



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

OB PROVIDER SPECIALTY TRAINING

Thursday, August 26, 2021



SESSION ONE: Virtual via GoToMeeting
8:30 AM - 10:00 AM (MDT)



SESSION TWO: In-person at our office
3:00 PM – 4:30 PM (MDT)

Please indicate whether you will be attending in-person or virtually.

EVENTBRITE LINK: <https://eph-ob-qtriv.eventbrite.com>

Password: EPHOB

Agenda

- Provider Relations – [Updates and Reminders](#)
- Contracting / Credentialing – [Reminders](#)
- Quality Improvement - [Quality Assurance and Performance Improvement Program & Initiatives](#)
- Health Services – [Case Management / Prior Authorization Requirements](#)
- Claims – [Reminders](#)
- Complaints and Appeals – [Provider Appeals Process](#)
- Special Investigations Unit – [SIU Process](#)
- Member Services – [Reminders](#)
- CARE Solutions – [First Steps Baby Shower](#)



Updates and Reminders

Karla Ochoa

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, 2021**.

- 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, 2021**:

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

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

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

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

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

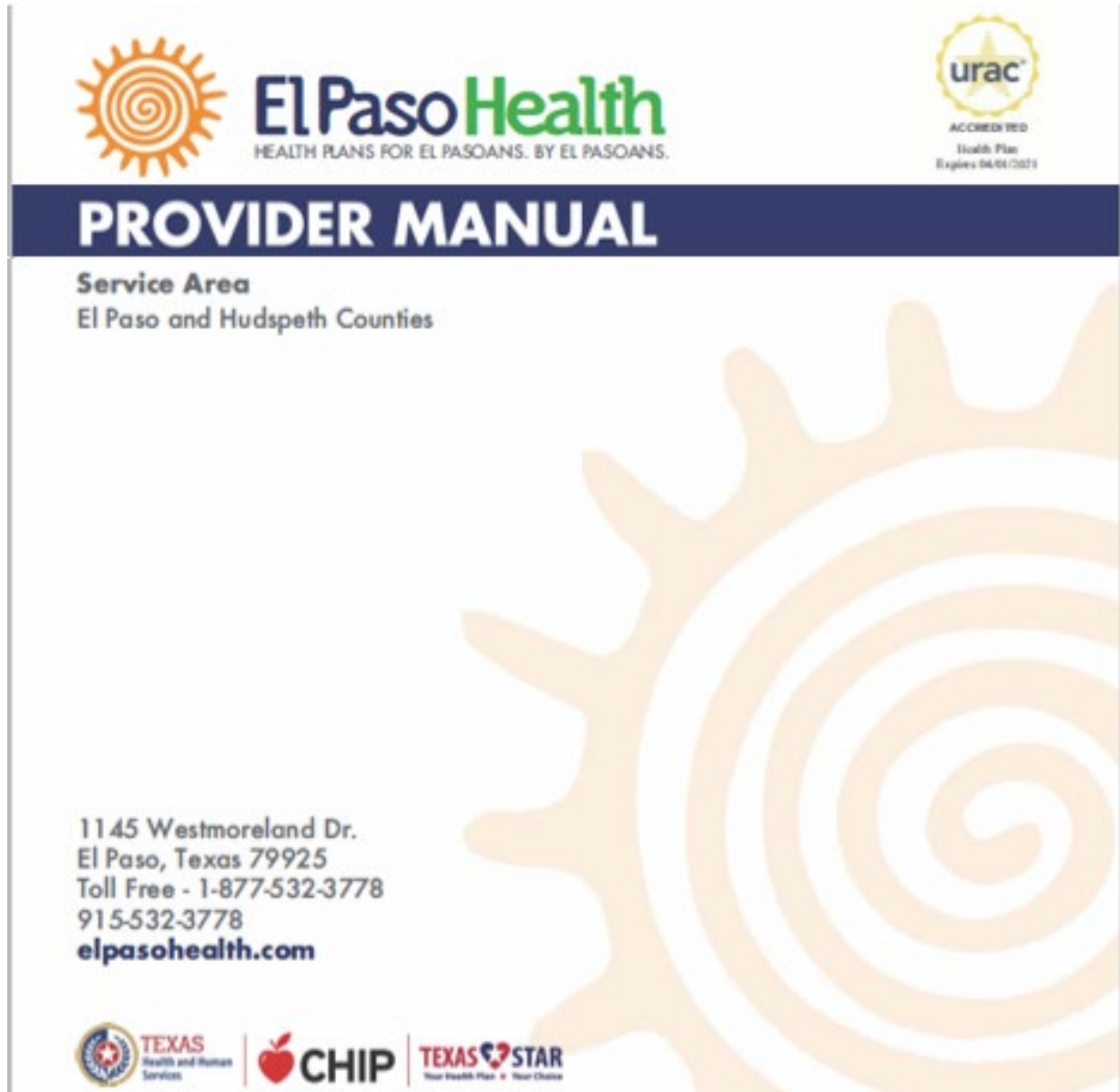
- HHSC performs random audits to ensure accuracy of our Provider Directories.
- An internal review is done by our Provider Relations Department on a monthly basis.
- The following elements are reviewed and updated as necessary:
 - provider name
 - phone and fax number
 - address
 - program participation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

Electronic Usages

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

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

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>

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



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

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 Authorization requests: Fax 1-855-668-8553

PA turnaround time: STAR 24 hours/ CHIP 72 hours

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

Navitus Formulary: <https://txstarchip.navitus.com/pages/formulary.aspx>

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

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

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

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



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Long-Acting Reversible Contraception Products (LARC)

Long-Acting Reversible Contraception (LARC)

Most Long-Acting Reversible Contraception (LARC) products are 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 specialty pharmacies are 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/formulary/information/long-acting-reversible-contraception-products>

Long-Acting Reversible Contraception (LARC)- continued

[Mirena® 52 MG System](#) (NDC 50419042301)

levonorgestrel

Walgreens Specialty Pharmacy

(877) 686-4633

NPI:1851463087

[Skyla® 13.5 MG System](#) (NDC 50419042201)

levonorgestrel

Walgreens Specialty Pharmacy

(877) 686-4633

NPI:1851463087

[Kyleena® 19.5 MG System](#) (NDC 50419042401)

levonorgestrel

Walgreens Specialty Pharmacy

(877) 686-4633

NPI:1851463087

[Nexplanon® 68 MG Implant](#) (NDC 0052433001)

etonogestrel

Accredo

(972) 929-6800

NPI: 1073569034

[Paragard® T 380-A IUD](#) (NDC 59365512801)

copper

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

***NDCs are subject to change.**

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 - Sexually Transmitted Infection Services
 - Mammograms- Screening and Treatment for Postpartum Depression
 - HIV Screening - 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.



BRCA Panel and Genetic Testing

- Providers must ensure that they maintain proper documentation regarding the appropriateness of the testing and the member's specific high risk-risk criteria.
- Authorization is required for BRCA and genetic testing.
- Quest Diagnostics is currently the only in-network laboratory for BRCA and genetic testing.
- In-network 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.

STAR	CHIP Perinate
<p>Members up to 18 years of age:</p> <ul style="list-style-type: none">- Available through Texas Vaccines for Children (TVFC)- Claim for vaccine will be processed as informational- Administration fee is reimbursable through El Paso Health. <p>Members 19 years of age and older:</p> <ul style="list-style-type: none">- Immunization and administration fee are reimbursable through El Paso Health.	<p>Members of all ages:</p> <ul style="list-style-type: none">- Immunization and administration fee are reimbursable through El Paso Health.- Program does not participate with TVFC nor Adult Safety Net (ASN).

CPT code: 90715

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

Proaction Inc. (Immunize El Paso)
6292 Trowbridge, El Paso, TX 79905
915-533-3414

Contact Information

Provider Relations Department

(915) 532-3778

ProviderServicesDG@elpasohealth.com



Contracting Reminders / Updates

Gabriel De Los Santos

Contracting & Credentialing Lead

Changes in your practice

Practices must contact El Paso Health in the event there are any changes in their provider roster, such as a current provider leaving the group or a new provider joining the practice.

Who do I need to notify if a provider is leaving or joining our practice?

- Notification must be provided via email to our Contracting and Credentialing Department or our Provider Relations Department.

What forms do I need to submit?

- [Provider Demographic Form](#),
- [W-9 Form](#), and
- TMHP TPI Welcome Letter

Where should I send forms when informing El Paso Health of any changes in our practice?

- Forms should be sent via email to our Contracting and Credentialing Department.

Contracting and Credentialing Department

Contracting_Dept@elpasohealth.com

Provider Relations Department

ProviderServicesDG@elpasohealth.com

Contact Information

Contracting and Credentialing Department

(915) 532-3778

Contracting_Dept@elpasohealth.com

A Contracting and Credentialing Representative will respond to your inquiry within 48 hours / 2 business days.



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Quality Assurance and Performance Improvement Program & Initiatives

Angelica Chagolla

Quality Improvement Manager

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	
			*STAR Prenatal Postpartum Care Addressing SDOH *CHIP Weight Assessment & Counseling for Physical Activity and Nutrition

Accessibility and Availability

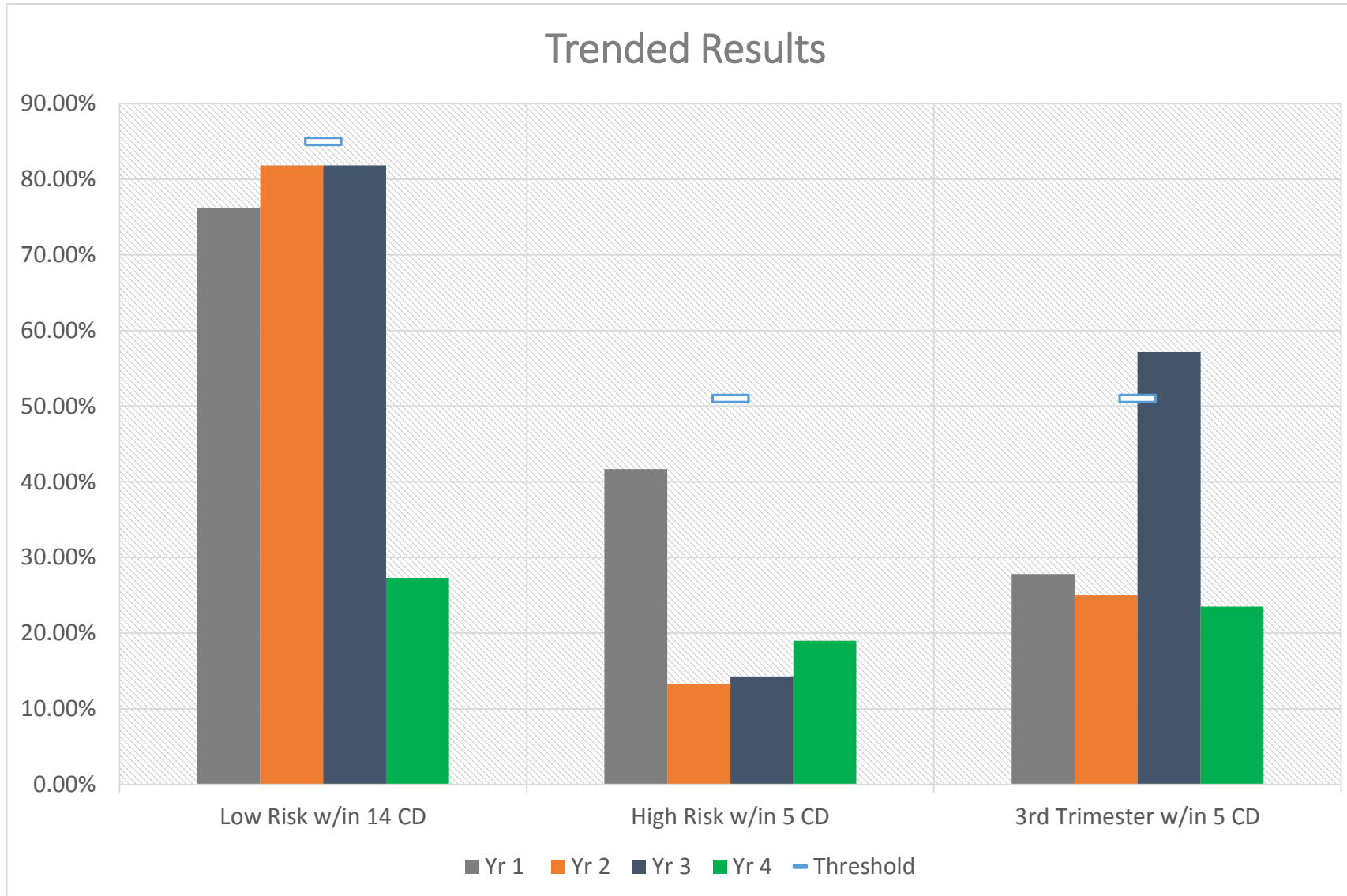
- Regulatory mandate - Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC)
- **Accessibility:** appointment available within a specific time frame
- **Availability (PCPs only):** after hours availability; **must return call within 30 minutes.**
OB Providers designated as a PCP
 - 5 pm to 8:30 am, Monday through Friday
 - Any time Saturday and Sunday

State-Wide Monitoring – Secret Shopper Calls

- HHSC monitors MCO's compliance with appointment accessibility standards (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)
- Appointment wait times are assessed on calendar days

****IMPORTANT****
Please notify us of
any changes to your
information in our
provider directory
at any time.

State-Wide Monitoring Results



- Yr 4 calls performed July 2020
- CAPs and LDs waived due to COVID
- 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!**

El Paso Health Methodology

- Provider Relations Representatives
 - Appointment accessibility surveys
 - Provider Directory Verification calls
- QI Nurses
 - After-hours calls
 - Secret shopper calls

Type of Care	Standard
Emergency Services	Upon member presentation
Urgent Care	Within 24 hours
Prenatal Care	14 calendar days
High Risk Prenatal Care	5 calendar days
New Member in 3 rd Trimester	5 calendar days

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

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

Provider Contract Requirement:

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

What happens if you are non-compliant?

Non-compliance with initial survey:

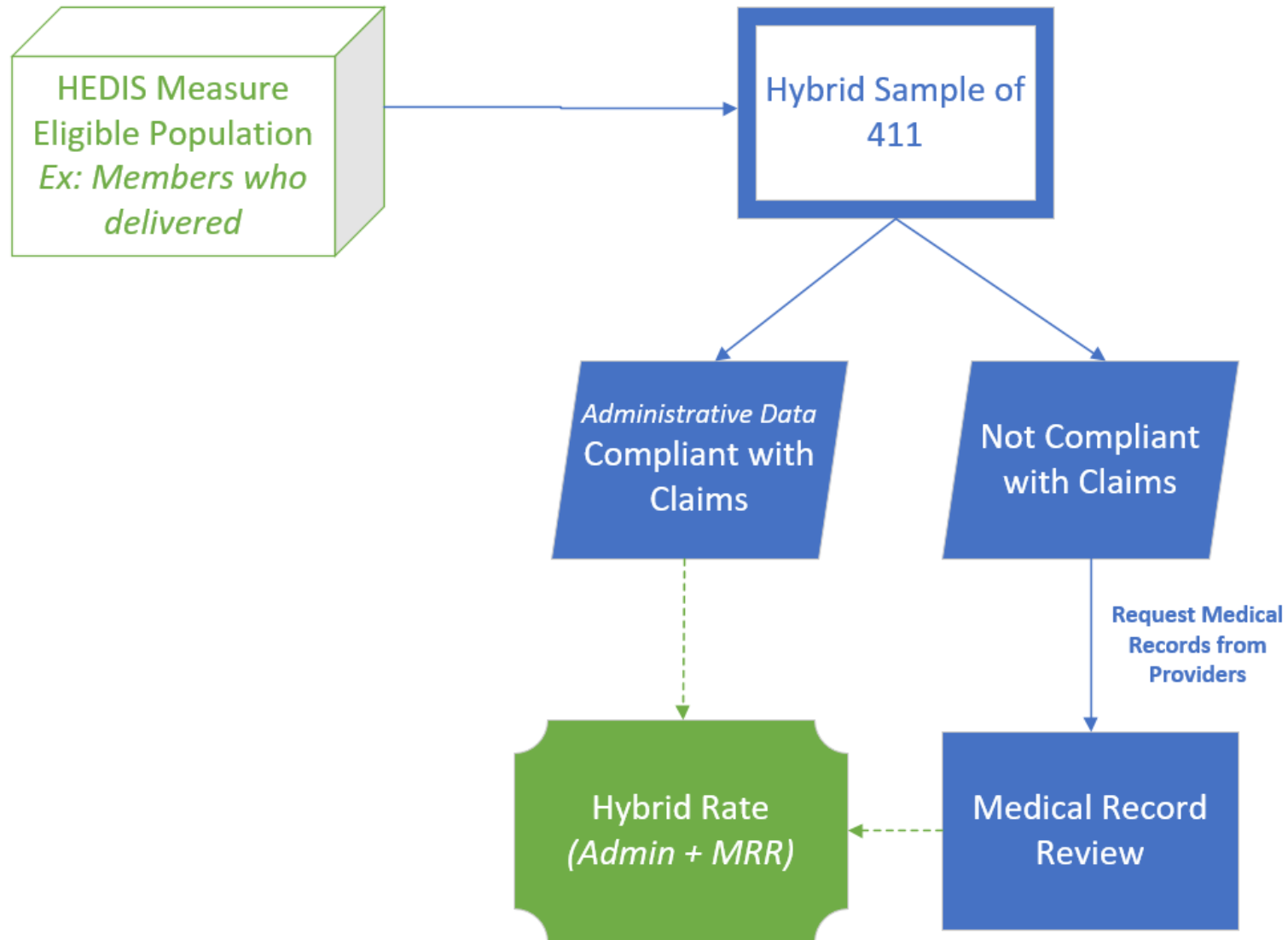
- Notification letter explaining which standard was missed
- Education from Provider Relations Representatives
- Re-survey within 3-6 months

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

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

- Provider Accessibility and Availability Standards

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

Provider Resources

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

- Clinical Practice Guidelines

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

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

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

Contact Information

Don Gillis
Senior Director of Quality Improvement
915 298 7198 Ext 1231
dgillis@elpasohealth.com

Angelica Chagolla
Director of Quality Improvement
915 298 7198 Ext 1165
abaca@elpasohealth.com

Patricia S. Rivera, RN
Quality Improvement Nurse Auditor
915 298 7198 Ext 1106
privera@elpasohealth.com

Astryd Galindo, RN
Quality Improvement Nurse
915 298 7198 Ext 1177
agalindo@elpasohealth.com



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

First Steps Case Management Program OB Benefits and Prior Authorization Process

Jocelyne Martinez, BSN, RN

OB Case Manager

Case Management Overview

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



How Can A Case Manager Help Our Members?

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

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

Our members are encouraged to:

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

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

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

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 (unless 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 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.

Medicaid/CHIP Prior Authorization

To search type and hit enter...

DISCLAIMER: All attempts are made to provide the most current information on the Prior Authorization Search Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the [provider manual](#). If you are uncertain that prior authorization is needed, please submit a request for an accurate response.

Vision services need to be verified by [Envolve Vision Services](#)

Dental services need to be verified by [DentaQuest/MCNA](#)

Non-participating providers must submit a [prior authorization form](#) for all services.

Medicaid Members: Family Planning services with a contraceptive management diagnosis do not require an authorization whether the Provider is In-Network or Out-of-Network.

CHIP Members: Family Planning services with a contraceptive management diagnosis are not a benefit.

THSteps checkups do not require an authorization whether Provider is In-Network or Out of Network.

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 Benefit - 17P Hydroxyprogesteron

- Covered benefit for STAR and CHIP.
- Providers must complete and submit the Texas Standard Prior Authorization Form.
- Member must meet criteria outlined in Section 4.1.12 of the TMPPM.
- Documentation needs to reflect members history of preterm delivery to include date of birth and gestational age at the time of delivery.
- Must include current Estimated Date of Delivery and Gestational Age.

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:

- 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.
- 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.

Diabetic Supplies / Gestational Diabetes

Diabetic Supplies: STAR benefit

- 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.
- 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

Gestational Diabetes: CHIP Perinate benefit

Covered Benefits	Non-covered Benefits
<ul style="list-style-type: none">• Oral Medication/ Insulin• Diabetes Education Classes (<i>authorization required</i>)<ul style="list-style-type: none">- <u>El Paso Diabetes Association</u> 3641 Mattox St, El Paso, TX 79925 (915) 532-6280- <u>UMC of El Paso Diabetes Program</u> 4815 Alameda Ave, El Paso, Texas 79905 (915) 521-7861	<ul style="list-style-type: none">• Durable medical equipment or other medically related remedial devices (Does NOT cover testing strips, lancets, or monitor).

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 only

Genetic Testing – Fetal Chromosomal Aneuploidy

Genetic testing is covered once per pregnancy for both STAR and CHIP with an in-network provider. NIPS is a benefit for singleton pregnancies and at least one of the following criteria must be met for a member to be eligible:

- Fetal ultrasound indicates risk of aneuploidy (ie, fetal nuchal translucency, hypoplastic nasal bone)
- Fetal ultrasound indicates structural anomalies associated with aneuploidy, and the mother wishes to postpone invasive diagnostic testing
- History of pregnancy with aneuploidy, trisomy 21, 18, or 13
- Maternal age of 35 years or older at time of delivery
- Parental balanced Robertsonian translocation of chromosome 13 or 21
- Abnormal serum screening results for the current pregnancy:
 - First trimester screen
 - Sequential screen
 - Integrated screen
 - Quadruple screen



Contact Information

Jocelyn Martinez

OB Case Manager

(915) 532-3778 ext. 1111



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Claims - Reminders

Adriana Villagrana

Claims Manager

Claims Reminders

Timely Filing Deadlines

- STAR, CHIP, and CHIP Perinate:
95 days from the Date of Service (DOS)
- Corrected claims:
120 days from the date of the Explanation of Benefits (EOB)

CHIP Perinate

- Laboratory and radiological services are limited to services that directly relate to antepartum care and the delivery of the the covered CHIP Perinate member 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 co-exist in addition to the pregnancy ICD-10-CM code.
- Pregnancy codes can be found in Chapter 15 of the ICD-10-CM (Pregnancy, Childbirth, and the Puerperium).

Coordination of Benefits

- STAR and CHIP claims are billed fee-for-service.
- Primary carrier Explanation of Benefits (EOB) is required when processing your secondary claim.
- Timely Filing: 95 days from the date on the primary carrier's 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

El Paso Health will pay the
lesser of the two amounts.

Electronic Claims

El Paso Health accepts electronic claims from:

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

Below are the Payer Identification for each of our product lines:

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

Contact Information

Adriana Villagrana

Claims Manager

(915) 532-3778 ext. 1097



Provider Appeals Process

Corina Diaz

Complaints and Appeals Manager

How and what to submit for a Provider Appeal

A Provider Appeal is a request for reconsideration of a previously dispositioned claim. Appeals of denied claims and requests for adjustments on paid claims must be submitted in writing.

- Providers may submit appeals via the following platforms:
 - Secure FTP site through the El Paso Health Provider Web Portal
 - Fax: 915-298-7872
 - Mail: El Paso Health
Complaints and Appeals Department
1145 Westmoreland Drive
El Paso, Texas 79925
- Providers must submit the following when requesting an appeal:
 - Letter explaining the reason for appeal
 - Supporting documentation or any pertinent information for review, such as:
 - Copy of Remittance Advice
 - Medical records (if necessary)
 - Proof of Timely Filing
- Appeals must be received within 120 days from the date of the RA on which that claim appears.

Levels of Provider Appeals

Level 1 Provider Appeal

- Acknowledged within five (5) days of receipt
- Resolved within thirty (30) calendar days of receipt

Don't agree with outcome?

Level 2 Provider Appeal

- Acknowledged within five (5) days of receipt
- Resolved within thirty (30) calendar days of receipt

Don't agree with outcome?

Provider Appeals Process has been **exhausted** after resolution of a Level 2 appeal.

Providers then have the option of submitting a complaint to each of the following entities, depending on the member's coverage:

- HHSC (STAR)
- TDI (CHIP & Preferred Administrators-EPCH)
- DOL (Preferred Administrators – UMC)

Adverse Appeals

Providers will no longer submit Adverse Appeals to our Health Services Department. Providers may submit Adverse Appeals to our Complaints and Appeals Department via the following platforms:

- Secure FTP site through the El Paso Health Provider Web Portal
- Fax: 915-298-7872
- Mail: El Paso Health
Complaints and Appeals Department
1145 Westmoreland Drive
El Paso, Texas 79925

*NOTE: The process of the Adverse Appeals has **NOT** changed.*

Balance Billing- STAR and CHIP

- Providers agree to accept payment made by El Paso Health as payment in full.
- The Member cannot be held liable for any balance related to covered services.
- STAR and CHIP Members must NOT be billed or balanced billed for covered services.

Contact Information

Corina Diaz

Complaints and Appeals Manager

cdiaz@elpasohealth.com

(915) 532-3778 ext. 1092



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Special Investigations Unit (SIU)

Jourdan Norman

SIU Program Manager

SIU Team Purpose

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

What do we do?

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

OB Audits

- Another state mandate is that EPH verify the medical necessity of deliveries prior to 39 weeks of gestation.
- Monthly, SIU will request medical records for 15 random claims that meet the criteria of delivery prior to 39 weeks of gestation.
 - Records requested include the **last progress note prior to delivery and the delivery summary/operative report**
 - SIU will follow up on pending requests twice
- Records are given to a dedicated EPH Nurse Case Manager and EPH Medical Director for review:
 - medically necessary = no further action
 - NOT medically necessary = EPH will recoup from provider
 - **If no records are submitted, EPH will recoup from provider**

Request for medical records faxed or emailed:

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

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

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

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

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

The information must be sent faxed or emailed by June 04, 2021.

El Paso Health

Attn: Vanessa Berrios

Fax (915) 532-2877

Email: vberrios@elpasohealth.com

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

Once the retrospective review is completed, you will be notified of its outcome. If you have any questions about the retrospective review process, please contact me at (915) 298-7198 Ext 1040.

***If NO medical records are received, El Paso Health will recoup the claim for no verification/documentation of services rendered.**

Medical Records Requests 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-Rays, MRIs, Ultrasounds, HPI, etc.
- If no documentation is submitted for a claim whatsoever, the entire claim will be recouped for no documentation for that claim.
- Per Federal C.F.R. Guidelines, after submitting records, or if the due date to submit documentation has passed, **no additional information/documentation will be accepted by El Paso Health during the review process.**

Please make sure you and/or your Third Party Biller handle a records request with urgency and submit all of the documentation requested as soon as possible.

- If there are questions about what is required, the SIU team will answer your questions.
- If there are extenuating circumstances that prevent your office from submitting time, an extension may be granted but **must be requested in writing before the due date.**

Remember



Closing the Review

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

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

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, Special Investigations Unit Claims Auditor

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

Rocio Chavez, CHC, Chief Compliance Officer

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

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

When in doubt,
reach out!



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Member Services Department

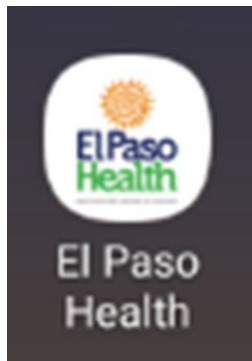
Nellie Ontiveros

Member Services Supervisor

STAR and CHIP Member Portal/ 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



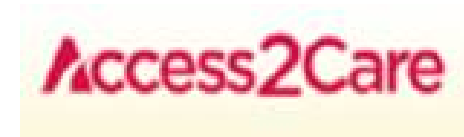
- A taxi or van service



- 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.

Healthy Rewards – STAR and CHIP Pregnant Members

Pregnant member can receive the following as part of our Healthy Rewards:

- A First-Steps Baby Shower including a diaper bag, a starter supply of diapers, and other items for the baby.
- A free convertible car seat after attending a First Steps Baby Shower.
- Gift cards for completing prenatal and postpartum visits:
 - ☐ \$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 Great Plan Comes with Healthy Rewards!

PRENATAL POSTCARD



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

Patient ID Number

STEP 2: PRENATAL CHECK-UPS

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 **915-225-6749** in order to mail the member their gift cards.



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

Patient ID Number

STEP 2: POSTPARTUM CHECK-UP ON (DATE) _____

Provider's name, address, signature or office stamp

STEP 3:

Doctor, please fax this completed form to: **EL PASO HEALTH** at **915-225-6749** in order to mail the member a \$25 gift card.

POST-PARTUM POSTCARD

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.

Member Cost Sharing Obligations

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

Benefit Limitations and Exclusions

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

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

Prohibitions on Balance Billing

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

‘Providers cannot bill nor take recourse against eligible clients.’

Contact Information

Nellie Ontiveros

Member Services Supervisor

(915) 532-3778 ext. 1112



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

First Steps Baby Shower

Rosalinda Medina

C.A.R.E. Solutions Manager



Members can register online via our website at www.elpasohealth.com or by calling our Customer Service Representatives at 1-877-532-3778.

Class Topics include:

- Prenatal care
- Postpartum care
- Breastfeeding
- Newborn care
- Car seat safety



Sign up and a link will be sent to you.

Class sizes are limited.

First Name* <input type="text"/>	Last Name* <input type="text"/>	Date of Birth of Mother* <input type="text" value="mm/dd/yyyy"/> <input type="button" value=""/>
Expected Date of Delivery <input type="text" value="mm/dd/yyyy"/> <input type="button" value=""/>	Are you having a boy of a girl?*	Are you having twins?
	<input type="radio"/> Boy <input type="radio"/> Girl <input type="radio"/> Don't know	<input type="radio"/> Y <input type="radio"/> N
Cell Phone* format:9151231234 <input type="text"/>	Member ID* <input type="text"/>	
What Webinar would you like to attend?* All classes take place on the 3rd Friday of each month. <input type="text" value="08/20/2021"/> <input type="button" value="v"/> <input type="radio"/> Spanish at 9:00 am <input type="radio"/> English at 11:00 am		

Register for First Steps Baby Shower

*These fields MUST be filled out to register.

Car Seat and Diaper Bag Distribution



Car Seat Safety Program



El Paso Health
HEALTH PLANS FOR EL PASOANS, BY EL PASOANS
Car Seat Safety Program

POWERED BY UMC FOUNDATION VOLUNTEER GROUP

**Correctly installed car seats and booster seats save lives.
3 out of 4 car seats aren't installed properly.
Is your child safe?**

**Call 915/521-7229, ext. 80528 now
to make an appointment for our next
Free Car Seat Safety Check-Up!**

- You will be able to receive a free, new car seat at the check-up if the Child Passenger Safety Technician determines that your current car seat is not safe for your child. In order to successfully evaluate the effectiveness of your car seat, your child must be present at the time of inspection.
- If you have the Owner's Manual for your car seat and/or your vehicle, please bring them to the Car Seat Safety Check-Up.
- Each Car Seat Safety Check-Up and installation will take an average of 30 minutes.

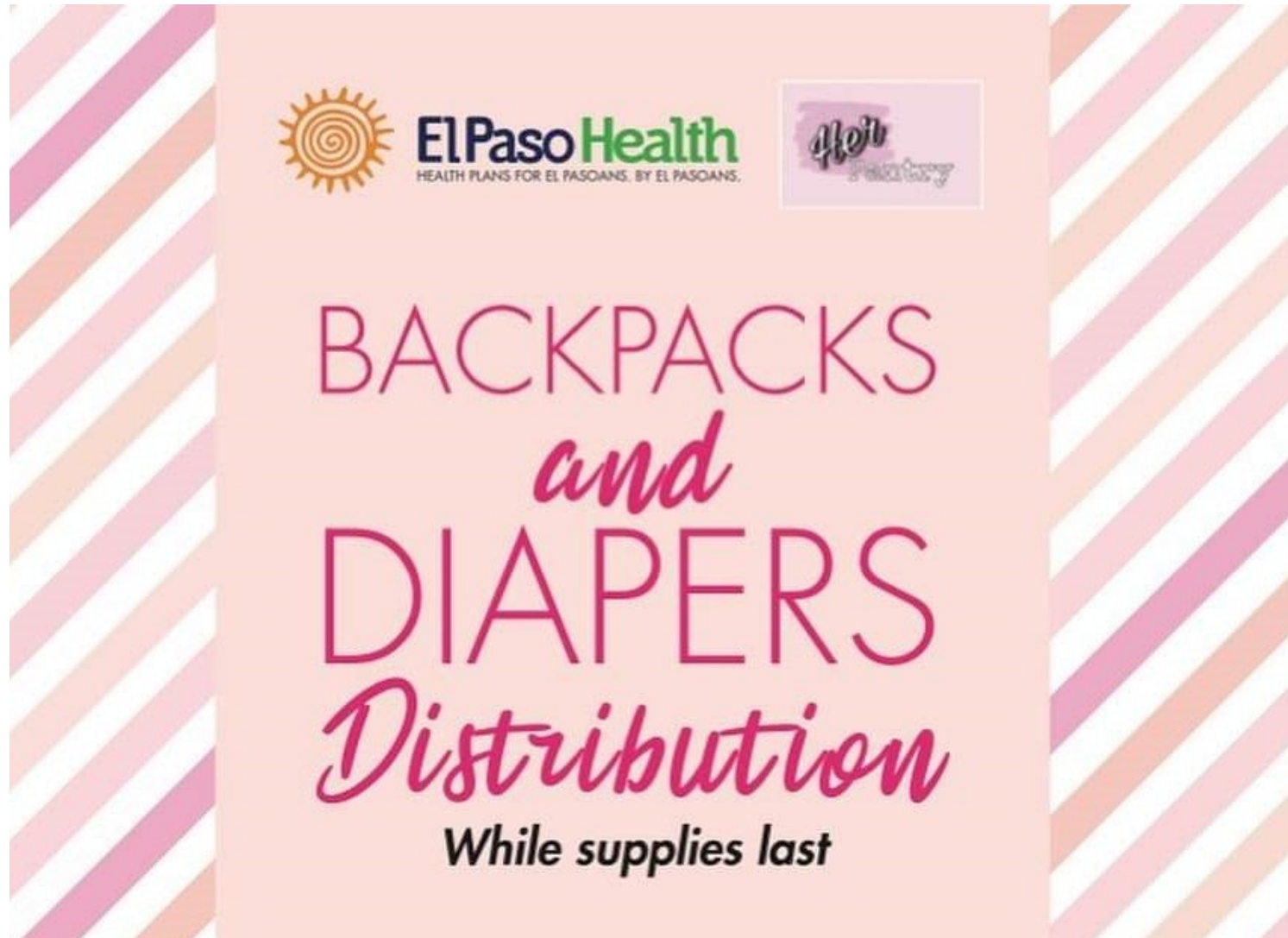
**Events happening monthly
in east, west or central
El Paso.**

**Call us at
915/521.7229, ext. 80528
for more information.**

**For more information call 915/521.7229, ext. 80528
www.umcfoundationelpaso.org**



Outreach in the community



C.A.R.E. Solutions Department

Rosalinda Medina

C.A.R.E. Solutions Manager

Phone Number: 915-298-7198 ext. 1161



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

For more information:



(915) 532-3778



www.elpasohealth.com

