



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

OB PROVIDER TRAINING

Thursday, July 30, 2020

12:00pm – 2:00pm

LIVE WEBINAR

EVENTBRITE LINK: <https://ephobtraining0720.eventbrite.com>

Password: obtraining_0720

Complete our survey for a chance to win!

Prize Bag Includes :

- El Paso Health Beach Bag
- El Paso Health Aluminum Water Bottle
- El Paso Health Blue Tooth Speaker
- El Paso Health Hard Cover Journal
- El Paso Health Desk Lamp / Fan / Phone Charger
- EOS Lotion
- \$15.00 Gift Card



Please return your survey to be included in the drawing.

Presenters

- **Evelin Lopez** - Contracting and Credentialing Manager
- **Karla Ochoa** - Provider Relations Representative
- **Adriana Cadena** – C.A.R.E Manager
- **Angelica Chagolla** - Quality Improvement Manager
- **Rocio Chavez** - CHC Chief Compliance Officer
- **Jocelyne Martinez BSN, RN** - OB Case Manager
- **Yvonne Grenz** - Senior Claims Analyst
- **Nellie Ontiveros** - Member Services Supervisor

Agenda

- **Contracting:** [Contracting Reminders / COVID-19 Updates](#)
- **Provider Relations:** [COVID-19 Updates, Electronic Usages, Provider Directory, LARC, Tdap](#)
- **C.A.R.E:** [El Paso Health Online Prenatal Class](#)
- **Quality Improvement:** [Accessibility and Availability, HEDIS Measures](#)
- **Compliance:** [Special Investigations Unit](#)
- **Health Services:** [First Steps Case Management Program, OB Benefits and Prior Authorization Process](#)
- **Claims:** [Updates and Reminders](#)
- **Member Services:** [Updates and Reminders](#)



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Contracting Reminders / COVID-19 Updates

Evelin Lopez

Contracting and Credentialing Manager

Credentialing Updates-Covid-19

- Increase the period for organizations to complete participating provider re-credentialing from 36 months by an additional 90 days.
- Accept an application that is signed and updated up to 210 days.

Changes in your practice

- What to do when a provider leaves or joins your practice?
 - Contact EPH at Contracting_Dept@elpasohealth.com or call 915-532-3778
- Who do I need to notify?
 - El Paso Health Contracting and Credentialing Department or Provider Relations
- What forms do I need to send and where?
 - Submit a provider demographic form and W-9 to Contracting_Dept@elpasohealth.com

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

COVID-19 Updates, Electronic Usages, Provider Directory, LARC, Tdap

Karla Ochoa

Provider Relations Representative

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 July 31, 2020:

Description of Services	Procedure Codes	Place of	Modifier
Evaluation and (E/M)	99201, 99202, 99203, 99204, 99205, 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: Waiver of CHIP Co-Payments

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

- 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](#) by July 31, 2020.
- Forms will be accepted via one of the following:
 - Email: providerservicesdg@elpasohealth.com
 - Mail: 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-payment does not apply to any Well-Child visits.*

COVID-19 Page

El Paso Health has designated a page specifically for COVID-19 updates and information.

- Visit our website at www.elpasohealth.com.
- Click on [Coronavirus Disease \(COVID-19\) Updates for Members and Providers](#).

The screenshot shows the top navigation bar of the El Paso Health website. It includes contact information (915-532-3778 and 1-877-532-3778), hours of operation (7:00 A.M. – 5:00 P.M. Mountain Time), and links for Providers Portal Login, Member Portal Login, En Español, and Careers. The main navigation menu includes Home, About El Paso Health, Members, Providers, Programs, Find a Provider, Events, and Contact Us. The main content area features a banner for COVID-19 updates with the text "Coronavirus Disease (COVID-19) Updates For Members and Providers" and "Actualizaciones del Coronavirus (COVID-19) para miembros y proveedores". A red arrow points to a button labeled "CLICK HERE / PRESIONE AQUÍ".

Call us at: 915-532-3778

Outside El Paso: 1-877-532-3778

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

Providers Portal Login →

Member Portal Login →

En Español

Careers

urac ACCREDITED Health Plan Expires 04/30/2021

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

HOME ABOUT EL PASO HEALTH MEMBERS PROVIDERS PROGRAMS FIND A PROVIDER EVENTS CONTACT US

Coronavirus Disease (COVID-19) Updates For Members and Providers
Actualizaciones del Coronavirus (COVID-19) para miembros y proveedores

CLICK HERE / PRESIONE AQUÍ

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

COVID-19 Page (continued)

- Click on COVID-19 INFORMATION FOR PROVIDERS.



CORONAVIRUS

PREVENTION IS THE KEY.

The best way to prevent illness is prevention.
The CDC recommends the following actions.

COVID-19 INFORMATION FOR PROVIDERS

UPDATES

- [July 01 2020 Updated COVID 19 Prior Authorization Requests Extended](#)
- [July 01 2020 Updated COVID 19 Waiver of CHIP Co Payments](#)
- [July 01 2020 Updated EPH-Telehealth Services for OT, PT, and ST Providers](#)
- [July 01 2020 Updated COVID_19 Telemedicine, Telehealth & Telephone Services](#)

ADDITIONAL INFORMATION

-  COVID-19: Practice Management Consideration
-  COVID-19 Infection Prevention and Control (FAQs)



Updates, fax blasts, and any additional information for providers related to COVID-19 will be posted in this section.

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.
- 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.

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

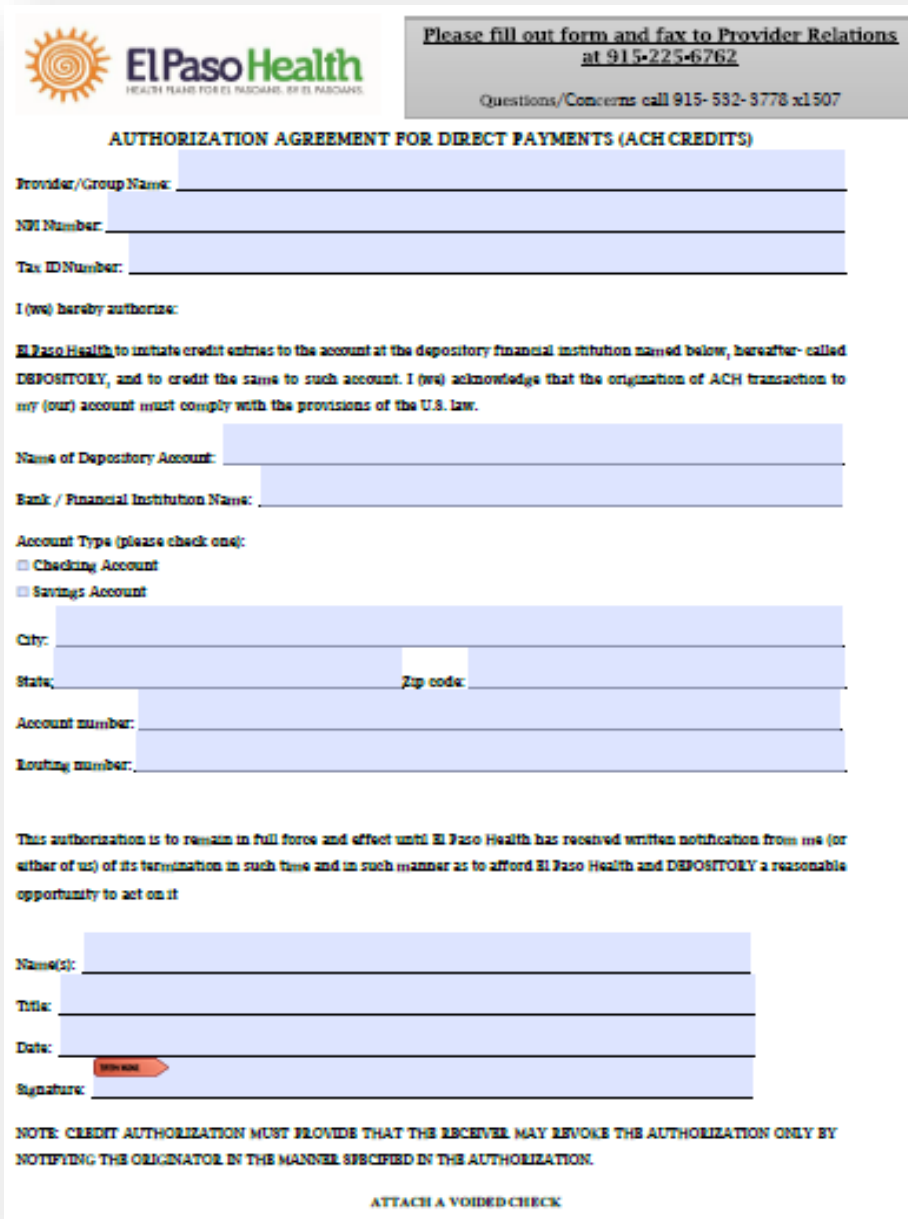
CONFIRMATION OF TEST FILE

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 RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR BY THE MANNER SPECIFIED IN 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.


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
 - workdays
 - 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

Long-Acting Reversible Contraception (LARC)

Long-Acting Reversible Contraception (LARC) is covered as a medical and pharmacy benefit.

- Medical benefit- providers will continue to have the option to receive reimbursement for LARC as a clinician-administered drug through the existing buy-and-bill process.
- Pharmacy benefit- providers can prescribe and obtain LARC products on the Medicaid formulary from certain specialty pharmacies. Providers who prescribe and obtain LARC products through these specialty pharmacies will be able to return unused and unopened LARC product via the Abandoned Unit Return program,
- Please refer to the Vendor Drug Program website for additional information:

<https://www.txvendordrug.com/formulary/formulary/long-acting-reversible-contraception-products>

Long-Acting Reversible Contraception (LARC)- continued

[Mirena® \(NDC 50419042101\)](#) / [Mirena® \(NDC 50419042301\)](#)

Walgreens Specialty Pharmacy
(877) 686-4633
NPI:1851463087

[Skyla® \(NDC 50419042201\)](#)

Walgreens Specialty Pharmacy
(877) 686-4633
NPI:1851463087

[Kyleena \(NDC 50419042401\)](#)

Walgreens Specialty Pharmacy
(877) 686-4633
NPI:1851463087

[Nexplanon® \(NDC 0052433001\)](#)

Accredo
(972) 929-6800
NPI: 1073569034

[Paragard® \(NDC 51285020401\)](#)

Biologics, Inc, Specialty Pharmacy c/o TWH Access Solutions
(888) 275-8596
NPI: 1487640314

Currently only available through the **medical benefit:**

[Liletta \(NDC 00023585801\)](#)

Accredo (866) 759-1557	CVS Specialty Pharmacy (888) 275-8596
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NDCs are subject to change.

For the most current information, please visit: <https://txstarchip.navitus.com/pages/larc.aspx>

BRCA and Genetic Testing

- Authorization is required for BRCA and genetic testing.
- Quest Diagnostics is currently the only in-network laboratory for BRCA and genetic testing.
- Providers are responsible for arranging referrals/ authorization for care and service within the El Paso Health network.
- Authorization requests for out-of-network providers and facilities will reviewed when the services cannot be performed by an in-network provider and when deemed medically necessary.

Tetanus, Diphtheria and Acellular Pertussis (Tdap) Vaccine

- The Tetanus, Diphtheria and Acellular Pertussis (Tdap) Vaccine is recommended by the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), and American College of Obstetricians and Gynecologists (ACOG) as part of routine prenatal care for pregnant women.

<u>CPT code</u>	<u>Description</u>
90715	Tetanus, diphtheria toxoids and acellular vaccine (Tdap)

- Providers that do not carry the vaccine in their office may refer members to:

Proaction Inc. (Immunize El Paso)

6292 Trowbridge

El Paso, TX 79905

915-533-3414

Tdap Vaccine benefit

STAR

- Members up to 18 years of age:
 - Available through Texas Vaccines for Children (TVFC)
 - Claim for vaccine will be processed as informational
 - Administration fee is reimbursable through El Paso Health.
- Members 19 years of age and older:
 - Immunization and administration fee are reimbursable through El Paso Health.

CHIP Perinate

- Members of all ages:
 - Program does not participate with TVFC nor Adult Safety Net (ASN)
 - Immunization and administration fee are reimbursable through El Paso Health.

Contact Information

Provider Relations Department
(915) 532-3778

ProviderServicesDG@elpasohealth.com



El Paso Health

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El Paso Health Online Prenatal Class

Adriana Cadena

CARE Unit Manager

FIRST STEPS



El Paso Health

El Health Online Prenatal Class

- Online Prenatal Class takes place on the 3rd Friday of each month.
- **Spanish:** 9am-10am
- **English:** 11:00am-12:00pm

For El Paso Health Members ONLY

FIRST STEPS

First Steps Baby Shower Webinar via GoToMeeting



You can access
GoToMeeting from
your computer
or mobile phone.

You will be receiving a
CAR SEAT and DIAPER BAG
after completing of the class.



Sign up and a link will be sent to you.

Class sizes are limited.

First Name*

Last Name*

Date of Birth of Mother*

Expected Date of Delivery

Are you having a boy of a girl?*

Boy Girl Don't know

Are you having twins?
 Y N

Cell Phone* format: 9151231234

Member ID*

What Webinar would you like to attend?*

All classes take place on the 3rd Friday of each month.

Spanish at 9:00 am English at 11:00 am

Register for First Steps Baby Shower

*These fields MUST be filled out to register.

El Health Online Prenatal Class Registration

www.elpasohealth.com/babyshower.asp

Online Prenatal Class Topics

- Member App
- Medicaid and CHIP Perinatal Benefits
- Healthy Texas Women Program
- Case Management
- Prenatal Care
- Labor & Delivery
- Post-Partum Care
- Precautions during COVID-19
- Newborn Care
- Breastfeeding
- Texas Health Steps
- ER and Night Clinics
- Car Seat Safety

FREE GIFTS FOR YOU AND BABY, TOO

As part of our First Steps Program, you can receive important *Value Added Services* for you and your baby.

FREE CAR SEAT

A free convertible car seat after attending a baby shower at El Paso Health.



GIFT CARD PROGRAM

Go to your 1st, 3rd, 6th, 9th prenatal visits, get a flu shot, and go to your postpartum visit and you will receive up to \$130 of Wal-Mart gift cards.



GIFT CARDS ARE EARNED BY COMPLETING THE FOLLOWING VISITS:

\$25 – 1st Prenatal Doctor Visit.

(To receive the prenatal gift card, the 1st visit must be completed within 42 days of enrollment in El Paso Health.)

\$20 – 3rd, 6th, & 9th Prenatal Visit.

(\$60 max.)

\$20 – Annual Flu Vaccine.

(One per flu season, September – April.)

\$25 – Postpartum Doctor Visit.

(To receive the postpartum gift card, the visit must be completed within 21-56 days after delivery.)

You will receive your prenatal postcard in the mail. After your baby is born, you will receive the postpartum postcard.

*Make sure that your doctor fills out the back of the postcard and at each visit. Your doctor should fax the completed postcard to **El Paso Health** at **(915)225-6749** in order for you to receive your gift cards. You will receive your gift card two weeks after El Paso Health receives the claim for each visit.*

**CALL US AT 1-877-532-3778
TO LEARN MORE ABOUT OUR
FIRST STEPS PROGRAM.**

Car Seat and Diaper Bag Distribution

- 3rd Saturday of the month, day after the online prenatal class
- Member must attend the class to receive car seat and diaper bag
- Car Seat: Convertible Car Seat
- Diaper Bag:
 - 1st Year Baby Calendar
 - Diapers
 - Wipes
 - Lotion/Shampoo

FIRST STEPS

 El Paso Health

 HEALTHY TEXAS WOMEN



A program offering women's health and family planning at no cost to eligible women in Texas.

What is covered?

- Pregnancy testing
- Pelvic examinations
- Sexually transmitted infection services
- Breast and cervical cancer screenings
- Clinical breast examination
- Mammograms
- Screening and treatment for cholesterol, diabetes and high blood pressure
- HIV screening
- Long-acting reversible contraceptives
- Oral contraceptive pills
- Permanent sterilization
- Other contraceptive methods such as condoms, diaphragm, vaginal spermicide, and injections
- Screening and treatment for postpartum depression

Eligibility:

- Women between the ages of 18 to 44 years old.
 - Women between the ages of 15 to 17 years old and have a parent or legal guardian apply, renew, and report changes to the case on her behalf. Women are considered 15 years of age the first day of the month of her 15th birthday and 17 years of age through the day before her 18th birthday.
- U.S. citizen or legal immigrant
- Resident of Texas
- Don't have health insurance
- Are not pregnant
- Meet the income requirements

Pregnant Members in Medicaid for Pregnant Women:

- If currently enrolled in Medicaid for pregnant women, may be automatically enrolled when Medicaid coverage ends.
- Member will receive a letter from Texas Health and Human Services confirming the person have been enrolled in the Healthy Texas Women program.

To Apply:

- Mail or Fax
- In Person from a clinic that offers Healthy Texas Women Services
- By Phone by calling 2-1-1
- Online: www.YourTexasBenefits.com or www.healthytexaswomen.org

Contact Information

Adriana Cadena

C.A.R.E. Unit Manager

acadena@elpasohealth.com

915-298-7198 ext.1127



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Accessibility and Availability HEDIS Measures

Angelica Chagolla
Quality Improvement Manager

Accessibility and Availability

- Regulatory mandate - Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC)
- **Accessibility:** appointment available **within a specific time frame**
- **Availability (PCPs only):** after hours availability; **must return call within 30 minutes.** **Includes OB Providers designated as a PCP
 - 5 pm to 8:30 am, Monday through Friday
 - Any time Saturday and Sunday

State-Wide Monitoring

- 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

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

State-Wide Monitoring

IN PROGRESS!

- Provider Directories were requested from MCOs
- Secret Shopper calls initiated by the state in June 2020
- Results pending! – performance will determine request for corrective action and possible liquidated damages

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

El Paso Health Methodology

- Provider Relations Representatives - assess appointment accessibility during Provider Directory Verification reviews
- QI Nurses - conduct after-hours calls and secret shopper calls

Type of Care	Standard
Emergency Services	Upon member presentation
Urgent Care	Within 24 hours
Prenatal Care	14 calendar days
High Risk Prenatal Care	5 calendar days
New Member in 3 rd Trimester	5 calendar days

Standards for 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

What happens if you're non-compliant?

Non-compliance with initial survey:

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

Non-compliance with re-survey

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

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

HEDIS Medical Record Review

- Healthcare Effectiveness Data and Information Set (HEDIS)
 - Measures performance on important dimensions of care and service
- Hybrid Calculation = Administrative claims data + Medical Record reviews
- If member is compliant from claims data, medical record review will not be necessary.

Prenatal and Postpartum Care

Timeliness of Prenatal Care

- First Trimester
- On or before enrollment start date with El Paso Health
- Within 42 days of enrollment with El Paso Health

Postpartum Care

- Visit on or **between 7 and 84 days** after delivery

Prenatal Visit Documentation

Must include the DATE when visit occurred AND evidence of one of the following:

References to the pregnancy:	Diagnosis of pregnancy or Standardized prenatal flow sheet or LPM, EDD or gestational age or Positive pregnancy test result or Gravidity and parity
OB exam with:	fetal heart tone or pelvic exam with OB observations or fundus height measurement (prenatal flow sheet)
Prenatal Care Procedure:	OB Panel or TORCH or rubella antibody test/titer with Rh incompatibility or ultrasound of pregnant uterus
LMP or EDD with either:	prenatal risk assessment and counseling/education or complete OB history

Postpartum Visit Documentation

Must include the DATE when visit occurred AND evidence of one of the following:

Pelvic Exam

Evaluation of Weight, B/P, breasts/breastfeeding and abdomen

Notation of postpartum care (“PP care”, “PP check”, “6 week check” or preprinted “Postpartum Care” form)

Perineal or cesarean incision/wound check

Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders

Glucose screening for women with gestational diabetes

Infant care or breastfeeding

Resumption of intercourse, birth spacing or family planning

Sleep/fatigue

Resumption of physical activity and attainment of healthy weight

Resources on Website

- HEDIS Medical Record Documentation Tips – *being updated*

http://www.elpasohealth.com/pdf/HEDIS%20%20Medical%20Record%20Documentation%20Tips_EPH1219125.pdf

- Provider Accessibility and Availability Standards

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

Provider Resources

- [HEDIS Medical Record Documentation Tips](#)
- [Formularies Available on Epocrates](#)
- [HEDIS 2019 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](#)
- [Mentimeter](#)

- Clinical Practice Guidelines

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

To view our Clinical Practice Guidelines please click on the link below, or if you would like to obtain a hardcopy, please contact the Quality Improvement 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](#)

Contact Information

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El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Special Investigations Unit

Rocio Chavez, CHC, Chief Compliance Officer

Fraud, Waste and Abuse (FWA)

Fraud

Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person.

It includes any act that constitutes fraud under applicable Federal or State law.

Waste

Waste is defined as billing and information submitted for items or services where there was no intent to deceive or misrepresent, but the outcome resulted or could have resulted in an overpayment of funds.

Abuse

Abuse means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.

Medical Records Reviews

Texas enacted bill 2292 to require all Managed Care Organizations like El Paso Health to establish a plan to prevent waste, fraud and abuse (FWA Plan).

The FWA Plan includes medical record reviews.

- 5-7 providers are **randomly** selected on a **monthly** basis.
- Review: paid claims, duplicate billing, bundled services.
- If necessary, we will request records.

Business Records Affidavit

Business records affidavit is required.

- This affidavit states that you are submitting **all** of the requested information.
- If not submitted, that claim will be recouped for no documentation for that date of service.
- After signing the affidavit, no additional information/documentation will be accepted by El Paso Health during the review process.

Please make sure you submit all of the documentation requested.

Remember



Closing the Review

- El Paso Health will send you a notification letter with the review findings.
- You have the right to dispute the findings – you must do so within 30 days of receiving the letter.
- 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.)

Recoupment Process

- El Paso Health will review any disputed claims and finalize the recoupment.
- Once the recoupment is finalized, the claims are recouped and cannot be appealed at a later date.
- El Paso Health will recoup via claims adjustments unless provider specifies they will submit payment.

OIG Audits

- The Office of Inspector General is conducting their own individual audits.
- They will do their recoupments via MCO.
- In the event that El Paso Health receives a recoupment we will discuss the findings with you and provide education.
- These recoupments will be done via claims.

39 Week OB Reviews

- Ensures medical necessity of inductions and/or C-sections.
- Reviews proper utilization of modifiers U1, U2 and U3.
- Random selection of 15 providers a month.
- Records are requested and reviewed.
- Provider have 15 days to submit records or EPH will initiate a recoupment.
- EPH has been flexible with due dates due to Covid-19. (30 days to submit records)

Verification Process

As part of the FWA Plan, El Paso Health conducts a verification of services.

- Every month we contact up to 60 members to verify that services billed were rendered.
- In the event that services billed can't be verified by the member, we request documentation and open a review.
- Providers are notified of the outcome of the review.

Questions

Rocio Chavez, CHC

Chief Compliance Officer

Phone: 915-298-7198 ext. 1032

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

Compliance 24-HR: 888-310-3434



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

First Steps Case Management Program OB Benefits and Prior Authorization Process

Jocelyne Martinez, BSN, RN- OB Case Manager

Irma Pierson, LVN - OB Case Manager

FIRST STEPS



Case Management Overview

- Identification of members who are at risk.
- Assessments to determine severity of condition.
- Individualized Service Plan designed to identify barriers, goals and interventions.
- Education regarding benefits, pregnancy and other conditions.
- Referrals and Service Coordination as needed.
- Home Visits are conducted if necessary.

How Can A Case Manager Help Our Members?

- **We are dedicated to promoting the highest quality care available. We provide our members with:**
 - Resources to enhance health education.
 - Pregnancy planning.
 - Health promotion.
 - Education for reproductive age women and adolescents.
 - Comprehensive assessments.
 - Service Coordination and collaboration with our valued providers.
- **Our members are encouraged to:**
 - Discuss available services in detail.
 - Obtain education about how to access emergency services, OB/GYN, and specialty care.

How to Refer A Member

- Case Management Referral Form is available on our website at www.elpasohealth.com:
- Click on the Providers tab
- Select Case Management Referral Form

The screenshot shows the El Paso Health website header and navigation. The header includes contact information: "Call us at: 915-532-3778" and "Outside El Paso 1-877-532-3778". It also lists "Hours of Operation: 7:00 A.M. – 5:00 P.M. Mountain Time". Navigation links include "Providers Portal Login", "Member Portal Login", "En Español", and "Careers". The El Paso Health logo is present, along with a URAC Accredited Health Plan logo (Expires 04/01/2021). The main navigation menu includes "HOME", "ABOUT EL PASO HEALTH", "MEMBERS", "PROVIDERS", "PROGRAMS", "FIND A PROVIDER", "EVENTS", and "CONTACT US". The "PROVIDERS" tab is selected, and a dropdown menu is open, listing the following items: "PROVIDER FORMS", "TEXAS STANDARD PRIOR AUTHORIZATION FORM FOR HEALTH CARE SERVICES", "BEHAVIORAL HEALTH PRIOR AUTHORIZATION FORM", "CONTRACTING AND CREDENTIALING", "OUT OF NETWORK PROVIDER ENROLLMENT", "PROVIDER ENROLLMENT", "CASE MANAGEMENT REFERRAL FORM", "TEXAS HEALTH STEPS INFORMATION FOR PROVIDERS", "CLINICAL PRACTICE GUIDELINES", and "HHSC UPDATES". The background of the website features a close-up image of a newborn baby's face.

Authorization Process

- **For services/procedure codes requiring an authorization:**
 - Individual prior authorization requests may be submitted via fax, electronically, or telephonically.
 - Include all pertinent clinical information to support medical necessity and avoid any delays.
 - Processing time is 3 business days (unless additional information is needed).

Prior Authorization Tool

Prior Authorization Tool is available on our website at www.elpasohealth.com:

-Click on the Providers tab

-Select Prior Authorization Tool

The screenshot shows the El Paso Health website with the 'Providers' menu open. The 'Prior Authorization Tool' option is selected. The main content area displays the 'Medicaid/CHIP Prior Authorization' page, which includes a disclaimer, instructions for vision and dental services, and a table of questions to determine if an authorization is needed. The table has columns for 'Types of Services', 'Yes', and 'No'. The 'No' column is selected for all four questions. Below the table, there are input fields for CPT codes and a search button.

Call us at: 915-532-3778
Outside El Paso: 1-877-532-3778
Hours of Operation: 7:00 A.M. – 5:00 P.M. Mountain Time
Providers Portal Login →
Member Portal Login →
En Español
Careers

urac
 ACCREDITED
 Health Plan
 Expires 04/01/2021

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

HOME ABOUT EL PASO HEALTH MEMBERS **PROVIDERS** PROGRAMS FIND A PROVIDER EVENTS CONTACT US

Medicaid/CHIP Prior Authorization

DISCLAIMER: All attempts are made to provide the most current information on the Prior guarantee payment. Payment of claims is dependent on eligibility, covered benefits, prov specific details, please refer to the [provider manual](#). If you are uncertain that prior authori response.

Vision services need to be verified by [Engolve 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 diagnosi Network or Out-of-Network.

CHIP Members: Family Planning services with a contraceptive management diagnosis ar

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

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:

PROVIDER FORMS
 PRIOR AUTHORIZATIONS
 PRIOR AUTHORIZATION TOOL
 CONTRACTING AND CREDENTIALING
 OUT OF NETWORK PROVIDER ENROLLMENT
 PROVIDER ENROLLMENT
 CASE MANAGEMENT REFERRAL FORM
 TEXAS HEALTH STEPS INFORMATION FOR PROVIDERS
 CLINICAL PRACTICE GUIDELINES
 HHSC UPDATES

To search type and hit enter...
 however, this does NOT and billing practices. For mit a request for an accurate
 tion whether the Provider is In-

health
 BY EL PASOANS
 FIRST

When is a Standard Authorization a Stat?

- Interruptions or delay of services will impact the life or health of the consumer.
- The request is part of a transition of care.
- Interruption or delay of services will impact the ability of the consumer to regain maximum function.
- Interruption or delay of services will subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is subject of the case.

Covered Benefit - 17P Hydroxyprogesterone

- Covered benefit for STAR/CHIP.
- Complete and submit Texas Standard PA Form.
- Criteria needs to be met (Section **4.1.12 of the TMPPM**).
- Documentation needs to reflect members history of preterm delivery to include date of birth and gestational age at the time of delivery.
- Current Estimated Date of Delivery and Gestational Age.

Ultrasounds

CPT Codes that DO NOT Require an Authorization

No authorization is required for the following CPT codes for STAR Medicaid or CHIP:

- 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817
- Fetal Biophysical Profile – 76818, 76819
- Umbilical Artery Doppler - 76820
- Middle Cerebral Artery Doppler - 76821

Ultrasounds

CPT codes that Require an Authorization

- Echocardiography/Doppler's CPT Codes 76825 thru 76828.
- 17-P (Hydroxy progesterone) may be submitted via fax, electronically, or telephonically.

Include all pertinent clinical information to support medical necessity and avoid any delays with your request.

STAR Benefit - Sterilization

Sterilizations DO NOT require an authorization

Reminder:

When submitting claims for sterilization, the CPT codes must be submitted with a family planning diagnosis code.

Note:

Sterilization of any kind, is NOT a benefit for Chip Perinate members.

Diabetic Supplies

STAR Benefit

- TRUE METRIX® Meter or TRUE METRIX AIR® Meter or TRUE METRIX Glucose Test Strips
 - FreeStyle (Lite® and Freedom Lite® Systems) or FreeStyle Test Strips
 - Precision Xtra® System or Precision Test Strips
- Prescription is required for the lancets and test strips.
 - Medicaid does not reimburse glucometers.
 - Providers should provide member with the numbers for the free glucometer at:
 - 1-866-788-9618 (Trividia Health) for TRUE METRIX.
 - 1-866-224-8892 (Abbott Diabetes Care) for FreeStyle or

Gestational Diabetes

CHIP Perinate Benefit

Covered Benefits

- Oral Medication/Insulin
- Diabetes Education Classes
(*authorization required*)
 - El Paso Diabetes Association
 - UMC of El Paso Diabetes Program

Non Covered Benefits

- Durable medical equipment or other medically related remedial devices (Does NOT cover testing strips, lancets, or monitor).
- El Paso Health can HELP – resources available in the community. Call us!

Diabetes Education Classes

El Paso Diabetes Association

3641 Mattox St

El Paso, TX 79925

(915) 532-6280

UMC of El Paso

Diabetes Management Program

4815 Alameda Avenue

El Paso, Texas 79905

(915) 521-7861

Breast Pumps

STAR/CHIP

May qualify for purchase of a breast pump (once Member delivers), such as:

- Manual (no auth required), or
- Non-hospital grade electric pump (no auth required), or
- A hospital-grade breast pump (HCPCS code E0604) may be considered for rental, not purchase
- An authorization is required for rental only for HCPCS code E0604.

To get a breast pump, OB provider or Child's Pediatrician must:

- Write a prescription.
- Members may take the prescription to an in-network DME.

NO AUTHORIZATION REQUIREMENT FOR DME SUPPLIES UNDER \$300

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

FIRST STEPS - OB CASE MANAGEMENT PROGRAM

**Jocelyne Martinez, BSN, RN – OB Case Manager
Health Services**

**Irma Pierson, LVN - OB Case Manager, Health
Services**



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

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Claims – Updates and Reminders

Yvonne Grenz

Sr. Claims Analyst

Reminders

Claims Processing

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

Reminder

Telemedicine Claims

- Providers may be reimbursed for Telemedicine claims for medical/preventive services rendered.
- Providers need to use modifier 95 and Place of Service (POS) 02 to indicate claim is a telemedicine claim.

CHIP Perinate

Reminder

- Laboratory and radiological services are limited to services that directly relate to ante partum care and the delivery of the covered CHIP Perinate until birth.
 - Always include the pregnancy ICD-10-CM code to the highest degree of specificity as your primary diagnosis on any lab or radiology order. (this is important to ensure lab or radiology claims are not denied).
 - You may include other diagnosis that coexist.

*Pregnancy codes can be found in Chapter 15 of the ICD-10-CM (Pregnancy, Childbirth, and the Puerperium).

Coordination of Benefits

STAR / CHIP

- Claims are billed fee-for-service.
- Primary carrier Explanation of Benefits (EOB) is required when processing your secondary claim.

Coordination of Benefits

Example

CPT	Charge	Primary Carrier Allowed Amt.	Primary Carrier Payment	Patient Responsibility
59412	\$4,850.00	\$3,400.00	\$2,720.00	\$680.00

- Claim should be submitted with the Primary Carrier EOB.
- Timely Filing 95 days from date on Primary EOB.
 - When billing El Paso Health you will need to bill fee-for-service
 - Example on next slide

Coordination of Benefits

Example

DOS	CPT	Charge	Primary Carrier Allowed Amt.	Primary Carrier Payment	El Paso Health Allowed Amt.	Primary Carrier Patient Resp.
10/1/2019	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
11/1/2019	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
12/1/2019	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
1/2/2020	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
2/1/2020	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
3/1/2020	59412	\$3,500.00	\$2,500.00	\$2,000.00	\$3,000.00	\$500.00

\$4,850.00 \$3,400.00 **\$2,720.00** **\$4,170.00** \$680.00

Subtract the primary carrier from the EPH allowed amount

<u>EPH Allowed Amt.</u>	\$4,170.00	
<u>Primary Carrier Allowed Amt.</u>	(\$2,720.00)	

\$1,450.00 ←————→ \$680.00

Pay the Lesser of the 2 amounts

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

Questions



Contact Information

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El Paso Health

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Member Services Updates and Reminders

Nellie Ontiveros

Member Services Supervisor

COVID-19 Updates

- Office visit co-payments for all CHIP Members for services provided from March 13, 2020, through July 31, 2020 are waived.
- 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.
- HHSC is extending Medicaid, CHIP, and CHIP Perinatal coverage during the public health emergency declaration.

SFY2020 - Healthy Rewards

FREE CAR SEAT

A free convertible car seat after attending a baby shower at El Paso Health.



A First Steps Baby Shower including a diaper bag, a starter supply of diapers, and other baby items

GIFT CARD PROGRAM

Go to your 1st, 3rd, 6th, 9th prenatal visits, get a flu shot, and go to your postpartum visit and you will receive up to \$130 of Wal-Mart gift cards.



GIFT CARDS ARE EARNED BY COMPLETING THE FOLLOWING VISITS:

\$25 – 1st Prenatal Doctor Visit.
(To receive the prenatal gift card, the 1st visit must be completed within 42 days of enrollment in El Paso Health.)

\$20 – 3rd, 6th, & 9th Prenatal Visit.
(\$60 max.)

\$20 – Annual Flu Vaccine.
(One per flu season, September – April.)

\$25 – Postpartum Doctor Visit.
(To receive the postpartum gift card, the visit must be completed within 21-56 days after delivery.)

HOME VISITS

Our Case Managers will visit pregnant members with high-risk pregnancies.

DENTAL ASSISTANCE

Pregnant Members 21 or older can receive up to \$500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions.

**CALL US AT 1-877-532-3778
TO LEARN MORE ABOUT OUR
FIRST STEPS PROGRAM.**

SFY2020 - Healthy Rewards

Prenatal Gift Card Process



**¡Felicidades
por su embarazo!**
**Congratulations
you're expecting!**



Congratulations!
from your friends at



Having a healthy baby starts with you!

Go to your 1st, 3rd, 6th, 9th prenatal visits and get a flu shot and you will receive up to **\$105.00** of Walmart gift cards.

Make sure that your doctor fills out the back of this card at each visit.

And enjoy the free gift of good health!

SFY2020 - Healthy Rewards

Prenatal Gift Card Process

STEP 1: TO BE FILLED OUT BY THE DOCTOR ONLY:

Patient ID Number

STEP 2: PRENATAL CHECK-UPS

Provider's name, address, signature or office stamp

- \$25 | 1ST VISIT | DATE: _____
- \$20 | 3RD VISIT | DATE: _____
- \$20 | 6TH VISIT | DATE: _____
- \$20 | 9TH VISIT | DATE: _____
- \$20 | FLU SHOT | DATE: _____

STEP 3:

Doctor, please fax this completed form to: **EL PASO HEALTH** at **915-225-6749** in order to mail the member their gift cards.

10183EPH100217

Please ensure the information below is on the postcard:

Step 1:

- El Paso Health Patient ID Number

Step 2:

- Provider's Signature, Name, Address and Signature
- (Office Stamp is Acceptable)
- Prenatal Check -Up Date

SFY2020 - Healthy Rewards

Prenatal and Postpartum Gift Card Process

Gift cards are earned by completing the following visits:

- **\$25 For the 1st prenatal doctor visit.** (To receive the prenatal gift card, the 1st visit must be completed within 42 days of enrollment in El Paso Health.)
- **\$20 For the 3rd, 6th, and 9th prenatal visit.** (\$60 max.)
- **\$20 For an annual flu vaccine. One per flu season.** (September – April).
- **\$25 For postpartum doctor visit.** (To receive the postpartum gift card, the visit must be completed within 21-56 days after delivery.)
- **The doctor must fill out the back of the postcard and at each visit.**
- **Fax completed postcard to El Paso Health at (915) 225-6749.**
- **Gift cards are received approximately two weeks after we receive the claim for each visit.**

SFY2020 - Healthy Rewards

Postpartum Gift Card Process



Congratulations!
from your friends at



Congratulations on your new bundle of joy!

One of the most important things you should do is have a postpartum visit with your doctor.

If you go to your doctor within 21 to 56 days after delivery, you will receive a **\$25** Walmart gift card.

Please take this postcard with you when you visit your doctor and make sure that your doctor fills out the back of this card at your visit.

Call us toll free at 1-877-532-3778, if you need help scheduling your postpartum visit.

Enjoy the free gift of wellness!

SFY2020 - Healthy Rewards

Postpartum Gift Card Process

STEP 1: TO BE FILLED OUT BY THE DOCTOR ONLY:

Patient ID Number

STEP 2: POSTPARTUM CHECK-UP ON (DATE) _____

Provider's name, address, signature or office stamp

STEP 3:

Doctor, please fax this completed form to: **EL PASO HEALTH** at **915-225-6749**
in order to mail the member a \$25 gift card.

Please ensure the information below is on the postcard:

Step 1:

- El Paso Health Patient ID Number

Step 2:

- Postpartum Check -Up Date
- Provider's Signature, Name, Address and Signature
- (Office Stamp is Acceptable)

STAR and CHIP Member Portal

Members can access the Member Portal on our website at www.elpasohealth.com, by clicking on the Member Portal Login.



The screenshot displays the El Paso Health website navigation bar. The 'Member Portal Login' link is highlighted with a blue arrow pointing to it from the right. Below the navigation bar, the El Paso Health logo is visible, along with a navigation menu containing 'HOME', 'ABOUT EL PASO HEALTH', 'MEMBERS', 'PROVIDERS', and 'PROC'. Below the navigation menu, the El Paso Health logo is repeated. The main content area features a 'Login' form with fields for 'Username' and 'Password', a 'Submit' button, and a link for 'Forgot your username or password?'. A blue arrow points to the 'Login' form from the left. To the right of the login form is a 'Welcome' section with a photo of a family and a list of services available to members.


Call us at: **915-532-3778**

Outside El Paso: **1-877-532-3778**


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

[Providers Portal Login →](#)

[Member Portal Login →](#)

 **El Paso Health**
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[HOME](#) [ABOUT EL PASO HEALTH](#) [MEMBERS](#) [PROVIDERS](#) [PROC](#)

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

Login

Username

Password

[Forgot your username or password?](#)

Welcome

Login or create an account to view and maintain your EL Paso account. From this site you'll be able to:

- View your health plan benefits
- Print a temporary ID card
- Find a network healthcare provider
- View your healthcare claims

In order to complete registration you'll need information from your Member ID card.



El Paso Health
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STAR and CHIP Member Portal

Request Member ID Card

ID Card Request

Please complete the form below.

Member First Name*

Member Last Name*

Member ID

This is the address that we have on file. Your card will be sent to this address:

Address:*

City:*

State:*

Zip Code:*

Phone Number*

Please click "submit" once you have reviewed the above address.

Submit

STAR and CHIP Member Portal

EPH Member ID Card

Print



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

Effective: 2/1/2016

DOB: 11/6/2007 Non-Transferable

3917 N MESA ST*EL PASO*TX*79902
915-544-5439

PHARMACIST ONLY
NAVITUS
1-877-908-6023
BIN# 610602
PCN: MCD
RxGROUP: EPH

TEXAS STAR
Your Health Plan • Your Choice

Member Services
Servicios para
Miembro

915-532-3778
1-877-532-3778

Available 24 Hours
7 Days a Week

Disponible 24 Horas
7 Días a la semana

HOW TO USE THIS CARD: Always carry your ID card. Go to your primary care doctor for medical care.

You need a written referral form from your primary care doctor before you go to a specialty doctor. **MEDICINE:** Present this card at drug stores with a prescription from your doctor. Call 1-877-532-3778 if you have questions or problems getting your medicine.

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE HOTLINE: Toll Free 1-877-377-6147, 24 hours/ 7 days a week.

DIRECTIONS FOR WHAT TO DO IN AN EMERGENCY: In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.

NAVITUS HEALTH SOLUTIONS is the pharmacy benefits provider for members of El Paso Health.

CÓMO USAR ESTA TARJETA: Cargue su tarjeta de identificación con usted siempre. Visite a su Proveedor de Cuidado Primario para recibir atención médica. Usted necesita ser referido por su Proveedor de Cuidado Primario antes de que pueda consultar a un especialista.

MEDICINA: Presente esta tarjeta de identificación en la farmacia junto con la receta de su doctor. Llame al 1-877-532-3778 si tiene preguntas o problemas para obtener la medicina.

LÍNEA DIRECTA DE SERVICIOS DE SALUD MENTAL Y ABUSO DE SUSTANCIAS: 1-877-377-6147, Disponible 24 Horas/7 Días a la semana.

INSTRUCCIONES EN CASO DE EMERGENCIA: En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Después de recibir tratamiento, llame al PCP de su hijo dentro de 24 horas o tan pronto como sea posible.

NATIVUS HEALTH SOLUTIONS: es el proveedor de beneficios de farmacia para miembros de El Plan de Salud de El Paso Health.

STAR and CHIP Member Portal

Ask a General Question

General Plan or Coverage Question

Please submit your general plan or coverage related question here.

Member First Name:

Member Last Name:

Member ID:

What is your question?:

**** Please Note **** If you are unable to submit your transaction, please be sure all required fields are completed.

Submit

STAR and CHIP Member Portal

Eligibility Information

[Home](#) [Coverage & Benefits](#) [Claims](#) [Authorizations](#) [Provider / Pharmacy Directory Search](#)

[Print ID Card](#)

Eligibility

[Print](#)

Member:	[REDACTED]	Plan Name:	El Paso Health - STAR
Member ID:	[REDACTED]	Program:	STAR
Address:	[REDACTED]	Status:	Active

Coverages

Type	Effective Date	Term Date
ST064	2/1/2016	11/30/2018
ST064	8/1/2015	10/31/2015

STAR and CHIP Member Portal

Claims Information

[Home](#) [Coverage & Benefits](#) [Claims](#) [Authorizations](#) [Provider / Pharmacy Directory Search](#)

THESE ARE AN EXPLAINATINAL OF BENEFITS (EOB)

[Claims Search](#)

Below is a list of claims we have received for services provided to you. We have processed the claims according to your benefit coverage.

You can click on the Claim Number to view each claim individually. You will also be able to print each claim. Please review the information. If you have any questions, please call us at 1-877-532-3778 Monday thru Friday, 7:00am to 5:00pm Mountain Time.

Claims

Showing 9 Claims for User [REDACTED]

[Export Results \(CSV\)](#)

<u>Claim Number</u>	<u>Date of Service</u> ▾	<u>Provider</u>	<u>Claim Status</u>
[REDACTED]	1/12/2018	PRODANOVIC NUTIS, MARIA L	PAID
[REDACTED]	9/27/2017	PRODANOVIC NUTIS, MARIA L	PAID

STAR and CHIP Member Portal

Authorization Information

Home Coverage & Benefits Claims

Authorizations

Showing Authorizations for [REDACTED]

Filter Authorization Results

[Export Results \(CSV\)](#)

Authorization Number	First Name	Last Name	Provider	Date Submitted	Status
[REDACTED]	[REDACTED]	[REDACTED]	CASA MEDICAL LLC	10/11/2017	APPROVED

STAR and CHIP Member Portal

Provider Online Search

Welcome to the El Paso Health Online Provider Directory! This Provider Directory is for our STAR (Medicaid) and CHIP members. Here you can find a list of Primary Care Providers (PCPs), specialists, hospitals, pharmacies, and other healthcare providers in the El Paso Service Area, covering El Paso and Hudspeth counties.

If you need a provider outside of the El Paso Service Area, please call us at [915-532-3778](tel:915-532-3778) or toll free [1-877-532-3778](tel:1-877-532-3778).

Our Member Services Department is here to help you. Call us toll free at [1-877-532-3778](tel:1-877-532-3778) or email us at member@elpasohealth.com if you need help with:

- finding a provider
- scheduling an appointment

If you find that there is inaccurate information in our Online Provider Directory, please email us at Contracting_dept@elpasohealth.com.

Provider

Provider Search

Plan

Please Select

Provider Type

Any Type

Specialty

Any Specialty

Use current location

Zip Code

Show results within

5 Miles

[More Search Options](#)

[Find A Provider](#)

[Start Over](#)

STAR and CHIP Member Portal

Provider Online Search

Map details

Google

Map data ©2018 Google, NASA Terms of Use Report a map error

Filter Results

Plan
STAR (Medicaid)

Provider Type
Ancillary Providers

Specialty
Durable Medical Equipment/Equip

Provider First Name

Provider Last Name

Practice Name

Facility Name

City

If you find that there is inaccurate information in our Online Provider Directory, please email us at Contracting_dept@elpasohealth.com.

Search Results (16 results)

Showing providers that are in the STAR (Medicaid) plan, that have provider type Ancillary Providers, and that specialize in Durable Medical Equipment/Equipo Médico Durable.

Sort Results Name Ascending

[Download Results](#) [Return to Search](#)

Updated 10/22/18

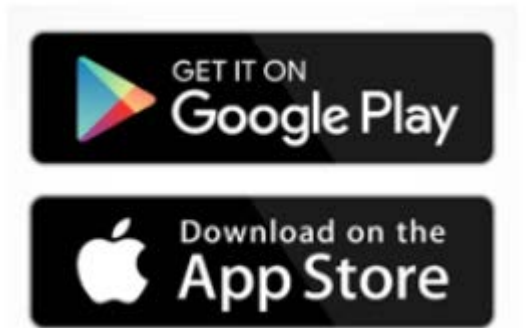
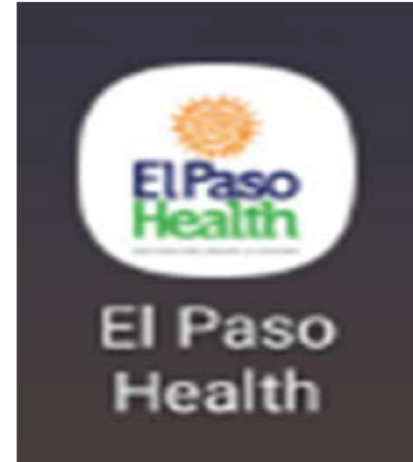
	Allied Medical 7366 Ramon Cir Ste C 303 El Paso, TX 79912 915-581-8290	Specialties: Durable Medical Equipment/Equipo Médico Durable Provider Gender: Unknown Board Certifications: None Reported Accepting New Patients	View Details <input type="checkbox"/> Compare Provider
	Premier Medical Supply	Specialties: Durable Medical Equipment/Equipo Médico Durable	View Details

El Paso Health Mobile App

We now have the El Paso Health App available for our Members!

On the El Paso Health App, you can:

- View and print a temporary ID card
- 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.

FIRSTCALL Medical Advice Infoline



FIRSTCALL

MEDICAL ADVICE INFOLINE

Available 24 Hours/7 Days A Week

CALL 1-844-549-2826

FIRSTCALL Medical Advice Infoline

Value Added Service

- This service is provided at no-cost.
- When Members call FIRSTCALL Medical Advice Infoline, they will receive immediate information to take care of their medical or health concerns.
- The FIRSTCALL Medical Advice Infoline is available 24 hours a day, 7 days a week.
- When Members call FIRSTCALL Medical Advice Infoline, they will speak to a healthcare professional who will ask them basic questions, such as, “Why are you calling? What is your medical condition? What medications are you taking?” Depending on their answers, the healthcare professional will be able to assist and provide the Member with the appropriate advice.
- A nurse or pharmacist will answer specific questions about their medical condition. The healthcare professional will help Members decide what kind of care is needed. They may recommend that Members do one or more of the following:
 - Stay at home, Go see their doctor the next day, Go to an after-hours/night clinic, Go to an emergency room, or Call 911.

Contact

Edgar Martinez

Director of Member Services

915-532-3778 ext. 1064

Nellie Ontiveros

Member Services Supervisor

915-532-3778 ext. 1112



El Paso Health

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For more information:



(915) 532-3778



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