Welcome Providers!

Ancillary Provider Specialty Training

February 23, 2017

TEXAS STAR Your Health Plan ★ Your Choice

CHIP We've got your kids covered.

EL PASO FIRST Health Plans, inc.

Agenda

- **Provider Relations**: Web Portal, Demographic Form, DME Supply List
- **C.A.R.E.:** Marketing Updates
- **Compliance:** Special Investigations Unit
- **Contracting:** Contracting Overview
- **Health Services:** DME/Medical Supplies, ST/PT/OT Therapy Guidelines and Expectations, Case Management and Disease Management
- **Claims**: Overview
- **Member Services:** FIRSTCALL Medical Advice Infoline

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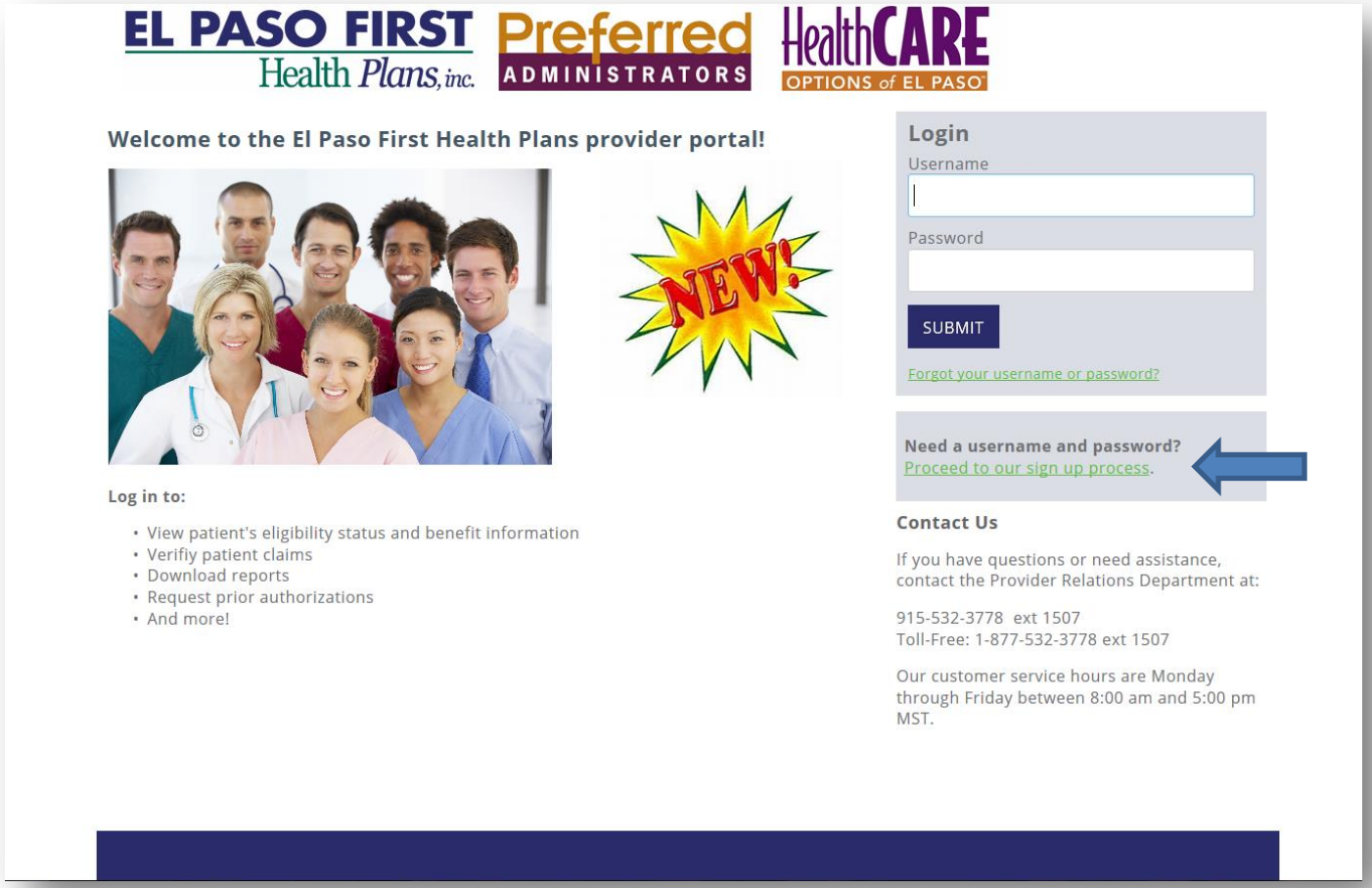
Provider Relations Updates

Vianey Licon
Provider Relations Representative

EL PASO FIRST Health Plans, inc.

New El Paso First Web Portal



Sign up process

https://secure.healthx.com/elpasoprovider

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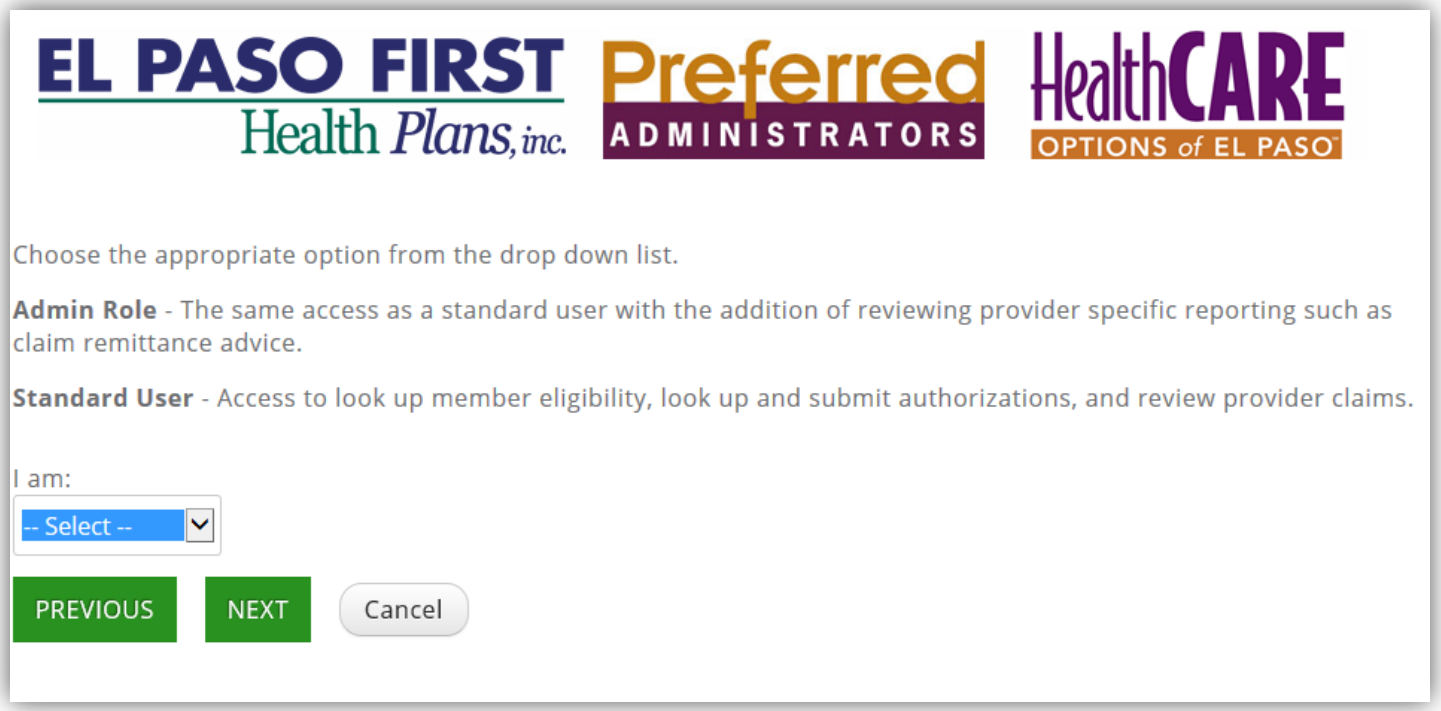
Standard User vs Admin Role



Admin Role:

- Same access as a standard user
- In addition, access to reporting (Remittance Advice)

Standard User:

- Verify Member Eligibility
- Verify claim and authorization status
- Submit claims and authorizations

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New Web Portal Functions

- Verify Eligibility Status for multiple members at a time
- Verify Claim Status for multiple claims at a time
- Verify Prior Authorizations Status
- View Reporting (i.e. Remittance Advice) Administrative Users Only

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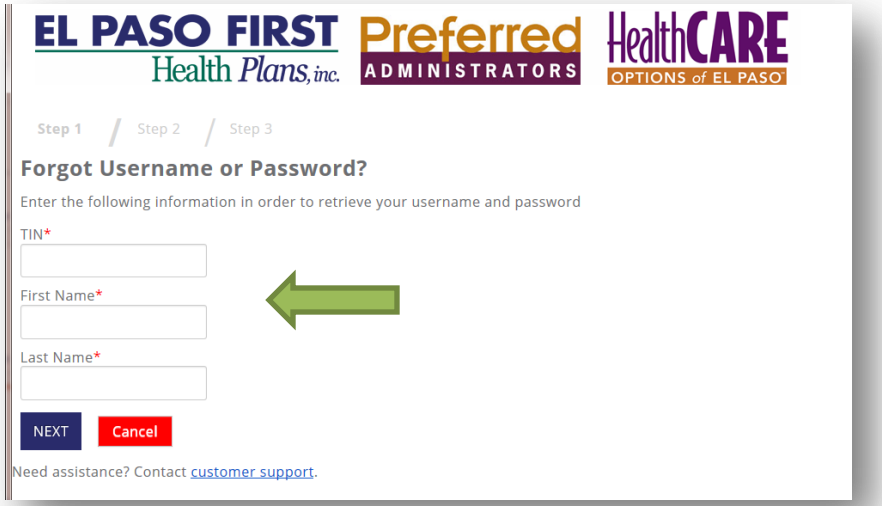
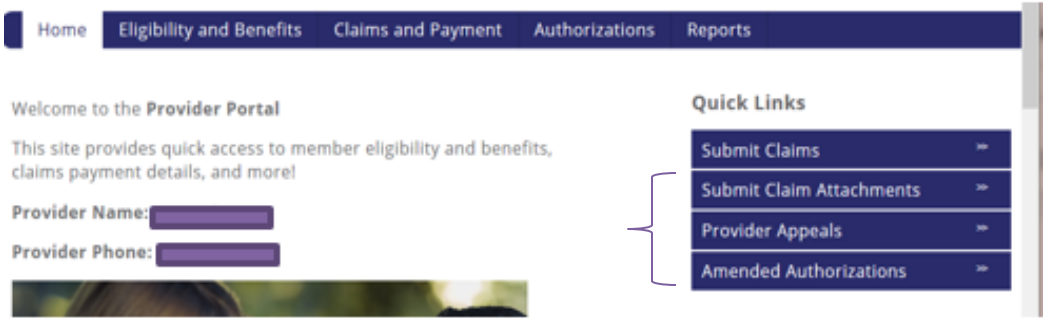
New Web Portal Functions

- Online Password Reset
- Ability to submit both Professional and Institutional claims
- Submit Corrected Claims with appropriate Billing Frequency Code
- Submit Claims with other Primary Coverage
- Submit claims with attachments
- Provider Appeals Amend Authorizations





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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

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Demographic Form

EL PASO FIRST
Health Plans, Inc. Telephone: (915) 532-3778, Fax: (915) 225-6762

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 Contracting Representative.

Demographic Information Form

Please Check off Health Plan Participation (Contract):
☐ Medicaid/Premier Plan ☐ HCO
☐ CHIP ☐ TPA (Preferred Admin)
☐ CHIP Perinate (OB Providers Only)

Please check off Specialty Type:
☐ PCP ☐ Ancillary (DME, Home Health, Hospice)
☐ Specialist ☐ Behavioral Health (LPC)
☐ Hospital Based
☐ Allied Health (PT,OT, ST)

Group Name: (If Applicable)

Group NPI: (If Applicable)	Group TPI: (If Applicable)
Provider Name (Last, First, Middle):	Professional Category Professional Category: ☐ MD ☐ DO ☐ CRNA ☐ NP ☐ PA ☐ LPC ☐ Other:
Individual NPI:	Individual TPI: ☐ Pending (In Process)
Primary Specialty:	Secondary Specialty:
Medical License:	EPSDT Number:

Telemedicine Services: ☐YES ☐NO
Languages Spoken: ☐English ☐Spanish ☐Other:
Accepting New Patients ☐YES ☐NO
Established Patients Only ☐

Practice Limitations: ☐ Male Only ☐ Female Only ☐ Age Range( ) ☐ Other

Office Days/Hours: After Hours:	CLIA Certificate: ☐Yes If so Certificate Type:	Radiology Certificate: ☐ Yes ☐ 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)**this information must match Box #33 on claim form

Billing Address, City State and Zip Code:

Tax ID Number: (Required)

Primary Practice Location	Secondary Practice Location
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
Phone Number: ( ) Fax: ( )	Phone Number: ( ) Fax: ( )
Primary Contact Person:	Primary Contact Phone Number email address: ( )

For EP First Staff Only:

Verifications: ☐W-9 ☐NPPES ☐TPI Look Up ☐Provider Letter ☐ Other

Provider Type: ☐PCP ☐PCP/Specialist ☐Specialist ☐Ancillary ☐Behavioral Health ☐Hospitalist

Contract Type: ☐ Individual ☐ Group ☐ Attachment D ☐ Attachment B/C ☐Attachment F ☐ Facility ☐ LOA ☐Ancillary ☐After Hours

Credentialing: Provider Credentialed ☐Yes ☐ No ☐ Not Required
Credential Site Visit: ☐Yes ☐ No ☐ Not Required

Actions: Add: ☐ To Network ☐ To Group ☐Program
TERM: ☐From Network ☐ From Group ☐ From Program REASON:_____
☐STAR ☐CHIP ☐CHIPPerinate ☐HCO ☐CM ☐TPA Effective Date: ____/____/____
☐ Participating ☐Non-Participating

Comments: _____

400151MKT101614

Please make sure information in this area matches your W-9

Form **W-9** (Rev. October 2007)
Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ► ☐ Other (see instructions) ► ☐ Exempt payee

Address (number, street, and apt. or suite no.) | Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here — Signature of U.S. person ► Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Cat. No. 10231X Form **W-9** (Rev. 10-2007)

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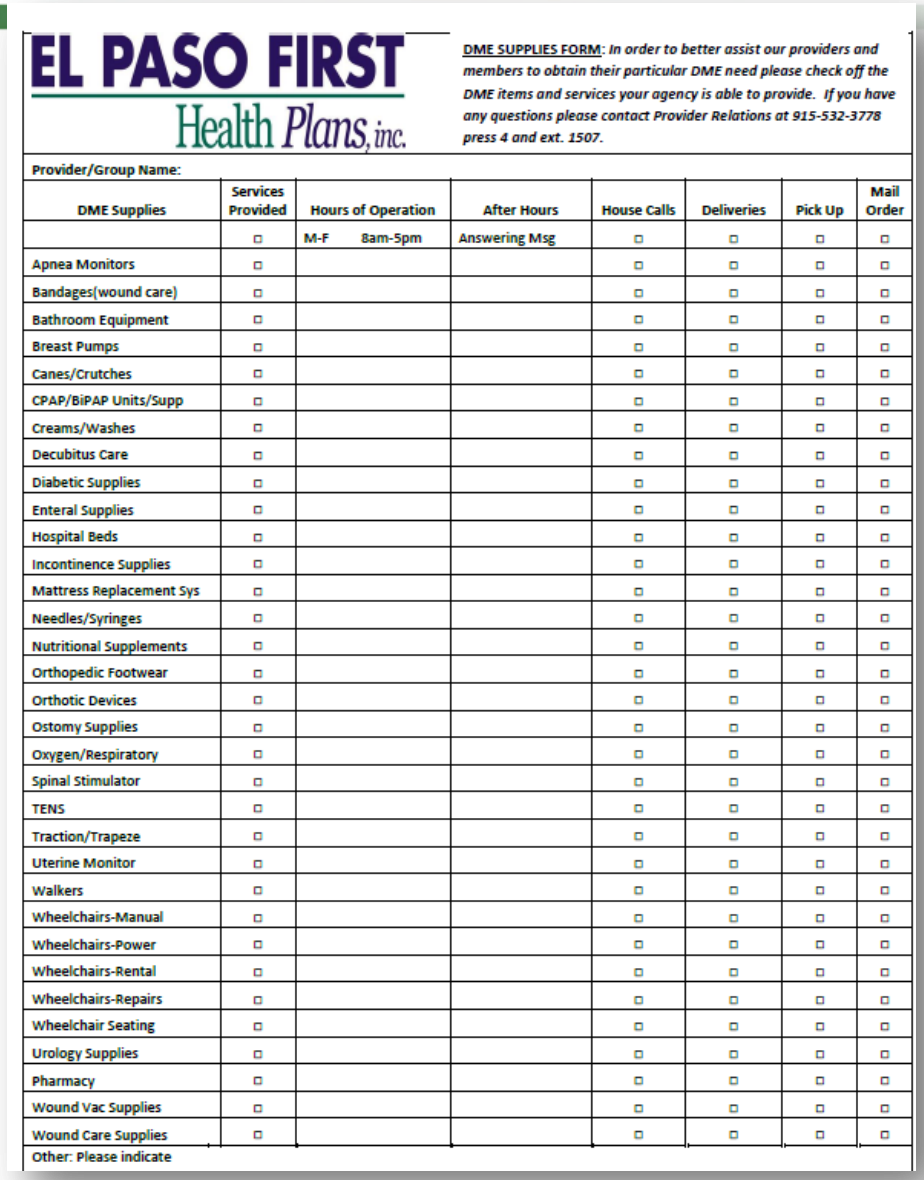
DME Supply List



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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
	☐	M-F 8am-5pm	Answering Msg	☐	☐	☐	☐
Apnea Monitors	☐			☐	☐	☐	☐
Bandages(wound care)	☐			☐	☐	☐	☐
Bathroom Equipment	☐			☐	☐	☐	☐
Breast Pumps	☐			☐	☐	☐	☐
Canes/Crutches	☐			☐	☐	☐	☐
CPAP/BiPAP Units/Supp	☐			☐	☐	☐	☐
Creams/Washes	☐			☐	☐	☐	☐
Decubitus Care	☐			☐	☐	☐	☐
Diabetic Supplies	☐			☐	☐	☐	☐
Enteral Supplies	☐			☐	☐	☐	☐
Hospital Beds	☐			☐	☐	☐	☐
Incontinence Supplies	☐			☐	☐	☐	☐
Mattress Replacement Sys	☐			☐	☐	☐	☐
Needles/Syringes	☐			☐	☐	☐	☐
Nutritional Supplements	☐			☐	☐	☐	☐
Orthopedic Footwear	☐			☐	☐	☐	☐
Orthotic Devices	☐			☐	☐	☐	☐
Ostomy Supplies	☐			☐	☐	☐	☐
Oxygen/Respiratory	☐			☐	☐	☐	☐
Spinal Stimulator	☐			☐	☐	☐	☐
TENS	☐			☐	☐	☐	☐
Traction/Trapeze	☐			☐	☐	☐	☐
Uterine Monitor	☐			☐	☐	☐	☐
Walkers	☐			☐	☐	☐	☐
Wheelchairs-Manual	☐			☐	☐	☐	☐
Wheelchairs-Power	☐			☐	☐	☐	☐
Wheelchairs-Rental	☐			☐	☐	☐	☐
Wheelchairs-Repairs	☐			☐	☐	☐	☐
Wheelchair Seating	☐			☐	☐	☐	☐
Urology Supplies	☐			☐	☐	☐	☐
Pharmacy	☐			☐	☐	☐	☐
Wound Vac Supplies	☐			☐	☐	☐	☐
Wound Care Supplies	☐			☐	☐	☐	☐
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

EL PASO FIRST Health Plans, inc.

STAR/CHIP
HHSC Marketing Guidelines

Adriana Cadena

C.A.R.E. Unit Manager

EL PASO FIRST
Health Plans, inc.

Marketing Guidelines Requirements

- El Paso First must inform its Network Providers of, and Network Providers are required to comply with, the marketing policies.
- Providers must not recommend one MCO over another, offer patients Incentives to select one MCO over another, or assist with the decision to select an MCO.

Assisting Patients

- Providers may:
  - Inform patients about the CHIP and Medicaid Programs in which they participate.
  - Inform patients of the benefits and services offered through the MCOs in which they participate.
  - Give patients information to contact the MCO if requested.
  - Distribute Applications to families of uninsured children and assist with the completion.
  - Direct patients to enroll in the CHIP and Medicaid Programs by calling the HSHC ASC.

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Distribution of Materials

- Providers must:
- Distribute or displace health-related materials for all contracted MCOs or none at all.
  - Posters must be no longer than 16” x 24”
  - Health-related materials may have MCO name, logo, and contact information.
  - Providers may choose which items to distribute or display as long as there is at least 1 item from each contracted MCO.
- Display stickers submitted by all contracted MCOs or none at all.
  - Stickers cannot be larger than 5” x 7” or indicate anything more than “MCO is accepted or welcomed here.”

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Giveaways and Incentives

- Giveaways and Incentives may be distributed to Potential Members, but they must not have an individual value over $10, or $50 in the aggregate annually per Potential Member.
- MCOs must not make enrollment into the MCO a condition of Giveaways or Incentives, or provide Giveaways or Incentives to Potential Members that exceed the value limitation.
- MCOs may provide promotional items to a Provider, but not for the purpose of distributing the items to Members or Potential Members.
- Gift cards for Members and Potential Members must not be redeemable for cash or allow the purchase of alcohol, tobacco, or illegal drugs.

Contact Information

HHSC Provider Marketing Guidelines

http://www.tmhp.com/Pages/Topics/Marketing.aspx

Adriana Cadena

C.A.R.E. Unit Manager

acadena@epfirst.com

915-298-7198 ext. 1127

EL PASO FIRST Health Plans, inc.

Special Investigations Unit-Compliance

Alma Meraz, Special Investigations Unit Claim Auditor

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Medical Records Reviews

- Texas enacted bill 2292 to require all Managed Care Organizations like El Paso First to establish a plan to prevent waste, fraud and abuse (WFA) – this includes medical record reviews
  - 5-7 providers are **randomly** selected on a **monthly** basis
  - Review: paid claims, duplicate billing, bundled services
  - If necessary, we will request records

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Documentation Requirements

- **Review TMHP Provider Manual - Documentation Requirements by Specialty**
- *Those services not supported by required documentation in the client's record will be subject to recoupment.*
- Each client for whom services are billed must have documentation that meets the following guidelines included in their records:
  - All entries must be documented clearly and legible to individuals other than the author
  - Dated (month/day/year)
  - Signed by the performing provider.
  - Notations of the **beginning and ending session times**.
  - Total minutes of therapy
  - Specific therapy performed
  - Client's response to the therapy

- All pertinent information regarding the client's condition to substantiate the need for services, including, but not limited to the following:
  - Diagnosis (background, symptoms, impression)
  - Behavioral observations during the session
  - Narrative description of the counseling session
  - Narrative description of the assessment, treatment plan, recommendations

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Business Records Affidavit

- Business records affidavit is required
  - This affidavit states that you are submitting **all** of the requested information.
  - If not submitted, that claim will be recouped for no documentation for that date of service.
  - After signing the affidavit, no additional information/documentation will be accepted by El Paso First during the review process.

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Remember:

Please make sure you submit all of the requested documentation.

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Closing the Review

- El Paso First will send you a notification letter with the review findings.
- You have the right to dispute the findings – you must do so within 30 days of receiving the letter.
- You may not dispute claims for which you did not provide any documentation.

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Recoupment Process

- El Paso First will review any disputed claims and finalize the recoupment.
- Once the recoupment is finalized the claims recouped cannot be appealed.
- Per the office of the Inspector General's directive, El Paso First will recoup via claims adjustments.

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Verification Process

- Also a part of the WFA Plan, El Paso First conducts a verification of services.
- Every month we contact 50 to 60 members to verify services billed were rendered.
- In the event that services billed can't be verified by member, we will request documentation and open a review.
- Providers are notified of the outcome of the review.

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Questions?

Alma Meraz, Special Investigations Unit
Claim Auditor

(915) 532-3778 ext. 1039

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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

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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)
  - ✓ Provider Specialty
  - ✓ Practice Limitations
  - ✓ Age Range
  - ✓ Accepting patients
  - ✓ Languages
  - ✓ Office Hours
  - ✓ CLIA

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EL PASO FIRST
Health Plans, inc. Telephone: (915) 532-3778, Fax: (915) 225-6762

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 Contracting Representative.

Demographic Information Form

Please Check off Health Plan Participation (Contract):	Please check off Specialty Type:
☐ Medicaid/Premier Plan ☐ HCO ☐ CHIP ☐ TPA (Preferred Admin) ☐ CHIP Perinate (OB Providers Only)	☐ PCP ☐ Ancillary (DME, Home Health, Hospice) ☐ Specialist ☐ Behavioral Health (LPC) ☐ Hospital Based ☐ Allied Health (PT,OT, ST)

Group Name: (If Applicable)	
Group NPI: (If Applicable)	Group TPI: (If Applicable)
Provider Name (Last, First, Middle):	Professional Category Professional Category: ☐ MD ☐ DO ☐ CRNA ☐ NP ☐ PA ☐ LPC ☒ Other :
Individual NPI: 1770501504	Individual TPI: ☐ Pending (In Process)
Primary Specialty:	Secondary Specialty:
Medical License:	EPSDT Number:

Telemedicine Services: ☐ YES ☐ NO	Languages Spoken: ☐ English ☐ Spanish ☐ Other:	Accepting New Patients ☐ YES ☐ NO Established Patients Only ☐
Practice Limitations: ☐ Male Only ☐ Female Only ☐ Age Range( ) ☐ Other		
Office Days/Hours: After Hours:	CLIA Certificate: ☐ Yes If so Certificate Type:	Radiology Certificate: ☐ Yes ☐ 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) ***this information must match Box #33 on claim form*	
Billing Address, City State and Zip Code:	Tax ID Number: (Required)

Primary Practice Location		Secondary Practice Location	
Address:		Address:	
City, State, Zip Code:		City, State, Zip Code:	
Phone Number: (915)	Fax: (915)	Phone Number: ( )	Fax: ( )
Primary Contact Person:		*Primary Contact Phone Number*	*email address:*

For EP First Staff Only:

Verifications: ☐ W-9 ☐ NPPES ☐ TPI Look Up ☐ Provider Letter ☐ Other

Provider Type: ☐ PCP ☐ PCP/Specialist ☐ Specialist ☐ Ancillary ☐ Behavioral Health ☐ Hospitalist

Contract Type: ☐ Individual ☐ Group ☐ Attachment D ☐ Attachment B/C ☐ Attachment F ☐ Facility ☐ LOA ☐ Ancillary ☐ After Hours

Credentialing Actions:
Provider Credentialed ☐ Yes ☐ No ☐ Not Required
Credential Site Visit: ☐ Yes ☐ No ☐ Not Required
Add: ☐ To Network ☐ To Group ☐ Program
TERM: ☐ From Network ☐ From Group ☐ From Program REASON:_____
☐ STAR ☐ CHIP ☐ CHIPPerinate ☐ HCO ☐ CM ☐ TPA Effective Date: _____/_____/_____
☐ Participating ☐ Non-Participating
Comments: _____

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Contracting Process

- 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)

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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)

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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 and network adequacy is conducted annually.

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Questions

Evelin Lopez

Contracting and Credentialing Manager

915-298-7198 ext. 1014

EL PASO FIRST Health Plans, inc.

DME/Medical Supplies

Gilda Rodriguez, RN
Prior Authorization Coordinator

EL PASO FIRST Health Plans, inc.

Documentation

When requesting DME the following documentation must be submitted:

- PA Form
- Title XIX

TITLE XIX FORM

- Documentation of medical necessity that supports your request for DME

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Title XIX

- DO indicate the number of units being requested
- DON’T indicate that the duration of need for the requested equipment is 99 months

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Physician Orders

In accordance with 42 Code of Federal Regulations (C.F.R.) §440.70 (Home Health Services). CMS has previously determined that "medical supplies, equipment, and appliances suitable for use in the home" may only be provided on a **physician's** signed written order.

HHSC must comply with 42 CFR §440.70, as interpreted by CMS, the agency must continue to enforce the requirement that a **physician** signs any prescription for DMEPOS suitable for use in the home

Therefore, any request for DME require a written order (prescription) from a "**physician".** DME may not be prescribed by an Advanced Practice Registered Nurse APRN or Physician's Assistant PA.

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Diabetic Testing Supplies

- Documentation must reflect whether the patient is insulin dependent or non-insulin dependent
- The Medicaid allowable is different if member is insulin dependent
- For members with Gestational Diabetes, documentation must include EDD (expected date of delivery)

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Did you know?

- DME less than $300 does not require an authorization
- Crutches and canes do not require authorization
- Nebulizers and supplies do not require authorization

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CPAP requests

- Initial CPAP requests can only be authorized for a 3 month rental
- Recertification of CPAP must include certification from the physician that the patient is using the equipment for at least 4 hours per night and documentation must indicate member is benefitting from the equipment

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Formula

- Authorization will reflect the total number of units needed per month
  - We do not approve units by flavor

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Contact Us

Health Services Department

915-532-3778 ext. 1500

EL PASO FIRST Health Plans, inc.

ST/PT/OT Therapy Guidelines and Expectations

Presented by:
Cristina Fore, RN, BSN
Leighanne Ybarra, RN, BSN
Monica Morales, LVN

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Health Plans, inc.

Items to be discussed

- Texas Medicaid Provider and Procedures Manual – Guide to Therapy PT/OT/ST GUIDE
- Physician Orders
- Evaluation and Reevaluation
- Required Elements
  - Standardized tools/assessments
  - ECI
  - Short and Long-term goals
  - Documented progress

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Authorization Process

1. Authorization is received and entered into our MIS
2. It is assigned to a Case Manager that will review the members history to include previous authorizations and begins the review
3. All therapy requests are then sent to a Medical Director for review of findings and determination

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Physician Orders – 2 orders needed

- (1) A prescribing physician's order to evaluate and treat is acceptable for reevaluation
- (2) The therapy treatment order must contain the prescribing provider's ordered frequency, duration
- The order MUST come from the prescribing provider and NOT the therapy company

Initial Evaluations DO NOT require authorization

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Required Documentation

- Physician Orders
- Certification of THSteps (yearly) or a current developmental screening
- Plan of Care (POC)

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- Evaluation and Treatment Plan or Plan of Care (POC) with all of the following required elements:
  - Client's medical history and background
  - All medical diagnoses related to the client's condition
  - Date of onset of the client's condition requiring therapy or exacerbation date as applicable
  - Date of evaluation
  - Time in and time out
  - Baseline objective measurements based on standardized testing performed or other standard assessment tools

Refer to: Subsection 5.3, "Developmental Delay Criteria" in this handbook for information about chronic services.

  - Safety risks
  - Client-specific, measurable short and long-term functional goals within the length of time the service is requested
  - Interpretation of the results of the evaluation, including recommendations for therapy amount, frequency per week and duration of services
  - Therapy treatment plan/POC to include specific modalities and treatments planned
  - Documentation of client's primary language
  - Documentation of client's age and date of birth
  - Prognosis for improvement
  - Time in and time out on the evaluation note
  - Requested dates of service for planned treatments after the completion of the evaluation
  - Responsible adult's expected involvement in client's treatment
  - History of prior therapy and referrals as applicable
  - Signature and date of treating therapist

Texas Health Steps

Affirmation that the client's THSteps checkup is current or that a developmental screening has been performed within the last 60 days MUST be submitted with your request

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Frequency and Duration

Frequency must always correspond with the client's medical and skilled therapy needs, level of disability and standards of practice.

Providers may request:

-3x/week: **High**

- Only considered for a limited duration (approximately 4 weeks or less)
- Acute medical condition, or an acute exacerbation of a medical condition

-2x/week: **Moderate**

-1x/week: **Low**

-1, 2, or 3 times per month: Maintenance

Additional documentation is required when requesting a frequency of 3 times a week or more.

FREQUENCY GUIDE

801721EPF021517

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801721EPF021517

Group Therapy - Criteria

The following requirements must be met in order to meet the Texas Medicaid criteria for group therapy:

- Prescribing Physician's prescription for group therapy (order must be submitted to EPF)

- Performance by or under the general supervision of a qualified licensed therapist as defined by licensure requirements

- The licensed therapist involved in group therapy services must be in constant attendance (in the same room) and active in the therapy

- Each client participating in the group must have an individualized treatment plan for group treatment, including interventions and short-and long-term goals and measurable outcomes.

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GT – Documentation Requirements

- Prescribing physician's prescription (order) for group therapy

- Individualized treatment plan that includes frequency and duration of the prescribed group therapy and individualized treatment goals

- Name and signature of licensed therapist providing supervision over the group therapy session

- Specific treatment techniques utilized during the group therapy session and how the techniques will restore function

- Start and stop times for each session
- Group therapy setting or location
- Number of clients in the group.

The client's medical record must be made available upon request

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PCP Education

Therapy Provider requests Re-evaluation order

PCP signs and dates re-eval order (should be on PCP letterhead only)

Therapy company must perform a re- eval within 30 days of signed and dated order

Therapy company will provide PCP with evaluation recommending treatment.

PCP will review therapy re-evaluation recommendation for treatment (modification can be made by PCP at this time)

PCP written order MUST contain: services being requested, dx, **frequency and duration**, physicians signature (on PCP letterhead)

Therapy provider will submit Prior Authorization Request to EPF

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Contact Us

Health Services Department

915-532-3778 ext. 1500

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Case Management
Disease Management

Presented by:
Crystal Arrieta, MPH
Disease Management Program Coordinator

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Identification of Members

- Includes members who are:
  - Pregnant
  - Have a Behavioral Health diagnosis
  - Have a Medical diagnosis that requires special attention
  - Have a Chronic Complex Condition
  - Have a Catastrophic Condition
  - Have Social needs
  - MSHCN (Members with Special Health Care Needs)

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What we do

- Assess members overall needs
- Assess members in their home environment
- Educate members about their condition
- Assist members in navigating their health care benefits
- Inform members of our value added services
- Inform members about night clinics
- Direct members to specialized providers

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(continued)

- Identify members goals
- Identify members barriers to treatment
- Coordinate with pcp and/or specialist to ensure member receives timely and quality care
- Discharge coordination

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CASE MANAGEMENT REFERRAL FORM

To: El Paso First Health Plans, Inc. ATTN: Case Management Phone: (915) 532-3778 ext. 1500 Fax: 915-298-7866	FROM: _____ (Physician's Office Name) OFFICE CONTACT: _____ PERSON: FAX NUMBER: _____ TELEPHONE NUMBER:

Member Name:	Medicaid/CHIP ID #:	DOB:
Member Contact Number:	Member Address:	

REASON FOR REFERRAL (check all that apply and add comments when applicable):

- ☐ HIGH RISK PREGNANCY
- ☐ BEHAVIORAL HEALTH
- ☐ ASTHMA
- ☐ HEART DISEASE
- ☐ DIABETES
- ☐ SPECIAL HEALTH CARE NEEDS
  (patient 20 years of age and younger, who has a condition that is expected to last more than 12 months)
- ☐ SOCIAL WORK
- ☐ OBESITY

PRESENTING CONCERN:

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

EPF-PR-Case Management Referral Form

We will accept the referral form via fax or you can call it in.

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Contact Us

Health Services Department

915-532-3778 ext. 1500

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Claims

Adriana Villagrana
Claims Manager

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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

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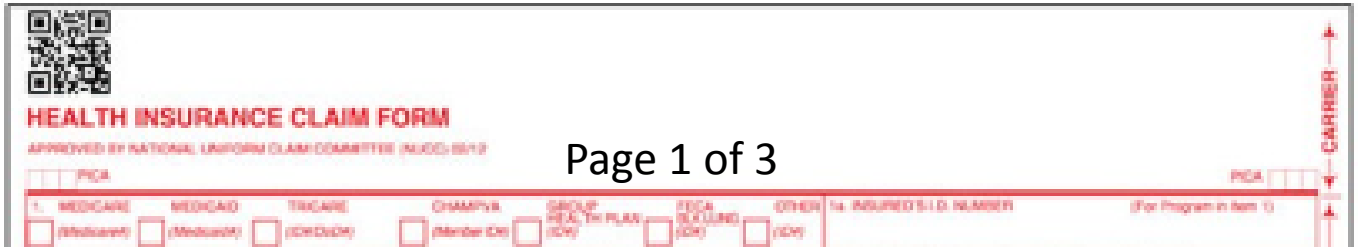
Claims Processing

- If you are submitting multiple claims for a patient, please ensure that you are:
  - Indicating page 1 of x (number of pages)
  - Stapling the claims together



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Availity Web Portal Functionalities

- Express Entry
- Billing Provider Information
- Authorization Number
- Coordination of Benefits

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Express Entry

- Express Entry
  - Allows you to set up providers
  - Allows you to add providers
  - Allows you to edit providers
  - Allows you to delete providers

Important:

For Express Entry you may use an NPI only once within an Organization

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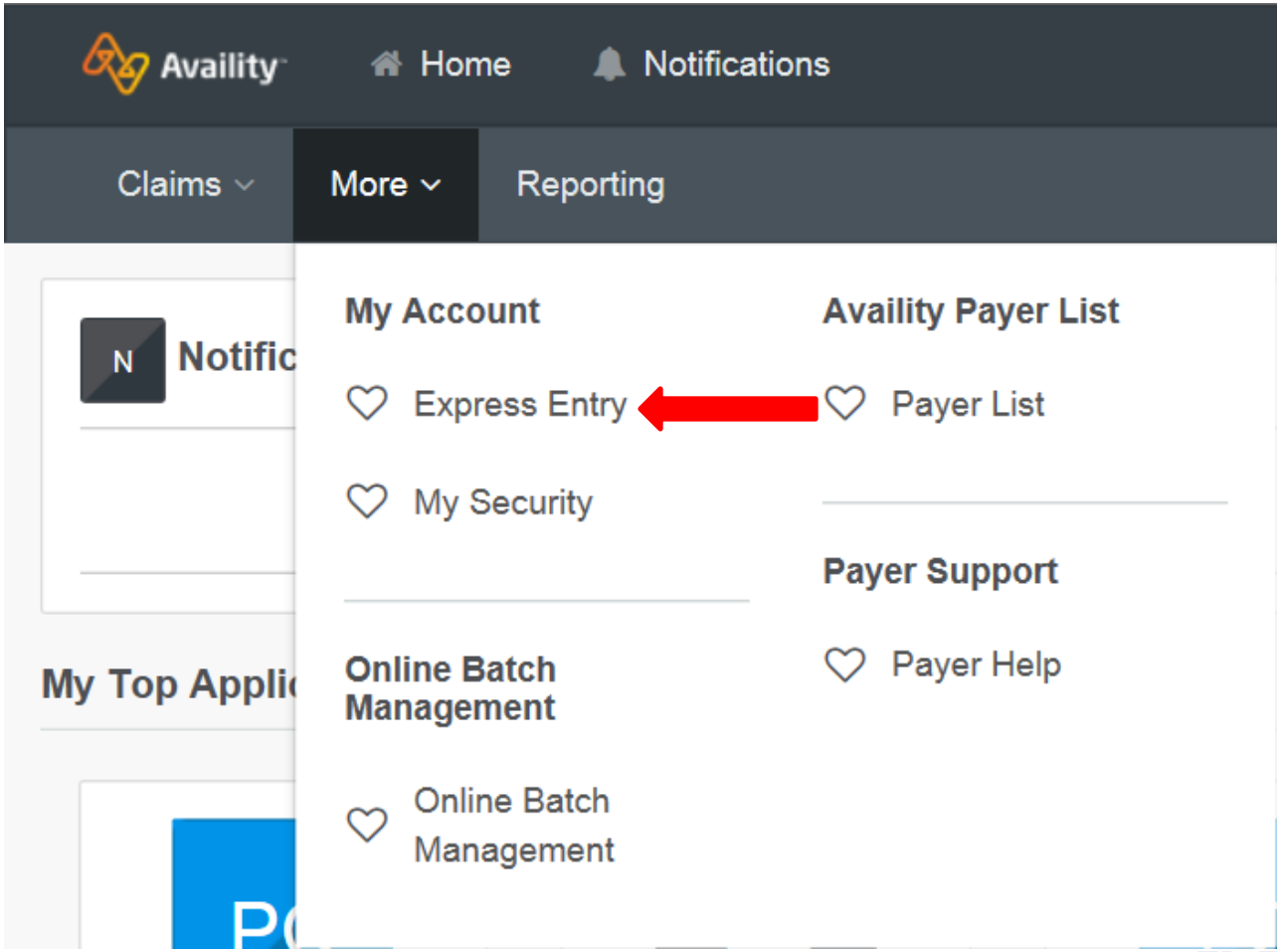
Express Entry



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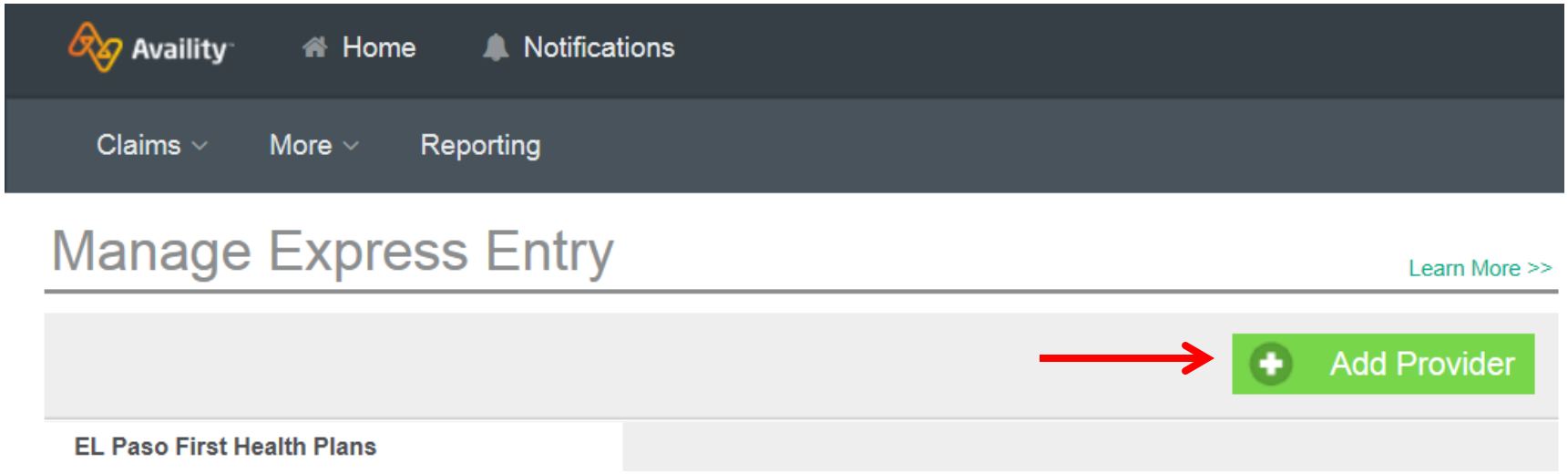
Express Entry



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Express Entry

- Type NPI
- Click on Add Provider
  - Provider information associated with NPI will populate

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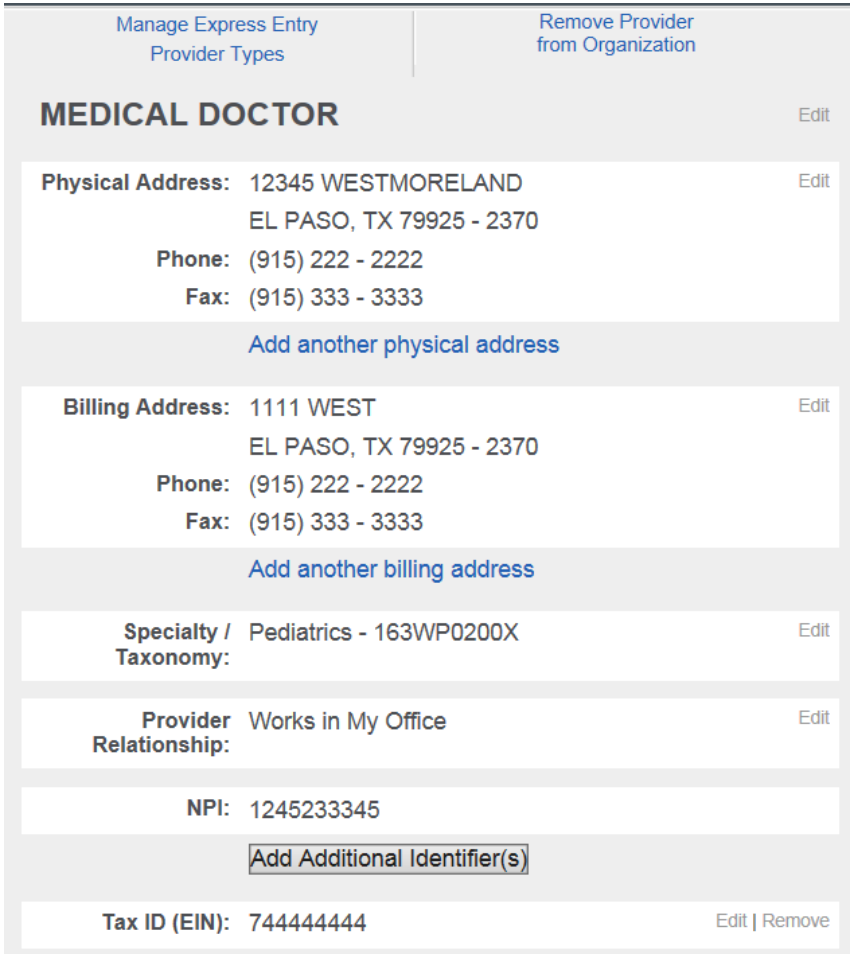
Express Entry



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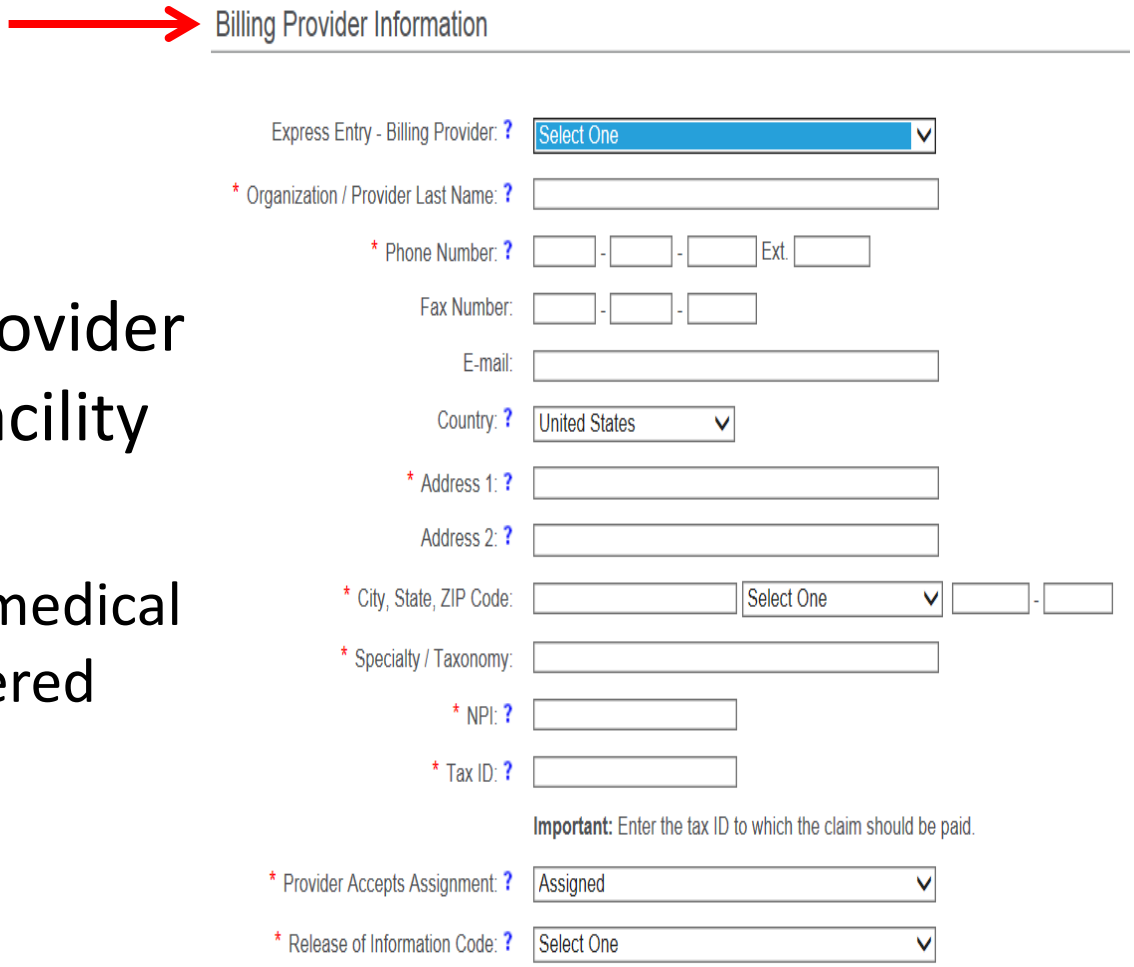
Billing Provider – Facility Claims

- Entering Billing Provider Information for Facility Claims
  - Enter where the medical service was rendered



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Adding Additional Provider Information Facility Claims

This claim has additional provider information...

- ☐ additional billing provider contact information
- ☐ a billing provider pay-to address that is different from the billing provider address
- ☐ a service facility location that is different from the billing provider

Attending Provider Information

Express Entry - Attending Provider:	Select One
* Last Name:	
* First Name:	
* Specialty / Taxonomy:	
* NPI: ?	

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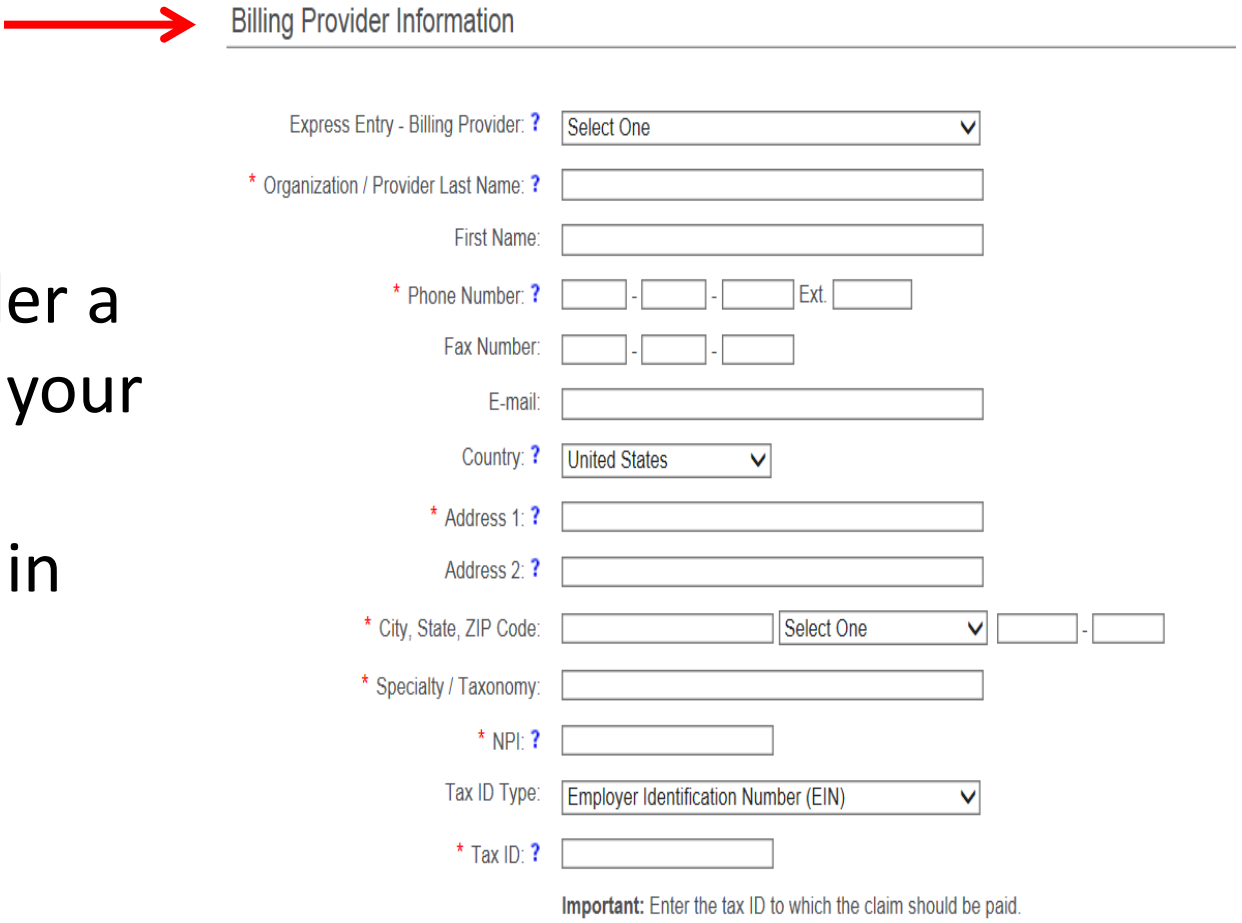
Billing Provider – Professional Claims

- If billing under a group enter your pay to information in this section.



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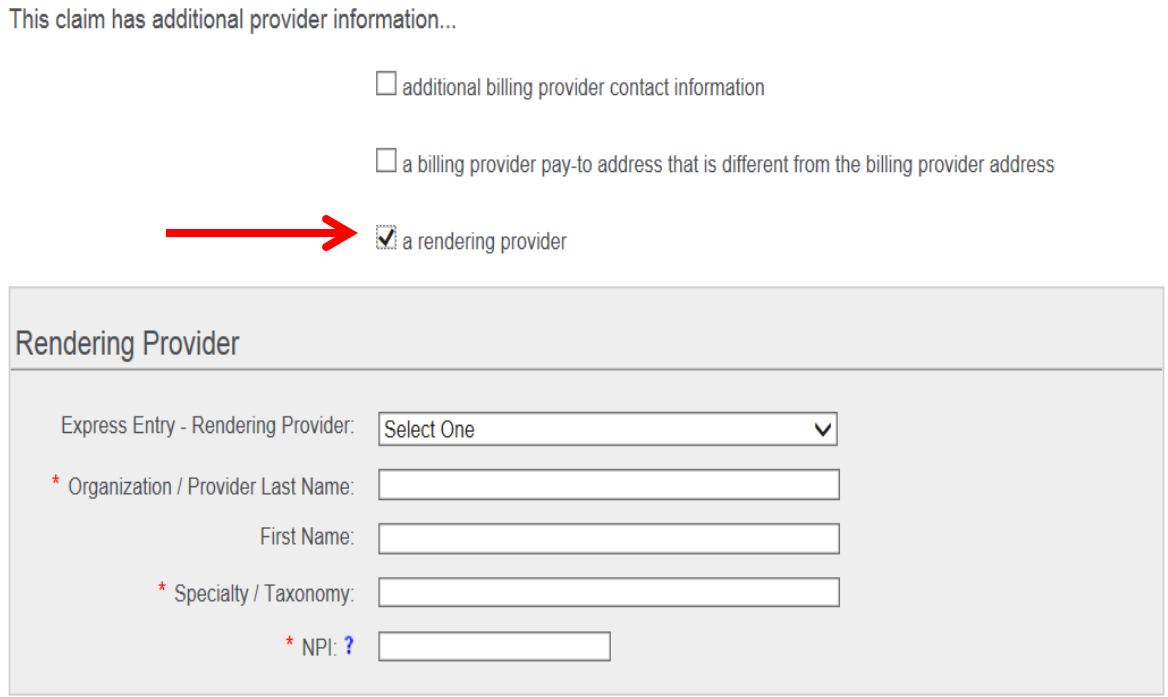
Rendering Provider – Professional Claims

- Select appropriate box



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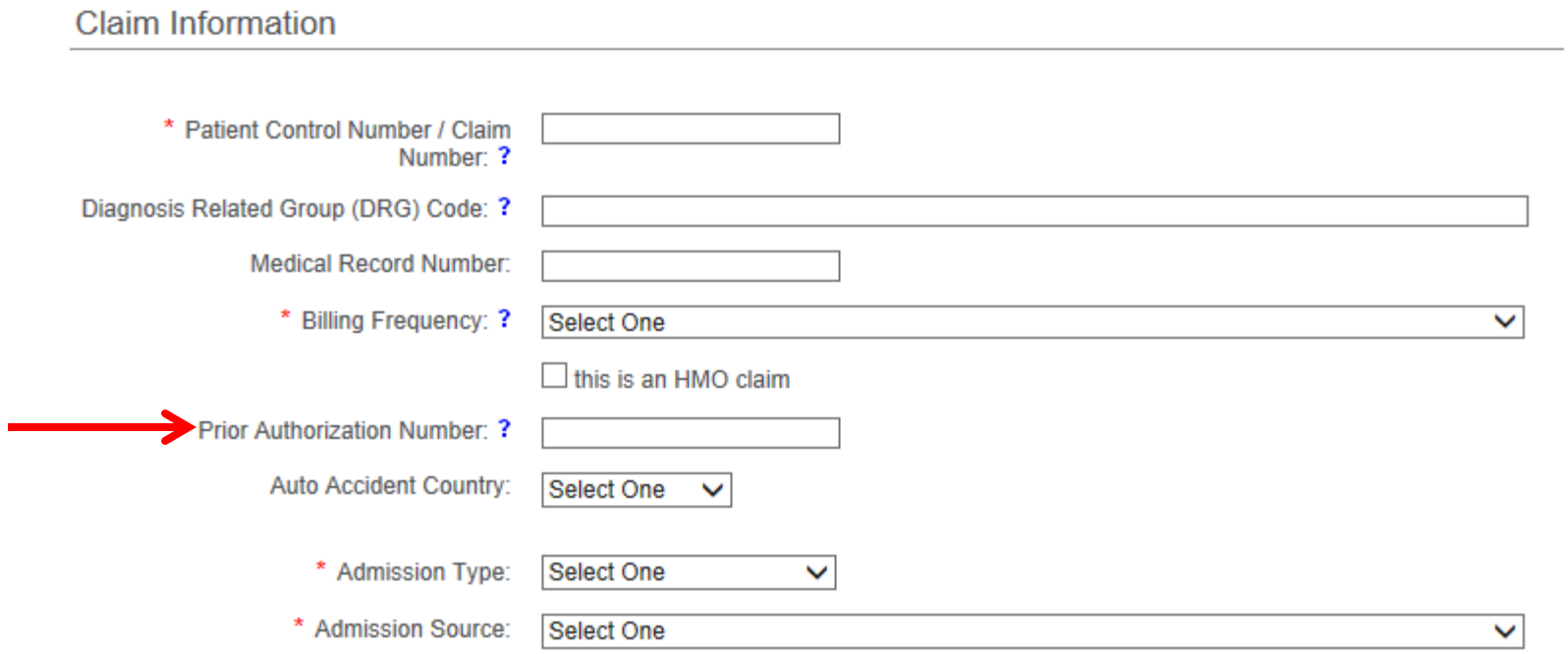
Authorization Number – Facility Claim



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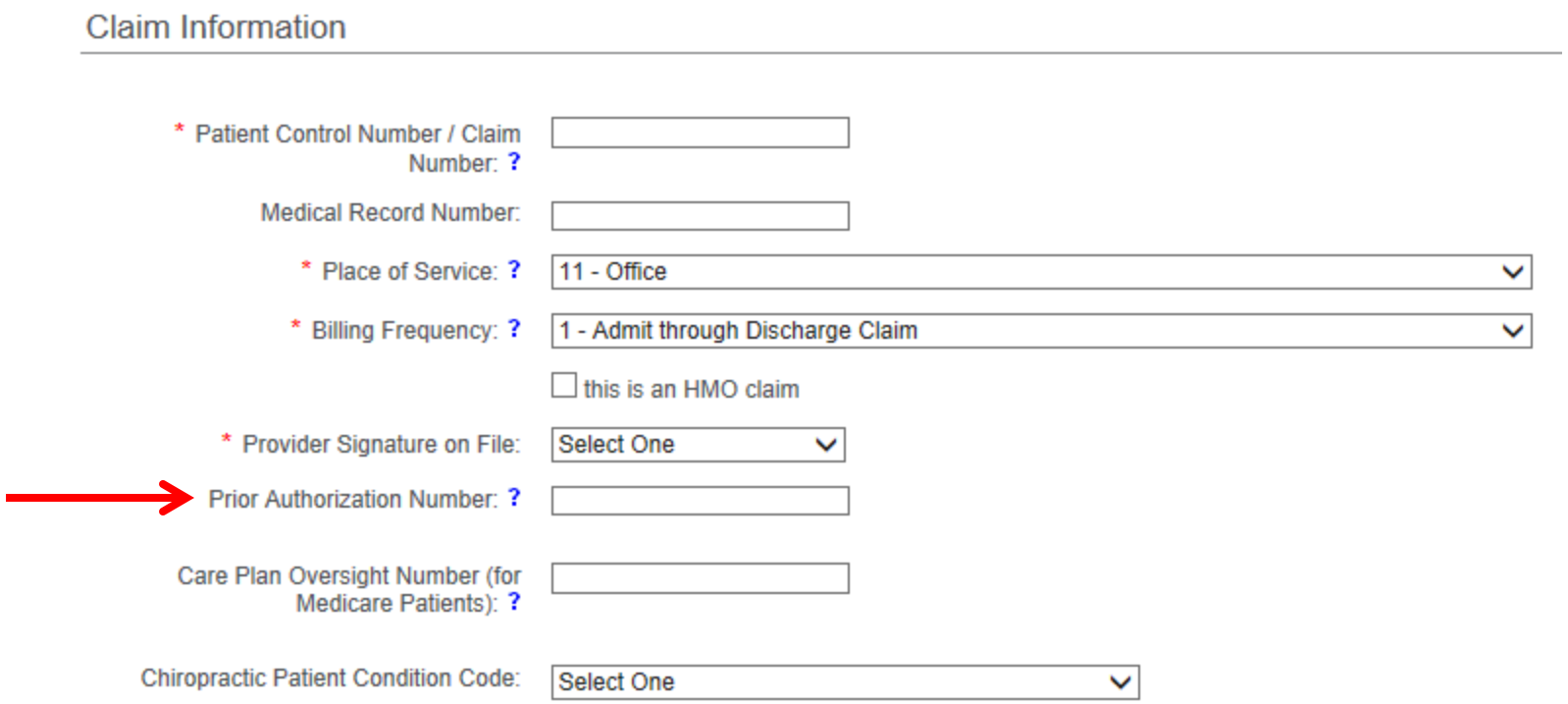
Authorization Number – Professional Claim



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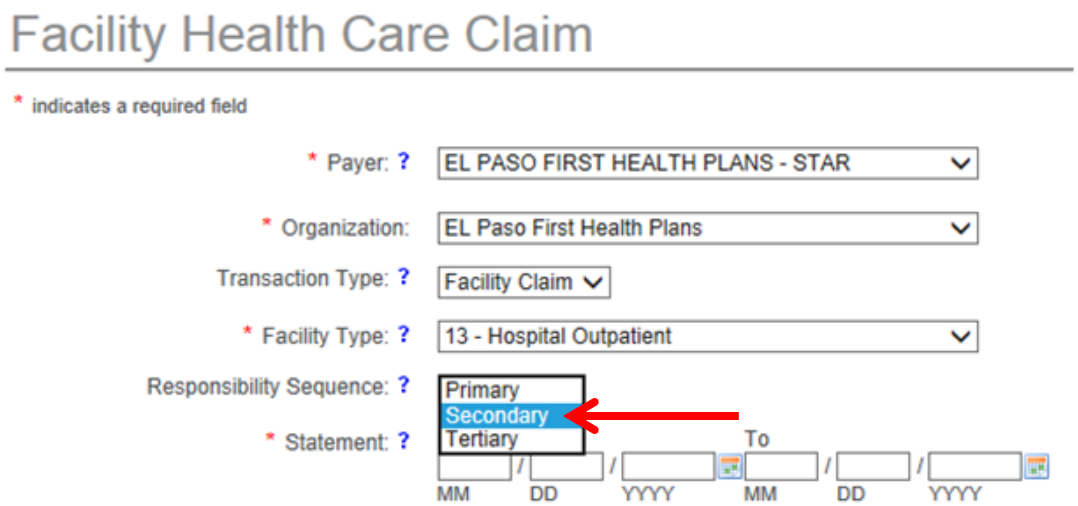
Coordination of Benefits



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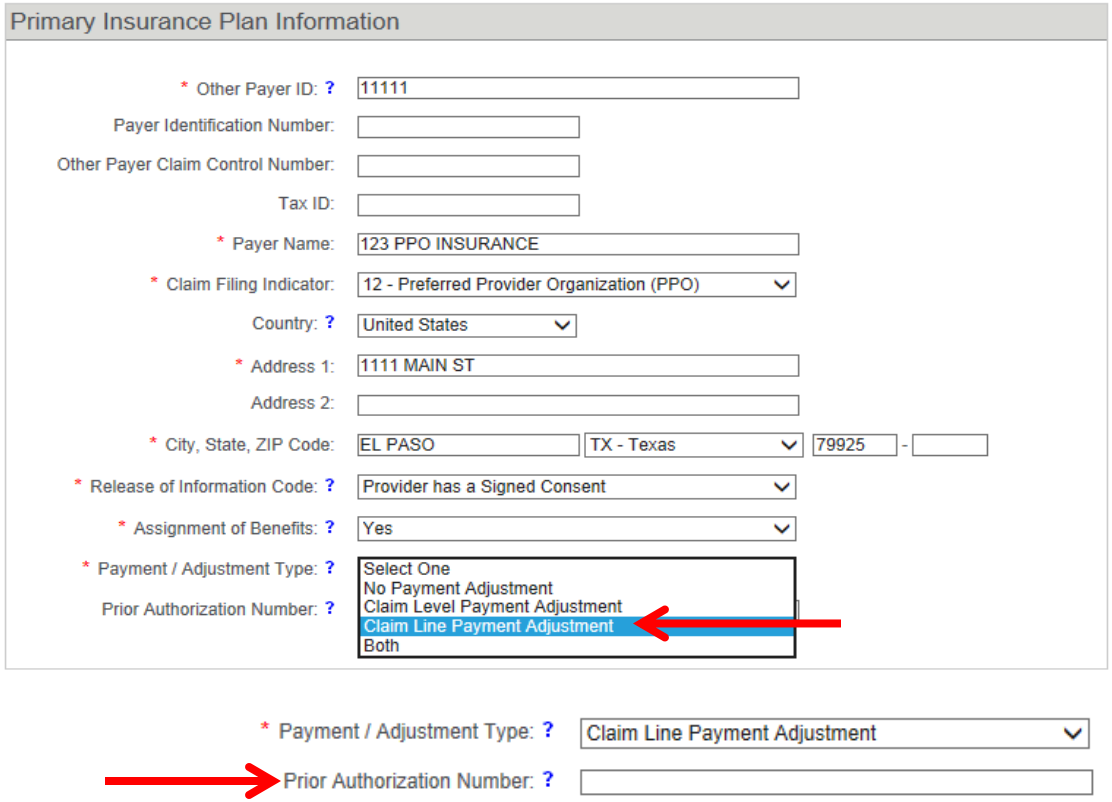
Coordination of Benefits



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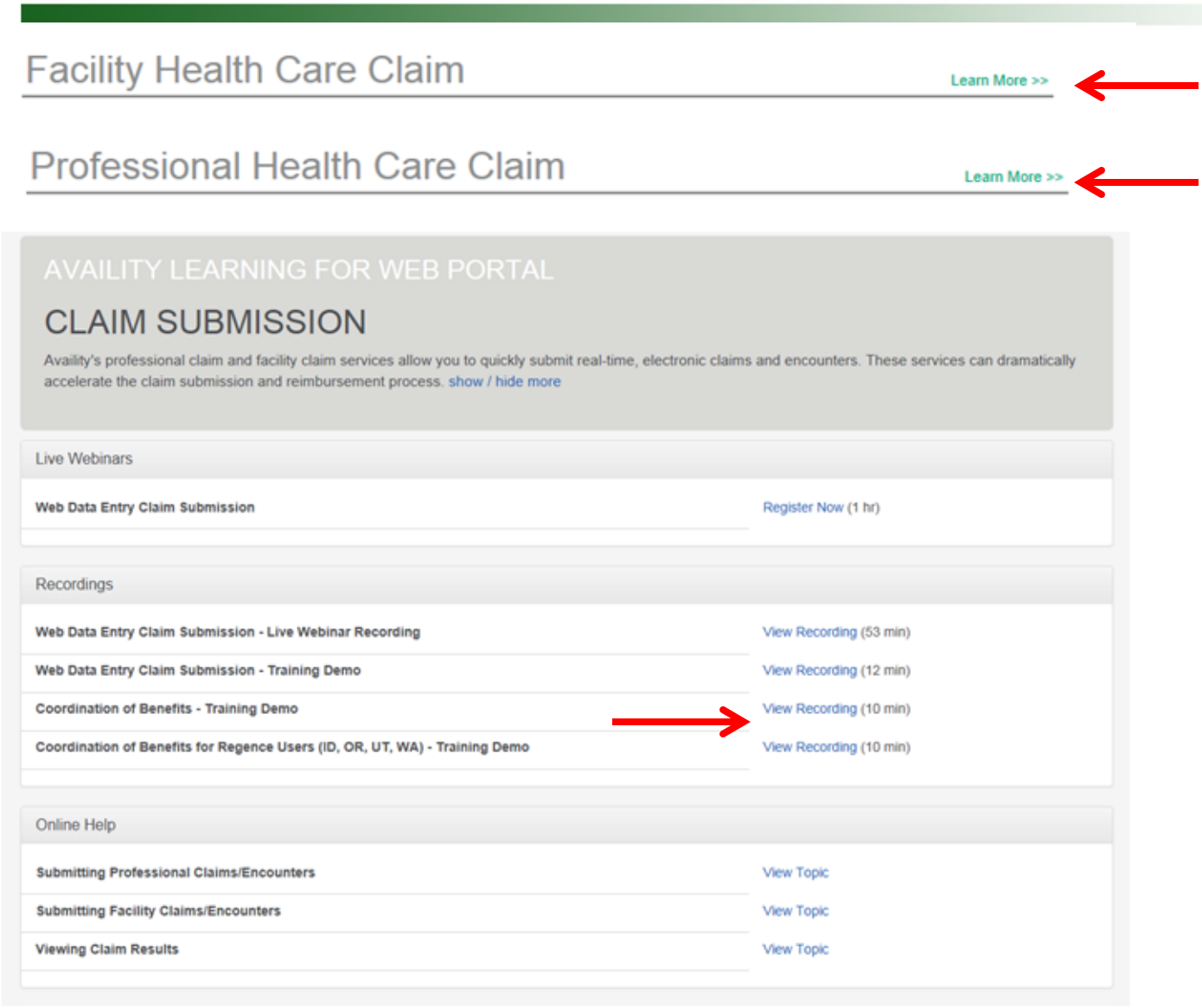
Coordination of Benefits



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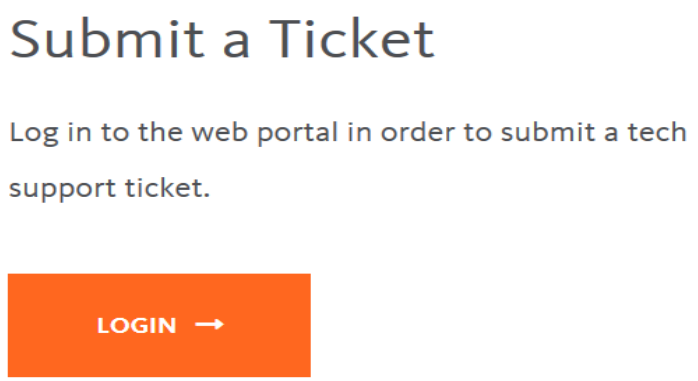
Availity Contact

- Web Portal Support
  - 877-732-5633
- Submit an Inquiry on line



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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**

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Contact Us

915-532-3778

Provider Care Unit Extension Numbers:

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

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FIRSTCALL

MEDICAL ADVICE INFOLINE

urac
ACCREDITED
Health Plan
Expires 04/01/2018

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801721EPF021517

FIRSTCALL - Medical Advice Infoline

- El Paso First Health Plans new 24-hour bilingual Medical Advice Infoline will be available as of March 1, 2017, to answer Member health questions.
- El Paso First Members will be able to call our Medical Advice Infoline toll-free 24 hours a day, 7 days a week.

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FIRSTCALL - Medical Advice Infoline

FIRSTCALL

MEDICAL ADVICE INFOLINE

STAR 1-844-549-2826

CHIP 1-844-549-2827

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FIRSTCALL - Medical Advice Infoline

- The Medical Advice Infoline will be one of the value-added benefits El Paso First Health Plans Members will receive.
- The Medical Advice Infoline will be ready to answer health questions and provide health information 24 hours a day – every day of the year.
- The Medical Advice Infoline will be staffed with registered nurses and pharmacists!

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FIRSTCALL - Medical Advice Infoline

El Paso First's Medical Advice Infoline will help Members when they:

- Have questions about their health.
- Are worried about a sick child.
- Have questions about their pregnancy.
- Are not sure if they need to go the Emergency Room
- Don't know how much medicine to give their child.

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FIRSTCALL - Medical Advice Infoline

What is the call process? FIRSTCALL Medical Advice Infoline nurses and pharmacists will triage calls presented by the member using the Schmitt-Thompson guidelines along with extensive clinical experience, nationally recognized medical guidelines and state-of-the-art interactive triage software in order to provide:

- Immediate symptom assessment and direction to the appropriate level of care
- Answers to any health-related questions or concerns
- Decision support

The nurse or pharmacist healthcare professional may recommend one or more of the following options:

- Stay at home treatment alternatives or self-care recommendations
- Follow up with their assigned Primary Care Provider next day
- Refer to an after-hours/urgent care clinic
- Refer to an emergency room
- Call 911

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FIRSTCALL - Medical Advice Infoline

Questions?

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Thank You for Attending Providers!

TEXAS STAR Your Health Plan ★ Your Choice

CHIP We've got your kids covered.

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