



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Behavioral Health Specialty Provider Training

April 24, 2025



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

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Provider Relations Reminders

El Paso Health Website

<https://www.elpasohealth.com/>

[Español](#)

Call us at
915-532-3778 STAR/CHIP

Toll Free Numbers: 877-532-3778 STAR/CHIP
833-742-3127 STAR+PLUS



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


AAA

[Provider Login](#)

[Member Login](#)

[Careers](#)





[Member](#) ▾ [Providers](#) ▾ [Find a Provider](#) ▾ [STAR+PLUS](#) [Search](#)

Welcome to El Paso Health

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

STAR

For pregnant women, children and anyone who gets TANF

[Find Out More](#) ➔

CHIP

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

[Find Out More](#) ➔

STAR+PLUS



A managed care program for people who have disabilities or are age 65 or older.

[Find Out More](#) ➔

El Paso Health Medicare Advantage Dual (HMO D-SNP)

for people who have Medicare and Medicaid.

[Find Out More](#) ➔



EPH Provider Portal - Home Page



The screenshot shows the EPH Provider Portal Home Page. At the top, there are four logos: El Paso Health (Health Plans for El Pasoans, by El Pasoans), Preferred Administrators, HealthCARE (Options of El Paso), and El Paso Health Medicare Advantage. Below the logos, a login status bar indicates "You are currently logged in as:" followed by a redacted name and links for "Messages (0)", "Profile", and "Logout". A dark blue navigation bar contains links for "Home", "Eligibility and Benefits", "Claims and Payment", "Authorizations", "Reports" (with a dropdown arrow), and "Service Coordination". The main content area is divided into two columns. The left column has a "Welcome to the Provider Portal" message, a brief description of the site's purpose, and input fields for "Provider Name" and "Provider Phone". Below these is a photograph of a doctor examining a young child. The right column features a "Quick Links" section with a list of links: "Submit Claims", "Submit Claim Attachments", "Provider Appeals/Recoupments", "Amended Authorizations", "Provider Overpayments", "Credentialing Process", "EFT Form", "Texas Medicaid Provider Enrollment Management System (PEMS)", "Electronic Visit Verification", and "Update Provider Information". Below the links is a "Pharmacy MAC List" section explaining that contracted pharmacies can access the MAC list via the Navitus Health Solutions Website at <https://www.navitus.com/>. The final section is "Contact Us", which provides contact information for the Provider Relations Department: 915-532-3778 and Toll-Free: 1-877-532-3778.

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

Preferred
ADMINISTRATORS

HealthCARE
OPTIONS of EL PASO

El Paso Health
Medicare Advantage

You are currently logged in as: [Redacted]
[Messages \(0\)](#) [Profile](#) [Logout](#)

Home Eligibility and Benefits Claims and Payment Authorizations Reports Service Coordination

Welcome to the **Provider Portal**

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

Provider Name: [Redacted]

Provider Phone: [Redacted]



Quick Links

- [Submit Claims](#)
- [Submit Claim Attachments](#)
- [Provider Appeals/Recoupments](#)
- [Amended Authorizations](#)
- [Provider Overpayments](#)
- [Credentialing Process](#)
- [EFT Form](#)
- [Texas Medicaid Provider Enrollment Management System \(PEMS\)](#)
- [Electronic Visit Verification](#)
- [Update Provider Information](#)

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

Contact Us
If you have questions or need assistance, contact the Provider Relations Department at:
915-532-3778
Toll-Free: 1-877-532-3778

Submit:

- Claims
- Authorizations
- Provider Complaints

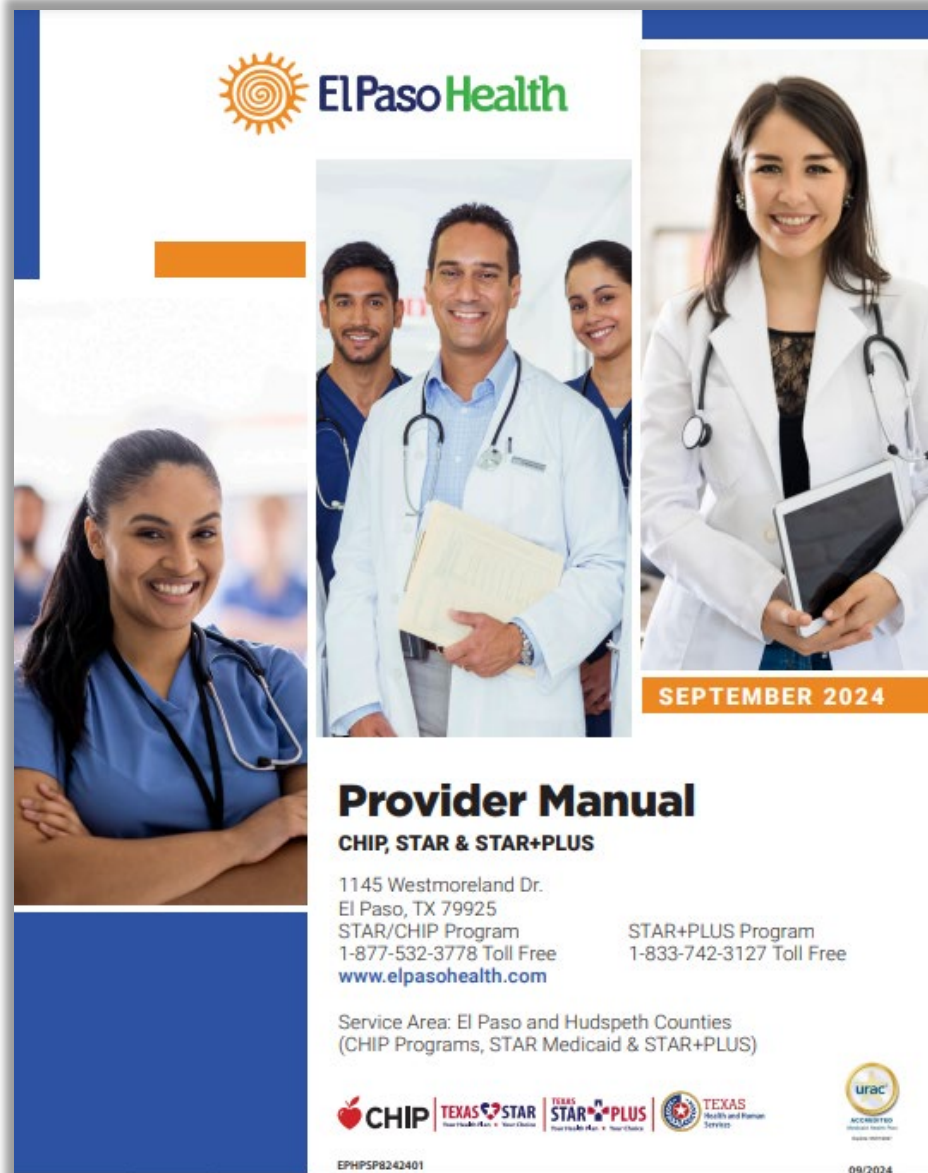
Verify:

- Member Eligibility
- Claim Status
- Authorization Status

View:

- Remittance Advice
- Rosters
- Other Reports

Provider Manual CHIP, STAR & STAR+PLUS



The El Paso Health Provider Manual contains information about:

- Policies and Procedures
- Covered services
- Behavioral Health Services
- Quality Improvement Program
- Utilization Management
- Claims Processing Guidelines

Our [Provider Manual](#) can be found on our website at www.elpasohealth.com in the [Provider](#) section.

You may also access the Provider Manual directly at: <http://www.elpasohealth.com/pdf/providermanual.pdf>

Provider Directories

Providers must notify El Paso Health Contracting and Credentialing or Provider Relations of any changes to their practice, to include:

- Any demographic changes
- Practice name change or acquisitions
- New providers joining the group or leaving the group.
- Closing a practice location or adding a new practice location.
- Modifying practice hours or changing limitations
- Closing or opening panels

What forms do I need to send and where:

- Submit a provider [Demographic Form](#) and [W-9](#) to Contracting_Dept@elpasohealth.com.

The image displays two screenshots of the "PROVIDER DEMOGRAPHIC FORM" from El Paso Health. The top screenshot is the first page, which includes fields for Group/Facility Name, Group/Facility Specialty, Tax ID, Group NPI, and Group TPI. It also features checkboxes for Select Program (Medicaid, CHIP/Perinatal, STAR Plus, Preferred Administrators, HCO, Medicare, PCP, Specialist, PCP/Specialist, Hospital Based, Home Health/DME, PAS, SNF, Other) and checkboxes for Include Provider Specialty (Specialty, Subspecialty). The form also includes fields for Last, First, M Name, DOB, SS#, Individual NPI, APT, TPI, CAQH, Medicare #, LTSS X Code, Professional Category (MD, DO, FNP, ACNP, PA, CRNA, Other), and Taxonomy number(s). A note states: "If provider is not enrolled with CAQH, please provide a TDI Credentialing application w/ current date and signature." The form also includes fields for Primary Practice Address, City, State, ZIP, Office Hours/Days, Phone, Fax, Website URL, and CLIA Number/Type. A note states: "Please provide CLIA numbers for each location." The bottom screenshot is the second page, which includes fields for Secondary Location, City, State, ZIP, Office Hours/Days, Phone, Fax, CLIA Number, and CLIA Type. It also includes fields for Third Location, City, State, ZIP, Office Hours/Days, Phone, Fax, CLIA Number, and CLIA Type. The form also includes fields for Fourth Location, City, State, ZIP, Office Hours/Days, Phone, Fax, CLIA Number, and CLIA Type. The bottom right of the form includes checkboxes for Term (Established Only, Age Range, Female Only, None, Other), Effective Date, and checkboxes for INATE, STAR+PLUS, TPA, HCO, MEDICARE, facility, Amendment, LOA, Par, and Non-Par. The form also includes a field for Primary Contact Address and a field for All credentialing contact information. The bottom right of the form includes a field for Term and a field for Effective Date. The form also includes a field for (s), LTSS X Code, and checkboxes for INATE, STAR+PLUS, TPA, HCO, MEDICARE, facility, Amendment, LOA, Par, and Non-Par. The bottom right of the form includes a field for Term and a field for Effective Date. The form also includes a field for (s), LTSS X Code, and checkboxes for INATE, STAR+PLUS, TPA, HCO, MEDICARE, facility, Amendment, LOA, Par, and Non-Par. The bottom right of the form includes a field for Term and a field for Effective Date.

Cultural Competency

Cultural Competency Training

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

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

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

Medical Provider/Group Name*

Tax ID*

Phone* format:9151231234

Email*

Form Completed By*

Position Title*

Date*

Training Confirmation*

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

Submit

*These fields MUST be filled out to register.

El Paso Health believes in the importance of providing services in the language of choice for our members. We recognize the importance of clear communication with your patients and committed to assisting you through interpreter services.

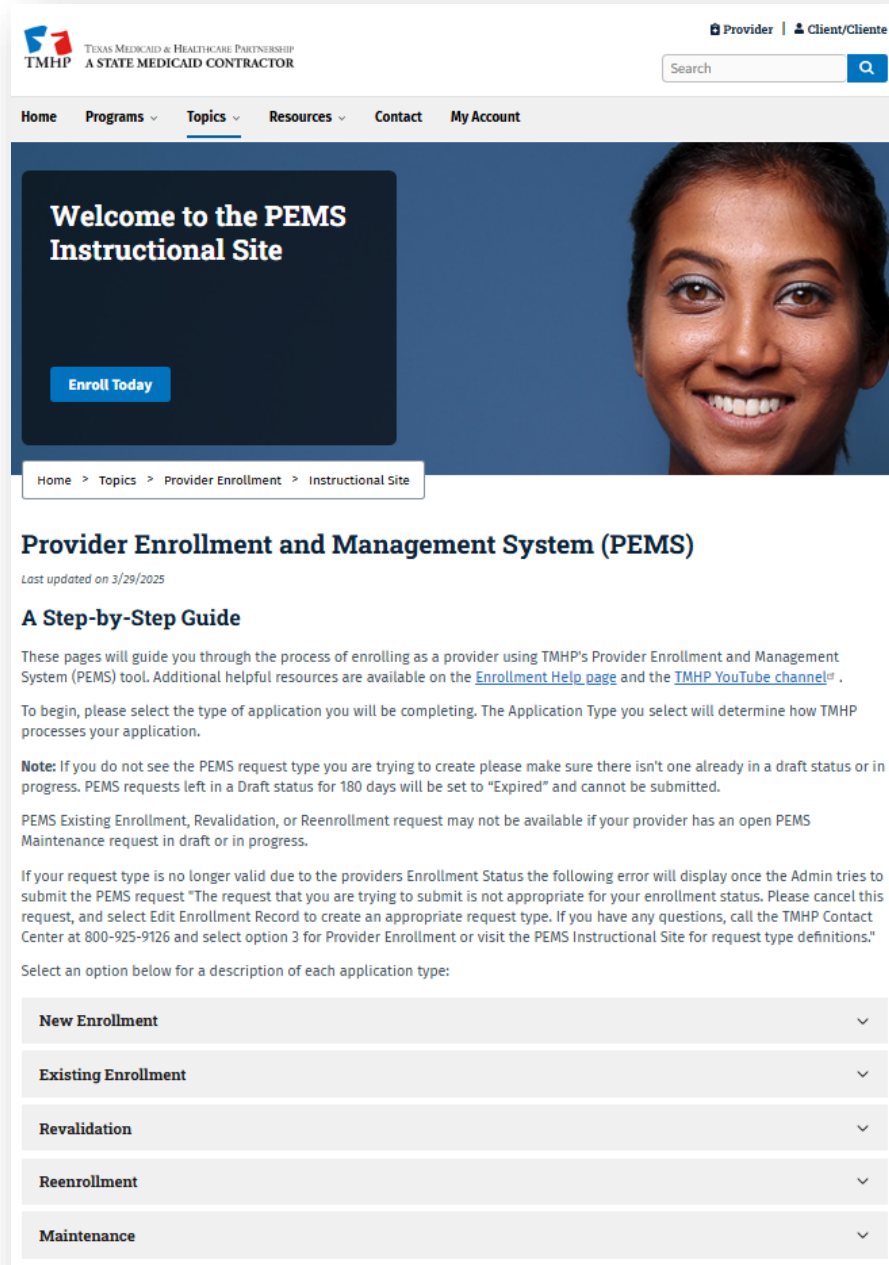
Cultural Competency Training is available to our providers on our website www.elpasohealth.com in the [Providers Tab](#) under Provider Quality Information.

You can also directly access our Cultural Competency Training at the link below:

<https://www.elpasohealth.com/cultural-competency-training/>



Provider Enrollment and Management System (PEMS)



The screenshot shows the TMHP (Texas Medicaid & Healthcare Partnership) website. The header includes the TMHP logo, the text "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR", and a search bar. The navigation menu includes Home, Programs, Topics, Resources, Contact, and My Account. The main content area features a large banner with the text "Welcome to the PEMS Instructional Site" and a blue "Enroll Today" button. Below the banner is a breadcrumb trail: Home > Topics > Provider Enrollment > Instructional Site. The main heading is "Provider Enrollment and Management System (PEMS)" with a subheading "A Step-by-Step Guide". The text explains that the pages will guide users through the enrollment process and provide links to the Enrollment Help page and the TMHP YouTube channel. It also includes a note about draft status and a warning about request types. At the bottom, there is a list of application types: New Enrollment, Existing Enrollment, Revalidation, Reenrollment, and Maintenance, each with a dropdown arrow.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR

Provider | Client/Client

Search

Home Programs Topics Resources Contact My Account

Welcome to the PEMS Instructional Site

Enroll Today

Home > Topics > Provider Enrollment > Instructional Site

Provider Enrollment and Management System (PEMS)

Last updated on 3/29/2025

A Step-by-Step Guide

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

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

Note: If you do not see the PEMS request type you are trying to create please make sure there isn't one already in a draft status or in progress. PEMS requests left in a Draft status for 180 days will be set to "Expired" and cannot be submitted.

PEMS Existing Enrollment, Revalidation, or Reenrollment request may not be available if your provider has an open PEMS Maintenance request in draft or in progress.

If your request type is no longer valid due to the providers Enrollment Status the following error will display once the Admin tries to submit the PEMS request "The request that you are trying to submit is not appropriate for your enrollment status. Please cancel this request, and select Edit Enrollment Record to create an appropriate request type. If you have any questions, call the TMHP Contact Center at 800-925-9126 and select option 3 for Provider Enrollment or visit the PEMS Instructional Site for request type definitions."

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

- New Enrollment
- Existing Enrollment
- Revalidation
- Reenrollment
- Maintenance

Utilize PEMS system for the following:

- New Enrollment
- Existing Enrollment
- Revalidation
- Re-enrollment
- Maintenance – update demographic information

Log into PEMS account on a monthly basis to ensure accuracy of provider information.

[Provider Enrollment and Management System \(PEMS\) | TMHP](#)

Medicaid Provider Enrollment - Revalidation Flexibilities

Medicaid providers must complete revalidation every three or five years depending on their specialty, to maintain active enrollment status. This is a standard procedure, but due to certain issues, flexibilities have been granted during the specified dates.

Key points on Medicaid Provider Enrollment Flexibilities:

- Enrollment Gaps Closed for Certain Providers: Closure of Enrollment Gaps: If a provider was disenrolled for untimely revalidation between November 1, 2023, and December 12, 2024, the provider's enrollment period will be retroactively backdated up to 365 days.
- Extended Revalidation Period: Providers whose Medicaid revalidation date falls between December 13, 2024, and May 31, 2025, will be given an additional 180 calendar days to complete the revalidation process in the Provider Enrollment and Management System (PEMS).

Medicaid Provider Enrollment Revalidation - Claims Reprocessing

Deadline For Reprocessing Claims will be June 30, 2025

- Submit Claims as Services Are Provided: Do not hold claims
- Contact El Paso Health If Claims Were Denied: If your claims were denied due to untimely enrollment revalidation between November 1, 2023, and December 12, 2024
- Begin the Revalidation Process Promptly: If you haven't started the revalidation process yet, you should begin as soon as possible to avoid any disruptions in your Medicaid enrollment status

[Medicaid Provider Enrollment Revalidation Flexibilities and Claims Reprocessing](#)

Pharmacy Benefit Manager

Navitus Health Solutions is El Paso Health's Pharmacy Benefit Manager for our STAR, CHIP & STAR+PLUS program. 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.

Autism Services

Autism spectrum disorder (ASD) is a condition characterized by restricted, repetitive patterns of behavior, interests, or activities and deficits in social communication and social interaction, with onset of symptoms occurring in early childhood

Autism Services now include Applied Behavior Analysis (ABA) evaluation and treatment, and are a benefit of the Texas Health Steps Comprehensive Care Program (THSteps-CCP).

Texas Medicaid recipients **20 years of age and younger** who meet the criteria outlined in the Autism Services benefit description may receive this service.



Maternal Mental Health Services

HHSC provides the following Services to assist Texas women experiencing maternal mental health challenges:

- **Postpartum Depression Screening**: Covered by Medicaid and CHIP for the mother of an enrolled infant.
- **Mental Health and Substance Use Resources**: Local mental health authorities and local behavioral health authorities provide counseling, medication and peer support to address barriers to a successful recovery.
- **Substance Use Disorder Programs for Pregnant and Parenting Women**: Substance use services encourage people to seek recovery through prevention.
- **Healthy Texas Women**: Eligible women can receive services focused on major health conditions that contribute to maternal morbidity and mortality.
- **Texas WIC**: WIC offers education on mental and emotional health during pregnancy.
- **Family Violence Program**: The family violence program promotes safety, self sufficiency and long term independence of adult and child survivors of family violence.
- **Alternatives to Abortions (A2A)**: A2A program provides services and supports to prenatal and postnatal women, children and families. A2A offers private counseling and mentoring to women on pregnancy and parenting.

Exclusions

The following services are not benefits of Texas Medicaid:

- Psychoanalysis
 - Multiple family group psychotherapy
 - Marriage or couples counseling
 - Narcosynthesis
 - Biofeedback training as part of psychophysiological therapy
 - Psychiatric day treatment programs
-
- Services provided by a psychiatric assistant, psychological assistant (excluding master's level LPA), or a licensed chemical dependency counselor



Contact Information

Claudia Aguilar

Provider Relations Representative
Phone Number: 915-298-7198 ext.1049

Jose Chavira

Provider Relations Representative
Phone Number: 915-298-7198 ext.1167

Luz Jara

Provider Relations Representative
Phone Number: 915-298-7198 ext.1276

Lizbeth Silva

Provider Relations Representative
Phone Number: 915-298-7198 ext. 1005

Vianey Licon

Provider Relations Representative
Phone Number: 915-298-7198 ext.1244

Ernestina Mata

Provider Relations Representative
Phone Number: 915-298-7198 ext.1233

Liliana Jimenez

Provider Relations Lead
Phone Number: 915-298-7198 ext. 1018

Cynthia Moreno

Provider Relations Manager
Phone Number: 915-298-7198 ext. 1044

Provider Relations Department

(915) 532-3778

ProviderServicesDG@elpasohealth.com



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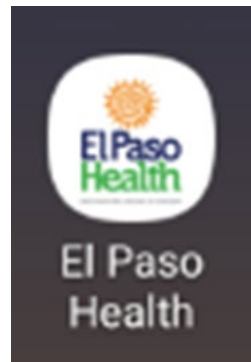
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Member Services Department Reminders

STAR & CHIP Member Portal and Mobile App

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



No Co-Pays for Mental Health or Substance Use Disorder Services

Texas Health & Human Services (HHSC) removed copay requirements for any outpatient office visits and residential treatment services for mental health and substance abuse disorders.

Providers are not to collect co-payments from CHIP members for these services.



**NO
CO-PAY**

First Call Medical Advice Infoline & Behavioral Health Crisis Line

El Paso Health offers members a medical advice info-line at no cost. Members will receive immediate information to take care of your medical or health concerns.

First Call: 1-844-549-2826

El Paso Health also offers members a crisis line for assistance with behavioral health.

STAR: 1-877-377-6147

CHIP: 1-877-377-6184

STAR+PLUS: 1-877-377-2950

- Staff is bilingual
- Interpreter services are available
- Open 24 hours a day, 7 days a week



Night Clinic Flyer

AFTER-HOURS CARE IS OPEN LATE!

¡Las clínicas nocturnas están abiertas después de horas!

● Urgent Care ● Night Clinic

UrgentCare2go Mobile Unit

• (817) 508-8169

Appointment required
urgentcare2go.com

West El Paso CareNow Urgent Care

• 7845 N Mesa St, Suite A
• (915) 206-4690

Pininos Urgent Care

• 4321 N. Mesa, Suite B
• (915) 304-0088
• Mon-Fri 5pm-10pm

pininospediatrics.com/urgent-care

COVID-19 ALERT: PLEASE CALL AHEAD.

ALERTA COVID-19:
POR FAVOR LLAME ANTES DE IR.

- Telemedicine and Telehealth services might be available with your Primary Care Provider (PCP) after regular business hours.

Servicios de Telemedicina después de horas de oficina podrían estar disponibles con su Proveedor de Atención Primaria.

Cimarron CareNow Urgent Care

• 7480 Paseo Del Norte Blvd
• (915) 308-2060

Kenworthy CareNow Urgent Care

• 10765-A Kenworthy St
• (915) 320-4021

Northeast Pediatric Night Clinic

• 10755 Kenworthy Dr
• (915) 821-2300
• Mon-Sat 6pm-9pm

For more information, scan QR code below.



Edgemere CareNow Urgent Care

• 12371 Edgemere Blvd, Suites 207 - 209
• (915) 856-0008

El Paso Children's Urgent Care

• 3260 N. Zaragoza Rd, Building D Suite 407
• (915) 242-8406
• Mon-Sun 9am-9pm

North Zaragoza CareNow Urgent Care

• 1801 Zaragoza Rd
• (915) 249-3106

Paseo Nuevo Urgent Care PLLC

• 12350 Paseo Nuevo Dr
• (915) 777-3493
• Sat-Sun 10am-2pm

paseonuevourgentcare.com

Viscount CareNow Urgent Care

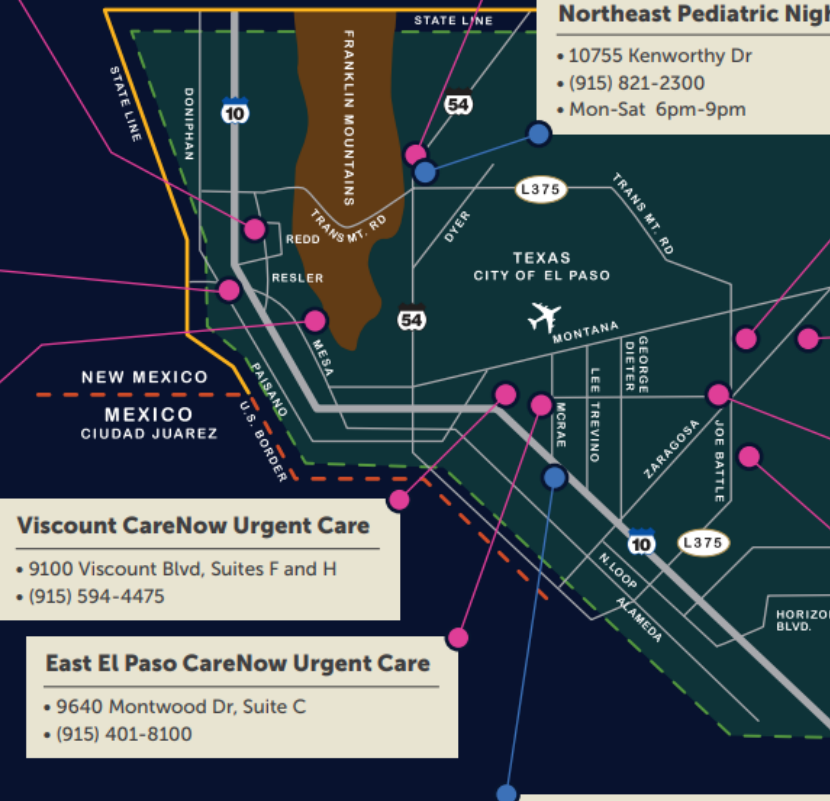
• 9100 Viscount Blvd, Suites F and H
• (915) 594-4475

East El Paso CareNow Urgent Care

• 9640 Montwood Dr, Suite C
• (915) 401-8100

Central Texas Pediatric Night Clinic

• 7888 Gateway Blvd East
• (915) 593-6444
• Mon-Sun & Holidays 6pm-10pm



- For a full list of clinics and providers, please visit our website www.elpasohealth.com or call us at 915-532-3778.

Para obtener una lista completa de clínicas y proveedores, visite nuestro sitio web www.elpasohealth.com o llámenos al 915-532-3778.



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Non-Emergent Medical Transportation (NEMT) Services

Access2Care, an El Paso Health Partner, may be able to help STAR/CHIP/STAR+PLUS 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



Access2Care

- To request transportation, members must call Access2Care at 1-844-572-8196 or 1-855-584-3530 for STAR+PLUS.
- 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.

Interpreter Services

El Paso Health can assist providers with members who need interpreter services for:

- Other languages not spoken in the office
- Sign language

Arrangements must be made by EPH staff.

Call Member Services at 915-532-3778 or toll free 1-877-532-3778

Provide information needed to schedule interpreter services:

- Date and time of appointment
- Name of provider or facility
- Address of where appointment will take place
- Call back number
- Member name, ID and DOB
- Type of service needed

Please call at least 48 hours in advance to allow sufficient time for scheduling.



Member Cost Sharing Obligations

STAR/CHIP

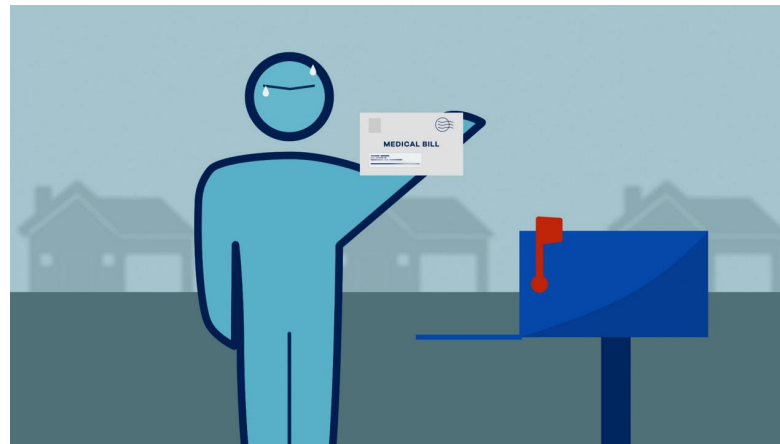
Medicaid Members do not have cost sharing obligations for covered services.

- CHIP Co-payments for medical services or prescription drugs are paid to the health care provider at the time of service.
- CHIP Perinatal members and CHIP members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays.
- Additionally, for all CHIP Members there is no cost-sharing on benefits for well-baby and well-child services, preventive services, pregnancy-related assistance, behavioral health visits in office setting and SUD. (Substance Use Disorder)

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:
- If the member gets a bill from the child's doctor, they should call El Paso Health at 915-532-3778 or 1-877-532-3778.

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



Behavioral Health - Healthy Rewards

CHIP Member



A \$25 Walmart gift card is offered to members 18 years and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay. Members can receive one Walmart gift card per year.

Star Medicaid Member



A \$25 Walmart 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 Walmart gift card per year.

Healthy Rewards



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

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

Was your child prescribed ADHD medication?

If yes, make sure to schedule a follow-up visit with your child's primary or behavioral health doctor.

Your visit must be within 30 days of receiving the medication.

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

If you need help call us at

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

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

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

Contact Information

Nellie Ontiveros

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

Roberto Sepulveda

Member Services Manager
(915) 532-3778 ext. 1055

Beth Ortiz

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

Javier Herrera

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



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Quality Improvement Program & Initiatives

Quality Assurance and Performance Improvement Program

- Pay for Quality (P4Q) 3% Premium at Risk
- Performance Improvement Projects (PIPs)
- HHSC Deliverables
- Provider Appointment Accessibility and Availability Surveys

Focus on HEDIS quality metrics, to include those related to Behavioral Health.



HEDIS: Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Initiation Phase

Children between 6 and 12 yrs. of age diagnosed with ADHD need one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.



Continuation and Maintenance Phase

Children between 6 and 12 yrs. of age who had a prescription for ADHD medication and remained on the medication for at least 210 days need at least two follow up visits with a practitioner in the 9 months after the initiation phase.



HEDIS Follow up After Hospitalization (FUH)



Inpatient discharges with a diagnosis for mental illness or intentional self-harm require:

- Follow-up visit with a mental health provider within 7 and 30 days

Potentially Preventable Admissions (PPAs)

Hospitalizations for conditions that could have been avoided with timely and effective outpatient care.

- El Paso county has the highest rate of PPAs among Medicaid patients compared to any other county in Texas.
- Two of the Top 3 reasons for PPAs in El Paso are for behavioral health.

Reasons		Table ?							
#.	DRG Description	APR-DRG	PPA Count	Actual Weight	Patient Days	Average Patient Days	Expenditures	Average Expenditures per PPA	Average Expenditures per Patient Day
1.	BIPOLAR DISORDERS	753	218	133.18	1,752	8.04	\$1,400,410	\$6,424	\$799
2.	OTHER PNEUMONIA	139	79	92.10	239	3.03	\$764,631	\$9,679	\$3,199
3.	MAJOR DEPRESSIVE DISORDERS AND OTHER OR UNSPECIFIED PSYCH..	751	110	64.72	778	7.07	\$566,814	\$5,153	\$729
4.	OTHER GASTROENTERITIS, NAUSEA AND VOMITING	249	132	62.65	320	2.42	\$801,527	\$6,072	\$2,505
5.	SEIZURE	053	71	61.46	159	2.24	\$584,761	\$8,236	\$3,678
6.	ASTHMA	141	71	52.18	161	2.27	\$526,285	\$7,412	\$3,269
7.	RESPIRATORY SIGNS, SYMPTOMS AND MISCELLANEOUS DIAGNOSES	144	33	30.70	75	2.27	\$235,151	\$7,126	\$3,135
8.	KIDNEY AND URINARY TRACT INFECTIONS	463	46	28.32	130	2.83	\$359,222	\$7,809	\$2,763
9.	OTHER DIGESTIVE SYSTEM DIAGNOSES	254	41	28.28	109	2.66	\$318,248	\$7,762	\$2,920
10.	INFECTIONS OF UPPER RESPIRATORY TRACT	113	50	25.53	119	2.38	\$354,530	\$7,091	\$2,979

Other Quality Metrics related to Behavioral Health (HEDIS)

- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
- Follow-Up After Emergency Department Visit for Mental Illness
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment



Accessibility and Availability

Regulatory mandate - Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC)

Accessibility: appointment available within a specific time frame (calendar days)

Monitoring Efforts:

- State-wide secret shopper calls (Senate bill 760)
- EPH secret shopper calls by QI Nurses
- Samples selected based on MCO **provider directories**



Provider Contract Requirement:

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

Appointment Wait Time Standards

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

Standards:	Able to schedule appointment:
Initial Outpatient Behavioral Health (new members, child and adult)	Within 14 calendar days
Emergency Services	Upon member presentation
Urgent Care, to include urgent behavioral health services	Within 24 hours
Follow up care after inpatient hospitalization	Within 7 calendar days
In addition:	
Contact Members who have missed appointments within 24 hours to reschedule appointments	

Contact Information

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Health Services Reminders

Prior Authorization Tool

All questions on the table must be answered in order to be able to search for CPT codes.

- A 'yes' answer to any of the questions will automatically require a prior authorization.
- Answering 'no' to all questions on the table will prompt the CPT code search query.

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

Providers may search up to four CPT codes at a time.

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

Types of Services	Yes	No
Are services being provided by an out-of-network Provider?	<input type="radio"/>	<input 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"/>
Is the member receiving venous surgical procedures/services?	<input type="radio"/>	<input checked="" type="radio"/>

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

CPT code: 1: 2: 3: 4:

99214 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING

No authorization is required.

97110 - THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY

Authorization is required.

E0445 - Oximeter device for measuring blood oxygen levels non-invasively

No authorization is required, unless the following condition is met
Conditions: Over \$300 unless Orthotics/Prosthetics which is over \$200

<http://www.elpasohealth.com/providers/medicaid-chip-prior-authorization/>

Authorization Requests & Hours of Operation

EPH is required to accept requests using various methods:

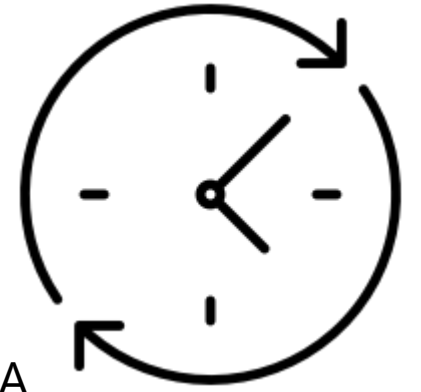
- Electronic
- Fax
 - Outpatient (915)298-7866 or Toll Free (844)298-7866
 - Inpatient (915)298-5278 or Toll Free (844)298-5278
- Walk-In/Mail
- Telephonic
 - 915-532-3778 or toll-free 888-532-3778



Authorization are accepted during normal business hours Monday through Friday from 8:00am to 5:00pm (MST).

El Paso Health Medical Director is available after hours and can be reached by El Paso Health's answering service. The call will be transferred to him or the assigned designee.

Turnaround Times

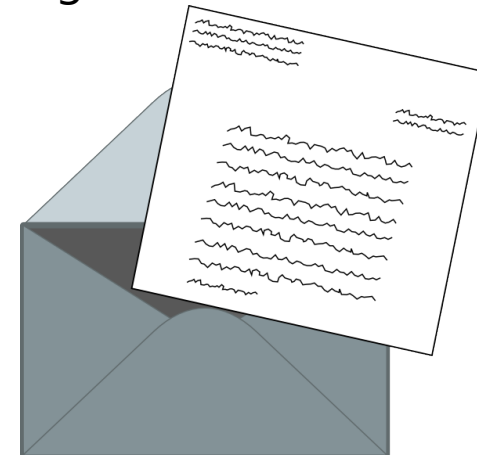


Day received is day zero, turn around time does not begin until next **business** day

- Standard request – 3 business days for Medicaid/Medicare; 2 business days for CHIP/ TPA
 - Expedited request – 24 hours
 - Retrospective request – 30 days (start date is 5 business days past date received)
- * When requesting additional information, turn around time can be extended up to 14 calendar days

Member and Provider will receive notification of extension for requesting additional information. The due date is printed on the notification letter

- Provider will receive fax
- Member will receive letter in mail



Peer to Peer Reviews

A Peer to Peer consultation is available at any time during the PA process after an El Paso Health Medical Director review.

- Peer to Peer Reviews are **offered prior** to an Adverse Determination is issued (via fax notification).
- Peer to Peer Reviews can only be held **Physician to Physician**.
- The ordering Physician has **24 hours** to schedule a Peer to Peer Review for services.





CASE MANAGEMENT/SERVICE COORDINATION REFERRAL FORM		
To: El Paso Health ATTN: Case Management Phone: (915) 532-3778 ext. 1500 Fax: 915-298-7866		FROM: _____ (Physician's Office Name) OFFICE CONTACT PERSON: _____ FAX NUMBER: _____ TELEPHONE NUMBER: _____
Member Name:	Medicaid/CHIP ID #:	DOB:
Member Contact Number:	Member Address:	
REASON FOR REFERRAL (check all that apply and add comments when applicable):		
<input type="checkbox"/> HIGH RISK PREGNANCY		
<input type="checkbox"/> BEHAVIORAL HEALTH		
<input type="checkbox"/> ASTHMA		
<input type="checkbox"/> HEART DISEASE		
<input type="checkbox"/> DIABETES		
<input type="checkbox"/> SPECIAL HEALTH CARE NEEDS (individuals who have a behavioral/medical condition that is expected to last more than 12 months)		
<input type="checkbox"/> SOCIAL WORK/SOCIAL DETERMINANTS OF HEALTH		
<input type="checkbox"/> OBESITY		
PRESENTING CONCERN:		
<input type="checkbox"/> Assistance locating covered services		
<input type="checkbox"/> Coordination of care		
<input type="checkbox"/> Non-compliance with treatment plan		
<input type="checkbox"/> Assistance obtaining durable medical equipment/medical supplies (i.e. nebulizer, peak flow meter)		
<input type="checkbox"/> Patient education (i.e. symptom management, self-management strategies, diabetes education)		
<input type="checkbox"/> Assistance accessing treatment for behavioral health diagnosis		
<input type="checkbox"/> Social concerns (i.e. SDOH), please specify concern(s): _____		
<input type="checkbox"/> High risk pregnancy, please specify condition/concern: _____		
<input type="checkbox"/> Access to community resources (i.e. support/advocacy groups, basic needs)		
<input type="checkbox"/> Positive Maternal Depression Screening		

Case Management Referrals

El Paso Health has Case Managers available to assist Members with a diagnosis of Severe and Persistent Mental Illness (SPMI) and Seriously Emotionally Disturbed (SED).

Case Managers will:

- **Collaborate** with Providers as part of the Interdisciplinary Team to assist our Members and their families
- **Assess** Member's condition and environment
- Provide **Education** regarding benefits and condition
- **Coordinate** Care for Medical, Behavioral Health and Social Needs
- Develop a **Service Plan** to identify Member goals, progress, and interventions
- **Refer** Members to **Specialty Providers**
- **Refer** Members to **Community Agencies**

Case Management Programs:


- Behavioral Health Case Management
- Disease Management
- OB-Case Management
- Medical Case Management
- Medicare-DSNP Service Coordination
- Complex Medical Case Management

<https://www.elpasohealth.com/wp-content/uploads/2019/12/CaseManagementReferralForm.pdf>



Applied Behavioral Analysis (ABA)

ABA (Autism Services) is a benefit for clients who are 20 years of age or younger when criteria is met.



ABA Request Checklist

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

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

☐ **Initial Evaluation Request** – 1st time for an ABA evaluation. Initial evaluation code CPT 97151 and limited to 6 hours (24 units) with the HO modifier ONLY.
To request prior authorization for an **INITIAL 90-Day ABA Initial Evaluation**, LBAs or prescribing providers must submit the following:
Obtained from ABA Provider:

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

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

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

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

- ☐ Attendance log for child/youth
- ☐ Attendance log for parent/caregiver
- ☐ Progress summary from LBA: CPT 97155, signed and dated by LBA and parent/caregiver

Attendance Logs: must include percentage of scheduled sessions successfully completed. These logs must be submitted with any future request for extension or recertification.

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

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

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

<http://www.elpasohealth.com/forms/ABA%20REQUEST%20CHECKLIST%20final%202022.pdf>

EPHP4872202



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In-Lieu-of-Covered Services

Effective December 1, 2024, El Paso Health is following HHSC approved In-Lieu of services which include:

- **Partial Hospitalization Services** - a structured day program of outpatient behavioral health services. Partial Hospitalization Programs (PHPs) may provide services for mental health, SUD, or both. These services resemble highly structured, short-term hospital inpatient programs. The treatment level is more intense than outpatient day treatment or psychosocial rehabilitation.
- **Intensive Outpatient Program (IOP) Services** - services for mental health may include hospital outpatient departments and clinic/group practices enrolled in Medicaid and able to meet the below requirements with a multidisciplinary team approach to patient care under the direction of a physician.

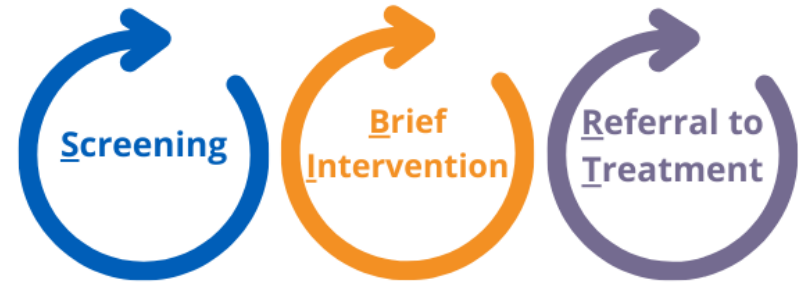
Guidelines for Medical Necessity Determination In-Lieu of Services:

<https://www.elpasohealth.com/forms/EPH-PR-In%20LieU%20of%20Services%20Guidance.pdf>

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is a benefit available for Members:

- ✓ 10 years of age and older
- ✓ Have alcohol or substance use disorders, or
- ✓ Are at risk of developing such disorders



SBIRT is used for intervention directed to **individual clients** and **NOT for group intervention**.

Who can provide SBIRT?: physicians, registered nurses, advanced practice nurses, physician assistants, psychologists, licensed clinical social workers, licensed professional counselors, certified nurse midwives, outpatient hospitals, federally qualified health centers (FQHCs), and rural health clinics (RHCs).

- Non-licensed Providers may deliver SBIRT under the supervision of a licensed provider if such supervision is within the scope of practice for that licensed provider.
- Providers must refer the person to treatment if the screening results reveal severe risk of alcohol or substance use.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- Providers that perform SBIRT must be trained in the correct practice of this method and will be required to complete at least four hours of training including non-licensed providers.
- Proof of completion of SBIRT training must be maintained in an accessible manner at the provider's place of service.
- Information regarding available trainings and standardized screening tools can be found through the Substance Abuse and Mental Health Services Administration at www.samhsa.gov.
- Billing Limitations:
 - Maximum of up to 2 screening-only sessions per rolling year.
 - Maximum of up to 4 combined screening & brief intervention sessions per rolling year, (the person must be referred for substance use disorder treatment)

Procedures Codes	
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST), and brief intervention, 5–14 minutes
H0049	Alcohol and/or drug screening.

Prior Authorization is NOT required

Substance Use Disorder (SUD)

SUDs are chronic, relapsing medical illnesses that require an array of best practice medical and psychosocial interventions of sufficient intensity and duration to achieve and maintain remission and support progress toward recovery. SUD may include problematic use of alcohol, prescription drugs, illegal drugs (e.g., cannabis, opioids, stimulants, inhalants, hallucinogens, “club” drugs, other synthetic euphoriants), and other substances that may be identified in the future.

Treatment Options:

- Withdrawal management services
- Individual and group SUD counseling in an outpatient setting
- Residential treatment
- Medication assisted treatment
- Evaluation and treatment (or referral for treatment) for co-occurring physical and behavioral health conditions

[Revised] Procedure Codes									
H0001	H0004	H0005	H0020	H0033	J0570	J0577	J0578	J2315	Q9991
Q9992									

Targeted Case Management

Mental Health Targeted Case Management (MHTCM)

- **Mental Health Targeted Case Management (TCM)** is a service that helps people with mental health needs get access to medical, social, educational, and other necessary services. The goal is to support the person's recovery and help them stay healthy and stable in the community.
- Members with a single diagnosis of intellectual and developmental disabilities (IDD) and related conditions, or a single diagnosis of substance use disorder (SUD) **are not** eligible for MHTCM services.
- Providers must use procedure code **T1017** and the **appropriate modifier** for MHTCM:

Service	Procedure Code	Modifier	Limitations	Unit
Routine mental health targeted case management (adult)	T1017	TF	32 units (8 hours) per calendar day for clients who are 18 years of age and older	15 min
Routine case management (child and adolescent)	T1017	TF, HA	32 units (8 hours) per calendar day for clients who are 17 years of age and younger	15 min
Intensive case management (child and adolescent)	T1017	TG, HA	32 units (8 hours) per calendar day for clients who are 17 years of age and younger	15 min

Modifier	Description
95	Delivered by synchronous audiovisual technology
FQ	Delivered by synchronous telephone (audio-only technology)
HA	Child/Adolescent Program
HZ	Funded by criminal justice agency
TF	Routine Case Management
TG	Intensive Case Management

Mental Health Rehabilitative Services

Mental Health Targeted Case Management (MHTCM)

Mental Health Rehabilitative Services are support services that help people with mental health conditions improve their daily functioning, gain independence, and reach personal goals. These services focus on teaching skills and providing support so individuals can live, work, and participate in their communities as fully as possible.

- These services are provided to a person with a serious mental illness, as defined in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Service Category	Procedure Codes	Modifiers
Day Program for Acute Needs	H2012	
Medication Training and Support	H0034	HQ: group services for adults HA/HQ: group services for child/youth
Crisis Intervention	H2011	HA: child/youth
Skills Training and Development	H2014	HQ: group services for adults HA: individual services for child/youth HA/HQ: group services for child/youth
Psychosocial Rehabilitation Services	H2017	TD: individual services provided by RN HQ: group services HQ/TD: group services provided by RN ET: individual crisis services

Skills Training

Mental Health Targeted Case Management

Skills training and supportive interventions focus on the improvement of communication skills, appropriate interpersonal behaviors, and other skills necessary for independent living or, when age appropriate, functioning effectively with family, peers, and teachers.

El Paso Health requires **Modifier UK** to identify skills training services delivered to the caregiver or Legal Authorized Representative (LAR).

H2014	Skills Training Individual
H2014 – HQ/HA	Skills Training Group Services Child/Youth
H2014 – HQ	Skills Training Group
H2014 – UK	Skills Training LAR/Caregiver

Mental Health Targeted Case Management Benefits

STAR vs CHIP

STAR

- No authorization is required, however **PA Form (1st page) is required** as a form of notification request to EPH.
**It is necessary as we are contractually obligated to provide a STATE FAIR HEARING if Member transitions to a lower/higher level of care.*
- Utilization Management is not required (meaning, there is no review completed by EPH case managers).
- CANS/ANSA assessment is required.
- All services within a Level of Care (LOC) are inclusive, depending on LOC requested.
**If a new Level of Care is identified, you will need to submit new PA form with the new dates.*
- No overlapping days on MHR/TCM request.

CHIP

- **Skills training (H2014)** is the only covered benefit for MHR/TCM, aside of the BH psychotherapy codes (i.e. 90834, 90837 etc.)
- **Completion of BH Prior Authorization Form** (all 3 pages) is required when requesting Skills Training (H2014).
- BH psychotherapy codes **Do Not** require prior authorization, if within Texas Medicaid limitations (30 visits per Calendar Year).
- No overlapping days on BH (Skills Training) Prior Authorization Request.

Contact Information

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Health Services Director

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Celina Dominguez

Health Services Administrative Manager

(915) 532-3778 ext. 1091

Carolina Castillo

Utilization Management Manager

(915) 532-3778 ext. 1122

Jesus Ochoa

Care Coordinator Manager

(915) 532-3778 ext. 1017



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STAR+PLUS: Service Coordination

STAR+PLUS Member ID Card


Members will receive their Member ID card in the mail as soon as they are enrolled with El Paso Health. Here's what the front and back of the El Paso Health Member ID card looks like. If a member did not receive this card, please call El Paso Health Toll Free at 1-833-742-3127.

 El Paso Health <small>HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.</small>	 TEXAS <small>Health and Human Services</small>	 TEXAS STAR+PLUS <small>Health Plan • Your Choice</small>
Name: [YOUR NAME] ID: [000000000000]	Pharmacist Only: Navitus: 1-877-908-6023 RxBin: RxPCN: RxGRP:	Member Services: 1-833-742-3127 Available 24 hours a day/7 days a week Nurse Hotline: 1-844-549-2826 Available 24 hours a day/ 7 days a week Behavioral Health: 1-877-377-2950 In case of an emergency, call 911 or go to the closest emergency room. After treatment, call you PCP within 24 hours or as soon as possible. Medicaid recipients who are also eligible for Medicare only have Long Term Services and Supports through El Paso Health.
Primary Care Provider Name: Phone: Effective Date:	Service Coordinator/ Coordinador de Servicios: 1-833-742-3127	Servicios para Miembros: 1-833-742-3127 Disponible 24 horas al día/7 días de la semana Nurse Hotline: 1-844-549-2826 Available 24 hours a day/ 7 days a week Servicios de Salud del Comportamiento: 1-877-377-2950 En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Después del tratamiento, llame a su PCP dentro de 24 horas o tan pronto como sea posible. Beneficiarios de Medicaid que también son elegibles para Medicare solamente tienen Servicios y Apoyo a Largo Plazo con El Paso Health.
1-833-742-3127	ElPasoHealth.com	

For the [STAR+PLUS Service Coordination](#) team availability please contact the hotline at 1-833-742-3127 OPT 2. If your ID card is lost or stolen, you can get a new one by calling us at toll-free at 1-833-742-3127 for STAR+PLUS.

You can also reach us by email at member@elpasohealth.com.

Member ID Cards

**Your Texas Benefits**
Health and Human Services Commission

Member name:

Member ID:

Issuer ID:

Date card sent:

Note to Provider:
Ask this member for the card from their Medicaid medical plan. Providers should use that card for billing assistance. No medical plan card? Pharmacists can use the non-managed care billing information on the back of this card.

Need help? ¿Necesita ayuda? 1-800-252-8263

Members: Keep this card with you. This is your medical ID card. Show this card to your doctor when you get services. To learn more, go to www.YourTexasBenefits.com or call 1-800-252-8263.

Miembros: Lleve esta tarjeta con usted. Muestre esta tarjeta a su doctor al recibir servicios. Para más información, vaya a www.YourTexasBenefits.com o llame al 1-800-252-8263.

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.

Providers: To verify eligibility, call 1-855-827-3747. Non-pharmacy providers can also verify eligibility at www.YourTexasBenefitsCard.com. Non-managed care pharmacy claims assistance: 1-800-435-4165.

Non-managed care Rx billing: RxBIN: 610084 / RxPCN: DRTXPROD / RxGRP: MEDICAID

TX-CA-1213

Members must still continue to provide their Texas Medicaid ID Card along with their EPH ID STAR+PLUS Card

Service Coordination

Service Coordination is a specialized case management service for members who need or request it.

Service Coordination provides the following:

- Single Point of Contact for the Member
- Assessments reviews and develop a plan of care utilizing input from the member, family, and providers.
- Assists in coordinating services and the care provided to our members.
- Assistance with directing members through the health care system, referrals, and authorizations to help meet our members' needs.
- Utilizes a multidisciplinary approach in meeting members' medical and behavioral health needs.
- Conducts mandatory telephonic or face-to-face contacts.

To reach an El Paso Health Service Coordinator you may contact [1-833-742-3127](tel:1-833-742-3127).

Service Coordination Hotline

El Paso Health has a DEDICATED Service Coordination Hotline that connects Members with our Service Coordination staff. **833.742.3127 option #2.**



- It is available to members 24 hours a Day, 7 Days a week
- Hours of Operation: 8:00am to 5:00pm local time for Service Area, Monday through Friday, excluding State-approved holidays
- Members, Family Members, or Providers may leave a message during non-business hours
- Any messages for the Service Coordination hotline staff or EPH Service Coordinators will be returned within 2 Business Days.

Behavioral Health Connector



Claudia Lucero

STAR+PLUS

Behavioral Health Social Worker

915-298-7198 ext. 1285

Clucero@elpasohealth.com



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Complaints and Appeals

Provider Appeals

A request for reconsideration of a previously dispositioned claim.

- Complete Denial of Claim
- Partial Denial of Claim



How to Submit

- Fax: 915-298-7872
- Web Portal
- Email: Complaints&AppealsTeam@elpasohealth.com
- Mail : El Paso Health
Complaints and Appeals Dept.
1145 Westmoreland Drive
El Paso, TX 79925

What to Submit

- One letter per member/per DOS explaining reason for dispute
- Supporting documentation
- Remittance Advice
- Medical Records (if necessary)
- Proof of Timely filing
- Any pertinent information for review

Provider Appeal Levels

- Level 1
 - Acknowledgment Letter w/in 5 business days
 - Resolution Letter w/in 30 calendar days
 - Don't agree with outcome?
- Level 2
 - Acknowledgment Letter w/in 5 business days
 - Resolution Letter w/in 30 calendar days.

(Provider Appeals Process has been **Exhausted**)
- Submit a Complaint to:
 - HHSC (STAR & STAR+PLUS)
 - TDI (CHIP)

Contacts

Corina Diaz

Complaints and Appeal Manager

(915) 298-7198 ext. 1092

Maggie Rios

Complaints and Appeals Supervisor

(915) 298-7198 ext. 1299

Complaints&AppealsTeam@elpasohealth.com



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Special Investigations Unit (SIU)

SIU Team Purpose

- Texas requires all Managed Care Organizations like El Paso Health to establish a plan to prevent and detect Waste, Abuse, and Fraud (WAF).
- This plan is carried out by El Paso Health's Special Investigations Unit (SIU).
- El Paso Health SIU Team conducts monthly audits of our network providers and members.
- We will request Medical records for review to prevent FWA in accordance with Texas Administrative Code.



What We Look For

When we are auditing claims we identify several factors which include:

- **Documentation**
 - It is important to document time in and out.
- **Coding**
 - Append the correct required modifiers.
- **Authorizations**
 - When required, ensure authorization is obtained prior to the services being rendered.
- **Frequency**
 - Confirm the authorization has not been exhausted.



Medical Records Request

We will send providers the request for medical records as follows:

- 1st request faxed with a 4 week deadline.
- If no response within 2 weeks, 2nd request faxed and provider is called.
 - Same deadline date as the first request.
- If no response within 3rd week, a final request faxed and contact with provider is made.
 - Same deadline date as first request.



Please make sure you and/or your Third Party Biller handle a records request with urgency.

Extension may be granted but **must be requested in writing before the Records Request due date. (email is ok)**

Failure to submit records results in an automatic recoupment that is not appealable.

Date

[Provider Name]

[Provider Mailing Address]

[Provider City, State Zip Code]

RE: Request for Medical Records – Time Sensitive Response Due
Plan: El Paso Health
Request ID Number: [Case ID Number]
Department: SIU
Member: Please see member list at the end of letter
Response Due: [Due date] (30 calendar days for first attempt)

Dear [Provider],

Please accept this as a request for medical records/documentation for the enclosed member(s). The submission of these records will support El Paso Health, with its operational responsibility of oversight of participating partners. Failure to submit records will result in an automatic recoupment that is not appealable.

El Paso Health and any Payor shall have access to Physician's office during normal business hours on request, to inspect, review, and make copies of such records. Physician shall provide, at Physician's expense, copies of such records to authorized representatives of local, State, or Federal regulatory agencies.

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

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

1) Complete copies should include specific records to support the services provided. Send complete records to support the claims billed for each member. It may include but not be limited to the following:

- Physician orders / notes
- Nurse/ attendant notes
- Consultant and other medical reports
- Prior authorization requests and approvals*
- Prescribing records and medication history logs
- DME orders
- Health assessment, plan of care*
- Agreement for services, orientation documentation for attendants, supervisory visit/s*
- Supervision logs, documentation of supervisory visits

Medical Records Request Letter Sample

Methods to Submit Medical Records



- **Fax:** 915-225-1170



- **Email:** amacias@elpasohealth.com or JHerrera2@elpasohealth.com



- **Datavant** (formerly Ciox Health)



- **Pick Up:** Contact your EPH Provider Relations Rep or the SIU Department to schedule a pick up

External Audits

Please keep in mind that **HHSC Office of Inspector General (OIG)** and **Office of Attorney General (OAG)** conduct their own independent audits.

- EPH is not involved with these audits.
- Make sure you check the letterhead to see who is requesting medical records.



Inspector General
Texas Health and Human Services



KEN PAXTON
ATTORNEY GENERAL *of* TEXAS

Missing Medical Records

It is important to send the entire medical record as requested.

When submitting records, if any detail is left out, the entire claim may be recouped for insufficient documentation.

Some examples include:

- Omitted In/Out Times
- Initial Evaluations
- Medical History



When records are submitted providers will sign an attestation to the number of pages included.

After attestation signature, additional records will not be accepted.



**IF IT'S NOT DOCUMENTED,
IT DIDN'T HAPPEN**

Closing the Review

Providers office will be notified of the audit findings once the review is completed.

You have the right to dispute/appeal the findings within 30 days of notification.

- The dispute/appeal will be handled by the SIU team.

(The review of appeal for the Audit 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.

After 30 days or the appeal review, EPH will begin recoupments via claims adjustments unless the provider requests to send a check or set up a payment plan.



SIU Contact Information

Vanessa Berrios, Director of Compliance

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Jennifer Herrera, SIU Assistant

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



El Paso Health

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Claims Overview

Timely Filing Reminders



Timely filing deadline

- 95 days from date of service

Corrected claim deadline

- 120 days from date of EOB

Note: Must submit with correct frequency code or claim will deny as duplicate

Electronic Claims

Payer ID Numbers

- Claims are accepted from:
 - Availity
 - Trizetto Provider Solutions, LLC. (*formerly Gateway EDI*)

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

Telemedicine Billing Reminders

Telemedicine Modifiers

95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
FQ	Outpatient mental health services provided by synchronous telephone (Audio-Only) technology must be billed using modifier FQ
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive (Audio-Only) Telecommunications System

Place of Service Codes

02	The patients attend the telehealth appointments anywhere other than their own homes (e.g., a hospital or skilled nursing facility)
10	Telehealth services provided to patients who attend the appointments in their own homes

Note: Claim will deny if submitted only with modifier for telemedicine and invalid POS code or vice versa

Contact Information

Diana Carreon

Director of Claims

(915) 298-7198 Ext. 1190

Adriana Villagrana

Claims Manager


(915) 298-7198 ext. 1097

Provider E-News Updates

[Subscribe to El Paso Health's Provider E-news Updates](#)

E-News may include, but is not limited to:

- Provider Trainings/Orientations
- El Paso Health Policy Updates
- Weekly Memorandums



Provider E-Newsletter

Please complete the form below to sign up for El Paso Health Provider E-newsletter.


Note: Items with * are required information.

First Name*	Last Name*	
<input type="text"/>	<input type="text"/>	
Email*	Position*	
<input type="text"/>	<input type="text"/>	
Practice/Group Name*	TIN*	NPI*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Specialty Type* (please select all that apply)

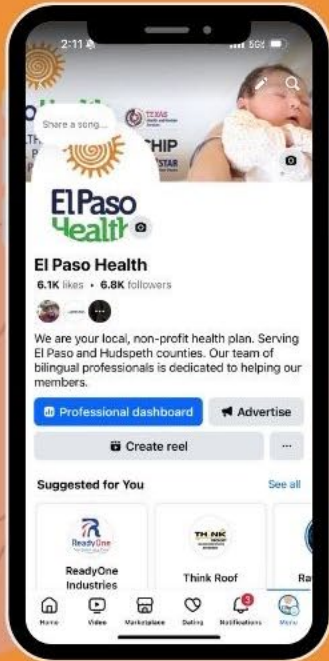
<input type="checkbox"/> Adult Day Care/Assisted Living	<input type="checkbox"/> Allergy or Immunology
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Anesthesia
<input type="checkbox"/> Audiology	<input type="checkbox"/> Behavioral Health or Counselor
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Critical Care or Emergency Medicine
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Durable Medical Equipment (DME)
<input type="checkbox"/> Ear, Nose and Throat (ENT)	<input type="checkbox"/> Primary Care Provider (PCP)
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Federally Qualified Health Center (FQHC)
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Home Health
<input type="checkbox"/> Hospital	<input type="checkbox"/> Interventional Pain Management
<input type="checkbox"/> Long-Term Services and Supports (LTSS)	<input type="checkbox"/> Nephrology
<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Neurology
<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Optometry	<input type="checkbox"/> Oncology
<input type="checkbox"/> Therapy (Physical/Occupational/Speech)	<input type="checkbox"/> Pathology
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Podiatry	<input type="checkbox"/> Pulmonology
<input type="checkbox"/> Radiology	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Rural Health Clinic	<input type="checkbox"/> Skilled Nursing Facility
<input type="checkbox"/> Urgent Care	<input type="checkbox"/> Urology
<input type="checkbox"/> Other: <input type="text"/>	

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