



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST



ACCREDITED
Health Plan
Expires 04/01/2018



El Paso Health

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Behavioral Health Specialty Provider Training

July 27, 2017

Agenda

- Rebranding: [El Paso Health](#)
- Provider Relations: [Services and Updates](#)
- Quality Improvement: [Access and Availability](#)
- Health Services: [Behavioral Health Services](#)
- Contracting and Credentialing: [Overview](#)
- Compliance: [Complaints and Appeals](#)
- Claims: [Reminders](#)
- Member Services: [FIRSTCALL Medical Advice Infoline](#)



El Paso Health

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Rebranding

Janel Luján, LMSW

Senior Director of Operations

A new name and image

EL PASO FIRST

Health Plans, inc.

has a new name. . .



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.



ORIGINAL FONT DESIGN
TO ENSURE
DISTINCTIVENESS

El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

SLOGAN DEVELOPED
BY ADMINISTRATIVE
DISCOVERY GROUP

THE HEALTH PLANS OF EL PASO FIRST

TEMPORARY TRANSITIONAL ELEMENT DURING INTRODUCTION PHASE

COLOR SCHEME
INCORPORATES
TWO COLORS FROM
ORIGINAL LOGO
AND INTRODUCES
A NEW, THIRD HUE

Making the transition

1. Will the name change affect my current contract with El Paso First?

No, all contracts will remain the same under El Paso First Health Plans, Inc.

2. Is the health plan moving locations?

No, the physical and mailing address will remain the same as follows:

Physical Address

El Paso Health
1145 Westmoreland Drive
El Paso, TX 79925-5615

General Correspondence

El Paso Health
P.O. Box 971100
El Paso, TX 79997-1100

Paper Claim Submissions

El Paso Health- Claims
P.O. Box 971370
El Paso, TX 79997-1370

3. Will the website remain the same?

You can continue using: www.epfirst.com. The new website is scheduled to be announced in August.

All information will remain the same on the website with the exception of the new logo and health plan name.

4. Will any of the provider forms on the website be affected?

The forms will be updated with the new logo. No other changes will be made to the existing Provider forms on the website.

Making the transition

5. Will there be a change in payer names and identification numbers for electronic claims submission?

The payer names will only change for Medicaid and CHIP product lines to reflect the new name.

The payer ID numbers will remain the same.

The new payer names are as follows:

NEW Payer Name	Payer ID#
El Paso Health-STAR	EPF02
El Paso Health-CHIP	EPF03

6. Will the web portal link remain the same?

The web portal link will continue to be available through: www.epfirst.com

7. Will web portal log-in information need to be updated or changed?

No, all web portal log-in information will remain the same.

8. Will members be receiving notification of the change as well as new ID cards?

All El Paso First Medicaid, CHIP and CHIP Perinatal members will receive a letter of notification of the change, as well as new ID cards with the new health plan logo and name.

9. Will any contact information change for the health plan?

All phone numbers and department queues will remain the same.



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Provider Relations Services and Updates

Vianey Licon

Provider Relations Representative

Provider Relations Services

- The Provider Relations Department is the liaison between the provider and the health plan.
- Ensure the needs of Providers are met in an appropriate, courteous and expeditious manner.
- Educate Providers regarding policies and procedures related to authorizations, claims submission, and other health plan policies.
- Help research and resolve claims issues in coordination with the Claims Department.
- Assist with provider credentialing and re-credentialing process as requested.
- Initiate and coordinate provider information changes.
- Assist with any provider related issues.

Demographic Form

EL PASO FIRST

Health Plans, Inc. Telephone: (915) 532-3778, Fax: (915) 225-6762

IMPORTANT: Completion of this form is not considered a binding contract with El Paso First. For more information on contract plans for participation please contact your Contracting Representative.

Demographic Information Form			
Please Check off Health Plan Participation (Contract):		Please check off Specialty Type:	
<input type="checkbox"/> Medicaid/Premier Plan	<input type="checkbox"/> HCO	<input type="checkbox"/> PCP	<input type="checkbox"/> Ancillary (DME, Home Health, Hospice)
<input type="checkbox"/> CHIP	<input type="checkbox"/> TPA (Preferred Admin)	<input type="checkbox"/> Specialist	<input type="checkbox"/> Behavioral Health (LPC)
<input type="checkbox"/> CHIP Perinate (OB Providers Only)		<input type="checkbox"/> Hospital Based	<input type="checkbox"/> Allied Health (PT,OT, ST)
Group Name: (If Applicable)			
Group NPI: (If Applicable)		Group TPI: (If Applicable)	
Provider Name (Last, First, Middle):		Professional Category Professional Category:	
		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> LPC	
Individual NPI:		Individual TPI:	
		<input type="checkbox"/> Pending (In Process)	
Primary Specialty:		Secondary Specialty:	
Medical License:		EPSDT Number:	
Telemedicine Services:	Languages Spoken:	Accepting New Patients	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> English <input type="checkbox"/> Spanish	Established Patients Only	<input type="checkbox"/>
	<input type="checkbox"/> Other:		
Practice Limitations:	<input type="checkbox"/> Male Only <input type="checkbox"/> Female Only	Age Range:	<input type="checkbox"/> Other
Office Days/Hours:	CUA Certificate:	Radiology Certificate:	
After Hours:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provider Billing Information			
W-9 must be submitted along with Demographic Information Form			
Official Business Name (as it appears on W-9/IRS Documentation)			
Doing Business As (if different from above)**this information must match Box #33 on claim form			
Billing Address, City State and Zip Code:		Tax ID Number: (Required)	
Primary Practice Location		Secondary Practice Location	
Address:		Address:	
City, State, Zip Code:		City, State, Zip Code:	
Phone Number: () () ()	Fax: () () ()	Phone Number: () () ()	Fax: () () ()
Primary Contact Person:		Primary Contact Phone Number email address:	

For EP First Staff Only:

Verifications: W-9 NPDES TPI Look Up Provider Letter Other

Provider Type: PCP PCP/Specialist Specialist Ancillary Behavioral Health Hospitalist

Contract: Individual Group Attachment D Attachment B/C Attachment F Facility

Type: LOA Ancillary After Hours

Credentialing: Provider Credentialed Yes No Not Required
 Credential Site Visit: Yes No Not Required

Actions: Add: To Network To Group Program
 TERM: From Network From Group From Program REASON: _____
 STAR CHIP CHIP Perinate HCO CM TPA Effective Date: ___/___/___
 Participating Non-Participating

Comments: _____

400151MKT101614

Please make sure information in this area matches your W-9

W-9		Request for Taxpayer Identification Number and Certification	
Form (Rev. October 2007) Department of the Treasury Internal Revenue Service		Give form to the requester. Do not send to the IRS.	
Name (as shown on your income tax return)			
Business name, if different from above			
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) <input type="checkbox"/> Exempt payee			
Address (number, street, and apt. or suite no.)			
City, state, and ZIP code			
List account number(s) here (optional)			
Part I Taxpayer Identification Number (TIN)			
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.			
Social security number		Employer identification number	
Part II Certification			
Under penalties of perjury, I certify that:			
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and			
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and			
3. I am a U.S. citizen or other U.S. person (defined below).			
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.			
Sign Here	Signature of U.S. person	Date	
General Instructions			
Section references are to the Internal Revenue Code unless otherwise noted.			
Purpose of Form			
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.			
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:			
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),			
2. Certify that you are not subject to backup withholding, or			
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.			
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.			
Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:			
<ul style="list-style-type: none"> An individual who is a U.S. citizen or U.S. resident alien, A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, An estate (other than a foreign estate), or A domestic trust (as defined in Regulations section 301.7701-7). 			
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.			
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:			
<ul style="list-style-type: none"> The U.S. owner of a disregarded entity and not the entity, 			
Cat. No. 10231X		Form W-9 (Rev. 10-2007)	

Memo: Current CHIP-Only Providers Must Complete Enrollment with TMHP



Current CHIP Providers Must Complete Enrollment with TMHP by December 31, 2017 to Continue to Receive Reimbursement for Services

Note: The Health and Human Services Commission (HHSC) has requested that TMHP publish the following information:

Federal law and regulation require states to screen and enroll all network providers including Children's Health Insurance Program (CHIP) providers by December 31, 2017. To meet this requirement and continue receiving reimbursement for services, providers who currently render services to CHIP members through a managed care organization (MCO) must complete enrollment with the Texas Medicaid & Healthcare Partnership (TMHP) by December 31, 2017.

While the enrollment process and application are the same for Medicaid and CHIP providers, CHIP-only providers are not required to participate in Texas Medicaid. CHIP-only providers must follow the instructions below to indicate they intend to serve only CHIP members and to ensure that they do not appear on the Medicaid online provider lookup (OPL).

*Note: CHIP providers actively enrolled with TMHP as a Medicaid provider **do not** need to repeat the enrollment process to continue to receive reimbursement for CHIP services.*

Enrollment Information Specific to CHIP Providers

Beginning July 1, 2017, providers can indicate in the enrollment application that they intend to serve only CHIP members. Providers must document this appropriately to ensure they are not displayed as a Medicaid provider on OPL. CHIP providers are encouraged to enroll using the Provider Enrollment on the Portal (PEP). Additionally, the Provider Information Management System (PIMS) will be updated with options for providers to designate that they intend to serve only CHIP members.

Providers should begin the enrollment process as soon as possible. The PIMS update will allow providers who start the enrollment process before these updates occur to designate themselves as CHIP-only providers on the OPL after they are enrolled.

For more information, providers should visit the upcoming CHIP webpage that will be added to TMHP.com in the next few weeks.

For more information, call the TMHP Contact Center at 1-800-925-9126.

Current CHIP-Only Providers Must Complete Enrollment with TMHP

- All network providers including Children's Health Insurance Program (CHIP) providers must complete enrollment with Texas Medicaid and Healthcare Partnership (TMHP) by **December 31, 2017**.
- CHIP-only providers are not required to participate in Texas Medicaid.

Note: CHIP providers actively enrolled with TMHP as a Medicaid provider do not need to repeat the enrollment process to continue to receive reimbursement for CHIP services.

For More Information

- Providers should visit the CHIP webpage added to TMHP.com

http://www.tmhp.com/Pages/CHIP/CHIP_home.aspx

Or

- Call the TMHP Contact Center at 1-800-925-9126.

Helpful Links

- CHIP-Only Enrollment Application:

http://www.tmhp.com/TMHP_File_Library/CHIP%20FAQ/CHIP%20Enrollment%20FAQs%20v2017_0623.pdf

- CHIP Provider Enrollment FAQ:

http://www.tmhp.com/Provider_Forms/Provider%20Enrollment/TexMedProvEnrollApp_referring%20providers.pdf

Memo: Medicaid Ordering/Referring Provider Enrollment Requirement

EL PASO FIRST Health Plans, inc.

Memo

To: Our Valued Providers
From: El Paso First Health Plans
Date: June 2, 2017
Reminder: **Medicaid Ordering/Referring Provider Enrollment Requirement**

Federal regulation 42 CFR §455.410 indicates that a state Medicaid agency must require all ordering, referring or prescribing physicians or other professionals providing services under the state plan or under a waiver of the state plan to be enrolled as participating providers.

For providers whose only relationship with Texas Medicaid is to order or refer services for Texas Medicaid clients, TMHP has developed an abbreviated enrollment application titled "Texas Medicaid Provider Enrollment Application Ordering and Referring Providers Only." This shortened application allows providers to enroll as an ordering or referring provider without participating as a rendering or billing provider within the state Medicaid program.

Medicaid clients who attempt to obtain prescription drugs using a prescription from a non-enrolled provider will be unable to obtain their prescribed medications starting October 16, 2017.

Important: Claims for items or services ordered, referred, or prescribed by interns or residents may include the NPI of a supervising physician.

Note: Individual providers enrolled in Medicaid as a rendering or billing provider can use their existing NPI for orders, referrals and prescriptions. Providers do not need to submit the additional abbreviated application. Individual providers employed by a facility, organization, federally qualified health center (FQHC) or rural health clinic (RHC) which is enrolled in Medicaid will need to complete the abbreviated application to order, refer, or prescribe services for their clients.

Note: This claims edit is not applicable to Medicare crossover claims. Providers who order, refer, or prescribe Medicare covered services for dual eligible clients will not need to enroll in Medicaid. However, Medicaid only services ordered, referred, or prescribed will require the ordering provider to be enrolled in Medicaid.

An Ordering/Referring Provider Frequently Asked Questions (FAQ) document is being developed and will be available on the TMHP website in the near future.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.

If you have any questions please contact our Provider Relations Team at 1-915-532-3778 x1507 Monday – Friday 8am – 5pm.

801735EPF000817

Medicaid Ordering/Referring Provider Enrollment Requirement

- As per Federal regulation, all ordering, referring or prescribing physicians must enroll with Medicaid as participating providers.
- An abbreviated enrollment application titled “Texas Medicaid Provider Enrollment Application Ordering and Referring Providers Only” was developed for those providers whose only relationship with Medicaid is to order or refer Texas Medicaid Clients.
- Individual providers already enrolled in Medicaid as a rendering or billing provider, do not need to submit the additional abbreviated application.
- ***Note: Medicaid clients who attempt to obtain prescription drugs using a prescription from a non-enrolled provider will be unable to obtain their prescribed medications starting **October 16, 2017.*****

For More Information

- Call the TMHP Contact Center at 1-800-925-9126

or

- Call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.

Contact Information

Vianey Licon

Provider Relations Representative

vlicon@epfirst.com

(915) 532-3778 ext. 1021

Provider Relations Department

(915) 532-3778 ext. 1507



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Access and Availability

Angelica Baca

QI Data Specialist

Definitions

- Office Accessibility: Members must be able to schedule an appointment with PCP and Behavioral Health Providers for covered services within the time frames mandated by TDI and HHSC.
- After-Hours Availability: PCPs and OB/GYN (that are PCPs) must be available 24/7 as mandated by TDI and HHSC. If the Provider delegates this duty, the covering Provider must also be available 24/7. *NOTE: Behavioral Health Providers not surveyed for availability at this time.*

Office Accessibility Standards

- Emergency Services must be provided upon Member presentation at the service delivery site
- Urgent Behavioral Health services must be provided within 24 hours
- Initial Outpatient Behavioral Health visits must be provided within 14 days of request
- Specialty Routine care must be provided within 21 days

Office Appointment Accessibility Form

(Q2)

EL PASO FIRST

Health Plans, inc.

In accordance with the Texas Health and Human Services Commission (HHSC) and Texas Department of Insurance (TDI) mandates, El Paso First Health Plans, Inc. must monitor our Providers on an annual basis for office accessibility compliance. Your partnership is paramount in the success of our Quality Improvement initiatives and requirements mandated by TDI and HHSC.

Provider Name:* _____ Specialty: _____
Group Name: _____

1. Are you currently accepting new patients? Yes No

2. Please check appointment wait times for patients:

Emergency Care Upon Member Presentation Yes No

Urgent Behavioral Health Care Same/Next day 1 week or less 2 weeks or less Over 2 weeks

Initial Outpatient Behavioral Health Visit Same/Next day 1 week or less 2 weeks or less Over 2 weeks

Specialty Routine Care Same/Next day 2 weeks or less 3 weeks or less Over 3 weeks

Wait time for appointment: Met Not met

Provider's staff name: _____ Date completed on: _____
Signature

Office Address: _____ Telephone #: _____

Is address correct? Yes _____ No _____ (If not, please provide updated address.)

Is phone number correct? Yes _____ No _____ (If not, please provide updated phone number.)

EQRO Secret Shopper Results - 2015-2016 Studies

- Texas Health and Human Services (HHSC), through the External Quality Review Organization (EQRO), began conducting secret shopper calls to assess provider's compliance with appointment standards.

Percent of providers who met appointment wait time out of providers who offered appointments		
Behavioral Health Standard	Adult	Child
14 days	69.6%	66%

EQRO Secret Shopper - 2016-2017 Studies

Currently underway!!

- If compliance is not met on the secret shopper calls conducted by the state, the health plan will be required to submit a corrective action plan.

Coming Soon!

- Provider Directory Verification Survey
- Annual survey conducted by Provider Relations Representative to fulfill a deliverable requirement from HHSC
- Random sample of 25% of providers selected from provider directory
- Intent: to ensure provider's information displaying in the directory is correct
- Appointment wait time questions will be included

Contact Information

Don Gillis

Director of Provider Relations & Quality Improvement

915-298-7198 Ext 1231

dgillis@epfirst.com

Angelica Baca

Quality Improvement Data Specialist

915-298-7198 Ext 1165

abaca@epfirst.com



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Behavioral Health Utilization Management and Case Management Services

Edna Lerma, LPC

Health Services Clinical Supervisor

Behavioral Health Benefit

- Members do not need a referral from a PCP to access a participating provider
- Authorization is not required for an evaluation
- Behavioral health services require prior authorization
- Certifications are issued for a 6 month period

Outpatient Mental Health Services

- Outpatient mental health services are used for the treatment of mental illness and emotional disturbances in which the clinician establishes a professional contract with the client and, utilizing therapeutic interventions, **attempts to alleviate the symptoms of mental illness or emotional disturbance, and reverse, change, or ameliorate maladaptive patterns of behavior.**
- Outpatient mental health services are benefits of Texas Medicaid when provided to clients who are **experiencing a mental health issue that is causing distress, dysfunction, and/or maladaptive functioning as a result of a confirmed or suspected psychiatric condition** as defined in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM).

Documentation must include:

- Updated/current symptoms
- Detailed response to past treatment
- Updated/current treatment short/long-term goals
- Progress/status on previous goals
- Specific therapeutic interventions

TEXAS STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

Clear Form

Print

SECTION I – SUBMISSION

Issuer Name:	Phone:	Fax:	Date:
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SECTION II – GENERAL INFORMATION

Review Type:	<input type="checkbox"/> Non-Urgent	<input type="checkbox"/> Urgent	Clinical Reason for Urgency:
Request Type:	<input type="checkbox"/> Initial Request	<input type="checkbox"/> Extension/Renewal/Amendment	Prev. Auth. #:

SECTION III – PATIENT INFORMATION

Name:	Phone:	DOB:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
			<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	
Subscriber Name (if different):	Member or Medicaid ID #:	Group #:			

SECTION IV – PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name:		Name:	
NPI #:	Specialty:	NPI #:	Specialty:
Phone:	Fax:	Phone:	Fax:
Contact Name:	Phone:	Primary Care Provider Name (see instructions):	
Requesting Provider's Signature and Date (if required):		Phone:	Fax:

SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD CODE)

Planned Service or Procedure	Code	Start Date	End Date	Diagnosis Description (ICD version __)	Code

Inpatient Outpatient Provider Office Observation Home Day Surgery Other: _____

Physical Therapy Occupational Therapy Speech Therapy Cardiac Rehab Mental Health/Substance Abuse
 Number of Sessions: _____ Duration: _____ Frequency: _____ Other: _____

Home Health (MD Signed Order Attached? Yes No) (Nursing Assessment Attached? Yes No)
 Number of Visits: _____ Duration: _____ Frequency: _____ Other: _____

DME (MD Signed Order Attached? Yes No) (Medicaid Only: Title 19 Certification Attached? Yes No)
 Equipment/Supplies (include any HCPCS Codes): _____ Duration: _____

SECTION VI — CLINICAL DOCUMENTATION (SEE INSTRUCTIONS PAGE, SECTION VI)

An issuer needing more information may call the requesting provider directly at: _____

El Paso First Health Plans-Request for Behavioral Health Services
Page 2 and 3 Not for Use with Mental Health Rehab and Targeted Case Management

Member's Name:

Member I.D.

Section VII. Identifying Information:			
Current Living Situation:	With Parent(s)	Group/Foster Home	Other (list):

Section VIII. Court Ordered Service?	Yes	No

Section IX. DFPS Directed Service:	Yes	No

Section X. Psychiatric Medications:

Medication	Dose	Frequency	Prescribing Physician

Section XI. Continuation of Therapy Requests: Please indicate the following. (Complete all sections):	
Current Symptoms:	
Response to Past Treatment: (Provide Detailed Information)	
Specific Therapeutic Interventions:	

Section XII. Short Term Measurable Treatment Goals: (Note specific progress for each goal)		
Goal	Current Progress	Target Date

Section XIII.

<u>Anxiety/Phobia</u>	<u>Risk Factors</u>	<u>Sleep Patterns</u>	<u>Eating Patterns</u>	<u>Substance Abuse</u>
Anxiety	Social Isolation	Hypersomnia	Increase Appetite	Alcohol
Panic Attack	Impaired Judgment	Insomnia	Decrease Appetite	Drugs
Phobic Responses	Aggression	Nightmares	Bulimia	Active
Excessive Worry	Oppositional/Defiant	Traumatic Dreams	Anorexia	Remission
PTSD	Self injurious	Hyposomnia		Withdrawal Symptoms

<u>Mood</u>	<u>Cognition</u>	<u>Thought Content</u>	<u>Functionality</u>	<u>Activity</u>
Anger	Decrease Concentration	Flight of Ideas	Obsessions/Compulsions	Decrease in Energy
Apathy	Distractibility	Loose Association	Hypersexual	Psychomotor Retardation
Blunted/Flat Affect	Impaired Abstract Thinking	Hyper-talkative	Impaired ability to function at:	Restlessness
Depressed Mood	Memory Impairment	Pressured Speech		Home
Elevated/Expansive	Difficulty Making Decisions	Racing Thoughts	School	Impulsiveness
Grandiosity	Hallucinations	Delusions	Work	
Hopelessness		Grandiosity	High Risk Behavior	
Irritable		Paranoid Ideation	Anti-Social Behavior	
Low Self Esteem				
Tearfulness				
Mood Swings				

Section XIV.

Suicidal: Yes No Explain: _____

Homicidal: Yes No Explain: _____

Emotional Trauma: Yes No Explain: _____

Sexual Trauma: Yes No Explain: _____

Physical Trauma: Yes No Explain: _____

Mental Health Parity

MH/SUD and Medical/Surgical services utilize the same process of a fax, telephonic, or electronic portal for receipt of notification, SW's, RN's, LVN's and physicians complete the review after utilizing Interqual or Milliman Care Guidelines recommendations, and apply the same turn around time frames for providing authorization status.

Both utilize nationally recognized clinical guidelines and standards for medical and healthcare practice. Both MH/SUD and Medical/Surgical days/units approved are consistent with the member's diagnosis, symptoms, and acuity level.

The criteria used for both MH/SUD and Medical/Surgical is evidenced based, medically acceptable, and outcome focused, based on current principles, and reviewed and approved by practicing physicians with knowledge relevant to health care services.

AA/PCA – Effective 9.1.2017

DFPS operates AAPCA:

The Adoption Assistance program provides help for certain children who are adopted from foster care.

The Permanency Care Assistance program gives financial support to family members who provide a permanent home to children who were in foster care but could not be reunited with their parents.

Transition Phase

- Authorizations for basic care such as specialist visits, medical supplies, etc., are honored for 90 days, until the authorization expires or until the health plan issues a new one.
- Authorizations for long-term services and supports are honored for six months or until a new assessment is completed.
- During the transition period, members can keep seeing current providers, even if they are out of the health plan's network.

Expectations for AA/PCA members – Service Management

- A service performed by the health plan to do all of the following: Develop a service plan, which includes a summary of current needs, a list of services required, and a description of who will provide those services.
- Coordinate services among a member's primary care provider, specialty providers and non-medical providers.
- Make sure the client gets the medically necessary covered services and other services and supports.
- All AAPCA managed care members can get service management.

Contact Us

Health Services Department

915-532-3778 ext. 1500



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Contracting and Credentialing Overview

Sonia Fernandez

Contracting and Credentialing Lead

Contract Request

Please contact our Contracting Representatives when you wish to contract or add a provider to your group.

Contracting Department will require the following forms to begin the process :

- ✓ Demographic Form (forms located on website)
- ✓ W-9
- ✓ TPI (STAR Medicaid)
- ✓ NPI

Contracting and Credentialing
Lead
Sonia Fernandez
915-298-7198 x1130



Contracting and Credentialing
Representative
Gabriel De Los Santos
915-298-7198 x1128



Contracting and Credentialing
Representative
Gabriela Macias
915-298-7198 x 1005



Contracting Process

- Verification of information provided on the Demographic form and W-9
 - ✓ Pay to name (W-9, NPI & TPI)
 - ✓ Desired participating Programs (STAR, CHIP, CHIP Perinatal, HCO, TPA)
 - ✓ Provider Specialty
 - ✓ Practice Limitations
 - ✓ Age Range
 - ✓ Accepting patients
 - ✓ Languages
 - ✓ Office Hours
 - ✓ CLIA (If Applicable)

EL PASO FIRST

Health Plans, Inc. Telephone: (915) 532-3778, Fax: (915) 225-6762

IMPORTANT: Completion of this form is not considered a binding contract with El Paso First. For more information on contract plans for participation please contact your Contracting Representative.

Demographic Information Form			
Please Check off Health Plan Participation (Contract): <input type="checkbox"/> Medicaid/Premier Plan <input type="checkbox"/> HCO <input type="checkbox"/> CHIP <input type="checkbox"/> TPA (Preferred Admin) <input type="checkbox"/> CHIP Perinate (OB Providers Only)		Please check off Specialty Type: <input type="checkbox"/> PCP <input type="checkbox"/> Ancillary (DME, Home Health, Hospice) <input type="checkbox"/> Specialist <input type="checkbox"/> Behavioral Health (LPC) <input type="checkbox"/> Hospital Based <input type="checkbox"/> Allied Health (PT,OT, ST)	
Group Name: (if Applicable)			
Group NPI: (if Applicable)		Group TPI: (if Applicable)	
Provider Name (Last, First, Middle):		Professional Category Professional Category: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> LPC <input checked="" type="checkbox"/> Other:	
Individual NPI: 1770501504		Individual TPI: <input type="checkbox"/> Pending (In Process)	
Primary Specialty:		Secondary Specialty:	
Medical License:		EPSDT Number:	
Telemedicine Services: <input type="checkbox"/> YES <input type="checkbox"/> NO	Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Accepting New Patients <input type="checkbox"/> YES <input type="checkbox"/> NO Established Patients Only <input type="checkbox"/>	
Practice Limitations: <input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> Age Range () <input type="checkbox"/> Other			
Office Days/Hours: After Hours:		CLIA Certificate: <input type="checkbox"/> Yes If so Certificate Type:	Radiology Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No
Provider Billing Information			
W-9 must be submitted along with Demographic Information Form			
Official Business Name (as it appears on W-9/IRS Documentation)			
Doing Business As (if different from above)**this information must match Box #33 on claim form			
Billing Address, City State and Zip Code:			Tax ID Number: (Required)
Primary Practice Location		Secondary Practice Location	
Address:		Address:	
City, State, Zip Code:		City, State, Zip Code:	
Phone Number: (915)	Fax: (915)	Phone Number: ()	Fax: ()
Primary Contact Person:		Primary Contact Phone Number email address: ()	

For EP First Staff Only:

Verifications: W-9 NPPES TPI Look Up Provider Letter Other

Provider Type: PCP PCP/Specialist Specialist Ancillary Behavioral Health Hospitalist

Contract Type: Individual Group Attachment D Attachment B/C Attachment F Facility
 LOA Ancillary After Hours

Credentialing
Provider Credentialed Yes No Not Required
Credential Site Visit: Yes No Not Required

Actions:
Add: To Network To Group Program
TERM: From Network From Group From Program REASON: _____
 STAR CHIP CHIP Perinate HCO CM TPA Effective Date: ____/____/____
 Participating Non-Participating

Comments: _____

Contracting Process

- Contracting Packet will include:
 - ✓ 2 copies of an unsigned contract
 - ✓ Credentialing Application (if the provider is not credentialed, a credentialing application will be included in the packet)

Important things to Remember

- ✓ Make sure that all applications, forms and contracts are completed in their entirety.
- ✓ Make sure that your applications and contracts are signed before returning.
- ✓ Failure to complete and sign will cause your application or contract to be returned and cause a delay in the process.
- ✓ Network participation begins when you have received a copy of your executed agreement with the effective start date.
- ✓ If your Individual or Group TPI are pending, the provider will continue with a non-par status for STAR-Medicaid until received and contract is amended. (No retro dates)

Questions

Sonia Fernandez

Contracting and Credentialing Lead

915-298-7198 ext. 1130



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Complaints and Appeals Process

Corina Diaz

Complaints and Appeals Supervisor

Complaints and Appeals Process

- All Complaints and Appeals must be submitted in writing
 - Via mail
 - Via fax 915-298-7872
 - Secure FTP site through our Web Portal
- Provider will receive
 - Acknowledgment letter no later than five (5) business days
 - Resolution letter within thirty (30) calendar days
- Appeals must be received within 120 days from the notice of the denial
- Please include detailed and supporting information:
 - Copy of Remittance Advice
 - Medical records (if necessary)
 - Proof of Timely Filing
 - Provider attested letter TPI/NPI
 - Etc.
- Complaints must be mailed to:
 - El Paso Health
 - Complaints and Appeals Unit
 - 1145 Westmoreland
 - El Paso, Texas 79925

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

Web Portal Provider Appeal

[Home](#) [Eligibility and Benefits](#) [Claims and Payment](#) [Authorizations](#) [Reports](#)

Welcome to the **Provider Portal**

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

Provider Name: SYLVIA VASQUEZ

Provider Phone: 915-857-6390



Quick Links

[Submit Claims](#)

[Submit Claim Attachments](#)

[Provider Appeals](#)

[Amended Authorizations](#)

Contact Us

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

915-532-3778 ext 1507

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

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

Fax Number: 915-225-6762


Mailing Address:
El Paso First Health Plans, Inc.
PO Box 971370
El Paso, TX 79997

Web Portal Provider Appeal

EL PASO FIRST

Health *Plans, inc.*

+ Add Attachments

 From:
To:
Subject:

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

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

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

Comments:

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

Sample Acknowledgement Letter

July 18, 2017

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

RE: John Doe
Member ID: 555555555
Date of Service: 01/01/2017
Appeal Received on: 07/18/2017

Case #: AGI00000001583

Dear Office Manager:

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

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

Sincerely,
Corina Diaz
Complaints & Appeals Specialist



Sample Resolution Letter

July 18, 2017

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

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

Case #: AGI00000001583

Dear Office Manager:

The review of information submitted and received by El Paso First Health Plans Inc. regarding the denial of payment on Claim #:000000000 has been completed. The decision has been made to uphold the denial OR reprocess your claim..

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

El Paso First Health Plans, Inc.
Attn: Complaint and Appeals Unit
1145 Westmoreland
El Paso, Texas 79925

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

Sincerely,
Corina Diaz
Complaints & Appeals Specialist



Contact Information

Corina Diaz

Complaints and Appeals Supervisor

cdiaz@epfirst.com

(915) 298-7198 ext. 1092



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Claim Reminders

Adriana Villagrana

Claims Manager

Claims Processing

- Timely filing deadline
 - 95** days from date of service
- Corrected claim deadline
 - 120** days from date of EOB

Claims Processing

- If you are submitting multiple claims for a patient, please ensure that you are:
 - Indicating page 1 of x (number of pages)
 - Stapling the claims together

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 08/12

Page 1 - 3

PCIA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FICA (SELF-EMPLOYED) OTHER 14. INSURED'S I.D. NUMBER (For Program in Item 13)

(Medicare) (Medicaid) (TRICARE) (Member ID#) (ID#) (ID#) (ID#)

CARRIER

Availity Web Portal Functionalities

- Express Entry
- Billing Provider Information
- Authorization Number
- Coordination of Benefits

Express Entry

- Express Entry
 - Allows you to set up providers
 - Allows you to add providers
 - Allows you to edit providers
 - Allows you to delete providers

Important:

For Express Entry you may use an NPI only once within an Organization

Express Entry

The screenshot displays the Availity web application interface. At the top, the Availity logo is on the left, and navigation links for 'Home' and 'Notifications' are on the right. Below this is a dark grey navigation bar with three tabs: 'Claims', 'More', and 'Reporting'. The 'More' tab is selected, and a dropdown menu is open. The dropdown menu is divided into two columns. The left column contains 'My Account' with a sub-item 'Express Entry' (highlighted by a red arrow), and 'My Security'. The right column contains 'Availity Payer List' with a sub-item 'Payer List', and 'Payer Support' with a sub-item 'Payer Help'. Below the dropdown, the 'Online Batch Management' section is partially visible, showing a sub-item 'Online Batch Management'. On the left side of the page, a 'My Top Applications' section is partially visible, showing a notification icon and a blue square with the letter 'P'.

Express Entry



Home

Notifications

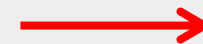
Claims

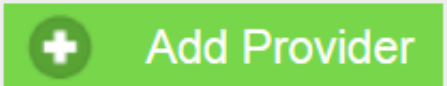
More

Reporting

Manage Express Entry

[Learn More >>](#)

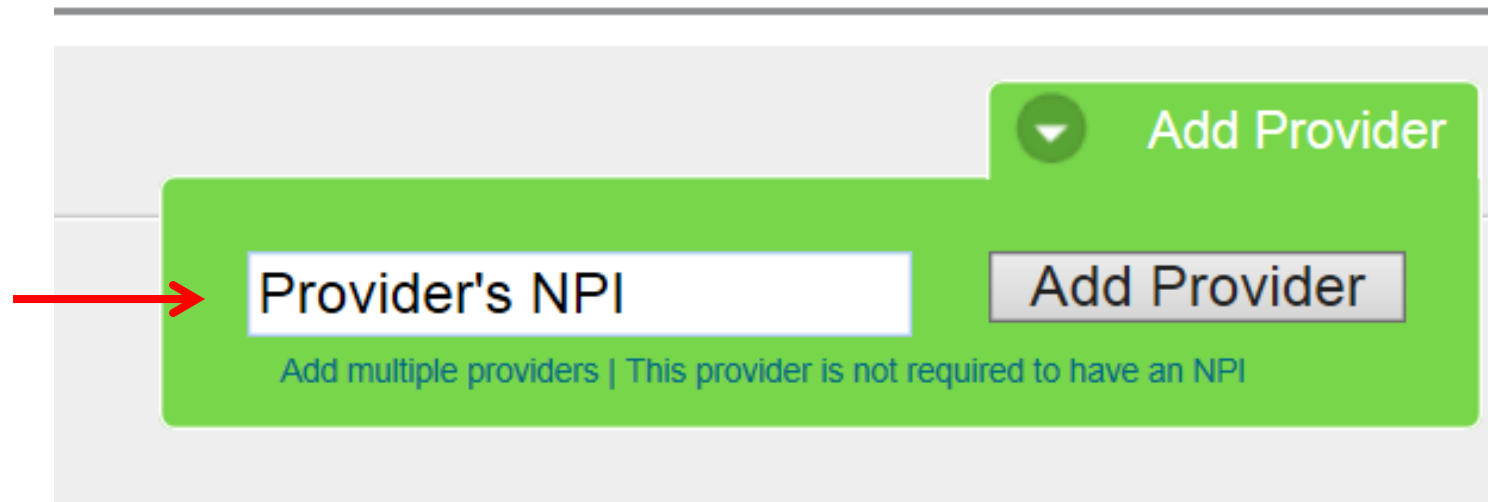


 Add Provider

EL Paso First Health Plans

Express Entry

- Type NPI
- Click on Add Provider
 - Provider information associated with NPI will populate



The screenshot shows a user interface for adding a provider. It features a light gray background with a green card containing a white input field labeled "Provider's NPI" and a gray button labeled "Add Provider". A red arrow points to the input field. Above the card, there is a green button with a white dropdown arrow and the text "Add Provider". Below the input field, there is a blue link that says "Add multiple providers | This provider is not required to have an NPI".

Express Entry

[Manage Express Entry
Provider Types](#)

[Remove Provider
from Organization](#)

MEDICAL DOCTOR

[Edit](#)

Physical Address: 12345 WESTMORELAND
EL PASO, TX 79925 - 2370

[Edit](#)

Phone: (915) 222 - 2222

Fax: (915) 333 - 3333

[Add another physical address](#)

Billing Address: 1111 WEST
EL PASO, TX 79925 - 2370

[Edit](#)

Phone: (915) 222 - 2222

Fax: (915) 333 - 3333

[Add another billing address](#)

**Specialty /
Taxonomy:** Pediatrics - 163WP0200X

[Edit](#)

**Provider
Relationship:** Works in My Office

[Edit](#)

NPI: 1245233345

[Add Additional Identifier\(s\)](#)

Tax ID (EIN): 744444444

[Edit](#) | [Remove](#)

Billing Provider – Facility Claims

→ Billing Provider Information

- Entering Billing Provider Information for Facility Claims
 - Enter where the medical service was rendered

Express Entry - Billing Provider: ?

* Organization / Provider Last Name: ?

* Phone Number: ? - - Ext.

Fax Number: - -

E-mail:

Country: ?

* Address 1: ?

Address 2: ?

* City, State, ZIP Code: -

* Specialty / Taxonomy:

* NPI: ?

* Tax ID: ?

Important: Enter the tax ID to which the claim should be paid.

* Provider Accepts Assignment: ?

* Release of Information Code: ?

Adding Additional Provider Information Facility Claims

This claim has additional provider information...

- additional billing provider contact information
- a billing provider pay-to address that is different from the billing provider address
- a service facility location that is different from the billing provider

Attending Provider Information

Express Entry - Attending Provider: ▼

* Last Name:

* First Name:

* Specialty / Taxonomy:

* NPI: ?

Billing Provider – Professional Claims

- If billing under a group enter your pay to information in this section.



Billing Provider Information

Express Entry - Billing Provider: ? ▼

* Organization / Provider Last Name: ?

First Name:

* Phone Number: ? - - Ext.

Fax Number: - -

E-mail:

Country: ? ▼

* Address 1: ?

Address 2: ?

* City, State, ZIP Code: ▼ -

* Specialty / Taxonomy:

* NPI: ?

Tax ID Type: ▼

* Tax ID: ?

Important: Enter the tax ID to which the claim should be paid.

Rendering Provider – Professional Claims

- Select appropriate box

This claim has additional provider information...

additional billing provider contact information

a billing provider pay-to address that is different from the billing provider address

 a rendering provider

Rendering Provider

Express Entry - Rendering Provider:

* Organization / Provider Last Name:

First Name:

* Specialty / Taxonomy:

* NPI: ?

Authorization Number – Facility Claim

Claim Information

* Patient Control Number / Claim Number: ?

Diagnosis Related Group (DRG) Code: ?

Medical Record Number:

* Billing Frequency: ?

this is an HMO claim

→ Prior Authorization Number: ?

Auto Accident Country:

* Admission Type:

* Admission Source:

Authorization Number – Professional Claim

Claim Information

* Patient Control Number / Claim Number: ?

Medical Record Number:

* Place of Service: ?

* Billing Frequency: ?

this is an HMO claim

* Provider Signature on File:

 Prior Authorization Number: ?

Care Plan Oversight Number (for Medicare Patients): ?

Chiropractic Patient Condition Code:

Coordination of Benefits

Professional Health Care Claim

* indicates a required field


* Payer: ? EL PASO FIRST HEALTH PLANS - STAR

* Organization: EL Paso First Health Plans

Transaction Type: ? Professional Claim

Responsibility Sequence: ?

- Primary
- Secondary
- Tertiary



Facility Health Care Claim

* indicates a required field

* Payer: ? EL PASO FIRST HEALTH PLANS - STAR

* Organization: EL Paso First Health Plans

Transaction Type: ? Facility Claim

* Facility Type: ? 13 - Hospital Outpatient


Responsibility Sequence: ?

- Primary
- Secondary
- Tertiary

* Statement: ?

To

MM / DD / YYYY MM / DD / YYYY



Coordination of Benefits

Primary Insurance Plan Information

* Other Payer ID: ? 11111

Payer Identification Number:

Other Payer Claim Control Number:

Tax ID:

* Payer Name: 123 PPO INSURANCE

* Claim Filing Indicator: 12 - Preferred Provider Organization (PPO) ▼

Country: ? United States ▼

* Address 1: 1111 MAIN ST

Address 2:

* City, State, ZIP Code: EL PASO TX - Texas ▼ 79925 -

* Release of Information Code: ? Provider has a Signed Consent ▼

* Assignment of Benefits: ? Yes ▼

* Payment / Adjustment Type: ?
Select One
No Payment Adjustment
Claim Level Payment Adjustment
Claim Line Payment Adjustment
Both

Prior Authorization Number: ?

* Payment / Adjustment Type: ? Claim Line Payment Adjustment ▼

→ Prior Authorization Number: ?

Coordination of Benefits

Facility Health Care Claim

[Learn More >>](#)



Professional Health Care Claim

[Learn More >>](#)



AVAILITY LEARNING FOR WEB PORTAL

CLAIM SUBMISSION

Availity's professional claim and facility claim services allow you to quickly submit real-time, electronic claims and encounters. These services can dramatically accelerate the claim submission and reimbursement process. [show / hide more](#)

Live Webinars

Web Data Entry Claim Submission

[Register Now \(1 hr\)](#)

Recordings

Web Data Entry Claim Submission - Live Webinar Recording

[View Recording \(53 min\)](#)

Web Data Entry Claim Submission - Training Demo

[View Recording \(12 min\)](#)

Coordination of Benefits - Training Demo

[View Recording \(10 min\)](#)

Coordination of Benefits for Regence Users (ID, OR, UT, WA) - Training Demo

[View Recording \(10 min\)](#)



Online Help

Submitting Professional Claims/Encounters

[View Topic](#)

Submitting Facility Claims/Encounters

[View Topic](#)

Viewing Claim Results

[View Topic](#)

Availity Contact

- Web Portal Support

➤ 877-732-5633

- Submit an Inquiry on line

Submit a Ticket

Log in to the web portal in order to submit a tech support ticket.

LOGIN →

Common Denials

- Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
- Timely Filing has exceeded.
- The diagnosis is inconsistent with the procedure.
- Duplicate Claim.

Electronic Claims

- Claims are accepted from:

- Availity

- Trizetto Provider Solutions, LLC.

(formerly Gateway EDI)

- Payer ID Numbers:

STAR

EPF02

CHIP

EPF03

Preferred Admin. UMC

EPF10

Preferred Admin. EPCH

EPF11

Healthcare Options

EPF37

Contact Us

(915) 532-3778

Provider Care Unit Extension Numbers:

- 1527 – Medicaid
- 1512 – CHIP
- 1509 – Preferred Administrators
- 1504 – HCO



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

FIRSTCALL Medical Advice Infoline

Edgar Martinez

Member Services Director

FIRSTCALL - Medical Advice Infoline

- El Paso First Health Plans new 24-hour bilingual Medical Advice Infoline is available as of March 1, 2017, to answer Member health questions.
- El Paso First Members will be able to call our Medical Advice Infoline toll-free 24 hours a day, 7 days a week.



FIRSTCALL

MEDICAL ADVICE INFOLINE

STAR 1-844-549-2826

CHIP 1-844-549-2827

FIRSTCALL - Medical Advice Infoline

- The Medical Advice Infoline will be one of the value-added benefits El Paso First Health Plans Members will receive.
- The Medical Advice Infoline will be ready to answer health questions and provide health information 24 hours a day – every day of the year.
- The Medical Advice Infoline will be staffed with registered nurses and pharmacists!

FIRSTCALL - Medical Advice Infoline

El Paso First's Medical Advice Infoline will help Members when they:

- Have questions about their health.
- Are worried about a sick child.
- Have questions about their pregnancy.
- Are not sure if they need to go the Emergency Room.
- Don't know how much medicine to give their child.

FIRSTCALL - Medical Advice Infoline

- Sometimes Members may not be sure if they need to go the Emergency Room. They will now be able to call El Paso First's 24-hour Medical Advice Infoline.
- When Members call the Medical Advice Infoline, they will be connected to a nurse or pharmacist.
- The Medical Advice Infoline will triage the Member to make a decision if the Member has a real emergency or if the Member could wait to see their Primary Care Provider (PCP) the next day. But if it is a real emergency, they will be directed to the nearest hospital emergency room or to dial 911.
- For non-emergent situations the Members will be directed by their PCP's request to the nearest night clinics or urgent care centers.
- The Medical Advice Infoline staff speaks English and Spanish. If the Member does not speak English or Spanish, translator services will be available.

Contact

Edgar Martinez

Director of Member Services

915-532-3778 ext. 1064

Juanita Ramirez

Member Services & Enrollment Supervisor

915-532-3778 ext. 1063



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Thank You for Attending Providers!





El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

For more information:



(915) 532-3778



www.elpasohealth.com

