



Welcome Providers

Texas Health Steps Specialty Training

April 23, 2015



Agenda

- **Welcome & Introductions**
- **C.A.R.E.:** [THSteps Updates](#)
- **Guest Speakers:** Connie Summers, PhD , CCC-SLP, Developmental Surveillance and Referral in El Paso Border Community, and Danielle Garcia, MPA, MPH, Project Launch
- **C.A.R.E.:** [Accelerated Services for Children of Migrant Farmworkers who Travel](#)
- **Quality Improvement:** [Medical Record Review](#)
- **Member Services:** [THSteps Initiatives](#)
- **Provider Relations:** [When to contact Provider Relations](#)
- **Health Services:** [Authorization Process for PT/OT/ST](#)
 - [Case Management Services](#)
 - [Disease Management Program](#)
 - [Behavioral Health Case Management](#)
 - [Catastrophic/chronic Conditions Case Management](#)
 - [OB Case Management](#)
 - [Pharmacoadherence Program](#)
- **Claims:** [Overview Updates](#)
- **Thank you!**

Texas Health Steps Updates

Maritza Lopez, MPH

Texas Health Steps Coordinator

EL PASO FIRST
Health Plans, inc.

THSteps Updates

Effective for dates of service on or after April 1, 2015, HHSC will implement THSteps Preventive Care Medical Checkups benefit criteria changes for Texas Medicaid.

- **Additional Age Requirement Added for Autism Screening**
- Autism screening is currently only required for clients at 18 months of age.
- Effective for dates of service on or after April 1, 2015, providers will be required to perform an autism screening on clients at 18 and 24 months of age using the Modified Checklist for Autism for Toddlers (M-CHAT).

THSteps Updates

Growth Chart Usage for Comprehensive Unclothed Physical Examinations

- Growth charts are used for recording of measurements and percentiles as appropriate to age to document a client's growth and development. The following growth charts are recommended to record client length, height, weight, and fronto-occipital circumference:
- The World Health Organization (WHO) growth charts (www.cdc.gov/growthcharts/who_charts.htm#) are recommended for clients who are birth to 2 years of age.
- The Centers for Disease Control and Prevention (CDC) growth charts (www.cdc.gov/growthcharts/clinical_charts.htm) are recommended for clients who are 2 years of age and older.

THSteps updates

Changes to Elevated Blood Lead Levels

- The blood lead level screening results that will require a confirmatory test will be reduced to 5 mcg/dL or greater from 10 mcg/dL or greater.
- Confirmatory tests require venous specimens.
 - Providers may send specimens to the Department of State Health Services (DSHS) lab or may instead send clients or specimens to a lab of the provider's choice.

THSteps Laboratory Specimens

- All required laboratory testing for THSteps clients must be performed by the Department of State Health Services (DSHS) Laboratory in Austin, TX, with the following exceptions:
 - Specimens collected for type 2 diabetes, hyperlipidemia, HIV, and syphilis screening
 - may be sent to the laboratory of a provider's choice or to the DSHS Laboratory in Austin if submission requirements can be met.
 - Blood lead testing by point-of-care screening.
- Laboratory specimens must be accompanied with the DSHS Laboratory Specimen Submission Form

New Members and Catch-ups

- New Members
 - All new members must obtain a Texas Health Steps checkup within 14 days of enrollment for newborns and 60 days for all other child members.
- Catch-ups
 - If a Member has missed a required checkup, a catch up must be done.
 - i.e. child at 4 months is missing 2 month checkup
 - 2 month checkup done at 4 month appt. and 4 month catch up done one month later or before they turn 6 months to stay current.

Exception to Periodicity

- Medically necessary
 - i.e. for a client with developmental delay, suspected abuse, or other
- Medical concerns or a client in a high-risk environment, such as living with a sibling with elevated blood lead level.
- Required to meet state or federal checkup requirements for Head Start, day care, foster care, or pre-adoption.
- When needed before a dental procedure requiring general anesthesia.
 - Sports Physicals are not an exception to periodicity.
 - Sports physicals are not a Medicaid covered benefit!

Exception to Periodicity

Provider must also include the most appropriate exception-to-periodicity modifiers.

Modifier	Description
SC	Medically necessary service or supply
23	Unusual Anesthesia: Occasionally, a procedure that usually requires either no anesthesia or local anesthesia must be done under general anesthesia because of unusual circumstances. This circumstance may be reported by adding the modifier “23” to the procedure code of the basic service.
32	Mandated Services: Services related to mandated consultation or related services (e.g., PRO, third party payer, governmental, legislative, or regulatory requirement) may be identified by adding the modifier “32” to the basic procedure.

*THSteps medical exception-to-periodicity services must be billed with the same procedure codes, provider type, modifier, and condition indicators as a medical checkup.



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

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

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

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

Patient #1 Information				
Patient Name: _____		Date of Birth: _____	Medicaid ID: _____	
Appointment Type:	<input type="checkbox"/> THSteps Checkup	<input type="checkbox"/> THSteps Followup	<input type="checkbox"/> Sick Visit	<input type="checkbox"/> Lead
	<input type="checkbox"/> Other: _____			
Reason for referral (check all that apply)				
<input type="checkbox"/> Patient missed appointment, date: _____	<input type="checkbox"/> Assistance needed scheduling appointment.			
<input type="checkbox"/> Follow-up appointment for additional lead testing.	<input type="checkbox"/> Provide updated patient address (Case Management Only)			
<input type="checkbox"/> Assist with transportation to appointment.	<input type="checkbox"/> Other, see comments.			
Comments: _____				

Outreach Services Results (SSU Use Only)	
<input type="checkbox"/> Appointment scheduled; date/time: _____	<input type="checkbox"/> Patient provided education about appointment etiquette.
<input type="checkbox"/> Patient assisted with transportation to appointment.	<input type="checkbox"/> Patient will contact provider directly.
<input type="checkbox"/> No action taken; patient declined assistance.	<input type="checkbox"/> No action taken; patient no longer eligible for Medicaid.
<input type="checkbox"/> Unable to locate patient; letter mailed to patient.	<input type="checkbox"/> Other: _____
Comments to Provider: _____	

Patient #2 Information				
Patient Name: _____		Date of Birth: _____	Medicaid ID: _____	
Appointment Type:	<input type="checkbox"/> THSteps Checkup	<input type="checkbox"/> THSteps Followup	<input type="checkbox"/> Sick Visit	<input type="checkbox"/> Lead
	<input type="checkbox"/> Other: _____			
Reason for referral (check all that apply)				
<input type="checkbox"/> Patient missed appointment, date: _____	<input type="checkbox"/> Assistance needed scheduling appointment.			
<input type="checkbox"/> Follow-up appointment for additional lead testing.	<input type="checkbox"/> Provide updated patient address (Case Management Only)			
<input type="checkbox"/> Assist with transportation to appointment.	<input type="checkbox"/> Other, see comments.			
Comments: _____				

Outreach Services Results (SSU Use Only)	
<input type="checkbox"/> Appointment scheduled; date/time: _____	<input type="checkbox"/> Patient provided education about appointment etiquette.
<input type="checkbox"/> Patient assisted with transportation to appointment.	<input type="checkbox"/> Patient will contact provider directly.
<input type="checkbox"/> No action taken; patient declined assistance.	<input type="checkbox"/> No action taken; patient no longer eligible for Medicaid.
<input type="checkbox"/> Unable to locate patient; letter mailed to patient.	<input type="checkbox"/> Other: _____
Comments to Provider: _____	

Updated Referral Form to replace Missed Appointment Referral Form

Contact Information

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Adriana Cadena
C.A.R.E Unit Manager
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acadena@epfirst.com

Overview:
**Program for Children of Farm
Workers who Travel for Work**

Lluvia Acuña
Migrant Outreach Coordinator

EL PASO FIRST
Health Plans, inc.

Accelerated Services for Children of Farm Workers who Travel for Work

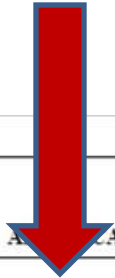
- A State initiative to provide a THSteps checkup and accelerated services to children of farm workers who travel for work due to the uniqueness of the population.
- El Paso First Health Plans cooperates and coordinate with the State, outreach programs and Texas Health Steps regional program staff and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

What does Accelerated Services for Children of Farm Workers 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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How are CMFW's Identified?

El Paso First partners with more than 20 community agencies that serve this special population. LOC is established as well as a referral process between El Paso First Health Plans and community agencies:

- Ex. Project Vida
- Mexican Consulate
- Las Americas Immigrant Advocacy Center
- TX A&M Colonias Program
- QUAD
- UTEP/EPCC HEP

How are CMFW's Identified?

MOU between HHSC & TEA

- HHSC provides us with list of potential migrant members enrolled with El Paso First Health Plans:
- Monthly Migrant P41 Migrant File
- Quarterly HHSC/TEA Migrant Exchange File
- Member Services Referral Form

Reaching out to Children of Farm Workers

- El Paso First also partners with all 10 school districts in the El Paso & Hudspeth Areas and their Migrant 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
 - Tornillo ISD MEP
 - Ysleta ISD MEP

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!!!!



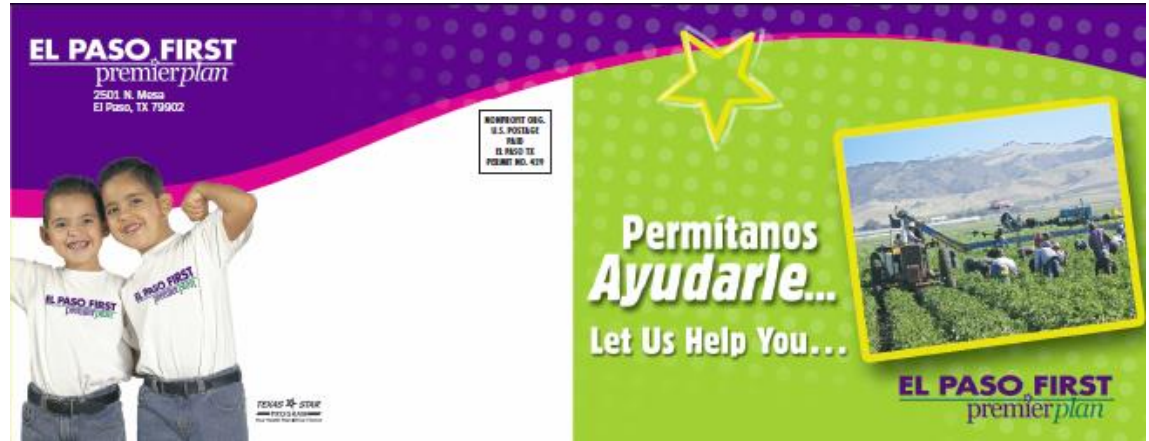
Reaching out to Children of Farm Workers

Mobile Food Pantry Distributions



How do we reach out to CMFW?

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



<p>Estimado miembro, permítanos 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 gustaría 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, nísacos, 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 carnicerías, pescas, o matanzas, etc...? Si <input type="radio"/> No <input type="radio"/></p> <p>Si contestó SI a alguna de las preguntas, por favor comuníquese con Lluvia Acuña, Coordinadora Migrante, al (915) 532-3778. Le 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, peaches, 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 Lluvia 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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Contact Information

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Texas Health Steps

Medical Record Review

Patricia S Rivera, RN

Quality Improvement Nurse Auditor

EL PASO FIRST
Health Plans, inc.

Medical Record Review

- **History:** Each checkup should include documentation of mental health, developmental, nutritional and tuberculosis screening
- **Mental:** Mental health screening for behavioral, social, and emotional development is required at each THSteps checkup.
- **TB:** 1) annually beginning at 12 months of age.
2) use of TB Questionnaire tool.
3) Tuberculin Skin Test when indicated

Medical Record Review

- **Development:**

- 1) required from 6 months to 6 years.

- 2) approved Developmental Screening Tool (ASQ, PEDS, ASQ:SE) *required at age 9, 18 & 24 months, 3 and 4 yrs.*

- 3) developmental surveillance required at all other checkups. (review of milestones)

Medical Record Review

- **Autism:** MCHat required at 18 months (*as of 4/1/15 will also be required at 24 months*)
- **Nutrition:** Dietary practices must be evaluated at each checkup to identify and address nutritional issues or concerns.
- **Immunizations:** each visit must include age appropriate *assessment and administration* of immunizations (for example, “Immunizations up to date”, “reviewed” or “administered Immunization XYZ”).

Medical Record Review

- **Anemia:** (*Required for 12 and 18mo and for females 12 yr*) Document hemoglobin or hematocrit levels.
- **Lead:** Blood lead testing mandatory 12 and 24 months. Lead Risk assessment at all other check-ups until age 6.
- **Newborn:** The initial newborn screen specimen must be obtained between 24 and 48 hours after birth. A second screen is to be obtained between one and two weeks of age .

Medical Record Review

Documentation must include age appropriate laboratory test in accordance with the THSteps Periodicity Schedule in effect at the time of the visit to include risk based test(s) or decision **not** to complete specific test(s) supported by clinical documentation, including history and physical findings for the following:

- **Hyperlipidemia:** (*Required at 24 mo to 20 yr*)
- **Diabetes:** (*Required at 10 yr to 20 yr*)
- **STD** (*Required 11 yr to 20 yr*)
- **HIV** (*Required 11 yr to 20 yr*)

Medical Record Review

- **Physical Exam:** Recording of measurements and *percentiles*
 - Length or height and weight
 - Fronto-occipital circumference through the **first 24 months of age**
 - Body mass index (BMI) calculated **beginning at 2 years of age**
 - Blood pressure beginning at **3 years of age**

Medical Record Review

- **Vision:** Vision screening must be performed at each visit. A visual acuity test must be performed at ages indicated on the periodicity schedule. Subjective screening through provider observation or informant report is done at the other checkups.
- **Hearing:** Hearing screening must be performed at each visit. Audiometric screening must be performed at specific ages indicated on the periodicity schedule. Subjective screening through provider observation or informant report is done at the other checkups.

Medical Record Review

- **Anticipatory Guidance/Health Education:** Each checkup must include age appropriate health education and anticipatory guidance given.
- **Dental:** At 6 months of age and at all other appropriate ages as noted on the THSteps Periodicity Schedule until a dental home has been established
- **Next Preventive Visit:** Documentation must include time- frame for the next preventive visit. (Cannot be PRN)

Contact Information

Donald Gillis

Director of Quality Improvement

915 298 7198 Ext 1231

Patricia S Rivera, RN

Quality Improvement Nurse Auditor

915 298 7198 Ext 1106

THSteps Initiatives

Member Services

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Health Plans, inc.

PCP Assignments

- A (PCP) Primary Care Provider's role is providing and coordinating health care for their members.
- Each member enrolled in the STAR program is assigned a PCP.
- A PCP is assigned when the members first enrolled in the STAR program.

PCP Assignments

- Members might choose to change to a different PCP at anytime.
- HHSC cut off date to process any changes.
- Depending on the date the member calls to request a PCP change, time frames can vary from 15 to 45 days.

THSteps Postcard

- Every month El Paso First Health Plans mails out THSteps postcards to members who are due a THSteps checkup for that month.



EL PASO FIRST
Health Plans, inc.

THSteps Postcard

We wish you a Happy and Healthy Birthday!

Go visit your doctor and receive a Texas Health Steps exam. You will get a **FREE \$15** Walmart gift card and you will be entered into a monthly drawing for a \$100 dollar gift card!



Please make sure that your doctor fills out the back of this card when you go for your Texas Health Steps checkup.

Enjoy the free gift of wellness!

Remember that Texas Health Steps is a major checkup that helps keep children healthy!



THSteps Postcard

EL PASO FIRST
premier plan


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 Doctor ONLY:

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

- Physical Exam
- Immunizations
- Lab Screenings
- History & Health Development Screenings
- Health Education
- Are you a Seasonal Farm Worker? Yes or No



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

Patient Medicaid ID number:

Doctor please fax this completed form to:
El Paso First Health Plans at **915-225-6749** in order to
mail the member the \$15 gift card and enter them in
monthly drawing for a \$100.00 gift card.

TEXAS STAR
PROGRAM
Your Health Plan • Your Choice

EPF-MBII-STAR Happy Birthday PC01

Provider Initiative

- The Predictive Dialer is another tool that El Paso First Health Plans facilitates to our participating providers. The Predictive Dialer will make reminder calls to all of your members who are due for a THSteps check up.

Provider Initiative



Just a reminder

Our records show that your son/daughter is due for their **FREE** Texas Health Steps medical checkup.

Please call MONTWOOD FAMILY MED CTR at 855-8550 to make an appointment today!

Sólo un recordatorio

Nuestros archivos indican que a su hijo le toca el examen médico **GRATIS** de Pasos Sanos de Texas.

Por favor, ¡llame hoy mismo a MONTWOOD FAMILY MED CTR al 855-8550 para hacer una cita!



Provider Initiative



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

NON PROFIT ORG
US POSTAGE
PAID
EL PASO, TX
PERMIT NO. 429



*****AUTO**5-DIGIT 79925 T7 P1

ANTONIO MEDINA
1145 WESTMORELAND DR
EL PASO, TX 79925-5637

Text Messages

- Just a friendly reminder from El Paso First! Our records show that your child missed their THSteps exam visit

<https://epfirst.com/overdue.html>



Your child missed a medical or dental checkup!

Texas Health Steps is a very important checkup that helps find potential health problems that can be treated before they become serious.

Checkups need to be done at these ages:

Birth	9 months	3 years	9 years	15 years
3-5 days	12 months	4 years	10 years	16 years
2 weeks	15 months	5 years	11 years	17 years
2 months	18 months	6 years	12 years	18 years
4 months	24 months	7 years	13 years	19 years
6 months	30 months	8 years	14 years	20 years

When you take your child for a Texas Health Steps checkup, you'll feel a lot better!

For transportation or help scheduling an appointment, please call El Paso First at **1-877-532-3778**.

¡A su hijo(a) le hace falta un examen médico o un examen dental!

Pasos Sanos de Tejas es un examen médico muy importante que ayuda a encontrar problemas de salud que pueden ser tratados antes de que se conviertan en problemas serios.

Los exámenes necesitan hacerse a estas edades:

Al nacer	9 meses	3 años	9 años	15 años
3-5 días	12 meses	4 años	10 años	16 años
2 semanas	15 meses	5 años	11 años	17 años
2 meses	18 meses	6 años	12 años	18 años
4 meses	24 meses	7 años	13 años	19 años
6 meses	30 meses	8 años	14 años	20 años

¡Cuando lleve a su hijo(a) por un examen médico de Pasos Sanos de Tejas, usted se sentirá mucho mejor!

Para transporte o ayuda para hacer una cita, por favor llame a El Paso First al **1-877-532-3778**.



Questions

Edgar Martinez
Director of Member Services
915-532-3778 ext. 1064

Antonio Medina
Enrollment & Member Service Supervisor
915-532-3778 ext. 1034

Juanita Ramirez
Member Services & Enrollment Supervisor
915-532-3778 ext. 1063

When to Contact Provider Relations

Rene Duran

Provider Relations Representative

EL PASO FIRST
Health Plans, inc.

Contact Provider Relations

- ✓ Changes in address locations
- ✓ If you are adding or terming a provider
- ✓ 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

Where to locate forms

www.epfirst.com

The screenshot displays the website's header with contact information: 'Call us at 915-532-3778', 'Outside the El Paso 1-877-532-3778', 'For Providers Web Portal Login →', and 'En Español'. The navigation menu includes 'HOME', 'ABOUT', 'MEMBERS', 'PROVIDERS', 'PROGRAMS', 'FIND A DOCTOR', 'EVENTS', and 'CONTACT US'. A red arrow points from the 'PROVIDERS' menu item to a dropdown menu containing 'PROVIDER FORMS', 'TEXAS HEALTH STEPS FOR PROVIDERS INFORMATION', 'CLINICAL PRACTICE GUIDELINES', and 'PRENATAL-POSTPARTUM CARE VISIT VERIFICATION'. A blue callout box with the text 'Go to Providers and click on Provider Forms' is positioned over the 'PROVIDERS' menu item. Below the navigation, three colored boxes are visible: a purple box for 'Do I qualify?' with a 'Learn more →' button, a green box for 'For Members' with a 'Learn more →' button, and a red box for 'For Providers' with a 'Learn more →' button. A yellow arrow points from the 'For Providers' box back towards the 'PROVIDERS' menu item.

Continued ...

Provider Forms

To search type and hit enter...

Download our Provider Forms Below

Web Portal Forms	+
Health Services Forms	+
Complaints and Appeals Forms	+
Members Services Forms	+
Claims Forms	+
Credentialing Packet Forms	-
<ul style="list-style-type: none">▸ DME Supplies Form▸ Demographic Form▸ W9 Form – Request for Taxpayer Identification Number and Certification▸ Credentialing Checklist for Organization/Facility▸ Credentialing Application for Organization▸ Initial Credentialing Checklist for Physician▸ Re-credentialing Checklist for Physician▸ Texas Standardized Credentialing Application	
Misc. Forms	+

Go to Credentialing Packet Forms then click on Demographic Form

WEB PORTAL LOGIN →

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](#)

FIND A DOCTOR



CHIP & STAR Provider Directory

[Search](#)

PROVIDERS NEWSLETTER



Health Quarterly Newsletter

[Read More](#)

IMPORTANT

Demographic Form

EL PASO FIRST

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

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

If there are any changes to report, please submit a demographic form.

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



Demographic Information Form			
Please Check off Health Plan Participation (Contract):		Please check off Specialty Type:	
<input type="checkbox"/> Medicaid/Premier Plan	<input type="checkbox"/> HCO	<input type="checkbox"/> PCP	<input type="checkbox"/> Ancillary (DME, Home Health, Hospice)
<input type="checkbox"/> CHIP	<input type="checkbox"/> TPA (Preferred Admin)	<input type="checkbox"/> Specialist	<input type="checkbox"/> Behavioral Health (LPC)
<input type="checkbox"/> CHIP Perinate (OB Providers Only)		<input type="checkbox"/> Hospital Based	<input type="checkbox"/> Allied Health (PT,OT, ST)
Group Name: (If Applicable)			
Group NPI: (If Applicable)		Group TPI: (If Applicable)	
Provider Name (Last, First, Middle):		Professional Category Professional Category: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> LPC <input type="checkbox"/> Other:	
Individual NPI:		Individual TPI: <input type="checkbox"/> Pending (In Process)	
Primary Specialty:		Secondary Specialty:	
Medical License: Telemedicine Services: <input type="checkbox"/> YES <input type="checkbox"/> NO Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: Accepting New Patients <input type="checkbox"/> YES <input type="checkbox"/> NO 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:		CLIA Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No If so Certificate Type: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provider Billing Information W-9 must be submitted along with Demographic Information Form			
Official Business Name (as it appears on W-9/IRS Documentation)			
Doing Business As (if different from above)**this information must match Box #33 on claim form			
Billing Address, City State and Zip Code:		Tax ID Number: (Required)	
Primary Practice Location		Secondary Practice Location	
Address:		Address:	
City, State, Zip Code:		City, State, Zip Code:	
Phone Number: () () ()	Fax: () () ()	Phone Number: () () ()	Fax: () () ()
Primary Contact Person:		Primary Contact Phone Number email address:	
For EP First Staff Only:			
Verifications: <input type="checkbox"/> W-9 <input type="checkbox"/> NPPES <input type="checkbox"/> TPI Look Up <input type="checkbox"/> Provider Letter <input type="checkbox"/> Other			
Provider Type: <input type="checkbox"/> PCP <input type="checkbox"/> PCP/Specialist <input type="checkbox"/> Specialist <input type="checkbox"/> Ancillary <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Hospitalist			
Contract Type: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Attachment D <input type="checkbox"/> Attachment B/C <input type="checkbox"/> Attachment F <input type="checkbox"/> Facility			
Credentiaing: <input type="checkbox"/> LOA <input type="checkbox"/> Ancillary <input type="checkbox"/> After Hours			
Provider Credentialed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			
Credential Site Visit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			
Add: <input type="checkbox"/> To Network <input type="checkbox"/> To Group <input type="checkbox"/> Program			
TERM: <input type="checkbox"/> From Network <input type="checkbox"/> From Group <input type="checkbox"/> From Program REASON: _____			
<input type="checkbox"/> STAR <input type="checkbox"/> CHIP <input type="checkbox"/> CHIPPerinate <input type="checkbox"/> HCO <input type="checkbox"/> CM <input type="checkbox"/> TPA Effective Date: ____/____/____			
<input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating			
Comments: _____			

400151MKT101614

Provider Directories

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EL PASO FIRST HEALTH PLANS, INC.
 EL PASO & JARDINES LOCUSTAS
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Texas Provider Identifier

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TPI Importance

- A provider must enroll and obtain TPI number from TMHP in order to be a participating provider for Texas Medicaid.
- All new providers practicing as an individual or under a group must obtain a TPI.
- A provider must have a TPI number for each practice location.

How to Apply for a TPI

- A provider must fill out a Texas Medicaid Provider Enrollment Application through the TMHP Website.
- Upon completion of the Texas Medicaid provider application, qualified providers are automatically enrolled as THSteps medical checkup providers.
- TMHP will only issue a THSteps TPI number for groups.
- TMHP will mail out a TPI letter as soon as the application has been approved.

Notifying El Paso First

- Contact your Provider Relations Representative or Provider Relations Department to inform them on the TPI number you receive from TMHP.
- TMHP TPI Letter
- The TPI number will be added under the providers account.

TMHP TPI Letter



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
TMHP A STATE MEDICAID CONTRACTOR

Date

491 Box 200755
Austin, TX 78720-0755
1-800-675-4125
Fax 1-512-914-6114

Provider Name
Address
City, State, Zip

Re: New Enrollment Information

Dear Provider:

Thank you for the opportunity to process your application for enrollment in the Texas Medicaid Program. Please note your provider information as follows:

Name:

TM Base:

TPI Base:

NP/APP:

Primary Taxonomy:

Secondary Taxonomy(s):

Benefit Code:

Date of Enrollment:

Program:

Program Type:

Upon receipt of this confirmation, providers should submit claims promptly. Please refer to the Texas Administrative Code §354.1003 (Time Limits for Submitted Claims) for specific claims filing deadline information. Claims filing time limit information is also contained in the Texas Medicaid Provider Procedures Manual. By submitting Medicaid claims, each enrolled provider agrees to abide by the policies and procedures of Medicaid as expressed in the Texas Health and Human Resources Code, published regulations, provider contract, and the administrative and instructions manuals, bulletins, and other instructional material furnished to the provider.

Texas Medicaid & Healthcare Partnership (TMHP), a coalition of contractors headed by Arbitration Computer Services, Inc. (ACS) under contract with the Texas Health and Human Services Commission (THHS), serves as the claims administrator for the Texas Medicaid Program.

Thank you for your participation in the Texas Medicaid Program. If you have any questions or need assistance, please contact TMHP Customer Service at 1-800-925-8125.

Sincerely,

TMHP Provider Enrollment

7/20/10 08:23

www.tnhp.com

Helpful Information

- TMHP website at www.tmhp.com
- TMHP at (800) 925-9126

Contact Information

Rene Duran
Provider Relations
Representative
rduran@epfirst.com
(915) 532-3778 ext. 1037

Provider Relations Department
(915) 532-3778 ext. 1507

Authorization Process: PT/OT/ST

Gilda Rodriguez, RN
Prior Authorization Coordinator

EL PASO FIRST
Health Plans, inc.

Prior Authorization Process

ST/PT/OT

- Prior Authorization is required
- *All* requests for ST/PT/OT are reviewed by El Paso First Medical Director
- Prior Authorization must include supporting clinical documentation
 - CHIP and TPA we can request additional documentation (within the 3 day period), providers can expect a call requesting the additional information
 - STAR we can request additional information allowed from the date request is received (seven days)

Early Childhood Intervention (ECI)

- All health-care professionals are required by federal and state regulations to refer children who are 35 months of age and younger (i.e., before their third birthday) to the Texas ECI Program as soon as possible, but no longer than 7 days after identifying a disability or suspected delay in development.

Early Childhood Intervention (ECI) Cont.

- The Texas ECI Program is available statewide to all children who have been determined to be eligible for ECI services by ECI Program providers.
- To be eligible for ECI services, children must be 35 months of age and younger (i.e., before their third birthday) and have disabilities or developmental delays as defined by ECI criteria.

Prior Authorization Process

Supporting Clinical Documentation

- CCP Form for STAR members ONLY (must be signed and dated or signed prescription must be attached)
- A current therapy evaluation
- A client-specific comprehensive treatment plan with a signature, must include diagnosis (es) and treatment goals

PA Submission

- Submit PA request via fax or webportal
 - Fax no: 915-298-7866
 - Submit a complete packet along with supporting clinical that clearly indicates medical necessity for the service you are requesting

Contact Us

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Edna Lerma, LPC
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Health Services Director
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915-532-3778 ext. 1007

Case Management Services

Gabriela Mendoza, BHS/M
Disease Management Program Specialist

EL PASO FIRST
Health Plans, inc.

Our Goal

El Paso First Health Plans, will provide coordination of care for Members with special health care needs (MSHCN) and children with special health care needs (CSHCN) to ensure these Members with medical and behavioral disabilities or chronic/complex conditions have a medical home, a system of care that remains stable, and services that are consistent and unduplicated

Assessments

- Assessments are completed to determine the need for service management and to furnish these services when appropriate
- Assessment and service planning activities ensure MSHCN, including CSHCN, have access to treatment by a multidisciplinary team when the Member's Primary Care Physician (PCP) determines the treatment is medically necessary, or to avoid separate and fragmented evaluations and service plans

Care Coordination

Coordination of care activities will focus on ensuring the provision of covered services to meet the special preventive, primary acute care, and specialty health care needs appropriate for treatment of the individual Member's condition

Case Management Referral Form

You can refer El Paso First members to our Disease Management Program by filling out and faxing the CM referral on our website or by phone

Fax: 915-298-7866

Phone: 915-532-3778, X 1175 or X 1076



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:

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



Where to find it:

On our website under the provider tab then click on provider 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 navigation menu includes 'HOME', 'ABOUT', 'MEMBERS', 'PROVIDERS', 'PROGRAMS', 'FIND A DOCTOR', 'EVENTS', and 'CONTACT US'. The 'PROVIDERS' tab is active, leading to the 'Provider Forms' page. The page title is 'Provider Forms' and it includes a search bar with the placeholder text 'To search type and hit enter...'. Below the title, there is a section 'Download our Provider Forms Below' with a list of forms: 'Web Portal Forms', 'Health Services Forms', 'Complaints and Appeals Forms', and 'Members Services Forms'. The 'Health Services Forms' list includes: 'TCM/MHR 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 side, there is a sidebar with '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 'Search →' link).

Disease Management Program

EL PASO FIRST
Health Plans, inc.

Disease Management Program

El Paso First has a Disease Management Program available to members who have an uncontrolled chronic disease such as:

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

What we do:

Members receive:

- Health education
- Care/service coordination
- Health tip text messages
- Follow up calls
- Home visits*
- Community resources*

*If necessary

Behavioral Health Case Management

EL PASO FIRST
Health Plans, inc.

Behavioral Health Case Management

- BH Case Management is offered to members who have a behavioral health diagnosis
- Our BH case managers ensure that proper outpatient services are coordinated for our members after discharge from an inpatient psychiatric facility
- Service coordination includes, but is not limited to, referrals to counselors, psychiatrists, and support groups

Behavioral Health Case Management

Our BH Case Managers assess members and develop individualized treatment plans in order to facilitate access to treatment and avoid readmissions

Behavioral Health - Crisis Lines

- Members can also get behavioral health or substance abuse help 24 hours a day, 7 days a week
- Members can call our crisis line toll-free:
 - STAR members- 1-877-377-6147
 - CHIP members- 1-877-377-6184

Catastrophic/Chronic Conditions Case Management

EL PASO FIRST
Health Plans, inc.

Case Management for Members with Chronic/Catastrophic Conditions

We offer case management services to members who have been identified as having a Chronic/Catastrophic Condition

- Our Catastrophic Case Manager assists members navigating the health care system to facilitate the timely delivery of health care services
- Service coordination to OOT providers/specialists, MTP, and other non-capitated services

OB Case Management

EL PASO FIRST
Health Plans, inc.

OB Case Management

- Our Case Management Program includes service coordination for our OB members
 - This includes contacting members to ensure timely delivery of prenatal care upon enrollment with El Paso First
 - Case Management services are provided to members identified with a high risk pregnancy
 - Service coordination after delivery to coordinate services with external entities such as WIC, MTP, and TWHP

Pharmacoadherence Program

EL PASO FIRST
Health Plans, inc.

Pharmacoadherence Program

The pharmacoadherence program focuses on members with chronic conditions such as chronic heart disease, diabetes, depression, attention deficit hyperactivity disorder, schizophrenia, Alzheimer's, multiple sclerosis, and HIV.

Members, who are at risk for medication safety issues, as identified through the pharmacoadherence program, and members experiencing a transition of care (i.e. inpatient to outpatient services) will be assessed

Contact Us

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Contact Us cont.

Bertha Alarcon, RN

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Irma Pierson, LVN

OB Case Manager

ipierson@epfirst.com

915-532-3778, x 1062

Claims



Yvonne Grenz
PCU Supervisor

EL PASO FIRST
Health Plans, inc.

Claims Overview

1. Modifier 25
2. Vaccine administration with and without counseling
3. Multiple page claims
4. ICD-10 updates

Modifier 25

- Modifier-25 is used for an unrelated evaluation and management by the same provider or other qualified health care professional that is a significant, separately identifiable service performed on the same day as another procedure or service.

Modifier 25

- Modifier 25 is appropriate to use when
 - an E/M service is performed at the same session as a preventive care visit when a significant, separately identifiable E/M service is performed in addition to the preventive care.
 - the THSteps checkup is performed at the same visit as an immunization or vaccination administration.

Modifier 25

- **Scenario:** A child is seen for a complete well child EPSDT exam visit, has a presenting problem of moderate to high severity, and a reimbursement can be claimed for both services.
 - Discussion: How would you document these services in the claim?
 - An EPSDT code with V20.2 as the primary diagnosis, with an Evaluation and Management (E&M) code and Modifier 25 to denote additional services

Vaccine Administration with Counseling

- Providers must specify the number of components per vaccine by appropriately billing 90460 and 90461 as outlined in the procedure code descriptions.

Procedure Code	Quantity Billed
Vaccine or toxoid procedure code with 1 component	1
90460 (1st component)	1
Vaccine or toxoid procedure code with 3 components	1
90460 (1st component)	1
90461 (2nd and 3rd components)	2

Note: *The term “components” refers to the number of antigens that prevent disease(s) caused by one organism. Combination vaccines are those that contain multiple vaccine components.*

Vaccine Administration without Counseling

- Providers may use procedure codes 90471, 90472, 90473, and 90474 for reimbursement per vaccine based on the route of administration.

Example:

Procedure Code	Quantity Billed
Vaccine or toxoid procedure code	1
90471 (Injection administration)	1
Vaccine or toxoid procedure code	1
90472 (Injection administration)	1
Vaccine or toxoid procedure code	1
90472 (Injection administration)	1

Vaccine Administration

- Providers must submit claims for immunization administration procedure codes 90460 or 90461 based on the number of components per vaccine.
- Providers must specify the number of components per vaccine by billing 90460 and 90461 as defined by the procedure code descriptions:
 - Procedure code 90460 is submitted for the administration of the 1st component.
 - Procedure code 90461 is submitted for the administration of each additional component identified in the vaccine.

Vaccine Administration

The following vaccines and toxoids are a benefit of Texas Medicaid:

Procedure Code	Number of Components**	Procedure Code	Number of Components**	Procedure Code	Number of Components**
90630	1	90632	1	90633*	1
90636	2	90644	2	90647*	1
90648*	1	90649*	1	90650*	1
90654	1	90655*	1	90656*	1
90657*	1	90658*	1	90660*	1
90670*	1	90672*	1	90673	1
90680*	1	90681*	1	90685*	1
90686*	1	90687*	1	90688*	1
90696*	4	90698*	5	90700*	3
90702*	2	90703	1	90707*	3
90710*	4	90713*	1	90714*	2
90715*	3	90716*	1	90721	4
90723*	5	90732*	1	90733	1
90734*	1	90743	1	90744*	1
90746	1	90748*	2	90749	1

Multiple Page Claims

- When submitting multiple page claims, providers must ensure the following elements are met:
 1. The diagnosis code(s) reported on the first page must be repeated in the subsequent pages.
 2. If more than 12 diagnoses are required to report the line services, the claim must be split and the services related to the additional diagnoses must be billed as a separate claim.
 3. The total must be listed on the last page.

Multiple Page Claims

- Page numbers are to be printed as:
“Page XX of YY”

Example:

Four line address:

1500	ABC Insurance Company	
HEALTH INSURANCE CLAIM FORM	Suite 600	CARRIER
<small>APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 06/05</small>	567 Insurance Lane	
<input type="checkbox"/> FICA	Big City, IL 60605	
	Page 01 of 02	FICA <input type="checkbox"/>

Three line address:

1500	ABC Insurance Company	
HEALTH INSURANCE CLAIM FORM	567 Insurance Lane	CARRIER
<small>APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 06/05</small>	Big City, IL 60605	
<input type="checkbox"/> FICA		
	Page 01 of 02	FICA <input type="checkbox"/>

THSteps and ICD-10

- HHSC has identified the following changes for dates of service on or after October 1, 2015:

ICD-9	<i>*New*</i> ICD-10 CM	Applicable to the following benefits:
V20.2	Z00121 Z00129	THSteps preventative care medical check-ups Exception to periodicity check ups Follow up visits Acute care visit (beyond the required components of the medical check-up) Immunization administration Oral evaluation and fluoride varnish in the medical home

THSteps and ICD-10

- HHSC continues to post benefit updates online
- Providers are encouraged to review the information regularly

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

All Sites

Providers

Code Updates

Texas Medicaid | CSHCN | Family Planning | Long Term Care | EDI | MTP | Health IT | Texas WHP

Code Updates Home

HCPCS Updates

ICD-9-CM Updates

ICD-10 Implementation

NCCI Compliance

Medicaid Code Review

CSHCN Code Review

Provider Lookup

Looking for a provider?
Click here to find a state

ICD-10 Benefit Updates

In preparation for the implementation of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis code changes, TMHP, the Texas Health and Human Services Commission (HHSC), and the Texas Department of State Health Services (DSHS) are updating medical policies to include proposed ICD-10-CM diagnosis codes that will be effective for dates of service on or after October 1, 2015.

Important: *At this time, the list or lists in each article that identify the ICD-10-CM replacements for specific ICD-9-CM diagnosis codes may not be all inclusive. As medical policies continue to be updated, the list or lists are subject to change. Providers will be notified if lists change.*

Texas Medicaid ICD-10 Benefit Changes

[Aerosol Treatments - Outpatient Setting](#)

[Alglucosidase Alfa](#)

[Allergen Immunotherapy](#)

[Ambulance Services](#)

[Ambulatory Blood Pressure Monitoring](#)

[Ambulatory Electroencephalogram](#)

[Ambulatory Surgical Center \(ASC\) and Hospital Ambulatory Surgical Center \(HASC\) Services](#)

http://www.tmhp.com/Pages/CodeUpdates/ICD10_benefit%20updates.aspx

Contact us

Provider Care Unit Extension Numbers:

915-532-3778

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

Questions?





Thank You for Attending Providers!



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