



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

PROVIDER QUARTERLY ORIENTATION

Thursday, May 9, 2019

12:00 PM - 2:00 PM



TEXAS
Health and Human
Services



Agenda

Credentialing and Contracting: Updates and Reminders

Provider Relations: Updates and Reminders

Quality Improvement: Accessibility and Availability, HEDIS Medical Record Documentation

Health Services: Pharmacy, Behavioral Health Benefits

Member Services: Member Services Overview

Claims: Reminders



El Paso Health

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THE HEALTH PLANS OF EL PASO FIRST

Credentialing and Contracting Updates and Reminders

Sonia Fernandez

Contracting and Credentialing Lead

Credentialing Verification Organization (CVO)



Aperture, LLC is the statewide Credentialing Verification Organization (CVO) that is used by all 18 Medicaid health plans in Texas to streamline the credentialing process.

Credentialing Verification Organization (CVO)

- Primary Source Verification (PSV)
- Full Implementation of CVO –September 2018
- Initial and Re-credentialing – All providers and facilities
- Practitioners and facilities have begun receiving notices from Aperture on credentialing application requests.

Application Submission



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

Credentialing and Contracting Process

- Must complete a demographic form and submit to EPH
- EPH will contact the providers office after verifying the demographic form
- Submit information to Aperture for PSV process
- Submit application to our Credentialing Peer Review Committee
- Upon completion of the credentialing process, a contract or amendment will be provided
- Effective date is 1st day of the following month
- Welcome letter and copy of Amendment or Contract

What's new?

STAR+PLUS

- STAR+PLUS is a Medicaid program for people who have disabilities or are 65 years of age and older. Clients in STAR+PLUS receive Medicaid basic medical services and long-term services through a Medicaid managed care health plan.
- Effective 06/01/2020

Medicare Advantage Plan

- Allows Medicare beneficiaries to receive Medicare-covered benefits through private health plans instead of through Original Medicare.
- Effective 01/01/2020

Contact Information

For any questions please contact us directly at the email or phone number below. A Contracting and Credentialing Representative will respond to your inquiry within 48 business hours.

Contracting and Credentialing Department

Email: Contracting_Dept@elpasohealth.com

Phone: 915-532-3778



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Provider Relations Updates and Reminders

Laura Nebhan

Provider Relations Representative

TPI Revalidation Process

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

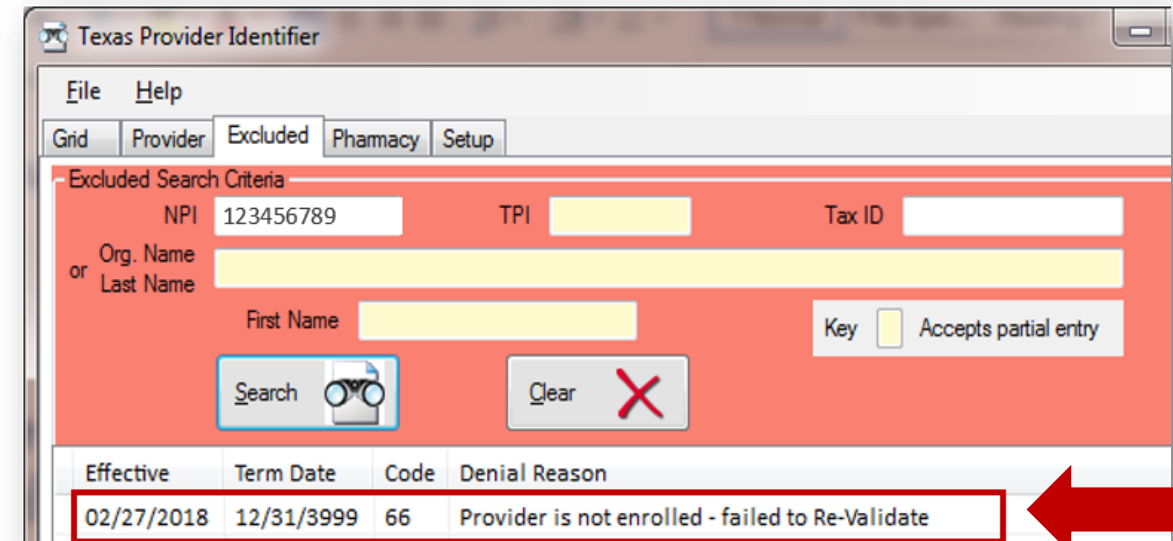
➤ A Step-by-Step Guide for Provider Enrollment:

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

El Paso Health's Process

PDC-66 Re-enrollment

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



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

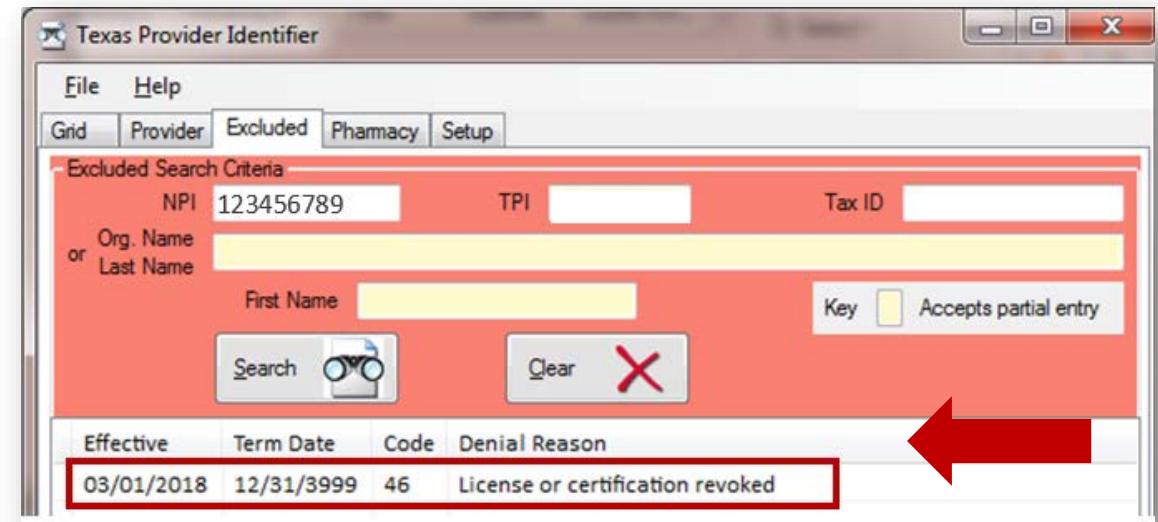
**EPH will reinstate provider's contract according to TMHP's effective date.*

El Paso Health's Process

PDC-46 License Certification Revoked

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

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



The screenshot shows the 'Texas Provider Identifier' application window. The 'Excluded' tab is selected. The search criteria section is highlighted in red and contains the following fields: NPI (123456789), TPI, Tax ID, Org. Name or Last Name, and First Name. There are 'Search' and 'Clear' buttons. Below the search criteria is a table with the following data:

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

A red arrow points to the 'Denial Reason' column of the table.

Updated ERA-835 Request Form

- Notification faxed to all providers on March 1, 2019.
- Effective immediately, the updated form is to be utilized to request ERA (835) access.
- Form is located in El Paso Health website:

[http://www.elpasohealth.com/forms/Electronic%20Remittance%20Advice%20\(835\)%20Request%20Form.pdf](http://www.elpasohealth.com/forms/Electronic%20Remittance%20Advice%20(835)%20Request%20Form.pdf)

Note: Form Submission or Approval is NOT required to begin Electronic Data Interchange (837) transactions.

Updated Electronic Remittance Advice (835) Request Form



El Paso Health
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Electronic Remittance Advice (835) Request Form

915.532.3778 ext. 1507 • Fax: 915.225.6762

BILLING PAY TO PROVIDER INFORMATION (PLEASE INCLUDE W9)

Official Business Name: _____
Doing Business As: _____
Billing Address: _____ City: _____ State: _____ Zip: _____
Federal Tax ID: _____ Group NPI: _____
Primary Contact: _____ Phone: _____ Email: _____

PROVIDER INFORMATION

Primary Service Location: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Website URL: _____

CLEARINGHOUSE INFORMATION

Clearinghouse Name: _____ Phone: _____
*Availity Customer ID# (Genkey): _____ Billing Submitter Number: _____
Software Vendor Name: _____ Phone: _____

*Genkey is required for Availity.

AUTHORIZATION STATEMENT SIGNATURE

Provider (enter provider/provider representative name) _____ hereby appoints (enter vendor name) _____
to act as the authorized agent for the purpose of retrieving the 835 electronically from El Paso Health.
Provider/Provider Representative Signature: _____ Date: _____

EL PASO HEALTH PAYER IDS

| | |
|-----------------------------------------------------------|-------------------------------------------------------|
| El Paso First Health Plans Premier Plan STAR Medicaid HMO | Availity/ Trizetto Provider Solutions Payer ID: EPF02 |
| El Paso First Health Plans CHIP | Availity/ Trizetto Provider Solutions Payer ID: EPF03 |
| El Paso First Health Plan HCO Healthcare Options | Availity/ Trizetto Provider Solutions Payer ID: EPF37 |
| Preferred Administrators | Availity/ Trizetto Provider Solutions Payer ID: EPF10 |
| Preferred Administrators Children's Hospital | Availity/ Trizetto Provider Solutions Payer ID: EPF11 |

CONFIRMATION OF TEST FILE

After submission of the Electronic Remittance Advice Request Form, a test file will be sent to ensure the successful transmission of the 835 file. Please enter the contact information for the representative that will be able to confirm receipt of the test file. Please note that the test file must be confirmed before the process can be completed. Failure to confirm the test file within 30 calendar days will cause the request to be closed and a new request will need to be submitted.

Contact Name: _____ Phone: _____ Email: _____

Provider Directory Verification

It is very important to update your contact information to ensure accurate Provider Directories and Medicaid Online Provider Lookup.

Critical Elements:

Address

Age Range

Languages Spoken

Phone Number

Specialties

Website URL

Office hours

PCP

Accepting New Patients

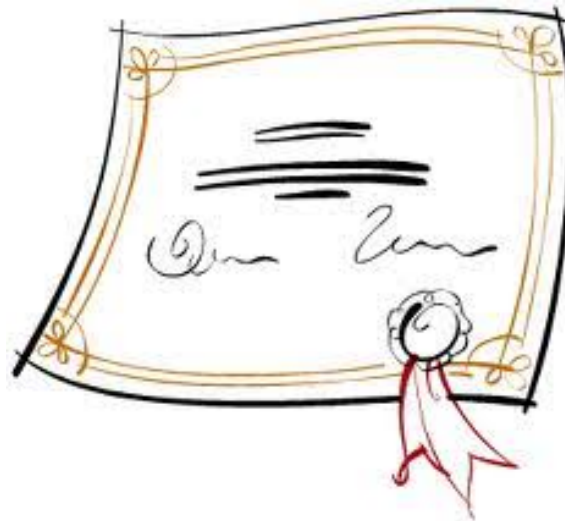
Note: For any changes please submit an updated demographic form to Provider Relations.

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

Fax: (915) 225-6762

Certificates Required for Claims Payment

- Radiology
- Clinical Laboratory Improvement Amendments (CLIA)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)



Abuse, Neglect and Exploitation Reporting Procedures

Texas Family Code 261.404 and Human Resources code Chapter 48 requires any person to report any allegation or suspicion of Abuse, Neglect and Exploitation (ANE) against a child, an adult that is elderly, or an adult with a disability to the appropriate entities.

HHSC requires Network Providers to forward any report findings they receive to the appropriate managed care organization (MCO).

The ANE reporting findings can be submitted to El Paso Health via secure and confidential email to: APSReport@elpasohealth.com

For additional information on reporting Abuse, Neglect, and Exploitation:

<http://www.elpasohealth.com/ane/>

Provider Overpayments

- In the event a Provider becomes aware of an overpayment prompt notification shall be reported to El Paso Health.
- Overpayments shall be returned within 60 days from date of reporting to El Paso Health.
- In the event overpayment is not received, El Paso Health will proceed to recoup the overpayment from the provider.

How to report an overpayment?

- ✓ Utilize web portal account quick link *Provider Overpayment Reporting* tab
- ✓ Email: Provider_Overpayments@elpasohealth.com
- ✓ Contact our Provider Care Unit (PCU) at 915-532-3778 x 1504 or toll free 1-877-532-3778 x 1504.

Cultural Competency

- Proficiency in cultural competency is demonstrated when Providers acknowledge a Member's point of view of his/her healthcare and integrate that awareness in the delivery of medical services.
- El Paso Health facilitates [Provider orientation sessions](#) to promote our Cultural Competency Plan and educate network Providers about culturally competent services to avoid disparities in the delivery of medical services to the diverse populations of the El Paso SDA.

<http://www.elpasohealth.com/articles/El%20Paso%20Health%20-%20Cultural%20Competency%20Presentation.pdf>

Provider Newsletter



- HOME
- ABOUT EL PASO HEALTH
- MEMBERS
- PROVIDERS**
- PROGRAMS
- FIND A PROVIDER
- EVENTS
- CONTACT US








Providers *Our partners in providing quality health care*

To search type and hit enter...

We Are Proud!

We are proud of our extensive network of providers and the quality health care they provide to our members. Our network currently has more than 1,000 providers, including physician groups, specialists, ancillary providers, and 8 hospitals offering comprehensive care to our members. To view our network of providers, please select Provider Directories to the right.



-  [Provider Forms >](#)
-  [Provider Manual >](#)
-  [Provider Directories & Member Handbooks >](#)
-  [CHIP & STAR Provider Directory Search >](#)
-  [HHSC Notifications >](#)
-  [Texas Health Steps Resources for Providers >](#)
-  [Provider Newsletter >](#)



Peer Specialist Services

- Texas Medicaid benefit as of January 1, 2019.
- Peer specialist services are based on a mutual relationship between the peer specialist and the Medicaid-eligible client.
- A peer specialist uses his or her lived experience to support a client in achieving goals and objectives in the client's person-centered recovery plan, when recovering from a mental health condition or a substance use disorder.
- Services may include, recovery and wellness support, mentoring and advocacy.

Member Eligibility Requirements

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

Peer Specialist Requirements

1. Must be employed by the following Medicaid-enrolled providers:
 - Licensed Behavioral Health Providers
 - Local Mental Health Authorities
 - Federally Qualified Health Centers (FQHCs)
 - Rural health clinics (RHCs)
 - Clinic or Group Practice (must be treating behavioral health conditions)
2. A peer specialist must complete ALL required training and certifications before providing any services, as outlined in Section 6.2.1 of the TMPPM.

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

Important: Any organization delivering peer specialists services must provide proof of certification to El Paso Health.

Billing Guidelines

- Payable through the currently established procedure code, **H0038**.
 - A 15 minute timed code
- H0038, is limited to substance use disorders and mental health conditions
- Services may be delivered individually or in group settings.
- It is limited to 104 units in a rolling 6 month period.
- This limitation may be exceeded with documentation of medical necessity for the additional services and an authorization is required.

Resources

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

TMHP Banner:

http://www.tmhp.com/News_Items/2018/11-Nov/11-16-18%20Peer%20Specialist%20Services%20to%20Become%20a%20Benefit%20of%20Texas%20Medicaid%20January%201,%202019.pdf

THSteps Updates

- The *Texas Health Steps Quick Reference Guide* has been updated for April 2019.
- The Condition Indicator Codes table now states that a condition indicator is required whether a referral is made or not.
- In addition, the title of the Indicator column has changed to Referral Status.
- The updated document is available on the Texas Health Steps web page.

http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/THStepsQRG/THSteps_QRG.pdf

| Condition Indicator Codes | | |
|---------------------------------------------------------------------------------------|-----------------|------------------------|
| One of the Condition Indicators below is required whether a referral was made or not. | | |
| Referral Status | Indicator Codes | Description |
| N | NU | Not used (no referral) |
| Y | ST | New services requested |
| Y | S2 | Under treatment |

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

THSteps Reminders

Texas Health Steps Provider Outreach Referral Form

TEXAS HEALTH STEPS
PROVIDER OUTREACH REFERRAL SERVICES

FAX COVER SHEET

DATE: _____

TO: SPECIAL SERVICES UNIT

PHONE: 877-847-8377

FAX: 512-533-3867

FROM: _____

PHONE: _____

FAX: _____

TOTAL PAGES INCLUDING COVER SHEET: _____

COMMENTS:

CONFIDENTIALITY NOTICE: This fax and any pages transmitted with it are confidential and intended solely for the use of the individual or entity to which they are intended. If you are not the intended recipient, you are hereby notified that any use, disclosure, dissemination, distribution, copying, or taking of any action because of this information is strictly prohibited. Please notify the sender immediately if you received this fax in error and destroy this fax and any pages transmitted with it.

TEXAS HEALTH STEPS
PROVIDER OUTREACH REFERRAL FORM
FAX: 512-533-3867

- Complete this form and submit by fax.
- Use only **ONE FORM PER HOUSEHOLD**, up to 2 patients.
- You will receive notification once your referral is processed.

Provider Information

Date: _____

| | | | |
|-------------------------------------------------|---------------------------------|--------------------------------------|------------------------------------------|
| Provider/Clinic Name: _____ | | Contact Name: _____ | |
| Office Address: _____ | City: _____ | County: _____ | Zip Code: _____ |
| Phone Number: _____ | | Fax Number: _____ | |
| Provider Type: <input type="checkbox"/> Medical | <input type="checkbox"/> Dental | <input type="checkbox"/> Orthodontic | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Other: _____ | | | |

Parent/Guardian Information

| | | | |
|-------------------------------------------------------|--|----------------------------------|---------------------------------------|
| Parent/Guardian Name: _____ | | Phone Number: _____ | Mobile Number: _____ |
| Address: _____ | | City: _____ | County: _____ |
| Language Preference: <input type="checkbox"/> English | | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: _____ |

Patient #1 Information

| | | | |
|------------------------------------------------------------|-------------------------------------------|-------------------------------------|-------------------------------|
| Patient Name: _____ | | Date of Birth: _____ | Medicaid ID: _____ |
| Appointment Type: <input type="checkbox"/> THSteps Checkup | <input type="checkbox"/> THSteps Followup | <input type="checkbox"/> Sick Visit | <input type="checkbox"/> Lead |
| <input type="checkbox"/> Other: _____ | | | |

Reason for referral (check all that apply)

| | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Patient missed appointment, date: _____ | <input type="checkbox"/> Assistance needed scheduling appointment. |
| <input type="checkbox"/> Follow-up appointment for additional lead testing. | <input type="checkbox"/> Provide updated patient address (Case Management Only) |
| <input type="checkbox"/> Assist with transportation to appointment. | <input type="checkbox"/> Other, see comments. |

Comments: _____

Outreach Services Results (SSU Use Only)

| | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Appointment scheduled; date/time: _____ | <input type="checkbox"/> Patient provided education about appointment etiquette. |
| <input type="checkbox"/> Patient assisted with transportation to appointment. | <input type="checkbox"/> Patient will contact provider directly. |
| <input type="checkbox"/> No action taken; patient declined assistance. | <input type="checkbox"/> No action taken; patient no longer eligible for Medicaid. |
| <input type="checkbox"/> Unable to locate patient; letter mailed to patient. | <input type="checkbox"/> Other: _____ |

Comments to Provider: _____

Patient #2 Information

| | | | |
|------------------------------------------------------------|-------------------------------------------|-------------------------------------|-------------------------------|
| Patient Name: _____ | | Date of Birth: _____ | Medicaid ID: _____ |
| Appointment Type: <input type="checkbox"/> THSteps Checkup | <input type="checkbox"/> THSteps Followup | <input type="checkbox"/> Sick Visit | <input type="checkbox"/> Lead |
| <input type="checkbox"/> Other: _____ | | | |

Reason for referral (check all that apply)

| | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Patient missed appointment, date: _____ | <input type="checkbox"/> Assistance needed scheduling appointment. |
| <input type="checkbox"/> Follow-up appointment for additional lead testing. | <input type="checkbox"/> Provide updated patient address (Case Management Only) |
| <input type="checkbox"/> Assist with transportation to appointment. | <input type="checkbox"/> Other, see comments. |

Comments: _____

Outreach Services Results (SSU Use Only)

| | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Appointment scheduled; date/time: _____ | <input type="checkbox"/> Patient provided education about appointment etiquette. |
| <input type="checkbox"/> Patient assisted with transportation to appointment. | <input type="checkbox"/> Patient will contact provider directly. |
| <input type="checkbox"/> No action taken; patient declined assistance. | <input type="checkbox"/> No action taken; patient no longer eligible for Medicaid. |
| <input type="checkbox"/> Unable to locate patient; letter mailed to patient. | <input type="checkbox"/> Other: _____ |

Comments to Provider: _____

THSteps Provider Outreach Referral Form

Submission of Referral Form

- Submit the referral form by fax to the Texas Health Steps Special Services Unit at 512-533-3867 using the fax cover sheet included.
- For questions about the Texas Health Steps Provider Outreach Referral Service or for technical assistance with the completion and submission of the referral form, please contact your Texas Health Steps Provider Relations representative.

| Name | Phone | Fax | Email |
|-----------------------|--------------|--------------|--------------------------------------------------------------------------------------|
| Patrice Loge, Manager | 915-834-7733 | 915-834-7808 | Patricia.Loge@dshs.texas.gov |
| Arturo Diaz | 915-834-7735 | 915-834-7802 | Arturo.Diaz@dshs.texas.gov |
| Kimberly Salazar | 915-834-7689 | 915-834-7802 | Kimberly.Salazar@dshs.texas.gov |
| Jorge Alday | 915-834-7697 | 915-834-7802 | Jorge.Alday@dshs.texas.gov |

THSteps Provider Outreach Referral Form

Resources

Word Document:

<https://www.dshs.texas.gov/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8590002446>

Instructions:

<https://www.dshs.texas.gov/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8590002447>

Contact Information

Laura Nebhan

Provider Relations Representative

lnebhan@elpasohealth.com

(915) 298-7198 Ext 1037

Provider Relations Department

(915) 532-3778 Ext 1507



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**Accessibility and Availability
&
HEDIS Medical Record Documentation**

Patricia Rivera, RN

Quality Improvement Nurse

Accessibility and Availability

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

State-Wide Monitoring

- HHSC monitors MCO's compliance with appointment accessibility standards (required by Senate Bill 760)
- State methodology - secret shopper calls
- **Samples selected based on MCO provider directories**
- Standards according to HHSC requirements must be met
(Please see A&A Standards hand-out in your packet.)
- Performance thresholds are set to determine possible corrective action from the health plan

State Secret Shopper Results

| Sub-Study | Threshold | El Paso Health Results | Statewide Results |
|---------------------------------------------------------------------------------|-----------------------------------------------------|------------------------|-----------------------------------------------------|
| PCP Preventative Health Appointment available within 90 calendar days | 99% for all | 100% for all | STAR Adult: 99.6% STAR Child: 100% CHIP: 100% |
| PCP Routine Primary Care Appointment available within 14 calendar days | STAR Child: 99% STAR Adult: 95.8% CHIP: 90.7% | 100% for all | 100% for all |
| PCP Urgent Care Appointment within 24 hours | 99% for all | 100% for all | 100% for all |

*State surveys are completed by program and age group – CHIP, STAR Adult, STAR Child

Percentage of Incorrect information in Provider Directories:

El Paso Health – 37%

Statewide – 50%

El Paso Health Methodology

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

****Please see A&A Standards hand-out in your packet.****

What happens if you're non-compliant?

Non-compliance with initial survey:

- Notification letter explaining which standard was missed on survey
- Education from Provider Relations Representative
- Re-survey within 3 – 6 months

Non-compliance with re-survey

- Notification letter explaining which standard was missed on survey
- Phone call from Medical Director
- Results get reported at the next Credentialing and Peer Review Committee
- Provider does not meet applicable criteria on end of year profiling

****All results get reported on a provider's re-credentialing file every 3 years**

HEDIS Medical Record Documentation Tips

| | Measure Description |
|-----|----------------------------------------------------------------------------------------------------------------|
| WCC | Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents |
| W15 | Well-Child visits in the first 15 months of life |
| W34 | Well-Child visits in the 3 rd , 4 th , 5 th and 6 th years of life |
| AWC | Adolescent Well-Care visits |
| CIS | Childhood Immunization Status |
| PPC | Prenatal and Postpartum Care |
| CDC | Comprehensive Diabetes Care |
| CBP | Controlling High Blood Pressure |

HEDIS Medical Record Documentation Tips

| WCC | <ul style="list-style-type: none">• Include BMI Percentile: not a range, >95 or “High/Low”• Include Growth Charts• Include Anticipatory Guidance on Diet and Exercise |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| W15 W34 AWC | <ul style="list-style-type: none">• Include “Developing Appropriately or Normal Development” NOT “well developed/nourished/appearing” |
| CIS | <ul style="list-style-type: none">• Annual Flu Immunization missing• Complete Rotavirus series |
| PPC | <ul style="list-style-type: none">• Prenatal care in the first trimester or within 42 days of enrollment• Postpartum visit on or between 21 and 56 days after delivery with notation of “postpartum care” |
| CDC | <ul style="list-style-type: none">• Include most recent HbA1c level (<8%)• Include most recent blood pressure (<140/90) |
| CBP | <ul style="list-style-type: none">• Include most recent blood pressure (<140/90) |

Quality Improvement Department

Don Gillis

Director of Quality Improvement

Phone: (915) 298-7198 ext. 1231

Patricia Rivera
QI Nurse Auditor
Ext. 1106

Angelica Chagolla
QI Data Analyst
Ext. 1165

Astryd Galindo
QI Nurse
Ext. 1177



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Pharmacy

Perla Saucedo

Pharmacy Technician

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

Formulary Look-up

Texas Vendor Drug Program:

<https://www.txvendordrug.com/formulary/formulary-search>

Navitus:

<https://txstarchip.navitus.com/>

Any formulary questions of PA submissions dial:

1-877-908-6023

Epocrates:

<https://online.epocrates.com/>

Mosquito Repellent

HHSC covers mosquito repellents year round for the prevention of disease transmission by mosquitos.

The Mosquito Repellent is covered for:

- Females ages 10-55
- Pregnant women of all ages
- Males age 14 years and older.



Quantity limit: 1 bottle per fill and 2 fills per month.

Members can request repellent at pharmacy without a prescription.

Contact Information

Perla Saucedo

Pharmacy Technician

psaucedo@elpasohealth.com

(915) 298-7198 Ext 1035



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Behavioral Health Benefits

Edna Lerma

Clinical Supervisor

Integration of BH Services

Benefits:

- Person-centered approach
- Increased communication between Medical and Behavioral Providers
- Team based approach to address concerns
- Promotes health and well-being for Member and their Caregiver

Outcomes:

- Improved health
- Increased Member experience/satisfaction
- Improved Member outcomes

Referrals for BH Services

Members accessing BH services **Do Not** need a referral
from the Primary Care Provider (PCP)

Care Coordination

Behavioral Health

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

Case Managers will:

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

Case Management

Referral Services

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

Screening, Brief Intervention, and Referral to Treatment

SBIRT

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

Who can provide SBIRT?

- Physicians, Psychologists
- Registered nurses
- Advanced practice nurses
- Physician assistants
- Licensed clinical social workers
- Licensed professional counselors
- Certified nurse midwives
- Outpatient hospitals
- Federally qualified health centers (FQHCs)
- Rural health clinics (RHCs).

Non-licensed providers may deliver SBIRT under the supervision of a licensed provider if such supervision is within the scope of practice for that licensed provider.

The same SBIRT training requirements apply to non-licensed providers.

SBIRT Training

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

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

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

www.samhsa.gov

Note:

- Certificate verification is required for reimbursement.
- SBIRT is limited to clients who are 10 years of age and older.

Prior Authorization is NOT required.

Substance Use Disorder (SUD)

SUD services may include the following:

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

Prior Authorization Requirements for Substance Use Disorder

All SUD services require a Prior Authorization

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

Substance Use Disorder

Prior Authorization Requirements

All SUD services require a Prior Authorization

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

Opioid Use Disorder

- Promoting Patient Care and Safety
- US Opioid Overdose Epidemic
- Prescription Opioids Benefits and Risk

Opioid Use Disorder

Resources

All services require a Prior Authorization

- ✓ Inpatient
- ✓ Outpatient
- ✓ Residential

Resources for Providers:

https://www.cdc.gov/drugoverdose/pdf/TurnTheTide_PocketGuide-a.pdf

https://www.cdc.gov/drugoverdose/pdf/Guidelines_At-A-Glance-a.pdf

https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf

Mental Health Rehabilitative Services and Targeted Case Management

MHR/TCM

Resources for Providers:

- Texas Medicaid Provider and Procedures Manual

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

- Texas Resilience and Recovery Utilization Management Guidelines

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

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

MHR/TCM

Benefits

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

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

Psychological and Neuropsychological Benefits

Effective 1/1/2019

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

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

Psychological and Neuropsychological Benefits

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

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

HCPCS Special Bulletin, No. 15 (Page 16):

http://www.tmhp.com/News_Items/2018/12-Dec/2019_HCPCS_Special_Bulletin_NO_15.pdf

Non-Capitated Services

Medicaid Non-capitated Services: The following Texas Medicaid programs, services, or benefits have been excluded from MCO Covered Services. Medicaid Members are eligible to receive these Non-capitated Services on another basis. Case managers will work with providers to refer members to promote access to Non-Capitated services.

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

Behavioral Health Benefit - Exclusions

Exclusions

The following services are **NOT** benefits of Texas Medicaid:

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

Contact Information

Health Services Department

Telephone Number: 915-532-3778

Ext. 1500 (STAR)

Ext. 1536 (CHIP)

Fax Number: 915-298-7866

Toll Free Fax: 844-298-7866



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STAR & CHIP Member Portal

Edgar Martinez

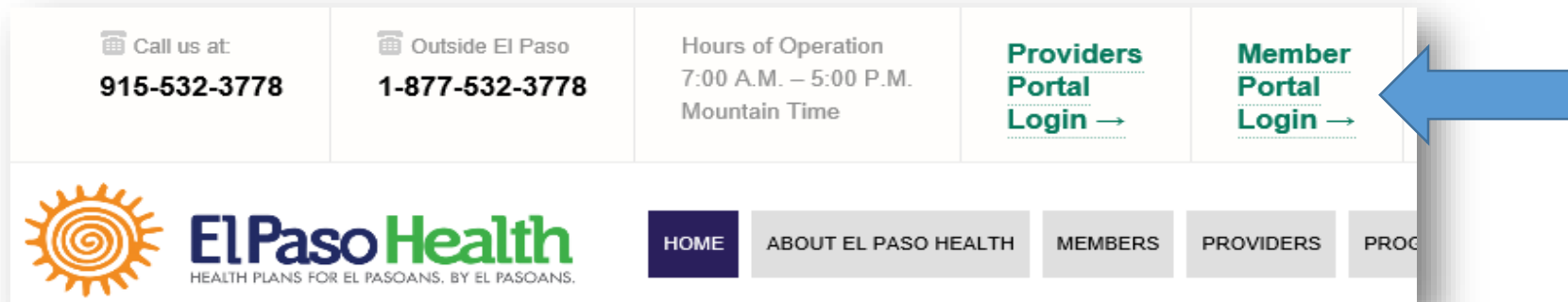
Director of Member Services

Agenda

- Member Portal
- Behavioral Health Crisis Line
- Transportation
- Newborn Enrollment
- THSteps and Well-Child Postcards

STAR and CHIP Member Portal

Members can access the Member Portal on our website at www.elpasohealth.com, by clicking on the Member Portal Login.




Call us at: **915-532-3778**

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

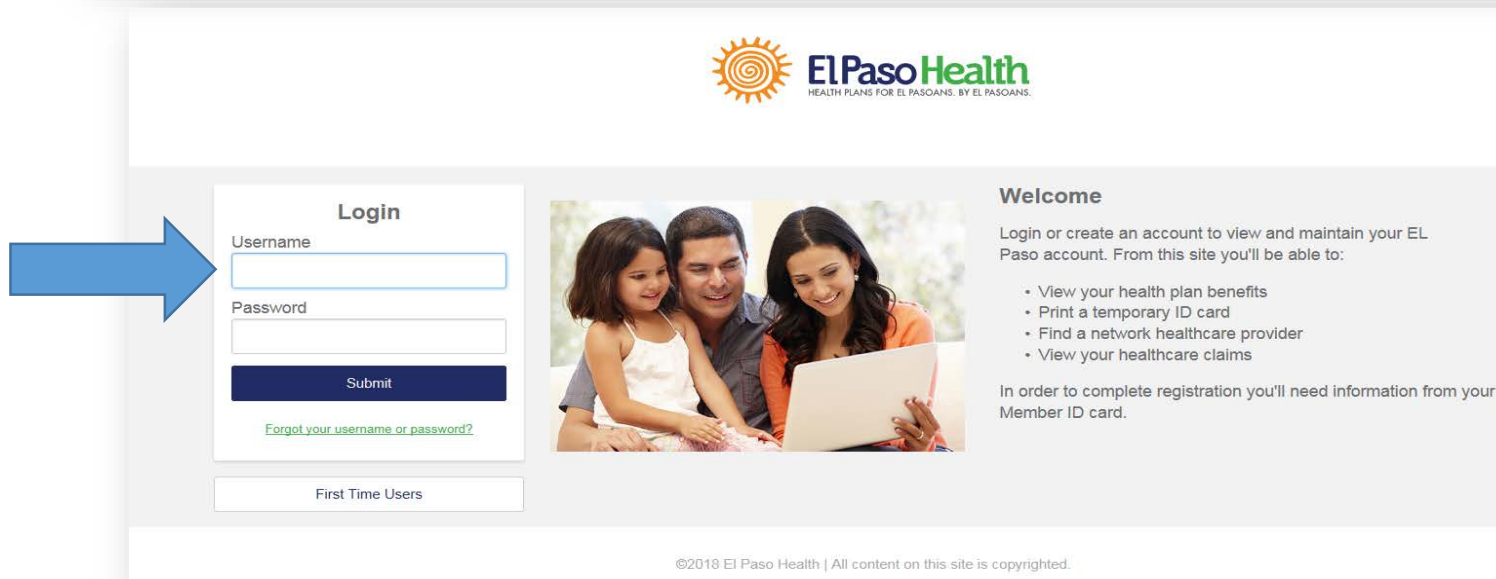
Hours of Operation: 7:00 A.M. – 5:00 P.M. Mountain Time


[Providers Portal Login →](#)

[Member Portal Login →](#)

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[HOME](#) [ABOUT EL PASO HEALTH](#) [MEMBERS](#) [PROVIDERS](#) [PROC](#)




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Login

Username

Password

[Forgot your username or password?](#)




Welcome

Login or create an account to view and maintain your EL Paso account. From this site you'll be able to:

- View your health plan benefits
- Print a temporary ID card
- Find a network healthcare provider
- View your healthcare claims

In order to complete registration you'll need information from your Member ID card.

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STAR and CHIP Member Portal



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MESSAGES 10 PROFILE LOGOUT Español

Home Coverage & Benefits Claims Authorizations Care Plans Provider / Pharmacy Directory Search

Currently logged in as [redacted] and managing the account for: [redacted] (Member)

Welcome

Welcome to the El Paso Health Member Portal. Here you will find information on eligibility, benefits, prior authorization requests, explanation of benefits, and much more!

Please use "Select Member" on the top right corner of the header to choose a Member.

After you select a Member, the Menu bar will update to allow you to view the Member's information.

If you have any questions, please call us at 1-877-532-3778, Monday thru Friday from 7:00am to 5:00pm Mountain Time. We are available to help you!

Quick links

- Print Temporary ID Card
- Request New ID Card
- Request PCP Change
- Wellness Information
- Ask A Question / Contact Us
- Frequently Asked Questions



STAR and CHIP Member Portal

View & Print Member ID Card

Print



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

Effective: 2/1/2016

DOB: [REDACTED] Non-Transferable

DR PRODANOVIC NUTIS, MARIA L
3917 N MESA ST*EL PASO*TX*79902
915-544-5439

PHARMACIST ONLY
NAVITUS
1-877-908-6023
BIN# 610602
PCN: MCD
RxGROUP: EPH



TEXAS STAR
Your Health Plan • Your Choice

Member Services
Servicios para
Miembro

915-532-3778
1-877-532-3778

Available 24 Hours
7 Days a Week

Disponible 24 Horas
7 Días a la semana

HOW TO USE THIS CARD: Always carry your ID card. Go to your primary care doctor for medical care.
You need a written referral form from your primary care doctor before you go to a specialty doctor.
MEDICINE: Present this card at drug stores with a prescription from your doctor. Call 1-877-532-3778 if you have questions or problems getting your medicine.
BEHAVIORAL HEALTH AND SUBSTANCE ABUSE HOTLINE: Toll Free 1-877-377-6147, 24 hours/ 7 days a week.
DIRECTIONS FOR WHAT TO DO IN AN EMERGENCY: In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.
NAVITUS HEALTH SOLUTIONS is the pharmacy benefits provider for members of El Paso Health.

CÓMO USAR ESTA TARJETA: Cargue su tarjeta de identificación con usted siempre. Visite a su Proveedor de Cuidado Primario para recibir atención médica. Usted necesita ser referido por su Proveedor de Cuidado Primario antes de que pueda consultar a un especialista.
MEDICINA: Presente esta tarjeta de identificación en la farmacia junto con la receta de su doctor. Llame al 1-877-532-3778 si tiene preguntas o problemas para obtener la medicina.
LÍNEA DIRECTA DE SERVICIOS DE SALUD MENTAL Y ABUSO DE SUSTANCIAS: 1-877-377-6147, Disponible 24 Horas/7 Días a la semana.
INSTRUCCIONES EN CASO DE EMERGENCIA: En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Después de recibir tratamiento, llame al PCP de su hijo dentro de 24 horas o tan pronto como sea posible.
NATIVUS HEALTH SOLUTIONS: es el proveedor de beneficios de farmacia para miembros de El Plan de Salud de El Paso Health.

STAR and CHIP Member Portal

View Eligibility

Home Coverage & Benefits Claims Authorizations Provider / Pharmacy Directory Search

Print ID Card

Eligibility Print

| | | | |
|------------|------------|------------|-----------------------|
| Member: | [REDACTED] | Plan Name: | El Paso Health - STAR |
| Member ID: | [REDACTED] | Program: | STAR |
| Address: | [REDACTED] | Status: | Active |

Coverages

| Type | Effective Date | Term Date |
|-------|----------------|------------|
| ST064 | 2/1/2016 | 11/30/2018 |
| ST064 | 8/1/2015 | 10/31/2015 |

STAR and CHIP Member Portal

View Provider Claims

[Home](#) [Coverage & Benefits](#) [Claims](#) [Authorizations](#) [Provider / Pharmacy Directory Search](#)

THESE ARE AN EXPLAINATINAL OF BENEFITS (EOB)

[Claims Search](#)

Below is a list of claims we have received for services provided to you. We have processed the claims according to your benefit coverage.

You can click on the Claim Number to view each claim individually. You will also be able to print each claim. Please review the information. If you have any questions, please call us at 1-877-532-3778 Monday thru Friday, 7:00am to 5:00pm Mountain Time.

Claims

Showing 9 Claims for User [REDACTED]

[Export Results \(CSV\)](#)

| <u>Claim Number</u> | <u>Date of Service</u> ▾ | <u>Provider</u> | <u>Claim Status</u> |
|---------------------|--------------------------|---------------------------|---------------------|
| [REDACTED] | 1/12/2018 | PRODANOVIC NUTIS, MARIA L | PAID |
| [REDACTED] | 9/27/2017 | PRODANOVIC NUTIS, MARIA L | PAID |

STAR and CHIP Member Portal

View Authorizations

Home Coverage & Benefits Claims

Authorizations

Showing Authorizations for

Filter Authorization Results

[Export Results \(CSV\)](#)

| Authorization Number | First Name | Last Name | Provider | Date Submitted | Status |
|----------------------|----------------------|----------------------|------------------|----------------|----------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | CASA MEDICAL LLC | 10/11/2017 | APPROVED |

STAR and CHIP Member Portal

Find a Provider

Map Satellite

Google

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

Filter Results

Plan
STAR (Medicaid) ▾

Provider Type
Ancillary Providers ▾

Specialty
Durable Medical Equipment/Eq ▾

Provider First Name
[Input Field]

Provider Last Name
[Input Field]

Practice Name
[Input Field]

Facility Name
[Input Field]

City
[Input Field]

If you find that there is inaccurate information in our Online Provider Directory, please email us at Contracting_dept@elpasohealth.com.

Search Results (36 results)

Showing providers that are in the STAR (Medicaid) plan, that have provider type Ancillary Providers, and that specialize in Durable Medical Equipment/Equipo Médico Durable.

Sort Results Name ▾ Ascending ▾

[Download Results](#) [Return to Search](#)

Updated 10/22/18

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

Behavioral Health Services Hotline

El Paso Health offers Medicaid and CHIP Members a 24/7 Behavioral Health Crisis Hotline.

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



Qualified mental health professionals are available to support Members during a mental health crisis.

The Behavioral Health Crisis Hotline staff is bilingual and interpreter services are also available.



El Paso Health

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Member Services Overview

Juanita Ramirez

Enrollment & Member Services Supervisor

Transportation Services

El Paso Health offers Medicaid and CHIP Members a free taxi ride service to doctor visits or health education classes.



To schedule a transportation request for a doctor's appointment or health education class, call the El Paso Health Member Services Line 48 hours before the appointment at 1-877-532-3778 and a Member Service Representative will assist with scheduling the taxi ride.


Newborn Enrollment

- The PCP for Newborns will be provided in the daily file provided to EPH by Maximus.
- Newborns without a PCP assignment will be assigned to a PCP by an Enrollment and Eligibility Specialist based on the Newborn's zip code.
- The Enrollment Unit receives a daily file, the file is then reviewed to identify Newborns that have been assigned a Medicaid ID number.
- Claims pending a Newborn ID number will be matched against the daily file.
- The Claims Department will be sent ID numbers for newborn's found in daily files for processing of those claims.
- The Enrollment and Eligibility Specialist monitors Newborn claims for which an ID number has not been found for more than fifteen (15) days.

THSteps and Well-Child Postcards

- CHIP - \$15 gift card is given to Members ages 3-6 and 12-19.
- STAR - \$10 gift card is given to Members age 20 and younger.
- The postcard must be filled out by the Provider and faxed to EPH at 915-225-6749.
- If a Member misplaced their postcard, a replacement postcard will be mailed to the Member upon request.

THSteps and Well-Child Postcards



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

TO BE FILLED OUT BY THE DOCTOR ONLY:

I had my Texas Health Steps Checkup on (date) _____
and discussed concerns I had about my health. I also had the
following as part of my checkup:




- Physical Exam
- Immunizations
- Lab Screenings
- History and Health Development Screenings
- Health Education
- Are you a Traveling Farmworker? Yes No

.....
Provider's name, address, signature or office stamp

Patient's Medicaid ID Number

Doctor, please fax this completed form to: **EL PASO HEALTH** at **915-225-6749**
in order to mail the member a \$10 gift card.

701710EPH080717



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

TO BE FILLED OUT BY THE DOCTOR ONLY:

I had my Well-Child Checkup on (date) _____
and discussed concerns I had about my health. I also had the
following as part of my checkup:



- Physical Exam
- Immunizations
- Lab Screenings
- History and Health Development Screenings
- Health Education

.....
Provider's name, address, signature or office stamp

Patient's ID Number

Doctor, please fax this completed form to: **EL PASO HEALTH** at **915-225-6749**
in order to mail the member a \$15 gift card.

701711EPH081817



Please Contact Us

Phone: (915) 532-3778

Member Services Queues:

1514 – Medicaid

1517 – CHIP

1529 – Preferred

Administrators

1502 – HCO



El Paso Health

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Claims Reminders

Yvonne Grenz

Claims Supervisor

Reminders

Claims Processing

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

Corrected Claim - Paper

Professional Claims

Box 22 – Resubmission Code

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

- Enter the appropriate billing frequency code when resubmitting a claim

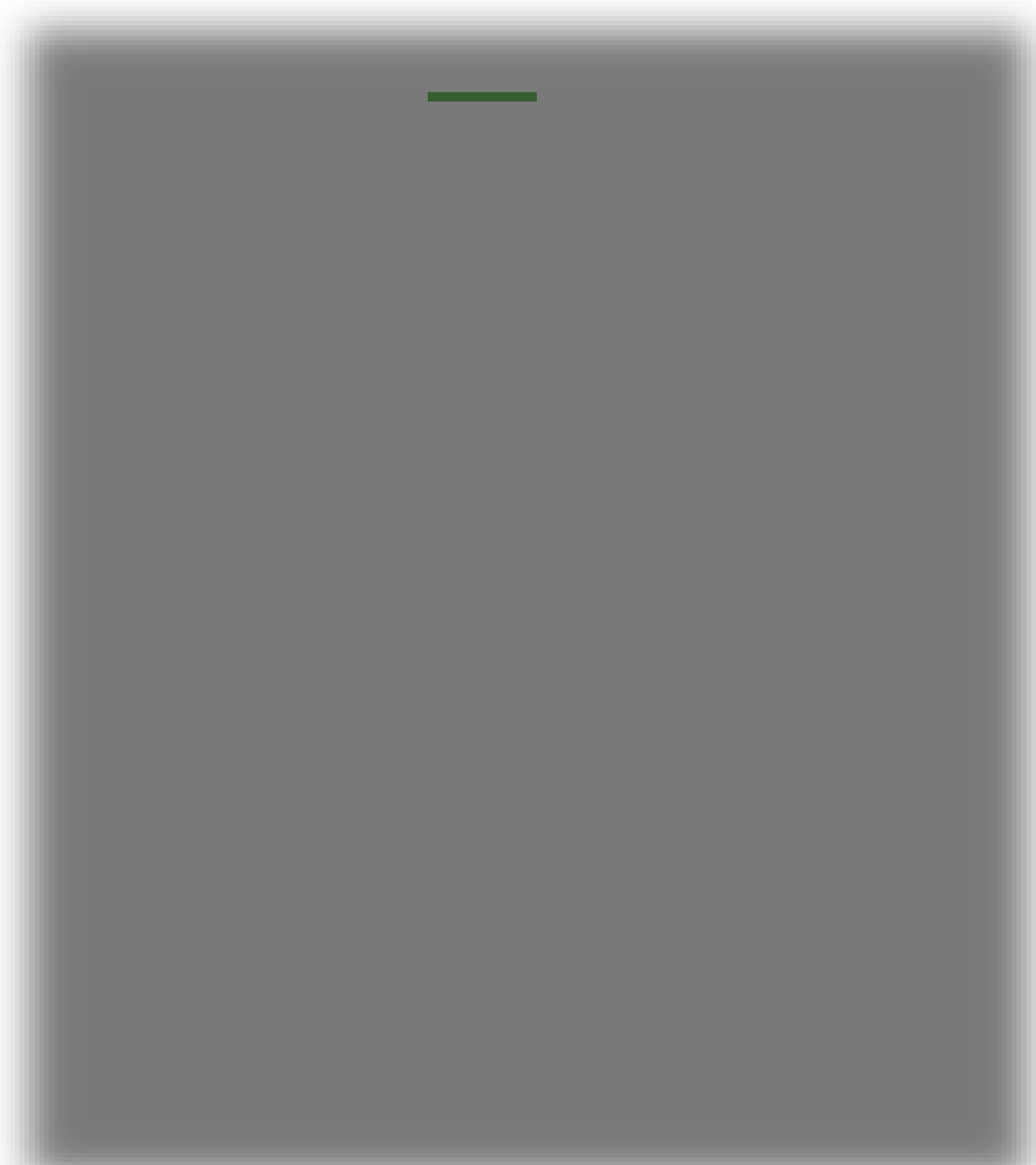
7 - Replacement of prior claim

8 - Void/cancel of prior claim

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

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

Corrected Claim – Paper



Corrected Claim – Paper

Institutional Claim

| | | | |
|----------------|--------------------------------|---------|----------------|
| 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

Corrected Claim - Electronic

Professional Claim

1500 Form

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

Corrected Claim - Electronic

Institutional Claim

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

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

Newborn Claims

Paper and Electronic Claims

- Claims pending a Newborn ID number will be matched against the daily file by the Enrollment Unit and returned to the Claims Department for processing.
- Electronic claims submitted without Newborn ID or under the mother's ID will be rejected at the Clearinghouse level.

Electronic Claims

Payer ID Numbers

Claims are accepted from:

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

Payer ID Numbers:

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

Contact Us

915-532-3778

Provider Care Unit Extension Numbers:

1527 – Medicaid

1512 – CHIP

1509 – Preferred Administrators

1504 – HCO



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For more information:



(915) 532-3778



www.elpasohealth.com

