



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

OB Provider Specialty Training

March 27, 2024



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

**Provider Relations
Updates and Reminders**

Provider Directories

Providers must notify El Paso Health Contracting and Credentialing or Provider Relations of any changes to their practice, to include:

- Any demographic changes
- Practice name change or acquisitions
- New providers joining the group or leaving the group.
- Closing a practice locations or adding a new practice locations.
- Modifying practice hours or changing limitations
- Closing or opening panels

What forms do I need to send and where:

- Submit a provider demographic form and W-9 to Contracting_Dept@elpasohealth.com
- [9591-1 EPH PROVIDER DEMO FORM \(elpasohealth.com\)](https://www.elpasohealth.com/9591-1-EPH-PROVIDER-DEMO-FORM)

The image displays two pages of the 'PROVIDER DEMOGRAPHIC FORM' from El Paso Health. The top page (Page 1) includes the El Paso Health logo, contact information (915.532.3778), and a header for the form. It contains various input fields for provider information, including Group/Facility Name, Specialty, Tax ID, NPI, TPI, and a list of checkboxes for program types (Medicaid, CHIP/Perinatal, STAR Plus, etc.). It also has sections for Primary Practice Address and up to four Secondary Locations, each with fields for address, phone, fax, website, and CLIA information. The bottom page (Page 2) continues with fields for language preference, gender, and other demographic details, followed by a section for 'Primary Contact Address' and 'Billing Contact Information'. It includes checkboxes for various insurance types (Medicare, Medicaid, etc.) and a section for 'Term Effective Date'.

Electronic Usages

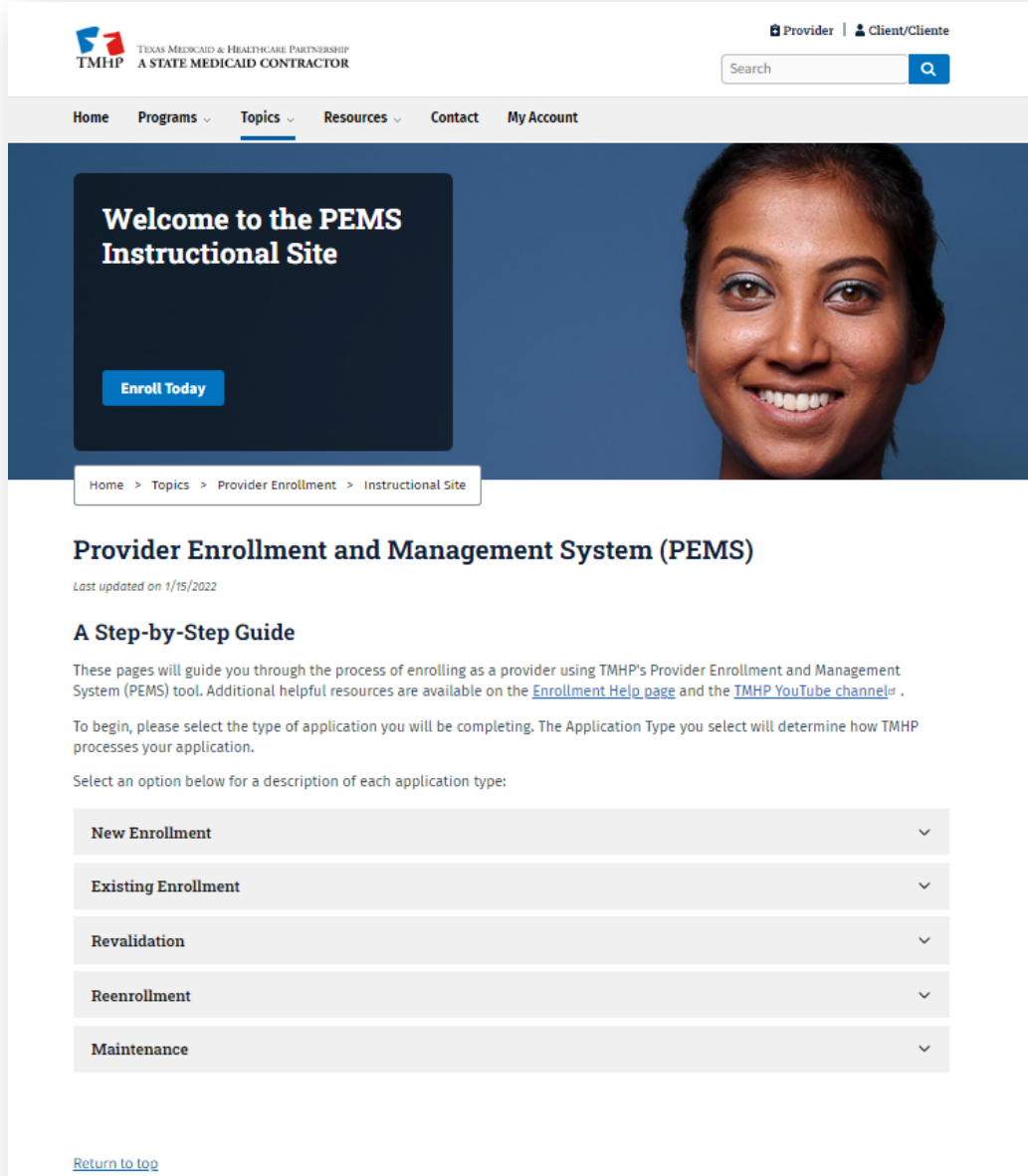
The following items are currently available via electronic platforms:

- Direct Payments (ACH) to your financial institution
- Electronic Remittance Advice (835) files via your clearinghouse

Provider Web Portal:

- Electronic Claims Submission
- Upload appeals via our Provider Web Portal
- Prior authorization submissions and amendments via our Provider Web Portal
- Remittance Advice (RA) Reports via our Provider Web Portal
 - RAs are available for a six month period.
 - Must have an Administrative account in order to access RAs.
 - Standard users may contact Provider Relations to request Administrative user rights
- QI Correspondence

Provider Enrollment and Management System (PEMS)



The screenshot shows the TMHP website's PEMS Instructional Site. At the top, there is a navigation bar with 'Home', 'Programs', 'Topics', 'Resources', 'Contact', and 'My Account'. A search bar is also present. The main content area features a large blue banner with a woman's face and the text 'Welcome to the PEMS Instructional Site' and an 'Enroll Today' button. Below the banner, there is a breadcrumb trail: 'Home > Topics > Provider Enrollment > Instructional Site'. The main heading is 'Provider Enrollment and Management System (PEMS)' with a sub-heading 'A Step-by-Step Guide'. The text explains that the pages will guide users through the enrollment process and provides links to 'Enrollment Help page' and 'TMHP YouTube channel'. It also instructs users to select an application type from a list: New Enrollment, Existing Enrollment, Revalidation, Reenrollment, and Maintenance.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Provider | Client/Cliente

Search

Home Programs Topics Resources Contact My Account

Welcome to the PEMS Instructional Site

Enroll Today

Home > Topics > Provider Enrollment > Instructional Site

Provider Enrollment and Management System (PEMS)

Last updated on 1/15/2022

A Step-by-Step Guide

These pages will guide you through the process of enrolling as a provider using TMHP's Provider Enrollment and Management System (PEMS) tool. Additional helpful resources are available on the [Enrollment Help page](#) and the [TMHP YouTube channel](#).

To begin, please select the type of application you will be completing. The Application Type you select will determine how TMHP processes your application.

Select an option below for a description of each application type:

- New Enrollment
- Existing Enrollment
- Revalidation
- Reenrollment
- Maintenance

[Return to top](#)

Utilize PEMS system for the following:

- New Enrollment
- Existing Enrollment
- Revalidation
- Re-enrollment
- Maintenance – update demographic information

Log into PEMS account on a monthly basis to ensure accuracy of provider information.

[Provider Enrollment and Management System \(PEMS\) | TMHP](#)

HB 12 Post Partum Extension

- As part of House Bill 12 (HB 12), HHSC extended its postpartum Medicaid coverage from 2 to 12 months for eligible women, effective **March 1st 2024**.
- For CHIP, members will also be receiving 12 months of postpartum coverage, which begins the month after the pregnancy has ended.
- CHIP Perinatal recipients are not eligible for 12 months of postpartum coverage.

Who is eligible?

- Medicaid/CHIP recipients who are pregnant or become pregnant and women who enroll because they become pregnant.
- Medicaid/CHIP recipients who were enrolled while pregnant or are no longer pregnant but are still within their 12-month postpartum period.

Pharmacy Benefit Manager

Navitus Health Solutions is El Paso Health's Pharmacy Benefit Manager for our STAR, CHIP, and CHIP Perinate plans. Providers (prescribers and pharmacies) may contact the Navitus Provider Hotline for questions regarding any of the following:

- Prior Authorizations
- Mail Order/Specialty Pharmacy services
- Point of Sale (POS) Claims processing
- Contracting and Credentialing



Navitus Provider Hotline 1-877-908-6023

Hours: 24 hours a day, 7 days a week

(Closed Thanksgiving and Christmas Day)

www.navitus.com

72-Hour Emergency Prescriptions

72-hour emergency overrides for prescriptions apply to:

- non-preferred drugs on the preferred drug list, or
 - drugs that are subject to clinical prior authorization
-
- A 72-hour emergency supply allows the pharmacy to dispense a three day supply of medication in order to allow the prescriber time to submit a Prior Authorization (PA) request.
 - If the prescribing provider cannot be reached or is unable to request a PA, the pharmacy should submit an emergency 72-hour supply override.
 - Pharmacies will be paid in full for 72-hour emergency prescription claims; there is no cost to the member.
 - Pharmacies may refer to the [Pharmacy Provider Procedure Manual](#) for additional information and requirements.

Pharmacy Quick Reference Guide

Navitus Provider Hotline: 1-877-908-6023

Navitus BIN# 610602 PCN: MCD Rx Group: EPH

Prior Authorizations: Phone 1-877-908-6023 / Fax 1-855-668-8553

Prescriptions for mail order: 1-833-432-7928

Clinical PA Criteria: <https://txstarchip.navitus.com/pages/clinical-edits.aspx>

Pharmacy Listing: <http://www.elpasohealth.com/pdf/PharmacyDirectory.pdf>

Formulary: <https://www.txvendordrug.com/formulary/formulary-search>

Preferred Drug List: <https://www.txvendordrug.com/formulary/prior-authorization/preferred-drugs>

72 hour Emergency Fill: <https://www.txvendordrug.com/formulary/prior-authorization/dispensing-72-hour-emergency-prescriptions>

Long-Acting Reversible Contraception (LARC)

Long-Acting Reversible Contraception (LARC) is covered as a medical and pharmacy benefit.

- **Medical benefit**- providers will continue to have the option to receive reimbursement for LARC as a clinician-administered drug through the existing buy-and-bill process.
- **Pharmacy benefit**- providers can prescribe and obtain LARC products on the Medicaid formulary from certain specialty pharmacies. Providers who prescribe and obtain LARC products through these specialty pharmacies will be able to return unused and unopened LARC product via the Abandoned Unit Return program,
- Please refer to the Vendor Drug Program website for additional information:

<https://www.txvendordrug.com/about/manuals/pharmacy-provider-procedure-manual/p-9-formulary-coverage/long-acting-reversible-contraception-products>

Long-Acting Reversible Contraception (LARC)- continued

[Mirena® \(NDC 50419042301\)](#)

Walgreens Specialty Pharmacy
(877) 686-4633
NPI:1851463087

CVS Caremark Specialty Pharmacy
(817) 336-7281
NPI:1366551848

[Skyla® \(NDC 50419042201\)](#)

Walgreens Specialty Pharmacy
(877) 686-4633
NPI:1851463087

CVS Caremark Specialty Pharmacy
817-336-7281
NPI 1366551848

[Kyleena \(NDC 50419042401\)](#)

Walgreens Specialty Pharmacy
(877) 686-4633
NPI:1851463087

CVS Caremark Specialty Pharmacy
(817) 336-7281
NPI:1366551848

[Nexplanon® \(NDC 78206014501\)](#)

Accredo
(972) 929-6800
NPI: 1073569034

CVS Caremark Specialty Pharmacy
(817) 336-7281
NPI:1366551848

[Paragard® \(NDC 59365512801\)](#)

Biologics, Inc, Specialty Pharmacy c/o TWH Access Solutions
(888) 275-8596
NPI: 1487640314

Providers may also continue to obtain LARC products through the existing buy-and-bill process.

*NDCs are subject to change.

For the most current information, please visit: [TX STAR CHIP - LARC \(navitus.com\)](https://www.navitus.com)

Tetanus, Diphtheria and Acellular Pertussis (Tdap) Vaccine

The Tetanus, Diphtheria and Acellular Pertussis (Tdap) Vaccine is recommended by the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), and American College of Obstetricians and Gynecologists (ACOG) as part of routine prenatal care for pregnant women.

CPT code

90715

Description

Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap)

Providers that do not carry the vaccine in their office may refer members to:

Proaction Inc. (Immunize El Paso)

6292 Trowbridge

El Paso, TX 79905

915-533-3414

Tdap Vaccine Benefit

STAR

- Members up to 18 years of age:
 - Available through Texas Vaccines for Children (TVFC)
 - Claim for vaccine will be processed as informational
 - Administration fee is reimbursable through El Paso Health.
- Members 19 years of age and older:
 - Immunization and administration fee are reimbursable through El Paso Health.

CHIP Perinate

- Members of all ages:
 - Program does not participate with TVFC nor Adult Safety Net (ASN)
 - Immunization and administration fee are reimbursable through El Paso Health.

Healthy Texas Women Program

The Healthy Texas Women program is dedicated to offering women's health services and family planning at no cost to eligible women in Texas.

- They provide a variety of women's health and core family planning services to include:
 - Pregnancy Testing
 - Mammograms
 - Depression
 - HIV Screening
 - Sexually Transmitted Infection Services
 - Screening and Treatment for Postpartum
 - Contraceptives and Permanent Sterilization

Members who are currently enrolled in Medicaid for Pregnant Women may be automatically enrolled in the Healthy Texas Women program once their Medicaid coverage ends.

- Eligible members will receive a letter from Texas Health and Human Services confirming their enrollment in the Healthy Texas Women program.
- Please visit www.healthytexaswomen.org for additional information regarding covered services and eligibility requirements.



Contact Information

Claudia Aguilar

Provider Relations Representative
Phone Number: 915-298-7198 ext.1049

Jose Chavira

Provider Relations Representative
Phone Number: 915-298-7198 ext.1167

Shantee Aguilera

Provider Relations Representative
Phone Number: 915-298-7198 ext.1021

Vianey Licon

Provider Relations Representative
Phone Number: 915-298-7198 ext.1244

Ernestina Mata

Provider Relations Representative
Phone Number: 915-298-7198 ext.1233

Liliana Jimenez

Provider Relations Coordinator
Phone Number: 915-298-7198 ext. 1018

Provider Relations Department

(915) 532-3778

ProviderServicesDG@elpasohealth.com

Quest Diagnostics Representative



Mark Espinoza

Physician Account Manager

E: marcos.e.Espinoza@QuestDiagnostics.com

D: 915-590-1017

F: 915-996-9578

In-Network Laboratory



10767 Gateway West, Ste 420
El Paso, TX 79935
W: 866-697-8378

Adam Delgado

Physician Account Executive

E: Adam.X.Delgado@QuestDiagnostics.com

M: 915-422-1686

F: 915-996-9581

Paula N Duran

Physician Account Executive – Southwest Region

E: Paula.N.Duran@QuestDiagnostics.com

M: 915-710-0193

F: 915-260-6339

Mark Espinoza

Physician Account Manager

E: marcos.e.Espinoza@QuestDiagnostics.com

D: 915-590-1017

F: 915-996-9578

Ray Samaniego

Commercial Sales Director

E: Ray.X.Samaniego@questdiagnostics.com

P: 915.497.8905

F: 915.996.9580



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Quality Improvement

Quality Assurance and Performance Improvement Program

- Pay for Quality (P4Q) 3% Premium at Risk
- HEDIS Hybrid Medical Chart Reviews
- Performance Improvement Projects (PIPs)
- Quality Improvement Committee (QIC)
 - Adverse Events
 - Mortalities
 - Provider and Member Quality of Complaints
- Operations Improvement Committee (OIC)
- HHSC Deliverables
 - Quality Assessment and Performance Improvement Evaluation
 - Administrative Interview Tool
 - Provider Appointment Accessibility and Availability Surveys
- Medical Chart Reviews and Provider Education
- Provider Profiling and Data Analysis

Performance Improvement Projects (PIPs)

TODAY



Deliverables due to HHSC

2023	2024	2025	2026
	STAR/CHIP Reduce PPAs for Behavioral Health <i>(member safety and clinical quality)</i>		
	STAR/CHIP Pre-Eclampsia Pregnancy Outcomes <i>(member safety and clinical quality)</i>		
	STAR/CHIP Reduce Potentially Preventable ED Visits <i>(member safety and clinical quality)</i>		
		STAR/CHIP Childhood Immunizations <i>(member safety and clinical quality)</i>	

Accessibility and Availability

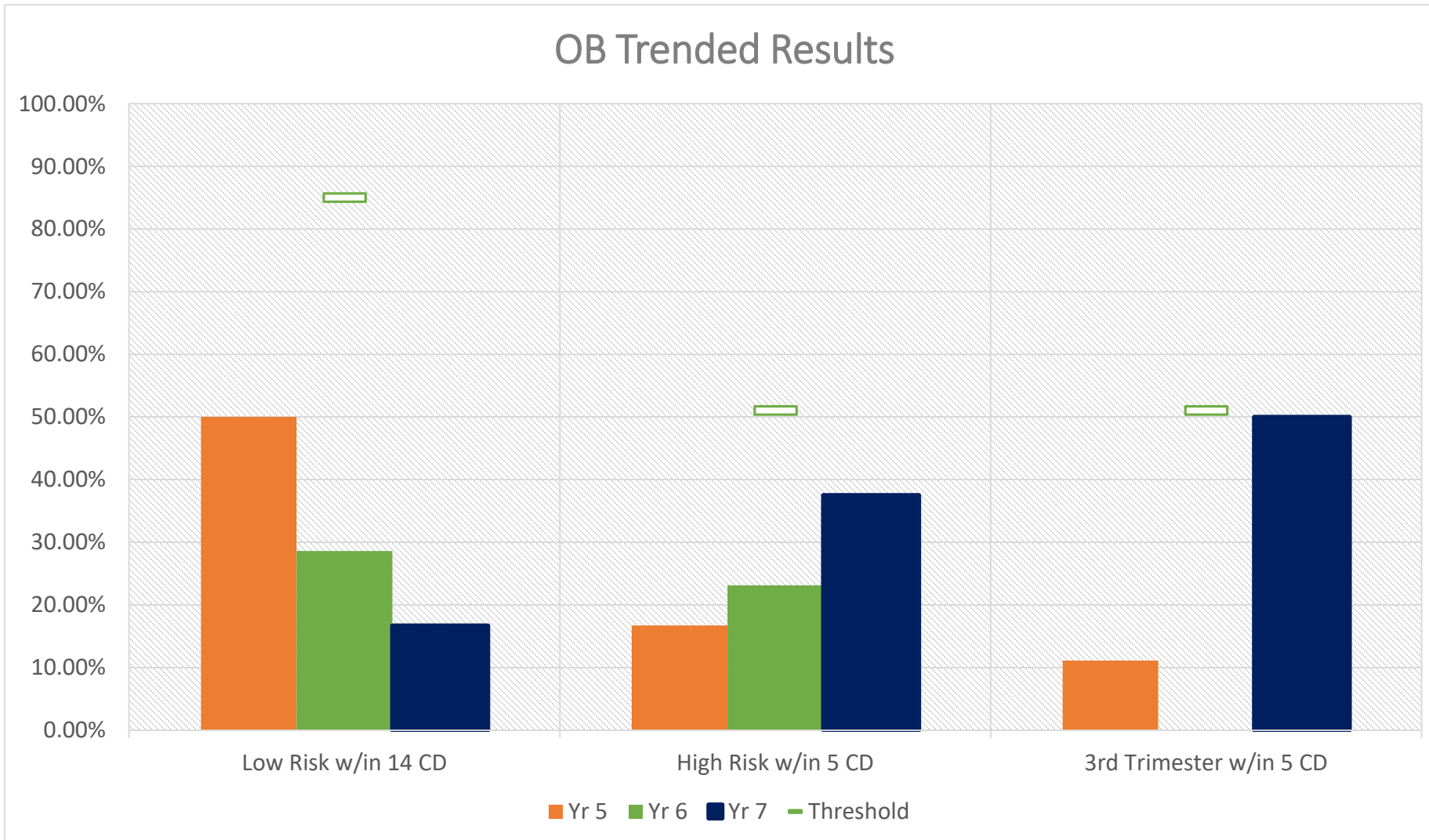
- Regulatory mandate - Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC)
 - **Accessibility:** appointment available **within a specific time frame (calendar days)**
 - **Availability (PCPs only):** after hours availability; **must return call within 30 minutes.**
***Includes OB Providers designated as a PCP*
 - *5 pm to 8:30 am, Monday through Friday*
 - *Any time Saturday and Sunday*
 - **Monitoring Efforts**
 - State-wide secret shopper calls (Senate bill 760)
 - EPH surveys by PR and QI Nurses
- ✓ **Please keep Provider Directories updated!**



Provider Contract Requirement:

Participation in Quality Improvement initiatives and activities. This includes access and availability surveys.

State-Wide Monitoring Results



- CAPs no longer issued
- ONLY LDs will be issued
- State can issue up to \$5k per non-compliant call per day over timeframe
- 36% of calls were excluded due to invalid information in provider directory
- **Please ensure office staff are aware of A&A Standards!**

HEDIS Season!

- Requests sent 02/06/2024
 - Provider Portal
 - Fax or secure email via PR Representative
- Submission Deadline – 03/08/2024
 - *NCQA Deadline to STOP reviews is 05/03/2024*

- Submission Options

Electronic Options

1. *FTP*
2. *QI Fax*
3. *Secure Email – if you have that option*
4. *Load to CD/Thumb-drive and arrange for pick up or drop off*

Paper Options

1. *Print records and arrange for pick up, mail, or drop off*

Electronic Submission
STRONGLY encouraged!

Resources on Website

<http://www.elpasohealth.com/providers/quality-improvement-program/>

- Providers
- Contracting and Credentialing
- Out of Network Provider Enrollment
- Provider Enrollment
- Quality Improvement Program**
- Case Management Referral Form
- Texas Health Steps Information for Providers
- Clinical Practice Guidelines
- HHSC Updates for Providers
- Prior Authorization
- Prior Authorization Tool
- Prior Authorization Catalog

- Find a**
- How do**
- How to**
- Complaints a**
- Medicaid/CHIP A**

Commitment to Quality

El Paso Health's Quality Improvement Program is built upon standards that comply with Texas Department of Insurance (TDI) and HHSC requirements, as applicable. In addition, El Paso Health is accredited by the national accrediting organization URAC and the Quality Improvement Program is consistent with all applicable URAC standards.

Quality Improvement Program

The purpose of El Paso Health's Quality Improvement Program is to continuously improve patient safety and Member outcomes by providing well-coordinated care within a robust network of contracted Providers, invested in providing evidence-based care in a patient-centered environment. The Quality Improvement Program is designed to assure that Members receive care that is consistent with our mission.

Our Quality Improvement Program is designed to improve:

- quality of care for all physical and behavioral health care and services
- member and provider satisfaction
- member safety
- access to services

As part of our commitment to quality, we review a variety of data to track member complaints, safety concerns, quality outcomes, and member and provider satisfaction in order to improve our programs and services to ensure the best quality care is provided. El Paso Health strives to build relationships that strengthen the delivery of healthcare in our community so that we may be the region's trusted community health plan.

- + **Clinical Practice Guidelines**
- + **Access and Availability**
- + **HEDIS Measure Tip Sheets**
- + **HEDIS Hybrid**
- + **Texas Health Steps**

Contact Information

Angelica Chagolla
Director of Quality Improvement
915 298 7198 Ext 1165
abaca@elpasohealth.com

Patricia S. Rivera, RN
Quality Improvement Nurse Auditor
915 298 7198 Ext 1106
privera@elpasohealth.com

Astryd Galindo, RN
Quality Improvement Nurse
915 298 7198 Ext 1177
agalindo@elpasohealth.com



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

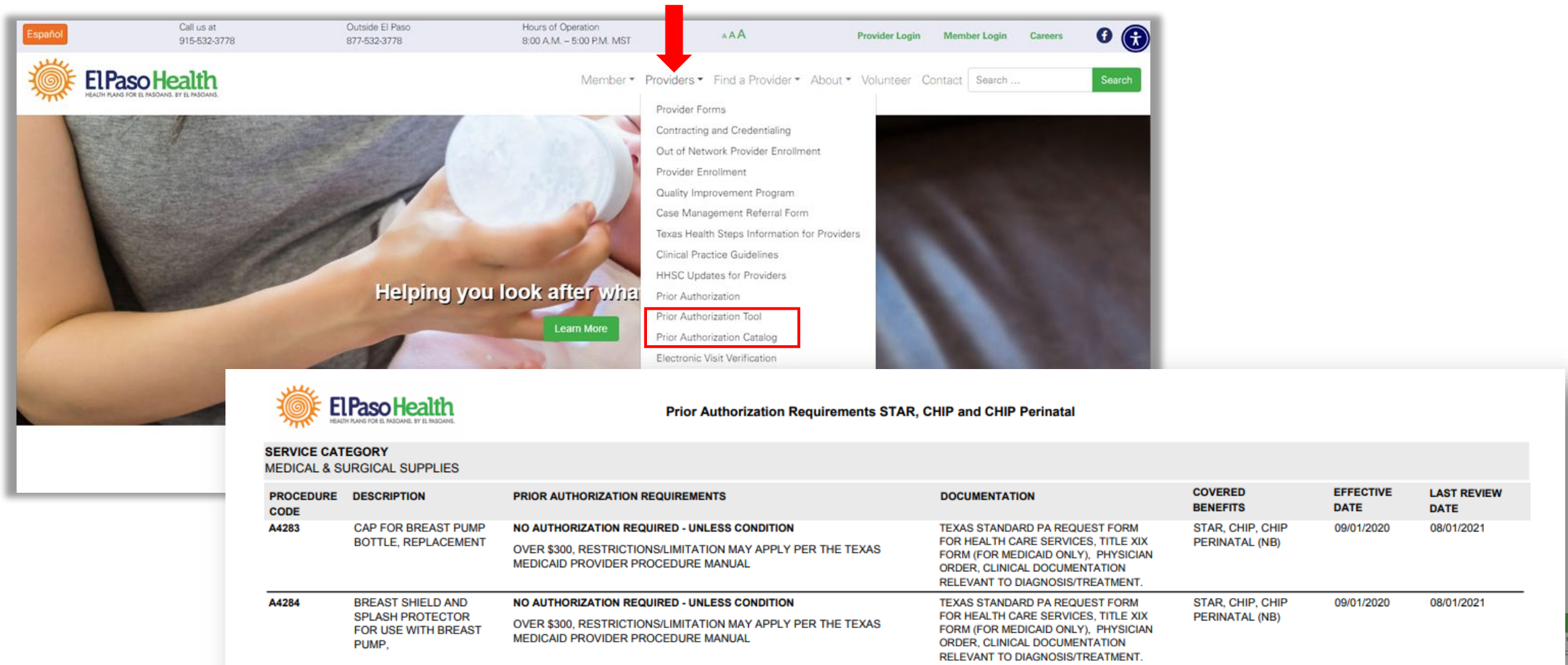
THE HEALTH PLANS OF EL PASO FIRST

Health Services

Prior Authorization Catalog

El Paso Health has developed the Prior Authorization Catalog to help providers determine if a CPT code requires authorization for our STAR and CHIP programs and what supporting documentation you might need.

[Prior Authorization Catalog](#) may be found on our website at www.elpasohealth.com in the Providers tab.



The screenshot shows the El Paso Health website navigation menu. A red arrow points to the 'Providers' dropdown menu, which is open. The 'Prior Authorization Catalog' option is highlighted with a red box. Below the screenshot is a table titled 'Prior Authorization Requirements STAR, CHIP and CHIP Perinatal'.

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP,	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

Prior Authorization Tool

- All questions on the table must be answered in order to be able to search for CPT codes.
 - A 'yes' answer to any of the questions will automatically require a prior authorization.
 - Answering 'no' to all questions on the table will prompt the CPT code search query.
- Enter your CPT code and click Search to determine if prior authorization is required for that specific code.
- Providers may search up to four CPT codes at a time.

Please answer all of the following questions to determine if an authorization is needed:

Types of Services	Yes	No
Are services being provided by an out-of-network Provider?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving oral surgery services?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving plastic and reconstructive surgeon services?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving venous surgical procedures/services?	<input type="radio"/>	<input checked="" type="radio"/>

To determine if an authorization is needed enter CPT code below.
 CPT code: 1: 2: 3: 4:

99214 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING

No authorization is required.

97110 - THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY

Authorization is required.

E0445 - Oximeter device for measuring blood oxygen levels non-invasively

No authorization is required, unless the following condition is met
 Conditions: Over \$300 unless Orthotics/Prosthetics which is over \$200

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

Authorization Requests & Hours of Operation

EPH is required to accept requests using various methods:

- Electronic
- Fax
 - Outpatient (915)298-7866 or Toll Free (844)298-7866
 - Inpatient (915)298-5278 or Toll Free (844)298-5278
- Walk-In/Mail
- Telephonic
 - 915-532-3778 or toll-free 888-532-3778



Authorization are accepted during normal business hours Monday through Friday from 8:00am to 5:00pm (MST).


El Paso Health Medical Director is available after hours and can be reached by El Paso Health's answering service. The call will be transferred to him or the assigned designee.

Essential Information

Essential information is required to complete Standard Prior Auth request regardless of method received.

- Member Name
- Member DOB
- Rendering Provider Name
- Rendering Provider NPI
- Requesting Provider Name
- Requesting Provider NPI
- Services requested (CPT/HCPCS)
- Start & End Dates (DOS)
- Units*

*Not for surgical procedures



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

IMMEDIATE ATTENTION REQUIRED

Date: 3/18/2021 12:05:46 PM

To Company: EPH Attention: EPH
To Fax No: 1 915-298-7866

Re: Member ID: _____ Auth No: _____

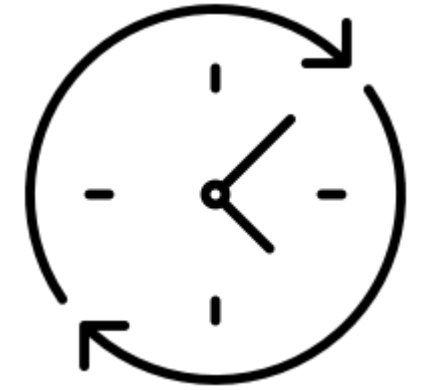
From: El Paso Health Phone No: 915-532-3778
Health Services Department Toll Free Phone No: 877-532-3778
1145 Westmoreland Drive Fax No: 915-298-7866
El Paso, TX 79925 Toll Free Fax No: 844-298-7866

Comments:
We are in receipt of your authorization request for <Member Name> (Member I.D. No. _____).
However, you submitted the authorization request without the essential information and cannot be processed. ****List of what is incorrect, illegible, and missing will be here****

Please correct and resubmit your authorization request in its entirety with this fax coversheet to honor your start of care.

Thank you for your attention to this matter.

Turnaround Times



Day received is day zero, turn around time does not begin until next **business** day

- Standard request – 3 business days
- Expedited request – 24 hours
- Retrospective request – 30 days (start date is 5 business days past date received)

* When requesting additional information, turn around time can be extended up to 14 calendar days

Member and Provider will receive notification of extension for requesting additional information.

- Provider will receive fax
- Member will receive letter in mail



Out of Network Referrals

- El Paso Health will deny out-of-network/out-of-service referrals if medically necessary covered services are available through in-network providers.
- Pregnant members past the 24th week of pregnancy will be allowed to remain under the care of the member's current OB/GYN through the member's postpartum checkup even if the provider is out-of-network, provided and authorization is requested for services.
- El Paso Health will authorize out-of-network/out-of-area services for continuity of care, quality care and services medically necessary that are not available in El Paso Health provider network.

HB 12 – Postpartum Coverage Extension

The Texas Health and Human Services Commission (HHSC) extended its postpartum Medicaid coverage from 2 to 12 months for eligible women due to the House Bill 12.

The extension is effective March 1, 2024.

HHSC is also providing 12 months of postpartum Children's Health Insurance Program (CHIP) coverage. The 12 months of postpartum coverage begins the month after a pregnancy has ended.

Provider enrollment and claims filing processes will not change because of the postpartum extension implementation.



Who is eligible?

HB 12 Postpartum Extension

The following clients are eligible for extended coverage:

Medicaid or CHIP recipients who are pregnant or become pregnant.

- CHIP Perinatal (CHIP-P) recipients are not eligible for 12 months of postpartum coverage. They'll continue to receive CHIP-P coverage through the end of the month during which their pregnancy ends plus two postpartum visits.

Women who received services while pregnant in Texas who would have been covered by Medicaid and apply for Medicaid after their pregnancy ends.

- Medicaid applicants with unpaid medical bills can apply for coverage for up to three months prior to their application month.
- This does not apply to CHIP applicants.

Coverage

HB 12 Postpartum Extension

Medicaid and CHIP recipients don't need to apply to have their coverage extended.

Coverage will be reinstated for the remainder of the 12-month postpartum period for women who are not current Medicaid or CHIP recipients but who were enrolled in Medicaid or CHIP in Texas while pregnant and are still within their 12-month postpartum period (if they are still residents of Texas). They'll get a notice by mail or through their Your Texas Benefits account.

The full array of Medicaid or CHIP covered services remains available in the 12-month postpartum period, including but not limited to:

- Regular checkups.
- Prescription drugs and vaccines.
- Hospital care and services.
- X-rays and lab tests.
- Vision and hearing care.
- Access to medical specialists and mental health care.
- Treatment of special health needs and preexisting conditions.

Exceptions to Eligibility

HB 12 Postpartum Extension

Medicaid and CHIP recipients will receive the extended coverage through their postpartum period regardless of any change in circumstances unless they:

- Voluntarily withdraw.
- Move out of state.
- Are determined to be ineligible because of fraud, abuse, or perjury.
- Die.

For more information about the 12-month postpartum coverage, visit [texashhs.org/postpartum](https://www.texashhs.org/postpartum), or call 2-1-1 and choose option 2.

Case Management Program

STAR / CHIP / Medicare Advantage

We are dedicated to promoting the highest quality care available and provide our members with:

- Resources to enhance health education.
- Pregnancy planning.
- Health promotion.
- Education for reproductive age women and adolescents.
- Comprehensive assessments.
- Service Coordination and collaboration with our valued providers.

**Case
Management**



Our members are encouraged to:

- Discuss available services in detail.
- Obtain education about how to access emergency services, OB/GYN, and specialty care.

Providers may refer members by submitting the [Case Management Referral Form](#) found on our website at www.elpasohealth.com.

- Form must be faxed to 915-298-7866, attention: Case Management



First Steps program offers a nurse and/or social worker :

- Help with pregnancy-related questions
- Help coordinate prenatal care
- Help coordinate social services, mental health services, and provides referrals to community agencies.
- Conduct Home Visits if necessary
- A monthly prenatal class/baby shower

Case Management Overview

- Identification of members who are at risk.
- Assessments to determine severity of condition.
- Individualized Service Plan designed to identify barriers, goals and interventions.
- Education regarding benefits, pregnancy and other conditions.
- Referrals and Service Coordination as needed.
- Home Visits, safety permitting.
- Virtual Connect via VeMiDoc: Face-to-face virtual home visits for members with non-medical drivers of health or complex conditions that require specialized intervention.

Breast Pumps

Members may qualify for purchase of a breast pump once they deliver. The following breast pumps are covered for STAR and CHIP members:

- Manual (***no authorization required***)
- Non-hospital grade electric pump (***no authorization required***)
- A hospital-grade breast pump (HCPCS code E0604) may be considered for rental, not purchase (***authorization is required***)

To obtain a breast pump:

- Member must *obtain prescription* from OB provider or newborn's pediatrician
- Members must take the prescription to an in-network DME provider

No authorization requirement for DME under \$300

NOTE: DME company must keep Title XIX for their records only



Children and Pregnant Women (CPW)

- Is a Texas Medicaid benefit (Star Programs)
- Case Management (CM) services that assist eligible members in gaining access to necessary medical, social, educational, and other services related to their health condition

CPW Eligibility

- Must be Medicaid eligible
- Child birth through age 20 with a health condition
- A woman of any age who has a high-risk pregnancy



Referrals to CPW

- Members may self-refer
- Star members identified as non-MSHCN
- CPW Providers
- Service Coordinator (Case Manager) identifies a service that EPH is not able to provide and is within the scope of the CPW services



CPW Providers

Rendering Provider	Group Name	Telephone Number
Davis, Valesia, RN	Kenyatta Black Counseling, LLC	469-490-1142
Sturrock, Brandi K, LCSW	Maternal Child Network, LLC	713-396-3449
Gonzalez, Iridian, RN	Maternal Child Network, LLC	713-396-3449
Castillo, Norma, FNP	Maternal Child Network, LLC	713-396-3449
Cleveland, Pershelle L, RN	Maternal Child Network, LLC	713-396-3449
Dumas, Amber, LCSW		225-916-4775
Harris, Chamara, LCSW	Health Necessities	832-275-2673
Chiakwelu, Uloma M, RN	Choice Independent Living Incorporated	832-423-4472
Castillo, Hilda A, LBSW	Christian Alliance with Social Services Involvement	210-332-3127
Lee, Denona A, RN		940-323-1973

Genetic Testing / BRCA

Authorization Requirements

Authorization Required:

- Gynecological Pathology Services (Pap smears, STD screening, and Cytology Biopsies)

*Except for CPT Code 82105 (Alpha-fetoprotein; serum), no authorization is required



No Authorization Required (when referred to an In-network Laboratory Provider)

- CPT **81220**: CFTR (cystic fibrosis transmembrane conductance regulator)
- CPT **81243**: FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
- CPT **81329**: SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed
- CPT **81420**: Fetal chromosomal aneuploidy (e.g., trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21
- Quest Diagnostics Test Code 94372: QHerit™ Expanded Carrier Screen

Maternal Depression Screening

Maternal depression Screening is a covered benefit for pregnant & postpartum Medicaid members.

Maternal depression is a serious and widespread condition, not only affecting the mother but having a lasting detrimental impact on the child's health.

Early risks factors include:

- proper child development
- mother-infant bonding
- family dynamics

Positive Findings are referred to Case Management

No authorization is required for the Maternal Depression Screening

Qualifying Criteria

Maternal depression screenings can be conducted at an OB/GYN, PCP, or Pediatrician's office when the following is suspected:

- Perinatal Depression
- Postpartum Depression
- Anxiety Disorders
- Post-Traumatic Stress Disorders
- Bipolar Illness
- Substance Use Disorders



OB Case Manager



Erika Hernandez

OB Case Manager

E: EHernandez@elpasohealth.com

P: 915-298-7198 ext. 1189

Contact Information

Celina Dominguez

HS Administrative Manager

Phone Number: 915-298-7198 ext.1091

Carolina Castillo

Utilization Management Program Manager

Phone Number: 915-298-7198 ext.1122

Jesus Ochoa

Care Coordination Manager

Phone Number: 915-298-7198 ext.1017

Vianka Sanchez

Director of Health Services

Phone Number: 915-298-7198 ext.1135



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Member Services

Community Partner Program

In an effort to assist our members with their Medicaid/CHIP re-enrollments, El Paso Health applied with HHSC to become a Community Partner Program site. Several of our employees underwent certification and training to become Case Assistance Navigators. This allows us to assist with the application process.

If you have EPH members inquiring about their coverage or renewals, feel free to direct them to call us or visit our website to make an appointment. We have designated appointment dates and times throughout the week dedicated to assisting with this process.

**WILL YOUR MEDICAID
BENEFITS END SOON?!**

El Paso Health can help update your account -
and maintain or transition your plan!

MAKE AN APPOINTMENT

EPHM6452301



Call or Visit
El Paso Health
for more info.

915.532.3778
toll free 1.877.532.3778

<https://www.elpasohealth.com/MakeAnAppointment/>

Non-Emergent Medical Transportation (NEMT) Services

Access2Care, an El Paso Health Partner, may be able to help STAR members with Non-Emergent Medical Transportation (NEMT) to Medicaid Services, to include:

- Public transportation



- A taxi or van service



- Money to purchase gas



- Commercial transit



Access2Care

- To request transportation, members must call Access2Care at 1-844-572-8196.
- Arrangements must be made at least two days before appointment or five days before is appointment is outside the county.
- Phones are answered 24 hours a day, 7 days a week, 365 days a year.

Non-Emergent Medical Transportation (NEMT) Services, cont.

Members must include the following when calling Access2Care:

- Address and phone number where appointment will take place with exact date & time.
- Name of the physician they will be seeing.
- Address and phone number of where they need to be picked up and can be reached.
- Arrangements must be made by the assigned Case Name.
- Provide details of what they will need. (Lodging, meal assistance, gas reimbursement etc.)

**If the member does not call within the set timeframes, they will be directed back to the Plan and it will delay the arrangements.

Behavioral Health Crisis Line

El Paso Health offers STAR and CHIP members a crisis line for assistance with behavioral health.

- Crisis Line staff is bilingual
- Interpreter services are available, if needed
- Open 24 hours a day, 7 days a week

STAR **1-877-377-6147**
CHIP **1-877-377-6184**



BEHAVIORALHEALTH
CRISIS LINE

Available 24 Hours/7 Days A Week

STAR 1-877-377-6147













STAR+PLUS 1-877-377-2950

CHIP 1-877-377-6184

For Members of  **El Paso Health**

VAS – Healthy Rewards

A Great Health Plan Comes With Healthy Rewards.

HEALTHY REWARDS*		MEDICAID MEMBER	CHIP MEMBER	HEALTHY REWARDS*		MEDICAID MEMBER	CHIP MEMBER
	Members have 24-hour, 7-days-a-week access to FIRSTCALL, a bilingual medical advice info line staffed by nurses, pharmacists, and a medical director on call.	✓	✓		Pregnant members can receive: <ul style="list-style-type: none"> • A free convertible car seat after attending a baby shower at El Paso Health. • A First-Steps Baby Shower including a diaper bag, a starter supply of diapers, and other items for the baby. • Gift cards for completing prenatal visits and after confirmation of those visits for: <ul style="list-style-type: none"> o \$25 - Prenatal visit in the first trimester or within 42 days of enrollment. o \$25 - 3rd prenatal visit. o \$25 - 6th prenatal visit. o \$25 - 9th prenatal visit. o \$25 - flu shot during pregnancy. o \$25 - a timely postpartum visit within 7 to 84 days of delivery. 	✓	✓
	A free ride service to help you get to medical appointments, health education classes or Member Advisory Group meetings that are not covered under the Non-Emergency Medical Transportation (NEMT) benefit.	✓	✓		A \$25 Walmart gift card for healthy food related items is offered to Pregnant CHIP Perinatal Members age 19 or older that receive four nutritional counseling/meal planning services.		✓
	Two free books from the EPH Literacy Program for members in speech therapy.	✓	✓		A \$25 Walmart gift card for healthy food related items is offered to Pregnant STAR Members age 21 or older that receive four nutritional counseling/meal planning services.	✓	
	Pregnant members 21 or older can receive up to \$500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions.	✓	✓		In-home breastfeeding counseling support visits for postpartum members with high-risk pregnancies that require specialized intervention	✓	✓
	Members 20 and younger. For contact lenses and glasses (lenses and frames), members receive up to \$125 above the Medicaid/-CHIP benefit.	✓	✓		A \$25 "EPH Food from the Heart" food basket for new members after completing a new member orientation with El Paso Health.	✓	✓
	Members 21 years and older. For contact lenses and glasses (lenses and frames), members receive up to \$150 above the Medicaid benefit, once every 24 months.	✓					
	\$25 gift packet which includes a first aid kit and a \$25 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.	✓	✓				

2024 EL PASO HEALTH Baby Shower Schedule

Baby Shower will be held in-person

(Please note: dates and times are subject to change)

Information provided at the Baby Shower:

- Your Medical Benefits
- Prenatal Care
- Breastfeeding
- Labor & Delivery
- Postpartum Care
- Newborn Care
- Texas Health Steps
- Car Seat Safety

**You will receive a CAR SEAT and DIAPER BAG
for attending the Baby Shower**

Spanish classes at 9:00 a.m.

English classes at 12:30 p.m.

Month - Day

JANUARY 19	FEBRUARY 23	MARCH 15
APRIL 19	MAY 17	JUNE 21
JULY 19	AUGUST 16	SEPTEMBER 20
OCTOBER 18	NOVEMBER 15	DECEMBER 20

Register for the next baby shower by visiting
[elpasohealth.com/babyshower.asp](https://www.elpasohealth.com/babyshower.asp)

*Please try to register by your second trimester.



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



EPHM6-412301

<https://www.elpasohealth.com/baby-shower/>

Member Cost Sharing Obligations

STAR	CHIP / CHIP Perinate
<p>Medicaid Members do not have cost sharing obligations for covered services.</p>	<p>Co-payments for medical services or prescription drugs are paid to the health care provider at the time of service.</p> <p>Members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays.</p> <p>No cost-sharing on benefits for well baby and well child services, preventative services, or pregnancy related assistance, behavioral health visits in an office setting and SUD. (Substance Use Disorder)</p>

Benefit Limitations and Exclusions

Some covered services may have limitations or require a prior authorization. There are certain services that are excluded from the covered benefits for STAR and CHIP members. Examples of exclusions include, but are not limited to, the following:

- Elective surgery to correct vision
- Prostate and mammography screening
- Immunizations solely for travel
- Custodial care
- Personal comfort items (e.g./ telephone, newborn infant photographs)
- Elective abortions
- Gastric procedures for weight loss
- Cosmetic surgery (solely cosmetic purposes)
- Contraceptive medication and sterilization (tubal ligation) are excluded **for CHIP and CHIP Perinate only**
- Over-the-counter medications



Prohibitions on Balance Billing

Members cannot be held liable for any balance related to covered services.

Network Providers and Out-of-Network Providers are prohibited from billing or collecting any amount from a Member for covered services.

According to [Section 1.7.11](#), Billing Clients from Provider Enrollment and Responsibilities from the Texas Medicaid Provider Procedures Manual: Vol.1:

'Providers cannot bill nor take recourse against eligible clients.'



PCP Change Form

Providers can assist members in making PCP changes via fax rather than calling.

The “Primary Care Provider Change Request Form” can be found under the Provider section on our website under:

- Provider Forms
- Member Services Forms

We will honor the date on the fax as the effective date of the PCP change. (It may take 24-48 hours to reflect on the portal)

Please fax the completed PCP Change Request Form to Fax: **915-225-6749**

*Note: the member may also request a PCP change using the app or their member portal.

Provider Forms

+ Claim Forms

+ Complaints and Appeals Forms

+ Credentialing Packet Forms

+ Health Services Forms

– Members Services Forms

Authorization to Disclose information to PCP

1027 Medicaid Eligibility Form

Specialist as a PCP Request Form

Primary Care Provider Change Request Form



PCP Change Request Form



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

1145 Westmoreland Drive
El Paso, Texas 79925
1-877-532-3778
elpasohealth.com



Primary Care Provider (PCP) Change Request Form

I, _____ would like to change my PCP to:
(Member Name)

Provider Name: _____

Provider Address: _____

Provider Phone Number: _____

Provider NPI: _____

I understand that as an El Paso Health Member, I have the right to request a change to my assigned PCP at any time.

Date: _____

Member Name: _____

Member Phone Number: _____

El Paso Health Member ID: _____

Member (or legal guardian) Signature: _____

Print Name of Legal Guardian: _____

If you have any questions or need assistance with changing your PCP, please call El Paso Health Member Services Department at 915-532-3778 or toll-free 1-877-532-3778.

Please fax this completed form to 915-225-6749.

Contact Information

Nellie Ontiveros

Director of Member Services

(915) 532-3778 ext. 1112

Beth Ortiz

Member Services Supervisor

(915) 532-3778 ext. 1096

Javier Herrera

Member Services Supervisor

(915) 532-3778 Ext. 1023



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Special Investigations Unit (SIU)

SIU Team Purpose

Texas requires all Managed Care Organizations like El Paso Health, to establish a plan to prevent Waste, Abuse, and Fraud (WAF). This plan is carried out by El Paso Health's Special Investigations Unit (SIU).



OB Audits

Per TMPPM section, *4.1.3 Elective Deliveries Prior to 39 weeks*, Texas Medicaid restricts any Cesarean section and/or labor induction, to one of the following criteria:

- Gestational age of the fetus should be determined to be at least 39 Weeks.
- When the delivery occurs prior to 39 weeks, maternal and/or fetal conditions must dictate medical necessity for the delivery.

Medical Records Request



- El Paso Health will fax providers the request for medical records.
 - 1st request faxed to the provider's fax number on file. 15 days allotted to provide medical records. After 7 days a friendly reminder is sent.
 - If no response by the 15th day, final request will be faxed requesting records by close of business.
 - If no response or communication from the provider, EPH will initiate a recoupment.
- Please make sure you and/or your Third Party Biller handle a records request in a timely manner and submit all of the documentation requested as soon as possible.
- Failure to submit records results in an automatic recoupment that is not appealable.
- Providers may mail or fax paper records or save to a USB device. You can call your EPH Provider Representatives or the SIU department to request a records/device pick up.
- If there are extenuating circumstances that prevent your office from submitting documentation on time, an extension may be granted but **must be requested in writing before the Records Request due date (emails are a valid form of a written request).**

Medical Records Request Letter Sample



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

1145 Westmoreland Drive
El Paso, Texas 79925
1-877-532-3778
elpasohealth.com



01/01/2024

John Doe, M.D.
P.O. Box 12345
El Paso, TX 79925

Regarding Patient: [Member Name]
Re: Member Health Plan Identification No: #
Re: Date of Birth: MM/DD/YYYY

Request for medical records faxed or emailed:

According to the Texas Medicaid Provider Procedure Manual: Elective Deliveries Prior to 39 Weeks section 4.1.3. Texas Medicaid restricts any Cesarean section, labor induction, or any delivery following labor induction to one of the following criteria: Gestational age of the fetus should be determined to be at least 39 weeks. Modifiers U1 Prior to 39 Weeks and Medically Necessary U2 39 Weeks or Later U3 Prior to 39 Weeks and Not Medically Necessary. When the delivery occurs prior to 39 weeks, maternal and/or fetal conditions must dictate medical necessity for the delivery.

Note: Records are subject to retrospective review. Payments made for Cesarean section, labor induction, or any delivery following labor induction that fail to meet these criteria (as determined by review of medical documentation), are subject to recoupment. Recoupment may apply to all services related to the delivery, including additional physician fees, birthing center, and inpatient and outpatient hospital fees.

El Paso Health has conducted a random evaluation of paid claims for obstetric delivery procedures. The medical record for patient listed above has been selected for retrospective review. This review is being conducted to monitor compliance with the Texas Health and Human Services Commission regulations regarding medically necessary inductions and cesarean sections performed prior to 39 weeks' gestation and the proper use of modifiers. The following documentation must be submitted to El Paso Health for review within 15 days from the date of this letter:

- **Last progress note prior to delivery**

The information must be sent faxed or emailed by **Month, Day, Year.**

El Paso Health
Attn: Ismael Gamez
Fax: (915) 225-1170
Email: igamez@elpasohealth.com

El Paso Health's Medical Director will review the documentation to determine if the procedure was medically necessary. If medical review indicates medical necessity for the obstetrical procedure, El Paso Health will take no further action on the paid claim. If the medical review identifies the induction or cesarean section procedure was performed before 39 weeks of gestation and was not medically necessary, the payment previously rendered will be recouped from the physician(s) involved with the delivery and the facility where the delivery was performed.

Once the retrospective review is completed, you will be notified of its outcome. If you have any questions about the retrospective review process, please contact me at (915) 298-7198 Ext 1015.

If medical records are NOT received, El Paso Health will recoup the claim for lack of documentation.

Sincerely,

Ismael Gamez, RN
Special Investigations Unit Nurse Auditor
Cc: Jorge Guzman, M. D., El Paso Health Medical Direct



Required Documentation

Medical Records

- Last progress note prior to delivery.
- SIU will request the Delivery/Operative Report from the facility. In the event the report is not available, SIU will then request the report from the provider.
- Providers electronic signature is required
- "Authenticated by" is also a valid form of electronic signature.

Any missing documentation will be considered as "incomplete medical records" and the claim will be recouped.





Remember.....

If It's not
documented
It didn't
happen

Closing the Review

Providers office will be notified of the audit findings once the review is completed.



You have the right to dispute/appeal the findings within 30 days of notification.

- The dispute/appeal will be handled by the SIU team.
 - It is not handled by the Complaints & Appeals Department or any other department at El Paso Health.
- EPH will finalize the recoupment of overpaid claims, once the appeal review has been completed.
- EPH will recoup via claims adjustments unless a provider specifies they will submit payment via check.

Reminders

- You may not dispute claims for which you did not provide any documentation.
- No documentation results in an automatic recoupment.
- No medical records will be accepted after the review has been completed.



Provider Hospital Portal Access



UNIVERSITY
MEDICAL CENTER
OF EL PASO

Information Technology (IT) Help Desk

Information Systems

Marcos Flores, Director Cyber Security

(915) 521-7941



The Hospitals of
PROVIDENCE

A COMMUNITY BUILT ON CARE

Benjamin Yates – Physician Analyst

Benjamin.Yates@tenethealth.com

Office: (915) 577-6903

Cell: (915) 603-1648

Provider Portal Access Request



Log into - <https://cwtphysupport.com/applications/remote-access-portal.dot>

Under Resources, click on Access Request Form. This will open a new window providing the basic application. The form is required to be filled out electronically. Once completed, print and fax it.



Remote Access Resources Applications About Us Contact Us

Remote Access Portal

Application Remote Access Portal

Remote Access gives providers and their staff capabilities to remotely connect to hospital resources while away from the facility or from within the practice - a convenient way for providers to complete work or receive patient information without having to be present at a hospital facility. This also allows quick and easy access for clinical staff within the practice to pull information for patients for reference or billing purposes.

Link:

<https://cwtphysupport.com/login>

Resources

- [Access Request Form](#)
- [Remote Access user guide](#)
- [Guest Networking Acceptable Use Policy](#)

Support:

- [Service Desk \(844\) 324-3665](#)

PGN Wireless Network

PGN wireless network allows physicians access to HCA's private wireless network on mobile devices and personal laptops. Once installed and logged in, physicians stay logged on the network at any HCA facility.

- [PGN Wi-Fi Network Agreement](#)



HCA Healthcare Central and West Texas Hospitals

Should you have any questions or concerns, please contact Support:

Service Desk (844) 324-3665

ACCESS REQUEST FORM

Questions? Call 512-901-2777

Please fax complete form to 512-341-6933

Please allow 5-7 business days for access to be processed.

StDavid's HEALTHCARE

Today's Date: 01/01/2023

Access Request Type:
 Meditech Clinical (Primary access for PHI)
 Patient Keeper
 Scheduling Express (schedule view only)
 Meditech Billing (Primary access for billing inquiries)

3-4 User ID (If known)

Please complete before printing-DO NOT HANDWRITE please!!
Please select clinical or billing for Meditech access.

Requestor Information:

First Name: Jane
Last Name: Doe
Personal Phone: 915-555-5555
Home Address: 234 Anywhere Ave.
City: El Paso
State: TX
Zip code: 79905
Preferred E-mail address: preferredemailaddress@domain.com
DOB: 01/01/2000

Practice Information:

Practice Name: Medical Practice Name
Practice Address: 1234 Doctors Row
Practice Phone: 915-555-5555
City: El Paso
State: TX
Zip code: 79905
Practice Manager Name: Office
Practice Manager E-mail Address: Manager

Fill out the form electronically

SIU Contact Information

Ismael Gamez, RN, SIU Nurse Auditor

P: (915) 298-7198 ext. 1015

igamez@elpasohealth.com

Alina Macias, CPC, CPB, SIU Claims Auditor

P: (915) 298-7198 ext. 1108

amacias@elpasohealth.com

Vanessa Berrios, CPC, Director of Compliance

P: (915) 298-7198 ext. 1040

vberrios@elpasohealth.com

When in doubt, reach out!

Waste, Fraud, Abuse Hotline: (866) 356-8395



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Claims

Timely Filing Reminders



Timely filing deadline

- 95 days from date of service

Corrected claim deadline

- 120 days from date of EOB

Electronic Claims

Payer ID Numbers

Claims are accepted from:

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

Availity/TPS Payer Identifications

El Paso First Health Plans Premier Plan STAR Medicaid HMO	EPF02
El Paso First Health Plans CHIP	EPF03
El Paso First Health Plan HCO Healthcare Options	EPF37
Preferred Administrators	EPF10
Preferred Administrators Children's Hospital	EPF11
El Paso Health Advantage Dual SNP	EPF07

Frequent Denials

- Diagnosis code(s) Z91410 is not typical for a patient whose age is 17 years, the typical age range for diagnosis Z91410 is 18 years and older.
- Per Medicaid guidelines, the required modifier is missing or the modifier is inappropriate for the procedure code.
- Per Medicaid guidelines, the patient's age does not meet policy requirements for the procedure code and/or a diagnosis code.
- Multiple vaginal or cesarean delivery procedure codes 59514 on Claim ID 22XXXE0XXXX, Line ID 0001 and 59514 on History Claim ID 22XXXE0XXXX, Line ID 0001 have been reported without a diagnosis code for multiple gestation and an outcome of delivery code from diagnosis code category Z37.

CHIP Perinate

Reminder

- Laboratory and radiological services are limited to services that directly relate to ante partum care and the delivery of the covered CHIP Perinate until birth.
 - Always include the pregnancy ICD-10-CM code to the highest degree of specificity as your primary diagnosis on any lab or radiology order. (this is important to ensure lab or radiology claims are not denied).
 - You may include other diagnosis that coexist.

*Pregnancy codes can be found in Chapter 15 of the ICD-10-CM (Pregnancy, Childbirth, and the Puerperium).

Coordination of Benefits

STAR / CHIP

- Claims are billed fee-for-service.
- Primary carrier Explanation of Benefits (EOB) is required when processing your secondary claim.

Coordination of Benefits

Example

CPT	Charge	Primary Carrier Allowed Amt.	Primary Carrier Payment	Patient Responsibility
59412	\$4,850.00	\$3,400.00	\$2,720.00	\$680.00

- Claim should be submitted with the Primary Carrier EOB.
- Timely Filing 95 days from date on Primary EOB.
 - When billing El Paso Health you will need to bill fee-for-service
 - Example on next slide

Coordination of Benefits

Example

DOS	CPT	Charge	Primary Carrier Allowed Amt.	Primary Carrier Payment	El Paso Health Allowed Amt.	Primary Carrier Patient Resp.
10/1/2019	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
11/1/2019	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
12/1/2019	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
1/2/2020	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
2/1/2020	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
3/1/2020	59412	\$3,500.00	\$2,500.00	\$2,000.00	\$3,000.00	\$500.00

\$4,850.00 \$3,400.00 **\$2,720.00** **\$4,170.00** \$680.00

Subtract the primary carrier from the EPH allowed amount

EPH Allowed Amt. \$4,170.00
Primary Carrier Allowed Amt. **(\$2,720.00)**

\$1,450.00 ←————→ \$680.00

Pay the Lesser of the 2 amounts

Contact Information

Patricia Diaz

Director of Claims

(915) 532-3778 ext. 1171

Adriana Villagrana

Claims Manager

(915) 532-3778 ext. 1097

Diana Carreon

Claims Project Manager

(915) 532-3778 Ext. 1190



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

