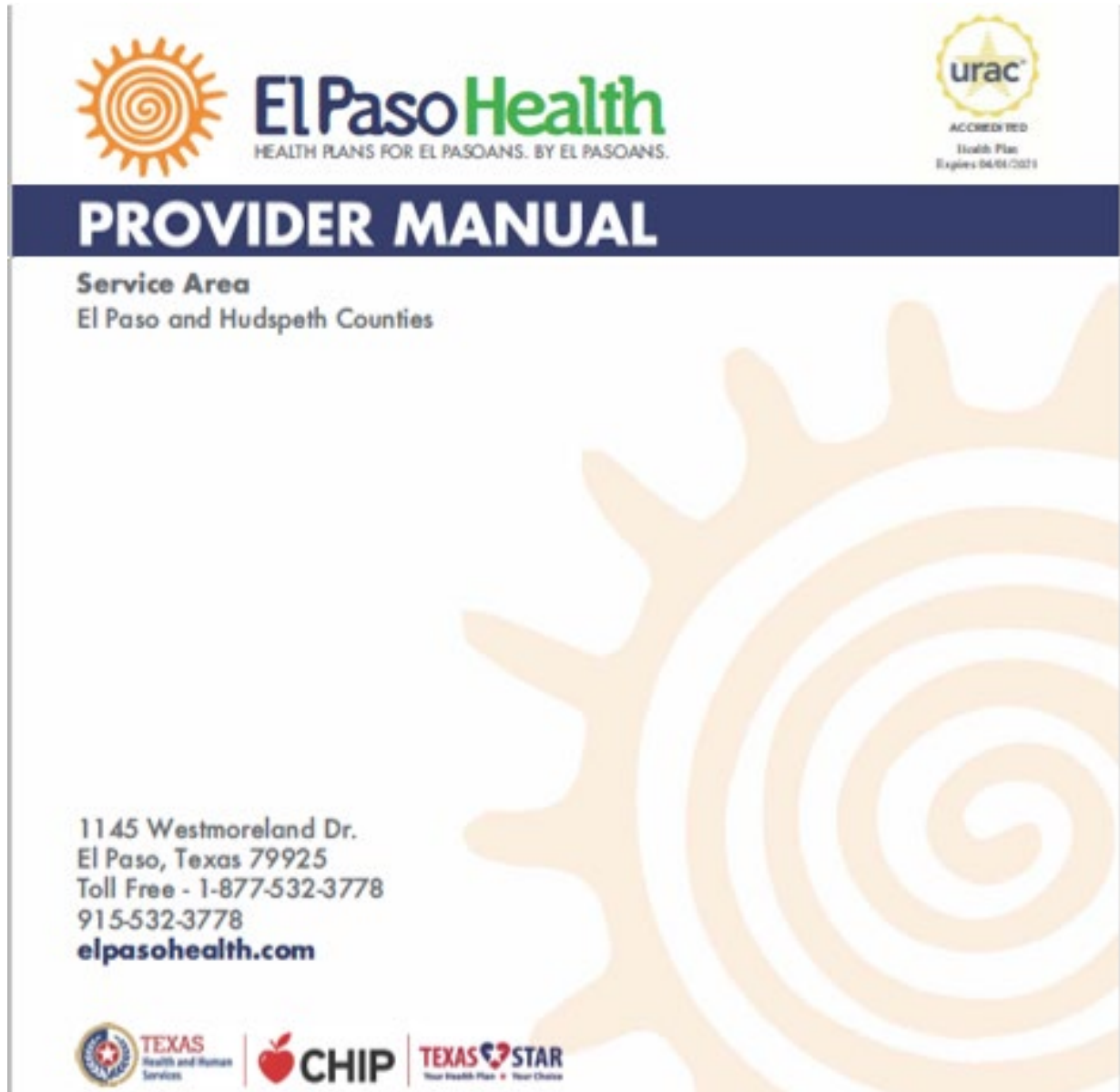
915-532-3778

Toll-Free: 1-877-532-3778

Our customer service hours are Monday through Friday between 8:00 am and 5:00 pm MST.

Fax Number: 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>

Case Management for Children and Pregnant Women Carve In



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MEMORANDUM

TO: Medicaid Providers
FROM: El Paso Health
DATE: August 1, 2022
RE: Case Management for Children and Pregnant Women Carve In

House Bill 133, 87th Legislature, Regular Session, 2021, requires the Case Management for Children and Pregnant Women (CPW) Program be carved-in to Medicaid managed care. CPW services are provided to help Medicaid eligible children and pregnant women to gain access to necessary medical, social, educational, and other services related to a member's condition, health risk or high-risk condition. CPW Case Managers assess a person's need for these services and then develop a service plan to address those needs.

For dates of service on or after September 1, 2022, El Paso Health will be responsible for managing the delivery of CPW services to EPH Medicaid members.

Member Eligibility Requirements

- Be eligible for Texas Medicaid
- Be a pregnant woman who has a high-risk condition or child (0-20 years) who has a health condition or health risk
- Need assistance in accessing necessary medical, social, education and other services related to their health condition, health risk or high-risk condition.
- Want to receive case management services

Provider Referrals for (CPW)

- CPW Provider types include registered nurses and licensed social workers who must be enrolled in Medicaid.
- To refer a Medicaid eligible person to Case Management for Children and Pregnant Women services, providers may utilize the [EPH Case Management form](#)



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MEMORANDUM

Services, Benefits, and Limitations

- Services are limited to one contact per day per person
- Additional provider contacts on the same day are denied as part of another service when rendered on the same day
- Visits completed using synchronous audiovisual technology or synchronous telephone (audio-only) technology should be provided only if agreed to by the client or parent/guardian

Prior Authorization

- All services must be prior authorized using the [Texas Standard Prior Authorization Request Form](#)
- One comprehensive visit is approved for all Medicaid eligible persons
- Follow-up visits are authorized based on contributing factors

Procedure Codes and Modifiers

- Case management for children and pregnant women services must be submitted with procedure code G9012 and the following modifiers:

Service	Required Modifiers
Comprehensive visit (in-person)	U2 and U5
Comprehensive visit (synchronous audiovisual)	U2, U5 and 95
Follow-up visit (in-person)	U5 and TS
Follow-up visit (synchronous audiovisual)	U5, TS and 95
Follow-up visit telephone (audio-only)	Ts and 93

Retrospective Review: Case Management for Children and Pregnant Women services are subject to retrospective review and recoupment if documentation does not support the service billed.

If you have questions regarding this correspondence please contact us at 1-915-532-3778 or toll free at 1-877-532-3778.



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ECI and THSteps Reminders

Early Childhood Intervention (ECI)

ECI encourages families not to take a "wait and see" approach to a child's development. As soon as a delay is suspected, children may be referred to ECI, even as early as birth.

➤ **Birth through 35 months:**

[Federal Regulation CFR Sec. 303.303 of Title 34 \(Education\)](#) requires a provider to refer children under age three to Early Childhood Intervention (ECI) as soon as possible, but no longer than 7 days of identifying a child with a delay or eligible medical diagnosis, even if also referring to an appropriate specialist.

➤ **Ages 3 years and older:**

The provider is encouraged to refer to the appropriate school district program, even if also referring to an appropriate specialist.

COVID -19 Update :

ECI is still providing visits both in person and via Telehealth based on the needs and preferences of the families.

ECI Referrals can be made online, via fax 915-496-0750 or on the 24/7 referral line at 915-534-4324.

<https://www.elpasoeci.org/>

THSteps Reminders

Texas Health Steps Provider Outreach Referral Form

TEXAS HEALTH STEPS PROVIDER OUTREACH REFERRAL FORM FAX: 512-533-3867

- Complete this form and submit by fax.
- Use only **ONE FORM PER HOUSEHOLD**, up to 2 patients.
- You will receive notification once your referral is processed.

Provider Information

Date: _____	
Provider/Clinic Name: _____	Contact Name: _____
Office Address: _____	City: _____ County: _____ Zip Code: _____
Phone Number: _____	Fax Number: _____
Provider Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Orthodontic <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____	

Parent/Guardian Information

Parent/Guardian Name: _____	Phone Number: _____	Mobile Number: _____
Address: _____	City: _____	County: _____ Zip Code: _____
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		

Patient #1 Information

Patient Name: _____	Date of Birth: _____	Medicaid ID: _____
Appointment Type: <input type="checkbox"/> THSteps Checkup <input type="checkbox"/> THSteps Followup <input type="checkbox"/> Sick Visit <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____		
Reason for referral (check all that apply)		
<input type="checkbox"/> Patient missed appointment, date: _____	<input type="checkbox"/> Assistance needed scheduling appointment.	
<input type="checkbox"/> Follow-up appointment for additional lead testing.	<input type="checkbox"/> Provide updated patient address (Case Management Only)	
<input type="checkbox"/> Assist with transportation to appointment.	<input type="checkbox"/> Other, see comments.	
Comments: _____		

Outreach Services Results (SSU Use Only)

<input type="checkbox"/> Appointment scheduled, date/time: _____	<input type="checkbox"/> Patient provided education about appointment etiquette.
<input type="checkbox"/> Patient assisted with transportation to appointment.	<input type="checkbox"/> Patient will contact provider directly.
<input type="checkbox"/> No action taken; patient declined assistance.	<input type="checkbox"/> No action taken; patient no longer eligible for Medicaid.
<input type="checkbox"/> Unable to locate patient, letter mailed to patient.	<input type="checkbox"/> Other: _____
Comments to Provider: _____	

Patient #2 Information

Patient Name: _____	Date of Birth: _____	Medicaid ID: _____
Appointment Type: <input type="checkbox"/> THSteps Checkup <input type="checkbox"/> THSteps Followup <input type="checkbox"/> Sick Visit <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____		
Reason for referral (check all that apply)		
<input type="checkbox"/> Patient missed appointment, date: _____	<input type="checkbox"/> Assistance needed scheduling appointment.	
<input type="checkbox"/> Follow-up appointment for additional lead testing.	<input type="checkbox"/> Provide updated patient address (Case Management Only)	
<input type="checkbox"/> Assist with transportation to appointment.	<input type="checkbox"/> Other, see comments.	
Comments: _____		

Outreach Services Results (SSU Use Only)

<input type="checkbox"/> Appointment scheduled, date/time: _____	<input type="checkbox"/> Patient provided education about appointment etiquette.
<input type="checkbox"/> Patient assisted with transportation to appointment.	<input type="checkbox"/> Patient will contact provider directly.
<input type="checkbox"/> No action taken; patient declined assistance.	<input type="checkbox"/> No action taken; patient no longer eligible for Medicaid.
<input type="checkbox"/> Unable to locate patient, letter mailed to patient.	<input type="checkbox"/> Other: _____
Comments to Provider: _____	

TEXAS HEALTH STEPS PROVIDER OUTREACH REFERRAL SERVICES

FAX COVER SHEET

DATE: _____

TO: SPECIAL SERVICES UNIT

PHONE: 877-847-8377

FAX: 512-533-3867

FROM: _____

PHONE: _____

FAX: _____

TOTAL PAGES INCLUDING COVER SHEET: _____

COMMENTS:

CONFIDENTIALITY NOTICE: This fax and any pages transmitted with it are confidential and intended solely for the use of the individual or entity to which they are intended. If you are not the intended recipient, you are hereby notified that any use, disclosure, dissemination, distribution, copying, or taking of any action because of this information is strictly prohibited. Please notify the sender immediately if you received this fax in error and destroy this fax and any pages transmitted with it.

EP03-14040 02/2013



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THSteps Provider Outreach Referral Form

Submission of Referral Form

- Submit the referral form by fax to the Texas Health Steps Special Services Unit at 512-533-3867 using the fax cover sheet included.
- For questions about the Texas Health Steps Provider Outreach Referral Service or for technical assistance with the completion and submission of the referral form, please contact your Texas Health Steps Provider Relations Representative.

Name	Phone	Fax	Email
Patrice Loge, Manager	915-834-7733	915-834-7808	Patricia.Loge@dshs.texas.gov
Kimberly Salazar, Team Lead	915-834-7689	915-834-7802	Kimberly.Salazar@dshs.texas.gov
Jorge Alday	915-834-7697	915-834-7802	Jorge.Alday@dshs.texas.gov

COVID 19 Vaccine Administration



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MEMORANDUM

TO: Medicaid Providers
FROM: El Paso Health
DATE: August 2, 2022
RE: COVID-19 Vaccine Administration Procedure Codes 0091A, 0092A, and 0093A Are Now Benefits for Medicaid and CHIP

Effective for dates of service on or after June 17, 2022, in accordance with the U.S. Food and Drug Administration (FDA) amendment to the Emergency Use Authorization (EUA), COVID-19 vaccine administration codes 0091A, 0092A, and 0093A are benefits for Medicaid and CHIP for the administration of the Moderna COVID-19 vaccine to individuals 6 through 11 years of age. HHSC will cover procedure codes 0091A, 0092A, and 0093A as non-risk payments. Vaccine procedure code 91309 is informational only while the vaccine is distributed to providers free of charge. Procedure codes 0091A, 0092A, and 0093A are Medicaid and CHIP benefits for the following providers and places of service:

Place of Service	Provider Type
Office	Physician Assistant (PA), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Physician, Pharmacist, Certified Nurse Midwife (CNM), Federally Qualified Healthcare Centers (FQHCs), Nephrology (Hemodialysis, Renal Dialysis), Rural Health Clinics (RHCs), Pharmacy
Home	PA, NP, CNS, Physician, Home Health Agency, Comprehensive Care Program (CCP) Provider
Outpatient Hospitals	PA, NP, CNS, Physician, Home Health Agency, Comprehensive Care Program (CCP) Provider
Other locations	PA, NP, CNS, Physician, FQHCs, CCP Provider, RHCs

As of June 17, 2022, procedure code M0201 (COVID-19 vaccine administration inside a patient's home) can be billed in the home setting with procedure code 0091A, 0092A, or 0093A for individuals 6 through 11 years of age. MCOs must reprocess affected claims submitted with these procedure codes and date of service on or after June 17, 2022. Providers are not required to appeal the claims unless they are denied for additional reasons after the claims reprocessing is complete. Providers interested in enrolling as a COVID-19 vaccinator should visit

EPHP5682208



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www.dshs.texas.gov/coronavirus/immunize/provider-information.aspx for more information.

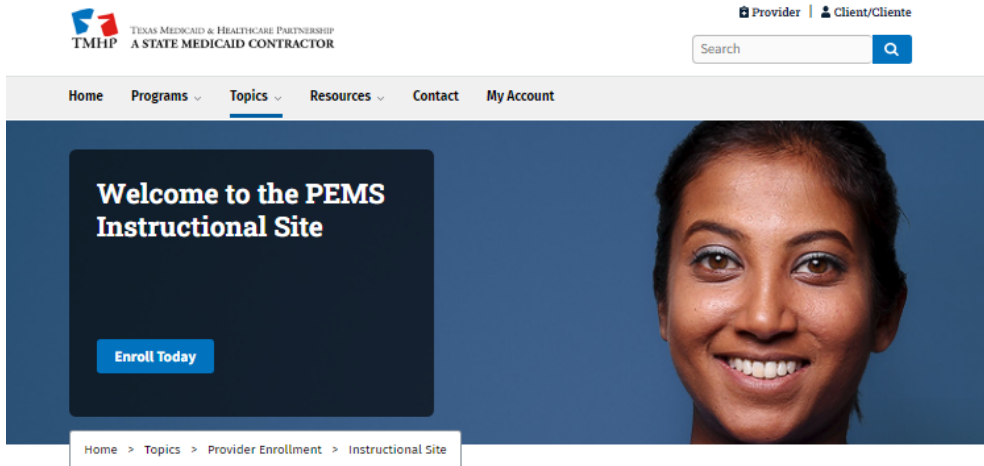
Resources: <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-moderna-and-pfizer-biontech-covid-19-vaccines-children>

If you have questions regarding this correspondence please contact us at 1-915-532-3778 or toll free at 1-877-532-3778.



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Provider Enrollment and Management System (PEMS)



Provider Enrollment and Management System (PEMS)

Last updated on 1/15/2022

A Step-by-Step Guide

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

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

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

New Enrollment	▼
Existing Enrollment	▼
Revalidation	▼
Reenrollment	▼
Maintenance	▼

[Return to top](#)

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

Contact Information

Provider Relations Department
(915) 532-3778

ProviderServicesDG@elpasohealth.com



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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

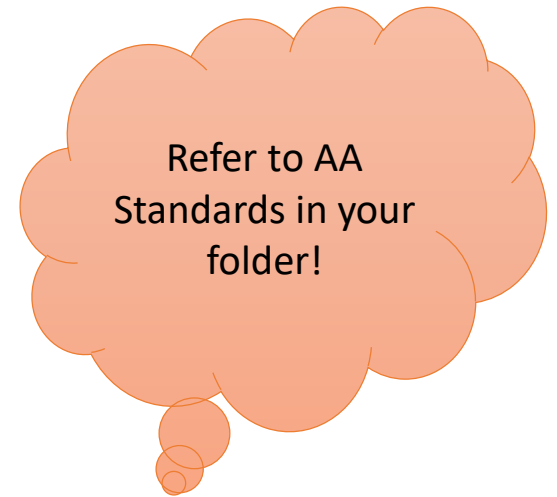
Performance Improvement Projects

2019	2020	2021	2022
	STAR & CHIP: Follow Up Care for Mental Health		
		STAR & CHIP: Appropriate Treatment for Upper Respiratory Infections	
		Medicare Advantage: Diabetes Management	
			*STAR Prenatal Postpartum Care Addressing SDOH *CHIP Weight Assessment & Counseling for Physical Activity and Nutrition

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.

Request for Medical Records

COMING SOON!!

TWO DIFFERENT INITIATIVES in QI

	THStep Annual Audit	HEDIS Hybrid Audit
What	Audit on specific selection of providers <ul style="list-style-type: none">Assesses compliance with required components of THSteps visit	Audit on select providers based on PCP assignment and/or claim history <ul style="list-style-type: none">Assesses compliance with HEDIS measures (WCC, IMA, CIS, CBP, CDC)
Requests Sent <i>*via Provider Portal -> QI Correspondence</i>	November/December 2022 <i>File QI_TaxID_THStep REQUEST_SF2023</i>	February 2023 <i>File QI_TaxID_HEDIS REQUEST_MY 2022</i>
Submission Deadlines	Typically 1 month turnaround	Typically early March! <i>**EPH must complete all audits by May 1st (NCQA Deadline)</i>

How we did this past season...

THStep Annual Audit

Groups Requested = 37

Records Received = 59%

**as of 1/31/2022; deadline was 12/31/2021*



If we don't receive records timely, or at all:

- Risk artificially under-reporting HEDIS rates
 - Has trickle down impacts on other initiatives
- Less time for second chances on THSteps audits
 - ✓ Reminder: Compliance is $\geq 85\%$

HEDIS Hybrid Audit

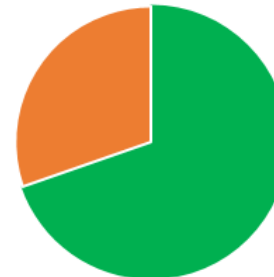
Groups Requested = 181

Response Received = 53%



Total Chases Requested = 3,604

Total Response Received = 70%



Get ready for next season!

- **We want to improve - Please take our surveys!**

- **Provider Portal and MR Submission**



AND

- Quick Questionnaire – **located in folder**
- Ensure the correct people have access to the EPH Provider Portal
- Lookout for requests and be **mindful of deadlines**
- Reach out if you have questions on requests
- With your cooperation, we can have a successful audit season!

**Electronic
Submission
STRONGLY
encouraged!**

Social Determinants of Health

Aka – Non Medical Drivers of Health



- Conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning and quality-of-life outcomes and risks.-Healthy People 2030.
- Providers can assist and support patients facing social challenges by
 - Inquiring about their social history,
 - providing guidance, and
 - referring them to support services, including referrals to El Paso Health.
- Help us facilitate our member's access to services within the community and assist in closing the loop of any SDOH needs.
- Encourage submission of appropriate ICD10 z-codes when SDOH needs identified
- Clinical Practice Guideline

<http://www.elpasohealth.com/pdf/Social%20Determinants%20of%20Health%20Clinical%20Practice%20Guideline.pdf>

Social Determinants of Health

Economic Stability	Neighborhood & Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health Coverage
Income	Transportation	Language	Access to healthy options	Support system	Provider availability
Expenses	Safety	Early Childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of Care
Medical bills	Playgrounds	Higher Education		Stress	
Support	Walkability				
	Zip Code/geography				

Resources on Website

Provider Accessibility and Availability Standards

http://www.elpasohealth.com/wp-content/uploads/2021/04/Access-and-Availability-Standards_EPHP2842101.pdf

THSteps MRR Training Slides and Recording

<http://www.elpasohealth.com/pdf/20210722%20EPH-PR-THSteps%20Medical%20Record%20Review%20Revised%20071921%20-%20for%20webiste.pdf>

<http://www.elpasohealth.com/media/THSteps%20MRR%20PowerPoint%20Recording.mp4> (20 min recording)

HEDIS Medical Record Documentation Tips

http://www.elpasohealth.com/wp-content/uploads/2021/04/HEDIS-Medical-Record-Documentation-Tips_EPH1219125.pdf

HEDIS FAQ

http://www.elpasohealth.com/wp-content/uploads/2021/04/HEDIS-FAQ-Document_EPHP041914.pdf

How to Send EMR Files through FTP

http://www.elpasohealth.com/wp-content/uploads/2021/04/How-to-send-EMR-files-to-EPF-via-SAT_900151EPF-102114_.pdf

Clinical Practice Guidelines

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

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

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

Contact Information

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Astryd Galindo, RN
Quality Improvement Nurse
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agalindo@elpasohealth.com



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Health Services Updates

Dolores Herrada

Director of Health Services

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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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.

Please answer all of the following questions to determine if an authorization is needed:

Types of Services	Yes	No
Are services being provided by an out-of-network Provider?	<input type="radio"/>	<input type="radio"/>
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input type="radio"/>
Is the member receiving oral surgery services?	<input type="radio"/>	<input type="radio"/>
Is the member receiving plastic and reconstructive surgeon services?	<input type="radio"/>	<input type="radio"/>
Is the member receiving venous surgical procedures/services?	<input type="radio"/>	<input 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.

Prior Authorization

Must Know

- + Clinical Guidelines
- + Prior Authorization Guidelines
- + Pharmacy Prior Authorization Process
- Required Information



To ensure El Paso Health has all it needs to initiate a prior authorization request you will need to submit the [Texas Standard Prior Authorization Request Form for Health Care Services](#) or for behavioral health the [Behavioral Health Prior Authorization Form](#)

The form must include the following essential information:

- Member name
- Member number
- Member date of birth
- Requesting Provider name
- Requesting Provider's National Provider Identifier (NPI)
- Rendering Provider's Name
- Rendering Provider's NPI
- Rendering Provider's Tax Identification Number
- Current Procedural Terminology (CPT)
- Healthcare Common Procedure Coding System (HCPCS)
- Service requested start and end dates
- Quantity of service units requested based on the CPT, or HCPCS requested

Essential Information

UMCM 3.22

To comply with HHSC requirements this notice provides guidance to Medicaid Providers on the submission of all Essential Information (EI). EI is a limited list of data elements required to initiate a PA review process and not intended to establish medical necessity.

All EI must be included on all Medicaid outpatient PA submissions to ensure that incomplete requests are not unnecessarily rejected solely from the submission of insufficient or incomplete documentation. The Texas Standardized PA Request Form must include the following essential information to initiate the review process (EI):

FAX COVERSHEET



IMMEDIATE ATTENTION REQUIRED

Date: 3/18/2021 12:05:46 PM

To Company: EPH Attention: EPH

To Fax No: 1 915-298-7866

Re: Member ID: _____ Auth No: _____

From: El Paso Health
Health Services Department
1145 Westmoreland Drive
El Paso, TX 79925

Phone No: 915-532-3778
Toll Free Phone No: 877-532-3778
Fax No: 915-298-7866
Toll Free Fax No: 844-298-7866

Comments:

We are in receipt of your authorization request for <Member Name> (Member I.D. No. _____). However, you submitted the authorization request without the essential information and cannot be processed.

List of what is incorrect, illegible, and missing
will be here.

Please correct and resubmit your authorization request in its entirety with this fax coversheet to honor your start of care.

Thank you for your attention to this matter.

Prior Authorization Process

Timelines

+ Clinical Guidelines

– Prior Authorization Guidelines



El Paso Health will provide a determination of a review within the following timelines:

Standard/Routine	Within three (3) business days after receipt of the request
Expedited/Urgent	Within one (1) business day after receipt of the request
Inpatient	Within one (1) business day after receipt of the request
Post-Stabilization	Within one (1) hour of receipt of request, if the request is related to post-hospitalization or life-threatening conditions, except that for Emergency Medical Conditions and Emergency Behavioral Health Conditions, EPH will not require prior authorization.

If you have questions or need help with the prior authorization process please don't hesitate to call El Paso Health Monday through Friday from 8:00 a.m. to 5:00 p.m. MST (excluding holidays) at the following number:

Members:

915-532-3778 or toll-free 1-877-532-3778 at extension:

● CHIP: 1516 (English), 1519 (Spanish)

● STAR: 1513 (English), 1518 (Spanish)

Providers:

915-532-3778 or toll-free 1-877-532-3778 at extension:

● CHIP: 1517

● STAR: 1514

Network and Out-of-Network Referrals

- PCPs must refer Members to El Paso Health Network specialists and facilities only; ***unless*** there are no Providers in-network that can provide the treatment or can render the service being requested.
- The Members PCP must initiate a referral to the specialty care Provider that outlines the necessary treatment for the Member.

For more information regarding Out-of-network Providers, PCPs may contact their Provider Relations Representative for additional guidance.



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Case Management For Children and Pregnant Women Services

Dolores Herrada

Director of Health Services

Case Management Programs

What is it?

Case Management is an administrative service provided to our Members to assist in the coordination of services in partnership with the PCP, specialty provider, a case manager, and our Members. The goal of case management is for our Members to get services that will help them manage their medical or mental health needs as well as promoting their quality of life by addressing social determinants of health (SDoH).

Case managers can help:

- Coordinate services with Members' PCP and other community providers or agencies
- Teach Members how to be active participants in their medical care
- Educate Members on their condition and medication
- Identify needs and strengths of the Member and their family
- Address SDoH like health care access, housing, transportation, and education

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

f

i



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

Member

Providers

Find a Provider

About

Volunteer

Contact

Search ...

Search

Provider Forms

Contracting and Credentialing

Out of Network Provider Enrollment

Provider Enrollment

Case Management Referral Form

Texas Health Steps Information for Providers

Clinical Practice Guidelines

HHSC Updates for Providers

Prior Authorization

Prior Authorization Tool

Prior Authorization Catalog

Find a Doctor

How Do I Qualify


How to Renew

Complaints and Appeals

Prior Authorization Tool

HCO Directory Search

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.](#)

Privacy - Terms

CASE MANAGEMENT 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: _____

Member Name: _____	Medicaid/CHIP ID #: _____	DOB: _____
---------------------------	----------------------------------	-------------------

Member Contact Number: _____	Member Address: _____
-------------------------------------	------------------------------

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
<input type="checkbox"/> OBESITY

PRESENTING CONCERN:

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

Case Management for Children & Pregnant Women

Effective **September 1, 2022**, Healthy Texas Women services will change to Case Management for Children & Pregnant Women (CPW).

CPW Services are those services that assist eligible clients in gaining access to necessary medical, social, educational, and other services related to their health condition/health risk or high-risk condition.

Who is eligible:

- Medicaid eligible members
- Children birth through 20 years of age
- Pregnant women of **any age**
- Need assistance in gaining access to medically necessary medical, social, educational, and other services related to the health condition, health risk or high-risk condition; and
- Agree to participate in the Case Management Program

Referrals for CPW Services may be submitted directly to El Paso Health via telephonic at 915-532-3778 or via fax 915-298-7866

Virtual Connect

Case Management

The VeMiDoc App allows you to Virtually Connect with a Case Manager to assist with:

- Pregnancy
- Mental Health
- Social Work
- Disease Management and many other programs

La App VeMiDoc le permite Conectarse Virtualmente con un Administrador de Casos para ayudarlo con:

- Embarazo
- Salud Mental
- Trabajo Social
- Manejo de enfermedades y muchos otros programas

To learn more about how to use VeMiDoc, contact your Case Manager at El Paso Health.
Call 915 532-3778

Para aprender más sobre como usar VeMiDoc, comuníquese con su administrador de casos en El Paso Health.
Llame al 915 532-3778

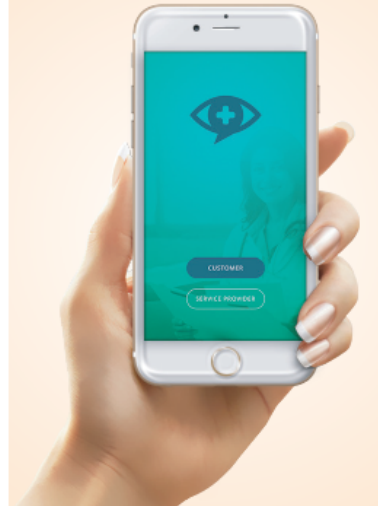


in partnership with (en asociación con)



EPHM0520183

El Paso Health's Virtual Connect now offers **VeMiDoc**



La Conexión Virtual de El Paso Health, ahora le ofrece
VeMiDoc

Virtual Connect by El Paso Health is a service that provides face-to-face virtual home visits for members with social determinants of health or complex conditions that require specialized intervention.



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

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ABA Benefit

Vianka Sanchez

Therapy Program Utilization Manager

Autism Service Benefit

Who is eligible?

Autism services are a benefit of the Texas Health Steps-Comprehensive Care Program (THSteps-CCP) for:

- Medicaid clients who are 20 years of age or younger
- Enrolled in our health plan at the time of service request

Comprehensive Service Array

Texas Medicaid offers an array of medically necessary services to support individualized treatment plans for children and youth up through 20 years of age with ASD.

These services may include one or more of the following, but are not limited to:

- Applied behavior analysis (ABA)
- Case management/care coordination (with parent permission)
- Early Childhood Intervention (ECI)
- Nutrition, when provided by a Licensed Dietitian
- Occupational therapy (OT)
- Outpatient behavioral health services
- Physician services, including medication management
- Physical therapy (PT)
- Speech-language pathology (SLP; also called speech therapy, ST)



ABA Request Checklist

Required for ABA EVALUATION/RE-EVALUATION/90 DAY EXTENSION REQUESTS

Providers: Please provide supporting clinical documentation for the items indicated below. Effective 2/01/2022

- ☐ **Initial Evaluation Request** – 1st time for an ABA evaluation. Initial evaluation code CPT 97151 and limited to 6 hours (24 units) with the HO modifier ONLY.

To request prior authorization for an **INITIAL 90-Day ABA Initial Evaluation**, LBAs or prescribing providers must submit the following:

Obtained from ABA Provider:

- ☐ A signed and dated referral from the prescribing provider for an evaluation for ABA services.
- ☐ Documentation of comprehensive diagnostic assessment (i.e. PCP, APRN, or PA) or reconfirmation of diagnosis of ASD signed and dated by the diagnosing physician, dated within 3 years prior to the date the PA request for ABA initial evaluation is received by the MCO, including member age, year of initial ASD diagnosis, co-morbid behavioral health and/or physical conditions, **Level of Symptom severity as per DSM criteria under ASD**
- ☐ A completed Texas Prior Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days prior to the or on the anticipated evaluation date requested.
 - The authorization for the initial ABA Evaluation (CPT 97151) is valid for 60 days from the requested evaluation date
 - When the request for prior authorization is signed and dated after the requested evaluation date, dates of service prior to the prescribing provider's signature will be denied.

- ☐ **Initial 90-day ABA Treatment Request** – To request prior authorization for an Initial 90-day ABA Treatment, providers must submit the following:

Obtained from ABA Provider:

- ☐ Completed ABA evaluation and treatment plan signed and dated by the LBA and the parent/caregiver. An ABA evaluation is considered current when it is performed within 60 days prior to the start of care date on the prior authorization request form.
- ☐ A completed Texas Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days prior to the requested ABA treatment start date, **including procedure codes and units.**
- ☐ A signed and dated referral from a physician outlining the **frequency and duration of treatment** based on recommendations made in the ABA evaluation as well as the prescribing providers own clinical judgment. **LATE SUBMISSIONS:** requests for initial 90-day ABA treatment submitted 60 days after the completed ABA evaluation date and within 180 days after the evaluation date will require a progress summary signed and dated by the LBA. Longer than 180 days, a re-evaluation will need to be completed.
- ☐ Documentation must include. (Provide ALL of the following):
 - ☐ relevant co-morbid conditions, trauma history, family history, primary language, previous ABA.
 - ☐ Short and Long-term treatment goals in SMART format, including baselines and parent goals. Include all settings where treatment will occur.
 - ☐ Vision and Hearing screens (Texas Healthsteps required screenings are acceptable)
 - ☐ Prognosis with clearly established discharge criteria.
 - ☐ Validated assessment of cognitive abilities and adaptive behaviors, NOT screens.
 - ☐ Functional behavior assessment, related to specific behaviors of concern, as clinically indicated.
 - ☐ Planned frequency and duration
 - ☐ If group treatment is planned, the treatment plan must include clearly defined, measurable goals for the group therapy that are specific to the member and his/her targeted behavior/skills.
 - ☐ A clear plan to coordinate with other providers.

- ☐ **90-day Extension of Initial ABA Authorization Request** – All of the following elements must be submitted with the authorization request:

Obtained from ABA Provider:

- ☐ Attendance log for child/youth
 - ☐ Attendance log for parent/caregiver
 - ☐ Progress summary from LBA: CPT 97155, signed and dated by LBA and parent/caregiver
- Attendance Logs: must include percentage of scheduled sessions successfully completed. These logs must be submitted with any future request for extension or recertification.

- ☐ **ABA 180-DAY Recertification Request** – Prior Authorization for recertification requests may be considered for increments up to 180 days for each request following the initial total of 180 days (two- 90 days) authorization period(s). All of the following elements must be submitted with the authorization request:

Obtained from ABA Provider:

- ☐ Completed ABA Re-Evaluation and treatment plan signed and dated by LBA and parent (CPT 97151 for up to 6 hours/24 units); Re-Evaluation does not require prior auth, will be reviewed upon submission
- ☐ Attendance log for member, and parent/ caregiver log with percentage of participation of both
- ☐ A completed Texas Prior Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days (minimum 85%) prior to the requested ABA treatment recertifications start date, **including procedure codes and number of units.**
- ☐ A complete request must be received no earlier than 60 days before the current authorization period expires.
- ☐ If gap in service is defined as not receiving ABA treatment or Re-Evaluation for 180 days or more, the provider must submit the request as an initial request and all documentation related to an initial request is required.

Revision is based on the most current edition of the TMPPM (Texas Medicaid Provider Procedures Manual). Manual subject to change, please refer to new editions as available.

Prior Authorization

To obtain prior authorization for ABA services the following documentation must be submitted with the service request:

For an ABA Initial Evaluation

- A signed and dated referral from the provider for an evaluation for ABA services which may originate from the PCP or other diagnosing provider such as a physician, APRN, or a PA.
- Diagnosis of ASD must have been made within the past 3 years (or reconfirmation of diagnostic criteria and symptom severity if the initial diagnosis of ASD was made more than 3 years ago)

Prior Authorization

For Initiation of Treatment with ABA

- Completed comprehensive ABA evaluation and therapy plan signed and dated by the LBA and parent/caregiver.
- A completed Texas Standard Prior Auth Req Form OR CCP Prior Auth Req Form
- A signed and dated referral from a physician outlining the frequency and duration of treatment based on recommendations made in the ABA evaluation, as well as the prescribing providers own clinical judgment

Contact Information

Dolores Herrada

Health Services Director
(915) 532-3778 ext. 1007

Vianka Navedo-Sanchez

Therapy Utilization Program Manager
(915) 532-3778 ext. 1135



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Special Investigations Unit (SIU)

Vanessa Berrios
Compliance Supervisor

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

SIU Partner & Medical Records Request

Data Analytics and Audits Vendor/Partner

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

COTIVITI

ATTN: Medical Records/ Release of Information

El Paso, TX 79925

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

Response Due: [REDACTED], 2020

Dear Provider:

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

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

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

- 1) Complete copies should include specific records to support the services provided. **Send complete records to support the claims billed for each member. It may include but not be limited to the following:**
 - Patient Information Sheets (completed by parent, guardian or patient)
 - Financial Records including superbills, copays, Patient Ledgers and Patient Intake Forms (Please submit a letter signed by the doctor if your office currently uses an EMR system that prevents you from producing superbills.)
 - Physician Orders / Notes, Nurse/Attendant Notes, Consultant and Other Medical Reports
 - Diagnostic Test Results, Graphic Reports / Images (regardless of where they are performed)
 - Referral / Authorization Requests and Forms
 - Medication Records, All Lab Requisitions and Lab Reports
 - Emergency Room Records, Operative Reports
 - Clients application for services, Timesheets, DME Orders
 - Health assessment, Plan of Care
 - Agreement for services, orientation documentation for attendants, supervisory visit
 - Delivery Slip
 - Tracking Information
 - Certificate of Medical Necessity
 - Product Description and Serial Number
 - Rental Agreements
 - Any other records pertaining to the claims billed for the member.
- 2) Copy of Photo ID and Member ID card.
- 3) All records are to be shipped via a traceable manner such as registered United States Postal Service.

Medical Records Request Letter Sample

How to Submit

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

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

Medical records can be sent via secure portal or fax:

www.submitrecords.com, with the client identifier/password eph24FWA

secure fax: 877-300-7850

Missing MR Items and Attestation

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

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

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

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

Remember



Closing the Review

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

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

External Audits

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

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

SIU Contact Information

Jourdan Norman, Special Investigations Unit Program Manager

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

Vanessa Berrios, CPC, Compliance Supervisor

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

Robert Valenzuela, Director of Compliance

- (915) 298-7198 ext. 1109
- RValenzuela@elpasohealth.com

Catherine Gibson, Chief Compliance Officer

- (915) 298-7198 ext. 1258
- cgibson@elpasohealth.com

When in doubt,
reach out!

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



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 Manager

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



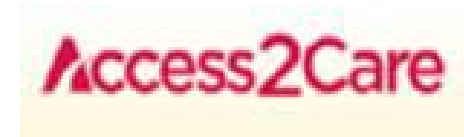
- A taxi or van service



- 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.

VAS – Healthy Rewards




A Great Health Plan Comes With Healthy Rewards.

HEALTHY REWARDS*		MEDICAID MEMBER	CHIP MEMBER
	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.	✓	✓
	A free ride service to help you get to medical appointments or health education classes.	✓	✓
	Two free books from the EPH Literacy Program for members in speech therapy.	✓	✓
	Pregnant members 21 or older can receive up to \$500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions.	✓	✓
	Members 20 and younger. For contact lenses and glasses (lenses and frames), members receive up to \$125 above the Medicaid/CHIP benefit.	✓	✓
	Members 21 years and older. For contact lenses and glasses (lenses and frames), members receive up to \$150 above the Medicaid benefit, once every 24 months.	✓	

HEALTHY REWARDS*		MEDICAID MEMBER	CHIP MEMBER
	Pregnant members can receive: <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. 	✓	✓
	Medicaid members age 20 or younger and CHIP members age 18 or younger can receive four additional nutritional/obesity counseling services above the Medicaid/CHIP benefit.	✓	✓
	A free "EPH Food from the Heart" food basket for new members after completing a new member orientation with El Paso Health.	✓	✓

VAS – Healthy Rewards

A Great Health Plan Comes With Healthy Rewards.

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

	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.	✓	✓
	A \$20 gift card is offered to members ages 21 and older who get an annual preventative wellness exam.	✓	
	A \$10 gift card for members 20 and younger who complete a Texas Health Steps check up on time.	✓	
	A \$10 Walmart gift card for members 20 and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay. Members can receive one gift card per year.	✓	✓
	Up to \$35 discount for any sport, swim, or camp registration fee at participating YMCA's; once every 12 months.	✓	✓




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

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



El Paso Health
 HEALTH PLANS FOR EL PASOANS BY EL PASOANS
www.elpasohealth.com

New Value Added Service effective 9/1/2022



Members ages 6-12 years are eligible to receive a Calming Kit* within 30 days of a follow-up visit receipt from the provider.

**To be eligible to receive a Calming Kit; services must be rendered by an in-network, contracted, licensed and credentialed provider with prescribing authority. One Calming Kit per year.*

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.

Members ages 6-12 years are eligible to receive a Calming Kit* within 20 days of receipt of a follow-up visit claim from provider.

If you need help call us at

915-532-3778 or toll free at 1-877-532-3778

From 8:00 a.m. to 5:00 p.m. Monday thru Friday.

**To be eligible to receive a Calming Kit; services must be rendered by an in-network, contracted, licensed and credentialed provider with prescribing authority. One Calming Kit per year.*

Primary Care Provider Change Request Form

Save time by requesting PCP changes via fax. The form can be found under the Provider drop down menu on our website:



Member ▾ Providers ▾



Provider 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





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



Primary Care Provider (PCP) Change Request Form

I, _____ would like to change my PCP to:

(Member Name)

Provider Name: _____

Provider Address: _____

Provider Phone Number: _____

Provider NPI: _____

I understand that as an El Paso Health Member, I have the right to request a change to my assigned PCP at any time.

Date: _____

Member Name: _____

Member Phone Number: _____

El Paso Health Member ID: _____

Member (or legal guardian) Signature: _____

Print Name of Legal Guardian: _____

If you have any questions or need assistance with changing your PCP, please call El Paso Health Member Services Department at 915-532-3778 or toll-free 1-877-532-3778.

Please fax this completed form to 915-225-6749.



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



Formulario Para Solicitar El Cambio De Proveedor De Atención Primaria (PCP)

Yo, _____ quisiera cambiar mi PCP a:

(Nombre del Miembro)

Nombre del Proveedor: _____

Dirección del Proveedor: _____

Número de Teléfono del Proveedor: _____

Número de Identificación Nacional de Proveedor de Texas (NPI): _____

Tengo entendido que como Miembro de El Paso Health, tengo el derecho de solicitar el cambio de PCP asignado, en cualquier momento.

Fecha: _____

Nombre del Miembro: _____

Número de Teléfono del Miembro: _____

Número de Identificación del Miembro de El Paso Health: _____

Firma del Miembro (o tutor legal): _____

Nombre del Tutor Legal: _____

Si tiene preguntas o necesita ayuda para cambiar su PCP, por favor llame a los Servicios de Miembro de El Paso Health al 915-532-3778 o sin costo al 1-877-532-3778.

Por favor envíe este formulario completado por fax al 915-225-6749

Contact Information

Nellie Ontiveros

Member Services Manager

(915) 532-3778 ext. 1112



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Services for Children of Traveling Farmworkers

Mariann Frias

C.A.R.E. Solutions Lead

Process on Accelerated Services for FWC

- Migrant Risk Assessment for new/existing migrant Members conducted:
 - Verify migrant status
 - Identify need for accelerated services
- If Member needs services, the Outreach Coordinator fills out an accelerated services form.
- Accelerated Services for Farmworker Children Referral Form is sent to provider.
- Outreach Coordinator assists Member with scheduling an appointment.
 - Outreach Coordinator will assist Member with transportation if needed.
- After the appointment, Provider will return the form to El Paso Health for additional follow up if needed.

Indicator on Roster

An indicator identifies members who qualify for this service on the STAR Master Roster and THSteps Roster.

ALL LOCATIONS

El Paso Health
STAR Master Roster
October 2021

Page 1 of 100

Member#	Member Name	Migrant	Age	DOB	Sex	Phone	Address	Effective	THSteps	PCPName
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Monthly rosters are available via the provider portal under the “Reports” tab.



El Paso Health

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Provider Partnerships

Partnerships

Health fairs for:

- Encouragement of Texas Health Steps
- Flu vaccinations
- COVID vaccinations

Address social determinants of health

- Contact CARE Solutions if a member needs to be referred to community agencies.

Medicaid/CHIP application assistance

Provider Events



C.A.R.E. Solutions Department

Rosalinda Medina

C.A.R.E. Solutions Manager

915-298-7198 ext. 1161

Mariann Frias

C.A.R.E. Solutions Lead

915-298-7198 ext. 1089



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

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Claims Updates

Adriana Villagrana

Claims Manager

Reminders

Claims Processing

Timely filing deadline

—**95** days from date of service

Corrected claim deadline

—**120** days from date of the Remittance Advice

Reminders

Telehealth Claims

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

Claims must be submitted with:

- Modifier 95
 - Place of Service (POS) 10
 - Place of Service (POS) 02
- The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

(Effective January 1, 2017)(**Description change effective January 1, 2022**, and applicable for Medicare April 1, 2022.)

Note: Claim will deny if claim is submitted only with modifier 95 and POS 02 or POS 10 is not present or vice versa

Frequent Denial

ICD-10-CM Related

The ICD-10-CM code Z3483 may only be used as first-listed or primary diagnosis position.

Diagnosis code B9789 describes an external cause, or requires the diagnosis code for the first underlying disease, and should never be listed as the primary diagnosis for a procedure.

Per Medicaid guidelines, the patient's age does not meet policy requirements for the procedure code and/or a diagnosis code.

Frequent Denials

Modifier Medicaid Guideline

THSteps Medical Services

99381	99382	99383	99384	99385	99391	99392	99393	99394	99395
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THSteps medical services must be billed using one of the following modifiers: AM, SA, or U7.

Family Planning Services*

99202	99203	99204	99205	99211	99212	99213	99214	99215	J7296
J7297	J7298	J7300	J7301	J7307					

* Family planning services performed in the RHC setting must be billed with the appropriate modifier: AM, SA, or U7.

Electronic Claims

Claims are accepted from:

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

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

Claims Contact Information

Adriana Villagrana
Claims Manager
915-532-3778 ext. 1097

Patricia Diaz
Claims Director
915-532-3778 ext. 1171

Questions

