



# El Paso Health

HEALTH PLANS FOR EL PASOANS BY EL PASOANS

## Behavioral Health Specialty Training

Thursday, June 25, 2020

12:00 PM - 2:00 PM

**LIVE WEBINAR**



TEXAS  
Health and Human  
Services



ACCREDITED  
Health Plan  
Expires 04/01/2021

# El Paso Health Mission

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To build relationships with our Members, Providers, and Partners that strengthen the delivery of healthcare in our community and promotes access to quality healthcare for children, families, and individuals.

# Presenters

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## **Stacy Arrieta**

Provider Relations Coordinator

## **Sonia Fernandez**

Contracting and Credentialing Lead

## **Angelica Chagolla**

Quality Improvement Manager

## **Edna Lerma**

Clinical Supervisor

## **Yvonne Grenz**

Senior Claims Analyst:

## **Edgar Martinez**

Member Services Director

# Agenda

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- **Provider Relations:** [COVID-19 Updates, Electronic Usages, Provider Directory, Peer Specialists](#)
- **Contracting and Credentialing:** [COVID-19 Updates, Reminders](#)
- **Quality Improvement:** [Performance Improvement Projects, Accessibility Standards](#)
- **Health Services:** [Substance Use Disorder, SBIRT, Mental Health Rehabilitative Services, Targeted Case Management, Behavioral Health Case Management](#)
- **Claims:** [COVID-19 Updates, Reminders, Modifiers for Mental Health Services](#)
- **Member Services:** [COVID-19 Updates, Behavioral Health Services Hotline](#)



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## Provider Relations

Stacy Arrieta

Provider Relations Coordinator

# Coronavirus Disease (COVID-19) updates

The Novel Coronavirus (COVID-19) pandemic has impacted medical practices and our community. El Paso Health is committed to working with our partners during this challenging time. A designated COVID-19 page has been developed and offers the most up to date information related to this pandemic.

- Visit our website at [www.elpasohealth.com](http://www.elpasohealth.com).
- Click on Coronavirus Disease (COVID-19) Updates for Members and Providers.



The screenshot shows the El Paso Health website header with the logo and navigation menu. Below the header is a large image of a young child's face. Overlaid on the bottom of the image is a white banner with blue and red text. The banner contains the text "Coronavirus Disease (COVID-19) Updates For Members and Providers" and "Actualizaciones del Coronavirus (COVID-19) para miembros y proveedores". At the bottom of the banner is a blue button with the text "CLICK HERE / PRESIONE AQUI" and a red arrow pointing to the left.

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HOME ABOUT EL PASO HEALTH MEMBERS PROVIDERS PROGRAMS FIND A PROVIDER EVENTS CONTACT US

**Coronavirus Disease (COVID-19) Updates For Members and Providers**  
Actualizaciones del Coronavirus (COVID-19) para miembros y proveedores

CLICK HERE / PRESIONE AQUI

# COVID-19 updates continued

- Click on COVID-19 INFORMATION FOR PROVIDERS.



**DON'T PANIC**

**CORONAVIRUS PREVENTION IS THE KEY.**

The best way to prevent illness is prevention.  
The CDC recommends the following actions.

**COVID-19 INFORMATION FOR PROVIDERS**

**EL PASO HEALTH MEMBERS**

**ADDITIONAL INFORMATION**

June 16, 2020 Updated COVID-19 Telehealth Services for Occupation, Physical, and Speech Therapy

Call FIRSTCall Medical Advice Infoline if you have questions or are experiencing symptoms.

## Current Memos

- [Provider Relations Suspended Office Visits Updated COVID-19 Telemedicine, Telehealth and Telephone Services](#)
- [Updated COVID-19 Waiver of CHIP Co-Payments](#)
- [Updated COVID-19 Prior Authorization Requests Extended](#)
- [COVID-19 Cares Act Provider Relief Fund to Distribute \\$15 Billion to Medicaid and CHIP Providers](#)
- [COVID-19 El Paso Health Provider Survey](#)

# Electronic Usages



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

- Remittance Advice (RA) Reports via our Provider Web Portal
  - 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.
- Electronic Remittance Advice (835) files via your clearinghouse
  - Submit our Electronic Remittance Advice (835) Request Form to enroll
- Electronic Claims Submission
- Upload Corrected Claims via our Provider Web Portal
- Prior Authorization Submission/Prior Authorization Amendments via our Provider Web Portal
- Provider Appeals via our Provider Web Portal
- Appeals may also be faxed to our Health Services Department at:
  - Fax: 915-298-7866, or
  - Toll free fax: 844-298-7866



# Electronic Remittance Advice (835) Request Form



## Electronic Remittance Advice (835) Request Form

915.532.3778 ext. 1507 • Fax: 915.225.6762

### BILLING PAY TO PROVIDER INFORMATION (PLEASE INCLUDE W9)

Official Business Name: \_\_\_\_\_  
Doing Business As: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Federal Tax ID: \_\_\_\_\_ Group NPI: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PROVIDER INFORMATION

Primary Service Location: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

### CLEARINGHOUSE INFORMATION

Clearinghouse Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
\*Availity Customer ID# (Genkey): \_\_\_\_\_ Billing Submitter Number: \_\_\_\_\_  
Software Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
\*Genkey is required for Availity.

### AUTHORIZATION STATEMENT SIGNATURE

Provider (enter provider/provider representative name) \_\_\_\_\_ hereby appoints (enter vendor name) \_\_\_\_\_ to act as the authorized agent for the purpose of retrieving the 835 electronically from El Paso Health.  
Provider/Provider Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EL PASO HEALTH PAYER IDs

El Paso First Health Plans Premier Plan STAR Medicaid HMO	Availity/ Trizetto Provider Solutions Payer ID: EPF02
El Paso First Health Plans CHIP	Availity/ Trizetto Provider Solutions Payer ID: EPF03
El Paso First Health Plan HCO Healthcare Options	Availity/ Trizetto Provider Solutions Payer ID: EPF37
Preferred Administrators	Availity/ Trizetto Provider Solutions Payer ID: EPF10
Preferred Administrators Children's Hospital	Availity/ Trizetto Provider Solutions Payer ID: EPF11

### CONFIRMATION OF TEST FILE

After submission of the Electronic Remittance Advice Request Form, a test file will be sent to ensure the successful transmission of the 835 file. Please enter the contact information for the representative that will be able to confirm receipt of the test file. Please note that the test file must be confirmed before the process can be completed. Failure to confirm the test file within 30 calendar days will cause the request to be closed and a new request will need to be submitted.

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Our [Electronic Remittance Advice \(835\) Request Form](#) is used to retrieve 835 files via your clearinghouse.
- The Electronic Remittance Advice (835) Request Form can be found on our website at [www.elpasohealth.com](http://www.elpasohealth.com) under Providers- Provider Forms- Misc. Forms.
- The completed form may be faxed to:  
  
915-225-6762

# Provider Directory

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Providers are responsible for ensuring we have their most up-to-date practice information.

The following are critical elements that are included in our Provider Directories:

- Address
- Phone Number
- Office hours
- Age Range
- Website URL
- Telemedicine / Telehealth / Telemonitoring

Please be sure to submit a Provider Demographic Form when changing or updating any of the above information.

# Provider Demographic Form

 **El Paso Health**  
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915.532.3778 • Fax: 915.298.7870 • [contracting\\_dept@elpasohealth.com](mailto:contracting_dept@elpasohealth.com)

### PROVIDER DEMOGRAPHIC FORM

Group/Facility Name: \_\_\_\_\_  
Group/Facility Specialty: \_\_\_\_\_  
Tax ID: \_\_\_\_\_ Group NPI: \_\_\_\_\_ Group TPI: \_\_\_\_\_

Program Participation:  Medicaid  CHIP  CHIP Perinatal  Preferred Administrators  Health Care Options

Please check off provider type:  PCP  Specialist  PCP/Specialist  Hospital Based

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Individual NPI: \_\_\_\_\_ API: \_\_\_\_\_ TPI: \_\_\_\_\_ EPSDT: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Subspecialty: \_\_\_\_\_ Medical License: \_\_\_\_\_

Professional Category:  MD  DO  FNP  ACNP  PA  CRNA  Other: \_\_\_\_\_

Primary Practice Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Office Hours/Days: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

Secondary Location: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Office Hours/Days: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Taxonomy number: \_\_\_\_\_ Additional Taxonomy Numbers: \_\_\_\_\_

Languages Spoken:  English  Spanish  American Sign Language (ASL)  Other: \_\_\_\_\_

Accepting New Patients:  Yes  No  Established Only  Age Range: \_\_\_\_\_

Practice Limitations:  Male only  Female Only  None  Other: \_\_\_\_\_

CLIA Type: \_\_\_\_\_ Radiology Certificate:  Yes  No  N/A

Completed cultural diversity training?  Yes  No

Do you offer:  Telemedicine  Telehealth  Telemonitoring  Targeted Case Management

Does this office meet American Disabilities Act (ADA) accessibility requirements?  Yes  No

Billing Information (Must Reflect W-9): \_\_\_\_\_  
Doing Business As: \_\_\_\_\_  
Pay to Address: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for submission: \_\_\_\_\_

- Our [Provider Demographic Form](#) is used when updating any practice information.
- The Provider Demographic Form can be found on our website at [www.elpasohealth.com](http://www.elpasohealth.com) under Providers- Provider Forms- Credentialing Packet Forms.
- The completed form may be returned using one of the following:
  - Email: [contracting\\_dept@elpasohealth.com](mailto:contracting_dept@elpasohealth.com)
  - Fax: 915-298-7870

# Peer Specialist Services

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- Texas Medicaid benefit as of January 1, 2019.
- Peer specialist services are recovery-oriented, person-centered, relationship-focused, voluntary, and trauma-informed.
  - **Recovery and wellness support:** Providing information on and support with planning for recovery;
  - **Mentoring:** Serving as a role model and providing assistance in finding needed community resources and services; and
  - **Advocacy:** Providing support in stressful or urgent situations and helping to ensure that the client's rights are respected. Advocacy may also include encouraging the client to advocate for him or herself to obtain services
- Services may be provided individually or in a group.

# Who Can Receive Services?

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To be eligible to receive Medicaid peer support services, a person must:

- Be at least 21 years old;
- Be a Medicaid recipient;
- Have a mental health condition and/or substance use disorder; and
- Have peer specialist services included as a component of their person-centered recovery plan.

# Benefit Limitations

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- Reimbursement for procedure code H0038 will be limited to substance use disorders and mental health conditions.
- Procedure code H0038 (Self-help/peer services, per 15 minutes) will be limited to 104 units in a rolling six-month period. This limit may be exceeded with demonstrated medical necessity for the additional services.

# Peer Specialist Requirements

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Peer specialists must be employed by the following Medicaid-enrolled providers in order to deliver peer specialist services:

- Clinic or group practices treating behavioral health conditions (M.D., D.O, NP, CNS, and PA)
- Psychologists, LCSW, LMFT, and LPC
- TCM/MHR
- Local mental health authorities and local behavioral health authorities
- Chemical dependency treatment facilities
- Federally qualified health clinics (FQHCs)
- Rural health clinics (RHCs)

**Note:** Peer services will not be separately reimbursed to providers who are currently paid an encounter rate or bundled rate.

# Peer Specialist Eligibility

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A Peer Specialist must meet the following criteria:

- Be at least 18 years of age
- Have lived experience with a mental health condition, substance use disorder, or both
- Have a high school diploma or General Equivalency Diploma (GED)
- Be willing to appropriately share his or her own recovery story with clients
- Be able to demonstrate current self-directed recovery
- Pass criminal history and registry checks
- Take required training and be certified

**Note:** A peer specialist may not practice psychotherapy, make clinical or diagnostic assessments, or dispense expert opinions; engage in any service that requires a license; or falsify any documentation



# Certification

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- A peer specialist must complete all required training and certification before providing services.
- Any organization delivering peer specialists services must provide proof of certification to El Paso Health.

## For more information:

- Call the TMHP Contact Center at 1-800-925-9126.
- Link: [http://www.tmhp.com/News\\_Items/2018/11-Nov/11-16-18%20Peer%20Specialist%20Services%20to%20Become%20a%20Benefit%20of%20Texas%20Medicaid%20January%201,%202019.pdf](http://www.tmhp.com/News_Items/2018/11-Nov/11-16-18%20Peer%20Specialist%20Services%20to%20Become%20a%20Benefit%20of%20Texas%20Medicaid%20January%201,%202019.pdf)

# Contact Information

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Provider Relations Department

(915) 532-3778

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



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# **COVID-19 Updates/ Contracting and Credentialing Reminders**

Sonia Fernandez

Contracting and Credentialing Lead

# Coronavirus Disease (COVID-19) updates

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## Re-credentialing

Increase the period for organizations to complete participating provider re-credentialing from 36 months by an additional 90 days.

## Applications

Accept an application that is signed and dated up to 210 days.

# Contracting and Credentialing Process

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- The credentialing process is different than the contracting process.
- New Providers must contact El Paso Health and complete the demographic form prior to submitting a credentialing application thru Availity.
- After your application is complete on Availity, Aperture will retrieve your information on the Texas Standardized Credentialing Application.
- Upon completion of the credentialing process, a contract or amendment will be provided.

# Changes in your practice

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Notify our Contracting and Credentialing Department if a provider leaves your practice or if a new provider joins your group.

## The following forms will need to be submitted:

- [Provider Demographic Form](#)
- [W-9](#)

*Both forms may be found on our website under Provider Forms in our Provider section.*

## Forms may be submitted using one of the following:

- Email: [Contracting\\_Dept@elpasohealth.com](mailto:Contracting_Dept@elpasohealth.com)
- Fax: 915-298-7870.

# Contact Information

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For any questions, please contact us directly at the email or phone number below:

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

915-532-3778

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



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# Performance Improvement Projects and Appointment Accessibility Standards

Angelica Chagolla

Quality Improvement Manager



# Performance Improvement Projects (PIPs)

- Required by our regulators (HHSC and URAC)
- Currently have two PIPs addressing behavioral health

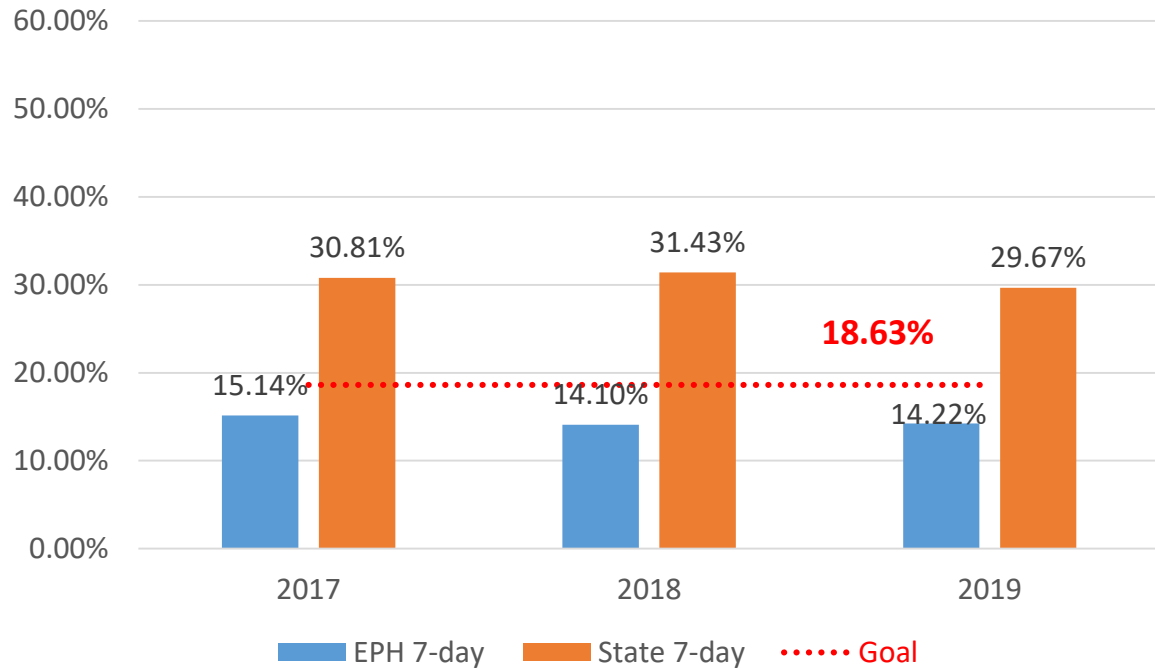
Topic	Interventions and Aim
Beneficiaries with Complex Needs <i>Targets members with depression and anxiety</i>	Screening calls to identify need for Case Management referrals  <b>Aim to reduce potentially preventable admissions and ED utilization</b>
Improving Mental Health Follow Up Care <i>Targets members with hospitalizations and prescribed ADHD medications</i>	Member Outreach - Text messages encouraging follow up visits with providers  <b>Aim to improve rates of follow up visits</b>

# Improving Mental Health Follow Up Care

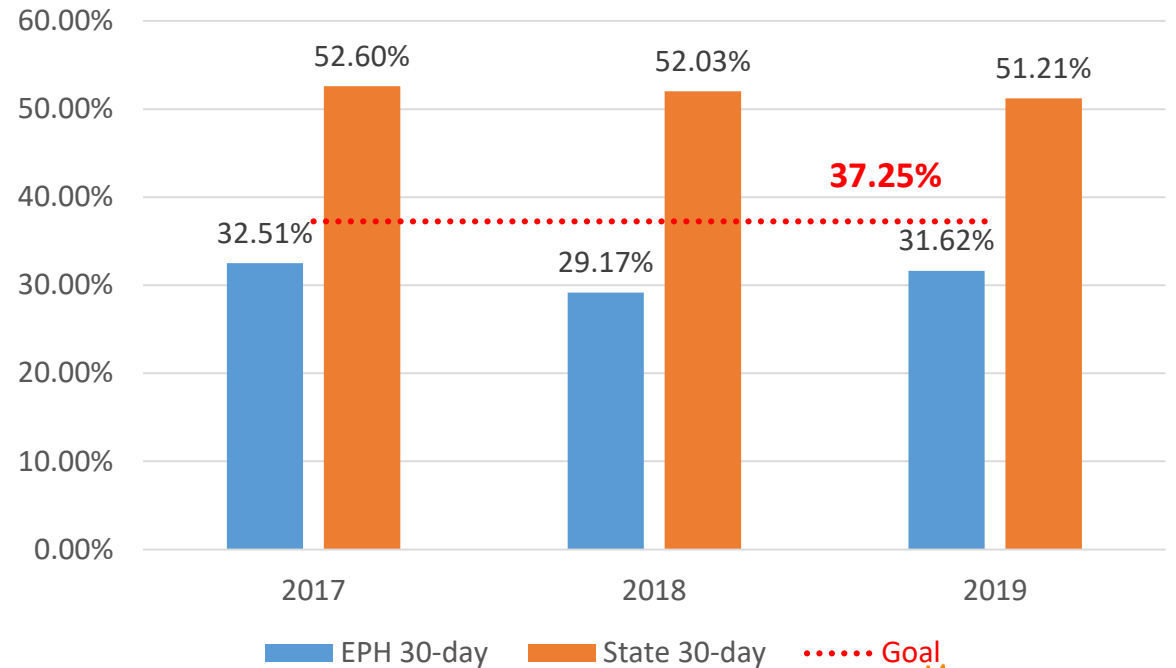
## Follow Up Care After Hospitalization for Mental Illness

Percentage of discharges from members hospitalized for treatment of select mental illness or intentional self-harm who had a follow up visit with a **mental health practitioner** within 7 calendar days and 30 calendar days of discharge.

### 7-Day Follow Up



### 30-Day Follow Up



# What counts for this measure?

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## Mental Health Practitioners

- Psychologist – MD
- Social Worker
- Mental Health Counselor
- Professional Counselor
- MD with specialties in Psychiatry and Neurology
- Mental Health Occupational Therapist
- Psychiatric/Mental Health Nurse Practitioner
- Psychiatric/Mental Health Clinical Nurse Specialist
- Clinical Neuropsychologist
- Marriage & Family Therapist
- Community/Behavioral Health Agencies

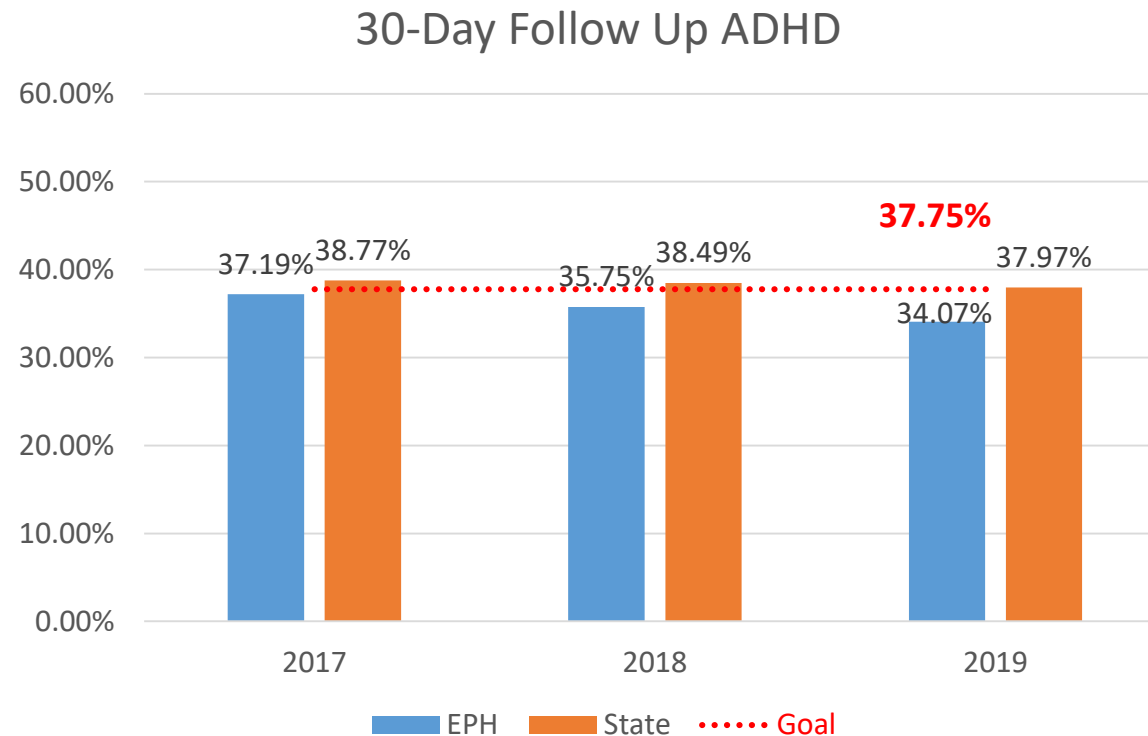
## Types of Visits

- Behavioral Health outpatient visit with a mental health practitioner
- Intensive outpatient or partial hospitalization with a mental health practitioner
- A telehealth visit with a mental health practitioner
- Transitional care management services with a mental health practitioner

# Improving Mental Health Follow Up Care

## Follow Up Care for Children prescribed ADHD Medication

Percentage of children newly prescribed ADHD medication who had one follow up with a **practitioner with prescribing authorization** within 30 days.



# What counts for this measure?

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## Practitioner with Prescribing Authority

- A practitioner with prescribing privileges, including nurse practitioners, physician assistants and other non-MDs who have the authority to prescribe medications.

## Types of Visits

- An outpatient visit with a practitioner with prescribing authority
- Intensive outpatient or partial hospitalization with a practitioner with prescribing authority

\*Telehealth currently does not count for this measure, but it may be changing due to COVID-19.

# Text Messages to Members

## Behavioral Health Follow-Up



**REMEMBER!**

You must complete a follow-up visit within **7 days** of being discharged from the hospital.

And, you will be entered into a drawing to win a **\$100 gift card** from Walmart\*.



**One winner** will be chosen each month.

**Don't miss your opportunity to WIN. IT'S EASY!**


Need help scheduling an appointment with your mental health provider?

Call us at: 1-877-532-3778.

We're in this together.



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## AND YOUR CHILD

**Was your child prescribed ADHD medication?**

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

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

If you need help call us at  
915-532-3778 or toll free at 1-877-532-3778  
from 7:00 A.M. to 8:00 P.M. Monday thru Friday.



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# Accessibility Standards

Service:	Able to schedule appointment:
Initial Outpatient Behavioral Health (new members, child and adult)	Within 14 calendar days
Emergency Services	Upon member presentation
Urgent Care, to include urgent behavioral health services	Within 24 hours

**REMINDER:** Please report any updates you may have regarding your Provider Directory information.

# Contact Information

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915-298-7198 Ext 1231  
[dgillis@elpasohealth.com](mailto:dgillis@elpasohealth.com)

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## Behavioral Health Benefits

Edna Lerma  
Clinical Supervisor

# Substance Use Disorder (SUD)

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SUD services may include the following:

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

# SUD Requirements

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- Level of care (e.g., **outpatient, residential, inpatient hospital**) and specific services provided must adhere to current **evidence-based industry standards and guidelines** for SUD treatment, such as those outlined in the current edition of the **American Society of Addiction Medicine's Treatment Criteria for Addictive Substance-Related and Co-Occurring Conditions**, as well as the licensure requirements outlined in 25 TAC §448 pertaining to standards of care.
- **SUD treatment services** (outpatient or residential) may only be delivered in a **licensed chemical dependency treatment facility (CDTF)**. Medication assisted treatment (MAT) may also be delivered by appropriately trained physicians, nurse practitioners (NPs), clinical nurse specialists (CNSs), and physician assistants (PAs) in the office setting.

# SUD Requirements (continued)

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- SUD **withdrawal management in an inpatient hospital** setting may be provided for individuals who meet hospital level of care requirements as a result of the severity of their withdrawal syndrome or the **severity of their co-occurring conditions**. These services may be reimbursed as general hospital inpatient services. The treatment setting and the intensity or level of services will vary depending on the severity of the individual's SUD and what is **clinically appropriate**. The intensity or level of services refers to the number of hours of services per week, as well as the types of services the individual receives. Early Intervention services are part of the spectrum of SUD treatment and are a benefit in Texas Medicaid. Early intervention services target individuals who are at risk of developing a substance related problem but may not have a diagnosed SUD.

# Prior Authorization Requirements for Substance Use Disorder (SUD)

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**All SUD services require a prior authorization.**

- Inpatient (detox, rehab.)
- Residential (SUD)

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

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- SBIRT is a comprehensive, public health approach to the delivery of early intervention and treatment services. Benefit available for Members who are 10 years of age and older and who have alcohol or substance use disorders or are at risk of developing such disorders.
- SBIRT is used for intervention directed to individual clients and not for group intervention.
- Who can provide SBIRT: physicians, registered nurses, advanced practice nurses, physician assistants, psychologists, licensed clinical social workers, licensed professional counselors, certified nurse midwives, outpatient hospitals, federally qualified health centers (FQHCs), and rural health clinics (RHCs).
- Non-licensed providers may deliver SBIRT under the supervision of a licensed provider if such supervision is within the scope of practice for that licensed provider.
- The same SBIRT training requirements apply to non-licensed providers.

# SBIRT Training

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- Providers that perform SBIRT must be trained in the correct practice of this method and will be required to complete at least four hours of training.
- Proof of completion of SBIRT training must be maintained in an accessible manner at the provider's place of service.
- Information regarding available trainings and standardized screening tools can be found through the Substance Abuse and Mental Health Services Administration at [www.samhsa.gov](http://www.samhsa.gov)

SBIRT is limited to clients who are 10 years of age and older.

**Prior Authorization is NOT required.**

# Mental Health Rehabilitative Services (MHR) and Targeted Case Management (TCM)

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- Targeted case management services are case management services to clients within targeted groups.
- The target population that may receive Mental Health Targeted Case Management (MHTCM) as part of the Texas Medicaid Program are clients, regardless of age, with a single diagnosis of chronic mental illness or a combination of chronic mental illnesses as defined in the latest edition of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM), and who have been determined via a uniform assessment process to be in need of MHTCM services.
- Clients of any age with a single diagnosis of intellectual and developmental disabilities (IDD) and related conditions, or a single diagnosis of substance use disorder (SUD) are not eligible for MHTCM services.



# MHR/TCM

## Benefits

- Notification must be submitted, however no Prior Authorization is required.
- A notice for the Level of Care (LOC) is necessary as we are contractually obligated to provide a STATE FAIR HEARING if Member transitions to a lower/higher level of care.

<b>MHR/TCM Benefits – Depending on Level of Care</b>				
Psychiatric Examination	Pharmacological Management	Individual Counseling	Group Counseling	Peer Support
Skills Training and Development	Medication Training & Support	Family Counseling	SBIRT	Case Management

# MHR/TCM

## Resources

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### Resources for Providers:

- Texas Medicaid Provider and Procedures Manual
- [Texas Medicaid Provider Procedures Manual - BH](#)
- Texas Resilience and Recovery Utilization Management Guidelines
- Texas Resilience and Recovery Utilization and Management Guidelines

# Behavioral Health Case Management

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

Case Managers will:

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

# Medicaid Non-Capitated Services

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The following Texas Medicaid programs, services, or benefits have been excluded from MCO Covered Services. Medicaid Members are eligible to receive these Non-Capitated Services on another basis.

- Texas Health Steps dental (including orthodontia)
- Texas Health Steps environmental lead investigation (ELI)
- ECI case management/service coordination
- ECI Specialized Skills Training
- Case Management for Children and Pregnant Women
- Texas School Health and Related Services (SHARS)
- Department of Assistive and Rehabilitative Services Blind Children's Vocational Discovery and Development Program
- Tuberculosis services provided by DSHS-approved providers (directly observed therapy and contact investigation)
- HHSC's Medical Transportation Program
- Personal Care Services
- STAR, Texas Health Steps Personal Care Services for Members birth through age 20
- STAR, CFC services

# Behavioral Health Benefit - Exclusions

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The following services are not benefits of Texas Medicaid:

- Psychoanalysis
- Multiple Family Group Psychotherapy
- Marriage or couples counseling
- Narcosynthesis
- Biofeedback training as part of psychophysiological therapy
- Psychiatric Day Treatment Programs
- Applied Behavioral Analysis
- Services provided by a psychiatric assistant, psychological assistant (excluding Master's level LPA), or a licensed chemical dependency counselor

# Coronavirus Disease (COVID-19) updates

- In response to COVID-19, El Paso Health is issuing a 90-day extension for previously approved acute care authorizations with an end date between March 1, 2020 and June 30, 2020 to ensure continuity of care.
- Providers may request to amend a current authorization by providing El Paso Health with the last certification approval letter indicating this is a 90-day extension request. No additional documentation will be required. Please assure you submit the member information and current authorization number.
- Requests for new authorizations will be processed according to current guidelines and will not be subject to the 90-day extension at this time.
- Authorization requests may be faxed to 915-298-7866 or toll free to 1-844-298-7866. You may also contact the El Paso Health Utilization Management Department at 915-532-3778 ext, 1500.

# Contact Information

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Diana Gonzalez

LVN Case Manager I

915-298-7198 Ext 1082

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

Rebecca Segura

Social Work Case Manager I

915-298-7198 Ext 1108

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



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## Claims

Yvonne Grenz

Senior Claims Analyst



# Coronavirus Disease (COVID-19) updates

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- Providers may bill to receive reimbursement for certain telehealth and telemedicine services.
- Providers should use the following to indicate remote delivery has occurred:
  - Modifier 95
  - Place of service: 02

# Claims processing reminders

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## Timely filing deadline

**95** days from the date of service

## Corrected claim deadline

**120** days from the date on the Remittance Advice Report

# Authorization Number on Claims

El Paso Health requires that ONLY authorization numbers be entered in the authorization field of claim forms.

For UB04 claims, the authorization number must be entered in block 63:

63 TREATMENT AUTHORIZATION CODES

For CMS-1500 claim forms, the authorization number must be entered in block 23:

23. PRIOR AUTHORIZATION NUMBER

# Common authorization field errors

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Adding any numbers or alpha characters, other than the actual authorization number, in block 63 for UB04 claims or block 23 for CMS-1500 claim forms will cause the claim to **DENY** for authorization mismatch.

Examples of invalid information entered in the prior authorization field that would cause the claim to deny include:

- Missing numbers (including any leading zeros)
- Invalid numbers
- CLIA numbers
- Alpha characters, such as 'no auth required'

# Initial evaluations

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Prior authorization is not required for initial evaluations.

Please ensure the following when submitting claims for initial evaluations:

- Authorization filed is left blank
- Split claim from other evaluation services where a prior authorization is required

# Modifiers for Mental Health Services

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

Modifier	Description
TF	Routine Case Management
TG	Intensive Case Management
HA	Child/Adolescent Program
HZ	Funded by criminal justice agency

# Electronic claim submissions

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Electronic claims are accepted from:

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

Payer ID Numbers:

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

# QUESTIONS

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## STAR and CHIP – Member Behavioral Health Services

Edgar Martinez

Director of Member Services

# Coronavirus Disease (COVID-19) updates/ Co-pays for Behavioral Health visits

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- In response to the COVID-19 pandemic, office visit co-payments for all CHIP members for services provided from March 13, 2020, through June 30, 2020 are waived.
- Co-payments are not required for covered services delivered via telemedicine or telehealth to CHIP members. HHSC encourages the use of teleservices in lieu of in-person office visits, as appropriate.
- Provider Reimbursement - El Paso Health will reimburse the provider the full rate for the service, including what would have been paid by the member through cost-sharing. Providers must attest that the office visit co-payment was not collected by using the attestation form and submitting an invoice to El Paso Health or by submitting a detailed claim that includes the co-payment amount of each claim transaction for services provided in which co-payments were not collected. El Paso Health has 30 calendar days to pay an invoice received from a provider.
- Co-pays do not apply to Medicaid Members.
- HHSC is also extending Medicaid, CHIP, and CHIP Perinatal coverage during the public health emergency declaration.

# Behavioral Health Services Hotline

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El Paso Health offers Medicaid and CHIP Members a Behavioral Health crisis hotline.



- Open 24 hours day/7 days a week
- Hotline staff is bilingual
- Interpreter services are also available.
- Members may reach the crisis line at the following numbers:

**BEHAVIORALHEALTH**  
CRISIS LINE

STAR 1-877-377-6147

CHIP 1-877-377-6184

# El Paso Health – Call Center Representatives

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The El Paso Health Call Center Representatives can provide up-to-date information on the following:




- Eligibility coverage information
- Covered Benefits
- Authorization Status
- Claims Status
- Provider Portal access
- Compliant/Appeal Status

Contact our Call Center Representatives at 915-532-3778.

# STAR and CHIP Member Portal

El Paso Health Members can access the Member Portal on our website at [www.elpasohealth.com](http://www.elpasohealth.com).

- Members will need to click on the Member Portal Login link on our homepage.

 Call us at: <b>915-532-3778</b>	 Outside El Paso: <b>1-877-532-3778</b>	Hours of Operation 7:00 A.M. – 5:00 P.M. Mountain Time	<b>Providers Portal Login →</b>	<b>Member Portal Login →</b> 
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HOME

ABOUT EL PASO HEALTH

MEMBERS

PROVIDERS

PROG

- They will then be redirected to a secure page where they will enter their login credentials.


### Login

Username

Password

**Submit**

[First Time Users](#)



### Welcome

Login or create an account to view and maintain your EL Paso account. From this site you'll be able to:

- View your health plan benefits
- Print a temporary ID card
- Find a network healthcare provider
- View your healthcare claims

In order to complete registration you'll need information from your Member ID card.

# El Paso Health Mobile App

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The El Paso Health Mobile App gives Members up-to-date online access to eligibility coverage and service information.

The app allows Members to:

- View eligibility coverage information
- View temporary ID cards
- Find a Provider
- View authorizations
- View claims explanation of benefits (EOB's)



# Transportation Services

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El Paso Health offers Medicaid and CHIP Members a free taxi ride service to office visits.

To schedule a transportation request for a doctor's appointment or health education class, Members may call the El Paso Health Member Services Line 48 hours prior to the appointment at 1-877-532-3778 and a Call Center Representative will assist with scheduling the taxi ride.





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**For more information:**

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(915) 532-3778



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

