



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

PROVIDER QUARTERLY ORIENTATION

Thursday, February 25, 2021

2:00pm – 3:30pm

LIVE WEBINAR

EVENTBRITE LINK: <https://providerquarterlytrainingfeb2021.eventbrite.com>

Password: EPHwebinar

Complete our survey for a chance to win!

Prize Bag Includes :

- El Paso Health Beach Bag
- El Paso Health Blanket
- EOS Lotion
- EOS Lip Balm
- El Paso Health Pens
- El Paso Health Masks (2) Black & Blue
- El Paso Health Mouse Pad / Phone Holder
- \$20.00 Gift Card

<https://www.surveymonkey.com/r/MFCPGT8>



Please return your survey to be included in the drawing.

Agenda

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



El Paso Health

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Services for Children of Traveling Farmworkers

Lluvia Acuna

Outreach Coordinator

Process on Accelerated Services for FWC

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

Contact Information

Lluvia Acuna

Outreach Coordinator

Phone: 915 298 7198 Ext 1075

Email: lacuna@elpasohealth.com



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Member Services Department

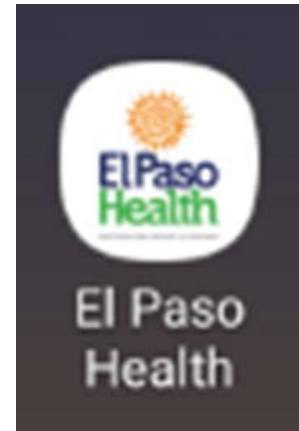
Nellie Ontiveros

Member Services Supervisor

El Paso Health Mobile App

On the El Paso Health App, you can:

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



Transportation Services

El Paso Health offers Medicaid and CHIP Members a free taxi ride service to doctor visits or health education classes.








To schedule a transportation request for a doctor's appointment or health education class, call the El Paso Health Member Services Line 48 hours before the appointment at 1-877-532-3778 and a Member Service Representative will assist with scheduling the taxi ride.

Behavioral Health Services Hotline







El Paso Health offers Medicaid and CHIP Members a 24 hours day/7 days a week Behavioral Health crisis hotline. The Behavioral Health crisis hotline staff is bilingual and interpreter services are also available.



A Great Health Plan Comes With Healthy Rewards

HEALTHY REWARDS*		MEDICAID MEMBER	CHIP MEMBER
 <p>24-hour, 7-days-a-week access to FIRSTCALL, a bilingual medical advice infoline staffed by nurses, pharmacists, and a Medical Director on call.</p>	✓	✓	
 <p>\$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.</p>	✓	✓	
 <p>A free ride service to doctor visits or health education classes.</p>	✓	✓	
 <p>For contact lenses and glasses (lenses and frames) Members receive up to \$125 above the Medicaid or CHIP benefit.</p>	✓	✓	
 <p>One allergy-free pillow case is given to Members who are enrolled in the Asthma Disease Management Program.</p>	✓	✓	




A Great Health Plan Comes With Healthy Rewards




HEALTHY REWARDS*		MEDICAID MEMBER	CHIP MEMBER	HEALTHY REWARDS*		MEDICAID MEMBER	CHIP MEMBER
	Pregnant Members 21 or older can receive up to \$500 each year for dental check-ups, x-rays, routine cleaning, fillings, and extractions.	✓	✓		Pregnant members can receive: <ul style="list-style-type: none"> • A free convertible car seat after attending a baby shower at El Paso Health. • Gift cards for completing prenatal visits and after confirmation of those visits for: <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 21-56 days of delivery. • A First-Steps Baby shower including a diaper bag, a starter supply of diapers, and other items for the baby. 	✓	✓
	Members between the ages of 4 through 18 can get a free physical for sports each year.	✓	✓			✓	✓
	A \$15 gift card is offered to Members ages 3-6 and 12-19 who get a check-up when due and on time.		✓				
	A \$10 gift card is offered to Members age 20 and younger who complete a Texas Health Steps check-up on time.	✓			A \$10 movie gift card is offered to Members 20 years and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay. Members can receive one movie gift card per year.	✓	✓

A Great Health Plan Comes With Healthy Rewards

New Value Added Services

Effective 9/1/2020

HEALTHY REWARDS*	MEDICAID MEMBER	CHIP MEMBER
 <p>Members age 20 or younger can receive four additional nutritional/obesity counseling services above the Medicaid Benefit.</p>	✓	
 <p>Members age 18 or younger can receive four additional nutritional/obesity counseling services above the CHIP Benefit.</p>		✓
 <p>Up to \$35 discount for any sport, swim, or camp registration fee at participating YMCAs; once every 12 months.</p>	✓	✓

HEALTHY REWARDS*	MEDICAID MEMBER	CHIP MEMBER
 <p>A free food basket for new members who participate in a new member orientation with El Paso Health.</p>	✓	✓
 <p>A free kit that includes 2 reusable cloth masks, 4 disposable masks, gloves, hand sanitizers, thermometer, sanitizing wipes, and more.</p>	✓	✓
 <p>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.</p>	✓	✓

Member Cost Sharing Obligations/Benefit Limitations & Exclusions for Medicaid

- Medicaid Members do not have cost sharing obligations for covered services.

Some services require prior authorizations

Examples of exclusions:

- Not medically necessary
- Services outside the USA
- Ear piercings
- Infertility Treatments

Member Cost Sharing Obligations for CHIP

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

Benefit Limitations and Exclusions for CHIP

- Some services may require prior authorization
- Exclusion examples
 - Elective surgery to correct vision
 - Prostate and mammography screening
 - Immunizations solely for travel
 - Custodial care
- Examples continued:
 - Personal comfort items (e.g./ telephone, newborn infant photographs)
 - Elective abortions
 - Gastric procedures for weight loss
 - Cosmetic surgery (solely cosmetic purposes)
 - Contraceptive medication (Family Planning)
 - Over-the-counter medications

Prohibitions on Balance Billing Members for Covered Services

- Network Providers and Out-of-Network Providers are prohibited from billing or collecting any amount from a Member for covered services.
- According to Section 1.6.10 - Billing Clients from Provider Enrollment and Responsibilities (Texas Medicaid Provider Procedures Manual: Vol.1)
 - Providers cannot bill nor take recourse against eligible clients
- On page 219 from the EPH Provider manual “The member cannot be held liable for any balance related to covered services.”

Cultural Competency and Linguistic Services

El Paso Health (EPH) 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.

To accomplish this goal, 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.

Contact Information

Nellie Ontiveros

Member Services Supervisor

915-532-3778 ext. 1112



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Contracting/Credentialing Reminders

Gabriel de los Santos

Contracting and Credentialing Representative

CAQH Participants

- Participating with CAQH as of 02/01/2021
- Update your information with CAQH
- Approve El Paso Health as a user to view providers information
 - CAQH will send provider notification for this action
- Providers still need to notify El Paso Health
 - Demo Form
 - CAQH Application with CAQH Number
 - W-9

Questions?

Contact Information

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

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

Contracting_Dept@elpasohealth.com

915-532-3778



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Provider Relations Updates and Reminders

Stacy Arrieta

Provider Relations Coordinator

COVID-19 Updates

- HHSC is extending Medicaid, CHIP, and CHIP Perinatal coverage during the public health emergency declaration.
- In response to the COVID-19 pandemic, office visit co-payments for all CHIP members for services provided from March 13, 2020, through **March 31, 2021** are waived.
- Providers must not collect office visit co-payments for CHIP members during this time. El Paso Health will reimburse the provider the full rate for services including member cost sharing.
- Co-payments are not required for covered services delivered via telemedicine or telehealth to CHIP members. HHSC encourages the use of teleservices in lieu of in-person office visits, as appropriate.
- Co-pays do not apply to Medicaid Members, members should not be balanced billed for Medicaid covered services.

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, 2021**.

- 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 are not required for well child visits either.*

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 **March 31, 2021**.

Description of Services	Procedure Codes	Place of Service	Modifier
Evaluation and Management (E/M)	99201, 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.

COVID-19 Update : Prior Authorization Requests Extended Thru December 31, 2020

- El Paso Health issued a 90-day extension for previously approved acute care authorizations with an end date between **March 1, 2020 and December 31, 2020** to ensure continuity of care.
- It is no longer necessary to request an override of a current 90-day extension. Providers will need to follow the current prior authorization process when requesting a new authorization for services.
- The 90-day extension will be terminated the day prior to the new date of service on the new authorization. This will prevent any lack in coverage days.
- Requests for new authorizations will be processed according to medical necessity and current guidelines

For specific prior authorization timelines and instructions, please visit our website :

<http://www.elpasohealth.com/providers/prior-authorization/#1610988091049-d841f1e9-1860>

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 **March 31, 2021**.
- 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

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

Parent/Guardian Information

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

Patient #1 Information

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

Outreach Services Results (SSU Use Only)

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

Comments to Provider:

Patient #2 Information

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

Outreach Services Results (SSU Use Only)

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

Comments to Provider:

**TEXAS HEALTH STEPS
PROVIDER OUTREACH REFERRAL SERVICES**

FAX COVER SHEET

DATE: _____

TO: SPECIAL SERVICES UNIT

PHONE: 877-847-8377

FAX: 512-533-3867

FROM: _____

PHONE: _____

FAX: _____

TOTAL PAGES INCLUDING COVER SHEET: _____

COMMENTS:

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

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
Arturo Diaz	915-834-7735	915-834-7802	Arturo.Diaz@dshs.texas.gov
Kimberly Salazar	915-834-7689	915-834-7802	Kimberly.Salazar@dshs.texas.gov
Jorge Alday	915-834-7697	915-834-7802	Jorge.Alday@dshs.texas.gov

Provider Directory Review

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.
- 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
 - [Provider Search](#): an interactive search option is available on our website
- The following elements are reviewed and updated as necessary:
 - provider name
 - address
 - hours and days of operation
 - age limitations, if any
 - program participation
 - phone and fax number
 - languages spoken
 - new patient restrictions
- Updates and discrepancies may be corrected using the [Provider Demographic Form](#).

Provider Demographic Form

 915.532.3778 • Fax: 915.298.7870 • contracting_dept@elpasohealth.com
PROVIDER DEMOGRAPHIC FORM

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

Program Participation: Medicaid CHIP CHIP Perinatal Preferred Administrators Health Care Options
Please check off provider type: PCP Specialist PCP/Specialist Hospital Based
Last Name: _____ First Name: _____ Middle: _____
Individual NPI: _____ API: _____ TPI: _____ EPSDT: _____
Specialty: _____ Subspecialty: _____ Medical License: _____
Professional Category: MD DO FNP ACNP PA CRNA Other: _____
Primary Practice Address: _____
City, State, ZIP: _____ Office Hours/Days: _____
Phone: _____ Fax: _____ Website URL: _____
Secondary Location: _____ City, State, ZIP: _____
Office Hours/Days: _____ Phone: _____ Fax: _____
Taxonomy number: _____ Additional Taxonomy Numbers: _____
Languages Spoken: English Spanish American Sign Language (ASL) Other: _____
Accepting New Patients: Yes No Established Only Age Range: _____
Practice Limitations: Male only Female Only None Other: _____
CLIA Type: _____ Radiology Certificate: Yes No N/A
Completed cultural diversity training? Yes No
Do you offer: Telemedicine Telehealth Telemonitoring Targeted Case Management
Does this office meet American Disabilities Act (ADA) accessibility requirements? Yes No
Billing Information (Must Reflect W-9): _____
Doing Business As: _____
Pay to Address: _____ Tax ID: _____
Primary Contact: _____ Phone: _____ Email: _____
Reason for submission: _____

- Our [Provider Demographic Form](#) is used when updating any practice information.
- The Provider Demographic Form can be found on our website at www.elpasohealth.com under Providers- Provider Forms- Credentialing Packet Forms.
- The completed form may be returned using one of the following:
 - Email: contracting_dept@elpasohealth.com
 - Fax: 915-298-7870

Electronic Usages




El Paso Health is encouraging electronic forms of communication during to the COVID-19 pandemic. The following items are currently available via electronic platforms:

- Remittance Advice (RA) Reports via our Provider Web Portal
 - 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.

*** Effective 02/1/2021 RA's are available for a 6 month period***

- Electronic Remittance Advice (835) files via your clearinghouse
 - Submit our [Electronic Remittance Advice \(835\) Request Form](#) to enroll.
- Electronic Claims Submission
- Upload appeals via our Provider Web Portal
- Submit prior authorizations and prior authorization amendments via our Provider Web Portal
- Direct Payments (ACH) to your financial institution
 - Submit our [EFT Form](#) to enroll.
- Provider Manual: <http://www.elpasohealth.com/pdf/providermanual.pdf>

Electronic Remittance Advice (835) Request Form

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

Electronic Remittance Advice (835) Request Form
915.532.3778 ext. 1507 • Fax: 915.225.6762

BILLING PAY TO PROVIDER INFORMATION (PLEASE INCLUDE W9)

Official Business Name: _____
Doing Business As: _____
Billing Address: _____ City: _____ State: _____ Zip: _____
Federal Tax ID: _____ Group NPI: _____
Primary Contact: _____ Phone: _____ Email: _____

PROVIDER INFORMATION

Primary Service Location: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Website URL: _____

CLEARINGHOUSE INFORMATION

Clearinghouse Name: _____ Phone: _____
*Availity Customer ID# (Genkey): _____ Billing Submitter Number: _____
Software Vendor Name: _____ Phone: _____
**Genkey is required for Availity.*

AUTHORIZATION STATEMENT SIGNATURE

Provider (enter provider/provider representative name) _____ hereby appoints (enter vendor name) _____ to act as the authorized agent for the purpose of retrieving the 835 electronically from El Paso Health.
Provider/Provider Representative Signature: _____ Date: _____

EL PASO HEALTH PAYER IDs

El Paso First Health Plans Premier Plan STAR Medicaid HMO	Availity/ Trizetto Provider Solutions Payer ID: EPF02
El Paso First Health Plans CHIP	Availity/ Trizetto Provider Solutions Payer ID: EPF03
El Paso First Health Plan HCO Healthcare Options	Availity/ Trizetto Provider Solutions Payer ID: EPF37
Preferred Administrators	Availity/ Trizetto Provider Solutions Payer ID: EPF10
Preferred Administrators Children's Hospital	Availity/ Trizetto Provider Solutions Payer ID: EPF11


CONFIRMATION OF TEST FILE

After submission of the Electronic Remittance Advice Request Form, a test file will be sent to ensure the successful transmission of the 835 file. Please enter the contact information for the representative that will be able to confirm receipt of the test file. Please note that the test file must be confirmed before the process can be completed. Failure to confirm the test file within 30 calendar days will cause the request to be closed and a new request will need to be submitted.

Contact Name: _____ Phone: _____ Email: _____

- Our [Electronic Remittance Advice \(835\) Request Form](#) is used to retrieve 835 files via your clearinghouse.
- The Electronic Remittance Advice (835) Request Form can be found on our website at www.elpasohealth.com under Providers- Provider Forms- Misc. Forms.
- The completed form may be faxed to:
915-225-6762.

EFT Form

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

Please fill out form and fax to Provider Relations
at 915-225-6762

Questions/Concerns call 915- 532- 3778 x1507

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

Provider/Group Name: _____

NPI Number: _____

Tax ID Number: _____

I (we) hereby authorize:

El Paso Health to initiate credit entries to the account at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of the U.S. law.

Name of Depository Account: _____

Bank / Financial Institution Name: _____

Account Type (please check one):
 Checking Account
 Savings Account

City: _____

State: _____ Zip code: _____

Account number: _____

Routing number: _____

This authorization is to remain in full force and effect until El Paso Health has received written notification from me (or either of us) of its termination in such time and in such manner as to afford El Paso Health and DEPOSITORY a reasonable opportunity to act on it

Name(s): _____

Title: _____

Date: _____

Signature: _____

NOTE: CREDIT AUTHORIZATION MUST PROVIDE THAT THE RECIPIENT MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR BY THE MANNER SPECIFIED BY THE AUTHORIZATION.

ATTACH A VOIDED CHECK

- Our [EFT Form](#) is used to initiate credit entries to your financial institution. This will eliminate the need for a paper check for our STAR and CHIP product lines.
- Please remember to attach a voided check or a letter from your financial institution confirming your account information.
- The EFT Form can be found on our website at www.elpasohealth.com under Providers- Provider Forms- Misc. Forms.
- The completed form may be faxed to:
915-225-6762.

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 via Telehealth for the safety of their clients. All ECI Services are being provided by Teleconferencing or Videoconferencing in El Paso and Hudspeth Counties.

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

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



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Outpatient Pharmacy Prescription Services Reminders

Formulary Look-Up

Texas Vendor Drug Program

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

Drug Search

By NDC code:

Brand Name

Generic Name

PDL Class

- Any -

- Medicaid CHIP CSHCN KHC PDL PA Required Family Planning
 Clinical PA Required HTW 90% Utilization OTC

Apply

Formulary Look-Up

Navitus

<https://txstarchip.navitus.com/>

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

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

Prior Authorization

Prior Authorizations can be submitted to Navitus by phone, fax, or verbally.

Providers can call 1-877-908-6023 to submit PA or fax form to 1-855-668-6553

Navitus is open 24 hours a day/7 days a week. Turn around time for PA determination is 24 hours for STAR and 72 hours for CHIP

72-hour Emergency Supply

A 72-hour Emergency Supply allows pharmacy to dispense a 3 day supply of medication, at no cost to member, to allow prescriber time to submit PA.

The 72-hour Emergency Supply should be dispensed any time a PA is not available and a prescription must be filled for any medication on the Texas Vendor Drug formulary.

If the prescribing provider cannot be reached or is unable to request PA, the pharmacy should submit an emergency 72-hour prescription.

Pharmacy Quick Reference Guide

The Pharmacy Quick Reference Guide Provides links to:

- Navitus Website
- Pharmacy Listing
- Formulary
- Preferred Drug List
- Prescriptions for Mail Order
- Prior Authorization Fax Number
- Clinical PA Criteria
- 72 Hour Emergency Fill Information

<http://www.elpasohealth.com/pdf/Pharmacy%20Quick%20Reference%20Guide%202019.pdf>



Pharmacy Quick Reference Guide

Navitus Health Solutions is El Paso Health's Pharmacy Benefit Manager for STAR/CHIP/CHIP Perinate members.

Navitus will handle ALL Provider (Prescriber and Pharmacy calls and is available 24/7/365 except Thanksgiving and Christmas from 8 am to 6 pm Central time) and can assist you with:

- Prior Authorizations
- Mail order/Specialty Pharmacy Services
- Point of Sale (POS) Claims processing
- Contracting/Credentialing

Navitus Provider Hotline

1-877-908-6023

Website: www.navitus.com

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

Navitus BIN# 610602 PCN: MCD Rx Group: EPH

Formulary: <http://www.txvendordrug.com/formulary/formulary-search.asp>

Preferred Drug List: <http://www.txvendordrug.com/pdl/>

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

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

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

72 hour Emergency Fill Information:

<https://www.txvendordrug.com/formulary/prior-authorization/emergency-prescriptions>

To verify eligibility: Pharmacies can call the Provider Hotline at Navitus, or call El Paso Health at 1-877-532-3778, access our web portal, or use HealthX.

EPH051934

References

COVID-19 Information For Providers

<http://www.elpasohealth.com/coronavirus.html>

Texas Health Steps Provider Outreach Referral Form

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

Prior Authorization Timelines

<http://www.elpasohealth.com/providers/priorauthorization/#1610991338692202ea20b-96a1>

Provider Forms

<http://www.elpasohealth.com/providers/providerforms/>

ECI

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

Pharmacy Quick Reference Guide

<http://www.elpasohealth.com/pdf/Pharmacy%20Quick%20Reference%20Guide%202019.pdf>

Contact Information

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Provider Relations Coordinator

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Provider Relations Department

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Health Services Reminders

Carolina Castillo, RN

Disease Management Coordinator

Prior Authorization Tool (website)

STAR/CHIP

- El Paso Health may require authorization for certain services.
- Providers may utilize this tool to determine if a CPT code requires authorization

<http://www.elpasohealth.com/providers/medicaid-chip-prior-authorization/>

Medicaid/CHIP Prior Authorization

To search type and hit enter...

DISCLAIMER: All attempts are made to provide the most current information on the Prior Authorization Search Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the [provider manual](#). If you are uncertain that prior authorization is needed, please submit a request for an accurate response.

Vision services need to be verified by [Envolve Vision Services](#)
Dental services need to be verified by [DentaQuest/MCNA](#)
Non-participating providers must submit a [prior authorization form](#) for all services.

Medicaid Members: Family Planning services with a contraceptive management diagnosis do not require an authorization whether the Provider is In-Network or Out-of-Network.

CHIP Members: Family Planning services with a contraceptive management diagnosis are not a benefit.

THSteps checkups do not require an authorization whether Provider is In-Network or Out of Network.

Please answer all of the following questions to determine if an authorization is needed:

Types of Services	Yes	No
Are services being provided by an out-of-network Provider?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving oral surgery services?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving plastic and reconstructive surgeon services?	<input type="radio"/>	<input checked="" type="radio"/>

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

CPT code: 1: 2: 3: 4:



Prior Authorization Process

Authorization requests are accepted via electronic through the El Paso Health Web Portal, fax, or telephonically

- Faxed Requests: Use the website www.elpasohealth.com, Provider tab:

[Texas Standard Prior Authorization Request Form for Health Care Service.](#)

The provider facilitates the prior authorization process by providing all the necessary information to include:

- Demographic information
- Requesting Provider name and NPI number
- Current Procedural Terminology (CPT) and (HCPCS) codes
- Service requested start and end dates
- Quantity of service units requested based on the CPT, or HCPCS requested
- The most recent and relevant clinical documentation related to request

Case Management Programs-Telemedicine

Case Management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost effective outcomes

- High Risk Pregnancy-all pregnant members with a medical condition
- Mental Health-any mental health condition that requires treatment
- Social Work-Members that require assist with social needs
- Disease Management-Diabetes Mellitus, Obesity, Asthma, Cardiovascular Disease
- Telemedicine- *Is the remote delivery of healthcare services through the use of technology (phone, computer). Available for certain medical services and does not require a prior authorization with an in-network provider and co-pays are not applicable to these services for CHIP members.*

Network and Out-of-Network Referrals

In Network referrals do not require authorization when PCP refers to an in-network specialist

Out of Network referral requires prior authorization.

- These referral should only be made if no other in-network provider available in town
- If an out of town medical services is needed, provider must refer within the state of Texas
- The provider will verify that out of network provider accepts Medicaid

Submit prior authorization and include clinical information to support medical necessity

Contact Information

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Disease Management Coordinator

Phone: 915 298 7198 Ext 1122



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Quality Assurance and Performance Improvement Program & Initiatives

Angelica Chagolla, Quality Improvement Manager

February 25, 2021

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

Pay For Quality Program (P4Q)

At-Risk Measures	Initiatives	STAR	CHIP
PPV - Potentially Preventable ED Visits <i>ED visits for conditions that are preventable or treatable with appropriate primary care (i.e. URI, Fever, etc)</i>	<ul style="list-style-type: none"> HIE data -> Case Management Home Visits; Virtual Connect First Call Hotline 	✓	✓
URI - Appropriate Treatment for Children with Upper Respiratory Infection <i>The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were <u>not</u> dispensed an antibiotic prescription.</i>	<ul style="list-style-type: none"> Clinical Practice Guideline Provider education visits 	✓	✓
W15 - Six or more Well Child Visits in First 15 Months <i>The percentage of members who turned 15 months old during the measurement year and who had more than 6 well-child visits with a PCP during their first 15 months of life.</i>	<ul style="list-style-type: none"> Baby Steps Program 	✓	
IMA – Immunization Status for Adolescents <i>The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday</i>	<ul style="list-style-type: none"> THSteps education 	✓	✓
PPC – Timely Postpartum Care <i>The percentage of deliveries that received a postpartum care visit within 7 – 84 days from date of delivery.</i>	<ul style="list-style-type: none"> Calls to members 	✓	
WCC - Counseling for Nutrition <i>The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition during the measurement year.</i>	<ul style="list-style-type: none"> THSteps education 		✓

Request for Medical Records

TWO DIFFERENT INITIATIVES

THStep Annual Audit	HEDIS Hybrid Audit
Audit on select 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, CBP, CDC)
Requests went out December 2020	Requests JUST went out February 16 th
Audits in progress – will continue through September 2021	Please submit by March 8th !
	<i>EPH must complete all audits by May 1st</i>

How to Submit Medical Records

<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>
Secure Fax: Attn: <i>QI THSteps Audit</i> <i>OR HEDIS Audit</i> Fax: 915-225-6745	Secure Email: Instructions included with requests and located on EPH website.	Mail to: El Paso Health Attn: Quality Improvement 1145 Westmoreland El Paso, TX 79925	Arrange for pick up: Please call 915-532-3778 ▪ Press 4 to enter extension to speak with QI Nurses (ext 1106 or 1177) ▪ OR Press 3 and ask to speak to Provider Relations

Electronic submissions are highly encouraged!

HEDIS Medical Record Submissions

Measure	What to submit:
WCC – Weight Assessment and Counseling for Nutrition and Physical Activity	<ul style="list-style-type: none"> • Include BMI Percentile: not just a range, >95 or “High/Low” • Include Growth Charts • In-house counseling for nutrition and physical activity • Referrals for WIC and/or nutrition counseling • Referrals for physical activity counseling • Anticipatory guidance on diet and exercise
IMA – Immunizations for Adolescents	<ul style="list-style-type: none"> • If up to date immunization record not available, submit medical record that shows member received the following by 13th birthday: <ul style="list-style-type: none"> ✓ One dose of meningococcal vaccine ✓ One dose Tdap vaccine ✓ Completed HPV vaccine series
CDC – Comprehensive Diabetes Care	<ul style="list-style-type: none"> • Include most recent HbA1c test and level (<8%)
CBP – Controlling Blood Pressure	<ul style="list-style-type: none"> • Include most recent blood pressure (<140/90) <p>**Even if you are not the provider who monitors BP – send documentation of BP taken at any visit.</p>

Please send all documentation for requested timeframe!



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.**
 - 5 pm to 8:30 am, Monday through Friday
 - Any time Saturday and Sunday

State-Wide Monitoring – Appointment Access

- HHSC monitors MCO's compliance with appointment accessibility standards (required by Senate Bill 760)
- State methodology - secret shopper calls
- **Samples selected based on MCO provider directories**
- Standards according to HHSC requirements must be met
(Please see A&A Standards on EPH website)
- Appointment wait times are assessed on calendar days
- Performance determines request for corrective action and possible liquidated damages

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

**Please ensure your office staff, current and new, are
aware of these A&A standards!**

State-Wide Monitoring – Appointment Access

2019 - 2020

PCP Calls:

	<i>Preventative Care Standard 90 Calendar Days</i>		<i>Routine Care Standard 14 Calendar Days</i>		<i>Urgent Care Standard 24 Hours</i>	
	EPH	Threshold	EPH	Threshold	EPH	Threshold
CHIP	100.00%	99.00%	100.00%	90.70%	100.00%	99.00%
STAR Child	100.00%	99.00%	100.00%	99.00%	100.00%	99.00%
STAR Adult	96.80%	99.00%	100.00%	95.80%	100.00%	99.00%

OB Calls:

	<i>Low-Risk Prenatal Standard 14 Calendar Days</i>		<i>High-Risk Prenatal Standard 5 Calendar Days</i>		<i>New Mbr 3rd Trimester Prenatal Standard 5 Calendar Days</i>	
	EPH	Threshold	EPH	Threshold	EPH	Threshold
STAR	27.30%	85.00%	19.00%	51.00%	23.50%	51.00%

Next studies SFY 2021 – Behavioral Health and PCP

- Behavioral Health standard → offer an appointment for **initial outpatient visit within 14 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
- Caller asked to leave a message
- Recording tells caller to go to ER
- Phone call not returned within 30 minutes
- Caller informed of fee for after hours call
- Answering service refuses to contact provider or on-call designee

State Monitoring:

EPH is required to submit a deliverable to HHSC reporting annual results of these surveys to include language compliance.

Top Reasons for Non-Compliance - After Hours

Results CY 2020 Q4 (Oct – Dec)

1. Reached recorded message that did NOT provide way to reach a live person
2. Answering service refused to page on-call provider or participate in survey
3. No call back within 30 min
4. Caller is instructed to leave a message (either by the recording or answering service)

Provider Contract Requirement:

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

Resources on Website

- HEDIS Medical Record Documentation Tips

<http://www.elpasohealth.com/pdf/HEDIS%202020%20Medical%20Record%20Documentation%20Tips%20081920.pdf>

- HEDIS FAQ

<http://www.elpasohealth.com/pdf/HEDIS%20FAQ%20Document.pdf>

- Provider Accessibility and Availability Standards

<http://www.elpasohealth.com/pdf/Accessibility%20and%20Availability%20Standards.pdf>

- How To Send EMR Files – Secure FTP

<http://www.elpasohealth.com/pdf/HowtosendEMRfiles.pdf>

- Clinical Practice Guidelines

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

Provider Resources

- [THSteps Recipient Reminder Letters for Telemedicine](#)
- [HEDIS Medical Record Documentation Tips](#)
- [Formularies Available on Epocrates](#)
- [HEDIS FAQ – EPH](#)
- [The Texas Clinician's Postpartum Depression Toolkit](#)
- [Contract Checklist Version 2.6 Ch 8_1 EFF Apr.5.2019](#)
- [Provider Accessibility and Availability Standards](#)
- [How to send EMR files to El Paso First](#)
- [Novitus](#)

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 Unit @ 915-532-3778.

- [Prenatal and Postpartum Clinical Practice Guidelines](#)
- [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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Provider Appeals Process

Corina Diaz

Complaints and Appeals Manager

What is a Provider Appeal?

A request for reconsideration of a previously dispositioned claim.

- Complete Denial of Claim
- Partial Denial of Claim

How to Submit Provider Appeals

- All Provider Appeals must be submitted in writing
 - Fax: 915-298-7872
 - Secure FTP site through our Web Portal
 - Mail:
 - El Paso Health
 - Complaints and Appeals Department
 - 1145 Westmoreland Drive
 - El Paso, Texas 79925

What to Submit

- Letter explaining your reason for appeal
- Include any supporting information, Example:
 - Copy of Remittance Advice
 - Medical records (if necessary)
 - Proof of Timely Filing
 - Any Pertinent Information for Review

Levels of Provider Appeals

- Level 1
 - Acknowledgment Letter w/in 5 business days
 - Resolution Letter w/in 30 calendar days
- Level 2
 - Acknowledgment Letter w/in 5 business days
 - Resolution Letter w/in 30 calendar days
- Exhausted Process
 - HHSC (STAR)
 - TDI (CHIP & Preferred Administrators-EPCH)
 - DOL (Preferred Administrators – UMC)

Members

Billed/Balance Billed

STAR and CHIP Members must

NOT

be billed or balanced billed for covered services.

Contact Information

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Complaints and Appeals Manager

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Special Investigations Unit (SIU)

Jourdan Norman, SIU Program Manager

Vanessa Berrios, CPC, SIU Claims Auditor

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.
- 80 randomly selected members are called to verify they received services on a billed DOS.
 - Telemedicine is included
- 39 Week OB inductions Audits

Medical Records Requests and Attestation

Business Records Attestation is required.

- This attestation states that you are submitting **all** of the requested information pertaining to a claim being billed to the correct standard.
 - 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-Rays, MRIs, Ultrasounds, HPI, etc.
 - If no documentation is submitted for a claim whatsoever, the entire claim will be recouped for no documentation for that claim.
- Per Federal C.F.R. Guidelines, after signing the attestation, or if the due date to submit documentation has passed, **no additional information/documentation will be accepted by El Paso Health during the review process.**

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.

- If there are questions about what is required, the SIU team will answer your questions.
- 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.**

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

SIU Partners

HMS – Our SIU Vendor

- They will send you the request for medical records. You may mail the records directly to them or call EPH (Jourdan or Vanessa) to pick up records.

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.
- They 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

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- (915) 298-7198 ext. 1039
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Rocio Chavez, CHC, Chief Compliance Officer

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

When in doubt
reach out!



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Claims - Reminders

Adriana Villagrana

Claims Manager

Reminders

Claims Processing

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

Telemedicine

Reimbursement

- Providers may be reimbursed for Telemedicine claims for medical/preventive services rendered to EPH members.
- Claims must be submitted with:
 - Modifier 95
 - And Place of Service (POS) 02

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

Top Denial Reasons

January 2021

- Duplicate Mem/DOS/Service code/Pay To/Rendering Phys/Modifier
- Submission Window Exceeded for Claim Start Date (Timely Filing)
- Authorization not found
- Authorization dates do not match claim
- Authorization services do not match claim
- Benefit requires Authorization

Electronic Claims

Payer ID Numbers

Claims are accepted from:

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

Payer ID Numbers:

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

Contact Information

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Claims Manager

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For more information:



(915) 532-3778



www.elpasohealth.com

