



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

PCP, OB/GYN, Internal Medicine, Geriatrics and Family Provider Training



Provider Relations Overview

El Paso Health Website

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

[Español](#)

Call us at
915-532-3778 STAR/CHIP

Toll Free Numbers: 877-532-3778 STAR/CHIP
833-742-3127 STAR+PLUS



Hours of Operation
8:00 A.M. – 5:00 P.M. MST


AAA

[Provider Login](#)

[Member Login](#)

[Careers](#)





[Member](#) ▾ [Providers](#) ▾ [Find a Provider](#) ▾ [STAR+PLUS](#)

[Search](#)

Welcome to El Paso Health

We are your local, non-profit health plan serving El Paso and Hudspeth counties. Our team of bilingual professionals is dedicated to helping our members and providers.

STAR

For pregnant women, children and anyone who gets TANF

[Find Out More](#) →

CHIP

For children age 18 and under who are not eligible for Medicaid and don't have health coverage.

[Find Out More](#) →

STAR+PLUS



A managed care program for people who have disabilities or are age 65 or older.

[Find Out More](#) →

El Paso Health Medicare Advantage Dual (HMO D-SNP)

for people who have Medicare and Medicaid.

[Find Out More](#) →



EPH Provider Portal - Home Page



The screenshot shows the EPH Provider Portal Home Page. At the top, there are four logos: El Paso Health (Health Plans for El Pasoans, by El Pasoans), Preferred Administrators, HealthCARE (Options of El Paso), and El Paso Health Medicare Advantage. Below the logos, a login status bar indicates "You are currently logged in as:" followed by a blue box and links for "Messages (0)", "Profile", and "Logout". A dark blue navigation bar contains links for "Home", "Eligibility and Benefits", "Claims and Payment", "Authorizations", "Reports" (with a dropdown arrow), and "Service Coordination". The main content area is divided into two columns. The left column has a "Welcome to the Provider Portal" message, a brief description of the site's purpose, and input fields for "Provider Name" and "Provider Phone". Below these is a photograph of a doctor examining a young child. The right column features a "Quick Links" section with a list of links: "Submit Claims", "Submit Claim Attachments", "Provider Appeals/Recoupments", "Amended Authorizations", "Provider Overpayments", "Credentialing Process", "EFT Form", "Texas Medicaid Provider Enrollment Management System (PEMS)", "Electronic Visit Verification", and "Update Provider Information". Below the links is a "Pharmacy MAC List" section with text about accessing the list and a URL. At the bottom right is a "Contact Us" section with text about contacting the Provider Relations Department and two phone numbers: 915-532-3778 and Toll-Free: 1-877-532-3778.

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

Preferred
ADMINISTRATORS

HealthCARE
OPTIONS of EL PASO

El Paso Health
Medicare Advantage

You are currently logged in as:
[Messages \(0\)](#) [Profile](#) [Logout](#)

Home Eligibility and Benefits Claims and Payment Authorizations Reports ▾ Service Coordination

Welcome to the **Provider Portal**

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

Provider Name:

Provider Phone:



Quick Links

- [Submit Claims](#)
- [Submit Claim Attachments](#)
- [Provider Appeals/Recoupments](#)
- [Amended Authorizations](#)
- [Provider Overpayments](#)
- [Credentialing Process](#)
- [EFT Form](#)
- [Texas Medicaid Provider Enrollment Management System \(PEMS\)](#)
- [Electronic Visit Verification](#)
- [Update Provider Information](#)

Pharmacy MAC List
Contracted pharmacies can readily access the MAC list at any time through the Navitus Health Solutions Website
<https://www.navitus.com/>

Contact Us
If you have questions or need assistance, contact the Provider Relations Department at:
915-532-3778
Toll-Free: 1-877-532-3778

Submit:

- Claims
- Authorizations
- Provider Complaints

Verify:

- Member Eligibility
- Claim Status
- Authorization Status

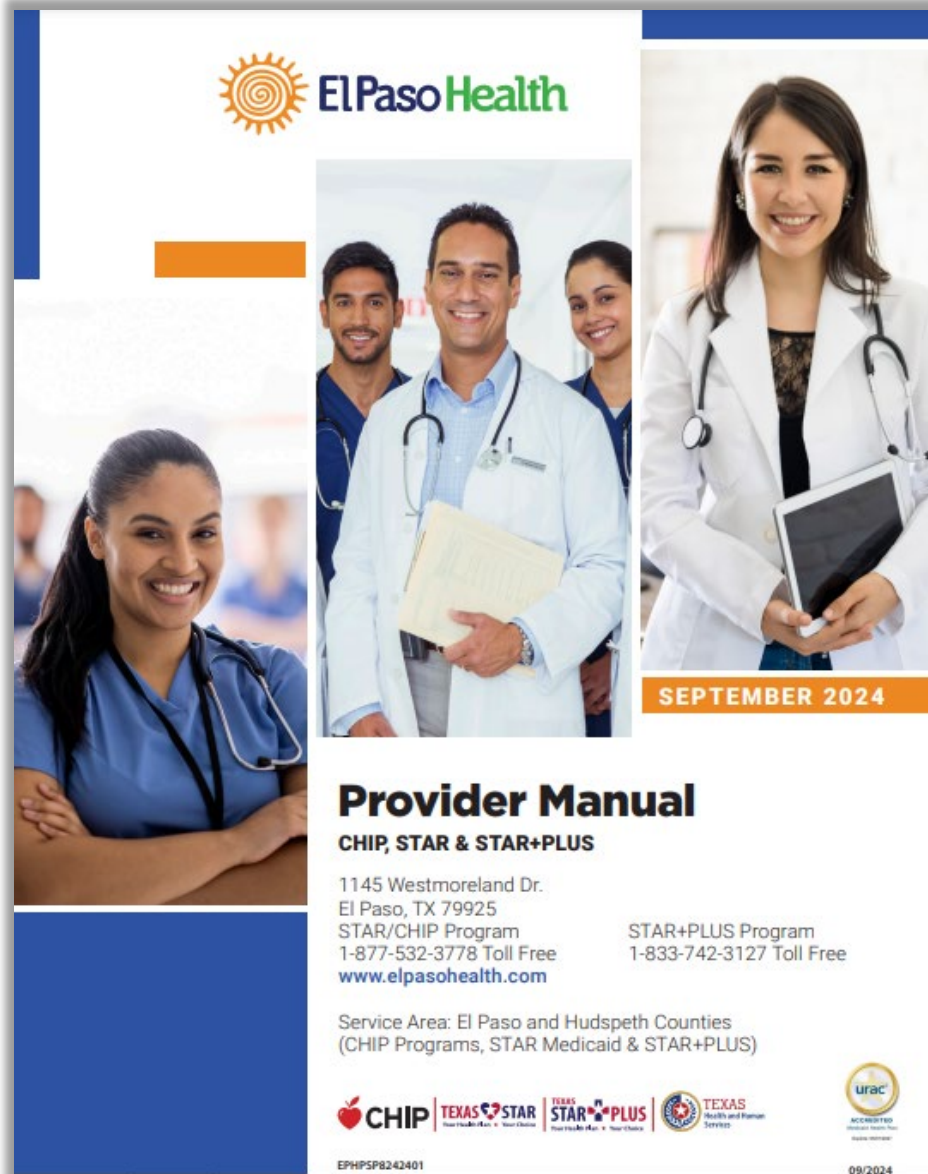
View:

- Remittance Advice
- Rosters
- Other Reports

Service Coordination

- Care Plan
- Assessments
- Quality Measure Performance

Provider Manual CHIP, STAR & STAR+PLUS



The El Paso Health Provider Manual contains information about:


- Policies and Procedures
- Covered services
- Behavioral Health Services
- Quality Improvement Program
- Utilization Management
- Claims Processing Guidelines

Our [Provider Manual](#) can be found on our website at www.elpasohealth.com in the [Provider](#) section.

You may also access the Provider Manual directly at: <http://www.elpasohealth.com/pdf/providermanual.pdf>

- Any demographic changes
(Office Hours, Age Range, Phone, Fax, etc.)
- Closing or opening panels
- Practice name change or acquisitions

- Submit [Demographic Form](#) and [W-9](#) by email to: Contracting_Dept@elpasohealth.com

 El Paso Health <small>HEALTH PARTNER FOR EL PASO COUNTY, BY EL PASO COUNTY</small>	915.532.3778 • email Contracting_dept@elpasohealth.com PROVIDER DEMOGRAPHIC FORM
<p>*Please make sure to complete this form with all types of requests such as adding a new provider, location update, terminating a provider, any type of update. This form is required in order for any changes to be processed.</p>	
Group/Facility Name: _____ Group/Facility Specialty: _____ Tax ID: _____ Group NPI: _____ Group TPI: _____	
Select Program: <input type="checkbox"/> Medicaid <input type="checkbox"/> OHIP/Perinatal <input type="checkbox"/> STAR Plus <input type="checkbox"/> Preferred Administrators <input type="checkbox"/> HCO <input type="checkbox"/> Medicare <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> PCP/Specialist <input type="checkbox"/> Hospital Based <input type="checkbox"/> Home Health/DME <input type="checkbox"/> PAS <input type="checkbox"/> SNF <input type="checkbox"/> Other	
Include Provider Specialty: Specialty: _____ Subspecialty: _____ Last, First, M Name: _____ DOB: _____ SSN: _____ Individual NPI: _____ API: _____ TPI: _____ CAQH: _____ Medicare #: _____ LTSS X Code: _____ Professional Category: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> FNP <input type="checkbox"/> ACNP <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: _____ Taxonomy number(s): _____	
<p>*If provider is not enrolled with CAQH, please provide a TDI Credentialing application w/ current date and signature.</p> Primary Practice Address: _____ City, State, ZIP: _____ Office Hours/Days: _____ Phone: _____ Fax: _____ Website URL: _____ CLIA Number: _____ CLIA Type: _____	
<p>*Please provide CLIA numbers for each location.</p> Secondary Location: _____ City, State, ZIP: _____ Office Hours/Days: _____ Phone: _____ Fax: _____ CLIA Number: _____ CLIA Type: _____ Third Location: _____ City, State, ZIP: _____ Office Hours/Days: _____ Phone: _____ Fax: _____ CLIA Number: _____ CLIA Type: _____ Fourth Location: _____ City, State, ZIP: _____ Office Hours/Days: _____ Phone: _____ Fax: _____ CLIA Number: _____ CLIA Type: _____	
1 Page	
https://www.elpasohealth.com/	

915.532.3778 • email Contracting_dept@elpasohealth.com PROVIDER DEMOGRAPHIC FORM	
Can Sign Language (ASL) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Established Only <input type="checkbox"/> Age Range: _____ <input type="checkbox"/> Female Only <input type="checkbox"/> None <input type="checkbox"/> Other: _____ versity training? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Telemonitoring <input type="checkbox"/> Targeted Case Management ability requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Tax ID: _____	
ary Contact Address: _____	
All credentialing contact information.	

Effective Date: _____ (s): _____ LTSS X Code: _____ RINATE <input type="checkbox"/> STAR+PLUS <input type="checkbox"/> TPA <input type="checkbox"/> HCO <input type="checkbox"/> MEDICARE	

Contract Type: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Ancillary/Facility <input type="checkbox"/> Amendment <input type="checkbox"/> LOA <input type="checkbox"/> Par <input type="checkbox"/> Non-Par Comments: _____ _____ _____ _____ _____
40282PPH072218
https://www.elpasohealth.com/

2 | Page

STAR+PLUS: Continuity of Care Extension

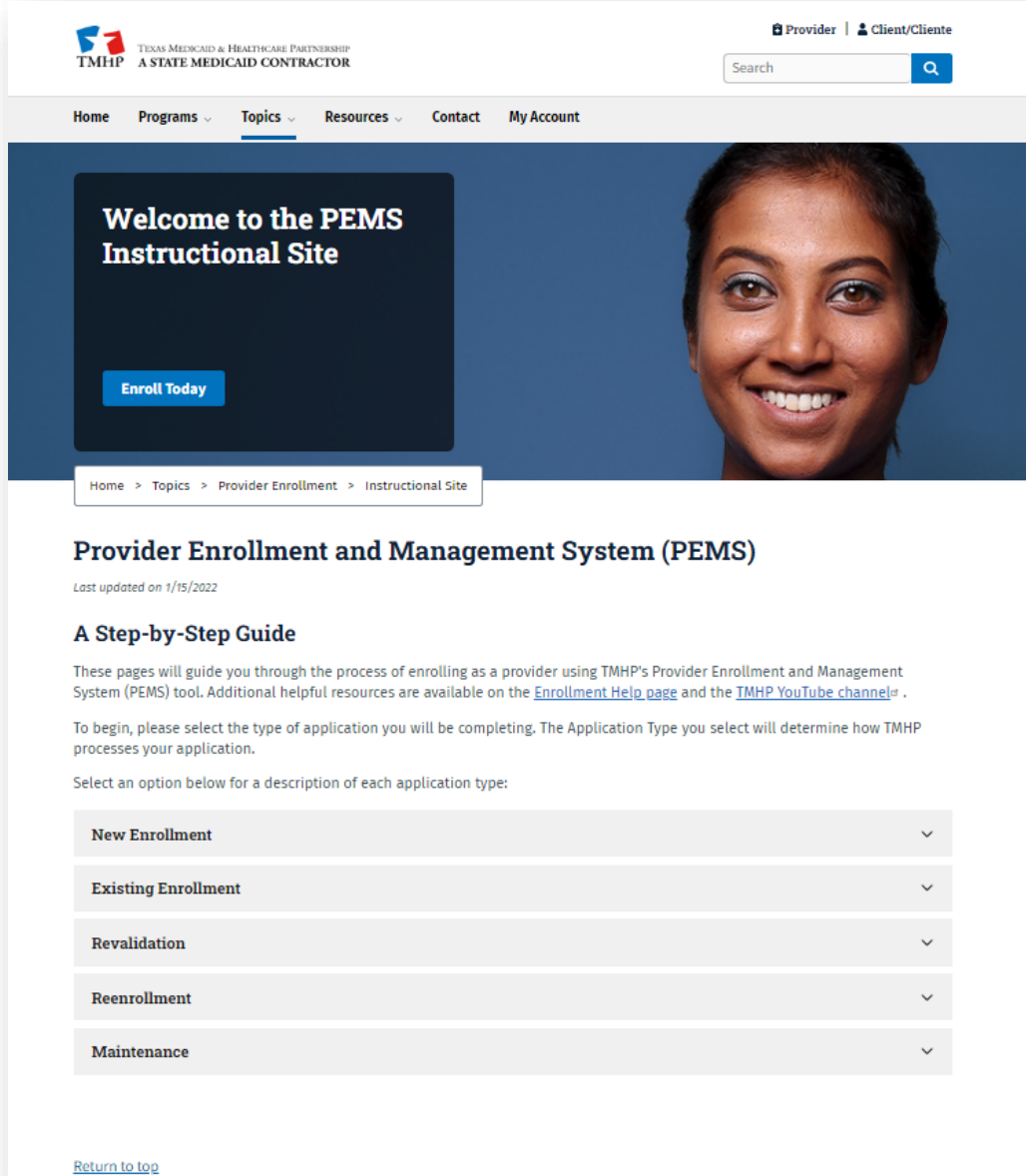
El Paso Health has extended the transition and continuity of care provision for STAR+PLUS members through May 31, 2025.

EPH remains committed to ensuring continuity of care for our members, and we greatly appreciate your collaboration in maintaining this level of care.

[STAR+PLUS Members Transition Continuity of Care Extension of Transition Period to May 31, 2025](#)

EPH Contact Information for LTSS:
Phone: 833-742-3127

Provider Enrollment and Management System (PEMS)



The screenshot shows the PEMS Instructional Site. At the top, there is a header with the TMHP logo and navigation links for Provider and Client/Client. Below the header is a search bar and a navigation menu with links for Home, Programs, Topics, Resources, Contact, and My Account. The main content area features a large banner with the text "Welcome to the PEMS Instructional Site" and a button labeled "Enroll Today". Below the banner is a breadcrumb trail: Home > Topics > Provider Enrollment > Instructional Site. The main heading is "Provider Enrollment and Management System (PEMS)", followed by a subheading "A Step-by-Step Guide". The text explains that the pages will guide users through the enrollment process and provide links to the Enrollment Help page and the TMHP YouTube channel. It also states that users should select the type of application they will be completing, as this will determine how TMHP processes the application. A list of application types is provided: New Enrollment, Existing Enrollment, Revalidation, Reenrollment, and Maintenance. Each item has a dropdown arrow. At the bottom left, there is a link to "Return to top".

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Provider | Client/Client

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](#)

Medicaid Provider Enrollment - Revalidation Flexibilities

Medicaid providers must complete revalidation every three or five years depending on their specialty, to maintain active enrollment status. This is a standard procedure, but due to certain issues, flexibilities have been granted during the specified dates.

KEY POINTS ON MEDICAID PROVIDER ENROLLMENT FLEXIBILITIES:

- Enrollment Gaps Closed for Certain Providers: Closure of Enrollment Gaps: If a provider was disenrolled for untimely revalidation between November 1, 2023, and December 12, 2024, the provider's enrollment period will be retroactively backdated up to 365 days.
- Extended Revalidation Period: Providers whose Medicaid revalidation date falls between December 13, 2024, and May 31, 2025, will be given an additional 180 calendar days to complete the revalidation process in the Provider Enrollment and Management System (PEMS).

Medicaid Provider Enrollment Revalidation - Claims Reprocessing

DEADLINE FOR REPROCESSING CLAIMS WILL BE JUNE 30, 2025

- Submit Claims as Services Are Provided: Do not hold claims
- Contact El Paso Health If Claims Were Denied: If your claims were denied due to untimely enrollment revalidation between November 1, 2023, and December 12, 2024
- Begin the Revalidation Process Promptly: If you haven't started the revalidation process yet, you should begin as soon as possible to avoid any disruptions in your Medicaid enrollment status

[Medicaid Provider Enrollment Revalidation Flexibilities and Claims Reprocessing](#)

Provider Updates

- [March 21.2025 – RSV Season and Synagis Prior Authorization Ends April 14 2025 for El Paso Region](#)
- [March 20.2025 – COVID Test Kit and Vaccine Coverage in the Pharmacy Benefit Memorandum](#)
- [March 18.2025 – Care For Older Adults Flyer](#)
- [March 7.2025 – Prior Authorization Criteria for Sickle Cell Disease Therapy](#)
- [March 7.2025 – Reminder: January 2025 JW Modifier Eligible Drug List Available](#)
- [Feb 25.2025 – EPH Provider Referral Memo DME Form](#)
- [Feb 25.2025 – STAR+PLUS Members Transition Continuity of Care Extension of Transition Period to May 31 2025](#)
- [Feb 21.2025 – EPH Provider Satisfaction Survey Flyer](#)
- [Feb 4.2025 – CoCM Services Provided by FQHCs and RHCs – Effective March 1 2025](#)



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

ECI, THSteps and Children of Parents who travel for Work

Early Childhood Intervention (ECI)

ECI encourages families not to take a "wait and see" approach to a child's development. As soon as a delay is suspected, children may be referred to ECI, even as early as birth.

➤ **Birth through 35 months:**

[Federal Regulation CFR Sec. 303.303 of Title 34 \(Education\)](#) requires a provider to refer children under age three to Early Childhood Intervention (ECI) as soon as possible, but no longer than 7 days of identifying a child with a delay or eligible medical diagnosis, even if also referring to an appropriate specialist.

➤ **Ages 3 years and older:**

The provider is encouraged to refer to the appropriate school district program, even if also referring to an appropriate specialist.




ECI Referrals can be made online, via fax 915-496-0750 or on the 24/7 referral line at 915-534-4324.

<https://www.elpasoeci.org/>

THSteps Reminders

Texas Health Steps Provider Outreach Referral Form

 **TEXAS HEALTH STEPS
PROVIDER OUTREACH REFERRAL FORM
FAX: 512-533-3867**

- Complete this form and submit by fax.
- Use only **ONE FORM PER HOUSEHOLD**, up to 2 patients.
- You will receive notification once your referral is processed.

Provider Information **Date:** _____

Provider/Clinic Name:		Contact Name:	
Office Address:	City:	County:	Zip Code:
Phone Number:		Fax Number:	
Provider Type:	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Orthodontic <input type="checkbox"/> Case Management <input type="checkbox"/> Other:		

Parent/Guardian Information

Parent/Guardian Name:		Phone Number:	Mobile Number:
Address:	City:	County:	Zip Code:
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:			

Patient #1 Information

Patient Name:		Date of Birth:	Medicaid ID:
Appointment Type:	<input type="checkbox"/> THSteps Checkup <input type="checkbox"/> THSteps Followup <input type="checkbox"/> Sick Visit <input type="checkbox"/> Lead <input type="checkbox"/> Other:		
Reason for referral (check all that apply)			
<input type="checkbox"/> Patient missed appointment, date:	<input type="checkbox"/> Assistance needed scheduling appointment.		
<input type="checkbox"/> Follow-up appointment for additional lead testing.	<input type="checkbox"/> Provide updated patient address (Case Management Only)		
<input type="checkbox"/> Assist with transportation to appointment.	<input type="checkbox"/> Other, see comments.		
Comments:			

Outreach Services Results (SSU Use Only)

<input type="checkbox"/> Appointment scheduled; date/time:	<input type="checkbox"/> Patient provided education about appointment etiquette.
<input type="checkbox"/> Patient assisted with transportation to appointment.	<input type="checkbox"/> Patient will contact provider directly.
<input type="checkbox"/> No action taken; patient declined assistance.	<input type="checkbox"/> No action taken; patient no longer eligible for Medicaid.
<input type="checkbox"/> Unable to locate patient; letter mailed to patient.	<input type="checkbox"/> Other:
Comments to Provider:	

Patient #2 Information

Patient Name:		Date of Birth:	Medicaid ID:
Appointment Type:	<input type="checkbox"/> THSteps Checkup <input type="checkbox"/> THSteps Followup <input type="checkbox"/> Sick Visit <input type="checkbox"/> Lead <input type="checkbox"/> Other:		
Reason for referral (check all that apply)			
<input type="checkbox"/> Patient missed appointment, date:	<input type="checkbox"/> Assistance needed scheduling appointment.		
<input type="checkbox"/> Follow-up appointment for additional lead testing.	<input type="checkbox"/> Provide updated patient address (Case Management Only)		
<input type="checkbox"/> Assist with transportation to appointment.	<input type="checkbox"/> Other, see comments.		
Comments:			

Outreach Services Results (SSU Use Only)

<input type="checkbox"/> Appointment scheduled; date/time:	<input type="checkbox"/> Patient provided education about appointment etiquette.
<input type="checkbox"/> Patient assisted with transportation to appointment.	<input type="checkbox"/> Patient will contact provider directly.
<input type="checkbox"/> No action taken; patient declined assistance.	<input type="checkbox"/> No action taken; patient no longer eligible for Medicaid.
<input type="checkbox"/> Unable to locate patient; letter mailed to patient.	<input type="checkbox"/> Other:
Comments to Provider:	

**TEXAS HEALTH STEPS
PROVIDER OUTREACH REFERRAL SERVICES
FAX COVER SHEET**

DATE: _____

TO: SPECIAL SERVICES UNIT

PHONE: 877-847-8377

FAX: 512-533-3867

FROM: _____

PHONE: _____

FAX: _____

TOTAL PAGES INCLUDING COVER SHEET: _____

COMMENTS:

CONFIDENTIALITY NOTICE: This fax and any pages transmitted with it are confidential and intended solely for the use of the individual or entity to which they are intended. If you are not the intended recipient, you are hereby notified that any use, disclosure, dissemination, distribution, copying, or taking of any action because of this information is strictly prohibited. Please notify the sender immediately if you received this fax in error and destroy this fax and any pages transmitted with it.

EP03-14049 02/2013



<https://www.elpasohealth.com/pdf/Provider%20Outreach%20Referral%20Form.pdf>

Children of Parents Who Travel for Work

Migrant Farm Workers

- 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.

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.

Indicator on Roster

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

EL PASO, TX 79902

APPOINTMENT LOCATIONS

El Paso Health
STAR Master Roster
March 2025

Page 1 of 49

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

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?

Sí ☐ No ☐

¿En la pizca de cebolla, chile, lechuga, tomate, uvas, nueces, etc...?

Sí ☐ No ☐

¿Empacando o procesando vegetales, frutas, leche, etc...?

Sí ☐ No ☐

Si contestó **SÍ** 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 travelling 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!

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

Claudia Aguilar

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

Jose Chavira

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

Luz Jara

Provider Relations Representative
Phone Number: 915-298-7198 ext.1276

Lizbeth Silva

Provider Relations Representative
Phone Number 915-298-7198 ext. 1005

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 Lead
Phone Number: 915-298-7198 ext. 1018

Cynthia Moreno

Provider Relations Manager
Phone Number 915-298-7198 ext. 1044

Provider Relations Department

(915) 532-3778

ProviderServicesDG@elpasohealth.com



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Quality Improvement Program & Initiatives

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 QI program is designed to assure that Members receive care that is consistent with our mission.

Our QI 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

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



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!**



Refer to AA
Standards in your
folder!

Provider Contract Requirement:

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

Resources on Website

The image shows a screenshot of the El Paso Health website. A large blue arrow points from the top left towards the 'Providers' link in the navigation bar. Another blue arrow points from the 'Quality Improvement Program' link in the Providers dropdown menu to the corresponding page on the right. The website header includes 'AST', 'AAA', 'Provider Login', and 'Member Login'. The navigation bar contains 'Providers', 'Find a Provider', 'About', 'Volunteer', and 'Contact', along with a search bar. The 'Providers' dropdown menu lists several options, with 'Quality Improvement Program' highlighted. The 'Quality Improvement Program' page on the right features a 'Commitment to Quality' section, a 'Quality Improvement Program' section with a list of goals, and a list of resources including Clinical Practice Guidelines, Access and Availability, HEDIS Measure Tip Sheets, HEDIS Hybrid, and Texas Health Steps.

Providers

Find a Provider

About

Volunteer

Contact

Search ..

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 Doctor

How do I...

How to...

Complaints and...

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

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

HEDIS Medical Records Request

Reminder we have HEDIS requests out.

Thank you to those who have already submitted records.

If you have not, please get those submitted as soon as possible, no later than **April 11th**.



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

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



ACCREDITED
HEALTH PLAN
2019-2022

Childhood Immunization Status (CIS)
Medical Record Request
Please send records by: **FEBRUARY 28, 2025**

EL PASO, TX 79936

Thank you for serving as a Medicaid/CHIP managed care provider. This letter is your notification that El Paso Health is collecting medical records to conduct HEDIS® medical record reviews. Your prompt attention to this record request is essential and greatly appreciated. If you have any questions, please see our FAQ document posted on our website at <https://www.elpasohealth.com/providers/quality-improvement-program/#1677101536614-08956284-d3f5>. You may also call the El Paso Health Provider Relations Department at (915) 532-3778 to speak to a provider representative. Office hours are Monday thru Friday, 8am-5pm.

Please be advised that you are permitted to share health record information in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) because you qualify as a business associate of HHSC, as does El Paso Health. Please note that clients give consent for this activity as part of their Medicaid/CHIP enrollment.

Please choose one of the following options to submit the medical records:

****Electronic Submission**
Submit

Please send any and all of the requested information for the following members.
Otherwise, please indicate patient status.

*Records may either be submitted via:	
Option 1	Option 2
Secure Email: SFTP instructions – Please review the step by step instructions provided which may be found on our website at: https://www.elpasohealth.com/HowtoSendEMRfilestoEPH.pdf	Secure Fax: Attn: HEDIS Quality Audit FAX (915) 225-XXXX

HEDIS: Childhood Immunization Status (CIS)
Please send a current immunization record for each member. If available, please provide a complete medical record.

Provider Name	Member ID	Member	DOB	EPH Chase Number	Patient Status*
					1 2

* If Applicable Circle ABOVE *

1 - NOT a patient at this facility.
2 - Patient NOT seen during this time frame.



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

EPH041912



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Member Services

Member Services

Call Center Representatives

El Paso Health's Call Center consists of highly qualified and trained Call Center Representative (CCR), fluent in both English and Spanish.

Our Member Services Department can assist with:

- Eligibility
- Claim Status and Inquiries
- Resolving Claims
- Authorizations Status and Inquiries
- Covered Services

You can reach our Member Services Department:

- STAR+PLUS Phone: 1-833-742-3127
- STAR & CHIP Phone: 1-877-532-3778

Hours of Operation: Monday-Friday, 8 a.m. to 5 p.m. (Mountain Time excluding state approved holidays)

*Interpreter services are available through contracted vendor (Teneo Linguistics) and members who are deaf or hard of hearing (TTY) can use 711 to call us.

*Interpreter service including written, spoken and sign language interpretation must be competent to ensure effective communication regarding treatment, medical history and health conditions.

Eligibility Verification

- El Paso Health [Provider Web Portal](#)
- Telephonically:
 - STAR+PLUS: 1-833-742-3127
 - STAR & CHIP: 1-877-532-3778
- Texas Medicaid Benefit Card
- TexMedConnect ([User Guide](#)):
 - [MESAV](#): Providers can view Medicaid Eligibility and Service Authorization Verifications (MESAVs) electronically by using TexMedConnect. To prevent claim denials, providers must verify a person's eligibility for Medicaid services.
 - <https://secure.tmhp.com/TexMedConnect>
- Maximus Enrollment Broker: 1-800-964-2777

Note: It is recommended to verify Eligibility the first of each month using El Paso Health provider portal or by contacting Member Services

STAR+PLUS Member ID Card


Members will receive their Member ID card in the mail as soon as they are enrolled with El Paso Health. Here's what the front and back of the El Paso Health Member ID card looks like. If a member did not receive this card, please call El Paso Health Toll Free at 1-833-742-3127.

 El Paso Health <small>HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.</small>	 TEXAS <small>Health and Human Services</small>	 TEXAS STAR+PLUS <small>Health Plan • Your Choice</small>
Name: [YOUR NAME] ID: [000000000000]	Pharmacist Only: Navitus: 1-877-908-6023 RxBin: RxPCN: RxGRP:	Member Services: 1-833-742-3127 Available 24 hours a day/7 days a week Nurse Hotline: 1-844-549-2826 Available 24 hours a day/ 7 days a week Behavioral Health: 1-877-377-2950 In case of an emergency, call 911 or go to the closest emergency room. After treatment, call you PCP within 24 hours or as soon as possible. Medicaid recipients who are also eligible for Medicare only have Long Term Services and Supports through El Paso Health.
Primary Care Provider Name: Phone: Effective Date:	Service Coordinator/ Coordinador de Servicios: 1-833-742-3127	Servicios para Miembros: 1-833-742-3127 Disponble 24 horas al día/7 días de la semana Nurse Hotline: 1-844-549-2826 Available 24 hours a day/ 7 days a week Servicios de Salud del Comportamiento: 1-877-377-2950 En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Después del tratamiento, llame a su PCP dentro de 24 horas o tan pronto como sea posible. Beneficiarios de Medicaid que también son elegibles para Medicare solamente tienen Servicios y Apoyo a Largo Plazo con El Paso Health.
1-833-742-3127	ElPasoHealth.com	

For the [STAR+PLUS Service Coordination](#) team availability please contact the hotline at 1-833-742-3127 OPT 2. If your ID card is lost or stolen, you can get a new one by calling us at toll-free at 1-833-742-3127 for STAR+PLUS.

You can also reach us by email at member@elpasohealth.com.

Member ID Cards

**Your Texas Benefits**
Health and Human Services Commission

Member name:

Member ID:

Issuer ID:

Date card sent:

Note to Provider:
Ask this member for the card from their Medicaid medical plan. Providers should use that card for billing assistance. No medical plan card? Pharmacists can use the non-managed care billing information on the back of this card.

Need help? ¿Necesita ayuda? 1-800-252-8263

Members: Keep this card with you. This is your medical ID card. Show this card to your doctor when you get services. To learn more, go to www.YourTexasBenefits.com or call 1-800-252-8263.

Miembros: Lleve esta tarjeta con usted. Muestre esta tarjeta a su doctor al recibir servicios. Para más información, vaya a www.YourTexasBenefits.com o llame al 1-800-252-8263.

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.

Providers: To verify eligibility, call 1-855-827-3747. Non-pharmacy providers can also verify eligibility at www.YourTexasBenefitsCard.com. Non-managed care pharmacy claims assistance: 1-800-435-4165.

Non-managed care Rx billing: RxBIN: 610084 / RxPCN: DRTXPROD / RxGRP: MEDICAID

TX-CA-1213

Members must still continue to provide their Texas Medicaid ID Card along with their EPH ID STAR+PLUS Card

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)

*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

Medicaid Acute Care Covered Services

El Paso Health gives members every covered service that they are entitled to get through Medicaid and sometimes more!

- 24-hour emergency care from an emergency room
- A checkup every year
- Behavioral (mental) health services
- Birthing center services
- Chiropractic (back doctor) services
- Dialysis (help from a machine) for kidney problems
- Durable medical equipment and supplies (wheelchairs)
- Ear doctor visits and hearing aids
- Family planning services and supplies (such as birth control)
- Foot doctor services
- Help with substance abuse (such as alcohol or drugs)
- Home health services (health care at home)
- Hospital care with an "OK" from El Paso Health
- Human Papillomavirus (HPV) vaccine is a benefit for males who are 9 through 45 years of age

- Laboratory services
- Mastectomy and breast reconstruction procedures
- Needed medical care for adults and children
- Prenatal care
- Primary care services to help you stay well
- Specialty physician services
- Surgery without staying in the hospital overnight
- The use of an ambulance, if you need it
- Telehealth/Telemedicine
- Therapies – physical, speech, and occupational
- Transplantation of organs and tissues (such as heart or kidney)
- Vision (eye exams and glasses)
- X-ray services

Member Cost Sharing Obligations













STAR / STAR+PLUS	CHIP / CHIP Perinate
<p>Providers may <u>not</u> bill STAR and STAR+PLUS members directly for covered services.</p> <p>Providers may inform members of costs for non-covered services and secure a private pay form prior to rendering</p> <p>Members <u>do not</u> have co-payments.</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>

Additional details can be found in the [El Paso Health Provider Manuals](#).

Healthy Rewards

STAR & CHIP

A Great Health Plan Comes With Healthy Rewards.

HEALTHY REWARDS*	MEDICAID MEMBER	CHIP MEMBER	HEALTHY REWARDS*	MEDICAID MEMBER	CHIP MEMBER
 <p>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.</p>	✓	✓			
 <p>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.</p>	✓	✓	 <p>Pregnant members can receive:</p> <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. 	✓	✓
 <p>Two free books from the EPH Literacy Program for members in speech therapy.</p>	✓	✓			
 <p>Pregnant members 21 or older can receive up to \$500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions.</p>	✓	✓	 <p>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.</p>		✓
 <p>Members 20 and younger. For contact lenses and glasses (lenses and frames), members receive up to \$125 above the Medicaid/-CHIP benefit.</p>	✓	✓	 <p>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.</p>	✓	
 <p>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.</p>	✓		 <p>In-home breastfeeding counseling support visits for postpartum members with high-risk pregnancies that require specialized intervention</p>	✓	✓
 <p>\$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.</p>	✓	✓	 <p>A \$25 "EPH Food from the Heart" food basket for new members after completing a new member orientation with El Paso Health.</p>	✓	✓

Value Added Services

STAR+PLUS

El Paso Health STAR+PLUS Value Added Services 2024

	At Home		Nursing Facilities	
	Medicaid Only	Dual	Medicaid Only	Dual
 Help Getting a Ride A free ride service to help you get to appointments, health education classes, non-medical drivers of health locations, or Member Advisory Group meetings that are not covered under the NEMT benefit.	✓	✓	N/A	N/A
 Dental Services Dual eligible members receive up to \$2,000 each year for dental check-ups, x-rays, cleanings, filling and simple tooth extractions for members 21 and older for STAR+PLUS non-HCBS waiver members. Medicaid only members receive up to \$600 each year for dental check-ups, x-rays, and cleanings (no extractions) for members 21 and older.	✓ \$600 allowance	✓ \$2,000 allowance	✓ \$600 allowance	✓ \$2,000 allowance
 Extra Vision Services Medicaid only members get \$150 allowance every two years to be used on one pair of eyeglasses (lenses and frames) or contact lenses and get one routine eye exam every two years. Dual eligible members receive a \$300 yearly allowance and get one routine eye exam per year.	✓ \$150 biennial allowance	✓ \$300 annual allowance	✓ \$150 biennial allowance	✓ \$300 annual allowance
 Extra Foot Doctor (Podiatry) Services Additional routine foot doctor (podiatry) visits each year.	N/A	✓ 12 visits	✓ 4 visits	✓ 12 visits
 Discount Pharmacy / Over-the-Counter Benefits Up to \$140 once a year. \$35 gift card every three months for over-the-counter medicines and other medical or health-related supplies not covered by Medicaid, upon request.	✓	✓	N/A	N/A
 Temporary Phone Help El Paso Health Members ages 18 years and older eligible for the Federal Lifeline Program is offered at no cost to the member the exclusive El Paso Health Unlimited Plan that includes: An Android Smartphone, Unlimited Calling, Unlimited Text, Unlimited Data.	✓	✓	✓	✓
 Emergency Response Services (ERS) Emergency response services for STAR+PLUS non-HCBS waiver members age 21 and older.	✓	✓	N/A	N/A
 Home Visits Up to an extra 40 hours respite services for STAR+PLUS non-HCBS waiver members age 21 and older.	✓	✓	N/A	N/A

El Paso Health STAR+PLUS Value Added Services 2024

	At Home		Nursing Facilities	
	Medicaid Only	Dual	Medicaid Only	Dual
 Extra Hearing Services Hearing aid allowance limited to \$2,000 every year.	N/A	✓	N/A	✓
 Healthy Eats Program Diabetic STAR+PLUS Non-HCBS waiver members can participate in the Healthy Eats Program and receive a \$50 gift card each quarter to obtain nutritious food.	✓	✓	✓	N/A
 Delivered Meals Receive up to 14 healthy meals delivered to their home after being discharged from a hospital or nursing facility for STAR+PLUS non-HCBS waiver members 21 and older.	✓	✓	N/A	N/A
 Meal Planning Four additional nutritional counseling/meal planning services for diabetic STAR+PLUS non-HCBS waiver members 21 and older.	✓	✓	N/A	N/A
 Health Get Fit Program or a Home Fitness Kit STAR+PLUS Non-HCBS waiver members have a choice of the El Paso Health Get Fit Program at the YMCA or a home fitness kit, or both.	N/A	✓	N/A	✓
 Care Kit Receive a free personal blanket, skid proof socks, an accessory tote bag, and a large print digital clock.	N/A	N/A	N/A	✓
 Gift Programs Members are eligible to receive a \$25 gift card as a Thank You from El Paso Health for completing the following Preventative Screenings: <ul style="list-style-type: none"> •\$25 gift card for members after completing an annual wellness exam each year. •\$25 gift card for members that get an annual flu shot and COVID-19 vaccine. •\$25 gift card for members who have a follow-up doctor visit within 30 days of getting out of the hospital once a year. •\$25 gift card for members after completing an HbA1c blood test each year. •\$25 gift card for members after completing a diabetic eye exam each year. • \$25 gift card for female members ages 21-64 who get a recommended cervical cancer screening once every three years. •\$25 gift card for members that complete a doctor follow-up visit within 30 days of hospital discharge for a mental illness condition. Limit one gift card every 30 days. 	✓	✓	✓	✓

Non-Emergent Medical Transportation (NEMT) Services

NEMT services provide transportation to non-emergency health care appointments for members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get Medicaid services. These trips do NOT include ambulance trips.

Access2Care, an El Paso Health Partner, may be able to help STAR, CHIP and STAR+PLUS 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 1-855-584-3530 (STAR+PLUS) or 1-844-572-8196 (STAR and CHIP)
- 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.

First Call Medical Advice Infoline / Behavioral Health Crisis Line

El Paso Health offers members a medical advice info-line at no cost. Members will receive immediate information to take care of your medical or health concerns.

First Call: 1-844-549-2826

El Paso Health also offers members a crisis line for assistance with behavioral health.

STAR: 1-877-377-6147

CHIP: 1-877-377-6184

STAR+PLUS: 1-877-377-2950

- Staff is bilingual
- Interpreter services are available
- Open 24 hours a day, 7 days a week



Night Clinic Flyer

AFTER-HOURS CARE IS OPEN LATE!

¡Las clínicas nocturnas están abiertas después de horas!

● Urgent Care ● Night Clinic

UrgentCare2go Mobile Unit

• (817) 508-8169

Appointment required
urgentcare2go.com

West El Paso CareNow Urgent Care

• 7845 N Mesa St, Suite A
• (915) 206-4690

Pininos Urgent Care

• 4321 N. Mesa, Suite B
• (915) 304-0088
• Mon-Fri 5pm-10pm

pininospediatrics.com/urgent-care

COVID-19 ALERT: PLEASE CALL AHEAD.

ALERTA COVID-19:
POR FAVOR LLAME ANTES DE IR.

- Telemedicine and Telehealth services might be available with your Primary Care Provider (PCP) after regular business hours.

Servicios de Telemedicina después de horas de oficina podrían estar disponibles con su Proveedor de Atención Primaria.

Cimarron CareNow Urgent Care

• 7480 Paseo Del Norte Blvd
• (915) 308-2060

Kenworthy CareNow Urgent Care

• 10765-A Kenworthy St
• (915) 320-4021

Northeast Pediatric Night Clinic

• 10755 Kenworthy Dr
• (915) 821-2300
• Mon-Sat 6pm-9pm

For more information, scan QR code below.



Edgemere CareNow Urgent Care

• 12371 Edgemere Blvd, Suites 207 - 209
• (915) 856-0008

El Paso Children's Urgent Care

• 3260 N. Zaragoza Rd, Building D Suite 407
• (915) 242-8406
• Mon-Sun 9am-9pm

North Zaragoza CareNow Urgent Care

• 1801 Zaragoza Rd
• (915) 249-3106

Paseo Nuevo Urgent Care PLLC

• 12350 Paseo Nuevo Dr
• (915) 777-3493
• Sat-Sun 10am-2pm

paseonuevourgentcare.com

Viscount CareNow Urgent Care

• 9100 Viscount Blvd, Suites F and H
• (915) 594-4475

East El Paso CareNow Urgent Care

• 9640 Montwood Dr, Suite C
• (915) 401-8100

Central Texas Pediatric Night Clinic

• 7888 Gateway Blvd East
• (915) 593-6444
• Mon-Sun & Holidays 6pm-10pm

- For a full list of clinics and providers, please visit our website www.elpasohealth.com or call us at 915-532-3778.

Para obtener una lista completa de clínicas y proveedores, visite nuestro sitio web www.elpasohealth.com o llámenos al 915-532-3778.



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

El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.
THE HEALTH PLANS OF EL PASO FIRST

Pharmacy Benefit Manager

Navitus Health Solutions is El Paso Health's Pharmacy Benefit Manager for our STAR, CHIP & STAR+PLUS program. 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.



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

C.A.R.E.S and the Community Connection Unit

EPH is part of the 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

www.elpasohealth.com/MakeAnAppointment

Food From the Heart Food Distribution

- El Paso Health in partnership with El Pasoans Fighting Hunger holds a monthly food pantry for the El Paso community.
- The Food pantry is drive thru only.
- It is typically held the last Saturday of the month (some months may vary).
- The event is from 9 am to 11 am (or until the food runs out).
- For more information on dates and times, contact the Community Connection Unit at El Paso Health, 915-532-3778



First Steps Baby Showers

El Paso Health Members Only

Baby showers are held in-person

Information Provided at Baby Shower:

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

Spanish and English Classes Available

Register for the next baby shower by visiting:

<https://elpasohealth.com/babyshower.asp>

You will be receiving a
CAR SEAT and DIAPER BAG



Community Connection Unit

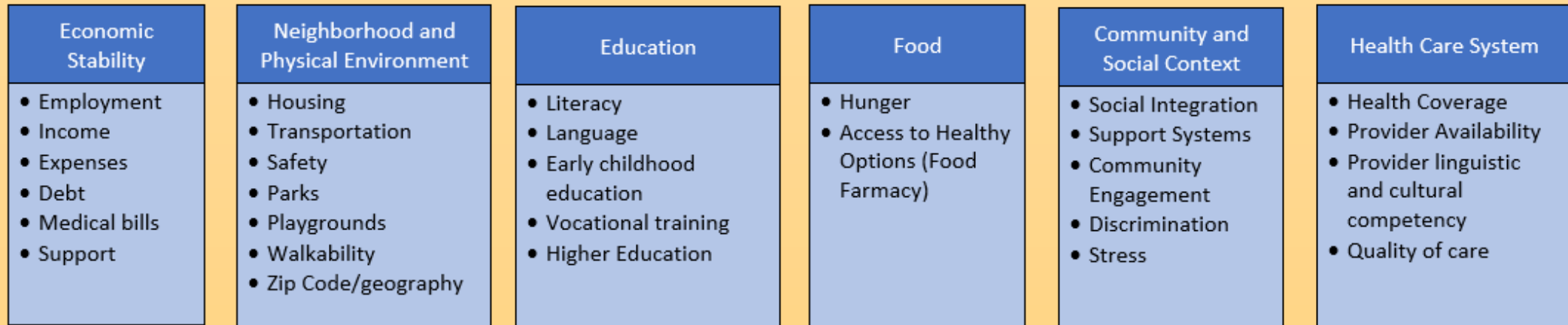
According to CMS, Health Equity means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcome.

El Paso Health is committed to eliminating barriers to improve and maintain our member's health. The implementation of the Community Connection Unit to address Non-Medical Drivers of Health NMDOH also commonly known as Social Determinants of Health, will help us identify disparities related to the following:

1.	NMDOH -Food insecurity
2.	NMDOH - Utility Assistance
3.	NMDOH – Housing Assistance
4.	NMDOH – Transportation
5.	NMDOH – Education Assistance
6.	NMDOH – Economic Stability
7.	NMDOH - Neighborhood & Physical Environment
8.	NMDOH - Community and Social Context
9.	NMDOH - Personal Safety

Non- Medical Drivers of Health Fundamentals

Non-Medical Drivers of Health (NMDOH) Fundamentals



Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

NMDoH and Z-Codes

Addressing NMDoH is a critical factor in reducing health care disparities.

Providers can assist and support patients facing social challenges by:

- inquiring about their social history,
- providing guidance, and
- referring them to support services, including referrals to El Paso Health.

El Paso Health encourages the documentation of patient/member social needs identified during the appointment or assessment.

El Paso Health encourages the submission of appropriate ICD10 Z-codes when NMDoH needs are identified.

Clinical Practice Guideline (List of Z codes)

<http://www.elpasohealth.com/pdf/Social%20Determinants%20of%20Health%20Clinical%20Practice%20Guideline.pdf>



Please take this survey!

We want to understand YOUR process for
assessing and assisting members with Non-Medical Drivers of Health.



Non-Medical Drivers of Health Referrals

If you identified any member with NMDOH you can contact the Community Connection Supervisor.

Gabriela Mendoza

Phone: (915) 532-3778 Ext 1076





El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Health Services

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:

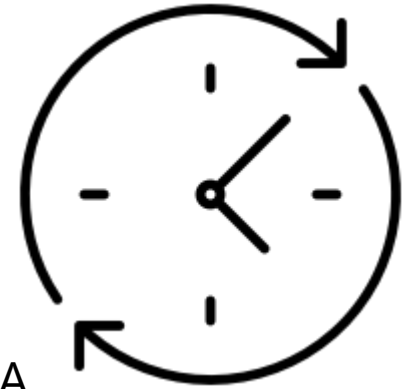
- Electronic
- Fax
 - Outpatient (915)298-7866 or Toll Free (844)298-7866
 - Inpatient (915)298-5278 or Toll Free (844)298-5278
- Walk-In/Mail
- Telephonic
 - 915-532-3778 or toll-free 888-532-3778



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.

Turnaround Times



- Day received is day zero, turn around time does not begin until next **business** day
 - Standard request – 3 business days for Medicaid/Medicare; 2 business days for CHIP/ TPA
 - 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. The due date is printed on the notification letter
 - Provider will receive fax
 - Member will receive letter in mail



Peer to Peer Reviews



- Peer to peer reviews are offered prior to an Adverse Determination via fax notification.
- **Peer to Peer Reviews** can only be held Physician to Physician
- The ordering Physician has 24 hours to schedule a peer to peer review for services

How Can A Case Manager Help Our Members?

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.

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

Case Management Referrals

CASE MANAGEMENT/SERVICE COORDINATION REFERRAL FORM		
To: El Paso Health ATTN: Case Management Phone: (915) 532-3778 ext. 1500 Fax: 915-298-7866		FROM: _____ (Physician's Office Name) OFFICE CONTACT PERSON: _____ FAX NUMBER: _____ TELEPHONE NUMBER: _____
Member Name: _____	Medicaid/CHIP ID #: _____	DOB: _____
Member Contact Number: _____	Member Address: _____	
REASON FOR REFERRAL (check all that apply and add comments when applicable):		
<input type="checkbox"/> HIGH RISK PREGNANCY		
<input type="checkbox"/> BEHAVIORAL HEALTH		
<input type="checkbox"/> ASTHMA		
<input type="checkbox"/> HEART DISEASE		
<input type="checkbox"/> DIABETES		
<input type="checkbox"/> SPECIAL HEALTH CARE NEEDS (individuals who have a behavioral/medical condition that is expected to last more than 12 months)		
<input type="checkbox"/> SOCIAL WORK/SOCIAL DETERMINANTS OF HEALTH		
<input type="checkbox"/> OBESITY		

PRESENTING CONCERN:

- ☐ Assistance locating covered services
- ☐ 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 (i.e. SDOH), please specify concern(s): _____
- ☐ High risk pregnancy, please specify condition/concern: _____
- ☐ Access to community resources (i.e. support/advocacy groups, basic needs)
- ☐ Positive Maternal Depression Screening

Case Management Programs:

- Behavioral Health Case Management
- Disease Management
- OB-Case Management
- Medical Case Management
- Medicare-DSNP Service Coordination
- Complex Medical Case Management

Case Management for Children and Pregnant Women Program (CPW)

What is Case Management for Children and Pregnant Women (CPW)?

- Case management services are provided to help Medicaid eligible persons gain access to necessary medical, social, educational and other services. Case manager assess a person's need for these services and then develop a service plan to address those needs. Provider types include registered nurses and licensed social workers who must be enrolled in Medicaid.

Eligibility Requirements

- Be eligible for Texas Medicaid
- Be a pregnant woman who has a high-risk condition or child (0-20 years) who has a health condition or health risk
- Need assistance in accessing necessary medical, social, education and other services related to their health condition, health risk or high-risk condition.
- Want to receive case management services

Case Management for Children and Pregnant Women Program (CPW)

Referrals for (CPW)

To refer a Medicaid eligible person to Case Management for Children and Pregnant Women services, providers may utilize the [EPH Case Management form](#)

Services, Benefits, and Limitations

- Services are limited to one contact per day per person
- Additional provider contacts on the same day are denied as part of another service when rendered on the same day
- Visits completed using synchronous audiovisual technology or synchronous telephone (audio-only) technology should be provided only if agreed to by the client or parent/guardian

Prior Authorization

- All services must be prior authorized using the [Texas Standard Prior Authorization Request Form](#)
- One comprehensive visit is approved for all Medicaid eligible persons
- Follow-up visits are authorized based on contributing factors

Case Management for Children and Pregnant Women Program (CPW)

Procedure Codes and Modifiers

Case management for children and pregnant women services must be submitted with procedure code G9012 and the following modifiers:

Service	Required Modifiers
Comprehensive visit (in-person)	U2 and U5
Comprehensive visit (synchronous audiovisual)	U2, U5 and 95
Follow-up visit (in-person)	U5 and TS
Follow-up visit (synchronous audiovisual)	U5, TS and 95
Follow-up visit telephone (audio-only)	Ts and 93

Retrospective Review: Case Management for Children and Pregnant Women services are subject to retrospective review and recoupment if documentation does not support the service billed.

Qualifying Criteria

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

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

Breast Pumps

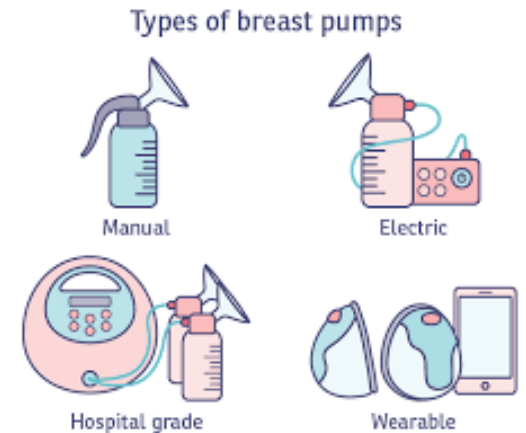
Members may qualify for purchase of a breast pump once they deliver. The following breast pumps are covered for STAR and CHIP members:

No Authorization Required:

- Manual Pump
- Non-hospital grade electric pump

Authorization Required:

- A hospital-grade breast pump (HCPCS code E0604) may be considered for rental, not purchase



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 or the EPH DME form for their records only

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 **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



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

Diabetic Supplies / Gestational Diabetes

Diabetic Supplies: STAR benefit

Continuous Glucose Monitor and Insulin Pump (If criteria is met)

Glucometers:

Providers may provide members with the numbers below to obtain the *free glucometer*:

- TRUE METRIX: 1-866-788-9618
- FREESTYLE: 1-866-224-8892

Note: Medicaid does not reimburse glucometers/Not a Benefit for STAR.

Test Strips/Lancets:

- *Prescription is required for the lancets and test strips (90 day supply).*

Gestational Diabetes:

- CHIP Perinate benefit

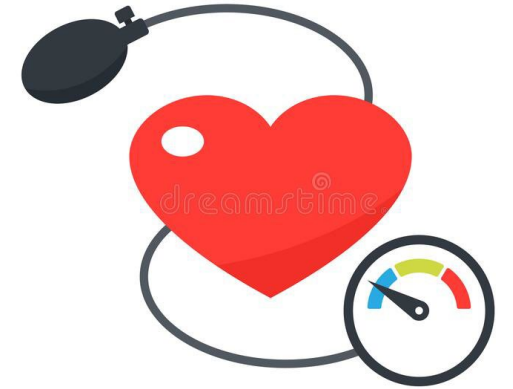
Blood Pressure Cuff

Blood Pressure Cuff/Monitor: STAR and CHIP Perinate Benefit

To obtain a Blood Pressure Cuff/Monitor:

- Member must *obtain prescription* from OB provider or PCP
- Members must take the prescription to an in-network DME provider

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



Contact Information

Vianka Navedo-Sanchez

Health Services Director

(915) 532-3778 ext. 1135

Celina Dominguez

Health Services Administrative Manager

(915) 532-3778 ext. 1091

Carolina Castillo

Utilization Management Manager

(915) 532-3778 ext. 1122

Jesus Ochoa

Care Coordinator Manager

(915) 532-3778 ext. 1017



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

STAR+PLUS: Service Coordination

Service Coordination

Service Coordination is a specialized case management service for members who need or request it.

Service Coordination provides the following:

- Single Point of Contact for the Member
- Assessments reviews and develop a plan of care utilizing input from the member, family, and providers.
- Assists in coordinating services and the care provided to our members.
- Assistance with directing members through the health care system, referrals, and authorizations to help meet our members' needs.
- Utilizes a multidisciplinary approach in meeting members' medical and behavioral health needs.
- Conducts mandatory telephonic or face-to-face contacts.

To reach an El Paso Health Service Coordinator you may contact [1-833-742-3127](tel:1-833-742-3127).

Service Coordination Hotline

El Paso Health has a DEDICATED Service Coordination Hotline that connects Members with our Service Coordination staff. **833.742.3127 option #2.**



- It is available to members 24 hours a Day, 7 Days a week
- Hours of Operation: 8:00am to 5:00pm local time for Service Area, Monday through Friday, excluding State-approved holidays
- Members, Family Members, or Providers may leave a message during non-business hours
- Any messages for the Service Coordination hotline staff or EPH Service Coordinators will be returned within 2 Business Days.



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Claims Department

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 STAR+PLUS	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

Telemedicine Billing Reminders

Telemedicine Modifiers

95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
FQ	Outpatient mental health services provided by synchronous telephone (Audio-Only) technology must be billed using modifier FQ
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive (Audio-Only) Telecommunications System

Place of Service Codes

02	The patients attend the telehealth appointments anywhere other than their own homes (e.g., a hospital or skilled nursing facility)
10	Telehealth services provided to patients who attend the appointments in their own homes

Note: Claim will deny if submitted only with modifier for telemedicine and invalid POS code or vice versa

Timely Filing Reminders



Timely filing deadline

- 95 days from date of service

Corrected claim deadline

- 120 days from date of EOB

Note: Must submit with correct frequency code or claim will deny as duplicate

EPH Claim Submission - CLIA Requirements

Memo CLIA Guidance

All providers that bill laboratory services must have a CLIA certification for the procedure code billed.

CLIA	CLIA Number Location Options	Servicing Laboratory Physical Location
CMS 1500 (Paper Claims)	Must be represented in field 23	<p>Submit the servicing provider name, full physical address and NPI number in fields 32 and 32A.</p> <p>The rendering/servicing or billing provider address must match exactly to the address associated with the CLIA ID entered in field 23.</p>
HIPPA 5010 837 (Electronic Claim)	Must be represented in the 2300loop, REF02 element, with qualifier of X4 in REF01	<p>Physical address of rendering/servicing provider must be represented in the 2310C loop if not equal to the billing provider address.</p> <p>The servicing/rendering or billing provider address must match exactly to the address associated with the CLIA ID submitted in the 2300 loop, REF02.</p>

****If a provider bills for a procedure without appropriate CLIA certification, the claim will be denied****

CHIP Perinate

Reminder

Laboratory and radiological services are limited to services that directly relate to antepartum 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).

CHIP Perinate

Reimbursement for Post-Partum

- Chip Perinate Coverage terminates after delivery
- Reimbursement for two post-partum visits are included in the reimbursement of the delivery claim.
 - 59410 – Vaginal Delivery, includes post-partum care
 - 59515 – C-Section, includes post-partum care
 - 59614 – Vaginal Delivery after previous C-Section, includes post-partum care



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Complaints and Appeals

Provider Appeals

A request for reconsideration of a previously dispositioned claim.

- Complete Denial of Claim
- Partial Denial of Claim

What to Submit

- One letter per member/per DOS explaining reason for dispute
- Supporting documentation
- Remittance Advice
- Medical Records (if necessary)
- Proof of Timely filing
- Any pertinent information for review

How to Submit

- Fax: 915-298-7872
- Web Portal
- Email: Complaints&AppealsTeam@elpasohealth.com
- Mail : El Paso Health

Complaints and Appeals Dept.
1145 Westmoreland Drive
El Paso, TX 79925

Provider Appeal Levels

- Level 1
 - Acknowledgment Letter w/in 5 business days
 - Resolution Letter w/in 30 calendar days
 - Don't agree with outcome?
- Level 2
 - Acknowledgment Letter w/in 5 business days
 - Resolution Letter w/in 30 calendar days.

(Provider Appeals Process has been **Exhausted**)
- Submit a Complaint to:
 - HHSC (STAR & STAR+PLUS)
 - TDI (CHIP)



Abuse, Neglect and Exploitation

Abuse, Neglect, Exploitation

Abuse:

- Mental
- Emotional
- Physical or sexual injury
- Failure to prevent such injury



Neglect:

- Results in starvation
- Dehydration
- Over medicating or under medicating
- Unsanitary living conditions, etc.
 - * Neglect also includes lack of heat, running water, electricity, medical care, and personal hygiene

Exploitation:

- Misusing the resources of another person for personal or monetary gain
 - * This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.

Reporting Abuse, Neglect, and Exploitation

The law requires that you report suspected Abuse, Neglect, or Exploitation.

- Call 9-1-1 for life-threatening or emergency situations.
- Report by Phone (non-emergency) 24 hours a day, 7 days a week, toll-free by calling DADS at 1-800-647-7418 if the person being abused, neglected, or exploited lives in or receives services from a:
 - Nursing Facility
 - Assisted living facility
 - Adult day care center
 - Licensed adult foster care provider
 - Home and Community Support Services Agency (HCSSA) or home health agency



Suspected Abuse, Neglect or Exploitation by a HCSSA must also be reported to the Department of Family and Protective Services (DFPS) by calling 1-800-252-5400.

Report Electronically (non-emergency) at <https://txabusehotline.org>. This is a secure website, you will need to create a password-protected account and profile.

When reporting abuse, neglect, or exploitation, it is helpful to have the names, ages, addresses, and phone numbers of everyone involved.

Reporting Abuse, Neglect, and Exploitation

El Paso Health Network Providers, who have received ANE report findings on El Paso Health Members from the DFPS or DADS, must submit a copy of the report to El Paso Health within ONE business day from the date the report is received.

The ANE reporting findings can be submitted to El Paso Health via secure and confidential email to:
APSReport@elpasohealth.com

Additional information and resources regarding ANE can be found on El Paso Health website:
<https://www.elpasohealth.com/members/hhsc-news/abuse-neglect-and-exploitation/>





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 and detect Waste, Abuse, and Fraud (WAF).

This plan is carried out by El Paso Health's Special Investigations Unit (SIU).

El Paso Health SIU Team conducts monthly audits of our network providers and members.

We will request Medical records for review to prevent FWA in accordance with Texas Administrative Code.



What We Look For

When we are auditing claims we identify several factors which include:

- **Documentation**

- Accuracy and Completeness: Ensure that patient records are complete, accurate and contain necessary assessments and care plans.

- **Billing and Reimbursement Compliance**

- Verify that the facility's billing practices comply with coding regulations and that there are no signs of fraudulent activities.

- **Authorizations**

- When required, ensure authorization is obtained prior to the services being rendered.

- **Staffing**

- Review whether the facility maintains adequate staffing levels and whether staff qualifications meet required standards.

Medical Records Request

For regular audits we will send providers the request for medical records as follows:

- 1st request faxed with a 4 week deadline.
- If no response within 2 weeks, 2nd request faxed and provider is called.
 - Given same deadline date as the first request.
- If no response within 1 week, final request faxed and contact with provider is made.
 - Same deadline date as first request.



Please make sure you and/or your Third Party Biller handle a records request with urgency.

Extension may be granted but **must be requested in writing before the Records Request due date.**
(Email is an acceptable form of communication)

Failure to submit records results in an automatic recoupment that is not appealable.

OB Audits

El Paso Health follows the 39 Week OB induction Audits.

Section 4.1.3 of the Texas Medicaid Provider Procedure Manual, Elective Deliveries Prior to 39 weeks

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.
- 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.*

OB Audit Medical Records Request

El Paso Health will fax providers the request for medical records. 15 days are allotted to provide medical records.

- 1st request is faxed to the provider's fax number on file.
- After 7 days, a friendly reminder is sent if records have not been received.
- If a response is not received by the 15th day, a 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 ensure 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.

Methods to Submit Medical Records

- Fax: 915-225-1170
- Email: amacias@elpasohealth.com or JHerrera2@elpasohealth.com
- Pick Up: -Contact your EPH Provider Relations Rep or the SIU Department to schedule a pick up





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

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



Date

[Provider Name]

[Provider Mailing Address]

[Provider City, State Zip Code]

RE: Request for Medical Records – Time Sensitive Response Due
Plan: El Paso Health
Request ID Number: [Case ID Number]
Department: SIU
Member: Please see member list at the end of letter
Response Due: [Due date] (30 calendar days for first attempt)

Dear [Provider],

Please accept this as a request for medical records/documentation for the enclosed member(s). The submission of these records will support El Paso Health, with its operational responsibility of oversight of participating partners. Failure to submit records will result in an automatic recoupment that is not appealable.

El Paso Health and any Payor shall have access to Physician's office during normal business hours on request, to inspect, review, and make copies of such records. Physician shall provide, at Physician's expense, copies of such records to authorized representatives of local, State, or Federal regulatory agencies.

El Paso Health as a Payor, is a Covered Entity as defined by HIPAA, and all past and current members are provided with a HIPAA Privacy Notice upon enrollment, therefore, Protected Health Information (PHI) may be released to a Covered Entity without a release from the member/patient for treatment, payment or health care operations under the Health Insurance Portability and Accountability Act (HIPAA).

Please adhere to the following directions when photocopying, packaging, and mailing the requested records:

1) Complete copies should include specific records to support the services provided. Send complete records to support the claims billed for each member. It may include but not be limited to the following:

- Physician orders / notes
- Nurse/ attendant notes
- Consultant and other medical reports
- Prior authorization requests and approvals*
- Prescribing records and medication history logs
- DME orders
- Health assessment, plan of care*
- Agreement for services, orientation documentation for attendants, supervisory visit/s*
- Supervision logs, documentation of supervisory visits

Medical Records Request Letter Sample



El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.
THE HEALTH PLANS OF EL PASO FIRST

External Audits

- Please keep in mind that **HHSC Office of Inspector General (OIG)** and **Office of Attorney General (OAG)** conduct their own independent audits.
- EPH is not involved with these audits.
- Make sure you check the letterhead to see who is requesting medical records.



Inspector General
Texas Health and Human Services



KEN PAXTON
ATTORNEY GENERAL *of* TEXAS

Missing Medical Records

It's important to send the entire medical record as requested.

When submitting records, if any detail is left out, the entire claim may be recouped for insufficient documentation.

Some examples include:

- Omitted In/Out Times
- Initial Evaluations
- Medical History



When records are submitted providers will sign an attestation to the number of pages included.

After attestation signature, additional records will not be accepted.

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.

(The review of appeal for the Audit is not handled by the Complaints & Appeals Department or any other department at El Paso Health)

- You may not dispute claims for which you did not provide any documentation.

After 30 days or the appeal review, EPH will begin recoupments via claims adjustments unless the provider requests to send a check or set up a payment plan.



Waste, Fraud and Abuse Hotlines

El Paso Health

- 1-866-356-8395

Office of the Inspector General

- 1-800-447-8477

Office of the Attorney General (State Auditors Office)

- 1-800-735-2989

SIU Contact Information

Vanessa Berrios, Director of Compliance

(915) 298-7198 ext.1040

vberrios@elpasohealth.com

Alina Macias, SIU Claims Auditor

(915) 298-7198 ext. 1108

amacias@elpasohealth.com

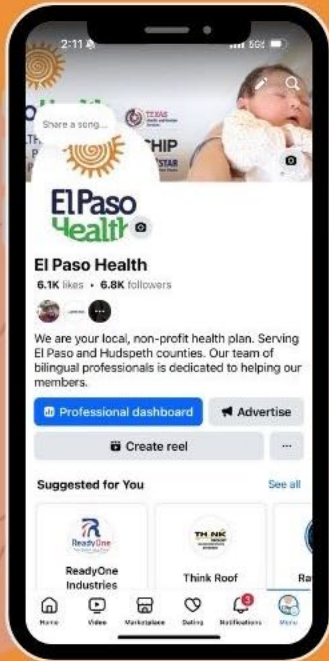
Jennifer Herrera, SIU Assistant

(915) 298-7198 ext.1228

jherrera2@elpasohealth.com



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



FOLLOW US ON SOCIAL MEDIA



FACEBOOK



INSTAGRAM





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

