

# IN-PERSON PCP PROVIDER QUARTERLY ORIENTATION

Thursday, October 21, 2021  
12:00 PM - 1:30 PM (MDT)



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

Participation **giveaways**  
and a chance to win  
**door prizes** and **gift cards.**

**Eventbrite Info:**

<https://eph-pcp-qtr1.eventbrite.com>

**Password: PCPQTRI**



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

# Agenda

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



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## **Updates and Reminders**

Stacy Arrieta

Provider Relations Coordinator

# COVID-19 Update: Waiver of CHIP Co-Payment

HHSC is waiving in office face to face visit co-payments for all CHIP members for services provided from **March 13, 2020 through October 31, 2021** .

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

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

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

# COVID-19 Update: Telemedicine and Telephonic Services

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

## Telephonic (Audio-Only) Medical Services

Providers may bill the following codes for telephone (audio only) medical (physician delivered) Evaluation and Management services delivered on March 20, 2020 through **December 31, 2021**:

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

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

# Provider Directories

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

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

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

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

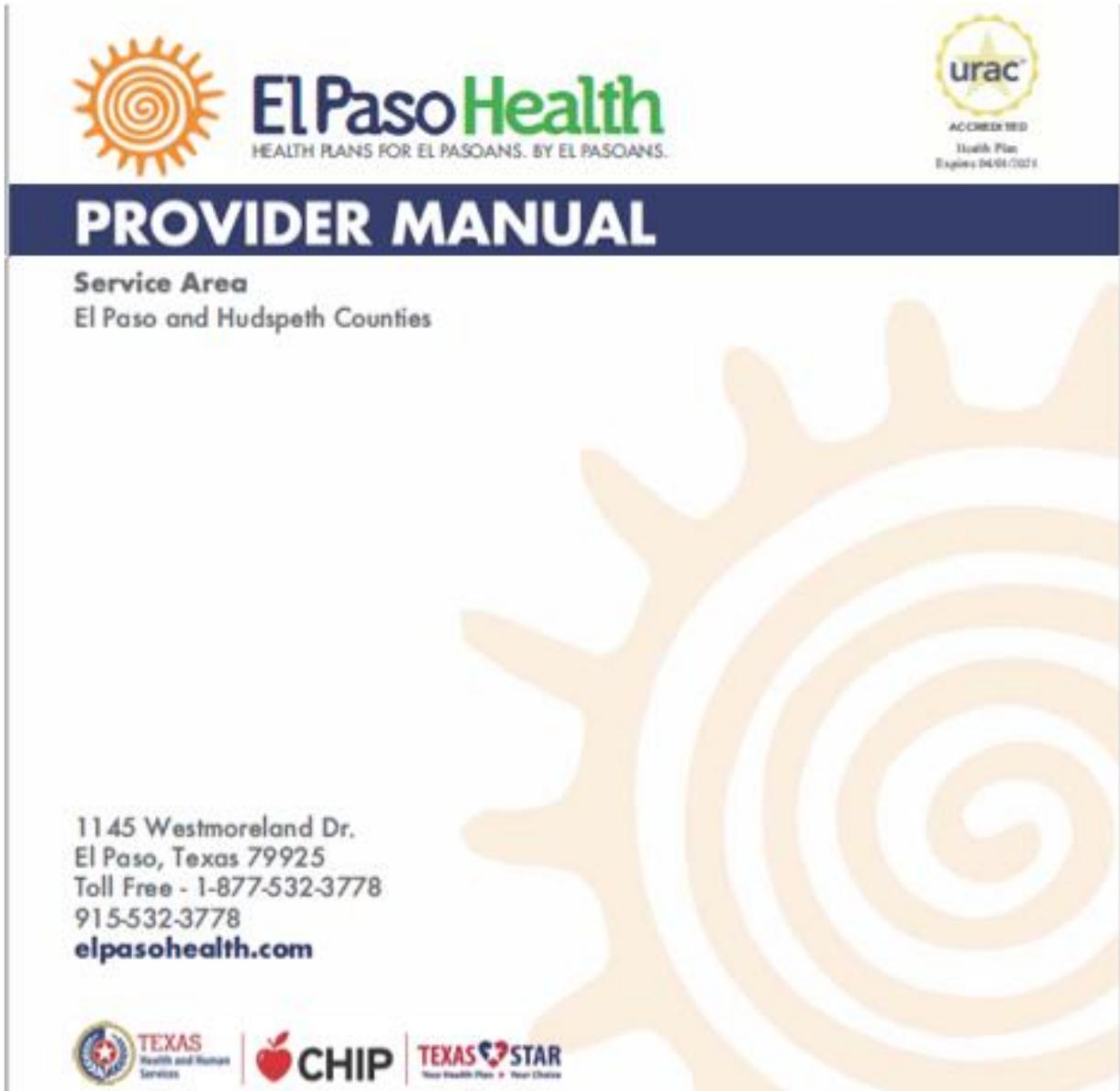
# Electronic Usages

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

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

# El Paso Health Provider Manual



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

The Provider Manual contains information about El Paso Health policies and procedures and specific “how to” instructions for providers when working with El Paso Health such as:

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

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

# Out of Network Providers

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If a Provider or Facility is not an In-Network Provider, the provider is considered out of network (OON).

- OON Providers without a Texas Provider Identifier (TPI) number are not eligible for reimbursement for services rendered to a member participating in the STAR program.
- OON Providers must notify our Contracting Department of any TPI assignments/updates through a formal written notification.
- OON providers are subject to non-participating provider authorization and reimbursement guidelines.

## **Continuity of Care**

Newly enrolled members whose health or behavioral health condition has been under treatment by a specialty care provider or whose health could be jeopardized if care is disrupted or interrupted will be allowed access to OON providers up to a certain period of time in order to ensure continuity of care when the following special circumstances apply:

- Transitioning from one plan to another
- Disabilities
- Acute conditions
- Life-threatening illnesses
- Pregnant members past the 24th week of pregnancy



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## **Outpatient Pharmacy Prescription Services Reminders**

# Pharmacy Benefit Manager

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Navitus Health Solutions is El Paso Health's Pharmacy Benefit Manager for our STAR, CHIP, and CHIP Perinate plans. Providers (prescribers and pharmacies) may contact the Navitus Provider Hotline for questions regarding any of the following:

- Prior Authorizations
- Mail Order/Specialty Pharmacy services
- Point of Sale (POS) Claims processing
- Contracting and Credentialing



**Navitus Provider Hotline 1-877-908-6023**

Hours: 24 hours a day, 7 days a week  
(Closed Thanksgiving and Christmas Day)

[www.navitus.com](http://www.navitus.com)

# 72-Hour Emergency Prescriptions

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72-hour emergency overrides for prescriptions apply to:

- non-preferred drugs on the preferred drug list, or
  - drugs that are subject to clinical prior authorization
- 
- A 72-hour emergency supply allows the pharmacy to dispense a three day supply of medication in order to allow the prescriber time to submit a Prior Authorization (PA) request.
  - If the prescribing provider cannot be reached or is unable to request a PA, the pharmacy should submit an emergency 72-hour supply override.
  - Pharmacies will be paid in full for 72-hour emergency prescription claims; there is no cost to the member.
  - Pharmacies may refer to the [Pharmacy Provider Procedure Manual](#) for additional information and requirements.

# Pharmacy Quick Reference Guide

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Navitus Provider Hotline: 1-877-908-6023

Navitus BIN# 610602

PCN: MCD

Rx Group: EPH

Prior Authorization requests: Fax 1-855-668-8553

PA turnaround time: STAR 24 hours/ CHIP 72 hours

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

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

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

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

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

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



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**Synagis / Flu**

# Flu Season

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Effective September 1, 2021, El Paso Health will cover the influenza vaccine at participating Navitus Texas Network Pharmacies for our members.

- Pharmacies participating in the vaccine service network may process the influenza vaccine at the point of service for STAR, CHIP, and CHIP Perinate members ages **7 and older**.
- Members may also receive the flu vaccination at their doctor's office.
- Children ages 6 months to 6 years old are recommended to get their vaccine through their PCP.
- To find a pharmacy, go to <http://www.elpasohealth.com/find-a-pharmacy/>
- <http://www.elpasohealth.com/fighttheflu/>

# Synagis

HHSC began opening DSHS regions gradually from June 21 through July 23, 2021. With the traditional 2021-22 RSV season approaching, all Texas DSHS regions will remain open. The traditional 2021-22 RSV season will be considered a new season beginning October 1, 2021.

Children who met age and clinical criteria received monthly summertime doses of Synagis (palivizumab). Children who received doses of Synagis (palivizumab) during the summer RSV season will require reassessment as of October 1, 2021. Children who may require additional doses of Synagis (palivizumab) due to age, and clinical condition, will require completion of a new prior authorization process for possible additional doses.

STAR and CHIP Members: Navitus, El Paso Health's pharmacy benefit manager, is processing all Synagis prior authorization requests for Medicaid and CHIP members enrolled with the health plan. Synagis is only dispensed through the pharmacies listed below.

Lumicera Specialty Pharmacy  
2601 West Beltline Highway, Suite 302  
Madison, WI 53713  
Synagis Phone: 855-847-3554  
Synagis Fax: 855-847-3558

Walmart Specialty  
Phone – 877-453-4566  
Fax – 866-537-0877

# Synagis- Navitus Prior Authorization

## The Prior Authorization Process through Navitus has changed and is as follows:

1. Initial Requests: require BOTH the Texas Standard Prior Authorization form AND the Synagis request form be filled out by the prescriber, which can be found on the Navitus website.
2. Physician faxes the “Navitus Palivizumab (Synagis) Prior Authorization Request Form” directly to selected pharmacy.
  - a. Lumicera Specialty Fax # 855-847-3558
  - b. Walmart Specialty Fax – 866-537-0877
3. Pharmacy will forward completed Prior Authorization Request Forms to Navitus for final approval. Approvals are only granted for ONE dose at a time. Failure to submit both prior authorization forms will result in denial of the request.
4. Subsequent Dose forms: are used to request each dose after the initial approval. Members may be approved for up to five total doses during their local RSV season. The Subsequent Dose forms are filled out by the dispensing pharmacy and forwarded to Navitus for review. The dispensing pharmacy will contact the prescriber office for the information needed on this form including dates of previous Synagis doses, current weight, and if a hospitalization due to an RSV infection has occurred. Approvals are only granted for one dose at a time and outreach to the prescriber office is expected prior to each monthly dose requested.
5. Pharmacy coordinates Synagis delivery with the physician’s office.
6. Physician administers Synagis and bills El Paso Health for the administration.

For additional information concerning Synagis administration for STAR and CHIP Members, please call Navitus 24 hours a day, 7 days a week at 1-877-908-6023.



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**ECI / THSteps Reminders**

# Early Childhood Intervention (ECI)

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

➤ **Birth through 35 months:**

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

➤ **Ages 3 years and older:**

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

**COVID -19 Update :**

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

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

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

# COVID-19 Update :Texas Health Steps Telemedicine Check Ups

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- Telemedicine visits for Texas Health Steps (THSteps) checkups for children older than 24 months of age are allowed via telemedicine have been extended through **December 31, 2021**.
- Children who receive THSteps via remote delivery are required to return to the provider for an in-person follow up visit within six months to receive any remaining checkup components that were not possible during remote delivery such as the unclothed physical examination, immunizations and sensory screenings.
- MAXIMUS, the state's Texas Health Steps outreach coordinator began sending reminder letters in mid-January to families with children who are due to receive an in-person follow up visit to complete outstanding components of the THSteps medical checkup.

El Paso Health has a designated COVID-19 page where all updates can be accessed via our website:

Under COVID-19 Information For Providers  
<http://www.elpasohealth.com/coronavirus.html>

# THSteps Reminders

## Texas Health Steps Provider Outreach Referral Form

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

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

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

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

<b>Patient #1 Information</b>		Date of Birth:		Medicaid ID:	
Patient Name:	City:		County:	Zip Code:	
Appointment Type:	<input type="checkbox"/> THSteps Checkup	<input type="checkbox"/> THSteps Followup	<input type="checkbox"/> Sick Visit	<input type="checkbox"/> Lead	
	<input type="checkbox"/> Other:				
Reason for referral (check all that apply)					
<input type="checkbox"/> Patient missed appointment, date:			<input type="checkbox"/> Assistance needed scheduling appointment.		
<input type="checkbox"/> Follow-up appointment for additional lead testing.			<input type="checkbox"/> Provide updated patient address (Case Management Only)		
<input type="checkbox"/> Assist with transportation to appointment.			<input type="checkbox"/> Other, see comments.		
Comments:					

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

<b>Patient #2 Information</b>		Date of Birth:		Medicaid ID:	
Patient Name:	City:		County:	Zip Code:	
Appointment Type:	<input type="checkbox"/> THSteps Checkup	<input type="checkbox"/> THSteps Followup	<input type="checkbox"/> Sick Visit	<input type="checkbox"/> Lead	
	<input type="checkbox"/> Other:				
Reason for referral (check all that apply)					
<input type="checkbox"/> Patient missed appointment, date:			<input type="checkbox"/> Assistance needed scheduling appointment.		
<input type="checkbox"/> Follow-up appointment for additional lead testing.			<input type="checkbox"/> Provide updated patient address (Case Management Only)		
<input type="checkbox"/> Assist with transportation to appointment.			<input type="checkbox"/> Other, see comments.		
Comments:					

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

**TEXAS HEALTH STEPS  
PROVIDER OUTREACH REFERRAL SERVICES**

### FAX COVER SHEET

DATE: \_\_\_\_\_

TO: SPECIAL SERVICES UNIT

PHONE: 877-847-8377

FAX: 512-533-3867

FROM: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

TOTAL PAGES INCLUDING COVER SHEET: \_\_\_\_\_

COMMENTS:

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EP03-14040 02/2013



# THSteps Provider Outreach Referral Form

## Submission of Referral Form

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

Name	Phone	Fax	Email
Patrice Loge, Manager	915-834-7733	915-834-7808	<a href="mailto:Patricia.Loge@dshs.texas.gov">Patricia.Loge@dshs.texas.gov</a>
Arturo Diaz	915-834-7735	915-834-7802	<a href="mailto:Arturo.Diaz@dshs.texas.gov">Arturo.Diaz@dshs.texas.gov</a>
Kimberly Salazar	915-834-7689	915-834-7802	<a href="mailto:Kimberly.Salazar@dshs.texas.gov">Kimberly.Salazar@dshs.texas.gov</a>
Jorge Alday	915-834-7697	915-834-7802	<a href="mailto:Jorge.Alday@dshs.texas.gov">Jorge.Alday@dshs.texas.gov</a>

# Texas Health Steps Medical Checkup Periodicity Schedule

Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

AGE		COMPREHENSIVE HEALTH SCREENING* BIRTH THROUGH 10 YEARS OF AGE																											
AGE		History	Nutritional Screening	DEVELOPMENTAL SURVEILLANCE		MENTAL HEALTH		Critical Congenital Heart Defect Screening	MEASUREMENTS				VISION		HEARING		LABORATORY TESTS												
AGE				ASQ, ASQ:SE, PEDS, or SWYC	M-CHAT or M-CHAT-R/FTM	Mental Health, Psychosocial/Behavioral Health Screening	Postpartum Depression Screening		TB Questionnaire with Skin Test # Risk Identified	Unclothed Physical Examination	Length	Height	Weight	BMI	Fronto-Occipital Circumference	Blood Pressure	Visual Acuity	Subjective Vision	Newborn Hearing Test (OAE or ABR)	Audiometric Screening	Subjective Hearing	Dental Referral	Screen/Administer Immunizations According to AAP Guidelines	Newborn Screening Panel	Blood Lead Screening	Anemia	Dyslipidemia	Type 2 Diabetes	Health Education/Anticipatory Guidance
Newborn	D/C to 5 days																												
	2 weeks																												
Months	2																												
	4																												
	6																												
	9																												
	12																												
	15																												
	18																												
Years	24																												
	30																												
	3																												
	4																												
	5																												
	6																												
	7																												
	8																												
	9																												
	10																												

LEGEND	
<span style="background-color: #008080; width: 10px; height: 10px; display: inline-block;"></span>	Mandatory
<span style="background-color: #ADD8E6; width: 10px; height: 10px; display: inline-block;"></span>	If not completed at the required age, must be completed at the first opportunity if age appropriate.
<span style="background-color: #008080; border: 1px solid #ADD8E6; width: 10px; height: 10px; display: inline-block;"></span>	For developmental, mental health, vision, or hearing screenings: when both colors appear at the same age, perform the most appropriate-level screen.
<span style="background-color: #FFD700; width: 10px; height: 10px; display: inline-block;"></span>	Recommended
<span style="background-color: #FF6347; width: 10px; height: 10px; display: inline-block;"></span>	Risk-based

Note: THSteps components may be performed at other ages if medically necessary. Check regularly for updates to this schedule: [texashealthsteps.com](http://www.texashealthsteps.com). For free online provider education: [texashealthsteps.com](http://www.texashealthsteps.com).



EO3-13634 June 1, 2021

Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

AGE		COMPREHENSIVE HEALTH SCREENING* 11 THROUGH 20 YEARS OF AGE																											
AGE		History	Nutritional Screening	MENTAL HEALTH		Critical Congenital Heart Defect Screening	MEASUREMENTS				VISION		HEARING		LABORATORY TESTS														
AGE				Mental Health - Psychosocial/Behavioral Health Screening	PSC-17, PSC-35, Y-PSC, PHQ-9, PHQ-A, CRAFFT, Patient Health Questionnaire for Adolescents, or BAI-PS		TB Questionnaire with Skin Test if Risk Identified	Unclothed Physical Examination	Height	Weight	BMI	Blood Pressure	Visual Acuity	Subjective Vision	Audiometric Screening	Subjective Hearing	Dental Referral	Screen/Administer Immunizations According to AAP Guidelines	Dyslipidemia	Type 2 Diabetes	STD/STI Screening	HIV Test	Health Education/Anticipatory Guidance						
Years	11																												
	12																												
	13																												
	14																												
	15																												
	16																												
	17																												
	18																												
	19																												
	20																												

LEGEND	
<span style="background-color: #008080; width: 10px; height: 10px; display: inline-block;"></span>	Mandatory
<span style="background-color: #ADD8E6; width: 10px; height: 10px; display: inline-block;"></span>	If not completed at the required age, must be completed at the first opportunity if age appropriate.
<span style="background-color: #008080; border: 1px solid #ADD8E6; width: 10px; height: 10px; display: inline-block;"></span>	For developmental, mental health, vision, or hearing screenings: when both colors appear at the same age, perform the most appropriate-level screen.
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<span style="background-color: #FF6347; width: 10px; height: 10px; display: inline-block;"></span>	Risk-based

Note: THSteps components may be performed at other ages if medically necessary. Check regularly for updates to this schedule: [texashealthsteps.com](http://www.texashealthsteps.com). For free online provider education: [texashealthsteps.com](http://www.texashealthsteps.com).



EO3-13634 June 1, 2021

<http://www.onlineordersff.com/images/pdfs/26027.pdf>



# Texas Health Steps Quick Reference Guide

## Texas Health Steps Quick Reference Guide

Remember: Use Provider Identifier • Use Benefit Code EPI

### Texas Health Steps Medical Checkup Billing Procedure Codes

Texas Health Steps Medical Checkups		Tuberculin Skin Testing (TST)	
99381	99382	99383	99384
99385	99386	99387	99388
99391	99392	99393	99394
99395	99396	99397	99398
* For clients who are 18 through 20 years of age, use diagnosis code Z0000 or Z0001.			
Texas Health Steps Follow-up Visit		Oral Evaluation and Fluoride Varnish	
Use procedure code 99211 for a Texas Health Steps follow-up visit.		Use procedure code 99429 with U5 modifier.	
ICD-10 Diagnosis Codes		Developmental and Autism Screening	
Z00110	Routine newborn exam, birth through 7 days	Developmental screening with use of the ASQ, ASQ:SE or PEDS is reported using procedure code 96110.	
Z00111	Routine newborn exam, 8 through 28 days	Autism screening with use of the M-CHAT or M-CHAT R/F is reported using procedure code 96110 with U6 modifier.	
Z00129	Routine child exam		
Z00121	Routine child exam, abnormal		
Z0000	General adult exam		
Z0001	General adult exam, abnormal		
Point-of-Care Lead Testing		Mental Health Screening	
Use procedure code 83655 with QW modifier to report that an initial blood lead level screening test was completed using point-of-care testing.		Mental Health Screening in adolescents with the use of the PSC 17, PSC-35, Y-PSC, PHQ-9, PHQ-A (depression screen), CRAFTT, and PHQ-A (Anxiety, mood, substance use) is reported using procedure code 96160 or 96161. Only one procedure code (96160 or 96161) may be reimbursed per client per calendar year.	
Immunizations Administered		Postpartum depression screening with the use of a validated screening tool including the Edinburgh Postnatal Depression Scale, PHQ-9 or Postpartum Depression Screening Scale is reported using procedure code G8431 or G8510. Only one procedure code (G8431 or G8510) may be reimbursed per client.	
Use code Z23 to indicate when immunizations are administered.		Modifiers	
Procedure Codes		Performing Provider	
90632 or 90633 <sup>1</sup> with (90460/90461 or 90471/90472)	Hep A	Use to indicate the practitioner who is performing the unclothed physical examination component of the medical checkup.	
90620 <sup>1</sup> or 90621 <sup>1</sup> with (90460/90461 or 90471/90472)	MenB	AM (Physician)	SA (Nurse Practitioner)
90636 with (90460/90461 or 90471/90472)	Hep A/Hep B	TD (Nurse)	U7 (Physician Assistant)
90644	Hib-MensCV		
90647 <sup>1</sup> or 90648 <sup>1</sup> with (90460/90461 or 90471/90472)	Hib		
90650 or 90651 <sup>1</sup> with (90460/90461 or 90471/90472)	HPV		
90630, 90654, 90655 <sup>1</sup> , 90656 <sup>1</sup> , 90657 <sup>1</sup> , 90658 <sup>1</sup> , 90685 <sup>1</sup> , 90686 <sup>1</sup> , 90687 <sup>1</sup> or 90688 <sup>1</sup> with (90460/90461 or 90471/90472); 90660 <sup>1</sup> or 90672 <sup>1</sup> with (90460/90461 or 90473/90474); 90661 <sup>1</sup> , 90673, 90674, 90682 or 90756 <sup>1</sup> with (90471/90472)	Influenza		
90670 <sup>1</sup> with (90460/90461 or 90471/90472)	PCV13		
90680 <sup>1</sup> or 90681 <sup>1</sup> with (90460/90461 or 90473/90474)	Rotavirus		
90696 <sup>1</sup> with (90460/90461 or 90471/90472)	DTaP-IPV		
90698 <sup>1</sup> with (90460/90461 or 90471/90472)	DTaP-IPV-Hib		
90700 <sup>1</sup> with (90460/90461 or 90471/90472)	DTaP		
90702 <sup>1</sup> with (90460/90461 or 90471/90472)	DT		
90707 <sup>1</sup> with (90460/90461 or 90471/90472)	MMR		
90710 <sup>1</sup> with (90460/90461 or 90471/90472)	MMRV		
90713 <sup>1</sup> with (90460/90461 or 90471/90472)	IPV		
90714 <sup>1</sup> with (90460/90461 or 90471/90472)	Td		
90715 <sup>1</sup> with (90460/90461 or 90471/90472)	Tdap		
90716 <sup>1</sup> with (90460/90461 or 90471/90472)	Varicella		
90723 <sup>1</sup> with (90460/90461 or 90471/90472)	DTaP-Hep B-IPV		
90732 <sup>1</sup> with (90460/90461 or 90471/90472)	PPSV23		
90733 or 90734 <sup>1</sup> with (90460/90461 or 90471/90472)	MPSV4		
90743, 90744 <sup>1</sup> , or 90746 with (90460/90461 or 90471/90472)	Hep B		
90748 <sup>1</sup> with (90460/90461 or 90471/90472)	Hib-Hep B		

<sup>1</sup> Indicates a vaccine distributed by TVFC

[https://www.tmhp.com/sites/default/files/file-library/texas-health-steps/THSteps\\_QRG.pdf](https://www.tmhp.com/sites/default/files/file-library/texas-health-steps/THSteps_QRG.pdf)



# Autism Services / *New Medicaid Benefit*

---

Autism Services will now include Applied Behavior Analysis (ABA) evaluation and treatment, and will be 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.

**ABA will be a Medicaid benefit effective February 1, 2022.**

## What is ABA?

- Applied Behavior Analysis (ABA) is a therapy based on the science of learning and behavior.
- ABA therapy applies our understanding of how behavior works in real situations.
- The goal is to increase behaviors that are helpful and decrease behaviors that are harmful and affect learning.



# Autism Services / *New Medicaid Benefit Continued*

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## How does this affect you?

- You may be part of an interdisciplinary team of licensed Medicaid – enrolled practitioners that will be part of team meetings once the benefit rolls out.

Interdisciplinary team meetings must include at least **3 licensed professionals** meeting with the child/youth and/or family/caregiver simultaneously, one of which is the LBA

Team members may include licensed Medicaid-enrolled practitioners of the following disciplines:

- Licensed clinical social worker (LCSW)
- Licensed behavior analyst (required team member)
- Licensed dietitian (LD)
- Licensed professional counselor (LPC)
- Licensed Psychologist (LP)
- Occupational Therapist (OT)
- Physical Therapist (PT)
- Physician, physician assistant, or nurse practitioner

# Contact Information

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Provider Relations Department

(915) 532-3778

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



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## **Contracting Reminders / Updates**

Gabriel De Los Santos

Contracting & Credentialing Lead

# Changes in your practice

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

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

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

What forms do I need to submit?

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

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

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

**Contracting and Credentialing Department**

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

**Provider Relations Department**

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

# Clinical Laboratory Improvement Amendments (CLIA)

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CLIA laboratories and other facilities that are certified by the United States Government Department of Health and Human Services under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. 263a to perform laboratory testing as of the Data Source Date listed below. The certificate type listed corresponds to the complexity of the testing that can be performed by the laboratory.

## By Application Type:

- A **Certificate of Waiver** allows a laboratory to perform only tests categorized as waived.
- A **Certificate of PPM** allows a laboratory to perform tests categorized as provider perform microscopy procedures and, if desired, waived tests.
- A **Certificate of Compliance** allows a laboratory to perform tests categorized as waived, PPM, moderate or high complexity.
- A **Certificate of Accreditation** allows a laboratory to perform tests categorized as waived, PPM, moderate or high complexity.

# El Paso Health's CLIA Process

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## How does El Paso Health receive the CLIA certificate?

At the time of initial credentialing El Paso Health requests information and documents, which include the CLIA certificate. Aperture verifies the information in the CLIA and submits all documents to EPH.

## What happens if providers bill claims that are above their CLIA certification level?

If the provider bills a code that is outside of their certification group, an automated edit fires and PENDS the claim for manual review.

**Example:** a provider with a Certificate of Compliance that includes Lab Certifications Codes of (310)-Routine Chemistry and (900) Cytogenetics submits claims requiring (400) Hematology Lab Certification.

## Does El Paso Health deny any claims that are above the providers CLIA certification?

Yes, if a provider bills services at a higher level than their CLIA certification our CPS will automatically fire an edit and PENDS the claim for manual review.

**Example:** a provider with a Certificate Of Waiver submits a claim (procedure code) for a test requiring a Certificate of PPMP.

# Contact Information

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Contracting and Credentialing Department

(915) 532-3778

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

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



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## **Quality Assurance and Performance Improvement Program & Initiatives**

Angelica Chagolla

Director of Quality Improvement

# Quality Assurance and Performance Improvement Program

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- Pay for Quality (P4Q) 3% Premium at Risk
- HEDIS Hybrid Medical Chart Reviews
- Performance Improvement Projects (PIPs)
- Quality Improvement Committee (QIC)
  - Adverse Events
  - Mortalities
  - Provider and Member Quality of Complaints
- Operations Improvement Committee (OIC)
- HHSC Deliverables
  - Quality Assessment and Performance Improvement Evaluation
  - Administrative Interview Tool
  - Provider Appointment Accessibility and Availability Surveys
- Medical Chart Reviews and Provider Education
- Provider Profiling and Data Analysis

# Performance Improvement Projects

2019	2020	2021	2022
	STAR & CHIP: Beneficiaries with Complex Needs – Behavioral Health		
	STAR & CHIP: Follow Up Care for Mental Health		
	STAR & CHIP: Improving Flu Vaccine Utilization		
	STAR & CHIP: Appropriate Treatment for Upper Respiratory Infections		
	Medicare Advantage: Diabetes Management		
	*STAR Prenatal Postpartum Care Addressing SDOH <b>*CHIP Weight Assessment &amp; Counseling for Physical Activity and Nutrition</b>		

\*CHIP Members: 7 – 11 years old now eligible for Happy Birthday postcard/gift card

\*Assessments for SDOH

# Accessibility and Availability

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

# State-Wide Monitoring – Secret Shopper Calls

- HHSC monitors MCO's compliance with appointment accessibility standards (required by Senate Bill 760)
- **Samples selected based on MCO provider directories**
- HHSC required standards must be met  
(Please see A&A Standards on EPH website)
- Appointment wait times are assessed on calendar days

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

# El Paso Health Methodology

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

Type of Care	Standard
Emergency Services	Upon member presentation
Urgent Care	Within 24 hours
Routine Primary Care	14 calendar days
Preventive Care – Adults 21 and over	90 calendar days
Preventive Care – Children less than 6 months	14 calendar days
Preventive Care – Children 6 months to 20 years	60 calendar days
Referral for Specialty Care	5 calendar days

# Standards for After Hours Availability

## Acceptable

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

## Non – Acceptable

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

### **Provider Contract Requirement:**

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

# What happens if you're non-compliant?

## Non-compliance with initial survey:

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

## Non-compliance with re-survey

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

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

# Request for Medical Records

## COMING SOON!!

**TWO DIFFERENT INITIATIVES in QI**

	THStep Annual Audit	HEDIS Hybrid Audit
<b>What</b>	Audit on specific selection of providers <ul style="list-style-type: none"><li>Assesses compliance with required components of THSteps visit</li></ul>	Audit on select providers based on PCP assignment and/or claim history <ul style="list-style-type: none"><li>Assesses compliance with HEDIS measures (WCC, IMA, CIS, CBP, CDC)</li></ul>
<b>Requests Sent</b>	September 2022	February 2022
<i>*via Provider Portal -&gt; QI Correspondence</i>	<i>File QI_TaxID_THStep REQUEST_SF2022</i>	<i>File QI_TaxID_HEDIS REQUEST_MY 2021</i>
<b>Submission Deadlines</b>	Typically early February	Typically early March!
<b>Audit Deadlines</b>	September 2021	<i>EPH must complete all audits by <b>May 1st</b> (NCQA Deadline)</i>

# Resources on Website

## Provider Accessibility and Availability Standards

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

## THSteps MRR Training Slides and Recording

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

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

## HEDIS Medical Record Documentation Tips

<http://www.elpasohealth.com/pdf/HEDIS%202020%20Medical%20Record%20Documentation%20Tips%20081920.pdf>

## HEDIS FAQ

<http://www.elpasohealth.com/pdf/HEDIS%20FAQ%20Document.pdf>

## How to Send EMR Files through FTP

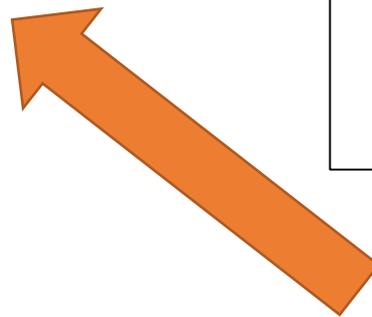
<http://www.elpasohealth.com/pdf/HowtosendEMRfiles.pdf>

## Clinical Practice Guidelines

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

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

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



**NEW!**

# Member Satisfaction Results

## Getting Care Quickly

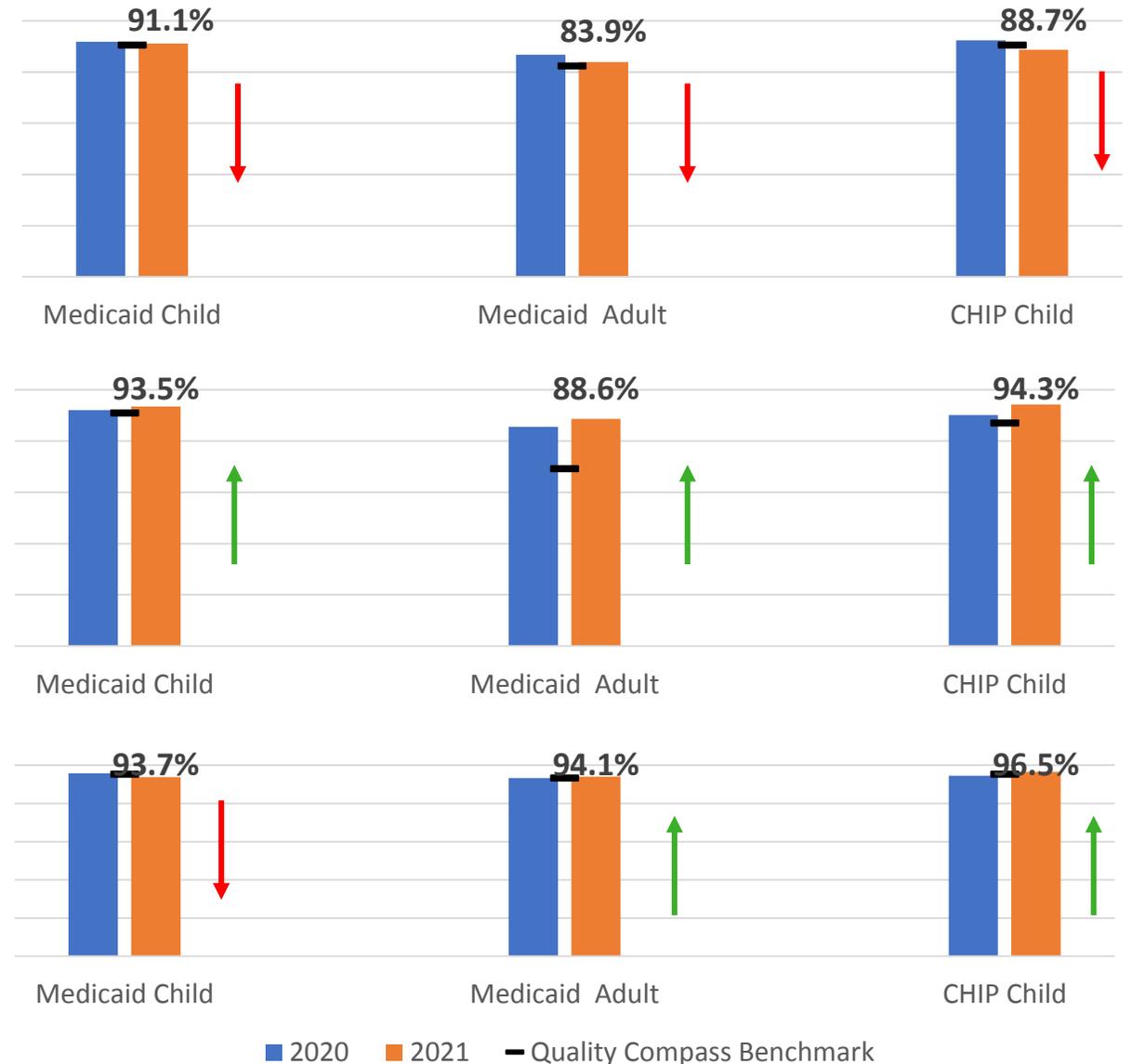
- *Got care as soon as needed when care was needed right away*
- *Got check-up/routine care appointment as soon as needed*

## Rating of Personal Doctor

- *Scale of 1 – 10*
- *Results show response of 8 + 9 + 10*

## How Well Doctors Communicate

- *Doctor explained things about health in understandable way*
- *Doctor listened carefully*
- *Doctor showed respect for what patient had to say*
- *Doctor spent enough time with patient*



# Contact Information

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Don Gillis  
Senior Director of Quality Improvement  
915 298 7198 Ext 1231  
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Astryd Galindo, RN  
Quality Improvement Nurse  
915 298 7198 Ext 1177  
[agalindo@elpasohealth.com](mailto:agalindo@elpasohealth.com)



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## Health Services Updates

Edna Martinez

Care Coordination Manager

# Prior Authorization Catalog

Certain services may require a prior authorization. El Paso Health has developed the Prior Authorization Tool to help providers determine if a CPT code requires authorization for our STAR and CHIP programs.

- [Prior Authorization Tool](#) and [Catalog](#) may be found on our website at [www.elpasohealth.com](http://www.elpasohealth.com) in the Providers tab.

<b>A9272</b>	MECHANICAL WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER W/FREQUENCY/DURATION, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
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# Prior Authorization Tool

- All questions on the table must be answered in order to be able to search for CPT codes.
  - A 'yes' answer to any of the questions will automatically require a prior authorization.
  - Answering 'no' to all questions on the table will prompt the CPT code search query.

Types of Services	Yes	No
Are services being provided by an out-of-network Provider?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving oral surgery services?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving plastic and reconstructive surgeon services?	<input type="radio"/>	<input checked="" type="radio"/>
Are the services being provided by a Podiatrist (excluding CPT codes 11720, 11721, 11730, 11732, and 11750)?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving venous procedures/services?	<input type="radio"/>	<input checked="" type="radio"/>

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

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

CPT code: 1:  2:  3:  4:

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

# Essential Information

## UMCM 3.22

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

All EI must be included on all Medicaid outpatient PA submissions to ensure that incomplete requests are not unnecessarily rejected solely from the submission of insufficient or incomplete documentation.

*The Texas Standardized PA Request Form must include the following essential information to initiate the review process (EI):*

- Member Name
- Member ID Number
- Member Date of Birth
- Requesting Provider Name
- Requesting Provider's National Provider Identifier (NPI)
- Rendering Provider's Name
- Rendering Provider Identifier (NPI)
- Rendering Provider's Tax Identification Number (for portal entries)
- Current Procedural Terminology (CPT)
- Healthcare Common Procedure Coding System (HCPCS)
- Service requested start and end dates
- Quantity of Service Units Requested Based on the CPT, or HCPCS requested

# FAX COVERSHEET



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## IMMEDIATE ATTENTION REQUIRED

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

To Company: EPH Attention: EPH

To Fax No: 1 915-298-7866

Re: Member ID: \_\_\_\_\_ Auth No: \_\_\_\_\_

From: El Paso Health Phone No: 915-532-3778  
Health Services Department Toll Free Phone No: 877-532-3778  
1145 Westmoreland Drive Fax No: 915-298-7866  
El Paso, TX 79925 Toll Free Fax No: 844-298-7866

### Comments:

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

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

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

Thank you for your attention to this matter.

# Prior Authorization Process

## Timelines

### PRIOR AUTHORIZATION TIMELINES

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

Standard/Routine	<ul style="list-style-type: none"><li>• Within three (3) business days after receipt of the request</li></ul>
Expedited/Urgent	<ul style="list-style-type: none"><li>• Within one (1) business day after receipt of the request</li></ul>
Inpatient	<ul style="list-style-type: none"><li>• Within one (1) business day after receipt of the request</li></ul>
Post-Stabilization	<ul style="list-style-type: none"><li>• Within one hour of receipt of request if the request is related to post-hospitalization or life-threatening conditions, except that for Emergency Medical Conditions and Emergency Behavioral Health Conditions, EPH will not require prior authorization.</li></ul>

If you have questions or need help with the prior authorization process please don't hesitate to call El Paso Health Monday through Friday from 7:00 a.m. to 5:00 p.m. MST (excluding holidays) at the following number:

#### Members:

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

- CHIP: 1516 (English), 1519 (Spanish)
- STAR: 1513 (English), 1518 (Spanish)

#### Providers:

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

- CHIP: 1517
- STAR: 1514

# Authorization Process/STAT Authorizations

## For services/procedure codes requiring an authorization:

- Individual prior authorization requests may be submitted via fax, electronically, or telephonically.
- Include all pertinent clinical information to support medical necessity and avoid any delays.
- Processing time is 3 business days (unless additional information is needed).

## When is a Standard Authorization considered a STAT?

- Interruptions or delay of services will impact the life or health of the consumer.
- The request is part of a transition of care.
- Interruption or delay of services will impact the ability of the consumer to regain maximum function.
- Interruption or delay of services will subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is subject of the case.

# Network and Out-of-Network Referrals

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PCPs must refer Members to El Paso Health Network specialists and facilities only; ***unless*** there are no Providers in-network that can provide the treatment or can render the service being requested.

The Members PCP must initiate a referral to the specialty care Provider that outlines the necessary treatment for the Member.

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



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## **Case Management Programs**

# Case Management Programs

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Case management is a partnership between the primary care provider, specialty providers, a case manager and our Members. El Paso Health case managers keep in contact with our Members to talk about their physical and emotional health. The goal of case management is for our Members to get services that will help them manage their medical or mental health needs.

Case managers can help:

- coordinate services with Members' PCP and other community providers or agencies
- teach Members how to be active participants in their medical care
- Educate Members on their condition and medication
- Identify needs and strengths of the Member and their family

# Virtual Connect

## Case Management

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

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

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

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

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

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



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in partnership with (en asociación con)



EPHM0520183

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



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

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

# Contact Information

---

**Edna Martinez**

Care Coordination Manager

(915) 532-3778 ext. 1078



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## **Claims Reminders**

Adriana Villagrana

Claims Manager

# Claims Reminders

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## Timely Filing Deadlines

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

# Electronic Claims

El Paso Health accepts electronic claims from:

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

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

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

# Telemedicine/Telehealth

## Reimbursement

---

- Providers may be reimbursed for Telemedicine/Telehealth claims for medical/preventive services rendered to EPH members.
- Claims must be submitted with:
  - Modifier 95
  - And Place of Service (POS) 02

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

# Top Denials

## Professional Claims

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- Missing/incomplete/invalid treatment authorization number
- Diagnosis is inconsistent with procedure
- Missing COB information
- The time limit for filing has expired
- Duplicate claim/service

# Coordination of Benefits

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

## Coordination of Benefits example:

DOS	CPT	Charge	Primary Carrier Allowed Amt.	Primary Carrier Payment	El Paso Health Allowed Amt.	Primary Carrier Patient Resp.
10/1/2019	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
11/1/2019	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
12/1/2019	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
1/2/2020	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
2/1/2020	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
3/1/2020	59412	\$3,500.00	\$2,500.00	\$2,000.00	\$3,000.00	\$500.00

\$4,850.00
\$3,400.00
**\$2,720.00**
**\$4,170.00**
\$680.00

Subtract the primary carrier  
 from the EPH allowed amount

EPH Allowed Amt. \$4,170.00  
 Primary Carrier Allowed Amt. **(\$2,720.00)**

\$1,450.00
←→
\$680.00

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

# Proof of Timely Filing

## Acceptable Documents

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- Copy of RA Notice or EOB documenting a denial of a claim.
- An electronic acceptance report from your clearing house that includes the member's name and date of service.
- Certified Mail along with a detailed listing of the claims enclosed.

***NOTE: Provider's internal reports, logs or screen prints of submission are not considered proof of timely filing.***

# Proof of Timely Filing

## Remittance Advice

Total Amount Billed:	\$241.31
Total COB:	0.00
Paid Date:	05/17/2021
Check #:	18784
Check Amount:	\$216.31

### Provider Remittance Advice

Line	Date of Service	Rev Code	CPT Code - Mod	Billed Amount	Not Allowed	Allowed Amount	Copay Amount	Deductible Amount	Co - Insurance Amount	Interest Amount	Payment Amount	COB Amount
18784												
Claim Num: [REDACTED] Claim Status: PAID Authorization Number: [REDACTED] Rendering Provider: [REDACTED]												
Member Name: [REDACTED] Member Number: [REDACTED] Patient Control Number: 74561-21050003												
Plan Name: El Paso Children's Benefit Plan												
1	5/3/2021 - 5/3/2021		99204	\$241.31	\$0.00	\$241.31	\$25.00	\$0.00	\$0.00	\$0.00	\$216.31	\$0.00
Comments:				\$241.31	\$0.00	\$241.31	\$25.00	\$0.00	\$0.00	\$0.00	\$216.31	\$0.00
<b>TOTALS:</b>				\$241.31	\$0.00	\$241.31	\$25.00	\$0.00	\$0.00	\$0.00	\$216.31	\$0.00

Previous Check History	Check #	Check Amt	Print Date

You have the right to appeal any disposition of a claim. **Your appeal must be received within 120 days from the date on your Provider Remittance Advice.** Please mail your appeals to El Paso Health, Attn: Complaints and Appeals Department, P.O. Box 971270, El Paso, Texas 79997-1270.

# Proof of Timely Filing

## Availty Reports

```
                AVAILITY 999 FUNCTIONAL ACKNOWLEDGEMENT

Date Received: [REDACTED]                File Status:ACCEPT
Time:1015                                Test or Prod:T
Trans ID:010103560

*****
Batch and Claim Accept/Reject Totals at END of Report
*****

Batch Details                               Submitter ID:1234567893
Group Control#:1                           Submitter:AVAILITY TEST ORG
Transaction Set#:0001                       Receiver:BCBSTX
Batch ID:10103560                           Receiver ID:
Batch Status:ACCEPT                         Trans Type:005010X222A1
-----

*****
BATCH(S) ACCEPT:1                          BATCH(S) REJ:0                CLAIM(S) REJ:0
*****
                *****END OF REPORT*****
```

# Proof of Timely Filing

## Availty Reports

Availty Customer ID: 0002176			
Immediate Batch Text Response			
Availty Messages:	NA		
-----			
BATCH SUMMARY			
Date Received:	[REDACTED]	Time Received:	15.20.18.018
Availty Batch ID:	2010120815201500	File Control Number:	000100495
Availty File ID:	1-41025630		
File Name:			
Submitted Claims:	1	Total Submitted Charges:	251.00
Accepted Claims:	1	Total Accepted Charges:	251.00
Rejected Claims:		Total Rejected Charges:	0.00
-----			
Payer Name:		Payer ID:	87726
-----			
Submitter Batch ID:	AAS100494	Status:	A
Patient Name:	DOE, JOHN	Patient Control Number:	AAS0000068
From Date:	2010-05-21	To Date:	2010-05-21
Charge:	251.00	Provider Billing ID:	
Clearinghouse Trace #:	AAS100494	Availty Trace #:	27254
-----			
END OF REPORT			
-----			

# Contact Information

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Adriana Villagrana

Claims Manager

(915) 532-3778 ext. 1097



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## **Provider Appeals Process**

Corina Diaz

Complaints and Appeals Manager

# How and what to submit for a Provider Appeal

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

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

# Levels of Provider Appeals

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## Level 1 Provider Appeal

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

*Don't agree with outcome?*

## Level 2 Provider Appeal

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

*Don't agree with outcome?*

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

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

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

# Adverse Appeals

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

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

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

# Balance Billing- STAR and CHIP

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

# Contact Information

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Corina Diaz

Complaints and Appeals Manager

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

(915) 532-3778 ext. 1092



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## **Special Investigations Unit (SIU)**

**Jourdan Norman**

SIU Program Manager

**Vanessa Berrios**

SIU Claims Auditor

# SIU Team Purpose

---

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

What do we do?

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

# SIU Partner & Medical Records Request

## Data Analytics and Audits Vendor/Partner

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



Please return the medical records to the following address on or before **February 14, 2020**:

Via Carrier:  
HMS SIU  
ATTN: El Paso Health  
1250 West 14 Mile Rd  
Troy, MI 48083

Via U.S. Mail:  
HMS SIU  
ATTN: El Paso Health  
PO Box 844411  
Troy, MI 48083

We thank you for your cooperation and prompt attention in this matter.

Sincerely,

HMS Medical Records Acquisition  
Toll free: 844-845-8348

ATTN: Medical Records/ Release of Information

El Paso, TX 79925

RE: Request for Medical Records –Time Sensitive Response Due  
Plan: El Paso Health  
Request Number: [REDACTED]  
Member: Please see member list at bottom of letter  
Response Due: [REDACTED], 2020

Dear Provider:

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

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

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

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

- Patient Information Sheets (completed by parent, guardian or patient)
- Financial Records including superbills, copays, Patient Ledgers and Patient Intake Forms (Please submit a letter signed by the doctor if your office currently uses an EMR system that prevents you from producing superbills.)
- Physician Orders / Notes, Nurse/Attendant Notes, Consultant and Other Medical Reports
- Diagnostic Test Results, Graphic Reports / Images (regardless of where they are performed)
- Referral / Authorization Requests and Forms
- Medication Records, All Lab Requisitions and Lab Reports
- Emergency Room Records, Operative Reports
- Clients application for services, Timesheets, DME Orders
- Health assessment, Plan of Care
- Agreement for services, orientation documentation for attendants, supervisory visit
- Delivery Slip
- Tracking Information
- Certificate of Medical Necessity
- Product Description and Serial Number
- Rental Agreements
- Any other records pertaining to the claims billed for the member.

2) Copy of Photo ID and Member ID card.

3) All records are to be shipped via a traceable manner such as registered United States Postal Service.

# Medical Records Request | Sample

# Missing MR Items and Attestation

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

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

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

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

# Remember

---



# Closing the Review

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

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

# External Audits

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

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

# SIU Contact Information

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Jourdan Norman, Special Investigations Unit Program Manager

- (915) 298-7198 ext. 1039
- [jnorman@elpasohealth.com](mailto:jnorman@elpasohealth.com)

Vanessa Berrios, CPC, Special Investigations Unit Claims Auditor

- (915) 298-7198 ext. 1040
- [vberrios@elpasohealth.com](mailto:vberrios@elpasohealth.com)

Dianna Watt-Valenzuela, Director of Compliance

- (915) 298-7198 ext. 1109
- [dwatt@elpasohealth.com](mailto:dwatt@elpasohealth.com)

When in doubt,  
reach out!

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

<http://www.elpasohealth.com/fraud-abuse/>



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## **Member Services Updates**

Nellie Ontiveros

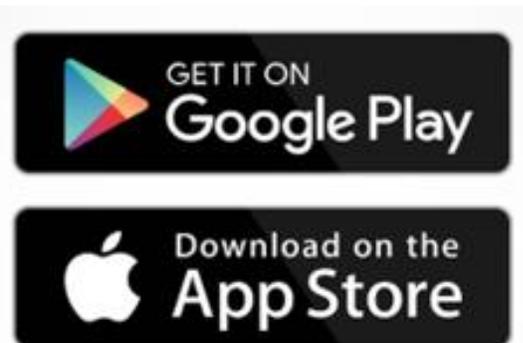
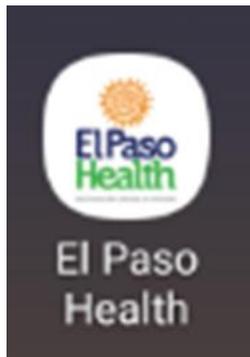
Member Services Supervisor

# STAR and CHIP Member Portal/ EPH Mobile App

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

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



# Behavioral Health Crisis Line

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

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

**STAR            1-877-377-6147**

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



# Non-Emergent Medical Transportation (NEMT) Services

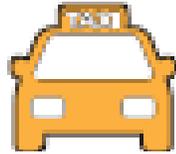
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Access2Care, an El Paso Health Partner, may be able to help STAR members with Non-Emergent Medical Transportation (NEMT) to Medicaid Services, to include:

- Public transportation



- A taxi or van service



- Money to purchase gas



- Commercial transit



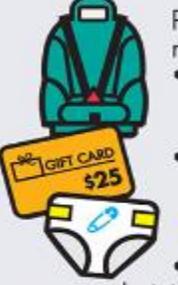
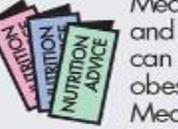
- To request transportation, members must call Access2Care at 1-844-572-8196.
- Arrangements must be made at least two days before appointment or five days before is appointment is outside the county.
- Phones are answered 24 hours a day, 7 days a week, 365 days a year.

# VAS – Healthy Rewards

## A Great Health Plan Comes With Healthy Rewards.



HEALTHY REWARDS*	MEDICAID MEMBER	CHIP MEMBER
 <p>Members have 24-hour, 7-days-a-week access to FIRSTCALL, a bilingual medical advice info line staffed by nurses, pharmacists, and a medical director on call.</p>	✓	✓
 <p>A free ride service to help you get to medical appointments or health education classes.</p>	✓	✓
 <p>Two free books from the EPH Literacy Program for members in speech therapy.</p> <p><b>Readers Today. Leaders Tomorrow.</b> by El Paso Health</p>	✓	✓
 <p>Pregnant members 21 or older can receive up to \$500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions.</p>	✓	✓
 <p><b>Members 20 and younger.</b> For contact lenses and glasses (lenses and frames), members receive up to \$125 above the Medicaid/CHIP benefit.</p>	✓	✓
 <p><b>Members 21 years and older.</b> For contact lenses and glasses (lenses and frames), members receive up to \$150 above the Medicaid benefit, once every 24 months.</p>	✓	✓

HEALTHY REWARDS*	MEDICAID MEMBER	CHIP MEMBER
 <p>Pregnant members can receive:</p> <ul style="list-style-type: none"> <li>• A free convertible car seat after attending a baby shower at El Paso Health.</li> <li>• A First-Steps Baby Shower including a diaper bag, a starter supply of diapers, and other items for the baby.</li> <li>• Gift cards for completing prenatal visits and after confirmation of those visits for:           <ul style="list-style-type: none"> <li>• \$25 - Prenatal visit in the first trimester or within 42 days of enrollment.</li> <li>• \$20 - 3rd prenatal visit.</li> <li>• \$20 - 6th prenatal visit.</li> <li>• \$20 - 9th prenatal visit.</li> <li>• \$20 - flu shot during pregnancy.</li> <li>• \$25 - a timely postpartum visit within 7 to 60 days of delivery.</li> </ul> </li> </ul>	✓	✓
 <p>Medicaid members age 20 or younger and CHIP members age 18 or younger can receive four additional nutritional/obesity counseling services above the Medicaid/CHIP benefit.</p>	✓	✓
 <p>A free "EPH Food from the Heart" food basket for new members after completing a new member orientation with El Paso Health.</p>	✓	✓

# VAS – Healthy Rewards

## A Great Health Plan Comes With Healthy Rewards.

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

 <small>STAY SAFE KIT by El Paso Health</small>	<p>A free “EPH Stay Safe kit” that includes 2 washable and reusable cloth masks, 2 mask covers, 4 disposable masks, gloves, hand sanitizers, thermometer, healthy tips on hand washing, and sanitizing wipes.</p>		
	<p>A \$20 gift card is offered to members ages 21 and older who get an annual preventative wellness exam.</p>		
	<p>A \$10 gift card for members 20 and younger who complete a Texas Health Steps check up on time.</p>		
	<p>A \$10 Walmart gift card for members 20 and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay. Members can receive one gift card per year.</p>		
	<p>Up to \$35 discount for any sport, swim, or camp registration fee at participating YMCA’s; once every 12 months.</p>		



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

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

# Cultural Competency and Linguistic Services

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

# Member Cost Sharing Obligations

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

# Benefit Limitations and Exclusions

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

- Elective surgery to correct vision
- Prostate and mammography screening
- Immunizations solely for travel
- Custodial care
- Personal comfort items (e.g./ telephone, newborn infant photographs)
- Elective abortions
- Gastric procedures for weight loss
- Cosmetic surgery (solely cosmetic purposes)
- Contraceptive medication (Family Planning) (STAR benefit not covered under CHIP)
- Over-the-counter medications

# Prohibitions on Balance Billing

---

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

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

# Contact Information

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**Nellie Ontiveros**

Member Services Supervisor

(915) 532-3778 ext. 1112



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## **Services for Children of Traveling Farmworkers**

Rosalinda Medina

C.A.R.E. Solutions Manager

# Process on Accelerated Services for FWC

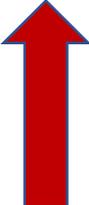
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- Migrant Risk Assessment for new/existing migrant Members:
  - Verify migrant status
  - Identify need for accelerated services
- If Member needs services, the Outreach Coordinator fills out an accelerated services form.
- Accelerated Services for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

# Indicator on Roster

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

[REDACTED]		EL PASO, TX 799022909		ALL LOCATIONS		El Paso Health STAR Master Roster October 2021				Page 1 of 100	
Member#	Member Name	Migrant	Age	DOB	Sex	Phone	Address	Effective	THSteps	PCPName	





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## **Provider Partnerships in the Community**

Rosalinda Medina

C.A.R.E. Solutions Manager

# Partnerships with Provider Community

---

## Health Fairs:

- Encouragement of Texas Health Steps
- Flu vaccinations

## Address Social Determinants of Health

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

## Medicaid/CHIP Application Assistance

# C.A.R.E. Solutions Department

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**Rosalinda Medina**

C.A.R.E. Solutions Manager

Phone Number: 915-298-7198 ext. 1161



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**For more information:**

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(915) 532-3778



[www.elpasohealth.com](http://www.elpasohealth.com)

