

Quarterly Provider Orientation

November 2, 2017



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST



Agenda

- **C.A.R.E.:** [Online Provider Directory](#)
- **Provider Relations:** [Updates](#) and [Texas Health Steps](#)
- **Health Services:** [Notification of Inpatient/Outpatient Services](#), [Pharmacy](#), [Disease Management and Case Management](#)
- **Claims:** [Updates and Reminders](#)
- **Member Services:** [SFY 18 – Value Added Services \(VAS\)](#)
- **Preferred Administrators:** [Updates](#)



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Online Provider Directory

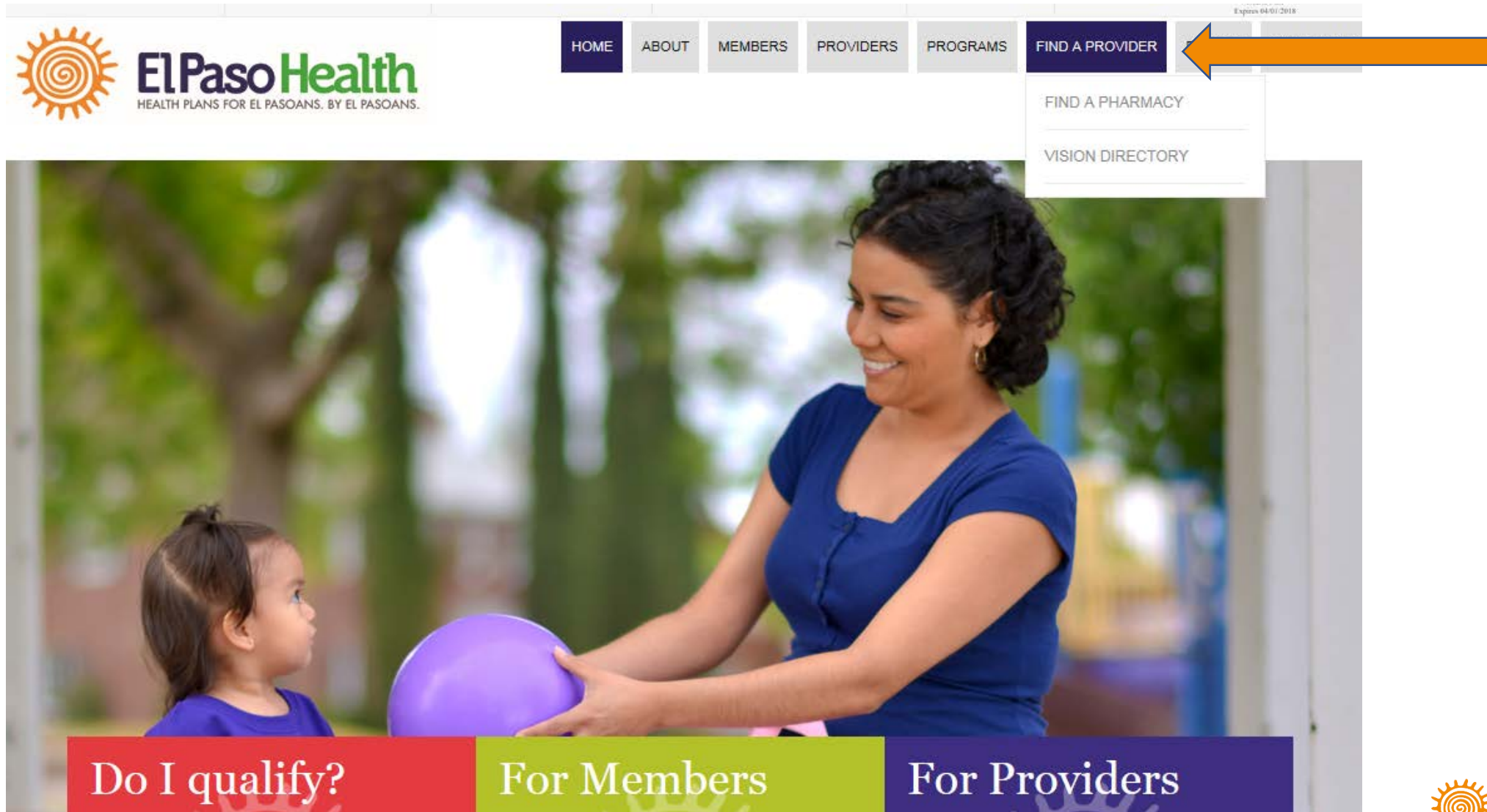
Adriana Cadena

C.A.R.E. Unit Manager

Online Provider Directory

- Improve Member and Provider experience.
- Provide multiple functions for provider search.
- Increase information about the Provider to the Members.
- Combines information for medical providers and pharmacy.

How to get to the Online Provider Directory



The screenshot shows the El Paso Health website header. On the left is the El Paso Health logo with the tagline "HEALTH PLANS FOR EL PASOANS. BY EL PASOANS." To the right is a navigation menu with buttons for HOME, ABOUT, MEMBERS, PROVIDERS, PROGRAMS, and FIND A PROVIDER. An orange arrow points to the "FIND A PROVIDER" button. A dropdown menu is open below "FIND A PROVIDER", showing options for "FIND A PHARMACY" and "VISION DIRECTORY". Below the navigation is a large photograph of a woman in a blue shirt smiling and holding a purple ball, with a young child looking at her. At the bottom of the photo are three colored buttons: a red button with the text "Do I qualify?", a green button with "For Members", and a dark blue button with "For Providers".

Search Options

Provider

Provider Search

Plan

Please Select

Provider Type

Any Type

Specialty

Any Specialty

Use current location

Zip Code

Show results within

5 Miles

[More Search Options](#)

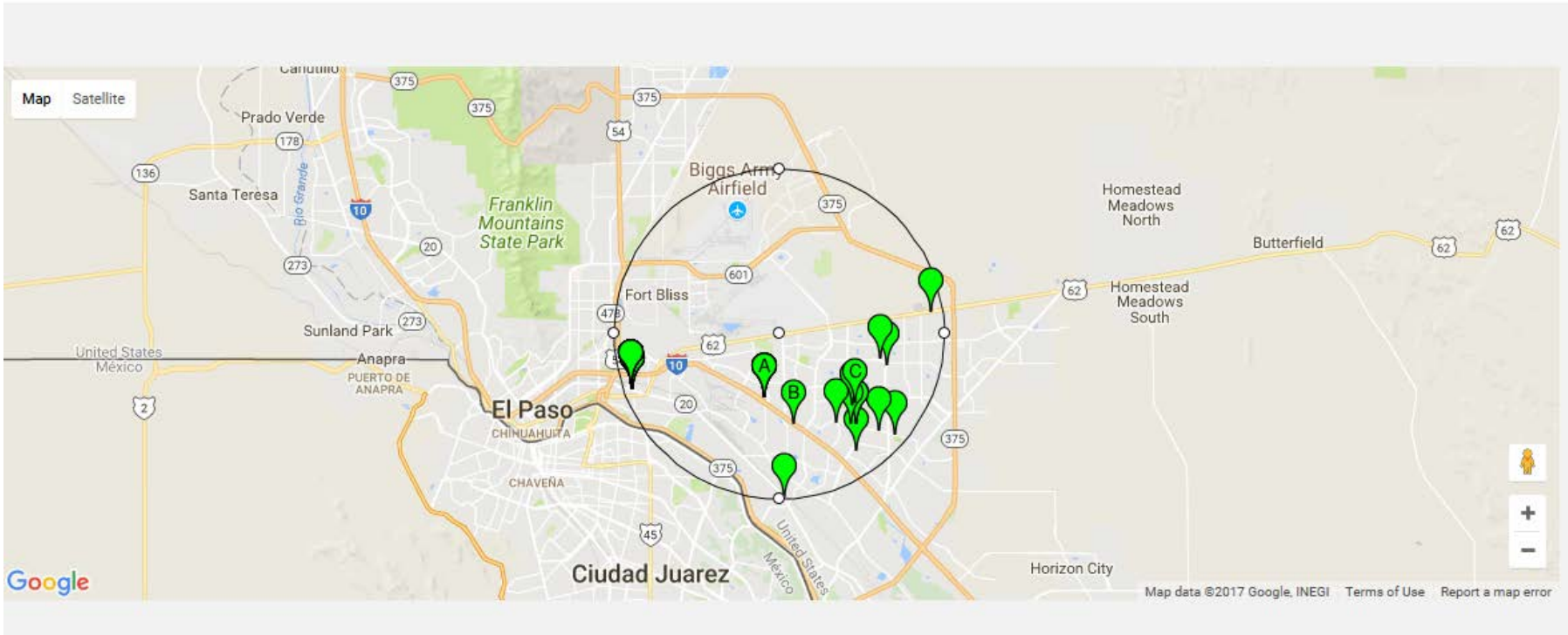
Find A Provider

Start Over

Results



[Español](#)



Results

Filter Results

Plan

STAR (Medicaid)



Provider Type

Primary Care Providers



Specialty

Pediatrician/Pediatría



Provider First Name

Provider Last Name

Practice Name

Facility Name

City

State

Please Select



Zip Code

If you find that there is inaccurate information in our Online Provider Directory, please email us at Contracting_dept@elpasohealth.com.

Search Results (22 results)

Showing providers within 5 miles of El Paso, TX 79912, that are in the STAR (Medicaid) plan, that have provider type Primary Care Providers, and that specialize in Pediatrician/Pediatría.

Sort Results

Distance



Ascending



Download Results

Return to Search

Updated 10/23/17



Salloum, Maha S, MD

7102 Westwind Dr
El Paso, TX 79912
915-581-5100

Distance: < 1 mi.

Specialties: Pediatrician/Pediatría

Provider Gender: Female

Board Certifications: None
Reported

[View Details](#)

Compare Provider

Accepting New Patients



Salloum, Hassan N, MD

7102 Westwind Dr
El Paso, TX 79912
915-581-5100

Distance: < 1 mi.

Specialties: Pediatrician/Pediatría

Provider Gender: Unknown

Board Certifications: None
Reported

[View Details](#)

Compare Provider

Accepting New Patients



Contact Information

Adriana Cadena

C.A.R.E. Unit Manager

acadena@elpasohealth.com

915-298-7198 ext.1127



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Provider Relations

Stacy Arrieta

Provider Relations Coordinator

Sports Physical



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

MEMORANDUM

TO: STAR and CHIP Providers

FROM: El Paso Health

DATE: 09/12/2017

RE: Billing Clarification on Sports Physicals for STAR/CHIP Members

Effective 09/01/2017 El Paso Health Value Added Services (VAS) now include Sports Physicals. STAR and CHIP members seeking a Sports Physical will be able to obtain this service from a Primary Care Provider. Please review the updated benefit coverage and billing clarification guidelines for Sports Physicals.

Benefit Coverage

- Sports Physicals Coverage
- STAR and CHIP members ages 4 through 18 years of age
- Once per calendar year

Billing Guidelines

- Sports Physicals are only payable when performed on a separate date of service from a THSteps/Well Child Visit
- Providers must bill the Sports Physical on a separate HCFA claim
- No modifiers are required on claim submission for a Sports Physical
- Z02.5 ICD-10 Diagnosis Code is the valid code to submit for Sports Physicals (encounter for examination for participation in sport)
- G0402 CPT code must be utilized for the Sports Physical
- Rate fee for EPH Sports Physicals is \$25

If you have any questions or concerns please contact our Provider Relations Team at 1-877-532-3778 x1507 M-F 8am-5pm.

HHSC Medicaid Portal Blue Button



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

MEMORANDUM

TO: Valued Providers

FROM: El Paso Health

DATE: 10/11/2017

RE: HHSC Medicaid Portal Blue Button Available at YourTexasBenefitsCard.com

The Health and Human Services Commission (HHSC) Medicaid portal at www.YourTexasBenefitsCard.com, recently deployed a new feature called "Blue Button." The Blue Button generates easily accessible patient records for providers to download, import or print. If you are a medical or dental provider, click the Blue Button symbol to see your Medicaid client's health information - which can be saved as one of the following:

- PDF
- Clinical Document Architecture data file
- Text file

With the Blue Button, you can have a more complete picture of your patients' health and a convenient way to transfer information when referring clients or taking on new ones.

Log into www.YourtexasbenefitsCard.com, find your patient, look for the Blue Button symbol in the Health Summary page and start using it today. Having access to consistent and up-to-date health information is beneficial when multiple doctors are treating a client and leads to better quality of care.

YourTexasBenefitsCard.com account offers Medicaid providers instant access to available health information and eligibility verification of Medicaid patients enrolled in managed care or fee-for-service. Take this quick, free tutorial to learn how you can enhance practice efficiency, care coordination, and patient outcomes.

If you have any questions please contact Your Texas Benefits Card provider help desk at 1-855-827-3747.

Welcome Screen



YourTexasBenefitsCard.com

Home My Account Change Password Sign Out Quick Reference Guide Help

Welcome

My Patients

All Patients

Patient Search

Reports

Manage Delegates

Welcome Joe Smith

You are logged in as Joe Smith at 12:31 PM Central Time, 03/13/2015
(For auditing purposes all transactions are logged.)

BROADCAST ALERTS - TO ALL OFFICES SERVICING TEXAS MEDICAID PATIENTS

March 18, 2015 - [+] 03/18/2015 Release Communication

March 09, 2015 - [+] NEW FEATURE added to the Blue Button functionality

Provider



To access Texas Health Steps forms [Click Here](#)

Site Navigation: [Welcome](#) | [My Patients](#) | [All Patients](#) | [Patient Search](#) | [Reports](#) | [Manage Delegates](#)

[Home](#) | [Contact Us](#) | [Compact with Texans](#) | [Privacy Practices](#) | [Terms of Use](#) | [Homeland Security](#) | [Texas Government](#) | [Statewide Search](#) | [Medicaid Provider Search](#)

TMHP CHIP Provider Enrollment Webinar



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

MEMORANDUM

TO: Valued CHIP Providers
FROM: El Paso Health
DATE: 10/13/2017
RE: Upcoming TMHP CHIP Provider Enrollment Webinar

On **October 31, 2017**, Texas Medicaid and Healthcare Partnership (TMHP) will conduct a live webinar designed to offer a high-level introduction on provider enrollment as it relates to the Children's Health Insurance Program (CHIP) Providers. The CHIP Provider Enrollment Webinar is an introduction to Provider Enrollment on the Portal (PEP), account activation for new providers, PEP benefits and features and a high-level description of how to navigate through the PEP process. Topic covered are:

- Identify reasons to enroll using PEP
- Activate an administrator account
- Understand the steps in the enrollment process
- Understand the user expectations during the PEP process
- Use the "hover-over" feature to get field descriptions
- Identify error-messages
- List Affordable Care Act (ACA) requirements
- Perform the steps to enroll using PEP
- Understand CHIP provider enrollment requirements
- Find additional resources on the TMHP website

Click the following link to register:

<https://attendee.gotowebinar.com/register/7719656131149380865>

As a reminder, all CHIP providers must be enrolled with TMHP by **December 31, 2017**. CHIP providers who are already enrolled with TMHP as Medicaid providers do not need take any action. Effective January 1, 2018, CHIP health plans may not include in their networks any providers who are not enrolled with TMHP (see Uniform Managed Care Contract Section 8.1.4 and CHIP Rural Services Area Contract Section 8.1.4).

Information about CHIP provider enrollment is available on the TMHP website:

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

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

80189EPH101117



Texas Medicaid Re-Enrollment

- Requirement of the Patient Protection and Affordable Care Act (PPACA).
- All Texas Medicaid providers who enrolled on or after January 1, 2013, *must re-enroll at least every five years* (certain providers will need to re-enroll more frequently).
- Upon enrollment, providers will receive a letter which will reference a “limited term enrollment” and inform each provider of their re-enrollment date.
- Assure to submit your re-enrollment application prior to letter deadline to avoid gap in contract coverage.

Additional Resources

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

- Frequently Asked Questions

http://www.tmhp.com/TMHP_File_Library/FAQ/ORP_Providers_FAQs.pdf

Flu Shot



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

MEMORANDUM

TO: Our Valued Providers
FROM: El Paso Health
DATE: October 6, 2017
RE: Flu Season 2017-2018

Flu season is here and the Centers for Disease Control (CDC) recommends everyone get a flu vaccine. Flu vaccinations can reduce flu illnesses and prevent flu-related hospitalizations. El Paso Health members are eligible for this benefit at participating in-network providers and pharmacies. The table provided identifies the coverage benefits by age group under the specific health plan with El Paso Health.

As a reminder the Vendor Drug Program (VDP) has specific NDC covered vaccines for Medicaid/CHIP reimbursement. Please visit our website at <http://www.epfirst.com/find-a-pharmacy/> to find participating pharmacies and also view the Season Flu Vaccine NDC-to-Procedure Code Crosswalk 2017-2018.

El Paso Health Program	Ages	Location
STAR Medicaid	0-18 18-over	PCP (<i>TVFC immunizations only</i>) PCP or Pharmacy locations
CHIP	0-18	PCP (<i>TVFC immunizations only</i>)
CHIP Perinate	0-18 18-over	PCP (<i>TVFC immunizations only</i>) PCP or Pharmacy locations
Health Care Options (HCO)	0-99	PCP or UMC Clinic locations

If you have any questions please contact our Provider Relations Team at 915-532-3778 x 1507 M-F 8am-5pm.

NDC Crosswalk

Flu Vaccine NDC/Procedure Code Crosswalk

Effective September 2017



This crosswalk addresses which National Drug Codes (NDC) are covered and not covered per Medicaid covered benefit policy for flu vaccination.

NDC	Label Name	Procedure Code*	A vaccine and toxoid distributed through TVFC**
19515089601	FLULAVAL QUAD 2017-2018 VIAL	90688	Yes
19515089611	FLULAVAL QUAD 2017-2018 VIAL	90688	Yes
19515091241	FLULAVAL QUAD 2017-2018 SYR	90686	Yes
19515091252	FLULAVAL QUAD 2017-2018 SYR	90686	Yes
33332001701	AFLURIA 2017-2018 SYRINGE	90656	Yes
33332001702	AFLURIA 2017-2018 SYRINGE	90656	Yes
33332011710	AFLURIA 2017-2018 VIAL	90656	Yes
33332011711	AFLURIA 2017-2018 VIAL	90656	Yes
33332031701	AFLURIA QUAD 2017-2018 SYRINGE	90656	Yes
33332031702	AFLURIA QUAD 2017-2018 SYRINGE	90656	Yes
33332041710	AFLURIA QUAD 2017-2018 VIAL	90656	Yes
33332041711	AFLURIA QUAD 2017-2018 VIAL	90656	Yes
42874001701	FLUBLOK 2017-2018 VIAL	90673	No
42874001710	FLUBLOK 2017-2018 VIAL	90673	No
42874011701	FLUBLOK QUAD 2017-2018 SYRINGE	90682	No
42874011710	FLUBLOK QUAD 2017-2018 SYRINGE	90682	No
49281040165	FLUZONE HIGH-DOSE 2017-18 SYR	90662	Not a Texas Medicaid benefit
49281040188	FLUZONE HIGH-DOSE 2017-18 SYR	90662	Not a Texas Medicaid benefit
49281041710	FLUZONE QUAD 2017-2018 VIAL	90686	Yes
49281041750	FLUZONE QUAD 2017-2018 SYRINGE	90686	Yes
49281041758	FLUZONE QUAD 2017-2018 VIAL	90686	Yes
49281041788	FLUZONE QUAD 2017-2018 SYRINGE	90686	Yes
49281051700	FLUZONE QUAD PEDI 2017-18 SYR	90685	Yes
49281051725	FLUZONE QUAD PEDI 2017-18 SYR	90685	Yes
49281062715	FLUZONE QUAD 2017-2018 VIAL	90687	Yes

NDC Crosswalk Continued

Flu Vaccine NDC/Procedure Code Crosswalk

Effective September 2017



NDC	Label Name	Procedure Code*	A vaccine and toxoid distributed through TVFC**
49281062778	FLUZONE QUAD 2017-2018 VIAL	90687	Yes
49281071240	FLUZONE INTRADERM QUAD 2017-18	90630	No
49281071248	FLUZONE INTRADERM QUAD 2017-18	90630	No
58160090741	FLUARIX QUAD 2017-2018 SYRINGE	90686	yes
58160090752	FLUARIX QUAD 2017-2018 SYRINGE	90686	Yes
70461000201	FLUAD 2017-2018 SYRINGE	90653	Not a Texas Medicaid benefit
70461000211	FLUAD 2017-2018 SYRINGE	90653	Not a Texas Medicaid benefit
70461012002	FLUVIRIN 2017-2018 SYRINGE	90656	Yes
70461012010	FLUVIRIN 2017-2018 VIAL	90658	Yes
70461012011	FLUVIRIN 2017-2018 VIAL	90658	Yes
70461012012	FLUVIRIN 2017-2018 SYRINGE	90656	Yes
70461020101	FLUCELVAX QUAD 2017-2018 SYR	90674	Yes
70461020111	FLUCELVAX QUAD 2017-2018 SYR	90674	Yes
70461030110	FLUCELVAX QUAD 2017-2018 VIAL	90756	Yes
70461030112	FLUCELVAX QUAD 2017-2018 VIAL	90756	Yes

Notes:

- The crosswalk was created by matching procedure codes in the Texas Medicaid Provider Procedures Manual (TMPPM) with NDCs of the 2017-18 season flu vaccine products obtained from First Data Bank. For information use only.
- * Texas Medicaid medical benefit from the TMPPM - Children's Services Handbook Volume 2: Children's Services Handbook (5.3.11.3 * Immunizations).
- ** Texas Vaccine for Children program.

<http://www.elpasohealth.com/pdf/2017%20Flue%20NDC%20Procedure%20Code%20Crosswalk.pdf>



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

THSteps Updates

Stacy Arrieta

Provider Relations Coordinator

THSteps Newborn Examinations

5.3.9 Newborn Examination

Providers do not have to be enrolled as THSteps providers to bill newborn examination procedure codes 99460, 99461, or 99463.

Newborn examinations that are billed with procedure code 99460, 99461, or 99463 may qualify as a THSteps medical checkup when all required components are completed according to the THSteps Periodicity Schedule and documented in the medical record.

Providers must use their provider identifier without benefit code EP1 when billing newborn examination services.

Note: In Texas, the mandated newborn hearing screening and newborn screening test is included as part of the in-hospital newborn exam.

State-mandated newborn screening for critical congenital heart disease (CCHD) is offered by and performed in the birth facility in accordance with Health and Safety Code (HSC) § 33.011 and 25 TAC §§37.75–37.79.

Providers billing these newborn codes are not required to be THSteps providers, but they must be enrolled as Medicaid providers. TMHP encourages THSteps enrollment for all providers that offer a medical home for clients and provide them with medical checkups and immunizations. Physicians and

http://www.tmhp.com/Manuals_PDF/TMPPM/TMPPM_Living_Manual_Current/2_Childrens_Services.pdf

Quick Reference Guide

Texas Health Steps Quick Reference Guide		
Remember: Use Provider Identifier • Use Benefit Code EP1		
THSteps Medical Checkup Billing Procedure Codes		
THSteps Medical Checkups		
99381	99382	99383
99391	99392	99393
	99394	99395*
* For clients who are 18 through 20 years of age, use diagnosis code Z0000 or Z0001.		
ICD-10 Diagnosis Codes		
Z0010	Routine newborn exam, birth through 7 days	
Z0011	Routine newborn exam, 8 through 28 days	
Z00129	Routine child exam	
Z00121	Routine child exam, abnormal	
Z0000	General adult exam	
Z0001	General adult exam, abnormal	
THSteps Follow-up Visit		
Use procedure code 99211 for a THSteps follow-up visit.		
Oral Evaluation and Fluoride Varnish		
Use procedure code 99429 with U5 modifier.		
Developmental and Autism Screening		
Developmental screening with use of the ASQ, ASQ-SE or PEDS is reported using procedure code 96110.		
Autism screening with use of the M-CHAT or M-CHAT R/F is reported using procedure code 96110 with U6 modifier.		
Mental Health Screening		
Mental Health Screening with the use of the PHQ-9, PSC-17, PSC-35, Y-PSC or CRAFFT is reported using procedure code 96160 or 96161. Only one procedure code (96160 or 96161) may be reimbursed per client per lifetime.		
Tuberculin Skin Testing (TST)		
Use procedure code 86580 for TST. Procedure code 86580 may be reimbursed on the same day as a checkup.		
Point-of-Care Lead Testing		
Use procedure code 83655 with QW modifier to report that an initial blood lead level screening test was completed using point-of-care testing.		
Immunizations Administered		
Use code Z23 to indicate when immunizations are administered.		
Procedure Codes	Vaccine	
90632 or 90633 ¹ with (90460/90461 or 90471/90472)	Hep A	
90620 ¹ or 90621 ¹ with (90460/90461 or 90471/90472)	MenB	
90636 with (90460/90461 or 90471/90472)	Hep A/Hep B	
90644	Hib-MenCY	
90647 ¹ or 90648 ¹ with (90460/90461 or 90471/90472)	Hib	
90649 ¹ , 90650 ¹ , or 90651 ¹ with (90460/90461 or 90471/90472)	HPV	
90630, 90654, 90655 ¹ , 90656 ¹ , 90657 ¹ , 90658 ¹ , 90685 ¹ , 90686 ¹ , 90687 ¹ or 90688 ¹ with (90460/90461 or 90471/90472); 90660 ¹ or 90672 ¹ with (90460/90461 or 90473/90474); 90661, 90673, 90674 or 90682 with (90471/90472)	Influenza	
90670 ¹ with (90460/90461 or 90471/90472)	PCV13	
90680 ¹ or 90681 ¹ with (90460/90461 or 90473/90474)	Rotavirus	
90696 ¹ with (90460/90461 or 90471/90472)	DTaP-IPV	
90698 ¹ with (90460/90461 or 90471/90472)	DTaP-IPV-Hib	
¹ Indicates a vaccine distributed by TVFC		
Immunizations Administered		
Use code Z23 to indicate when immunizations are administered.		
Procedure Codes	Vaccine	
90700 ¹ with (90460/90461 or 90471/90472)	DTaP	
90702 ¹ with (90460/90461 or 90471/90472)	DT	
90707 ¹ with (90460/90461 or 90471/90472)	MMR	
90710 ¹ with (90460/90461 or 90471/90472)	MMRV	
90713 ¹ with (90460/90461 or 90471/90472)	IPV	
90714 ¹ with (90460/90461 or 90471/90472)	Td	
90715 ¹ with (90460/90461 or 90471/90472)	Tdap	
90716 ¹ with (90460/90461 or 90471/90472)	Varicella	
90723 ¹ with (90460/90461 or 90471/90472)	DTaP-Hep B-IPV	
90732 ¹ with (90460/90461 or 90471/90472)	PPSV23	
90733 or 90734 ¹ with (90460/90461 or 90471/90472)	MPSV4	
90743, 90744 ¹ , or 90746 with (90460/90461 or 90471/90472)	Hep B	
90748 ¹ with (90460/90461 or 90471/90472)	Hib-Hep B	
Modifiers		
Performing Provider		
Use to indicate the practitioner who is performing the unclothed physical examination component of the medical checkup.		
AM (Physician)	SA (Nurse Practitioner)	TD (Nurse)
		U7 (Physician Assistant)
Exception to Periodicity		
Use with THSteps medical checkups procedure codes to indicate the reason for an exception to periodicity.		
23 (Unusual Anesthesia)	32 (Mandated Services)	SC (Medically Necessary)
FQHC and RHC		
Federally qualified health center (FQHC) providers must use modifier EP for THSteps medical checkups. Rural health clinic (RHC) providers must bill place of service 72 for THSteps medical checkups.		
Vaccine/Toxoids		
Use to indicate a vaccine/toxoid not available through TVFC and the number of state defined components administered per vaccine.		
U1	Vaccine/toxoid privately purchased by provider when TVFC vaccine/toxoid is not available	
Vaccine Administration and Preventive E/M Visits		
Use with THSteps preventive visit checkup procedure codes to indicate a significant, separately identifiable E/M service that was rendered by the same provider on the same day as the immunization administration.		
25	Significant, separately identifiable evaluation	
Condition Indicator Codes		
Use one of the Condition Indicators below if a referral was made.		
Indicator	Indicator Codes	Description
N	NU	Not used (no referral)
Y	ST	New services requested
Y	S2	Under treatment

THSteps Checkup Documentation Improvement

- Reviews of medical records have shown that missing documentation is the largest factor and the primary cause of records being reviewed and money being recouped.
- [Texas Health Steps Documentation Improvement Provider Letter](#)

THSteps Checkups Documentation Cont.

The following links are resources available to assist the completion of the THSteps checkup documentation:

- [Texas Health Steps Clinical Record Review Tool with Instructions](#) - This Excel workbook clinical record review tool is available to assist you in self-audits in preparation for health plan quality reviews. This electronic format will self-populate totals with numerical values.
- [Texas Health Steps Clinical Record Review Tool](#) - This PDF is the clinical record review tool to use as a paper copy. See instructions for paper copy use on Excel workbook.

Contact Information

Stacy Arrieta

Provider Relations Coordinator

sarrieta@elpasohealth.com

915-532-3778 ext. 1059

Provider Relations Department

915-532-3778 ext. 1507



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Notification of Inpatient/Outpatient Services

Ismael Gamez, BSN, RN

Utilization Review Coordinator

Notifications

Individual prior authorization requests may be submitted via fax, electronically, or telephonically. Remember to Include all pertinent clinical information to support medical necessity.

Inpatient

- FAX: (915) 298-5278
- TOLL FREE FAX: (844) 200-5278

Electronically

- HealthX (web portal)

Telephonically

- 915-532-3778
(STAR) Ext. 1500
(CHIP) Ext. 1536
(TPA) Ext. 1538

Outpatient

- FAX: (915) 298-7866
- TOLL FREE FAX: (844) 298-7866

Electronically

- HealthX (web portal)

Telephonically

- 915-532-3778
(STAR) Ext. 1500
(CHIP) Ext. 1536
(TPA) Ext. 1538



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Pharmacy

Perla Saucedo, Pharmacy Technician

Flu Season

El Paso Health will cover the influenza vaccine at participating Texas Network Pharmacies for their members.

Pharmacies participating in the vaccine service network may administer the influenza vaccine for STAR members ages 18 and older and CHIP Perinate members, ages 18 and older. Only the vaccine is covered for the 2017-2018 flu season.

STAR and CHIP members 17 and under must continue to obtain vaccine from PCP or Specialist (TVFC immunizations only).

Participating pharmacies:

- Walgreens
- CVS/Target
- Walmart
- K-mart
- Albertsons

Synagis

The administration of Synagis injections for El Paso Health will begin November 15, 2017 and will terminate March 31, 2018.

STAR and CHIP Members: Navitus, El Paso Health's pharmacy benefit manager, is processing all Synagis prior authorization requests.

Synagis is only dispensed through the following pharmacies:

Maxor Specialty 216 South Polk Street Amarillo, TX 79101 Synagis Phone # 866.629.6779 Synagis Fax # 866.217.8034	Avella Specialty Pharmacy 3016 Guadalupe St Ste. A Austin, TX 78705 Synagis Phone # 877.470.7608 Synagis Fax # 877.480.1746
---	--

Synagis (cont.)

Prior Authorization Process through Navitus is as follows:

1. Prior authorization form can be found on the Navitus website at:
<https://www.navitus.com/texas-medicaid-star-chip/synagis.aspx>
2. Physician faxes the “Navitus Palivizumab (Synagis) Prior Authorization Request Form” directly to selected pharmacy.
 - a. Maxor Specialty Fax # 866.217.8034
 - b. Avella Specialty Fax # 877.480-1746
3. Pharmacy will forward completed Prior Authorization Request Form to Navitus for final approval.

Synagis (cont.)

4. Pharmacy coordinates Synagis delivery with the physician's office.
5. Physician administers Synagis and bills El Paso Health for the administration. (El Paso Health does not require prior authorization for the administration of the Synagis injection for Medicaid and CHIP members).

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



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

**Disease Management and
Case Management**

Crystal Arrieta, Disease Management Program Coordinator

DM/CM eligibility

Disease Management

- Uncontrolled chronic illnesses; asthma, diabetes, obesity, heart disease.
- ER frequent users; current focus is 3 or more visits within the last year.
- Readmission within 30 days
- Adoption Assistance/
Permanency Care Assistance.

Case Management

- Catastrophic or complex medical illnesses (2 or more chronic illnesses).
- High risk pregnancies.
- Behavioral health.
- Adoption Assistance/ Permanency Care Assistance.

Referral Process

- [Referral Forms](#) can be found on our website www.elpasohealth.com.
- Please complete the entire form and add a brief note on members needs and what interventions have been completed.
- Referrals may be submitted via fax at 915-298-7866.
- Phone referrals are also accepted.

Please call 915-532-3778, ext. 1500.

DM/CM Process

- Members will be reached via phone or possibly a home visit.
- Members will be screened for DM/CM and needs will be identified.
- We meet the member “where they are.”
- Home visit, service coordination, education, referrals.

Contact Us

Health Services Department

915-532-3778 ext. 1500



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Claims

Adriana Villagrana

Claims Manager

Reminders

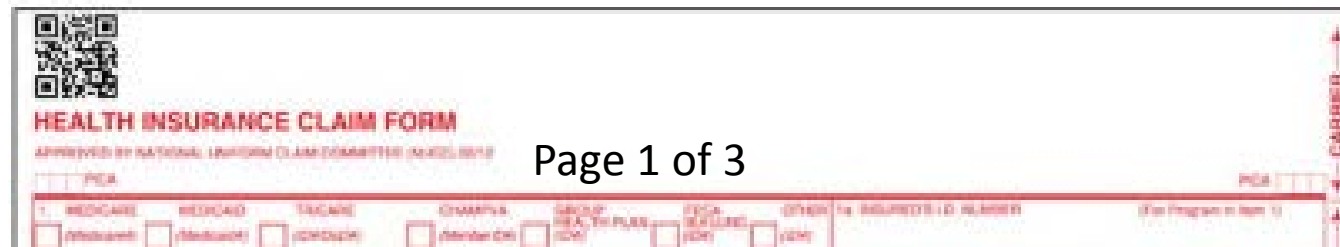
Claims Processing

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

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/UB91)" 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.

Proof of Timely

El Paso Health Web Portal

Claim

Member Name:		Plan Name:	Premier Plan (MEDICAID-STAR Program)
Member Number:		Rendering Provider:	
Patient Control Number:		Claim Status:	PAID
Diagnosis Codes:	E04.1		

Payment Details

Claim Received	Pay To	Check Number#	Paid Date
07/07/2017		462	07/13/2017

Claim Details

Line Number	Date of Service	CPT Codes	Modifier	Billed Amount	Not Covered	Contracted Amount	Co-Pay Amount	Deductible Amount	Co-Insurance Amount	Interest Amount	Payment Amount	COB Amount	Remark Codes
1	07/05/2017 - 07/05/2017	99213		\$122.07	\$80.75	\$41.32	\$0.00	\$0.00	\$0.00	\$0.00	\$41.32	\$0.00	
Total				\$122.07	\$80.75	\$41.32	\$0.00	\$0.00	\$0.00	\$0.00	\$41.32	\$0.00	

Remark Code Descriptions

CPT Descriptions

99213 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANA

Disclaimer

THIS IS NOT A BILL

Proof of Timely Filing

El Paso Health RA

Total Amount Billed:	
Total COB:	
Paid Date:	
Check #:	
Check Amount:	

Provider Remittance Advice

Line	Date of Service	Rev Code	CPT Code - Mod	Billed Amount	Not Allowed	Contracted Amount	Copay Amount	Deductible Amount	Co - Insurance Amount	Interest Amount	Payment Amount	COB Amount
1	7/13/2017 - 7/13/2017		99213 TH	(\$138.00)	(\$103.07)	(\$34.93)	\$0.00	\$0.00	\$0.00	\$0.00	(\$34.93)	\$0.00
2	7/13/2017 - 7/13/2017		81002	(\$20.00)	(\$16.93)	(\$3.07)	\$0.00	\$0.00	\$0.00	\$0.00	(\$3.07)	\$0.00
Comments:				(\$158.00)	(\$120.00)	(\$38.00)	\$0.00	\$0.00	\$0.00	\$0.00	(\$38.00)	\$0.00
Claim Number:		Claim Status: PAID			Authorization Number:			Rendering Provider:				
Member Name :				Member Number:			Patient Control Number:					
Plan Name: Premier Plan (STAR HMO) Benefit												
1	7/20/2017 - 7/20/2017		99214 TH	\$196.00	\$146.93	\$49.07	\$0.00	\$0.00	\$0.00	\$0.00	\$49.07	\$0.00
2	7/20/2017 - 7/20/2017		81002	\$20.00	\$16.91	\$3.09	\$0.00	\$0.00	\$0.00	\$0.00	\$3.09	\$0.00
Comments:				\$216.00	\$163.84	\$52.16	\$0.00	\$0.00	\$0.00	\$0.00	\$52.16	\$0.00
Claim Number:		Claim Status: REVERSED			Authorization Number:			Rendering Provider:				
Member Name :				Member Number:			Patient Control Number:					
Plan Name: Premier Plan (STAR HMO) Benefit												
1	7/20/2017 - 7/20/2017		99214 TH	(\$196.00)	(\$146.93)	(\$49.07)	\$0.00	\$0.00	\$0.00	\$0.00	(\$49.07)	\$0.00
2	7/20/2017 - 7/20/2017		81002	(\$20.00)	(\$16.93)	(\$3.07)	\$0.00	\$0.00	\$0.00	\$0.00	(\$3.07)	\$0.00
Comments:				(\$216.00)	(\$163.86)	(\$52.14)	\$0.00	\$0.00	\$0.00	\$0.00	(\$52.14)	\$0.00
Reversal of Claim # Requires manual processing.												

Proof of Timely Filing

Availty Reports

AVAILITY 999 FUNCTIONAL ACKNOWLEDGEMENT

Date Received:
Time:1015
Trans ID:010103560

File Status:ACCEPT
Test or Prod:T

Batch and Claim Accept/Reject Totals at END of Report

Batch Details
Group Control#:1
Transaction Set#:0001
Batch ID:10103560
Batch Status:ACCEPT

Submitter ID:1234567893
Submitter:AVAILITY TEST ORG
Receiver:
Receiver ID:84980
Trans Type:005010X222A1

BATCH(S) ACCEPT:1 BATCH(S) REJ:0 CLAIM(S) REJ:0

*****END OF REPORT*****

Proof of Timely Filing

Availty Reports

Availty Customer ID: 0002176			
Immediate Batch Text Response			
Availty Messages:	NA		

BATCH SUMMARY			
Date Received:	[REDACTED]	Time Received:	15.20.18.018
Availty Batch ID:	2010120815201500	File Control Number:	000100495
Availty File ID:	1-41025630		
File Name:			
Submitted Claims:	1	Total Submitted Charges:	251.00
Accepted Claims:	1	Total Accepted Charges:	251.00
Rejected Claims:		Total Rejected Charges:	0.00

Payer Name:		Payer ID:	87726

Submitter Batch ID:	AAS100494	Status:	A
Patient Name:	DOE, JOHN	Patient Control Number:	AAS0000068
From Date:	2010-05-21	To Date:	2010-05-21
Charge:	251.00	Provider Billing ID:	
Clearinghouse Trace #:	AAS100494	Availty Trace #:	27254

END OF REPORT			

Resubmission Code

Professional Claims

- Box 22 – Resubmission Code

22. RESUBMISSION CODE	7	ORIGINAL REF. NO.	17000E00000
--------------------------	---	-------------------	-------------

Enter the appropriate bill frequency code when resubmitting a claim

- 7 Replacement of prior claim
- 8 Void/cancel of prior claim

Resubmission means the code and original reference number assigned by the payer or receiver to indicate a previously submitted claim.

Note: Original Ref. No. area field only allows 11 characters

COB Guidelines

- We calculate the difference between El Paso Health's maximum allowed amount and the primary carrier's payment, paying the lesser of the two:

Example:

Primary Carrier Allowed Amount:	\$248.00
Primary Carrier Paid:	\$100.00
Primary Carrier Pt. Resp/Deduct.	\$148.00
Medicaid Allowable:	\$162.00
El Paso Health STAR Paid:	\$ 62.00

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

Contact Us

915-532-3778

Provider Care Unit Extension Numbers:

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



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST













SFY 18 – Value Added Services (VAS)

Edgar Martinez

Director of Member Services







SFY18 - Value-Added Services

Effective 9/1/2017

Value Added Services	Medicaid	CHIP
Members have 24-hour, 7-days-a-week access to FIRSTCALL, a bilingual medical advice <u>infoline</u> staffed by nurses, pharmacists, and a Medical Director on call.		
\$25 gift packet which includes a first aid kit and a \$10 Walmart gift card for health related items, for new members who complete the request form and send by return mail within 30 days of enrollment.		
A free ride service to help you get to doctor visits or health education classes.		
One allergy-free pillow case is given to members who are enrolled in the Asthma Disease Management Program.		
Members between the ages of 4 through 18 can get a free physical for sports each year.		
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.		






SFY18 - Value-Added Services

Effective 9/1/2017

Value Added Services	Medicaid	CHIP
Pregnant Members 21 or older can receive up to \$500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions.		
Pregnant members can receive: <ul style="list-style-type: none"> ▪ A free convertible car seat after attending a baby shower at El Paso Health. ▪ Gift cards for completing prenatal visits and after confirmation of those visits for: <ul style="list-style-type: none"> ▪ \$25 - Prenatal visit in the first trimester or within 42 days of enrollment, ▪ \$20 - 3rd prenatal visit, ▪ \$20 - 6th prenatal visit, ▪ \$20 - 9th prenatal visit, ▪ \$20 - flu shot during pregnancy, ▪ \$25 - a timely postpartum visit within 21-56 days of delivery. ▪ A First-Steps Baby Shower including a diaper bag, a starter supply of diapers, and other items for the baby. 		
Home visits by case managers for members with complex conditions to include high-risk pregnancies, behavioral, or medical conditions that require special attention.		

SFY18 - Value-Added Services

Effective 9/1/2017

Value Added Services	Medicaid	CHIP
For contact lenses and glasses (lenses and frames), members receive up to \$125 above the Medicaid benefit.		
A \$10 gift card is offered to members age 20 and younger who complete a Texas Health Steps check up on time.		
Members age 20 or younger can receive four additional nutritional/obesity counseling services above the Medicaid Benefit.		
Members age 18 or younger can receive four additional nutritional/obesity counseling services above the CHIP Benefit.		
A \$15 gift card is offered to members ages 3-6 and 12-19 who get a check-up when due and on time.		

SFY18 - Value-Added Services

Prenatal and Postpartum Gift Card Process

Gift cards are earned by completing the following visits:

- \$25 For the 1st prenatal doctor visit. (To receive the prenatal gift card, the 1st visit must be completed within 42 days of enrollment in El Paso Health.)
- \$20 For the 3rd, 6th, and 9th prenatal visit. (\$60 max.)
- \$20 For an annual flu vaccine. One per flu season. (September – April).
- \$25 For postpartum doctor visit. (To receive the postpartum gift card, the visit must be completed within 21-56 days after delivery.)
- The doctor must fill out the back of the postcard and at each visit.
- Completed postcard should be faxed to El Paso Health at (915)225-6749.
- Gift cards are received approximately two weeks after we receive the claim for each visit.

SFY18 - Value-Added Services

Prenatal and Postpartum Gift Card Process



**¡Felicidades
por su embarazo!**
**Congratulations
you're expecting!**



Congratulations!
from your friends at



Having a healthy baby starts with you!

Go to your 1st, 3rd, 6th, 9th prenatal visits and get a flu shot and you will receive up to **\$105.00** of Walmart gift cards.

Make sure that your doctor fills out the back of this card at each visit.

And enjoy the free gift of good health!

SFY18 - Value-Added Services

Prenatal and Postpartum Gift Card Process



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

P.O. Box 971100
El Paso, Texas 79997-1100

STEP 1: TO BE FILLED OUT BY THE DOCTOR ONLY:

Patient ID Number

STEP 2: PRENATAL CHECK-UPS

Provider's name, address, signature or office stamp

- \$25 | 1ST VISIT | DATE: _____
- \$20 | 3RD VISIT | DATE: _____
- \$20 | 6TH VISIT | DATE: _____
- \$20 | 9TH VISIT | DATE: _____
- \$20 | FLU SHOT | DATE: _____

STEP 3:

Doctor, please fax this completed form to: **EL PASO HEALTH** at **915-225-6749**
in order to mail the member their gift cards.

SFY18 - Value-Added Services

Prenatal and Postpartum Gift Card Process



Congratulations!
from your friends at



Congratulations on your new bundle of joy!

One of the most important things you should do is have a postpartum visit with your doctor.

If you go to your doctor within 21 to 56 days after delivery, you will receive a **\$25** Walmart gift card.

Please take this postcard with you when you visit your doctor and make sure that your doctor fills out the back of this card at your visit.

Call us toll free at 1-877-532-3778, if you need help scheduling your postpartum visit.

Enjoy the free gift of wellness!

SFY18 - Value-Added Services

Prenatal and Postpartum Gift Card Process



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

P.O. Box 971100
El Paso, Texas 79997-1100

STEP 1: TO BE FILLED OUT BY THE DOCTOR ONLY:

Patient ID Number

STEP 2: POSTPARTUM CHECK-UP ON (DATE) _____

Provider's name, address, signature or office stamp

STEP 3:

Doctor, please fax this completed form to: **EL PASO HEALTH** at **915-225-6749**
in order to mail the member a \$25 gift card.

SFY 18 - Value-Added Services

Sports Physicals Process

Benefit Coverage

- Sports physicals for STAR and CHIP Members ages 4 through 18 years of age.
- Once per calendar year.

Billing Guidelines

- Only payable when performed on a separate date of service from a THSteps/Well-Child Visit.
- Must be billed on a separate HCFA claim.
- Modifiers are not required.
- Z02.5 ICD-10 Diagnosis Code is the valid code for Sports Physicals (encounter for examination for participation in sport).
- Rate fee for EPH Sports Physicals is \$25.

SFY 18 - Value-Added Services

Vision Process

- Medicaid Members are eligible for a \$125 allowance towards prescription eyeglasses or towards contact lenses in lieu of eyeglasses, excluding fitting fees.
- Member will be responsible for any charges exceeding the \$125 allowance.
- Member must document their choice of eyewear beyond the program limitations by signing the Vision Care eyeglasses Patient Certification form. This form should be kept in the Member's file. This form is available from Envolve Customer Service.
- Member must obtain a valid vision prescription and can access this benefit by utilizing any of the contracted vision providers listed on our directory.
- Envolve Customer Service hotline for Member eligibility & claims inquiries: 1-866-897-4785.
- Envolve Network Management hotline for Provider participation inquires: 1-800-531-2818.

Contact

Edgar Martinez

Director of Member Services

915-532-3778 ext. 1064

Juanita Ramirez

Member Services & Enrollment Supervisor

915-532-3778 ext. 1063



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Thank You for Attending Providers!





El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

For more information:



(915) 532-3778



www.elpasohealth.com

