



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

ANCILLARY PROVIDER SPECIALTY TRAINING

Thursday, November 8, 2018

12:00 PM - 2:00 PM



Agenda

- [Aperture-Credentialing Verification Organization and New Demographic Form](#)
- [Provider Relations Reminders and Updates](#)
- [Therapy Services, New PA Flyer, DME and Breast Pumps](#)
- [Adverse Determination and Appeals](#)
- [Audits and Recoupments](#)
- [Complaints and Appeals Process](#)
- [Claims Billing Reminders](#)
- [STAR and CHIP Member Portal](#)





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

Aperture-Credentialing Verification Organization and New Demographic Form

Evelin Lopez

Contracting and Credentialing Manager

Aperture-Credentialing Verification Organization


- Initial Credentialing and Re-credentialing – All providers and facilities.
- Practitioners and facilities have begun to receive communications from TAHP and Aperture.
- Applications can be submitted to El Paso Health or thru Availity Portal.

Contracting and Credentialing Process

- New Providers- Providers must contact EPH and complete the demographic form prior to submitting a credentialing application through Availity.
- Upon completion of the credentialing process, a contract or amendment will be provided.



New Demographic Form

 **El Paso Health**
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915.532.3778 • Fax: 915.298.7870 • contracting_dept@elpasohealth.com
PROVIDER DEMOGRAPHIC FORM

Group/Facility Name: _____
Group/Facility Specialty: _____
Tax ID: _____ Group NPI: _____ Group TPI: _____

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

Name: _____ First Name: _____ Middle: _____ Individual
NPI: _____ API: _____ TPI: _____ EPSDT: _____
Specialty: _____ Subspecialty: _____ Medical License: _____

Professional Category: MD DO NP ACNP PA CRNA Other: _____
Primary Practice Address: _____
City, State, ZIP: _____ Office Hours/Days: _____
Phone: _____ Fax: _____ Website URL: _____
Secondary Location: _____ City, State, ZIP: _____
Office Hours/Days: _____ Phone: _____ Fax: _____
Taxonomy number: _____ Additional Taxonomy Numbers: _____
Languages Spoken: English Spanish American Sign Language (ASL) Other: _____
Accepting New Patients: Yes No Established Only Age Range: _____
Practice Limitations: Male only Female only None Other: _____
CLIA Type: _____ Radiology Certificate: Yes No N/A

Do you offer? Telemedicine Telehealth Telemonitoring Targeted Case Management
Does this office meet American Disabilities Act (ADA) accessibility requirements? Yes No

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

FOR OFFICE USE ONLY: New Load Update Term Effective Date: _____
Provider Type Code: _____ Provider Specialty Code: _____ Sub Specialty: _____ LTSS X code: _____
Products: STAR w TPI STAR w/o TPI CHIP CHIP Perinatal STAR+PLUS TPA HCO CM
Contract Type: Individual Group Ancillary/Facility Amendment LOA PAR Non Par
Comments: _____



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New Demographic Form

- Americans with Disabilities Act (ADA) accessibility requirements.
- Telemedicine/Telehealth/Telemonitoring.
- American Sign Language (ASL).
- Website URL.
- Taxonomy Numbers.



Initial Credentialing and Re-Credentialing

- Initial Credentialing and Re-Credentialing-Providers will receive notifications from Aperture.
- Re-credentialing processes are initiated 6 months prior to the credentialing due date.
 - Provider is allowed 2 months to submit the application (with instructions going out on Day 1 and then reminders going out approximately every two weeks after (total of 4 notifications).
 - Aperture is allowed 1 month to verify the application.
 - The Plan has 3 months to get the credentialing committee approval.
 - Example: Re-credentialing work due by Sept 30 2018 was initiated on April 1 2018.

Initial Primary Source Verification

- Initial Primary Source Verification (PSV) is initiated at Aperture with receipt of a work-order from the Plan (El Paso Health):
 - Provider is allowed 2 months to submit the application (with instructions going out on Day 1 and then reminders going out approximately every two weeks after (total of 4 notifications.)
 - Aperture's PSV time frame is based on product code:
 - 8 days for Urgent and Expedite PSV Requests
 - 15 days for Physician
 - 30 days for all others
- Each Plan's credentialing committee process & time frame will vary. El Paso Health's Credentialing Peer Review Committee meets every first Thursday of the month.

Notice-Availity



Credentials Request For:
FIRST NAME LAST NAME, DEGREE
STREET ADDRESS LINE1
STREET ADDRESS LINE2
CITY, STATE & ZIP CODE

Health Plan(s) Requesting Information:
Health Plan1

Date: Month DD, YYYY

Dear: [insert name]

To participate with **[Health Plan1]**, as well as to meet compliance obligations, we ask that you complete the credentialing process. Failure to respond may jeopardize your status within our network.

We are pleased to participate with Availity, a health care information technology company that offers a Web-based credentialing application tool that streamlines the credentialing process. Availity enables health care providers the ability to complete their credentialing application online, control the data stored in the database, easily update their data, and make the data electronically available to **[Health Plan1]**.

To submit your credentialing application via Availity's web-based solution, please visit: www.availity.com. If this is your first time submitting through Availity's web-based solution, click on the option to "Register" and follow the steps to get started. If you need assistance, you may call Availity Support at 1-800-282-4548.

After your application is complete on Availity, Aperture Credentialing, LLC, a credentials verification organization, will retrieve your information on the Texas Standardized Credentialing Application and perform primary source verification of your credentials. You may receive requests from Aperture for additional information.

Thank you for your cooperation in completing this requirement for participation in **[Health Plan1]**.

Confidentiality Notice:
The documents accompanying this communication contain confidential information. This information is intended only for use by the individual or entity named on this communication. The recipient of this information is prohibited from disclosing this information to any other unauthorized party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this communication in error, please notify the sender immediately to arrange for return of these documents.



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Notice CAQH



Credentials Request For:
FIRST NAME LAST NAME, DEGREE
STREET ADDRESS LINE1
STREET ADDRESS LINE2
CITY, STATE & ZIP CODE

Health Plan(s) Requesting Information:
Health Plan1

CAQH Provider ID #: xxxxxxxx
<https://proview.caqh.org/>

Date: Month DD, YYYY

Dear: [insert name]

In order to participate with [Health Plan1], as well as to meet compliance obligations, we ask that you complete the credentialing process. Failure to respond may jeopardize your status within our network.

We are pleased to participate in an innovative Web-based credentialing application tool that streamlines the credentialing process for health care professionals. The Council for Affordable Quality Healthcare's (CAQH) ProView™ is a Web-based solution (<https://proview.caqh.org/>) that enables health care providers to complete their credentialing application online. In addition, health care providers can control the data stored in the database, easily update their data, and make the data electronically available to [Health Plan1].

To submit your credentialing application via the CAQH ProView™ Web-based solution, please visit:
<https://proview.caqh.org/>.

If you are in a state other than Texas, please ensure that an office location in Texas is reflected in your application data. If you don't have an office location in Texas, please be sure to include Texas as a practicing state. This will ensure that the Texas Standardized Credentialing Application is provided by CAQH to the Health Plans.

If you are a first-time user or to learn more about CAQH and the ProView™ program, visit the CAQH Web site at <https://proview.caqh.org/>, where you can view an online demonstration of the application process. Alternatively, you may call the CAQH Help Desk at 1-888-599-1771.

After your application is complete on CAQH, Aperture Credentialing, LLC, a credentials verification organization, will retrieve your information and perform primary source verification of your credentials. You may receive requests from Aperture for additional information.

Thank you for your cooperation in completing this requirement for participation in [Health Plan1].

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Availity

Provider Credentialing Tool

<https://360.articulate.com/review/content/ce05cf82-dd85-4c73-9368-0a081fb42574/review>



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

Contact Information

Contracting and Credentialing Department

Contracting_Dept@elpasohealth.com

Phone: 915-532-3778

Fax: 915-298-7870

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



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Provider Relations Reminders and Updates

Vianey Licon

Provider Relations Representative

Texas Medicaid Re-Enrollment Reminder

- 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 please contact:

TMHP Contact Center: **1-800-925-9126**

TMHP-CSHCN Contact Center: **1-800-568-2413**

Affordable Care Act (ACA) Provider Enrollment Frequently Asked

Questions (FAQ):

[http://www.tmhp.com/TMHP File Library/ACA/Affordable%20Care%20Act%20FAQs.pdf](http://www.tmhp.com/TMHP_File_Library/ACA/Affordable%20Care%20Act%20FAQs.pdf)



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

EFT Payment Deposits



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

MEMORANDUM

TO: Valued Providers

FROM: El Paso Health

DATE: October 5, 2018

RE: Electronic Fund Transfer (EFT) Deposits

Effective October 8, 2018, El Paso Health will deposit separate EFT payments by program for STAR, CHIP and CHIP Perinate. You will no longer receive deposits in a bulk amount.

If you are not currently enrolled in EFT or have any questions regarding this correspondence please contact our Provider Relations Team M-F from 8am-5pm at 1-877-532-2877 x1507.



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El Paso Health Going Green

- El Paso Health will Go Green effective January 1, 2019.
- The remittance advice (EOBs) will no longer be mailed to providers.
- The remittance advice can be retrieved from:
 - ❖ EPH Web Portal Account.
 - ❖ Provider's clearinghouse via 835's.



EPH Web Portal



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Preferred
ADMINISTRATORS

HealthCARE
OPTIONS of EL PASO

Welcome to the El Paso Health provider portal!



Log in to:

Login

Username

Password

SUBMIT

[Forgot your username or password?](#)

Need a username and password?

[Proceed to our sign up process.](#)



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

EPH Web Portal



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

Preferred
ADMINISTRATORS

HealthCARE
OPTIONS of EL PASO

Choose the appropriate option from the drop down list.

Admin Role - The same access as a standard user with the addition of reviewing provider specific reporting such as claim remittance advice.

Standard User - Access to look up member eligibility, look up and submit authorizations, and review provider claims.

-- Select --
Admin Role
Standard User

PREVIOUS NEXT Cancel



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

EPH Web Portal



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

**Preferred
ADMINISTRATORS**

HealthCARE
OPTIONS of EL PASO

You are currently logged in as: GILBERTO GARCIA

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

Home

Eligibility and Benefits

Claims and Payment

Authorizations

Reports ▾

RA's

Welcome to the **Provider Portal**

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

Provider Name: GILBERTO GARCIA

Provider Phone: 915-239-3795



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


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



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835_Remit Payment Advice

EDI Request Form

 **El Paso Health** Electronic Data Interchange Request Form
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El Paso Health offers Electronic Data Interchange Interchange. Please indicate the specific EDI transaction set up requests.

270/271 Eligibility coverage or benefit inquiry/response
 276/277 Claim status request/response
 835 Remit Payment Advice (RAs)
 837 Professional Institutional Claims

Please fill out form and fax to Provider Relations
915-225-6762
Questions/Concerns call 915-532-3778 x1507

BILLING PAY TO PROVIDER INFORMATION (PLEASE INCLUDE W9)

Individual Provider Group/Practice Facility

Official Business Name: _____
Doing Business As: _____
Billing Address: _____
City, State, Zip: _____
Federal Tax ID: _____ Phone: _____
Contacts: _____
Email: _____

PROVIDER INFORMATION

Provider/Group Specialty: _____
Primary Service Location: _____ Group NPI #: _____
Address: _____
City, State, Zip: _____ Phone: () _____ FAX: () _____
Secondary Service Location: _____
Address: _____
City, State, Zip: _____ Phone: () _____ FAX: () _____
Third Service Location: _____
Address: _____
City, State, Zip: _____ Phone: () _____ FAX: () _____

Provider Name: (Last, First, Title)	Taxonomy No.	NPI#

CLEARINGHOUSE INFORMATION (Clearing House Customer ID# through AVAILITY):
Clearinghouse: _____ Phone: () _____
Billing Submitter No. _____
Software Vendor Name: _____ Phone: () _____
ANSI 5010: Professional Institutional
Clearinghouse Name: _____

Authorization Statement Signature

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

Please check the Product Line you plan to send/receive EDI transaction files.

<input type="checkbox"/> El Paso Health - STAR	Availity PAYER ID# EPF02
<input type="checkbox"/> El Paso Health - CHIP	Availity PAYER ID# EPF03
<input type="checkbox"/> CHIP Perinate	Availity PAYER ID# EPF03
<input type="checkbox"/> EPCCS - Health Care Options - Benefit Plan	Availity PAYER ID# EPF37
<input type="checkbox"/> Preferred Administrators (TPA) - UMC	Availity PAYER ID# EPF10
<input type="checkbox"/> Preferred Administrators (TPA) - El Paso Childrens Hospital	Availity PAYER ID# EPF11

<http://www.elpasohealth.com/forms/EDI%20Request%20Form.pdf>

Provider 835 Set Up

- Fax *EDI Request Form* to Provider Relations (915-225-6762).
- Provider Relations will request the *835_Remmit Payment Advice* to be set up.
- A *test file* will be sent to the provider for confirmation of receipt of files.
- Upon provider confirmation, all productions files will be sent to the clearinghouse.
- ERA's will be available through provider's clearinghouse.



Contact Information

Vianey Licon

Ancillary & DME Provider Relations Representative

vlicon@elpasohealth.com

915-298-7198 ext. 1021

Liliana Jimenez

Ancillary Provider Relations Representative

ljimenez@elpasohealth.com

915-298-7198 ext. 1018

Laura Nebhan

DME Provider Relations Representative

lnebhan@elpasohealth.com

915-298-7198 ext. 1037

Provider Relations Department

(915) 298-7198 Ext. 1507



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El Paso Health
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Therapy Services, New PA Flyer, DME and Breast Pumps

Gilda Rodriguez, RN

Prior Authorization Nurse Coordinator

Therapies

Physical Therapy, Occupational Therapy and Speech Therapy Services Handbook

<http://www.tmhp.com>

TMHP Website

The screenshot shows the TMHP website homepage. At the top left is the TMHP logo with the text "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR". Below the logo are two navigation links: "clients" (with "English · Español" below it) and "providers". A yellow arrow points to the "providers" link. To the right of these links is a photo of two female healthcare providers. Below the navigation is a yellow bar with the date "Thursday, November 1, 2018". On the left side, there is a vertical menu with links: "TMHP Home", "What is TMHP?", "Privacy/HIPAA", "Reporting Fraud", "Provider Lookup", "Looking for a provider?", and "¿Está buscando un proveedor?". The "Looking for a provider?" link has a sub-link: "Click here to find a state health-care provider near you." Below this is a section for "Búsqueda Proveedores" with a photo of a female provider and the text: "Haga clic aquí para encontrar un proveedor cerca a su hogar." The main content area features a large banner for "Looking to enroll online? We can help with that." with a photo of a female provider and the text: "Click here to visit the all new interactive Step-by-Step Guide to Provider Enrollment on the Portal (PEP)." Below this is a "Welcome to Texas Medicaid & Healthcare Partnership" section with the TMHP logo and the text: "Welcome to the Texas Medicaid & Healthcare Partnership (TMHP) website. TMHP is a group of contractors under the leadership of Accenture. Accenture administers Texas Medicaid and other state health-care programs on behalf of the Texas Health and Human Services Commission." To the right of the main content is a sidebar with a "Not yet a provider?" link and the text: "Click here to find out how you can become a provider for Texas Medicaid and related programs." Below this is a search bar with a magnifying glass icon. At the bottom of the page are links for "Terms and Conditions", "Contact Us", "Help", and "Employment".



Medicaid Provider Manual

Providers Texas Medicaid



Enroll Today!

Want to enroll as a Medicaid provider?
Click here for more information and to
enroll today.

[Log in to My Account](#)

[Go to TexMedConnect](#)


I would like to...

[Click here to access provider
applications and services.](#)

Texas Medicaid | CSHCN | Family Planning | CHIP | Long Term Care | EDI | MTP | Health IT | HTW

Thursday, November 1, 2018

- Medicaid Home
- Program Information
- Medicaid Provider Manual
- Prior Authorization
- Provider Education
- Forms
- THSteps
- Enrollment
- Fee Schedules
- Rate Changes
- Code Updates
- Managed Care
- Hospital Initiatives
- Medicare Dual-Eligibility
- Provider Support Services



Let us show you around

A Long Term Care Provider's Guide to Navigating the TMHP and HHS Websites

We've created several videos to help LTC providers find and access online resources, sign up for webinars and more. This high level video will assist new employees with navigating TMHP and HHS websites.

Texas Medicaid Provider Home Page

This is the provider home page for Texas Medicaid. The information on these pages help Medicaid providers succeed with their Medicaid practice. For information specific to a related program, click on the program's button above.

Below are links to the current news for Texas Medicaid providers. [Click here to view past news articles.](#)

News for Medicaid Providers

** Top News **

[PPC Performance Reports for Hospitals Accessible November 30, 2018](#) - 10/19/2018

[Interim Claims Snapshot Updates Now Available](#) - 10/19/2018

Benefits

[Inotuzumab Ozogamicin \(Besponsa\) No Longer a](#)

Prior Authorization

[Prior Authorization Webinar and Q&A Now Available](#) - 10/19/2018

Reimbursement Rates

[Correction to 'Update to "Proposed Reimbursement Rate Changes for Texas Medicaid to become Effective September 1, 2018"'](#) - 10/26/2018


PA on the Portal

Prior authorization. Online.



We've made some changes! Click here to begin using the exciting new features our portal offers.

Individual Chapters




TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

[Advanced](#)

[Log In](#)

Providers
Texas Medicaid



Enroll Today!
Want to enroll as a Medicaid provider?
Click here for more information and to enroll today.

Log in to My Account
Go to TexMedConnect

I would like to...
Click here to access provider applications and services.

[Texas Medicaid](#) | [CSHCN](#) | [Family Planning](#) | [CHIP](#) | [Long Term Care](#) | [EDI](#) | [MTP](#) | [Health IT](#) | [HTW](#)

Thursday, November 1, 2018

- Medicaid Home
- Program Information
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- Code Updates
- Managed Care
- Hospital Initiatives
- Medicare Dual-Eligibility
- Provider Support Services
- Helpful Links
- Provider Lookup**

[Texas Medicaid Provider Procedures Manual](#)
[Texas Medicaid Bulletin](#)
[Banner Messages](#)
[Texas Health Steps Quick Reference Guide](#)
[Texas Medicaid Quick Reference Guide](#)
[TexMedConnect Acute Care Manual](#)
[AIS User's Guide for Medicaid Providers](#)
[TMHP Portal Security Provider Training Manual](#)
[Provider Information Management System](#)
[2017 Filing Deadline Calendar](#)
[2018 Filing Deadline Calendar](#)


Texas Medicaid Provider Procedures Manual

The *Texas Medicaid Provider Procedures Manual* is the providers' principal source of information about Texas Medicaid. The manual is regularly updated to reflect the most recent policy and procedure changes. Updates are generally available the month following the effective date of the change. For advanced notification of upcoming changes, providers should monitor banner messages, which appear at the beginning of their Remittance and Status (R&S) Reports, and the corresponding website articles published on this website.


[Provider Manual FAQ](#) – Contains information about the provider manual update schedule and how to use this online manual.

Updated October 31, 2018 including ICD-10 changes.	Complete book	PDF	HTML
Contains all policy changes through November 1, 2018. For more recent changes, refer to news articles on this website.	Individual Chapters	PDF	

Topics
Information of interest to providers, including NDC, Alberto N., and past initiatives such as PACT transition and hurricanes.



Healthy Texas Women
Click here for more information.



The Affordable Care Act is Here!
Click here for more information on the Affordable Care Act (ACA) and how it...

Select Individual Chapter by Specialty

Rate Changes

Code Updates

Managed Care

Hospital Initiatives

Medicare Dual-Eligibility

Provider Support Services

Helpful Links

Provider Lookup

Looking for a provider?
Click here to find a state health-care provider near you.

¿Está buscando un proveedor?
Haga clic aquí para encontrar un proveedor cerca a su hogar.

Búsqueda Proveedores

[Volume 1: Preliminary Information](#)

[Volume 1: Section 1, Provider Enrollment and Responsibilities](#)

[Volume 1: Section 2, Texas Medicaid Reimbursement](#)

[Volume 1: Section 3, Electronic Data Interchange](#)

[Volume 1: Section 4, Client Eligibility](#)

[Volume 1: Section 5, Prior Authorization](#)

[Volume 1: Section 6, Claims Filing](#)

[Volume 1: Section 7, Appeals](#)

[Volume 1: Section 8, Third Party Liability](#)

[Volume 1: Appendix A, State, Federal, and TMHP Contact Information](#)

[Volume 1: Appendix B, Vendor Drug Program](#)

[Volume 1: Appendix C, HIV-AIDS](#)

[Volume 1: Appendix D, Acronym Dictionary](#)

[Volume 2: Ambulance Services Handbook](#)

[Volume 2: Behavioral Health and Case Management Services Handbook](#)

[Volume 2: Children's Services Handbook](#)

[Volume 2: Clinician-Administered Drugs Handbook](#)

[Volume 2: Clinics and Other Outpatient Facility Services Handbook](#)

[Volume 2: Certified Respiratory Care Practitioners \(CRCP\) Services Handbook](#)

[Volume 2: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook](#)

[Volume 2: Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook](#)

[Volume 2: Home Health Nursing and Private Duty Nursing Services Handbook](#)

[Volume 2: Inpatient and Outpatient Hospital Services Handbook](#)

[Volume 2: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook](#)

[Volume 2: Medical Transportation Program Handbook](#)


[Volume 2: Medicaid Managed Care Handbook](#)

[Volume 2: Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook](#)

Topics
Information of interest to providers, including NDC, Alberto N., and past initiatives such as PACT transition and hurricanes.

Healthy Texas Women
Click here for more information.

The Affordable Care Act is Here!
Click here for more information on the Affordable Care Act (ACA) and how it affects you.



Section 5.2.3 Written and Verbal Orders

- The request form or written/verbal order must be signed and dated within the 60-day period before the initiation of services.
- A prescribing physician's order to evaluate and treat is acceptable for the evaluation or re-evaluation. However is not acceptable for the therapy treatment.
- The therapy treatment order must contain prescribing provider's ordered frequency, duration, and affirmation that the client's THSteps checkup is current or that a developmental screening has been performed within the last 60 days.

Therapy Orders

- Provider must obtain an order to re-evaluate before providing the re-evaluation services.
- A physician, NP or PA must sign and date the order.
- Frequency and duration is required on all physician orders.



Re-evaluations

- A re-evaluation may occur as early as 60 days prior to the end of the current authorization period.
- A re-evaluation must occur within 30 days of the signed and dated order from the referring provider.



New Prior Authorization Flyer



PROCEDURES & SERVICES REQUIRING PRIOR AUTHORIZATION/NOTIFICATION ALL REQUESTS MUST BE INDIVIDUALLY FAXED

All authorization requests require 72 hour notice to allow us to review and process in a timely manner. Multiple requests should be faxed individually.

Prior authorization is based on information provided to El Paso Health at the time of request, and does not guarantee payment of benefits nor verify eligibility. Payment for services is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Regardless of prior-authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient. Please contact El Paso Health to verify payment, eligibility and benefits.

INPATIENT ADMISSIONS

- Acute Hospital
- Behavioral Health
- Elective Admissions/Surgery
- Hospice
- Maternity and Newborn
- Rehab
- Surgical

OUTPATIENT SERVICES

(limitations may apply)

- Behavioral Health*
 - Chemo/Radiation Therapy
 - Chiropractic*
 - Home Health (PDN, SN)*
 - Occupational Therapy*
 - Physical Therapy*
 - Speech Therapy*
- *Excludes Initial Evaluation

IMAGING/RADIOLOGY/ DIAGNOSTIC

- Fetal Echocardiography (i.e. CPT Codes 76825- 76828)
- PET Scans
- Sleep Studies

TO AVOID DELAY, SUBMIT ALL PERTINENT CLINICAL INFORMATION WITH THE PRIOR AUTHORIZATION REQUEST FORM (i.e. physician order, H&P, Title XIX, Plan of Care, Diagnosis and CPT Codes, units, DOS, POS, and duration frequency when applicable, etc.)

OUT-OF-NETWORK

Services by non-participating facilities, physicians, or vendors require prior authorization.

LIMITATIONS/RESTRICTIONS

Refer to the Texas Medicaid Provider Procedures Manual at TMHP.com for additional guidance on Medicaid/CHIP benefit limitations/restrictions.

Check AUTH status by phone using HealthX at 915-225-5463 Toll Free at 866-283-2792 or electronically by visiting the provider portal at www.elpasohealth.com

OUTPATIENT PROCEDURES

- Ambulatory Surgical Center
- Cardiac Catheter Center
- Dialysis
- Endoscopy Center
- Outpatient Hospital
- Wound Clinic

PHARMACY MEDICAL

- Oral, Injectable, or IV Drug Administration over \$500 (administered in office or outpatient setting)

DURABLE MEDICAL SUPPLIES/EQUIPMENT

(over \$300, limitations may apply)

- All DME rentals exceeding 2 months require a prior authorization maximum up to 12 months.

OTHER SERVICES

- BRCA screening and Genetic Testing (excluding CPT Code 82105)
- Dental Anesthesia*
- Hearing Aids
- Nutrition Counseling
- Orthotics /Prosthetics (over \$200.00)
- Podiatry in-office surgical procedures (excluding CPT Codes 11720, 11721, 11730, 11732, 11750)
- Transfers (i.e. non-emergent facility to facility out of the El Paso service delivery area)
- Transplants and Evaluation services by Transplant Facility
- Transportation (Air transport and Non-Emergent ambulance)
- Venous Procedures (in office or outpatient)

**Dental Anesthesia
For STAR Medicaid Members ages 0-6 years, dental anesthesia requests must be submitted by the facility performing service after approval by the Members DMO. Must include the DMO approval notice with your request.*

Outpatient Fax 915-298-7866
Toll Free Fax: 844-298-7866
www.elpasohealth.com
PHONE: 915-532-3778
TOLL FREE: 877-532-3778

Inpatient Fax: 915-298-5278
Toll Free Fax: 844-298-5278
www.elpasohealth.com
PHONE: 915-532-3778
TOLL FREE: 877-532-3778

- Effective Date:
October 15, 2018
- STAR, CHIP and CHIP Perinate Programs
- Can be found on our website:
www.elpasohealth.com
- Provider Section under:
- Health Services Forms



Durable Medical Equipment

Did you know?

Prior Authorization Is Not Required For:

- DME under \$300
- Rentals less than 2 months (anything over 3 months will require a Prior Authorization)
- The purchase of a manual or electric personal-use breast pump, within 12 months from the date of birth.

Note: Providers must retain a copy of the completed *Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form* that has been reviewed, signed, and dated by the treating physician.



El Paso Health
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Contact Information

Health Services Department

Phone: 915-298-7198 ext. 1500

Fax: 915-298-7866



El Paso Health

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Adverse Determination and Appeals

Irma Vasquez

Health Services Administrative Supervisor

Adverse Determination Reasons

Adverse Determination (Denials) – Issued when the services requested:

- Do not meet Medical Necessity.
- Additional information is requested due to clinical information submitted is insufficient to determine the medical necessity.

Note: This does not apply lack of information. Providers are asked to resubmit with complete information (i.e. physician orders)

- Medical Criteria Not Met.



Timelines For Appeal

- Member/Member's Representative has **60** days from the denial notice to request an Appeal to El Paso Health.
- An internal appeal must be exhausted prior to requesting the State Fair Hearing (Medicaid); or an external review by an Independent Review Organization (IRO) for CHIP.
- A CHIP Member's physician can request a Specialty Review with good cause 10 days from date of resolution notice.
- STAR Members have 120 days to request a State Fair Hearing.
- CHIP Members have 4 months to request an external review. This is a new timeframe and new process effective 07/01/2018.
- A State Fair Hearing or IRO may be requested if El Paso Health fails to make a determination on the appeal **within 30** days of receipt of the appeal.



Appeal Submission Information

El Paso Health
Attention: Health Services Department
1145 Westmoreland Drive
El Paso, TX 79925

Tel: 915-532-3778
Toll Free Tel: 877-532-3778
Ext. 1500 (STAR)
Ext. 1536 (CHIP)

Fax: 915-298-7866
Toll Free Fax: 844-298-7866



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Audits and Recoupments

Alma Meraz

Special Investigations Unit Claim Auditor

Medical Records Review

- 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 records.



Business Records Affidavit

Business records affidavit is required:

- The affidavit states that you are submitting **all** of the documentation requested.
- After signing the affidavit, no additional information/documentation will be accepted by El Paso Health during the review process.
- Any documentation not submitted, will result in recoupment.



Remember



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General Documentation Requirements

Please refer to the TMPPM Section: *1.6.10 General Medical Record Documentation Requirements*

- All medical documentation must be written in English only.
- All entries are legible to individuals other than the author, dated (month, day, and year), and signed by the performing provider.
- Each page of the medical record documents should include, the patient's name and the Texas Medicaid ID Number.
- A copy of the actual authorization from HHSC or its designee (e.g., TMHP) is maintained in the medical record for any item or service that requires prior authorization.

DME Documentation Requirements

Please refer to the TMPPM Section: *2.2.1 Home Health Services*

- For all DME and medical supplies with or without prior authorization requirements, providers must complete a Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form.
- Providers must retain all orders, signed and dated (Title XIX forms, delivery slips, and corresponding invoices) and must disclose them to HHSC or its designee on request.
- These records and claims must be retained for a minimum of five years from the date of service (DOS) or until audit questions, appeals, hearings, investigations, or court cases are resolved.

Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form

Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form
 See instructions for completing Title XIX Home Health Durable Medical Equipment (DME)/Medical Supplies Physician Order Form. This order form cannot be accepted beyond 90 days from the date of the physician's signature.

Section A: Requested Durable Medical Equipment and Supplies
 This section was completed by (check one): Requesting Physician Supplier

Client Information
 Client Name: _____ Medicaid number: _____ Date of birth: _____

Supplier Information
 Name: _____ Telephone: _____ Fax number: _____
 Address: _____

TPI: _____ NPI: _____ Taxonomy: _____ Benefit Code: _____
 QRP name: _____ QRP TPI: _____ QRP NPI: _____

I certify that the services being supplied under this order are consistent with the physician's determination of medical necessity and prescription. The prescribed items are appropriate and can safely be used in the client's home when used as prescribed.

DME/medical supplies provider representative signature: _____ Date: _____

DME/medical supplies provider representative name (Typed or Printed): _____

Prescribing Physician Information
 Name: _____ Telephone: _____ Fax number: _____

Item Number	HCPCS Code	Description of DME/medical supplies	Gly.	Price	Prior authorization required?	Beyond quantity limit?	Custom item?
1					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

1. If "Yes," additional documentation must be provided to support determination of medical necessity.

Section B: Diagnosis and Medical Need Information
 This is a prescription for DME/supplies and must be filled out by the prescribing physician.

Item Number (From Section A)	Diagnosis	Brief Diagnosis Descriptor	Complete justification for determination of medical necessity for requested item(s) (Refer to Section A, footnote 1)

2. Each item requested in Section A must have a correlating diagnosis and medical necessity justification. Enter all item numbers from the table in Section A that pertain to each diagnosis. A range of item numbers may be entered.

If applicable, include height/weight, wound stage/dimensions and functional/mobility status:

Note: The "Date last seen" and "Duration of need" items must be filled in. Date last seen by physician: _____
 Duration of need for DME: _____ month (s) Duration of need for supplies: _____ month (s)

By signing this form, I hereby attest that the information in Section "A", with the exception of the DME provider's signature, was complete at the time of my signature and is consistent with the determination of the client's current medical necessity and prescription. By prescribing the identified DME and/or medical supplies, I certify the prescribed items are appropriate and can safely be used in the client's home when used as prescribed.

Signature and attestation of prescribing physician: _____ Date: _____

Signature stamps and date stamps are not acceptable

Prescribing physician TPI: _____ NPI: _____ License number: _____



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Doctor orders for Pre-authorization

- The provider and Prior authorization request submitter understands that failure to provide true and accurate information, omit information or provide notice of changes to the information previously provided may result in an audit.
- Please make sure you do not change any information in the original Drs. Order.

Closing The Review

- El Paso Health will send you a notification letter with the review of the findings.
- You have the right to dispute the findings – you must do so within 30 days from the date of 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 claim adjustments (preferably).

OIG Audits

- The Office of Inspector General conducts their own individual audits.
- In the event that El Paso Health receives a recoupment request from the OIG, we will discuss the findings with the provider and offer additional education.
- Claims will be recouped at the request of the OIG and processed via MCO claims.



Verification Process

- Also 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.



Audit Findings

Reasons for Recoupment:

- TIME is not documented.
- Patients information is not included in every sheet: (Patient's name, DOB, and Medicaid number).
- Title XIX not submitted.



Questions?

Alma Meraz, CCS-P
Special Investigation Unit
Claim Auditor
915-532-3778 ext. 1039



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Complaints and Appeals Process

Corina Diaz

Complaints and Appeals Supervisor

Complaints and Appeals Process

Administrative

All Complaints and Appeals must be submitted in writing:

- Fax: 915-298-7872
- Secure FTP site through our Web Portal
- Mail:

El Paso Health
Complaints and Appeals Unit
1145 Westmoreland Drive
El Paso, Texas 79925

- Please include detailed and supporting information:
 - Copy of Remittance Advice
 - Medical records (only if necessary)
 - Proof of Timely Filing
 - Etc.



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Complaints and Appeals Process

- Provider will receive:
 - Acknowledgment letter no later than five (5) business days
 - Resolution letter within thirty (30) calendar days
- Appeals must be received within 120 days from the notice of the denial

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

Web Portal

Provider Appeals

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](#)

Contact Us

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

915-532-3778 ext 1507

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


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

Fax Number: 915-225-6762

Web Portal

Provider Appeals

+ Add Attachments

 From:
To:
Subject:

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

Reason for Appeal: (Please put an "x" in the appropriate box)
 Authorization Issue
 Past Timely Filing
 Requesting Payment/Additional Payment
 Other (Use comments section to give detailed explanation)

Comments:

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

Sample

Acknowledgment Letter

July 18, 2017

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

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

Case #: AGI000000001583

Dear Office Manager:

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

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

Sample

Resolution Letter

July 18, 2017

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

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

Case #: AGI000000001583

Dear Office Manager:

The review of information submitted and received by El Paso Health regarding the denial of payment on Claim #:0000000000 has been completed. The decision has been made to uphold the denial *or* reprocess your claim.

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

El Paso Health
Attn: Complaint and Appeals Unit
1145 Westmoreland
El Paso, Texas 79925

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

Contact Information

Corina Diaz

Complaints and Appeals Supervisor

cdiaz@elpasohealth.com

915-532-3778 ext. 1092



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Claims Billing Reminders

Yvonne Grenz

Claims Supervisor

Claims Filing

Claim Forms

- Therapy services must be billed on a CMS-1500 claim form or approved electronic format.
- CORF and ORF providers must bill on a UB-04 claim form or approved electronic format.
- Evaluation services must be billed separate from therapy services.

Home Health Agency (HHA)

Claims Filing

6.6 UB-04 CMS-1450 Paper Claim Filing Instructions

The following provider types may bill electronically or use the UB-04 CMS-1450 paper claim form when requesting payment:

Provider Types

ASCs (hospital-based)

Comprehensive outpatient rehabilitation facilities (CORFs) (CCP only)

FQHCs

Note: Must use CMS-1500 when billing THSteps.

Home health agencies

Hospitals

- Inpatient (acute care, rehabilitation, military, and psychiatric hospitals)
- Outpatient

Home Health Agency

Type of Bill

- Submit the correct Type of Bill (TOB).
 - Refer to the TMPPM section 6.15

[http://www.tmhp.com/TMHP File Library/Provider Manuals/TMPPM/2018/Nov_2018%20TMPPM.pdf](http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2018/Nov_2018%20TMPPM.pdf)

- Interim billing is not acceptable for HHA.

TOB- 3rd Digit Frequency Code

Block No.	Description	Guidelines
		Third Digit—Frequency: 0 Nonpayment/zero claim 1 Admit through discharge 2 Interim-first claim 3 Interim-continuing claim 4 Interim-last claim 5 Late charges-only claim 6 Adjustment of prior claim 7 Replacement of prior claim

Coordination of Benefits

Availability

Professional Health Care Claim

* indicates a required field

* Payer: ? EL PASO FIRST HEALTH PLANS - STAR

* Organization: EL Paso First Health Plans

Transaction Type: ? Professional Claim

Responsibility Sequence: ?
Primary
Secondary
Tertiary

Facility Health Care Claim

* indicates a required field

* Payer: ? EL PASO FIRST HEALTH PLANS - STAR

* Organization: EL Paso First Health Plans

Transaction Type: ? Facility Claim

* Facility Type: ? 13 - Hospital Outpatient

Responsibility Sequence: ?
Primary
Secondary
Tertiary

* Statement: ?
MM / DD / YYYY To MM / DD / YYYY

Coordination of Benefits

Claim Line Adjustment

Primary Insurance Plan Information


* Other Payer ID: ?	<input type="text" value="11111"/>
Payer Identification Number:	<input type="text"/>
Other Payer Claim Control Number:	<input type="text"/>
Tax ID:	<input type="text"/>
* Payer Name:	<input type="text" value="123 PPO INSURANCE"/>
* Claim Filing Indicator:	<input type="text" value="12 - Preferred Provider Organization (PPO)"/>
Country: ?	<input type="text" value="United States"/>
* Address 1:	<input type="text" value="1111 MAIN ST"/>
Address 2:	<input type="text"/>
* City, State, ZIP Code:	<input type="text" value="EL PASO"/> <input type="text" value="TX - Texas"/> <input type="text" value="79925"/> - <input type="text"/>
* Release of Information Code: ?	<input type="text" value="Provider has a Signed Consent"/>
* Assignment of Benefits: ?	<input type="text" value="Yes"/>
* Payment / Adjustment Type: ?	<input type="text" value="Select One"/>
Prior Authorization Number: ?	<input type="text"/>

No Payment Adjustment

Claim Level Payment Adjustment

Claim Line Payment Adjustment

Both



Coordination of Benefits

Claim Line Adjustment Group Code

Primary Insurance Plan Claim Line Adjustment 1

[Remove](#)

Other Payer Primary ID:

Bundled or Unbundled Number:

* Procedure Code:

Description: 80 characters remaining

Modifiers:
1 2 3 4

* Paid Service Unit Count:

* Group Code:
* Reason Code 1:
Quantity:

- Select One
- Contractual Obligations
- Correction and Reversals
- Other Adjustments
- Payer Initiated Reductions
- Patient Responsibility

Coordination of Benefits

Primary Insurance Plan Claim Line Adjustment 1

* Group Code: Patient Responsibility

* Reason Code 1: Select One

Select Appropriate Reason Code from drop down list

Select One

- 1 - Deductible Amount
- 2 - Coinsurance Amount
- 3 - Co-payment Amount
- 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 5 - The procedure code/type of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 6 - The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 7 - The procedure/revenue code is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 8 - The procedure code is inconsistent with the provider type/specialty (taxonomy). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 9 - The diagnosis is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 10 - The diagnosis is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 11 - The diagnosis is inconsistent with the procedure. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 12 - The diagnosis is inconsistent with the provider type. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 13 - The date of death precedes the date of service.
- 14 - The date of birth follows the date of service.
- 15 - The authorization number is missing, invalid, or does not apply to the billed services or provider.
- 16 - Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remit
- 18 - Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
- 19 - This is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.
- 20 - This injury/illness is covered by the liability carrier.
- 21 - This injury/illness is the liability of the no-fault carrier.
- 22 - This care may be covered by another payer per coordination of benefits.
- 23 - The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)
- 24 - Charges are covered under a capitation agreement/managed care plan.
- 26 - Expenses incurred prior to coverage.
- 27 - Expenses incurred after coverage terminated.
- 29 - The time limit for filing has expired.
- 31 - Patient cannot be identified as our insured.
- 32 - Our records indicate the patient is not an eligible dependent.
- 33 - Insured has no dependent coverage.

Availity

Learn More

Facility Health Care Claim

[Learn More >>](#)



Professional Health Care Claim

[Learn More >>](#)



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Recordings

Web Data Entry Claim Submission - Live Webinar Recording

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

Web Data Entry Claim Submission - Training Demo

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

Coordination of Benefits - Training Demo

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

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

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



Corrected Claim

Professional Claim – CMS 1500

ITEM NUMBER 22

22. RESUBMISSION CODE	ORIGINAL REF. NO.

TITLE: Resubmission and/or Original Reference Number

INSTRUCTIONS: List the original reference number for resubmitted claims. Please refer to the most current instructions from the public or private payer regarding the use of this field (e.g., code).

When resubmitting a claim, enter the appropriate bill frequency code left justified in the left-hand side of the field.

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

This Item Number is not intended for use for original claim submissions.

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

FIELD SPECIFICATION: This field allows for the entry of 11 characters in the Code area and 18 characters in the Original Ref. No. area.

EXAMPLE:

22. RESUBMISSION CODE	ORIGINAL REF. NO.
7	ABC1234567890



Corrected Claim – CMS 1500

Box 19

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.


22. RESUBMISSION CODE ORIGINAL REF. NO.

- Box 19: Additional Claim Information
- Brief explanation of correction:
 - Corrected Diagnosis, CPT, NDC etc...
- You may also attach the Corrected Claim Form if you need to provide a detailed explanation of the corrected claim.

Corrected Claims

Facility Claims – UB04

3a PAT. CNTL #		4 TYPE OF BILL	
b. MED. REC. #			
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7



- Box 4 – Type of Bill
- Corrected bill type will end with numeric digit “7”

Example: XX7 – this indicates that it is a replacement of a prior claim

Reminders

Claims Processing

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

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



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STAR and CHIP Member Portal

Edgar Martinez

Director of Member Services

STAR and CHIP Member Portal

El Paso Health is pleased to announce it's new online Member Portal!

The Member Portal gives Members up-to-date online access to eligibility coverage and service information.

On the Member Portal you can do the following:

- **View eligibility coverage information**
- **Print temporary ID cards**
- **Find a Provider**
- **View authorizations**
- **View claims and print explanation of benefits (EOB's)**
- **HIPAA compliant with patient privacy**

The Portal will be available on **November 2018.**

STAR and CHIP Member Portal

Members can access the Member Portal on our website at www.elpasohealth.com.



Login

Username

Password

Submit

[Forgot your username or password?](#)

First Time Users



Welcome

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

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

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

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STAR and CHIP Member Portal



Welcome

Welcome to the El Paso Health Member Portal. Here you will find information on eligibility, coverage and benefits, prior authorization requests, explanation of benefits, and much more!

If you have any questions, please call us at 1-877-532-3778, Monday thru Friday from 7:00am to 5:00pm Mountain Time. We are available to help you!

Quick links

- [Print Temporary ID Card](#)
- [Request New ID Card](#)
- [Wellness Information](#)
- [Ask A Question / Contact Us](#)
- [Frequently Asked Questions](#)



STAR and CHIP Member Portal

Print



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

Effective: 2/1/2016

DOB: [REDACTED] Non-Transferable

DR PRODANOVIC NUTIS, MARIA L
3917 N MESA ST*EL PASO*TX*79902
915-544-5439

PHARMACIST ONLY
NAVITUS
1-877-908-6023
BIN# 610602
PCN: MCD
RxGROUP: EPH



TEXAS STAR
Your Health Plan • Your Choice

Member Services
Servicios para
Miembro

915-532-3778
1-877-532-3778

Available 24 Hours
7 Days a Week

Disponible 24 Horas
7 Días a la semana

HOW TO USE THIS CARD: Always carry your ID card. Go to your primary care doctor for medical care.
You need a written referral form from your primary care doctor before you go to a specialty doctor.
MEDICINE: Present this card at drug stores with a prescription from your doctor. Call 1-877-532-3778 if you have questions or problems getting your medicine.
BEHAVIORAL HEALTH AND SUBSTANCE ABUSE HOTLINE: Toll Free 1-877-377-6147, 24 hours/ 7 days a week.
DIRECTIONS FOR WHAT TO DO IN AN EMERGENCY: In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.
NAVITUS HEALTH SOLUTIONS is the pharmacy benefits provider for members of El Paso Health.

CÓMO USAR ESTA TARJETA: Cargue su tarjeta de identificación con usted siempre. Visite a su Proveedor de Cuidado Primario para recibir atención médica. Usted necesita ser referido por su Proveedor de Cuidado Primario antes de que pueda consultar a un especialista.
MEDICINA: Presente esta tarjeta de identificación en la farmacia junto con la receta de su doctor. Llame al 1-877-532-3778 si tiene preguntas o problemas para obtener la medicina.
LÍNEA DIRECTA DE SERVICIOS DE SALUD MENTAL Y ABUSO DE SUSTANCIAS: 1-877-377-6147, Disponible 24 Horas/7 Días a la semana.
INSTRUCCIONES EN CASO DE EMERGENCIA: En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Después de recibir tratamiento, llame al PCP de su hijo dentro de 24 horas o tan pronto como sea posible.
NATIVUS HEALTH SOLUTIONS: es el proveedor de beneficios de farmacia para miembros de El Plan de Salud de El Paso Health.

STAR and CHIP Member Portal

ID Card Request

Please complete the form below.

Member First Name*

Member Last Name*

Member ID

This is the address that we have on file. Your card will be sent to this address:

Address:*

City:*

State:*

Zip Code:*

Phone Number*

Please click "submit" once you have reviewed the above address.

Submit

STAR and CHIP Member Portal

General Plan or Coverage Question

Please submit your general plan or coverage related question here.

Member First Name:

Member Last Name:

Member ID:

What is your question?:

**** Please Note **** If you are unable to submit your transaction, please be sure all required fields are completed.

Submit

STAR and CHIP Member Portal

Home Coverage & Benefits Claims Authorizations Provider / Pharmacy Directory Search

Print ID Card

Eligibility Print

Member:	[REDACTED]	Plan Name:	El Paso Health - STAR
Member ID:	[REDACTED]	Program:	STAR
Address:	[REDACTED]	Status:	Active

Coverages

Type	Effective Date	Term Date
ST064	2/1/2016	11/30/2018
ST064	8/1/2015	10/31/2015

STAR and CHIP Member Portal

THESE ARE AN EXPLAINATINAL OF BENEFITS (EOB)

Claims Search

Below is a list of claims we have received for services provided to you. We have processed the claims according to your benefit coverage.

You can click on the Claim Number to view each claim individually. You will also be able to print each claim. Please review the information. If you have any questions, please call us at 1-877-532-3778 Monday thru Friday, 7:00am to 5:00pm Mountain Time.

Claims

Showing 9 Claims for User [redacted]

[Export Results \(CSV\)](#)

<u>Claim Number</u>	<u>Date of Service</u> ▾	<u>Provider</u>	<u>Claim Status</u>
[redacted]	1/12/2018	PRODANOVIC NUTIS, MARIA L	PAID
[redacted]	9/27/2017	PRODANOVIC NUTIS, MARIA L	PAID

STAR and CHIP Member Portal

Home Coverage & Benefits Claims

Authorizations
Showing Authorizations for [redacted] Filter Authorization Results

[Export Results \(CSV\)](#)

Authorization Number	First Name	Last Name	Provider	Date Submitted	Status
[redacted]	[redacted]	[redacted]	CASA MEDICAL LLC	10/11/2017	APPROVED

STAR and CHIP Member Portal

Welcome to the El Paso Health Online Provider Directory! This Provider Directory is for our STAR (Medicaid) and CHIP members. Here you can find a list of Primary Care Providers (PCPs), specialists, hospitals, pharmacies, and other healthcare providers in the El Paso Service Area, covering El Paso and Hudspeth counties.

If you need a provider outside of the El Paso Service Area, please call us at [915-532-3778](tel:915-532-3778) or toll free [1-877-532-3778](tel:1-877-532-3778).

Our Member Services Department is here to help you. Call us toll free at [1-877-532-3778](tel:1-877-532-3778) or email us at member@elpasohealth.com if you need help with:

- finding a provider
- scheduling an appointment

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

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](#)

STAR and CHIP Member Portal

The screenshot displays a web interface for the STAR and CHIP Member Portal. At the top, there is a map of El Paso, Texas, with several green location pins indicating provider locations. Below the map, a 'Filter Results' sidebar on the left allows users to refine their search. The main content area shows search results for providers in the STAR (Medicaid) plan, specifically Ancillary Providers specializing in Durable Medical Equipment/Equipo Médico Durable. The results are sorted by Name in ascending order. Two provider entries are visible: Allied Medical and Premier Medical Supply. Each entry includes contact information, specialties, provider gender, board certifications, and a status indicating if they are accepting new patients. There are also buttons for 'Download Results', 'Return to Search', and 'View Details' for each provider.

Map Satellite

Google

Map data ©2018 Google, INEGI Terms of Use Report a map error

Filter Results

Plan
STAR (Medicaid) ▼

Provider Type
Ancillary Providers ▼

Specialty
Durable Medical Equipment/Eq ▼

Provider First Name
[Input Field]

Provider Last Name
[Input Field]

Practice Name
[Input Field]

Facility Name
[Input Field]

City
[Input Field]

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

Search Results (26 results)

Showing providers that are in the STAR (Medicaid) plan, that have provider type Ancillary Providers, and that specialize in Durable Medical Equipment/Equipo Médico Durable.

Sort Results Name ▼ Ascending ▼

Download Results Return to Search

Updated 10/22/18

	Allied Medical 7385 Remoon Cir Ste C 303 El Paso, TX 79912 915-581-8290	Specialties: Durable Medical Equipment/Equipo Médico Durable Provider Gender: Unknown Board Certifications: None Reported Accepting New Patients	View Details <input type="checkbox"/> Compare Provider
	Premier Medical Supply	Specialties: Durable Medical Equipment/Equipo Médico Durable	View Details

Coming Soon – El Paso Health Mobile App

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



On the El Paso Health Mobile App Members will be able to do the following:

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

Please Contact Us

Phone: (915)532-3778

Member Services Queues:

1514 – Medicaid

1517 – CHIP

1529 – Preferred Administrators

1502 – HCO



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El Paso Health

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For more information:



(915) 532-3778



www.elpasohealth.com

