

Welcome Providers

Provider Quarterly Training

May 26, 2016



Agenda

- **Provider Relations:** [Medicaid Re-enrollment](#), [Provider Manual](#), [Abuse Neglect, or Exploitation](#)
- **C.A.R.E.:** [THSteps Updates & Reminders](#), [Program for Children of Farm Workers who Travel for Work](#)
- **Quality Improvement:** [Accessibility and Clinical Practice Guidelines](#)
- **Health Services:** [Out-Of-Town Services](#), [Case Management](#), [Disease Management](#), [Therapy Updates](#)
- **Claims:** [Reminders](#)
- **Compliance:** [Special Investigations Unit](#)
- **Member Services:** [Verifying Eligibility and Medical Transportation](#)

Provider Relations Updates: Medicaid Re-enrollment

Rene Duran
Provider Relations Representative

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Health Plans, inc.

Affordable Care Act Federal Mandate Re-Enrollment

- Any Medicaid providers enrolled *prior* to January 1, 2013, **must** be fully re-enrolled by **September 25, 2016**.
- Providers should submit their provider enrollment application now. This will allow to resolve unexpected issues that may come up during the enrollment process.

Affordable Care Act Federal Mandate Re-Enrollment

Applications Received After June 17, 2016

Texas Medicaid will normally process complete applications received on or after June 17, 2016; however, Texas Medicaid cannot guarantee that those applications will be completely processed by the September 25, 2016 deadline. **If final approval on an application received after June 17, 2016 is not completed by September 25, 2016, the provider will be dis-enrolled from Texas Medicaid.**

Providers NOT – Re-enrolled by Deadline

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

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

Additional Guidance Cont.

- [TMHP Provider Re-enrollment page](http://www.tmhp.com/Pages/Topics/Reenrollment.aspx)
<http://www.tmhp.com/Pages/Topics/Reenrollment.aspx>
- Provider Enrollment Representative:
1-800-925-9126, Option 2
- TMHP-CSHCN Services Program Contact Center:
1-800-568-2413
- Email at – PE-Email@tmhp.com

Provider Manual

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Provider Manual



- Updated Provider Manual
- Providers are able to access this information on our web site @ www.epfirst.com
- The Provider Manual only applies to STAR and CHIP programs.

Provider Manual



- General Provider Rights And Responsibilities
- Covered Services
- Texas Health Steps Overview
- Quality Improvement Program
- Utilization Management
- Complaints and Appeals Process
- Claim Guidelines

Where to locate the Provider Manual

www.epfirst.com

915-532-3778

1-877-532-3778

For Providers
[Web Portal Login →](#)

[En Español](#)



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HOME



MEMBERS

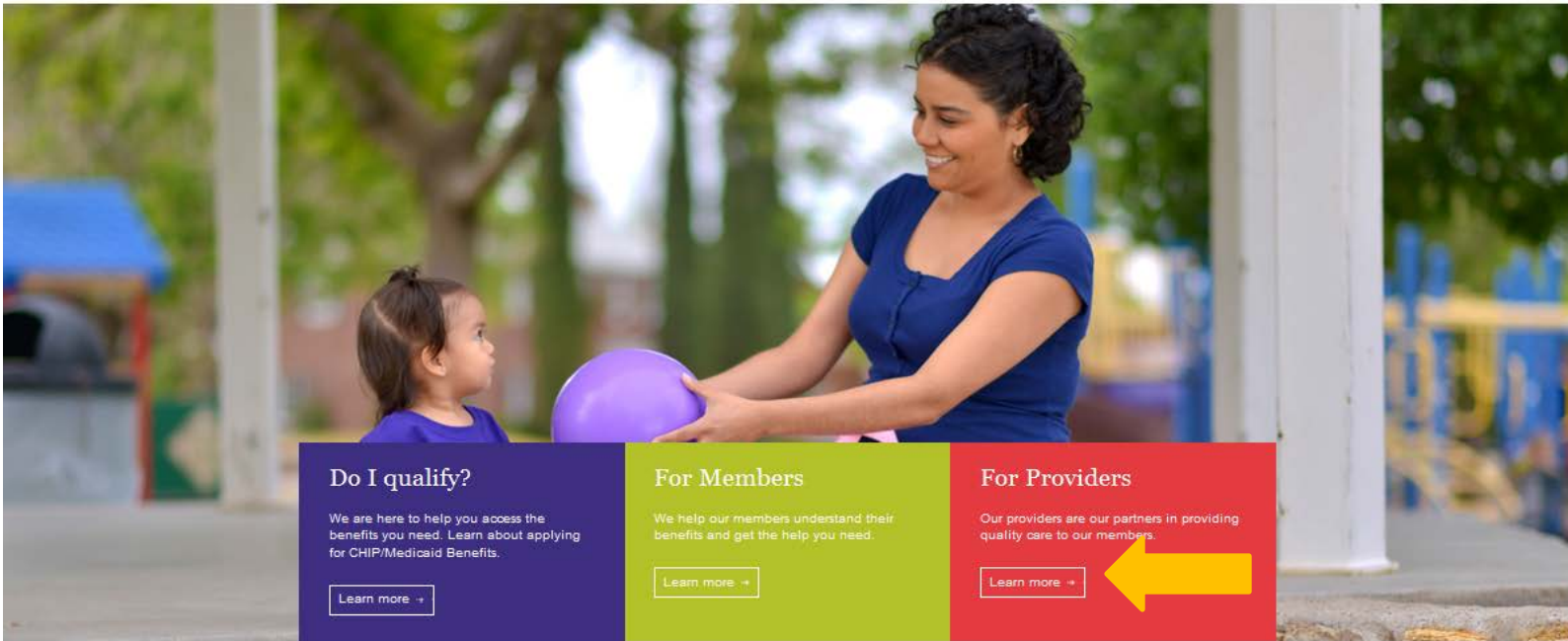
PROVIDERS

PROGRAMS

FIND A DOCTOR

EVENTS

CONTACT US



Do I qualify?

We are here to help you access the benefits you need. Learn about applying for CHIP/Medicaid Benefits.

[Learn more →](#)

For Members

We help our members understand their benefits and get the help you need.

[Learn more →](#)

For Providers

Our providers are our partners in providing quality care to our members.

[Learn more →](#)



Welcome to El Paso First!

We are your local, non-profit health plan serving El Paso and Hudspeth counties. Our team of bilingual professionals is dedicated to helping our members and providers. Take the time to browse our website and access the information you need. Thank you for your visit.

Health CARE Options

Health CARE Options is a benefit program for low-income adults.

[Read more about the program here →](#)

Preferred Administrators

Preferred Administrators is the health insurance coverage for all Associates of the El Paso County Hospital District and employees at El Paso Children's Hospital.

[Learn More →](#)

Call us at
915-532-3778

Outside the El Paso
1-877-532-3778

For Providers
[Web Portal Login](#) →

[En Español](#)



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.



If you are not part of our network and would like information about joining El Paso First, please [click here](#) to email the Provider Relations Department or call us at 915-532-3778 ext. 1507. You can also [view our El Paso First Department Extensions here](#). Thank you for your interest!

WEB PORTAL LOGIN →

PROVIDER FORMS



The forms you need.
[Learn More](#) →

PROVIDER MANUAL



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

PROVIDER DIRECTORIES & MEMBER HANDBOOKS



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

FIND A DOCTOR



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

PROVIDERS NEWSLETTER



Health Quarterly Newsletter [Read More](#) →

Click on the Read More link to get to access the Provider Manual

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Provider Manual

You may now begin to
access the Provider
Manual.



January 2016

STAR Medicaid & CHIP Programs

1145 Westmoreland Dr.
El Paso, Texas 79925
Toll Free- 1-877-532-3778
915-532-3778
www.epfirst.com

Service Area: El Paso and Hudspeth Counties
(STAR Medicaid and CHIP)



El Paso First Website



- www.epfirst.com
- www.preferredadmin.net

Abuse, Neglect, or Exploitation

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Abuse Neglect Exploitation Reporting (ANE)

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.

Department of Family and Protective Services (DFPS) at 1-800-252-5400 to report suspicion of abuse, neglect and exploitation of a child.

<https://www.dfps.state.tx.us/>

Department of Aging and Disability Services (DADS) at 1-800-564-7418 to report Adult or child who resides in or receives services from nursing or assisted facilities, Home and Community Support Agencies, adult day care and foster care facilities. <http://www.dads.state.tx.us/>

ANE Report Findings

El Paso First network providers who have received ANE report findings on El Paso First members from the DFPS or DADS **must** submit a copy of the report to El Paso First Health Plan within 1 business day from the date the report is received effective immediately. Any reporting received effective September 1, 2015 or there after must now be reported to El Paso First.

The ANE report findings can be submitted to El Paso First via secure and confidential email method: Please email any ANE report findings to: APSReport@epfirst.com

Contact Information



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rduran@epfirst.com
915-532-3778 ext. 1037

Provider Relations Department
915-532-3778 ext. 1507

THSteps Updates & Reminders

Maritza Lopez, MPH

Texas Health Steps Coordinator

EL PASO FIRST
Health Plans, inc.

THSteps Updates



Effective May 1, 2016

- El Paso First Health Plans will require diagnosis code Z23 to be included in the claim form when immunizations are administered during a preventive medical checkup.
- Age appropriate diagnosis code must also be included, as well as Modifier 25, which must be appended to the E&M code on the claim form.

THSteps Updates



Effective February 1, 2016

- Diagnosis codes **Z00110** (birth through 7 days) and **Z00111** (eight through 28 days) replaced ICD-9-CM diagnosis code V202 for medical checkups
- Updated Texas Health Steps Quick Reference Guide available at:
[http://www.tmhp.com/TMHP File Library/Provider Manuals/THStepsQRG/THSteps_QRG.pdf](http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/THStepsQRG/THSteps_QRG.pdf)

Intermediate Oral Evaluation with Fluoride Varnish Application

- Texas Health Steps enrolled physicians, physician assistants, and advanced practice nurses.
- An intermediate oral evaluation with fluoride varnish application is a benefit for clients 6 months of age through 35 months of age.
- The intermediate oral evaluation with fluoride varnish application must be billed on the same date of service as a medical checkup visit and is limited to 6 services per lifetime by any provider.

Intermediate Oral Evaluation with Fluoride Varnish Application

- Procedure code 99429 must be billed with modifier U5 and diagnosis code Z00121 or Z00129 for an intermediate oral evaluation with fluoride varnish application.
- If the client has no erupted teeth, additional dental anticipatory guidance is expected
- Training for certification is available as a free continuing education course on the THSteps website at www.txhealthsteps.com

Well child visits do not require:

- Oral Evaluation and Fluoride Varnish Application

Developmental Screening Referrals

Referrals - If delay or suspected delay is identified:

- **Birth through 35 months:**

[Federal Regulation CFR Sec. 303.303 of Title 34 \(Education\)](#)

requires a provider to refer children under age three to Early Childhood Intervention (ECI) as soon as possible, but no longer than seven days of identifying a child with a delay or eligible medical diagnosis, even if also referring to an appropriate specialist.

- **Ages 3 years and older:**

The provider is encouraged to refer to the appropriate school district program, even if also referring to an appropriate specialist.

Early Childhood Intervention (ECI)

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

ECI Referrals

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

Contact Information

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acadena@epfirst.com

Program for Children of Farmworkers who Travel for Work

Lluvia Acuña

Migrant Outreach Coordinator

EL PASO FIRST
Health Plans, inc.

Accelerated Services for Children of Farmworkers who Travel for Work

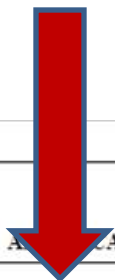
- A State initiative to provide accelerated services to children of farmworkers who travel for work due to the uniqueness of the population.
- El Paso First Health Plans cooperates and coordinate with the State, outreach programs and Texas Health Steps regional program staff and agents to ensure prompt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

What does Accelerated Services for Children of Farmworkers mean?

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

Indicator on Roster

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



ROBERTO CANALES MD PA
EL PASO, TX 79902

ASSOCIATIONS

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

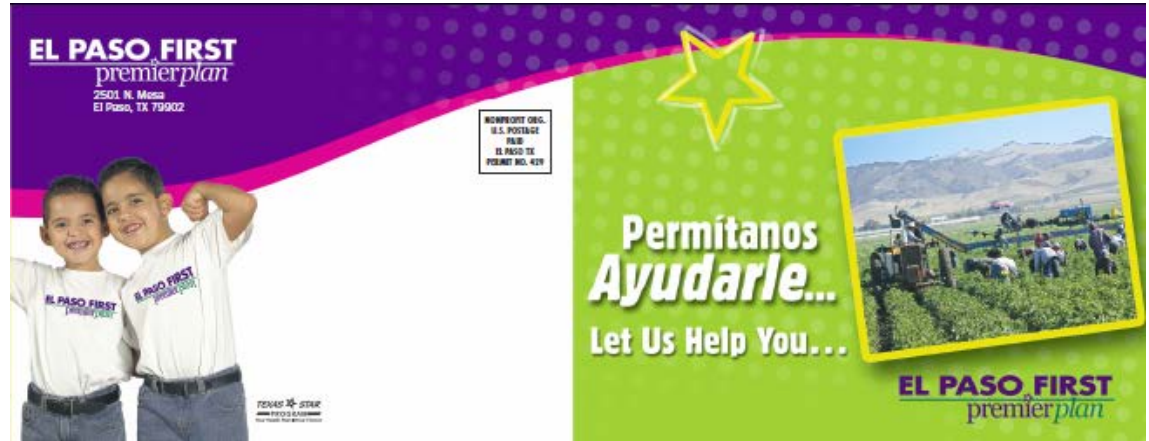
Member#	Member Name	Migrant	Age	DOB	Sex	Phone	Address	Effective	THSteps	PCPName
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Reaching out to Children of Farm Workers

- El Paso First partners with more than 20 community agencies that serve this special population.
- El Paso First also partners with all 11 school districts in the El Paso & Hudspeth Areas and their Education Programs
 - Anthony ISD MEP
 - Canutillo ISD MEP
 - Clint ISD MEP
 - Dell City ISD MEP
 - El Paso ISD MEP
 - Fabens ISD MEP
 - Ft. Hancock ISD MEP
 - San Elizario ISD MEP
 - Socorro ISD MEP
 - Tornillo ISD MEP
 - Ysleta ISD MEP

How do we reach out?

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



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

Annual School Supply Distribution Health Fairs:

AT NO COST:

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



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Health Plans, inc.

Reaching out to Children of Farm Workers

Mobile Food Pantry Distributions



Contact Information

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Outreach Coordinator

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Adriana Cadena

C.A.R.E. Unit Manager

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915-298-7198 ext. 1127

Quality Improvement: Accessibility and Clinical Practice Guidelines

Patricia S. Rivera, RN
Quality Improvement Nurse Auditor

EL PASO FIRST
Health Plans, inc.

Accessibility Standards



- As mandated by Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC) all PCP, OB, and Behavioral Health Providers must be able schedule appointments within specified time frames.

Accessibility Standards

PCP Standards

Appointment Type	Standard
Emergency Services: life threatening, serious or sudden illness	Upon Member presentation
Urgent Care: requires prompt attention, but isn't life threatening	Within 24 hours
Routine Primary Care: for a new medical condition that is not considered urgent	Within 14 days
Preventative Health – Adults:	Within 90 days
PCP Referrals for specialty care	Within 30 days
Preventative Health – Children:	
New member age 0-20:	Within 90 days
Newborns:	Within 14 days

Accessibility Standards

OB/GYN Standards

Appointment Type	Standard
Emergency Services: life threatening, serious or sudden illness	Upon Member presentation
Urgent Care: requires prompt attention, but isn't life threatening	Within 24 hours
Routine Primary Care: for a new medical condition that is not considered urgent	Within 14 days
Preventative Health – Adults:	Within 90 days
PCP Referrals for specialty care	Within 30 days
Prenatal Care:	
General Prenatal visit:	Within 14 days
High-Risk pregnancy:	Within 5 days
New member in 3rd trimester:	Within 5 days

Accessibility Standards

Behavioral Health Standards

Appointment Type	Standard
Initial outpatient behavioral health visit:	Within 14 days

Appointment Accessibility Studies



- The EQRO has begun performing secret shopper calls to assess appointment availability of provider networks throughout the state.
- Health Plans were requested to submit corrective action plans if their performance was not at 100%.

Accessibility Standards

<i>Provider Type</i>	<i>Type of Care</i>	<i>Standard</i>	EPF Performance	STAR Overall
			<i>Met Standard</i>	<i>Met Standard</i>
PCP	Adult Routine Primary Care	Within 14 calendar days	45.71% (N=35)	59.88% (N=501)
	Child Routine Primary Care	Within 14 calendar days	81.67% (N=60)	75.93% (N=648)
OB	Prenatal care (low risk)	Within 14 calendar days	42.86% (N=21)	72.00% (N=453)
	Prenatal care (high risk)	Within 5 calendar days	41.70% (N=12)	35.30% (N=231)
	Prenatal care (new member in 3rd trimester)	Within 5 calendar days	27.80% (N=18)	34.00% (N=335)
Behavioral	Adult Initial Outpatient Visit	Within 14 calendar days	80.00% (N=30)	68.05% (N=338)
	Child Initial Outpatient Visit	Within 14 calendar days	82.14% (N=28)	64.53% (N=327)
Vision	Eye Health Services	Do not require PCP referral	76.50% (N=17)	91.30% (N=646)

Clinical Practice Guidelines



- HHSC requires that we adopt and monitor the adherence of at least two clinical practice guidelines.
- The Quality Improvement Committee has approved three active clinical practice guidelines.
- These guidelines are posted on our website.

Clinical Practice Guidelines


The screenshot displays the top navigation and a dropdown menu for the 'PROVIDERS' section. The 'CLINICAL PRACTICE GUIDELINES' link is circled in red. Below the navigation is a large image of a woman and a child with a purple ball. At the bottom, there are three colored boxes: 'Do I qualify?' (purple), 'For Members' (green), and 'For Providers' (red).

Call us at: 915-532-3778

Outside El Paso: 1-877-532-3778

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

[En Español](#)

 **urac**
ACCREDITED
Health Plan
Expires 04/30/2018

EL PASO FIRST
Health Plans, inc.

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

- PROVIDER FORMS
- PROVIDER ENROLLMENT
- CASE MANAGEMENT REFERRAL FORM
- PRENATAL-POSTPARTUM CARE VISIT VERIFICATION
- TEXAS HEALTH STEPS INFORMATION FOR PROVIDERS
- CLINICAL PRACTICE GUIDELINES**
- ICD-10 READINESS

Do I qualify?
We are here to help you access the

For Members
We help our members understand their

For Providers
Our providers are our partners in providing

El Paso First Health Plans, inc.

Call us at:
915-532-3778

Outside El Paso
1-877-532-3778

For Providers
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Clinical Practice Guidelines

To search type and hit enter...

On an annual basis, El Paso First Health Plans, Inc. (El Paso First) reviews and updates our adopted Clinical Practice Guidelines in effort to promote utilization of the most current evidence based practice. As we believe our members deserve the highest level of care, we promulgate and endorse the use of evidence-based practice. For that reason, El Paso First's Clinical Practice Guidelines provide a framework for specific clinical processes. El Paso First's Quality Improvement Committee (QIC) has reviewed and approved our Clinical Practice Guidelines for our adult and child populations. As aforementioned, Clinical Practice Guidelines serve as the framework to clinical care and are available to you as a set of reliable references designed to provide efficacy of clinical practice and substantiate its impact on clinical care outcomes.

El Paso First has earmarked our Clinical Practice Guidelines to reflect the needs of our members. We have adopted preventative, public health and disease specific clinical guidelines for our adult and child population. Our Clinical Practice Guidelines are promulgated by authoritative bodies, such as professional organizations or ad-hoc expert committees, and are based on current scientific literature.

To view our Clinical Practice Guidelines please click on the link below, or if you would like to obtain a hardcopy, please contact the Quality Improvement Unit @ 915-532-3778.

- [Prenatal and Postpartum Clinical Practice Guidelines](#)
- [Routine Preventive Services Guideline 5d-24mo](#)
- [Routine Preventive Services Guideline 30mo-11yr](#)
- [Routine Preventive Services Guideline 12yr-20yr](#)
- [Clinical Practice Guideline – Asthma](#)

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PROVIDER FORMS



The forms you need.
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PROVIDER MANUAL



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

PROVIDER DIRECTORIES & MEMBER HANDBOOKS



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

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PROVIDERS NEWSLETTER



Health Quarterly Newsletter
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TEXAS HEALTH STEPS FOR PROVIDERS



Texas Health Steps Resources for Providers
[Learn More →](#)

Questions?



Patricia S. Rivera, RN

Quality Improvement Nurse Auditor

915-298-7198 x1106

Don Gillis

Director of Provider Relations and Quality
Improvement

915-298-7198 x1231

Out-Of-Town Services

Bertha Alarcon, RN
Catastrophic CM

EL PASO FIRST
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Out – of – Network / Out – of – Area

El Paso First Health Plans will authorize out-of-network/out-of area services for continuity of care, quality care and services medically necessary that are *not* available in El Paso First's provider network.

Referral Process

- The Primary Care Physician (PCP) may refer to an in-network specialist without an authorization.
- Any out-of-network/out-of-area referrals will require an authorization based on medical necessity.

If you have identified a member that may need to go OOT, contact us!

OOT Referral Process

- Upon identification of a member that may need services outside of El Paso County, contact El Paso First immediately.
 - We can help you by:
 - Finding a provider that is familiar with El Paso First members and our OOT referral process
 - We will guide on how and when to submit a prior authorization. ALL OOT services require a prior authorization

Avoiding Denials

- Should El Paso First learn of the out-of-network/out-of-service area encounter after the care has been provided then a denial will be issued due to lack of prior authorization within the required time frame.

Contact Us

Bertha Alarcon, RN, CCM
532.3778 ext. 1162

Edna Lerma, LPC
Health Services - Clinical Supervisor
532.3778 ext. 1078

Dolores Herrada, RN, CCM
Director of Health Services
532.3778 ext. 1007

Case Management

Cynthia Herrera, RN, BSN
Medical Case Manager

EL PASO FIRST
Health Plans, inc.

Case Management Goals

- Promote quality & cost-effective care
- Identify new problems before they become serious
- Help restore level of functioning
- Assist in navigating health care system

Types of Case Management

- EPF offers the following types of Case Management:
 - Medical Case Management (including OOT)
 - Neonatal Intensive Care (NICU) Case Management
 - High-risk Obstetric Case Management
 - Catastrophic Case Management
 - Behavioral Health Case Management

Service Coordination

- Early Childhood Interventions (ECI)
- Special Healthcare Needs Program (SHCN)
- Social Security Administration (SSI)
- WIC, Food Stamps, Community Food Banks
- Medical Transportation Program (MTP)
- General Assistance Services
- Housing & Shelter Services
- Support Groups

Case Management



CM referral form on El Paso First website

www.epfirst.com

Phone: 915-532-3778 ext. 1500

Fax: 915-298-7866

Disease Management

Crystal Arrieta

Disease Management Coordinator

EL PASO FIRST
Health Plans, inc.

Disease Management

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

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

Disease Management

In our disease management program our members receive:

- Health education
- Service coordination
- Health tip text messages
- Follow up calls
- Home visits
- Community resources

Referral Form

You can refer your El Paso First patients to our disease management program by filling out and faxing the provider case management referral form on our website www.epfirst.com or by phone.

Fax: 915-298-7866

Phone: 915-532-3778, ext. 1175 or 1076

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healthplans, inc.

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):		
<input type="checkbox"/> HIGH RISK PREGNANCY		
<input type="checkbox"/> BEHAVIORAL HEALTH		
<input type="checkbox"/> ASTHMA		
<input type="checkbox"/> HEART DISEASE		
<input type="checkbox"/> DIABETES		
<input type="checkbox"/> SPECIAL HEALTH CARE NEEDS (patient 20 years of age and younger, who has a condition that is expected to last more than 12 months)		
<input type="checkbox"/> SOCIAL WORK		
<input type="checkbox"/> OBESITY		
PRESENTING CONCERN:		
<input type="checkbox"/> Assistance locating covered services <input type="checkbox"/> Coordination of care <input type="checkbox"/> Non-compliance with treatment plan <input type="checkbox"/> Assistance obtaining durable medical equipment/medical supplies (i.e. nebulizer, peak flow meter) <input type="checkbox"/> Patient education (i.e. symptom management, self-management strategies, diabetes education) <input type="checkbox"/> Assistance accessing treatment for behavioral health diagnosis <input type="checkbox"/> Social concerns, please specify concern(s): _____ <input type="checkbox"/> High risk pregnancy, please specify condition/concern: _____ <input type="checkbox"/> Access to community resources (i.e. support/advocacy groups, basic needs)		

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Disease Management Referral Form

You can find this form on our website www.epfirst.com under the provider tab, provider forms, then selecting the referral form under Health Services Forms.

The screenshot displays the El Paso First Health Plans website. At the top, there are contact options: 'Call us at: 915-532-3778', 'Outside the El Paso: 1-877-532-3778', 'For Providers: Web Portal Login -->', and 'En Español'. The main navigation bar includes 'HOME', 'ABOUT', 'MEMBERS', 'PROVIDERS', 'PROGRAMS', 'FIND A DOCTOR', 'EVENTS', and 'CONTACT US'. The 'PROVIDERS' tab is active, leading to a 'Provider Forms' page. On the left, there are expandable sections for 'Web Portal Forms' and 'Health Services Forms'. The 'Health Services Forms' section is expanded, showing a list of forms: 'TCMIMHR Service Request Form', 'Abandoned Unit Return Form & FAQ 270-011-0004-14 FINAL MARCOM', 'Case Management Referral Form', 'Letter & High Risk Form', 'Pre-Authorization Flyer-STAR/CHIP', 'Pre-Authorization Flyer-Health Care Options (HCO)', 'Pre-Authorization Flyer-Preferred Administrators', 'Pre-Certification Form-Behavioral Health', 'Pre-Certification Fax Form-NICU', 'Pre-Certification Form-Outpatient/Scheduled Procedures', and 'Pre-Certification Form-Out of Area/Inpatient Notification'. On the right, there is a search bar with the placeholder 'To search type and hit enter...'. Below the search bar, there are sections for 'WEB PORTAL LOGIN -->', 'PROVIDER MANUAL' (with a 'Read More -->' link), 'PROVIDER DIRECTORIES & MEMBER HANDBOOKS' (with a 'Read More -->' link), and 'FIND A DOCTOR' (with a 'CHIP & STAR Provider Directory Search -->' link).

Disease Management Interventions

As part of our Performance Improvement Projects in addition to collaborating with physicians the DM Team will conduct the following:

- Home visits will replace health education classes.
 - Home visits will help to assess member in their natural environment.
 - Identify gaps in needed resources
 - Assist with service coordination and access to health care providers
 - Provide health education one-on-one or with the entire family.
 - Coordination of referrals to case management and other health resources

Home Visit Identification

- Members can receive a home visit if:
 - A member is repeatedly utilizing the ER.
 - Has had either an ER visit or inpatient admit for diabetic related conditions
 - Has had an ER visit or inpatient admit for an asthma exacerbation.
 - And other potentially preventable events (PPE)

Contact Us



Crystal Arrieta

Disease Management Program Coordinator

915-532-3778, ext. 1175

Gabriela Mendoza

Disease Management Program Specialist

915-532-3778, ext. 1076

Edna Lerma

Clinical Supervisor

915-532-3778, ext. 1078

Therapy Updates

Edna Lerma, RN
Clinical Supervisor

EL PASO FIRST
Health Plans, inc.

PT, ST and OT

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

PT, ST, and OT Continued

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

PT, ST, and OT Continued

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

Required Elements

- Documentation clearly demonstrating whether a condition is acute or chronic
- AT modifier for an acute condition must be indicated on Prior Auth Form
- Plan Of Care (with all required elements as indicated in TMHP)

Required Elements Cont.'

- If a chronic condition is identified EPF is requiring a physician attestation that indicates the Texas Health Steps exam is current
- Documentation indicating if member is receiving therapy at school

21 YEARS OF AGE & OLDER

- PT/OT/ST are benefits if medically necessary short term treatment of an acute medical condition or an acute exacerbation of a chronic medical condition
- Limited to 120 days total and based on medical necessity

Frequency Levels



- El Paso First abides by the frequency levels as indicated in TMHP for new therapy guidelines effective May 1st, 2016

Contact Us

Gilda Rodriguez, RN

Prior Auth Coordinator

532.3778 ext. 1016

Edna Lerma, LPC

Health Services - Clinical Supervisor

532.3778 ext. 1078

Dolores Herrada, RN, CCM

Director of Health Services

532.3778 ext. 1007

Claims Reminders

Yvonne Grenz
PCU Supervisor

EL PASO FIRST
Health Plans, inc.

Top Denial Reasons



- Time limit for filing has expired
- Duplicate Claim/Service
- Payment denied/reduced for absence of or exceeded, pre-cert/authorization
- No Active Provider Contract/No NPI
- Drug/service/supply is not included in the fee schedule or contracted
- Expenses incurred after coverage terminated
- Diagnosis inconsistent with the procedure code

Claims Processing



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

Claim Correction – CMS 1500

ITEM NUMBER 22

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

TITLE: Resubmission and/or Original Reference Number

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

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

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

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

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

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

EXAMPLE:

22. RESUBMISSION CODE	ORIGINAL REF. NO.
7	ABC1234567890



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

Claim Correction – CMS 1500

The image shows a portion of a CMS 1500 claim form. Box 19, 'ADDITIONAL CLAIM INFORMATION (Designated by NUCC)', is highlighted with a blue background. Box 20, 'OUTSIDE LAB?', contains checkboxes for 'YES' and 'NO', and a field for '\$ CHARGES'. Box 21, 'DIAGNOSIS OR NATURE OF ILLNESS OR INJURY', is divided into sections A, B, C, and D, with an 'ICD Ind.' field. Box 22, 'RESUBMISSION CODE', includes a field for 'ORIGINAL REF. NO.'.

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

Claim Correction-UB04

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



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

Provider Care Unit/PCU



- How can PCU assist You:
 - Status Inquiries
 - Check Tracers
 - EDI questions
 - Reimbursement clarifications
 - Eligibility records
 - Status of Authorizations

Electronic Claims

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

Contact Us



Provider Care Unit Extension Numbers:

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



Questions

Compliance: Special Investigations Unit

Alma Meraz

Special Investigations Unit Claims Auditor

EL PASO FIRST
Health Plans, inc.

Monthly Random Medical Records Reviews

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

Medical Record Sample

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

01/01/15

RE: Request for Medical Records
Plan: El Paso First Health Plans, Inc.
Request Number: Investigation ID # 12345678
Member: Please see member list at bottom of letter
Certified Mail Tracking #: 000000000

Dear Doctor/Provider:

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

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

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

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

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

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

Copy of Photo ID and Member ID card.

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

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

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

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

MEMBER ID	MEMBER LAST NAME	MEMBER FIRST NAME	MEMBER DOB
000000000	Mouse	Minnie	01/01/1995

If no records are submitted they will be recouped

EL PASO FIRST
Health Plans, inc.

Medical Records Reviews Findings

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

Recoupment Letter Sample

January 1, 2015

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

Certified Receipt : 00000000000000

Re: Request for Corrected Claims and Notice of Recoupment

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

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

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

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

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

Recoupment for No Documentation/Inappropriate Coding

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

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

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

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

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

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

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

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

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

EL PASO FIRST
Health Plans, inc.

39 Week OB Reviews

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

OB Record Request Sample

EL PASO FIRST

Health Plans, inc

January 1, 2015

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

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

Certified Receipt # 0000000000000

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

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

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

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

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

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

Thank you for your prompt attention to this matter.

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

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

EL PASO FIRST
Health Plans, inc.

Member Services Verification

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

Contact Information



Alma Meraz

Special Investigations

Unit Claims Auditor

915-298-7198 ext. 1039

ameraz@epfirst.com

Member Services: Verifying Eligibility and Medical Transportation

Edgar Martinez
Director of Member Services

EL PASO FIRST
Health Plans, inc.

Verifying Eligibility

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

Verifying Eligibility

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

Medical Transportation

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

Medical Transportation

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

Thank You!



Edgar Martinez

Director of Member Services ext. 1064

Juanita Ramirez

Member Services & Enrollment Supervisor ext. 1063