

IN-PERSON PCP PROVIDER QUARTERLY ORIENTATION

Thursday, March 24, 2021
12:00 PM - 1:30 PM (MDT)



Join us for **lunch** and learn
at our office.

There will be participation
giveaways and a chance to win
door prizes and **gift cards**.

Eventbrite Info:

<https://eph-pcp-qtr3.eventbrite.com>

Password: PCPQTR3



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

Agenda

- Provider Relations – [Updates and Reminders](#)
- Quality Improvement - [Quality Assurance and Performance Improvement Program & Initiatives](#)
- Health Services – [Health Services Updates/ABA Benefit](#)
- Claims – [Reminders](#)
- Special Investigations Unit – [SIU Process](#)
- Member Services – [Reminders](#)
- CARE Solutions – [Services for Children of Traveling Farmworkers / Provider Partnerships](#)



El Paso Health

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Updates and Reminders

Shantee Aguilera

Provider Relations Representative

COVID-19 Update: Waiver of CHIP Co-Payment

HHSC is waiving in office face to face visit co-payments for all CHIP members for services provided from **March 13, 2020 through March 31, 2022.**

- El Paso Health will reimburse the provider the full rate for services including any member cost sharing.
- Providers must attest that an office visit co-payment was not collected from the member by submitting the [attestation form](#).
- Please include a list with member name, claim number, date of service, and co-pay amount along with the attestation form.
- Forms will be accepted via email at providerservicesdg@elpasohealth.com or via mail at the following address:

El Paso Health
Attention: Provider Relations
1145 Westmoreland Dr.
El Paso, TX 79925

Reminder: *Co-payments are not required for covered services delivered via telemedicine or telehealth to CHIP members. Co-payments do not apply to well child visits.*

COVID-19 Update: Telemedicine and Telephonic Services

Providers can provide telemedicine for certain medical services to promote continuity of care for our members. Telemedicine services do not require a prior authorization with an in-network provider and co-pays are not applicable to these services for CHIP members.

Telephonic (Audio-Only) Medical Services

Providers may bill the following codes for telephone (audio only) medical (physician delivered) Evaluation and Management services delivered on March 20, 2020 through **April 30, 2022**:

Description of Services	Procedure Codes	Place of Service	Modifier
Evaluation and Management (E/M)	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	02	95

- Providers should continue to use the 95 modifier to indicate that remote delivery has occurred.
- Telephonic E/M services are not to be billed if clinical decision-making dictates a need to see the member for an in-person or telemedicine (video) office visit within 24 hours or at the next available appointment. In those circumstances, the telephone service shall be considered a part of the subsequent office visit.
- If the telephone call follows an office visit performed and reported within the past seven calendar days for the same diagnosis, then the telephone services are considered part of the previous office visit and are not separately billed.

Provider Directories

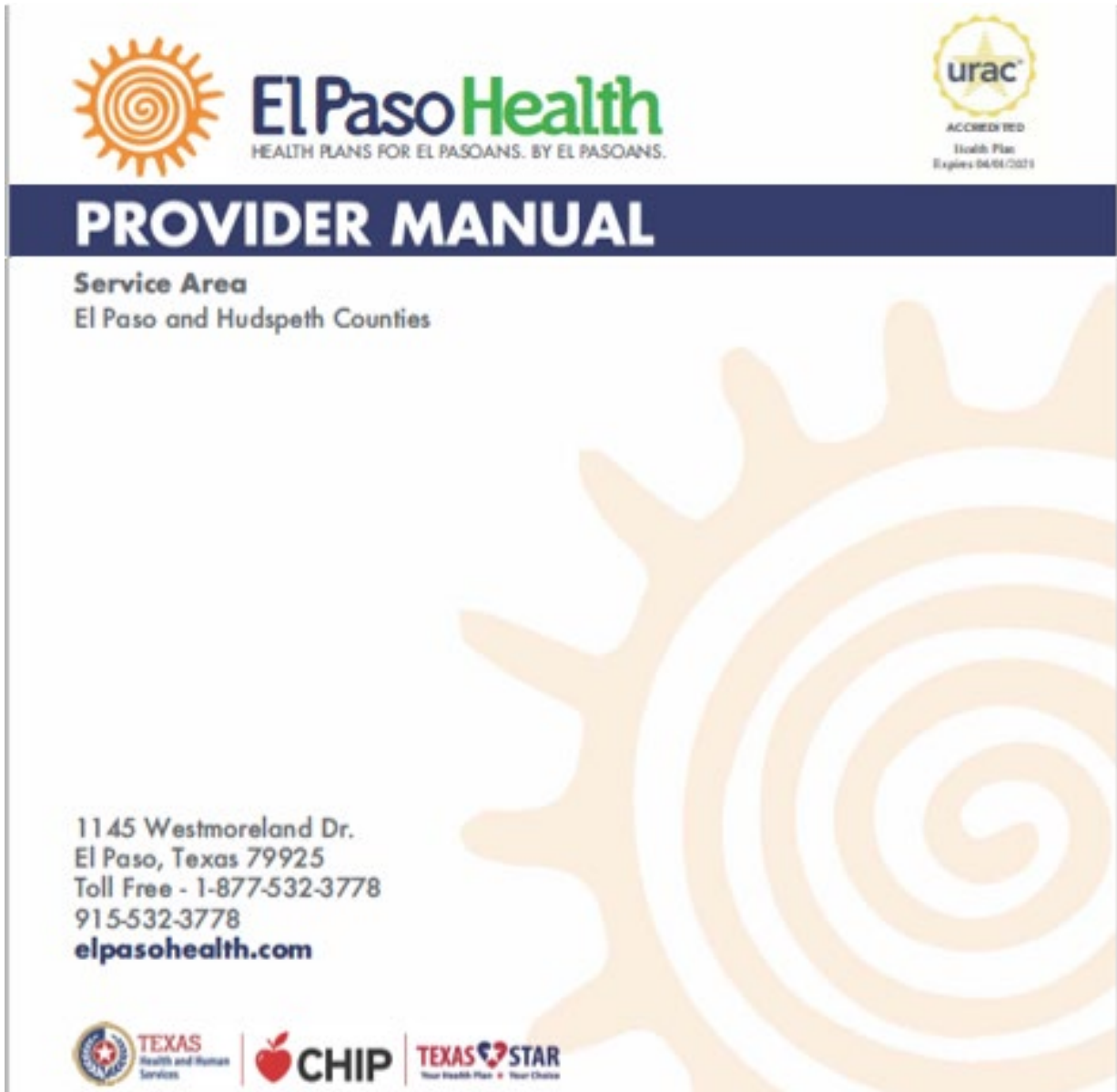
El Paso Health Provider Directories are available in the following formats:

- Print: available for pick up at our office or mailed to members upon request
- [Online](#): a PDF version is available for viewing or for printing on our website

An interactive [Provider Search](#) option is also available on our website at www.elpasohealth.com.

- HHSC performs random audits to ensure accuracy of our Provider Directories.
- An internal review is done by our Provider Relations Department on a monthly basis.
- The following elements are reviewed and updated as necessary:
 - provider name
 - phone and fax number
 - address
 - program participation
 - languages spoken
 - age limitations, if any
 - new patient restrictions
 - hours and days of operation
- Updates and discrepancies may be corrected using the [Provider Demographic Form](#).

El Paso Health Provider Manual

The image shows the cover of the El Paso Health Provider Manual. At the top left is the El Paso Health logo, which consists of a stylized sun with a spiral center and the text "El Paso Health" in green and blue, with "HEALTH PLANS FOR EL PASOANS. BY EL PASOANS." below it. To the right of the logo is a URAC Accredited Health Plan logo, which is a yellow star in a circle with the text "urac ACCREDITED Health Plan Expires 04/01/2021". Below the logos is a dark blue banner with the text "PROVIDER MANUAL" in white. Underneath the banner, the text "Service Area" is followed by "El Paso and Hudspeth Counties". At the bottom left, the address "1145 Westmoreland Dr. El Paso, Texas 79925" is listed, along with the toll-free number "1-877-532-3778", the local number "915-532-3778", and the website "elpasohealth.com". At the bottom of the cover are three logos: "TEXAS Health and Human Services", "CHIP" with a red apple icon, and "TEXAS STAR Your Health Plan • Your Choice". The background of the cover features a large, faint, stylized sun with a spiral center.

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

The Provider Manual contains information about El Paso Health policies and procedures and specific “how to” instructions for providers when working with El Paso Health such as:

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

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

Out of Network Providers

If a Provider or Facility is not an In-Network Provider, the provider is considered out of network (OON).

- OON Providers without a Texas Provider Identifier (TPI) number are not eligible for reimbursement for services rendered to a member participating in the STAR program.
- OON Providers must notify our Contracting Department of any TPI assignments/updates through a formal written notification.
- OON providers are subject to non-participating provider authorization and reimbursement guidelines.

Continuity of Care

Newly enrolled members whose health or behavioral health condition has been under treatment by a specialty care provider or whose health could be jeopardized if care is disrupted or interrupted will be allowed access to OON providers up to a certain period of time in order to ensure continuity of care when the following special circumstances apply:

- Transitioning from one plan to another
- Disabilities
- Acute conditions
- Life-threatening illnesses
- Pregnant members past the 24th week of pregnancy

Electronic Usages

El Paso Health is encouraging electronic forms of communication. The following items are currently available via electronic platforms:

- Electronic Claims Submission
- Upload appeals via our Provider Web Portal
- Prior authorization submissions and amendments via our Provider Web Portal
- Direct Payments (ACH) to your financial institution
 - Submit our EFT Form to enroll.
- Electronic Remittance Advice (835) files via your clearinghouse
 - Submit our [Electronic Remittance Advice \(835\) Request Form](#) to enroll.
- Remittance Advice (RA) Reports via our Provider Web Portal
 - RAs are available for a six month period.
 - Must have an Administrative account in order to access RAs.
 - Standard users may contact Provider Relations at 915-532-3778 to request Administrative user rights.



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Outpatient Pharmacy Prescription Services Reminders

Pharmacy Benefit Manager

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

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



Navitus Provider Hotline 1-877-908-6023

Hours: 24 hours a day, 7 days a week
(Closed Thanksgiving and Christmas Day)

www.navitus.com

72-Hour Emergency Prescriptions

72-hour emergency overrides for prescriptions apply to:

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

Pharmacy Quick Reference Guide

Navitus Provider Hotline: 1-877-908-6023

Navitus BIN# 610602 PCN: MCD Rx Group: EPH

Prior Authorization requests: Fax 1-855-668-8553

PA turnaround time: STAR 24 hours/ CHIP 72 hours

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

Navitus Formulary: <https://txstarchip.navitus.com/pages/formulary.aspx>

Texas Vendor Drug Program Formulary Search: <https://www.txvendordrug.com/formulary/formulary-search>

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

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

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



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ECI / THSteps Reminders

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.

COVID -19 Update :

During the pandemic ECI is still providing visits both in person and via Telehealth based on the needs and preferences of the families.

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/>

COVID-19 Update :Texas Health Steps Telemedicine Check Ups

- Telemedicine visits for Texas Health Steps (THSteps) checkups for children older than 24 months of age are allowed via telemedicine have been extended through **April 30, 2022**.
- Children who receive THSteps via remote delivery are required to return to the provider for an in-person follow up visit within six months to receive any remaining checkup components that were not possible during remote delivery such as the unclothed physical examination, immunizations and sensory screenings.
- MAXIMUS, the state's Texas Health Steps outreach coordinator began sending reminder letters in mid-January to families with children who are due to receive an in-person follow up visit to complete outstanding components of the THSteps medical checkup.

El Paso Health has a designated COVID-19 page where all updates can be accessed via our website:

Under COVID-19 Information For Providers
<http://www.elpasohealth.com/coronavirus.html>

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:

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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.

EP03-14040 02/2013



THSteps Provider Outreach Referral Form

Submission of Referral Form

- Submit the referral form by fax to the Texas Health Steps Special Services Unit at 512-533-3867 using the fax cover sheet included.
- For questions about the Texas Health Steps Provider Outreach Referral Service or for technical assistance with the completion and submission of the referral form, please contact your Texas Health Steps Provider Relations Representative.

Name	Phone	Fax	Email
Patrice Loge, Manager	915-834-7733	915-834-7808	Patricia.Loge@dshs.texas.gov
Kimberly Salazar, Team Lead	915-834-7689	915-834-7802	Kimberly.Salazar@dshs.texas.gov
Arturo Diaz	915-834-7735	915-834-7808	Arturo.Diaz@dshs.texas.gov
Jorge Alday	915-834-7697	915-834-7802	Jorge.Alday@dshs.texas.gov

Texas Health Steps Quick Reference Guide

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		Tuberculin Skin Testing (TST)	
99381	99382	99383	99384
99391	99392	99393	99394
99385*		99395*	
*For clients who are 18 through 20 years of age, use diagnosis code Z0000 or Z0001.			
Texas Health Steps Follow-up Visit		Oral Evaluation and Fluoride Varnish	
Use procedure code 99211 for a Texas Health Steps follow-up visit.		Use procedure code 99429 with U5 modifier.	
ICD-10 Diagnosis Codes		Developmental and Autism Screening	
Z0010	Routine newborn exam, birth through 7 days	Developmental screening with use of the ASQ, ASQ-SE, PEDS or SWYC is reported using procedure code 96110.	
Z0011	Routine newborn exam, 8 through 28 days	Autism screening with use of the M-CHAT or M-CHAT R/F is reported using procedure code 96110 with U6 modifier.	
Z0012	Routine child exam		
Z00121	Routine child exam, abnormal		
Z0000	General adult exam		
Z0001	General adult exam, abnormal		
Point-of-Care Lead Testing		Mental Health Screening	
Use procedure code 83655 with QW modifier to report that an initial blood lead level screening test was completed using point-of-care testing.		Mental Health Screening in adolescents with the use of the PSC 17, PSC-35, Y-PSC, PHQ-9, PHQ-A (depression screen), CRAFFT, PHQ-A (Anxiety, mood, substance use) or RAAPS is reported using procedure code 96160 or 96161. Only one procedure code (96160 or 96161) may be reimbursed per client per calendar year.	
Immunizations Administered		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.	
Use code Z23 to indicate when immunizations are administered.			
Procedure Codes		Vaccine	
90632 or 90633 ¹ with (90460/90461 or 90471/90472)	Hep A		
90620 ¹ or 90621 ¹ with (90460/90461 or 90471/90472)	MenB		
90636 with (90460/90461 or 90471/90472)	Hep A/Hep B		
90644	Hib-MenCY		
90647 ¹ or 90648 ¹ with (90460/90461 or 90471/90472)	Hib		
90650 or 90651 ¹ with (90460/90461 or 90471/90472)	HPV		
90630, 90654, 90655 ¹ , 90656 ¹ , 90657 ¹ , 90658 ¹ , 90685 ¹ , 90686 ¹ , 90687 ¹ or 90688 ¹ with (90460/90461 or 90471/90472); 90660 ¹ or 90672 ¹ with (90460/90461 or 90473/90474); 90661, 90673, 90674, 90682 or 90756 ¹ with (90471/90472)	Influenza		
90670 ¹ with (90460/90461 or 90471/90472)	PCV13		
90671 with (90471/90472)	PCV15		
90677 with (90471/90472)	PCV20		
90680 ¹ or 90681 ¹ with (90460/90461 or 90473/90474)	Rotavirus		
90696 ¹ with (90460/90461 or 90471/90472)	DTaP-IPV		
90698 ¹ with (90460/90461 or 90471/90472)	DTaP-IPV-Hib		
90700 ¹ with (90460/90461 or 90471/90472)	DTaP		
90702 ¹ with (90460/90461 or 90471/90472)	DT		
90707 ¹ with (90460/90461 or 90471/90472)	MMR		
90710 ¹ with (90460/90461 or 90471/90472)	MMRV		
90713 ¹ with (90460/90461 or 90471/90472)	IPV		
90714 ¹ with (90460/90461 or 90471/90472)	Td		
90715 ¹ with (90460/90461 or 90471/90472)	Tdap		
90716 ¹ with (90460/90461 or 90471/90472)	Varicella		
90723 ¹ with (90460/90461 or 90471/90472)	DTaP-Hep B-IPV		
90732 ¹ with (90460/90461 or 90471/90472)	PPSV23		
90733 or 90734 ¹ with (90460/90461 or 90471/90472)	MPSV4		
90743, 90744 ¹ , or 90746 with (90460/90461 or 90471/90472)	Hep B		
90748 ¹ with (90460/90461 or 90471/90472)	Hib-Hep B		
90758 with (90471/90472)	Ebola Virus		
Modifiers		Performing Provider	
		Use to indicate the practitioner who is performing the unclad 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	

https://www.tmhp.com/sites/default/files/file-library/texas-health-steps/THSteps_QRG.pdf

¹ Indicates a vaccine distributed by TVFC



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Additional Updates

Enhanced El Paso Health Website

Español

Call us at
915-532-3778

Outside El Paso
877-532-3778

Hours of Operation
7:00 A.M. – 5:00 P.M. MST

AA

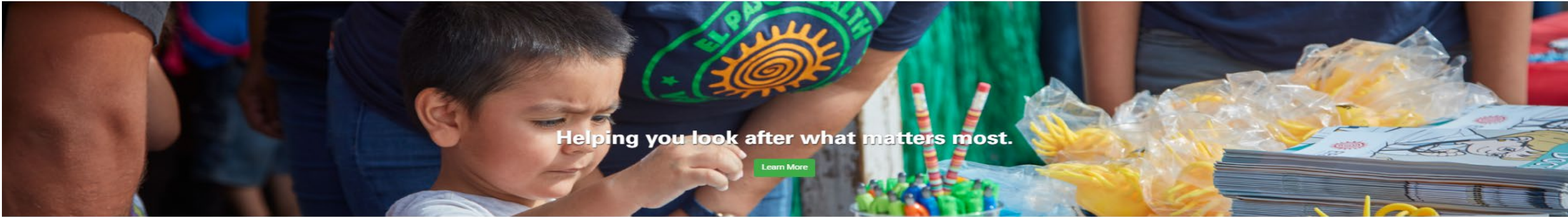
Provider Login

Member Login

Careers



Member ▾ Providers ▾ Find a Provider ▾ About ▾ Volunteer Contact Search ... Search



Helping you look after what matters most.

[Learn More](#)

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](#)

Medicare

Medicare Advantage Dual SNP for people who have Medicare and Medicaid.

[Find Out More](#)



2021 annual report is now available.
Click on the link below to view
the annual report digitally.

[VIEW ANNUAL REPORT](#)

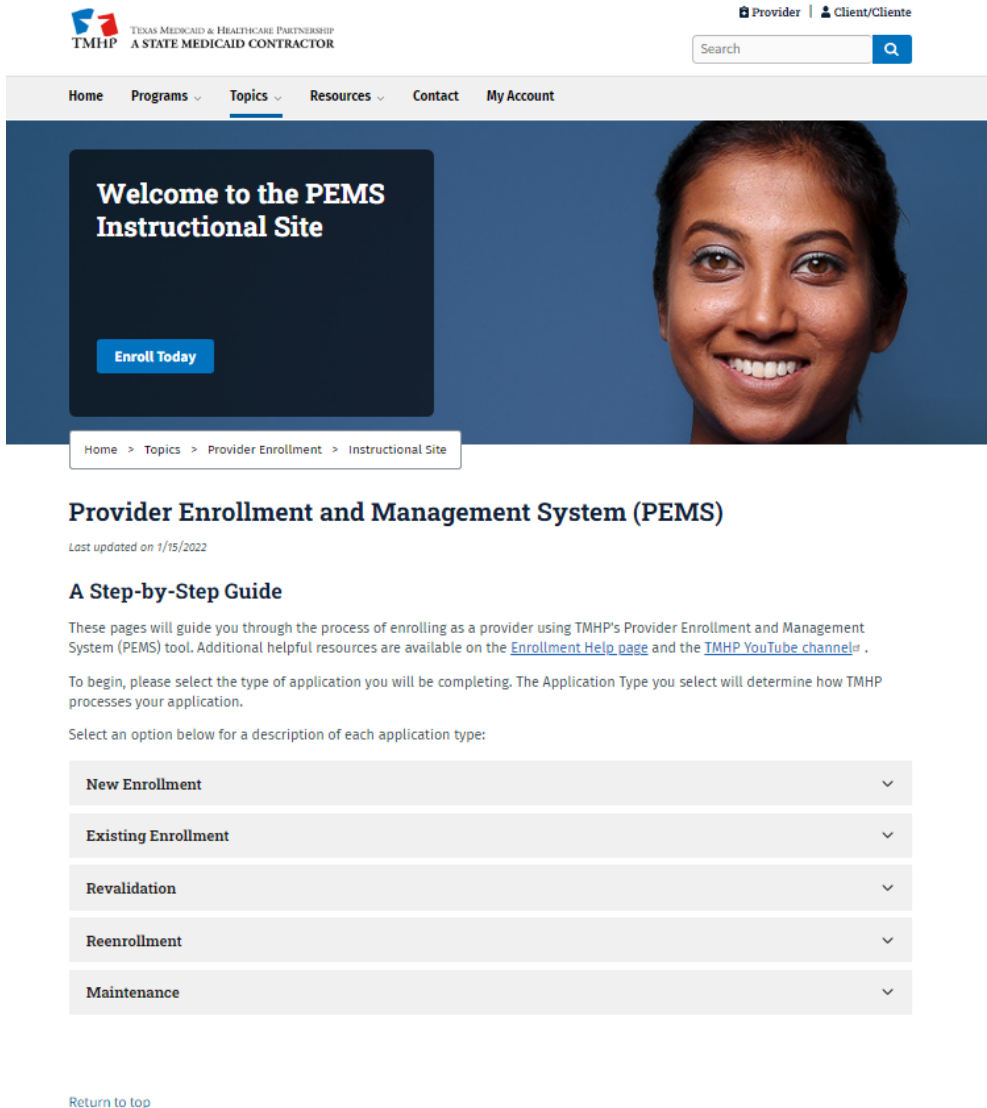


We're in this together!

www.elpasohealth.com



Provider Enrollment and Management System (PEMS)



The screenshot shows the TMHP website's PEMS Instructional Site. At the top left is the TMHP logo with the text "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR". To the right are links for "Provider" and "Client/Client" and a search bar. A navigation menu includes "Home", "Programs", "Topics", "Resources", "Contact", and "My Account". The main banner features a woman's face and the text "Welcome to the PEMS Instructional Site" with an "Enroll Today" button. Below the banner is a breadcrumb trail: "Home > Topics > Provider Enrollment > Instructional Site". The page title is "Provider Enrollment and Management System (PEMS)" with a sub-header "A Step-by-Step Guide". The text explains that the pages guide users through enrolling as a provider using TMHP's PEMS tool, with additional resources on the "Enrollment Help page" and "TMHP YouTube channel". It instructs users to select an application type, which will determine how TMHP processes the application. A list of application types is provided: New Enrollment, Existing Enrollment, Revalidation, Reenrollment, and Maintenance. A "Return to top" link is at the bottom left.

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](#)

<https://www.tmhp.com/topics/provider-enrollment/pems/start-application>

Autism Services / *New Medicaid Benefit*

Autism Services will now include Applied Behavior Analysis (ABA) evaluation and treatment, and will be a benefit of the Texas Health Steps Comprehensive Care Program (THSteps-CCP). Texas Medicaid recipients **20 years of age and younger** who meet the criteria outlined in the Autism Services benefit description may receive this service.

ABA is a new Medicaid benefit effective February 1, 2022.

What is ABA?

- Applied Behavior Analysis (ABA) is a therapy based on the science of learning and behavior.
- ABA therapy applies our understanding of how behavior works in real situations.
- The goal is to increase behaviors that are helpful and decrease behaviors that are harmful and affect learning.

Telehealth New Place of Service Code 10 Effective January 1, 2022

Effective January 1, 2022, a new place of service (POS) code (code 10) is available for providers who provide telehealth services to patients who attend the telehealth appointments in their own homes.

Description of Services	Place of Service	Modifier
Telehealth Provided in Patient's Home	10	95

[Telehealth New Place of Service \(POS\) Code \(Code 10\) Available, Effective January 1, 2022 | TMHP](#)

Contact Information

Provider Relations Department

(915) 532-3778

ProviderServicesDG@elpasohealth.com



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Quality Assurance and Performance Improvement Program & Initiatives

Angelica Chagolla

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

Performance Improvement Projects

2019	2020	2021	2022
	STAR & CHIP: Follow Up Care for Mental Health		
		STAR & CHIP: Appropriate Treatment for Upper Respiratory Infections	
		Medicare Advantage: Diabetes Management	
			*STAR Prenatal Postpartum Care Addressing SDOH *CHIP Weight Assessment & Counseling for Physical Activity and Nutrition

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**
- **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

State-Wide Monitoring – Secret Shopper Calls

- HHSC monitors MCO's compliance with appointment accessibility standards (required by Senate Bill 760)
- **Samples selected based on MCO provider directories**
- HHSC required standards must be met
(Please see A&A Standards on EPH website)
- Appointment wait times are assessed on calendar days

****IMPORTANT****
Please notify us of
any changes to your
information in our
provider directory
at any time.

El Paso Health Methodology

- Provider Relations Representatives
 - Appointment accessibility surveys
 - Provider Directory Verification calls
- QI Nurses
 - After-hours calls
 - Secret shopper calls

Type of Care	Standard
Emergency Services	Upon member presentation
Urgent Care	Within 24 hours
Routine Primary Care	14 calendar days
Preventive Care – Adults 21 and over	90 calendar days
Preventive Care – Children less than 6 months	14 calendar days
Preventive Care – Children 6 months to 20 years	60 calendar days
Referral for Specialty Care	5 calendar days

Standards for After Hours Availability

Acceptable

- Answering service and/or recording are English and Spanish
- Answering service can contact provider or on-call designee
- Recording directs caller to another number that leads to in-person answer
- Call is returned within 30 minutes

Non – Acceptable

- **Phone only answered during office hours**
- **Answering service refuses to contact provider or on-call designee**
- **Phone call not returned within 30 minutes**
- **Caller asked to leave a message**
- Recording tells caller to go to ER
- Caller informed of fee for after hours call

Provider Contract Requirement:

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

What happens if you're non-compliant?

Non-compliance with initial survey:

- Notification letter explaining which standard was missed
- Education from Provider Relations Representatives
- Re-survey within 3-6 months

Non-compliance with re-survey

- Notification letter explaining which standard was missed
- Phone call from Medical Director
- Results get reported at the next Credentialing and Peer Review Committee
- Provider does not meet applicable criteria on end of year profiling

****All results get reported on a provider's re-credentialing file every 3 years.**

Request for Medical Records

TWO DIFFERENT INITIATIVES in QI

	THStep Annual Audit	HEDIS Hybrid Audit
What	Audit on specific selection of providers <ul style="list-style-type: none"> Assesses compliance with required components of THSteps visit 	Audit on select providers based on PCP assignment and/or claim history <ul style="list-style-type: none"> Assesses compliance with HEDIS measures (WCC, IMA, CIS, CBP, CDC)
Requests Sent	December 2021 <i>*via Provider Portal -> QI Correspondence</i> <i>File QI_TaxID_THStep REQUEST_SFYZ022</i>	February 2022 <i>File QI_TaxID_HEDIS REQUEST_MY 2021</i>
Submission Deadlines	ASAP	ASAP <i>**EPH must complete all audits by May 1st (NCQA Deadline)</i>

STATUS

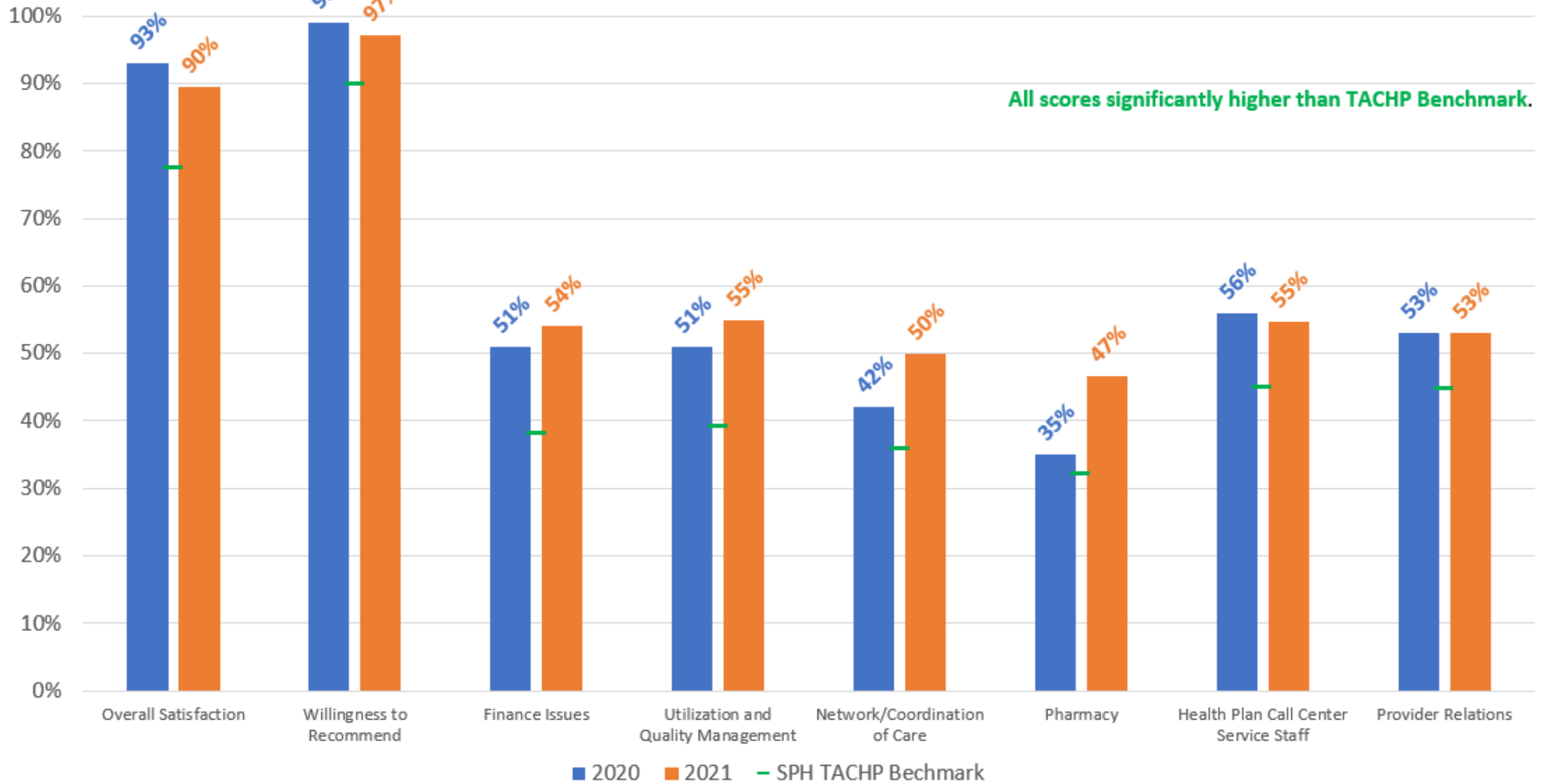
Groups Requested = 37
Records Received = 84%



Groups Requested = 181
Response Received = 25%



2021 Provider Satisfaction Survey Results



Resources on Website

Provider Accessibility and Availability Standards

http://www.elpasohealth.com/wp-content/uploads/2021/04/Access-and-Availability-Standards_EPHP2842101.pdf

THSteps MRR Training Slides and Recording

<http://www.elpasohealth.com/pdf/20210722%20EPH-PR-THSteps%20Medical%20Record%20Review%20Revised%20071921%20-%20for%20webiste.pdf>

<http://www.elpasohealth.com/media/THSteps%20MRR%20PowerPoint%20Recording.mp4> (20 min recording)

HEDIS Medical Record Documentation Tips

http://www.elpasohealth.com/wp-content/uploads/2021/04/HEDIS-Medical-Record-Documentation-Tips_EPH1219125.pdf

HEDIS FAQ

http://www.elpasohealth.com/wp-content/uploads/2021/04/HEDIS-FAQ-Document_EPHP041914.pdf

How to Send EMR Files through FTP

http://www.elpasohealth.com/wp-content/uploads/2021/04/How-to-send-EMR-files-to-EPF-via-SAT_900151EPF-102114_.pdf

Clinical Practice Guidelines

<http://www.elpasohealth.com/providers/clinical-practice-guidelines/>

To view our Clinical Practice Guidelines please click on the link below, or if you would like to obtain a hardcopy, please contact the Quality Improvement Department at 915-532-3778.

- [Prenatal and Postpartum Care Guideline](#)
- [Routine Preventive Services Guideline 5d-24mo](#)
- [Routine Preventive Services Guideline 30mo-11yr](#)
- [Routine Preventive Services Guideline 12yr-20yr](#)
- [Asthma Management Guideline](#)
- [Diabetes Management Guideline](#)
- [Viral URI Management Guideline](#)
- [Mental Health Follow Up Guideline](#)

Contact Information

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El Paso Health

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Health Services Updates

Dolores Herrada

Director of Health Services

Prior Authorization Catalog

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

- [Prior Authorization Tool and Catalog](#) may be found on our website at www.elpasohealth.com

A9272	MECHANICAL WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER W/FREQUENCY/DURATION, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
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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.

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 type="radio"/>
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input type="radio"/>
Is the member receiving oral surgery services?	<input type="radio"/>	<input type="radio"/>
Is the member receiving plastic and reconstructive surgeon services?	<input type="radio"/>	<input type="radio"/>
Is the member receiving venous surgical procedures/services?	<input type="radio"/>	<input type="radio"/>

- Enter your CPT code and click Search to determine if prior authorization is required for that specific code.

To determine if an authorization is needed enter CPT code below.

CPT code: 1: 2: 3: 4:

- Providers may search up to four CPT codes at a time.

Prior Authorization

Must Know

Prior Authorization

- + Contact Information
- + Submitting a Prior Authorization Request
- + Clinical Guidelines
- + Prior Authorization Guidelines
- + Pharmacy Prior Authorization Process
- Required Information

To ensure El Paso Health has all it needs to initiate a prior authorization request you will need to submit the [Texas Standard Prior Authorization Request Form for Health Care Services](#) or for behavioral health the [Behavioral Health Prior Authorization Form](#)

The form must include the following essential information:

- Member name
- Member number
- Member date of birth
- Requesting Provider name
- Requesting Provider's National Provider Identifier (NPI)
- Rendering Provider's Name
- Rendering Provider's NPI
- Rendering Provider's Tax Identification Number
- Current Procedural Terminology (CPT)
- Healthcare Common Procedure Coding System (HCPCS)
- Service requested start and end dates
- Quantity of service units requested based on the CPT, or HCPCS requested

Essential Information

UMCM 3.22

To comply with HHSC requirements this notice provides guidance to Medicaid Providers on the submission of all Essential Information (EI). EI is a limited list of data elements required to initiate a PA review process and not intended to establish medical necessity.

All EI must be included on all Medicaid outpatient PA submissions to ensure that incomplete requests are not unnecessarily rejected solely from the submission of insufficient or incomplete documentation. The Texas Standardized PA Request Form must include the following essential information to initiate the review process (EI):

FAX COVERSHEET



El Paso Health
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IMMEDIATE ATTENTION REQUIRED

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

To Company: EPH Attention: EPH

To Fax No: 1 915-298-7866

Re: Member ID: _____ Auth No: _____

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

Comments:

We are in receipt of your authorization request for <Member Name> (Member I.D. No. _____). However, you submitted the authorization request without the essential information and cannot be processed.

List of what is incorrect, illegible, and missing will be here.

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

Thank you for your attention to this matter.

Prior Authorization Process

Timelines

Prior Authorization

- + Contact Information
- + Submitting a Prior Authorization Request
- + Clinical Guidelines
- Prior Authorization Guidelines

El Paso Health will provide a determination of a review within the following timelines:

Standard/Routine	Within three (3) business days after receipt of the request
Expedited/Urgent	Within one (1) business day after receipt of the request
Inpatient	Within one (1) business day after receipt of the request
	Within one (1) hour of receipt of request, if the request is related to post-hospitalization or life-threatening conditions,
Post-Stabilization	except that for Emergency Medical Conditions and Emergency Behavioral Health Conditions, EPH will not require prior authorization.

If you have questions or need help with the prior authorization process please don't hesitate to call El Paso Health Monday through Friday from 7:00 a.m. to 5:00 p.m. MST (excluding holidays) at the following number:

Members:

915-532-3778 or toll-free 1-877-532-3778 at extension:

- CHIP: 1516 (English), 1519 (Spanish)
- STAR: 1513 (English), 1518 (Spanish)

Providers:

915-532-3778 or toll-free 1-877-532-3778 at extension:

- CHIP: 1517
- STAR: 1514

Network and Out-of-Network Referrals

PCPs must refer Members to El Paso Health Network specialists and facilities only; ***unless*** there are no Providers in-network that can provide the treatment or can render the service being requested.

The Members PCP must initiate a referral to the specialty care Provider that outlines the necessary treatment for the Member.

- For more information regarding Out-of-network Providers, PCPs may contact their Provider Relations Representative for additional guidance.

Case Management Programs

What is it?

Case Management is an administrative service provided to our Members to assist in the coordination of services in partnership with the PCP, specialty provider, a case manager, and our Members. El Paso Health case managers keep in contact with our Members to talk about their physical, social, and emotional health. The goal of case management is for our Members to get services that will help them manage their medical or mental health needs as well as promoting their quality of life by addressing social determinants of health (SDoH).

Case managers can help:

- coordinate services with Members' PCP and other community providers or agencies
- teach Members how to be active participants in their medical care
- Educate Members on their condition and medication
- Identify needs and strengths of the Member and their family
- Address SDoH like health care access, housing, transportation, and education

Virtual Connect

Case Management

The VeMiDoc App allows you to Virtually Connect with a Case Manager to assist with:

- Pregnancy
- Mental Health
- Social Work
- Disease Management and many other programs

La App VeMiDoc le permite Conectarse Virtualmente con un Administrador de Casos para ayudarlo con:

- Embarazo
- Salud Mental
- Trabajo Social
- Manejo de enfermedades y muchos otros programas

To learn more about how to use VeMiDoc, contact your Case Manager at El Paso Health. Call 915 532-3778

Para aprender más sobre como usar VeMiDoc, comuníquese con su administrador de casos en El Paso Health. Llame al 915 532-3778

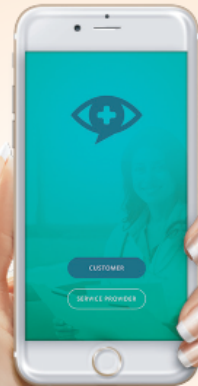


in partnership with (en asociación con)



EPHM0520183

El Paso Health's Virtual Connect now offers **VeMiDoc**



La Conexión Virtual de El Paso Health, ahora le ofrece **VeMiDoc**

Virtual Connect by El Paso Health is a service that provides face-to-face virtual home visits for members with social determinants of health or complex conditions that require specialized intervention.



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ABA Benefit

Vianka Sanchez

Therapy Program Utilization Manager

Autism Service Benefit

Who is eligible?

Autism services are a benefit of the Texas Health Steps-Comprehensive Care Program (THSteps-CCP) for:

- Medicaid clients who are 20 years of age or younger
- Enrolled in our health plan at the time of service request

Comprehensive Service Array

Texas Medicaid offers an array of medically necessary services to support individualized treatment plans for children and youth up through 20 years of age with ASD.

These services may include one or more of the following, but are not limited to:

- Applied behavior analysis (ABA)
- Case management/care coordination (with parent permission)
- Early Childhood Intervention (ECI)
- Nutrition, when provided by a Licensed Dietitian
- Occupational therapy (OT)
- Outpatient behavioral health services
- Physician services, including medication management
- Physical therapy (PT)
- Speech-language pathology (SLP; also called speech therapy, ST)

ABA Request Checklist

Required for ABA EVALUATION/RE-EVALUATION/90 DAY EXTENSION REQUESTS

Providers: Please provide supporting clinical documentation for the items indicated below. Effective 2/01/2022

Initial Evaluation Request – 1st time for an ABA evaluation. Initial evaluation code CPT 97151 and limited to 6 hours (24 units) with the HO modifier ONLY.

To request prior authorization for an **INITIAL 90-Day ABA Initial Evaluation**, LBAs or prescribing providers must submit the following:

Obtained from ABA Provider:

- A signed and dated referral from the prescribing provider for an evaluation for ABA services.
- Documentation of comprehensive diagnostic assessment (i.e. PCP, APRN, or PA) or reconfirmation of diagnosis of ASD signed and dated by the diagnosing physician, dated within 3 years prior to the date the PA request for ABA initial evaluation is received by the MCO, including member age, year of initial ASD diagnosis, co-morbid behavioral health and/or physical conditions, **Level of Symptom severity as per DSM criteria under ASD**
- A completed Texas Prior Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days prior to the or on the anticipated evaluation date requested.
 - The authorization for the initial ABA Evaluation (CPT 97151) is valid for 60 days from the requested evaluation date
 - When the request for prior authorization is signed and dated after the requested evaluation date, dates of service prior to the prescribing provider's signature will be denied.

Initial 90-day ABA Treatment Request – To request prior authorization for an Initial 90-day ABA Treatment, providers must submit the following:

Obtained from ABA Provider:

- Completed ABA evaluation and treatment plan signed and dated by the LBA and the parent/caregiver. An ABA evaluation is considered current when it is performed within 60 days prior to the start of care date on the prior authorization request form.
- A completed Texas Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days prior to the requested ABA treatment start date, **including procedure codes and units.**
- A signed and dated referral from a physician outlining the **frequency and duration of treatment** based on recommendations made in the ABA evaluation as well as the prescribing providers own clinical judgment. **LATE SUBMISSIONS:** requests for initial 90-day ABA treatment submitted 60 days after the completed ABA evaluation date and within 180 days after the evaluation date will require a progress summary signed and dated by the LBA. Longer than 180 days, a re-evaluation will need to be completed.
- Documentation must include. (Provide ALL of the following):
 - relevant co-morbid conditions, trauma history, family history, primary language, previous ABA.
 - Short and Long-term treatment goals in SMART format, including baselines and parent goals. Include all settings where treatment will occur.
 - Vision and Hearing screens (Texas Healthsteps required screenings are acceptable)
 - Prognosis with clearly established discharge criteria.
 - Validated assessment of cognitive abilities and adaptive behaviors, NOT screens.
 - Functional behavior assessment, related to specific behaviors of concern, as clinically indicated.
 - Planned frequency and duration
 - If group treatment is planned, the treatment plan must include clearly defined, measurable goals for the group therapy that are specific to the member and his/her targeted behavior/skills.
 - A clear plan to coordinate with other providers.

90-day Extension of Initial ABA Authorization Request – All of the following elements must be submitted with the authorization request:

Obtained from ABA Provider:

- Attendance log for child/youth
- Attendance log for parent/caregiver
- Progress summary from LBA: CPT 97155, signed and dated by LBA and parent/caregiver

Attendance Logs: must include percentage of scheduled sessions successfully completed. These logs must be submitted with any future request for extension or recertification.

ABA 180-DAY Recertification Request – Prior Authorization for recertification requests may be considered for increments up to 180 days for each request following the initial total of 180 days (two- 90 days) authorization period(s). All of the following elements must be submitted with the authorization request:

Obtained from ABA Provider:

- Completed ABA Re-Evaluation and treatment plan signed and dated by LBA and parent (CPT 97151 for up to 6 hours/24 units); Re-Evaluation does not require prior auth, will be reviewed upon submission
- Attendance log for member, and parent/ caregiver log with percentage of participation of both
- A completed Texas Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days (minimum 85%) prior to the requested ABA treatment recertifications start date, **including procedure codes and number of units.**
- A complete request must be received no earlier than 60 days before the current authorization period expires.
- If gap in service is defined as not receiving ABA treatment or Re-Evaluation for 180 days or more, the provider must submit the request as an initial request and all documentation related to an initial request is required.

Revision is based on the most current edition of the TMPPM (Texas Medicaid Provider Procedures Manual). Manual subject to change, please refer to new editions as available.



Prior Authorization

To obtain prior authorization for ABA services the following documentation must be submitted with the service request:

For an ABA Initial Evaluation

- A signed and dated referral from the provider for an evaluation for ABA services which may originate from the PCP or other diagnosing provider such as a physician, APRN, or a PA.
- Diagnosis of ASD must have been made within the past 3 years (or reconfirmation of diagnostic criteria and symptom severity if the initial diagnosis of ASD was made more than 3 years ago)

Prior Authorization

For Initiation of Treatment with ABA

- Completed comprehensive ABA evaluation and therapy plan signed and dated by the LBA and parent/caregiver.
- A completed Texas Standard Prior Auth Req Form OR CCP Prior Auth Req Form
- A signed and dated referral from a physician outlining the frequency and duration of treatment based on recommendations made in the ABA evaluation, as well as the prescribing providers own clinical judgment



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Claims Updates

Adriana Villagrana

Claims Manager

Reminders

Claims Processing

Timely filing deadline

—**95** days from date of service

Corrected claim deadline

—**120** days from date of the Remittance Advice

Reminders

Telehealth Claims

Providers may be reimbursed for Telemedicine claims for medical/preventive services rendered to EPH members.

Claims must be submitted with:

- Modifier 95
- Place of Service (POS) 10
- Place of Service (POS) 02
- The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

(Effective January 1, 2017)(**Description change effective January 1, 2022**, and applicable for Medicare April 1, 2022.)

Note: Claim will deny if claim is submitted only with modifier 95 and POS 02 or POS 10 is not present or vice versa

Frequent Denial

ICD-10-CM Related

The ICD-10-CM code Z3483 may only be used as first-listed or primary diagnosis position.

Diagnosis code B9789 describes an external cause, or requires the diagnosis code for the first underlying disease, and should never be listed as the primary diagnosis for a procedure.

Per Medicaid guidelines, the patient's age does not meet policy requirements for the procedure code and/or a diagnosis code.

Frequent Denials

Modifier Based

Per Medicaid guidelines, the required modifier is missing or the modifier is inappropriate for the procedure code.

There is a discrepancy between diagnosis code and modifier combination(s) M25579 with LT.

Repeat radiology procedure 72082 may require a repeat procedure modifier. The same radiology procedure code found on Claim ID xxxxxxxx, Line ID 0002 was performed on the same day.

Frequent Denials

Modifier Medicaid Guideline

THSteps Medical Services									
99381	99382	99383	99384	99385	99391	99392	99393	99394	99395
THSteps medical services must be billed using one of the following modifiers: AM, SA, or U7.									

Family Planning Services*									
99202	99203	99204	99205	99211	99212	99213	99214	99215	J7296
J7297	J7298	J7300	J7301	J7307					
* Family planning services performed in the RHC setting must be billed with the appropriate modifier: AM, SA, or U7.									

Frequent Denials

Other

Per Medicaid guidelines, anesthesia code 00170 on claim line ID 0004 requires an appropriate modifier.

Per Medicaid CCI Guidelines, procedure code 85007 has an unbundle relationship with history procedure code 85025, on claim ID xxxxxxxxx and line ID 0002.

Per Medicaid CCI Guidelines, procedure code 69210 has an unbundle relationship with history procedure code 92567, on claim ID xxxxxxxxx and line ID 0003.

Electronic Claims

Claims are accepted from:

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

Payer ID Numbers:

El Paso Health - STAR	EPF02
El Paso Health - CHIP	EPF03
Preferred Admin. UMC	EPF10
Preferred Admin. EPCH	EPF11
Healthcare Options	EPF37

Questions





El Paso Health

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Special Investigations Unit (SIU)

Jourdan Norman

SIU Program Manager

Vanessa Berrios

Compliance Supervisor

SIU Team Purpose

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

What do we do?

- Regularly audit El Paso Health's providers and members to make sure providers are billing correctly and members are receiving the services we are being billed for.
 - If a pattern of incorrect billing exists, or if a member cannot verify they received services we were billed for, El Paso Health will request additional records from a provider or providers.
 - Review for incorrect billing can include but is not limited to: suspicious volume of claims, upcoding, duplicate billing, (un)bundled services, correct use of modifiers, etc.
- 400 randomly selected members are texted to verify they received services on a billed DOS.
 - Telemedicine is included
- 39 Week OB inductions Audits

SIU Partner & Medical Records Request

Data Analytics and Audits Vendor/Partner

- Cotiviti will send providers the request for medical records.
 - 1st request mailed to the provider's address on file. Given 4 weeks to respond.
 - If no response, 2nd request mailed and phone call to provider's phone number on file to attempt to email request. Given 2 weeks to respond.
 - If no response still, 3rd and final request mailed, phone call to provider again, email requested again to send request via email. Given 1 week to respond.
- Please make sure you and/or your Third Party Biller handle a records request with urgency and submit all of the documentation requested as soon as possible.
- Failure to submit records results in an automatic recoupment that is not appealable.
- Providers may mail paper records or a USB device containing the records directly to Cotiviti or call EPH (Jourdan or Vanessa) to pick up records.
- If there are extenuating circumstances that prevent your office from submitting documentation on time, an extension may be granted but **must be requested in writing before the Records Request due date. (email is ok)**

COTIVITI

██████████
ATTN: Medical Records/ Release of Information
██████████

El Paso, TX 79925

RE: Request for Medical Records –Time Sensitive Response Due
Plan: El Paso Health
Request Number: ██████████
Member: Please see member list at bottom of letter
Response Due: ██████████, 2020

Dear Provider:

Please accept this as a request for medical records/documentation for the enclosed members. The submission of these records will support El Paso Health, with its operational responsibility of oversight of participating partners. We thank you in advance for your cooperation.

El Paso Health 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:

- Patient Information Sheets (completed by parent, guardian or patient)
- Financial Records including superbills, copays, Patient Ledgers and Patient Intake Forms (Please submit a letter signed by the doctor if your office currently uses an EMR system that prevents you from producing superbills.)
- Physician Orders / Notes, Nurse/Attendant Notes, Consultant and Other Medical Reports
- Diagnostic Test Results, Graphic Reports / Images (regardless of where they are performed)
- Referral / Authorization Requests and Forms
- Medication Records, All Lab Requisitions and Lab Reports
- Emergency Room Records, Operative Reports
- Clients application for services, Timesheets, DME Orders
- Health assessment, Plan of Care
- Agreement for services, orientation documentation for attendants, supervisory visit
- Delivery Slip
- Tracking Information
- Certificate of Medical Necessity
- Product Description and Serial Number
- Rental Agreements
- Any other records pertaining to the claims billed for the member.

2) Copy of Photo ID and Member ID card.

3) All records are to be shipped via a traceable manner such as registered United States Postal Service.

Medical Records Request Letter Sample

How to Submit

El Paso Health retains HMS/Cotiviti as our subcontractor for Medical Records acquisitions. Please return the medical records to the following address on or before {4 weeks from date of letter}:

Via U.S. Mail:
C/O Cotiviti, Inc
66 Wadsworth Park Drive, Suite 5250
Draper, UT 84020

Medical records can be sent via secure portal or fax:

www.submitrecords.com, with the client identifier/password eph24FWA

secure fax: 877-300-7850

Missing MR Items and Attestation

If some information but not all is submitted, the entire claim may be recouped for insufficient documentation for service provided.

- Examples of items left out of a record include X-Ray results after an X-Ray is ordered/billed, In/Out Times, Ultrasounds, HPI, etc.
- If no documentation is submitted for a claim whatsoever, the entire claim will be recouped for no documentation for that claim.

In line with Federal C.F.R. guidelines, a signed attestation is required by the Custodian of Records and the Provider when records are initially submitted.

- After this attestation is signed and submitted with records, **no new records may be accepted during the audit or appeal process.**
- El Paso Health's attestation states **"By attesting the above, I understand that any medical records or documentation not submitted with this request for medical records will not be considered after the final audit review findings. If a review of the documentation submitted does not identify sufficient documentation for the services provided, payment for those services can and will be recouped in their entirety... I further attest that the records attached hereto are complete, and original or exact duplicates of the original, records on file."**

Remember



Closing the Review

Once the audit is complete, we will confirm your office's email via phone and send you a notification email with a review of findings as well as a list of claims examined.

- You have the right to dispute/appeal the findings. The deadline is 30 days after the email notification.
 - The dispute/appeal will be handled by the SIU team. **It is not handled by the Complaints & Appeals Department or any other department at El Paso Health.**
 - You may not dispute claims for which you did not provide any documentation.
 - No documentation results in an automatic recoupment.
 - No medical records will be accepted after the review has been completed.
- 30 days after sending the notification email, or after the appeal has been completed, EPH will finalize the recoupment of overpaid claims
 - EPH will recoup via claims adjustments unless a provider specifies they will submit payment via check or checks

External Audits

The **HHSC Office of Inspector General (OIG)** and **Office of Attorney General (OAG)** conduct their own independent audits.

- The OIG or OAG may request our claims data, provider contracts, or internal audits we've done on providers.
- The can initiate Claims Freeze Requests
 - Instances where we cannot adjudicate a claim.
 - Can last several months.
 - The Provider and MCO will be notified.
- The OIG or OAG will do their recoupments via MCO. EPH will give direction to providers in these instances.

SIU Contact Information

Jourdan Norman, Special Investigations Unit Program Manager

- (915) 298-7198 ext. 1039
- jnorman@elpasohealth.com

Vanessa Berrios, CPC, Special Investigations Unit Claims Supervisor

- (915) 298-7198 ext. 1040
- vberrios@elpasohealth.com

When in doubt,
reach out!

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



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

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Member Services Department

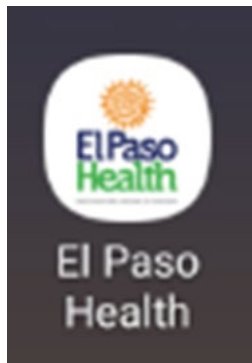
Nellie Ontiveros

Member Services Manager

STAR and CHIP Member Portal/ EPH Mobile App

Members can perform a variety of functions on the El Paso Health Member Portal and the El Paso Health Mobile App, to include:

- View and print a temporary ID
 - View eligibility information
 - Request a PCP change
 - View authorizations
 - Ask a question to one of our representatives
 - Request a new ID card
 - Find a Provider
 - View wellness information
 - View claims
- Members can access the **Member Portal** on our website at www.elpasohealth.com by clicking on the Member Portal Login.
 - Members can also download the **El Paso Health Mobile App** via Google Play or Apple Store.



Behavioral Health Crisis Line

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

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

STAR **1-877-377-6147**

CHIP **1-877-377-6184**



Non-Emergent Medical Transportation (NEMT) Services

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

- Public transportation



- A taxi or van service



- Money to purchase gas



- Commercial transit



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

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

Members must include the following when calling Access2Care:


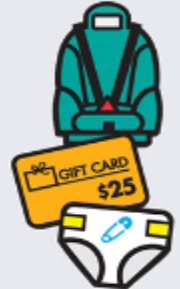







- Address and phone number where appointment will take place with exact date & time.
- Name of the physician they will be seeing.
- Address and phone number of where they need to be picked up and can be reached.
- Arrangements must be made by the assigned Case Name.
- Provide details of what they will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

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

VAS – Healthy Rewards






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>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"> • \$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 7 to 60 days of delivery. 	✓	✓
 <p>A free ride service to help you get to medical appointments or health education classes.</p>	✓	✓			
 <p>Two free books from the EPH Literacy Program for members in speech therapy.</p> <p>Readers Today. Leaders Tomorrow. by El Paso Health</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>Members 20 and younger. For contact lenses and glasses (lenses and frames), members receive up to \$125 above the Medicaid/CHIP benefit.</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>Medicaid members age 20 or younger and CHIP members age 18 or younger can receive four additional nutritional/obesity counseling services above the Medicaid/CHIP benefit.</p>	✓	✓			
 <p>A free "EPH Food from the Heart" food basket for new members after completing a new member orientation with El Paso Health.</p> <p>Food from the Heart</p>	✓	✓			

VAS – Healthy Rewards

A Great Health Plan Comes With Healthy Rewards.

	\$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.	✓	✓
	Members between the ages of 4 and 18 can get a free sports physical each year.	✓	✓
	One allergy-free pillow case for members who are enrolled in the Asthma Disease Management Program.	✓	✓
	“Virtual Connect by El Paso Health” is a service that provides face to face virtual visits for members with social determinants of health or complex conditions such as high-risk pregnancies, behavioral, or medical conditions that require specialized intervention.	✓	✓
	A \$15 gift card for members ages 3 to 19 who get a check-up when due.		✓

	A free “EPH Stay Safe kit” that includes 2 washable and reusable cloth masks, 2 mask covers, 4 disposable masks, gloves, hand sanitizers, thermometer, healthy tips on hand washing, and sanitizing wipes.	✓	✓
	A \$20 gift card is offered to members ages 21 and older who get an annual preventative wellness exam.	✓	
	A \$10 gift card for members 20 and younger who complete a Texas Health Steps check up on time.	✓	
	A \$10 Walmart gift card for members 20 and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay. Members can receive one gift card per year.	✓	✓
	Up to \$35 discount for any sport, swim, or camp registration fee at participating YMCA’s; once every 12 months.	✓	✓



For questions or doctor information: **877-532-3778**
 TTY line for people with a hearing or speech disability: **855-532-3740**
 Help for mental health, drug, or alcohol problems: **877-377-6184**
 For prescription or medicine information: **877-532-3778**

**Healthy Rewards are El Paso Health’s Value Added Services. Terms and limitations may apply.*

Cultural Competency and Linguistic Services

- El Paso Health established a **Cultural Competency Plan** that reflects the National CLAS principle standards, Title VI of the Civil Rights Act guidelines and the provision of auxiliary aids and services, in compliance with the Americans with Disabilities Act, Title III, Department of Justice Regulation 28 C.F.R. § 36.303, 42 C.F.R. § 438.10(f)(6)(i), and 1 Tex. Admin. Code § 353.411, builds upon our relationships with the community, our Members, and the health care Providers in our borderland community.
- El Paso Health is committed to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- El Paso Health ensures annually that governance, leadership, associates, providers and subcontractors are educated and trained about, remain aware of, and are sensitive to the cultural differences and language needs of our Members.

Member Cost Sharing Obligations

STAR	CHIP/ CHIP Perinate
<p>Medicaid Members do not have cost sharing obligations for covered services.</p>	<ul style="list-style-type: none">• Co-payments for medical services or prescription drugs are paid to the health care provider at the time of service. (Currently waived due to COVID19 pandemic)• Members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays.• No cost-sharing on benefits for well-baby and well-child services, preventive services, or pregnancy-related assistance.

Benefit Limitations and Exclusions

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

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

Prohibitions on Balance Billing

- Members cannot be held liable for any balance related to covered services.
- Network Providers and Out-of-Network Providers are prohibited from billing or collecting any amount from a Member for covered services.
- According to Section 1.6.10, Billing Clients from Provider Enrollment and Responsibilities from the Texas Medicaid Provider Procedures Manual: Vol.1:

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

Contact Information

Nellie Ontiveros

Member Services Manager

(915) 532-3778 ext. 1112



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Services for Children of Traveling Farmworkers

Rosalinda Medina

C.A.R.E. Solutions Manager


Process on Accelerated Services for FWC

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

Indicator on Roster

An indicator identifies members who qualify for this service on the STAR Master Roster and THSteps Roster.

[REDACTED] ALL LOCATIONS										El Paso Health STAR Master Roster October 2021			Page 1 of 100	
Member#	Member Name	Migrant	Age	DOB	Sex	Phone	Address	Effective	THSteps	PCPName				





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Provider Partnerships

Partnerships

Health fairs for:

- Encouragement of Texas Health Steps
- Flu vaccinations
- COVID vaccinations

Address social determinants of health

- Contact CARE Solutions if a member needs to be referred to community agencies.

Medicaid/CHIP application assistance

C.A.R.E. Solutions Department

Rosalinda Medina

C.A.R.E. Solutions Manager

Phone Number: 915-298-7198 ext. 1161



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For more information:



(915) 532-3778



www.elpasohealth.com

