

OB PROVIDER SPECIALTY TRAINING

Thursday, July 28, 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://ephobtraining.eventbrite.com>

Password: EPHOB



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 – [First Steps Case Management Program/OB Benefits and Prior Authorization Process](#)
- Special Investigations Unit – [SIU Process](#)
- Member Services – [Reminders](#)
- Claims – [Reminders](#)



El Paso Health

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Provider Relations Updates and Reminders

Shantee Aguilera

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	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.

El Paso Health Provider Manual



El Paso Health
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PROVIDER MANUAL

Service Area

El Paso and Hudspeth Counties

1145 Westmoreland Dr.
El Paso, Texas 79925
Toll Free - 1-877-532-3778
915-532-3778
elpasohealth.com



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>

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 without a Texas Provider Identifier (TPI) number are not eligible for reimbursement for services rendered to a member participating in the STAR program.
- OON Providers must notify our Contracting Department of any TPI assignments/updates through a formal written notification.
- 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-](https://www.txvendordrug.com/formulary/prior-authorization/dispensing-72-hour-emergency-prescriptions)

[emergency-prescriptions](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)

[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)
and
Case Management for Children and Pregnant Women Services (CPW)**

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.



Case Management for Children and Pregnant Women Program (CPW) Effective September 1, 2022

What is Case Management for Children and Pregnant Women (CPW)?

Case management services are provided to help Medicaid eligible persons gain access to necessary medical, social, educational and other services. Case manager assess a person's need for these services and then develop a service plan to address those needs. Provider types include registered nurses and licensed social workers who must be enrolled in Medicaid.

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 received case management services

Case Management for Children and Pregnant Women Program (CPW)

Referrals for (CPW)

To refer a Medicaid eligible person to Case Management for Children and Pregnant Women services, providers may utilize the [EPH Case Management form](#)

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

Case Management for Children and Pregnant Women Program (CPW)

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.

Infant and Child Formula Shortage Continues



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MEMORANDUM

TO: Valued Medicaid Providers
FROM: El Paso Health
DATE: June 24, 2022
RE: Infant and Child Formula Shortage Continues

Texasans continue to be impacted by a shortage of infant and child formulas. During this time, El Paso Health members may have questions about where they can find formula or if an alternate formula can be used for their child.

Provider may help by informing parents of the following practices to avoid:

- Don't order from or obtain formula from other countries except through channels identified.
- Don't make formula at home.
- Don't water down formula.
- Don't use formula past the "best by" or "use by" date.
- Don't buy more formula than needed.

Providers can also share the following resources and information:

- WIC has expanded options for families to accommodate the shortage.
- Visit a WIC office to update the formula benefits on your WIC card.
- Members may use transportation services available as a value-added service or on a case-by-case basis to travel to WIC offices to make the necessary changes to their WIC documentation.

Reference sources:

[Special WIC Food Updates | Texas WIC](#)

[Information for Families During the Formula Shortage | HHS.gov](#)

If you have questions regarding this correspondence please contact our Provider Relations Department for assistance at 1-915-532-3778 or toll free at 1-877-532-3778.

EPHP5542206



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BRCA and Genetic Testing

And

TDAP Vaccine Benefit

BRCA and Genetic Testing

- Quest Diagnostics is currently the only in-network laboratory for BRCA and genetic testing.
- Authorization is required for BRCA and genetic testing.
- Providers are responsible for arranging referrals/ authorization for care and service within the El Paso Health network.
- Authorization requests for out-of-network providers and facilities will reviewed when the services cannot be performed by an in-network provider and when deemed medically necessary.

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	1400 George Dieter Dr. Ste 225
El Paso, TX 79905	El Paso, TX 79936
915-533-3414	915-857-2474

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.



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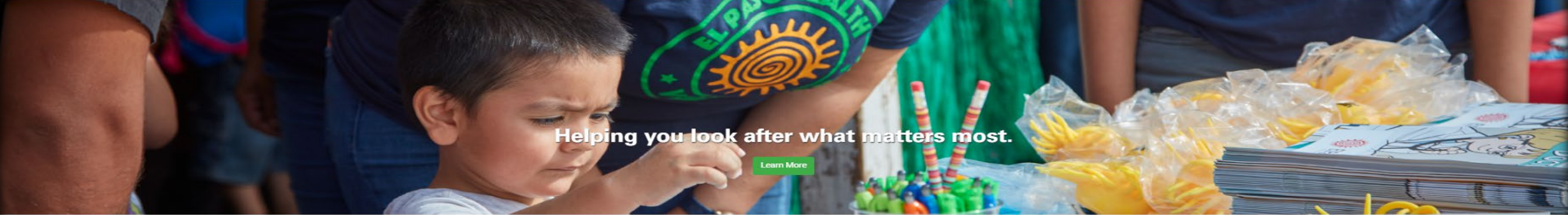
THE HEALTH PLANS OF EL PASO FIRST

Additional Updates

Enhanced El Paso Health Website

Español Call us at 915-532-3778 Outside El Paso 877-532-3778 Hours of Operation 7:00 A.M. – 5:00 P.M. MST Provider Login Member Login Careers

El Paso Health HEALTH PLANS FOR EL PASAÑOS. BY EL PASAÑOS. Member Providers Find a Provider About Volunteer Contact Search ... Search



Helping you look after what matters most. [Learn More](#)

Welcome to El Paso Health

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

STAR

For pregnant women, children and anyone who gets TANF

[Find Out More](#)

CHIP


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

[Find Out More](#)

Medicare


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

[Find Out More](#)




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

[VIEW ANNUAL REPORT](#)



We're in this together!

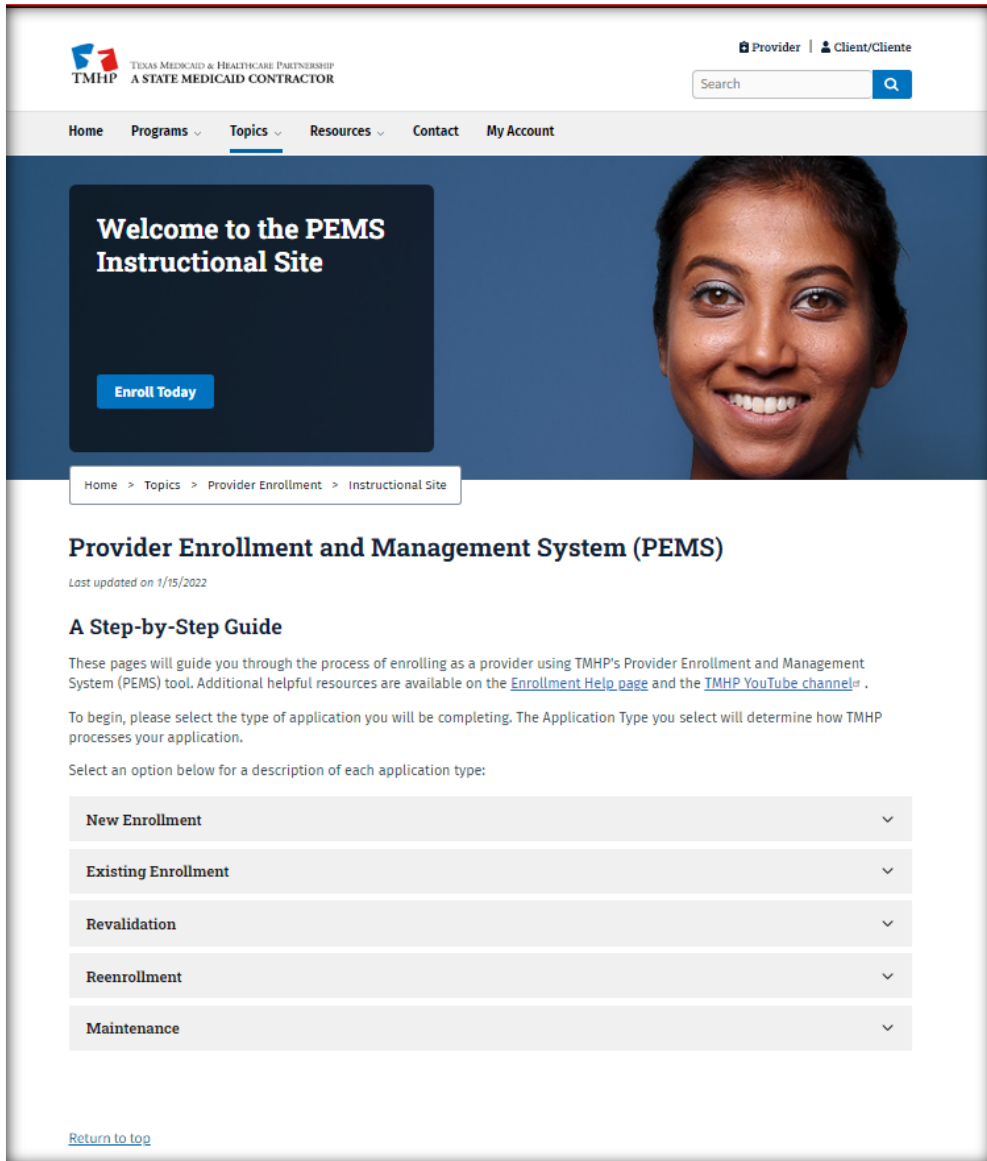
www.elpasohealth.com



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Provider Enrollment and Management System (PEMS)



The screenshot shows the Texas Medicaid & Healthcare Partnership (TMHP) website. The header includes the TMHP logo, the text 'TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR', and user options for 'Provider' and 'Client/Client'. A search bar is also present. The main navigation menu includes 'Home', 'Programs', 'Topics', 'Resources', 'Contact', and 'My Account'. The 'Topics' menu is active, leading to a page titled 'Welcome to the PEMS Instructional Site'. A prominent blue button labeled 'Enroll Today' is visible. Below the welcome message, a breadcrumb trail reads 'Home > Topics > Provider Enrollment > Instructional Site'. The main heading is 'Provider Enrollment and Management System (PEMS)', with a sub-heading 'A Step-by-Step Guide'. The text explains that the pages will guide users through the enrollment process and provides links to an 'Enrollment Help page' and a 'TMHP YouTube channel'. It also instructs users to select an application type from a list of options: New Enrollment, Existing Enrollment, Revalidation, Reenrollment, and Maintenance. A 'Return to top' link is located at the bottom left of the page.

<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: Beneficiaries with Complex Needs – Behavioral Health		
	STAR & CHIP: Follow Up Care for Mental Health		
	STAR & CHIP: Improving Flu Vaccine Utilization		
	STAR & CHIP: Appropriate Treatment for Upper Respiratory Infections		
	Medicare Advantage: Diabetes Management		
	<p>*STAR Prenatal Postpartum Care Addressing SDOH</p> <p>*CHIP Weight Assessment & Counseling for Physical Activity and Nutrition</p>		

Refer to Fax Blast handout in your folder!

<http://www.elpasohealth.com/faxblast/EPH-PR-OB%20Providers-Quality%20Performance%20Improvement%20Project%20Interventions1.pdf>

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**
- **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*

Standards:	Able to schedule appointment:
Emergency Services	Upon member presentation
Urgent Care	Within 24 hours
Low Risk Prenatal Care	14 calendar days
High Risk Prenatal Care	5 calendar days
New Member in 3 rd Trimester	5 calendar days

Monitoring

State-Wide Secret Shopper Calls

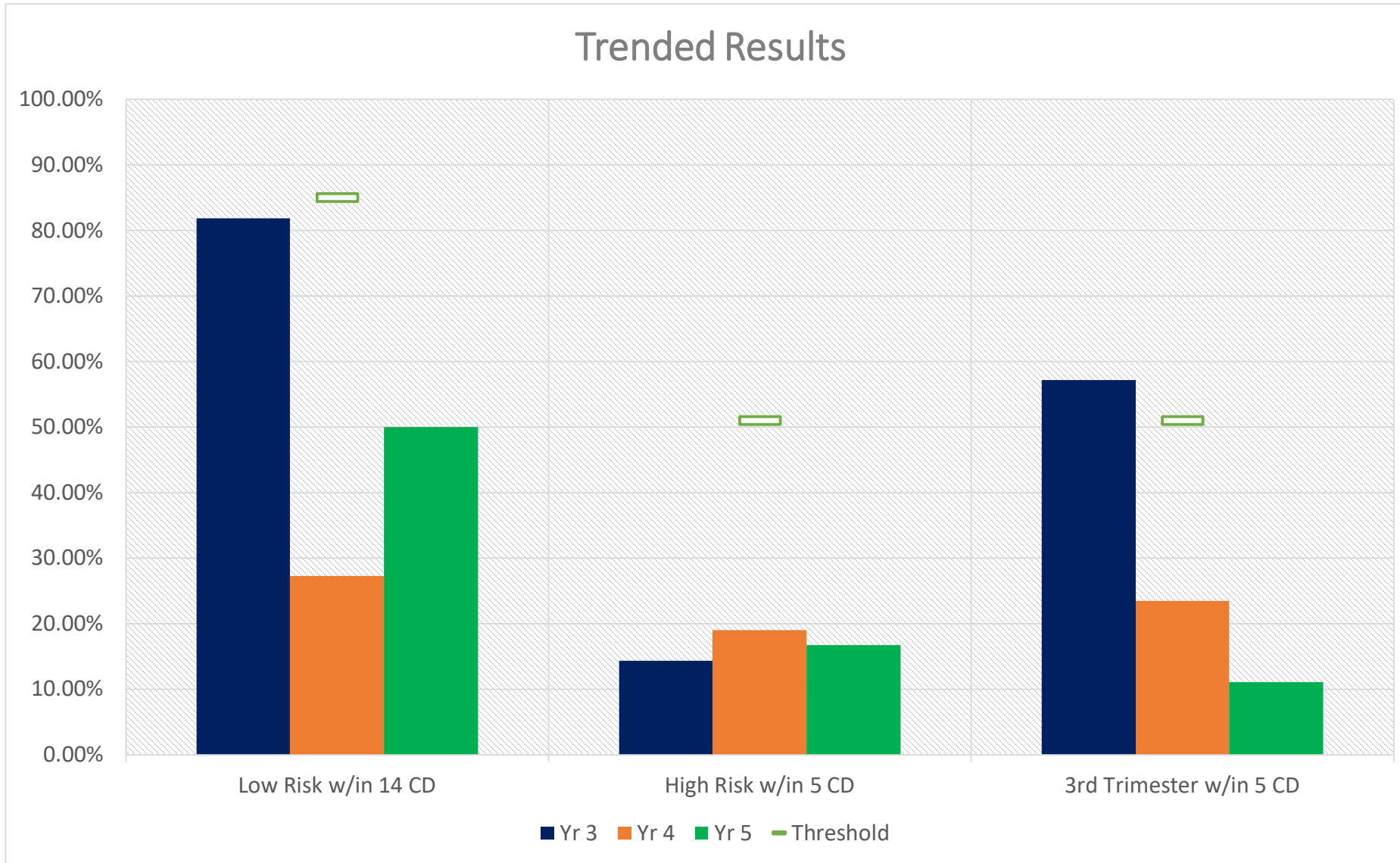
- HHSC monitors MCO's compliance
- Required by Senate Bill 760
- Samples selected based on MCO **provider directories**
- HHSC required standards must be met
(Please see A&A Standards on EPH website)

Internal

- Provider Relations Representatives
 - Appointment accessibility surveys
 - Provider Directory Verification calls
- QI Nurses
 - Secret shopper calls on HHSC required standards
 - After hours calls for PCPs and OBs designated as PCPs – random sample

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

State-Wide Monitoring Results



- Yr 5 calls performed October 2021
- CAPs and LDs are active!
- State can issue up to \$1k per non-compliant call
- 30% of calls were excluded due to invalid information in provider directory
- **Please ensure office staff are aware of A&A Standards!**

Standards for After Hours Availability

Acceptable

- Answering service and/or recording are English and Spanish
- Answering service can contact provider or on-call designee
- Recording directs caller to another number that leads to in-person answer
- Call is returned within 30 minutes

Provider Contract Requirement:

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

Non – Acceptable

- **Phone only answered during office hours**
- **Answering service refuses to contact provider or on-call designee**
- **Phone call not returned within 30 minutes**
- **Caller asked to leave a message**
- Recording tells caller to go to ER
- Caller informed of fee for after hours call

Results CY 2022 Q1 – Q2:

OB Groups surveyed = 6

Compliant = 3 (50%)

What happens if you're non-compliant?

Non-compliance with initial survey:

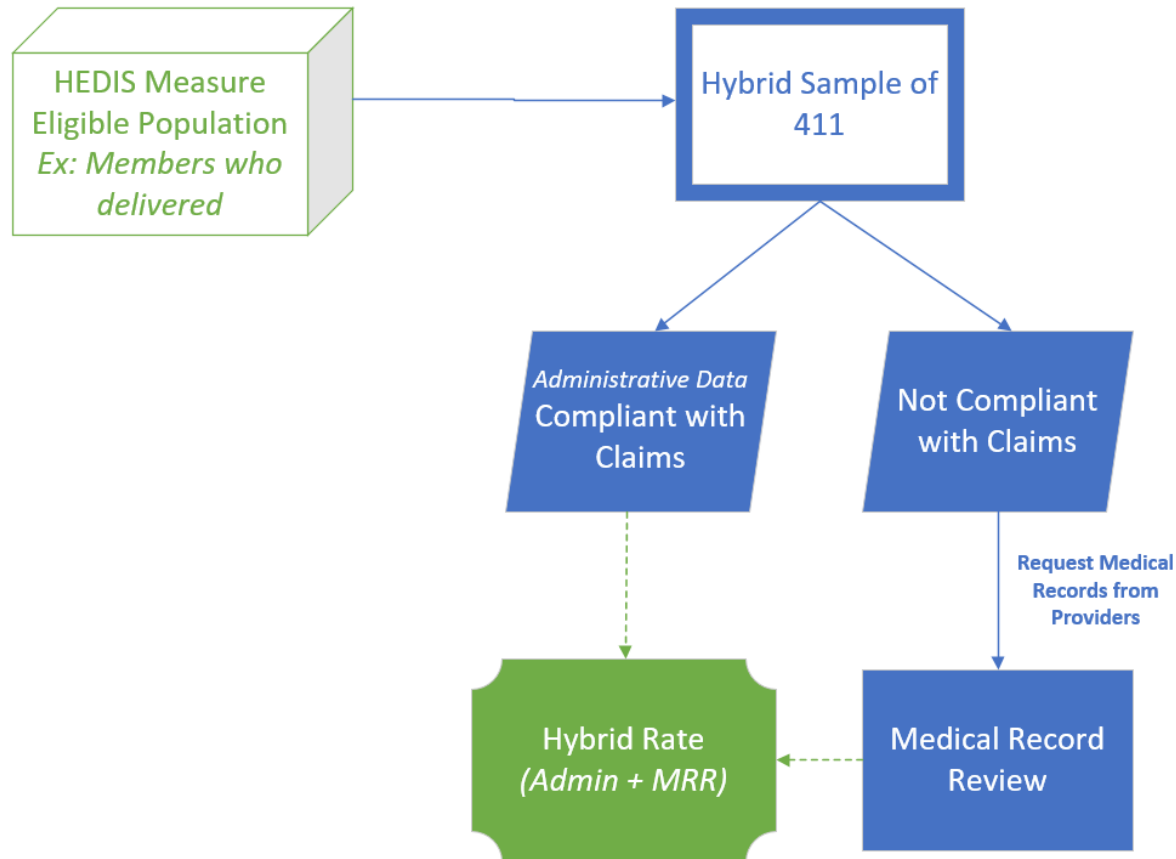
- Notification letter explaining which standard was missed
- Education from Provider Relations Representatives
- Re-survey within 3-6 months

Non-compliance with re-survey

- Notification letter explaining which standard was missed
- Phone call from Medical Director
- Results get reported at the next Credentialing and Peer Review Committee
- Provider does not meet applicable criteria on end of year profiling

****All results get reported on a provider's re-credentialing file every 3 years.**

HEDIS Medical Record Review



If member is compliant from claims data, medical record review will not be necessary.

Potential HEDIS Requests for OB Providers

Timeliness of Prenatal Care

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

Postpartum Care

- 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	Trends
	<i>Season Jan-May 2019</i>	<i>Jan-May 2020</i>	<i>Jan-May 2022</i>	
Records Requested:	276	175	228	
Records Received:	207	81	73	
Received Rate:	75.00%	46.29%	32.02%	
Performance				
PPC – Prenatal Rate	88.32%	87.83%	82.48%	
PPC – Postpartum Rate	73.97%	84.91%	74.70%	

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

Prenatal Visit Documentation

Must include the DATE when visit occurred AND evidence of one of the following:

References to the pregnancy:	Diagnosis of pregnancy or Standardized prenatal flow sheet or LPM, EDD or gestational age or Positive pregnancy test result or Gravidity and parity
OB exam with:	fetal heart tone or pelvic exam with OB observations or fundus height measurement (prenatal flow sheet)
Prenatal Care Procedure:	OB Panel or TORCH or rubella antibody test/titer with Rh incompatibility or ultrasound of pregnant uterus
LMP or EDD with either:	prenatal risk assessment and counseling/education or complete OB history

Postpartum Visit Documentation

Must include the DATE when visit occurred AND evidence of one of the following:

Pelvic Exam

Evaluation of Weight, B/P, breasts/breastfeeding and abdomen

Notation of postpartum care (“PP care”, “PP check”, “6 week check” or preprinted “Postpartum Care” form)

Perineal or cesarean incision/wound check

Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders

Glucose screening for women with gestational diabetes

Infant care or breastfeeding

Resumption of intercourse, birth spacing or family planning

Sleep/fatigue

Resumption of physical activity and attainment of healthy weight

Resources on Website

- Clinical Practice Guidelines

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

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

 Prenatal and Postpartum Care Guideline

 Routine Preventive Services Guideline 5d-24mo

 Routine Preventive Services Guideline 30mo-11yr

 Routine Preventive Services Guideline 12yr-20yr

 Asthma Management Guideline

 Diabetes Management Guideline

 Viral URI Management Guideline

 Mental Health Follow Up Guideline

 Social Determinants of Health Guideline

 Prescribing Opioids for Chronic Pain Guideline

- Provider Accessibility and Availability Standards

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

Provider Resources

 Formularies Available on Epocrates

 HEDIS FAQ – EPH

 HEDIS Medical Record Documentation Tips

 The Texas Clinician’s Postpartum Depression Toolkit

 Contract Checklist Version 2.6 Ch 8_1 EFF Apr.5.2019

 Provider Accessibility and Availability Standards

Contact Information

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



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First Steps Case Management Program/ OB Benefits and Prior Authorization Process

Dolores Herrada
Director of Health Services

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



- 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

- 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.](#)

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):

- HIGH RISK PREGNANCY
- BEHAVIORAL HEALTH
- ASTHMA
- HEART DISEASE
- DIABETES
- SPECIAL HEALTH CARE NEEDS
(individuals who have a behavioral/medical condition that is expected to last more than 12 months)
- SOCIAL WORK
- 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)

Authorization Process/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).

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 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.

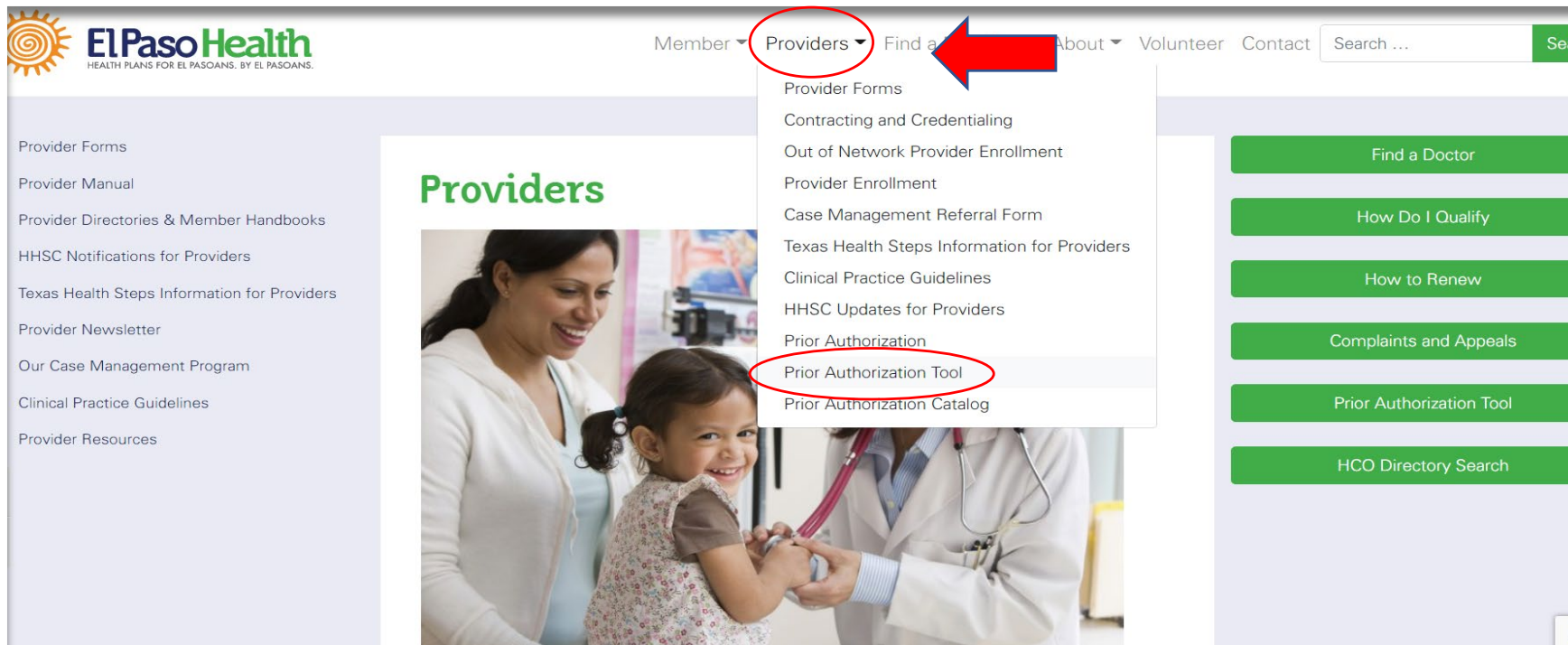
- [Prior Authorization Tool and Catalog](#) may be found on our website at www.elpasohealth.com

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

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.



Prior Authorization Tool (continued)

- 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.

Covered Pharmacy Benefit – Makena STAR/CHIP

- Pharmacy prior authorization is required.
- The PA form can be accessed in the following link:

<https://txstarchip.navitus.com/misc-pages/pdf-form-viewer.aspx?FormID=9fe3cee2-0826-412b-93a4-fa0b65021cb9>

Approval Criteria (as is listed on pharmacy PA Form):

- Diagnosis: Singleton pregnancy in a woman with a history of spontaneous singleton preterm birth
- Dosage and frequency: 250mg intramuscular or 275mg subcutaneous once weekly
- Age: Patient must be 16 years of age or older
- Length of treatment: Begin treatment between 16 weeks, 0 days and 24 weeks, 6 days of gestation
- Continue until 36 weeks, 6 days of gestation or delivery, whichever occurs first: Maximum 21 doses

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.
- Quest Diagnostics/ is currently the only in-network laboratory for BRCA and genetic testing.
- Gyn Path Services (Pap smears, STD screening, and (Cytology Biopsies)

Diabetic Supplies / Gestational Diabetes

Diabetic Supplies: STAR benefit

- Providers may provide members with the numbers below to obtain the free glucometer:
 - Trividia Health for TRUE METRIX: 1-866-788-9618
 - Abbott Diabetes Care for FreeStyle or Precision Xtra: 1-866-224-8892
- TRUE METRIX® Meter or TRUE METRIX AIR® Meter or TRUE METRIX Glucose Test Strips
- FreeStyle (Lite® and Freedom Lite® Systems) or FreeStyle Test Strips
- Precision Xtra® System or Precision Test Strips
- Prescription is required for the lancets and test strips.
- Medicaid does not reimburse glucometers/Not a Benefit for STAR.

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), or
- Non-hospital grade electric pump (no authorization required), or
- 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 SUPPLIES UNDER \$300

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

Contact Information

Erika Hernandez BSN, RN, CLC
OB Case Manager
(915) 298-7198 ext. 1189

Dolores Herrada
Director of Health Services
(915) 298-7198 ext. 1007

Moses Priego
Care Coordination Manager
(915) 298-7198 ext. 1235



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

Catherine Gibson, Chief Compliance Officer

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

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

When in doubt,
reach out!



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Member Services Department

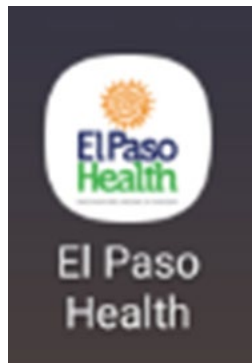
Nellie Ontiveros

Member Services Manager

STAR and CHIP Member Portal/ EPH Mobile App

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

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



Behavioral Health Crisis Line

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

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

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

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



Non-Emergent Medical Transportation (NEMT) Services

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

- Public transportation



- A taxi or van service



- Money to purchase gas



- Commercial transit



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

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


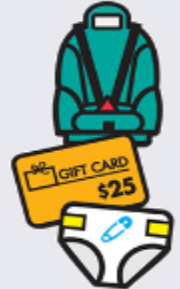







Members must include the following when calling Access2Care:

- 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	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.	✓	✓		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. 	✓	✓
	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.	✓					
	Medicaid members age 20 or younger and CHIP members age 18 or younger can receive four addition 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.	✓	✓				





¡Felicidades por su embarazo!
Congratulations you're expecting!



El Paso Health
 HEALTH PLANS FOR EL PASOANS, BY EL PASOANS.
 P.O. Box 971100
 El Paso, Texas 79997-1100

NONPROFIT ORG.
 U.S. POSTAGE
 PAID
 EL PASO, TX
 PERMIT NO. 429

STEP 1: TO BE FILLED OUT BY THE DOCTOR ONLY:

Phone Number _____

STEP 2: PRENATAL CHECKUPS

Provider's name, address, signature or office stamp

- \$25 | 1ST VISIT | DATE: _____
- \$20 | 3RD VISIT | DATE: _____
- \$20 | 6TH VISIT | DATE: _____
- \$20 | 9TH VISIT | DATE: _____
- \$20 | FLU SHOT | DATE: _____

STEP 3:
 Doctor, please fax this completed form to: **EL PASO HEALTH** at 915-635-6709
 in order to mail the member their gift cards.

¡Felicidades!
 de sus amigos de



El Paso Health



¡Tener un bebé saludable comienza con usted!

Vaya a su 1^{er}, 3^{er}, 6^{er}, 9^{er} cita prenatal y también obtenga una vacuna contra la gripe y usted recibirá tarjetas de regalo GRATIS con un valor de hasta **\$105.00**.

Asegure que su doctor llene la parte posterior de esta tarjeta en cada visita.

¡Y disfrute del regalo de la buena salud!

Congratulations!
 from your friends at



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



Having a healthy baby starts with you!

Go to your 1st, 3rd, 6th, 9th prenatal visits and get a flu shot and you will receive up to **\$105.00** in gift cards.

Make sure that your doctor fills out the back of this card at each visit.

And enjoy the free gift of good health!

Member Cost Sharing Obligations

STAR	CHIP
<p>Medicaid Members do not have cost sharing obligations for covered services.</p>	<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)• No cost-sharing on benefits for well-baby and well-child services, preventive services, or pregnancy-related assistance.

Note: Members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays.

Benefit Limitations and Exclusions

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

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

Prohibitions on Balance Billing

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

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

Cultural Competency and Linguistic Services

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

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

Claims Updates

Yvonne Grenz

Lead Claims Analyst

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 Denials

- Diagnosis code(s) Z91410 is not typical for a patient whose age is 17 years, the typical age range for diagnosis Z91410 is 18 years and older.
- Per Medicaid guidelines, the required modifier is missing or the modifier is inappropriate for the procedure code.
- Per Medicaid guidelines, the patient's age does not meet policy requirements for the procedure code and/or a diagnosis code.
- Multiple vaginal or cesarean delivery procedure codes 59514 on Claim ID 22XXE0XXXX, Line ID 0001 and 59514 on History Claim ID 22XXE0XXXX, Line ID 0001 have been reported without a diagnosis code for multiple gestation and an outcome of delivery code from diagnosis code category Z37.

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.

CPT	Charge	Primary Carrier Allowed Amt.	Primary Carrier Payment	Patient Responsibility
59412	\$4,850.00	\$3,400.00	\$2,720.00	\$680.00

- Claim should be submitted with the Primary Carrier EOB.
- Timely Filing 95 days from date on Primary EOB.

Coordination of Benefits

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

Subtract the primary carrier from the EPH allowed amount

EPH Allowed Amt.

\$4,170.00

Primary Carrier Allowed Amt.

(\$2,720.00)

\$1,450.00

\$680.00

Pay the Lesser of the 2 amounts

Electronic Claims

Claims are accepted from:

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

Payer ID Numbers:

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

Questions





El Paso Health

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For more information:



(915) 532-3778



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