

# Quarterly Provider Orientation

February 1, 2018



**El Paso Health**

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST



# Agenda

- **Provider Relations:** [Texas Health Steps Update](#), [PCP Therapy Service Guidance](#), and [CHIP Update](#)
- **Contracting and Credentialing:** [Credentialing Verification Organization](#)
- **Quality Improvement:** [Accessibility and Availability](#) and [HEDIS Measures](#)
- **Compliance:** [Special Investigations Unit](#) and [Complaints and Appeals](#)
- **Health Services:** [Authorization Adverse Determinations and Appeals](#)
- **Claims:** [Updates and Reminders](#)
- **C.A.R.E.:** [Services for Children of Traveling Farmworkers](#)
- **Member Services:** [SFY 18 – Value Added Services \(VAS\)](#)



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## Provider Relations

Laura Nebhan

Provider Relations Representative

# Newborn Examinations

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## 5.3.9 Newborn Examination

Providers do not have to be enrolled as THSteps providers to bill newborn examination procedure codes 99460, 99461, or 99463.

Newborn examinations that are billed with procedure code 99460, 99461, or 99463 may qualify as a THSteps medical checkup when all required components are completed according to the THSteps Periodicity Schedule and documented in the medical record.

Providers must use their provider identifier without benefit code EP1 when billing newborn examination services.

*Note: In Texas, the mandated newborn hearing screening and newborn screening test is included as part of the in-hospital newborn exam.*

State-mandated newborn screening for critical congenital heart disease (CCHD) is offered by and performed in the birth facility in accordance with Health and Safety Code (HSC) § 33.011 and 25 TAC §§37.75–37.79.

Providers billing these newborn codes are not required to be THSteps providers, but they must be enrolled as Medicaid providers. TMHP encourages THSteps enrollment for all providers that offer a medical home for clients and provide them with medical checkups and immunizations. Physicians and

[http://www.tmhp.com/Manuals\\_PDF/TMPPM/TMPPM\\_Living\\_Manual\\_Current/2\\_Childrens\\_Services.pdf](http://www.tmhp.com/Manuals_PDF/TMPPM/TMPPM_Living_Manual_Current/2_Childrens_Services.pdf)

# Quick Reference Guide

## Texas Health Steps Quick Reference Guide

Remember: Use Provider Identifier • Use Benefit Code EPI

### THSteps Medical Checkup Billing Procedure Codes

#### THSteps Medical Checkups

99381	99382	99383	99384	99385*
99391	99392	99393	99394	99395*

\* For clients who are 18 through 20 years of age, use diagnosis code Z0000 or Z0001.

#### ICD-10 Diagnosis Codes

Z00110	Routine newborn exam, birth through 7 days
Z00111	Routine newborn exam, 8 through 28 days
Z00129	Routine child exam
Z00121	Routine child exam, abnormal
Z0000	General adult exam
Z0001	General adult exam, abnormal

#### THSteps Follow-up Visit

Use procedure code 99211 for a THSteps follow-up visit.

#### Oral Evaluation and Fluoride Varnish

Use procedure code 99429 with U5 modifier.

#### Developmental and Autism Screening

Developmental screening with use of the ASQ, ASQ:SE or PEDS is reported using procedure code 96110.

Autism screening with use of the M-CHAT or M-CHAT R/F is reported using procedure code 96110 with U6 modifier.

#### Mental Health Screening

Mental Health Screening with the use of the PHQ-9, PSC-17, PSC-35, Y-PSC or CRAFFT is reported using procedure code 96160 or 96161. Only one procedure code (96160 or 96161) may be reimbursed per client per lifetime.

#### Tuberculin Skin Testing (TST)

Use procedure code 86580 for TST. Procedure code 86580 may be reimbursed on the same day as a checkup.

#### Point-of-Care Lead Testing

Use procedure code 83655 with QW modifier to report that an initial blood lead level screening test was completed using point-of-care testing.

#### Immunizations Administered

Use code Z23 to indicate when immunizations are administered.

Procedure Codes	Vaccine
90632 or 90633* with (90460/90461 or 90471/90472)	Hep A
90620* or 90621* with (90460/90461 or 90471/90472)	Men B
90636 with (90460/90461 or 90471/90472)	Hep A/Hep B
90644	Hib-MenCY
90647* or 90648* with (90460/90461 or 90471/90472)	Hib
90649*, 90650*, or 90651* with (90460/90461 or 90471/90472)	HPV
90630, 90654, 90655*, 90656*, 90657*, 90658*, 90685*, 90686*, 90687* or 90688* with (90460/90461 or 90471/90472); 90660* or 90672* with (90460/90461 or 90473/90474); 90661, 90673, 90674 or 90682 with (90471/90472)	Influenza
90670* with (90460/90461 or 90471/90472)	PCV13
90680* or 90681* with (90460/90461 or 90473/90474)	Rotavirus
90696* with (90460/90461 or 90471/90472)	DTaP-IPV
90698* with (90460/90461 or 90471/90472)	DTaP-IPV-Hib

\* Indicates a vaccine distributed by TVFC

#### Immunizations Administered

Use code Z23 to indicate when immunizations are administered.

Procedure Codes	Vaccine
90700* with (90460/90461 or 90471/90472)	DTaP
90702* with (90460/90461 or 90471/90472)	DT
90707* with (90460/90461 or 90471/90472)	MMR
90710* with (90460/90461 or 90471/90472)	MMRV
90713* with (90460/90461 or 90471/90472)	IPV
90714* with (90460/90461 or 90471/90472)	Td
90715* with (90460/90461 or 90471/90472)	Tdap
90716* with (90460/90461 or 90471/90472)	Varicella
90723* with (90460/90461 or 90471/90472)	DTaP-Hep B-IPV
90732* with (90460/90461 or 90471/90472)	PPSV23
90733 or 90734* with (90460/90461 or 90471/90472)	MPSV4
90743, 90744*, or 90746 with (90460/90461 or 90471/90472)	Hep B
90748* with (90460/90461 or 90471/90472)	Hib-Hep B

#### Modifiers

##### Performing Provider

Use to indicate the practitioner who is performing the unclothed physical examination component of the medical checkup.

AM (Physician)	SA (Nurse Practitioner)	TD (Nurse)	U7 (Physician Assistant)
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##### Exception to Periodicity

Use with THSteps medical checkups procedure codes to indicate the reason for an exception to periodicity.

23 (Unusual Anesthesia)	32 (Mandated Services)	SC (Medically Necessary)
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##### FQHC and RHC

Federally qualified health center (FQHC) providers must use modifier EP for THSteps medical checkups. Rural health clinic (RHC) providers must bill place of service 72 for THSteps medical checkups.

##### Vaccine/Toxoids

Use to indicate a vaccine/toxoid *not available* through TVFC and the number of state defined components administered per vaccine.

U1 Vaccine/toxoid privately purchased by provider when TVFC vaccine/toxoid is not available

##### Vaccine Administration and Preventive E/M Visits

Use with THSteps preventive visit checkup procedure codes to indicate a significant, separately identifiable E/M service that was rendered by the same provider on the same day as the immunization administration.

25 Significant, separately identifiable evaluation

##### Condition Indicator Codes

Use one of the Condition Indicators below if a referral was made.

Indicator	Indicator Codes	Description
N	NU	Not used (no referral)
Y	ST	New services requested
Y	S2	Under treatment

# PCP - Therapy Service Guidance

- A physician's order is required for the initial evaluation and any re-evaluations.
- A separate physician order is required for the therapy treatment which must contain the prescribing provider's ordered frequency and duration.
- The order **MUST** come from the prescribing provider and **NOT** the therapy company and must be on PCP letterhead.

# Sample of a Physician's Order for Re-evaluation

PRACTICE / CLINIC NAME  
LETTERHEAD

DR. X  
DR. Y  
DR. Z

PHYSICIANS ADDRESS  
PHONE: 915-123-4567  
FAX: 915-987-6543

Date: 12/27/17

Name: [REDACTED]

D.O.B: [REDACTED]

Reference To: [REDACTED]  
ST Re-evaluation  
1 visit

Diagnosis: Speech Delay

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Authorization #: \_\_\_\_\_

Signature: [Signature]

# Sample of a Physician's Order for Therapy Treatment

PRACTICE / CLINIC NAME  
LETTERHEAD

DR. X  
DR. Y  
DR. Z

PHYSICIANS ADDRESS  
PHONE: 915-123-4567  
FAX: 915-987-6543

Date: 1/12/18

Name: [REDACTED]

D.O.B: [REDACTED]

Reference To: [REDACTED]

1x wk 6 month.

Diagnosis: Speech Delay

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Authorization #: \_\_\_\_\_

Signature: [Handwritten Signature]

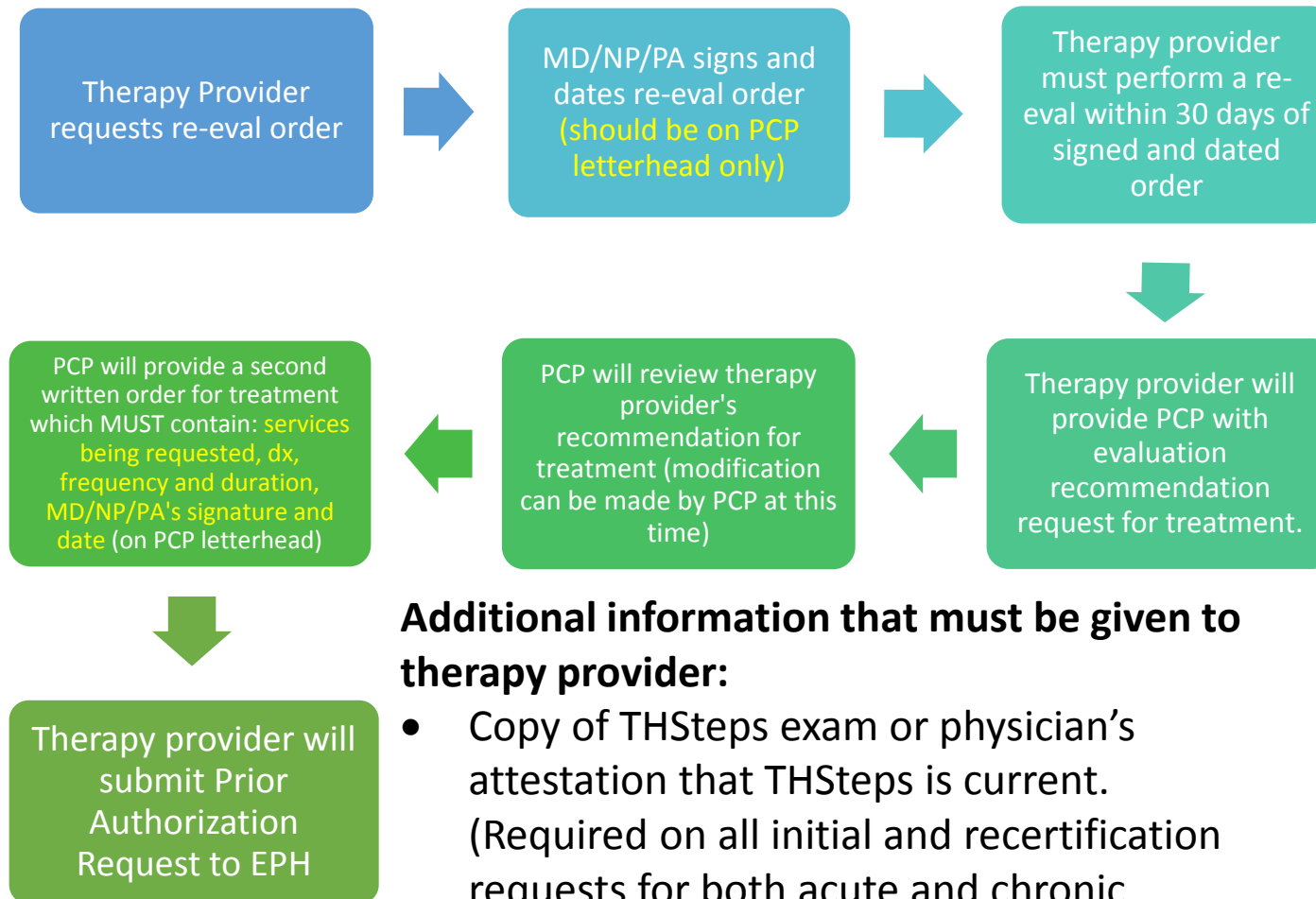


# Required Documentation for Therapy Services

- Physician Orders may be signed by MD, PA or NP.
- Copy of THSteps exam or the physician's attestation that THSteps is current. Also acceptable is a developmental screening that has been performed within the last 60 days.
- Plan of Care (POC).

*Request form or written or verbal order must be signed and dated within the 60-day period before the initiation of services.*

# Therapy Service Process



## Additional information that must be given to therapy provider:

- Copy of THSteps exam or physician's attestation that THSteps is current. (Required on all initial and recertification requests for both acute and chronic conditions).

# CHIP UPDATE

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- Six-year reauthorization of CHIP was passed by Congress and the President.
- The reauthorization does not make changes to the program.
- There will be no changes to eligibility, enrollment, or other CHIP policies as a result of the reauthorization.

# Contact Information

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**Laura Nebhan**

**Provider Relations Representative**

[lnebhan@elpasohealth.com](mailto:lnebhan@elpasohealth.com)

915-532-3778 ext. 1037

Provider Relations Department

915-532-3778 ext. 1507



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## Credentialing Verification Organization

Evelin Lopez

Contracting and Credentialing Manager

# Texas Credentialing Alliance (TCA)

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- Aperture, LLC is the statewide Credentialing Verification Organization (CVO) that will be used by all 20 Medicaid health plans in Texas to streamline the credentialing process.
- Full Implementation of CVO – April 2018.
- El Paso Health has begun transitioning new providers to the CVO as of January 2018. Practitioners and facilities will begin to receive communications from Aperture.

# Benefits

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- Simplified process, saves time.
- Lowers administrative costs for provider and MCOs.
- Web Based Portals – CAQH and Availity (For Ancillaries and Facilities).

# Contact Information

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Evelin Lopez

Contracting and Credentialing Manager

[evlopez@elpasohealth.com](mailto:evlopez@elpasohealth.com)

[Contracting\\_Dept@elpasohealth.com](mailto:Contracting_Dept@elpasohealth.com)

915-532-3778 ext. 1014





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## Accessibility and Availability/HEDIS Measures

Patricia Rivera, RN

Quality Improvement Nurse

# Accessibility and Availability

Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC) mandate that El Paso Health must monitor our Providers on an annual basis for 24 hour availability and office accessibility compliance.

# Accessibility and Availability

- Random Sampling of network every quarter.
- May be surveyed more than once a year, based on compliance.
- Provider Relations Representatives will conduct survey for Accessibility.  
(In person or by phone)
- Secret Shopper calls.
- QI Nurses will make Availability calls.  
(5:00 pm to 8:30 am, Monday through Friday and any time Saturday and Sunday)

# Accessibility Standards

Service:	Able to schedule appointment:
Emergency Services	Upon member presentation
Urgent Care	Within 24 hours
Routine Primary Care	Within 14 days
Specialty Routine Care	Within 21 days
Initial Outpatient Behavioral Health	Within 14 days

# Accessibility Standards Cont.

Service	Able to schedule appointment:
Routine Specialty Care Referrals	Within 5 days
Prenatal Care High-risk or New member in 3 <sup>rd</sup> trimester	Within 14 days of request Within 5 days or immediately if emergency exists
Preventive Health (21 yrs and older)	Within 90 days
Preventive Health Less than 6 months 6 months to 20 years	Within 14 days Within 60 days

# Acceptable Standards for Availability

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- Answering service meets language requirements of that for major population groups. Answering service must be able to contact the Provider or other designated medical practitioner.
- Recording meets language requirements. Directs patient to call another phone number to reach the Provider or designated medical practitioner. Other phone number provided must be answered by someone at the time of call.
- Call is transferred to an on-call person. Call meets language requirements. Person on-call must be able to reach the Provider or designated medical practitioner to return call to patient.

# Non-Acceptable Criteria for Availability

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- Phone only answered during office hours.
- Recording asks caller to leave a message.
- Recording tells patient to go to ER.
- Returning after-hours calls past 30 minutes.
- Member is informed of a fee for after hour calls.

# HEDIS Medical Record Chases

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## Health Effective Data and Information Set

- A tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service.
- Administrative claims data + Medical Record reviews = Hybrid calculation.
- If member is compliant from claims data, medical record review will not be necessary.



# 2018 HEDIS Hybrid Measures

	Measure Description
WCC	Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents
CIS	Childhood Immunization Status
CBP	Controlling High Blood Pressure
CDC	Comprehensive Diabetes Care
PPC	Prenatal and Postpartum Care
W15	Well-Child visits in the first 15 months of life
W34	Well-Child visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> and 6 <sup>th</sup> years of life
AWC	Adolescent Well-Care visits

# HEDIS Medical Record Chases

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Requests for medical records will go out to providers by February

Medical Records can be:

- Mailed.
- Faxed.
- Secure Electronic Transfer.
- Dropped off at El Paso Health.
- Picked up by Provider Relations Representative.

# Quality Improvement Department

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Don Gillis, Director of Provider Relations & Quality Improvement

915-298-7198 ext. 1231

Patricia Rivera, QI Nurse Auditor

915-298-7198 ext. 1106

Astryd Galindo, QI Nurse

915-298-7198 ext. 1177

Angelica Baca, QI Data Specialist

915-298-7198 ext. 1165



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## Special Investigations Unit

Alma Meraz

Special Investigation Compliance Auditor

# Monthly Random Medical Records Reviews

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- Texas enacted bill 2292 to require that all Managed Care Organizations like El Paso First establish a plan to prevent waste, fraud and abuse.
- To comply with this bill we randomly select 5-7 providers on monthly basis. These are providers that flag our system because of edits, billing patterns and coding issues.
- This process involves the review of paid claims and if necessary a request for medical records.
- This might result in education to the provider letting you know what problem we have detected.

# Record Request Protocol

- Please make sure that you submit all of the requested information.

If not submitted those claims will be recouped as:

No documentation for that date of service

- You will be required to sign a records affidavit
- At the end of the record review you will be notified of the findings
- If the review results in a recoupment:
  - You will include a detailed spreadsheet with claim and recoupment information
  - Within 30 days of the notice you will have the right to dispute the findings, except for the claims that were recouped for no documentation submitted
- The recoupment process is done via claims unless other arrangements are made.

# Monthly 39 Week OB Reviews

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- Random selection of 15 providers. If you have more than one physician in your group you might have more than one request for that month.
- Records are requested and reviewed to:
  - Ensure medical necessity of inductions and or c-sections; and,
  - Determine proper utilization of modifiers U1, U2,U3
- Please note we only request the last progress note prior to the delivery and the Delivery Summary/Operative report.

# Member Services Verification

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- Random selection of 60 members a month.
- Phone calls to verify that services were rendered as billed.
- If unable to be verified by member we will request medical records.
- The provider will be notified of the findings.



# Contact Information

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Alma Meraz

Special Investigations Unit

Compliance Auditor

(915) 298-1798 ext. 1039

[ameraz@elpasohealth.com](mailto:ameraz@elpasohealth.com)



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## Complaints and Appeals Process

Corina Diaz

Complaints and Appeals Supervisor

# Complaints and Appeals Process

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- All Complaints and Appeals must be submitted in writing:
  - Fax: 915-298-7872
  - Secure FTP site through our Web Portal
  - Mail:
    - El Paso Health
    - Complaints and Appeals Unit
    - 1145 Westmoreland Drive
    - El Paso, Texas 79925
- Please include detailed and supporting information:
  - Copy of Remittance Advice
  - Medical records (if necessary)
  - Proof of Timely Filing
  - Etc.

# Complaints and Appeals Process

- Provider will receive:
  - Acknowledgment letter no later than five (5) business days.
  - Resolution letter within thirty (30) calendar days.
- Appeals must be received within 120 days from the notice of the denial.

*Note: STAR and CHIP Members must NOT be billed or balanced billed for covered services.*

# Web Portal

## Provider Appeals

You are currently logged in as

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

- Home
- Eligibility and Benefits
- Claims and Payment
- Authorizations
- Reports

Welcome to the **Provider Portal**

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

**Provider Name:** \_\_\_\_\_

**Provider Phone:** \_\_\_\_\_



### Quick Links

- Submit Claims
- Submit Claim Attachments
- Provider Appeals
- Amended Authorizations
- Provider Overpayments



### Contact Us

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

915-532-3778 ext 1507

Toll-Free: 1-877-532-3778 ext 1507


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

Fax Number: 915-225-6762

# Web Portal

## Provider Appeals

**+ Add Attachments**

 From:   
To:   
Subject:

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Today's Date:  
Contact Name (First & Last name):  
Mailing Address:  
Phone Number:  
Provider Name:  
Provider NPI Number:  
Member Name:  
Member ID:  
Date of Service:  
Claim Number:

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Reason for Appeal: (Please put an "x" in the appropriate box)

Authorization Issue  
 Past Timely Filing  
 Requesting Payment/Additional Payment  
 Other (Use comments section to give detailed explanation)

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Comments:

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Your appeal will be acknowledged in writing within 5 business days and you will receive a resolution letter within 30 calendar days. If you have any further questions or need additional assistance, please contact the Provider Care Unit at 915-532-3778 extension 1504 or 1-877-532-3778 extension 1504.

# Sample

## Acknowledgment Letter

July 18, 2017

PROVIDER GROUP  
TEMP PROVIDER M.D.  
Attn: OFFICE, MANAGER  
2501 N. MESA  
EL PASO, TX 79912

RE: John Doe  
Member ID: 55555555  
Date of Service: 01/01/2017  
Appeal Received on: 07/18/2017

Case #: AGI000000001583

Dear Office Manager:

Thank you for taking the time to let us know about your appeal. At any time, the Health and Human Services Commission may review documentation we retain regarding the appeal and the action taken on it. We will look into your appeal and send you a letter with our findings no later than thirty (30) days from the date we received the appeal.

If you have any further questions or need additional assistance, please contact the Provider Care Unit at 915-532-3778 extension 1504 or 1-877-532-3778 extension 1504. Our TDD Line for the hearing impaired is Toll Free 1-855-532-3740.

# Sample

## Resolution Letter

July 18, 2017

PROVIDER GROUP  
TEMP PROVIDER M.D.  
Attn: OFFICE, MANAGER  
2501 N. MESA  
EL PASO, TX 79912

RE: John Doe  
Member ID: 555555555  
Date of Service: 01/01/2017  
Appeal Received on: 01/18/2017

Case #: AGI000000001583

Dear Office Manager:

The review of information submitted and received by El Paso Health regarding the denial of payment on Claim #:0000000000 has been completed. The decision has been made to uphold the denial *or* reprocess your claim.

You have the right to a second level appeal. Your appeal must be filed within 120 days of this resolution or the latest Provider Remittance Advice Notification. If you have additional information and/or documentation regarding this case that has not been previously considered, or if you wish that El Paso Health reconsider the decision, you may submit a letter appealing this decision to:

**El Paso Health**  
**Attn: Complaint and Appeals Unit**  
**1145 Westmoreland**  
**El Paso, Texas 79925**

Should you have any further questions or concerns, you can call or contact the Provider Care Unit (PCU) at 915-532-3778, ext. 1504.



# Contact Information

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Corina Diaz

Complaints and Appeals Supervisor

[cdiaz@elpasohealth.com](mailto:cdiaz@elpasohealth.com)

(915) 298-7198 ext. 1092



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## Authorization Adverse Determinations and Appeals

Irma Vasquez

Health Services Administrative Supervisor

# REASONS AN ADVERSE DETERMINATION IS ISSUED

An Adverse Determination (Denial) for an authorization is issued when the service requested:

- Does not meet Medical Necessity;
- Medical Criteria Not Met; or
- Additional information is requested due to clinical information is “insufficient”. (Fax requesting additional information will be sent)

Note: This does not apply when clinical information is not provided at all, or for requests missing a physician’s order. It is highly recommended that if you failed to submit the clinical information or the physician’s order, that you re-submit your request as “NEW.”

- Turnaround time for Appeal is **30** days.
- Turnaround time for auth request is **3** working days.



# SAMPLE FAX FOR PEER TO PEER

 <b>El Paso Health</b> <small>HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.</small>	1145 Westmoreland Drive El Paso, Texas 79925
	<small>[HS FAX COVER SHEET 3.0]</small>

## NOTIFICATION OF REVIEW

<b>DATE:</b>		<b>NO. OF PAGES:</b>	
<b>TO:</b>			
	<b>Attention:</b>		<b>FAX NO:</b>
<b>FROM:</b>	Health Services Dept. - PA #	<b>PHONE NO.</b>	915-532-3778 ext.
<b>RE:</b>	<b>Member Name:</b>		
	<b>ID No.:</b>		<b>Date of Birth:</b>

<b>REFERENCE NO.</b>	
<b>DOS:</b>	to <b>PLACE OF SERVICE:</b>
A denial or partial denial is pending for the you requested based on medical necessity.	

APPROVED		APPROVED		DENIED		DENIED	
CPT CODE	UNITS	CPT CODE	UNITS	CPT CODE	UNITS	CPT CODE	UNITS

An adverse determination is pending for the denied services listed above. You may schedule a peer-to-peer conference with a clinical peer reviewer, by contacting the Utilization Management (UM) unit at the number listed above. You must contact the UM unit within 24 hours of this notice. The adverse determination will be issued should we not hear from you. The notice will include your appeal rights and instructions on the process, your right to request a State Fair Hearing and the instructions on how to obtain the Hearing, as well as the complaint process and instructions on filing a complaint. The clinical rationale for this determination may be provided upon request, by contacting the UM unit at 915-532-3778 extension 1500.

# SAMPLE ADVERSE DENIAL LETTER

[Date]

[Member/GuardianName]

[Address 1]

[Address 2]

[City, State Zip]

Re: Member Name: [CoveredMember's Name]  
Member I.D.: [Member's Plan I.D.No.]  
Date of Service: [DOS]  
Reference No: [No. Generated by EP Health's MIS]

Dear [Member/Guardian]:

El Paso Health received your request for on [Date of Request]. We are not able to approve these services for payment. The reason we are not approving them is because:

- [Principal reasons for the adverse determination including the specific medical, dental or contractual reason for the resolution];
- [Clinical basis for the adverse determination]
- [Description or source of the screening criteria that was utilized as guidelines in making the determination]

The clinical rationale, which provides additional clarification of the clinical basis for this decision, will be provided upon request by contacting the UM unit at 915-532-3778 extension 1500.

You or a person you choose, your doctor or health care provider if different than your doctor, can ask for an appeal. You have sixty (60) days from [Date of this Notice]. You can call or mail your appeal to:

El Paso Health  
Attention: Health Services Appeals Unit  
1145 Westmoreland Drive  
El Paso, TX 79925  
Tel: 915-532-3778 or Toll Free: 877-532-3778

El Paso Health will give you an answer to your appeal no later than thirty (30) days from the date we receive your appeal. If your appeal is for an emergency, you are still in the hospital or you have a life-threatening condition, your appeal will be completed based on the immediacy of your medical condition, procedure, or treatment, but will not take longer than one (1) working day from the date we receive all the information we need to complete your appeal, but not later than seventy two (72) hours from the date of your request. The notice for your appeal will be sent to you by telephone or fax, followed with a letter in three (3) calendar days of the telephone or fax request.

# TIMELINES FOR APPEAL

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- Member/Member's Representative has **60** days from the denial notice to request an Appeal to El Paso Health.
- An internal appeal must be exhausted prior to requesting a State Fair Hearing (Medicaid); or review by an Independent Review Organization (IRO) for CHIP.
- Member/Member's Representative have 120 days to request a State Fair Hearing.
- CHIP Members have 10 days from date of notice to request a Specialty Review.
- A State Fair Hearing or IRO may be requested if El Paso Health fails to make a determination on the appeal **within 30** days of receipt of the appeal.
- Health Services will acknowledge appeals within 5 working days of receipt of appeal.

# SAMPLE ACKNOWLEDGMENT LETTER

<Date>

<Member Name>

<Address>

<City State Zip>

Re: <Member Name>

<D.O.B.: >

<I.D. No.: >

<Date of Service>

<Reference No.:>

<TRACKING NO.: >

Dear <Member Name>:

This letter is to let you know that we received your appeal on [Date Appeal Received]. You would like to appeal the medical decision made by El Paso Health on [Date of Adverse Determination].

Please send the following information, which will help us with your appeal:

[Include list of the relevant documents appealing party must submit for review]. Please send it to:

El Paso Health  
Attention: Health Services Department  
1145 Westmoreland Drive  
El Paso, TX 79925  
Fax: 915-298-7866  
Toll Free Fax: 1-844-200-298-7866  
Online: [www.elpasohealth.com](http://www.elpasohealth.com)

If your appeal was made over the phone (orally), the one-page appeal form will be included with this letter. You or your representative will need to sign and return the appeal form and include the requested information.

You can call El Paso Health at 915-532-3778 or toll free at 1-877-532-3778 at any time if you have questions.

Sincerely,

Health Services Program Coordinator

cc: <Member Name>

<Member Address>

<City State Zip>

Enclosure: State Fair Hearing Request Form  
One-page Verbal Appeal Form (if applicable)





# SAMPLE RESOLUTION LETTER

[Date]

To the Parents or Guardians of [Member's Name]  
[Address 1]  
[City, State Zip]

Re: Member Name: [Covered Member's Name]  
Member I.D.: [Member's Plan I.D. No.]  
Reference No: [No. Generated by EP Health's MIS]

Dear [Member/Guardian]:

The review of your appeal received on [redacted] has been completed. The denial is being [upheld or denied]. The reason your appeal was [upheld or denied] is because:

- [Principal reasons for the adverse determination including the specific medical, dental or contractual reason for the resolution];
- [Clinical basis and rationale for the determination]
- [The specialty of the doctor that reviewed the appeal]
- [Description or source of the screening criteria that was utilized as guidelines in making the determination]
- [The right to ask for a State Fair Hearing]
- [What the Member needs to do to request a State Fair Hearing]
- [What forms the Member needs to file the State Fair Hearing]
- [Process for filing a complaint with El Paso Health]
- [Process for filing a complaint with the Health and Human Services Commission (HHSC)]

You can ask for the clinical rationale for the decision and it will be sent to you. You can call the Utilization Management unit at 915-532-3778 extension 1500 for this information.

A doctor who specialized in [Physician Reviewer's Profession Specialty] has reviewed your appeal.

You can present additional medical information, facts or legal documentation in person or in writing that can help with your appeal. Any information you submit may lead to a different decision. Please be aware of the timelines for providing the information. If you need to present information in person, you need to contact El Paso Health to schedule a time for you to come in.

Please submit any additional information to:

El Paso Health  
Attention: Health Services Department  
1145 Westmoreland Drive  
El Paso, TX 79905



# APPEAL SUBMISSION INFORMATION

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Adverse Determination Appeals may be faxed, mailed, or hand delivered to the following:

El Paso Health

Attention: Health Services Department

1145 Westmoreland Drive

El Paso, TX 79925

Fax: 915-298-7866 - Toll Free Fax: 915-844-298-7866

For questions, please contact:

Celina Dominguez, Health Services Program Coordinator

915-532-3778 Ext. 1091

Irma Vasquez, Health Services Administrative Supervisor

915-532-3778 Ext. 1042



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## Claims Updates and Reminders

Yvonne Grenz

Claims Supervisor

# Reminders

## Claims Processing

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Timely filing deadline

—**95** days from date of service

Corrected claim deadline

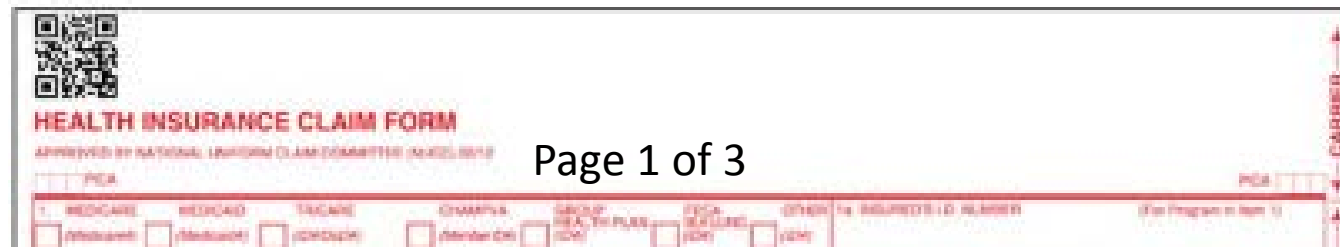
—**120** days from date of EOB

# Reminders

## Multiple Claims

If you are submitting multiple claims for a patient, please ensure that you:

- Indicating page 1 of x on the claim header
- Staple the claims together



The image shows the top portion of a Health Insurance Claim Form. It includes a QR code in the top left corner. The main title is "HEALTH INSURANCE CLAIM FORM" in red, with "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC/UBI)" in smaller text below it. The text "Page 1 of 3" is prominently displayed in the center. Below the title, there are several checkboxes for insurance types: MEDICARE, MEDICAID, VA CARE, CHAMPVA, GROUP HEALTH PLAN, OTHER, and INSURED/ID NUMBER. Each checkbox is accompanied by a small icon and a label. The form is framed by a red border, and the word "CLAIM" is written vertically on the right side.

# Electronic Claims

Claims are accepted from:

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

Payer ID Numbers:

El Paso Health - STAR	EPF02
El Paso Health - CHIP	EPF03
Preferred Admin. UMC	EPF10
Preferred Admin. EPCH	EPF11
Healthcare Options	EPF37

# Top 10 Denials

Past 3 Months

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- Duplicate Member/DOS/Service Code
- Benefit requires UM
- Submission Window Exceeded
- Auth not found
- Invalid diagnosis code for benefit
- UM dates do not match claim
- Benefit is excluded from benefit plan
- Missing or invalid NDC code
- COB claim exceeds submission window
- Duplicate claim

# Coordination of Benefits

## EPH Guideline

EPH calculates the difference between EPH’s maximum allowed amount and primary carriers payment, paying the lesser of the two.

Subtract the primary pd. amount from EPH's allowed amount:

Primary Paid:	\$10.47
EPH allowed Amt.	\$24.54
Member responsibility	\$40.00
24.54	
<u>-10.47</u>	
14.07	

CPT	Units	Billed	Allow	Pay	Deduct	Coins	Copay	Oth PR		Reas/Remk
Service Dates			Contr	WHold	Global	Cap	Oth CO	Denied	Incent	Reas/Remk
99212		\$60.00	\$50.47	\$10.47	\$0.00	\$0.00	\$40.00	\$0.00		PR3
09/12/2017 to 09/12/2017			\$9.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CO45

- **CO45:** Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Note: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
- **PR3:** Co-payment Amount

Compare the primary insurance member responsibility of \$40.00 to the difference of primary pd./EPH allowed amt. of \$14.07. EPH will pay the lesser of the two amounts which is \$14.07.



# Provider Care Unit

“When do I contact PCU”

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- Status Inquiries
- Check Tracers
- EDI Questions
- Reimbursement Clarifications
- Eligibility Records
- Status of Authorizations

# Contact Us

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915-532-3778

## Provider Care Unit Extension Numbers:

1527 – Medicaid

1512 – CHIP

1509 – Preferred Administrators

1504 – HCO



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## Services for Children of Traveling Farmworkers

Lluvia Acuna

Outreach Coordinator

# Accelerated Services

- State initiative to provide services to children of traveling farmworkers.
- Coordinate preventive health care services before child travels out of Texas.
- Service needs determined on a case-by-case basis according to age, periodicity schedule, and health care needs.
- Cooperate and coordinate with the State, outreach programs, and school districts.
- Provider education on these services.

# Indicator on Roster

An indicator was introduced to the STAR Master Roster.



CANDELARIA MEDICAL CENTER		EL PASO, TX 79907		ALL LOCATIONS		El Paso First Health Plans, Inc.			STAR Master Roster		January 2018		Page 5 of 7	
Member#	Member Name	Migrant	Age	DOB	Sex	Phone	Address	Effective	THSteps	PCPName				

# Member Contact

- Post cards
- Auto-dialer
- Text Messages



## Estimado miembro, permítanos ayudarle:

El Paso Health tiene servicios especiales de Medicaid para niños de trabajadores del campo que viajan por el trabajo, por eso nos gustaría saber lo siguiente:

¿Es usted trabajador del campo que viaja por el trabajo?

Si  No

¿En la pizca de cebolla, chile, lechuga, tomate, uvas, nueces, etc...?

Si  No

¿Empacando o procesando vegetales, frutas, leche, etc...?

Si  No

Si contestó **SI** a alguna de las preguntas, por favor comuníquese con la Coordinadora al **915-532-3778**. Con gusto le ayudaremos a obtener los servicios médicos que su(s) hijo(as) necesitan. ¡Gracias por su tiempo!

## Dear member, let us help you:

El Paso Health has special Medicaid services for children of traveling farm workers. To help you receive these services, we would like to know the following:

Are you a farm worker that travels for work?

Yes  No

Picking onions, chile, lettuce, tomatoes, grapes, pecans, etc...?

Yes  No

Packing or processing vegetables, fruits, dairy, etc...?

Yes  No

If you answered **YES** to any of these questions, please contact our Coordinator at **915-532-3778**. We will be happy to help you get the medical services your children need. Thank you for your time!

# Outreach

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- Partner with more than 20 community agencies.
- Partner with Migrant Education Programs of the 11 school districts in El Paso & Hudspeth Counties.
  - Anthony ISD MEP
  - Canutillo ISD MEP
  - Clint ISD MEP
  - Dell City ISD MEP
  - El Paso ISD MEP
  - Fabens ISD MEP
  - Ft. Hancock ISD MEP
  - San Elizario ISD MEP
  - Socorro ISD MEP
  - Tornillo ISD MEP
  - Ysleta ISD MEP

# Annual School Supply Distribution

## AT NO COST:

- Health Screenings
- Kids Immunizations
- Health Education and much more!!!!





# Mobile Food Pantries

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# Contact Information

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Lluvia Acuña

Outreach Coordinator

[lacuna@elpasohealth.com](mailto:lacuna@elpasohealth.com)

915-298-7198 ext. 1075

Adriana Cadena

C.A.R.E. Unit Manager

[acadena@elpasohealth.com](mailto:acadena@elpasohealth.com)

915-298-7198 ext. 1127



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## SFY 18 – Value Added Services (VAS)

Edgar Martinez

Director of Member Services








# SFY18 - Value-Added Services

Effective 9/1/2017

Value Added Services	Medicaid	CHIP
Members have 24-hour, 7-days-a-week access to FIRSTCALL, a bilingual medical advice <u>infoline</u> staffed by nurses, pharmacists, and a Medical Director on call.		
\$25 gift packet which includes a first aid kit and a \$10 Walmart gift card for health related items, for new members who complete the request form and send by return mail within 30 days of enrollment.		
A free ride service to help you get to doctor visits or health education classes.		
One allergy-free pillow case is given to members who are enrolled in the Asthma Disease Management Program.		
Members between the ages of 4 through 18 can get a free physical for sports each year.		
A \$10 movie gift card is offered to members 20 years and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay. Members can receive one movie gift card per year.		

# SFY18 - Value-Added Services

Effective 9/1/2017

Value Added Services	Medicaid	CHIP
Home visits by case managers for members with complex conditions to include high-risk pregnancies, behavioral, or medical conditions that require special attention.		
For contact lenses and glasses (lenses and frames), members receive up to \$125 above the Medicaid benefit.		
A \$10 gift card is offered to members age 20 and younger who complete a Texas Health Steps check up on time.		
Members age 20 or younger can receive four additional nutritional/obesity counseling services above the Medicaid Benefit.		
Members age 18 or younger can receive four additional nutritional/obesity counseling services above the CHIP Benefit.		
A \$15 gift card is offered to members ages 3-6 and 12-19 who get a check-up when due and on time.		

# SFY 18 - Value-Added Services

## Sports Physicals Process

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### Benefit Coverage

- Sports physicals for STAR and CHIP Members ages 4 through 18 years of age.
- Once per calendar year.

### Billing Guidelines

- Only payable when performed on a separate date of service from a THSteps/Well-Child Visit .
- Must be billed on a separate HCFA claim.
- Modifiers are not required.
- Z02.5 ICD-10 Diagnosis Code is the valid code for Sports Physicals (encounter for examination for participation in sport).
- Rate fee for EPH Sports Physicals is \$ 25.

# Contact

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**Edgar Martinez**

**Director of Member Services**

915-532-3778 ext. 1064

**Juanita Ramirez**

**Member Services & Enrollment Supervisor**

915-532-3778 ext. 1063



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Thank You for Attending Providers!

