

Behavioral Health Specialty Training

May 24, 2018



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST



Agenda

Provider Relations: [TPI Revalidation Process, Web Portal Features, Behavioral Health](#)

[Specialty Listing](#)

Contracting and Credentialing: [Credentialing Verification Organization \(CVO\)](#)

Quality Improvement: [Accessibility and Availability](#)

Health Services: [Behavioral Health Utilization Management and Case Management](#)

[Services](#)

Claims: [Reminders](#)

Compliance: [Special Investigations Unit](#)

Member Services: [Value-Added Services](#)



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Provider Relations

Vianey Licon

Provider Relations Representative

TPI Revalidation Process

- The Affordable Care Act (ACA) requires providers to submit a revalidation application, at least 90 days before the end of their enrollment period.
- Providers must submit any updated licenses and/or certifications to TMHP, prior to expiration date.
- Failure to do so will result in dis-enrollment from Texas Medicaid until fully updated by TMHP.
- Providers who do not submit the revalidation application on time, will be required to go through the re-enrollment process as a newly enrolling provider.

➤ A Step-by-Step Guide for Provider Enrollment:

<http://www.tmhp.com/enrollment/SitePages/index.html>

EPH Process

PDC-66 Re-enrollment

- All dis-enrolled providers are removed by TMHP from the Provider Master File. Then added to the Excluded Listing with a Payment Denial Code (PDC-66).
- Providers with a Payment Denial Code (PDC-66) will be terminated from EPH network and any claims after the term date will be denied.
- Once provider re-enrolls successfully with TMHP, the provider will be removed from the Excluded Listing. Please notify EPH immediately to re-instate contract.

**EPH will reinstate provider's contract according to TMHP's effective date.*

Effective	Term Date	Code	Denial Reason
02/27/2018	12/31/3999	66	Provider is not enrolled - failed to Re-Validate

EPH Process

PDC-46 License Certification Revoked

- Providers who fail to provide the license and or certification update to TMHP within a timely manner, will also be removed from the Provider Master File, and added to the Excluded Listing with a Payment Denial Code (PDC-46).

The screenshot shows the 'Texas Provider Identifier' application window. It has a menu bar with 'File' and 'Help'. Below the menu bar are tabs for 'Grid', 'Provider', 'Excluded', 'Pharmacy', and 'Setup'. The 'Excluded' tab is active. The search criteria section includes fields for NPI (123456789), TPI, and Tax ID. There are also fields for 'Org. Name or Last Name' and 'First Name'. A 'Key' checkbox is labeled 'Accepts partial entry'. There are 'Search' and 'Clear' buttons. Below the search criteria is a table with the following data:

Effective	Term Date	Code	Denial Reason
03/01/2018	12/31/3999	46	License or certification revoked

- Providers with a payment denial code (PDC-46), will be temporarily terminated from EPH network and any claims after the term date will be denied.
- Once provider's license or certification is successfully updated with TMHP, the provider will be removed from the Excluded Listing. Please notify EPH immediately to re-instate contract.

**EPH will reinstate provider's contract according to TMHP's effective date.*

Web Portal Features

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Preferred
ADMINISTRATORS

HealthCARE
OPTIONS of EL PASO

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


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:

Provider Phone:



Quick Links

- Submit Claims
- Submit Claim Attachments
- Provider Appeals
- Amended Authorizations
- Provider Overpayments
- Credentialing Process

Contact Us

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

- Claim Submission via Availity
- Corrected Claim Submission with Attachments via FTP Secure Email
- Online Provider Appeal Requests
- Online Authorization Amendment Requests

Log in link: <https://secure.healthx.com/login>

Web Portal



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HealthCARE
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You are currently logged in as: Michelle Aponte-Pacheco

[Messages \(0\)](#) [Profile](#) [Logout](#)

Home

Eligibility and Benefits

Claims and Payment

Authorizations

Reports

RA's

Rosters

ER Utilization

Online Remittance Advice

Welcome to the **Provider Portal**

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

Provider Name: Michelle Aponte-Pacheco

Provider Phone: 915-887-3410



Quick Links

Submit Claims

Submit Claim Attachments

Provider Appeals

Amended Authorizations

Provider Overpayments

Credentialing Process

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



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Behavioral Health Specialty Listing



Behavioral Health Specialties

Provider/Organization Name: _____ **Address:** _____
Individual Provider NPI: _____
Group NPI: _____ **Phone Number:** _____
TIN: _____ **Fax Number:** _____
Website: _____ **Email:** _____

Please identify with a check mark all that apply below.

Provider Type		
<input type="checkbox"/> Addiction Medicine	<input type="checkbox"/> DUI/DWI Education Program	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Adolescent & Children Behavioral Health	<input type="checkbox"/> Hospital	<input type="checkbox"/> Psychiatric Residential Treatment Facility
<input type="checkbox"/> Behavioral Health (MH) Rehabilitation	<input type="checkbox"/> Intensive Family Intervention Adult Living Facility	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Behavioral Health Facility	<input type="checkbox"/> Licensed Chemical Dependency Counselor	<input type="checkbox"/> Rehabilitative Behavioral Health Services (RBHS) Assisted Long-Term Care Facility
<input type="checkbox"/> Behavioral Health Intensive Outpatient	<input type="checkbox"/> Licensed Clinical Social Worker	<input type="checkbox"/> Residential Treatment Facility
<input type="checkbox"/> Behavioral Health Partial Hospitalization	<input type="checkbox"/> Licensed Marriage and Family Therapist	<input type="checkbox"/> Residential-Based Supported Community Living Services
<input type="checkbox"/> Behavioral Health Residential Treatment	<input type="checkbox"/> Licensed Professional Counselor	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Behavioral Health Unit	<input type="checkbox"/> Local Behavioral Health Authority (LMHA)	<input type="checkbox"/> Statewide Inpatient Psychiatric Program
<input type="checkbox"/> Chemical Dependency Treatment Facility	<input type="checkbox"/> Mental Retardation Diagnostic Services (MRDA)	<input type="checkbox"/> Substance Abuse Treatment Center
<input type="checkbox"/> Developmental Behavioral Pediatric Facility	<input type="checkbox"/> Outpatient Behavioral Health	Other: _____
<input type="checkbox"/> Psychological-Independent Diagnostic Testing Facility	<input type="checkbox"/> Psychological-Independent Diagnostic Testing Facility	
Professional Services		<input checked="" type="checkbox"/> Comments / Descriptions
Cognitive Behavioral Therapy		
Emergency Services		
Family Consultation		
Group Therapy		
Individual Therapy		
Testing and Evaluation		
Other:		
Specialty Services Offered		<input checked="" type="checkbox"/> Comments / Descriptions
Ambulatory Detox – Alcohol		
Ambulatory Detox – Drug		
Chronically Mentally Ill Services (CMI) / Severely Mentally Ill Services (SMI)		
Dual Diagnosis Services		
Eating Disorder Treatment – Inpatient/Outpatient		
Electro-convulsive Therapy (ECT) Inpatient/Outpatient		
Lesbian, gay, bisexual and transgender (LGBT) Services		
Medication Assisted Treatment (MAT) – in a Detox, IOP or PHP setting		
<input type="checkbox"/> Methadone <input type="checkbox"/> Suboxone		
<input type="checkbox"/> Buprenorphine <input type="checkbox"/> Naltrexone (i.e. vivitrol)		
Sober Living / Supervised Living		
Other:		

Specialty Areas	<input checked="" type="checkbox"/> Comments / Descriptions
ADHD (Attention-deficit/hyperactivity disorder)	
Anxiety	
Co-occurring substance abuse	
Depression	
Insomnia	
Marriage and Relationships	
Personality Disorders	
Substance Use	
Trauma	
Other:	
List Any Certifications	Comments / Descriptions

Contact Information

Vianey Licon

Provider Relations Representative

vlicon@elpasohealth.com

(915) 298-7198 Ext 1021

Provider Relations Department

(915) 532-3778 Ext 1507



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Credentialing Verification Organization (CVO)

Evelin Lopez

Contracting & Credentialing Manager

Texas Credentialing Alliance (TCA)

- Aperture, LLC is the statewide Credentialing Verification Organization (CVO) that will be used by all 19 Medicaid health plans in Texas to streamline the credentialing process.
- Full Implementation of CVO began April 1, 2018.
- El Paso Health has begun transitioning new providers to the CVO as of January 2018.
- Practitioners and facilities have begun to receive communications from TAHP and Aperture.

Benefits

The benefits of the streamlined credentialing process include:

- Lowered administrative costs for provider and Medicaid health insurance plans.
- Time saved by eliminating paperwork for providers who credential and re-credential separately with multiple Medicaid health insurance plans.
- Use of existing web based portals – CAQH and Availity.
- Streamlined re-credentialing dates across multiple health insurance plans for providers.

Timeline

- New Providers submit request to El Paso Health at Contracting_Dept@elpasohealth.com.
- El Paso Health sends new providers to Aperture on a daily basis.
- Aperture will reach out to you with instructions on how to submit your application thru Availity.
- Availity receives your application and sends to Aperture within 24 to 48 hours.
- Aperture will contact you with any requests for missing information.
- Aperture has 60 days to process the application from the date of receipt of a complete application.
- Aperture sends completed Profile Sheet to El Paso Health for Credentialing Peer Review approval.

Contact Information

Evelin Lopez

Contracting and Credentialing Manager

evlopez@elpasohealth.com

Contracting_Dept@elpasohealth.com

(915) 532-3778 ext. 1014



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Accessibility and Availability

Angelica Chagolla, MS

Quality Improvement Data Analyst

Accessibility and Availability

- Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC) mandate that El Paso Health must monitor our Providers on an annual basis for 24 hour availability and office accessibility compliance.
- **Accessibility:** able to provide appointment within a specific time frame, office hours, days of operation, languages spoken.
- **Availability (PCPs only):** able to be contacted after hours (5:00 pm to 8:30 am, Monday through Friday. Any time Saturday and Sunday); must return call within 30 minutes.

No Availability Calls conducted for Behavioral Providers at this time.

State-Wide Monitoring

- HHSC monitors MCO's compliance with appointment accessibility standards (required by Senate Bill 760)
- State methodology - secret shopper calls
- Samples selected based on MCO provider directories
- Standards according to HHSC requirements must be met
- Performance thresholds are set to determine possible corrective action from the health plan

El Paso Health Methodology

- Random Sampling of network providers every quarter.
- Provider may be surveyed more than once a year, if non-compliant.
- Provider Relations Representatives conduct surveys for appointment Accessibility:
 - In person or by phone
 - Opportunity to update provider directory information
 - Secret Shopper calls

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
Routine Specialty Care, to include behavioral health (established members)	Within 21 calendar days

Quality Improvement Department

Don Gillis, Director of Provider Relations & Quality Improvement

915-298-7198 ext. 1231

Patricia Rivera, QI Nurse Auditor

915-298-7198 ext. 1106

Astryd Galindo, QI Nurse

915-298-7198 ext. 1177

Angelica Chagolla, QI Data Analyst

915-298-7198 ext. 1165



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Behavioral Health Utilization Management and Case Management Services

Edna Lerma, LPC

Clinical Supervisor

Behavioral Health

- Covered Services for the treatment of mental, emotional, or chemical dependency disorders.
- Types of services:
 - Inpatient
 - PHP (Partial Hospitalization Program)
 - IOP (Intense Outpatient Program)
 - Mental Health Rehabilitations, Targeted Case Management, Skills Training
 - Residential Treatment (Chemical Dependency)
 - Detox
 - Individual, Family and Group Therapy
- PCP referral is not required to access a participating BH Provider
- Authorization is not needed for an initial evaluation, all subsequent visits will require prior authorization.

Prior Authorization

- Initial request must contain the following:
 - Demographics.
 - Diagnosis.
 - Current symptoms and any additional information that will assist review.
 - Goals.
- Concurrent review:
 - Updated/current symptoms.
 - Detailed response to past treatment.
 - Updated/current treatment goals.
 - Specific therapeutic interventions.
- Documentation must justify medical necessity.
- Members receiving services with another BH provider a change of provider letter is needed from Parent/Guardian or Member (if 18 yrs. or older).

Prior Authorization Form

TEXAS STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

SECTION I — SUBMISSION

[Clear Form](#)
[Print](#)

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: _____

Prior Authorization Form

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

Member's Name:

Member ID:

Section VII. Identifying Information:

Current Living Situation:	With Parent(s)	Group/Foster Home	Other (list):
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Section VIII. Court Ordered Service?	Yes	No
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Section IX. DFPS Directed Service:	Yes	No
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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

Prior Authorization Form

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

Member Name _____ Member ID. _____

Section XIII.

Anxiety/Phobia	Risk Factors	Sleep Patterns	Eating Patterns	Substance Abuse
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

Mood	Cognition	Thought Content	Functionality	Activity
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	Hyperactivity
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: _____

Behavioral Health Case Management

- Assist members who are referred or are in need of case management.
- Case management consist of community resources, such as support groups and referrals.
- Members are screened via telephone or in person.
- Case manager completes assessments, service plan, goals, and interventions.
- Providers may refer through El Paso First Portal www.elpasohealth.com or by phone to:

915-532-3778 ext. 1082 or 1108

Case Management

WHO CAN REFER

- Hospital Case Managers, Social Workers.
- Pre-authorization request forms.
- Provider referrals.
- Interdepartmental Referrals - Member Services, Claims.
- Self referrals-incoming calls for assistance.

WHO CAN RECEIVE CASE MANAGEMENT

- Members with social/environmental factors.
- High risk pregnancy.
- Multiple readmissions.
- Comorbidities (asthma, diabetes, obesity).
- Assistance in accessing treatment/coordination of care.
- Non-compliance.

Provider Collaboration

Case Managers collaborate with providers to optimize member's health and the use of their benefits. We work together by:

- Assisting member in accessing services.
- Ensure member's safety by collaborating with CPS, APS, JPD, LMHA, and or other legal authorities.
- Continuation of care/compliance.
- Completing service coordination:
 - Obtaining specialized services, DME, community resources, etc.
 - Assisting with medication PA process.
 - Providing education.

Contact Us

Health Services Department

(915) 532-3778 ext. 1500



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Claims

Yvonne Grenz

Claims Supervisor

Reminders

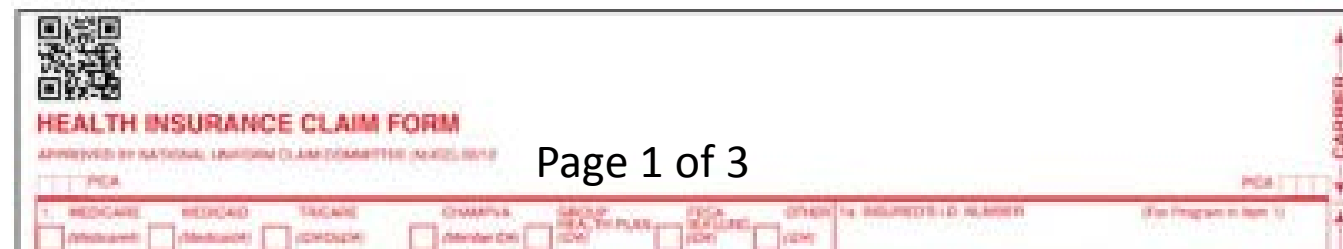
Claims Processing

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

Reminders

Multiple Claims

- If you are submitting multiple claims for a patient, please ensure that you:
 - Indicating page 1 of x on the claim header
 - Staple the claims together



The image shows the top portion of a Health Insurance Claim Form. It includes a QR code in the top left corner. The title is "HEALTH INSURANCE CLAIM FORM" in red, with "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC/UBI)" in smaller text below it. The text "Page 1 of 3" is prominently displayed in the center. To the right, there is a vertical red line with the word "CLAIM" written vertically. Below the title, there are several checkboxes for insurance types: MEDICARE, MEDICAID, VA CARE, CHAMPVA, GROUP (P/A, TR, P/US), OTHER (P/A, TR, P/US), and OTHER. Each checkbox is followed by a small box for a code. The form is otherwise blank.

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

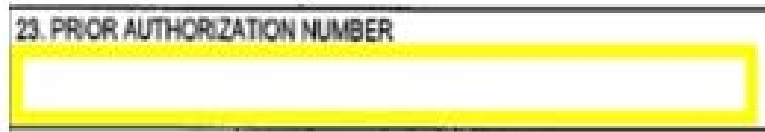
Preferred Admin. EPCH EPF11

Healthcare Options EPF37

Authorization Number on Claims

Professional Claim Form

- EPH requires ONLY authorization numbers on the CMS-1500 claim form block 23.



****NOTE****

Adding CLIA numbers or any other numbers/alphas in block 23 will cause claim to **DENY** for authorization mismatch.

Authorization Number on Claims

Institutional Claim Form

- EPH requires ONLY authorization numbers on the UB04 claim form block 63.



63 TREATMENT AUTHORIZATION CODES

****NOTE****

Adding CLIA numbers or any other numbers/alphas in block 63 will cause claim to **DENY** for authorization mismatch.

Initial Evaluation Claims

Counseling Services

- Initial Evaluations do not require an authorization.
- When billing your claim for initial evaluations services you want to make sure that:
 - You do not bill an authorization number on your claim.
 - Split your claim from other services that do require an authorization number.

Provider Care Unit

“How may I help you?”

- Trained Live Agents.
- Available to answer any provider question regarding:
 - Claim status inquiries.
 - Check Tracers.
 - EDI Questions.
 - Reimbursement Clarifications.
 - Eligibility Records.
 - Status of Authorizations.

Contact Us

(915) 532-3778

Provider Care Unit Extension Numbers

1527 – Medicaid

1512 – CHIP

1509 – Preferred Administrators

1504 – HCO



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Special Investigations Unit

Alma Meraz

Special Investigations Unit Claim Auditor

Medical Records Reviews

Texas enacted bill 2292 to require all Managed Care Organizations like El Paso Health to establish a plan to prevent waste, fraud and abuse (WFA) – this includes medical record reviews

- 5-7 providers are **randomly** selected on a **monthly** basis.
- Review: paid claims, duplicate billing, bundled services.
- If necessary, we will request medical records.

Documentation Requirements

- **Review TMHP Provider Manual - Documentation Requirements by Specialty**
- *Those services not supported by required documentation in the client's record will be subject to recoupment.*
- Each client for whom services are billed must have documentation that meets the following guidelines included in their records:
 - All entries must be documented clearly and legible to individuals other than the author.
 - Dated (month/day/year).
 - Signed by the performing provider.
 - Notations of the **beginning and ending session times.**
 - Patient's name, DOB, and Medicaid number should be included in **every sheet** of the patient's record.

Business Records Affidavit

- Business records affidavit is required.
 - This affidavit states that you are submitting **all** of the requested information.
 - If not submitted, that claim will be recouped for no documentation for that date of service.
 - After signing the affidavit, no additional information/documentation will be accepted by El Paso Health during the review process.

Please make sure you submit all of the documentation requested.

Remember...



Closing the Review

- El Paso Health will send you a notification letter with the review findings.
- You have the right to dispute the findings – you must do so within 30 days of receiving the letter.
- You may not dispute claims for which you did not provide any documentation. No documentation results in an automatic recoupment.

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 (preferably).

OIG Audits

- The office of Inspector General are conducting their own individual audits.
- They will do their recoupments via the MCO.
- In the event that El Paso Health receives a recoupment we will go ahead and discuss the findings with you and provide education.
- These recoupments will be done via claims.

Verification Process

- As part of the WFA Plan, El Paso Health conducts a verification of services.
- Every month we contact 50 to 60 members to verify that services billed were rendered.
- In the event that services billed can't be verified by the member, we request documentation and open a review.
- Providers are notified of the outcome of the review.

Contact

Alma Meraz, CCS-P

Special Investigation Unit

Claim Auditor

(915) 532-3778 ext. 1039



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Value-Added Services

Edgar Martinez

Director of Member Services

Behavioral Health - Value-Added Services

Effective 9/1/2017

- Members have 24-hour, 7-days-a-week access to FIRSTCALL, a bilingual medical advice infoline staffed by nurses, pharmacists, and a Medical Director on call.
- A \$10 movie gift card is offered to Members 20 years and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay. Members can receive one movie gift card per year.
- Home visits by a Case Manager for Members with complex conditions to include high-risk pregnancies, behavioral, or medical conditions that require special attention.

FIRSTCALL Medical Advice Infoline





FIRSTCALL
MEDICAL ADVICE INFOLINE

STAR 1-844-549-2826
CHIP 1-844-549-2827

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Behavioral Health Services Hotline

- Avail Solutions offers a crisis line staffed by qualified mental health professionals (QMHP) who have been certified to manage crisis and assist with the mental health needs.
- The Avail Solutions staff will:
 - Professionally triage incoming calls
 - Record demographic and clinical data
 - Document referrals made
 - Perform routine follow-up procedures

Behavioral Health Services Hotline

- Avail Solutions' staff is available to receive crisis calls 24 hours a day, 7 days a week.
- A trained bilingual representative will be there to help you. Interpreter services are also available.

STAR 1-877-377-6147

CHIP 1-877-377-6184

Healthx Fax System

Automated fax system will provide you status on:

- Member eligibility.
- Claims (6 months history per member).
- Pre-authorizations (not to be confused with the submission of pre-authorizations with the appropriate form via fax as you normally due).

Call (915) 225-5463 or Toll Free (866) 283-2792:

- Follow the instructions.
- You can check status on multiple members.
- You should receive a fax within minutes or a voice play back message.

If you have any questions on the HealthX Fax System, contact the Provider Relations Department at 915-532-3778 ext. 1507.

Contact

Edgar Martinez

Director of Member Services

(915) 532-3778 ext. 1064

Juanita Ramirez

Member Services & Enrollment Supervisor

(915) 532-3778 ext. 1063



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Thank You for Attending Providers!

