

Welcome Providers!

Quarterly Provider Orientation

February 28, 2013



EPF-021413-PR-Quarterly Provider Orientation 022813

EL PASO FIRST
Health Plans *inc.*

Quality Improvement

Kathleen Thompson, MPH, CHES, Director of Quality Improvement

Christina Casas, QI Nurse

Sandra Leal, RN, QI Nurse Auditor

Gabriela Venzor, QI Coordinator



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What is Quality Improvement?

Quality Improvement is the continuous monitoring of care provided to members to improve *outcomes* and *experiences* by providing *coordinated care* that supports evidenced-based practice and patient –centeredness.



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What is *Healthcare Quality* and how do we know we are providing it?

- ...is the extent to which health services are provided to individuals and populations to improve health outcomes.
-Care should be based on clinical practice guidelines and provided in culturally competent manner with good communications and shared decision making.



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Indicators of Quality Care

Access & Availability: *Members access to a provider*

Prevention Measures: *BCS, CCS, Influenza Vaccine.*

Well-child / Adolescent well-care visits: *Preventative care.*

Quality of Care Concerns & Member complaints: *Various*

Utilization: *How much care is provided to our population, was the care appropriate, over – under utilization of services.*

Oversight of delegated entities: *Quality Care Oversight of Dental / Vision provided to members.*



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What is Healthcare Effectiveness Data Information Set (HEDIS)

Effectiveness of Care : *Prevention and Screening*

Access and Availability: *Prenatal and Postpartum Care and others*

Experience of Care Measures: *CAHPS - surveys to members*

Utilization and Relative Resource Use Measures: *Well-child visits*

Health Plan Description Information Measures: *Enrollment / language diversity.*

We can then compare our outcomes to other organizations locally, statewide and on a national level – this is where Accountable Care comes into place.



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HEDIS Data

Administrative data:

- Claims, encounters, enrollment, provider systems, pharmacy, labs.

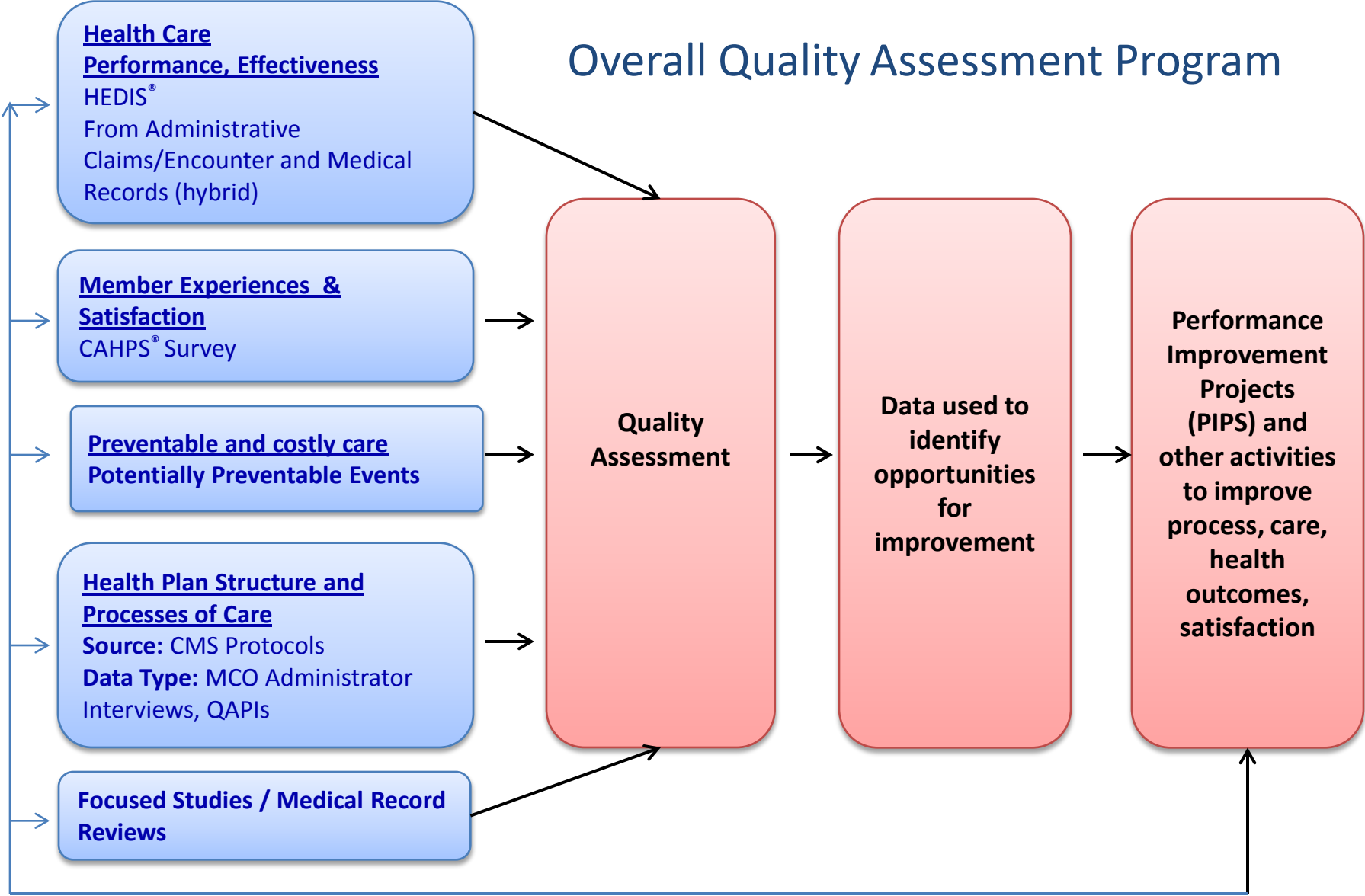
Hybrid: Medical record data retrieval.

- Some measures are not administrative (i.e. claims)

Surveys: survey such as the CAHPS.



Overall Quality Assessment Program



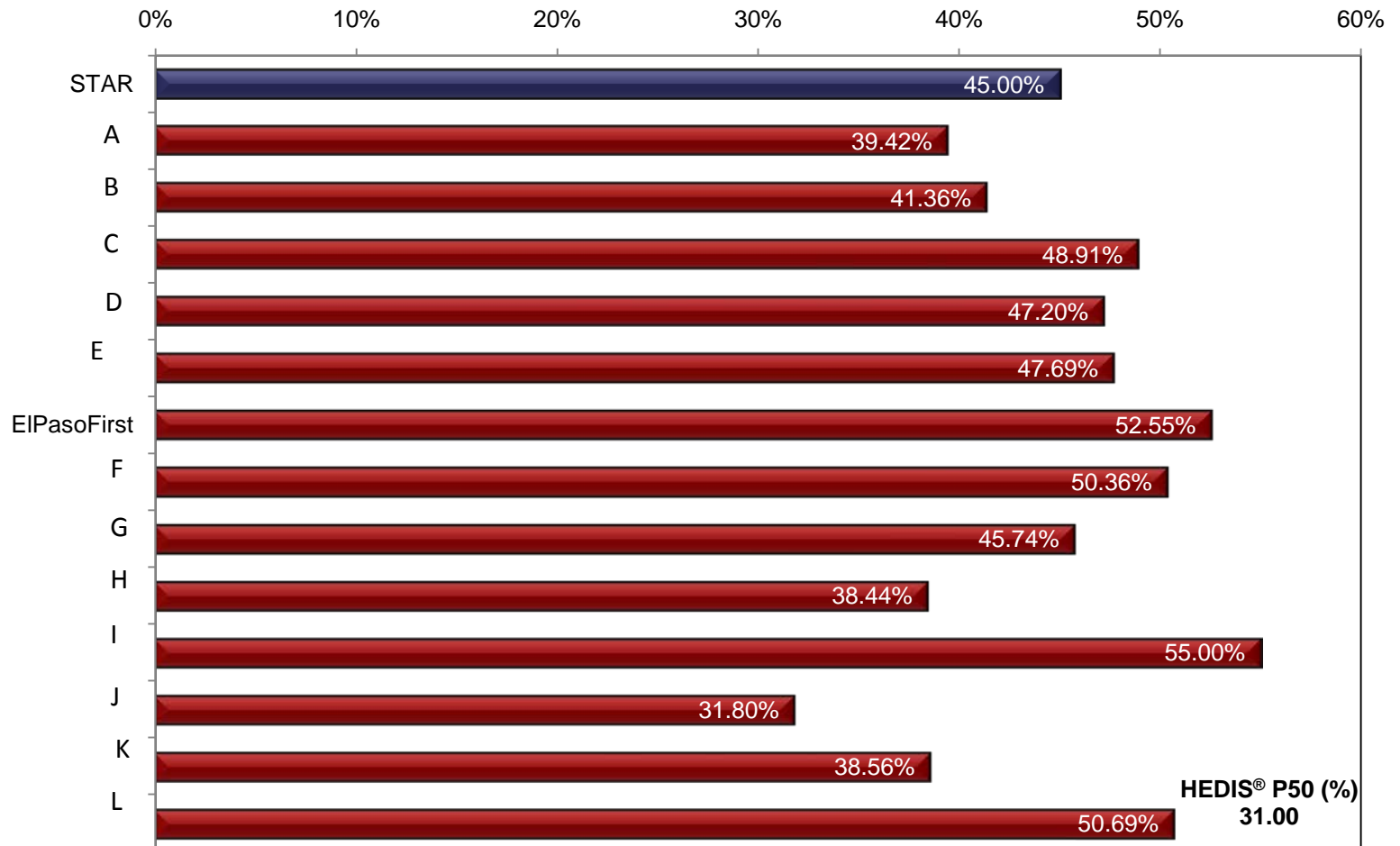
2013 Medical Record Review & HEDIS Hybrid

- Children's Immunization Status (CIS)
- Weight, Counseling and Nutrition (WCC)
- Controlling Blood Pressure (CBP)
- Comprehensive Diabetes HgA1c<8, LDL<100 (CDC)

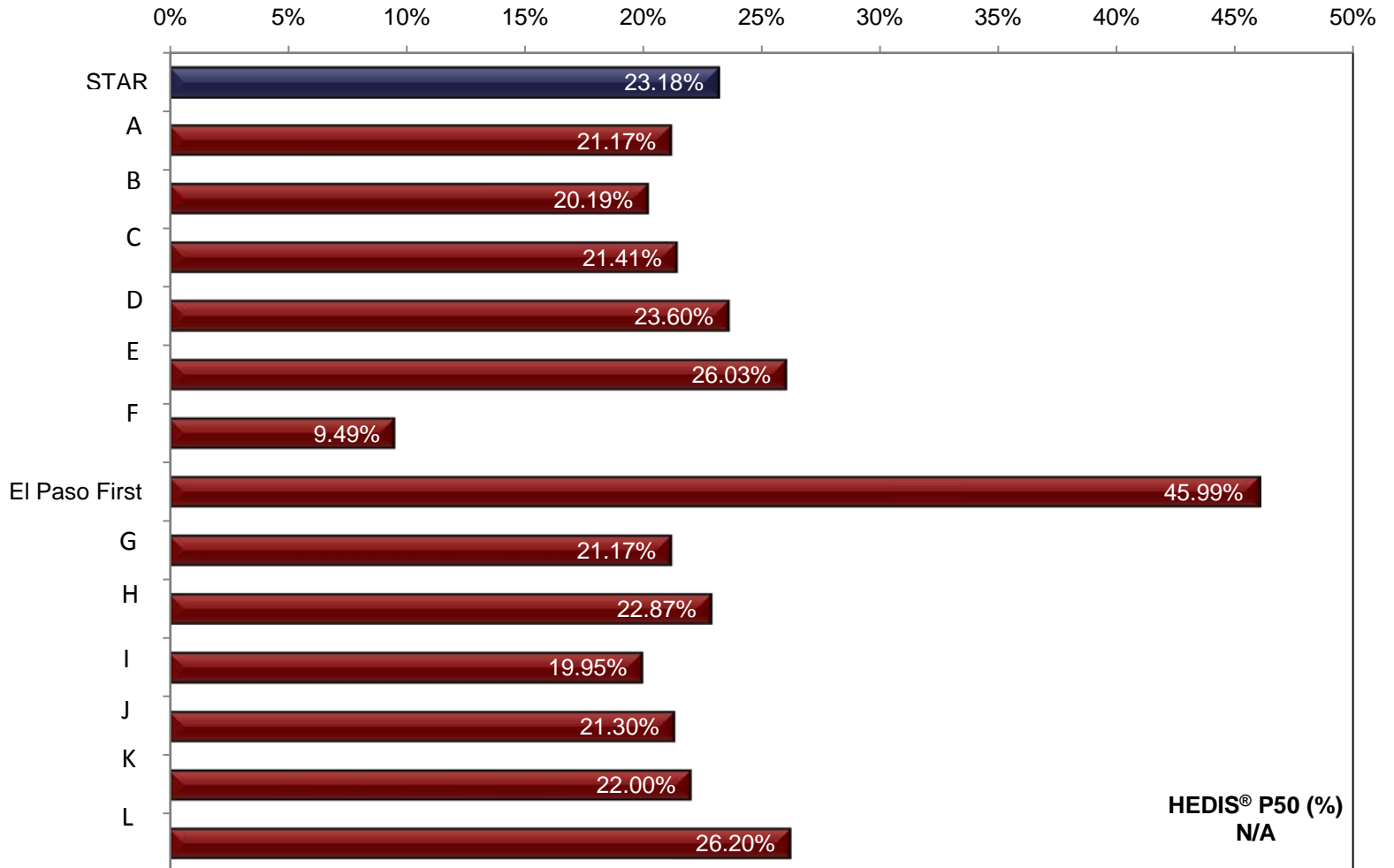


STAR Childhood Immunizations (Combo 4, Hybrid)

Rates with denominators <30 excluded



STAR Weight Assessment for Nutrition and Physical Activity for Children/Adolescents



HEDIS Orientation

- HEDIS Provider Orientation on March 26, 2013.
- 2013 HEDIS Goals
- El Paso First Role in HEDIS
- El Paso First Providers in HEDIS



Questions?

We are here to help you

If you have questions or concerns please contact the
Quality Department

Kathleen Thompson, QI Director

kthompson@epfirst.com

915.298.7198 ext 1043



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Provider Relations Department



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Initial Credentialing

Initial Credentialing – new to the network

- ✓ Texas Standardized Credentialing Applications (TSCA 07) (20 pgs long)
- ✓ W9
- ✓ Demographic Form
- ✓ Facility Application
- ✓ El Paso First Checklists
- ✓ Missing/incomplete information requests will be attempted via emails, faxes, and by phone on a weekly basis.
- ✓ Incomplete application cannot be held for more than 30 days and will be returned by certified mail
- ✓ Credentialing and Peer Review Committee (CPRC) meet every 1st Wednesday of each month
- ✓ Board of Directors (BOD) signature approval meet every 2nd Thursday of each month

CPRC and BOD meetings dates are subject to change



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W-9

Demographic Form

Very Important

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

W-9
Form (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.

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 (S/disregarded entity, C/corporation, P/partnership) Trust Exempt payee Other (see instructions)

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 2. 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.

Part II Certification

Under penalties of perjury, I certify that:

- 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 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
- I am a U.S. citizen or other U.S. person (defined below).

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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.

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 601.7107-7).

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 partner's 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,

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Health Plans, Inc. Telephone: (915) 532-3778, Fax: (915) 532-2877

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

Demographic Information Form

Please Check off Health Plan Participation (Contract): Medical/Premier Plan HCO PCP Allied Health (PT, OT, ST, LPC) CHIP TPA (Preferred Admin) Specialist Other: CHIP Perinate Ancillary (DME, Home Health, Facility)

Group/Facility Name

Group NPI: _____ Group TPI: _____ Group Tax-ID: _____

Provider Name (Last, First, Middle): _____ Professional Category: MD DO CRNA NP PA LPC Other: _____

Individual NPI: _____ Individual TPI: Pending (in process) Received and Attested

Primary Specialty: _____ Sub-Specialty: _____

Medical License: _____ If applicable EPSDT Number: _____

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:

Information will be listed in Provider Directories

Primary Practice Location		Secondary Practice Location	
Address:		Address:	
City, Zip Code:		City, Zip Code:	
Phone Number: () () ()	Fax: () () ()	Phone Number: () () ()	Fax Number: () () ()
Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		Accepting New Patients <input type="checkbox"/>	Established Patients Only <input type="checkbox"/>
Practice Limitations: <input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> Age Range () <input type="checkbox"/> Other		Office Days/Hours:	
After Hours:		After Hours:	
CLIA: <input type="checkbox"/> Waiver <input type="checkbox"/> Certificate <input type="checkbox"/> No		CLIA: <input type="checkbox"/> Waiver <input type="checkbox"/> Certificate <input type="checkbox"/> No	
Laboratory: <input type="checkbox"/> Yes <input type="checkbox"/> No		Laboratory: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list a primary office contact for questions surrounding information provided on this form.

Primary Contact Person First and Last Name: _____ Phone Number: _____ email address: _____

For EP First Provider Relations Staff Only: PR Rep Name: _____ Contract Request Date: / /

Verifications: W-9 NPI TR Look Up Other

Credentialing: YES NO (IN PROCESS) Date Application Submitted to Credentialing: / /

Contract Type: Individual Group Attachment D Ancillary Facility LOA

Plan: STAR CHIP CHIP Perinate HCO CM TPA Contract Received Date: / /

Configuration: System Data Analyst Name: _____ Date Entered in GWT: / /

Initial Credentialing Checklist for Physician

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CREDENTIALING APPLICATION CHECKLIST

IMPORTANT:
PLEASE UTILIZE THIS CHECKLIST TO ASSIST WITH COMPLETING YOUR APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

The information requested is required by the Texas Departments of Health and/or Insurance and is based on standards established by any of the following organizations: NCQA (National Committee on Quality Assurance), JCAHO (Joint Commission on Accreditation of Healthcare Organizations), and QARI (Quality Assurance Review Initiative).

- Texas Standardized Credentialing Application (Revision 01/07)
- If applicable, explanation of any pending or settled malpractice cases during the last FIVE years (REQUIRED);
- Initialed, Signed and Dated Attestation Pages 11 & 12 (REQUIRED);
- Education (REQUIRED) *Indicate both month and year for period attended;
- Call Coverage (If Applicable);
- Work History (REQUIRED) *Include explanation for gaps of more than six (6) months;
- Peer References (REQUIRED);
- Letter from Supervising Physician confirming supervision of applicant's responsibilities (Required for Physician Assistant and Nurse Practitioner and Certified Nurse Midwife.)
- Copy of current State license (REQUIRED);
- Copy of current DEA certificate (REQUIRED);
- Copy of current DPS certificate (REQUIRED);
- Current Board Certificate(s) (REQUIRED);
- Current CLIA certificate for each practice location (A YES or NO answer is REQUIRED. If YES, submit certificate);
- Current TDH Radiology (X-Ray included) certificate for each practice location (if applicable);
- Current copy of Malpractice Insurance Face Sheet (REQUIRED);
- Current copy of W-9 (REQUIRED) *Must reflect exact "bill pay to";
- Demographic Information Form (REQUIRED) *Need for El Paso First Provider set-up;
- Current Curriculum Vitae ((REQUIRED) *Indicate both month and year
- EPSDT/ THSteps Number (if applicable);
- Hospital Privileges (REQUIRED) *If none, provide a letter from the physician who will be admitting on your behalf.
- NPI – National Provider Identifier (REQUIRED)
- If you are a Medicaid provider, please include copies of the letters from TMHP that provide your TPI numbers and effective dates, both individual and group. (REQUIRED for participation in Medicaid Plans)

NOTE: AN APPLICATION CANNOT BE PROCESSED IF FIELDS ARE LEFT BLANK; PLEASE USE "N/A" IF NOT APPLICABLE. A "PENDING" RESPONSE IS NOT ACCEPTABLE - ALL LICENSES/CERTIFICATES MUST BE CURRENT AND SUBMITTED ALONG WITH THE APPLICATION IN ORDER TO GET PROCESSED.

Completion of this application does not constitute approval or acceptance of participating status in El Paso First Health Plans, Inc.

Contact the
Provider Relations
Department

- Changes in address locations
- If you are **adding** or **termining** a provider
- Name changes
- Billing company 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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Email us at:
providerservices@epfirst.com

or

call us at

915-298-7198 ext 1507



EL PASO FIRST

Health Plans :



Welcome to our new website!

In an effort to better serve you we changed our image and hope you find it easier to navigate.

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

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

Members

- [CHIP](#)
- [CHIP Perinatal](#)
- [Healthcare Options](#)
- [Premier Plan Star Medicaid](#)
- [Preferred Administrator](#)
- [Helpful Links](#)

Providers

- [Web Portal](#)
- [Forms](#)
- [Texas Health Steps Resources](#)
- [Behavioral Health Providers](#)
- [Important Updates](#) ←
- [Clinical Practice Guidelines](#)

El Paso First is located at
1145 Westmoreland Drive
El Paso, TX 79925-5615

Paper Claim submissions will continue to go to:
El Paso First Health Plans - Claims
P.O. Box 971370
El Paso, TX 79997-1370

Our General Correspondence address has not
changed.
P.O. Box 971100
El Paso, TX 79997-1100



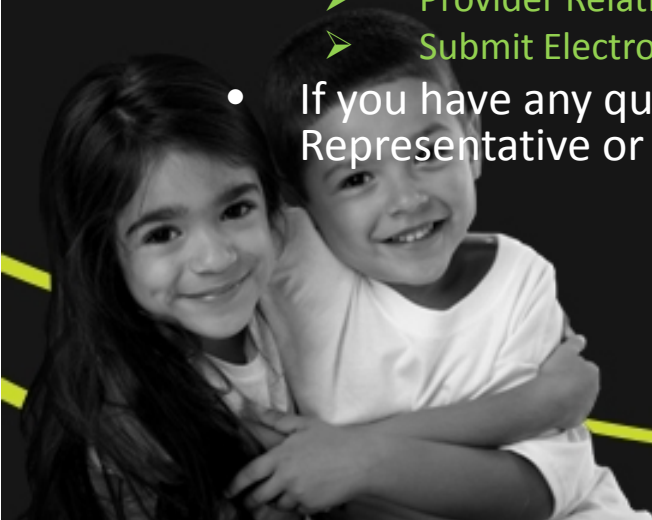
Providers - Important Updates

- [Revised Behavioral Health Pre-Certification Form](#)
- [2013 BH Code Changes](#)
- [Health Information Exchange](#)
- [Health & Human Services Letter to Providers](#)
- [Global Billing](#)
- [TMHP PCP Rate Increase Delayed Memo](#)
- [Pharmacies May Dispense Limited Home Health Supplies \(LHHS\)](#)
- [Hydroxyprogesterone Caproate Injection](#)
- [Newborn Screening Voice Response System Update](#)
- [TPA- Notification of Termination Tenet](#)
- [Hemoglobin Electrophoresis](#)
- [Pertussis Advisory Letter](#)
- [Pertussis Cocooning Handbook](#)
- [Update on Administration of Influenza Virus \(Flu-90658\) & Human Papilloma Virus \(HPV-90649\) vaccines for members 18 years and older](#)
- [CHIP Members and Primary Insurance Update Memo](#)
- [Notice to Hospitals POA change effective September 1, 2012](#)



Collection of Medical Records

- In Collaboration with our Quality Improvement & Institute for Health Child Policy (ICHIP)
- Medical Records Request from January 1, 2011 to December 31, 2012
- Five phases of request being made
 - Weight Assessment & Counseling for Nutrition & Physical Activity for Children and Adolescents (WCC)
 - Childhood Immunization Status
 - Controlling Blood Pressure (CBP)
 - Comprehensive Diabetes Care (CDC)
- Reminders will be faxed to Providers who have not complied with 1st request
- Medical Records Submission
 - Provider Relations Representatives are available to pick up medical records
 - Submit Electronically to El Paso First
- If you have any questions, please contact your Provider Relations Representative or the Provider Relations Department at 298-7198, ext 1507.



Submission Instructions
HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)

Texas Medicaid & CHIP Managed Care External Quality Review Activity



*******IMPORTANT*******

Medical records are requested for validation
Due date for submission: _____ in order to be compliant with this study

1. Please send patient health records for:

Calendar Year 2012 (January 1, 2012-December 31, 2012)

To include:

BMI, NUTRITION & PHYSICAL ACTIVITY COUNSELING

- Problem List
- Office Visit and Progress Notes
- Age-Growth Chart
- ~~THSteps~~ Health Visit Form
- History and Physical
- Preventive Service Checklist

2. Please also return the **Medical Record Request List**, so we may identify which records are included.

3. Choose one of the following options (ELECTRONIC OR FAX PREFERRED):

Electronically - health records can be saved as a .pdf and uploaded to the secure server at
XXXXXXXXXX

Fax - directly to our HIPAA-compliant FAX line at XXX-XXXXXX

Mail - using the enclosed business reply label

Questions?

For any questions, please call [\[Health Plan\]](#) at [\[Phone Number\]](#). Office hours are Monday-Friday, [\[Office Hours\]](#).



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Health Plans

Resources for OB/GYN PROVIDERS

Stacy Arrieta

OB Provider Relations Representative



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Pregnant Members OB Program



EL PASO FIRST

Health Plans, inc.
PO BOX 971100
El Paso, TX
79997-1100

NONPROFIT ORG.
U.S. POSTAGE
PAID
EL PASO TX
PERMIT NO. 429

Step 1: To be filled out by the Doctor only:

Patient ID number _____

I had my prenatal check-up on (date) _____

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

Step 2: To be filled out by El Paso First Health Plans only:

I attended a prenatal class at El Paso First Health Plans on (date) _____

El Paso First Health Plans Signature or Stamp

Please bring or mail this completed form to El Paso First Health Plans at 1145 West Moreland Drive, El Paso, Texas 79925 in order to receive a \$25.00 gift card.

Por favor, lleve o envíe por correo esta forma llenada a El Paso First Health Plans en 1145 West Moreland Drive, El Paso, Texas 79925 para recibir una tarjeta de regalo de \$25.00.

To be filled out by Member ONLY

Please pick your gift card. Por favor escoge tu tarjeta de regalo:

\$25 shopping gift card/tarjeta de regalo para compras

\$25 movie gift card/tarjeta de regalo para el cine


TEXAS STAR PROGRAM
Your Health Plan is our choice



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Baby Showers Calendar



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A healthy start:

Women who see a health care provider during pregnancy:

- Have healthier babies
- Are less likely to deliver too early
- Are less likely to have other serious problems related to pregnancy

Prenatal care is important to the health and future of your unborn baby:

- Don't wait to see a health care professional
- Eat healthy
- Your baby's future could depend on your prenatal care
- Frequent visits with your health care provider allow you to follow the progress of your baby's development


Free Prenatal Classes are available.
Education classes can help you understand what to expect and how to get ready, you will learn:

- How your baby grows and develops inside your body
- What to expect during labor and delivery
- Signs of premature/preterm labor
- Caring for yourself and your baby following delivery
- Breastfeeding
- Baby/Blues and Postpartum Depression

Case Management Services are available to all our pregnant members:

- Assistance in coordinating medical care
- Coordination of transportation to medical appointments
- Community referrals

El Paso First Baby Shower Calendar 2012-2013



For more information, call **915-532-3778**.

LET'S celebrate joy
YOUR BUNDLE OF



EL PASO FIRST
Health Plans, inc.

¡Festejemos a su tesorito!

Un comienzo sano:

Las mujeres que van a un proveedor de atención médica durante el embarazo:

- Tienen bebés más saludables
- Tienen menos probabilidad de tener partos prematuros
- Tienen menos probabilidad de tener otros problemas graves relacionados con el embarazo

La atención prenatal es importante para la salud y el futuro del bebé por nacer:

- No tarde en ver a un profesional de atención médica
- Coma alimentos saludables
- El futuro de su bebé podría depender de su atención prenatal
- Las visitas frecuentes a su proveedor de atención médica le permitirán seguir el desarrollo de su bebé

Hay clases prenatales gratis disponibles.
Las clases de educación pueden ayudarlo a entender qué esperar y cómo prepararse. Aprenderá sobre:

- Cómo crece y se desarrolla al bebé dentro de su cuerpo
- Qué esperar durante el trabajo de parto y el parto
- Las señales de trabajo de parto prematuro
- Cómo cuidarse a sí mismo y a su bebé recién nacido
- La lactancia materna
- La depresión posparto leve y la depresión posparto

Los servicios de administración de casos están disponibles para las mujeres embarazadas:

- Ayuda para coordinar la atención médica
- Coordinación del transporte para ir a las citas médicas
- Envíos a servicios comunitarios

Calendario de las Fiestas de regalos para bebés de El Paso First para 2012-2013



Para más información, llame al **915-532-3778**.

LET'S celebrate joy
YOUR BUNDLE OF

OB CASE MANAGER



Edna Martinez

OB CASE MANAGER

915-298-7198 ext. 1078

martineze@epfirst.com



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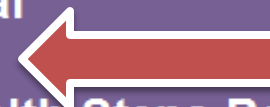
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- [Forms](#)
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- [Clinical Practice Guidelines](#)





Providers - Forms

Web Portal Forms

Health Services Forms

- Letter & High Risk Form
- Case Management Referral
- Fax Cover for Pregnant Woman Visit
- Notification of Pregnancy
- Pre-Authorization Flyer-STAR/CHIP
- Pre-Authorization Flyer-Health Care Options (HCO)
- Pre-Authorization Flyer-Preferred Administrators
- Pre-Certification Form-Behavioral Health
- Pre-Certification Checklist
- Pre-Certification Form-Outpatient/Scheduled Procedures
- Pre-Certification Form-Out of Area/Inpatient Notification

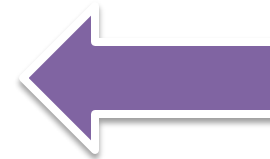
Complaints and Appeals Forms

Members Services Forms

Claims Forms

Credentialing Packet Forms

Misc. Forms



Contact Information



Stacy Arrieta

Provider Relations Representative

298-7198 ext. 1059

sarrieta@epfirst.com



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Texas Health Steps Tools & Updates



Maritza Lopez
Texas Health Steps Coordinator



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Updates Effective 1-1-13

- **90672** *Influenza virus vaccine, quadrivalent, live, for intranasal use*--new code added, payable beginning 1/1/13. This vaccine will be available through TVFC for ages 19-20.
- Tuberculin skin testing changed to TST.
- ECI referral language changed from **2 business days** to **as soon as possible but in no case longer than 7 days after identification**.
- All blood lead levels in clients 14 years or younger shall be reported to DSHS. Reports shall include all information as required on the Texas Child Blood Lead Level Reporting Form, F09-11709 or Point of-Care Blood Lead Testing report, Form Pb-111, which can be found at <http://www.dshs.state.tx.us/lead/providers.shtm>, or by calling 1-800-588-1248.
- Codes 87490 and 87590 have been removed (Chlamydia/gonorrhea testing) as the testing method is no longer available.
- Modules for RNs updated.



Updated Texas Medicaid Provider Procedures Manual

- The January 2013 version of the Texas Medicaid Provider Procedures Manual is now available on the TMHP website. For more information, call the TMHP Contact Center at 1-800-925-9126.



CHIP Well-Child Visits Members Due List

DISNEY PEDIATRICS PA

EL PASO, TX 79912

ALL LOCATIONS

El Paso First Health Plans, Inc.

CHIP Master Roster - Well Child Visits Due Members Only

October 2012

Member#	Member Name	Age	DOB	Sex	Phone	Address	Effective	Well Child Visit	PCPName
New Members									
M00000001	MINERVA MOUSE	82	1/19/30	F	915-555-5555	525 DISNEY LN ANAHEIM, CA	09/01/12	DUE	WALTER DISNEY, MD
D00000005	DAISY DUCK	72	3/26/40	F	915-444-4444	525 DISNEY LN ANAHEIM, CA	06/01/12	DUE	WALTER DISNEY, MD
M00000002	DONALD DUCK	78	12/4/34	M	915-333-3333	525 DISNEY LN ANAHEIM, CA	10/01/11	DUE	WALTER DISNEY, MD
Member Count		3							
Existing Members									
G00000000	PLUTO THE PUP	82	11/16/30	M	915-222-2222	525 DISNEY LN ANAHEIM, CA	09/01/12	DUE	WALTER DISNEY, MD
G00000001	MICKEY MOUSE	84	10/10/28	M	915-111-1111	525 DISNEY LN ANAHEIM, CA	09/01/12	DUE	WALTER DISNEY, MD
G00000002	GOOFY G GOOF	80	10/12/32	M	915-010-0101	525 DISNEY LN ANAHEIM, CA	09/01/12	DUE	WALTER DISNEY, MD
G00000003	SNOW WHITE	75	2/11/37	F	915-777-7777	525 DISNEY LN ANAHEIM, CA	09/01/12	DUE	WALTER DISNEY, MD
D00000004	PETER PAN	59	8/23/53	M	915-000-0005	525 DISNEY LN ANAHEIM, CA	12/01/11	DUE	WALTER DISNEY, MD
G00000004	WENDY DARLING	59	2/20/53	F	915-888-8888	525 DISNEY LN ANAHEIM, CA	09/01/12	DUE	WALTER DISNEY, MD
M00000005	JESSICA RABBIT	24	10/9/88	F	915-999-9999	525 DISNEY LN ANAHEIM, CA	08/01/12	DUE	WALTER DISNEY, MD
M00000006	JIMINY CRICKET	72	4/3/40	M	915-111-2222	525 DISNEY LN ANAHEIM, CA	06/01/12	DUE	WALTER DISNEY, MD
P00000000	ROBIN HOOD	39	11/8/73	M	915-002-3333	525 DISNEY LN ANAHEIM, CA	09/01/12	DUE	WALTER DISNEY, MD

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Happy Birthday Reminder Card

EL PASO FIRST
premierplan

El Paso First Health Plans, Inc.
PO BOX 971100
El Paso, TX 79997-1100

NONPROFIT ORG.
U.S. POSTAGE
PAID
EL PASO TX
PERMIT NO. 429

To be filled out by the Provider ONLY:

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

- Physical Exam
- Immunizations
- Lab Screenings
- History & Health Development Screenings
- Health Education
- Dental Checkup
- Are you a Seasonal Farm Worker?

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

Patient Medicaid ID number:

To be filled out by Member ONLY
Please pick your gift card/ Por favor escoge tu tarjeta de regalo:
 \$25 shopping gift card/tarjeta de regalo para compras
 \$25 movie gift card/tarjeta de regalo para el cine

Please fax this completed form to:
El Paso First Health Plans at **915.533.2286** in order to mail
mail the member the gift card and enter them in monthly
drawing for a \$100,000 gift card.

TEXAS STAR
Member Since _____
Your Health Plan & Your Choice



* Please complete back portion with
DOS, member ID#, Provider name/stamp*



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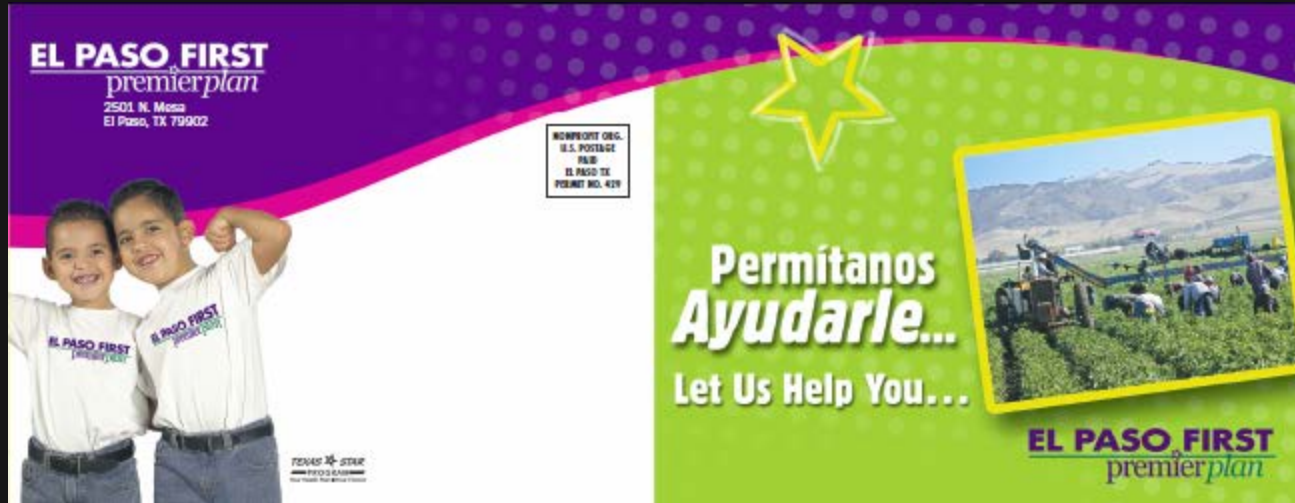
Accelerated Services for Children of Migrant Farm workers

- State initiative to provide a THSteps checkup and accelerated services to children of migrant farm workers due to the uniqueness of this population.
- Collaborating with the Migrant Outreach Coordinator to educate our providers about these services.
- If you have any patients from El Paso First that meet this criteria please refer them to Lluvia Acuña, Migrant Outreach Coordinator at 915-532-3778 ext 1075.



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Migrant Postcard



Estimado miembro, permitanos ayudarle:

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:

¿Es usted un trabajador temporal del campo?
 Si No

¿En la plaza de cebolla, chile, lechuga, tomate, uvas, nueces, etc...?
 Si No

¿Empacando o procesando vegetales, frutas, pescado, pollo, etc...?
 Si No

¿En lecherias, pesca, o matanza, etc...?
 Si No

Si contesto **SI** a alguna de las preguntas, por favor comuniquese con Lujvia Aoufo, Coordinadora Migrante, al **(915) 532-3778**. Le ayudaremos a recibir servicios rápidos. ¡Gracias por su tiempo!

Sinceramente,
 Plan Premier de El Paso First

Dear member, let us help you:

El Paso First Premier Plan has special Medicaid services for the children of seasonal farm workers and we would like to know the following:

Are you a seasonal worker?
 Yes No

Picking onions, chile, lettuce, tomatoes, peacans, etc...?
 Yes No

Packing or processing vegetables, fruits, fish, chicken, etc...?
 Yes No

In dairies, fisheries, or slaughtering, etc...?
 Yes No

If you answered **YES** to any of these questions, please contact Lujvia Aoufo, Migrant Coordinator at **(915) 532-3778**. We will help you receive accelerated services. Thank you for your time!

Sincerely,
 El Paso First Premier Plan

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Contact Information

– Maritza Lopez-THSteps Coordinator

- E-mail: mlopez@epfirst.com
- Phone: (915)298-7198 extension 1071

– Lluvia Acuña-Migrant Outreach Coordinator

- E-mail: lacuna@epfirst.com
- Phone: (915)298-7198 extension 1075

– Adriana Cadena-C.A.R.E. Unit Manager

- E-mail acadena@epfirst.com
- Phone: (915) 298-7198 extension 1127



Sonia Lopez
Claims Director



ICD-10 Overview



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Navigating the Road to ICD-10



Implementation Date

The HHS Ruling

January 16, 2009, the Department of Health and Human Services published a ruling

The 10th Revision of the ICD-CM be adopted to replace the ICD-9 diagnosis codes set

and

The ICD-10-PCS be adopted to replace the ICD-9 procedure code set for inpatient hospital coding.

The implementation date for the ICD-10 Code Set Is ~~October 1, 2013~~ October 1, 2014 (pending final ruling) for all covered entities.

Project Approach

ICD-10 Implementation Project Approach



➤ Project Planning

- Gathering Business Requirements

➤ Project Team Training

- Determine Integration Methodology
- Identify & Document ICD Impact

➤ System Upgrades

- Configuration
- Interface Development

Internal Testing

- Integrated Internal Testing
- Training Preparation

External Testing

- Trading Partner Testing
- User Training
- Parallel Production Testing

SEVEN STEPS to Plot Your Course

1. **LEVERAGING** a Team and Creating a Business Plan
2. **REVIEWING** Documentation
3. **PERFORMING** a Gap Analysis
4. **UPDATING** Technology
5. **GENERATING** Support
6. **PROVIDING** Targeted Education
7. **TESTING** and Monitoring for Success



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Leveraging a Team & Creating a Business Plan

- The team should consist of clinical and business staff of the practice.
- Include practice leadership, physicians, front-office staff, and billing staff (who handles: payment, appeal, and manages contracts).
- Prioritize by creating a business plan to assess, create, and assign the tasks that need to be completed during the transition.
- Provide high-level information to coordinate all efforts, and consider factors such as budget and timelines.
- Mapping resources AAPC, CMS, and American Medical Association (AMA).



Reviewing Documentation

- Review all vital tasks in the practice using ICD-9 codes.
- Evaluate Provider documentation techniques and ensure the medical progress notes support the codes submitted.



Performing a Gap Analysis

- Create an Inventory of all use of ICD-9 codes within the process flows of the practice such as paper materials and electronic technology.
- Address Gaps with software vendors, electronic claims submission clearinghouses, and healthcare payers.
- Begin mapping the frequently used or specialty codes from ICD-9 to ICD-10 codes.



Updating Technology

- Update electronic health records (EHRs) software, practice management software, and any paper documents using ICD-9.
- Test your software
- Send test files to clearinghouse and/or any health carriers who will accept test files.



Generating Support

- Ensure all staff participates and is involved in the final implementation stages.
- ICD-10 training and education of staff is crucial.



Providing Targeted Education

- **Multiphase processes in training for Physicians, Clinical, Administrative staff, and other staff who use ICD-9 codes.**
- **Introduction of ICD-10 codes is crucial at an early stage.**
- **Consider the levels of experience and learning styles within the practice. Training for a coder is different from the clinical staff.**
- **Offsite training, online resources, and/or partner with another practice to reduce expenses on training.**



Coder's Roadmap to ICD-10

Below is a full curriculum to prepare coders for the Oct. 1, 2014 implementation of ICD-10. All AAPC members and industry coders are strongly encouraged to consider all steps in the plan as each one provides the foundation for the next.

ICD-10 TIMELINE

2012

Step 1 ICD-10-CM Implementation Training

- Everything you need to know to implement ICD-10-CM in your practice
- Areas of ICD-10-CM impact, working with vendors and GEMS
- Documentation challenges of ICD-10-CM
- Templates, tools and checklists to simplify the transition
- 16 hours

Step 2 ICD-10-CM Anatomy and Pathophysiology Training

- Advanced training for increased specificity requirements
- How to identify the appropriate diagnosis or condition
- Key areas of challenge posed in ICD-10-CM
- 14 hours

2013

Step 3 PHASE I ICD-10-CM Code Set Training

- General code set training
- Complete guidelines with ICD-10-CM hands-on exercises
- Recommend prior to PHASE II Specialty Code Set Training
- 16 hours
- Available 2nd Quarter, 2013

2014

Step 4 PHASE II ICD-10-CM Specialty Code Set Training

Multi-Specialty or Specialty Specific

- Multi-specialty or single-specialty
- Advanced, real-world, hands-on coding
- 4 - 8 hours
- Available January, 2014

Step 5 ICD-10 Proficiency Assessment

- 75 questions
- Open book, online, unproctored, use any resource available
- Two attempts to pass over a two year window (Oct. 1, 2013 – Sept. 30, 2015)

ICD-10
Implementation

OCTOBER 1, 2014



Learn more at
www.aapc.com/icd-10coder

Testing and Monitoring for Success

- Testing with vendors, clearinghouse, and health carriers to ensure external vendors are ready for the transition.
- Practices should be prepared for ongoing auditing and monitoring.
- Develop metrics to benchmark performance that can highlight potential problems early to avoid cash flow disruptions.



ICD-10-CM Helpful Links

ICD-10-CM Resource Material

1. *ICD-10-CM Official Guidelines for Coding and Reporting – CMS*
2. www.innerbody.com, Human Anatomy Education Site, Copyright (c) 1999 - 2011 HowToMedia, Inc.
3. www.Wikipedia.org
4. <http://medical-dictionary.thefreedictionary.com>
5. Free Online ICD-9 Look-up - <http://icd9cm.chrisendres.com>
6. <http://emedicine.medscape.com/article/412956-overview>
7. <http://www2.mbusd.org/staff/pware/humanbody.htm>
8. <http://comminutedfracture.info/>
9. <http://www.orthopaedia.com/display/Clerkship/Fractures+in+Children>
10. <http://www.icd10data.com> The Free 2012 ICD-10 Medical Online Coding & GEMS Tool
11. <http://www.aapc.com/ICD-10/resources.aspx> Free Online ICD Backward & Forward Mapping Tool
12. <http://www.anatomyarcade.com/index.html> Free Online Games and Anatomy Illustrations
13. <http://www.getbodysmart.com/index.htm> Free Online Anatomy Resources
14. <http://www.bartleby.com/107/> The free online version of the famous Gray's Anatomy of the Human Body (20th edition), with complete text and illustrations.
15. <http://thinkanatomy.com/> Online Free Anatomy Education Source

Expediting Your Paper Claims Submission



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Verification of Authorization

The Authorization Number should be in BOX 23

The authorization Number are 10 Characters Long with Prefix of Zero.

- **EXAMPLE: 0000123456**

- **DO NOT SEND:**
 - CLIA Numbers: 45D0123456
 - Auth Not Needed
 - NOT on 1st VISIT
 - EXPIRED
 - 117044
 - 45D0123456 0000123456



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Authorization Location

- The Authorization Number should be in BOX 23
- When authorization is required do not leave Box 23 Blank.

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK FROM MM DD YY CURRENT OCCUPATION MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI	18. HOSPITALIZATION DATES RELATED FROM MM DD YY CURRENT SERVICES MM DD YY
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.
1. _____ 2. _____ 3. _____ 4. _____		23. PRIOR AUTHORIZATION NUMBER

Scanning Requirements



- Use original claim forms (Red and White) CMS 1500
Don't use copies of claim forms.
- Detach claims at perforated lines before mailing.
- Don't fold claim forms, corrected claims, or correspondence.
- Don't use labels, stickers, or stamps on the claim form.



All documents should be : 8 . x 11 inch paper

- Print claim data within defined boxes on the claim form in capital letters.
- Don't use red ink, markers, or highlighters.
- Use a laser printer for best results.
- Print using 10-pitch (12-point) Courier font, 10 point.
 - Don't use proportional fonts, such as Arial or Times Roman.



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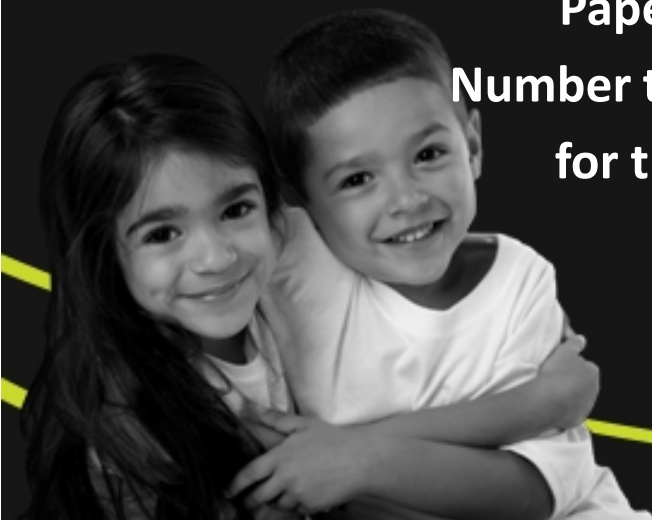
Attachments

- Use paper clips or staple claims or appeals if they include attachments. Don't use glue, or tape.
- Place the claim form on top when sending New claims, followed by any medical records or other attachments.
- Ensure all Remittance Advice from Primary Carriers are attached and include the denial descriptions.
- Submit claim correct claims with a Corrected Claim form located on the El Paso First Website. www.epfirst.com

Multiple Claim Submission:

Paper clip or staple multiple claims.

Number the pages when sending multiple claims for the same client (e.g., 1 of 2, 2 of 2).



Sonia Lopez, BS, CPC
Director of Claims
(915) 532-3778 Ext: 1097

Provider Care Unit Extension Numbers:

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



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Health Services Department



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Pre-Authorization

- Prior authorization flyer identifies authorization requirements
- Submit required documentation
 - (i.e. Title XIX forms, TP1, TP2 forms)
- Submit supporting clinical information
 - (i.e. evaluation, plan of care)



Pre-Authorization Form

- Submit complete and legible pre-certification form
 - Include date of service
- Enter applicable CPT Codes and ICD-9 Codes
- Complete the member's identifying information
 - Name
 - Date of birth
 - Identification number



Amendments

- When requesting an amendment, please include the following:
 - Original authorization number
 - Clinical information to support the amendment



Notifications

Partial Approval

- The Medical Director has approved services with a modification from the original request.
- The provider receives a fax notifying him/her of the approval.
- Provider has the opportunity to request a peer to peer discussion.

Administrative Denial

- Requested services were not approved.
- Example:
 - No clinical information is submitted within the requested time frame
 - Service is not a covered benefit
- The provider receives a fax notifying him/her of the denial and a formal denial letter with appeal rights.



Contact Information

Health Services Extensions

- Medicaid x 1500
- CHIP x 1536
- Health Care Options x 1537
- Preferred Administrators x 1538



Value Added Services for El Paso First Health Plan Members Effective March 1, 2013

Edgar Martinez

Director of Member Services



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El Paso First Premier - Medicaid Members will receive the following extra benefits:

- NEW - **Free car seat** for pregnant Members who complete a pregnancy class.
- NEW - Free phone, 250 free voice minutes and 250 text messages per month once member is approved.
- NEW - Home visits to new mothers who are high risk.
- \$25 Cinemark movie gift card or \$25 Wal-Mart gift card for Members age 20 and under that complete a timely Texas Health Steps medical checkup.
- \$15 *Health First* Packet of over-the-counter medications, such as Children's Tylenol, infants' gas relief drops, first aid kit, and sunscreen.
- New members will be eligible to receive all the following gifts if requested within 30 days of receiving welcome packet: digital thermometer, pedometer, emergency aid booklet, and a school supply kit.
- Eyewear with a retail value up to \$125, above the Medicaid benefit.
- \$25 Cinemark movie gift card or \$25 Wal-Mart gift card for pregnant Members that complete a prenatal visit and attend one pregnancy class.
- Up to \$295 of preventive dental services for members 21 years and older.
- Up to \$25 for any sport registration activity fee once every 12 months.
- Additional transportation services for doctor visits and health education classes.
- 4 additional nutritional counseling services for members age 20 and under, above the Medicaid benefit.
- Additional behavioral health benefits.



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El Paso First CHIP - CHIP Members will receive the following extra benefits:

- NEW - **Free car seat** for pregnant Members who complete a pregnancy class.
- NEW - Free phone, 250 free voice minutes and 250 text messages per month once member is approved.
- NEW - Home visits to new mothers who are high risk.
- \$25 Cinemark movie gift card or \$25 Wal-Mart gift card for pregnant Members that complete a prenatal visit and attend one pregnancy class.
- \$15 *Health First* Packet of over-the-counter medications, such as Children's Tylenol, infants' gas relief drops, sunscreen, and first aid kit.
- New members will be eligible to receive all the following gifts if requested within 30 days of receiving welcome packet: digital thermometer, pedometer, emergency aid booklet, and a school supply kit.
- Up to \$25 for any sport registration activity fee once every 12 months.
- **25% discount towards purchase of lenses and frames above the CHIP benefit.**
- **20% discount towards purchase of disposable contact lenses above the CHIP benefit.**
- Up to \$295 of preventive dental services above the CHIP benefit for CHIP members age 19 and under.
- Additional transportation services for doctor visits and health classes.
- 4 additional nutritional counseling services above the CHIP benefit for members age 19 and under.



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El Paso First CHIP Perinatal

CHIP Perinatal Members

will receive the following extra benefits:

- NEW - Free car seat for pregnant Members who complete a pregnancy class.
- NEW - Free phone, 250 free voice minutes and 250 text messages per month once member is approved.
- NEW - Home visits to new mothers who are high risk.
- \$15 *Health First* Packet **with prenatal vitamins** if a request form is completed and mailed back within 30 days of enrollment .
- New members will be eligible to receive all the following gifts if requested within 30 days of receiving welcome packet: digital thermometer, pedometer, emergency aid booklet, and a school supply kit.
- Additional transportation services for doctor visits and health classes.
- \$25 Cinemark movie gift card or \$25 Wal-Mart gift card for pregnant Members that complete a prenatal visit and attend one pregnancy class.



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Automated Telephone System

El Paso First is determined to always provide you with excellent customer service. Our automated telephone system is designed to expedite all Provider telephone calls.

The following diagram will assist you in navigating through the automated telephone system in a more accurate manner. Skipping the appropriate steps may lead to a longer wait time.

We look forward to working with you and to continue to improve the services we offer. If you have any comments or suggestions please feel free to contact us.



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Thank you for calling El Paso First Health Plans.

Gracias por llamar al plan de salud El Paso First.

- Para asistencia en Espanol, oprima el 1.
- If you are a member, parent of guardian of member press 2.
- **If you are a provider press 3.**
- If you know your party's extension press 4.
- If you would like to hear the menu again press Pound (#)
- For all other calls please remain on the line and an operator will assist you.

Provider Menu

- To verify **Eligibility** through a **Member Services Representative press 1.**
- If you are calling about a **Claim** and would like to speak to a **PCU representative press 2.**
- If you are calling about an **Authorization** and would like to speak to an **Utilization Review Technician press 3.**
- If you would like to be transferred to the **El Paso First Health X** automated eligibility, claims and authorization status services **press 4.**
- To hear the menu again press pound (#).
- For all other calls, please remain on the line and an operator will assist you.

1



2



3



Provider Member Services Menu

If you are calling about a:

- Medicaid Member press 1.
- Chip Member or Chip Perinate Member press 2.
- Health Care Options Member press 3.
- Preferred Administrators member press 4.
- To hear the menu again press pound (#).
- For all other calls, please remain on the line and an operator will assist you.

Provider Claims Menu

If you are calling about a:

- Medicaid Member press 1.
- Chip Member or Chip Perinate Member press 2.
- Health Care Options Member press 3.
- Preferred Administrators member press 4.
- To hear the menu again press pound (#).
- For all other calls, please remain on the line and an operator will assist you.

Provider Health Services Menu

If you are calling about a:

- Medicaid Member press 1.
- CHIP Member or CHIP Perinate Member press 2.
- Health Care Options Member press 3.
- Preferred Administrators member press 4.
- To hear the menu again press pound (#).
- For all other calls, please remain on the line and an operator will assist you.



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Please Hold!

El Paso First Health Plans is dedicated in providing you the utmost customer service. Please feel free to contact us at (915) 532-3778, Monday-Friday from 7 am to 5pm (Mountain Time), excluding holidays. You can also contact us at www.epfirst.com.

Do you hate being transferred from one phone queue to another?

Many times it is the misunderstanding of where and what service you might need. Here is a quick reference chart to guide you to the correct extension.

El Paso First Health Plans Phone Queues	Extension
Eligibility Dept. CHIP - Provider	1517
Eligibility Dept. Medicaid - Provider	1514
Eligibility Dept. Preferred Administrators - Provider	1529
Claims Dept. - Provider Care Unit	1504
Claims Dept. - CHIP	1512
Claims Dept. - Health Care Options	1504
Claims Dept. - Medicaid	1527
Claims Dept. - Preferred Administrators	1509
Prior Authorization Dept. - Medicaid	1500
Prior Authorization Dept. - CHIP	1536
Prior Authorization Dept. - Health Care Options	1537
Prior Authorization Dept. - Preferred Administrators	1538
Provider Relations Department	1507



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Questions?



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