



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

OB SPECIALTY TRAINING

Thursday, August 15, 2019

12:00 PM - 2:00 PM

LIVE WEBINAR NOW AVAILABLE



TEXAS
Health and Human
Services



Agenda

- **Provider Relations:** [Provider Relations Updates and Reminders](#)
- **Quality Improvement:** [Accessibility and Availability HEDIS Measures](#)
- **C.A.R.E:** [El Paso Health First Steps Baby Showers](#)
- **Health Services:** [First Steps Case Management Program and OB Benefits and Prior Authorization Process](#)
- **Compliance:** [Complaints and Appeals Process](#), [Special Investigations Unit](#)
- **Claims:** [Claims Reminders](#)
- **Member Services:** [Member Services Overview](#)
- **TPA:** [Preferred Administrators Overview](#)



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Provider Relations Updates and Reminders

Karla Ochoa

Provider Relations Representative

Provider Directory Review

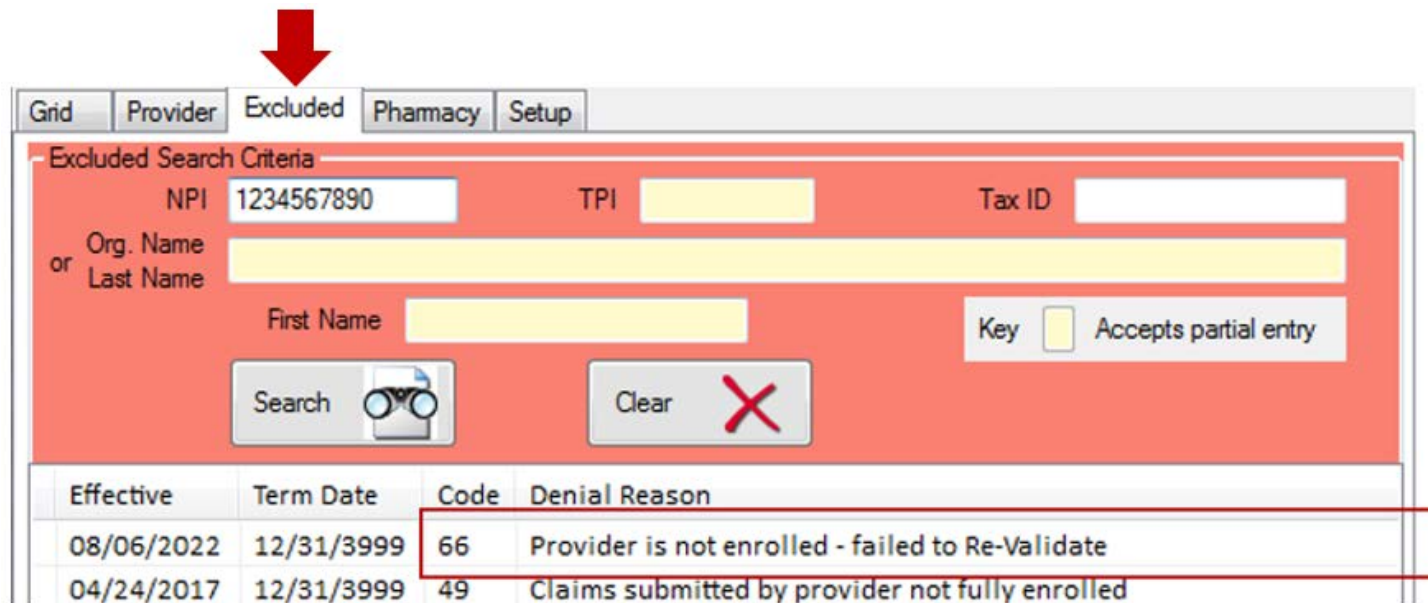
- Provider Directories are reviewed and updated on a monthly basis.
- Directories are available in the following formats:
 - Print: available for pick up at our office or mailed to members upon request
 - [Online](#): a PDF version is available for viewing or for printing on our website
 - [Provider Search](#): an interactive provider search option is available on our website
- Internal review is done by the Provider Relations Department.
- HHSC performs random audits to ensure accuracy.

Provider Directory Elements

- The following elements are included in our Provider Directories:
 - provider name
 - program participation
 - address
 - workdays
 - languages spoken
 - age limitations, if any
 - new patient restrictions
 - group name
 - gender
 - phone number
 - office hours
 - telemedicine
 - URL (web address)
- Updates and discrepancies may be corrected using the [Provider Demographic Form](#)

Re-enrollment

- Providers must re-enroll with the state to ensure Texas Provider Identifier (TPI) is updated.
- Requirement of the Patient Protection and Affordable Care Act (PPACA).
- Providers that have not re-enrolled will appear on the excluded list on state Master File with a Payment Denial Code (PDC) 66.
- Failure to re-enroll on time will result in dis-enrollment from Texas Medicaid and will cause a gap in network participation, preventing payment of claims for that timeframe.



The screenshot shows a software interface for searching excluded providers. A red arrow points to the 'Excluded' tab. The search criteria form includes fields for NPI (1234567890), TPI, Tax ID, Org. Name or Last Name, and First Name. There are 'Search' and 'Clear' buttons. Below the form is a table with columns: Effective, Term Date, Code, and Denial Reason. The table contains two rows, with the first row (Code 66) highlighted by a red box.

Effective	Term Date	Code	Denial Reason
08/06/2022	12/31/3999	66	Provider is not enrolled - failed to Re-Validate
04/24/2017	12/31/3999	49	Claims submitted by provider not fully enrolled

License Update

- All updated licenses/ re-certifications must be submitted to the state.
- Providers that have not provided a license/ re-certification update will appear on the excluded list on state Master File with a Payment Denial Code (PDC) 46.
- Payment of claims will be held until information is updated.

Grid Provider **Excluded** Pharmacy Setup

Excluded Search Criteria

NPI 1234567890 TPI Tax ID

Org. Name
or
Last Name

First Name Key Accepts partial entry

Search Clear

Effective	Term Date	Code	Denial Reason
11/01/2021	12/31/3999	66	Provider is not enrolled - failed to Re-Validate
09/01/2017	12/31/3999	46	License or certification revoked

Contracting Process When Joining a Group

- Provide termination letter for current group on file
 - Include date we are to close the contract for that group
- Necessary documentation to join an existing group:
 - Demographic Form
 - W-9 Form reflecting the new pay to information
- Texas Provider Identifier (TPI) must be attested to new group
 - Medicaid claims cannot be reimbursed without proper TPI attestation
 - Please make sure address on TMHP reflects current physical address
- An Amendment to the contract will be sent to add the new provider to the group

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.

Long-Acting Reversible Contraception (LARC)

Now a medical and pharmacy benefit!

- Medical benefit- providers will continue to have the option to receive reimbursement for LARC as a clinician-administered drug.
- Pharmacy benefit- Specialty pharmacy will dispense the LARC product (shipped to the practice address, care of the patient) and bill El Paso Health after the provider submits a completed and signed prescription request form.
 - Providers who prescribe and obtain LARC products through certain specialty pharmacies will be able to return unused and unopened LARC products.
 - For additional information regarding the Abandoned Unit Return program, please refer to: www.TxVendorDrug.com/formulary/larc.shtml

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

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

NDCs are subject to change.

Tetanus, Diphtheria and Acellular Pertussis Vaccine (Tdap)

- 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.
- CPT code: 90715
- 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

Tetanus, Diphtheria and Acellular Pertussis Vaccine (Tdap)

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

Karla Ochoa

Provider Relations Representative

kochoa@elpasohealth.com

(915) 298-7198 ext. 1167

Provider Relations Department

(915) 532-3778 ext. 1507



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Accessibility and Availability HEDIS Measures

Patricia Rivera

Quality Improvement Nurse Auditor

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
 - Monday through Friday between 5:00pm to 8:30am
 - Saturday and Sunday (any time)
 - **Must return call within 30 minutes**
- **Includes OB Providers designated as a PCP.

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 hand-out in your packet.)
<http://www.elpasohealth.com/pdf/Accessibility%20and%20Availability%20Standards.pdf>
- Appointment wait times are assessed on calendar days
- Performance thresholds are set to determine possible corrective action from the health plan, to include liquidated damages

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

State-Wide Monitoring

Sub-Study	Threshold	El Paso Health Results	Statewide Results
Low-Risk Prenatal Care Appointment available within 14 calendar day	85%	81.82%	72.5%
High-Risk Prenatal Care Appointment available within 5 calendar days	51%	14.29%	27.9%
New Member in 3rd Trimester Appointment available within 5 calendar days El Paso Health was subject to corrective action and liquidation damages.	51%	57.14%	57.9%

Percentage of Incorrect information in Provider Directories:

El Paso Health – approximately 27%

Statewide – approximately 40%

El Paso Health Methodology

- 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
 - QI Nurses conduct after-hours Availability calls.
- **Please see A&A Standards hand-out in your packet.****

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

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.
- A tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service.
- Administrative claims data + Medical Record reviews = Hybrid calculation.
- If member is compliant from claims data, medical record review will not be necessary.

Prenatal and Postpartum Care


- Changes to specifications for HEDIS 2020 (measurement year 2019)

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



Used to be
21 – 56 days

Prenatal Visit

Documentation must include the date when visit occurred and evidence of one of the following:

OB exam with:	fetal heart tone or pelvic exam with OB observations or fundus height measurement (prenatal flow sheet)
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Prenatal Care Procedure:	OB Panel or TORCH or rubella antibody test/titer with Rh incompatibility or ultrasound of pregnant uterus
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LMP or EDD with either:	prenatal risk assessment and counseling/education or complete OB history
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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

Clinical Practice Guideline

- Updated and approved to reflect changes to HEDIS specifications
- Please see guideline printed in your packet
- Guideline may also be found online:

<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

Quality Improvement Department

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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El Paso Health First Steps Baby Showers

Adriana Cadena

CARE Unit Manager

FIRST STEPS



El Paso Health

Baby Shower Calendar

Baby Showers take place on the 3rd Friday of each month.

- **Spanish:** 9am-11am
 - **English:** 12:30pm-2:30pm
- ❖ Members should arrive 15min before the class begins.

FIRST STEPS



2019 Baby Showers

All Showers take place at:
El Paso Health
1145 Westmoreland Dr.
El Paso, TX

Topics included in the class:
Your Medical Benefits • Prenatal Care
Breastfeeding • Labor & Delivery • Postpartum Care
Newborn Care • Texas Health Steps • Car Seat Safety

**You will be receiving a
CAR SEAT and DIAPER BAG
at the end of the class.**

RSVP to Member Services:
915-532-3778
1-877-532-3778 Toll Free

CLASS WILL BE HELD IN ENGLISH

- Limited to 1 guest per member
- No children please
- Dates and locations are subject to change

**Baby Showers take place on the 3rd Friday of
the month, unless noted with an *.**
Spanish: 9am-11am • English: 12:30pm-2:30pm
Members should arrive 15 min before the class begins.

Month Day

JAN	18
FEB	15
MAR	15
APR	25*
MAY	24*
JUN	21
JUL	19
AUG	23*
SEP	20
OCT	18
NOV	15
DEC	20



Available online at:

<http://www.elpasohealth.com/first-steps-for-healthy-babies/>

Special Guests

- Area Hospitals
- Nurse Family Partnership
- Stork's Nest
- Border Rac – All Babies Cry, Safe Sleeping



Baby Shower Topics

- Medicaid and CHIP Perinatal Benefits
- Case Management
- Prenatal Care
- Labor & Delivery
- Post-Partum Care
- Newborn Care



- Breastfeeding
- Texas Health Steps
- ER and Night Clinics
- Car Seat Safety

Gifts and Value Adds

- 1st Year Baby Calendar
- Convertible Car Seat
- Diaper Bag
 - ✓ Diapers
 - ✓ Wipes
 - ✓ Lotion/Shampoo



The logo features the words "FIRST" and "STEPS" in a bold, dark blue, sans-serif font. Between them is a stylized pink heart shape containing a white silhouette of a woman kissing a baby. Below this, the words "2019 Baby Showers" are written in a large, pink, sans-serif font.

**You will be receiving a
CAR SEAT and DIAPER BAG
at the end of the class.**

Contact Information

Adriana Cadena

C.A.R.E. Unit Manager

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First Steps Case Management Program OB Benefits and Prior Authorization Process

Irma Pierson, LVN - OB Case Manager, Health Services

FIRST STEPS



El Paso Health

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 provider tab
- Select Case Management Referral Form

The screenshot shows the El Paso Health website. At the top, there are contact numbers: 'Call us at: 915-532-3778' and 'Outside El Paso 1-877-532-3778'. There are also links for 'Hours of Operation' (7:00 A.M. – 5:00 P.M. Mountain Time), 'Providers Portal Login', 'Member Portal Login', 'En Español', and 'Careers'. The main navigation bar 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 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).

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 Precision Xtra.

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

Irma Pierson, LVN

OB Case Manager, Health Services

Preferred
ADMINISTRATORS

Family Planning

- A prior authorization for Family Planning Services is not required for TPA members.
- TPA members do not require a prior authorization for Sterilization.

Covered Benefit - 17P Hydroxyprogesterone

- Covered benefit for TPA Members.
- Complete and submit Texas Standard PA Form.
- Criteria needs to be met.
- Approval Criteria:
 - Singleton pregnancy in a woman with a history of spontaneous singleton preterm birth.
 - Dosage and frequency 250 mg intramuscularly once weekly for length of treatment.
 - Begin treatment between 16 weeks, 0 days and 24 weeks, 6 days of gestation.
 - Continue until 36 weeks, 6 days of gestation or delivery, whichever occurs first.
 - Maximum 21 doses.
- 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.

Breast Pump Reimbursements for TPA Members

- Breast Pump Reimbursement Process
 - Members can obtain a breast pump through a contracted DME provider or through any retail store.
 - Member Reimbursements are up to \$200 for a non-hospital grade double electric breast pump or up to \$50 for supplies if the member has a device.
 - Must complete *Member Reimbursement Form* and attach Physician RX and receipt.
 - Reimbursement Form can be found at www.preferreadmin.net

Sample of Member Reimbursement Form



MEMBER REIMBURSEMENT FORM

Please complete all information requested. An incomplete form may either delay your reimbursement or may be returned for additional information. Reimbursement is not guaranteed. Claims will be reviewed, subject to limitations, exclusions and other provisions of the Plan benefit. Please note that all reimbursement checks will be made out to the Member.

Date Submitted: _____ Member Name: _____

Member Name: _____ Member ID: _____

Phone Number: _____ Social Security Number: _____

Date of Birth: _____ Date(s) of Service _____

Provider/Facility Name: _____

Provider/Facility Address: _____

If reimbursement request is for a breast pump, please check here and skip questions 1 and 2 below.

1.) Was this service an emergency? Please briefly describe the incident.

2.) Was this service an elective procedure?

- Please attach a copy of your receipt or claim and an itemized medical statement for services rendered.
- We may contact you or your Provider if additional information is required.

Method of Check Reimbursement

- Check box if you want check mailed:
- Check box if you want to pick up at Preferred Administrators

Signature: _____ Date: _____

Mail or fax form to: Preferred Administrators
P.O. Box 971370
El Paso, TX 79997-1370
Fax# 915-298-7863

If you have any questions, please contact Preferred Administrators at 915-532-3778 ext. 1529.



Contact Information

Irma Pierson, LVN

OB Case Manager

915-298-7198 ext. 1050

Jocelyne Martinez, RN, BSN

OB Case Manager

915-298-7198 ext. 1111



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Complaints and Appeals Process

Corina Diaz

Complaints and Appeals Supervisor

Complaints and Appeals Process

All Complaints and Appeals must be submitted in writing

- Fax: 915-298-7872
- Secure FTP site through our Web Portal
- Mail:

El Paso Health

Attn: Complaints and Appeals Unit

1145 Westmoreland Drive

El Paso, Texas 79925

Appeals Acknowledged

Letter Must Include:

- Date
- Contact Name (First & Last Name)
- Mailing Address
- Phone Number
- Provider Name & NPI #
- Member Name, DOB & ID number
- Date of Service
- Claim #
- Reason for Appeal (be detailed)

Supporting information:

- Copy of Remittance Advice
- Medical records (if necessary)
- Proof of Timely Filing
- Any pertinent information for review

Each member must be individually appealed with appropriate documentation

Not Acknowledged

Not an Appeal:

- List/Spreadsheet
- Corrected claim form
- Documentation (medical records) without an appeal letter
- Status of appeal

Web Portal Provider Appeals

You are currently logged in as

[Messages \(0\)](#) [Profile](#) [Logout](#)

[Home](#)

[Eligibility and Benefits](#)

[Claims and Payment](#)

[Authorizations](#)

[Reports](#)

Welcome to the **Provider Portal**

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

Provider Name:

Provider Phone:



Quick Links

[Submit Claims](#)

[Submit Claim Attachments](#)

[Provider Appeals](#)

[Amended Authorizations](#)

[Provider Overpayments](#)

Contact Us

If you have questions or need assistance, contact the Provider Relations Department at:

915-532-3778 ext 1507

Toll-Free: 1-877-532-3778 ext 1507

Our customer service hours are Monday through Friday between 8:00 am and 5:00 pm MST.

Fax Number: 915-225-6762

Web Portal Provider Appeals



Letters

Provider will receive

- Acknowledgment letter within five (5) business days of receipt
- Resolution letter within thirty (30) calendar days

Note:

STAR and CHIP Members must NOT be billed or balanced billed for covered services.

Levels of Appeals

Levels of Appeals:

Level 1 – Right to a Level 2

Level 2 – Exhausted appeal process

Complain to TDI (CHIP) (TPA EPCH)

Complain to Health Human Services Center (STAR)

Complain to DOL (TPA UMC)

Exhausted Appeals

Documentation returned with copy of Level 2 resolution.

Contact Information

Corina Diaz

Complaints and Appeals Supervisor

cdiaz@elpasohealth.com

(915) 532-3778 ext. 1092



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Special Investigations Unit

Rocio Chavez, Senior Director of Compliance

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

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.

Verification Process

As part of the WFA 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.

Contact Information

Alma Meraz, CCS-P

Special Investigation Unit

ameraz@elpasohealth.com

915-532-3778 ext. 1039



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Claims Reminders

Nellie Ontiveros

Lead Claims Analyst

Reminders

Claims Processing

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

Reminder

Multiple Claims

- If you are submitting multiple claims for a patient, please ensure that you are:
 - Indicating page 1 of X

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 05/12

Page 1 of 3

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN OTHER (See Program in Item 1)

(Medicare) (Medicaid) (TRICARE) (Member On) (ACA) (HSA) (HRA) (FSA)

CHIP Perinate

Reminder

- Laboratory and radiological services are limited to services that directly relate to antepartum 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).

CHIP Perinate

Reminder

- CHIP Perinate terminates when mother delivers.
- Postpartum visit reimbursement is included in the delivery.
- Providers must use the appropriate delivery codes:
 - 59410 – Vaginal Delivery including Postpartum care
 - 59515 – C-Section Delivery including Postpartum care
 - 59614 – Vaginal Delivery after a previous C-Section including postpartum care.

Corrected Claim - Paper

Professional Claims

- Box 22 – Resubmission Code

22. RESUBMISSION CODE	7	ORIGINAL REF. NO.	17000E00000
--------------------------	---	-------------------	-------------

Enter the appropriate bill frequency code when resubmitting a claim

- 7 Replacement of prior claim
- 8 Void/cancel of prior claim

Resubmission means the code and original reference number assigned by the payer or receiver to indicate a previously submitted claim.

Note: Original Ref. No. area field only allows 11 characters

Corrected Claim – Paper



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

Corrected Claim Form

Provider Name:	Date:
Member Name:	Member ID:
Claim Number:	Date of Service:

Reason for Corrected Claim:
(Please check appropriate box)

- Correct Member Demographic
- Correct Billing Code (HCPCS, CPT, Revenue Code or DRG)
- Correct Billing Modifier
- Correct Diagnosis Code (ICD-10)
- Correct Provider Billing Information
- Recoupment Request (Claim billed in error) Please provide claim number: _____
- Proof of timely filing (Please attach Remittance Advice or EDI Report)
- Other Insurance Payment (Attach EOB)
- Other (Use comments section to give a detailed explanation)

Comments:

Please mail completed form along with corrected claim and a copy of the
Remittance Advice to:

ATTN: Claims
El Paso Health
P.O. Box 971370
El Paso, TX 79997

Reminder

All appeals of denied claims and requests for adjustments on paid claims must be received by El Paso Health within 120 days from the date of the Remittance Advice on which the claim appears.

Corrected Claim – Paper

Institutional Claim

3a PAT. CNTL #		4 TYPE OF BILL
b. MED. REC. #		
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	7 THROUGH



Box 4 – Type of Bill
Located on the upper right hand corner of claim

- Box 4 – Type of Bill
 - When resubmitting a claim enter the appropriate bill type. Corrected bill type will end with numeric digit 7
 - Ex: xx7

Corrected Claim - Electronic

Professional Claim

1500 Form

22	Resubmission and/or Original Reference Number	2300	CLM05-3	Titled Claim Frequency Code in the 837P.
		2300	REF02	Titled Payer Claim Control Number in the 837P.

Corrected Claim – Electronic

Institutional Claim

- Box 4 – Type of bill
 - Corrected bill type will end with numeric digit 7
 - Example: XX7

04	Type of Bill	Loop 2300, CLM05-1, CLM05-3
----	--------------	-----------------------------

Coordination of Benefits

STAR / CHIP

- Claims are billed fee-for-service.
- Primary carrier Explanation of Benefits (EOB) is required.
- Include the denial reason explanation page

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	EP First Allowed Amt.	Primary Carrier Patient Resp.
10/1/2016	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
11/1/2016	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
12/1/2016	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
1/1/2017	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
2/1/2017	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
3/1/2017	59412	\$3500.00	\$2500.00	\$2000.00	\$3000.00	\$500.00
		\$4850.00	\$3400.00	\$2720.00	\$4170.00	\$680.00
				<p style="text-align: center;">- Subtract the primary carrier from the EP First allowed amount</p>		
			EP First Allowed	\$4,170.00		
			Primary Carrier Allowed Amt.	-\$2720.00		
				\$1,450.00		\$680.00
				<p style="text-align: center;">Pay the Lesser of the 2 amounts</p>		

Patient Responsibility

Electronic Claims

Payer ID Numbers

Claims are accepted from:

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

Payer ID Numbers:

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

Contact Us

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













Member Services Overview

Edgar Martinez

Director of Member Services








Value-Added Services

Effective 9/1/2017

Value Added Services	Medicaid	CHIP
Members have 24-hour, 7-days-a-week access to FIRSTCALL, a bilingual medical advice <u>infoline</u> staffed by nurses, pharmacists, and a Medical Director on call.		
\$25 gift packet which includes a first aid kit and a \$10 Walmart gift card for health related items, for new members who complete the request form and send by return mail within 30 days of enrollment.		
A free ride service to help you get to doctor visits or health education classes.		
One allergy-free pillow case is given to members who are enrolled in the Asthma Disease Management Program.		
Members between the ages of 4 through 18 can get a free physical for sports each year.		
A \$10 movie gift card is offered to members 20 years and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay. Members can receive one movie gift card per year.		

Value-Added Services

Effective 9/1/2017

Value Added Services	Medicaid	CHIP
Home visits by case managers for members with complex conditions to include high-risk pregnancies, behavioral, or medical conditions that require special attention.		
For contact lenses and glasses (lenses and frames), members receive up to \$125 above the Medicaid benefit.		
A \$10 gift card is offered to members age 20 and younger who complete a Texas Health Steps check up on time.		
Members age 20 or younger can receive four additional nutritional/obesity counseling services above the Medicaid Benefit.		
Members age 18 or younger can receive four additional nutritional/obesity counseling services above the CHIP Benefit.		
A \$15 gift card is offered to members ages 3-6 and 12-19 who get a check-up when due and on time.		

Value-Added Services

Pregnant Members

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

Value-Added Services

Prenatal and Postpartum Gift Cards

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
- Completed postcard should be faxed to El Paso Health at (915)225-6749
- Gift cards are received approximately two weeks after we receive the claim for each visit

Prenatal Postcard



El Paso Health
HEALTH PLANS FOR EL PASOANS, BY EL PASOANS
P.O. Box 971100
El Paso, Texas 79997-1100

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.

101632PH100217

NONPROFIT ORG.
U.S. POSTAGE
PAID
EL PASO, TX
PERMIT NO. 429



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



¡Tener un bebe saludable comienza con usted!
Vaya a su 1^{er}, 3^{er}, 6^o, 9^o cita prenatal y también obtenga una vacuna contra la gripe y usted recibira tarjetas de regalo GRATIS de Walmart valorado hasta **\$105.00**.
Asegurese que su doctor llene la parte posterior de esta tarjeta en cada visita.
¡Y disfrute del regalo de la buena salud!

¡Felicidades! de sus amigos de
 **El Paso Health**



Congratulations! Having a healthy baby starts with you!
from your friends at  **El Paso Health**
HEALTH PLANS FOR EL PASOANS, BY EL PASOANS

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!



Postpartum Postcard



El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.
P.O. Box 971 100
El Paso, Texas 79997-1100

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.

10127902001817

NONPROFIT ORG.
U.S. POSTAGE
PAID
EL PASO, TX
PERMIT NO. 429



Congratulations! • ¡Felicidades!




¡Felicidades por el nacimiento de su bebé!
Una de las cosas más importantes que usted debe de hacer es visitar a su doctor después del parto.
Si usted acude a su doctor dentro de 21 a 56 días, recibirá una tarjeta de regalo de Walmart de **\$25.00**.

Por favor lleve esta tarjeta con usted cuando visite a su doctor y asegurese de que su doctor llene la parte posterior de esta tarjeta durante su visita.

Llámenos sin costo al 1-877-532-3778 si necesita ayuda para programar su visita posparto.

¡Disfrute del regalo de la buena salud!




Congratulations! Congratulations on your new bundle of joy!
from your friends at
 **El Paso Health**
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

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!



STAR and CHIP Member Portal

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

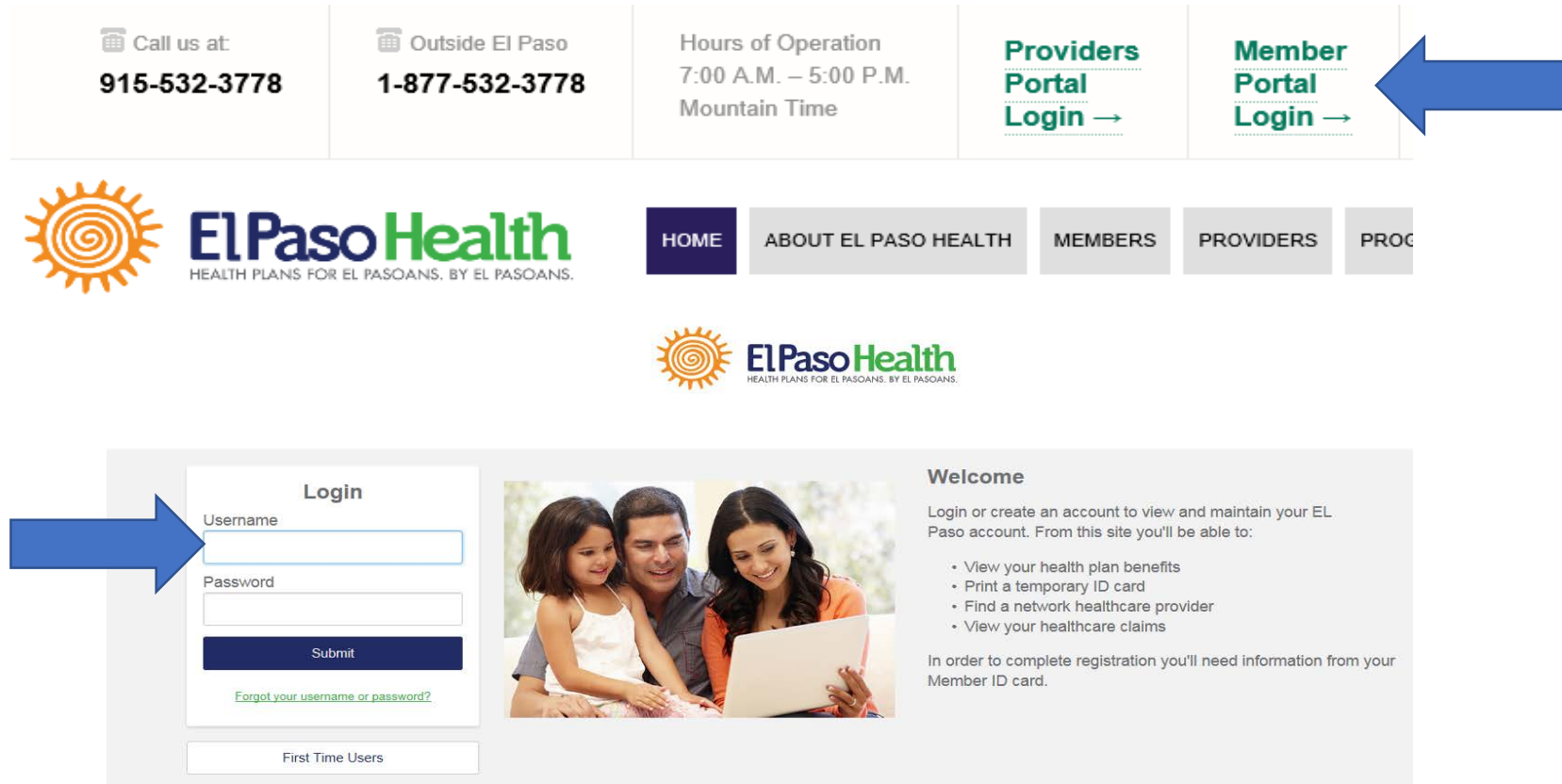
Disponible 24 Horas
7 Días a la semana

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

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 header and main content area. The header includes contact information, hours of operation, and navigation links. The 'Member Portal Login' link is highlighted with a blue arrow. Below the header is the El Paso Health logo and a navigation menu. The main content area features a 'Login' form, a 'Welcome' message, and a 'First Time Users' link. A blue arrow points to the 'Username' field in the login form.

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
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

HOME ABOUT EL PASO HEALTH MEMBERS PROVIDERS PROC

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

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

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

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

Authorizations 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 Satellite

Google

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

Filter Results

Plan
STAR (Medicaid)

Provider Type
Ancillary Providers

Specialty
Durable Medical Equipment/Eq

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 (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

	Allied Medical 7365 Remoon 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

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

STAR 1-844-549-2826

CHIP 1-844-549-2827

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

Juanita Ramirez

Member Services & Enrollment Supervisor

915-532-3778 ext. 1063



Preferred Administrators Overview

Veronica Maldonado
TPA Supervisor

Preferred
ADMINISTRATORS

Preferred Administrators Plan

- We administer the following plans under Preferred Administrators:
 - University Medical Center of El Paso (UMC) and UMC Retiree Plan
 - El Paso Children's Hospital of El Paso

OB/GYN Benefits

Benefit Description	UMC/EPCH Provider	Texas Tech Provider	PPO Provider
OB/GYN Sick Visits (All Preventive Visits are covered at 100% and co-pays do not apply)	\$15 co-pay – UMC \$15 co-pay – EPCH	\$30 co-pay-UMC \$20 co-pay EPCH	\$40 co-pay-UMC \$25 co-pay EPCH
Diagnostic office services for example labs, x-rays, sonograms, and office surgeries apply towards deductible.	Covered at 100% after \$150 deductible has been met (\$150 for UMC) (\$125 for EPCH)	Covered at 100% after \$150 deductible has been met (\$150 for UMC) (\$125 for EPCH)	Covered at 70% after deductible has been met (\$1,500 for UMC) (\$1,000 for EPCH)

Affordable Care Act (ACA) Services

- Preferred Administrators complies with ACA and covers several preventive services to include, contraceptives, IUD's and several screenings recommended by the U.S. Task Force.
- The law requires that we cover certain preventive services at 100 % coverage.
- For a complete preventive listing with specific ICD10 and procedure codes, **please review the listing at www.preferredadmin.net under Providers.**

Resources

- For more information on UMC and EPCH benefits, you can log on to our website at <http://www.preferredadmin.net> view the Summary of Benefits and the Plan Documents.
- You can also contact our Customer Service Department at 915-532-3778, press 4 and then extension 1529, available Monday thru Friday from 7 am to 5 pm.

Contact Information

Veronica Maldonado

TPA Supervisor

vmaldonado@elpasohealth.com

915-298-7198 ext. 1073



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

For more information:



(915) 532-3778



www.elpasohealth.com

