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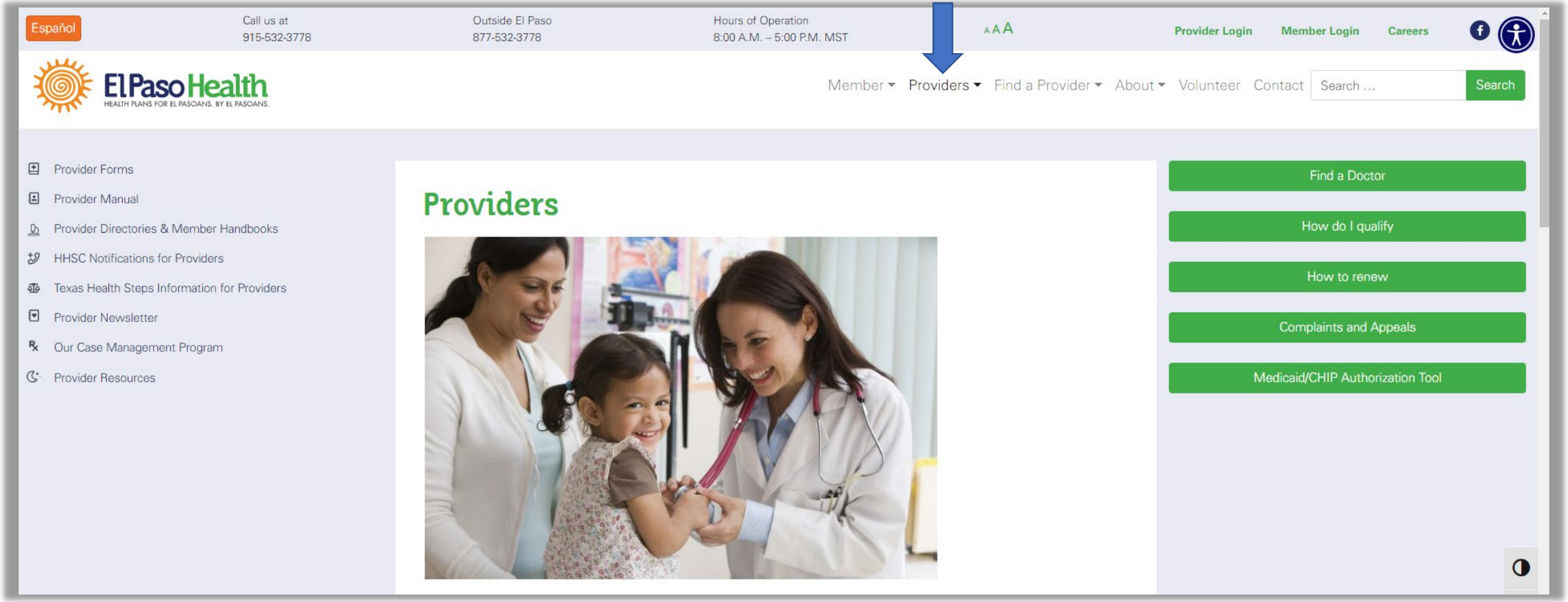
Provider Relations Updates and Reminders

Jose Chavira

Provider Relations Representative

Provider Resources

Provider resources can be found on our website at www.elpasohealth.com in the Provider section.



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Provider Portal

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Preferred ADMINISTRATORS

HealthCARE OPTIONS of EL PASO

El Paso Health+ Advantage Dual SNP

Welcome to the El Paso Health provider portal!

Log in to:

- View patient's eligibility status and benefit information
- Verify patient claims
- Download reports
- Request prior authorizations
- And more!

Login

Username

Password

SUBMIT

Forgot your username or password?

Need a username and password?
Proceed to our sign up process.

Contact Us

If you have questions or need assistance, contact the Provider Relations Department at:

915-532-3778
Toll-Free: 1-877-532-3778

Our customer service hours are Monday through Friday between 8:00 am and 5:00 pm MST.

Provider Portal Home Page

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You are currently logged in as: CLAUDIA AGUILAR
Messages (0) Profile Logout

Home | Eligibility and Benefits | Claims and Payment | Authorizations | Reports | Quality Reports | QI Correspondence

Welcome to the **Provider Portal**

This site provides quick access to member eligibility and benefits, claims payment details, and more!

Provider Name: CLAUDIA AGUILAR

Provider Phone: 915-857-6390

Quick Links

- Submit Claims
- Submit Claim Attachments
- Provider Appeals/Recoupments
- Amended Authorizations
- Provider Overpayments
- Credentialing Process
- EFT Form
- Texas Medicaid Provider Enrollment Management System (PEMS)
- Electronic Visit Verification
- Provider Demographic Form

Pharmacy MAC List
Contracted pharmacies can readily access the MAC list at any time through the Navitus Health Solutions Website
https://www.navitus.com/

Contact Us

If you have questions or need assistance, contact the Provider Relations Department at:

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Toll-Free: 1-877-532-3778

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Electronic Usages

The following items are currently available via electronic platforms:

- Direct Payments (ACH) to your financial institution
- Electronic Remittance Advice (835) files via your clearinghouse

Provider Web Portal:

- Electronic Claims Submission
- Upload appeals via our Provider Web Portal
- Prior authorization submissions and amendments via our Provider Web Portal
- Remittance Advice (RA) Reports via our Provider Web Portal
  - -RAs are available for a six month period.
  - -Must have an Administrative account in order to access RAs.
  - -Standard users may contact Provider Relations to request Administrative user rights
- QI Correspondence

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Provider Directories

Providers must notify El Paso Health Contracting and Credentialing or Provider Relations of any changes to their practice, to include:

- Any demographic changes
- Practice name change or acquisitions
- New providers joining the group or leaving the group.
- Closing a practice locations or adding a new practice locations.
- Modifying practice hours or changing limitations
- Closing or opening panels

What forms do I need to send and where:

- Submit a provider demographic form and W-9 to Contracting_Dept@elpasohealth.com
- 9591-1 EPH PROVIDER DEMO FORM (elpasohealth.com)

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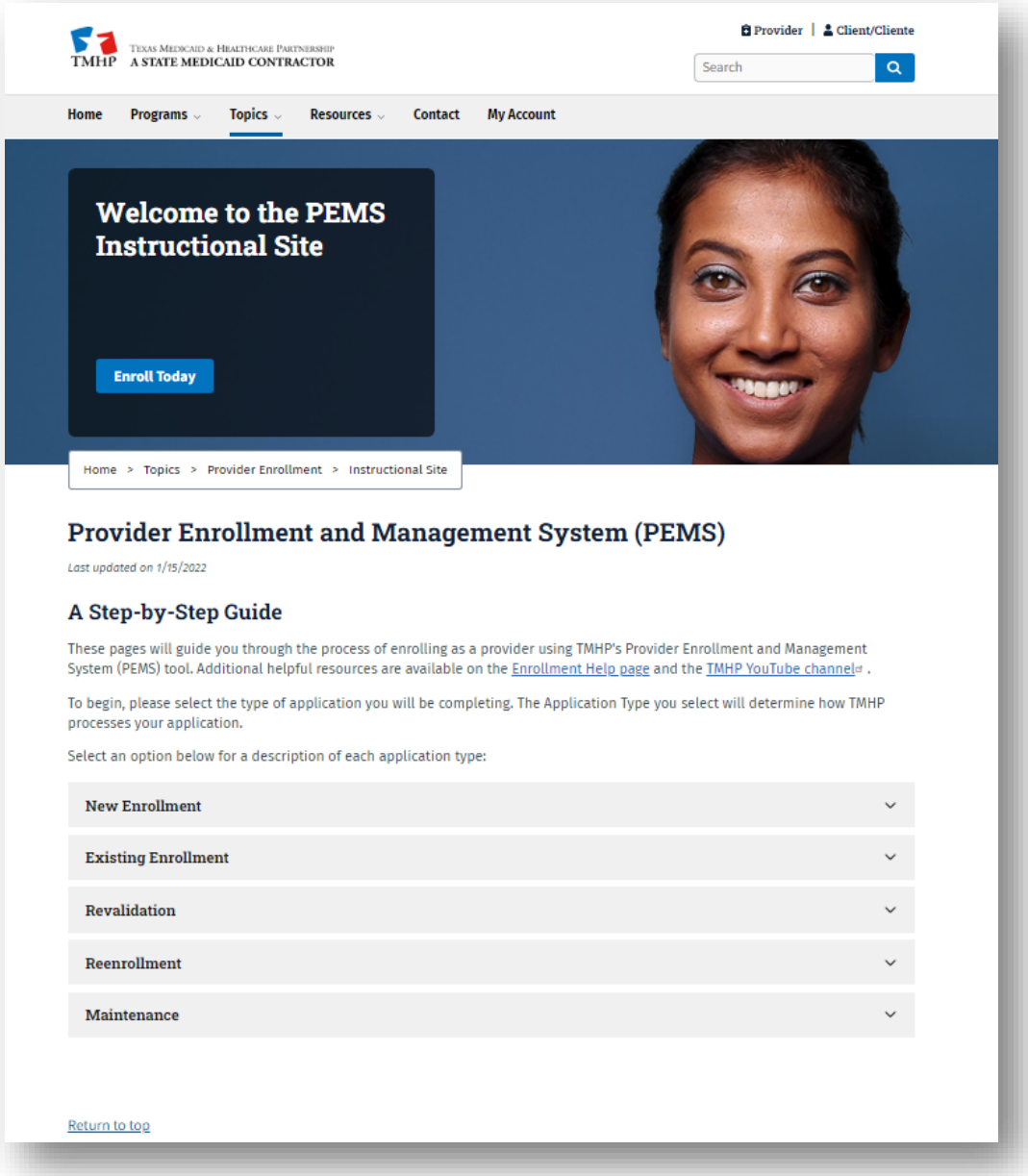
Provider Enrollment and Management System (PEMS)



Utilize PEMS system for the following:

- New Enrollment
- Existing Enrollment
- Revalidation
- Re-enrollment
- Maintenance – update demographic information

Log into PEMS account on a monthly basis to ensure accuracy of provider information.

[Provider Enrollment and Management System (PEMS) | TMHP]

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Electronic Visit Verification Home Health Care Services

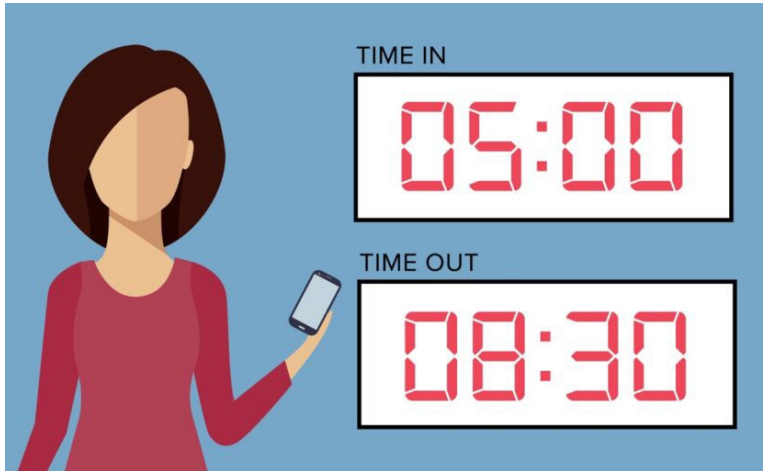
What is EVV?

EVV is a computer-based system that electronically documents and verifies service delivery information for certain Medicaid service visits.

EVV also helps prevent fraud, waste and abuse, making sure Medicaid recipients receive care that is authorized for them.

Some of the information documented is:

- Date
- Time
- Service type
- Location



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21st Century Cures Act

Is a federal law that passed in 2016 requiring states to implement EVV for Medicaid personal care services and home health care services that require an in-home visit.

States that do not implement EVV will receive reduced federal Medicaid funding.

HHSC 21st Century Cures Act web page can provide you with more information.

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Home Health Care Services Required to use EVV

- In-Home Skilled Nursing Visits
- Occupational Therapist services provided in the home
- Physical Therapist services provided in the home
- PCS provided by a home health aide in the home under the supervision of an RN, Occupational Therapist or Physical Therapist

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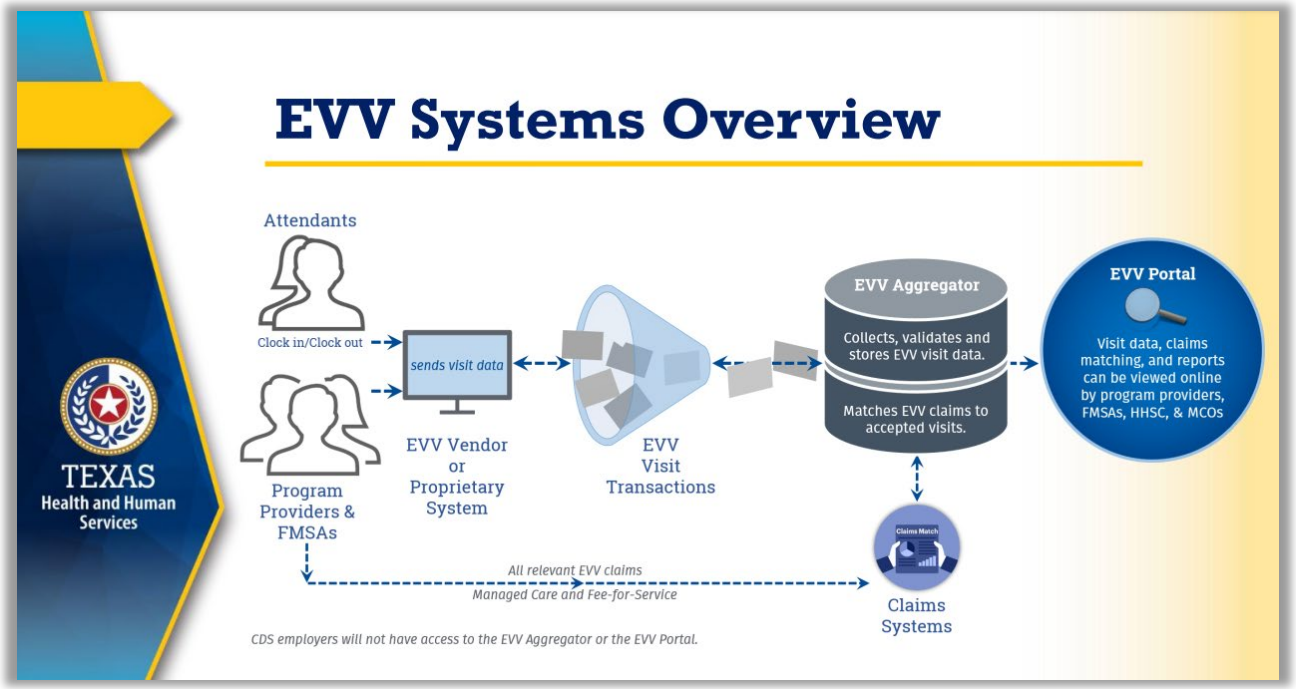
EVV Required Services Must be Submitted to TMHP

Dates of Service on or after December 01, 2023 which include EVV services must be submitted through TMHP via TexMedConnect, or EDI using a Compass 21 submitter ID.

MCO's will begin to reject any claims directly received with EVV services, redirecting providers to submit the claims through TMHP for EVV claims matching.

Questions can be submitted to: EPH_EVV@pasohealth.com



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DME Supplies Form

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DME SUPPLIES FORM: *In order to better assist our providers and members to obtain their particular DME need please check off the DME items and services your agency is able to provide.*
If you have any questions please contact Provider Relations at 915-532-3778.

Provider/Group Name:

DME Supplies	Services Provided	Hours of Operation	After Hours	House Calls	Deliveries	Pick Up	Mail Order
	☐	M-F 8am-5pm	Answering Msg	☐	☐	☐	☐
Apnea Monitors	☐			☐	☐	☐	☐
Bandages(wound care)	☐			☐	☐	☐	☐
Bathroom Equipment	☐			☐	☐	☐	☐
Breast Pumps	☐			☐	☐	☐	☐
Canes/Crutches	☐			☐	☐	☐	☐
CPAP/BiPAP Units/Supp	☐			☐	☐	☐	☐
Creams/Washes	☐			☐	☐	☐	☐
Decubitus Care	☐			☐	☐	☐	☐
Diabetic Supplies	☐			☐	☐	☐	☐
Enteral Supplies	☐			☐	☐	☐	☐
Hospital Beds	☐			☐	☐	☐	☐
Incontinence Supplies	☐			☐	☐	☐	☐
Mattress Replacement Sys	☐			☐	☐	☐	☐
Needles/Syringes	☐			☐	☐	☐	☐
Nutritional Supplements	☐			☐	☐	☐	☐
Orthopedic Footwear	☐			☐	☐	☐	☐
Orthotic Devices	☐			☐	☐	☐	☐
Ostomy Supplies	☐			☐	☐	☐	☐
Oxygen/Respiratory	☐			☐	☐	☐	☐
Spinal Stimulator	☐			☐	☐	☐	☐
TENS	☐			☐	☐	☐	☐
Traction/Trapeze	☐			☐	☐	☐	☐
Uterine Monitor	☐			☐	☐	☐	☐
Walkers	☐			☐	☐	☐	☐
Wheelchairs-Manual	☐			☐	☐	☐	☐
Wheelchairs-Power	☐			☐	☐	☐	☐
Wheelchairs-Rental	☐			☐	☐	☐	☐
Wheelchairs-Repairs	☐			☐	☐	☐	☐
Wheelchair Seating	☐			☐	☐	☐	☐
Urology Supplies	☐			☐	☐	☐	☐
Pharmacy	☐			☐	☐	☐	☐
Wound Vac Supplies	☐			☐	☐	☐	☐
Wound Care Supplies	☐			☐	☐	☐	☐
Other: Please indicate							

EPHP3182104

Help us obtain accurate information regarding the supplies you can offer our members.

Keeping this information up to date will help our Service Coordinators in assisting members to obtain their necessary supplies.

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Contact Information

Claudia Aguilar
Provider Relations Representative
Phone Number 915-298-7198 ext. 1049

Jose Chavira
Provider Relations Representative
Phone Number 915-298-7198 ext. 1167

Liliana Jimenez
Provider Relations Coordinator
Phone Number 915-298-7198 ext. 1018

Erika Ozuna
Director of PR / Contracting & Credentialing
Phone Number: 915-298-7198 ext. 1119

Shantee Aguilera
Provider Relations Representative
Phone Number 915-298-7198 ext. 1021

Vianey Licon
Provider Relations Representative
Phone Number 915-298-7198 ext. 1244

Ernestina Mata-Hernandez
Provider Relations Representative
Phone Number 915-298-7198 ext. 1233

Cynthia Moreno
Provider Relations Manager
Phone Number: 915-298-7198 ext. 1044

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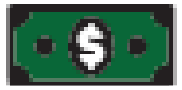
Member Services Department

Non-Emergent Medical Transportation (NEMT) Services

Access2Care, an El Paso Health Partner, may be able to help STAR members with Non-Emergent Medical Transportation (NEMT) to Medicaid Services, to include:

- Public transportation
- A taxi or van service
- Money to purchase gas 
- Commercial transit

Access2Care

- To request transportation, members must call Access2Care at 1-844-572-8196.
- Arrangements must be made at least two days before appointment or five days before is appointment is outside the county.
- Phones are answered 24 hours a day, 7 days a week, 365 days a year.

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Non-Emergent Medical Transportation (NEMT) Services, cont.

Members must include the following when calling Access2Care:

- Address and phone number where appointment will take place with exact date & time.
- Name of the physician they will be seeing.
- Address and phone number of where they need to be picked up and can be reached.
- Arrangements must be made by the assigned Case Name.
- Provide details of what they will need. (Lodging, meal assistance, gas reimbursement etc.)

**If the member does not call within the set timeframes, they will be directed back to the Plan and it will delay the arrangements.

Behavioral Health Crisis Line

El Paso Health offers STAR and CHIP members a crisis line for assistance with behavioral health.

- Crisis Line staff is bilingual
- Interpreter services are available, if needed
- Open 24 hours a day, 7 days a week

STAR **1-877-377-6147**
CHIP **1-877-377-6184**

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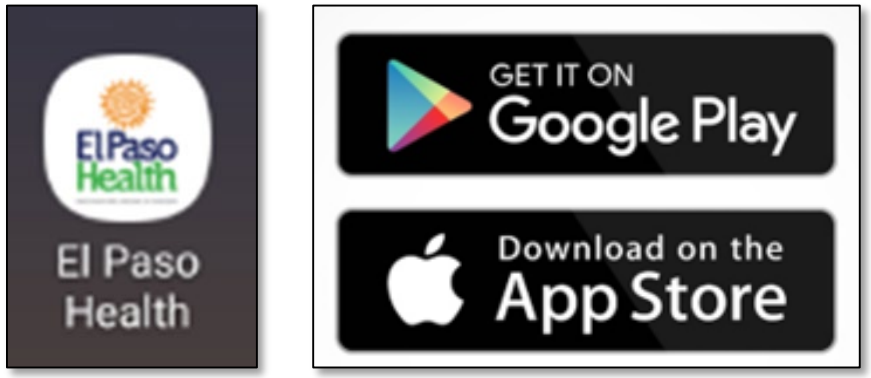
El Paso Health Mobile App

Members can perform a variety of functions on the El Paso Health Mobile App, to include:

- View and print a temporary ID
- View eligibility information
- Request a PCP change
- View authorizations
- Ask a question to one of our representatives
- Request a new ID card
- Find a Provider
- View wellness information
- View claims

- Members can download the **El Paso Health Mobile App** via Google Play or Apple Store.



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Member Cost Sharing Obligations

STAR	CHIP / CHIP Perinate
Medicaid Members do not have cost sharing obligations for covered services.	Co-payments for medical services or prescription drugs are paid to the health care provider at the time of service. Members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays. No cost-sharing on benefits for well baby and well child services, preventative services, or pregnancy related assistance, behavioral health visits in an office setting and SUD. (Substance Use Disorder)

Prohibitions on Balance Billing

Members cannot be held liable for any balance related to covered services.

Network Providers and Out-of-Network Providers are prohibited from billing or collecting any amount from a Member for covered services.

According to Section 1.6.10, Billing Clients from Provider Enrollment and Responsibilities from the Texas Medicaid Provider Procedures Manual: Vol.1:

> 'Providers cannot bill nor take recourse against eligible clients.'

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Benefit Limitations and Exclusions

Some covered services may have limitations or require a prior authorization. There are certain services that are excluded from the covered benefits for STAR and CHIP members. Examples of exclusions include, but are not limited to, the following:

- Elective surgery to correct vision
- Prostate and mammography screening
- Immunizations solely for travel
- Custodial care
- Personal comfort items (e.g./ telephone, newborn infant photographs)
- Elective abortions
- Cosmetic surgery (solely cosmetic purposes)
- Contraceptive medication (Family Planning for CHIP only)
- Over-the-counter medications

Contact Information

Nellie Ontiveros
Director of Member Services
(915) 532-3778 ext. 1112

Beth Ortiz
Member Services Supervisor
(915) 532-3778 ext. 1096

Javier Herrera
Member Services Supervisor
(915) 532-3778 Ext. 1023

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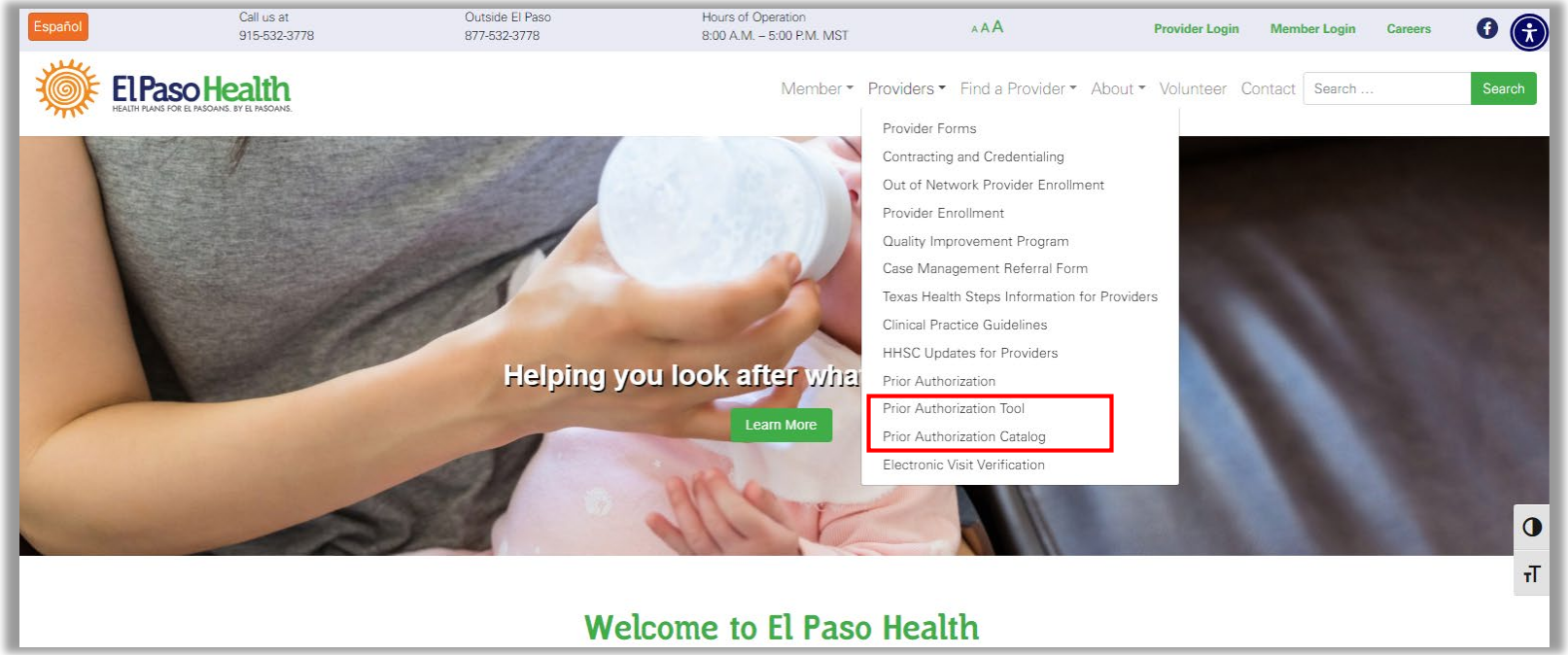
Health Services

Prior Authorization Catalog

El Paso Health has developed the Prior Authorization Catalog to help providers determine if a CPT code requires authorization for our STAR and CHIP programs and what supporting documentation you might need.

A9272	MECHANICAL WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL	**NO AUTHORIZATION REQUIRED - UNLESS CONDITION** OVER $300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER W/FREQUENCY/DURATION, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021

Prior Authorization Tool and Catalog may be found on our website at www.elpasohealth.com in the Providers tab



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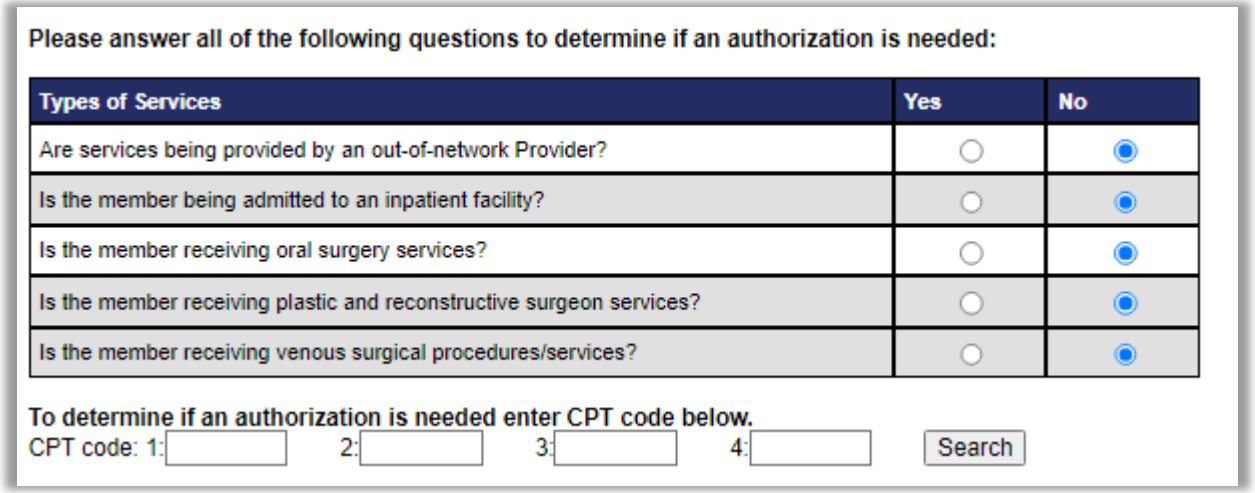
Prior Authorization Tool

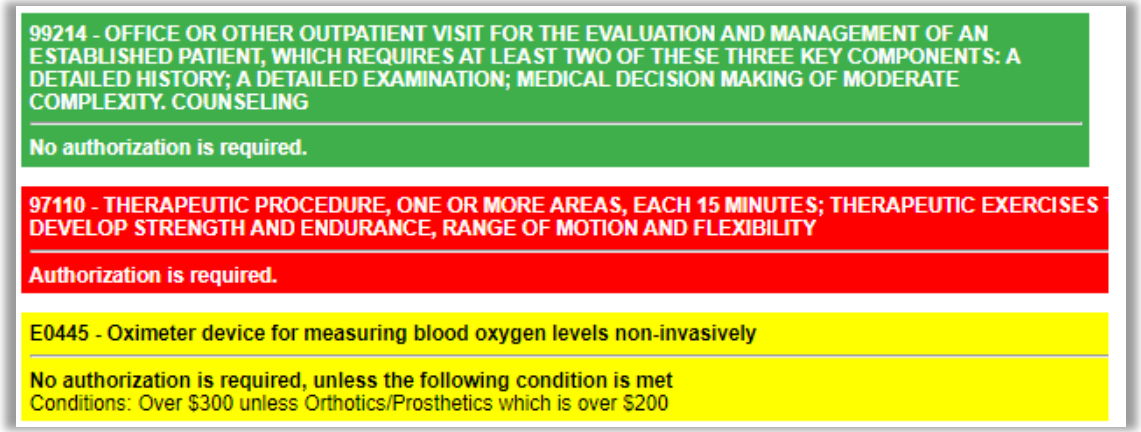
- All questions on the table must be answered in order to be able to search for CPT codes.
  - A ‘yes’ answer to any of the questions will automatically require a prior authorization.
  - Answering ‘no’ to all questions on the table will prompt the CPT code search query.
- Enter your CPT code and click Search to determine if prior authorization is required for that specific code.
- Providers may search up to four CPT codes at a time.



Please answer all of the following questions to determine if an authorization is needed:

Types of Services	Yes	No
Are services being provided by an out-of-network Provider?	○	◉
Is the member being admitted to an inpatient facility?	○	◉
Is the member receiving oral surgery services?	○	◉
Is the member receiving plastic and reconstructive surgeon services?	○	◉
Is the member receiving venous surgical procedures/services?	○	◉

To determine if an authorization is needed enter CPT code below.
CPT code: 1: 2: 3: 4: Search



99214 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING

No authorization is required.

97110 - THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY

Authorization is required.

E0445 - Oximeter device for measuring blood oxygen levels non-invasively

No authorization is required, unless the following condition is met
Conditions: Over $300 unless Orthotics/Prosthetics which is over $200

http://www.elpasohealth.com/providers/medicaid-chip-prior-authorization/

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Authorization Requests & Hours of Operation

EPH is required to accept requests using various methods:

- Electronic
- Fax
  - Outpatient (915)298-7866 or Toll Free (844)298-7866
  - Inpatient (915)298-5278 or Toll Free (844)298-5278
- Walk-In/Mail
- Telephonic
  - 915-532-3778 or toll-free 888-532-3778

Authorization are accepted during normal business hours Monday through Friday from 8:00am to 5:00pm (MST).

El Paso Health Medical Director is available after hours and can be reached by El Paso Health's answering service. The call will be transferred to him or the assigned designee.

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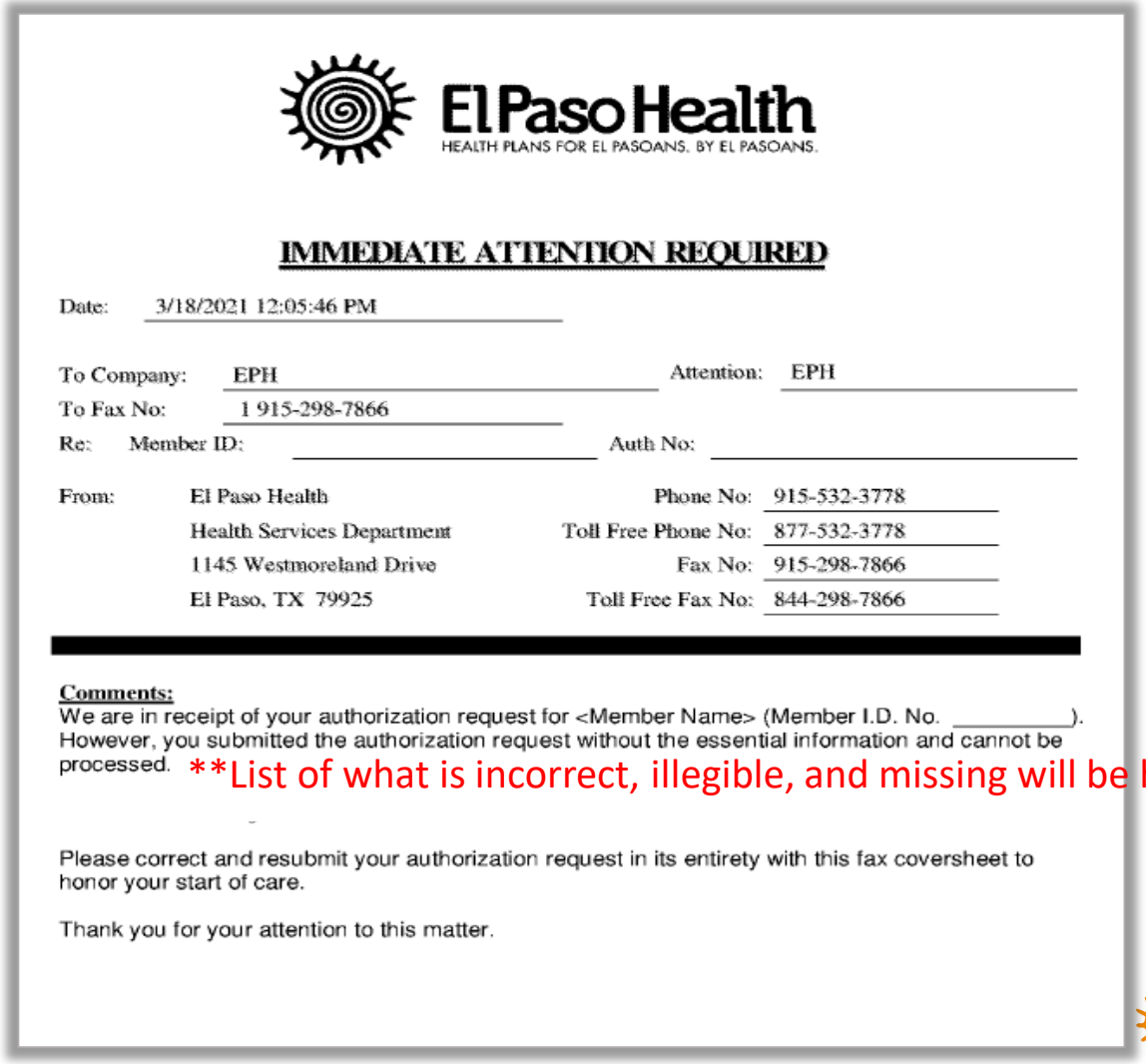
Essential Information

Essential information is required to complete Standard Prior Auth request regardless of method received.

- Member Name
- Member DOB
- Rendering Provider Name
- Rendering Provider NPI
- Requesting Provider Name
- Requesting Provider NPI
- Services requested (CPT/HCPCS)
- Start & End Dates (DOS)
- Units*

*Not for surgical procedures



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IMMEDIATE ATTENTION REQUIRED

Date: 3/18/2021 12:05:46 PM

To Company: EPH Attention: EPH
To Fax No: 1 915-298-7866
Re: Member ID: Auth No:

From: El Paso Health
Health Services Department
1145 Westmoreland Drive
El Paso, TX 79925

Phone No: 915-532-3778
Toll Free Phone No: 877-532-3778
Fax No: 915-298-7866
Toll Free Fax No: 844-298-7866

Comments:
We are in receipt of your authorization request for <Member Name> (Member I.D. No. _____). However, you submitted the authorization request without the essential information and cannot be processed. **List of what is incorrect, illegible, and missing will be here**

Please correct and resubmit your authorization request in its entirety with this fax coversheet to honor your start of care.

Thank you for your attention to this matter.

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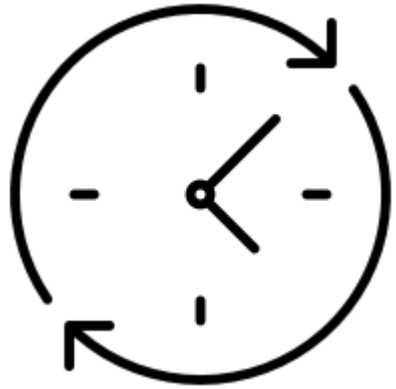
Turnaround Times



Day received is day zero, turn around time does not begin until next **business** day

- Standard request – 3 business days
- Expedited request – 24 hours
- Retrospective request – 30 days (start date is 5 business days past date received)

* When requesting additional information, turn around time can be extended up to 14 calendar days

Member and Provider will receive notification of extension for requesting additional information.

- Provider will receive fax
- Member will receive letter in mail

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Peer to Peer Reviews

Peer to Peer Reviews can only be held Physician to Physician

The ordering Physician has 24 hours to schedule a peer to peer review for services

** Please keep in mind this does not mean the review has to occur in 24 hours and can be scheduled for a later date and time**

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Network and Out-of-Network Referrals

PCPs must refer Members to El Paso Health Network specialists and facilities only; ***unless*** there are no Providers in-network that can provide the treatment or can render the service being requested.

The Members PCP must initiate a referral to the specialty care Provider that outlines the necessary treatment for the Member.

For more information regarding Out-of-network Providers, PCPs may contact their Provider Relations Representative for additional guidance.

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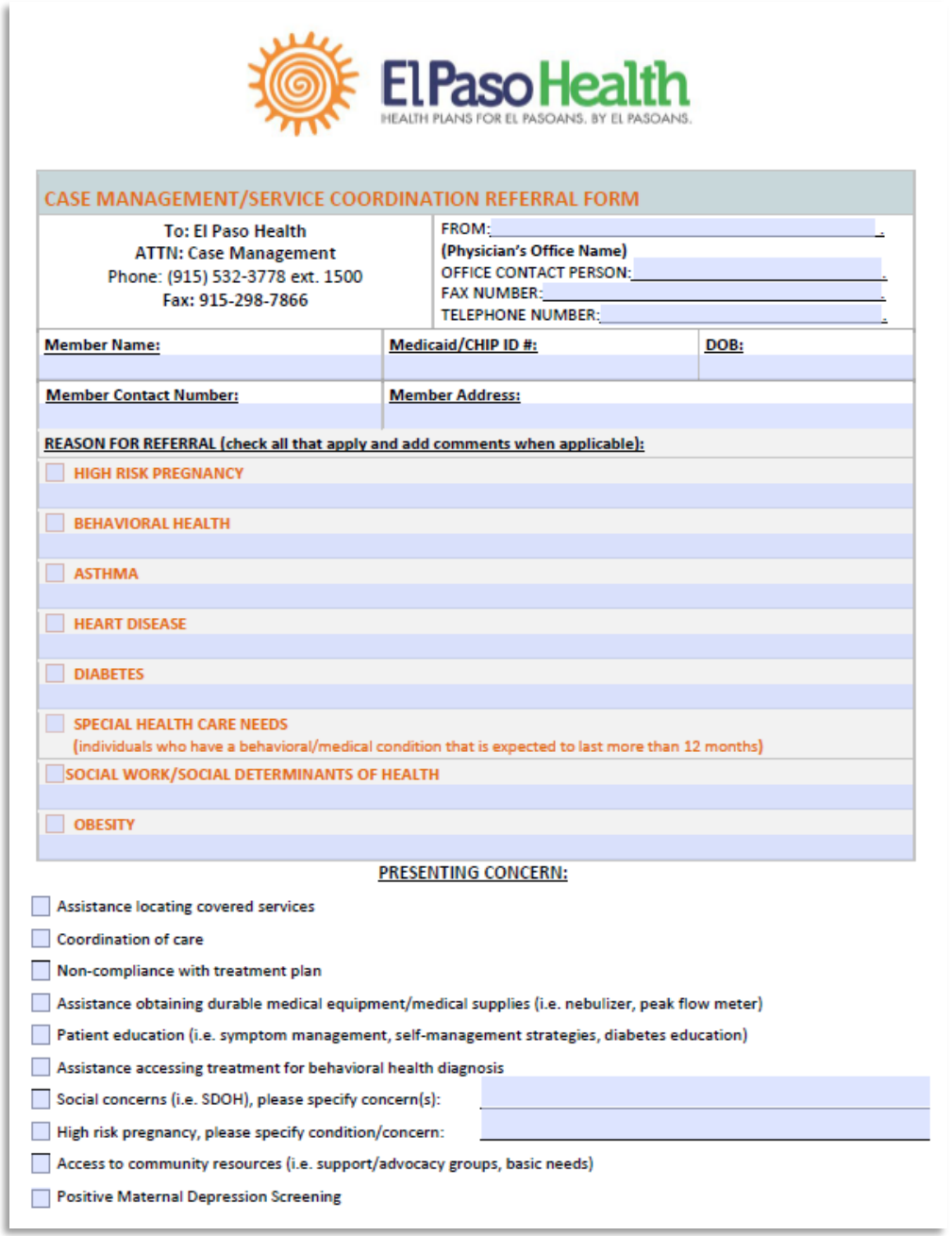

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CASE MANAGEMENT/SERVICE COORDINATION REFERRAL FORM

To: El Paso Health
ATTN: Case Management
Phone: (915) 532-3778 ext. 1500
Fax: 915-298-7866

FROM: _____
(Physician's Office Name)
OFFICE CONTACT PERSON: _____
FAX NUMBER: _____
TELEPHONE NUMBER: _____

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

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

- ☐ HIGH RISK PREGNANCY
- ☐ BEHAVIORAL HEALTH
- ☐ ASTHMA
- ☐ HEART DISEASE
- ☐ DIABETES
- ☐ SPECIAL HEALTH CARE NEEDS (individuals who have a behavioral/medical condition that is expected to last more than 12 months)
- ☐ SOCIAL WORK/SOCIAL DETERMINANTS OF HEALTH
- ☐ 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 (i.e. SDOH), please specify concern(s): _____
- ☐ High risk pregnancy, please specify condition/concern: _____
- ☐ Access to community resources (i.e. support/advocacy groups, basic needs)
- ☐ Positive Maternal Depression Screening

Case Management Referrals

Case Management Programs:

- Behavioral Health Case Management
- Disease Management
- OB-Case Management
- Medical Case Management
- Medicare-DSNP Service Coordination
- Complex Medical Case Management

Case managers/Service Coordinators can help:

- Coordinate services with Members' PCP and other community providers or agencies
- Teach Members how to be active participants in their medical care
- Educate Members on their condition and medication
- Identify the needs and strengths of the Member and their family

VeMiDoc / Virtual-Connect

VIRTUAL-CONNECT
BY EL PASO HEALTH

VeMiDoc is a mobile health app that provides face-to-face virtual visits for members with social determinants of health or complex conditions such as high-risk pregnancies, behavioral, or medical conditions that require specialized intervention.

The app can be downloaded to a phone, computer, or tablet, and is a healthy reward for our STAR and CHIP members.

Durable Medical Equipment & Supplies

DME & Supplies may require prior authorization if they meet one of the following:

- Items over $300
- All DME rentals exceeding 2 months

Limitations and Restrictions may apply

To verify log in to the Texas Medicaid Provider Procedure Manual (TMPPM) and search by CPT code or item description.

http://www.tmhp.com/resources/provider-manuals/tmppm

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Autism Services

ABA Therapy is a Medicaid benefit effective February 1, 2022

Autism Services will now include Applied Behavior Analysis (ABA) evaluation and treatment, and will be a benefit of the Texas Health Steps Comprehensive Care Program (THSteps-CCP).

Texas Medicaid recipients **20 years of age and younger** who meet the criteria outlined in the Autism Services benefit description may receive this service.

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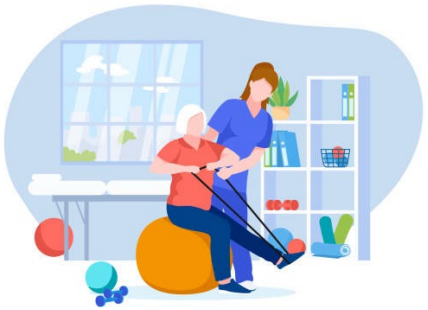
Comprehensive Service Array

Texas Medicaid offers an array of medically necessary services to support individualized treatment plans for children and youth up through 20 years of age with ASD.

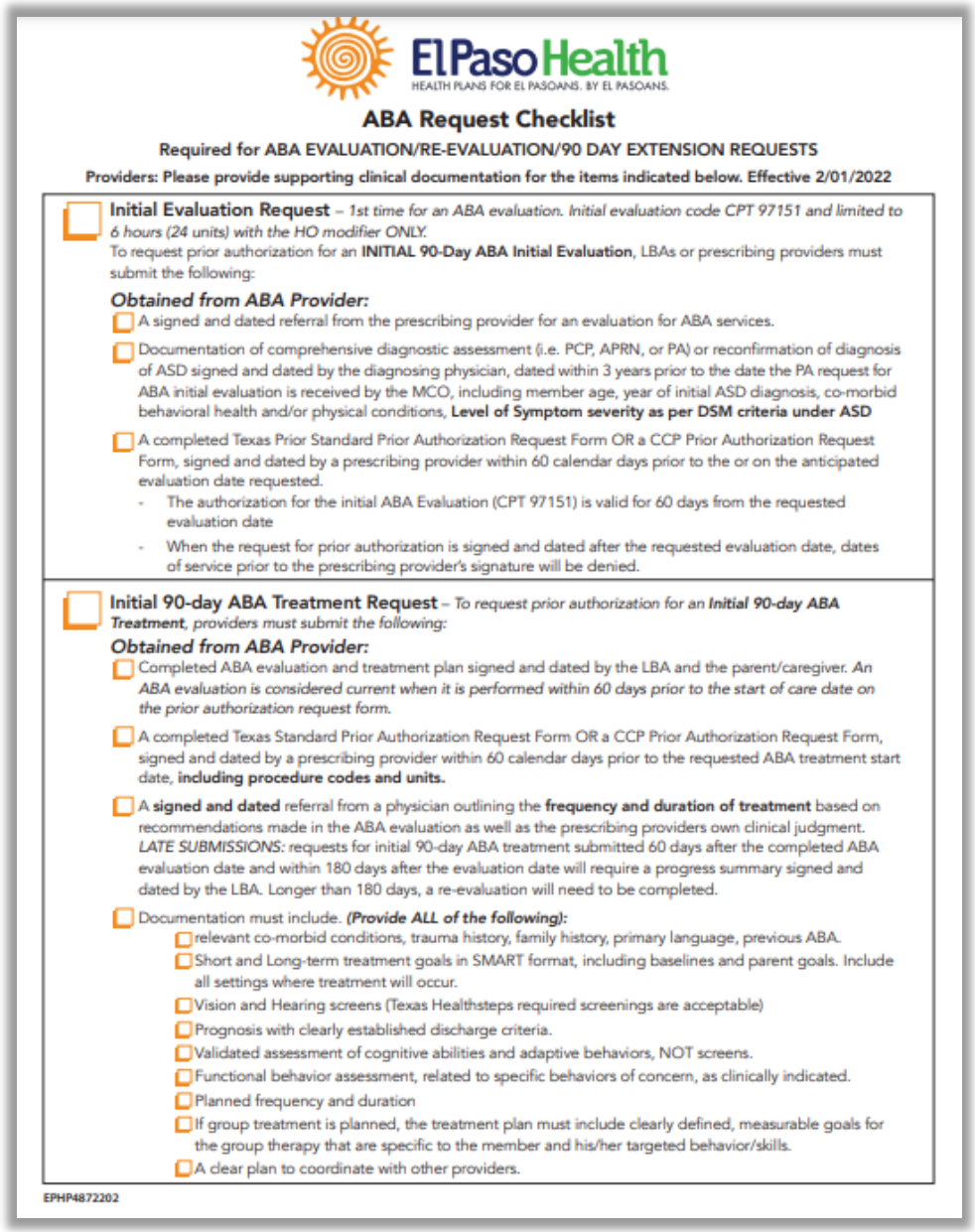


These services may include one or more of the following but are not limited to:

- Applied behavior analysis (ABA)
- Case management/care coordination (with parent permission)
- Early Childhood Intervention (ECI)
- Nutrition, when provided by a Licensed Dietitian
- Occupational therapy (OT)
- Outpatient behavioral health services
- Physician services, including medication management
- Physical therapy (PT)
- Speech-language pathology (SLP; also called speech therapy, ST)

Not all services may be clinically appropriate for all people, families, or situations.

ABA Checklist



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ABA Request Checklist

Required for ABA EVALUATION/RE-EVALUATION/90 DAY EXTENSION REQUESTS

Providers: Please provide supporting clinical documentation for the items indicated below. Effective 2/01/2022

☐ **Initial Evaluation Request** – *1st time for an ABA evaluation. Initial evaluation code CPT 97151 and limited to 6 hours (24 units) with the HO modifier ONLY.*
To request prior authorization for an **INITIAL 90-Day ABA Initial Evaluation**, LBAs or prescribing providers must submit the following:

Obtained from ABA Provider:

- ☐ A signed and dated referral from the prescribing provider for an evaluation for ABA services.
- ☐ Documentation of comprehensive diagnostic assessment (i.e. PCP, APRN, or PA) or reconfirmation of diagnosis of ASD signed and dated by the diagnosing physician, dated within 3 years prior to the date the PA request for ABA initial evaluation is received by the MCO, including member age, year of initial ASD diagnosis, co-morbid behavioral health and/or physical conditions, **Level of Symptom severity as per DSM criteria under ASD**
- ☐ A completed Texas Prior Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days prior to the or on the anticipated evaluation date requested.
  - The authorization for the initial ABA Evaluation (CPT 97151) is valid for 60 days from the requested evaluation date
  - When the request for prior authorization is signed and dated after the requested evaluation date, dates of service prior to the prescribing provider's signature will be denied.

☐ **Initial 90-day ABA Treatment Request** – *To request prior authorization for an **Initial 90-day ABA Treatment**, providers must submit the following:*

Obtained from ABA Provider:

- ☐ Completed ABA evaluation and treatment plan signed and dated by the LBA and the parent/caregiver. *An ABA evaluation is considered current when it is performed within 60 days prior to the start of care date on the prior authorization request form.*
- ☐ A completed Texas Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days prior to the requested ABA treatment start date, **including procedure codes and units.**
- ☐ A **signed and dated** referral from a physician outlining the **frequency and duration of treatment** based on recommendations made in the ABA evaluation as well as the prescribing providers own clinical judgment. *LATE SUBMISSIONS:* requests for initial 90-day ABA treatment submitted 60 days after the completed ABA evaluation date and within 180 days after the evaluation date will require a progress summary signed and dated by the LBA. Longer than 180 days, a re-evaluation will need to be completed.
- ☐ Documentation must include. ***(Provide ALL of the following):***
  - ☐ relevant co-morbid conditions, trauma history, family history, primary language, previous ABA.
  - ☐ Short and Long-term treatment goals in SMART format, including baselines and parent goals. Include all settings where treatment will occur.
  - ☐ Vision and Hearing screens (Texas Healthsteps required screenings are acceptable)
  - ☐ Prognosis with clearly established discharge criteria.
  - ☐ Validated assessment of cognitive abilities and adaptive behaviors, NOT screens.
  - ☐ Functional behavior assessment, related to specific behaviors of concern, as clinically indicated.
  - ☐ Planned frequency and duration
  - ☐ If group treatment is planned, the treatment plan must include clearly defined, measurable goals for the group therapy that are specific to the member and his/her targeted behavior/skills.
  - ☐ A clear plan to coordinate with other providers.

EPHP4872202

☐ **90-day Extension of Initial ABA Authorization Request** – *All of the following elements must be submitted with the authorization request:*

Obtained from ABA Provider:

- ☐ Attendance log for child/youth
- ☐ Attendance log for parent/cargiver
- ☐ Progress summary from LBA: CPT 97155, signed and dated by LBA and parent/caregiver

Attendance Logs: must include percentage of scheduled sessions successfully completed. These logs must be submitted with any future request for extension or recertification.

☐ **ABA 180-DAY Recertification Request** – *Prior Authorization for recertification requests may be considered for increments up to 180 days for each request following the initial total of 180 days (two- 90 days) authorization period(s). All of the following elements must be submitted with the authorization request:*

Obtained from ABA Provider:

- ☐ Completed ABA Re-Evaluation and treatment plan signed and dated by LBA and parent *(CPT 97151 for up to 6 hours/24 units); Re-Evaluation does not require prior auth, will be reviewed upon submission*
- ☐ Attendance log for member, and parent/ caregiver log with percentage of participation of both
- ☐ A completed Texas Prior Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days (minimum 85%) prior to the requested ABA treatment recertifications start date, **including procedure codes and number of units.**
- ☐ A complete request must be received no earlier than 60 days before the current authorization period expires.
- ☐ If gap in service is defined as not receiving ABA treatment or Re-Evaluation for 180 days or more, the provider must submit the request as an initial request and all documentation related to an initial request is required.

Revision is based on the most current edition of the TMPPM (Texas Medicaid Provider Procedures Manual). Manual subject to change, please refer to new editions as available.

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Prior Auth Process for Therapy Services

Obtain an order from the physician to evaluate or re-evaluate

Perform the evaluation/re-evaluation

Obtain signed and dated orders which indicate a frequency and duration OR physician signed plan of care.

Submission of your request should include:

- Prior auth form with dates of service within 180 days of therapy starting
- Modality being requested
- CPT codes and relevant diagnosis codes

Please note:

- The recommended frequency by the physician is the frequency that will be considered by the EPH Medical Director.
- The physician order or signed Plan of Care should be dated following the evaluation/reevaluation.

Therapy Orders

Submission of the order to evaluate/re-evaluate is no longer required, however, you must submit a physician order postdating the evaluation with therapy frequency and duration or a signed plan of care.

You must keep the order to evaluate/ re-evaluate on file in case of an audit.

Also, submit current evaluation/re-evaluation, plan of care to include SMART goals, pertinent physician clinical or well child visit.

NOTE: El Paso Health will request additional information if any of the above is missing from the request

NOTE: Submit Prior Authorization Request no earlier than 30 days of the current authorization end date

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Friendly Reminders

Please Do Not:

- Request initial or re-evaluation codes on prior authorizations dated 8/1/23 or later
- Submit all disciplines on one request
- Re-use the same order that has already been used in previous authorizations
- Bill a therapy CPT and an evaluation CPT code for one evaluation assessment
- Bill two different initial evaluation codes for the same discipline for the same patient within 3 years
- Request un-payable codes
    - For example: Submission of G0283 and 97010 are not payable and should not be included on the prior auth request. These will delay authorizations.
- Additionally, we ask for your help in reviewing in the TMPPM, the specific elements that are required for:
    - Chronic vs. Acute
    - Initial vs. Recertification

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Special Investigations Unit (SIU)

SIU Team Purpose

Texas requires all Managed Care Organizations like El Paso Health to establish a plan to prevent and detect Waste, Abuse, and Fraud (WAF).

This plan is carried out by El Paso Health's Special Investigations Unit (SIU).

El Paso Health SIU Team conducts monthly audits of our network providers and members.

We will request Medical records for review to prevent FWA in accordance with Texas Administrative Code.

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What We Look For

When we are auditing claims we identify several factors which include:

- **Documentation**
  - Review to determine if the procedure billed meets all requirements
  - Order (s) are in place
- **Coding**
  - Correct and/or required modifiers appended
  - Diagnosis (to the highest level of specificity)
  - CPT/HCPCS
  - NCCI edits
- **Diagnostic Labs/Procedures**
  - Separate report
- **Authorizations**
- **Consent of Treatment**

Medical Records Request

We will send providers the request for medical records as follows:

- 1st request faxed with a 4 week deadline.
- If no response within 2 weeks, 2nd request faxed and provider is called.
  - Given same deadline date as the first request.
- If a response is not received by the 3rd week, a final request is faxed and contact with the provider is made.
  - Same deadline date as first request.

Please make sure you and/or your Third Party Biller handle a records request with urgency.

Extension may be granted but **must be requested in writing before the Records Request due date. (email is ok)**

Failure to submit records results in an automatic recoupment that is not appealable.

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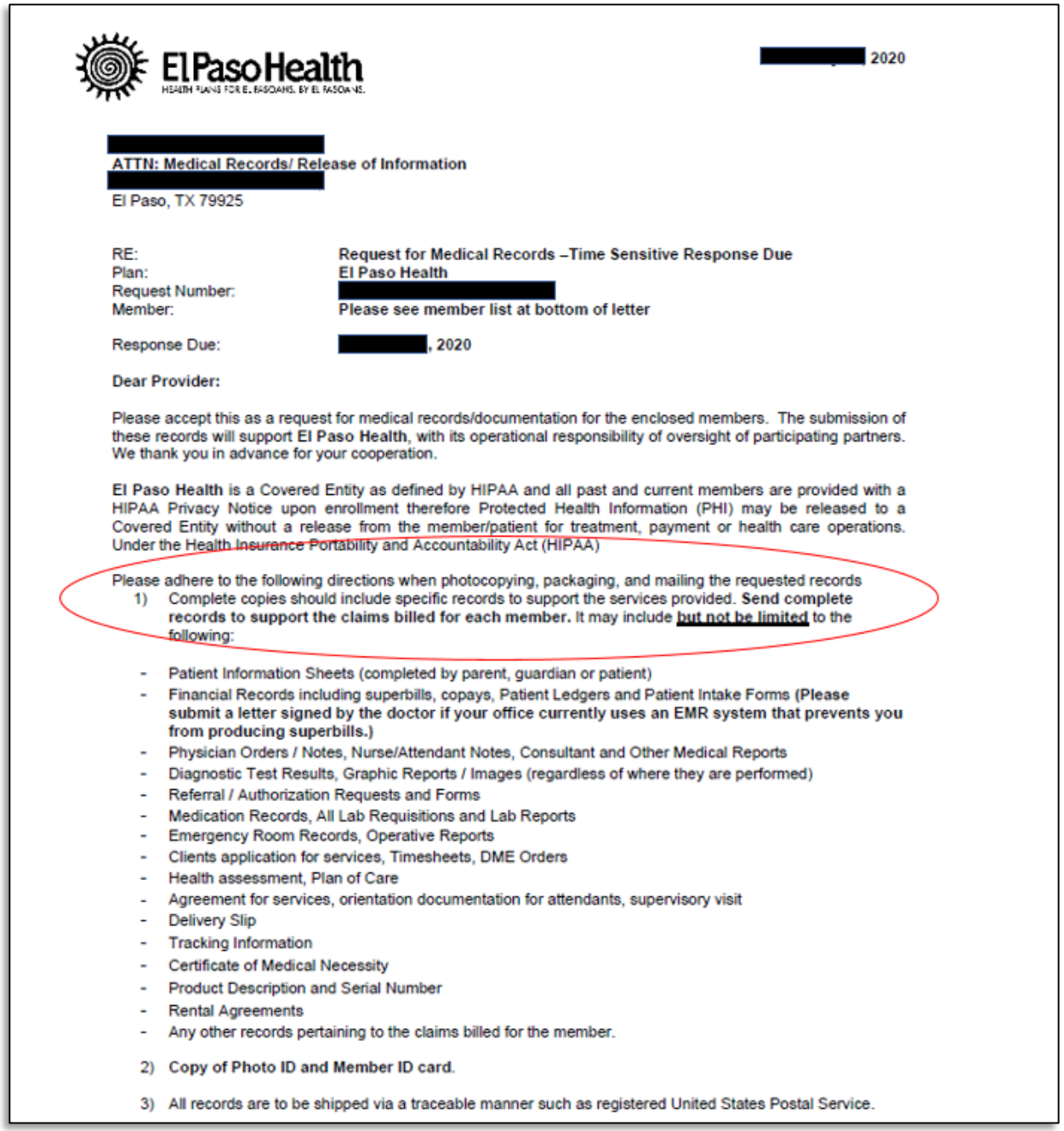

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[redacted] 2020

[redacted]
ATTN: Medical Records/ Release of Information
[redacted]
El Paso, TX 79925

RE:	**Request for Medical Records –Time Sensitive Response Due**
Plan:	**El Paso Health**
Request Number:	[redacted]
Member:	**Please see member list at bottom of letter**
Response Due:	[redacted], 2020

Dear Provider:

Please accept this as a request for medical records/documentation for the enclosed members. The submission of these records will support **El Paso Health**, with its operational responsibility of oversight of participating partners. We thank you in advance for your cooperation.

El Paso Health is a Covered Entity as defined by HIPAA and all past and current members are provided with a HIPAA Privacy Notice upon enrollment therefore Protected Health Information (PHI) may be released to a Covered Entity without a release from the member/patient for treatment, payment or health care operations. Under the Health Insurance Portability and Accountability Act (HIPAA)

Please adhere to the following directions when photocopying, packaging, and mailing the requested records

1) Complete copies should include specific records to support the services provided. **Send complete records to support the claims billed for each member.** It may include **but not be limited** to the following:

- Patient Information Sheets (completed by parent, guardian or patient)
- Financial Records including superbills, copays, Patient Ledgers and Patient Intake Forms **(Please submit a letter signed by the doctor if your office currently uses an EMR system that prevents you from producing superbills.)**
- Physician Orders / Notes, Nurse/Attendant Notes, Consultant and Other Medical Reports
- Diagnostic Test Results, Graphic Reports / Images (regardless of where they are performed)
- Referral / Authorization Requests and Forms
- Medication Records, All Lab Requisitions and Lab Reports
- Emergency Room Records, Operative Reports
- Clients application for services, Timesheets, DME Orders
- Health assessment, Plan of Care
- Agreement for services, orientation documentation for attendants, supervisory visit
- Delivery Slip
- Tracking Information
- Certificate of Medical Necessity
- Product Description and Serial Number
- Rental Agreements
- Any other records pertaining to the claims billed for the member.

2) **Copy of Photo ID and Member ID card.**

3) All records are to be shipped via a traceable manner such as registered United States Postal Service.

Medical Records Request Letter Sample

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Methods to Submit Medical Records

Fax: 915-225-1170

Email: AMacias@elpasohealth.com or JHerrera2@elpasohealth.com

Pick Up: Contact your EPH Provider Relations Rep or the SIU Department to schedule a pick up

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Missing Medical Records

It is important to send the entire medical record as requested.

When submitting records, if any detail is left out, the entire claim may be recouped for insufficient documentation.

When records are submitted providers will sign an attestation to the number of pages included.

After attestation signature, additional records will not be accepted.

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Remember.....

If It's not
documented
It didn't
happen

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Closing the Review

Providers office will be notified of the audit findings once the review is completed.

You have the right to dispute/appeal the findings within 30 days of notification.

- The dispute/appeal will be handled by the SIU team.
  - The review of appeal for the Audit is not handled by the Complaints & Appeals Department or any other department at El Paso Health.
- You may not dispute claims for which you did not provide any documentation.

After 30 days or the appeal review, EPH will begin recoupments via claims adjustments unless the provider requests to send a check or set up a payment plan.

External Audits

Please keep in mind that **HHSC Office of Inspector General (OIG)** and **Office of Attorney General (OAG)** conduct their own independent audits.

- EPH is not involved with these audits.
- Make sure you check the letterhead to see who is requesting medical records.

OFFICE OF INSPECTOR GENERAL
TEXAS HEALTH & HUMAN SERVICES COMMISSION

KEN PAXTON
ATTORNEY GENERAL of TEXAS

SIU Contact Information

When in doubt, reach out!

Vanessa Berrios, Director of Compliance
(915) 298-7198 ext. 1040
vberrios@elpasohealth.com

Alina Macias, SIU Claims Auditor
(915) 298-7198 ext. 1108
amacias@elpasohealth.com

Jennifer Herrera, SIU Assistant
(915) 298-7198 ext.1228
jherrera2@elpasohealth.com

Waste, Fraud, Abuse Hotline: (866) 356-8395

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Claim Reminders

Timely Filing Reminders

Timely filing deadline

- 95 days from date of service

Corrected claim deadline

- 120 days from date of EOB

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Telemedicine Claim Reminders

Providers may be reimbursed for Telemedicine claims

Claims must be submitted with:

- Modifier 95
- Place of Service (POS) 10
- Place of Service (POS) 02

Note: Claim will deny if claim is submitted only with modifier 95 and POS 02 or POS 10 is not present or vice versa.

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Required Modifiers

Modifier	Description
GP	Physical Therapy
GO	Occupational Therapy
GN	Speech Therapy
UB	Services delivered by a licensed therapy assistant under supervision of a licensed therapist
U5	Services delivered by a licensed therapist or physician

Modifiers are required on all claims except when billing evaluation and re-evaluation procedure codes.

Electronic Claims

Claims are accepted from:

- Availity
- Trizetto Provider Solutions, LLC. *(formerly Gateway EDI)*

Availity/TPS Payer Identifications	
El Paso First Health Plans Premier Plan STAR Medicaid HMO	EPF02
El Paso First Health Plans CHIP	EPF03
El Paso First Health Plan HCO Healthcare Options	EPF37
Preferred Administrators	EPF10
Preferred Administrators Children's Hospital	EPF11
El Paso Heath Advantage Dual SNP	EPF07

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Provider Appeal Process

Submission Requirements

Letter explaining your reason for appeal

Include any supporting information, Example:

- Copy of Remittance Advice
- Medical records (if necessary)
- Proof of Timely Filing
- Any Pertinent Information for Review

Levels of Provider Appeals

Level 1
- Acknowledgment Letter w/in 5 business days
- Resolution Letter w/in 30 calendar days
  - Don't agree with outcome?

Level 2
- Acknowledgment Letter w/in 5 business days
- Resolution Letter w/in 30 calendar days.
  - Provider Appeals Process has been **Exhausted**
    - Don't agree with outcome?

Submit a Complaint to:
- HHSC (STAR)
- TDI (CHIP & Preferred Administrators-EPCH)
- DOL (Preferred Administrators – UMC)

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Contact Information

Corina Diaz

Complaints and Appeals Manager

(915) 298-7198 ext. 1092

Maggie Rios

Complaints and Appeals Supervisor

(915) 298-7198 ext. 1299

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For more information:

(915) 532-3778

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urac ACCREDITED Health Plan Expires 04/01/2018