



# Welcome Providers

Provider Quarterly Orientation  
February 26, 2015

**TEXAS** ★ **STAR**  
PROGRAM  
Your Health Plan ■ Your Choice

 **CHIP** We've got your  
kids covered.

**EL PASO FIRST**  
*Health Plans, inc.*

# Agenda

- Welcome & Introductions
- Provider Relations: [Credentialing](#)
- Contracting: [Contracting Overview](#)
- C.A.R.E.: [THSteps Updates](#)
  - [Accelerated Services for Children of Migrant Farmworkers who Travel](#)
- Health Services: [Behavioral Health Services](#)
  - [Pharmacy Benefits](#)
  - [Health Education](#)
  - [Case Management](#)
- Quality Improvement: [Access and Availability](#)
  - [HEDIS Medical Record Chases](#)
- Claims: [Claims Updates](#)
- Compliance: [Complaints & Appeals Process](#)
  - [Special Investigations Unit](#)
- Member Services: [Member Cost-Sharing](#)
  - [Medical Transportation Program](#)
- Thank you!

# Credentialing Applications

Vianey Licon

Provider Relations Representative

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# Credentialing

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- Initial Credentialing – new to the network
- Demographic form
- W9
- Texas Standardized Credentialing Applications (TSCA 07) Facility Application
- El Paso First Checklists
- Missing/incomplete information requests will be attempted via emails, faxes, and by phone on a weekly basis.
- Incomplete application cannot be held for more than 30 days and will be returned by certified mail
- Credentialing and Peer Review Committee (CPRC) meet every 1st Wednesday of each month

*(CPRC meeting dates are subject to change)*

# Recredentialing

Recredentialing is a requirement every **3 years**

- 1<sup>st</sup> Request 90 day notification of recredentialing expiration date claims denial if application is not received.
- 2<sup>nd</sup> Request 60 day notification of recredentialing expiration date claims denial if application is not received.
- 3<sup>rd</sup> Final Request 30 day sent certified mail indicating expiration date and claims denial if date of expiration is exceeded.

Any applications received after date of expiration will be considered as new and initial applications and claims will deny until process is finalized.

# Where to locate forms

www.epfirst.com

The screenshot shows the website's header with contact information: 'Call us at: 915-532-3778', 'Outside the El Paso: 1-877-532-3778', 'For Providers: Web Portal Login →', and 'En Español'. A 'urac IN PROCESS' logo is also present. The main navigation menu includes 'HOME', 'ABOUT', 'MEMBERS', 'PROVIDERS', 'PROGRAMS', 'FIND A DOCTOR', 'EVENTS', and 'CONTACT US'. A dropdown menu is open under 'PROVIDERS', with a blue arrow pointing to the 'PROVIDER FORMS' link. Other items in the dropdown are 'TEXAS HEALTH STEPS FOR PROVIDERS INFORMATION', 'CLINICAL PRACTICE GUIDELINES', and 'PRENATAL-POSTPARTUM CARE VISIT VERIFICATION'. Below the navigation is a large image of two young girls smiling. At the bottom, there are three colored boxes: 'Do I qualify?' (purple), 'For Members' (green), and 'For Providers' (red), each with a 'Learn more →' button.

# Where to locate forms

Call us at: 915-532-3778

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

For Providers: [Web Portal Login →](#)

[En Español](#)

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HOME ABOUT MEMBERS **PROVIDERS** PROGRAMS FIND A DOCTOR EVENTS CONTACT US

## Provider Forms

To search type and hit enter...

### Download our Provider Forms Below

Web Portal Forms	+
Health Services Forms	+
Complaints and Appeals Forms	+
Members Services Forms	+
Claims Forms	+
<b>Credentialing Packet Forms</b>	-

- [DME Supplies Form](#)
- [Demographic Form](#)
- [W9 Form – Request for Taxpayer Identification Number and Certification](#)
- [Credentialing Checklist for Organization/Facility](#)
- [Credentialing Application for Organization](#)
- [Initial Credentialing Checklist for Physician](#)
- [Re-credentialing Checklist for Physician](#)
- [Texas Standardized Credentialing Application](#)

### WEB PORTAL LOGIN →

#### PROVIDER MANUAL

All you need to know about providing services to El Paso First members.  
[Read More →](#)

#### PROVIDER DIRECTORIES & MEMBER HANDBOOKS

Provider Directories and Member Handbooks breakdown by Program.  
[Read More →](#)

#### FIND A DOCTOR

CHIP & STAR Provider Directory  
[Search →](#)

# Application Requirements

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- All credentialing applications must be mailed in or hand delivered.
- Complete the TSCA application in its entirety.
- If there are any fields that do not apply please enter N/A.
- Attestation pages 11 and 12 must reflect the same date. (The application will not be accepted if the date exceeds 180 days)



# Signature dates must match on pages 11 and 12.

## Section III – Standard Authorization, Attestation and Release (Not for Use for Employment Purposes)

I understand and agree that, as part of the credentialing application process for participation and/or clinical privileges (hereinafter, referred to as "Participation") at or with

(PLEASE INDICATE MANAGED CARE COMPANY(S) OR HOSPITAL(S) TO WHICH YOU ARE APPLYING (HEREINAFTER, INDIVIDUALLY REFERRED TO AS THE "ENTITY")

and any of the Entity's affiliated entities, I am required to provide sufficient and accurate information for a proper evaluation of my current licensure, relevant training and/or experience, clinical competence, health status, character, ethics, and any other criteria used by the Entity for determining initial and ongoing eligibility for Participation. Each Entity and its representatives, employees, and agent(s) acknowledge that the information obtained relating to the application process will be held confidential to the extent permitted by law.

I acknowledge that each Entity has its own criteria for acceptance, and I may be accepted or rejected by each independently. I further acknowledge and understand that my cooperation in obtaining information and my consent to the release of information do not guarantee that any Entity will grant me clinical privileges or contract with me as a provider of services. I understand that my application for Participation with the Entity is not an application for employment with the Entity and that acceptance of my application by the Entity will not result in my employment by the Entity.

**For Hospital Credentialing.** I consent to appear for an interview with the credentials committee, medical staff executive committee, or other representatives of the medical staff, hospital administration or the governing board, if required or requested. As a medical staff member, I pledge to provide continuous care for my patients. I have been informed of existing hospital bylaws, rules and regulations, and policies regarding the application process, and I agree that as a medical staff member, I will be bound by them.

**Authorization of Investigation Concerning Application for Participation.** I authorize the following individuals including, without limitation, the Entity, its representatives, employees, and/or designated agent(s); the Entity's affiliated entities and their representatives, employees, and/or designated agents; and the Entity's designated professional credentials verification organization (collectively referred to as "Agents"), to investigate information, which includes both oral and written statements, records, and documents, concerning my application for Participation. I agree to allow the Entity and/or its Agent(s) to inspect all records and documents relating to such an investigation.

**Authorization of Third-Party Sources to Release Information Concerning Application for Participation.** I authorize any third party, including, but not limited to, individuals, agencies, medical groups responsible for credentials verification, corporations, companies, employers, former employers, hospitals, health plans, health maintenance organizations, managed care organizations, law enforcement or licensing agencies, insurance companies, educational and other institutions, military services, medical credentialing and accreditation agencies, professional medical societies, the Federation of State Medical Boards, the National Practitioner Data Bank, and the Health Care Integrity and Protection Data Bank, to release to the Entity and/or its Agent(s), information, including otherwise privileged or confidential information, concerning my professional qualifications, credentials, clinical competence, quality assurance and utilization data, character, mental condition, physical condition, alcohol or chemical dependency diagnosis and treatment, ethics, behavior, or any other matter reasonably having a bearing on my qualifications for Participation in, or with, the Entity. I authorize my current and past professional liability carrier(s) to release my history of claims that have been made and/or are currently pending against me. I specifically waive written notice from any entities and individuals who provide information based upon this Authorization, Attestation and Release.

**Authorization of Release and Exchange of Disciplinary Information.** I hereby further authorize any third party at which I currently have Participation or had Participation and/or each third party's agents to release "Disciplinary Information," as defined below, to the Entity and/or its Agent(s). I hereby further authorize the Agent(s) to release Disciplinary Information about any disciplinary action taken against me to its participating Entities at which I have Participation, and as may be otherwise required by law. As used herein, "Disciplinary Information" means information concerning: (i) any action taken by such health care organizations, their administrators, or their medical or other committees to revoke, deny, suspend, restrict, or condition my Participation or impose a corrective action plan; (ii) any other disciplinary action involving me, including, but not limited to, discipline in the employment context; or (iii) my resignation prior to the conclusion of any disciplinary proceedings or prior to the commencement of formal charges, but after I have knowledge that such formal charges were being (or are being) contemplated and/or were (or are) in preparation.

**Release from Liability.** I release from all liability and hold harmless any Entity, its Agent(s), and any other third party for their acts performed in good faith and without malice unless such acts are due to the gross negligence or willful misconduct of the Entity, its Agent(s), or other third party in connection with the gathering, release and exchange of, and reliance upon, information used in accordance with this Authorization, Attestation and Release. I further agree not to sue any Entity, any Agent(s), or any other third

APPLICANT'S INITIALS AND DATE (MM/DD/YYYY)

## Section III – Standard Authorization, Attestation and Release – continued

party for their acts, defamation or any other claims based on statements made in good faith and without malice or misconduct of such Entity, Agent(s) or third party in connection with the credentialing process. This release shall be in addition to, and in no way shall limit, any other applicable immunities provided by law for peer review and credentialing activities.

In this Authorization, Attestation and Release, all references to the Entity, its Agent(s), and/or other third party include their respective employees, directors, officers, advisors, counsel, and agents. The Entity or any of its affiliates or agents retains the right to allow access to the application information for purposes of a credentialing audit to customers and/or their auditors to the extent required in connection with an audit of the credentialing processes and provided that the customer and/or their auditor executes an appropriate confidentiality agreement. I understand and agree that this Authorization, Attestation and Release is irrevocable for any period during which I am an applicant for Participation at an Entity, a member of an Entity's medical or health care staff, or a participating provider of an Entity. I agree to execute another form of consent if law or regulation limits the application of this irrevocable authorization. I understand that my failure to promptly provide another consent may be grounds for termination or discipline by the Entity in accordance with the applicable bylaws, rules, and regulations, and requirements of the Entity, or grounds for my termination of Participation at or with the Entity. I agree that information obtained in accordance with the provisions of this Authorization, Attestation and Release is not and will not be a violation of my privacy.

I certify that all information provided by me in my application is true, correct, and complete to the best of my knowledge and belief, and that I will notify the Entity and/or its Agent(s) within 10 days of any material changes to the information I have provided in my application or authorized to be released pursuant to the credentialing process. I understand that corrections to the application are permitted at any time prior to a determination of Participation by the Entity, and must be submitted on-line or in writing, and must be dated and signed by me (may be a written or an electronic signature). I understand and agree that any material misstatement or omission in the application may constitute grounds for withdrawal of the application from consideration; denial or revocation of Participation; and/or immediate suspension or termination of Participation. This action may be disclosed to the Entity and/or its Agent(s).

I further acknowledge that I have read and understand the foregoing Authorization, Attestation and Release. I understand and agree that a facsimile or photocopy of this Authorization, Attestation and Release shall be as effective as the original.

SIGNATURE

NAME (PLEASE PRINT OR TYPE)

Last 4 digits of SSN or NPI (PLEASE PRINT OR TYPE)

DATE (MM/DD/YYYY)

## Required Attachments or Supplemental Information - Please attach hard copy or scanned documents of the following:

- Copy of DEA or state DPS Controlled Substances Registration Certificate
- Copy of other Controlled Dangerous Substances Registration Certificate(s)
- Copy of current professional liability insurance policy face sheet, showing expiration dates, limits and applicant's name
- Copies of IRS W-9s for verification of each tax identification number used
- Copy of workers compensation certificate of coverage, if applicable
- Copy of OLA certifications, if applicable
- Copies of radiology certifications, if applicable
- Copy of DD-214, record of military service, if applicable

Reproduction of this form without any changes is allowed.

## Notice About Certain Information Laws and Practices Pertaining to State Governmental Bodies (i.e. State Hospitals)

With few exceptions, you are entitled to be informed about the information that a state governmental body collects about you (i.e. a state hospital). Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However the state governmental body may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that the state governmental body correct information that it has about you that is incorrect. For information about the procedure and costs for obtaining information, please contact the appropriate state governmental body to which you have submitted this application.


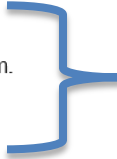
# Most Common Errors

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- Credentialing applications are faxed in
- Applications are not legible
- Expirations Dates are often left blank
- Expired Documents are submitted
- Incomplete Application
- A copy of the verification from the American Board is submitted instead of a copy of the Board Certification.

# Texas Standardize Credentialing Application

## Page 2

Professional/Specialty Information		
PRIMARY SPECIALTY [REDACTED]	BOARD CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Certifying Board: [REDACTED]
INITIAL CERTIFICATION DATE (MM/YYYY) [REDACTED]	RECERTIFICATION DATE(S), IF APPLICABLE (MM/YYYY) [REDACTED]	EXPIRATION DATE, IF APPLICABLE (MM/YYYY) [REDACTED] 
IF NOT BOARD CERTIFIED, INDICATE ANY OF THE FOLLOWING THAT APPLY. <ul style="list-style-type: none"> <li><input type="checkbox"/> I have taken exam, results pending for [REDACTED] Board.</li> <li><input type="checkbox"/> I have taken Part I and am eligible for Part II of the [REDACTED] Exam.</li> <li><input type="checkbox"/> I am intending to sit for the Boards on [REDACTED] (date)</li> <li><input type="checkbox"/> I am not planning to take Boards.</li> </ul> 		
DO YOU WISH TO BE LISTED IN THE DIRECTORY UNDER THIS SPECIALTY? HMO: <input type="checkbox"/> Yes <input type="checkbox"/> No    PPO: <input type="checkbox"/> Yes <input type="checkbox"/> No    POS: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECONDARY SPECIALTY [REDACTED]	BOARD CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Certifying Board: [REDACTED]
INITIAL CERTIFICATION DATE (MM/YYYY) [REDACTED]	RECERTIFICATION DATE(S), IF APPLICABLE (MM/YYYY) [REDACTED]	EXPIRATION DATE, IF APPLICABLE (MM/YYYY) [REDACTED]

LHL234 Rev.01/07

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- It is necessary to fill out ALL of the information about the American Board Certification on the application, even if NOT board certified.
- If Not Board Certified please indicate which of the boxes apply.
- Example: If a provider is taking the Board Certification Exam for their specialty or pending results, it's necessary to include the dates.

# Prior Authorization Toll Free Fax Numbers



## Memo

To: Valued Providers  
From: El Paso First Health Plans  
Date: November 11, 2014  
Re: Prior Authorization Toll Free Fax Numbers

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El Paso First has added two toll free fax lines for prior authorization submissions. These fax numbers are in addition to our existing fax numbers. When submitting an El Paso First prior authorization fax request, please utilize the appropriate inpatient or outpatient fax number outlined below.

Inpatient Prior Authorization Fax Numbers:  
915-298-5278  
1-844-200-5278

Outpatient Prior Authorization Fax Numbers:  
915-298-7866  
1-844-298-7866

Prior Authorization forms are located on our website under the following link:  
<http://www.epfirst.com/providers/provider-forms#2>

If you have any questions regarding this fax, please contact our Provider Relations Department at 915-532-3778x1507.

# Contact Information

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**Vianey Licon**

**Provider Relations Representative**

915-298-7198 ext. 1021

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

# Contracting Overview

Evelin Lopez

Contracting Supervisor

**EL PASO FIRST**  
*Health Plans, inc.*

# Contract Request

Please contact our Contracting Representative when you wish to contract or add a provider to your group to begin the process of joining our network.

Contracting Department will require the following forms to begin the process :

- ✓ Demographic Form (forms located on website)
- ✓ W-9
- ✓ TPI (STAR Medicaid)
- ✓ NPI

Contracting Representative  
Sonia Fernandez  
915-298-7198 x1130



Contracting Representative  
Gabriel De Los Santos  
915-298-7198 x1128



Contracting Supervisor  
Evelin Lopez  
915-298-7198 x1014

# Contracting Process

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- Verification of information provided on the Demographic form and W-9
- Pay to name (W-9, TPI, NPI)
- Participating Programs (STAR, CHIP, CHIP Perinatal, HCO, TPA)
- Credentialing (if the provider is not credentialed, a credentialing application and 2 copies of an unsigned contract will be provided as part of the packet)



# Important things to Remember

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- Make sure that all applications, forms and contracts are completed in their entirety.
- Make sure that your applications and contracts are signed before returning.
- Failure to complete and sign will cause your application or contract to be returned and cause a delay in the process.
- Network participation begins when you have received a copy of your executed agreement with the effective start date.
- If your Individual or Group TPI are pending, the provider will continue with a non-par status for STAR-Medicaid until received and contract is amended. (no retro dates)

# Network Closed to Specialty

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- Panel Status continues to be closed for STAR and CHIP programs for the following specialties:
  - DME,
  - Home Health,
  - Physical Therapy, Speech Therapy and Occupational Therapy
  - Laboratory Services.
- The provider network specialties that have an adequate amount of qualified providers may be subject to being closed for an indefinite time period.
- The review process of closed panels is conducted annually.

# Contact Information

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Contracting Representative

Sonia Fernandez

915-298-7198 x1130

Contracting Representative

Gabriel De Los Santos

915-298-7198 x1128

Contracting Supervisor

Evelin Lopez

915-298-7198 x1014

# Texas Health Steps Updates

Maritza Lopez, MPH

Texas Health Steps Coordinator

**EL PASO FIRST**  
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# THSteps Updates

## Mental Health Screening Tools Recommended based on Release of 2014 AAP Preventive Pediatric Health Care Recommendations

- The [Texas Health Steps Medical Checkup Periodicity Schedule](#) requires mandatory Mental Health: Psychosocial/Behavioral Health Screening from birth through age 20.
- Texas Health Steps Advisory Panel identified a work group to assess and recommend the use of the following mental health screening tools at specific ages:
  - The CRAFFT Screening Questionnaire (Car, Relax, Alone, Forget, Friends, Trouble)
  - Patient Health Questionnaire-9 (PHQ-9)
  - Pediatric Symptom Checklist (PSC-35)
  - Pediatric Symptom Checklist Youth Report (Y-PSC)

The above recommended tools are available on the Bright Futures website at [http://brightfutures.aap.org/tool\\_and\\_resource\\_kit.html](http://brightfutures.aap.org/tool_and_resource_kit.html).

These tools are under medical policy review at HHSC Medicaid division.

# Developmental Screening Referrals

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Referrals - If delay or suspected delay is identified:

- Birth through 35 months:  
[Federal Regulation CFR Sec. 303.303 of Title 34 \(Education\)](#) requires a provider to refer children under age three to Early Childhood Intervention (ECI) as soon as possible, but no longer than seven days of identifying a child with a delay or eligible medical diagnosis, even if also referring to an appropriate specialist.
- Ages 3 years and older: The provider is encouraged to refer to the appropriate school district program, even if also referring to an appropriate specialist.

# Early Childhood Intervention (ECI)

- ECI is a comprehensive program designed at the federal level (IDEA Part C) to address the multifaceted needs of infants and toddlers with disabilities.
- Provides **many** direct services not available by private providers:
  - SST (Specialized Skills Training) to address overall developmental needs (to include cognitive and social skills)
  - transition services to assist the family with gaining access to ISD services as the child turns three
  - Counseling by an LPC
  - On-going coordination with the ISD personnel for children with hearing and vision loss
  - case management to assist family with other needs such as housing, emergency food, finding childcare, etc.
  - Also have PT, OT and SLP services provided in the home or community setting.
  - **Hands on parent training** -focus is to work directly with the parent so they can continue the activities with their child after ECI specialist leaves home.

# ECI Referrals

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- ECI should complete a full developmental evaluation at no charge to the family and develop an IFSP for any child who is eligible.
- Referral to IFSP can not exceed 45 days
  - most children are evaluated within two to three weeks of their referral.
  - Children with an **urgent** need for services can be evaluated much sooner (**please contact the ECI Director**)



# ECI Director Contact

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- Please call the ECI Directors if there is a concern about a referral or a child receiving ECI services:

Stella Moreno

(915) 780-6576

[smoreno2@esc19.net](mailto:smoreno2@esc19.net)

# Contact Information

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Maritza Lopez, MPH  
Texas Health Steps Coordinator  
298-7198 ext. 1071  
[mlopez@epfirst.com](mailto:mlopez@epfirst.com)

Adriana Cadena  
C.A.R.E Unit Manager  
298-7198 ext. 1127  
[acadena@epfirst.com](mailto:acadena@epfirst.com)

# Program for Children of Farm Workers who Travel for Work

Lluvia Acuña

Migrant Outreach Coordinator

**EL PASO FIRST**  
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# Accelerated Services for Children of Farm Workers who Travel for Work

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- A State initiative to provide a THSteps checkup and accelerated services to children of farm workers who travel for work due to the uniqueness of the population.
- El Paso First Health Plans cooperates and coordinate with the State, outreach programs and Texas Health Steps regional program staff and agents to ensure prompt delivery of services to Children of Migrant Farm Workers and other migrant populations who may transition into and out of the MCO's Program more rapidly and/or unpredictably than the general population.
- Coordinate with the Migrant Outreach Coordinator for provider education on these services.

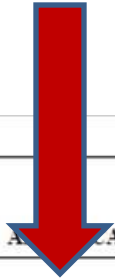
# What does Accelerated Services for Children of Farm Workers mean?

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- El Paso First must provide accelerated services to FWC Members.
- ***Accelerated Services*** are services that are provided to FWC Members prior to their leaving Texas for work in other states.
  - Accelerated services include the provision of preventive Health Care Services that will be due during the time the FWC Member is out of Texas.
  - The need for accelerated services must be determined on a case-by-case and according to the FWC Member's age, periodicity schedule and health care needs.

# Indicator on Roster

An indicator was introduced to the THSteps Members Due Roster on May 2011.



ROBERTO CANALES MD PA  
EL PASO, TX 79902

ASSOCIATIONS

El Paso First Health Plans, Inc.  
STAR Master Roster - THSteps Due Members Only  
July 2011

Member#	Member Name	Migrant	Age	DOB	Sex	Phone	Address	Effective	THSteps	PCPName
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# Reaching out to Children of Farm Workers

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- El Paso First partners with more than 20 community agencies that serve this special population.
- El Paso First also partners with all 10 school districts in the El Paso & Hudspeth Areas and their Migrant Education Programs
  - Anthony ISD MEP
  - Canutillo ISD MEP
  - Clint ISD MEP
  - Dell City ISD MEP
  - El Paso ISD MEP
  - Fabens ISD MEP
  - Ft. Hancock ISD MEP
  - San Elizario ISD MEP
  - Socorro ISD MEP
  - Tornillo ISD MEP
  - Ysleta ISD MEP

# Reaching out to Children of Farm Workers

## Annual School Supply Distribution Health Fairs:

### AT NO COST:

- Health Screenings
- Kids Immunizations
- Health Education and much more!!!!





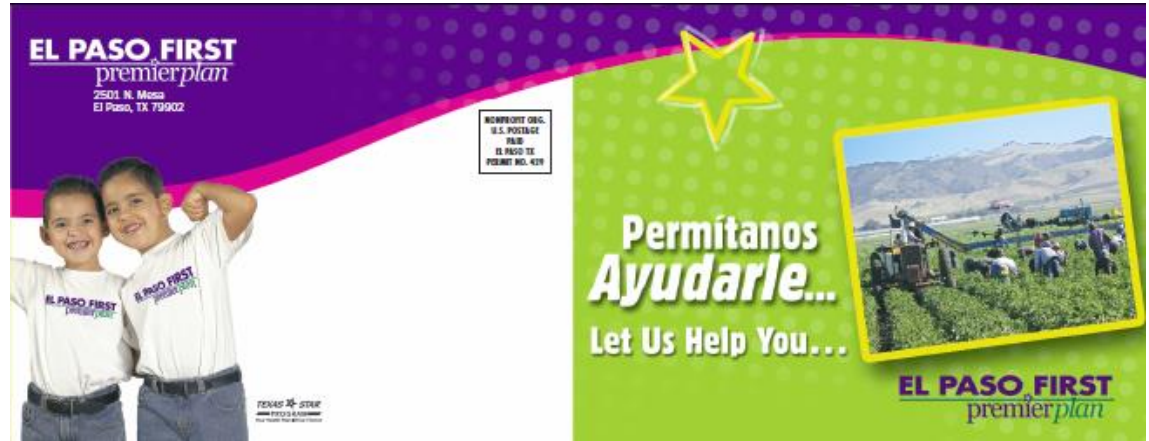
# Reaching out to Children of Farm Workers

## Mobile Food Pantry Distributions



# How do we reach out to CMFW?

- Post cards
- Auto-dialer
- Text Messages
- Educational Posters



<p><b>Estimado miembro, permitanos ayudarle:</b></p> <p>El Plan Premier de El Paso First tiene servicios especiales de Medicaid para niños de trabajadores temporales del campo, por eso nos gustaria saber lo siguiente:</p> <p>¿Es usted un trabajador temporal del campo?          Si <input type="radio"/> No <input type="radio"/></p> <p>¿En la pieza de cebolla, chile, lechuga, tomate, uvas, nueces, etc...?          Si <input type="radio"/> No <input type="radio"/></p> <p>¿Empacando o procesando vegetales, frutas, pescado, pollo, etc...?          Si <input type="radio"/> No <input type="radio"/></p> <p>¿En laharitas, pesca, o matanza, etc...?          Si <input type="radio"/> No <input type="radio"/></p> <p>Si contesto <b>SI</b> a alguna de las preguntas, por favor comuniquese con Luvia Acuña, Coordinadora Migrante, al <b>(915) 532-3778</b>. Le ayudaremos a recibir servicios rápidos. ¡Gracias por su tiempo!</p> <p>Sinceramente,          Plan Premier de El Paso First</p>	<p><b>Dear member, let us help you:</b></p> <p>El Paso First Premier Plan has special Medicaid services for the children of seasonal farm workers and we would like to know the following:</p> <p>Are you a seasonal worker?          Yes <input type="radio"/> No <input type="radio"/></p> <p>Picking onions, chile, lettuce, tomatoes, grapes, pecans, etc...?          Yes <input type="radio"/> No <input type="radio"/></p> <p>Packing or processing vegetables, fruits, fish, chicken, etc...?          Yes <input type="radio"/> No <input type="radio"/></p> <p>In dairies, fisheries, or slaughtering, etc...?          Yes <input type="radio"/> No <input type="radio"/></p> <p>If you answered <b>YES</b> to any of these questions, please contact Luvia Acuña, Migrant Coordinator at <b>(915) 532-3778</b>. We will help you receive accelerated services. Thank you for your time!</p> <p>Sincerely,          El Paso First Premier Plan</p>
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# Contact Information

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**Lluvia Acuña**  
**Migrant Outreach Coordinator**  
[lacuna@epfirst.com](mailto:lacuna@epfirst.com)  
915-298-7198 ext. 1075

**Adriana Cadena**  
**C.A.R.E. Unit Manager**  
[acadena@epfirst.com](mailto:acadena@epfirst.com)  
915-298-7198 ext. 1127

# Behavioral Health Services

Presented by:

Aurora Arias, LBSW

Social Worker/Case Manager

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# Coordination with TDFPS

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If requested by TDFPS all providers must provide the following documents if a member is receiving services from or has been placed in the conservatorship of TDFPS:

- 1) medical records
- 2) Schedule medical & BHS appointments within **14** days unless requested earlier by TDFPS; and
- 3) Detection and referral of abuse & neglect to TDFPS of any suspected abuse of members.

# Behavioral Health Services

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- Reminder:
  - Members may self-refer for an initial visit to any participating BH provider in the Provider Network without a referral from their PCP. Subsequent visits will require prior authorization from El Paso First Health Plans.

# Prior Authorization Process

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- Provider must fax Outpatient Treatment Referral (OTR) Form to El Paso First Health Plans:
- We have added a toll free for prior authorization submissions. This fax is in addition to our existing fax request.
  - **Outpatient Prior Authorization Fax Numbers:**
    - 1) (915) 298-7866
    - 2) 1-844-298-7866

# You can also submit BHS requests

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- Online: (Via Provider Web Portal):

Go to [www.epfirst.com](http://www.epfirst.com)

1. Click on providers tab
2. Then Web portal login



# BHS-OTR-Page 1

**EL PASO FIRST**  
healthplans, inc.

**Pre-certification Fax Form for OUTPATIENT/INPATIENT Behavioral Health**  
**FAX NO.: 915-298-7866      PRECERT NO.: 915-532-3778 X 1500**

**PLEASE NOTE:** All services requiring pre-certification (other than on an emergency basis) must be approved in advance by the HMO's Medical Director/designee. **ALL ADMISSION DOCUMENTATION MUST BE SUBMITTED ALONG WITH THIS FORM.** Pre-certification is subject to all terms and conditions of the Health Service Contract and is only valid for eligible health plan member at time of service.

Today's Date: \_\_\_\_\_ Office Contact \_\_\_\_\_  
 Requesting Provider's Name: \_\_\_\_\_ Contact \_\_\_\_\_ Fax: \_\_\_\_\_  
 TPI No. \_\_\_\_\_ NPI No.: \_\_\_\_\_  
 Member Name: \_\_\_\_\_ Member I.D.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 Member Phone No. \_\_\_\_\_  
 Facility Name Performing the Service/Procedure: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Expected Date of Procedure: \_\_\_\_\_ Inpatient Admit Date (if applicable): \_\_\_\_\_  
 Procedure(s) Requested: \_\_\_\_\_  
 Type of Setting (circle one):    **Inpatient**    **Outpatient**    **Other:** \_\_\_\_\_  
                                                  Axis I                                                   Axis II                                                   Axis III  
 (ICD-9 Code) \_\_\_\_\_  
                                                  Axis IV                                                   Axis V \_\_\_\_\_

**Initial Treatment Requests.**    Provide summary of the initial treatment evaluation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Continuation of therapy requests.** Please indicate the following (complete all sections):

A. Current symptoms: \_\_\_\_\_

\_\_\_\_\_

B. Response to past treatment: \_\_\_\_\_

\_\_\_\_\_

C. Specific therapeutic interventions: \_\_\_\_\_

\_\_\_\_\_

D. Frequency of contact: \_\_\_\_\_

\_\_\_\_\_

**Medications:**

Medication	Dose	Side Effects	Prescribing Physician

THIS PRECERTIFICATION DOES NOT GUARANTEE PAYMENT OF BENEFITS. PAYMENT OF BENEFITS IS SUBJECT TO ALL TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS OF THE MEMBER'S CONTRACT. REGARDLESS OF A DETERMINATION, MEDICAL DECISIONS REGARDING A COURSE OF TREATMENT ARE SOLELY BETWEEN THE PHYSICIAN AND THE PATIENT.

# BHS-OTR-Page 2

## Pre-certification Fax Form for OUTPATIENT/INPATIENT Behavioral Health

Member's Name: \_\_\_\_\_ Member I.D. \_\_\_\_\_

Treatment Plan. Note specific progress for each goal

Goal	Current Progress	Target Date

<p><b>Anxiety/Phobia</b></p> <p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Panic Attack</p> <p><input type="checkbox"/> Phobic Responses</p> <p><input type="checkbox"/> Excessive Worry</p> <p><input type="checkbox"/> PTSD</p>	<p><b>Risk Factors</b></p> <p><input type="checkbox"/> Social Isolation</p> <p><input type="checkbox"/> Impaired Judgment</p> <p><input type="checkbox"/> Aggression</p> <p><input type="checkbox"/> Oppositional/Defiant</p> <p><input type="checkbox"/> Self injurious</p> <p><input type="checkbox"/> Recent Suicide attempts</p> <p><input type="checkbox"/> Past Suicide attempts</p>	<p><b>Sleep Patterns</b></p> <p><input type="checkbox"/> Hypersomnia</p> <p><input type="checkbox"/> Insomnia</p> <p><input type="checkbox"/> Awakenings</p> <p><input type="checkbox"/> Traumatic Dreams</p>	<p><b>Eating Patterns</b></p> <p><input type="checkbox"/> Increase Appetite</p> <p><input type="checkbox"/> Decrease Appetite</p> <p><input type="checkbox"/> Binge Eating</p> <p><input type="checkbox"/> Self-Induced Vomiting</p>	<p><b>Substance Abuse</b></p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> Active</p> <p><input type="checkbox"/> Remission</p>
<p><b>Mood</b></p> <p><input type="checkbox"/> Anger</p> <p><input type="checkbox"/> Apathy</p> <p><input type="checkbox"/> Blunted/Flat Affect</p> <p><input type="checkbox"/> Depressed Mood</p> <p><input type="checkbox"/> Elevated/Expansive</p> <p><input type="checkbox"/> Grandiosity</p> <p><input type="checkbox"/> Hopelessness</p> <p><input type="checkbox"/> Irritable</p> <p><input type="checkbox"/> No Self Esteem</p> <p><input type="checkbox"/> Tearfulness</p> <p><input type="checkbox"/> Mood in swings/lability</p> <p><input type="checkbox"/> Previous Suicide attempt</p>	<p><b>Cognition</b></p> <p><input type="checkbox"/> Decrease Concentration</p> <p><input type="checkbox"/> Distractibility</p> <p><input type="checkbox"/> Impaired Abstract Thinking</p> <p><input type="checkbox"/> Memory Impairment</p> <p><input type="checkbox"/> Difficulty Making Decisions</p> <p><input type="checkbox"/> Hallucinations</p>	<p><b>Thought Content</b></p> <p><input type="checkbox"/> Flight of Ideas</p> <p><input type="checkbox"/> Loose Association</p> <p><input type="checkbox"/> Hyperactive</p> <p><input type="checkbox"/> Pressured Speech</p> <p><input type="checkbox"/> Racing Thoughts</p> <p><input type="checkbox"/> Delusions</p> <p><input type="checkbox"/> Grandiosity</p> <p><input type="checkbox"/> Paranoid Ideation</p> <p><input type="checkbox"/> Suicidal Ideation</p>	<p><b>Functionality</b></p> <p><input type="checkbox"/> Obsessions/Compulsions</p> <p><input type="checkbox"/> Social Withdrawal</p> <p><input type="checkbox"/> Impaired ability to function at:</p> <p><input type="checkbox"/> Home</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Work</p> <p><input type="checkbox"/> Obsessions/Compulsions</p> <p><input type="checkbox"/> Social Withdrawal</p> <p><input type="checkbox"/> Risk-taking</p> <p><input type="checkbox"/> Anti-social</p> <p><input type="checkbox"/> Hypersexual</p>	<p><b>Activity</b></p> <p><input type="checkbox"/> Decrease in Energy</p> <p><input type="checkbox"/> Psychomotor Retardation</p> <p><input type="checkbox"/> Restlessness</p> <p><input type="checkbox"/> Hyperactivity</p> <p><input type="checkbox"/> Impulsiveness</p> <p><input type="checkbox"/> History of aggression</p>

THIS PRECERTIFICATION DOES NOT GUARANTEE PAYMENT OF BENEFITS. PAYMENT OF BENEFITS IS SUBJECT TO ALL TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS OF THE MEMBER'S CONTRACT. REGARDLESS OF A DETERMINATION, MEDICAL DECISIONS REGARDING A COURSE OF TREATMENT ARE SOLELY BETWEEN THE PHYSICIAN AND THE PATIENT.

# BHS-OTR-Page 3

**Pre-certification Fax Form for OUTPATIENT/INPATIENT Behavioral Health**

Member's Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

---

Suicidal:       Yes     No    Explain: \_\_\_\_\_

---

Homicidal:     Yes     No    Explain: \_\_\_\_\_

---

Emotional Trauma:     Yes     No    Explain: \_\_\_\_\_

---

Sexual Trauma:       Yes     No    Explain: \_\_\_\_\_

---

Physical Trauma:      Yes     No    Explain: \_\_\_\_\_

---

**Indicate number of sessions being requested to include CPT Code/Revenue Code and frequency.**

	<u>CPT CODES</u>	<u>UNITS</u>	<u>FREQUENCY</u>	<u>REV CODE</u>	<u>UNITS</u>
<input type="checkbox"/>	INITIAL EVAL	_____	_____	<input type="checkbox"/> 124	_____
<input type="checkbox"/>	INDIVIDUAL THERAPY	_____	_____	<input type="checkbox"/> 905	_____
<input type="checkbox"/>	<b>90847</b> FAMILY THERAPY WITH MEMBER	_____	_____	<input type="checkbox"/> 906	_____
<input type="checkbox"/>	<b>90853</b> GROUP THERAPY	_____	_____	<input type="checkbox"/> 912	_____
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> 913	_____
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> Other	_____

---

*For El Paso First's Use Only*

Approved     Denied     Partial Approval    Comments: \_\_\_\_\_

MD Signature: \_\_\_\_\_

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THIS PRECERTIFICATION DOES NOT GUARANTEE PAYMENT OF BENEFITS. PAYMENT OF BENEFITS IS SUBJECT TO ALL TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS OF THE MEMBER'S CONTRACT. REGARDLESS OF A DETERMINATION, MEDICAL DECISIONS REGARDING A COURSE OF TREATMENT ARE SOLELY BETWEEN THE PHYSICIAN AND THE PATIENT.

# Health and Behavior Assessment and Intervention (HBAI) Services

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- As of July 1,2014 EP First implemented this new benefit (STAR members only 20 years of age and younger)
- No authorization required
- Services provided by a Licensed Professional of the Healing Arts (LPHA) who is co-located in the same office as clients PCP.

# HBAI- Benefits

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- Member has to have an underlying physical illness or injury and has a documented need for a psychological evaluation.
- Treatment services consist of cognitive, behavioral, social, or psychological interventions designed to ameliorate specific disease related problems.

# Behavioral Health Unit

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Contact information:

**Diana Gonzalez, LVN-CM-BHS**

(915) 532-3778 ext. 1082

**Aurora Arias, LBSW-CM-BHS**

(915) 532-3778 ext. 1131

**Edna Lerma, LPC-Clinical Supervisor**

(915) 532-3778 ext. 1078

# Pharmacy Benefits

Perla Saucedo

Pharmacy Technician

**EL PASO FIRST**  
*Health Plans, inc.*

# 72-hour Emergency Supply

---

- A 72-hour Emergency Supply allows pharmacy to dispense a 3 day supply of medication, at no cost to member, to allow prescriber time to submit PA
- The 72-hour Emergency Supply should be dispensed any time a PA is not available and a prescription must be filled for any medication on the Texas Vendor Drug formulary.
- If the prescribing provider cannot be reached or is unable to request PA, the pharmacy should submit an emergency 72-hour prescription.



# 72-hour Emergency Supply, cont.

---

- Pharmacies should submit:
  - ‘8’ in “Prior Authorization Type Code”
  - ‘801’ in “Prior Authorization Number Submitted”
  - ‘3’ in “Days Supply”
  - The quantity submitted in “Quantity Dispensed” should not exceed the quantity necessary for a 3-day supply according to the directions for administration. If the medication is a dosage form that prevents a three day supply from being dispensed, e.g., an inhaler, it is still permissible to indicate that the emergency prescription is a three day supply and enter the full quantity dispensed

# Prior Authorization Process

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- Prescription Prior Authorizations can be submitted directly to Navitus, El Paso First's Pharmacy Benefit Manager.
- Provider can call 1-877-908-6023 for PA submission.
- Prior Authorization forms can be obtained from their website, [www.navitus.com](http://www.navitus.com)
- A determination will be made within 24 hours of PA submission.

# Formulary Look-Up

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- [www.navitus.com/texas-medicaid-star-chip/formulary.aspx](http://www.navitus.com/texas-medicaid-star-chip/formulary.aspx)
- <http://www.txvendordrug.com/formulary/formulary-search.asp>
- [www.epocrates.com](http://www.epocrates.com)

# DME Benefits

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- Diabetes testing supplies are covered through pharmacy
- Preferred products are TrueResult and Freestyle. Strips and Lancets for these preferred products can be obtained through pharmacy with prescription.
- Glucometer system can be obtained at no charge through manufacturer
  - TrueResult-1-877-373-5366
  - Freestyle-1-866-224-8892

# Contact Information

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**Perla Saucedo, PhTech**

915-532-3778 ext. 1035

**Navitus**

1-877-908-6023

# Health Education Classes

Crystal Arrieta, MPH

Disease Management Coordinator

**EL PASO FIRST**  
*Health Plans, inc.*

# Health Education Classes

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El Paso First Health Plans offers health education classes for members who have an uncontrolled chronic condition. Here, they can gain the knowledge and the attitude to manage their condition(s).

Refer your El Paso First patients by phone!

## Asthma self-management class

- El Paso Children's Hospital

## Nutrition education classes

- Texas AgriLife Extension

# Schedule of Classes 2015

## Asthma self-management class

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Classes will be from [10:00AM-11:30AM](#) on every date:

- Friday, March 13
- Friday, May 15
- Friday, July 17
- Friday, September 11
- Friday, November 13



# Schedule of Classes 2015

## Nutrition Education Class

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Classes will be from [12:00-2:00 PM](#) on every date, **except** on **Friday, April 10** there will also be a [9AM-11AM](#) class:

- Friday, April 10
  - [9AM-11AM](#) (English) and [12:00-2:00PM](#) (Spanish)
- Friday, May 15
- Friday, July 17
- Friday, September 11
- Friday, November 13

# Case Management Program

Crystal Arrieta, MPH

Disease Management Coordinator

**EL PASO FIRST**  
*Health Plans, inc.*

# Disease case management

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El Paso First has a disease case management program available for members who have uncontrolled chronic diseases such as:

- Asthma
- Obesity
- Diabetes type 1 and 2
- Heart disease
- SHCN
- Over-utilizers of services (such as ER and pharmacy)

# Disease Case Management

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Our Disease Management Case Management program provides our members with:

- Health education
- Care coordination
- Health tip text messages
- Follow up calls
- Home visits\*
- Community resources\*

\*If deemed necessary

# Case Management

You can refer your El Paso First patients to our Case Management Program by filling out and faxing the CM referral form on our website or by phone.

Fax: 915-298-7866

Phone: 915-532-3778, X 1175 or X 1076

CASE MANAGEMENT REFERRAL FORM		
<b>To: El Paso First Health Plans, Inc.</b> <b>ATTN: Case Management</b> Phone: (915) 532-3778 ext. 1500 Fax: 915-298-7866		FROM: _____ (Physician's Office Name) OFFICE CONTACT: _____ PERSON FAX NUMBER: _____ TELEPHONE NUMBER: _____
<b>Member Name:</b> _____	<b>Medicaid/CHIP ID #:</b> _____	<b>DOB:</b> _____
<b>Member Contact Number:</b> _____		<b>Member Address:</b> _____
<b>REASON FOR REFERRAL (check all that apply and add comments when applicable):</b>		
<input type="checkbox"/> HIGH RISK PREGNANCY		
<input type="checkbox"/> BEHAVIORAL HEALTH		
<input type="checkbox"/> ASTHMA		
<input type="checkbox"/> HEART DISEASE		
<input type="checkbox"/> DIABETES		
<input type="checkbox"/> SPECIAL HEALTH CARE NEEDS (patient 20 years of age and younger, who has a condition that is expected to last more than 12 months)		
<input type="checkbox"/> SOCIAL WORK		
<input type="checkbox"/> OBESITY		

**PRESENTING CONCERN:**

- Assistance locating covered services
- Coordination of care
- Non-compliance with treatment plan
- Assistance obtaining durable medical equipment/medical supplies (i.e. nebulizer, peak flow meter)
- Patient education (i.e. symptom management, self-management strategies, diabetes education)
- Assistance accessing treatment for behavioral health diagnosis
- Social concerns, please specify concern(s): \_\_\_\_\_
- High risk pregnancy, please specify condition/concern: \_\_\_\_\_
- Access to community resources (i.e. support/advocacy groups, basic needs)

# Case Management

Form is located on our website under the provider tab then click on provider forms.

The screenshot displays the El Paso First Health Plans website at the URL [www.epfirst.com/providers/provider-forms/#2](http://www.epfirst.com/providers/provider-forms/#2). The page features a navigation menu with 'PROVIDERS' selected. The main content area is titled 'Provider Forms' and includes a search bar with the placeholder text 'To search type and hit enter...'. Below the search bar, there are three categories of forms: 'Web Portal Forms', 'Health Services Forms' (which is expanded to show a list of forms), and 'Complaints and Appeals Forms'. The 'Health Services Forms' list includes: TCM/MHR Service Request Form, Abandoned Unit Return Form & FAQ 270-011-0004-14 FINAL MARCOM, Case Management Referral Form, Letter & High Risk Form, Pre-Authorization Flyer-STAR/CHIP, Pre-Authorization Flyer-Health Care Options (HCO), Pre-Authorization Flyer-Preferred Administrators, Pre-Certification Form-Behavioral Health, Pre-Certification Fax Form-NICU, Pre-Certification Form-Outpatient/Scheduled Procedures, and Pre-Certification Form-Out of Area/Inpatient Notification. On the right side, there are sections for 'WEB PORTAL LOGIN', 'PROVIDER MANUAL', 'PROVIDER DIRECTORIES & MEMBER HANDBOOKS', 'FIND A DOCTOR', and 'PROVIDERS NEWSLETTER'. The footer of the page includes the El Paso First Health Plans, Inc. logo and the text 'Health. Covered. Newsletter.'

# Contact Us

---

Crystal Arrieta, Disease Management Coordinator

[carrieta@epfirst.com](mailto:carrieta@epfirst.com)

915-532-3778, X 1175

Gabriela Mendoza, Disease Management Case Manager

[gmendoza@epfirst.com](mailto:gmendoza@epfirst.com)

915-532-3778, X 1076

# Quality Improvement

Access and Availability

HEDIS Medical Record Chases

Patricia S. Rivera, RN

Quality Improvement Nurse Auditor

**EL PASO FIRST**  
*Health Plans, inc.*



# Access and Availability

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- As mandated by Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC) all PCP and Behavioral Health Providers must be available 24 hours, 7 days a week. If the Provider delegates this duty, the covering Provider must also be available 24 hours, 7 days a week.

# Access and Availability

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- El Paso First's Quality Improvement personnel will conduct a random sampling of the PCP and Behavioral Health Providers network every quarter. Based on compliance with El Paso First's Access and Availability standards our Providers may be surveyed more than once a year.
- Calls made 5:00 PM to 8:30 AM, Monday through Friday and any time Saturday and Sunday

# Acceptable Standards

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- Answering service meets language requirements of that for major population groups. Answering service must be able to contact the Provider or other designated medical practitioner
- Recording meets language requirements. Directs patient to call another phone number to reach the Provider or designated medical practitioner. Other phone number provided must be answered by someone at the time of call.

# Acceptable Standards

---

- Call is transferred to an on-call person. Call meets language requirements. Person on-call must be able to reach the Provider or designated medical practitioner to return call to patient.

# Top 10 Reasons for Non Compliance

---

**After Hours Availability Calls conducted  
October 1, 2014 to December 31, 2014**

**#10** “If you have a medical concern press 2.”  
Call is then transferred...then silence

**#9** Recording asks member to call phone number  
listed on the back of the insurance card or go to  
Urgent Care or EPCH

# Top 10 Reasons for Non Compliance

---

- #8** Answering service says they are not allowed to page the doctor. They are to refer patients to Urgent Care Centers or ER. (another answering service says they are only allowed to page providers for emergencies, not insurances)
  
- #7** “Please leave a message.” After the beep, “This mailbox is full.”
  
- #6** “The number you are trying to reach has changed, been disconnected or is no longer in service.”

# Top 10 Reasons for Non Compliance

---

- #5 “There will be a \$25 fee for after-hour consultations.”
- #4 Phone number provided is busy.
- #3 “If this is an emergency, dial 911. Hours are.....For appointments or refills call back during normal business hours.”

# Top 10 Reasons for Non Compliance

---

**#2** Phone rang, there was no answer.

**#1** Recording asks you to leave a message or Answering Service pages provider and they don't call back! (14)



# Access & Availability

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- Your partnership is paramount in the success of our Quality Improvement initiatives and requirements mandated by TDI and HHSC.
- Thank you for your commitment to improving the quality of service we offer to the El Paso community

# HEDIS Medical Record Chases

---

- 2014 Pay for Quality (P4Q) requires hybrid calculation of HEDIS rates.
- Hybrid calculation includes combining administrative claims data with medical record reviews.
- If a member is determined to be compliant from claims data, medical record review will not be necessary.

# HEDIS Medical Record Chases

---

- Requests for medical records will go out to providers in February.
- El Paso First will push for secure electronic transfer of medical records (SFTP).

# Questions?

---

Patricia S. Rivera, RN - Quality Improvement  
Nurse Auditor

298-7198 x1106

El Paso First Quality Improvement

298-7198 x1231

# Claims



Julie Zubia

Claims Processing Supervisor

**EL PASO FIRST**  
*Health Plans, inc.*

# Claims Processing

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- Timely filing deadline
  - 95 days from date of service
- Corrected claim deadline
  - 120 days from date of EOB
  - Use the comments section of the corrected claim form and be specific
- Web portal claim entry
  - List the authorization number in the header and in the service line

---

# Electronic Claim Submission Information



# Electronic Claims

- Claims are accepted from:
  - Availity
  - Trizetto Provider Solutions, LLC.  
*(formerly Gateway EDI)*
- Payer ID Numbers:
  - » STAR Medicaid =====EPF02
  - » El Paso First CHIP =====EPF03
  - » Preferred Administrators UMC =====EPF10
  - » Preferred Administrators EPCH =====EPF11
  - » Healthcare Options=====EPF37



# ICD-10



**EL PASO FIRST**  
*Health Plans, inc.*

# ICD-10

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- Providers are encouraged to continue their preparation efforts
- New proposed effective date is 10/01/2015
- Date of service will determine use of ICD-9 or ICD-10 codes for claims submission

# Structural Distinction of Diagnosis Codes

## ***ICD-9-CM*** ***Volume 1-2***

- Codes are numeric
- E Codes / V Codes Distinct Identification
- Codes are 3 or 5 digits
- No Place Holder Used



Category

Etiology,  
Anatomic Site,  
Manifestation

## ***ICD-10-CM***

- Codes are alpha-numeric
- Codes contain 3-7 characters
- Place Holder 'X' Used for 5<sup>th</sup> or 6<sup>th</sup> Character When Applicable



Category

Etiology,  
Anatomic Site,  
Manifestation

Extension

# National Drug Code Billing Requirements

---

- NDC is required in the claim for clinician administered drugs in an outpatient setting
- A valid relationship must exist between the HCPCS code and NDC
- Texas Vendor Drug Program publishes a crosswalk for reference
  - Website: <http://txvendordrug.com/formulary/clinician-administered-drugs.shtml>

# Contact us

---

## Provider Care Unit Extension Numbers:

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

# Questions?

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# Complaints and Appeals Process

Raquel Payan  
Compliance Supervisor

**EL PASO FIRST**  
*Health Plans, inc.*

# Complaints & Appeals Process

- All Complaints and Appeals must be submitted in writing
  - All complaints/appeals are acknowledged no later than five (5) business days
  - All complaints/appeals are resolved within thirty (30) calendar days
- Appeals must be received within 120 days from the notice of the denial
- Complaints or Appeals must include detailed and supporting information:
  - Corrected Claim
  - Copy of Remittance Advice
  - Medical records
  - Proof of Timely Filing
  - Provide attested letter TPI/NPI
- Complaints must be addressed to:

El Paso First Health Plans, Inc.  
Complaints and Appeals Unit  
1145 Westmoreland  
El Paso, Texas 79925

Note: Member's must not be billed or balanced billed



# Contact Information

---

Raquel Payan  
Compliance Supervisor  
(915) 298-7198 ext. 1092

# Special Investigations Unit Compliance

**Alma Meraz**

Special Investigations Unit Claims Auditor

**EL PASO FIRST**  
*Health Plans, inc.*

# Monthly Random Medical Records Reviews

---

- Texas enacted bill 2292 to require all Managed Care Organizations like El Paso First to establish a plan to prevent waste, fraud and abuse
- 5-7 providers are randomly selected on a monthly basis
  - Edits, billing patterns, Health Plan request
- The process involves the review of paid claims and if necessary a request for records
- A Business Records Affidavit is required

# Medical Record Sample

Donald Duck M.D.  
1234 Disney World  
El Paso, TX 79999

01/01/15

RE: Request for Medical Records  
Plan: El Paso First Health Plans, Inc.  
Request Number: Investigation ID # 12345678  
Member: Please see member list at bottom of letter  
Certified Mail Tracking #: 0000000000

Dear Doctor/Provider:

This request for medical records/documentation is sent to you under a Texas state mandated program to monitor and improve the accuracy of claims payments to physicians and other providers. Your cooperation in responding to this information request is essential to assuring and improving the accuracy of your payments.

Under the Health Insurance Portability and Accountability Act (HIPAA) Protected Health Information (PHI) may be released to a Covered Entity without a release from the member/patient for treatment, payment or health care operations. El Paso First Health Plans, Inc. is a Covered Entity as defined by HIPAA. Health Plan beneficiaries, upon enrollment in our health plan, are given a HIPAA Privacy Notice delineating exceptions under HIPAA.

In accordance with the 2012 TMPM Section 1.5.3 and Title 1 Chapter 15 Sections 353.502 and 371.1643 (f) of the Texas Administrative Code, please submit the complete medical records for all of the members listed herein for the accounts that include the dates of service identified. Please adhere to the following directions when photocopying, packaging, and mailing the requested records.

Title 1, Part 15, Chapter 353, Subchapter F, RULE §353.502 (g) of the Texas Administrative Code states:

"Failure of the provider to supply the records requested by the MCO will result in the provider being reported to the HHSC-OIG as refusing to supply records upon request and the provider may be subject to sanction or immediate payment hold."

- 1) Complete copies should include specific records to support the services provided and would include as applicable the following documents:
  - Patient Information Sheets (completed by parent, guardian or patient)
  - Financial Records including super bills, copies of ID Cards, and Patient Intake Forms
  - Physician Orders
  - Diagnostic Test Results (regardless of where they are performed)
  - Referral / Authorization Requests and Forms
  - Physicians Progress Notes
  - Medication Records
  - Graphic Reports
  - Emergency Room Records
  - History and Physical Notes
  - Operative Reports, Consultant and Other Medical Reports
  - All Lab Requisitions and Lab Reports
- 2) Photocopy each record. Please make sure all copies are complete, legible, and contain both sides of each page, including page edges. Complete copies should include specific records to support the services provided and be separated by patient in chronological order. Records can also be scanned and submitted via Encrypted USB or CD. Password should NOT be included with Records.

Copy of Photo ID and Member ID card.

- 3) All records are to be shipped via a trackable manner, OR contact El Paso First to arrange a pick up.

*NOTE: Any medical record or documentation not submitted with this certified request will not be considered after the review of your records has been initiated. If the final review of the documentation provided identifies unsupported billing for the services provided, payment for that service will be recouped in its entirety. Please reference the notice on the Business Record Affidavit.*

Please sign and return the following with the submission of medical records:

LIST OF REQUIRED MEMBER FILES - Donald Duck, M.D.  
RECORD DATES - 8/1/2011 to 7/31/2014

MEMBER ID	MEMBER LAST NAME	MEMBER FIRST NAME	MEMBER DOB
0000000000	Mouse	Minnie	01/01/1995

If no records are submitted they will be recouped

- 
- El Paso First will send out a notification letter with the findings at the end of the review
    - Will include detailed spreadsheets with claim recoupment information
  - You have the right to dispute the findings ( within 30- days of receipt of the notice)
  - The Recoupment process
    - Per the Office of the Inspector General’s directive El Paso First will recoup via claims

# Recoupment Letter Sample

January 1, 2015

Donald Duck M.D.  
1213 Disney World  
El Paso, TX 79999

Certified Receipt : 00000000000000

Re: Request for Corrected Claims and Notice of Recoupment

Thank you for the service you have provided to El Paso First Health Plans, Inc. (El Paso First) and our Members. This is to inform you of the findings identified during a recent audit of your medical records.

As you are probably aware, the federal and state governments have been making a combined effort to reduce waste, abuse and fraud in all government-funded healthcare programs, including CHIP and STAR. Providers making minor coding violations, without intent, are required to be educated in efforts to avoid future claim errors. El Paso First is responsible for recouping all identified overpayments up to \$100,000.

Pursuant to these efforts, Texas enacted House Bill 2292 to require all managed care payers, like El Paso First, to establish a Special Investigations Unit (SIU) and establish a plan to prevent and reduce waste, abuse and fraud in the various managed care programs, such as CHIP and STAR. This law requires El Paso First to establish a plan to monitor and improve the accuracy of claims payments made to physicians and other providers in efforts to prevent and reduce the possibilities of waste, abuse, or fraud.

El Paso First retains Health Management Systems (HMS) as its hired claims analyst. The following is the analysis of your claims for dates:

- A. Record Documentation (NDS, NSD, PA):
- B. Level of office visits (UP):
- C. Service that cannot be billed with another service (CC):
- D. Procedure code billed is not recognized with the diagnosis submitted (DX3):
- E. Non-covered services (NCS):
- F. No modifier when a modifier is required (NM):

#### Recoupment for No Documentation/Inappropriate Coding

The service dates that did not meet appropriate documentation for the services billed and the subsequent overpayment amount are documented in the "Notice of Recoupment" (Attachment A). The amount of recoupment for these services is \$-----. It is the expectation of El Paso First that all network providers submit all the requested medical documentation for audit at the time of the initial certified request for medical records letter. Any medical record or documentation for a billed service that was not submitted with the certified request was subject for full recoupment. This type of finding cannot be appealed due to Office of Inspector General (OIG) guidance that post audit submission could be suspect as being potentially doctored or created after the fact. Your medical records were submitted with an Affidavit certifying medical records were original and complete or exact duplicates of the original records on file.

#### Recoupment for Not Meeting Evaluation and Management (E/M) Documentation Guidelines

There were ----- services that did not meet documentation guidelines and were identified as up coded and ----- that met the guidelines and were identified as Downcode. Your office may submit a corrected claim for the services identified as up coded and downcoded with the correct service code. Request for Corrected Claims (Attachment B) identifies those services. Submission of a corrected claim will amount to a recoupment of \$ ---- vs. \$ ---- if no corrected claim is received.

You have the right to appeal the findings, please be advised that your written appeal must be submitted no later than 30 calendar days from receipt of this letter.

As per The OIG's directive, El Paso First must recoup overpayment amounts via claims adjustments and cannot accept payment by check.

El Paso First requests that you please take the necessary steps to eliminate the occurrence of these coding issues.

If you would like to further discuss the findings, you may contact me at 298-7198 ext. 1039, I'll be glad to assist you.

Thank you  
Alma Meraz, CCS-P  
Special Investigations Claims Auditor

30 days to submit a corrected claim or an appeal from the date of the letter

# 39 Week OB Reviews

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- Random selection of 15 providers a month
- Records are requested and reviewed
- Ensures medical necessity of inductions and/or c-sections
- Reviews proper utilization of modifiers U1, U2 and U3

# OB Record Request Sample

## EL PASO FIRST

*Health Plans, inc*

January 1, 2015

Donald Duck, M.D.  
1234 Disney World  
El Paso, TX, 79999

Re: Minnie, Mouse  
Member Health Plan Identification No.: 000000000

Certified Receipt # 0000000000000

El Paso First Health Plans, Inc. (El Paso First) has conducted a random evaluation of paid claims for obstetric delivery procedures. The medical record for patient listed above has been selected for retrospective review. This review is being conducted to monitor compliance with the Texas Health and Human Services Commission regulations regarding medically necessary inductions and cesarean sections performed prior to 39 weeks gestation. The following documentation must be submitted to El Paso First for review within 15 days from the date of this letter:

- History and physical
- Delivery summary
- Last progress note prior to delivery.

The information must be sent by January 01, 2015 to the address listed below:  
El Paso First Health Plans, Inc.  
Attn: Alma Meraz  
1145 Westmoreland Dr.  
El Paso, TX 79925

El Paso First's Medical Director will review the documentation to determine if the procedure was medically necessary. If medical review indicates medical necessity for the obstetrical procedure, El Paso First will take no further action on the paid claim. If the medical review identifies the induction or cesarean section procedure was performed before 39 weeks of gestation and was not medically necessary, the payment previously rendered will be recouped from the physician(s) involved with the delivery and the facility where the delivery was performed.

Once the retrospective review is completed, you will be notified of its outcome.

If you have any questions about the retrospective review process, please contact your Provider Relations Representative or the Compliance Unit at (915) 532-3778 or 1-888-532-3778.

Thank you for your prompt attention to this matter.

Sincerely,  
*Alma Meraz*  
Alma Meraz, CCS-P  
Special Investigations Claims Auditor  
Cc: David E. Alfox, M. D., El Paso First Medical Director

P.O. Box 971100.EL PASO,TEXAS 79997-1100.\*915/532-3778.www.epfirst.com

**EL PASO FIRST**  
*Health Plans, inc.*



# Member Services Verification

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- Random selection of 60 members a month
- Courtesy phone calls to verify services were rendered as billed
- If not verified by member, records are requested
- The Provider will be notified of findings

# Contact Information

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**Alma Meraz**

Special Investigations

Unit Claims Auditor

915-298-7198 ext. 1039

[ameraz@epfirst.com](mailto:ameraz@epfirst.com)

# Member Cost-Sharing & Medical Transportation Program

Edgar Martinez  
Member Services Director

**EL PASO FIRST**  
*Health Plans, inc.*

# Member Cost-sharing for STAR & CHIP

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- El Paso First Premier Plan Members are not responsible for paying for covered services. Doctors, hospitals, and other providers cannot require Members to pay copayments or any other amounts for covered services.
- El Paso First CHIP Members are only responsible for paying allowable copayments for covered services. Doctors, hospitals, and other providers cannot require Members to pay any other amounts for covered services.
- Copayments do not apply to CHIP Perinatal Members and CHIP Members who are Native American or Alaskan Native.
- Copayments for medical services or prescription drugs are paid to the health care provider at the time of service. CHIP Members are not responsible for copayments for well-baby services, well-child services, preventive services, or pregnancy-related assistance.

# Member Cost-sharing for STAR & CHIP

- The El Paso First ID card lists the copayments that apply to each Member.
- Below is a chart that lists copays.

Federal Poverty Levels	Office Visit	Non-Emergency Emergency Room Visit	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 100%	\$3	\$3	\$0	\$3	\$15	5% of family's income
101%–150%	\$5	\$5	\$0	\$5	\$35	5% of family's income
151%–185%	\$20	\$75	\$10	\$35	\$75	5% of family's income
186%–200%	\$25	\$75	\$10	\$35	\$125	5% of family's income

# Balance-billing for STAR & CHIP

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- Balance billing is the practice of charging managed care plan Members for costs of covered services that are in excess of authorized cost-sharing and program reimbursement rates.
- The existing HHSC rule prohibits providers from balance billing CHIP and STAR Members.

# Medical Transportation Program

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- Transportation is also available from the Medical Transportation Program (MTP).
- If a member needs a ride to a doctor's office, please call MTP at 1-877-633-8747 Monday – Friday 8:00 a.m. to 5:00 p.m. Central Time.
- Transportation must be requested at least two days in advance.
- MTP also pays for members to have a friend, relative, or another individual give them a ride when the member doesn't have a car or gas money. MTP pays these drivers as Individual Contractors by the mile (at the rate set by legislature for state employees).

# Medical Transportation - EPF

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- Transportation is available for medical appointments and health education classes.
- If a member needs a ride to a doctor's office, please call our Member Services Department at 915-532-3778 or 1-877-532-3778.
- Transportation must be requested at least 48 hours in advance.
- Transportation is available through bus tokens or through UMC Guest Services Shuttle. Taxi cabs are available on a case by case basis.
- El Paso First does not reimburse members for mileage.
- El Paso First covers ambulance services in emergency situations for all members. Severely disabled members, whose condition requires ambulance services, will also be covered.



# Questions

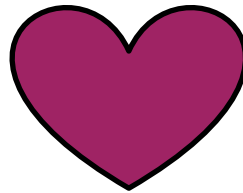
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Edgar Martinez  
Director of Member Services  
915-532-3778 ext. 1064

Antonio Medina  
Enrollment & Member Service Supervisor  
915-532-3778 ext. 1034

Juanita Ramirez  
Member Services & Enrollment Supervisor  
915-532-3778 ext. 1063

**Thank You for  
Attending Providers!**



**EL PASO FIRST**  
*Health Plans, inc.*