El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

PROVIDER QUARTERLY ORIENTATION

Thursday, March 12, 2020

12:30 PM - 2:30 PM

LIVE WEBINAR NOW AVAILABLE

EPHP0320151

CHIP | TEXAS STAR Your Health Plan ★ Your Choice | TEXAS Health and Human Services

urac ACCREDITED Health Plan Expires 04/01/2021

Agenda

- ECI Speaker
- Contracting: Provider Network and Credentialing
- Provider Relations: Updates and Reminders
- C.A.R.E: Services for Children of Traveling Farmworkers
- Health Services: Outpatient Pharmacy Prescription Services, Prior Authorization Tool & Behavioral Health Benefits, Referrals to In-Network and Out-of-Network Providers
- Quality Improvement: HEDIS URI Measure & Texas Health Steps Medical Record Review
- Claims: Electronic Claim Submission Overview
- Compliance: Special Investigations Unit
- Member Services: SFY 2020 - Cultural Competency and Linguistic Services Provider Training

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Provider Network and Credentialing

Gabriel De Los Santos

Credentialing Contracting Representative

Onboarding Overview

- El Paso Health's Contracting and Credentialing Department is the initial contact for network participation.
- Initial credentialing events: EPH is responsible for notifying Aperture of a Provider's intent to contract via a Start work file.
- Re-credentialing events: Aperture will notify Providers due for re-credentialing via letter the timeframe in which Provider must submit its credentialing application for processing.
- **Notification letters will be sent to Providers, from Aperture, six(6) months prior to the end of the Provider's thirty-six (36) month re-credentialing cycle.

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Credentialing Process

- EPH must complete the credentialing process for a new provider and the claims system must be able to recognize the provider as a Network Provider no later than 90 calendar days after receipt of a complete application
- Expedited Credentialing-The following provider types can qualify for expedited credentialing process: Physicians, Podiatrists, Therapeutic Optometrists, Dentists, Dental Specialists, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists and Psychologists.
- To qualify for expedited credentialing, a Provider must be a member of an established group that is already contracted;
  - ✓ be a Medicaid enrolled provider
  - ✓ agree to comply with the terms of the contract between the group and EPH
  - ✓ timely submit all documentation and information required to begin the credentialing process

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Credentialing Process

- Application forms accepted.
  - Aperture will accept applications via Availity's portal, or EPH Start work file (Application and documents are uploaded via a Provider Doc folder)

- Timeframe for Application Gathering:
  - Initial Credentialing - application should be complete within sixty (60) calendar days of receipt of the Provider on the Roster or Start Work File (SWF).
  - Incomplete/No Response - Aperture will close the file with a status of PSV004 or "non profile" and return the file to EPH.

Application Submission

Applications should be submitted thru the Availity Portal

www.availity.com

Applications can be submitted to El Paso Health

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Primary Source Verification (PSV)

What is primary source verification and Why is this important?

- Primary source verification is the process in which a practitioners education, training and licensure are verified.
- It helps the healthcare organization or facility maintain a skilled and qualified practitioner in their network or their staff.
- Through PSV, we ensure that all credentials are current and accurate to prevent medical negligence
- What is considered a Primary Source?

Credential	Primary Source
State Medical License	Issuing State Licensing Board
DEA License	Drug Enforcement Agency
Education	Medical Schools
Postgraduate Training	Residency and predoctoral programs
Board Certification	Issuing Board
Current Competence	Peers who are acquainted by the physicians performance

App Gather/PSV Follow-up Timeline

Application Gathering/Primary Source Verification Follow-up Timeline "Re-Cred"			
Application Gathering	Primary Source Verification	Days (Calendar)	Month
Introduction Letter (Committee and Term Date Given)		180	30
Follow-up	PSV Complete or Follow-up for missing information	150	32
Follow-up	PSV Complete or Follow-up for missing information	120	33
Final Letter (Committee and Term Notice)	PSV Complete or Follow-up for missing information	90	34
Optional follow-up	PSV Complete or Follow-up for missing information	60	35
Optional follow-up	PSV Complete or Follow-up for missing information	30	36
File returned to EPH	File returned to EPH	0	37

Timeframe for completing applications

Initial/Recredentialing	Provider Type	Timeframe
Initial	MDs and DOs	15 calendar days
Initial	All but MDs and Dos	30 calendar days
Expedite Initial Screening	MDs and DOs	8 calendar days (assuming complete application)
Urgent Initial	MDs and DOs	8 calendar days (assuming complete application)
Recredentialing	All	Committee Date

CPRC Approval-Contract Effective Date

- All completed applications are presented and approved by Credentialing Peer Review Committee.
- The contract or amendment for each provider will be effective the 1st of the following month.
- **Un-credentialed Providers** will be terminated the first of the following month from CPRC approval.
- **If application is 95% complete before the 1st of the following month those will be reviewed and approved by C&C Lead not to be terminated. (Application must be ready to be presented by next committee date)

Contact Information

For any questions please contact us directly at the email or phone number below. A Contracting and Credentialing Representative will respond to your inquiry within 48 business hours.

Contracting and Credentialing Department

Contracting_Dept@elpasohealth.com

915-532-3778

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Updates and Reminders

Liliana Jimenez

Provider Relations Representative

Abuse, Neglect and Exploitation (ANE) Reporting Procedures

- HHSC requires Network Providers to forward any findings they receive to the appropriate managed care organization (MCO).
- The ANE reporting findings can be submitted to El Paso Health via secure and confidential email to: APSReport@elpasohealth.com
- For additional information on reporting Abuse, Neglect, and Exploitation: Texas Family Code 261.404 and Human Resources code Chapter 48 requires any person to report any allegation or suspicion of Abuse, Neglect and Exploitation (ANE) against a child, an adult that is elderly, or an adult with a disability to the appropriate entities.
- To report suspicion of abuse, neglect and exploitation of a child contact the Department of Family and Protective Services (DFPS) at 1-800-252-5400.
- To report adult or child who resides in or receives services from nursing or assisted facilities, home and community support agencies, adult day care and foster care facilities contact the Department of Aging and Disability Services (DADS) at 1-800-647-7418.
- For additional information on reporting Abuse, Neglect, and Exploitation: http://www.elpasohealth.com/ane/

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.

Provider Information **Date:**

Provider/Clinic Name:		Contact Name:	
Office Address:	City:	County:	Zip Code:
Phone Number:		Fax Number:	
Provider Type: ☐ Medical ☐ Dental ☐ Orthodontic ☐ Case Management ☐ Other:			

Parent/Guardian Information

Parent/Guardian Name:		Phone Number:	Mobile Number:
Address:	City:	County:	Zip Code:
Language Preference: ☐ English ☐ Spanish ☐ Other:			

Patient #1 Information

Patient Name:		Date of Birth:	Medicaid ID:	
Appointment Type: ☐ THSteps Checkup	☐ THSteps Followup	☐ Sick Visit	☐ Lead	☐ Other:
Reason for referral (*check all that apply*)				
☐ Patient missed appointment, date:		☐ Assistance needed scheduling appointment.		
☐ Follow-up appointment for additional lead testing.		☐ Provide updated patient address (*Case Management Only*)		
☐ Assist with transportation to appointment.		☐ Other, see comments.		
Comments:				

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

Patient #2 Information

Patient Name:		Date of Birth:	Medicaid ID:	
Appointment Type: ☐ THSteps Checkup	☐ THSteps Followup	☐ Sick Visit	☐ Lead	☐ Other:
Reason for referral (*check all that apply*)				
☐ Patient missed appointment, date:		☐ Assistance needed scheduling appointment.		
☐ Follow-up appointment for additional lead testing.		☐ Provide updated patient address (*Case Management Only*)		
☐ Assist with transportation to appointment.		☐ Other, see comments.		
Comments:				

Outreach Services Results (*SSU Use Only*)	
☐ Appointment scheduled; date/time:	☐ Patient provided education about appointment etiquette.
☐ Patient assisted with transportation to appointment.	☐ Patient will contact provider directly.
☐ No action taken; patient declined assistance.	☐ No action taken; patient no longer eligible for Medicaid.
☐ Unable to locate patient; letter mailed to patient.	☐ 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:

CONFIDENTIALITY NOTICE: This fax and any pages transmitted with it are confidential and intended solely for the use of the individual or entity to which they are intended. If you are not the intended recipient, you are hereby notified that any use, disclosure, dissemination, distribution, copying, or taking of any action because of this information is strictly prohibited. Please notify the sender immediately if you received this fax in error and destroy this fax and any pages transmitted with it.

EF03-14040 02/2013

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Texas Health Steps

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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	Patricia.Loge@dshs.texas.gov
Arturo Diaz	915-834-7735	915-834-7802	Arturo.Diaz@dshs.texas.gov
Kimberly Salazar	915-834-7689	915-834-7802	Kimberly.Salazar@dshs.texas.gov
Jorge Alday	915-834-7697	915-834-7802	Jorge.Alday@dshs.texas.gov

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

- SBIRT is a comprehensive, public health approach to the delivery of early intervention and treatment services. Benefit is 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

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

- Providers that perform SBIRT must be trained in the correct practice of this method and will be required to complete at least four hours of training.
- 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. https://www.samhsa.gov/

- Prior Authorization is NOT required.

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Contact Information

Liliana Jimenez

Provider Relations Representative

ljimenez@elpasohealth.com

(915) 298-7198 Ext 1018

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Services for Children of Traveling Farmworkers

Lluvia Acuña

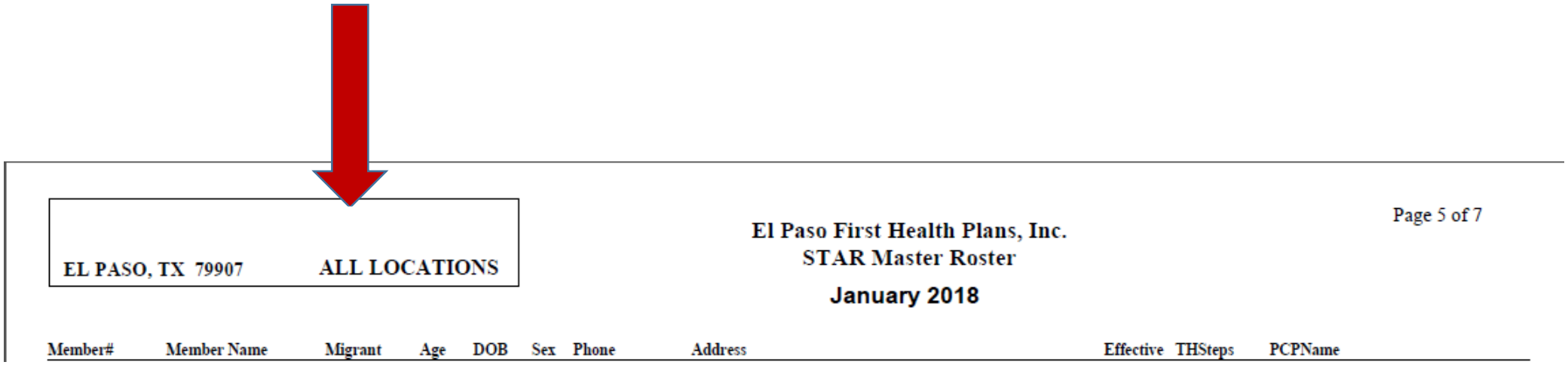
Outreach Coordinator

Accelerated Services

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

Indicator on Roster

An indicator was introduced to the STAR/CHIP Master Roster.



EL PASO, TX 79907 ALL LOCATIONS

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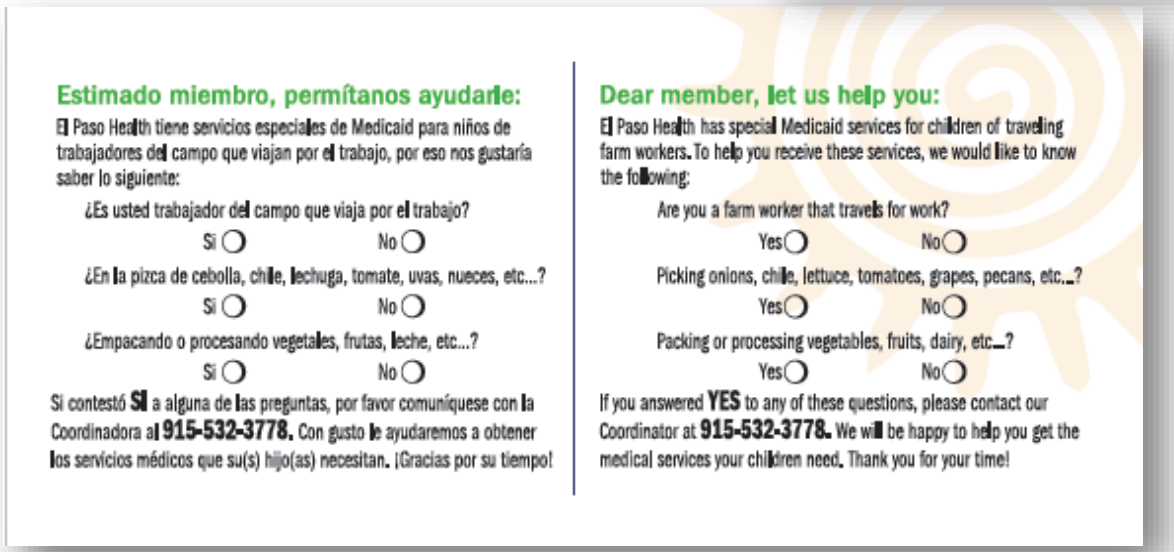
El Paso First Health Plans, Inc.
STAR Master Roster
January 2018

Member#	Member Name	Migrant	Age	DOB	Sex	Phone	Address	Effective	THSteps	PCPName

Member Contact

- Post cards
- Auto-dialer
- Text Messages



Estimado miembro, permítanos ayudarle:

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

¿Es usted trabajador del campo que viaja por el trabajo?
Si ◯ No ◯

¿En la pizca de cebolla, chile, lechuga, tomate, uvas, nueces, etc...?
Si ◯ No ◯

¿Empacando o procesando vegetales, frutas, leche, etc...?
Si ◯ No ◯

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

Dear member, let us help you:

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

Are you a farm worker that travels for work?
Yes ◯ No ◯

Picking onions, chile, lettuce, tomatoes, grapes, pecans, etc...?
Yes ◯ No ◯

Packing or processing vegetables, fruits, dairy, etc...?
Yes ◯ No ◯

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

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Outreach

- Partner with more than 20 community agencies.
- Partner with Migrant Education Programs of the 11 school districts in El Paso & Hudspeth Counties.

- Anthony ISD MEP
- Canutillo ISD MEP
- Clint ISD MEP
- Dell City ISD MEP
- El Paso ISD MEP
- Fabens ISD MEP
- Ft. Hancock ISD MEP
- San Elizario ISD MEP
- Socorro ISD MEP
- Tornillo ISD MEP
- Ysleta ISD MEP

Contact Information

Lluvia Acuña

Outreach Coordinator

lacuna@elpasohealth.com

915-298-7198 ext. 1075

Adriana Cadena

C.A.R.E. Unit Manager

acadena@elpasohealth.com

915-298-7198 ext. 1127

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Outpatient Pharmacy Prescription Services

Perla Saucedo, RPhT

Pharmacy Technician

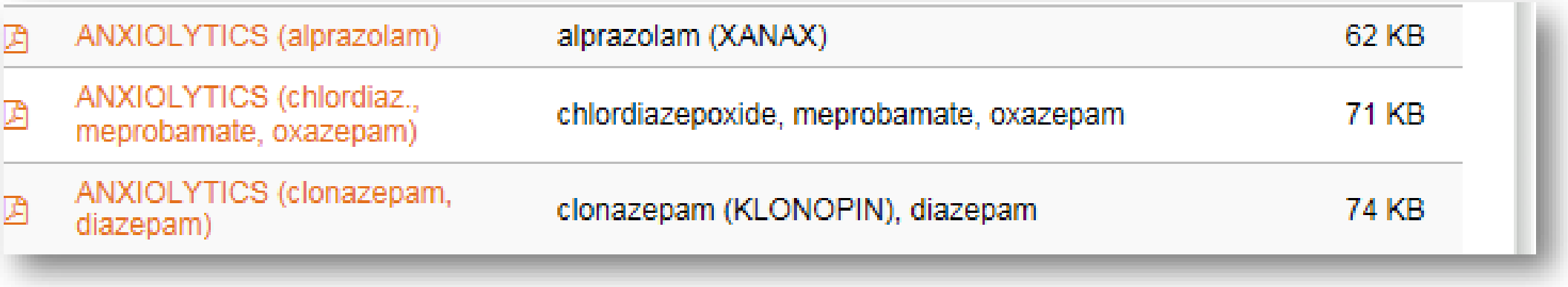
Prior Authorizations

- El Paso Health partners with Pharmacy Benefit Manager, Navitus Health Solutions to process prescriptions claims and review outpatient prescription drugs Prior Authorization request.

- Prior Authorizations can be submitted 24 hours a day and will be reviewed within 24 hours.

Prior Authorizations

- Prior Authorization forms for outpatient prescription drugs can be found at https://txstarchip.navitus.com/pages/prior-authorization-forms.aspx
- You can obtain the “Texas Standard Prior Auth Request Form” here or you can select the PA form specific to the medication being requested



ANXIOLYTICS (alprazolam)	alprazolam (XANAX)	62 KB
ANXIOLYTICS (chlordiaz., meprobamate, oxazepam)	chlordiazepoxide, meprobamate, oxazepam	71 KB
ANXIOLYTICS (clonazepam, diazepam)	clonazepam (KLONOPIN), diazepam	74 KB

Prior Authorization Form Example

STEP 3: COMPLETE REQUIRED CRITERIA

☐ Indicate Primary Diagnosis: _____ ICD 10 Code: _____

1. Does the client have a diagnosis of drug abuse in the last 730 days?

   ☐ Yes (Deny) ☐ No (Go to #2)

2. Is the client less than (<) 18 years of age?

   ☐ Yes (Deny) ☐ No (Go to #3)

3. Does the client have a history of an alprazolam agent for greater than (>) 120 days in the last 365 days?

   ☐ Yes (Go to #4) ☐ No (Approve - 120 days)

4. Is the incoming request for less than or equal to (≤) 1 day supply?

   ☐ Yes (Go to #5) ☐ No (Go to #6)

5. Is the incoming request for less than or equal to (≤) 5 units per day?

   ☐ Yes (Approve - 1 day) ☐ No (Deny)

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Prior Authorizations (cont)

Prior Authorizations can be submitted by phone, electronically (through the Navitus provider portal), and by fax.

- **Phone**: 1-877-908-6023
- **Fax:** 1-855-668-8553
- **Website:** https://prescribers.navitus.com/

Formulary Look-up

- Texas Vendor Drug Program: https://www.txvendordrug.com/formulary/formulary-search
- Navitus: https://txstarchip.navitus.com/
  - 1-877-908-6023 - Any formulary questions and PA submissions
- Epocrates: https://online.epocrates.com/

Contact Information

Perla Saucedo, RPhT

Pharmacy Technician

(915) 298-7198 Ext 1035

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Prior Authorization Tool & Behavioral Health Benefits

Ismael Gamez, RN, BSN

Utilization Review, Nurse Coordinator

PRIOR AUTHORIZATION TOOL

STAR/CHIP

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

Providers may use this tool to identify if a CPT code requires a Prior Authorization.

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Case Management

The Behavioral Health Unit offers case management services to all Members, services include:

- Holistic, comprehensive assessment
- Referrals to community resources
- Education on medication and diagnosis
- Assistance with authorizations for medications
- Transportation assistance to and from medical appointments.
- Education on accessing health plan benefits
- Contact information for Behavioral Health Crisis Line and Medical Advise Infoline

ADHD Referrals

The Behavioral Health Unit can assist member with referrals for:

- Psychiatry
- Therapy
- Targeted Case Management
  - Psychiatry, therapy, case management/skills training.
- Community resources
  - Assistance applying for other benefits. (SNAP, WIC, SSI, Rental Assistance)

Education

The Behavioral Health Unit will assist member and their guardians with education on:

- Diagnosis
- Interventions
  - How to better manage their diagnosis
- Medication
  - The importance of taking medication as prescribed
  - Who to contact in case of emergencies
  - Possible side effects to medication

Value Added Services

- The Behavioral Health Unit will educate Members and/or their guardian on the value added services available which include:
  - Transportation assistance
  - Gift cards for completing regular check ups and certain aftercare appointments
  - Home visit availability
  - Crisis and Medical lines

Contact Information

Ismael Gamez, RN, BSN

Utilization Review, Nurse Coordinator

(915) 298-7198 Ext 1015

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Referrals to In-Network and Out-of-Network Providers

Bertha Alarcon, RN CCM

RN Case Manager II

In Network Referrals

- No authorization is required when PCP refers to an in network specialist.

Out of Network / Out of Town Referrals

- Authorization is required for all out of network/out of town referrals.
- If a member needs a service out of town, check with the out of town provider that he/she accepts Medicaid. If the provider agrees to see the member fax him/her a referral.
- Submit a prior authorization form to EPH and include progress notes that support the need to send the member to an out of town provider.

(cont.) Out of Network/Out of Town Referrals

- Remember out of town referrals should only be made if there are no other providers in town that could see the member.
- Note: Referrals to out of town provider(s) need to be in Texas.

Request for Non-Emergency Medical Transportation (NEMT) Services

Texas Health and Human Services Commission

Form MCO-H3100
February 2018

REQUEST FOR NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) SERVICES

SECTION I: MCO INFORMATION			
1. Managed Care Organization (MCO): El Paso Health			
2. Managed Transportation Organization (MTO): Project Amistad			
3. Date of Request:	Click here to enter a date.	**4. Program:**	STAR
5. MCO Representative:	Bertha Alarcon	**6. Phone Number:**	915-298-7198 ext. 1162

Section II. MEMBER INFORMATION	
7. Member Name:	Click here to enter text.
8. Medicaid ID Number:	Click here to enter text.
9. DOB:	Click here to enter text.
10. Address:	Click here to enter text.
11. Contact Number:	Click here to enter text.
Section III. MEDICAL/DENTAL APPOINTMENT INFORMATION	
12. Appointment Date:	Click here to enter a date.
A.	☐Hospital Stay ☐ Regular Appointment
B.	Hospital Discharge Date Click here to enter a date. -OR- Hospital Discharge Date Unknown ☐
13. Appointment Time:	
14. Provider/Facility Name:	
15. Provider/Facility Rendering NPI:	
16. Provider/Facility Address:	
17. Provider/Facility Phone Number:	
18. Reason for Visit or Medical Services Treatment:	
19. Is it Medically Necessary for Someone to Accompany the Member?	☒Yes ☐ No

Section IV. SPECIAL INSTRUCTIONS/NOTES: Click here to enter text.
Specialty doctor not available in El Paso.

MTO	Fax Number
AMR	(713) 741-4219
LogistiCare	(855) 864-0970
MTM	(877) 406-0658
Project Amistad	(915) 626-5422
HHSC-MTP	(512) 706-4991

P.O. Box 13247 • Austin, Texas 78711-3247 • 512-424-6500 • *hhs.texas.gov*

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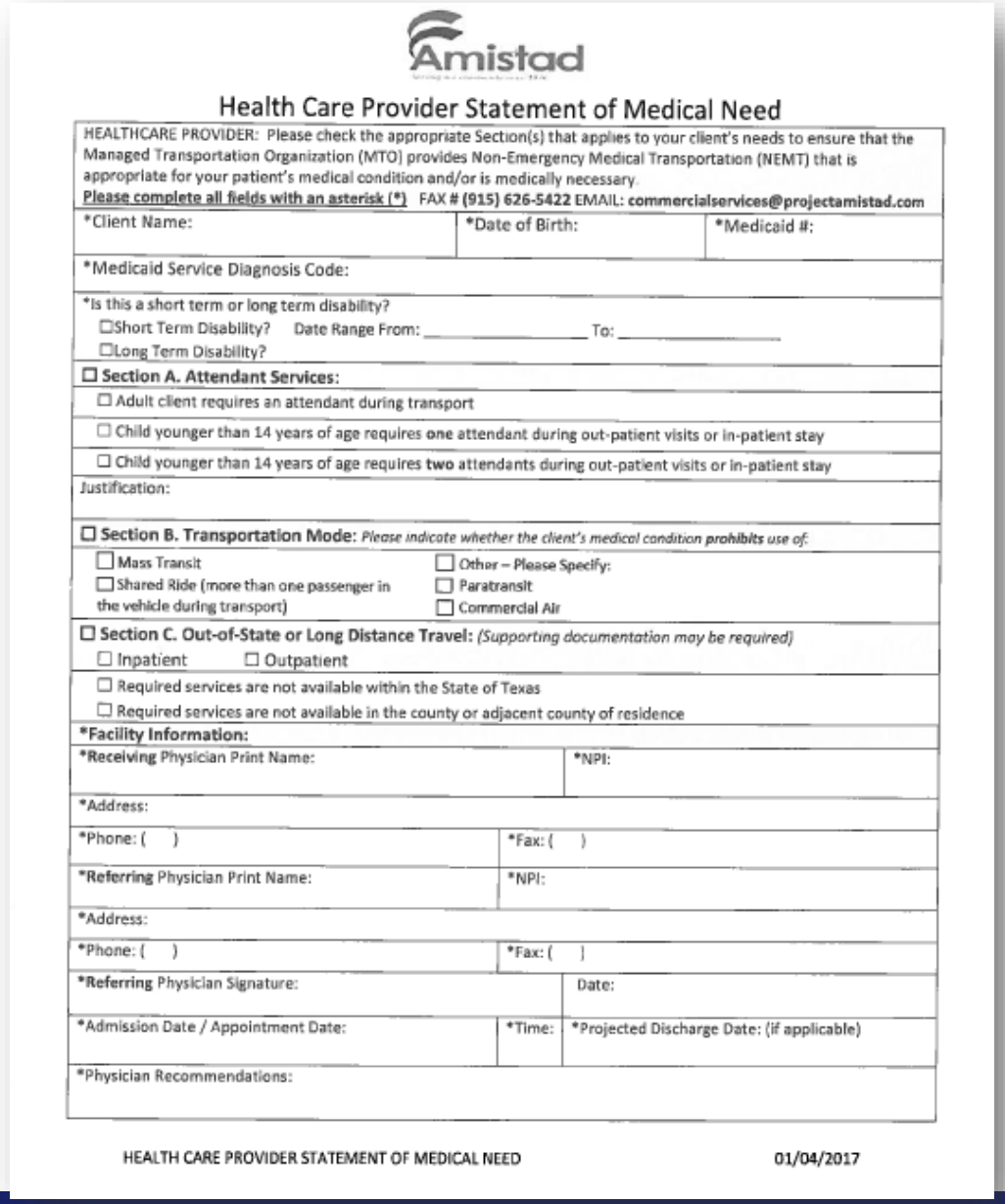
Health Care Provider Statement of Medical Need



Amistad

Health Care Provider Statement of Medical Need

HEALTHCARE PROVIDER: Please check the appropriate Section(s) that applies to your client's needs to ensure that the Managed Transportation Organization (MTO) provides Non-Emergency Medical Transportation (NEMT) that is appropriate for your patient's medical condition and/or is medically necessary.
Please complete all fields with an asterisk (*) FAX # **(915) 626-5422** EMAIL: **commercialservices@projectamistad.com**

*Client Name:	*Date of Birth:	*Medicaid #:
*Medicaid Service Diagnosis Code:		

*Is this a short term or long term disability?
☐Short Term Disability? Date Range From: _____ To: _____
☐Long Term Disability?

☐ **Section A. Attendant Services:**

☐ Adult client requires an attendant during transport

☐ Child younger than 14 years of age requires **one** attendant during out-patient visits or in-patient stay

☐ Child younger than 14 years of age requires **two** attendants during out-patient visits or in-patient stay

Justification:

☐ **Section B. Transportation Mode:** *Please indicate whether the client's medical condition **prohibits** use of:*

☐ Mass Transit
☐ Shared Ride (more than one passenger in the vehicle during transport)
☐ Other – Please Specify:
☐ Paratransit
☐ Commercial Air

☐ **Section C. Out-of-State or Long Distance Travel:** *(Supporting documentation may be required)*

☐ Inpatient ☐ Outpatient

☐ Required services are not available within the State of Texas
☐ Required services are not available in the county or adjacent county of residence

***Facility Information:**

***Receiving** Physician Print Name:	*NPI:
*Address:	
*Phone: ( )	*Fax: ( )
***Referring** Physician Print Name:	*NPI:
*Address:	
*Phone: ( )	*Fax: ( )
***Referring** Physician Signature:	Date:

*Admission Date / Appointment Date:	*Time:	*Projected Discharge Date: (if applicable)

*Physician Recommendations:

HEALTH CARE PROVIDER STATEMENT OF MEDICAL NEED 01/04/2017

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Contact Information

Bertha Alarcon, RN, CCM

RN Case Manager II

(915) 298-7198 Ext 1162

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HEDIS URI Measure

&

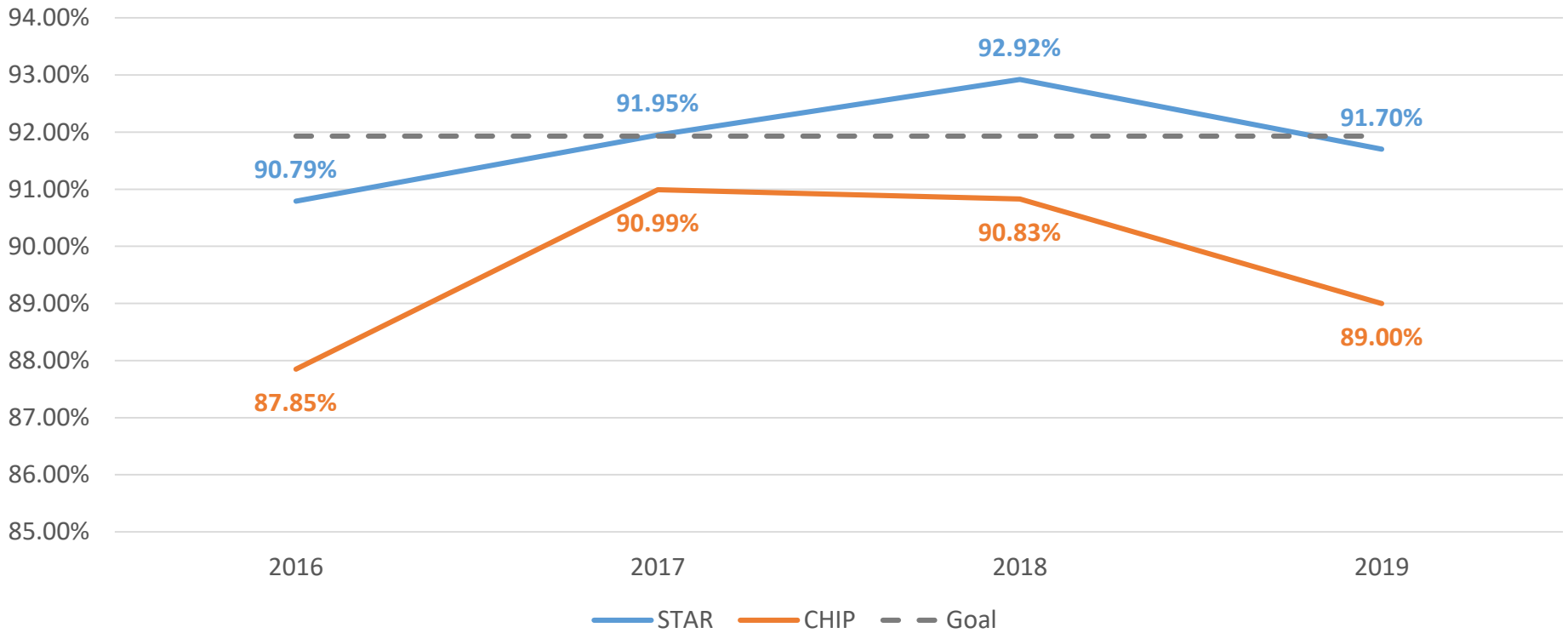
Texas Health Steps Medical Record Review

Patricia S Rivera, RN

Quality Improvement Nurse Auditor

HEDIS: Appropriate Treatment for URI

- The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.



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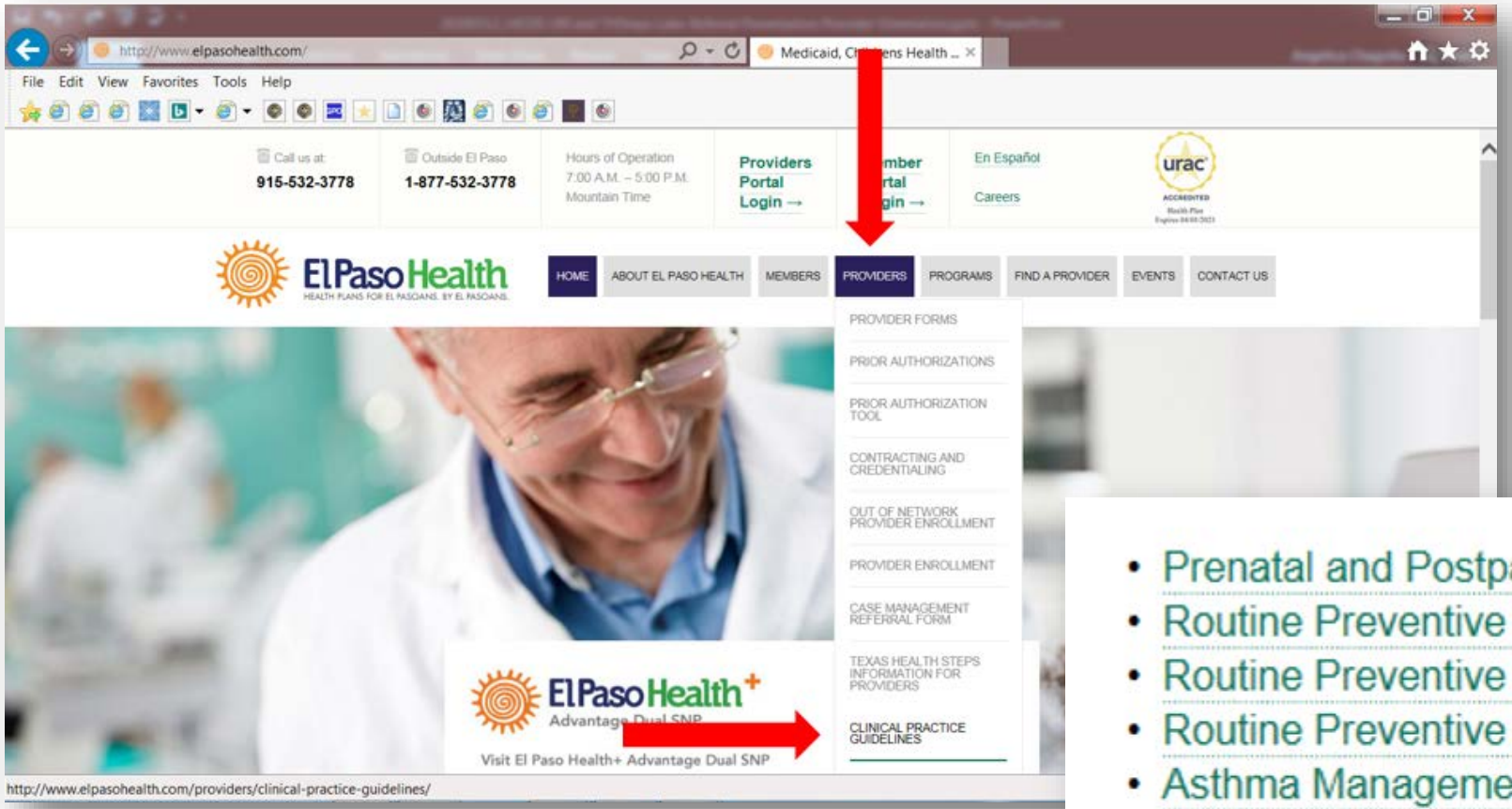
Clinical Practice Guideline



- 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

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Medical Record Review

- **Risk Based Screenings**: include age appropriate laboratory test in accordance with the THSteps Periodicity Schedule in effect at the time of the visit to include risk based test(s) or decision *not* to complete specific test(s) supported by clinical documentation, including history and physical findings for the following:

Laboratory Test	Screenings performed based on risk assessments	Mandatory Testing Required regardless of risk
Dyslipidemia (Cholesterol/HDL or Lipid Profile)	24 mo to 20 yrs	Once at 9-11 yrs and Once at 18-20 yrs
Diabetes (Glucose)	10 yrs to 20 yrs	
STD (RPR, HIV, Gonorrhea/Chlamydia)	11 yrs to 20 yrs	
HIV (HIV)	11 yrs to 20 yrs	Once at 16-18 yrs

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Medical Record Review

Referrals

If a member has an abnormal finding (e.g., hearing/vision) documentation must indicate a referral or explains why a referral is unnecessary.

ECI referrals: A referral to ECI can be based on professional judgment or a family's concern. A medical diagnosis or a confirmed developmental delay is not needed to refer. As soon as a delay is suspected, children may be referred to ECI, even as early as birth. Refer from birth to 36 months of age

Blanks

If a component can't be completed……document why. A plan to complete the component(s) if not due to reasons of conscious or parental concerns must be included in the documentation.

An incomplete checkup is subject to recoupment unless there is documentation to support why the component was not completed as part of the checkup.

Medical Record Review

Questions?

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Contact Information

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Quality Improvement Nurse

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Don Gillis

Senior Director of Quality Improvement

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Electronic Claim Submission Overview

Adriana Villagrana

Claims Manager

Reminders

Claims Processing

Timely filing deadline

– **95** days from date of service

Corrected claim deadline

— **120** days from date of EOB

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Agenda

Claims

Submit Claims thru Provider Portal

- *Primary, Secondary and Corrected Claims*

Availity Resources

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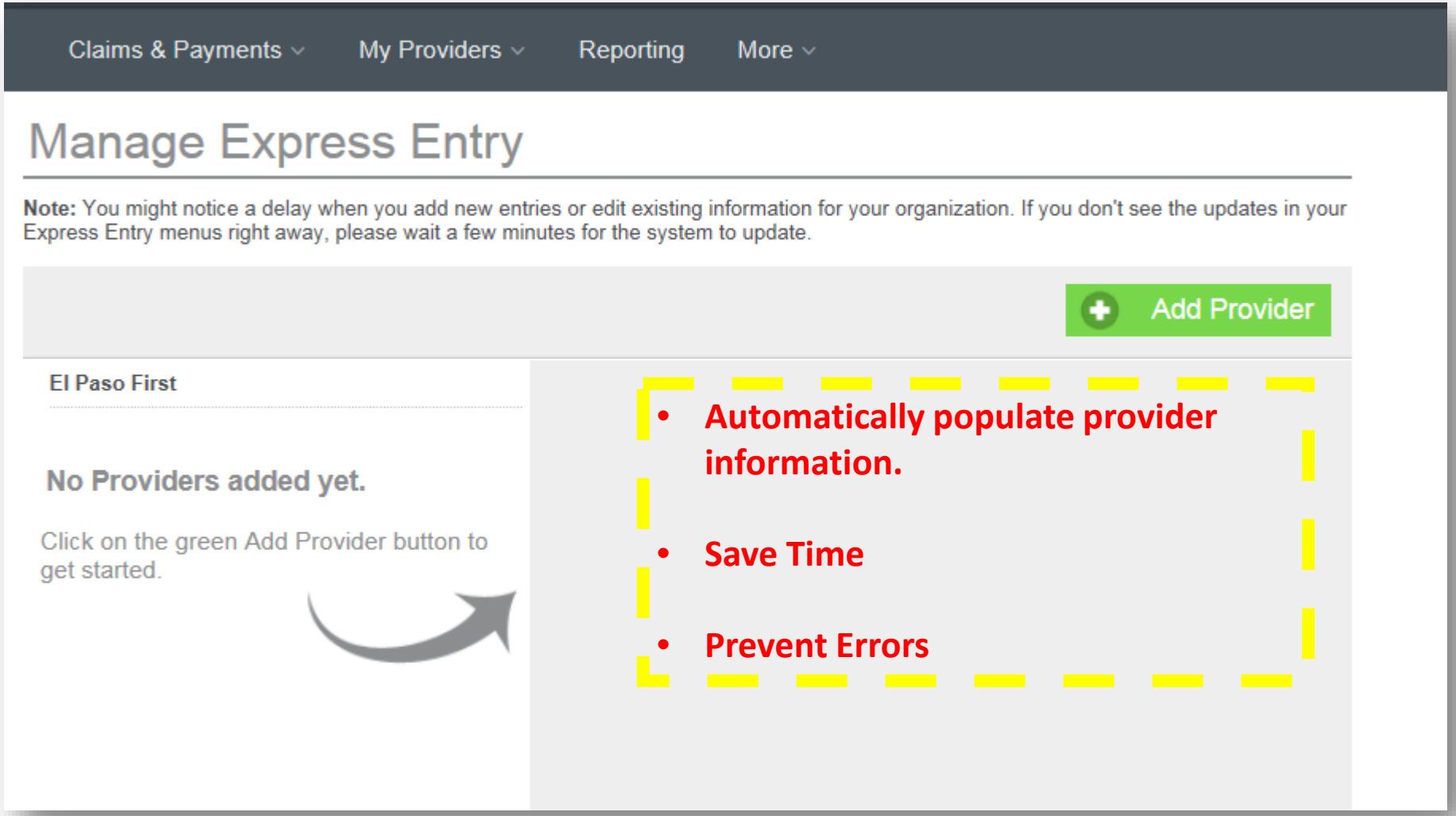
Express Entry

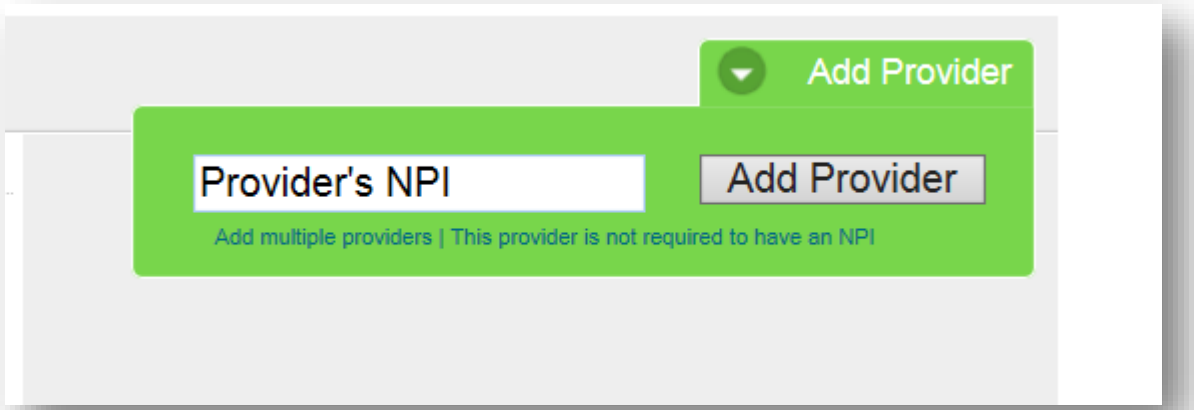
Adding Providers



Add Provider

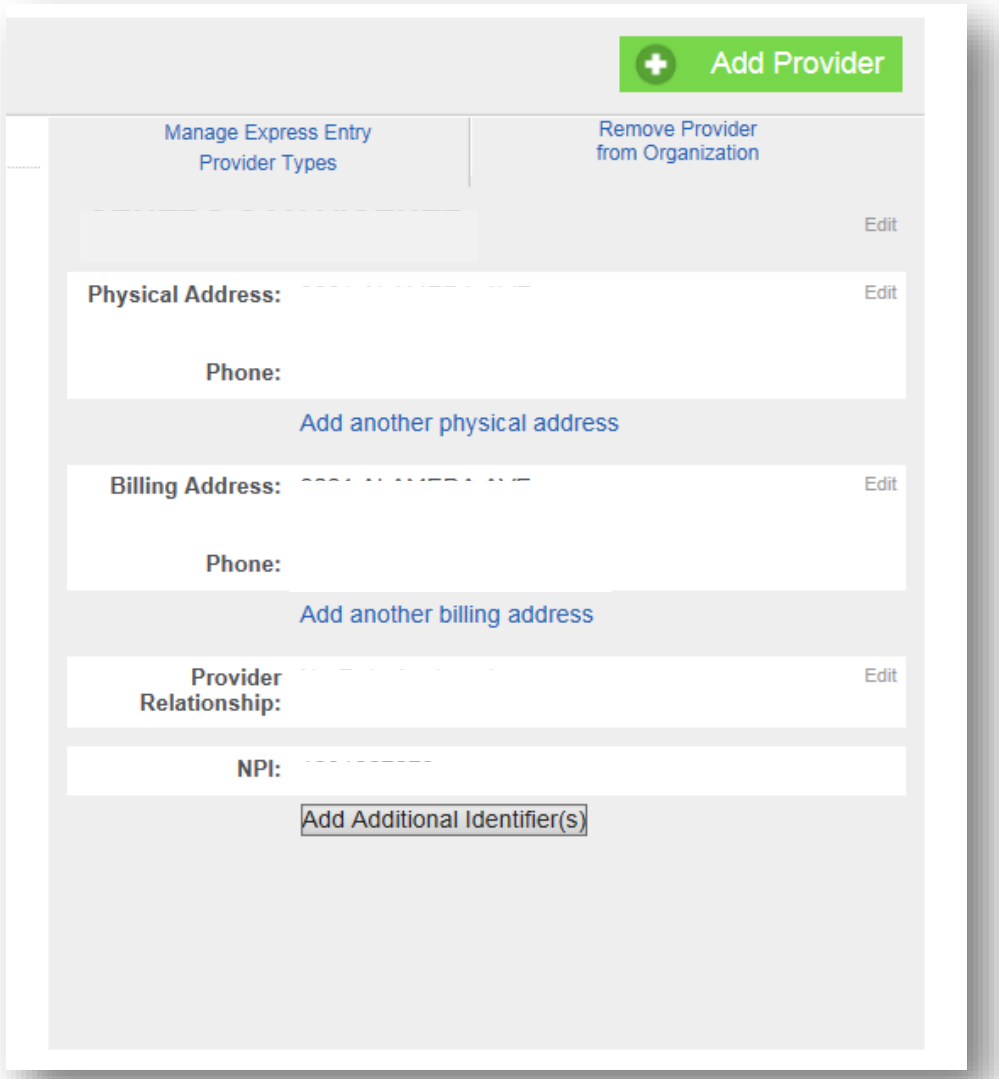
By NPI

Enter Provider’s NPI and click on “Add Provider”



Add Provider

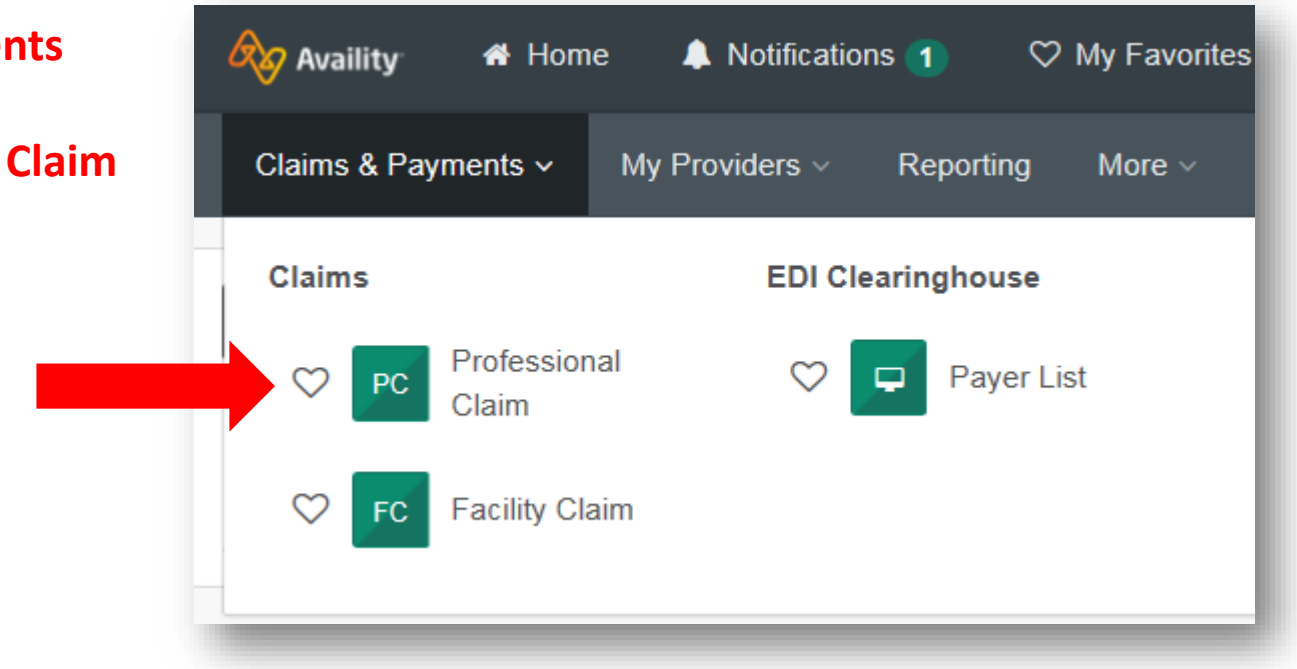
NPI



Claim Submission

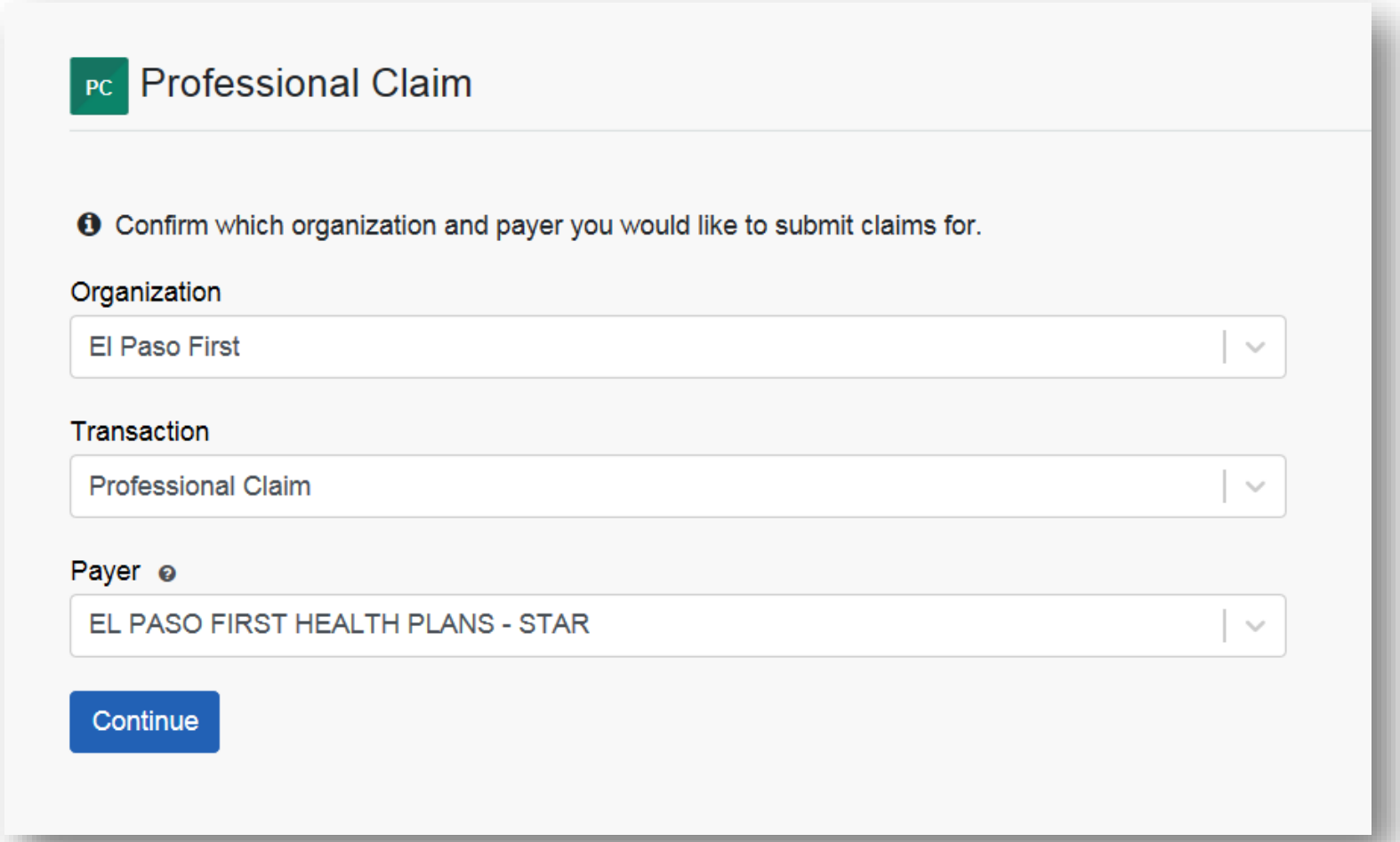
Claims & Payments

- **Click on Claims and Payments**
- **Then Click on Professional Claim**



Organization and Payer Information

Professional Claim



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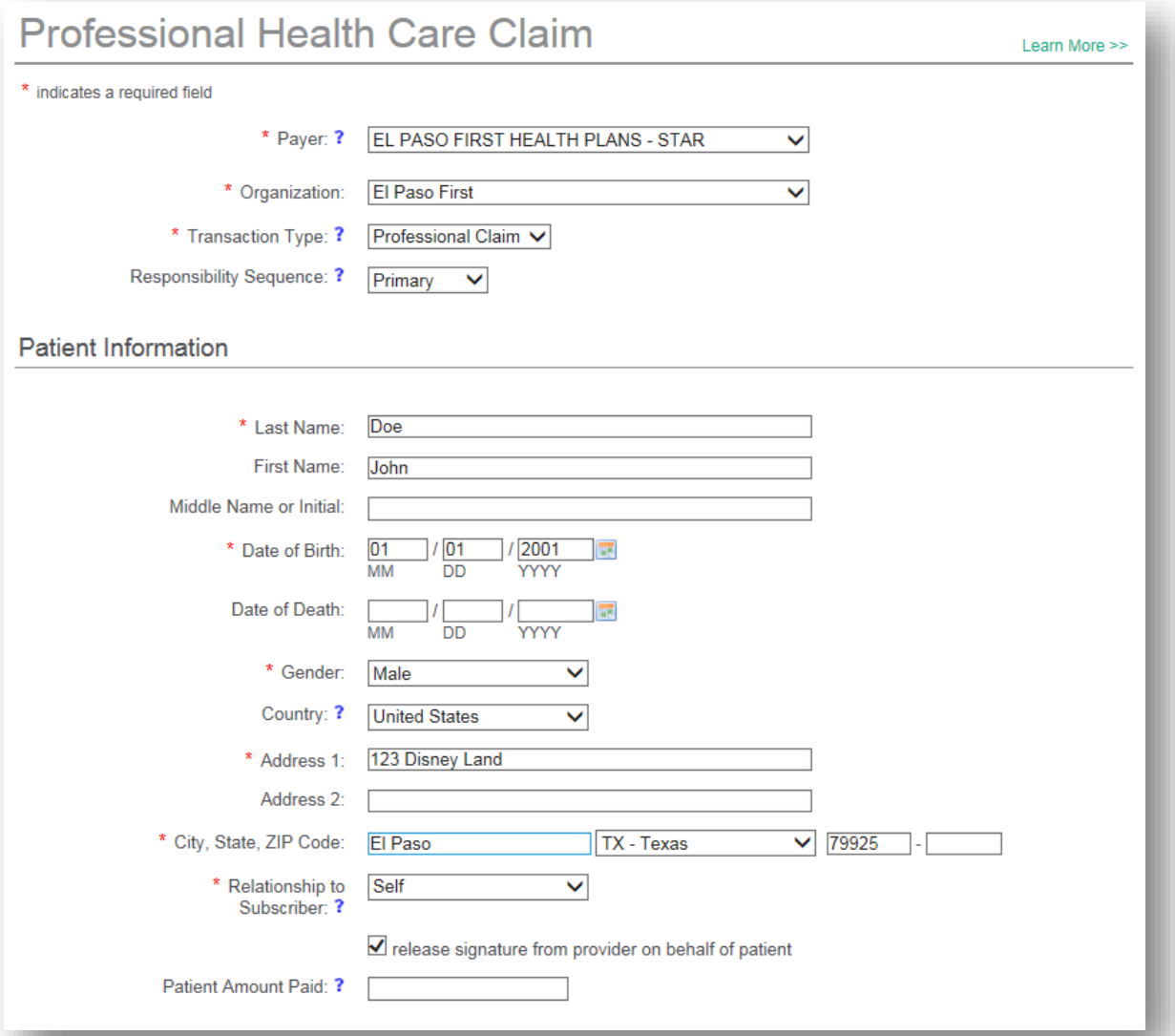
Availity Billing Provider Information Field

Professional Claims



Professional Health Care Claim

Learn More >>

* indicates a required field

* Payer: ? EL PASO FIRST HEALTH PLANS - STAR

* Organization: El Paso First

* Transaction Type: ? Professional Claim

Responsibility Sequence: ? Primary

Patient Information

* Last Name: Doe

First Name: John

Middle Name or Initial:

* Date of Birth: 01 / 01 / 2001 (MM / DD / YYYY)

Date of Death: / / (MM / DD / YYYY)

* Gender: Male

Country: ? United States

* Address 1: 123 Disney Land

Address 2:

* City, State, ZIP Code: El Paso | TX - Texas | 79925 -

* Relationship to Subscriber: ? Self

release signature from provider on behalf of patient

Patient Amount Paid: ?

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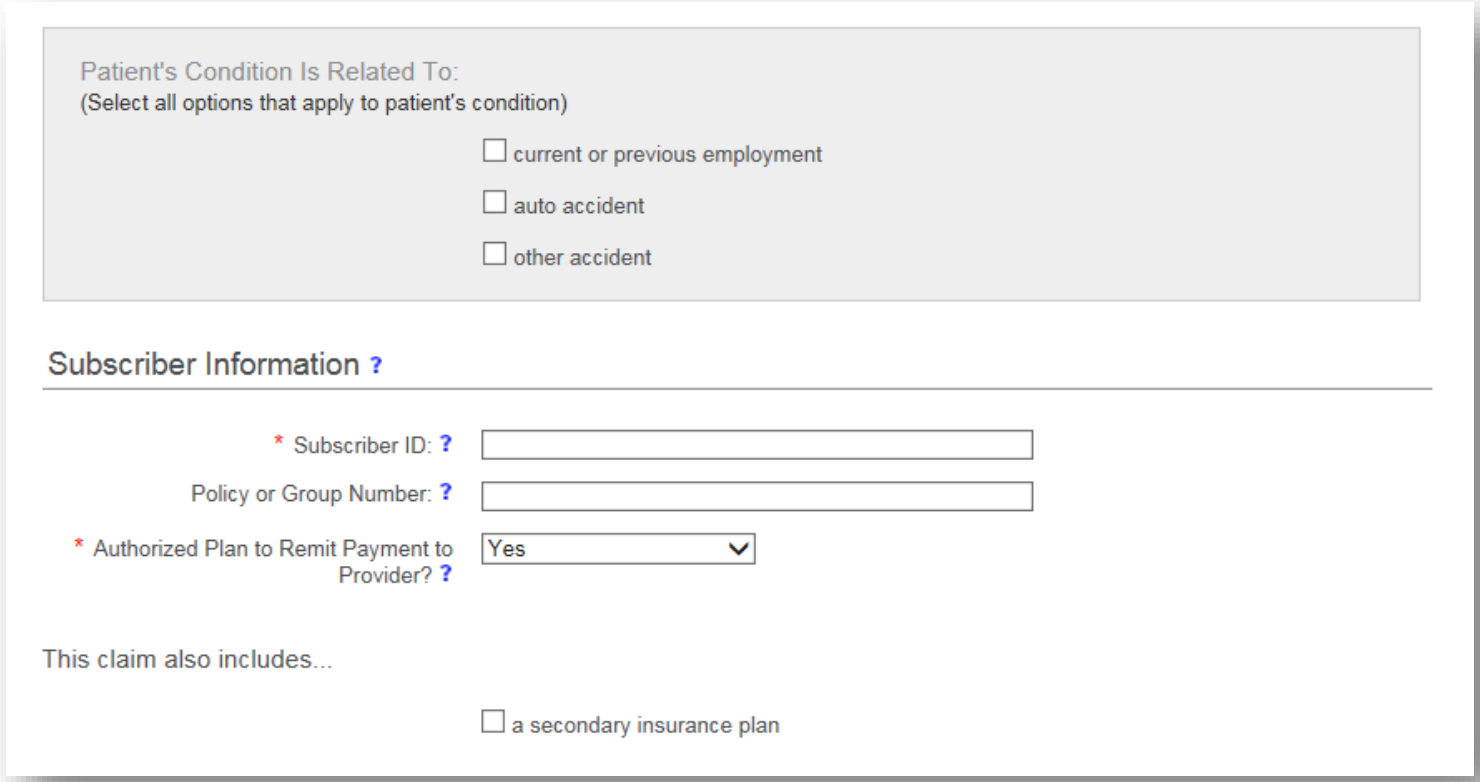
Subscriber Information

Additional information



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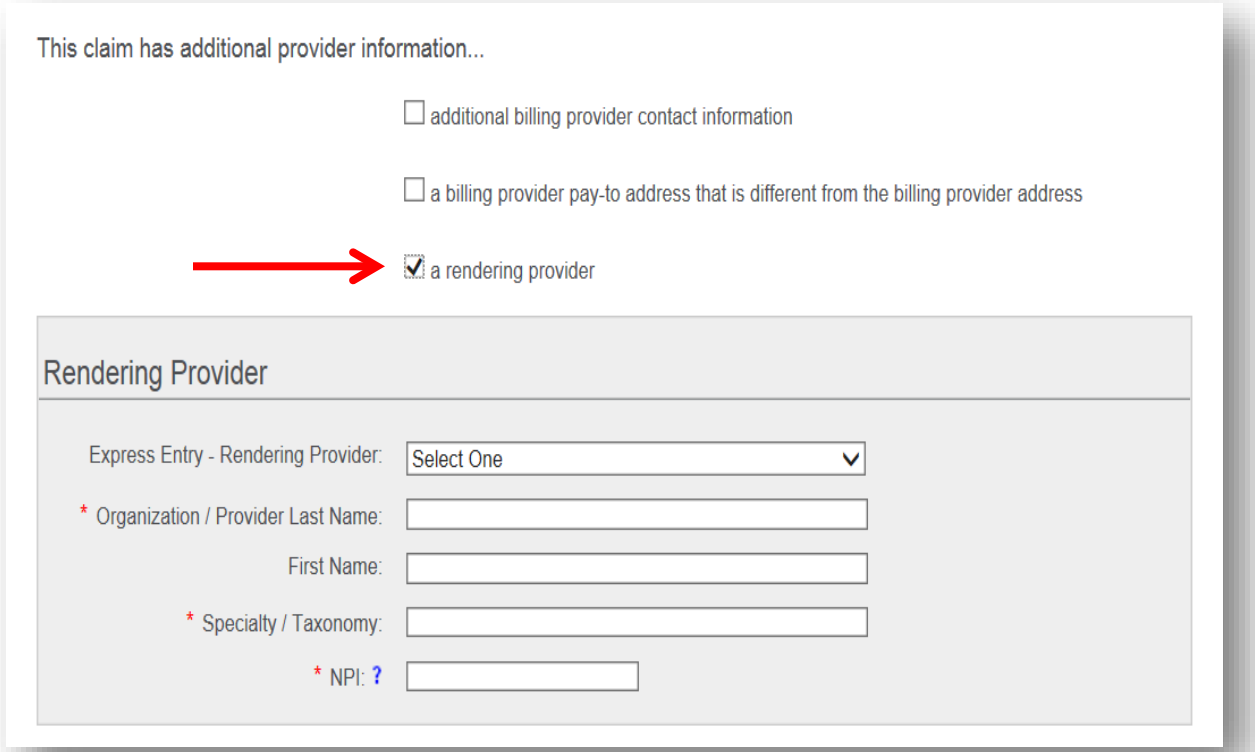
Additional Provider Information

Rendering Provider

Select appropriate box:



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Diagnosis Code & Claim Information

Diagnosis Codes ?

* Principal Diagnosis Code: ICD-10 Code Verification ?

[+] Add Another Code

Claim Information

* Patient Control Number / Claim Number: ?

Medical Record Number:

* Place of Service: ? 11 - Office

* Billing Frequency: ? 1 - Admit through Discharge Claim

☐ this is an HMO claim

* Provider Signature on File: Select One

Prior Authorization Number: ?

Care Plan Oversight Number (for Medicare Patients): ?

Chiropractic Patient Condition Code: Select One

This claim also includes...

☐ an EPSDT referral

☐ onset dates that are different from the dates of service

☐ disability / worker's compensation dates

☐ hospitalization dates related to the current services

☐ an anesthesia-related procedure

** If submitting a "CORRECTED" claim select frequency code "7"

* Billing Frequency: ?

- Select One
- 1 - Admit through Discharge Claim
- 7 - Replacement of Prior Claim
- 8 - Void/Cancel of Prior Claim

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Line Number	Date(s) of Service:		Place of Service	Procedure Code CPT/HCPCS	Modifiers				Diagnosis Pointer	Charges	Minutes or Units	Prior Auth Number
	From	To			1	2	3	4				

No claims entered yet. Enter claim(s) below and click Save to Service Line.

Total: **$0.00**

Line Number: 1

* Line Item Control Number: ? 1

* Date of Service: ? From / / To / /
MM DD YYYY MM DD YYYY

Place of Service: ? Not Specified

* Procedure Code: ?

☐ non-specific procedure code description

Modifiers: 1 2 3 4

* Diagnosis Code Pointers: ? Select One * 1 Select One 2 Select One 3 Select One 4

☐ this claim was an emergency

* Charges:

* Number of: ? Units

Prior Authorization Number: ?

This service line also includes...

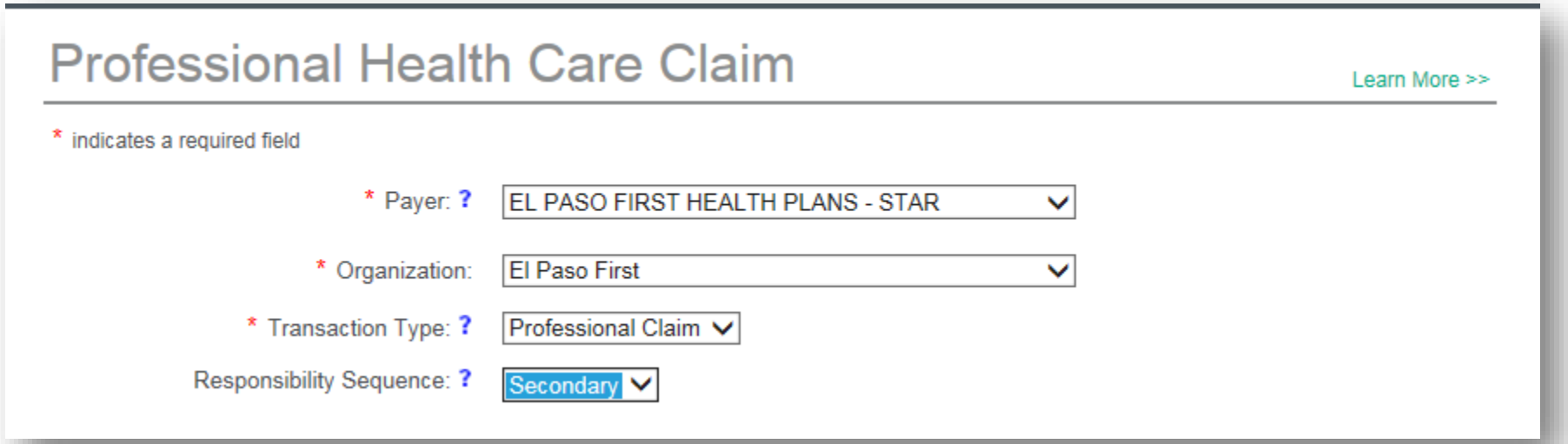
- [ ] reporting of a national drug code (NDC)
- [ ] reporting both rental and purchase price for durable medical equipment (DME)
- [ ] a certificate of medical necessity (CMN)
- [ ] a rendering provider
- [ ] a supervising provider
- [ ] a referring provider or other source
- [ ] an ordering provider
- [ ] a different service facility in which services were rendered

Save to Service Line

Submit Clear Add to Batch

Secondary Claim

Submission



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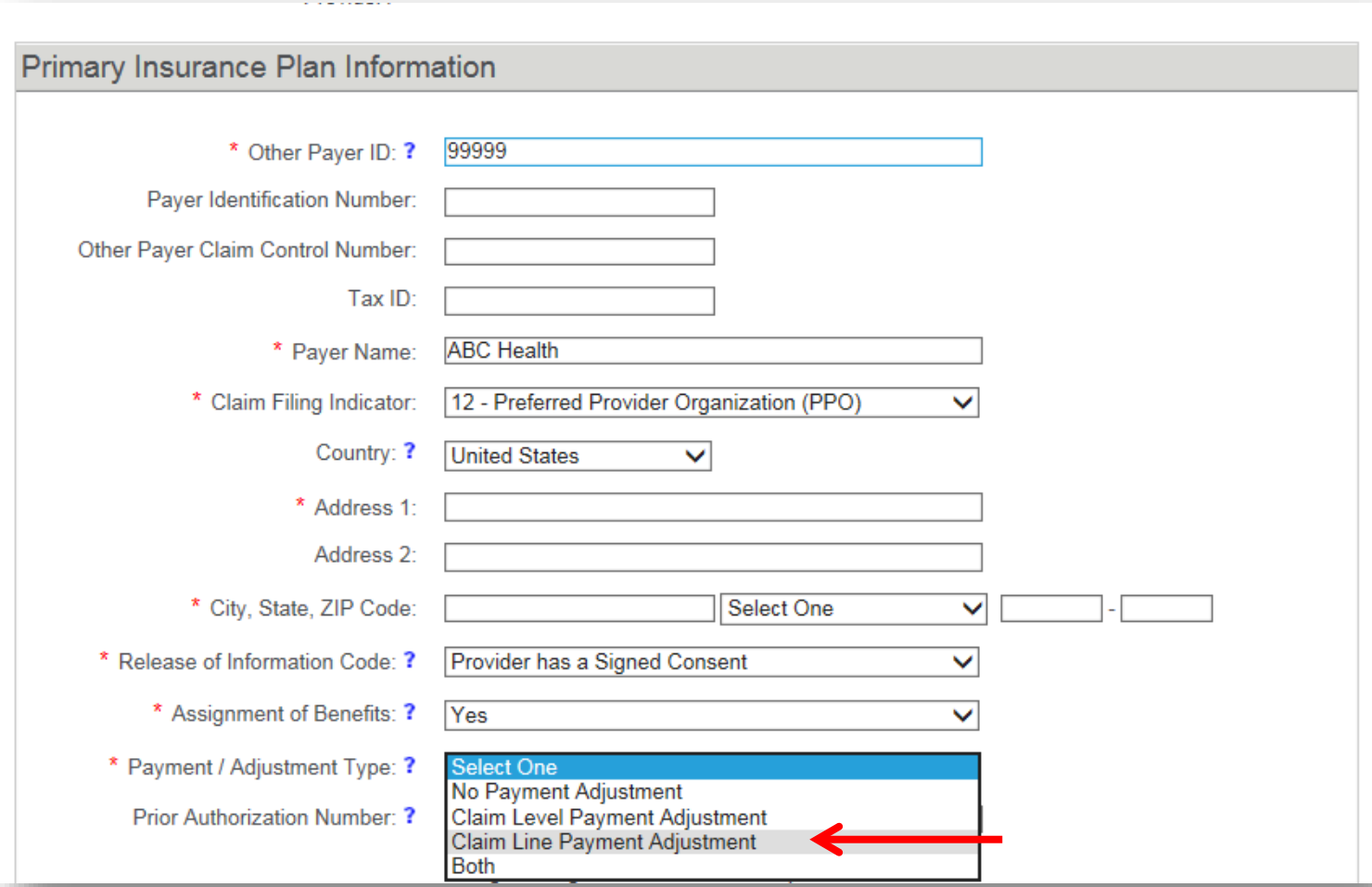
Primary Insurance Plan Information

Payment / Adjustment Type



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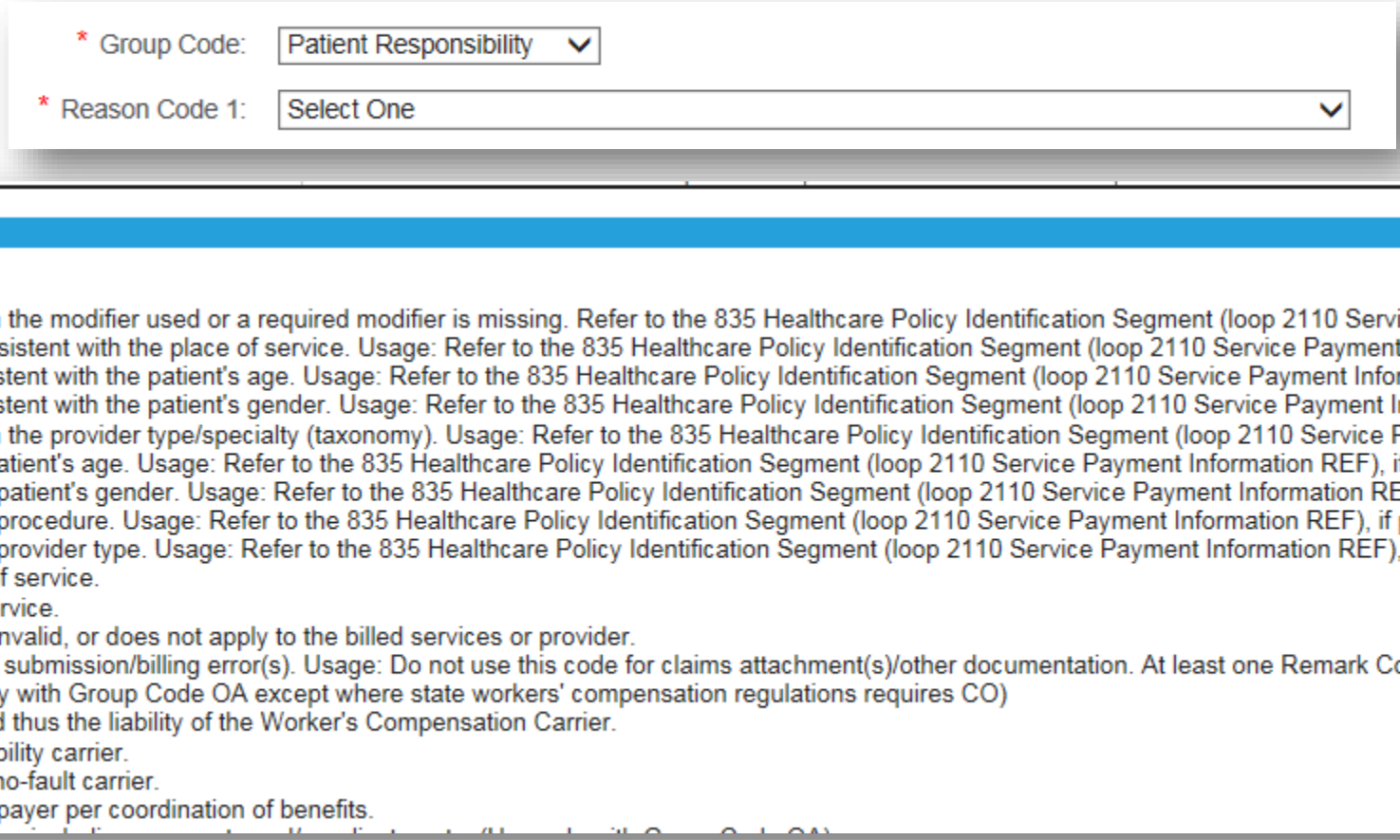
Continuation

Reason Code



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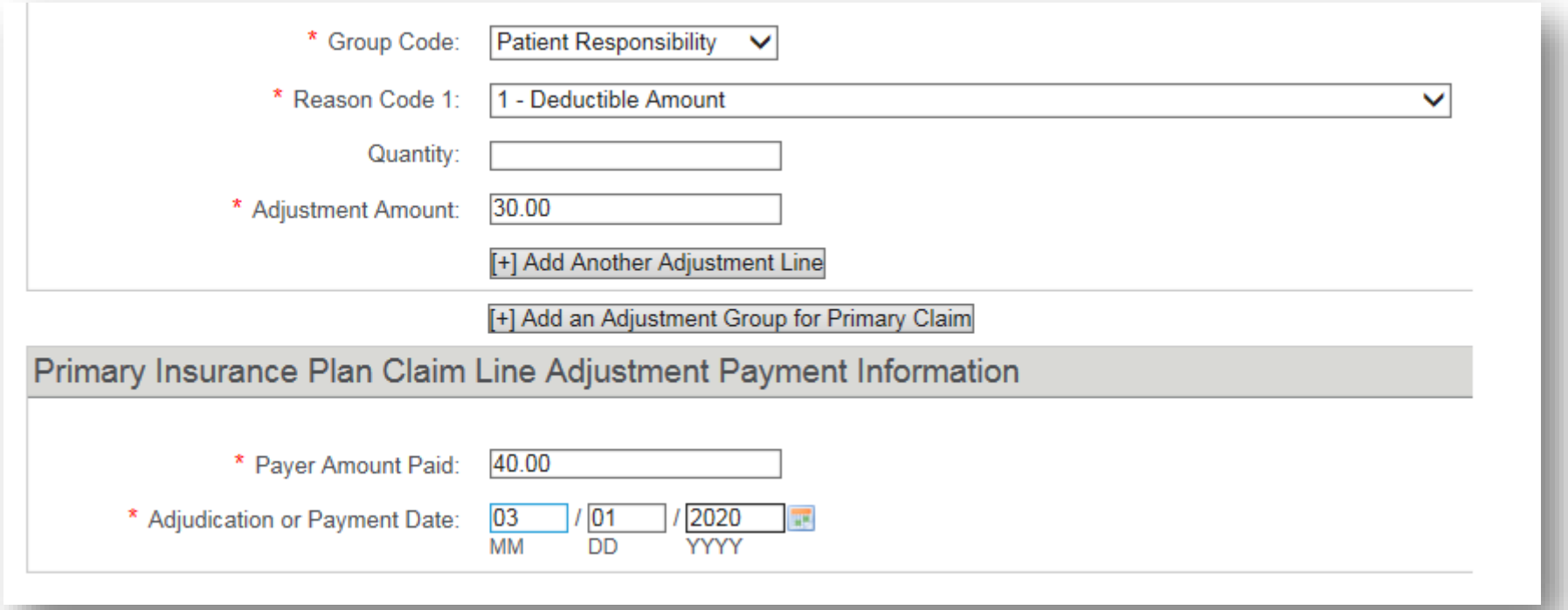
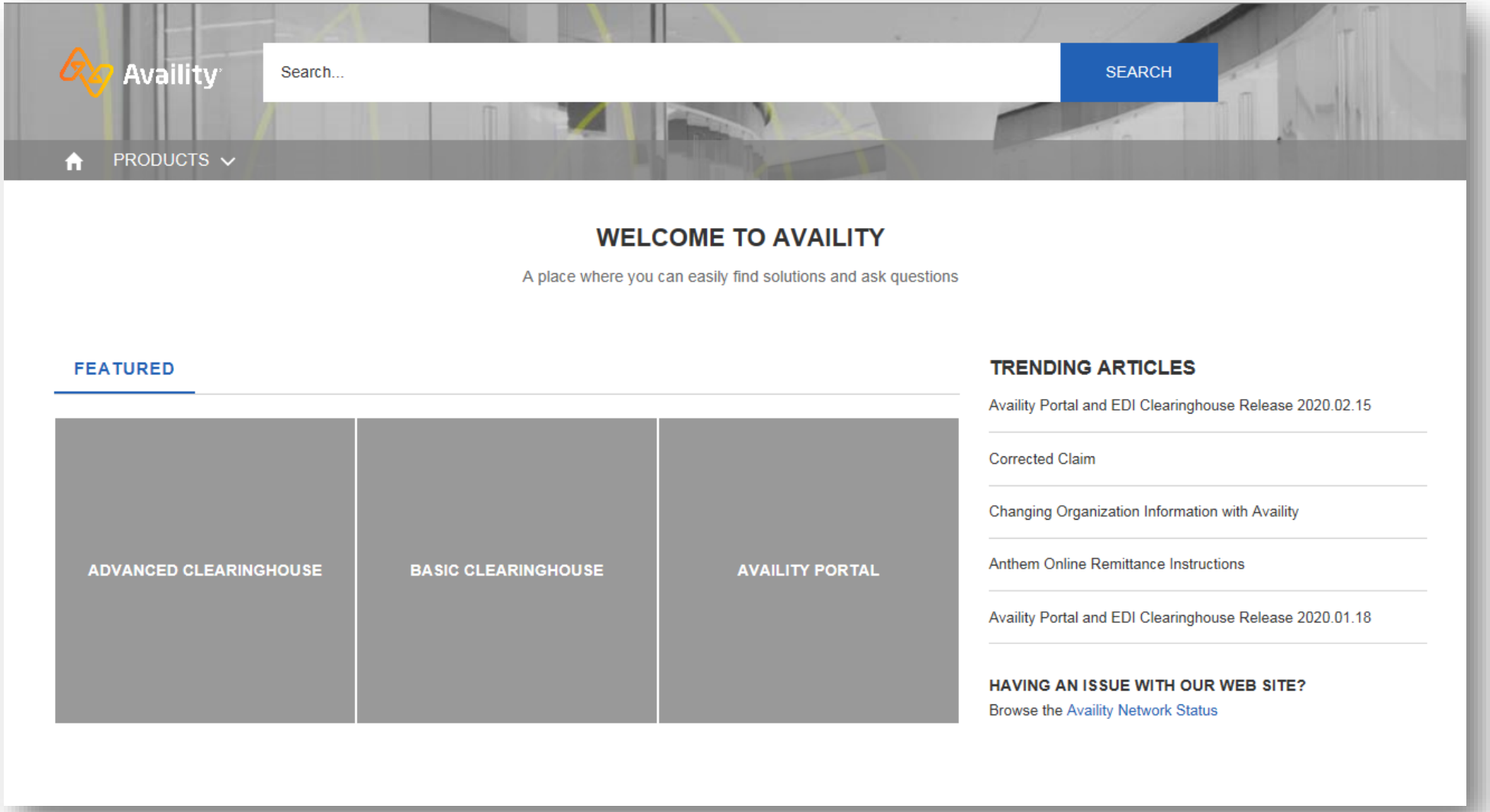
Primary Insurance Plan Claim Line Adjustment Payment



Note – Adjudication or Payment Date is the date on Primary's EOB

Availity Portal Resources



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Electronic Claims

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

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

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Contact Information

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Patricia Diaz

Director of Claims

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Special Investigations Unit

Rocio Chavez, Chief Compliance/HIPAA Officer

Nancy Brown, SIU Manager

Special Investigations Unit

Texas enacted HB 2292 to require all Managed Care Organizations like El Paso Health to establish a plan to prevent waste, fraud and abuse (FWA Plan).

Provider Responsibilities:

- Medical Records and billing are the responsibility of the Provider regardless if there is a third party contracted.
- If you bill for a Member with the same NPI but different location, you are required to submit the medical record for both locations.
- Submission of a complete medical record. TMHP guidelines

If a service is not documented it will be recouped

SIU Process

- El Paso Health contracts Health Management Services (HMS) to conduct preliminary investigations.
- 5-7 providers are **randomly** selected on a **monthly** basis.
- HMS recommends El Paso Health the following possible actions: Education, Random Sample of medical records or Extensive Review of medical records.
- HMS will request records for Random Samples and Extensive Reviews.
- A Business Records Affidavit is required.

Closing the Review

- After a Radom Sample or Extensive review the provider will receive a notification letter with the review findings.
- If necessary El Paso Health will begin the Recoupment Process.
- The Provider has the right to dispute the belief of an incorrect finding. Must be done within 30 days of receiving the letter.

Discussion about possible incorrect findings

Recoupment Process

- El Paso Health will review any disputed claims and finalize the recoupment.
- Once the recoupment is finalized, the claims are recouped and cannot be appealed at a later date.
- Per the Office of the Inspector General's directive, El Paso Health will recoup via claims adjustments.

Additional Audits

- Office of Inspector General
- 39 Week OB Reviews
- Verification of Service
- DME

Questions?

Rocio Chavez

Chief Compliance Officer

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Nancy Brown

SIU Manager

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SFY 2020 - Cultural Competency and Linguistic Services Provider Training

Edgar Martinez, MBA

Director of Member Services

Cultural Competency and Linguistic Services

- El Paso Health (EPH) 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.
- To accomplish this goal, 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.

Cultural Competency and Linguistic Services

Culturally and Linguistically Appropriate Services Standards (CLAS)

- What is CLAS? It is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity.
- The National CLAS Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services.

Cultural Competency and Linguistic Services

Cultural Competency

- It is important to recognize that people of different cultures have different ways of communicating, behaving, and problem-solving.
- Cultural Competency means the ability of individuals and systems to provide services effectively to people of various cultures, races, ethnic backgrounds, and religions in a manner that recognizes, values, affirms, and respects the worth of the individuals and protects and preserves their dignity.
- https://youtu.be/tHEwEvAXxos

Cultural Competency and Linguistic Services

- El Paso Health's *Culturally Competency Plan* policy is infused throughout the organization operations.
- We partner with agencies that offer American Sign Language (ASL) services for Providers and Members to ensure the delivery of culturally and linguistically sensitive services. These services are arranged and paid by EPH.
- Our contracted interpreters are competent and proficient in English and other languages common in the El Paso SDA, have training in the ethics of interpreting and have the ability to interpret accurately and impartially.

Cultural Competency and Linguistic Services

- EPH notifies and coordinates with the Provider and Member alternative interpretation options, such Over-the-phone interpretation (OPI), including three-way calls, or the earliest availability of an in-person interpreter. Both Members and Providers may request interpreter services free of charge.
- Providers may call El Paso Health's Member Services Hotline for assistance with obtaining interpreter services. EPH must make a good faith effort to arrange an in-person interpreter when one is requested, regardless of the advance notice.
- Members may request written, spoken, and sign language interpretation services by calling the Member Services Hotline or accessing the TDD line.

Transportation Services

El Paso Health offers Medicaid and CHIP Members a free taxi ride service to doctor visits or health education classes.

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

El Paso Health Mobile App

We now have the El Paso Health App available for our Members!

On the El Paso Health App, you can:

- View and print a temporary ID card
- View eligibility information
- Find a Provider
- Request a PCP change
- View wellness information
- View authorizations
- View claims
- Ask a question

GET IT ON Google Play

Download on the App Store

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Contact Information

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Director of Member Services

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For more information:

(915) 532-3778

www.elpasohealth.com

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