



Type of Health Plan

El Paso Health Medicare Advantage is a Health Maintenance Organization (HMO) Plan.

It is also a Dual Special Needs Plan (DSNP), available to those with Medicare and Medicaid coverage.

- Our plan covers original Medicare Part A and Part B services
- Offers Prescription Drug Coverage
- Members are required to see in network Doctors
- Provides **Supplemental Benefits**

Eligibility Requirements


Beneficiaries must meet certain eligibility requirements in order to join our Medicare Advantage Plan.

- Must be entitled to Part A and enrolled in Part B.
- Must reside in El Paso and Hudspeth service area.
- Must have adequate Medicaid Assistance Program (QMB) (MQMB, STAR+PLUS)

Once Enrolled, Members receive a:

- Welcome Call
- New Member ID Card
- Notification of Elective Materials Letter - This letter advises our members to contact Member Service to request any materials needed such as:
 - Provider Directory
 - Pharmacy Directory
 - Formulary

El Paso Health Medicare Advantage ID Card (HMO D-SNP)

	Advantage Dual (HMO D-SNP)
<hr/>	
Name: [YOUR NAME]	Office Visit: \$0
ID: [000000000000]	Specialist: \$0
PBP: H3407-001	Emergency Room: \$0
Plan: El Paso Health Advantage	
Dual (HMO D-SNP)	
Effective Date:	PCP Name: [YOUR PCP]
	PCP Phone: [000-000-0000]
Pharmacists Only:	
Navitus: 1-866-270-3877	
RxBin: 610602	
RxPCN: NVTD	
RxGRP: EHD001	
	EPHMedicare.com
	MedicareRx
	Prescription Drug Coverage

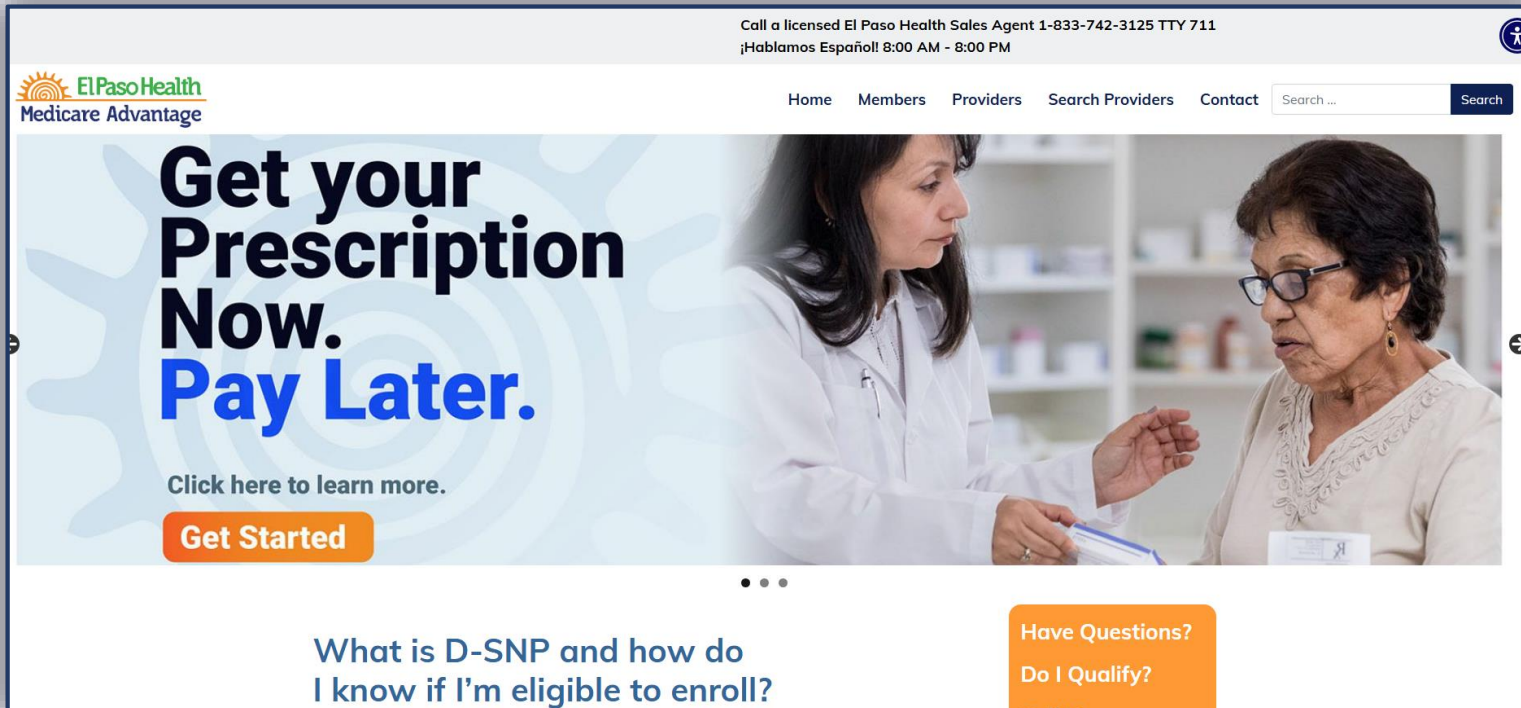
Medical Providers:	For Members:
Electronic Claims	In case of emergency, call 9-1-1
Availity Payer ID: EPF07	or go to the closest emergency room.
Paper Claims:	Member Services:
El Paso Health Medicare	1-833-742-3125
PO Box 971100	(TTY: 711)
El Paso, TX 79997	Behavioral Health Services:
Eligibility &	1-877-379-7647
Prior Authorization	Pharmacy Benefits:
1-833-742-3125	1-833-742-3125
Liberty Dental:	
1-888-352-7924	

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

Provider Relations

Provider Website and Forms Available Online

El Paso Health Medicare [website](#) is available at all times to providers and have multiple resources to include:



Call a licensed El Paso Health Sales Agent 1-833-742-3125 TTY 711
¡Hablamos Español! 8:00 AM - 8:00 PM

El Paso Health
Medicare Advantage

Home Members Providers Search Providers Contact Search ... Search

Get your Prescription Now. Pay Later.

Click here to learn more.

Get Started

What is D-SNP and how do I know if I'm eligible to enroll?

Have Questions?
Do I Qualify?

Important Plan Documents for Providers

- [Prior Authorization List](#)
- [Prior Authorization Form](#)
- [Exception Request Form](#)
- [Provider Dispute Appeal & Request Form](#)
- [Waiver of Liability Form – Non-Contracted Providers Only](#)

Claim Forms

- [Corrected Claim Form](#)

Contracting Forms

- [Credentialing Application for Organization](#)
- [Credentialing & Recredentialing Check List for Physician](#)
- [Credentialing Check List for Organization or Facility](#)
- [Secondary Locations Addendum](#)
- [DME Supplies Form](#)
- [W-9 Form](#)
- [Texas Standardized Credentialing Application](#)

Miscellaneous Forms

- [El Paso Health Payor Identification](#)
- [Electronic Remittance Advice \(835\) Request Form](#)

Medicare Prior Authorization List

MEDICARE PRIOR AUTHORIZATION LIST Effective January 1, 2024

Prior-authorization is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Payment of claims is dependent on eligibility, covered benefits, provider contracts, and correct coding and billing practices. Regardless of prior-authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient.

The following list of services require prior authorization. List not all inclusive. To ensure that we provide you a response prior to providing a service please submit your request at least five (5) days in advance. Requests for prior authorization may be submitted on-line, fax, or telephonic.

Online Portal: El Paso Health Medicare Advantage Providers
Telephone: 833-742-3125

Fax:
915-298-7866 (Outpatient) 915-298-5278 (In-patient)
Toll Free: (844) 298-7866 Toll Free: (844) 298-5278

Service	Description
Ambulance	Non-emergent (air, ground, water)
Ambulatory surgical	Any procedure performed in an outpatient hospital or free standing ambulatory surgical center.
Behavioral Health	<ul style="list-style-type: none">Inpatient PsychiatricPartial Hospitalization
Cardiology	<ul style="list-style-type: none">Cardiac Catheterization (not required for emergent or urgent care)Cardiac implants (not required for emergent care)
Chemotherapy	<ul style="list-style-type: none">InpatientOutpatientFreestanding clinicDoctor's Office
Chiropractic Services	After initial evaluation
Cosmetic Procedures	Required for prompt repair of accidental injury or to improve the function of a malformed body part. Breast prostheses for breast reconstruction if you had a mastectomy because of breast cancer.
Drugs and Medical Injectable	HCPCS codes beginning with C, J, or Q that exceed \$500
Durable Medical Equipment (DME) – over \$500, limitations may apply	Includes, but not limited to: <ul style="list-style-type: none">BIPAPBone Growth StimulatorCPAPCPM deviceCustom WheelchairElectric or Motorized WheelchairEnteral SuppliesHospital Bed/Mattress

Service	Description
	<ul style="list-style-type: none">Infusion PumpsLift DevicesOxygenRentals exceeding 2 monthsScotersSpeech Generating DeviceTENS unitTherapeutic Glucose MonitorsVentilatorsWound Vacuum DevicesVagus Nerve Stimulator
Genetic and Molecular Testing	<ul style="list-style-type: none">Genetic AnalysisMolecular Pathology ProceduresGenomic Sequencing ProceduresMultianalyte Assays with Algorithmic Analysis that include Molecular Pathology Testing
Home Health Services	<ul style="list-style-type: none">Home IV InfusionHome Health AideOccupational TherapyPhysical TherapySpeech TherapySkilled Nursing ServicesSocial Work Services
Hyperbaric Oxygen Therapy (HBO)	
Inpatient Admission: Elective or Scheduled	<ul style="list-style-type: none">Acute Inpatient HospitalInpatient RehabilitationHospiceLong-Term Care Hospital (LTCH)Psychiatric Inpatient HospitalSkilled Nursing Facility (SNF)Substance Use Disorder Treatment/Rehabilitation
Orthotics	Exceeding \$200
Out-of-Network Services (unless services are for emergency care or out-of-area urgent)	Any setting
Part B Drugs (Medicare)	<ul style="list-style-type: none">Clinician Administered Drugs exceeding \$500Anti-cancerBlood Clotting FactorsDialysis drugsIntravenous Immune Globulin (IVIG) (in-home)Total Parenteral Nutrition (in-home)
Prosthetics	<ul style="list-style-type: none">Exceeding \$200Artificial limbsBraces
Radiology	PET Scans
Sleep Study	When performed outpatient


Service	Description
Surgeries	<ul style="list-style-type: none">ElectiveOutpatient HospitalPre-ScheduledReconstructiveFreestanding Ambulatory Surgical Facility
Outpatient Rehabilitation Services – Occupational Therapy, Physical Therapy and Speech Therapy Initial evaluation does not require Prior Authorization.	<ul style="list-style-type: none">Cardiac RehabOccupational TherapyPhysical TherapyPulmonary RehabSpeech Therapy
Transplants	All transplant services including, but not limited to, evaluation, transplant consult visits, HLA typing
Venous Procedures	When performed in office or outpatient

H3407_PA_RequiredServices_EPHM

CY2024_01

[9912-15 PRIOR AUTHORIZATION FORM \(ephmedicare.com\)](https://ephmedicare.com)

Provider Resources

 Centers for Medicare & Medicaid Services

About CMSNewsroomData & Research

Medicare

Medicaid/CHIP

Marketplace & Private Insurance

Initiatives

Training & Education

Home > Training & Education > Medicare Learning Network® (MLN) > Resources & training


Monthly Highlight

Flu Shots: There's Still Time to Protect Your Patients

A seasonal [flu shot](#) is the best way to help protect against the flu. Vaccination rates for Medicare Fee-for-Service patients vary by race, ethnicity, and geographic area (see [data snapshot \(PDF\)](#)). During [National Influenza Vaccination Week](#), encourage your patients to get flu shots, and find out how you can help reduce [vaccination disparities](#).

More Information:


The Medicare Learning Network®

The Medicare Learning Network Logo

Free educational materials for health care providers on CMS programs, policies, and initiatives.

Resources & Training


Learn about CMS policies and programs at your own pace



- [Publications & Multimedia](#)
- [Web-Based Training](#)
- [MLN Matters® Articles](#)

News

Get weekly Medicare Fee-for-Service email updates



- [MLN Connects® Newsletter](#)

Provider Resources

Important Information for Providers

Providers can contact our Member Services for any Eligibility Inquiries, Prior Authorizations, Provider Forms, or any other questions.

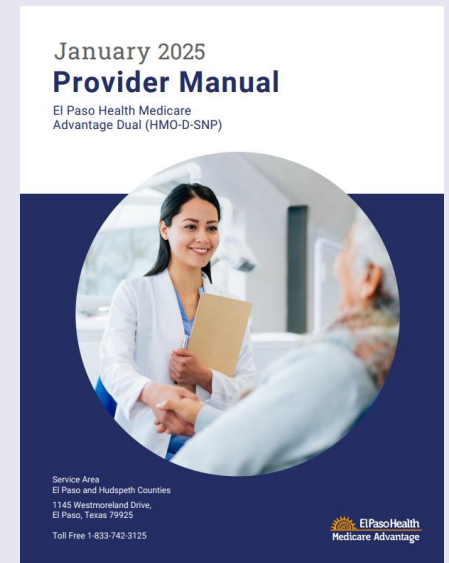
Phone: 1-833-742-3125 (TTY 711)

Providers are encouraged to review the provider responsibilities detailed in the [El Paso Health Medicare Provider Manual](#) at:

Website: ephmedicare.com

Local Office: 1145 Westmoreland Dr., El Paso, TX 79925

Mailing Address: P.O. Box 971100, El Paso, TX 79997



Provider Web Portal Available

The El Paso Health provider portal allows providers to view eligibility status, benefit information, verify and submit patient claims, download reports / RA's and request prior authorizations.

Providers

[Print](#)

Our partnership with each and every provider is essential. Together we share a common goal – to improve the health of the people in our community.

El Paso Health+ is committed on working with our network providers to make processes easier so providers are able to focus on delivering the highest quality of care. Providing access to care is a collaborative effort and our strong network partnerships help to build a health focused community.

If you need assistance, call us at 1-833-742-3125 (TTY 711), from October 1 to March 31, 8:00 am to 8:00 pm, 7 days a week and April 1 through September 30, Monday through Friday, 8:00 am to 8:00 pm Mountain Time.

Important Plan Documents for Providers

- [Prior Authorization List](#)
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- [Provider Dispute Appeal & Request Form](#)
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- [W-9 Form](#)
- [Texas Standardized Credentialing Application](#)

Miscellaneous Forms

- [El Paso Health Payer Identification](#)
- [Electronic Remittance Advice \(835\) Request Form](#)

H3407 website CMS Accepted 10/09/2019 | Last Updated: 7/27/2022

Providers

News & Events

Provider Login

AAA

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

- Eligibility
- Important Documents
- Quality Care
- Services
- Pharmacy & Drugs
- Medicare Compliance Program
- Model of Care
- Provider Manuals

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

Preferred
ADMINISTRATORS

HealthCARE
OPTIONS of EL PASO

**El Paso Health**
Medicare Advantage

Welcome to the El Paso Health provider portal!



Log in to:

- View patient's eligibility status and benefit information
- Verify patient claims
- Download reports
- Request prior authorizations
- And more!

Login

Username

Password

SUBMIT

[Forgot your username or password?](#)

Need a username and password?
[Proceed to our sign up process.](#)

Contact Us

If you have questions or need assistance, contact the Provider Relations Department at:

915-532-3778
Toll-Free: 1-877-532-3778

Our customer service hours are Monday through Friday between 8:00 am and 5:00 pm MST.

Medicare Advantage (HMO D-SNP) Model of Care Attestation

DSNP Model of Care Attestation

Model of Care

MOC Training Materials

Click on the links below to review the Model of Care training and attestation. Please ensure to submit the signed attestation form to verify the training was completed. Signed attestations may be completed by either filling out the PDF and fax/email back to Provider Relations Department or fill out and submit online form below.

[2024 Model of Care Presentation](#)
[2024 Model of Care Attestation](#)

Attestation for group: Individual Provider training requires an attestation. For a group attestation the form should be completed by the authorized individual on behalf of the group and must include an attendance log.

For questions, please contact our Provider Relations Department for assistance via email ProviderServicesDG@elpasohealth.com or call us at call 1-833-742-3125.

Medical Provider/Group Name*	Tax ID*
<input type="text"/>	<input type="text"/>
Phone* format:9151231234	Email*
<input type="text"/>	<input type="text"/>
Form Completed By*	Position Title*
<input type="text"/>	<input type="text"/>
Date*	
<input type="text" value="mm/dd/yyyy"/>	
Training Confirmation*	
<input type="checkbox"/> The Provider Model of Care training has been completed by the Provider Group above.	

Submit

*These fields MUST be filled out to register.

CMS requires all contracted medical providers and staff receive basic training about the D-SNPs Model of Care. The MOC is the plan for delivering coordinated care and care management to special needs members.

Individual Provider training requires an attestation. For a group attestation the form should be completed by the authorized individual on behalf of the group and must include an attendance log.

For questions, please contact our Provider Relations Department for assistance via email ProviderServicesDG@elpasohealth.com or call us at 1-833-742-3125.

<https://ephmedicare.com/medicare-compliance-program-2/model-of-care/>

Provider E-News Updates

Subscribe to El Paso Health's Provider E-news Updates

- E-News may include, but is not limited to:
- Provider Trainings/Orientations
- El Paso Health Policy Updates
- Weekly Memorandums



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

Provider E-Newsletter

Please complete the form below to sign up for El Paso Health Provider E-newsletter.

Note: Items with * are required information.

First Name*	Last Name*	
<input type="text"/>	<input type="text"/>	
Email*	Position*	
<input type="text"/>	<input type="text"/>	
Practice/Group Name*	TIN*	NPI*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Specialty Type* (please select all that apply)

<input type="checkbox"/> Adult Day Care/Assisted Living	<input type="checkbox"/> Allergy or Immunology
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Anesthesia
<input type="checkbox"/> Audiology	<input type="checkbox"/> Behavioral Health or Counselor
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Critical Care or Emergency Medicine
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Durable Medical Equipment (DME)
<input type="checkbox"/> Ear, Nose and Throat (ENT)	<input type="checkbox"/> Primary Care Provider (PCP)
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Federally Qualified Health Center (FQHC)
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Home Health
<input type="checkbox"/> Hospital	<input type="checkbox"/> Interventional Pain Management
<input type="checkbox"/> Long-Term Services and Supports (LTSS)	<input type="checkbox"/> Nephrology
<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Neurology
<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Optometry	<input type="checkbox"/> Oncology
<input type="checkbox"/> Therapy (Physical/Occupational/Speech)	<input type="checkbox"/> Pathology
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Pediatrics

Provider Relations Team

Claudia Aguilar

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

Luz Jara

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

Tina Mata-Hernandez

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

Liliana Jimenez

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

Jose Chavira

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

Vianey Licon

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

Lizbeth Silva

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

Cynthia Moreno

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

Contracting & Credentialing

Contracting & Credentialing

Providers are required to complete credentialing process every three (3) years.

Verisys is the State's vendor handling the primary source verification process for Texas providers.

- Verisys will send the first recredentialing notice to providers 180 days prior to expiration date.

Providers that failed to complete the recredentialing process will be considered out of network.

I am already contracted and credentialed with El Paso Health, but I don't show as participating provider with Medicare, what can I do?

- Call Contracting and Credentialing or Provider Relations. You might be a contracted provider for the Medicaid programs, but not Medicare plan.

For any questions please contact us directly at the email or phone number below.

Email: Contracting_Dept@elpasohealth.com

Phone: 1-833-742-3125

A Contracting and Credentialing Representative will respond to your inquiry within 48 business hours.

Contracting & Credentialing

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

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

What forms do I need to send and where:

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

El Paso Health
HEALTH PLANS FOR EL PASO COUNTY, BY EL PASO COUNTY

915.532.3778 • email Contracting_dept@elpasohealth.com

PROVIDER DEMOGRAPHIC FORM

*Please make sure to complete this form with all types of requests such as adding a new provider, location updates, terminating a provider, any type of updates. This form is required in order for any changes to be processed.

Group/Facility Name: _____
Group/Facility Specialty: _____
Tax ID: _____ Group NPI: _____ Group TPI: _____

Select Program: ☐ Medicaid ☐ CHIP/Perinatal ☐ STAR Plus ☐ Preferred Administrators ☐ HCO ☐ Medicare
☐ PCP ☐ Specialist ☐ PCP/Specialist ☐ Hospital Based ☐ Home Health/DME ☐ PAS ☐ SNF ☐ Other _____

Include Provider Specialty: _____ Subspecialty: _____
Last, First, M Name: _____ DOB: _____ SSN: _____
Individual NPI: _____ API: _____ TPI: _____
CAQH: _____ Medicare #: _____ LTSS X Code: _____
Professional Category: ☐ MD ☐ DO ☐ FNP ☐ ACNP ☐ PA ☐ CRNA ☐ Other: _____
Taxonomy number(s): _____

*If provider is not enrolled with CAQH, please provide a TDI Credentialing application w/current date and signature.
Primary Practice Address: _____
City, State, ZIP: _____ Office Hours/Days: _____
Phone: _____ Fax: _____ Website URL: _____
CLIA Number: _____ CLIA Type: _____

*Please provide CLIA numbers for each location.
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: _____

<https://www.elpasohealth.com/> 1 | Page

915.532.3778 • email Contracting_dept@elpasohealth.com

PROVIDER DEMOGRAPHIC FORM

Sign Language (ASL) ☐ Other: _____
Published Only ☐ Age Range: _____
Sale Only ☐ None ☐ Other: _____
Training? ☐ Yes ☐ No
Monitoring ☐ Targeted Case Management
Requirements? ☐ Yes ☐ No

_____ Tax ID: _____
Contact Address: _____
Credentialing contact information: _____
_____ Effective Date: _____
_____ LTSS X Code: _____

Products: ☐ STAR w/TPI ☐ STAR w/o TPI ☐ CHIP/PERINATE ☐ STAR+PLUS ☐ TPA ☐ HCO ☐ MEDICARE
Contract Type: ☐ Individual ☐ Group ☐ Ancillary/Facility ☐ Amendment ☐ LOA ☐ Par ☐ Non-Par
Comments: _____

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<https://www.elpasohealth.com/> 2 | Page

Member Services

First Call Medical Advice Infoline / Behavioral Health Crisis Line

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

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

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



Urgent Care Clinics

WHEN SHOULD I GO TO AN URGENT CARE?

¿Cuándo debo ir a una clínica de atención de urgencia?

- Most medical problems are not emergencies. They can be treated in your doctor's office or at an after-hours care.

La mayoría de los problemas médicos no son emergencias. Pueden ser atendidos en la oficina de su doctor o en una clínica de urgencia.

AVAILABLE EMERGENCY ROOM SERVICES:

Servicios de sala de emergencia disponibles:

- Chest pain
Dolor en el pecho
- Severe burns
Quemaduras severas
- Severe bleeding
Sangrado severo
- Broken bone(s)
Huesos rotos
- Cannot breathe
No puede respirar
- Head injury
Lesión en la cabeza
- Uncontrolled asthma attack
Un ataque de asma que no se puede controlar
- Risk of hurting self or others
Riesgo de hacerse daño a sí mismo o a alguien más

WHY GO TO AN URGENT CARE?

¿Por qué ir a una clínica de atención de urgencia?

- An Urgent Care provides treatment to illnesses and injuries that are not emergencies but need treatment the same day.

En las clínicas de atención de urgencia se pueden atender enfermedades o lesiones que no son emergencias pero necesitan atención el mismo día.

- An Urgent Care provides quality treatment with less wait time than an emergency room.

En las clínicas de atención de urgencia se provee atención de calidad con menos tiempo de espera que una sala de emergencia.

GO TO AN URGENT CARE WHEN YOU HAVE A:

Vaya a una clínica de atención de urgencia cuando usted tenga:

- Cough
Tos
- Cold or flu
Resfriado o la gripe
- Earache
Dolor de oído
- Fever
Fiebre
- Vomiting
Vómito
- Diarrhea
Diarrea
- Constipation
Estreñimiento



AFTER HOURS CARE

Atención después de horario

For more information,
please call 1-833-742-3125.

2025 Supplemental Benefits

El Paso Medicare Advantage HMO D-SNP Supplemental Benefits



- **24-Hour Nurse Line** – Access to a 24-hour, seven days a week bilingual (English/Spanish) medical advice line staffed by nurses and pharmacists. Assistance provided in multiple languages.



- **Transportation Service** - 96 one-way non-emergent medical visit transportation services every year. (48 hour notice required)



- **Dental** - \$3,500 allowance each year! It can be used for dental checkups, x-rays, routine cleaning, fillings, extractions, and dentures.

El Paso Medicare Advantage HMO D-SNP Supplemental Benefits



- **Hearing Services** - \$2,000 allowance every 2 years for hearing aids.



- **Home Delivered Meals** – Up to 14 healthy meals delivered to members who have been discharged from a Skill Nursing Facility or Hospitalization.



- **PERS (Personal Emergency Response System)** – available to members in need of device.

- **\$60 monthly allowance for the assistance of paying any of the following utilities:**
(Eligibility is based on Chronic Condition)



- Gas
- Water
- Electricity

El Paso Medicare Advantage HMO D-SNP Supplemental Benefits



Over-the-Counter – Members receive up to \$300 each quarter for covered over-the-counter and hygiene purchases. Order through our Catalog Service toothbrushes, bandages, vitamins, shampoo, lotions, hygiene and many other eligible items. The \$300 allowance renews every quarter.

Local Retailers: Walgreens, CVS, Walmart, Dollar General & Family Dollar



Healthy Foods - Members will receive \$250 a quarter for approved healthy food and produce items to their OTC Visa card, and it can be used to buy approved nutritional foods at local Walmart's. (Eligibility based on Chronic Conditions)

Online: www.MomsMeals.com, www.FarmboxRx.com, www.GAFoods.com

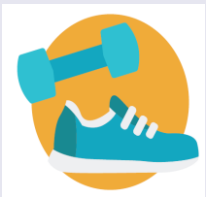
El Paso Health Medicare Advantage HMO D-SNP Supplemental Benefits



- **Vision** - Up to \$400 each year! Use it for routine eye exams, eyeglasses (frames and lenses), and/or contact lenses.



- **Podiatry** - Get ten (10) visits annually for routine podiatry care.



- **GetFit** - Members can use any of the local YMCA's by registering with their EPH Member ID card. Access to facility, Classes, Equipment, Swimming Pool, etc.

Any questions on Supplemental Benefits please call our Member Service Line 1-833-742-3125

Supplemental Benefit Vendors

- **Dental Provider:** Liberty Dental 1-888-700-1246 or www.libertydentalplan.com
- **Vision Provider:** Envolve

Eligibility & Benefits, Claim Status, Find a Provider

Hours: Mon - Fri 8:00am - 8:00pm EST

Phone: (800) 334-3937

Fax: (877) 940-9243

<https://visionbenefits.envolvehealth.com>

Member Services Contact information

Have Questions? You Can Call us or Stop by our Office. We are here to help you!

El Paso Health Medicare Advantage (HMO D-SNP)
1145 Westmoreland Dr.
El Paso, TX 79925

Member Services

Toll Free: 1-833-742-3125

TTY: 711

Fax: 915-532-2286

Hours of Operation

October 1-March 31, 8a.m. to 8p.m. seven days a week

April 1-September 30, 8a.m. to 8p.m. Monday-Friday

Coordination of Care

Coordination of Benefits

Coordination of Benefits- The process of determining the coordination of services and benefits for the member between their Medicare and Medicaid plans.

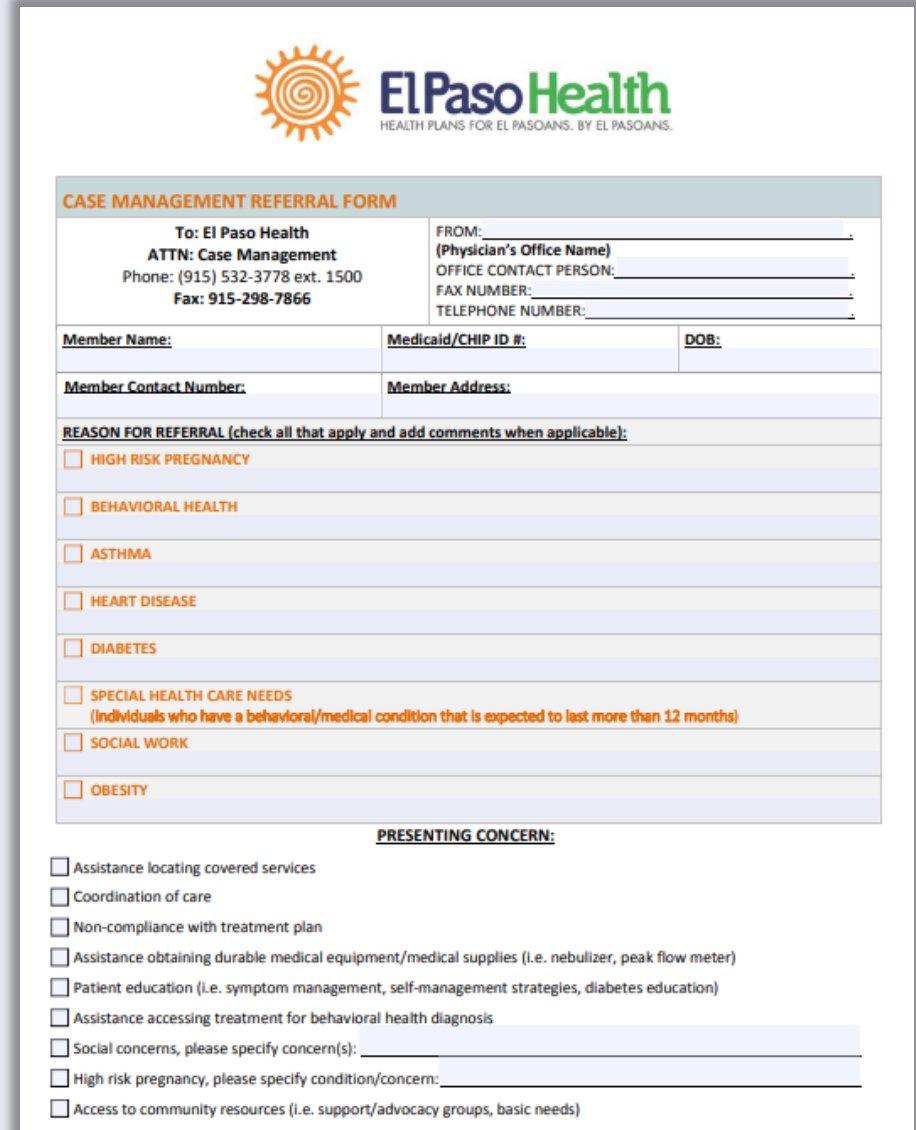
- Beneficiaries have no responsibility for Medicare cost sharing for any medical services based on their level of Medicaid
- Beneficiaries receive Extra Help for Part D Prescription Drugs.
- El Paso Health Medicare Advantage HMO D-SNP is the primary insurance for Acute Care medical services for all members.

Case Management Program

Case Management has been included as an added service for members. The Case Management Program provides the following:

- Assists in coordinating services and the care provided to our members who have chronic diseases and/or conditions, in an effort to keep you as healthy as possible.
- Helps with directing you through the health care system, and assists with referrals and authorizations to help meet our members' needs.
- Specialized management options will be offered to support those members with chronic diseases such as diabetes, congestive heart failure, and many others.

[CaseManagementReferralForm.pdf \(elpasohealth.com\)](#)

The form is titled "CASE MANAGEMENT REFERRAL FORM" in orange. It includes the El Paso Health logo at the top right. The form is divided into several sections: "To: El Paso Health" with contact information, "FROM:" for the physician's office, member information fields (Name, Medicaid/CHIP ID, DOB, Contact Number, Address), a "REASON FOR REFERRAL" section with checkboxes for various conditions, a "PRESENTING CONCERN:" section with checkboxes for service types, and open text fields for social and high-risk pregnancy concerns.

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

CASE MANAGEMENT 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):

☐ HIGH RISK PREGNANCY

☐ BEHAVIORAL HEALTH

☐ ASTHMA

☐ HEART DISEASE

☐ DIABETES

☐ SPECIAL HEALTH CARE NEEDS
(Individuals who have a behavioral/medical condition that is expected to last more than 12 months)

☐ SOCIAL WORK

☐ 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, please specify concern(s): _____

☐ High risk pregnancy, please specify condition/concern: _____

☐ Access to community resources (i.e. support/advocacy groups, basic needs)

Case Managers and Case Manager Assistants

When Members need care or access to benefits, it is everyone's responsibility to help coordinate that care!

El Paso Health currently has a team of 13 highly qualified case workers and 3 case worker assistants. Our case workers meet with our members yearly to perform Health Risk Assessments to evaluate their healthcare needs. The health risk assessments help us better understand the individual health concerns, goals, and barriers to staying well.

Health Equity Unit

Health Equity 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 Health Equity 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

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
<ul style="list-style-type: none">• Employment• Income• Expenses• Debt• Medical bills• Support	<ul style="list-style-type: none">• Housing• Transportation• Safety• Parks• Playgrounds• Walkability• Zip Code/geography	<ul style="list-style-type: none">• Literacy• Language• Early childhood education• Vocational training• Higher Education	<ul style="list-style-type: none">• Hunger• Access to Healthy Options (Food Pharmacy)	<ul style="list-style-type: none">• Social Integration• Support Systems• Community Engagement• Discrimination• Stress	<ul style="list-style-type: none">• Health Coverage• Provider Availability• Provider linguistic and cultural competency• Quality of care

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 Health Equity Supervisor.

Gabriela Mendoza

Phone: (915) 532-3778 Ext 1076



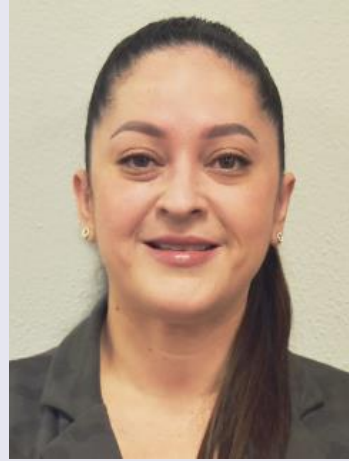
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Health Equity
Coordinator
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Prescription Drug Coverage

Prescription Drug Coverage under El Paso Health Medicare Advantage (HMO D-SNP)

We are pleased to be offering Medicare Part D prescription drug benefits. Members may have prescription co-pays depending on their low income subsidy level established by Medicare.

- Mail-order is available- Quantity limits apply
- Formulary/Pharmacy directory is available upon request and can be found at: <https://ephmedicare.com/pharmacy-drugs/available-drug-lists/>
- We have an extensive network of local and independent pharmacies



Important Information about Prescription Drug Coverage

Prior Authorization (PA)

Some drugs require prior authorization. Provider must first show a medical need for before the plan will cover it.

Quantity Limits (QL's)

This places a limit on how much members can get at one time. There is a 30 day quantity limit on specialty prescriptions. Maintenance drugs are allowed 90 day quantity as long as the Physician orders for 90 days.

Step Therapy (ST)

Members must first try another drug on the plan's formulary before they can move up a "step" to a higher tier drug.

Prescription Drug Coverage under El Paso Health Medicare Advantage (HMO D-SNP)

El Paso Health has implemented a Transition Policy

The purpose is to define the process that supports a member's transition into prescription drug plans and to provide a temporary supply of non-formulary drugs. Members and situations affected by this transitional fills policy:

- a. The transition of new members into prescription drug plans following the annual coordinated election period
- b. The transition of newly eligible Medicare beneficiaries from other coverage
- c. Enrollees who switch from one plan to another after the start of the contract year
- d. Current enrollees affected by negative formulary changes across contract years
- e. Enrollees residing in LTC facilities
- f. Expediting transitions to formulary drugs for members who change treatment settings due to changes in level of care.

Navitus Health solutions has established a transition process for Part D beneficiaries to be consistent with the CMS Guidelines.

Prescription Drug Coverage under El Paso Health Medicare Advantage (HMO D-SNP)

El Paso Health has several programs to assist our members in obtaining their prescriptions.

- **Low Income Subsidy (LIS)**- If the member receives extra help from Medicare to help pay for Medicare prescription drug plan costs, the monthly plan premium will be lower than what it would be if the member did not get extra help from Medicare. The amount of extra help members get will determine the total monthly plan premium as a member of our Plan.
- **Medication Therapy Management Program**- If the member is in a Medicare drug plan and has complex health needs, they may be able to participate in the MTM program. This Program helps members and their doctors ensure that their medications are working and it helps us identify and reduce possible medication problems.
- **Medication Prescription Payment Plan**- The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage to help you manage your out of pocket Medicare Part D drug costs by spreading them across the calendar year.

Pharmacy Diabetic Supplies

Diabetic Supply Brands (Monitor, Strips and Lancets):

- Accu Chek
- Precision
- Freestyle

Continuous Glucose Monitor Brands (Covered as of January 1, 2025):

- Freestyle Libre
- Dexcom

GLP-1 Drugs (Ozempic, Mounjaro, and Trulicity):

- Require Prior Authorization
- Doctors must provide all clinical criteria for the PA to be approved by Navitus. A type 2 diabetes diagnosis is required.



Pharmacy Benefit Manager

Navitus Health Solutions is El Paso Health's Pharmacy Benefit Manager for our Medicare Advantage plan. 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

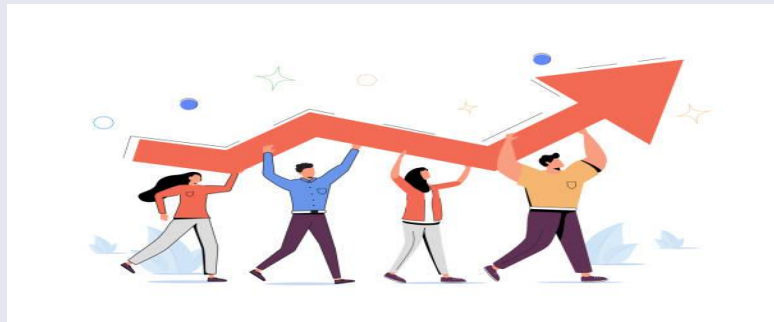
Hours: 24 hours a day, 7 days a week
(Closed Thanksgiving and Christmas Day)

www.navitus.com

Quality Improvement

Quality Assurance and Performance Improvement Program

- HEDIS Hybrid Medical Chart Reviews
- Performance Improvement Projects (PIPs)
- Quality Improvement Committee (QIC)
 - Adverse Events
 - Mortalities
 - Provider and Member Quality of Care
- Operations Improvement Committee (OIC)
- Quality Assessment and Performance Improvement Evaluation
- Provider Appointment Accessibility and Availability Surveys
- Medical Chart Reviews and Provider Education
- Provider Profiling and Data Analysis



Clinical Practice Guidelines

<https://ephmedicare.com/quality/clinical-practice-guidelines/>



Clinical Practice Guidelines

[Asthma Clinical Practice Guidelines](#)

[COPD Clinical Practice Guidelines](#)

[Diabetes Clinical Practice Guidelines](#)

[Flu-Pneumococcal Clinical Practice Guideline](#)

[Social Determinants of Health](#)

[Guidelines For Medical Necessity Determination.
Speech, Physical, Occupational Therapy](#)

[Guidelines For Medical Necessity Determination.
Physical Therapy](#)

[HEDIS Medical Record Documentation Tips](#)

H3407_website CMS Accepted 10/09/2019 | Last Updated: 10/17/2024

HEDIS Medical Record Documentation Tips

BPD, CRP

Blood Pressure Control for Patients with Diabetes, Controlling High Blood Pressure

- Include most recent blood pressure (goal <140/90)
- Include B/P taken by member with any digital device for remote monitoring
- If initial BP reading is 140/90 or higher, repeat BP. May take multiple BP readings on same day. When reporting these - take lowest systolic and lowest diastolic reading as the representative BP reading on this visit.

Eye Exam for Patients with Diabetes

- Refer members yearly for dilated eye exam if diagnosed with retinopathy or every other year if normal eye exam (i.e., no retinopathy).
- When documenting eye exam in progress notes, include date, result and provider name or specialty.
- Eye exam must only be done by optometrist or ophthalmologist.

Glycemic Status Assessment for Patients with Diabetes

- Include most recent HbA1c level (goal <8%)
- Ranges & thresholds do not meet criteria. A distinct numeric result is required.
- Re-check glycemic HbA1c later in the year if it is high.

HEDIS Medical Record Documentation Tips

TRC

**Transitions of Care
(18 yrs and older)**

- Notification of Inpatient admission: Include evidence of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).
- Receipt of Discharge Information: Include evidence of receipt of discharge summary through 2 days after the discharge (3 total days) with evidence of the date when the documentation was received.
- Patient Engagement After Inpatient Discharge: Include documentation of office visit, telephone visit or telehealth visit of patient engagement within 30 days after discharge.
- Medication Reconciliation Post-Discharge: Include evidence of medication reconciliation and date when it was performed.

COL

**Colorectal Cancer Screening
(45-75 yrs)**

- Include documentation indicating the date the colorectal cancer screening was performed.

COA

**Care for Older Adults
(66 yrs and older)**

- Medication Review: Include current medication list, or notation of medication review.
- Functional Status Assessment: Notation that at least 5 ADLs were assessed (bathing, dressing, eating, transferring, using toilet, walking), notation of at least 4 IADL were assessed (shopping for groceries, driving or using public transportation, using the telephone, meal preparation, housework, home repair, laundry, taking medications, handling finances).
- Pain Assessment: Result of standardized pain assessment tool, or numeric rating scales (verbal or written)

Resources on Website

<https://ephmedicare.com/quality/el-paso-health-plans-quality-improvement-program/>

Explore the D-SNP Plan

- ❑ Supplemental Benefits 2025
- ❑ Eligibility
- ❑ Important Documents
- ❑ Quality Care
 - ❑ Quality
 - ❑ Coverage Decisions, Grievance and Appeals
 - ❑ Rights and Responsibilities
- + Quality Improvement Program
- ❑ Clinical Practice Guidelines



Contact Information



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Claims Process

Important Information on DSNP Claims Processing

- D-SNP members are protected by Texas (State plan) and federal (Social Security act) regulations from balance billing, providers cannot balance bill and must accept the Medicare & Medicaid (if applicable) payments as payment in full.
- Coverage of Medicare Cost Share will depend on the services performed and Medicaid allowed amounts (Lesser of Logic or COB requirements for the state may be used).
- Federal rules dictate that Medicaid is the payer of last resort

Important Information on DSNP Claims Processing

Claim filing deadlines:

- Claims must be received by El Paso Health within 95 days from each date of service (DOS).
- A clean claim will be processed within 30 days.
- The Provider should allow 30 days before re-billing any claim to avoid duplication of claims.

Electronic Claim Submission Payer ID: EPF07

Address for Paper Claims :

El Paso Health Medicare Advantage (HMO D-SNP)
Attention: Claims Department
P.O. Box 971370
El Paso, TX 79997-1370

Corrected claims must be received by El Paso Health within 120 days from the disposition date of Remittance Advice notice.

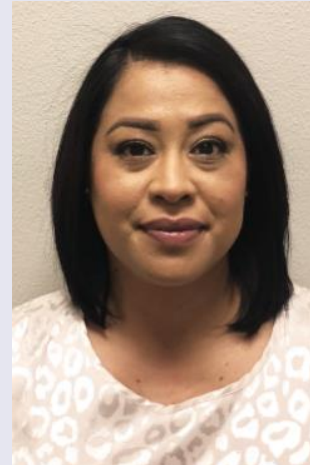
Medicare Advantage (HMO D-SNP) Team



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Your Local Medicare Advantage Plan/Benefit Consultant



Your Local Medicare Advantage Plan

**The RIGHT agent
for the RIGHT plan!**



Call Me Today!

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