



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST



ACCREDITED
Health Plan
Expires 04-01-2018



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Ancillary Provider Specialty Training

September 28, 2017

Agenda

- **Rebranding:** [El Paso Health](#)
- **Provider Relations:** [ORP Enrollment, Medicaid Re-Enrollment](#)
- **Compliance:** [Special Investigations Unit](#)
- **Health Services:** [Updates on Breast Pumps and PT, OT, ST](#)
- **Claims:** [Reminders and Updates](#)
- **Member Services:** [Services and Co-pays](#)



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Rebranding

Janel Luján, LMSW

Vice President of Operations

A new name and image

EL PASO FIRST
Health Plans, inc.
has a new name. . .



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ORIGINAL FONT DESIGN
TO ENSURE
DISTINCTIVENESS

SLOGAN DEVELOPED
BY ADMINISTRATIVE
DISCOVERY GROUP

TEMPORARY TRANSITIONAL ELEMENT DURING INTRODUCTION PHASE

COLOR SCHEME
INCORPORATES
TWO COLORS FROM
ORIGINAL LOGO
AND INTRODUCES
A NEW, THIRD HUE

Making the transition

1. Will the name change affect my current contract with El Paso First?

No, all contracts will remain the same under El Paso First Health Plans, Inc.

2. Is the health plan moving locations?

No, the physical and mailing address will remain the same as follows:

Physical Address

El Paso Health
1145 Westmoreland Drive
El Paso, TX 79925-5615

General Correspondence

El Paso Health
P.O. Box 971100
El Paso, TX 79997-1100

Paper Claim Submissions

El Paso Health- Claims
P.O. Box 971370
El Paso, TX 79997-1370

3. Will the website remain the same?

You can continue using: www.epfirst.com. The new website is scheduled to be announced in August.

All information will remain the same on the website with the exception of the new logo and health plan name.

4. Will any of the provider forms on the website be affected?

The forms will be updated with the new logo. No other changes will be made to the existing Provider forms on the website.

Making the transition

5. Will there be a change in payer names and identification numbers for electronic claims submission?

The payer names will only change for Medicaid and CHIP product lines to reflect the new name.

The payer ID numbers will remain the same.

The new payer names are as follows:

NEW Payer Name	Payer ID#
El Paso Health-STAR	EPF02
El Paso Health-CHIP	EPF03

6. Will the web portal link remain the same?

The web portal link will continue to be available through: www.epfirst.com

7. Will web portal log-in information need to be updated or changed?

No, all web portal log-in information will remain the same.

8. Will members be receiving notification of the change as well as new ID cards?

All El Paso First Medicaid, CHIP and CHIP Perinatal members will receive a letter of notification of the change, as well as new ID cards with the new health plan logo and name.

9. Will any contact information change for the health plan?

All phone numbers and department queues will remain the same.



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Provider Relations

Vianey Licon

Provider Relations Representative

ORP Enrollment

- Due to Hurricane Harvey the implementation of *ordering, referring and prescribing providers to enroll with Texas Medicaid by October 1, 2017*, has been delayed to January 2018.
- At this time, claims will not be denied if billed without the ordering, referring or prescribing provider NPI.
- If possible, ordering, referring, and prescribing providers should begin the enrollment process before January to avoid denials.

<http://www.tmhp.com/Pages/default.aspx>

clients
English · Español

providers

Thursday, September 14, 2017

TMHP Home
What is TMHP?
Privacy/HIPAA
Reporting Fraud

Provider Lookup

Looking for a provider?
Click here to find a state health-care provider near you

Not yet a provider?
Click here to find out how you can become a provider for Texas Medicaid and related programs.

HURRICANE UPDATES
Click here for important information and updates about the recent severe weather in Texas.

Click here to check out the new requirements for
ORDERING/REFERRING PROVIDER

Click here to view a short video covering:
ORDERING/REFERRING PROVIDER FREQUENTLY ASKED QUESTIONS

proveedor:
Haga clic aquí para encontrar un proveedor cerca a su hogar.
Búsqueda Proveedores

Welcome to Texas Medicaid & Healthcare Partnership

Welcome to the Texas Medicaid & Healthcare Partnership (TMHP) website. TMHP is a group of contractors under the leadership of Accenture. Accenture administers Texas Medicaid and other state health-care programs on behalf of the

Additional Resources

- For more information
 - Call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413
- Frequently Asked Questions
[http://www.tmhp.com/TMHP File Library/FAQ/ORP Providers FAQs.pdf](http://www.tmhp.com/TMHP_File_Library/FAQ/ORP_Providers_FAQs.pdf)

Texas Medicaid Re-Enrollment

- Requirement of the Patient Protection and Affordable Care Act (PPACA).
- All Texas Medicaid providers who enrolled on or after January 1, 2013, *must re-enroll at least every five years* (certain providers will need to re-enroll more frequently).
- Upon enrollment, providers will receive a letter which will reference a “limited term enrollment” and inform each provider of their re-enrollment date.
- Assure to submit your re-enrollment application prior to letter deadline to avoid gap in contract coverage.

Helpful Links

Affordable Care Act (ACA) Provider Enrollment Frequently Asked Questions (FAQ)

http://www.tmhp.com/TMHP_File_Library/ACA/Affordable%20Care%20Act%20FAQs.pdf

DME Providers



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DME SUPPLIES FORM: Please indicate the Durable Medical Equipment and/or Medical Supply that you provide. Please also indicate if these items can be picked up, delivered, or mail ordered.

Date: _____

Provider/Group Name: _____

Address: _____

Phone: _____ **Fax:** _____

Contact: _____

Hours of Operation:

DME Supplies	Yes	Pick Up	Delivery	Mail Order
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apnea Monitors Child/Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bandages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canes/Crutches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPAP/BiPAP Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creams/Washes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decubitus Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enteral Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needles/Syringes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ostomy Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen/Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal Stimulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traction/Trapeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uterine Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair-Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair-Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair-Rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair-Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair Seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contact Information

Vianey Licon

Provider Relations Representative

915-298-7198 ext. 1021

Provider Relations Department

915-298-7198 ext. 1507



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Special Investigations Unit Compliance

Alma Meraz

Special Investigations Unit Claim Auditor

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 (WFA) – this 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.

Documentation Requirements

- Review TMHP Provider Manual - Documentation Requirements by Specialty.
- *Those services not supported by required documentation in the client's record will be subject to recoupment.*
- Each client for whom services are billed must have documentation that meets the following guidelines included in their records:
 - All entries must be documented clearly and legible to individuals other than the author.
 - Dated (month/day/year).
 - Signed by the performing provider.
 - Notations of the **beginning and ending session times**.
 - Patient's name, DOB, and Medicaid number should be included in **every sheet** of the patient's record.

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.

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.
- Per the Office of the Inspector General's directive, El Paso Health will recoup via claims adjustments (preferably).

Verification Process

- Also as part of the WFA Plan, El Paso Health conducts a verification of services.
- Every month we contact 50 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?

Alma Meraz, CCS-P

Special Investigation Unit Claim Auditor

915-532-3778 ext. 1039



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HEALTH SERVICES UPDATES

Edna Lerma, Clinical Supervisor

Gilda Rodriguez, Prior Authorization Nurse
Coordinator

Breastfeeding Support Services

- New medical necessity criteria for mothers and infants.
- Updated frequency limitations for breast pumps and parts.

El Paso Health Prior Authorization Requirements

- Texas Standardized Prior Authorization Form.
- DME equipment exceeding \$300.
- Breast Pump Rentals.
- Hospital Grade Breast Pump E0604.

PT, OT, ST Changes effective 9/1/17

- PT, OT, and ST treatment procedure codes are either time-based and billable in units or untimed and billable per daily encounter.

Time-Based PT and OT Procedure Codes

- 97034 & 97035 limited to total of 2 units
- 97036 limited to total of 3 units
- 97032, 97033, 97110, 97112, 97113, 97116, 97124, 97140, 97530, 97535, 97537, 97542, 97750 limited to a total of 4 units

Untimed PT and OT Treatment Procedure Codes

- The following supervised modality PT and OT treatment procedure codes are limited to once per date of service per procedure code:
 - 97012
 - 97014
 - 97016
 - 97018
 - 97022
 - 97024
 - 97026
 - 97028

Speech Therapy Treatment Procedure Codes

- Individual speech treatment is limited to one encounter per date of services per provider.
- Only one of the following individual speech treatment procedure codes will be reimbursed per DOS: 92507 92526.
- 1 ST Visit = 1 Unit

Health Services Contact

915-532-3778 ext. 1500

Gilda Rodriguez, RN

915-298-7198 ext. 1016

Edna Lerma, LPC

915-298-7198 ext. 1078



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Claims Reminders and Updates

Adriana Villagrana

Claims Manager

Reminders

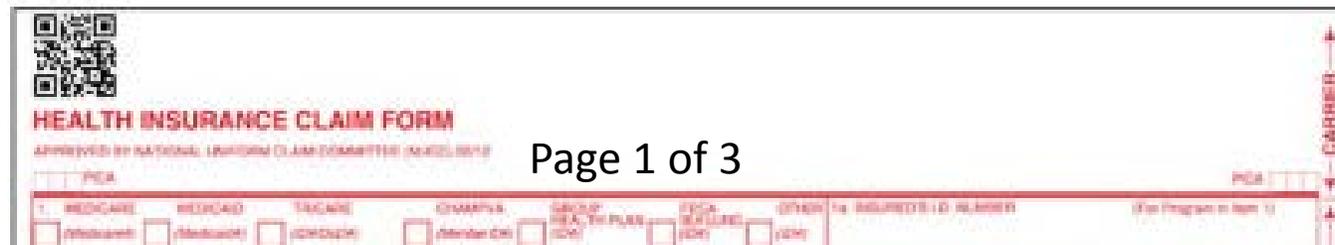
Claims Processing

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

Reminders

Multiple Claims

- If you are submitting multiple claims for a patient, please ensure that you:
 - Indicating page 1 of x on the claim header
 - Staple the claims together



The image shows the top portion of a Health Insurance Claim Form. It includes a QR code in the top left corner. The main title is "HEALTH INSURANCE CLAIM FORM" in red, with "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC/UBI)" in smaller text below it. The page is labeled "Page 1 of 3" in the center. On the right side, there is a vertical red line with the word "CLAIM" written vertically. Below the title, there are several checkboxes for insurance types: MEDICARE, MEDICAID, TANF, CHAMPVA, GROUP (P/A, TR, P/UB), FICA (S/L/CLER), OTHER, and INSURED/ID NUMBER. Each checkbox is followed by a small box for a code or number. The form is otherwise blank.

Availity Billing Provider Information Information

Facility Claims

Name of the facility
where the services were
rendered



Billing Provider Information

Express Entry - Billing Provider: ?

* Organization / Provider Last Name: ?

* Phone Number: ? - - Ext.

Fax Number: - -

E-mail:

Country: ?

* Address 1: ?

Address 2: ?

* City, State, ZIP Code: -

* Specialty / Taxonomy:

* NPI: ?

* Tax ID: ?

Important: Enter the tax ID to which the claim should be paid.

* Provider Accepts Assignment: ?

* Release of Information Code: ?

Availity Additional Provider Information Field

Facility Claims

This claim has additional provider information...

- additional billing provider contact information
- a billing provider pay-to address that is different from the billing provider address
- a service facility location that is different from the billing provider

Attending Provider Information

Express Entry - Attending Provider:

* Last Name:

* First Name:

* Specialty / Taxonomy:

* NPI: ?

Availity Billing Provider Information Field

Professional Claims

If billing under
a group enter your
pay to information in
this section



Billing Provider Information

Express Entry - Billing Provider: ? ▼

* Organization / Provider Last Name: ?

First Name:

* Phone Number: ? - - Ext.

Fax Number: - -

E-mail:

Country: ? ▼

* Address 1: ?

Address 2: ?

* City, State, ZIP Code: ▼ -

* Specialty / Taxonomy:

* NPI: ?

Tax ID Type: ▼

* Tax ID: ?

Important: Enter the tax ID to which the claim should be paid.

Availity Rendering Provider Information Field

Professional Claims

- Select appropriate box:

This claim has additional provider information...

- additional billing provider contact information
- a billing provider pay-to address that is different from the billing provider address
-  a rendering provider

Rendering Provider

Express Entry - Rendering Provider:

* Organization / Provider Last Name:

First Name:

* Specialty / Taxonomy:

* NPI: ?

Availity Authorization Field

Facility Claims

- Facility C Claim Information

* Patient Control Number / Claim Number: ?

Diagnosis Related Group (DRG) Code: ?

Medical Record Number:

* Billing Frequency: ?

this is an HMO claim

 Prior Authorization Number: ?

Auto Accident Country:

* Admission Type:

* Admission Source:

Availity Authorization Field

Professional Claims

Claim Information

* Patient Control Number / Claim Number: ?

Medical Record Number:

* Place of Service: ?

* Billing Frequency: ?

this is an HMO claim

* Provider Signature on File:

 Prior Authorization Number: ?

Care Plan Oversight Number (for Medicare Patients): ?

Chiropractic Patient Condition Code:

Important Billing Changes for PT/OT/ST

Effective September 1, 2017

PT/OT/ST benefits changed effective for dates of service on or after 9/1/2017 for all ages.

[PT/OT/ST Therapy Benefit Changes](#)

Electronic Claims

- Claims are accepted from:
 - Availity
 - Trizetto Provider Solutions, LLC. *(formerly Gateway EDI)*

- Payer ID Numbers:

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

Contact Us

915-532-3778

Provider Care Unit Extension Numbers:

- 1527 – Medicaid
- 1512 – CHIP
- 1509 – Preferred Administrators
- 1504 – HCO



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Services and Co-pays

Edgar Martinez, MBA

Director of Member Services

Member Services

Our Member Services Department can:

- Verify eligibility and PCP.
- Verify applicable co-payments.
- Verify in-network Provider.
- Explain what ancillary services are covered.
- Explain how to get free transportation.
- Explain how to get free interpreter services.

CHIP Co-payments

**Are Ancillary Providers allowed to charge a
co-pay?**

CHIP Co-payments

CHIP Co-payments do not apply to:

- Ambulatory Surgical Center
- Durable Medical Equipment
- Rehabilitation Hospital
- Home Health Agency
- Hospice
- Laboratory
- Physical Medicine and Rehab
- Radiology

CHIP Co-payments

- CHIP co-payment applies to initial evaluation for individual PT, ST, and OT Providers.
- Follow up treatment and care for PT,ST, and OT visits do not require co-payment.

Contact

Edgar Martinez

Director of Member Services

915-532-3778 ext. 1064

Juanita Ramirez

Member Services & Enrollment Supervisor

915-532-3778 ext. 1063



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Thank You for Attending Providers!





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For more information:



(915) 532-3778



www.elpasohealth.com

