

Welcome Providers!

Ancillary Provider Specialty Training

August 14, 2014



Agenda

- Welcome & Introductions
- When to Contact Provider Relations
 - Provider Relations
- Authorization Process for Therapies, Amendment Requests & Authorization Process for Home Health Services
 - Health Services
- Updated El Paso First Website
 - C.A.R.E.
- Value Added Services
 - Member Services

When to Contact Provider Relations

Lili Archuleta

Provider Relations Representative

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Contact Provider Relations

- ✓ Changes in address locations
- ✓ If you are adding or terming a provider
- ✓ Billing company changes
- ✓ NPI/TPI updates
- ✓ Phone and fax updates, etc.

Any changes you consider we may need in order to update our system and your records

IMPORTANT

Demographic Form

If there are any changes to report, please submit a demographic form.

The information on the W-9 must match the provider billing information on the demographic form



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Health Plans, Inc. Telephone: (915) 532-3778, Fax: (915) 225-6742

IMPORTANT: Completion of this form is not considered a binding contract with El Paso First. For more information on contract plans for participation please contact your Provider Relations Representative.

Demographic Information Form	
Please Check off Health Plan Participation (Contract):	
<input type="checkbox"/> Medicaid/Premier Plan <input type="checkbox"/> HCO	<input type="checkbox"/> PCP <input type="checkbox"/> Allied Health (PT, OT, ST, LPC)
<input type="checkbox"/> CHIP <input type="checkbox"/> TPA (Preferred Admin)	<input type="checkbox"/> Specialist
<input type="checkbox"/> CHIP Perinate	<input type="checkbox"/> Ancillary (DME, Home Health, Facility)
Group/Facility Name	
Group NPI:	Group TPI:
Group Tax-ID:	
Provider Name (Last, First, Middle):	
Professional Category:	
<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> LPC	
<input type="checkbox"/> Other:	
Individual NPI:	Individual TPI: <input type="checkbox"/> Pending (in process)
Primary Specialty:	Sub-Specialty:
Medical License:	If applicable EPSDT Number:
Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish	Accepting New Patients <input type="checkbox"/>
<input type="checkbox"/> Other	Established Patients Only <input type="checkbox"/>
Practice Limitations: <input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> Age Range () <input type="checkbox"/> Other	
Office Days/Hours:	CLIA: <input type="checkbox"/> Waiver <input type="checkbox"/> Certificate
After Hours:	Laboratory: <input type="checkbox"/> Yes <input type="checkbox"/> No
Provider Billing Information	
W-9 must be submitted along with Demographic Information Form	
Official Business Name (as it appears on W-9/IRS Documentation)	
Doing Business As (if different from above) <i>**this information must match Box #33 on claim fom</i>	
Billing Address, City State and Zip Code:	
Tax ID Number:	
Primary Practice Location	Secondary Practice Location
Address:	Address:
City, Zip Code:	City, Zip Code:
Phone Number: () () ()	Phone Number: () () ()
Fax: () () ()	Fax: () () ()
Primary Contact Person: First and Last name	Phone Number email address:
For EP First Staff Only:	
Verifications: <input type="checkbox"/> W-9 <input type="checkbox"/> NPPES <input type="checkbox"/> TPI Look Up <input type="checkbox"/> Provider Letter <input type="checkbox"/> Other	
Provider Type: <input type="checkbox"/> PCP <input type="checkbox"/> PCP/Specialist <input type="checkbox"/> Specialist <input type="checkbox"/> Ancillary <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Hospitalist	
Contract Type: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Attachment D <input type="checkbox"/> Attachment B/C <input type="checkbox"/> Attachment F <input type="checkbox"/> Facility <input type="checkbox"/> LOA <input type="checkbox"/> Ancillary <input type="checkbox"/> After Hours	
Credentiaing: Provider Credentialed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	
Credentiaing: Credential Site Visit <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	
Actions: Add: <input type="checkbox"/> To Network <input type="checkbox"/> To Group <input type="checkbox"/> Program	
TERM: <input type="checkbox"/> From Network <input type="checkbox"/> From Group REASON: _____	
<input type="checkbox"/> STAR <input type="checkbox"/> CHIP <input type="checkbox"/> CHIP Perinate <input type="checkbox"/> HCO <input type="checkbox"/> CM <input type="checkbox"/> TPA Effective Date: ____/____/____	
<input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating	
Comments: _____	

Where to locate forms

www.epfirst.com

Call us at
915-532-3778

Outside the El Paso
1-877-532-3778

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Go to Providers and
click on Provider Forms

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Continued ...

Provider Forms

To search type and hit enter...

Download our Provider Forms Below

Web Portal Forms	+
Health Services Forms	+
Complaints and Appeals Forms	+
Members Services Forms	+
Claims Forms	+
Credentialing Packet Forms	—

- [DME Supplies Form](#)
- [Demographic Form](#)
- [W9 Form – Request for Taxpayer Identification Number and Certification](#)
- [Credentialing Checklist for Organization/Facility](#)
- [Credentialing Application for Organization](#)
- [Initial Credentialing Checklist for Physician](#)
- [Re-credentialing Checklist for Physician](#)
- [Texas Standardized Credentialing Application](#)

Misc. Forms +

Go to Credentialing Packet Forms then click on Demographic Form



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All you need to know about providing services to El Paso First members.

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Provider Directories and Member Handbooks breakdown by Program.

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DME Supply List



DME SUPPLIES FORM: In order to better assist our providers and members to obtain their particular DME need please check off the DME items and services your agency is able to provide. If you have any questions please contact Provider Relations at 915-532-3778 press 4 and ext. 1507.

Provider/Group Name: _____

DME Supplies	Services Provided	Hours of Operation	After Hours	House Calls	Deliveries	Pick Up	Mail Order
	<input type="checkbox"/>	M-F 8am-5pm	Answering Msg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apnea Monitors	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bandages(wound care)	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom Equipment	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Pumps	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canes/Crutches	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPAP/BiPAP Units/Supp	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creams/Washes	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decubitus Care	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic Supplies	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enteral Supplies	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Beds	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence Supplies	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mattress Replacement Sys	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needles/Syringes	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Supplements	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Footwear	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthotic Devices	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ostomy Supplies	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen/Respiratory	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal Stimulator	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TENS	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traction/Trapeze	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uterine Monitor	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walkers	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchairs-Manual	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchairs-Power	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchairs-Rental	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchairs-Repairs	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair Seating	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urology Supplies	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Vac Supplies	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Care Supplies	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please indicate _____							

Contact Information

Lili Archuleta
Provider Relations
Representative

larchuleta@epfirst.com
(915) 532-3778 ext. 1017

Provider Relations Department
(915) 532-3778 ext. 1507

Authorization Process for Therapies

Presented by: Edna Lerma
Health Services Clinical Supervisor

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Prior Authorization Process

ST/PT/OT

- Prior Authorization is required (Initial evaluation and re-evaluation do not require an authorization)
- *All* requests for ST/PT/OT are reviewed for medical necessity
- When requesting PA include supporting clinical documentation

Early Childhood Intervention (ECI)

- All health-care professionals are required by federal and state regulations to refer children who are 35 months of age and younger (i.e., before their third birthday) to the Texas ECI Program as soon as possible, but no longer than 7 days after identifying a disability or suspected delay in development.

Early Childhood Intervention (ECI)

- The Texas ECI Program is available statewide to all children who have been determined to be eligible for ECI services by ECI Program providers.
- To be eligible for ECI services, children must be 35 months of age and younger (i.e., before their third birthday) and have disabilities or developmental delays as defined by ECI criteria.

Prior Authorization Process

Supporting Clinical Documentation

- CCP Form for STAR members ONLY (must be signed and dated or signed prescription must be attached)
http://www.tmhp.com/Provider_Forms/Medicaid/Request-for-Initial-Outpatient-Therapy-TP1.pdf
- A current therapy evaluation
- A client-specific comprehensive treatment plan with a signature, must include diagnosis and treatment goals

Amendment Requests

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Amendment of Authorization

- A request to amend an authorization must be submitted prior to claim submission via fax at 915-298-7866
- Our Case Managers will review your request and determine if an amend can be made
 - Most common amendment requests
 - DOS (extended)
 - CPT Codes (addition/deletion)

Authorization Process for Home Health Services

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Prior Authorization Process

- Any request for Home Health Services requires prior authorization along with clinical documentation indicating medical necessity for the requested service and Plan of Care
- Initial evaluation and re-evaluation do not require PA

Contact Information

Health Services Department
915-532-3778 ext. 1500

Updated Website

Adriana Cadena
C.A.R.E. Unit Manager

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Purpose

- Focus on our members
- Provide accessible information to our Providers

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PROVIDERS

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VALUE-ADDED SERVICES

HOW DO I QUALIFY?

Members *Helping you access your benefits*

To search type and hit enter...

Thank you for being
part of El Paso First.



Our Member Services staff consists of highly qualified and trained individuals, fluent in both English and Spanish.

You can reach our Member Services Department at 915-532-3778 or toll-free 1-877-532-3778. We are available Monday through Friday from 7 a.m. to 5 p.m., Mountain Time. We can:

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FIRST STEPS FOR HEALTHY BABIES



This program ensures you receive medical services to keep you and your unborn baby healthy during your pregnancy.
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Texas Health Steps is more than just a medical checkup.
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HEALTH & WELLNESS



You can raise your kids to be healthy for life.
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Special Medicaid services for the children of farmworkers who travel for work.
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OUR CASE MANAGEMENT PROGRAM



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MEMBERS

PROVIDERS

PROGRAMS

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EVENTS

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Providers *Our partners in providing quality health care*

We Are Proud!

We are proud of our extensive network of providers and the quality health care they provide to our members. Our network currently has more than 1,000 providers, including physician groups, specialists, ancillary providers, and 8 hospitals offering comprehensive care to our members. To view our network of providers, please select Provider Directories to the right.



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Provider Directories and Member
Handbooks breakdown by Program

We are proud of our extensive network of providers and the quality health care they provide to our members. Our network currently has more than 1,000 providers, including physician groups, specialists, ancillary providers, and 8 hospitals offering comprehensive care to our members. To view our network of providers, please select Provider Directories to the right.



If you are not part of our network and would like information about joining El Paso First, please [click here](#) to email the Provider Relations Department or call us at 915-532-3778 ext. 1507. You can also [view our El Paso First Department Extensions here](#). Thank you for your interest!

Contact Provider Relations for:

- Changes in address locations
- Name changes
- Billing company changes
- NPI/TPI updates
- Phone and fax updates, etc.
- Any changes you consider we may need in order to update our system and your records.


Provider Resources ↴

Fax Blasts and Communication +


Quarterly Provider Orientations +

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 Texas Health Steps Resources for Providers
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 First Steps OB Case Management Program
[Complete the visit information →](#)

OUR CASE MANAGEMENT PROGRAM

 We are here to help meet your needs.
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CLINICAL PRACTICE GUIDELINES

 Clinical Practice Guidelines provide a framework for specific clinical processes.
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ADDITIONAL RESOURCES

[FAQS →](#)
[Links →](#)

Contact Information

Maritza Lopez-THSteps Coordinator

mlopez@epfirst.com

(915) 532-3778 ext. 1071

Lluvia Acuña-Migrant Outreach Coordinator

lacuna@epfirst.com

(915) 531-3778 ext. 1075

Adriana Cadena-C.A.R.E. Unit Manager

acadena@epfirst.com

(915) 532-3778 ext. 1127

SFY 2015 Value Added Services

Edgar Martinez

Director of Member Services

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Effective September 1, 2014

Medicaid - Value Added Services

- Help getting a ride to doctor visits or health classes for Members who need a ride
- Extra dental services up to \$295 (initial checkup, x-rays, and a routine cleaning) for Members age 21 and older through Project Vida
- Up to \$125 above the Medicaid benefit for contact lenses, lenses, and frames
- Welcome Packet: A \$25 value of over-the-counter items if the request form is completed and mailed back within 30 days of enrollment
- Free calls or texts from El Paso First for related health activities. One free cell phone per household from the Lifeline Assistance Program for those who qualify.
- 1 free car seat per pregnancy for pregnant Members who complete a pregnancy class at El Paso First.
- \$10 gift card for health related items for pregnant Members completing one pregnancy visit within 30 days of enrollment

Effective September 1, 2014

Medicaid - Value Added Services

- Home visits to high risk pregnant Members
- 4 extra food counseling services, above the Medicaid benefit, for Members age 20 and younger
- Up to \$25 for any sport registration activity fee, once every 12 months
- \$15 gift card for health items for Members age 20 and younger completing a timely Texas Health Steps visit
- Gifts of a digital thermometer, an emergency aid booklet (per family per year) and a school supply kit for new Members if requested within 30 days of receiving welcome packet
- \$15 gift card for health items for postpartum Members completing one postpartum visit within 21-56 days after delivery

Effective September 1, 2014

CHIP - Value Added Services

- Help getting a ride to doctor visits or health classes for CHIP and CHIP Perinate Members
- Extra dental services up to \$295 above the CHIP benefit (initial checkup, x-rays, and cleaning) for CHIP Members
- 25% off lenses and frames above the CHIP benefit for CHIP Members
- 20% off certain contact lenses above the CHIP benefit for CHIP Members
- Welcome Packet: A \$25 value of over-the-counter items for new CHIP Members if the request form is completed and mailed back within 30 days of enrollment
- One free cell phone per household and free calls or texts from El Paso First, for related health activities.

Effective September 1, 2014

CHIP - Value Added Services

- Free car seat for pregnant Members who complete a pregnancy class
- \$25 over-the-counter prenatal vitamins packet for new CHIP Perinatal Members if request form is completed and mailed back within 30 days of enrollment
- Home visits to new high risk pregnant Members
- 4 extra food counseling services, above the CHIP benefit, for CHIP Members age 18 and younger
- Up to \$25 for any sport registration activity fee, once every 12 months for CHIP Members
- Gifts of a digital thermometer, an emergency aid booklet (per family per year) and a school supply kit for new CHIP and CHIP Perinatal Members if requested within 30 days of receiving welcome packet
- \$15 gift card for health items for Members age 3 to 6 and 12 to 19 completing a timely well-child checkup

Thank You! Any Questions!

Edgar Martinez

Director of Member Services ext. 1064

Antonio Medina

Enrollment & Member Service Supervisor ext. 1034

Juanita Ramirez

Member Services & Enrollment Supervisor ext. 1063