



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

# BEHAVIORAL HEALTH SPECIALTY TRAINING

**Thursday, April 4, 2019**

**12:00 PM - 2:00 PM**



**TEXAS**  
Health and Human  
Services



# Agenda

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**C.A.R.E.: [Behavioral Health Crisis Line](#)**

**Contracting and Credentialing: [Aperture, Availity and El Paso Health](#)**

**Provider Relations: [Updates and Reminders](#)**

**Quality Improvement: [Accessibility and Availability](#)**

**Health Services: [Behavioral Health Benefits](#)**

**Claims: [Claim Reminders](#)**

**Member Services: [STAR and CHIP – Member Behavioral Health Services](#)**



# **BEHAVIORAL**HEALTH CRISIS LINE

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**STAR 1-877-377-6147**

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**CHIP 1-877-377-6184**

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The crisis line for help with behavioral health is open  
24 hours a day, 7 days a week. Call if you need assistance.

# Contact Information

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**Adriana Cadena**

**C.A.R.E. Unit Manager**

[acadena@elpasohealth.com](mailto:acadena@elpasohealth.com)

915-298-7198 ext. 1127



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## **Aperture, Availity and El Paso Health**

Evelin Lopez

Contracting and Credentialing Manager

# Credentialing New Providers

**IMPORTANT: Credentialing for New Providers** - Providers must contact EPH and complete the demographic form prior to submitting a credentialing application thru Availity.

- Practitioners and facilities will receive notices from Aperture on credentialing application requests.
- After your application is complete on Availity, Aperture will retrieve your information on the Texas Standardized Credentialing Application.

**Remember:** The credentialing process is different than the contracting process.

- Upon completion of the credentialing process, a contract or amendment will be provided that will include an effective date



- Practitioners and facilities receive notices from Aperture on any initial credentialing application requests. For re-credentialing, Aperture will send notices **180** days prior to your next re-credentialing due date.
- Aperture will perform primary source verification of your credentials. You may receive requests from Aperture for additional information.

# Application Submission

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- Applications should be submitted thru the Availity Portal [www.availity.com](http://www.availity.com).
- If this is your first time submitting through Availity's web-based solution, click on the option to "Register" and follow the steps to get started. If you need assistance, you may call Availity Support at 1-800-282-4548



# When to submit a Demographic Form?

Changes to your practice:

- Provider leaves or joins your practice.
- Any changes in your demographics (i.e. telephone number, fax, location).
- Changes in your contract (i.e. name change, practice name, TIN change).
- When submitting a Credentialing Application via Availity or directly to El Paso Health.

You may submit your updated Demographic Form to Contracting and Credentialing Department at:

**Email:** [contracting\\_dept@elpasohealth.com](mailto:contracting_dept@elpasohealth.com)

**Fax:** (915) 298-7870

**Demographic Form:** <http://www.elpasohealth.com/forms/Provider%20Demographic%20Form.pdf>

# Contact Information

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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 and Credentialing Department**

Email: [Contracting\\_Dept@elpasohealth.com](mailto:Contracting_Dept@elpasohealth.com)

Phone: 915-532-3778



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## **Updates and Reminders**

Vianey Licon

Provider Relations Representative

# TPI Revalidation Process

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- The Affordable Care Act (ACA) requires providers to submit a revalidation application, at least 90 days before the end of their enrollment period.
- Providers must submit any updated licenses and/or certifications to TMHP, prior to expiration date.
- Failure to do so will result in dis-enrollment from Texas Medicaid until fully updated by TMHP.
- Providers who do not submit the revalidation application on time, will be required to go through the re-enrollment process as a newly enrolling provider.

➤ A Step-by-Step Guide for Provider Enrollment:

<http://www.tmhp.com/enrollment/SitePages/index.html>

# EPH Process

## PDC-66 Re-enrollment

- All dis-enrolled providers are removed by TMHP from the Provider Master File. Then added to the Excluded Listing with a Payment Denial Code (PDC-66).
- Providers with a (PDC-66) will be terminated from EPH network and any claims after the term date will be denied, until its updated.
- Authorizations will not be approved during this time frame.
- Once provider re-enrolls successfully with TMHP, the provider will be removed from the Excluded Listing. Please notify EPH immediately to re-instate contract.

Excluded Search Criteria

NPI 123456789 TPI Tax ID

Org. Name  
or Last Name

First Name Key  Accepts partial entry

Search Clear

Effective	Term Date	Code	Denial Reason
02/27/2018	12/31/3999	66	Provider is not enrolled - failed to Re-Validate

*\*EPH will reinstate provider's contract according to TMHP's effective date.*

# EPH Process

## PDC-46 License Certification Revoked

- Providers who fail to provide the license and or certification update to TMHP within a timely manner, will also be removed from the Provider Master File, and added to the Excluded Listing with a Payment Denial Code (PDC-46).
- Providers with a (PDC-46), will be temporarily terminated from EPH network and any claims after the term date will be denied.
- Authorizations requests may be submitted during this time frame.
- Once provider's license or certification is successfully updated with TMPH, the provider will be removed from the Excluded Listing. Please notify EPH immediately to re-instate contract.

The screenshot shows the 'Texas Provider Identifier' application window. It has a menu bar with 'File' and 'Help'. Below the menu bar are tabs for 'Grid', 'Provider', 'Excluded', 'Pharmacy', and 'Setup'. The 'Excluded' tab is active. The main area is titled 'Excluded Search Criteria' and contains several input fields: 'NPI' (123456789), 'TPI', 'Tax ID', 'Org. Name', 'Last Name', 'First Name', and a 'Key' checkbox labeled 'Accepts partial entry'. There are 'Search' and 'Clear' buttons. Below the search area is a table with the following data:

Effective	Term Date	Code	Denial Reason
03/01/2018	12/31/3999	46	License or certification revoked

*\*EPH will reinstate provider's contract according to TMHP's effective date.*

# El Paso Health is Now Green

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- Effective 1/1/2019, Remittance Advice (RA) reports are no longer printed and mailed.
- Available electronically via the El Paso Health online provider portal.
  - Must have an Administrative account in order to access RAs.
  - Standard users may contact Provider Relations at 915-532-3778 ext. 1507 to request Administrative user rights.
- RAs are also available via 835 files through a clearing house.
  - Submit the Electronic Remittance Advice Request Form to enroll:  
[http://www.elpasohealth.com/forms/Electronic%20Remittance%20Advice%20\(835\)%20Request%20Form.pdf](http://www.elpasohealth.com/forms/Electronic%20Remittance%20Advice%20(835)%20Request%20Form.pdf)



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## MEMORANDUM

**TO:** All Providers

**FROM:** El Paso Health Plans

**DATE:** March 1, 2019

**RE:** Electronic Remittance Advice (835) Request Form / El Paso Health Payer Identification Sheet

El Paso Health has updated the Electronic Remittance Advice (835) Request Form and the El Paso Health Payer Identification Sheet. Effective immediately, please utilize the updated form when requesting 835 access. The form is located on our website under provider/forms/miscforms.

### Electronic Remittance Advice (835) Request Process

- Submit ERA (835) Request Form to El Paso Health.
- A test file will be sent to ensure successful transmission to clearinghouse indicated on form.
- Provider will need to confirm receipt of the test file in order for the 835 process to be completed.
- Failure to confirm test file within 30 calendar days will cause the request to be closed and a new request will need to be submitted.

### Please note:

Form submission /approval is not required to begin Electronic Data Interchange (837) transactions.

If you have any questions regarding the Electronic Remittance Advice (835) Request Form or the El Paso Health Payer Identification Sheet, please feel free to contact our Provider Relations Department at 915-532-3778 x 1507.



# Electronic Remittance Advice (835) Request Form



**El Paso Health**  
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## 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: \_\_\_\_\_



**MEMORANDUM**

**TO:** All Providers  
**FROM:** El Paso Health Plans  
**DATE:** March 8, 2019  
**RE:** Mental Health Wellness for IDD Training Series for Healthcare Professionals

**Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities Training Series**

The MHW-IDD e-learning training series <http://training.mhw-idd.uthscsa.edu/> has been updated, and now offers three new training modules for healthcare professionals (HCPs).

The new modules expand the knowledge and skills of HCPs, including physicians, physician assistants, and nurse practitioners by discussing evidence-based techniques to improve the delivery of health care to individuals with IDD, maximize outcomes, and enhance quality of life.

The training series consists of the following nine modules:

- Co-occurring Disorders: IDD and Mental Illness
- Putting It All Together: Supports and Strategies for Direct Service Workers
- Trauma-informed Care for Individuals with IDD
- Integrated Healthcare for Individuals with IDD – for HCPs
- Functional Behavior Assessment and Behavior Support
- Communicating with Individuals with IDD – for HCPs
- Overview of Genetic Syndromes Associated with IDD
- Trauma-informed Care for Clinical Providers – for HCPs
- Overview of Medical Diagnoses Associated with IDD

If you have any questions regarding this correspondence, please feel free to contact our Provider Relations Department at 915-532-3778 x 1507.

# Provider Directory Verification

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## Critical Elements:

- Address
- Phone Number
- Office hours
- Age Range
- Website URL
- Telemedicine / Telehealth / Telemonitoring

# Peer Specialist Services

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- Texas Medicaid benefit as of January 1, 2019.
- Peer specialist services are recovery-oriented, person-centered, relationship-focused, voluntary, and trauma-informed.
- Peer specialist services are based on a mutual relationship between the peer specialist and the Medicaid-eligible client. A peer specialist uses his or her lived experience to support a client in achieving goals and objectives in the client's person-centered recovery plan, as well as skill development, problem solving strategies, and coping mechanisms for stressors and barriers encountered when recovering from a mental health condition or a substance use disorder.

# Peer Specialist Services

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- **Recovery and wellness support:** Providing information on and support with planning for recovery;
- **Mentoring:** Serving as a role model and providing assistance in finding needed community resources and services; and
- **Advocacy:** Providing support in stressful or urgent situations and helping to ensure that the client's rights are respected. Advocacy may also include encouraging the client to advocate for him or herself to obtain services

Services may be provided individually or in a group.

# Client Eligibility

To be eligible to receive Medicaid peer support services, a person must:

- Be at least 21 years old
- Be a Medicaid recipient
- Have a mental health condition and/or substance use disorder; and
- Have peer specialist services included as a component of their person-centered recovery plan

# Benefit Limitations

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- Reimbursement for procedure code H0038 will be limited to substance use disorders and mental health conditions.
- Procedure code H0038 (Self-help/peer services, per 15 minutes) will be limited to 104 units in a rolling six-month period. This limit may be exceeded with demonstrated medical necessity for the additional services.

# Peer Specialist Requirements

Peer specialists must be employed by the following Medicaid-enrolled providers in order to deliver peer specialist services:

- Clinic or group practices treating behavioral health conditions (M.D., D.O, NP, CNS, and PA)
- Psychologists, LCSW, LMFT, and LPC
- TCM/MHR
- Local mental health authorities and local behavioral health authorities
- Chemical dependency treatment facilities
- Federally qualified health clinics (FQHCs)
- Rural health clinics (RHCs)

**Note:** Peer services will not be separately reimbursed to providers who are currently paid an encounter rate or bundled rate.



# Peer Specialist Eligibility

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Must meet the following:

- Be at least 18 years of age
- Have lived experience with a mental health condition, substance use disorder, or both
- Have a high school diploma or General Equivalency Diploma (GED)
- Be willing to appropriately share his or her own recovery story with clients
- Be able to demonstrate current self-directed recovery
- Pass criminal history and registry checks
- Take required training and be certified

**Note:** A peer specialist may not practice psychotherapy, make clinical or diagnostic assessments, or dispense expert opinions; engage in any service that requires a license; or falsify any documentation

# Certification

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A peer specialist must complete all required training and certification before providing services.

- Complete required orientation and self-assessment activities (as outlined in 1 TAC §354.3155)
  - Complete a core training delivered by a certified training entity.
  - Complete a supplemental training in one of the following specialty areas:
    - Mental health peer specialist
    - Recovery support peer specialist
  - A person may apply for initial certification after successful completion of core and supplemental training and a knowledge assessment.
  - A peer specialist who is initially certified may begin to deliver Medicaid-covered services while participating in a supervised internship at their place of employment.
- ❖ Any organization delivering peer specialists services must provide proof of certification to El Paso Health.

# Resources

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For more information, call the TMHP Contact Center at 1-800-925-9126.

Link: [http://www.tmhp.com/News\\_Items/2018/11-Nov/11-16-18%20Peer%20Specialist%20Services%20to%20Become%20a%20Benefit%20of%20Texas%20Medicaid%20January%201,%202019.pdf](http://www.tmhp.com/News_Items/2018/11-Nov/11-16-18%20Peer%20Specialist%20Services%20to%20Become%20a%20Benefit%20of%20Texas%20Medicaid%20January%201,%202019.pdf)

# Contact Information

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**Vianey Licon**

Provider Relations Representative

[vlicon@elpasohealth.com](mailto:vlicon@elpasohealth.com)

(915) 298-7198 Ext 1021

**Laura Nebhan**

Provider Relations Representative

[lnebhan@elpasohealth.com](mailto:lnebhan@elpasohealth.com)

(915) 298-7198 Ext 1037

Provider Relations Department

(915) 532-3778 Ext 1507



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## **Accessibility and Availability**

Don Gillis

Director of Quality Improvement

# Accessibility and Availability

- Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC) mandate that El Paso Health must monitor our Providers on an annual basis for 24 hour availability and office accessibility compliance.
- **Accessibility:** able to provide appointment within a specific time frame, office hours, days of operation, languages spoken.
- **Availability (PCPs only):** able to be contacted after hours (5:00 pm to 8:30 am, Monday through Friday. Any time Saturday and Sunday); must return call within 30 minutes.

*No Availability Calls conducted for Behavioral Providers at this time.*

# State-Wide Monitoring

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- 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
- Performance thresholds are set to determine possible corrective action from the health plan

# El Paso Health Methodology

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- Random Sampling of network providers every quarter.
- Provider may be surveyed more than once a year, if non-compliant.
- Provider Relations Representatives conduct surveys for appointment Accessibility:
  - In person or by phone
  - Opportunity to update provider directory information
  - Secret Shopper calls



# Accessibility Standards

<b>Service:</b>	<b>Able to schedule appointment:</b>
Initial Outpatient Behavioral Health (new members, child and adult)	Within 14 calendar days
Emergency Services	Upon member presentation
Urgent Care, to include urgent behavioral health services	Within 24 hours
Routine Specialty Care, to include behavioral health (established members)	Within 21 calendar days

# HHSC Statewide Calls

Sub-Study	Threshold	El Paso Health Results	Statewide Results
CHIP	83.00%	85.71%	79.2%
STAR Child	75.00%	81.25%	77.4%
STAR Adult	79.00%	81.25%	76.0%

# Quality Improvement Department

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**Don Gillis, Director of Quality Improvement**

915-298-7198 ext. 1231

**Patricia Rivera, QI Nurse Auditor**

915-298-7198 ext. 1106

**Astryd Galindo, QI Nurse**

915-298-7198 ext. 1177

**Angelica Chagolla, QI Data Analyst**

915-298-7198 ext. 1165



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## **Behavioral Health Benefits**

Edna Lerma

Clinical Supervisor

# Substance Use Disorder (SUD)

SUD services may include the following:

- Withdrawal management services
- Individual and group SUD counseling in an outpatient setting
- Residential treatment services
- Medication assisted treatment
- Evaluation and treatment (or referral for treatment) for co-occurring physical and behavioral health conditions

# SUD Requirements

- Level of care (e.g., **outpatient, residential, inpatient hospital**) and specific services provided must adhere to current **evidence-based industry standards and guidelines** for SUD treatment, such as those outlined in the current edition of the **American Society of Addiction Medicine's Treatment Criteria for Addictive Substance-Related and Co-Occurring Conditions**, as well as the licensure requirements outlined in 25 TAC §448 pertaining to standards of care.
- **SUD treatment services** (outpatient or residential) may only be delivered in a **licensed chemical dependency treatment facility (CDTF)**. Medication assisted treatment (MAT) may also be delivered by appropriately trained physicians, nurse practitioners (NPs), clinical nurse specialists (CNSs), and physician assistants (PAs) in the office setting.
- SUD **withdrawal management in an inpatient hospital** setting may be provided for individuals who meet hospital level of care requirements as a result of the severity of their withdrawal syndrome or the **severity of their co-occurring conditions**. These services may be reimbursed as general hospital inpatient services. The treatment setting and the intensity or level of services will vary depending on the severity of the individual's SUD and what is **clinically appropriate**. The intensity or level of services refers to the number of hours of services per week, as well as the types of services the individual receives. Early Intervention services are part of the spectrum of SUD treatment and are a benefit in Texas Medicaid. Early intervention services target individuals who are at risk of developing a substance related problem but may not have a diagnosed SUD.

# Prior Authorization Requirements for Substance Use Disorder

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## All SUD services require a Prior Authorization

- ✓ Inpatient (detox, rehab.)
- ✓ Outpatient (SUD)
- ✓ Residential (SUD)

# Screening, Brief Intervention, and Referral to Treatment

## SBIRT

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- SBIRT is a comprehensive, public health approach to the delivery of early intervention and treatment services. Benefit available for Members who are 10 years of age and older and who have alcohol or substance use disorders or are at risk of developing such disorders.
- SBIRT is used for intervention directed to individual clients and not for group intervention.



# Who can provide SBIRT?

- Physicians, Psychologists
  - Registered nurses
  - Advanced practice nurses
  - Physician assistants
  - Licensed clinical social workers
  - Licensed professional counselors
  - Certified nurse midwives
  - Outpatient hospitals
  - Federally qualified health centers (FQHCs)
  - Rural health clinics (RHCs).
- Non-licensed providers may deliver SBIRT under the supervision of a licensed provider if such supervision is within the scope of practice for that licensed provider.
  - The same SBIRT training requirements apply to non-licensed providers.

# SBIRT Training

Providers that perform SBIRT must be trained in the correct practice of this method and will be required to complete at least four hours of training.

Proof of completion of SBIRT training must be maintained in an accessible manner at the provider's place of service.

Information regarding available trainings and standardized screening tools can be found through the Substance Abuse and Mental Health Services Administration.

[www.samhsa.gov](http://www.samhsa.gov)

**Note:** Certificate verification is required for reimbursement.

SBIRT is limited to clients who are 10 years of age and older.

**Prior Authorization is NOT required.**

# Mental Health Rehabilitative Services and Targeted Case Management

## MHR/TCM

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Resources for Providers: Texas Medicaid Provider and Procedures Manual

[Texas Medicaid Provider Procedures Manual – BH](#)

Texas Resilience and Recovery Utilization Management Guidelines

[Texas Resilience and Recovery Utilization and Management Guidelines](#)

**Note:** Providers must attest with EPH they have complied with all trainings and certifications required to provide these services.

# MHR/TCM

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- Targeted case management services are case management services to clients within targeted groups.
- The target population that may receive Mental Health Targeted Case Management (MHTCM) as part of the Texas Medicaid Program are clients, regardless of age, with a single diagnosis of chronic mental illness or a combination of chronic mental illnesses as defined in the latest edition of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM), and who have been determined via a uniform assessment process to be in need of MHTCM services.
- Clients of any age with a single diagnosis of intellectual and developmental disabilities (IDD) and related conditions, or a single diagnosis of substance use disorder (SUD) are not eligible for MHTCM services.

# MHR/TCM

## Benefits

Notification must be submitted however no Prior Authorization is required. A notice for the Level of Care (LOC) is necessary as we are contractually obligated to provide a STATE FAIR HEARING if Member transitions to a lower/higher level of care.

<b>MHR/TCM Benefits – Depending on Level of Care</b>				
Psychiatric Examination	Pharmacological Management	Individual Counseling	Group Counseling	Peer Support
Skills Training and Development	Medication Training & Support	Family Counseling	SBIRT	Case Management

# Psychological and Neuropsychological Benefits

Effective 1/1/2019

Benefit Update 1/1/2019 – procedure codes 96101/96118 discontinued

Psychological/Neuropsychological Testing	
Neurobehavioral Status Exam	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
+ 96121	Each additional hour (List separately in addition to code for primary procedure)
Test Evaluation Services	
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
+ 96131	Each additional hour (List separately in addition to code for primary procedure)
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
+ 96133	Each additional hour (List separately in addition to code for primary procedure)

# Psychological and Neuropsychological Benefits

Test Administration and Scoring	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes
+ 96137	Each additional 30 minutes (List separately in addition to code for primary procedure)
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
+ 96139	Each additional 30 minutes (List separately in addition to code for primary procedure)

**Prior Authorization is required for Psychological and Neuropsychological testing.**

[http://www.tmhp.com/News\\_Items/2018/12-Dec/2019\\_HCPCS\\_Special\\_Bulletin\\_NO\\_15.pdf](http://www.tmhp.com/News_Items/2018/12-Dec/2019_HCPCS_Special_Bulletin_NO_15.pdf)

# Behavioral Health

## Case Management

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EPH has Case Managers available to assist Members with a diagnosis of Severe and Persistent Mental Illness (SPMI) and Seriously Emotionally Disturbed (SED).

Case Managers will:

- Assess Members condition and environment
- Provide Education regarding benefits and condition
- Coordinate Care for Medical, Behavioral Health and Social Needs
- Develop a Service Plan to identify Member goals, progress, and interventions
- Refer Members to specialty Providers
- Refer Members to community agencies



# Case Management

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- Case Managers will collaborate with Providers as part of the Interdisciplinary Team to assist our Members and their families.
- Hospitalization Follow-up – A 24 hour return call to members is required for missed appointments to re-schedule, from behavioral health providers.
- Behavioral Health Providers must refer members, when known or suspected/untreated physical health problems or disorders, to their PCP for examination and treatment.

# Non-Capitated Services

**Medicaid Non-capitated Services:** The following Texas Medicaid programs, services, or benefits have been excluded from MCO Covered Services. Medicaid Members are eligible to receive these Non-capitated Services on another basis.

1. Texas Health Steps dental (including orthodontia);
2. Texas Health Steps environmental lead investigation (ELI);
3. ECI case management/service coordination;
4. ECI Specialized Skills Training;
5. Case Management for Children and Pregnant Women;
6. Texas School Health and Related Services (SHARS);
7. Department of Assistive and Rehabilitative Services Blind Children's Vocational Discovery and Development Program;
8. Tuberculosis services provided by DSHS-approved providers (directly observed therapy and contact investigation);
9. HHSC's Medical Transportation Program;
10. Personal Care Services
11. for STAR, Texas Health Steps Personal Care Services for Members birth through age 20
12. for STAR, CFC services;

# Behavioral Health Benefit - Exclusions

## Exclusions

The following services are NOT benefits of Texas Medicaid:

- Psychoanalysis
- Multiple Family Group Psychotherapy
- Marriage or couples counseling
- Narcosynthesis
- Biofeedback training as part of psychophysiological therapy
- Psychiatric Day Treatment Programs
- Applied Behavioral Analysis
- Services provided by a psychiatric assistant, psychological assistant (excluding Master's level LPA), or a licensed chemical dependency counselor

# Contact Information

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## Health Services Department

**Telephone Number: 915-532-3778**

**Ext. 1500 (STAR)**

**Ext. 1536 (CHIP)**

**Fax Number: 915-298-7866**

**Toll Free Fax: 844-298-7866**



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## **Claim Reminders**

Adriana Villagrana

Claims Manager

# Reminders

## Claims Processing

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Timely filing deadline

—**95** days from date of service

Corrected claim deadline

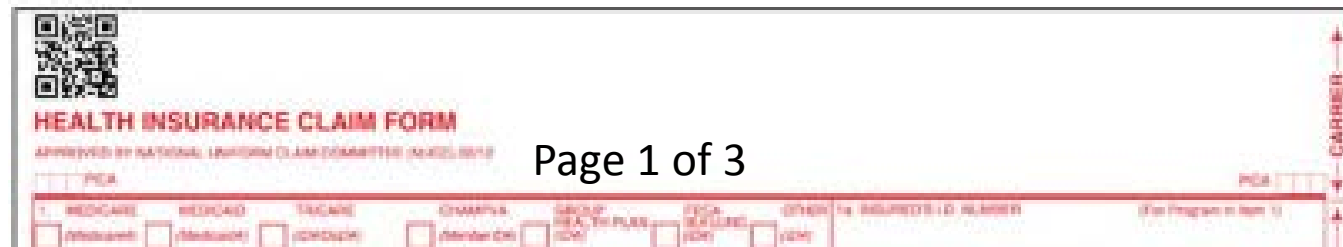
—**120** days from date of EOB

# 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

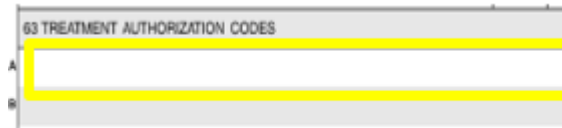


The image shows the header section of a Health Insurance Claim Form. It includes a QR code in the top left corner. The main title is "HEALTH INSURANCE CLAIM FORM" in red, with the subtitle "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC/UB91)" below it. The text "Page 1 of 3" is prominently displayed in the center. To the right, there is a vertical label "CLAIMS" with a double-headed arrow. Below the title, there are several checkboxes for insurance types: MEDICARE, MEDICAID, TANFASH, CHAMPVA, GROUP HEALTH PLAN, OTHER, and INSURED/ID NUMBER. Each checkbox is accompanied by a small icon and a label. The form is designed with a clean, professional layout using red and black text on a white background.

# Authorization Number on Claims

## UB04 – CMS1500 forms

- EPH requires ONLY authorization numbers on block 63 of the UB-04



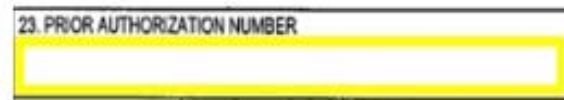
63 TREATMENT AUTHORIZATION CODES

A

B

A rectangular input field with a yellow border is highlighted, indicating where the authorization number should be entered.

- EPH requires ONLY authorization numbers on block 23 of the CMS-1500 claim form



23. PRIOR AUTHORIZATION NUMBER

A rectangular input field with a yellow border is highlighted, indicating where the authorization number should be entered.



# Common Authorization Errors on Claims

## Authorization Field

---

- Missing numbers (even a slight 0)
- Invalid numbers
- CLIA numbers
- Alphas on auth field

Prior Auth

NO AUTH REQUIRED

# Initial Evaluation Claims

## Counseling Services

---

- Initial Evaluations do not require an authorization
- When billing your claim for initial evaluations services you want to make sure that:
  - You do not bill an authorization number on your claim
  - Split your claim from other counseling services that do require an authorization number

# Modifiers

AH, UB, UC U9

Modifier	Description
AH	Identified service provided by a clinical psychologist
UB	Identifies service provided by a pre-doctoral psychology intern or post-doctoral psychology fellow
UC	Identifies service provided by an LPA
U9	Identifies service provided by a PLP

- Claims submitted without the appropriate modifiers will be denied.

# Modifiers

## Mental Health

Service Category	Procedure Codes	Modifiers
Day Program for Acute Needs	H2012	
Medication Training and Support	H0034	HQ: group services for adults HA/HQ: group services for child/youth
Crisis Intervention	H2011	HA: child/youth
Skills Training and Development	H2014	HQ: group services for adults HA: individual services for child/youth HA/HQ: group services for child/youth
Psychosocial Rehabilitation Services	H2017	TD: individual services provided by RN HQ: group services HQ/TD: group services provided by RN ET: individual crisis services

# Electronic Claims

## Payer ID Numbers

---

Claims are accepted from:

- Availity
- Trizetto Provider Solutions, LLC.

Payer ID Numbers:

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

# Call EPH's Provider Care Unit

“How may I help you”

---

- Trained Live Agents
- Available to answer any provider question regarding:
  - Status Inquiries
  - Check Tracers
  - EDI Questions
  - Reimbursement Clarifications
  - Eligibility Records
  - Status of Authorizations

# Contact Us

---

Phone (915) 532-3778

## **Provider Care Unit Extension Numbers:**

1527 – Medicaid

1512 – CHIP

1509 – Preferred Administrators

1504 – HCO



**El Paso Health**

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

## **STAR and CHIP – Member Behavioral Health Services**




Edgar Martinez

Director of Member Services



# STAR and CHIP Member Portal


Members can access the Member Portal on our website at [www.elpasohealth.com](http://www.elpasohealth.com), by clicking on the Member Portal Login.

 Call us at: <b>915-532-3778</b>	 Outside El Paso: <b>1-877-532-3778</b>	Hours of Operation 7:00 A.M. – 5:00 P.M. Mountain Time	<b>Providers Portal Login →</b>	<b>Member Portal Login →</b> 
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- HOME
- ABOUT EL PASO HEALTH
- MEMBERS
- PROVIDERS
- PROG





### Login


Username

Password

**Submit**

[Forgot your username or password?](#)

First Time Users



### 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.

# STAR and CHIP Member Portal

Print



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

Effective: 2/1/2016

DOB: [REDACTED] Non-Transferable

DR PRODANOVIC NUTIS, MARIA L  
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

## 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

## 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

[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

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

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

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](mailto: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](mailto: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

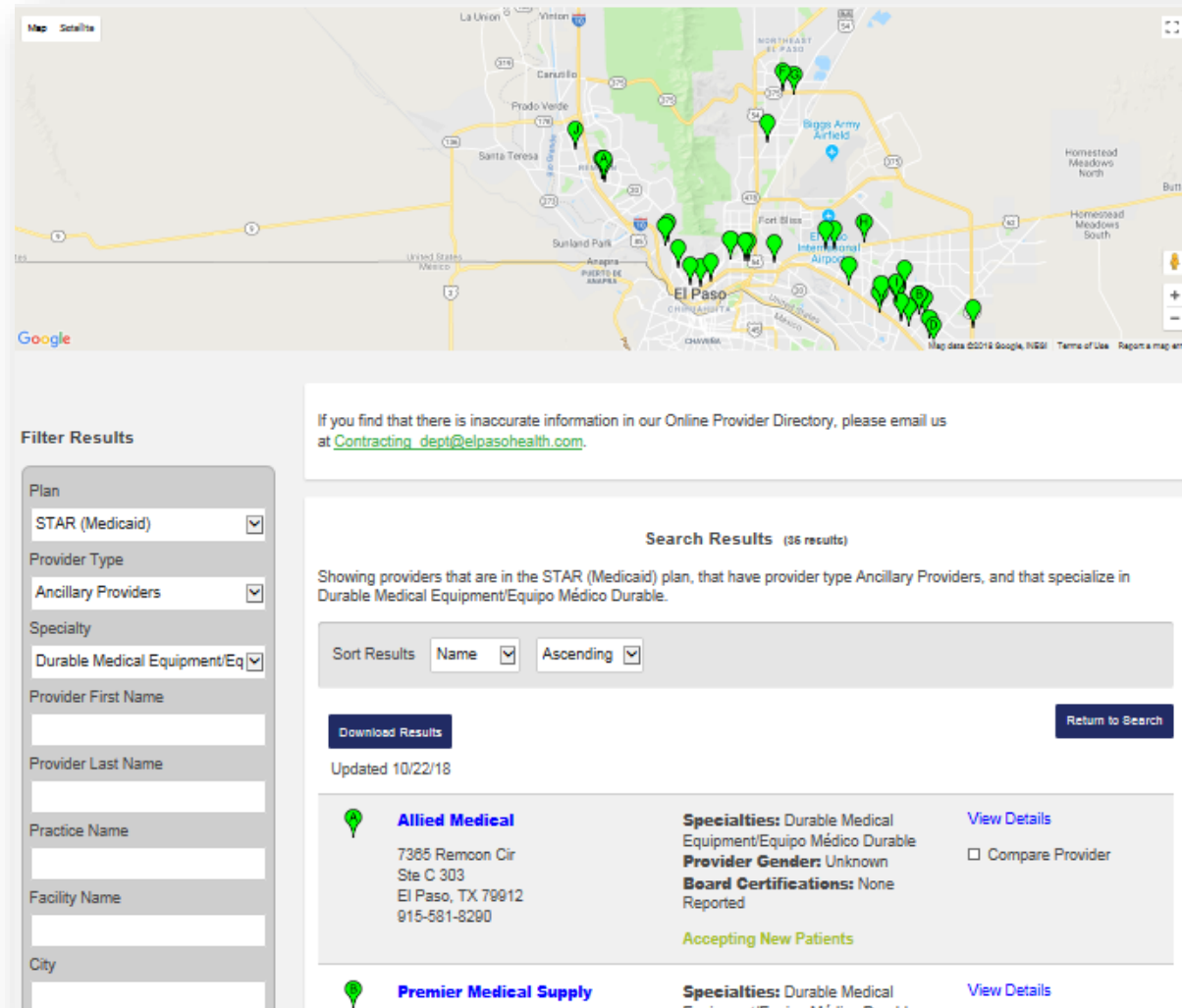
More Search Options

Find A Provider

Start Over



# STAR and CHIP Member Portal



The screenshot displays a web portal interface. At the top, a Google Map of El Paso, Texas, shows numerous green location pins representing providers. Below the map, a text box provides contact information for reporting inaccuracies: "If you find that there is inaccurate information in our Online Provider Directory, please email us at [Contracting\\_dept@elpasohealth.com](mailto:Contracting_dept@elpasohealth.com)."

**Filter Results**

- Plan: STAR (Medicaid)
- Provider Type: Ancillary Providers
- Specialty: Durable Medical Equipment/Eq
- Provider First Name: [Input Field]
- Provider Last Name: [Input Field]
- Practice Name: [Input Field]
- Facility Name: [Input Field]
- City: [Input Field]



**Search Results (36 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

 <b>Allied Medical</b> 7385 Remoon Cir Ste C 303 El Paso, TX 79912 915-581-8290	<b>Specialties:</b> Durable Medical Equipment/Equipo Médico Durable <b>Provider Gender:</b> Unknown <b>Board Certifications:</b> None Reported <b>Accepting New Patients</b>	<a href="#">View Details</a> <input type="checkbox"/> Compare Provider
 <b>Premier Medical Supply</b>	<b>Specialties:</b> Durable Medical Equipment/Equipo Médico Durable	<a href="#">View Details</a>

# Coming Soon – El Paso Health Mobile App

The El Paso Health Mobile App will give Members up-to-date online access to eligibility coverage and service information.



On the El Paso Health Mobile App Members will be able to do the following:

- View eligibility coverage information
- View temporary ID cards
- Find a Provider
- View authorizations
- View claims explanation of benefits (EOB's)

# Co-pays for Behavioral Health Visits

- For CHIP Members, the applicable level of co-payments applies for medical/behavioral services or prescription drugs are paid to the health care provider at the time of service. El Paso Health ID card lists the co-payments that apply to each family situation.
- CHIP Perinatal members and CHIP members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays.
- Additionally, for all CHIP Members there is no cost-sharing on benefits for well-baby and well-child services, preventive services, or pregnancy-related assistance.
- Co-pays do not apply to Medicaid Members.

Federal Poverty Levels	Office Visit	Non-Emergency ER	Prescription Generic Drugs	Prescription Brand Name Drugs	Facility Co-pay, Inpatient (per admission)	Annual Co-pay Maximum
Native Americans	\$0	\$0	\$0	\$0	\$0	None
At or below 151%	\$5	\$5	\$0	\$5	\$35	5% of family's income
Above 151% up to and including 186%	\$20	\$75	\$10	\$35	\$75	5% of family's income
Above 186% up to and including 201%	\$25	\$75	\$10	\$35	\$125	5% of family's income

# Behavioral Health Services Hotline

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El Paso Health offers Medicaid and CHIP Members a 24 hours day/7 days a week Behavioral Health crisis hotline.

- **CHIP: 1-877-377-6184**
- **Medicaid: 1-877-377-6147**



The Behavioral Health crisis hotline staff is bilingual and interpreter services are also available.

# Transportation Services

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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.

# Please Contact Us

---

Phone: (915)532-3778

## Member Services Queues:

1514 – Medicaid

1517 – CHIP

1529 – Preferred Administrators

1502 – HCO



# El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

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**For more information:**

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(915) 532-3778



[www.elpasohealth.com](http://www.elpasohealth.com)

