

Welcome Providers

Provider Quarterly Training

August 25, 2016



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Health Plan
Expires 04/01/2018



Agenda

- **Provider Relations:** [Medicaid Re-enrollment](#)
- **C.A.R.E.:** [THSteps Updates & Reminders](#), [Program for Children of Farm Workers who Travel for Work](#)
- **Quality Improvement:** [Performance Improvement Projects](#)
- **Health Services:** [Physical Therapy, Occupational Therapy, and Speech Therapy Services](#), [Referrals vs. Authorizations](#)
- **Claims:** [Reminders](#)
- **Compliance:** [Complaints and Appeals Process](#)
- **Member Services:** [2016-2017 Value Added Services](#)

Provider Relations: Federal Mandate Re-enrollment

Corina Diaz
Provider Relations Coordinator



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Re-Enrollment

- Requirement of the Patient Protection and Affordable Care Act (PPACA).
- Deadline for TPI re-enrollment is September 24, 2016.
- Applications submitted before deadline of June 17, 2016 ensures providers continued enrollment.
- Providers that missed the submission deadline may still be able to complete the revalidation process however.....
 - No guarantee that an application submitted now will complete the process by the September 24, 2016.
- If the application is *not processed* by September 24, 2016, the provider will be dis-enrolled from Texas Medicaid with an effective date of September 25, 2016.

Contact TMHP

- [TMHP Provider Re-enrollment page](#)
- Provider Enrollment Representative:
1-800-925-9126, Option 2
- TMHP-CSHCN Services Program Contact Center:
1-800-568-2413
- Email at – PE-Email@tmhp.com

Contact Information

Corina Diaz
Provider Relations Coordinator
cdiaz@epfirst.com
915-532-3778 ext. 1167

Provider Relations Department
915-532-3778 ext. 1507

THSteps Updates & Reminders

Maritza Lopez, MPH
Texas Health Steps Coordinator



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Medical Checkup Follow-up Visit

- A follow-up visit may be required to complete necessary procedures related to a checkup or exception-to-periodicity checkup, such as:
 - Reading the TST.
 - Administering immunizations in cases where the client's immunizations were not up-to-date, medically contraindicated, or unable to be given during the checkup.
 - Collection of specimens for laboratory testing that were not obtained during the checkup or the original specimen could not be processed.
 - Completion of sensory or developmental screening that was not completed at the time of the checkup due to the client's condition.
- Use procedure code 99211 with the provider identifier and THSteps benefit code when billing for a follow-up visit.

Developmental Screening Referrals

Referrals - If delay or suspected delay is identified:

- **Birth through 35 months:**

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

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

- **Ages 3 years and older:**

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

Early Childhood Intervention (ECI)

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

ECI Referrals

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

Contact Information

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

Program for Children of Farmworkers who Travel for Work

Lluvia Acuña
Outreach Coordinator



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Accelerated Services for Children of Farmworkers who Travel for Work

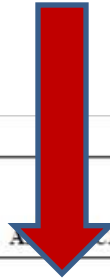
- A State initiative to provide accelerated services to children of farmworkers who travel for work due to the uniqueness of the population.
- El Paso First Health Plans cooperates and coordinate with the State, outreach programs and Texas Health Steps regional program staff and agents to ensure prompt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

What does Accelerated Services for Children of Farmworkers mean?

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

Indicator on Roster

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



ROBERTO CANALES MD PA
EL PASO, TX 79902

ASSOCIATIONS

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

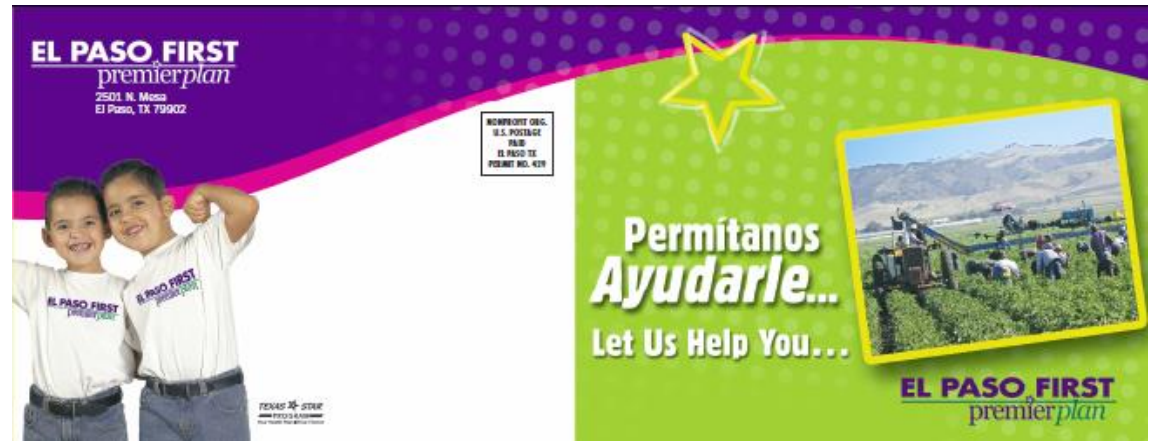
Member#	Member Name	Migrant	Age	DOB	Sex	Phone	Address	Effective	THSteps	PCPName
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Reaching out to Children of Farm Workers

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

How do we reach out?

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



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

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Reaching out to Children of Farm Workers

Annual School Supply Distribution Health Fairs:

AT NO COST:

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



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Reaching out to Children of Farm Workers



Mobile Food Pantry Distributions



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Contact Information

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Outreach Coordinator

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Quality Improvement Performance Improvement Projects (PIPs)

Angelica Baca

Quality Improvement Data Specialist



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Standards

- HHSC
 - At least 2 PIPs per program
- URAC
 - At least 3 PIPs active at any given time

Performance Improvement Projects

- CHIP: Adolescent well-care visits (Retires – 12/31/16)
- STAR: Reduce admissions for asthma by promoting asthma medication management (Retires – 12/31/16)
- STAR & CHIP: Increase access to & utilization of outpatient care to reduce PPVs due to URI (Continues in 2017)
- STAR & CHIP: Improve Member's Access and Utilization for Well-Child Visits in the First 15 Months of Life (NEW for 2017)
- TBD: Internal Project (NEW for 2017)

URI PIP Interventions

- Barrier
 - Lack of specific contact with members
- Intervention
 - Home Visits
- Status
 - 151 members targeted, 40% successfully reached

URI PIP Interventions

- Barrier
 - Members unsure where to go after-hours
 - Health plan unable to contact member until after the fact
- Intervention
 - Proactive Member Marketing
- Status
 - 25,304 members targeted, 63% received message, 62% of members targeted were reached, 98% of members who received message were reached

URI PIP Interventions

- Barrier
 - Untimely contact with members
- Intervention
 - Hospital ED Lists
- Status
 - Lists are received approximately weekly
 - 82 members targeted, 38% successfully reached

Coming Soon!

- New interventions for:
 - Improving well-child visits in first 15 months of life
 - Internal project - TBD

Questions

Don Gillis

Director of Provider Relations & Quality Improvement

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PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SPEECH THERAPY SERVICES

Edna Lerma, LPC
Clinical Supervisor



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FEBRUARY 1, 2016

PT/OT/ST Changes

- On this date, TMHP notified Texas Medicaid Providers of big policy changes for Physical Therapy, Occupational Therapy and Speech Therapy.
- Since that date, there have been numerous revisions released by Texas Medicaid.
- Additionally, EP First has sent out fax blasts with updates.

-
- Effective May 1, 2016, Texas Medicaid implemented the policy changes
 - In July 2016, TMHP dedicated an entire handbook to therapies titled Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook

www.tmhp.com

[PT/OT/ST HANDBOOK](#)

Orders

- To summarize the process for obtaining authorization for a re-evaluation, HHSC expects providers to:
- Obtain an order for re-evaluation from the client's prescribing provider BEFORE performing a re-evaluation
- Perform a re-evaluation within 30 days of the signed and dated order

Orders Continued

- Submit Prior Authorization Request no earlier than 30 days of the signed and dated order
- A physician order must come from the provider's office
- Please be sure to include:
 - **Prior Auth request form with cpt codes for reevaluation and treatment**
 - **A physician order to re-evaluate**
 - **A physician order for treatment**
 - **The re-evaluation which includes ALL elements**

Written and Verbal Orders

- TMPPM, Section 5.2.3 Written and Verbal Orders:
- The order must be dated within the 30 day period before the initiation of services and include the frequency ordered by the client's prescribing provider.
- A prescribing provider's order to evaluate and treat is acceptable for the evaluation, but NOT acceptable for the therapy treatment.
- Written orders MUST contain frequency and duration.

Reevaluation:

Required Plan of Care or Treatment Plan Elements

- Date therapy services started
- Changes in the treatment plan, the rationale, and the requested change in frequency of visits
- Documentation of reasons continued therapy services are medically needed
- Documentation of client's participation in treatment, as well as client or responsible adult's participation or adherence with a home treatment program
- New treatment plan or POC for the recertification dates of service requested
- Updated or new functional and measurable short and long-term treatment goals with new time frames, as applicable. Previous authorization period's goals and progress must be included.
- Prognosis with clearly established discharge criteria. The discharge plan must reflect realistic expectations from the episode of therapy.

Required Elements

- Documentation of consults with other professionals and services or referrals made and coordination of service when applicable (e.g., for school aged clients, documentation of the coordination of care and referrals made for school therapies)
- The updated treatment plan or POC must be signed and dated by the therapist responsible for the therapy services.

FREQUENCY AND DURATION

Frequency must always be commensurate with the client's medical and skilled therapy needs, level of disability and standards of practice; it is not for the convenience of the client or the responsible adult.

- **High Frequency** (3 x/wk) can only be considered for a limited duration (4 wks. or less)
- **Moderate Frequency** (2x/wk) when documentation supports the frequency
- **Low Frequency** (1x/wk to every other week) when client is making progress, but the progress has slowed and documentation shows client is at risk of deterioration
- **Maintenance Level** (every other week, monthly, or every 3 mo) when client requires skilled therapy for ongoing periodic assessments

UPDATE

- Effective September 1, 2016, confirmation of THSteps exam from the physician will be required on all initial and recertification requests for both acute and chronic conditions. This information was posted on 6/6/16 on TMHP website. Please visit the Texas Medicaid Provider News Archive page for additional information.

[Texas Medicaid Provider News Archive](#)

Health Services Contact Information

915.532.3778 ext. 1500

www.epfirst.com

[HS Forms](#)

Referrals vs. Authorizations

Jose Acosta, RN

UR Nurse Coordinator



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What is a referral?

An act of sending someone to another person or place for treatment, help, advice, etc.

Merriam Webster Dictionary

- the directing of a patient to a medical specialist by a primary care physician.

- Primary Care Providers may refer to a specialist. Providers will give a referral form, members must take referral form to specialist.

What is an authorization?

- An authorization is a request from the provider to EPF requesting approval of services. An authorization is not a guarantee of payment.
- If authorization is required for a specialty medical service providers must fax the authorization request to the Health Services Department at El Paso First to request an authorization before this service can be provided.
- Authorization is based on information provided to El Paso First at the time of request, and does not guarantee payment of benefits nor verify eligibility.

Health Services Contact Information

915.532.3778 ext. 1500

www.epfirst.com

[HS Forms](#)

Claims Reminders

Adriana Villagrana
Claims Manager



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Claims Processing

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

Claim Correction – CMS 1500

ITEM NUMBER 22

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

TITLE: Resubmission and/or Original Reference Number

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

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

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

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

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

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

EXAMPLE:

22. RESUBMISSION CODE	ORIGINAL REF. NO.
7	ABC1234567890



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

Claim Correction – CMS 1500

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB?		\$ CHARGES
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)				ICD Ind.	22. RESUBMISSION CODE	
A	B	C	D		ORIGINAL REF. NO.	

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

Claim Correction-UB04

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



Box 4 – Type of Bill
Located on the upper
right hand corner of
claim

- Box 4 – Type of Bill
 - When resubmitting a claim enter the appropriate bill type. Corrected bill type will end with numeric digit 7
 - Ex: xx7

Top Denial Reasons

- Payment denied/reduced for absence of or exceeded, pre-cert/authorization
- Time limit for filing has expired
- Primary Diagnosis code is required/ inconsistent with the procedure code
- No enrollment exists for claim start date
- No contract term found for service
- No Benefit for Service
- Modifier(s) is invalid
- Missing or invalid NDC code

Provider Care Unit/PCU

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

Electronic Claims

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

Contact Us

915-532-3778

Provider Care Unit Extension Numbers:

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



Complaints and Appeals Process

Raquel Payan
Clinical Supervisor

EL PASO FIRST
Health Plans, inc.

Complaints & Appeals Process

- All Complaints and Appeals must be submitted in writing
 - All complaints/appeals are acknowledged no later than five (5) business days
 - All complaints/appeals are resolved within thirty (30) calendar days
- Appeals must be received within 120 days from the notice of the denial
- Complaints or Appeals must include detailed and supporting information:
 - Corrected Claim
 - Copy of Remittance Advice
 - Medical records
 - Proof of Timely Filing
 - Provide attested letter TPI/NPI
- Complaints must be addressed to:

El Paso First Health Plans, Inc.
Complaints and Appeals Unit
1145 Westmoreland
El Paso, Texas 79925

Note: Member's must not be billed or balanced billed

Contact

Dianna Watt

Compliance Manager

(915) 28-7198 ext. 1109

Raquel Payan

Compliance Supervisor

(915) 298-7198 ext. 1092

SFY 2016-2017 Value Added Services

Edgar Martinez
Director of Member Services



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Effective September 1, 2016

Medicaid - Value Added Services

- Help getting a ride to doctor visits or health classes for Members who need a ride
- Extra dental services up to \$295 (initial checkup, x-rays, and a routine cleaning) for Members age 21 and older through Project Vida
- Up to \$125 above the Medicaid benefit for contact lenses, lenses, and frames
- 1 free car seat per pregnancy for pregnant Members who complete a pregnancy class at El Paso First.
- \$20 gift card for health related items for pregnant Members completing one pregnancy visit within 30 days of enrollment

Effective September 1, 2016

Medicaid - Value Added Services

- Home visits - Disease Managers or Case Managers will provide home or hospital visits for members with complex conditions to include, high-risk pregnancies, behavioral, or medical conditions that require special attention.
- 4 extra food counseling services, above the Medicaid benefit, for Members age 20 and younger
- \$15 gift card for health items for Members age 20 and younger completing a timely Texas Health Steps visit
- \$20 gift card for health items for postpartum Members completing one postpartum visit within 21-56 days after delivery

Effective September 1, 2016

CHIP - Value Added Services

- Help getting a ride to doctor visits or health classes for CHIP and CHIP Perinate Members
- Extra dental services up to \$295 above the CHIP benefit (initial checkup, x-rays, and cleaning) for CHIP Members
- Free car seat for pregnant CHIP Perinatal Members who complete a pregnancy class

Effective September 1, 2016

CHIP - Value Added Services

- Home visits -Disease Managers or Case Managers will provide home or hospital visits for members with complex conditions to include, high-risk pregnancies, behavioral, or medical conditions that require special attention.
- 4 extra food counseling services, above the CHIP benefit, for CHIP Members age 18 and younger
- \$15 gift card for health items for Members age 3 to 6 and 12 to 19 completing a timely well-child checkup

Thank You! Any Questions!

915-532-3778

Edgar Martinez

Director of Member Services ext. 1064

Juanita Ramirez

Member Services & Enrollment Supervisor ext. 1063

2016

THSTEPS COMPONENTS WORKSHOP

WHEN

September 30th
7am – 5pm

WHERE

ESC Region 19 Head Start
11670 Chito Samaniego Dr, El Paso, TX 79936

Miguel Ortega
DSHS / THSteps
Provider Relations Representative
401 E. Franklin, Suite 210
El Paso, Texas 79901
Office: (915) 834-7693
Fax: (915) 834-7804
E-mail: Miguel.ortega@dshs.state.tx.us

Please click link below to register:

http://2016thsteps_components_workshop.eventbrite.com

HEAD START AWARENESS, BIRTH TO FOUR
RAMONA HUFFMAN, ESC REGION 19 HEAD START DIRECTOR,
COMPREHENSIVE SERVICES

UNCLOTHED PHYSICAL EXAM AND ANTICIPATORY GUIDANCE
HECTOR I. OCARANZA, MD, HEALTH AUTHORITY /
CITY OF EL PASO DEPARTMENT OF PUBLIC HEALTH

AUTISM SPECTRUM DISORDER – M-CHAT, DEVELOPMENTAL
HECTOR M. ADAME, M.S. CCP-SLP, BCBA,
AUTISM & BEHAVIORAL PEDIATRIC CLINIC

MENTAL HEALTH SCREENING
ENRIQUE MATA, MSPH, RN, APHN-BC, NEA-BC,
PASO DEL NORTE HEALTH FOUNDATION, SENIOR PROGRAM OFFICER

TUBERCULOSIS QUESTIONNAIRE VS. HIGH RISK
MIGUEL ESCOBEDO, MD, MPH

VISION & HEARING SCREENING
PATTY SHANABERGER, RN, MSN, FNP-C,
RIO GRANDE BORDER HEALTH CLINIC

AMERIGROUP, DENTAQUEST,
EL PASO FIRST HEALTH PLAN, FIRSTCARE
MAXIMUS, MCNA DENTAL PLANS,
MOLINA HEALTHCARE,
SUPERIOR HEALTH PLAN

THSTEPS ORAL EVALUATION & FLUORIDE VARNISH VS. 1ST DENTAL HOME
MARGUERITE LACCABUE, M.P.H., D.D.S., HMSC / MEDICAID CHIP,
DENTAL DIRECTOR

THSTEPS MEDICAL CHECKUP MANDATED COMPONENTS
TERRI SPARKS, RNC, DSHS / THSTEPS PROGRAM, NURSE CONSULTANT

LAB UPDATES / STORAGE AND USE OF NEW BORN
SCREENING BLOOD SPOT CARDS
MONICA M. CEPRESS, MT (ASCP), DSHS /
CLINICAL CHEMISTRY SPECIMEN LOGISTICS AND
AMANDA ARREOLA, DSHS / NEWBORN SCREENING & NEOMETRICS

TEXAS CHILDHOOD LEAD POISONING PREVENTION PROGRAM
MEEGAN WRIGHT, DSHS / DATABASE COORDINATOR,
CHILDHOOD LEAD POISONING PREVENTION PROGRAM

ECI Program (Birth to Three) – Developmental Services
CARLOS GOMEZ, PASO DEL NORTE ECI PROGRAM, PROGRAM DIRECTOR



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Thank You for Attending Providers!

