El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

PROVIDER QUARTERLY ORIENTATION

Thursday, October 24, 2019

12:00 PM - 2:00 PM

LIVE WEBINAR NOW AVAILABLE

Agenda

- **Contracting:** Provider Network and Credentialing
- **Provider Relations:** Provider Relations Updates and Reminders
- **Quality Improvement:** Quality Assurance and Performance Improvement Program & HEDIS Medical Record Review
- **C.A.R.E:** Services for Children of Traveling Farmworkers, Mobile App for Members
- **Health Services:** Pharmacy Reminders
- **Claims:** Claim Reminders
- **Member Services:** Updates

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Provider Network and Credentialing

Sonia Fernandez
Contracting and Credentialing Manager

Onboarding Overview

- EPH's Contracting and Credentialing Department is the initial contact for network participation.
- Initial credentialing events: EPH is responsible for notifying Aperture of a Provider's intent to contract via a Start work file.
- Re-credentialing events: Aperture will notify Providers due for re-credentialing via letter the timeframe in which Provider must submit its credentialing application for processing.
- **Notification letters will be sent to Providers six(6) months prior to the end of the Provider's thirty-six (36) month re-credentialing cycle.**

Credentialing Process

- EPH must complete the credentialing process for a new provider and the claims system must be able to recognize the provider as a Network Provider no later than 90 calendar days after receipt of a complete application
- Expedited Credentialing-The following provider types can qualify for expedited credentialing process: Physicians, Podiatrists, Therapeutic Optometrists, Dentists, Dental Specialists, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists and Psychologists.
- To qualify for expedited credentialing, a Provider must be a member of an established group that is already contracted;
  - ✓ be a Medicaid enrolled provider
  - ✓ Agree to comply with the terms of the contract between the group and EPH
  - ✓ timely submit all documentation and information required to begin the credentialing process

Credentialing Process

- Application forms accepted. Aperture will accept applications via Availity's portal, or Start Work File (SWF)(Application and documents are uploaded via a Provider Doc folder).
- Timeframe for Application Gathering: Initial Credentialing-the application should be complete within sixty (60) calendar days of receipt of the Provider on the Roster or SWF. Aperture will close the file with a status of PSV004 or "non profile" and return the file to EPH.

Primary Source Verification (PSV)

- What is primary source verification and why is this important?
- Primary source verification is the process in which a practitioner's education, training and licensure are verified.
- It helps the healthcare organization or facility maintain a skilled and qualified practitioner in their network or their staff.
- Through PSV, we ensure that all credentials are current and accurate to prevent medical negligence.

- What is considered a Primary Source?

Credential	Primary Source
State Medical License	Issuing State Licensing Board
DEA License	Drug Enforcement Agency
Education	Medical Schools
Postgraduate Training	Residency and predoctoral programs
Board Certification	Issuing Board
Current Competence	Peers who are acquainted by the physicians performance

App Gather/PSV Follow-up Timeline

Application Gathering/Primary Source Verification Follow-up Timeline "Re-Cred"			
Application Gathering	Primary Source Verification	Days (Calendar)	Month
Introduction Letter (Committee and Term Date Given)		180	30
Follow-up	PSV Complete or Follow-up for missing information	150	32
Follow-up	PSV Complete or Follow-up for missing information	120	33
Final Letter (Committee and Term Notice)	PSV Complete or Follow-up for missing information	90	34
Optional follow-up	PSV Complete or Follow-up for missing information	60	35
Optional follow-up	PSV Complete or Follow-up for missing information	30	36
File returned to EPH	File returned to EPH	0	37

Timeframe for completing applications

Initial/Recredentialing	Provider Type	Timeframe
Initial	MDs and DOs	15 calendar days
Initial	All but MDs and Dos	30 calendar days
Expedite Initial Screening	MDs and DOs	8 calendar days (assuming complete application)
Urgent Initial	MDs and DOs	8 calendar days (assuming complete application)
Recredentialing	All	Committee Date

CPRC Approval-Contract Effective Date

- All completed applications are presented and approved by Credentialing Peer Review Committee.
- The contract or amendment for each provider will be effective the 1st of the following month.
- **Un-credentialed Providers** will be terminated the first of the following month from CPRC approval.
- **If application is 95% complete before the 1st of the following month those will be reviewed and approved by C&C Lead not to be terminated. (Application must be ready to be presented by next committee date)

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Contact Information

For any questions please contact us directly at the email or phone number below. A Contracting and Credentialing Representative will respond to your inquiry within 48 business hours.

Contracting and Credentialing Department

Contracting_Dept@elpasohealth.com

915-532-3778

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Provider Relations
Updates and Reminders

Vianey Licon

Provider Relations Representative

Provider Directory Verification

It is very important to update your contact information to ensure accurate Provider Directories and Medicaid Online Provider Lookup.

Critical Elements:

- Address
- Phone Number
- Office hours

Age Range

Specialties

PCP

Languages Spoken

Website URL

Accepting New Patients

Note: For any changes please submit an updated demographic form to Provider Relations.

http://www.elpasohealth.com/forms/Provider%20Demographic%20Form.pdf

Fax: (915) 225-6762

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Therapy Referrals for Children

A Guide for Texas Health Steps Providers

Learn how to make timely appropriate referrals for pediatric physical, occupational and speech therapy (PT/OT/ST) services to facilitate effective communication with families and therapy providers.

https://www.txhealthsteps.com/static/courses/therapy/sections/section-1-1.html

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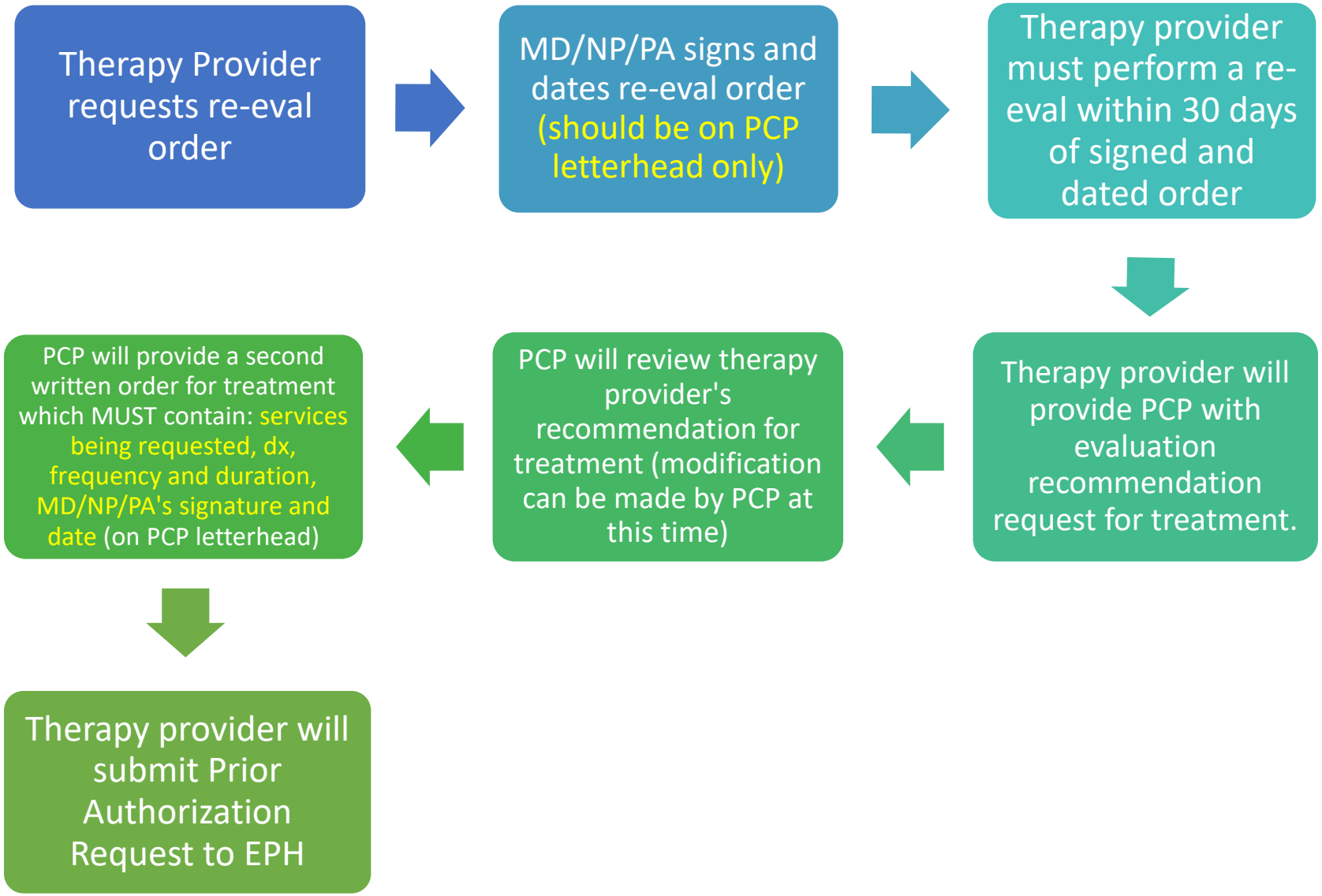
PCP Guidance for Therapy Services



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Texas Health Steps Anticipatory Guidance Provider Guide

THSteps Updates and Reminders

Effective: September 9, 2019

The Texas Health Steps Anticipatory Guidance Provider Guide is now available online on the Texas Health Steps website.

It can be downloaded at the following link – https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/health-services-providers/thsteps/ths-anticipatory-guidance.pdf

For more information on Texas Health Steps checkup requirements: https://www.dshs.texas.gov/thsteps/providers.shtm

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Texas Health Steps Quick Reference Guide

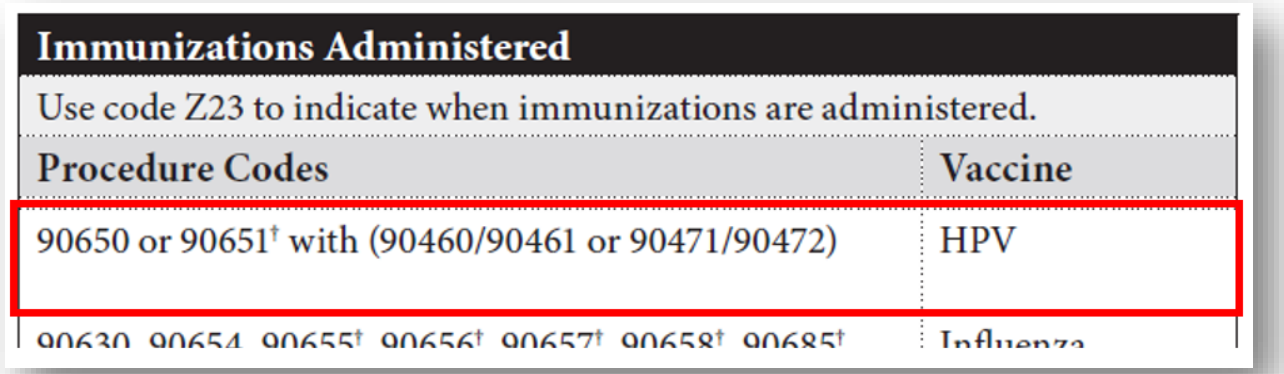
THSteps Updates and Reminders

The **Texas Health Steps Quick Reference Guide** was updated on June 2019.

The Cervarix-HPV2 vaccine is no longer available through the Texas Vaccines for Children (TVFC) Program. The TVFC vaccine reference has been removed from procedure code 90650 listed in the "Immunizations Administered" column of the Texas Health Steps Quick Reference Guide.

For additional information refer to the following link:

http://www.tmhp.com/News_Items/2019/05-May/05-31-19%20Texas%20Health%20Steps%20Quick%20Reference%20Guide.pdf



Immunizations Administered	
Use code Z23 to indicate when immunizations are administered.	
Procedure Codes	**Vaccine**
90650 or 90651† with (90460/90461 or 90471/90472)	HPV
90630, 90654, 90655†, 90656†, 90657†, 90658†, 90685†	Influenza

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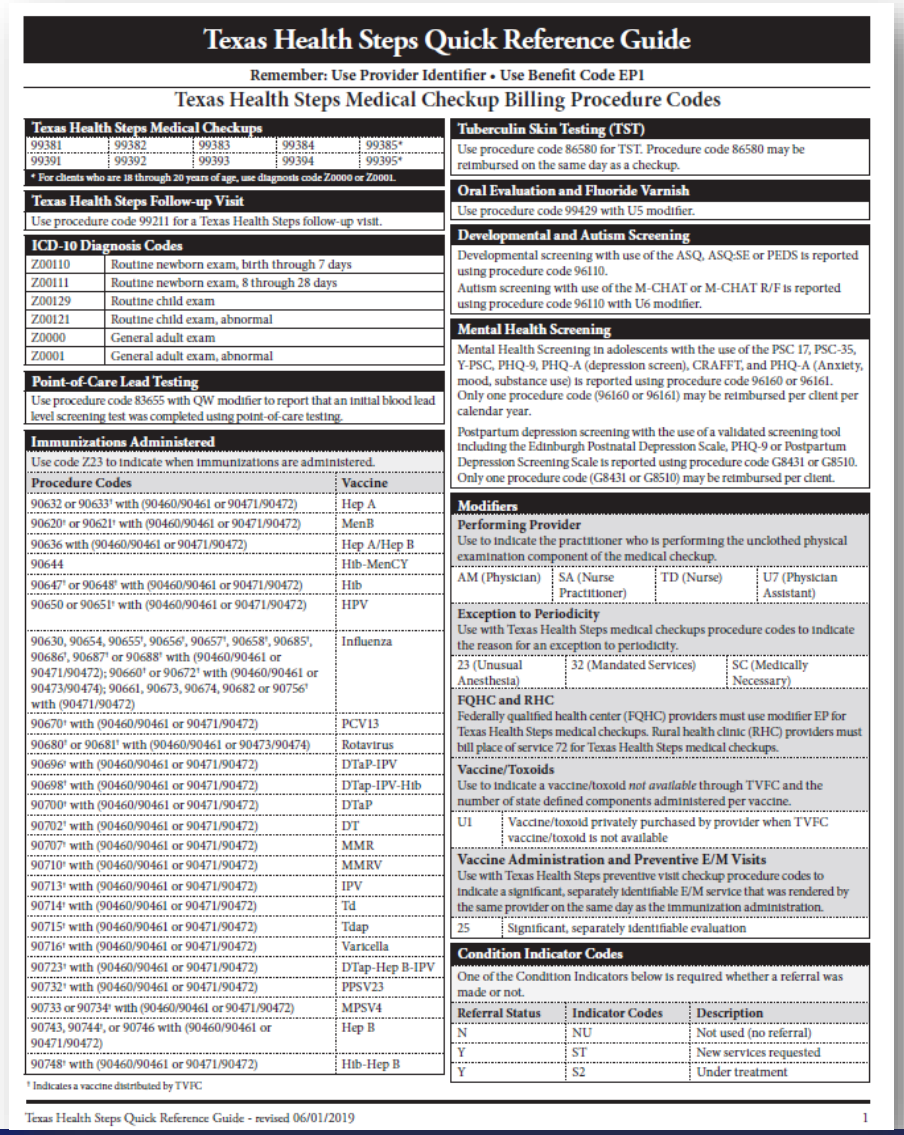
Texas Health Steps Quick Reference Guide

Updated June 2019



Texas Health Steps Quick Reference Guide

Remember: Use Provider Identifier • Use Benefit Code EP1

Texas Health Steps Medical Checkup Billing Procedure Codes

Texas Health Steps Medical Checkups

99381	99382	99383	99384	99385*
99391	99392	99393	99394	99395*

* For clients who are 18 through 20 years of age, use diagnosis code Z0000 or Z0001.

Texas Health Steps Follow-up Visit

Use procedure code 99211 for a Texas Health Steps follow-up visit.

ICD-10 Diagnosis Codes

Z00110	Routine newborn exam, birth through 7 days
Z00111	Routine newborn exam, 8 through 28 days
Z00129	Routine child exam
Z00121	Routine child exam, abnormal
Z0000	General adult exam
Z0001	General adult exam, abnormal

Point-of-Care Lead Testing

Use procedure code 83655 with QW modifier to report that an initial blood lead level screening test was completed using point-of-care testing.

Immunizations Administered

Use code Z23 to indicate when immunizations are administered.

Procedure Codes	Vaccine
90632 or 90633† with (90460/90461 or 90471/90472)	Hep A
90620† or 90621† with (90460/90461 or 90471/90472)	MenB
90636 with (90460/90461 or 90471/90472)	Hep A/Hep B
90644	Hib-MenCY
90647† or 90648† with (90460/90461 or 90471/90472)	Hib
90650 or 90651† with (90460/90461 or 90471/90472)	HPV
90630, 90654, 90655†, 90656†, 90657†, 90658†, 90685†, 90686†, 90687† or 90688† with (90460/90461 or 90471/90472); 90660† or 90672† with (90460/90461 or 90473/90474); 90661, 90673, 90674, 90682 or 90756† with (90471/90472)	Influenza
90670† with (90460/90461 or 90471/90472)	PCV13
90680† or 90681† with (90460/90461 or 90473/90474)	Rotavirus
90696† with (90460/90461 or 90471/90472)	DTaP-IPV
90698† with (90460/90461 or 90471/90472)	DTap-IPV-Hib
90700† with (90460/90461 or 90471/90472)	DTaP
90702† with (90460/90461 or 90471/90472)	DT
90707† with (90460/90461 or 90471/90472)	MMR
90710† with (90460/90461 or 90471/90472)	MMRV
90713† with (90460/90461 or 90471/90472)	IPV
90714† with (90460/90461 or 90471/90472)	Td
90715† with (90460/90461 or 90471/90472)	Tdap
90716† with (90460/90461 or 90471/90472)	Varicella
90723† with (90460/90461 or 90471/90472)	DTap-Hep B-IPV
90732† with (90460/90461 or 90471/90472)	PPSV23
90733 or 90734† with (90460/90461 or 90471/90472)	MPSV4
90743, 90744†, or 90746 with (90460/90461 or 90471/90472)	Hep B
90748† with (90460/90461 or 90471/90472)	Hib-Hep B

† Indicates a vaccine distributed by TVFC

Tuberculin Skin Testing (TST)

Use procedure code 86580 for TST. Procedure code 86580 may be reimbursed on the same day as a checkup.

Oral Evaluation and Fluoride Varnish

Use procedure code 99429 with U5 modifier.

Developmental and Autism Screening

Developmental screening with use of the ASQ, ASQ-SE or PEDS is reported using procedure code 96110.
Autism screening with use of the M-CHAT or M-CHAT R/F is reported using procedure code 96110 with U6 modifier.

Mental Health Screening

Mental Health Screening in adolescents with the use of the PSC 17, PSC-35, Y-PSC, PHQ-9, PHQ-A (depression screen), CRAFFT, and PHQ-A (Anxiety, mood, substance use) is reported using procedure code 96160 or 96161. Only one procedure code (96160 or 96161) may be reimbursed per client per calendar year.

Postpartum depression screening with the use of a validated screening tool including the Edinburgh Postnatal Depression Scale, PHQ-9 or Postpartum Depression Screening Scale is reported using procedure code G8431 or G8510. Only one procedure code (G8431 or G8510) may be reimbursed per client.

Modifiers

Performing Provider

Use to indicate the practitioner who is performing the unclothed physical examination component of the medical checkup.

AM (Physician)	SA (Nurse Practitioner)	TD (Nurse)	U7 (Physician Assistant)

Exception to Periodicity

Use with Texas Health Steps medical checkups procedure codes to indicate the reason for an exception to periodicity.

23 (Unusual Anesthesia)	32 (Mandated Services)	SC (Medically Necessary)

FQHC and RHC

Federally qualified health center (FQHC) providers must use modifier EP for Texas Health Steps medical checkups. Rural health clinic (RHC) providers must bill place of service 72 for Texas Health Steps medical checkups.

Vaccine/Toxoids

Use to indicate a vaccine/toxoid *not available* through TVFC and the number of state defined components administered per vaccine.

U1	Vaccine/toxoid privately purchased by provider when TVFC vaccine/toxoid is not available

Vaccine Administration and Preventive E/M Visits

Use with Texas Health Steps preventive visit checkup procedure codes to indicate a significant, separately identifiable E/M service that was rendered by the same provider on the same day as the immunization administration.

25	Significant, separately identifiable evaluation

Condition Indicator Codes

One of the Condition Indicators below is required whether a referral was made or not.

Referral Status	Indicator Codes	Description
N	NU	Not used (no referral)
Y	ST	New services requested
Y	S2	Under treatment

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THSteps Requirements for Elevated Blood Levels

THSteps Reminders

In accordance with Texas Administrative Code (TAC) Title 25 (Part 1) Chapter 37 Subchapter Q Rule §37.334, the elevated blood lead level requirement has been reduced from 10 mcg/dL to 5 mcg/dL.

For an elevated blood lead level of 5 mcg/dL or greater, the provider must perform a confirmatory test using a venous specimen.

The confirmatory specimen may be sent to the Department of State Health Services (DSHS) Laboratory, or the client or specimen may be sent to a laboratory of the provider's choice.

Information related to blood lead screening and reporting for clients who are under 15 years of age is available on the DSHS Blood Surveillance Groups website https://www.dshs.state.tx.us/lead/providers.shtm

Follow Up Blood Lead Testing

THSteps Reminders

- If the blood lead level is 5 mcg/dL or greater on a venous diagnostic test, the child must be retested according to the schedule in this Texas Childhood Lead Poisoning Prevention Program (TXCLPPP) table

Schedule for Follow-Up Venous Blood Lead Testing after Diagnostic Venous Sample		
Venous Blood Lead Level (mcg/dL)	Early Follow-up (first 2-4 tests after identification)	Late Follow-up (after BLL begins to decline)
5-9	3-6 months	6-9 months
10-14	3 months	6 months
15–19	1–3 months	3–6 months
20–24	1–3 months	1–3 months
25–44	2 weeks–1 month	1 month
45 and up	As soon as possible	Chelation with subsequent follow-up

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Medical Management of Elevated Blood Lead Levels

THSteps Reminders

Children with blood lead levels of 5 mcg/dL or greater require medical management, according to the CDC.

Medical management:

- is performed by a primary care provider
- includes family education about lead exposure prevention
- Provides assistance in identifying sources of lead exposure and requesting an environmental investigation
- TXCLPPP will send the child's health-care provider a form explaining what type of management is required for the child's out-of-range blood level (when a blood test identifies a child has an elevated blood lead level)

When to request an Environmental Investigation

- If child has a venous blood lead test result of 20 mcg/dL or greater.
- If child has venous blood lead test results between 10 mcg/dL and 19 mcg/dL on separate tests at least 12 weeks apart.
- Use TXCLPPP's Request for Environmental Investigation.

Follow-up Physician Resource Forms

THSteps Reminders

- Pb-102: Follow-up of Initial Elevated Blood Lead Level- Used by healthcare providers for follow-up of elevated blood lead levels of a child.

- Pb-104: Physician Checklist for Parent Education Topics - Used by healthcare providers to determine the appropriate lead educational material to provide parents for medical care, environmental intervention, and nutritional intervention.

- Pb-109: Reference for Blood Lead Retesting and Medical Case Management - Revised August 2018 - Used by healthcare providers to determine when follow-up blood lead testing is necessary. Specifically: “Schedule for Obtaining a Diagnostic Venous sample”, “Schedule for Follow-up Venous Blood Lead Testing After Diagnostic Venous Sample”, and “Recommendations for Children with Diagnostic Elevated Blood Lead Levels”

- Pb-110: Lead Risk Questionnaire (English Version)
- Pb-110: Lead Risk Questionnaire (Spanish Version)

- TXCLPP Provider Forms link
- Quick Course Preventing Lead Exposure link

Contact Information

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Provider Relations Department
(915) 532-3778 Ext 1507

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Quality Assurance and Performance Improvement Program

&

HEDIS Medical Record Review

Don Gillis, Director of Quality Improvement

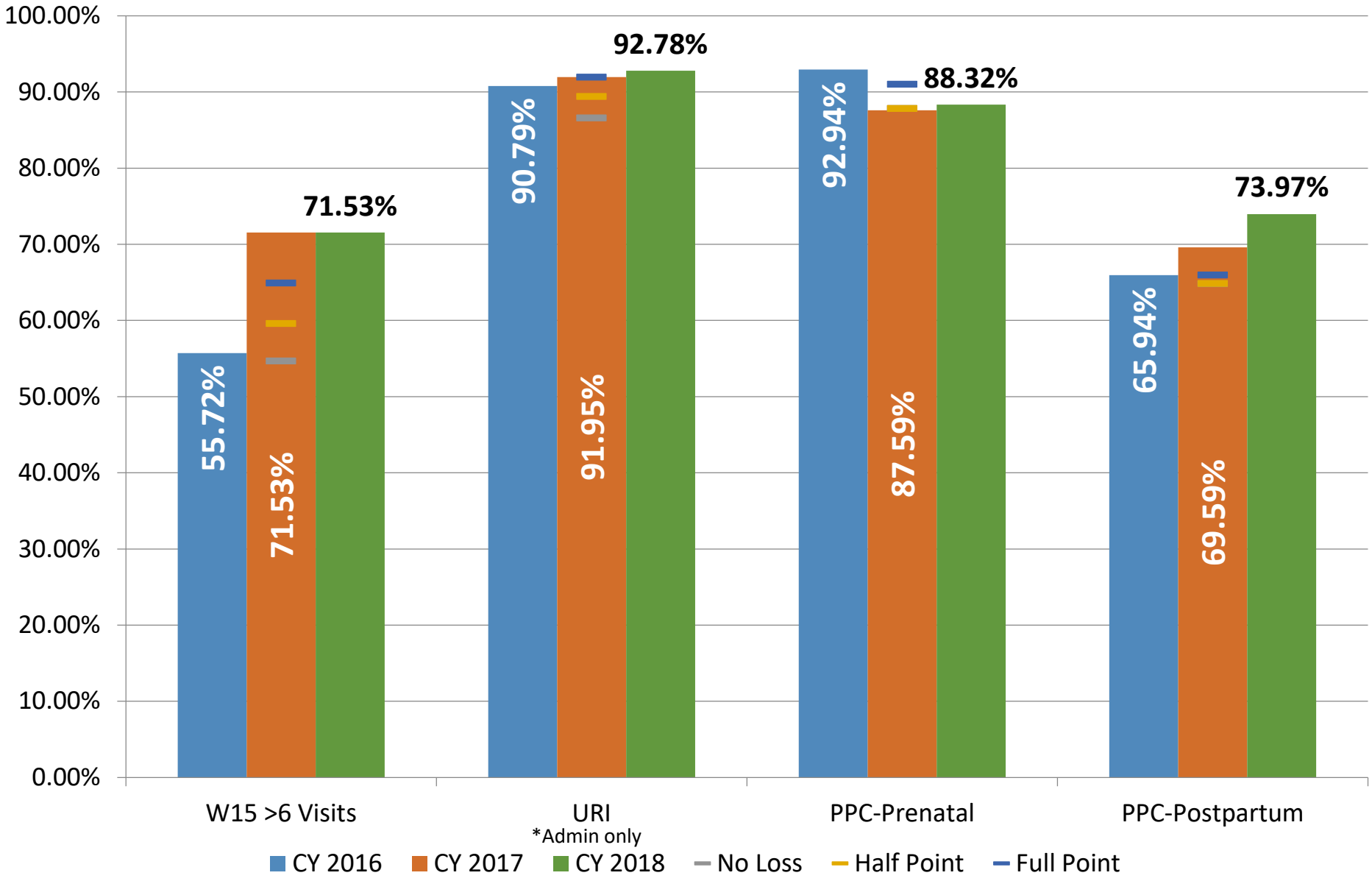
Quality Assurance and Performance Improvement Program

- 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
  - Administrative Interview Tool
  - Provider Appointment Accessibility and Availability Surveys
- Medical Chart Reviews and Provider Education
- Provider Profiling and Data Analysis

What is HEDIS?

- Healthcare Effectiveness Data and Information Set.
- A tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service.
- Hybrid calculation = Administrative claims data + Medical Record reviews
- If member is compliant from claims data, medical record review will not be necessary.

STAR Pay for Quality Measures



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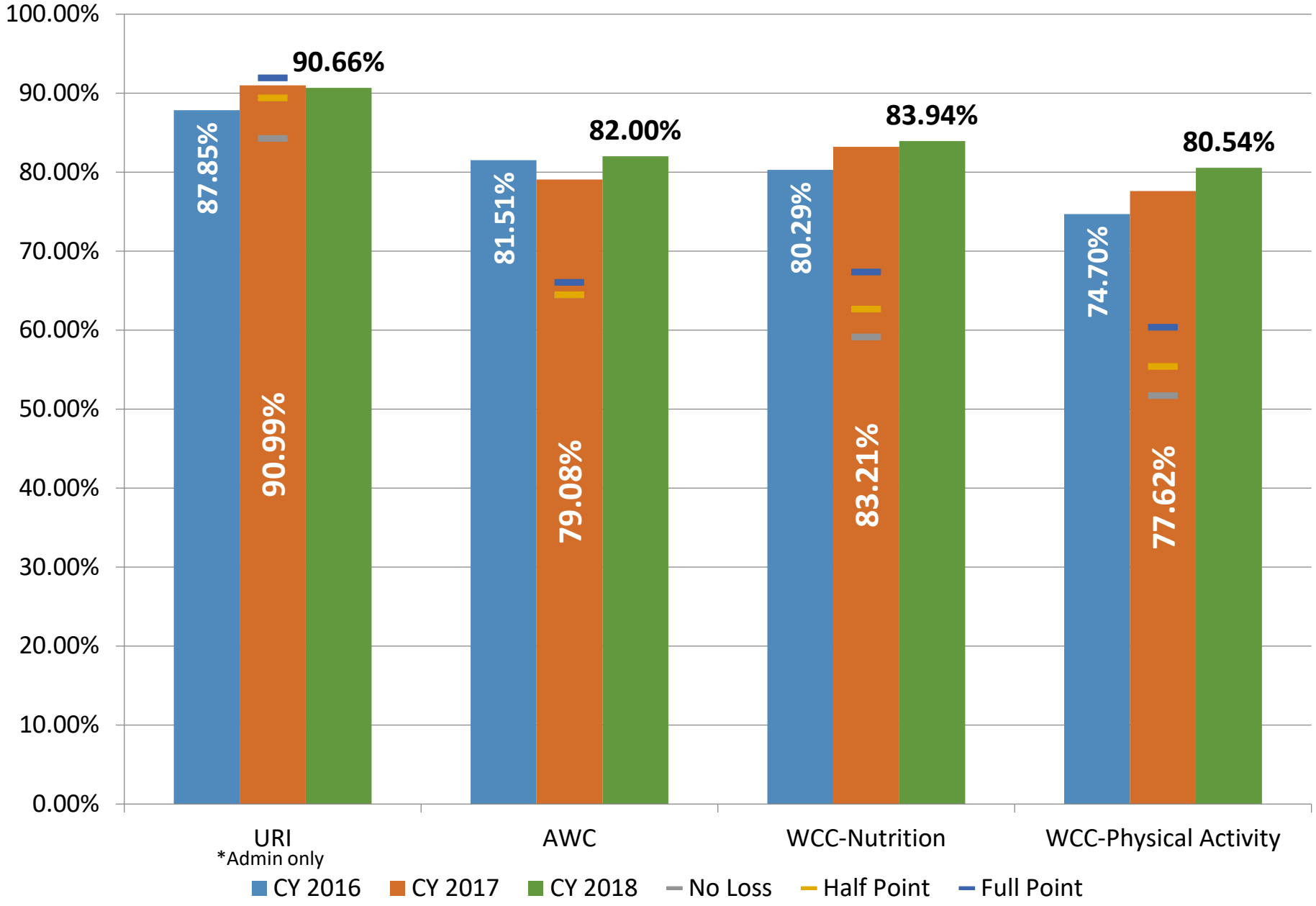
CHIP Pay for Quality Measures



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HEDIS 2019 Hybrid Update

Non-P4Q Measures

Measure			CY 2017	CY 2018	Performance
CHIP	Well Child 3-6 Years		87.10%	86.13%	> National 90th Percentile
	Childhood Immunizations Combo 10		30.07%	36.72%	< National 75th Percentile
STAR Child	Well Child 3-6 Years		88.08%	87.35%	> National 90th Percentile
	Adolescent Well Care		80.78%	81.51%	>National 90th Percentile
	Weigh Assessment	BMI Percentile	85.40%	81.08%	< National 75th Percentile
		Counseling for Nutrition	84.43%	82.09%	< National 90th Percentile
		Counseling for Physical Activity	77.62%	77.03%	< National 90th Percentile
	Childhood Immunizations Combo 10		24.82%	30.66%	< National 50th Percentile
STAR Adult	Controlling Blood Pressure		41.53%	47.92%	< National 25th Percentile
	Comprehensive Diabetes Care	HbA1c Testing	86.63%	79.58%	< National 10th Percentile
		HbA1c Control <8%	40.12%	33.80%	< National 10th Percentile
		Blood Pressure Control	56.98%	51.41%	< National 25th Percentile

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HEDIS 2019 Hybrid Update

- Request made to 185 provider groups

	MRs Requested	MRs Received	MRs Reviewed
HEDIS 2016	3391	2281	99%
HEDIS 2017	2946	2095	96%
HEDIS 2018	3160	2379	100%
HEDIS 2019	**3311**	**2227**	**100%**

HEDIS Medical Record Chases

Requests for medical records will go out to providers starting mid-late January

Medical Records can be submitted to EPH through the following:

- Mailed
- Faxed
- Secure Electronic Transfer
- Dropped off at El Paso Health
- Picked up by Provider Relations Representative

Please send all documentation for requested timeframe!

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HEDIS Medical Record Documentation Tips

WCC	•Include BMI Percentile: not a range, >95 or "High/Low" •Include Growth Charts •Include Anticipatory Guidance on Diet and Exercise
W15 W34 AWC	•Include "Developing Appropriately or Normal Development" NOT "well developed/nourished/appearing"
CIS	• Annual Flu Immunization missing • Complete Rotavirus series
PPC	• Prenatal care in the first trimester or within 42 days of enrollment • Postpartum visit on or between 7 and 84 days after delivery with notation of "postpartum care"
CDC	• Include most recent HbA1c level (<8%) • Include most recent blood pressure (<140/90)
CBP	• Include most recent blood pressure (<140/90) **Even if you are not the provider who monitors BP – send documentation of BP taken at any visit.

Please see hand-out in your packet.

El Paso Health

Quality Improvement Department

Don Gillis, Director of Quality Improvement

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Patricia Rivera, QI Nurse Auditor

915-298-7198 ext. 1106

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915-298-7198 ext. 1177

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Services for Children of Traveling Farmworkers

Adriana Cadena

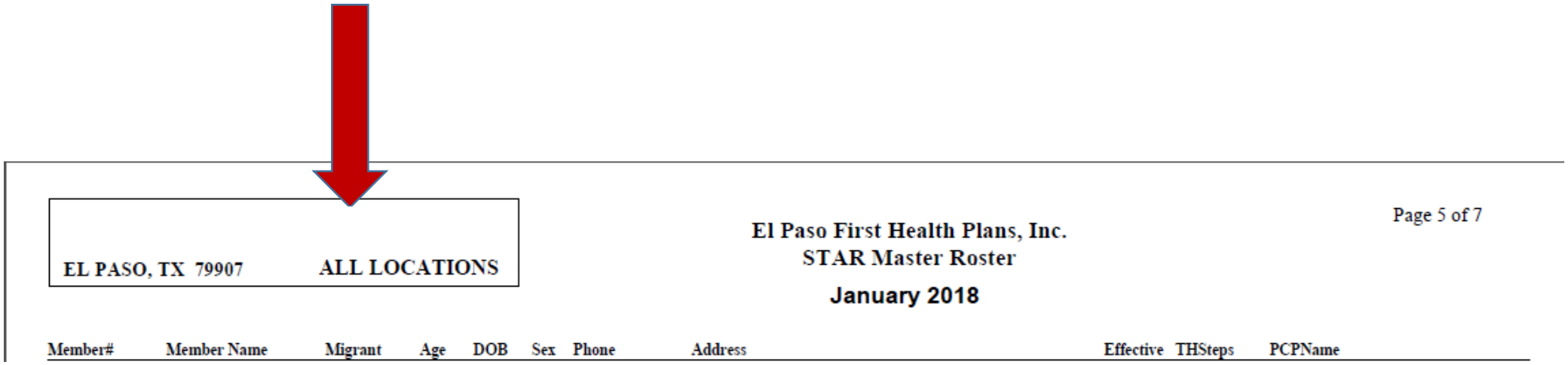
C.A.R.E. Unit Manager

Accelerated Services

- State initiative to provide services to children of traveling farmworkers.
- Coordinate preventive health care services before child travels out of Texas.
- Service needs determined on a case-by-case basis according to age, periodicity schedule, and health care needs.
- Complete Accelerated Services Request Referral form received by EPH Outreach Coordinator for FWC traveling out of Texas.
- Cooperate and coordinate with the State, outreach programs, and school districts.

Indicator on Roster

An indicator was introduced to the STAR/CHIP Master Roster.



EL PASO, TX 79907 ALL LOCATIONS

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El Paso First Health Plans, Inc.
STAR Master Roster
January 2018

Member#	Member Name	Migrant	Age	DOB	Sex	Phone	Address	Effective	THSteps	PCPName

Process on Accelerated Services for FWC

1. Migrant Risk Assessment for new/existing migrant Members:
   - Verify migrant status
   - Identify need for accelerated services
2. If Member needs services, the Outreach Coordinator fills out an accelerated services form.
3. Accelerated Services for Farmworker Children Referral Form is sent to provider.
4. Outreach Coordinator assists Member with scheduling an appointment.
   - Outreach Coordinator will assist Member with transportation if needed.
5. After the appointment, Provider will return the form to El Paso Health for additional follow up if needed.

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Accelerated Services for FWC Referral Form

ACCELERATED SERVICES FOR FARMWORKER CHILDREN REFERRAL FORM

To: _____ (Physician's Name) Attn: _____ (Office Manager) Telephone Number: _____ Fax Number: _____	From: El Paso Health Outreach Coordinator: _____ Telephone Number: _____ Fax Number: _____ Email: _____

Member Name:	Medicaid/CHIP ID #:	DOB:
Member Contact Number:	Member Address:	

REASON FOR REFERRAL: Member needs accelerated services
(address all that apply and add comments if applicable):

- ☐ CONDUCT TEXAS HEALTH STEPS CHECKUP AS PER PERIODCITY SCHEDULE TO INCLUDE: IMMUNIZATIONS, VISION, HEARING AND DENTAL NEEDS & REFERRALS. (USE TEXAS HEALTH STEPS CLINICAL RECORD REVIEW TOOL)
- ☐ PROVIDE MEMBER WITH SUFFICIENT PRESCRIPTION MEDICATION SINCE MEMBER WILL BE TRAVELING OUT OF TOWN FOR AN EXTENDED PERIOD OF TIME.
- ☐ SPECIAL HEALTH CARE NEEDS
  (patient 20 years of age and younger, who has a condition that is expected to last more than 12 months)
- ☐ PROVIDE MEMBER WITH PLAN OF CARE IF APPLICABLE
- ☐ EDUCATE MEMBER ON RISKS AND EXPOSURE TO AGRICULTURAL PRODUCTS AND DANGERS OF SUN EXPOSURE, ETC.
- ☐

PRESENTING CONCERN:

- ☐ Assistance locating covered services when traveling out of state
- ☐ Coordination of care
- ☐ Non-compliance with treatment plan
- ☐ Assistance obtaining durable medical equipment/medical supplies (i.e. nebulizer, peak flow meter)
- ☐ Patient education (i.e. symptom management, self-management strategies, diabetes education)
- ☐ Assistance accessing treatment for behavioral health diagnosis
- ☐ Social concerns, please specify concern(s): _____
- ☐ High risk pregnancy, please specify condition/concern: _____
- ☐ Access to community resources (i.e. support/advocacy groups, basic needs)

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Member Contact

- Post cards
- Auto-dialer
- Text Messages

Estimado miembro, permítanos ayudarle:

El Paso Health tiene servicios especiales de Medicaid para niños de trabajadores del campo que viajan por el trabajo, por eso nos gustaría saber lo siguiente:

¿Es usted trabajador del campo que viaja por el trabajo?
Si ◯ No ◯

¿En la pizca de cebolla, chile, lechuga, tomate, uvas, nueces, etc...?
Si ◯ No ◯

¿Empacando o procesando vegetales, frutas, leche, etc...?
Si ◯ No ◯

Si contestó **SI** a alguna de las preguntas, por favor comuníquese con la Coordinadora al **915-532-3778.** Con gusto le ayudaremos a obtener los servicios médicos que su(s) hijo(as) necesitan. ¡Gracias por su tiempo!

Dear member, let us help you:

El Paso Health has special Medicaid services for children of traveling farm workers. To help you receive these services, we would like to know the following:

Are you a farm worker that travels for work?
Yes ◯ No ◯

Picking onions, chile, lettuce, tomatoes, grapes, pecans, etc...?
Yes ◯ No ◯

Packing or processing vegetables, fruits, dairy, etc...?
Yes ◯ No ◯

If you answered **YES** to any of these questions, please contact our Coordinator at **915-532-3778.** We will be happy to help you get the medical services your children need. Thank you for your time!

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Outreach

- Partner with more than 20 community agencies.
- Partner with Migrant Education Programs of the 11 school districts in El Paso & Hudspeth Counties.

  - Anthony ISD MEP
  - Canutillo ISD MEP
  - Clint ISD MEP
  - Dell City ISD MEP
  - El Paso ISD MEP
  - Fabens ISD MEP
  - Ft. Hancock ISD MEP
  - San Elizario ISD MEP
  - Socorro ISD MEP
  - Tornillo ISD MEP
  - Ysleta ISD MEP

Contact Information

Lluvia Acuña

Outreach Coordinator

lacuna@elpasohealth.com

915-298-7198 ext. 1075

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El Paso Health

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Mobile App for Members

Adriana Cadena

C.A.R.E Manager

Purpose

- Provide El Paso Health Members with easy and quick access to their healthcare information.
- The Mobile App will have the same information that is available on the Member Portal.
- And, it is available in English and Spanish!

Information for the Member on the App

- View and print a temporary ID
- View eligibility information
- Find a Provider
- Request a PCP change
- View authorizations
- View claims
- View wellness information
- Ask a Question
- Frequently Asked Questions

Access to the STAR and CHIP Mobile App

Members can access the Mobile App through their applications store:

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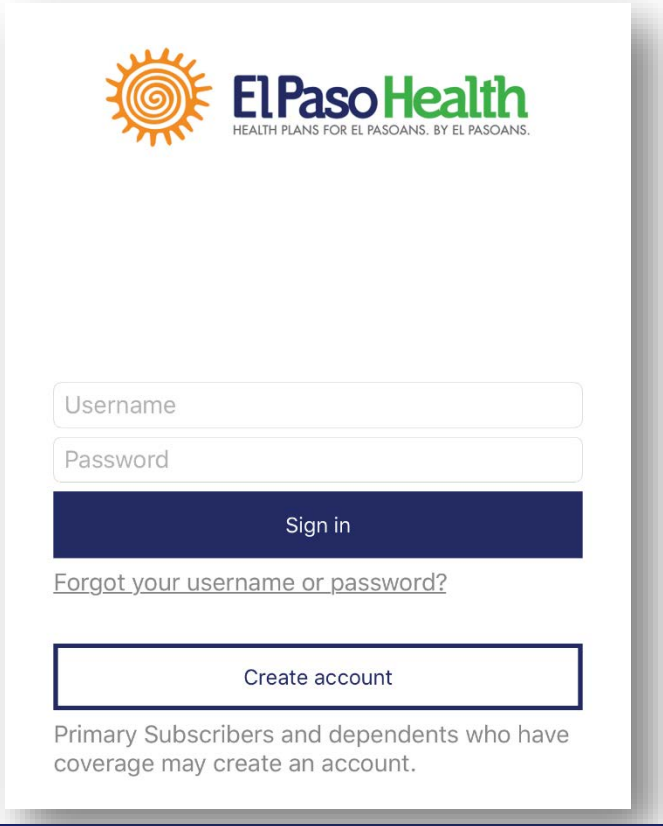
Log-in / Registration

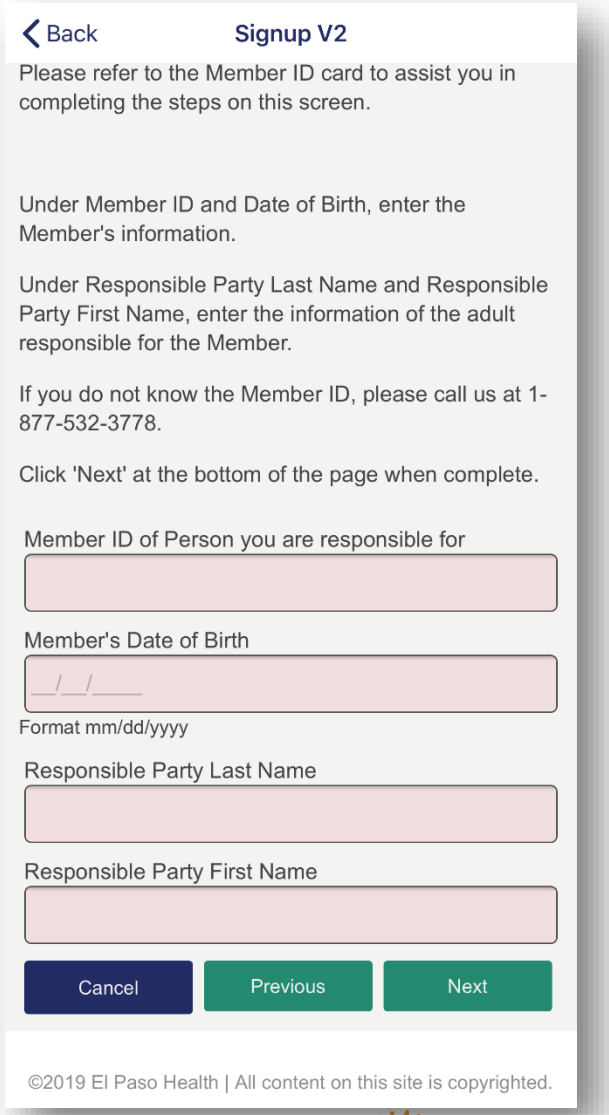
- Members or their Responsible Party can use the same log-in as they have for the Member Portal.
- Or, they can register via the App as well.



Registration – Step 2

- To register, Member/Responsible Party needs the following:
  - **Member ID:** Medicaid or CHIP ID number of the Member.
  - **Member's Date of Birth:** Date of Birth exactly as it appears on the Member's Medicaid or CHIP ID.
  - **Responsible Party Last Name:** Person who is the responsible party for the Member.
  - **Responsible Party First Name:** Person who is the responsible party for the Member.

**Responsible Party only needs to register one Member. Upon registration, the other Members under that Responsible Party will become visible.*



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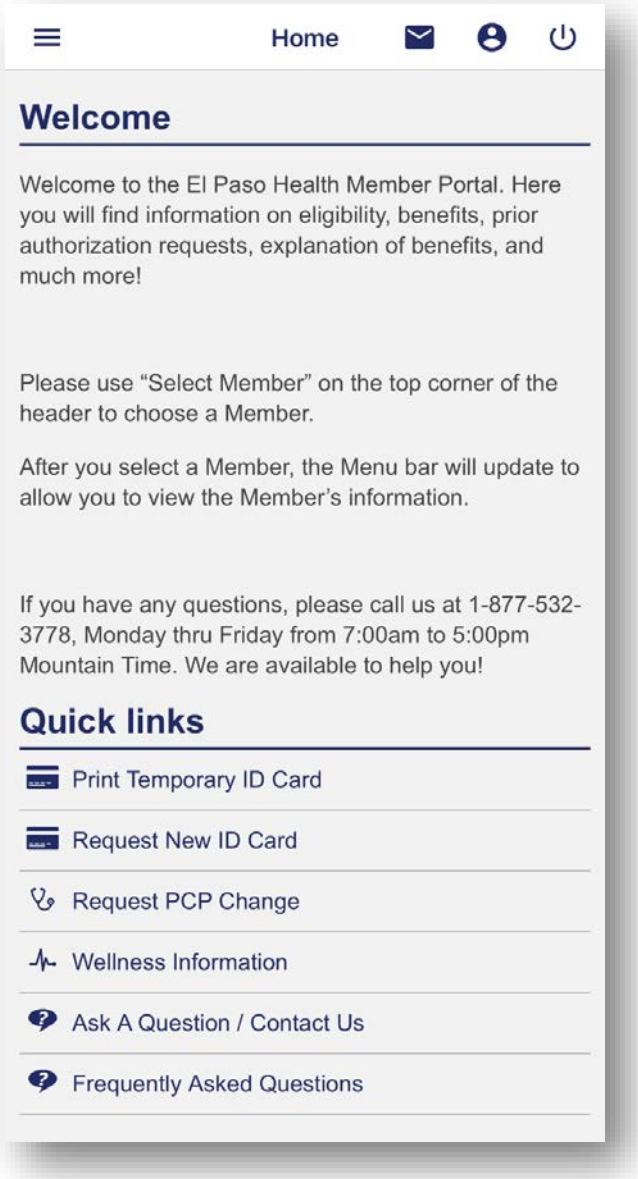
Responsible Party Welcome Page – App View



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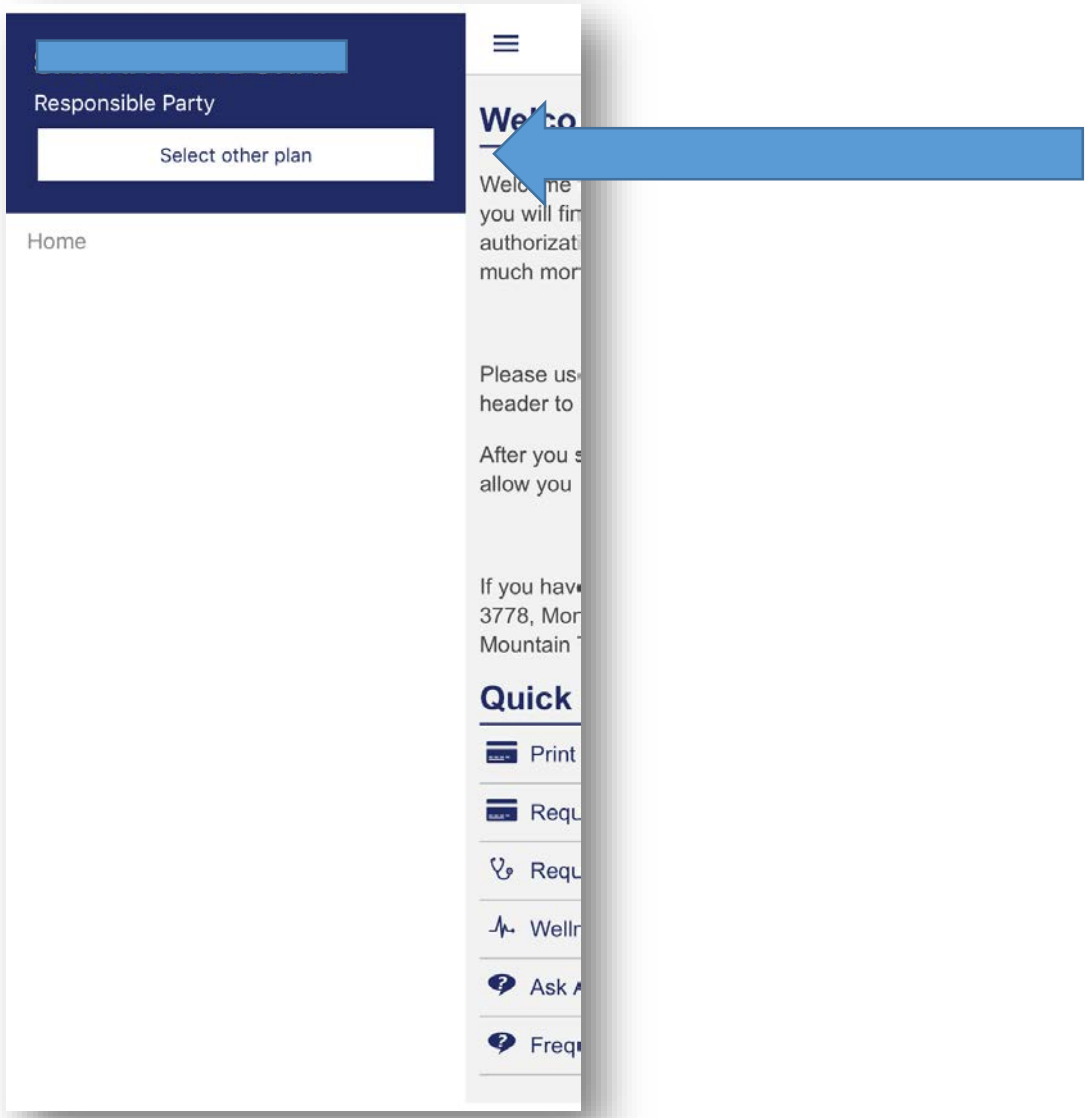
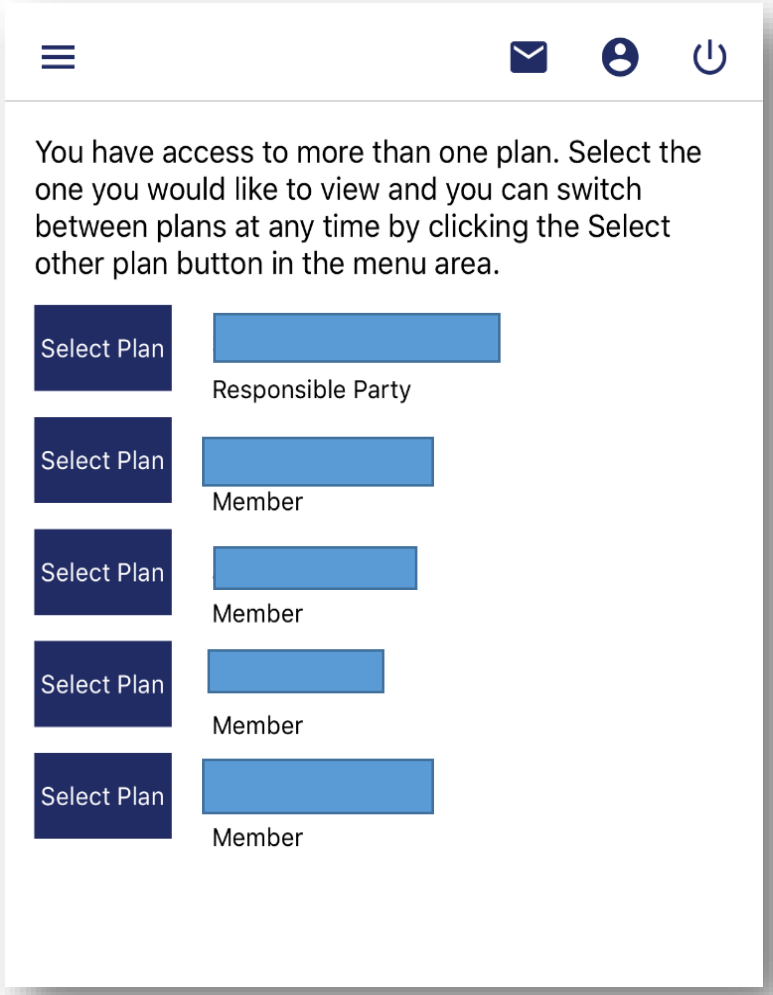
Responsible Party Menu – App View



The Responsible Party will be able to select the Member whose information they want to see.

Responsible Party Member Selection – App View



The Responsible Party will need to select the Member they want to see.

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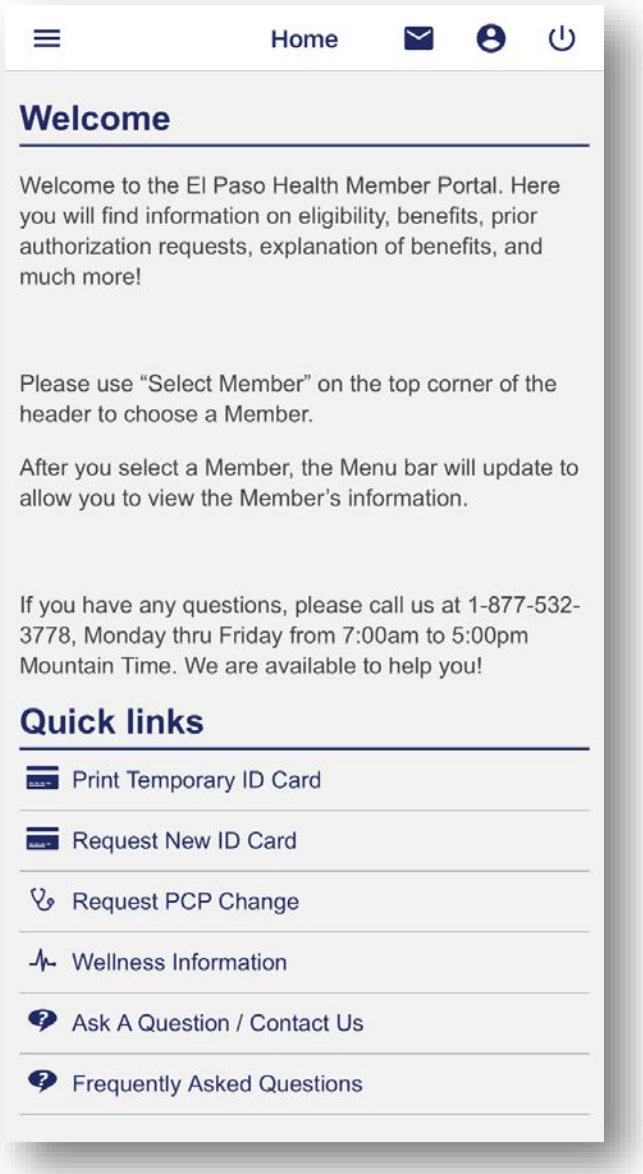
Member Welcome – App View



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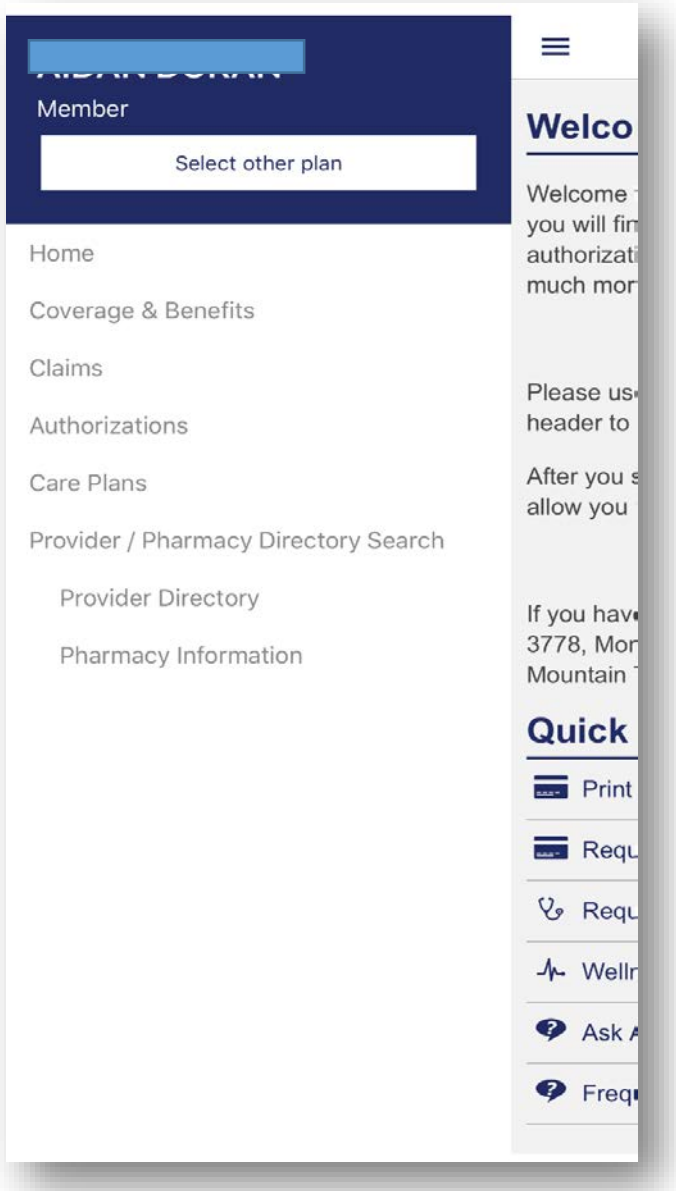
Member Menu – App View



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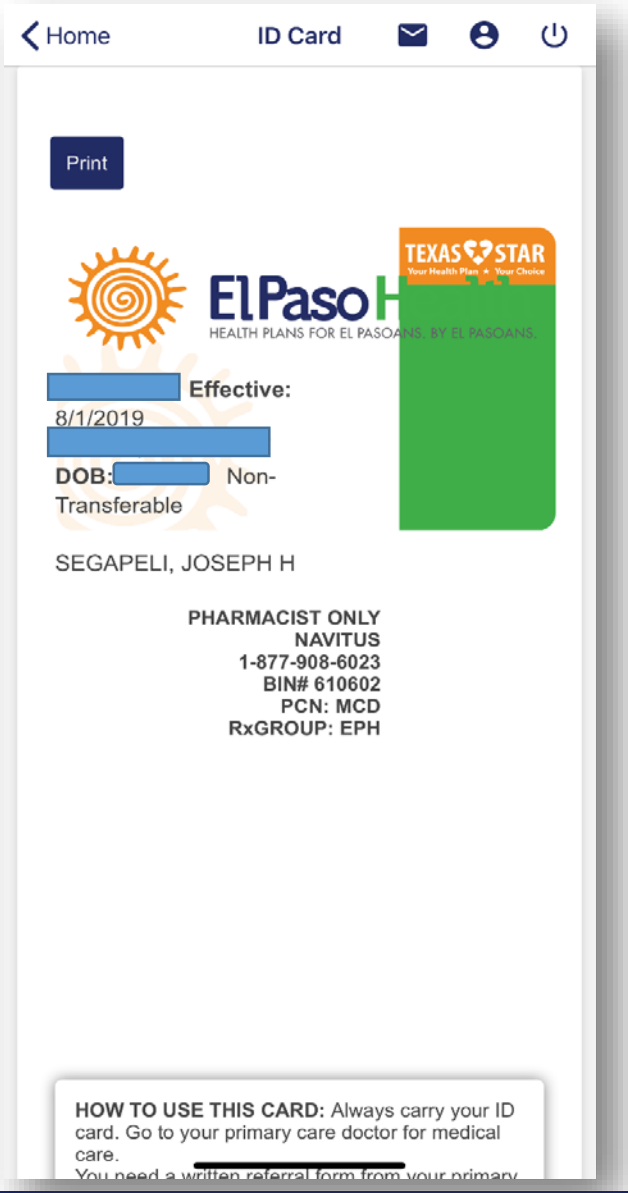
View & Print Temporary ID Card



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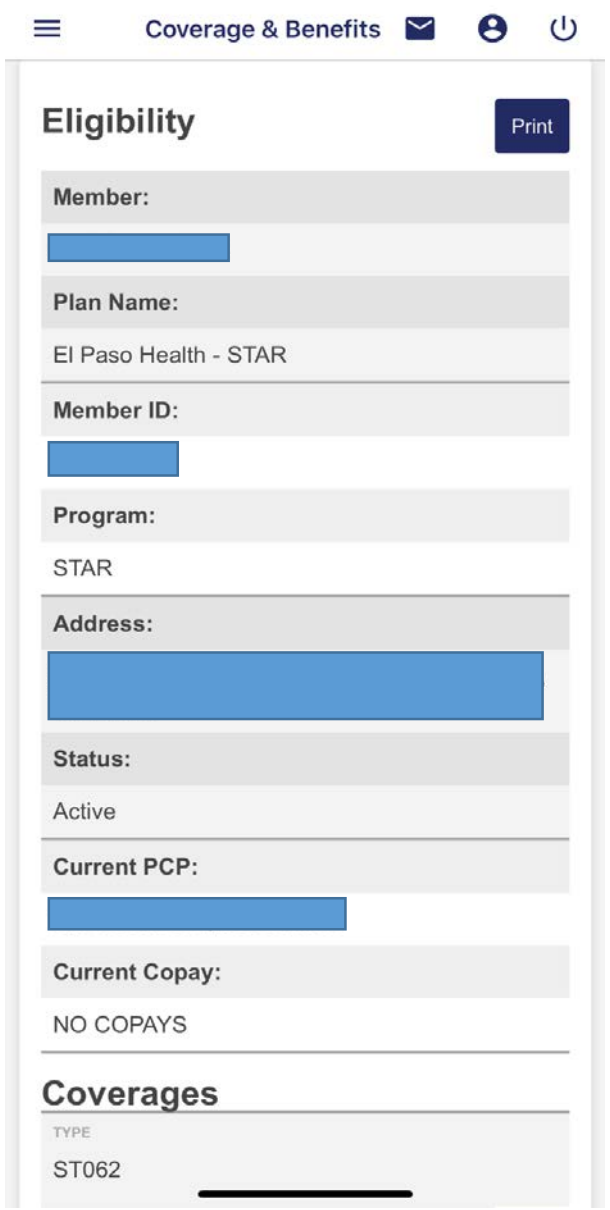
Coverage and Benefits – App View

Top Section



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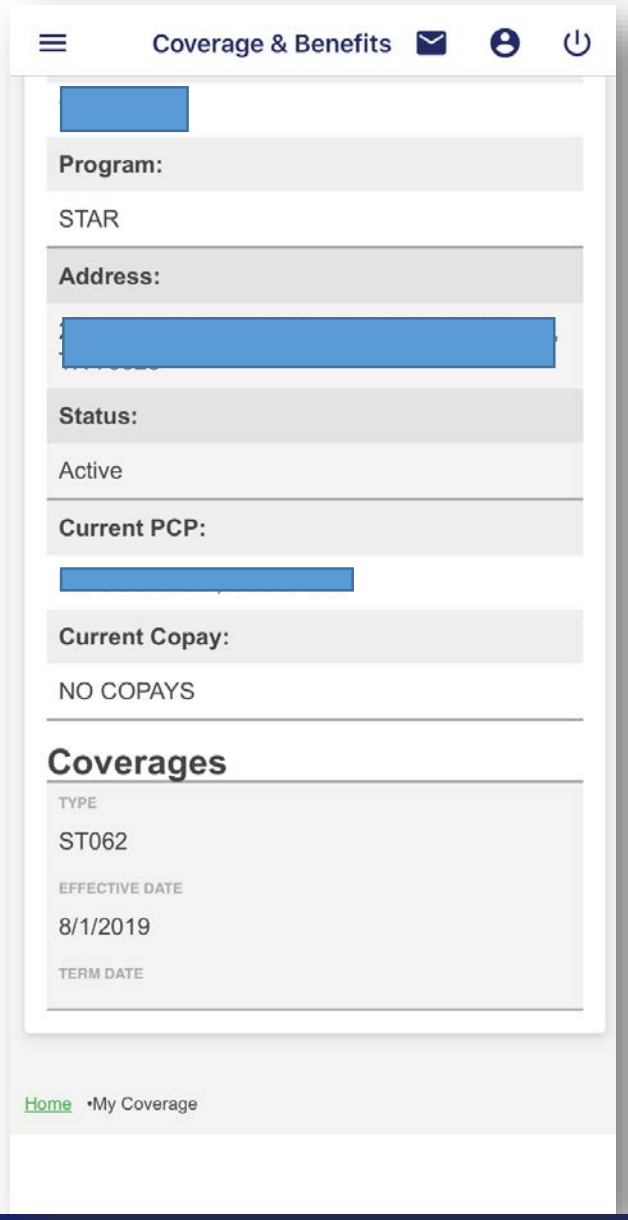
Coverage and Benefits – App View



Bottom Section

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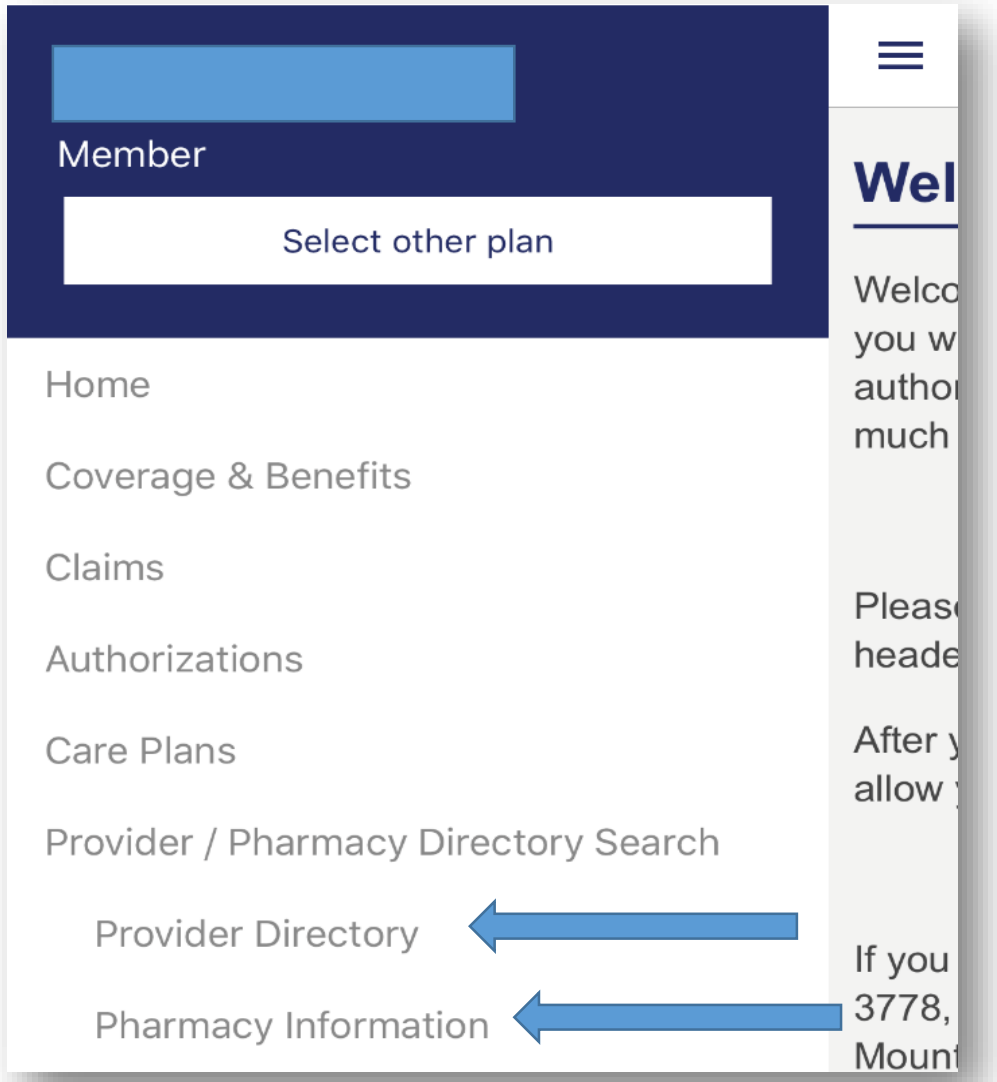
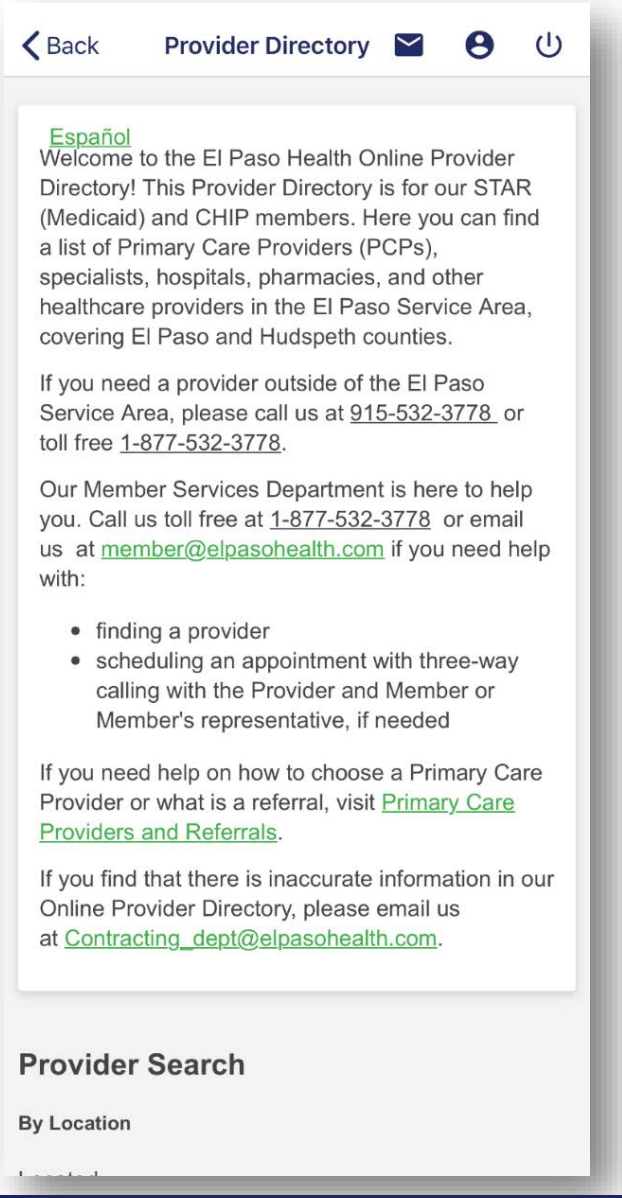
Find a Provider – App View



Find a Provider – App View



Online Provider Directory Search

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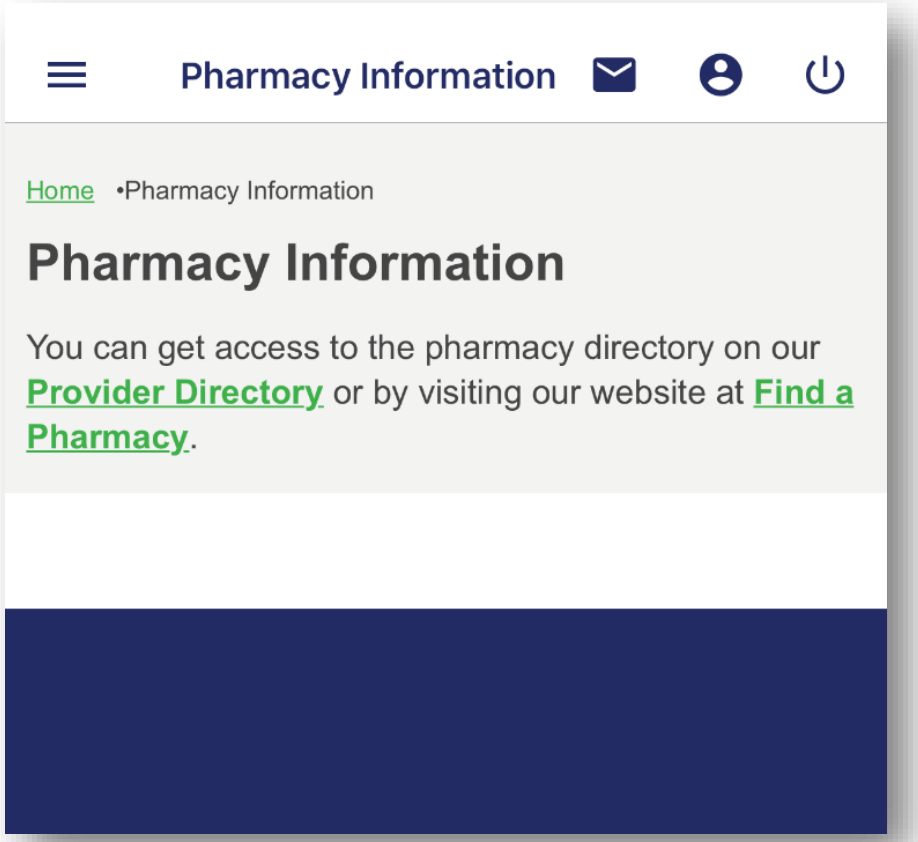
Find a Provider – App View



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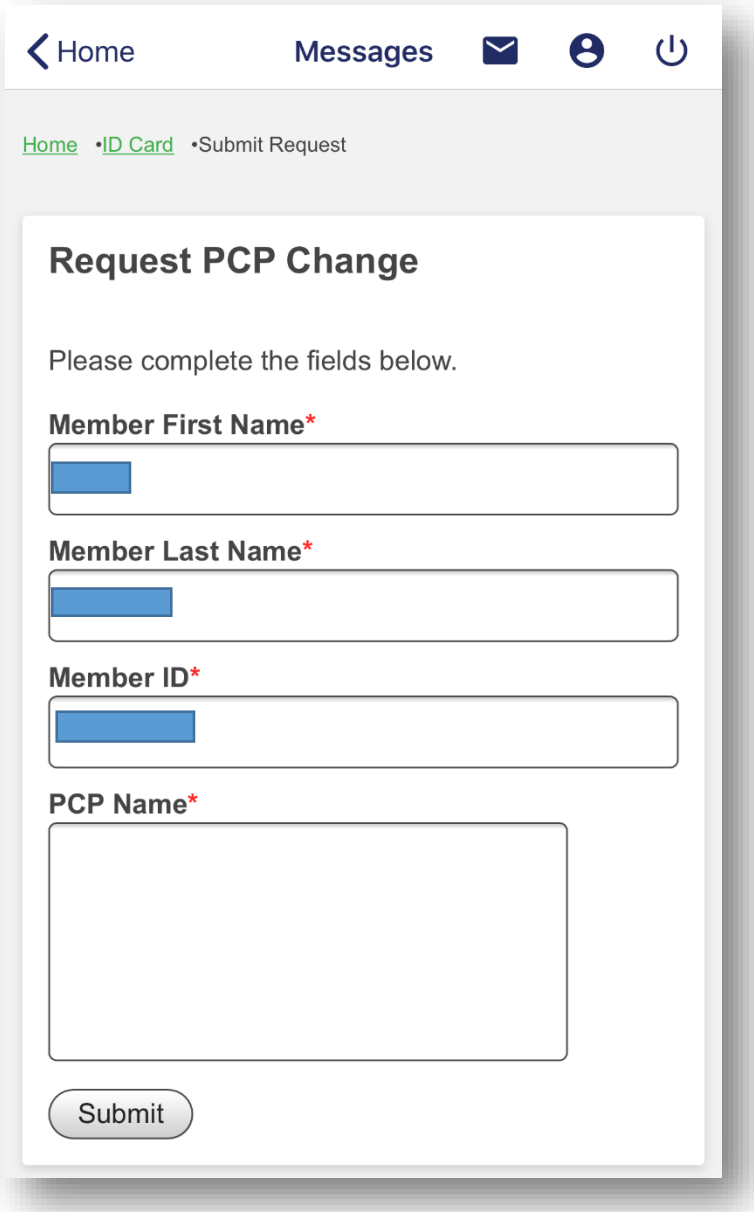
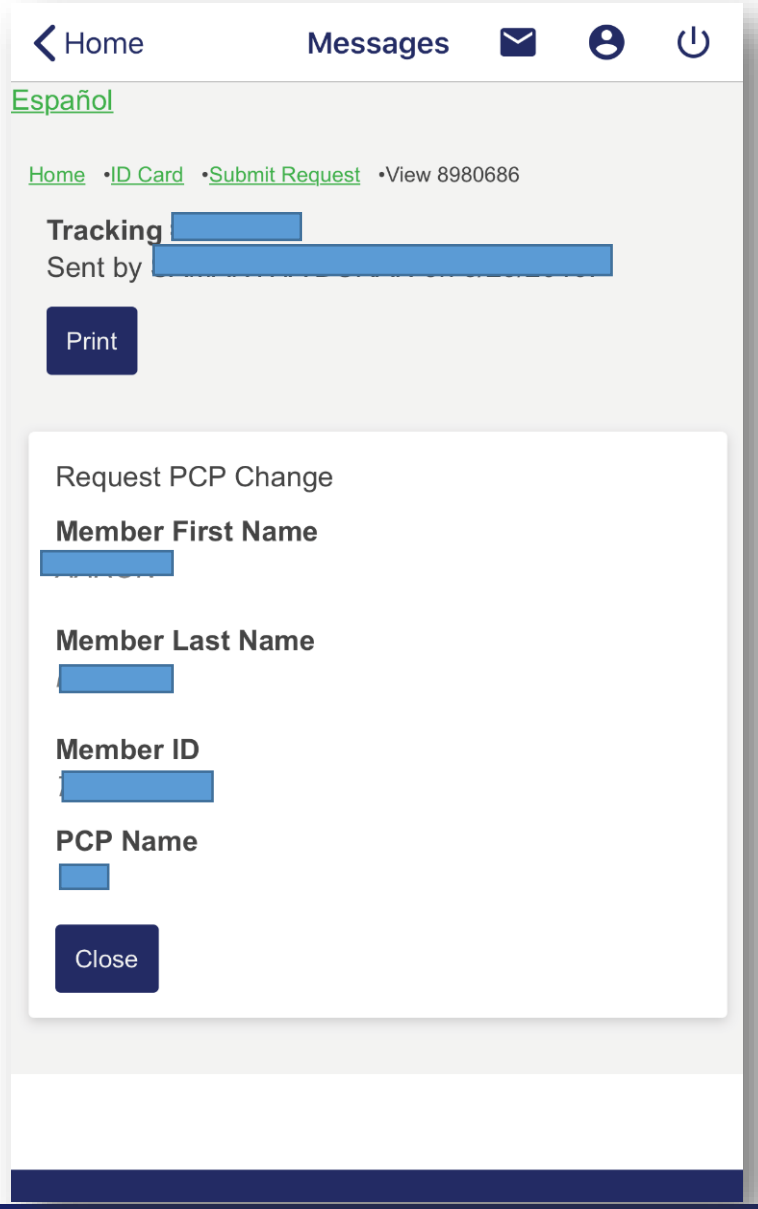
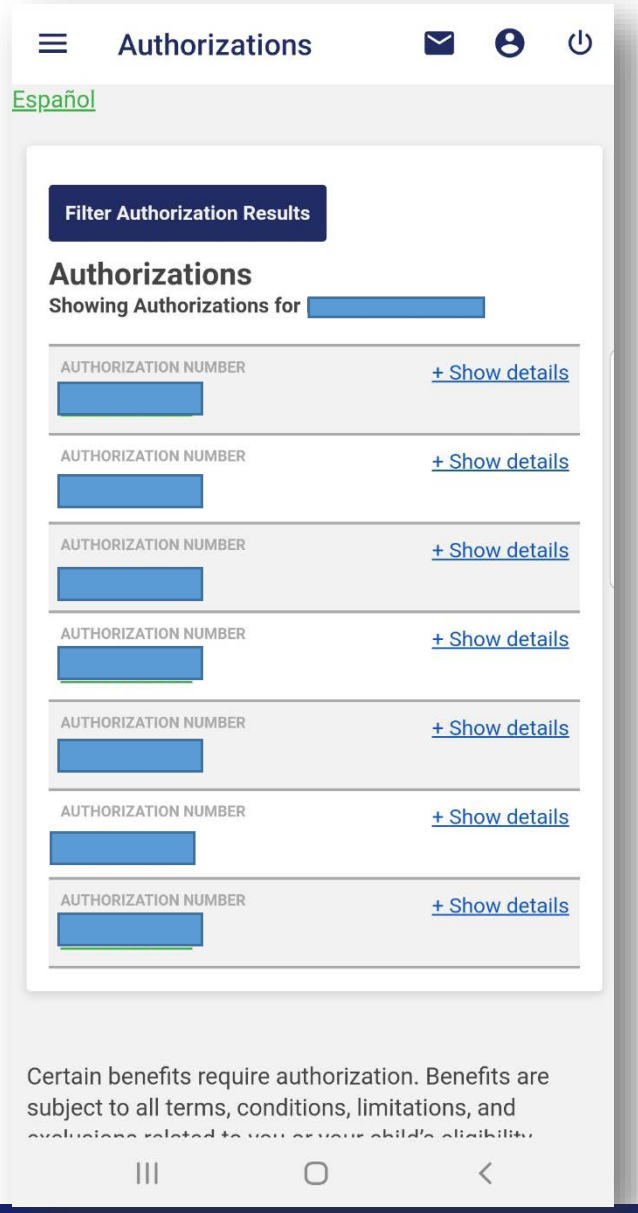
Request a PCP Change – App View



Request a PCP Change - Confirmation App View



Authorizations – App View



Top Section

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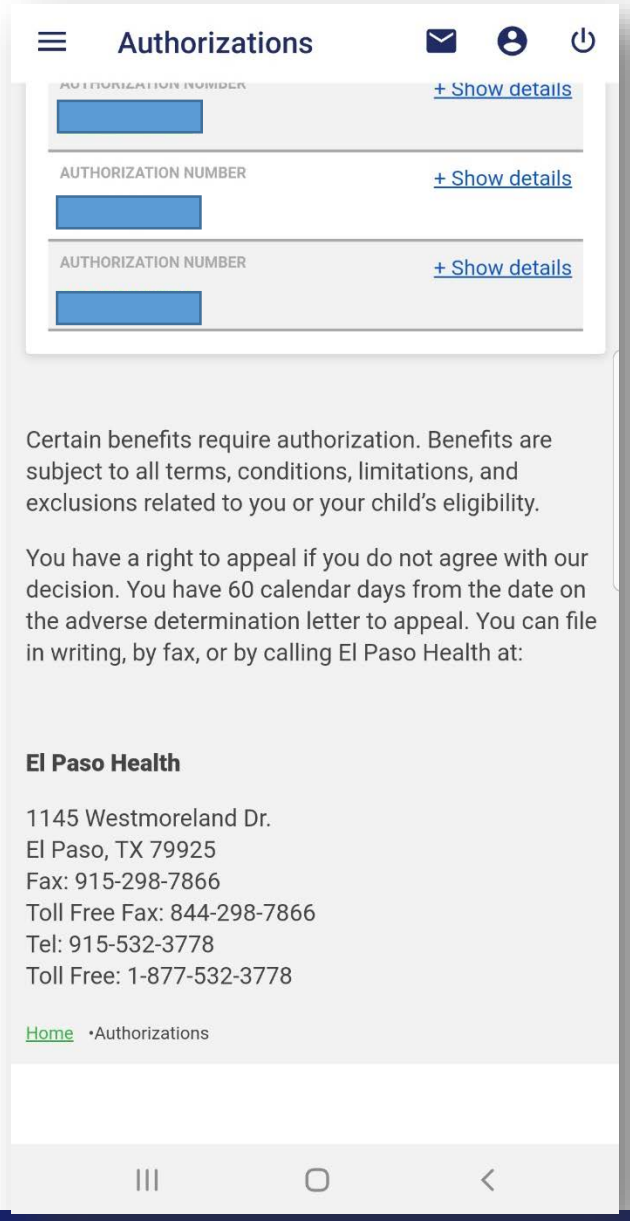
Authorizations – App View



Bottom Section

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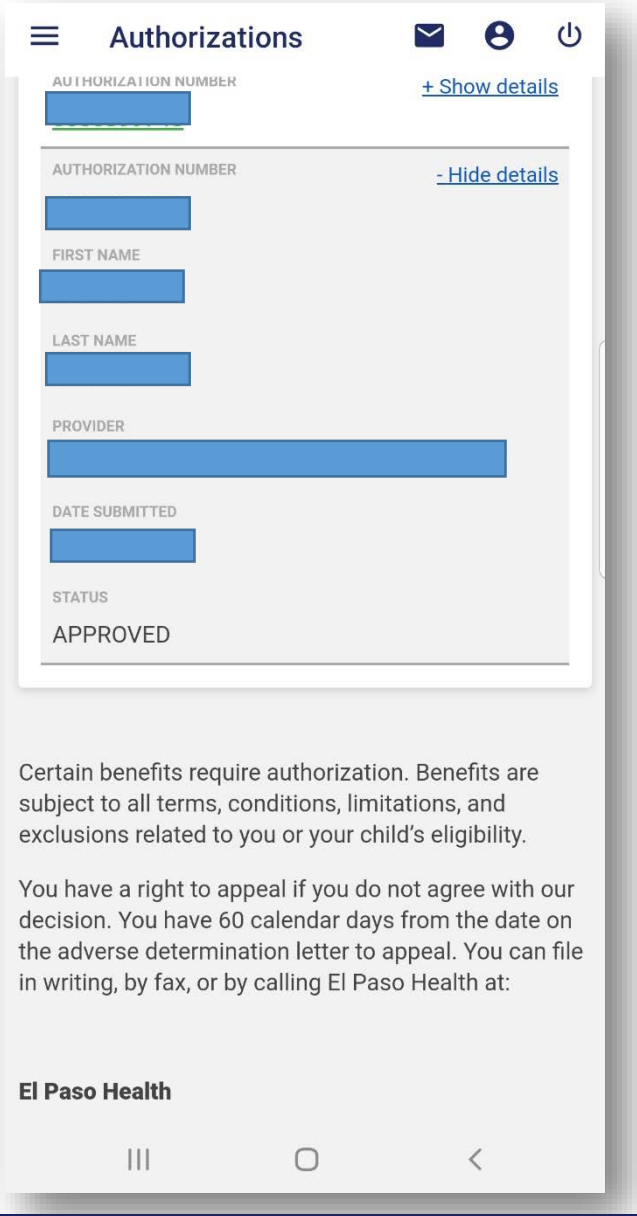
Authorizations – App View



Summary of details of Authorization

El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.
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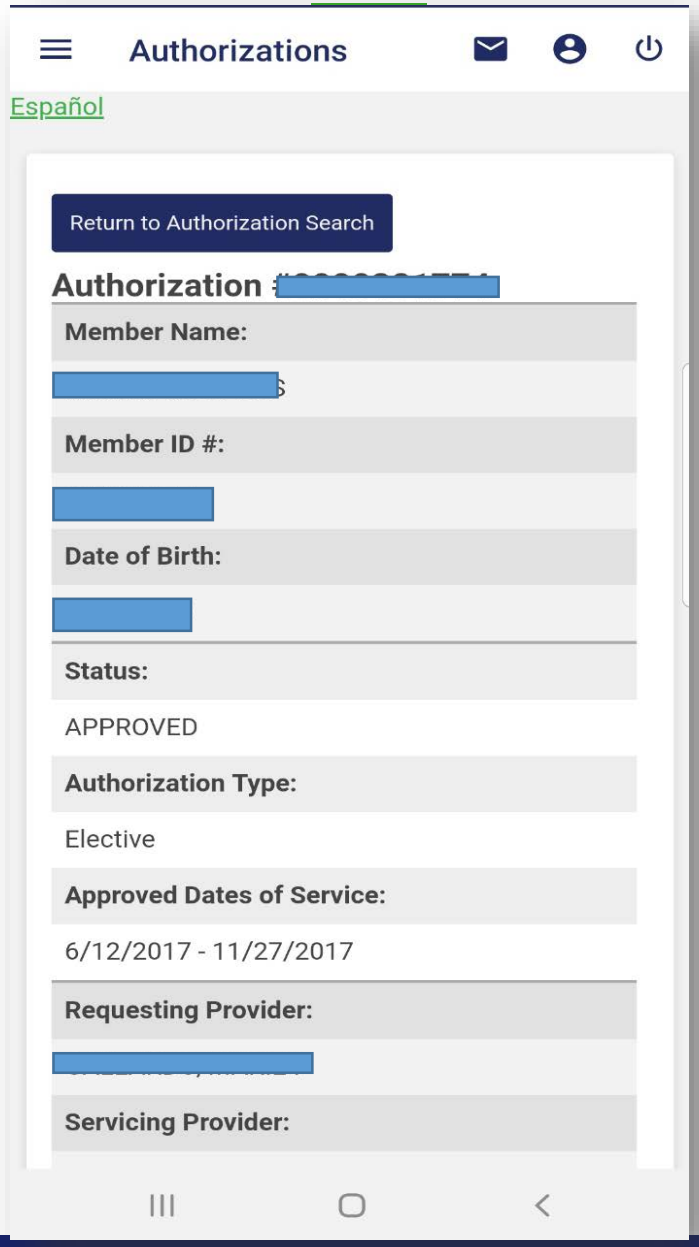
Authorizations – App View



Authorization Details
Top Section

ElPasoHealth
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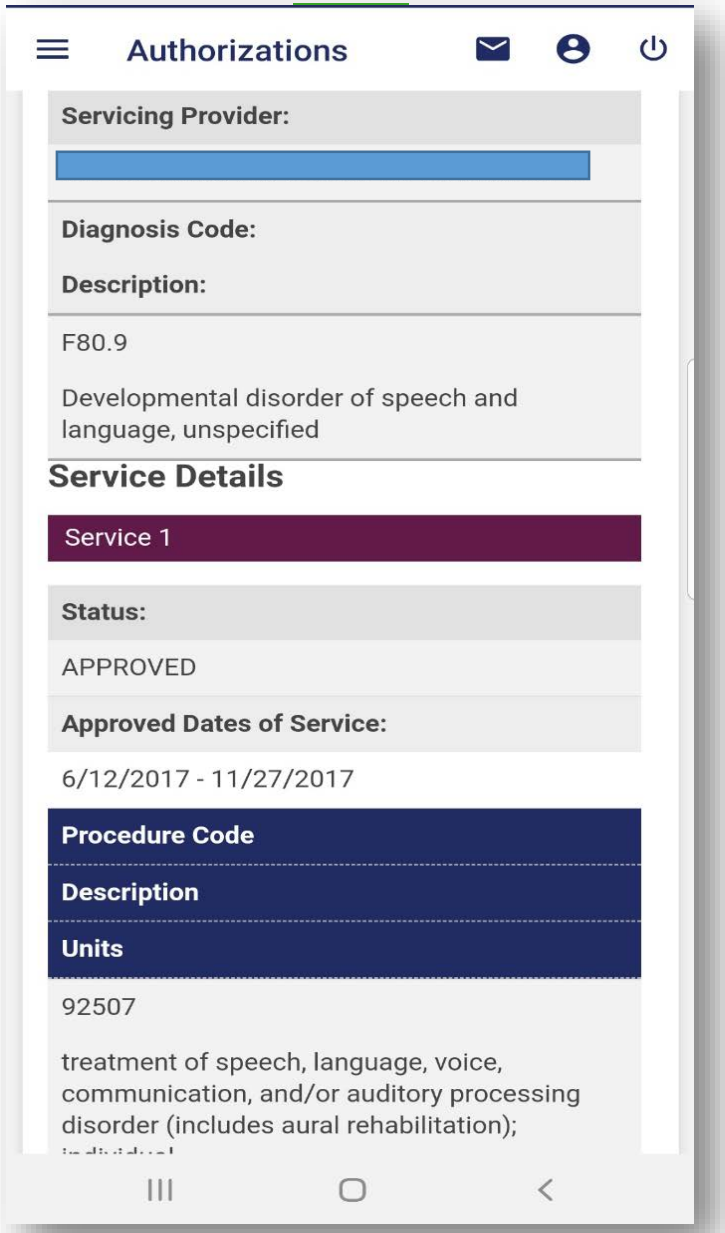
Authorizations – App View



Authorization Details
Middle Section

ElPasoHealth
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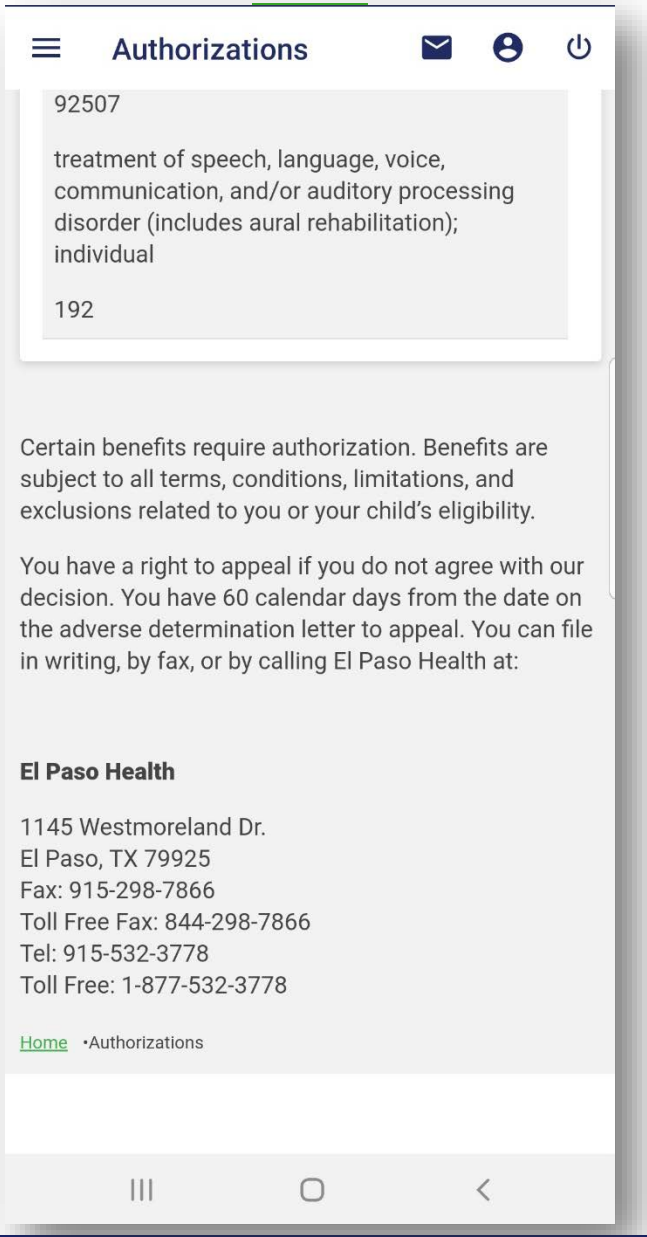
Authorizations – App View



Authorization Details Bottom Section

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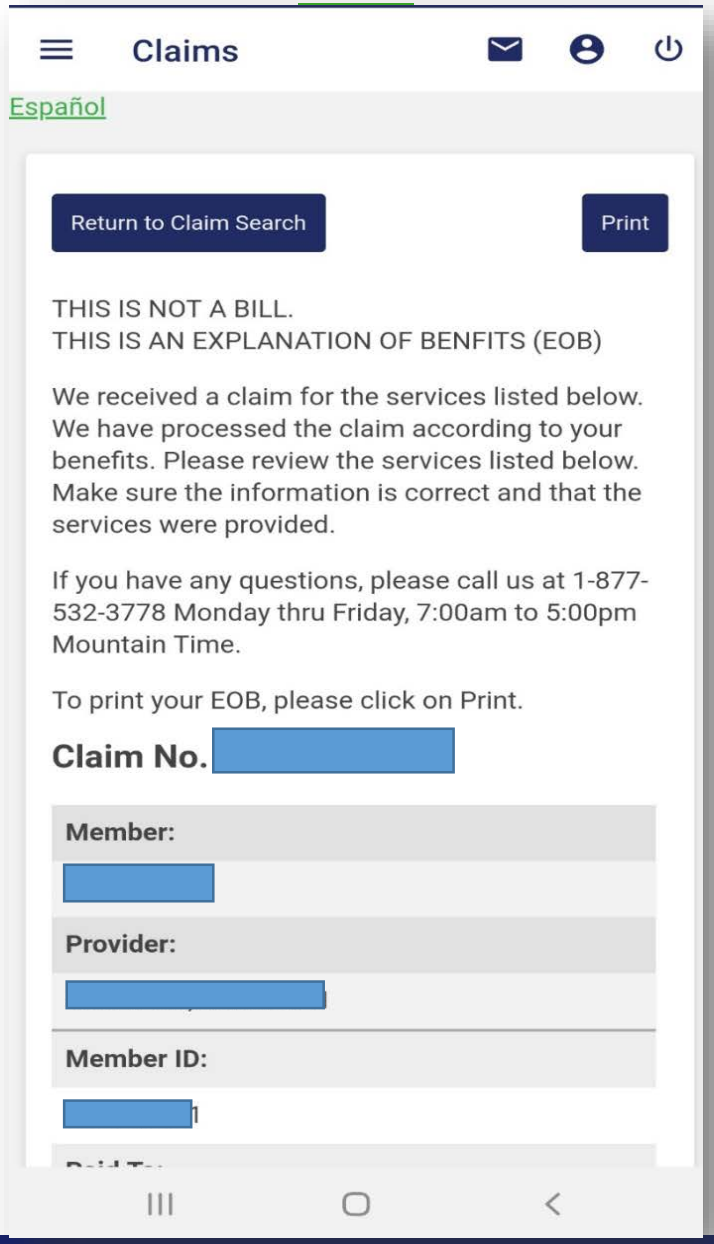
Member Claims – App View



Top Section

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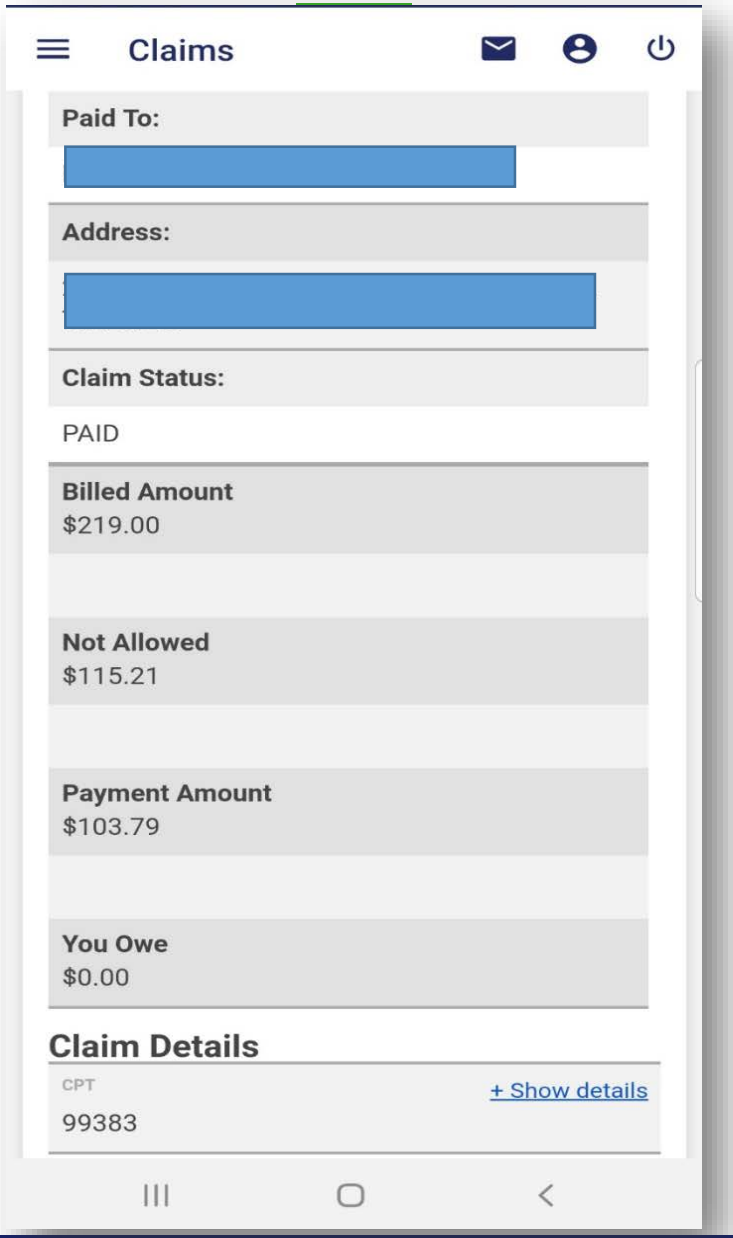
Member Claims – App View



Middle Section

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HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.
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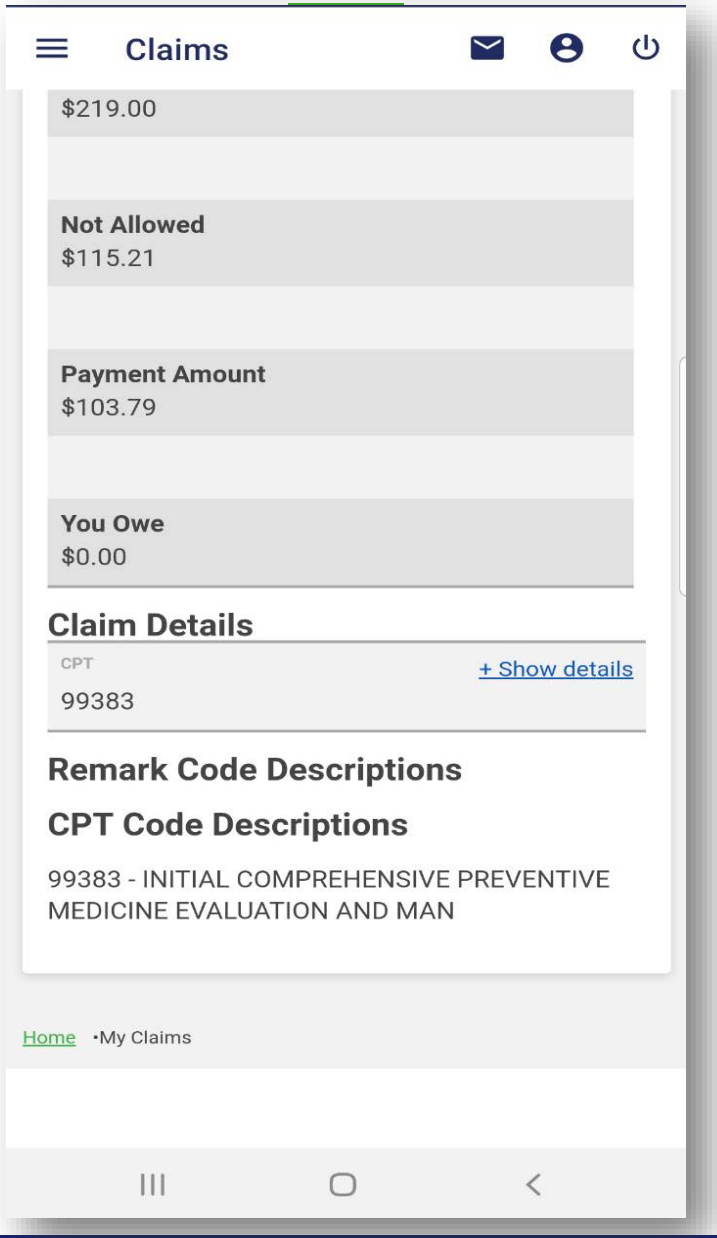
Member Claims – App View



Bottom Section

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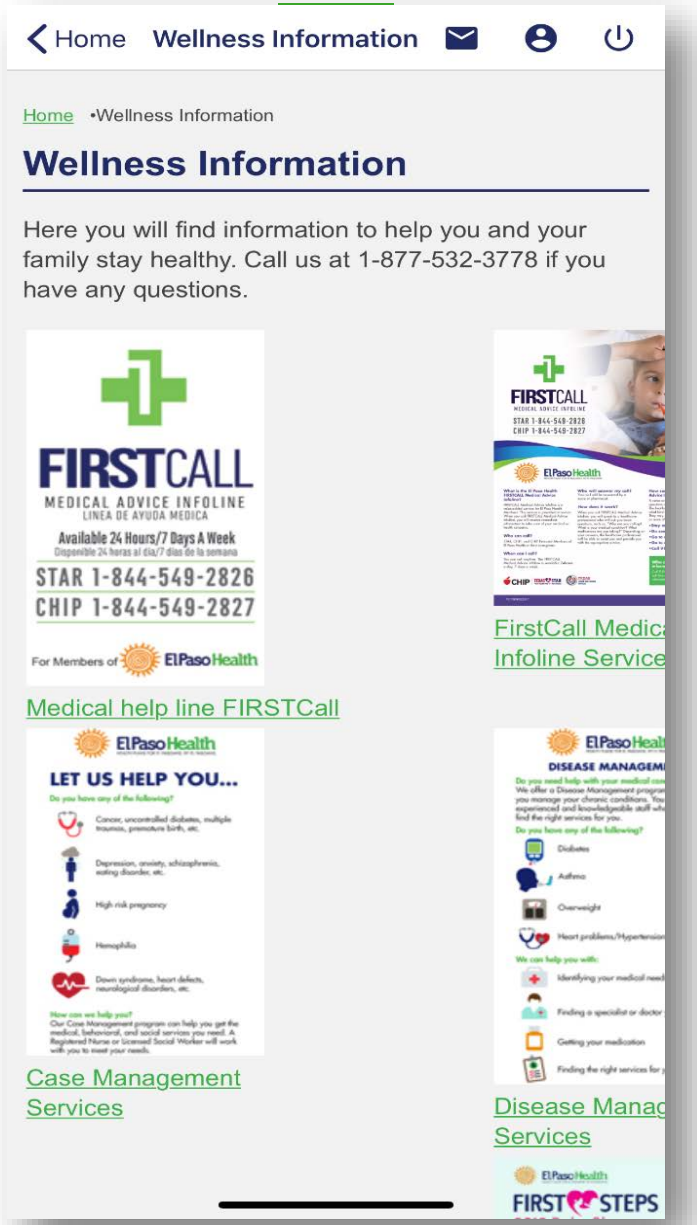
View Wellness Information



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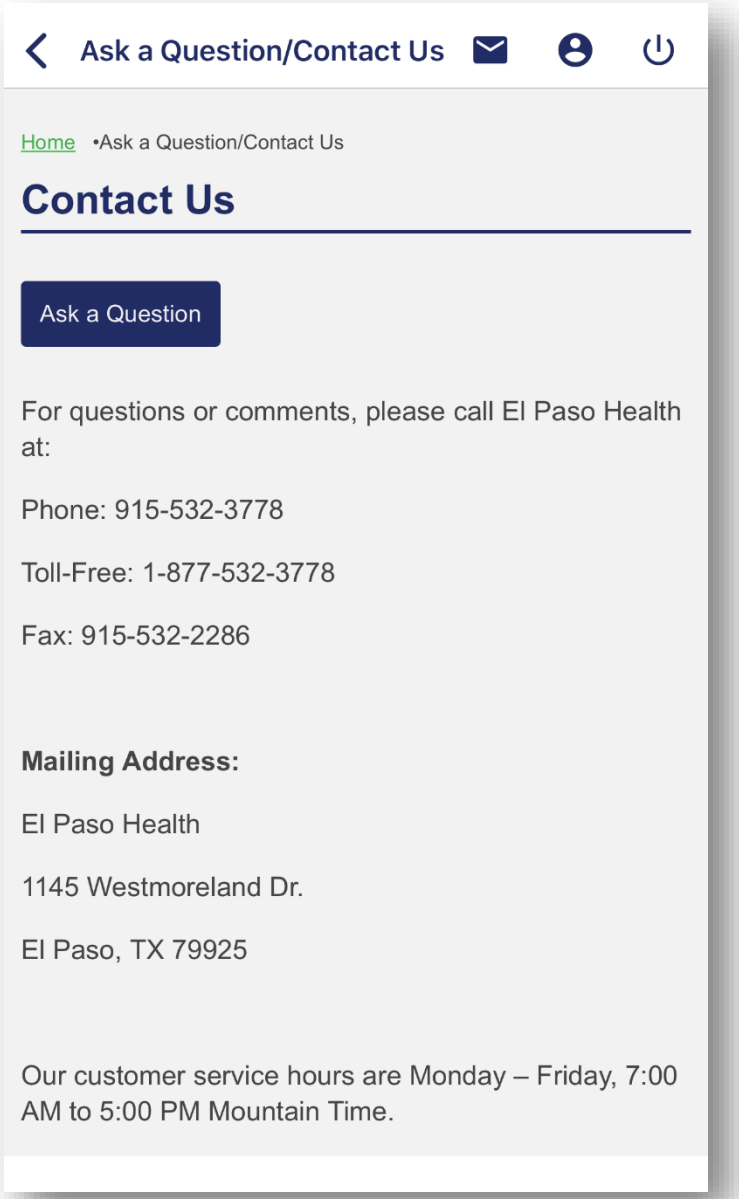
Ask a Question – App View



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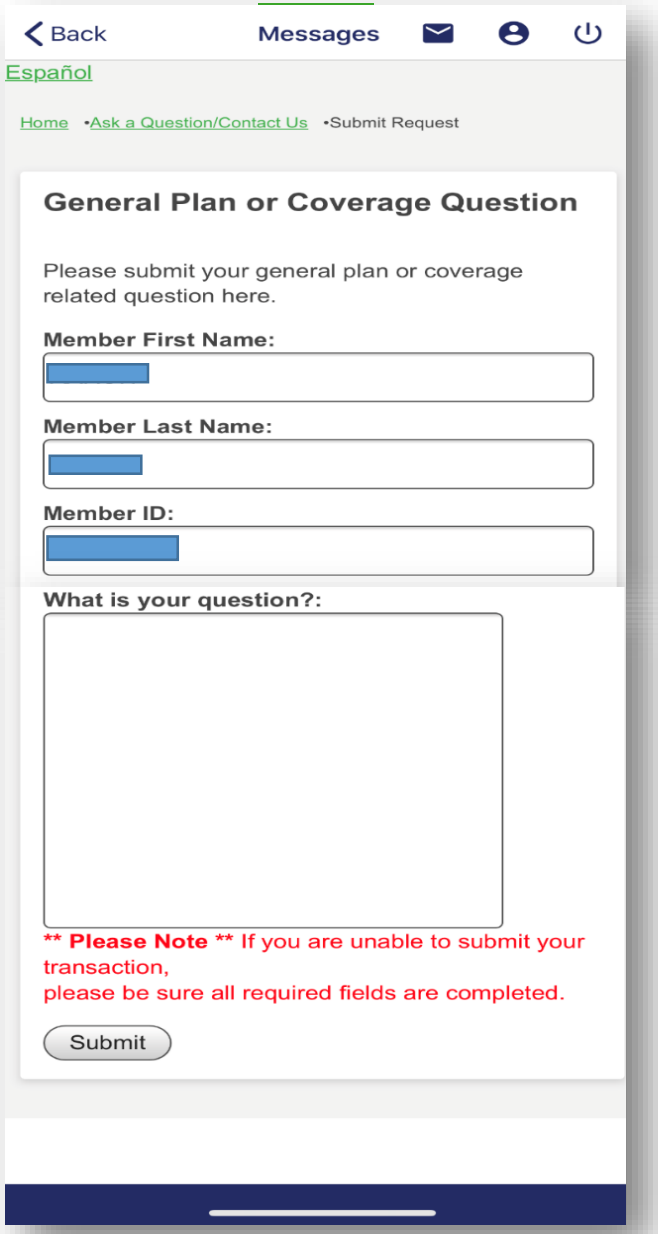
Ask a Question – App View



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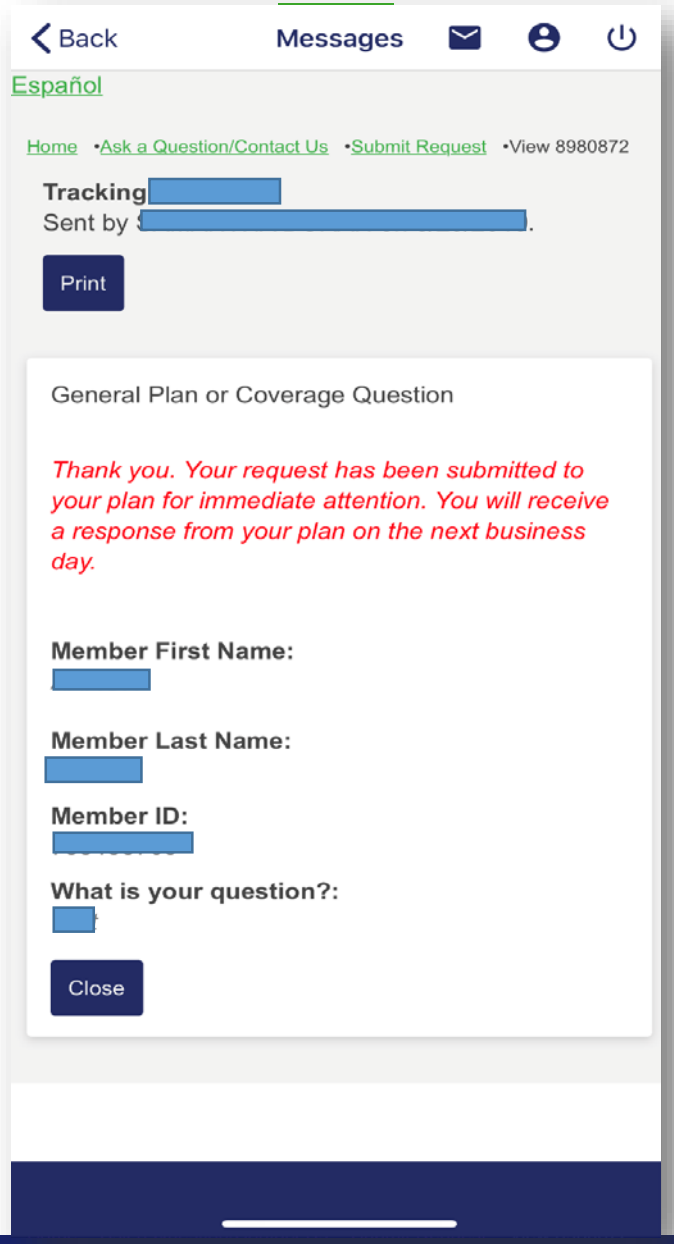
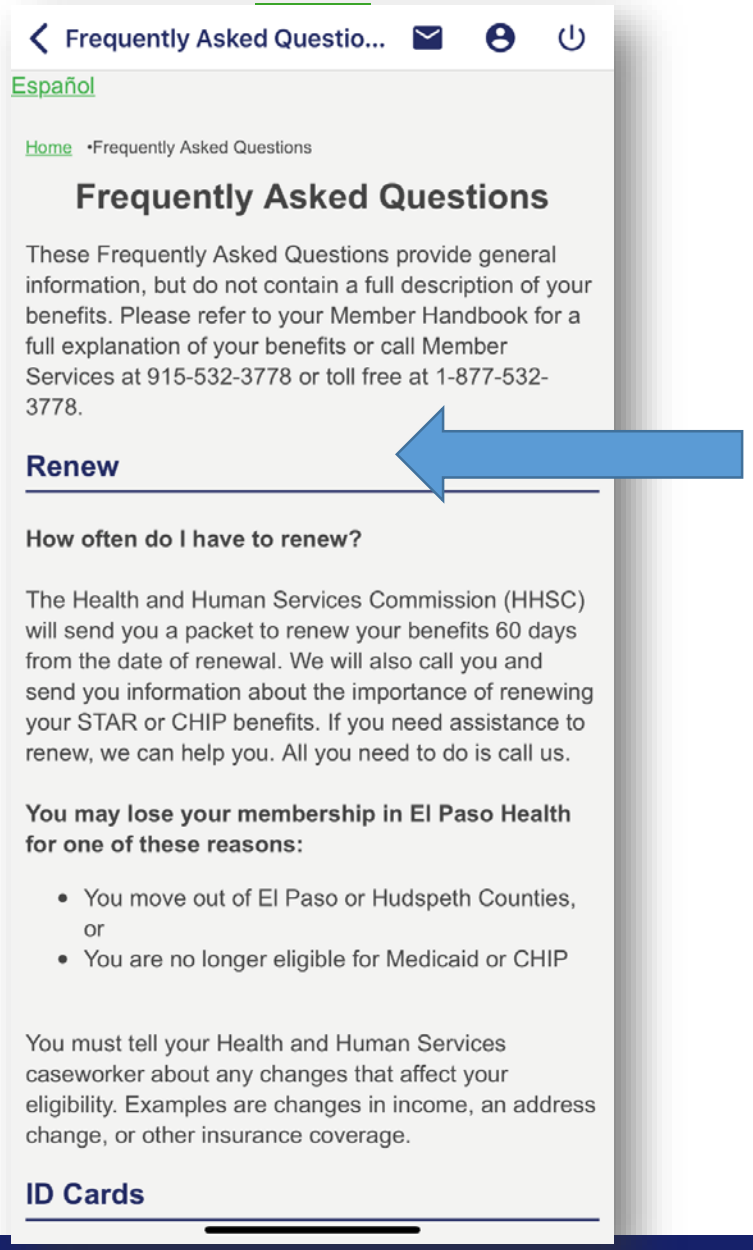
Ask a Question – App View



Frequently Asked Questions – App View



Each section expands to show text.
Click again to collapse the answers.

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Resources for Providers

- Member Notification
- El Paso Health Mobile App Registration Instructions
- Provider Notification
- Provider Manual
- Overview of App for Providers
- Website

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Next Steps

- Encourage El Paso Health Members to use the Mobile App.
- Questions about the App?
    - El Paso Health at 915-532-3778

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Contact Information

Adriana Cadena

C.A.R.E. Unit Manager

acadena@elpasohealth.com

915-298-7198 ext. 1127

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Pharmacy Reminders

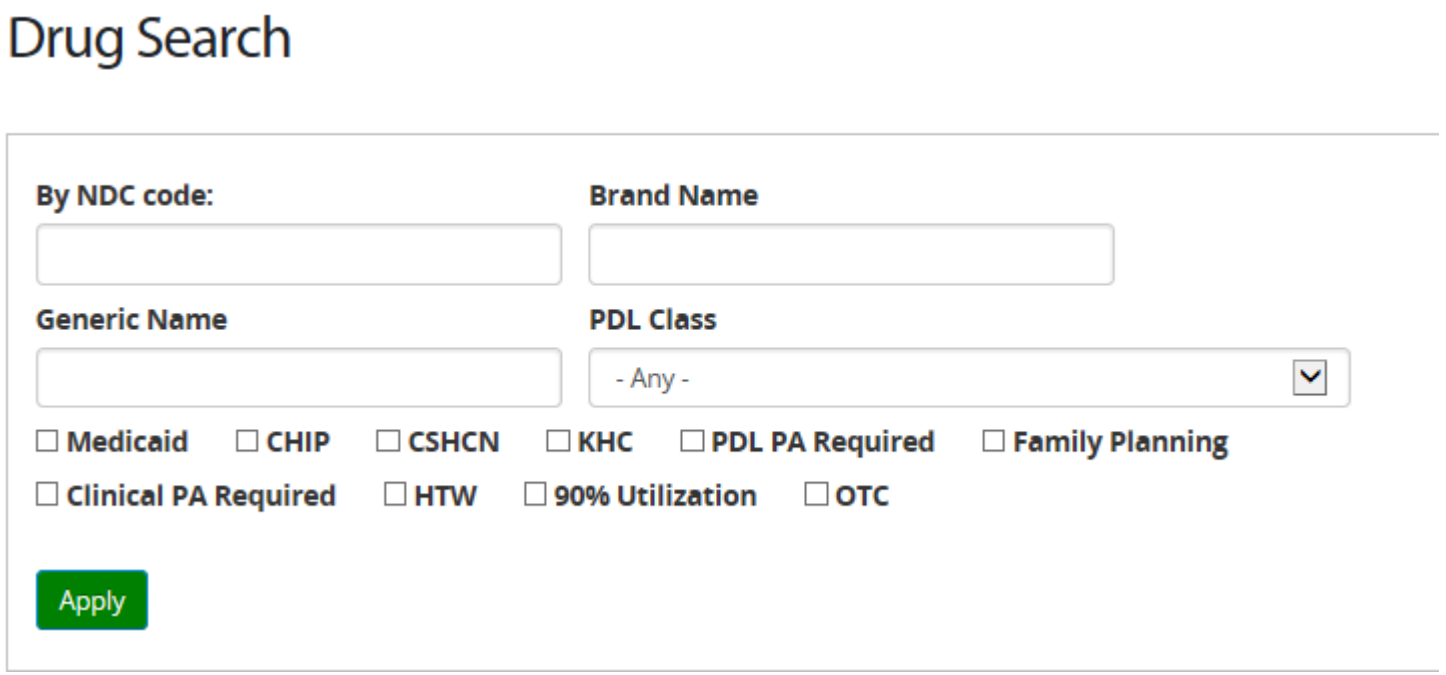
Perla Saucedo

Pharmacy Technician

Formulary Look-Up

Texas Vendor Drug Program-

https://www.txvendordrug.com/formulary/formulary-search



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Formulary Look-Up

Navitus-

https://txstarchip.navitus.com/

- 1-877-908-6023-Any formulary questions of PA submissions

	NDC NAME	TIER	DRUG EDIT	PA FORM	PDL STATUS	MARKET BASKET ID	PUBLISHING NOTE	EXPIRATION DATE	CLASS
00002322830	STRATTERA CAP 25MG	BRAND	PA QL	ADD/ADHD - NON-STIMULANT	NPD	MKID_7	NON-PDL AND CLINICAL EDITS APPLY; QL = 2 CAP/DAY; ONLY COVERED FOR MEMBERS 6 YEARS AND OLDER	12/31/2222	ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

Prior Authorization

- Prior Authorizations can be submitted to Navitus by phone or fax.
- Providers can call 1-877-908-6023 to submit PA or fax form to 1-855-668-6553.
- Navitus is open 24 hours a day/7 days a week. Turn around time for PA determination is 24 hours for STAR and 72 hours for CHIP.

72-hour Emergency Supply

- A 72-hour Emergency Supply allows pharmacy to dispense a 3 day supply of medication, at no cost to member, to allow prescriber time to submit PA
- The 72-hour Emergency Supply should be dispensed any time a PA is not available and a prescription must be filled for any medication on the Texas Vendor Drug formulary.
- If the prescribing provider cannot be reached or is unable to request PA, the pharmacy should submit an emergency 72-hour prescription.

72-hour Emergency Supply, cont.

- Pharmacies should submit:
  - ‘8’ in “Prior Authorization Type Code”
  - ‘801’ in “Prior Authorization Number Submitted”
  - ‘3’ in “Days Supply”
  - The quantity submitted in “Quantity Dispensed” should not exceed the quantity necessary for a 3-day supply according to the directions for administration. If the medication is a dosage form that prevents a three day supply from being dispensed, e.g., an inhaler, it is still permissible to indicate that the emergency prescription is a three day supply and enter the full quantity dispensed

Flu Season

- Effective September 1, 2019, El Paso Health will cover the influenza vaccine at participating Navitus Texas Network Pharmacies for our members.
- Pharmacies participating in the vaccine service network may process the influenza vaccine at the point of service for STAR, CHIP, and CHIP Perinate members ages **7 and older**.
- All other members may continue to obtain through PCP

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Synagis

The administration of Synagis injections for El Paso Health will begin November 15, 2019 and end April 14, 2020.

STAR and CHIP Members: Navitus, El Paso Health's pharmacy benefit manager, is processing all Synagis prior authorization requests for Medicaid and CHIP members enrolled with the health plan. Synagis is only dispensed through the following pharmacies:

Lumicera Specialty Pharmacy
2601 West Beltline Highway, Suite 302
Madison, WI 53713
Phone # 855.847.3554
Fax # 855.847.3588

Avella Specialty Pharmacy
3016 Guadalupe St., Ste. A
Austin, TX 78705
Synagis Phone # 877.470.7608
Synagis Fax # 877.480.1746

Navitus will begin accepting Synagis request 10 days before the start date to allow time for shipment/delivery

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Contact Information

Perla Saucedo

Pharmacy Technician

(915) 298-7198 Ext 1035

Health Services Department

(915) 532-3778 Ext 1500

El Paso Health

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Claims Reminders

Nellie Ontiveros

Lead Claim Analyst

Reminders

Claims Processing

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

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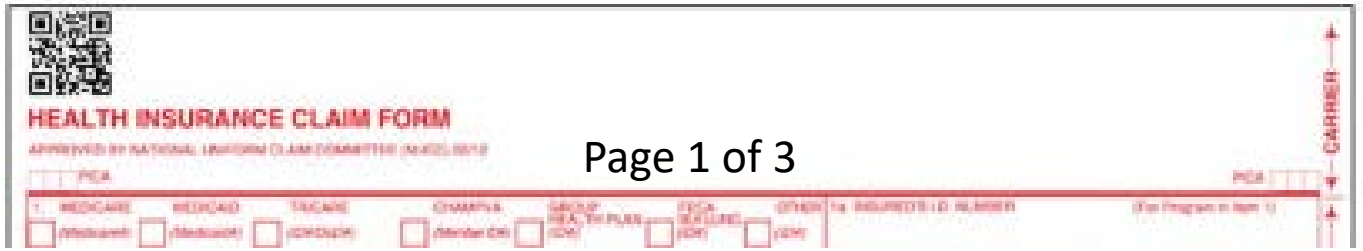
Reminder

Multiple Claims

- If you are submitting multiple page claims for a patient, please ensure that you are:
  - Indicating page 1 of X



Appeals vs Corrected Claims

HCFA

IF YOU DISAGREE WITH THE DETERMINATION OF YOUR CLAIM AND CHOOSE TO APPEAL:

- Submit your formal appeal to the Complaints and Appeals Department
- Do not submit a corrected claim with the Appeal
    - Corrected claims will be forwarded to the Claims Department and processed as corrected claim, not appeal.

Corrected Claim - Paper

Professional Claims

- Box 22 – Resubmission Code

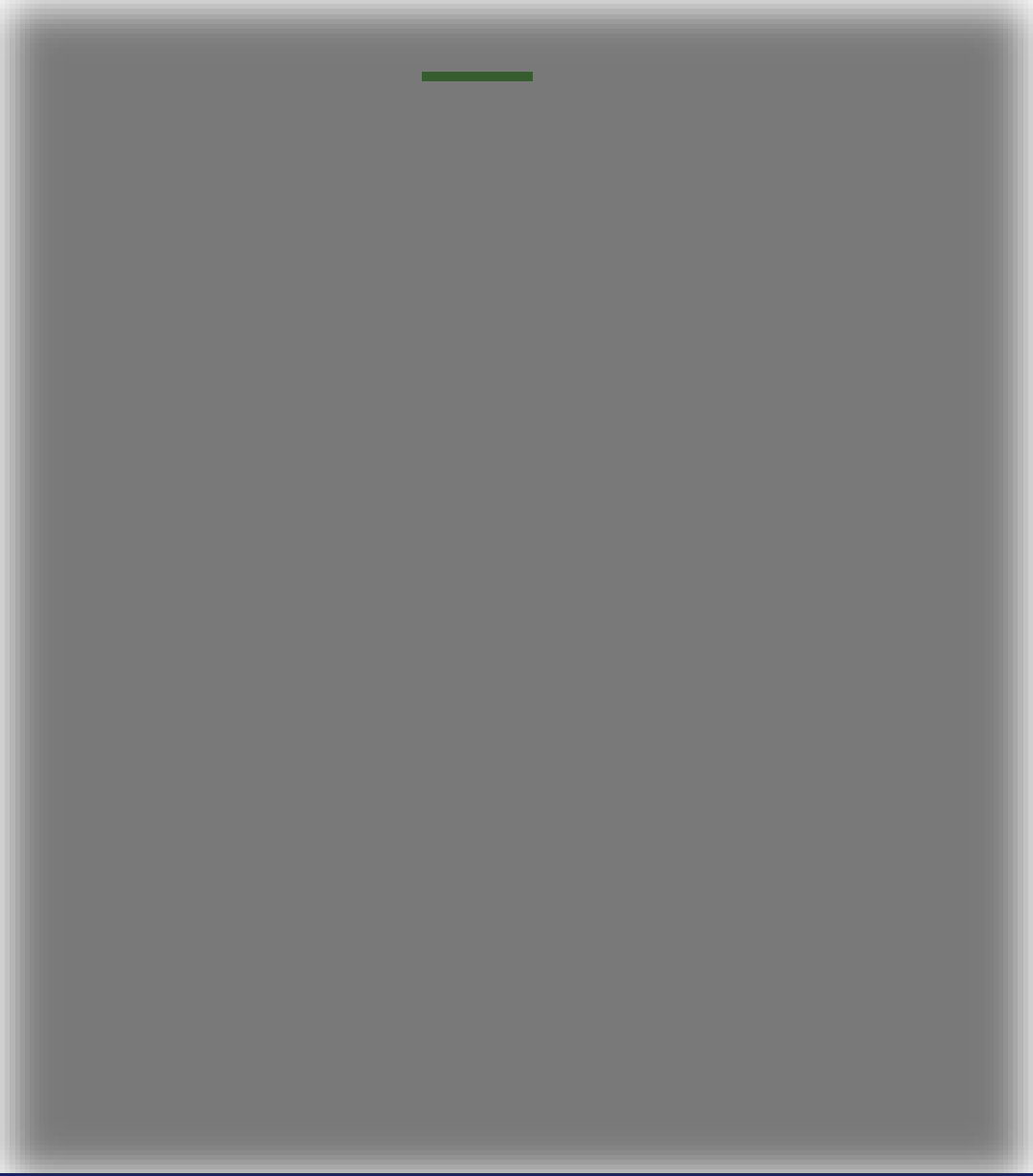
Enter the appropriate bill frequency code when resubmitting a claim

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

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

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

Corrected Claim – Paper



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Corrected Claim - Electronic

Professional Claim

1500 Form

22	Resubmission and/or Original Reference Number	2300	CLM05-3	Titled Claim Frequency Code in the 837P.
		2300	REF02	Titled Payer Claim Control Number in the 837P.

Paper Claims with Attachments

HCFA

ATTACHMENTS SUBMITTED WITH CLAIMS SHOULD BE RESTRICTED TO ONLY ITEMS THAT ARE REQUIRED FOR THE PROCESSING YOUR CLAIM. (Ex: EOB'S OR INVOICES)

WE **DO NOT** NEED:

- PROGRESS NOTES
- MEDICAL RECORDS
- COPIES OF THE AUTHORIZATION FAX BACK (AUTHORIZATION IS REQUIRED ON CLAIM ONLY)
- RADIOLOGY IMAGES
- TEST RESULTS
- COPIES OF MEMBER'S DRIVERS LICENSE OR IDENTIFICATION CARD

Newborn Claims

Paper and Electronic Claims

- Claims pending a Newborn ID number will be matched against the daily file by the Enrollment Unit and returned to the Claims Department for processing.
- Electronic claims submitted without Newborn ID or under the mother's ID will be rejected at the Clearinghouse level.

Authorizations

HCFA

ANY SERVICES THAT REQUIRE AUTHORIZATION SHOULD INCLUDE THE COMPLETE AUTHORIZATION NUMBER IN BOX 23 FOR HCFA'S OR BOX 63 FOR UB'S. INCLUDE THE FOUR LEADING ZEROS

TOP DENIAL REASONS REGARDING AUTHORIZATIONS:

- Missing a digit (leading zeros)
- "NR" in the authorization field
- Multiple Authorizations
- CLIA number in the Authorization field

Electronic Claims

Payer ID Numbers

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

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Contact Information

Customer Service Department

915-532-3778

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Member Services Updates

Edgar Martinez

Director of Member Services

Agenda

- Member Cost Sharing Obligations/Benefit Limitations
- Prohibitions on Balance Billing Members for Covered Services
- 2020 Value-Added Services

Member Cost Sharing Obligations/Benefit Limitations & Exclusions for Medicaid

- Medicaid Members **do not** have cost sharing obligations for covered services.
- Some services require prior authorizations.

Exclusion examples:

- Not medically necessary
- PCP doesn't say is "OK"
- Services outside the USA
- Artificial insemination
- Dentures or endosteal implants for adults
- Autopsies
- Ear piercing
- Hospital bereavement
- Infertility treatment
- Medical documents and reports
- Non-authorizes services

Member Cost Sharing Obligations for CHIP

- Co-payments for medical services or prescription drugs are paid to the health care provider at the time of service.
- CHIP Perinatal members and CHIP members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays.
- Additionally, for all CHIP Members there is no cost-sharing on benefits for well-baby and well-child services, preventive services, or pregnancy-related assistance.

Benefit Limitations and Exclusions for CHIP

- Some services may require prior authorization
- Requires physician prescription

Exclusion examples:

- 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 (Family Planning)
- Over-the-counter medications

Prohibitions on Balance Billing Members for 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 1.6.10* - Billing Clients from Provider Enrollment and Responsibilities (Texas Medicaid Provider Procedures Manual: Vol.1)
    - Providers cannot bill nor take recourse against eligible clients
- On page 219 from the EPH Provider manual “The member cannot be held liable for any balance related to covered services.”

SFY2020 - Healthy Rewards

Value Added Services	Medicaid	CHIP
Members have 24-hour, 7-days-a-week access to FIRSTCALL, a bilingual medical advice infoline staffed by nurses, pharmacists, and a Medical Director on call.	✓	✓
$25 gift packet which includes a first aid kit and a $10 Walmart gift card for health related items, for new members who complete the request form and send by return mail within 30 days of enrollment.	✓	✓
A free ride service to help you get to doctor visits or health education classes.	✓	✓
One allergy-free pillow case is given to members who are enrolled in the Asthma Disease Management Program.	✓	✓
Members between the ages of 4 through18 can get a free physical for sports each year.	✓	✓
A $10 movie gift card is offered to members 20 years and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay. Members can receive one movie gift card per year.	✓	✓

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SFY2020 - Healthy Rewards

Value Added Services	Medicaid	CHIP
Pregnant Members 21 or older can receive up to $500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions.	✓	✓
Pregnant members can receive: ▪ A free convertible car seat after attending a baby shower at El Paso Health. ▪ Gift cards for completing prenatal visits and after confirmation of those visits for: ▪ $25 - Prenatal visit in the first trimester or within 42 days of enrollment, ▪ $20 - 3rd prenatal visit, ▪ $20 - 6th prenatal visit, ▪ $20 - 9th prenatal visit, ▪ $20 - flu shot during pregnancy, ▪ $25 -a timely postpartum visit within 21-56 days of delivery. ▪ A First-Steps Baby Shower including a diaper bag, a starter supply of diapers, and other items for the baby.	✓	✓
Home visits by case managers for members with complex conditions to include high-risk pregnancies, behavioral, or medical conditions that require special attention.	✓	✓

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SFY2020 - Healthy Rewards

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

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SFY 2020 - Healthy Rewards

NEW - Vision Healthy Reward for CHIP Members

- CHIP Members are eligible for a $125 allowance towards prescription eyeglasses or towards contact lenses in lieu of eyeglasses, excluding fitting fees, once a year.
- Member will be responsible for any charges exceeding the $125 allowance.
- Member must document their choice of eyewear beyond the program limitations by signing the Vision Care eyeglasses Patient Certification form. This form is available from Envolve Customer Service.
- Member must obtain a valid vision prescription and can access this benefit by utilizing any of the contracted vision providers listed on our directory

SFY2020 - Healthy Rewards

NEW Healthy Rewards -Healthy Play and Exercise Programs

Up to $35 discount for any sport, swim, or camp registration fee at participating YMCA's; once every 12 months.

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FIRSTCALL Medical Advice Infoline

- **FIRST**CALL Medical Advice Infoline is a Healthy Reward for El Paso Health Members only.
- This service is provided at no-cost to the Member.
- **FIRST**CALL staff will be ready to answer health questions and provide health information 24 hours a day – every day of the year.
- A bilingual nurse or pharmacist will answer specific questions about the Member medical condition.

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FIRSTCALL Medical Advice Infoline

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Contact Information

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