



El Paso Health

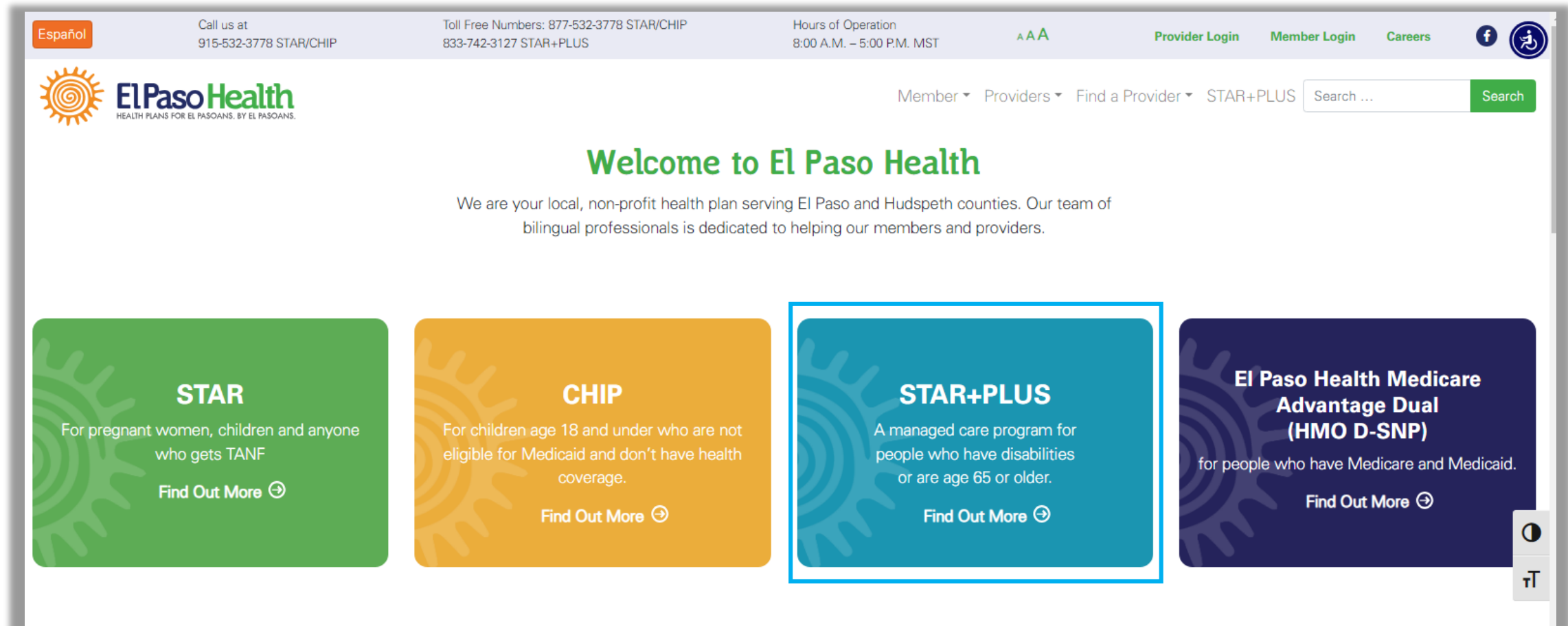
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.



THE HEALTH PLANS OF EL PASO FIRST


STAR+PLUS Long-Term Services and Supports (LTSS)

February 27, 2025

El Paso Health Website



Español Call us at 915-532-3778 STAR/CHIP Toll Free Numbers: 877-532-3778 STAR/CHIP 833-742-3127 STAR+PLUS Hours of Operation 8:00 A.M. – 5:00 P.M. MST **AAA** [Provider Login](#) [Member Login](#) [Careers](#)  

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

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

Welcome to El Paso Health

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

STAR

For pregnant women, children and anyone who gets TANF

[Find Out More](#) ➔

CHIP

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

[Find Out More](#) ➔

STAR+PLUS



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

[Find Out More](#) ➔

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

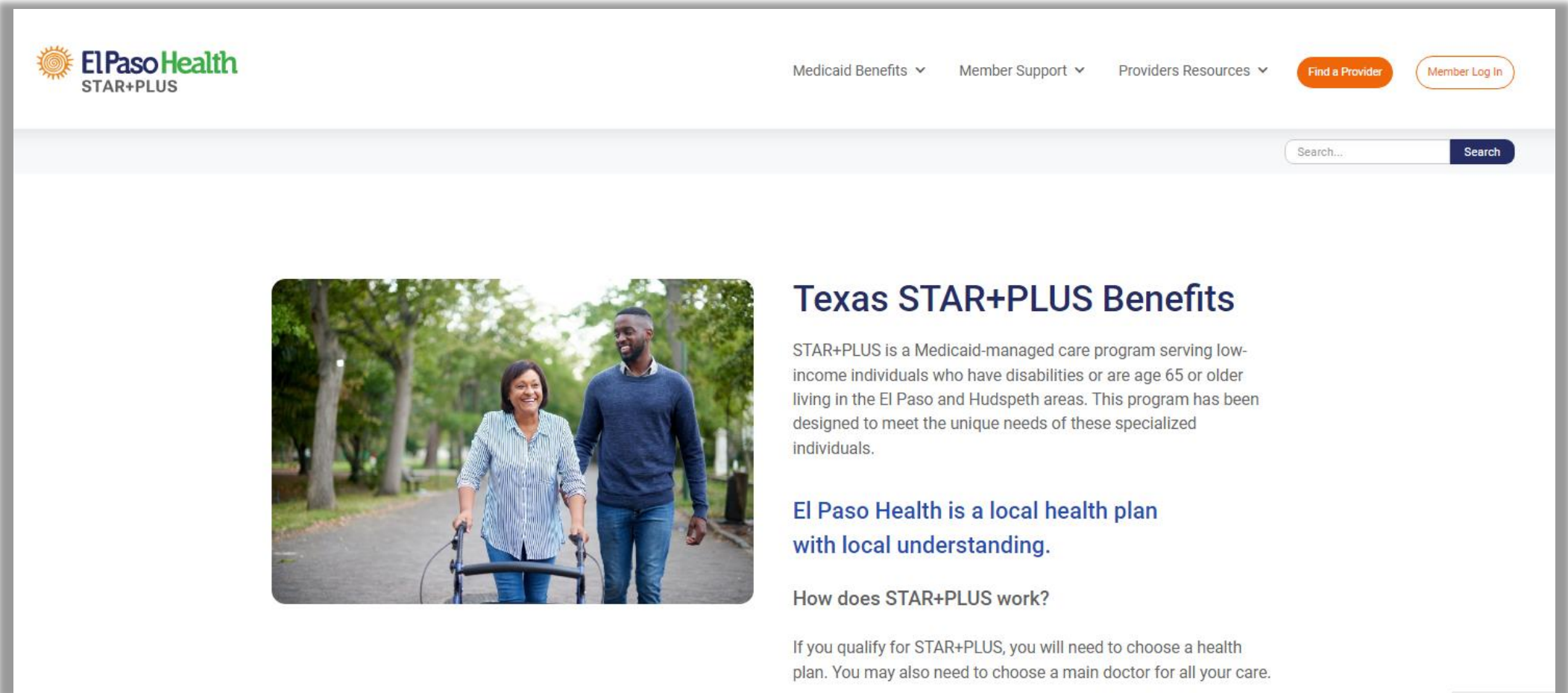
for people who have Medicare and Medicaid.

[Find Out More](#) ➔

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

El Paso Health STAR+PLUS Webpage




The screenshot shows the El Paso Health STAR+PLUS webpage. At the top left is the El Paso Health STAR+PLUS logo. To the right are navigation links: Medicaid Benefits, Member Support, and Providers Resources, each with a dropdown arrow. Further right are two buttons: 'Find a Provider' and 'Member Log In'. Below these is a search bar with the placeholder text 'Search...' and a 'Search' button. The main content area features a photograph of an elderly couple walking in a park; the woman is using a walker. To the right of the photo is the heading 'Texas STAR+PLUS Benefits' followed by a paragraph describing the program as a Medicaid-managed care program for low-income individuals with disabilities or age 65 and older in El Paso and Hudspeth areas. Below this is the text 'El Paso Health is a local health plan with local understanding.' and a section titled 'How does STAR+PLUS work?' which explains that users need to choose a health plan and possibly a main doctor.

El Paso Health
STAR+PLUS

Medicaid Benefits ▾ Member Support ▾ Providers Resources ▾ [Find a Provider](#) [Member Log In](#)

Search... [Search](#)



Texas STAR+PLUS Benefits

STAR+PLUS is a Medicaid-managed care program serving low-income individuals who have disabilities or are age 65 or older living in the El Paso and Hudspeth areas. This program has been designed to meet the unique needs of these specialized individuals.

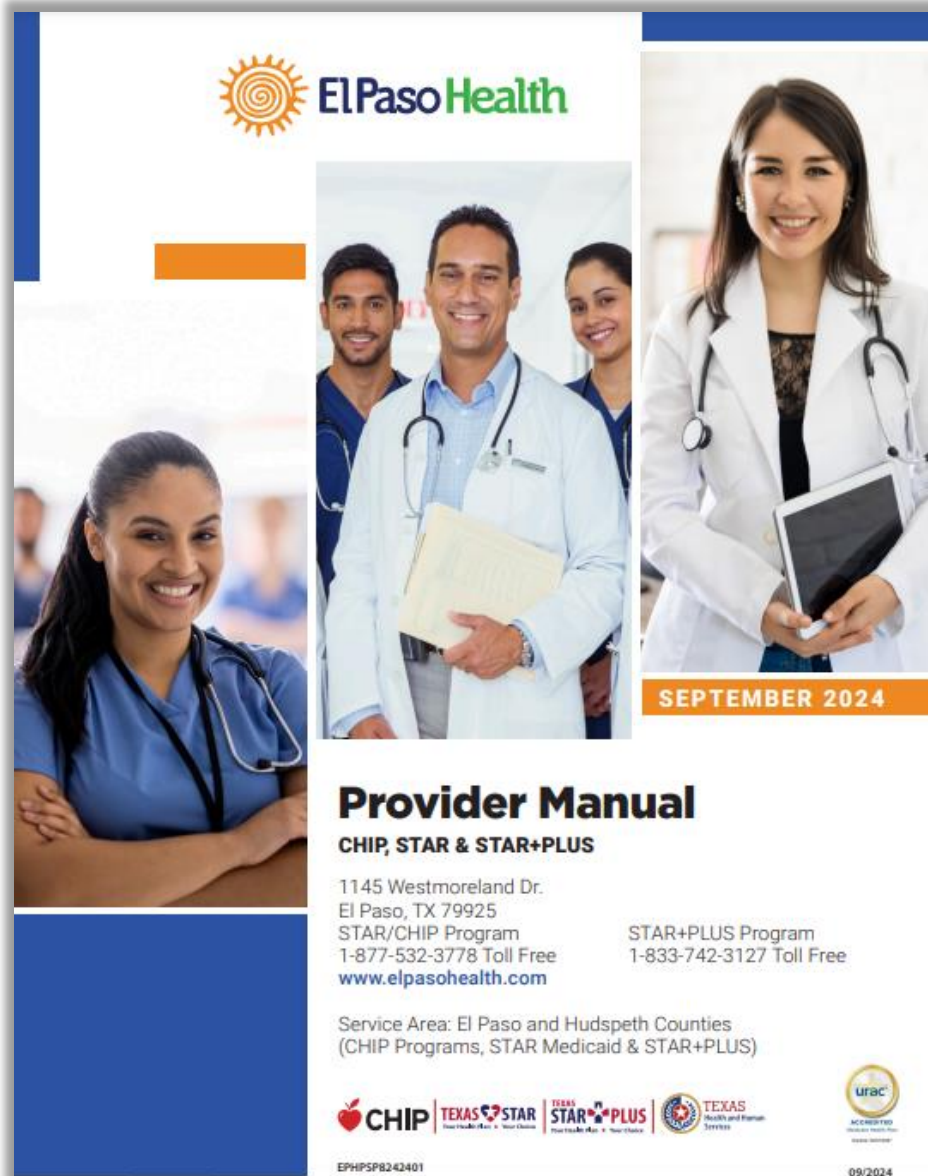
El Paso Health is a local health plan with local understanding.

How does STAR+PLUS work?

If you qualify for STAR+PLUS, you will need to choose a health plan. You may also need to choose a main doctor for all your care.

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

El Paso Health Provider Manual



- The El Paso Health Provider Manual contains information about:
 - Policies and Procedures
 - Covered services
 - Behavioral Health Services
 - Quality Improvement Program
 - Utilization Management
 - Claims Processing Guidelines

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

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

Provider Portal



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.

We're Here to Help!

If assistance is needed creating a portal account please reach out to the Provider Relations Team.

providerservicesdg@elpasohealth.com

EPH Provider Portal

User Account Role



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

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ADMINISTRATORS

HealthCARE
OPTIONS of EL PASO



El Paso Health
Medicare Advantage

Choose the appropriate option from the drop down list.

Admin Role - The same access as a standard user with the addition of reviewing provider specific reporting such as claim remittance advice.

Standard User - Access to look up member eligibility, look up and submit authorizations, and review provider claims.

Star+Plus or Medicare Advantage User - Access to look up member eligibility, look up and submit authorizations, access Optum, and review provider claims.

I am:

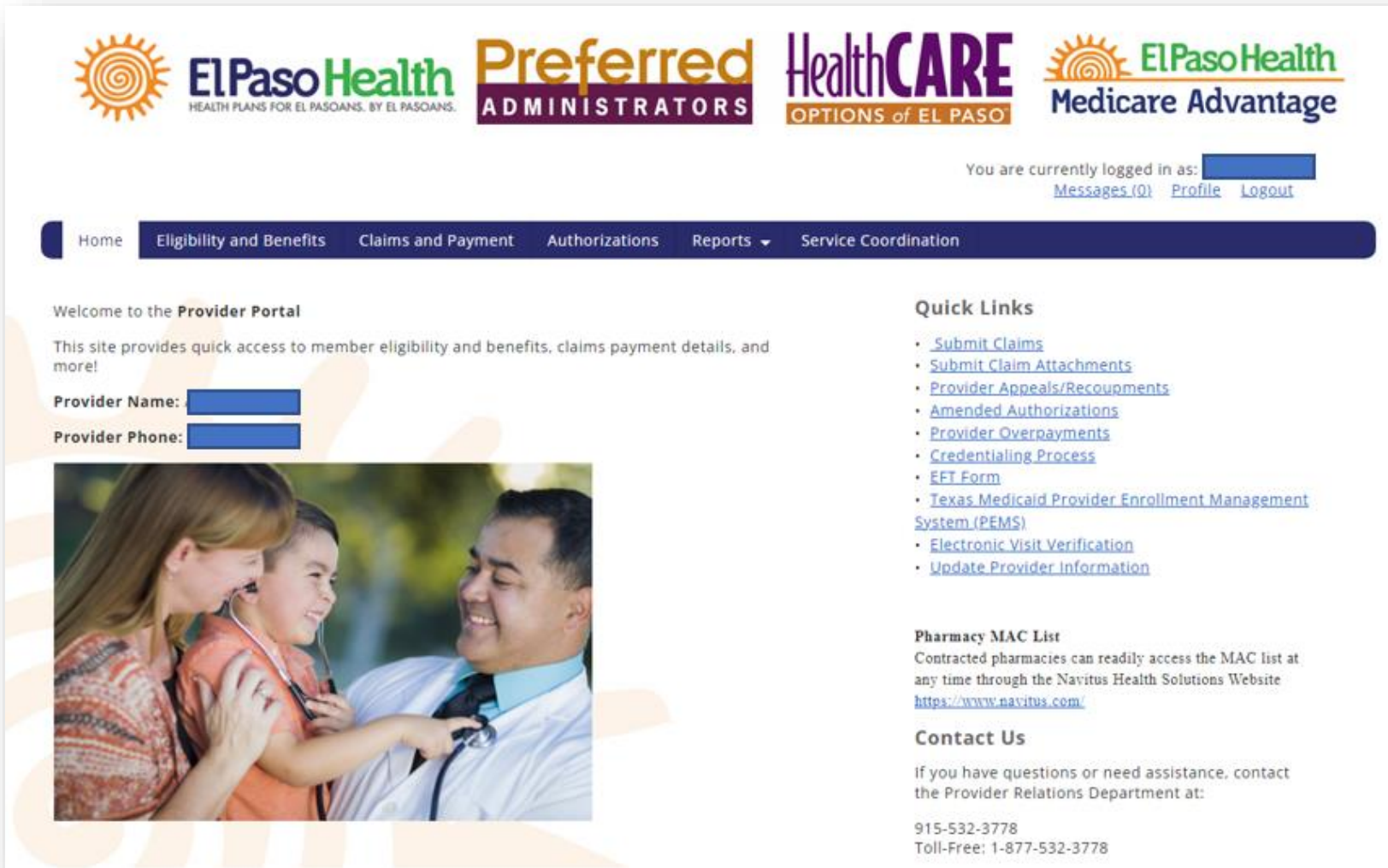
-- Select --

PREVIOUS

NEXT

Cancel

EPH Provider Portal - Home Page



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

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

Preferred
ADMINISTRATORS

HealthCARE
OPTIONS of EL PASO

El Paso Health
Medicare Advantage

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


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

Welcome to the **Provider Portal**

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

Provider Name: [Redacted]

Provider Phone: [Redacted]



Quick Links

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

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

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

Submit:

- Claims (Non-EVV)
- Provider Complaints

Verify:

- Member Eligibility
- Claim Status
- Authorization Status

View:

- Remittance Advice
- Other Reports

STAR+PLUS Provider Directory

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

Provider Search

By Location

Located

☒ Within

☐ Only inside

- of -

Zip Code

☐ Use current location

By Provider Detail

☐ Find PCP

Provider Gender

☐ Male

☐ Female

☐ Any Gender

☐ Only show providers who are accepting new members

Patient Gender

☐ Male

☐ Female

☐ Any Gender

Patient Age

By Coverage and Care Requirements

Plan

Please Select

Provider Type

Any Type

Specialty

Any Specialty

Service

Please Select

More Search Options

Start Over

Find A Provider



- Any demographic changes
- Practice name change or acquisitions
- Closing a practice location or adding a new practice location.
- Modifying practice hours or changing limitations

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



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Electronic Usages

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

Web Portal:

- Electronic Claims Submission (Non-EVV)
- Upload appeals
- Direct Payments (ACH)
 - [EPH EFT Form](#)
- Remittance Advice (RA) Reports
 - [ERA Enrollment Form](#)



LTSS Authorizations

LTSS Authorizations: LTSS services are determined using a functional assessment by a Service Coordinator. Authorizations are obtained through the Service Coordination department. To initiate prior authorization requests or any changes to an authorization, providers may call the Service Coordination department at 1-833-742-3127 or fax in a form to 915-225-3541.

DAHS: Services can be initiated before the functional assessment is completed as long as Forms 3050 and 3055 are submitted to El Paso Health. Assessment is still needed to continue services and visit will be scheduled accordingly with member. For members with existing service, follow continuity of care guidelines.

Unable to contact members: El Paso Health will attempt to contact members by phone (3 calls) and mail (1 letter to mailing address on file); after total of 4 attempts, member will be considered unable to contact. For members with existing services, agency will be notified via Approval for Services that services may be suspended, if there is no member contact within the specified timeframe indicated in the Approval for Services.

Continuity of Care

Continuity of care LTSS services: Members with existing services will remain in place after 02/28/2025. El Paso Health will continue authorizations of current services in the same amount, duration, and scope for the shortest period of one of the following:

1. Ninety days starting 03/01/2025.
2. Until the El Paso Health Service Coordinators complete all required assessments, develops a SP or ISP, and issues new authorizations.

Service Plans: Members' existing SP or ISP must remain in place until El Paso Health Service Coordinators contact the member or the member's authorized representative to schedule an assessment and determine if changes to the ISP or needed

Rate Enhancement and Attestations

The Rate Enhancement program, overseen by the Health and Human Services Commission (HHSC), is a voluntary program for eligible LTSS providers. Participating providers receive additional funding to their Medicaid direct care or attendant rates and agree to use that funding on attendant staff compensation. Program providers agree to spend funds to meet program requirements, or they will be subject to recoupment.

Entities already participating are required to reaffirm their involvement and update any changes annually to El Paso Health. El Paso Health has provided flexibilities on rate enhancement due to transition, but please keep in mind that effective next fiscal year, EPH will require annual attestation and will pay at the level awarded on your Rate Enhancement Program contract.

Providers that are not currently enrolled, may choose to participate by submitting a signed Enrollment Contract Amendment (ECA) to HHSC. For state fiscal year 2026, Open Enrollment begins on July 1, 2025, and ends on July 31, 2025.

EPH attestation form: [https://www.elpasohealth.com/faxblast/EPH-PR-SP-Fiscal%20Year%202025%20Enhancement%20for%20Attendant%20Compensation-%20Request%20for%20Participation%20\(003\).pdf](https://www.elpasohealth.com/faxblast/EPH-PR-SP-Fiscal%20Year%202025%20Enhancement%20for%20Attendant%20Compensation-%20Request%20for%20Participation%20(003).pdf)

HHSC evaluation of Rate Enhancement Programs:

<https://www.hhs.texas.gov/sites/default/files/documents/evaluation-of-rate-enhancement-programs-2024.pdf>

Contact Information

Claudia Aguilar

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

Jose Chavira

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

Luz Jara

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

Vianey Licon

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

Tina Mata-Hernandez

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

Lizbeth Silva

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

Liliana Jimenez

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

Cynthia Moreno

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

Provider Relations Department

(915) 532-3778

ProviderServicesDG@elpasohealth.com



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

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Member Services

Member Services

Call Center Representatives

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

Our Member Services Department can assist with:

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

You can reach our Member Services Department at 1-833-742-3127.

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

*Interpreter services are available through contracted vendor (Teneo Linguistics), interpreter services should be scheduled at least 48 hours in advance. Members who are deaf or hard of hearing (TTY) can use 711 to call us.

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




Eligibility Verification

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

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

STAR+PLUS Member ID Card

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



Name: [YOUR NAME]
ID: [000000000000]

Primary Care Provider
Name:
Phone:
Effective Date:

Pharmacist Only:
Navitus: 1-877-908-6023
RxBin:
RxPCN:
RxGRP:

Service Coordinator/
Coordinador de Servicios:
1-833-742-3127

1-833-742-3127


ElPasoHealth.com

Member Services: 1-833-742-3127
Available 24 hours a day/7 days a week
Nurse Hotline: 1-844-549-2826 Available 24 hours a day/ 7 days a week
Behavioral Health: 1-877-377-2950
In case of an emergency, call 911 or go to the closest emergency room.
After treatment, call you PCP within 24 hours or as soon as possible.
Medicaid recipients who are also eligible for Medicare only have Long Term Services and Supports through El Paso Health.

Servicios para Miembros: 1-833-742-3127
Disponible 24 horas al día/7 días de la semana
Nurse Hotline: 1-844-549-2826 Available 24 hours a day/ 7 days a week
Servicios de Salud del Comportamiento: 1-877-377-2950
En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana.
Después del tratamiento, llame a su PCP dentro de 24 horas o tan pronto como sea posible. Beneficiarios de Medicaid que también son elegibles para Medicare solamente tienen Servicios y Apoyo a Largo Plazo con El Paso Health.

If your ID card is lost or stolen, you can get a new one by calling us at toll-free at 1-833-742-3127 for STAR+PLUS. You can also reach us by email at member@elpasohealth.com.

Member ID Cards

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

Member name:

Member ID:

Issuer ID:

Date card sent:

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

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

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

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

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.

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

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

TX-CA-1213

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

Value Added Services

What are Value Added Services (VAS)?

Along with all of the traditional STAR+PLUS covered services (Acute & LTSS), each STAR+PLUS health plan offers its own set of "value-added" services. These are extra services not covered by STAR+PLUS.

*Please Note: Some benefits may vary between "Medicaid Only" and "Dual" and "at Home and Nursing Facilities". For more details, please visit [El Paso Health STAR+PLUS \(Healthy Rewards\)](#).

Where can you locate EPH's Value Added Services (VAS)?

Website:

- <https://www.elpasohealth.com/starplus/healthy-rewards.html>

Provider Directory






- https://www.elpasohealth.com/pdf/STARPLUS_Provider_Directory.pdf

Provider Manual

- <http://www.elpasohealth.com/pdf/providermanual.pdf>

VAS

El Paso Health STAR+PLUS Value Added Services 2024

	At Home		Nursing Facilities	
	Medicaid Only	Dual	Medicaid Only	Dual
 Emergency Response Services (ERS) Emergency response services for STAR+PLUS non-HCBS waiver members age 21 and older.	✓	✓	N/A	N/A
 Delivered Meals Receive up to 14 healthy meals delivered to their home after being discharged from a hospital or nursing facility for STAR+PLUS non-HCBS waiver members 21 and older.	✓	✓	N/A	N/A
 Home Visits Up to an extra 40 hours respite services for STAR+PLUS non-HCBS waiver members age 21 and older.	✓	✓	N/A	N/A
 Help Getting a Ride A free ride service to help you get to appointments, health education classes, non-medical drivers of health locations, or Member Advisory Group meetings that are not covered under the NEMT benefit.	✓	✓	N/A	N/A
 Dental Services Dual eligible members receive up to \$2,000 each year for dental check-ups, x-rays, cleanings, filling and simple tooth extractions for members 21 and older for STAR+PLUS non-HCBS waiver members. Medicaid only members receive up to \$600 each year for dental check-ups, x-rays, and cleanings (no extractions) for members 21 and older.	✓ \$600 allowance	✓ \$2,000 allowance	✓ \$600 allowance	✓ \$2,000 allowance

El Paso Health STAR+PLUS Members may be eligible to receive the following rewards:

\$35 Quarterly allowance for Over the Counter (OTC) products

\$50 Quarterly allowance for approved Healthy Food items (Diabetic members only. Prediabetic diagnosis does not qualify)

\$25 Reward & Incentive Program for completing certain preventative screenings

Three ways to check the card balance:

1 Call 1833-684-8472

2 Go to mybenefitscenter.com

3 Download the Benefit Center App

Non-Emergent Medical Transportation (NEMT) Services

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

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

- Public transportation
- A taxi or van service
- Money to purchase gas
- Commercial transit



Access2Care

To request transportation:

- Members must call Access2Care at 1-855-584-3530.
- Arrangements must be made at least two days before appointment or five days before if appointment is outside the county.

Phones are answered 24 hours a day, 7 days a week, 365 days a year.

First Call Medical Advice Infoline / Behavioral Health Crisis Line

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

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



Advance Directives

There are two types of Advance Directives:

1. Living Will: This lets our member tell their doctor about their future health care in case they cannot make their own decisions because they are sick. This becomes active only if the member is unable to make their own decisions.
2. Durable Power of Attorney: Another person is able to make decisions for the member if they are ever not able to make decisions for themselves.
 - a. The Durable Power of Attorney for Health Care is an important legal paper. It is very important that the member understands what it says before signing a Durable Power of Attorney for Health Care. This paper gives all medical decision-making powers to the person assigned regardless of religious or moral beliefs.

Members can call our Member Services Helpline at 1-833-742-3127 to get an Advance Directive form.

Pharmacy Benefit Manager

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

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



Navitus Provider Hotline 1-877-908-6023

Hours: 24 hours a day, 7 days a week

(Closed Thanksgiving and Christmas Day)

www.navitus.com



El Paso Health

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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

- Employment
- Income
- Expenses
- Debt
- Medical bills
- Support

Neighborhood and Physical Environment

- Housing
- Transportation
- Safety
- Parks
- Playgrounds
- Walkability
- Zip Code/geography

Education

- Literacy
- Language
- Early childhood education
- Vocational training
- Higher Education

Food

- Hunger
- Access to Healthy Options (Food Farmacy)

Community and Social Context

- Social Integration
- Support Systems
- Community Engagement
- Discrimination
- Stress

Health Care System

- 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



**HEALTH
EQUITY**





El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Health Services

Service Coordination

Service coordination is a specialized case management service for members who need or request it. Service coordination means that plan members, family members, and providers can work together to help members get acute care, LTSS, and (if applicable) Medicare services for dually-eligible members and other community support services.

Service Coordination provides the following:

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

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

Service Coordination Hotline

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



Discharge Planning

El Paso Health must provide discharge planning, transition care, and other education programs to providers regarding all available LTSS settings and options for members discharged from a hospital, NF, ALF or other care/treatment facility. The EPH Service coordinator must work with the member's PCP, the facility discharge planner, the attending physician, the member, and the member's informal supports to assess and plan prior to the member's discharge.

When LTSS or Acute Care services, including nursing, home health, DME, or other covered services are needed, EPH must ensure that the member's discharge plan includes arrangements and authorizations for community-based care so items, services and supports are in place in the LTSS setting upon discharge. EPH must ensure the member, the member's informal supports, and the member's PCP are well informed of all options available to meet the member's needs in the community.

If the member is in a program waiver not operated by the MCO, the MCO must coordinate with the other program or waiver to ensure the Member's health and safety needs are met.

Discharge Planning, Continued

LTSS Members in general:

- If STAR+PLUS Provider becomes aware of a member that is admitted to a hospital, the provider should alert the SC when services cease after the admission and resume once member returns home from the hospital.
- If a Member was receiving any LTSS prior to admission to a hospital, once a member is discharged, EPH staff notifies the STAR+PLUS providers to resume services.
- The El Paso SC must notify the HHSC Program Support Unit by submitting the H2067 within 3 Business days of admission of a STAR+PLUS HCBS waiver member who admits to a NF.

Dual Eligible LTSS Members

- When a dual eligible Member is hospitalized, EPH may not be notified of the admission by the hospital since EPH is not financially responsible for the hospital stay. The SC partners with the STAR+PLUS Provider to restart services once the member is discharged. The SC also authorizes any additional needs the Member may have.



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Abuse, Neglect, Exploitation

Abuse, Neglect, Exploitation

Abuse:

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



Neglect:

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

Exploitation:

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

Reporting Abuse, Neglect, and Exploitation

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

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



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

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

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

Reporting Abuse, Neglect, and Exploitation

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

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

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





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Claims Filing and Payment

LTSS Claims Filing

LTSS Claim Filing:

- Claims must be submitted within 95 days from the Date of Service (DOS).
- Claims can be submitted electronically through clearinghouse or EVV system (if applicable).
- Claims can also be submitted electronically through EPH Secure Provider Portal (Availity).

Corrected claims can be submitted within 120 Days from the date the Explanation of Benefits (EOB).

All claims must have an LTSS service authorization

Claim Appeals need to be submitted in writing with supporting appeal documentation within 120 Days from the date of EOB.

Initial Claim Submission Tips

- Claims must be completed in accordance with TMHP billing guidelines
- Use appropriate modifiers and procedure codes from the LTSS Billing Matrix [Appendix XVI, Long Term Services and Supports Codes and Modifiers](#).
- All member and provider information must be completed.

Electronic Claims:

Payer ID EPF02

Paper Claims -Initial and Corrected*

Attention: Claims Department

El Paso Health STAR+PLUS

P.O. Box 971370

El Paso, Texas 79997-1370

Corrected Claim Filing Tips

Must reference original claim number from EOB.

- Resubmission of claims can be done through a clearinghouse or through El Paso Health's Secure Provider Portal. To send both individual and batch claim adjustments through a clearinghouse, you must provide the following information to your billing company: the CLM05-3 must be "7" and in the 2300 loop a REF *F8* must be sent with the original claim number (or the claim will reject).
- For batch adjustments, upload file to a clearinghouse.

STAR+PLUS Rates

- El Paso Health remunerates LTSS services at the current payment rates provided by HHSC. Rates for STAR+PLUS LTSS services were last updated on September 1, 2024 and can be located in the HHSC website.
- Rate updates will be adjusted by El Paso Health from the effective date provided by HHSC.

Additional information and current rates listing:

<https://pfd.hhs.texas.gov/sites/default/files/documents/long-term-svcs/2024/2024-09-star-plus-rat.pdf>



El Paso Health

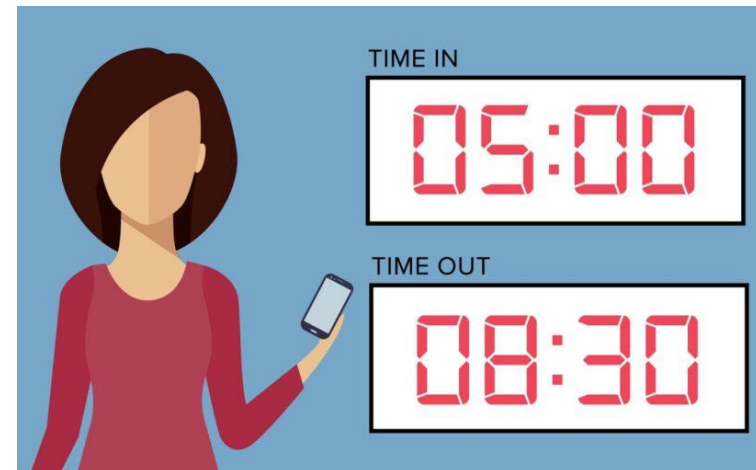
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Electronic Visit Verification (EVV)

What is EVV?

- EVV is a computer-based system that electronically documents and verifies service delivery information for certain Medicaid service visits.
- EVV also helps prevent fraud, waste and abuse, making sure Medicaid recipients receive care that is authorized for them.
- Some of the information documented is:
 - Date
 - Time
 - Service type
 - Location



EVV Claims

EVV claims must be billed to Texas Medicaid and Healthcare Partnership (TMHP) and will be subject to the EVV claims matching process.

The info on EVV claims must match EVV transactions along the following data elements:

- National Provider Identifier (NPI) or Atypical Provider Identifier (API)
- Date of Service
- Medicaid ID
- HCPCS Codes
- Modifier(s), if applicable
- Units (a requirement only for program providers, not CDS)

All EVV claims lines billed with mismatches between these data elements EVV will result in denials

Providers or FMSAs will be required to resubmit any denials to TMHP.

EVV Visit Maintenance Unlock Request

An EVV Visit Maintenance Unlock Request allows a program provider, FMSA and CDS employer the opportunity to correct data element(s) on an EVV visit transaction(s) after the visit maintenance time frame has expired.

Program providers, FMSAs and CDS employers must follow the instructions on the EVV Visit Maintenance Unlock Request spreadsheets. Request emails must include a contact name, email address and phone number.

Approvals and denials of Visit Maintenance Unlock Requests are at the payer's discretion and are determined on a case-by-case basis based on EVV policy or EVV system error. Payers may automatically deny a Visit Maintenance Unlock Request if the request:

- Was not sent through a secure method
- Is incomplete or missing required information
- Could not be unencrypted
- Was submitted using an outdated, modified, or incorrect version of the Visit Maintenance Unlock Request form

EVV Visit Maintenance Unlock Request Updates

The Texas Health and Human Services Commission (HHSC) has updated the Electronic Visit Verification (EVV) Visit Maintenance Unlock Request (VMUR) templates, VMUR job aids, and VMUR policy on the EVV webpage.

These updates include:

- A new option to select a Former EVV System from the drop-down list when submitting a VMUR for legacy visits.
- Adding all approved PSOs in the Current EVV System and Former EVV System drop-down list.
- Removal of the Service Area column.
- Revised instructions tab to reflect these changes.
- The VMUR job aids contains information on the VMUR process, including examples of the most common VMURs. These job aids are available on the HHSC [EVV webpage](#).

El Paso Health Visit Maintenance Unlock Request email: EPH_EVV@elpasohealth.com



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Quality Improvement Program & Initiatives

Quality Improvement Program

The purpose of El Paso Health's Quality Improvement Program is to continuously improve patient safety and member outcomes by providing well-coordinated care within a robust network of contracted Providers, invested in providing evidence-based care in a patient-centered environment. The QI program is designed to assure that Members receive care that is consistent with our mission.

Our QI Program is designed to improve:

- Quality of care for all physical and behavioral health care and services
- Member and Provider satisfaction
- Member safety
- Access to services



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Special Investigations Unit (SIU)

SIU Team Purpose

Texas requires all Managed Care Organizations like El Paso Health to establish a plan to prevent and detect Waste, Abuse, and Fraud (WAF).

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

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

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



What We Look For

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

- **Documentation**

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

- **Billing and Reimbursement Compliance**

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

- **Authorizations**

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

- **Staffing**

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

Medical Records Request

We will send providers the request for medical records as follows:

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



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

Extension may be granted but **must be requested in writing before the Records Request due date. (email is ok)**

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



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



Date

[Provider Name]

[Provider Mailing Address]

[Provider City, State Zip Code]

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

Dear [Provider],

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

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

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

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

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

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

Medical Records Request Letter Sample



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External Audits

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



Inspector General
Texas Health and Human Services



KEN PAXTON
ATTORNEY GENERAL *of* TEXAS

Closing the Review



Providers office will be notified of the audit findings once the review is completed.

You have the right to dispute/appeal the findings within 30 days of notification.

- The dispute/appeal will be handled by the SIU team.
- The review of appeal for the Audit is not handled by the Complaints & Appeals Department or any other department at El Paso Health.
- You may not dispute claims for which you did not provide any documentation.

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

Methods to Submit Medical Records

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



Missing Medical Records

- It is important to send the entire medical record as requested.
- When submitting records, if any detail is left out, the entire claim may be recouped for insufficient documentation.
- Some examples include:
 - Omitted In/Out Times
 - Initial Evaluations
 - Medical History
- When records are submitted providers will sign an attestation to the number of pages included.
- After attestation signature, additional records will not be accepted.





Remember.....

If It's not
documented
It didn't
happen



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SIU EVV Compliance Reviews

EVV Compliance Reviews

- HHSC and El Paso Health, conduct EVV compliance reviews to ensure program providers, Financial Management Services Agencies and Consumer Directed Services employers are in compliance with EVV requirements and policies.
- EPH SIU/Compliance evaluations focuses on two key areas for Electronic Visit Verification (EVV):
 - EVV Usage
 - Landline Phone Verification



EVV Usage Score

Factors Affecting the EVV Usage Score:

Manually Entered EVV Visit Transactions:

- When service providers fail to clock in/out or when an approved method is unavailable.
- Manual entries impact the EVV Usage Score only once.

Rejected EVV Visit Transactions:

- Transactions that fail validations are rejected by the EVV Aggregator.
- These rejections affect the EVV Usage Score each time a visit is rejected.

EVV Usage and Landline:

- EPH may conduct EVV Landline reviews in February 2025 for the month of January 2025. EVV Usage reviews may begin any time after Sept. 2025, for the FY2025 third quarter (Mar – May)
- Alternative Device Reduction – HHSC is currently developing the Alternative Device Reduction compliance policy and the tool that payers will use to conduct compliance reviews.

Fiscal Quarters and Score Requirements

- **Review Periods and Score Requirements:**
- **Fiscal Quarters:**
 - Reviews occur quarterly; the fiscal year starts on September 1st.
- **EVV Usage Score Requirement:**
 - Program providers and FMSAs must maintain a minimum score of 80% each fiscal quarter, rounded to the nearest whole percentage, unless otherwise noted by HHSC.
 - EPH may send a notice of noncompliance to enforce one or more progressive enforcement actions based on the number of occurrences within a 24-month period.

EVV Landline Phone Verification Reviews

- El Paso Health reviews the phone numbers used for clocking in and out of the EVV system to ensure they come from an allowable phone type.
- Failure to meet required actions outlined in 7030 Home Phone Landline and the notice of noncompliance issued by El Paso Health may result in the temporary withholding of Medicaid claims payments from the program provider or FMSA until compliance is achieved.
- If the FMSA is unable to fulfill the required actions due to a CDS employer's noncompliance with 7030 Home Phone Landline, the FMSA must notify El Paso Health immediately in writing via email or fax.

Review Period Schedule

The EVV usage review period schedule follows the state fiscal year quarters. El Paso Health may begin reviews any time after the visit maintenance time frame has expired for the specified state fiscal year quarter.

EVV Usage Review Period Schedule

Quarter Number	Review Period and State Fiscal Year Quarters Based on Date of Service	EVV Usage Review Dates
1	September, October, November	After the visit maintenance time frame has expired from the last date of the specified quarter, Nov. 30.
2	December, January, February	After the visit maintenance time frame has expired from the last date of the specified quarter, Feb. 28. Or Feb. 29 if during a leap year.
3	March, April, May	After the visit maintenance time frame has expired from the last day of the specified quarter, May 31.
4	June, July, August	After the visit maintenance time frame has expired from the last day of the specified quarter, Aug. 31.

Consequences of Noncompliance

- **Failure to Meet Compliance Standards**
- Noncompliance may lead to enforcement actions by El Paso Health for program providers or FMSAs not maintaining an 80% EVV Usage Score in a state fiscal quarter.
- **Progressive Enforcement Actions:**
- **First Occurrence:**
 - Required additional EVV training within 20 business days.
 - Score reviewed in the following quarter; if compliant, no further action.
- **Two or More Occurrences:**
 - Completion of a Corrective Action Plan (CAP) required within 10 business days.
 - Score reviewed after CAP implementation; failure may lead to contract termination.

SIU Contact Information

When in
doubt,
reach out!

Vanessa Berrios Director of Compliance
(915) 298-7198 ext.1040
vberrios@elpasohealth.com

Alina Macias, SIU Claims Auditor
(915) 298-7198 ext. 1108
amacias@elpasohealth.com

Jennifer Herrera, SIU Assistant
(915) 298-7198 ext.1228
jherrera2@elpasohealth.com

SIU Contact Information

Waste, Fraud, Abuse Hotlines:

El Paso Health

- **1-866-356-8395**

Office of the Inspector General

- **1-800-447-8477**

Office of the Attorney General (State Auditors Office)

- **1-800-735-2989**



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Complaints and Appeals

Complaints and Appeals Process

Providers have the right to file a complaint with El Paso Health.

Complaints may be submitted in writing, in the following methods:

Mail:

El Paso Health
Attn: Complaints and Appeals Department
1145 Westmoreland Dr.
El Paso, TX 79925

Fax:

(915)298-7872

Electronically:

via Secure Web Portal
www.elpasohealth.com

El Paso Health will send the complainant an acknowledgement letter no later than the fifth (5th) Business Day including the complaint procedures and time frames.

Complaints will be resolved no later than thirty (30) Calendar Days after the date El Paso Health receives the complaint.

Appeals Documentation

El Paso Health recognizes two levels of appeals: 1st level and the 2nd level appeal.

An appeal is a request for reconsideration of a previously dispositioned claim. Appeals of denied claims and requests for adjustments on paid claims must be in writing and must be received by El Paso Health within one hundred twenty (120) Days from the date of the Remittance Advice (RA) on which that claim appears.

A Provider may appeal the claim by completing the following steps:

- Submit an appeal letter for each member specifying the reason for appealing the claim
- Letter MUST include:
 - o Date
 - o Contact Names (First and Last Name)
 - o Mailing Address
 - o Phone Number
 - o Provider Name and NPI #
 - o Member Name, Date of Birth, and ID number
 - o Date of Service
 - o Claim #
 - o Reason for Appeal (be detailed)
- Support information:
 - o Copy of Remittance Advice
 - o Medical Records (if necessary) si
 - o Proof of Timely Filing
 - o Any pertinent information for review

The same process will be followed for the 2nd level appeal.

Appeals Documentation

Following the conclusion of the 2nd Level Claims Appeal Process, the Provider has exhausted the El Paso Health appeal process.

If the Provider is not satisfied with the resolution of the 2nd level appeal and believes that they have not been given full due process the Provider may file a complaint to Health and Human Services Commission (HHSC).

The complaint must be submitted in writing to the Health and Human Services Commission.

The letter should be sent to the following address:

Texas Health and Human Services Commission
MCCO Research and Resolution
P.O. Box 149030, MC:0210
Austin, TX 78714-9030
Attn: Resolution Services

Or via Email

HPM_Complaints@hhsc.state.tx.us

MCO Retaliation Prohibited

El Paso Health can not take any retaliatory action, including refusal to renew coverage for a member, because the Member or person acting on behalf of the Member has filed a complaint against El Paso Health or appealed a decision made by El Paso Health.

El Paso Health shall not engage in any retaliatory action, including terminating or refusal to renew a contract, against a physician or Provider because the physician or Provider has, on behalf of a Member, reasonably filed a complaint against El Paso Health or has appealed a decision made by El Paso Health.



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For more information:



(915) 532-3778



www.elpasohealth.com

