

Welcome Providers!

Ancillary Provider Specialty Training

March 24, 2016



Agenda

- **Provider Relations:** [Federal Mandate Re-enrollment, Important Forms](#)
- **Health Services:** [Therapy Updates](#)
- **Claims:** [Processing and Corrections](#)
- **Compliance:** [Appeals Process](#)
- **Contracting:** [Contracting Overview](#)
- **Member Services:** [Verifying Eligibility and The Medical Transportation Program](#)

Provider Relations Updates: Federal Mandate Re-enrollment, Important Forms

Vianey Licon
Provider Relations Representative

EL PASO FIRST
Health Plans, inc.

Extended Deadline

The Centers for Medicare and Medicaid Services (CMS) recently announced that the **previous March 24, 2016 deadline for Medicaid provider re-enrollment is extended to Sept. 25, 2016**. Though this extension gives states additional time to ensure providers comply with Patient Protection and Affordable Care Act (PPACA) requirements, Texas Medicaid encourages all providers who have not yet submitted a re-enrollment application to begin this process immediately to avoid potential payment disruptions.

Additional information will be announced in the coming weeks to assist providers who are working on the re-enrollment process.

Applications Received On or Before June 17, 2016

- To avoid potential disruption in payment, a complete re-enrollment application must be received on or before **June 17, 2016** in order to be re-validated by September 24, 2016.
- Complete applications that are received on or before June 17, 2016, will most likely complete the re-enrollment process by September 24, 2016.
- In the event that the re-enrollment process is not completed by September 24, 2016, and the provider is still working toward addressing identified deficiencies at that time, the provider will continue to remain enrolled in Texas Medicaid as long as the provider continues to respond to deficiency notifications within the defined timeframe for response.
- **Providers should submit a re-enrollment application to the state or TMHP today.**

Applications Received After June 17, 2016

- Texas Medicaid will normally process complete applications received on or after June 17, 2016; however, Texas Medicaid cannot guarantee that those applications will be completely processed by the September 24, 2016 deadline.
- **If final approval on an application received after June 17, 2016 is not completed by September 24, 2016, the provider will be dis-enrolled from Texas Medicaid.**
- Though these applications will continue to be processed, a gap in enrollment will exist between September 25, 2016, and the date the application is approved.
- Providers whose applications are denied will remain dis-enrolled with an effective date of September 25, 2016.
- Providers with a gap in Medicaid enrollment will not be eligible to receive reimbursement for claims with dates of service during the time the provider is not enrolled in Texas Medicaid.
- The effective date will not be retroactive to the date the provider was dis-enrolled.
- Additionally, dis-enrolled providers will not be eligible to participate in Medicaid managed care organizations (MCOs) or dental maintenance organizations (DMOs) during the dis-enrolled period.

Deadline Approaching: Avoid Medicaid Provider Disenrollment

- **Interruption in reimbursement** for Medicaid services the provider is not actively enrolled.
- **Denial of claims** for Medicaid services indicating that the provider is not actively enrolled.
- **Removal of managed care organization (MCO) or dental maintenance organization (DMO) networks.**

** Providers must be enrolled in Texas Medicaid before they can be contracted and credentialed by an MCO and DMO.*

Programs Required to Re-enroll

- This re-enrollment requirement **applies to providers who participate in Medicaid managed care**, traditional fee-for-service Medicaid (each active TPI Suffix), the Texas Vendor Drug Program (VDP), and in long term care services administered through the Texas Department of Aging and Disability Services (DADS).

Additional Guidance

<http://www.tmhp.com/Pages/Topics/ACA.aspx>

Please review the following helpful information on:

Affordable Care Act FAQs - provides insight on questions regarding enrollment “e.g.” **multiple TPIs**, Online Provider Enrollment Portal (PEP), time frames, risk factors and much more

- **Provider Types Required to Pay Application Fee** – table displays which Medicaid and CSHCN Services Program provider types are required to pay the application fee upon initial enrollment, re-enrollment, and enrollment of an additional practice location
- **Provider Enrollment Electronic Signature Instructions**
- **Quick Tips to Avoid Common Provider Enrollment Deficiencies** – suggestions for a clean application submission and avoid delays for additional and missing information

Additional Guidance Cont.

- [TMHP Provider Re-enrollment page](#)
- Provider Enrollment Representative:
1-800-925-9126, Option 2
- TMHP-CSHCN Services Program Contact Center:
1-800-568-2413
- Email at – PE-Email@tmhp.com

When to Contact Provider Relations

- ✓ Changes in address locations
- ✓ Billing company changes
- ✓ Bank account changes
- ✓ NPI/TPI updates
- ✓ Phone and fax updates, etc.

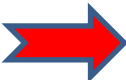
Any changes you consider we may need in order to update our system and your records

IMPORTANT

Demographic Form

If there are any changes to report, please submit a demographic form.

The information on the W-9 must match the provider billing information on the demographic form



EL PASO FIRST

Health Plans, Inc. Telephone: (915) 532-3778, Fax: (915) 225-6742

IMPORTANT: Completion of this form is not considered a binding contract with El Paso First. For more information on contract plans for participation please contact your Provider Relations Representative.

Demographic Information Form	
Please Check off Health Plan Participation (Contract):	
<input type="checkbox"/> Medicaid/Premier Plan <input type="checkbox"/> HCO	<input type="checkbox"/> PCP <input type="checkbox"/> Allied Health (PT,OT, ST, LPC)
<input type="checkbox"/> CHIP <input type="checkbox"/> TPA (Preferred Admin)	<input type="checkbox"/> Specialist
<input type="checkbox"/> CHIP Perinate	<input type="checkbox"/> Ancillary (DME, Home Health, Facility)
Group/Facility Name	
Group NPI:	Group TPI:
Group Tax-ID:	
Provider Name (Last, First, Middle):	
Professional Category:	
<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> LPC	
<input type="checkbox"/> Other:	
Individual NPI:	Individual TPI: <input type="checkbox"/> Pending (in process)
Primary Specialty:	Sub-Specialty:
Medical License:	If applicable EPSDT Number:
Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish	Accepting New Patients <input type="checkbox"/>
<input type="checkbox"/> Other	Established Patients Only <input type="checkbox"/>
Practice Limitations: <input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> Age Range () <input type="checkbox"/> Other	
Office Days/Hours:	CLIA: <input type="checkbox"/> Waiver <input type="checkbox"/> Certificate
After Hours:	Laboratory: <input type="checkbox"/> Yes <input type="checkbox"/> No
Provider Billing Information	
W-9 must be submitted along with Demographic Information Form	
Official Business Name (as it appears on W-9/IRS Documentation)	
Doing Business As (if different from above) <i>**this information must match Box #33 on claim fom</i>	
Billing Address, City State and Zip Code:	
Tax ID Number:	
Primary Practice Location	Secondary Practice Location
Address:	Address:
City, Zip Code:	City, Zip Code:
Phone Number: () ()	Phone Number: () ()
Fax: () ()	Fax: () ()
Primary Contact Person: First and Last name	Phone Number email address: ()
For EP First Staff Only:	
Verifications: <input type="checkbox"/> W-9 <input type="checkbox"/> NPPEs <input type="checkbox"/> TPI Look Up <input type="checkbox"/> Provider Letter <input type="checkbox"/> Other	
Provider Type: <input type="checkbox"/> PCP <input type="checkbox"/> PCP/Specialist <input type="checkbox"/> Specialist <input type="checkbox"/> Ancillary <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Hospitalist	
Contract Type: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Attachment D <input type="checkbox"/> Attachment B/C <input type="checkbox"/> Attachment F <input type="checkbox"/> Facility <input type="checkbox"/> LOA <input type="checkbox"/> Ancillary <input type="checkbox"/> After Hours	
Credentiaing: Provider Credentialed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	
Credentiaing: Credential Site Visit <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	
Actions: Add: <input type="checkbox"/> To Network <input type="checkbox"/> To Group <input type="checkbox"/> Program	
TERM: <input type="checkbox"/> From Network <input type="checkbox"/> From Group REASON: _____	
<input type="checkbox"/> STAR <input type="checkbox"/> CHIP <input type="checkbox"/> CHIP Perinate <input type="checkbox"/> HCO <input type="checkbox"/> CM <input type="checkbox"/> TPA Effective Date: ____/____/____	
<input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating	
Comments: _____	



EFT Form

EL PASO FIRST

Health Plans, inc.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

Provider/Group Name: _____

NPI Number: _____

Tax ID Number: _____

I (we) hereby authorize:

El Paso First Health Plans, Inc., hereinafter called El Paso First, to initiate credit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereafter-called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____

Branch: _____

City: _____

State: _____ Zip code: _____

Account number: _____

Routing number: _____

This authorization is to remain in full force and effect until El Paso First has received written notification from me (or either of us) of its termination in such time and in such manner as to afford El Paso First and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____

Title: _____

Date: _____

Signature: _____

NOTE: CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ATTACH A VOIDED CHECK

EL PASO FIRST
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EDI Form

EL PASO FIRST healthplans, inc. Electronic Data Interchange Request Form

El Paso First Health Plans, Inc. offers Electronic Data Interchange Interchange. Please indicate the specific EDI transaction set up requests.

- 270/271 Eligibility coverage or benefit inquiry/response
- 276/277 Claim status request/response
- 835 Remit Payment Advice (RAs)
- 837 Professional Institutional Claims

Please fill out form and fax to Provider Relations
915-532-2877 or 915-225-6762
 Questions/Concerns call 915-532-3778 x1507

BILLING PAY TO PROVIDER INFORMATION (PLEASE INCLUDE W9)

Individual Provider Group/Practice Facility

Official Business Name: _____
 Doing Business As: _____
 Billing Address: _____
 City, State, Zip: _____
 Federal Tax ID: _____
 Contacts: _____ Phone: _____
 Email: _____

PROVIDER INFORMATION

Provider/Group Specialty: _____
 Primary Service Location: _____ Group NPI #: _____
 Address: _____
 City, State, Zip: _____
 Phone: () _____ FAX: () _____
 Secondary Service Location: _____
 Address: _____
 City, State, Zip: _____
 Phone: () _____ FAX: () _____
 Third Service Location: _____
 Address: _____
 Phone: () _____ FAX: () _____
 City, State, Zip: _____

Provider Name: (Last, First, Title)	Taxonomy No.	NPI#

CLEARINGHOUSE INFORMATION (Clearing House Customer ID# through AVAILITY):
 Clearinghouse: _____ Phone: () _____
 Billing Submitter No. _____
 Software Vendor Name: _____ Phone: () _____
 ANSI 5010: Professional Institutional
 Clearinghouse Name: _____

Authorization Statement Signature

Provider (enter provider/designated representative name) _____ hereby appoints (enter vendor name) _____ to act as the authorized agent for the purpose of retrieving the 835 electronically from El Paso First Health Plans, Inc.

Provider/Provider Representative Signature: _____ DATE _____

Please check the Product Line you plan to send/receive EDI transaction files.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Medicaid- El Paso First Premier Plan (STAR) <input type="checkbox"/> CHIP - El Paso First <input type="checkbox"/> CHIP Perinate <input type="checkbox"/> EPCCS - Health Care Options - Benefit Plan <input type="checkbox"/> Preferred Administrators (TPA) - UMC <input type="checkbox"/> Preferred Administrators (TPA) - El Paso Childrens Hospital | <ul style="list-style-type: none"> Availity PAYER ID# EPF02 Availity PAYER ID# EPF03 Availity PAYER ID# EPF03 Availity PAYER ID# EPF37 Availity PAYER ID# EPF10 Availity PAYER ID# EPF11 |
|---|--|

Where to locate forms

The screenshot shows the website header with the URL www.epfirst.com in a purple box. Below the header are contact options: "Call us at 915-532-3778", "Outside the El Paso 1-877-532-3778", "For Providers Web Portal Login →", and "En Español". The main navigation menu includes "HOME", "ABOUT", "MEMBERS", "PROVIDERS", "PROGRAMS", "FIND A DOCTOR", "EVENTS", and "CONTACT US". A yellow arrow points from the "PROVIDERS" menu item to a dropdown menu containing "PROVIDER FORMS", "TEXAS HEALTH STEPS FOR PROVIDERS INFORMATION", "CLINICAL PRACTICE GUIDELINES", and "PRENATAL-POSTPARTUM CARE VISIT VERIFICATION". A blue callout box with a white arrow points to the "PROVIDER FORMS" link, containing the text "Go to Providers and click on Provider Forms". The background of the page features a photograph of a young child in a purple shirt playing on a playground structure with a mirror.

www.epfirst.com

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

Go to Providers and click on Provider Forms

PROVIDER FORMS

- TEXAS HEALTH STEPS FOR PROVIDERS INFORMATION
- CLINICAL PRACTICE GUIDELINES
- PRENATAL-POSTPARTUM CARE VISIT VERIFICATION

Do I qualify?
We are here to help you access the benefits you need. Learn about applying for CHIP/Medicaid Benefits.
[Learn more →](#)

For Members
We help our members understand their benefits and get the help you need.
[Learn more →](#)

For Providers
Our providers are our partners in providing quality care to our members.
[Learn more →](#)

Continued ...

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	+
Credentialing Packet Forms	—
<ul style="list-style-type: none">• 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	
Misc. Forms	+

Go to Credentialing Packet Forms then click on Demographic Form



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](#) >

PROVIDERS NEWSLETTER



Health Quarterly Newsletter

[Read More](#) >

DME Supply List

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DME SUPPLIES FORM: In order to better assist our providers and members to obtain their particular DME need please check off the DME items and services your agency is able to provide. If you have any questions please contact Provider Relations at 915-532-3778 press 4 and ext. 1507.

Provider/Group Name:								
DME Supplies	Services Provided	Hours of Operation		After Hours	House Calls	Deliveries	Pick Up	Mail Order
	<input type="checkbox"/>	M-F	8am-5pm	Answering Msg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apnea Monitors	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bandages(wound care)	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom Equipment	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Pumps	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canes/Crutches	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPAP/BiPAP Units/Supp	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creams/Washes	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decubitus Care	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic Supplies	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enteral Supplies	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Beds	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence Supplies	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mattress Replacement Sys	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needles/Syringes	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Supplements	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Footwear	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthotic Devices	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ostomy Supplies	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen/Respiratory	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal Stimulator	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TENS	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traction/Trapeze	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uterine Monitor	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walkers	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchairs-Manual	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchairs-Power	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchairs-Rental	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchairs-Repairs	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair Seating	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urology Supplies	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Vac Supplies	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Care Supplies	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please indicate								

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Contact Information

Vianey Licon
Provider Relations Representative
vlicon@epfirst.com
915-532-3778 ext. 1021

Provider Relations Department
915-532-3778 ext. 1507

Therapy Updates

Gilda Rodriguez, RN

Prior Authorization Nurse Coordinator

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PT, ST and OT

- Effective May 1, 2016, Physical Therapy, Occupational Therapy, and Speech Therapy Policy *to Change* for clients who are birth through 20 years of age.
- Effective May 1, 2016, Policy *to Change* for Physical, Occupational, and Speech Therapy Services for Clients 21 Years of Age and Older.

PT, ST, and OT Continued

- Effective May 1st, 2016 there will be changes to therapies.
- Go to www.tmhp.com for important Texas Medicaid Provider Updates.

PT, ST, and OT Continued

- El Paso First will not be using the new prior authorization form mentioned in the policy changes.
 - The form is only for TMHP.
 - Please continue to submit your requests using the Prior Authorization Request Forms found on our website www.EPFirst.com.

El Paso First Appeals Process

- Requested services that result in denial or partial denial may go through the appeals process.
- Once a non-certification is issued, a fax indicating a denial or decrease in services will be sent.
- The physician will have 24 hours to request a Peer to Peer.

EP First Appeals Process Cont.

- Once the time frame for Peer to Peer has expired, you may file a Standard Appeal.
- You need to appeal within thirty (30) days from the date on the denial letter.
- Denial letter will include specific instructions on how and what information to include with your appeal.

EP First Appeals Process Cont.

- You will need to give us the following information:
 1. A letter letting us know the reason you want to appeal.
 2. A copy of the denial letter you received from El Paso First.
 3. Any new information that is relevant and you would like for our medical directors to consider.

EP First Appeals Process Cont.

- We will let you know in writing within five (5) days that we received your appeal.
- El Paso First will give your appeal to a doctor who has not looked at your request before.
- We will let you know as soon as possible of the outcome. It will not take more than thirty (30) days from when we received your appeal.

Health Services Contact Information

- Dolores Herrada
Director of Health Services
dherada@epfirst.com
- Edna Lerma
Clinical Supervisor
elerma@epfirst.com
- Irma Vasquez
Administrative Supervisor
ivasquez@epfirst.com

Health Services Contact Information

- Gilda Rodriguez
Prior Authorization Nurse Coordinator
grodriguez@epfirst.com
- Jose Acosta
UR Coordinator
Jacosta#@epfirst.com

Contact telephone number:
915-532-3778 ext. 1500

Claims Processing and Corrections

Yvonne Grenz
PCU Supervisor

EL PASO FIRST
Health Plans, inc.

Claims Processing

- 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

Claim Correction – CMS 1500

ITEM NUMBER 22

22. RESUBMISSION CODE	ORIGINAL REF. NO.
--------------------------	-------------------

TITLE: Resubmission and/or Original Reference Number

INSTRUCTIONS: List the original reference number for resubmitted claims. Please refer to the most current instructions from the public or private payer regarding the use of this field (e.g., code).

When resubmitting a claim, enter the appropriate bill frequency code left justified in the left-hand side of the field.

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

This Item Number is not intended for use for original claim submissions.

DESCRIPTION: “Resubmission” means the code and original reference number assigned by the destination payer or receiver to indicate a previously submitted claim or encounter.

FIELD SPECIFICATION: This field allows for the entry of 11 characters in the Code area and 18 characters in the Original Ref. No. area.

EXAMPLE:

22. RESUBMISSION CODE	ORIGINAL REF. NO.
7	ABC1234567890



Note: If information is missing in this field, claim will not be considered a corrected claim

Claim Correction – CMS 1500

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB?		\$ CHARGES	
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)				22. RESUBMISSION CODE		ORIGINAL REF. NO.	
A.	B.	C.	D.				

- Box 19: Additional Claim Information
 - Provide a brief explanation of correction:
 - Correct Diagnosis
 - Correct NDC
 - Correct CPT Code etc...
- If your explanation exceeds the space provided in Box 19, you may attach the Corrected Claim Form to provide a more detailed explanation.

Claim Correction-UB04

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



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

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

Contact Us

Provider Care Unit Extension Numbers:

915-532-3778

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

Appeals Process

Raquel Payan

Compliance Supervisor

EL PASO FIRST
Health Plans, inc.

Appeals Process

- All Appeals must be submitted in writing
 - All appeals are acknowledged no later than five (5) business days
 - All 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
- Appeals 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 Us

Dianna Watt
Compliance Manager
915-298-7198 ext. 1109

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

Contracting Overview

Evelin Lopez

Contracting and Credentialing Manager

EL PASO FIRST
Health Plans, inc.

Contract Request

Please contact our Contracting Representatives when you wish to contract or add a provider to your group.

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



Credentialing Coordinator
Gabriela Macias
915-298-7198 x 1005



Credentialing Coordinator
Thelma Miller
915-298-7198 x 1046



Contracting Process

- Verification of information provided on the Demographic form and W-9
 - ✓ Pay to name (W-9, NPI & TPI)
 - ✓ Desired participating Programs (STAR, CHIP, CHIP Perinatal, HCO, TPA)
- Contracting Packet will include:
 - ✓ 2 copies of an unsigned contract
 - ✓ Credentialing Application (if the provider is not credentialed, a credentialing application will be included in the packet)

Important things to Remember

- ✓ 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

- 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.

Questions

Evelin Lopez
Contracting and Credentialing Manager
915-298-7198 ext. 1014

Verifying Eligibility and The Medical Transportation Program

Edgar Martinez
Director of Member Services

EL PASO FIRST
Health Plans, inc.

Verifying Eligibility

- Providers should verify Member eligibility prior to delivering services at each visit.
- Each Member approved for Medicaid benefits will receive a Your Texas Benefits Medicaid card and an El Paso First Premier Plan Identification Card.
- Each Member approved for CHIP benefits will receive an El Paso First CHIP Identification Card.
- The Texas Benefits Medicaid card and Member Identification card, does not always mean the Member has current Medicaid or CHIP coverage.

Verifying Eligibility

There are several ways to do verify eligibility:

- Swipe the Member's Your Texas Benefits Medicaid card through a standard magnetic card reader, if the Provider uses the required technology.
- Use TexMedConnect on the TMHP website at www.tmhp.com.
- El Paso First Web portal at www.epfirst.com
- Contacting El Paso First Member Services at 915-532-3778
- El Paso First HealthX automated eligibility fax verification 1-866-283-2792

Medical Transportation

- 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. 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.

Medical Transportation

- 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).

Thank You!

Edgar Martinez
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915-532-3778 ext. 1064

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Member Services & Enrollment Supervisor
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Thank You for Attending Providers!

