

EL PASO FIRST HEALTH PLANS, INC

Provider Web Portal User Manual

© El Paso First Health Plans, Inc.
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www.epfirst.com

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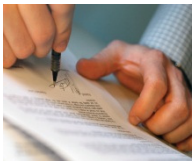
Introduction

The El Paso First Provider Web Portal service is designed specifically to meet the e-business needs of providers in providing secure, web enabled, role-based access, data inquiry and update transactions services. The Provider Web Portal has real-time integration to El Paso First's core system. Through use of the portal providers can view member insurance coverage, view providers payments, view authorization approvals, view claims status, and submit professional claims. This manual provides instructions on how to use the El Paso First Provider Web Portal.

Benefits

- Replaces paper-based, manual processes with an automated e-business solution.
- Improves productivity by decreasing phone calls required for benefit, coverage, and other service requests.
- Allows Providers to perform independent self service tasks, reducing time spent calling the health plan.

Registration and Access



In order to use the El Paso First Provider Web Portal, Providers must sign up and register for the service. Registration forms can be obtained by going to the El Paso First Website located at www.epfirst.com. Providers should click on the "Forms" link, from within the Provider navigation options. The Web Portal registration form is titled: "*Web Portal User Agreement & Web Portal Registration Form*." Providers may also receive Web Portal enrollment information by contacting their Provider Relations Representative.

Completed forms are to be faxed to the Provider Relations Department at 915-532-2877. Once the account is activated, Providers can access the Web Portal at www.epfirst.com.

Navigation

Users have the following navigation options within the Provider Web Portal:

1. Cancel - Cancels the transaction without saving the transaction. User is reminded that cancel will completely cancel the transaction and not save the data before cancel is committed.
2. Back – The Back button will take the user to the previous screen whether it's a listing or a multi-step process. No data entered on current page will be saved and no rules will be run.
3. Continue – Executes all page level rules, saves all page data (within the session) and takes the user to the next page in the navigation.
4. Finish - Submits a transaction for processing. Transaction will go directly to El Paso First's core system.

Validation and Edits

1. Fields that are labeled with an asterisk (*) are required fields.
2. All date fields must be valid dates.
3. SSN must be in a 9 digit numeric format.
4. Phone number(s) must be in a 10 digit numeric format.
5. Monetary values cannot be entered with more than 2 digits precision.



EL PASO FIRST
healthplans, inc.

Welcome!

Preferred ADMINISTRATORS

Vision: Your community partner leading the way to quality healthcare through service and innovation...because we CARE.

Mission: El Paso First Health Plans promotes community health by providing access to quality healthcare for children, families and individuals who need it most. We partner and collaborate with community providers and advocates to foster a culture of excellence.

- Home Page
- About Us
- Members
- CHIP Perinatal
- CHIP
- Premier Plan
- HealthCARE Options
- Helpful Links
- Contact Us
- Providers
- Fraud & Abuse
- Español

MEMBERS

CHIP

HealthCARE Options

CHIP Perinatal

Premier Plan

Star Medicaid

PROVIDERS

Web Portal ←

Forms

TX Health Steps Resources

Upcoming Events

Log On Process

www.epfirst.com

Providers will still access the Web Portal through our main website.

Sign In or Register

This is the first screen Provider will see when selecting the Web Portal link.

**Web Portal users will be able to use their username but the passwords will be defaulted to ElPaso! Web Portal users will then be required to change their passwords.*

Select Plan-Program

If a provider has requested access to all of our product lines: CHIP, STAR, HCO, and Preferred Administrator, this is the screen that they will see once they log in. The Provider is to select the Program they wish to access from this menu.

If a Provider **ONLY** has access to either CHIP and STAR or only HCO and Preferred Administrators, they will not see this screen. They will automatically be defaulted into the single region they have access to.

Navigation Menu

SO FIRST
Health Plans, Inc.

- Home
- Patient Inquiry
- Claim Center
 - Search for a Claim
 - Submit Claim
- Medical Management
- Provider Directories
- Change Password
- Change Plan-Program
- Log Off
- Log In Again
- El Paso First Health Plans, Inc.

Navigation Menu

Provider Home

Provider Snapshot

Provider: PROVIDER, TEST I
ID: PRV2266023
NPI:
Type: PROFESSIONAL COUNSELOR
Specialty: LICENSED PROFESSIONAL COUNSELOR
Languages: SPANISH

Physical Location

300 Pennsylvania Avenue
EL PASO, TX 79912
UNITED STATES

(915) 845-0000

Mailing Address

300 Tinseltown Parkway
EL PASO, TX 79912
UNITED STATES

[Associated Providers](#)

Contact Us

 [Contact Customer Service](#)

If you have questions or need assistance:
Contact the Provider Relations Department at 915-532-3778

Manage Patients

* [Find a Patient or Member](#)

Claims and Services

- * [View Recent Claims](#)
- * [View Outpatient Services](#)
- * [View Inpatient Stays](#)
- * [Submit Claim](#)

Provider Look-up

* [Provider Directories](#)

Code Look-up

- * [Find Procedure Code](#)
- * [Find a Diagnosis Code](#)
- * [Find Revenue Code](#)

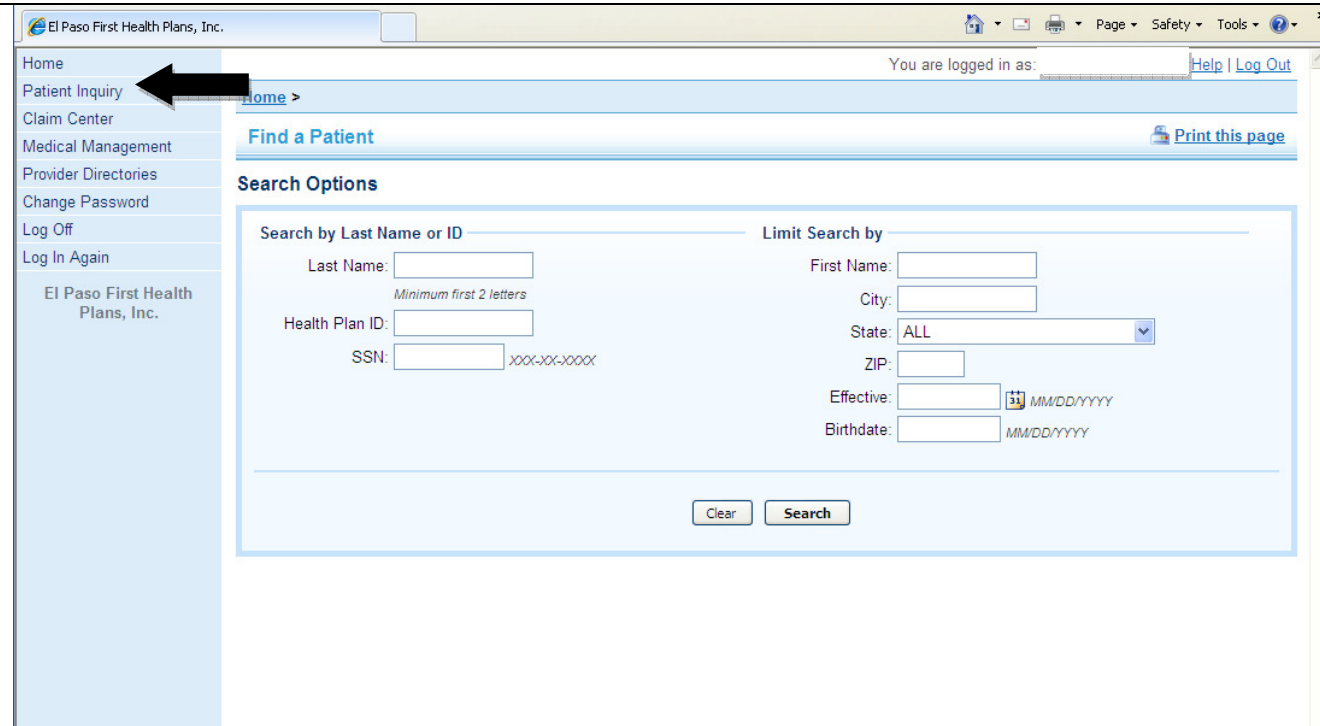
Provider Home Screen

This is the Provider Home screen. It displays the basic information about the Provider.

Note: The Physical and Mailing Address are displayed.

The Navigation Menu Options are:

- Home
- Patient Inquiry
- Claim Center
- Medical Management
- Provider Directories
- Change Password
- Change Plan-Program
- Log Off
- Log In

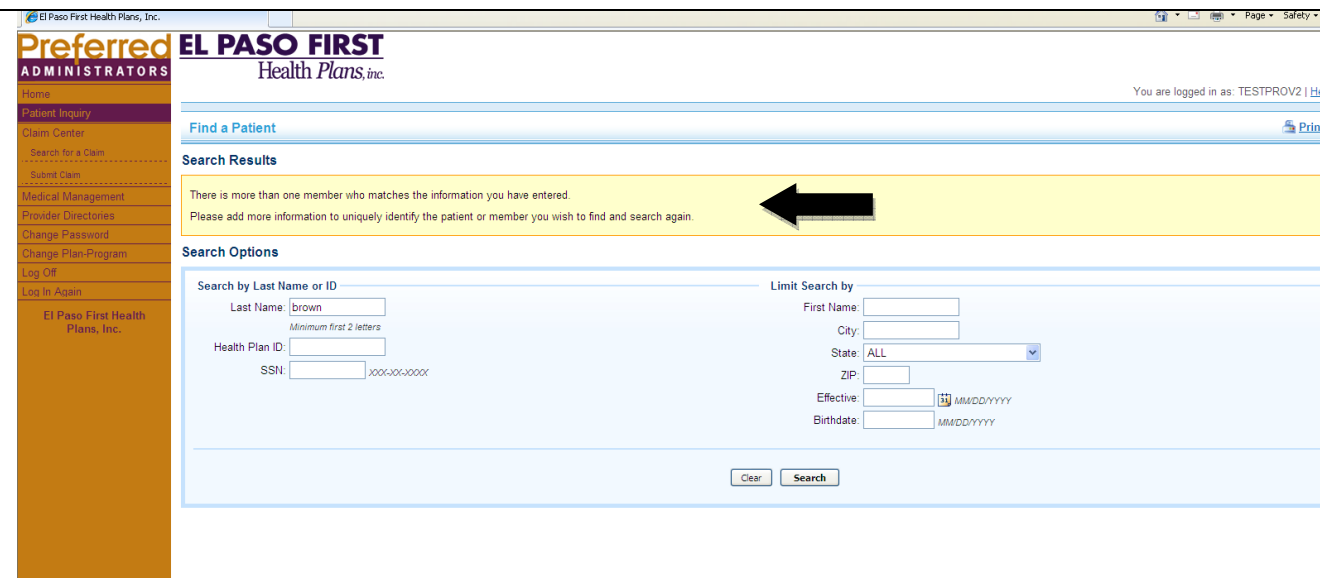


Patient Inquiry

Providers can conduct a Member Search via use of the “Patient Inquiry” on the left hand navigation menu or by selecting “Find a Patient or Member” on the right hand menu.

This is what a Provider will see if they select “Find a Patient” or “Patient Inquiry.”

Note all of the criteria available to refine the search. The Provider must populate the minimum necessary information needed to return only **ONE** member record.



Patient Inquiry – Refine Search


If the system finds more than one member who matches the search criteria, the system will prompt you for additional information.

Note the message on the screen shot.

The Provider must add additional information about the Member until the system finds only **ONE** match.

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ADMINISTRATORS Health Plans, inc.

Home You are logged in as: TESTPROV2 |

[Patient Inquiry](#) [Find a Patient](#) 

[Claim Center](#)

Search for a Claim
Submit Claim

Medical Management
Provider Directories
Change Password
Change Plan-Program
Log Off
Log In Again

El Paso First Health Plans, Inc.

Search Results

1 Record Found

Patient	DOB	Address	Phone
CHARLIE BROWN	01/01/2001	13 PENNSYLVANIA AVENUE EL PASO, TX 79905 UNITED STATES	

Search Options

Search by Last Name or ID Limit Search by

Last Name: First Name:
Minimum first 2 letters City:

Health Plan ID: State:
 SSN: ZIP:

Effective: Birthdate:

Patient Inquiry - Record Found

Here is an example of the returned information from a Member search.

If you want to see additional information about the member click on the member name. Notice how it is underlined. The Underline means that additional expanded information is available when you click on the hyperlinked name.

El Paso First Health Plans, Inc. Page Safety

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ADMINISTRATORS Health Plans, inc.

Home You are logged in as: TESTPROV2 | [He](#)

[Patient Inquiry](#) [Find a Patient >](#) [Print](#)

[Claim Center](#)

Search for a Claim
Submit Claim

Medical Management
Provider Directories
Change Password
Change Plan-Program
Log Off
Log In Again

El Paso First Health Plans, Inc.

Patient Information: CHARLIE BROWN

Patient Information

Name: CHARLIE BROWN	Address: 13 PENNSYLVANIA AVENUE
Subscriber ID:	EL PASO, TX 79905
Relationship:	County: EL PASO
Effective Date: 12/01/2010	Country: UNITED STATES
Birth Date: 01/01/2001	Phone:
Gender: Male	Email:

Primary Care Providers (PCPs)

Type	Name	Pay to Affiliation	Phone
Primary Medical			

Claims, Referrals and Authorizations

- [View Recent Claims](#)
- [View Outpatient Services](#)

Eligibility Details

Health Plan Id	Benefit Type	Plan Name	Group	Policy	Order Applied	Effective Date
	Medical	Premier Plan (STAR HMO) Benefit	STAR SPONSOR	37	Primary	12/01/2010

Other Insurance

There is no Other Insurance information found

Patient Inquiry - Patient Information

Provider will see when selecting to click on the Members' hyperlinked name.

Notice the hyperlink for PCP "Name", "View Recent Claims", "View Outpatient Services", and the "Plan Name."

Clicking on these hyperlinks will display additional detailed information.

[Home](#) > [Find a Patient](#) > [Patient Information](#) >

Benefits Details: Medical

[Print this page](#)

HealthWeb PPO Benefit Plan: HEALTHWEB, FAMILY6-SUBSCRIBER M

Benefits of this Plan

Benefit	Details
Chiropractic Services	Services are Covered @ 80% with Fixed Copay of \$10.00 and Copay Max of \$80.00 up to 30 days (visit).
Inpatient Stay Services	Services are Covered @ 100 % with Prior Authorization and \$100 individual or \$200 Family deductible up to 30 days (visits).
Dental Services	Services are Covered @ 100% for Family Members 5 yrs & Older.
Office Visit Services	Services are Covered @ 100% with Fixed Copay \$15.00 up to Maximum of \$100.00 accumulated copay per Calendar year.
Testing Maximum character length for Description=Total of 60	Testing Maximum character length for Long Description=Total of ???

Patient Inquiry –Plan Benefits

When a Provider clicks on the hyperlink for **“Plan Benefits”** they will be able to see a more descriptive explanation of the Member’s benefits.

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- Home
- Patient Inquiry**
- Claim Center
- Search for a Claim
- Submit Claim
- Medical Management
- Provider Directories
- Change Password
- Change Plan-Program
- Log Off
- Log In Again

[Find a Patient](#) > [Patient Information](#) >

[Claim Center](#)

Search Claims

Search Options

Advanced Search

Type:

From:

To:

Status:

Member:

Provider NPI:

Claim ID Search

Claim ID:

Patient Inquiry – View Recent Claims

When a Provider selects the **“View Recent Claims”** hyperlink the following information is displayed to initiate a claims search.

The Provider has the displayed search parameters as options to refine the claims search.

Note: Only records where the Provider (who is logged in) rendered the service are viewable.

El Paso First Health Plans, Inc. Page Safety

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ADMINISTRATORS Health Plans, inc.

Home You are logged in as: TESTPROV2 | E

[Find a Patient](#) > [Patient Information](#) >

[Claim Center](#) Print

Search for a Claim

Submit Claim

Medical Management

Provider Directories

Change Password

Change Plan-Program

Log Off

Log In Again

El Paso First Health Plans, Inc.

Search Claims

Search Results
1 Record Found

Claim ID	Services Dates	Patient	Service Provider (NPI)	Status
<u>11182s00001</u>	06/25/2011	CHARLIE BROWN	PROVIDER, TEST	In Process

Search Options

Advanced Search

Type:

From:

To:

Status:

Member:

Provider NPI:

Claim ID Search

Claim ID:

Patient Inquiry – View Recent Claims Search Results

Note the returned results of a claim search. The search criteria can be further refined if necessary.

Notice how the Claim ID's are underlined. This means that they are a hyperlink. You must click on the hyperlink in order to view the claim.

[Find a Patient](#) > [Patient Information](#) > [Claim Center](#) >

[Print this page](#)

Claim ID: 11182s00001 for CHARLIE BROWN

Claim Summary

Patient (ID): CHARLIE BROWN

Subscriber: CHARLIE BROWN

Policy #: 37

Group: STAR SPONSOR

Covered Under: [Premier Plan \(STAR HMO\) Benefit](#)

Service Dates: 06/25/2011 to 06/25/2011

Received: 07/01/2011

Status: OPEN

Payments: No remittance found

Claim Items

This claim has 1 item(s)

Item	Code	Modifier	Description	Charge	Allowed	Deductible	Copay	Co-Insurance	Plan Paid
1	90801		PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	\$150.00	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
Totals:				\$150.00	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00

Patient Inquiry – View Recent Claims Details

This screen displays the specific claim information when selecting the hyperlink.

- Home
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- Provider Directories
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- Log Off
- Log In Again
- El Paso First Health Plans, Inc.

Claim Center Pri

Search Claims

Search Results

34 Records Found

New Search

Claim ID	Services Dates	Patient	Service Provider (NPI)	Status
11032E01	01/27/2011	HORNET GREEN	PROVIDER, TES'	Denied
11056HQ1	02/16/2011	SPIDER MAN	PROVIDER, TES'	Denied
11104E01	04/12/2011	HORNET GREEN	PROVIDER, TES'	Denied
11151C01	05/26/2011	SPIDER MAN	PROVIDER, TES'	Denied
11151E01	05/26/2011	HORNET GREEN	PROVIDER, TES'	Denied
11157C01	06/02/2011	SPIDER MAN	PROVIDER, TES'	Denied
11167E01	06/13/2011	CAPTAIN AMERICA	PROVIDER, TES'	Denied
11182a00	06/25/2011	CHARLIE BROWN	PROVIDER, TES'	In Process
11041E01	02/08/2011	WONDER WOMAN	PROVIDER, TES'	Paid
11041E01	02/08/2011	WONDER WOMAN	PROVIDER, TES'	Paid
11048E01	01/27/2011	HORNET GREEN	PROVIDER, TES'	Paid
11048E01	01/27/2011	HORNET GREEN	PROVIDER, TES'	Paid
11054E01	02/16/2011	SPIDER MAN	PROVIDER, TES'	Paid
11056HQ1	02/22/2011	WONDER WOMAN	PROVIDER, TES'	Paid
11056HQ1	01/25/2011	WONDER WOMAN	PROVIDER, TES'	Paid
11070HQ1	03/03/2011	SPIDER MAN	PROVIDER, TES'	Paid

Claims Center – Search for Claims

The **Claims Center** link on the left hand navigation bar is to search for claims. Only claims where the logged-in Provider rendered services will be returned in the search results.

From the “**Claims Center**” menu a Provider can “**Search for a claim**” or “**Submit a claim**”

Notice that all the claims are listed with a hyperlink. They may be clicked on for additional information.

El Paso First Health Plans, Inc. Page Safety Tools

Home You are logged in as: [Help](#) | [Log Out](#)

Patient Inquiry [Claim Center >](#) [Print this page](#)

Claim Center

Medical Management

Provider Directories

Change Password

Log Off

Log In Again

El Paso First Health Plans, Inc.

Claim ID: 11060D000 for _____

Claim Summary

Patient (ID): _____
 Subscriber: _____
 Policy #: 001
 Group: R E THOMASON HOSPITAL
 Covered Under: [R E Thomason Benefit Plan](#)
 Service Dates: 02/18/2011 to 02/18/2011
 Received: 03/01/2011
 Status: DENIED (See deny reasons at bottom)
 Payments: _____ \$29,250.86 - [View Payment Details](#)

Claim Items

This claim has 1 item(s)

Item	Code	Modifier	Description	Charge	Allowed	Deductible	Copay	Co-Insurance	Plan Paid
1	26650	FA	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE D	\$1,303.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals:				\$1,303.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Deny Reason(s)

Line 1 : Prior authorization is not for same provider.
 Line 1 : Authorization number invalid for DOS.
 Line 1 : Prior Authorization Services do not match claim

Search for Claims – Claim Summary

This is an example of a Denied claim that has been selected by clicking on the claim ID hyperlink.

Note the claim denial reasons listed at the bottom of the screen.

Remittance 1 of 1 for Claim ID: 11032E01

Payment Details

Description:

Paid on: 02/21/2011

Pay To: EL PASO, TX

Item	Code	Modifier	Description	Charge	Allowed	Deductible	Copay	Co-Insuran
1	90806		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFY	\$110.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals:				\$110.00	\$0.00	\$0.00	\$0.00	\$0.00

Deny Reason(s)

Line 1 : Authorization number invalid for DOS.

Search for Claims- View Payment Details

A Provider may click on the “**View Payment Details**” to view additional information regarding the claim payment.

The “**Payment Details**” menu will pop up.

Search Results

1 Record Found

Patient	DOB	Address
CHARLIE BROWN	01/01/2001	13 PENNSYLVANIA AVENUE EL PASO, TX 79905 UNITED STATES

Search Options for Submit Claim

Search by Last Name or ID

Last Name: (Minimum first 2 letters)

Health Plan ID:

SSN: XXX-XX-XXXX

Limit Search by

First Name:

City:

State:

ZIP:

Date of Service: MM/DD/YYYY

Birthdate: MM/DD/YYYY

To identify the appropriate coverage for the claim, enter the service start date in Date of Service: field above. System will default to current date if no Date of Service: entered.

Claim Center – Submit Claim

Submit Claim - Search For Member

A Provider may enter Professional Claims via the portal by clicking on the “Submit Claim” menu.

The first thing a provider has to do is find the member record with the corresponding service date.

Important: To identify the appropriate member coverage segment for the claim, enter the service start date in the “Date of Service” field. The system will default to the current date if no “Date of Service” is entered.

****UB04 Claims are not accepted on the Portal****

Submit Claim for CHARLIE BROWN

*Required Field

Dates of Service Entered in the Medical Services Section on Page Two Must Be Within the Enrollment Coverage Range Selected Below.

* Coverage: Premier Plan (STAR HMO) Benefit - 2/01/2010 - Active
Member: CHARLIE BROWN Address: 13 PENNSYLVANIA AVENUE,
Healthplan ID: EL PASO, TX 79905
Birthdate: Phone:

Servicing Provider

Provider: PROVIDER, TEST I
ID: PRV2266023
Address: 300 Pennsylvania Avenue,
EL PASO, TX 79912
Phone: (915) 845-0000
Fax: (915) 845-0000

***Pay to Provider**

Name: Select

Servicing Facility

Provider: Select...
ID:
Address:
Phone:
Fax:

Referring Provider

Provider: Select...
ID:
Address:
Phone:
Fax:

Authorizations

Prior Auth /Referral:

Claim Information

Date of Onset: (mm/dd/yyyy) Is Patient's Condition Related To: Employment Auto Accident Other
Similar Illness: (mm/dd/yyyy) State: Select Local Use:
IP Admit Date: (mm/dd/yyyy)
Discharge Date: (mm/dd/yyyy)
Patient Control #:

Coordination of Benefits

Provide COB Information

Cancel Continue >

Submit Claim - Demographics

Validation and Edits

- Fields that are labeled with an asterisk (*) are required fields.

The Pay To Field is a required field and must be populated.

The screen selections:

- Pay To Provider
- Servicing Facility
- Referring Provider
- Authorizations
- Claim Information
- Coordination of Benefits

**Coordination of Benefits: El Paso First requires that all COB Claims be submitted to them on a paper claim. COB claims should be mailed to El Paso First along with the Primary Carriers Remittance Advice or Explanation of Benefit information for validation and payment.

Submit Claim

Submit Claim for CHARLIE BROWN

Diagnosis

#	*Code	Description
1*	<input type="text"/>	<input type="text"/>

[Add](#) [Remove](#)

Find Diagnosis Codes (ICD-9)
Search for ICD-9 codes by a partial diagnosis code or by words in the code description

Code:
Description: [Search](#)

1 Record Found
Click a code to use

Code	Description
301.4	OBSESSIVE-COMPULSIVE PERSONALITY DISORDER

Submit Claim - ICD9

Validation and Edits

Fields that are labeled with an asterisk (*) are required fields.

Users may use the search function for Code look-ups:

*Code

To insert a DX code the user may search for a DX code by (Code or DX Description).

The User may select the returned results on the screen by clicking on the hyperlink.

Medical Services

#	*DOS From	*DOS To	*POS	*CPT	Modifier(s)	Diag #	*Charge	*Units	EPSDT	Auth#
1*	<input type="text" value="07/22/2011"/>	<input type="text" value="07/22/2011"/>	<input type="text" value="11"/>	<input type="text" value="90801"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="\$150.00"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>
2*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add](#) [Remove](#)

Submit Claim- Medical Services

Next, the user must enter the Medical Services.

- DOS From
- DOS To
- POS
- CPT
- Modifiers
- Diag#
- Charge
- Units
- EPSDT
- Auth#

Validation and Edits

1. Fields that are labeled with an asterisk (*) are required fields.
2. All date fields must be entered using the following format: mm/dd/yyyy . Users may also select a date from the calendar.

Medical Services

#	*DOS From	*DOS To	*POS	*CPT	Modifier(s)	Diag #	*Charge	*Units	EPSDT	Auth#
1*	07/22/2011	07/22/2011	11	90801		1	\$150.00	1		

2* [Remove](#)

Find Procedure Codes (CPT)
 Search for CPT codes by a partial procedure code or by words in the code description

Code:

Description:

1 Record Found
 Click a code to use

Code	Description
90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION

Submit Claim – Procedure Codes

To insert a Procedure code the user may search for a Code by (Code or Code Description).

The User may select the returned results on the screen by clicking on the code hyperlink.

Medical Services

#	*DOS From	*DOS To	*POS	*CPT	Modifier(s)	Diag #	*Charge	*Units	EPSDT	Auth#
1*	07/22/2011	07/22/2011	11	90801	RR NU	1	\$150.00	1		
2*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>	<input type="text"/>	

Submit Claim – Submit Claim

In the Modifier box, double modifiers are accepted and can be separated by space or comma.

Submit Claim

Submit Claim for CHARLIE BROWN

Diagnosis

#	*Code	Description		
1*	301.4	OBSESSIVE-COMPULSIVE PERSONALITY	Add	Remove
2*			Add	Remove

Medical Services

#	*DOS From	*DOS To	*POS	*CPT	Modifier(s)	Diag #	*Charge	*Units	EPSDT	Auth#		
1*	07/22/2011	07/22/2011	11	90801		1	\$150.00	1			Add	Remove
2*							\$0.00				Add	Remove

< >

CPT Code Description: PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINAT
Total Charges: \$150.00
Total Units: 1

< Previous Submit

Submit Claim – Submit Claim

Once a Provider has completed filling in all the claim information, they must select the Submit button at the bottom of the screen to submit the claim.



[Home](#) > [Find a Patient](#) >

Submit Claim

Your Claim has been successfully submitted and can be viewed as Claim ID **11203500**

[Claim Center](#) [Submit New Claim](#)

Submit Claim – Claims Number

Immediately after you have clicked “Submit” your claim number will be displayed.

From here: You may return to the “Claim Center” main menu, or “Submit a New Claim”

- Home
- Patient Inquiry
- Claim Center
- Medical Management
- Find Outpatient Services**
- Find Inpatient Stays
- Provider Directories
- Change Password
- Change Plan-Program
- Log Off
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- El Paso First Health Plans, Inc.

Find Outpatient Services

Search Options

Select a type and enter a date range OR enter a specific ID.

Type & Date Search

Type: All

From: 02/22/2011 (MM/DD/YYYY)

To: 08/22/2011 (MM/DD/YYYY)

Provider NPI:

Patient:

Search

ID Search

Reference ID:

Search by ID

Medical Management

This is a sample of what a Provider will see when they select **“Medical Management”** from the left navigation bar.

Notice how they have two options. **“Find Outpatient Services”** and **“Find Inpatient Stays.”**

This screen displays the search criteria available for the Provider when conducting a Medical Management document search.

- Home
- Patient Inquiry
- Claim Center
- Search for a Claim
- Submit Claim
- Medical Management
- Find Outpatient Services**
- Find Inpatient Stays
- Provider Directories
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- Change Plan-Program
- Log Off
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- El Paso First Health Plans, Inc.

You are logged in as: TESTPROV2 | Help | Log Out

Find Outpatient Services

Print this page

Search Results

(0) referral(s) and 7 outpatient pre-authorization(s) found

New Search

Auth ID	Units	Primary Diagnosis	Referred By	Referred To	From	Status
0000141	6	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD		PROVIDER, TEST I	05/16/2011	APPROVED
0000137	3	ATTENTION DEFICIT DISORDER WITH HYPERACTIVITY	PROVIDER, TEST I	PROVIDER, TEST I	04/17/2011	APPROVED
0000144	6	ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND C	PROVIDER, TEST I	PROVIDER, TEST I	06/15/2011	APPROVED
0000143	24	BIPOLAR I DISORDER MOST RECENT EPISODE (OR CURRENT) MANIC MO	PROVIDER, TEST I	PROVIDER, TEST I	06/02/2011	APPROVED
0000141	12	ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND C	PROVIDER, TEST I	PROVIDER, TEST I	05/16/2011	APPROVED
0000141	16	ATTENTION DEFICIT DISORDER WITHOUT MENTION OF HYPERACTIVITY		PROVIDER, TEST I	05/16/2011	APPROVED
0000145	16	ATTENTION DEFICIT DISORDER WITHOUT MENTION OF HYPERACTIVITY		PROVIDER, TEST I	06/20/2011	APPROVED

Search Options

Select a type and enter a date range OR enter a specific ID.

Type & Date Search

Type: All

From: 02/22/2011 (MM/DD/YYYY)

To: 08/22/2011 (MM/DD/YYYY)

Provider NPI:

Patient:

Search

ID Search

Reference ID:

Search by ID

Medical Management - Find Outpatient Services

This is a sample of what a Provider will see after they have entered search criteria for a Medical Management **“Find Outpatient Services”** search.

Note how the **“Auth ID”** search results are hyperlinked. A Provider may click on the hyperlink to access the document.

Verification ID: 0000145

Verification Date: 06/21/2011
Verification Status: APPROVED
Covered Under: [CHIP BENEFIT](#)

Service Details

Service Level: Elective
Place of Service: Office Visit, Inpatient Hospital, Outpatient Hospital
Primary Diagnosis: 296.90 - UNSPECIFIED EPISODIC MOOD DISORDER
Requested LOS: 0
Actual LOS: 0

Requested/Authorized Units	Status	Codes	Modifier	Type	Description	From	To
12	APPROVED	90806		CPT	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYI	06/21/2011	09/21/2011
4	APPROVED	90847		CPT	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT	06/21/2011	09/21/2011

Patient Details

Authorization for: SPIDER MAN	Address: 1 SPIDER WAY
Member ID:	CANUTILLO, TX 79835
Group:	Phone:
Date of Birth:	Fax:
Age:	Email:

Physicians

Authorization to:	Requested by:
PROVIDER TEST	
NPI:	NPI:
300 Pennsylvania Avenue EL PASO, TX 79912 UNITED STATES (915) 845-0000	No practice address can be found. Click on the Provider Name for detailed information.
Office is handicapped accessible.	

Disclaimer

The authorization status reflected at this time is not the final status. Pre-authorization is based on information provided to El Paso First at the time of request and does not guarantee payment of benefits nor verify eligibility. Payment for services is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Regardless of pre-authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient. [The provider will be notified of the final authorization status via fax.](#)

If you do not agree with the medical determination, please contact the Pre-Authorization Department at (915) 532-3778 extension 1500 for Medicaid, extension 1536 for CHIP, extension 1538 for Preferred Administrators, and extension 1537 for Health Care Options.

If no action is taken within two (2) working days, El Paso First Health Plans, Inc. will uphold this determination.

Medical Management – Auth ID Hyperlink

Attached is an example of what a Provider will see when they select the “Auth ID” hyperlink.

***Please read Disclaimer**

El Paso First Health Plans, Inc. **Preferred EL PASO FIRST ADMINISTRATORS Health Plans, Inc.**

Home | Patient Inquiry | Claim Center | Search for a Claim | Submit Claim | Medical Management | Find Outpatient Services | Find Inpatient Stays | Provider Directories | Change Password | Change Plan Program | Log Off | Log In Again | El Paso First Health Plans, Inc.

EL PASO FIRST healthplans, inc.

Providers

We are proud of our extensive network of providers and the quality health care they provide our members. Our network currently has more than 800 providers, including physician groups and specialists, and 8 hospitals offering comprehensive care to our members. Not all physicians are enrolled in all plans.

If you are not yet a member of our network and would like information about joining El Paso First, please click here to email a provider relations representative, or call provider relations at (915) 532-3778.

Click on Picture to Download. You need Adobe Acrobat to read a PDF. If you don't have Adobe Acrobat you can download it for free here.

PROVIDERS LINK TO TMHP for NPI Attestation

News and Events

- Our new Behavioral Health crisis line for STAR is 1-877-377-6147. For CHIP call 1-877-377-6184.
- Provider Newsletter
- New Medicaid ID Card Information
- MEMO - Your Texas Benefits Medicaid Card
- IMPORTANT NOTICE TO ALL MEDICAID PROVIDERS
- CHIP Balance Billing Letter
- CHIP Co-Pay Increase Memo
- Immunization Administration Procedure Codes Changes Effective April 1, 2011
- CHIP Perinatal Refresher Training
- Availity 5010 Survey
- February 2011 Provider Reimbursement Reduction
- MEMO on STAR & CHIP Member Doctors Must Enroll

CHIP, Star, and CHIP Perinate Provider Manual Posted Revised version April 26, 2011

UPDATE: Members' right to file a complaint directly to HHSC

Manage Patients

- Find a Patient or Member

Claims and Services

- View Recent Claims
- View Outpatient Services
- View Inpatient Stays
- Submit Claim

Provider Look-up

- Provider Directories

Code Look-up

- Find Procedure Code
- Find a Diagnosis Code
- Find Revenue Code

Provider Directories

When selecting to view Provider Directories the Provider will be routed to El Paso First Website. On Provider screen page on the right hand side the Provider Directories can be found.

You are logged in as: QNXTPROV1 | [Log Out](#) | [Help](#)

Change Password

Your new password must use:

- A minimum of eight (8) characters
- Use a combination that has at least three of the four following character types:
 - Upper case letters
 - Lower case letters
 - Numbers
 - Special characters: * % ~ ! @ # \$ ^ () + - = [] { } ; : . , ? | _

Current Password:

New Password:

Confirm New Password:

Change Password

A Provider may also change their passwords at any time by clicking on the "Change Password" link from the left hand navigation menu.

El Paso First Health Plans, Inc.

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

Home
Patient Inquiry
Claim Center
 Search for a Claim
 Submit Claim
Medical Management
 Find Outpatient Services
 Find Inpatient Stays
Provider Directories
Change Password
Change Plan-Program ←
Log Off
Log In Again
El Paso First Health Plans, Inc.

Provider Plan-Program Selection

Current Plan - Program Groupings

Please select one of the radio buttons below and click Continue.

- Preferred Administrators - R E Thomason Hospital
- El Paso First Health Plans - Children's Health Insurance Program
El Paso First Health Plans - Premier Plan (STAR Medicaid)

Change Plan-Program

When a Provider needs to search for a member from one of our different product lines, they must always come back to this menu option.

If a provider serves and has requested access to all of our product lines: CHIP, STAR, HCO, and Preferred Administrator, when they click on this menu option they will select the Program they wish to access.

If a Provider **ONLY** has access to either CHIP and STAR or **only** HCO and Preferred Administrators they will not be able to access the environment they **do not** have access to.