



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Provider Relations Overview

El Paso Health Website

<https://www.elpasohealth.com/>

The screenshot shows the El Paso Health website homepage. At the top, there is a navigation bar with a language selector for 'Español', contact information (915-532-3778), toll-free numbers for STAR/CHIP (877-532-3778) and STAR+PLUS (833-742-3127), and hours of operation (8:00 A.M. - 5:00 P.M. MST). There are also links for 'Provider Login', 'Member Login', and 'Careers', along with social media icons for Facebook and a accessibility icon. Below the navigation bar is the El Paso Health logo and a search bar with a dropdown menu for 'Member', 'Providers', and 'Find a Provider'. The main content area features a 'Welcome to El Paso Health' heading and a paragraph describing the organization as a local, non-profit health plan. Below this are four colored boxes, each representing a different health plan: STAR (green), CHIP (orange), STAR+PLUS (teal), and El Paso Health Medicare Advantage Dual (HMO D-SNP) (dark blue). Each box includes a brief description and a 'Find Out More' link with an external icon. A small accessibility icon is visible in the bottom right corner of the page.

Español Call us at 915-532-3778 STAR/CHIP Toll Free Numbers: 877-532-3778 STAR/CHIP 833-742-3127 STAR+PLUS Hours of Operation 8:00 A.M. - 5:00 P.M. MST **AAA** [Provider Login](#) [Member Login](#) [Careers](#)

El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

Member ▾ Providers ▾ Find a Provider ▾ STAR+PLUS [Search](#)

Welcome to El Paso Health

We are your local, non-profit health plan serving El Paso and Hudspeth counties. Our team of bilingual professionals is dedicated to helping our members and providers.

STAR

For pregnant women, children and anyone who gets TANF

[Find Out More](#) ↗

CHIP

For children age 18 and under who are not eligible for Medicaid and don't have health coverage.

[Find Out More](#) ↗

STAR+PLUS

A managed care program for people who have disabilities or are age 65 or older.

[Find Out More](#) ↗

El Paso Health Medicare Advantage Dual (HMO D-SNP)

for people who have Medicare and Medicaid.

[Find Out More](#) ↗

EPH Provider Portal - Home Page



You are currently logged in as: [Redacted]
[Messages \(0\)](#) [Profile](#) [Logout](#)

Home Eligibility and Benefits Claims and Payment Authorizations Reports ▾ Service Coordination

Welcome to the **Provider Portal**

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

Provider Name: [Redacted]

Provider Phone: [Redacted]



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](#)
- [Update Provider Information](#)

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:

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

Submit:

- Claims
- Authorizations
- Provider Complaints

Verify:

- Member Eligibility
- Claim Status
- Authorization Status

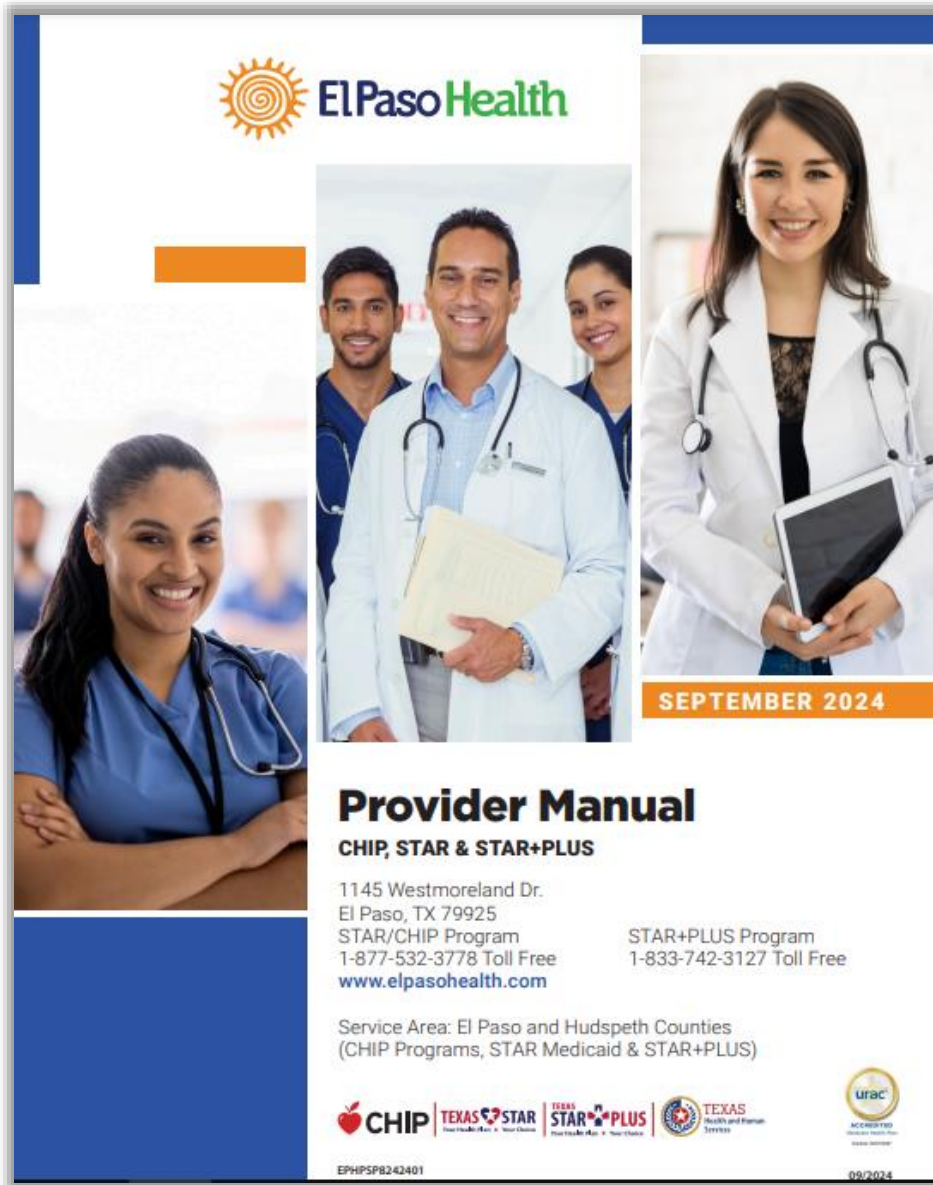
View:

- Remittance Advice
- Rosters
- Other Reports

Service Coordination

- Care Plan
- Assessments
- Quality Measure Performance

Provider Manual CHIP, STAR & STAR+PLUS



El Paso Health

Provider Manual
CHIP, STAR & STAR+PLUS

1145 Westmoreland Dr.
El Paso, TX 79925
STAR/CHIP Program
1-877-532-3778 Toll Free
www.elpasohealth.com

STAR+PLUS Program
1-833-742-3127 Toll Free

Service Area: El Paso and Hudspeth Counties
(CHIP Programs, STAR Medicaid & STAR+PLUS)

CHIP | **TEXAS STAR** | **TEXAS STAR+PLUS** | **TEXAS Health and Human Services** | **urac** | **AC-CERTIFIED**

EPHPS8242401 09/2024

The El Paso Health Provider Manual contains information about:

- Policies and Procedures
- Covered services
- Behavioral Health Services
- Quality Improvement Program
- Utilization Management
- Claims Processing Guidelines

Our [Provider Manual](#) can be found on our website at www.elpasohealth.com in the [Provider](#) section.

You may also access the Provider Manual directly at: <http://www.elpasohealth.com/pdf/providermanual.pdf>

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 \(elpasohealth.com\)](https://www.elpasohealth.com/9591-1-EPH-PROVIDER-DEMO-FORM)

915.532.3778 • email Contracting_dept@elpasohealth.com
PROVIDER DEMOGRAPHIC FORM
*Please make sure to complete this form with all types of requests such as adding a new provider, location update, terminating a provider, any type of update. This form is required in order for any changes to be processed.

Group/Facility Name: _____
Group/Facility Specialty: _____
Tax ID: _____ Group NPI: _____ Group TPI: _____

Select Program: Medicaid CHIP/Perinatal STAR Plus Preferred Administrators HCO Medicare
 PCP Specialist PCP/Specialist Hospital Based Home Health/DME PAS SNF Other

Include Provider Specialty: Specialty: _____ Subspecialty: _____
Last, First, M Name: _____ DOB: _____ SS#: _____
Individual NPI: _____ API: _____ TPI: _____
CAQH: _____ Medicare #: _____ LTSS X Code: _____
Professional Category: MD DO FNP ACNP PA CRNA Other: _____
Taxonomy number(s): _____
*If provider is not enrolled with CAQH, please provide a TDI Credentialing application w/ current date and signature.

Primary Practice Address: _____
City, State, ZIP: _____ Office Hours/Days: _____
Phone: _____ Fax: _____ Website URL: _____
CLIA Number: _____ CLIA Type: _____

*Please provide CLIA numbers for each location.

Secondary Location: _____ City, State, ZIP: _____
Office Hours/Days: _____ Phone: _____ Fax: _____
CLIA Number: _____ CLIA Type: _____

Third Location: _____ City, State, ZIP: _____
Office Hours/Days: _____ Phone: _____ Fax: _____
CLIA Number: _____ CLIA Type: _____

Fourth Location: _____ City, State, ZIP: _____
Office Hours/Days: _____ Phone: _____ Fax: _____
CLIA Number: _____ CLIA Type: _____

915.532.3778 • email Contracting_dept@elpasohealth.com
PROVIDER DEMOGRAPHIC FORM

American Sign Language (ASL) Other: _____
 Established Only Age Range: _____
 Female Only None Other: _____
Diversity training? Yes No
 Telemonitoring Targeted Case Management
Ability requirements? Yes No

Primary Contact Address: _____ Tax ID: _____
Primary Contact Information: _____

Term _____ Effective Date: _____
(s): _____ LTSS X Code: _____
OB/GYN STAR+PLUS TPA HCO MEDICARE
Facility Amendment LOA Par Non-Par

1 | Page <https://www.elpasohealth.com/>

2 | Page <https://www.elpasohealth.com/>

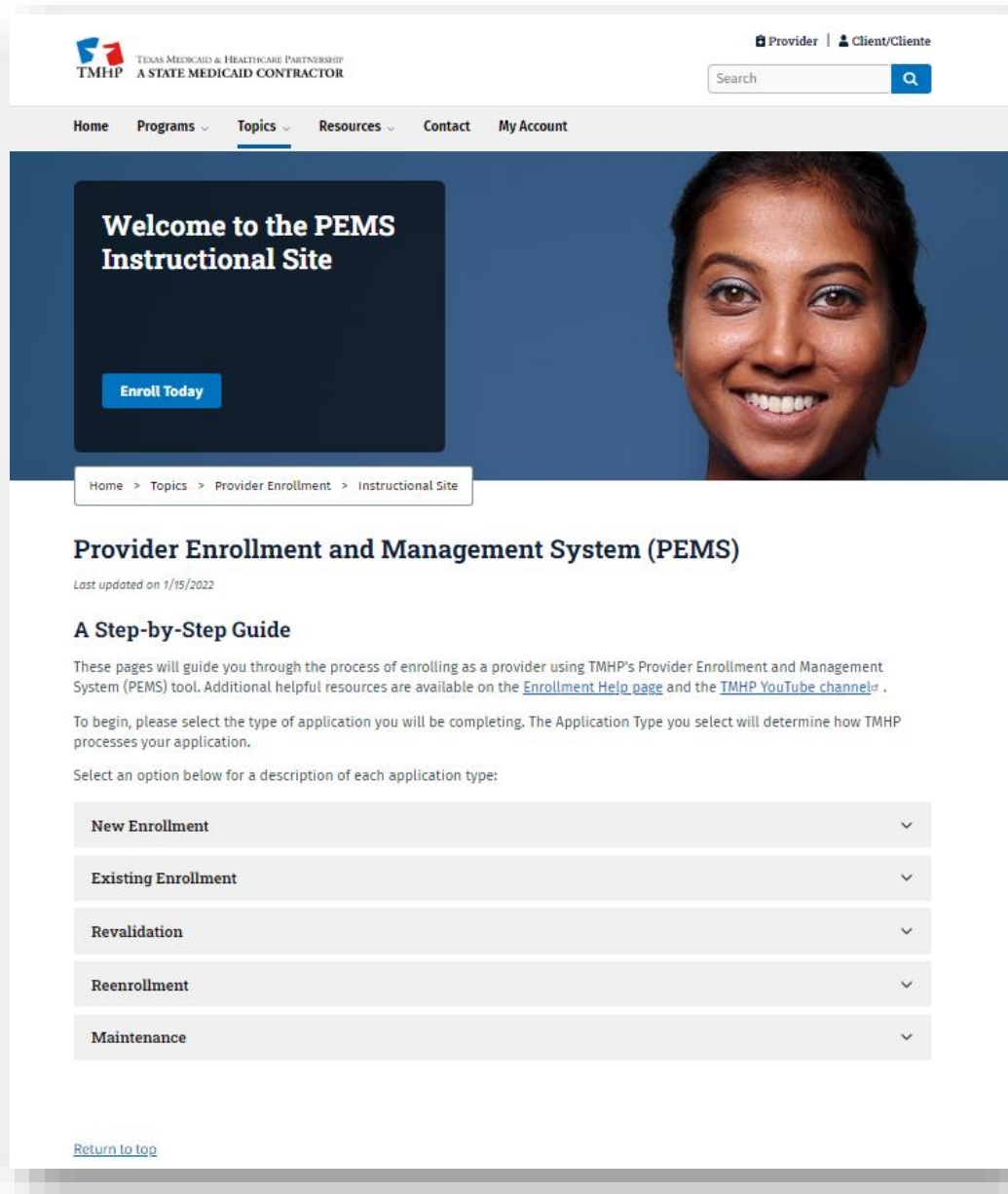
STAR+PLUS: Continuity of Care Extension

El Paso Health has extended the transition and continuity of care provision for STAR+PLUS members through Aug 31, 2025.

EPH remains committed to ensuring continuity of care for our members, and we greatly appreciate your collaboration in maintaining this level of care.

EPH Contact Information for LTSS:
Phone: 833-742-3127

Provider Enrollment and Management System (PEMS)



The screenshot shows the homepage of the PEMS Instructional Site. At the top left is the TMHP logo with the text "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR". To the right is a search bar and user options for "Provider" and "Client/Client". A navigation menu includes "Home", "Programs", "Topics", "Resources", "Contact", and "My Account". The main banner features a woman's face and the text "Welcome to the PEMS Instructional Site" with an "Enroll Today" button. Below the banner is a breadcrumb trail: "Home > Topics > Provider Enrollment > Instructional Site". The main heading is "Provider Enrollment and Management System (PEMS)" with a sub-heading "A Step-by-Step Guide". The text explains that the pages guide users through enrolling as a provider and provides links for "Enrollment Help page" and "TMHP YouTube channel". It instructs users to select an application type from a list: "New Enrollment", "Existing Enrollment", "Revalidation", "Reenrollment", and "Maintenance". A "Return to top" link is at the bottom left.

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](#)

Medicaid Provider Enrollment - Revalidation Flexibilities

Medicaid providers must complete revalidation every three or five years depending on their specialty, to maintain active enrollment status. This is a standard procedure, but due to certain issues, flexibilities have been granted during the specified dates.

KEY POINTS ON MEDICAID PROVIDER ENROLLMENT FLEXIBILITIES:

- Enrollment Gaps Closed for Certain Providers: Closure of Enrollment Gaps: If a provider was disenrolled for untimely revalidation between November 1, 2023, and December 12, 2024, the provider's enrollment period will be retroactively backdated up to 365 days.
- Extended Revalidation Period: Providers whose Medicaid revalidation date falls between December 13, 2024, and May 31, 2025, will be given an additional 180 calendar days to complete the revalidation process in the Provider Enrollment and Management System (PEMS).

Medicaid Provider Enrollment Revalidation - Claims Reprocessing

DEADLINE FOR REPROCESSING CLAIMS WILL BE JUNE 30, 2025

- Submit Claims as Services Are Provided: Do not hold claims
- Contact El Paso Health If Claims Were Denied: If your claims were denied due to untimely enrollment revalidation between November 1, 2023, and December 12, 2024
- Begin the Revalidation Process Promptly: If you haven't started the revalidation process yet, you should begin as soon as possible to avoid any disruptions in your Medicaid enrollment status

[Medicaid Provider Enrollment Revalidation Flexibilities and Claims Reprocessing](#)

Contact Information

Claudia Aguilar

Provider Relations Coordinator
Phone Number: 915-298-7198 ext.1049

Jose Chavira

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

Luz Jara

Provider Relations Representative
Phone Number: 915-298-7198 ext.1276

Lizbeth Silva

Provider Relations Representative
Phone Number 915-298-7198 ext. 1005

Vianey Licon

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

Ernestina Mata

Provider Relations Representative
Phone Number: 915-298-7198 ext.1233

Liliana Jimenez

Provider Relations Lead
Phone Number: 915-298-7198 ext. 1018

Cynthia Moreno

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

Provider Relations Department

(915) 532-3778

ProviderServicesDG@elpasohealth.com



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Member Services Department

Member Services

Call Center Representatives

El Paso Health's Call Center consists of highly qualified and trained Call Center Representative (CCR), fluent in both English and Spanish.

Our Member Services Department can assist with:

- Eligibility
- Claim Status and Inquiries
- Resolving Claims
- Authorizations Status and Inquiries
- Covered Services

You can reach our Member Services Department:

- STAR+PLUS Phone: 1-833-742-3127
- STAR & CHIP Phone: 1-877-532-3778
- Medicare Advantage HMO DSNP: 1- 833-742-3125

Hours of Operation: Monday-Friday, 8 a.m. to 5 p.m. (Mountain Time excluding state approved holidays)

*Interpreter services are available through contracted vendor (Teneo Linguistics) and members who are deaf or hard of hearing (TTY) can use 711 to call us.

*Interpreter service including written, spoken and sign language interpretation must be competent to ensure effective communication regarding treatment, medical history and health conditions.

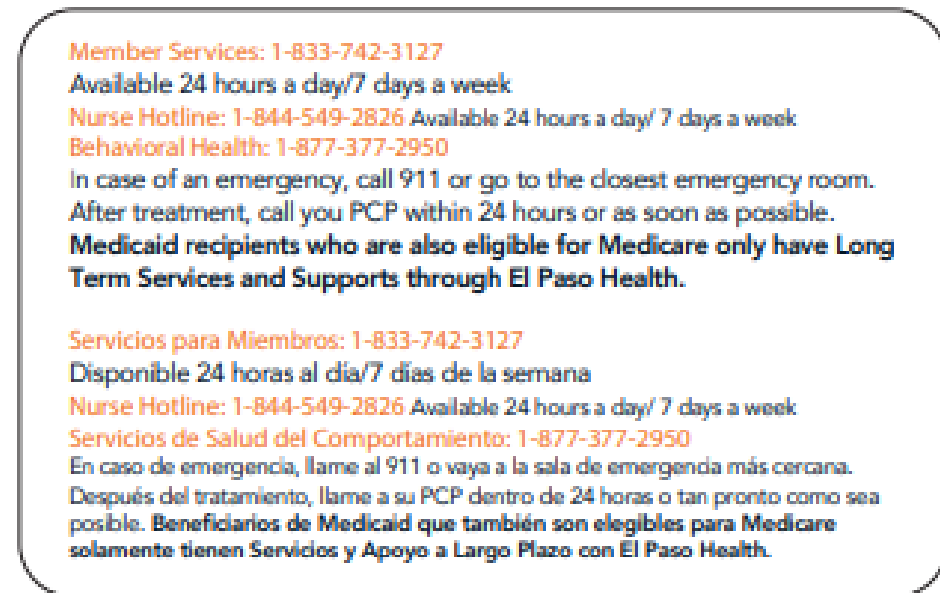
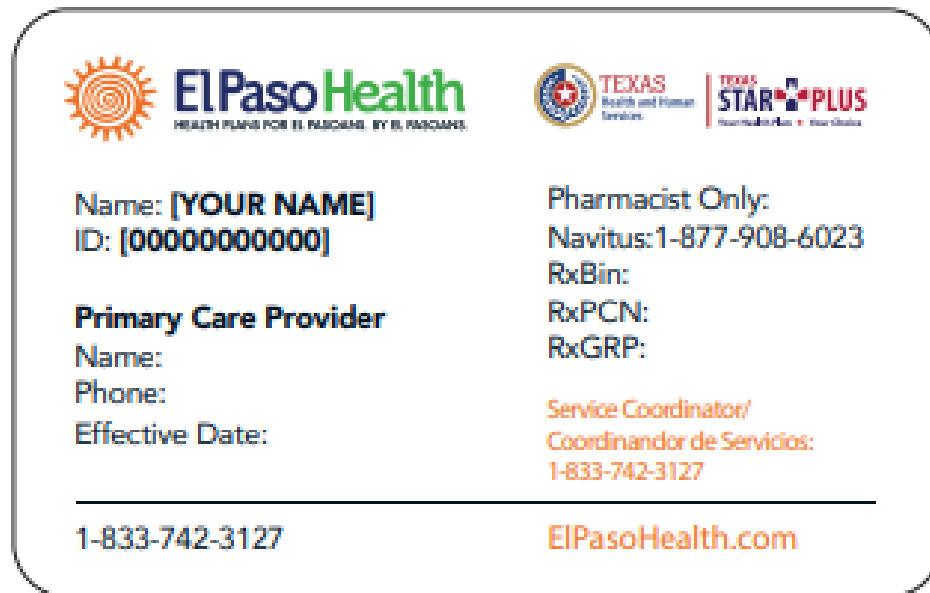
Eligibility Verification

- El Paso Health [Provider Web Portal](#)
- Telephonically:
 - STAR+PLUS: 1-833-742-3127
 - STAR & CHIP: 1-877-532-3778
 - Medicare Advantage HMO DSNP: 1-833-742-3125
- Texas Medicaid Benefit Card
- TexMedConnect ([User Guide](#)):
 - [MESAV](#): Providers can view Medicaid Eligibility and Service Authorization Verifications (MESAVs) electronically by using TexMedConnect. To prevent claim denials, providers must verify a person's eligibility for Medicaid services.
 - <https://secure.tmhp.com/TexMedConnect>
- Maximus Enrollment Broker: 1-800-964-2777

Note: It is recommended to verify Eligibility the first of each month using El Paso Health provider portal or by contacting Member Services

STAR+PLUS Member ID Card

Members will receive their Member ID card in the mail as soon as they are enrolled with El Paso Health. Here's what the front and back of the El Paso Health Member ID card looks like. If a member did not receive this card, please call El Paso Health Toll Free at 1-833-742-3127.




For the [STAR+PLUS Service Coordination](#) team availability please contact the hotline at 1-833-742-3127 OPT 2.

If your ID card is lost or stolen, you can get a new one by calling us at toll-free at 1-833-742-3127 for STAR+PLUS.

You can also reach us by email at member@elpasohealth.com.

Member ID Cards



Your Texas Benefits
Health and Human Services Commission

Member name:

Member ID:

Issuer ID:

Date card sent:

Note to Provider:
Ask this member for the card from their Medicaid medical plan. Providers should use that card for billing assistance. No medical plan card? Pharmacists can use the non-managed care billing information on the back of this card.

Need help? ¿Necesita ayuda? 1-800-252-8263

Members: Keep this card with you. This is your medical ID card. Show this card to your doctor when you get services. To learn more, go to www.YourTexasBenefits.com or call 1-800-252-8263.

Miembros: Lleve esta tarjeta con usted. Muestre esta tarjeta a su doctor al recibir servicios. Para más información, vaya a www.YourTexasBenefits.com o llame al 1-800-252-8263.

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.

Providers: To verify eligibility, call 1-855-827-3747. Non-pharmacy providers can also verify eligibility at www.YourTexasBenefitsCard.com. Non-managed care pharmacy claims assistance: 1-800-435-4165.

Non-managed care Rx billing: RxBIN: 610084 / RxPCN: DRTXPROD / RxGRP: MEDICAID
TX-CA-1213

Members must still continue to provide their Texas Medicaid ID Card along with their EPH ID STAR+PLUS Card

Member Cost Sharing Obligations

STAR / STAR+PLUS	CHIP / CHIP Perinate
<p>Providers may <u>not</u> bill STAR and STAR+PLUS members directly for covered services.</p> <p>Providers may inform members of costs for non-covered services and secure a private pay form prior to rendering</p> <p>Members <u>do not</u> have co-payments.</p>	<p>Co-payments for medical services or prescription drugs are paid to the health care provider at the time of service.</p> <p>Members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays.</p> <p>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)</p>

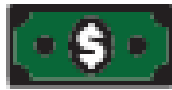
Additional details can be found in the [El Paso Health Provider Manuals](#).

Non-Emergent Medical Transportation (NEMT) Services

NEMT services provide transportation to non-emergency health care appointments for members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get Medicaid services. These trips do NOT include ambulance trips.

Access2Care, an El Paso Health Partner, may be able to help STAR, CHIP and STAR+PLUS 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 1-855-584-3530 (STAR+PLUS) or 1-844-572-8196 (STAR and CHIP)
- Arrangements must be made at least two days before appointment or five days before is appointment is outside the county. (Business days)

Phones are answered 24 hours a day, 7 days a week, 365 days a year.

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.

First Call Medical Advice Infoline / Behavioral Health Crisis Line

El Paso Health offers members a medical advice info-line at no cost. Members will receive immediate information to take care of your medical or health concerns.

First Call: 1-844-549-2826

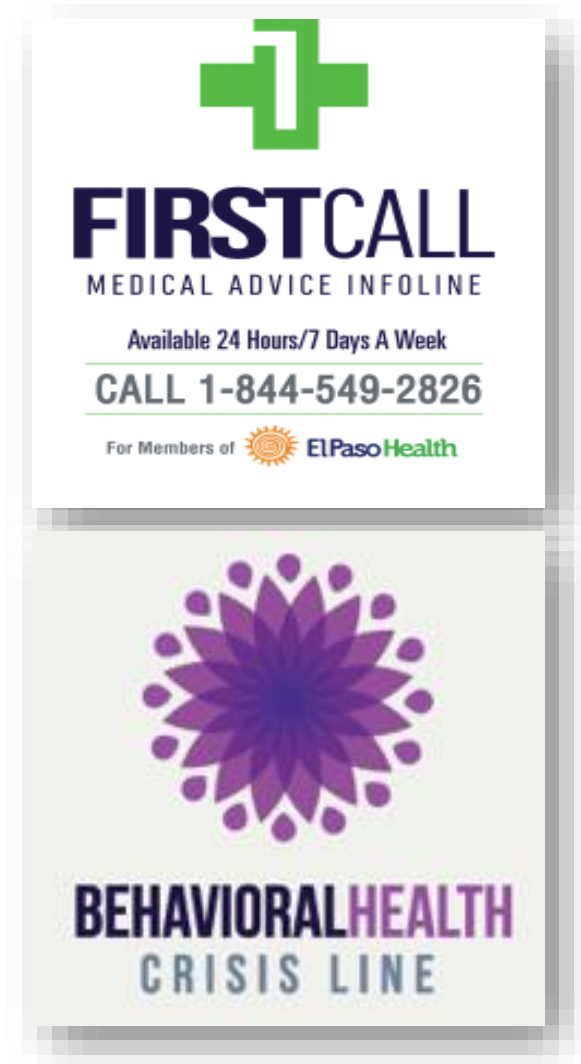
El Paso Health also offers members a crisis line for assistance with behavioral health.

STAR: 1-877-377-6147

CHIP: 1-877-377-6184

STAR+PLUS: 1-877-377-2950

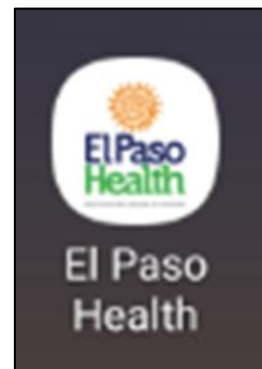
- Staff is bilingual
- Interpreter services are available
- Open 24 hours a day, 7 days a week



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.



Contact Information

Nellie Ontiveros

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

Roberto Sepulveda

Member Services Manager
(915) 532-3778 ext. 1055

Beth Ortiz

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

Javier Herrera

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



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Health Services

Authorization Requests & Hours of Operation

EPH is required to accept requests using various methods:

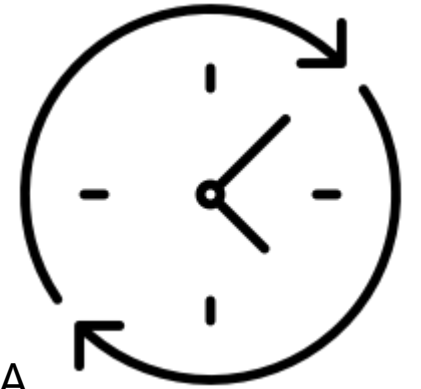
- Electronic
- Fax
 - Outpatient (915)298-7866 or Toll Free (844)298-7866
 - Inpatient (915)298-5278 or Toll Free (844)298-5278
- Walk-In/Mail
- Telephonic
 - 915-532-3778 or toll-free 888-532-3778



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.

Turnaround Times

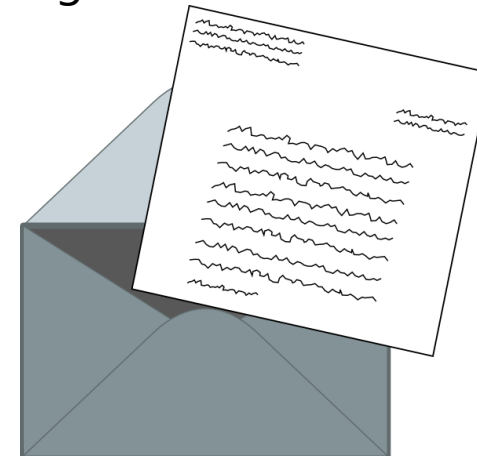


Day received is day zero, turn around time does not begin until next **business** day

- Standard request – 3 business days for Medicaid/Medicare; 2 business days for CHIP/ TPA
 - 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. The due date is printed on the notification letter

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



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

The screenshot displays the El Paso Health website interface. At the top, there is a navigation bar with contact information: 'Español', 'Call us at 915-532-3778', 'Outside El Paso 877-532-3778', and 'Hours of Operation 8:00 A.M. – 5:00 P.M. MST'. The main header features the El Paso Health logo and a search bar. A dropdown menu is open under the 'Providers' tab, listing various resources. The 'Prior Authorization' section is highlighted with a red box, containing 'Prior Authorization Tool' and 'Prior Authorization Catalog'. Below the header, there is a banner image of a person's hands holding a white container, with the text 'Helping you look after what' and a 'Learn More' button. At the bottom of the page, it says 'Welcome to El Paso Health'.

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?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving oral surgery services?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving plastic and reconstructive surgeon services?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving venous surgical procedures/services?	<input type="radio"/>	<input checked="" type="radio"/>

To determine if an authorization is needed enter CPT code below.

CPT code: 1: 2: 3: 4:

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/>

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



El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

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 Phone No: 915-532-3778
Health Services Department Toll Free Phone No: 877-532-3778
1145 Westmoreland Drive Fax No: 915-298-7866
El Paso, TX 79925 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.

DME REFERRAL FORM

EPH has created a new DME referral form that was approved by the State. This form was designed reduce Provider abrasion and make the process of getting the DME to the member faster.

Note: This form does not require signature from the physician, however you must include the physician order and this form when submitting the authorization.



DME REQUEST FORM (REPLACES THE HHS TITLE XIX DME/MEDICAL SUPPLIES PRESCRIBING PROVIDER ORDER FORM)

MEMBER INFORMATION			
Member Name*:		Referral Date:	
Member DOB*:		Phone:	
Address:			
Medicare Number*:		Medicaid Number*:	
STAR Plus Waiver:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Dual <input type="checkbox"/> Non-Dual	
Member DX:			
RENDERING DME PROVIDER INFORMATION (Requesting Provider)			
Provider Name*:		Phone:	
Provider Address*:			
Provider Fax Number:			
Tax ID*:		NPI*:	
Taxonomy*:		Benefit Code*:	
Items/Services requested: <i>Check off items needed on the right to include *quantity (units) and Include *HCPCS Code(s) below:</i>	<input type="checkbox"/> Incontinence supplies: Total units: _____ <input type="checkbox"/> Adult Diapers size: _____ <input type="checkbox"/> Pull-on briefs size: _____ <input type="checkbox"/> Chux, underpads: _____ <input type="checkbox"/> Wipes, barrier cream: _____ <input type="checkbox"/> Walker (standard): _____ <input type="checkbox"/> Walker w/wheels: _____ <input type="checkbox"/> Rollator (walker w/wheels & seat): _____ <input type="checkbox"/> Mobile Stander: _____ <input type="checkbox"/> Hospital bed: _____ <input type="checkbox"/> Air mattress: _____ <input type="checkbox"/> Hoyer Lift: _____ <input type="checkbox"/> Bath Lift: _____ <input type="checkbox"/> Trapeze Bar: _____ <input type="checkbox"/> Transfer board: _____ Other services needed (specify): _____	<input type="checkbox"/> Wheelchair (manual standard): _____ <input type="checkbox"/> Wheelchair cushion: _____ <input type="checkbox"/> Specialty wheelchair (specify): _____ <input type="checkbox"/> Power Wheelchair: _____ <input type="checkbox"/> Scooter: _____ <input type="checkbox"/> Enterals (specify): _____ <input type="checkbox"/> Nutritional Supplements (specify): _____ <input type="checkbox"/> Blood Pressure Monitor: _____ <input type="checkbox"/> Glucometer & Supplies: _____ <input type="checkbox"/> Shower chair: _____ <input type="checkbox"/> Bedside commode: _____ <input type="checkbox"/> Tub Transfer Bench: _____ <input type="checkbox"/> Raised Toilet Seat: _____	
REQUESTING PHYSICIAN OR ALLOWED PRACTITIONER INFORMATION (Attach Signed and Dated Physician Order)			
Name*:		NPI*:	
Phone:		Fax:	
Duration of need for DME/Supplies:	_____ month (s)	Date of Services:	From _____ To _____

Note: Medicaid is payor of last resort. Please coordinate benefits as appropriate.

Note: EPH has removed prior auth requirement for Incontinence Supplies unless exceeding allowable limits by TMPM 2.2.15, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook.

* Essential/Critical field (information must be entered) or prior authorization will be returned



Peer to Peer Reviews



Peer to peer reviews are offered prior to an Adverse Determination via fax notification.

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

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.



Case Management Referrals

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):		
<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 (individuals who have a behavioral/medical condition that is expected to last more than 12 months)		
<input type="checkbox"/> SOCIAL WORK/SOCIAL DETERMINANTS OF HEALTH		
<input type="checkbox"/> OBESITY		
PRESENTING CONCERN:		
<input type="checkbox"/> Assistance locating covered services		
<input type="checkbox"/> Coordination of care		
<input type="checkbox"/> Non-compliance with treatment plan		
<input type="checkbox"/> Assistance obtaining durable medical equipment/medical supplies (i.e. nebulizer, peak flow meter)		
<input type="checkbox"/> Patient education (i.e. symptom management, self-management strategies, diabetes education)		
<input type="checkbox"/> Assistance accessing treatment for behavioral health diagnosis		
<input type="checkbox"/> Social concerns (i.e. SDOH), please specify concern(s):		_____
<input type="checkbox"/> High risk pregnancy, please specify condition/concern:		_____
<input type="checkbox"/> Access to community resources (i.e. support/advocacy groups, basic needs)		
<input type="checkbox"/> Positive Maternal Depression Screening		

Case Management Programs:

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

Durable Medical Equipment & Supplies

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

- Items over \$300 (STAR/CHIP)
- Items over \$500 (MEDICARE Advantage HMO DSNP)
- Orthotics and Prosthetics over \$200
- All DME rentals exceeding 2 months



Limitations and Restrictions may apply

To verify log in to the Texas Medicaid Provider Procedure Manual (1 description.

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

/ CPT code or item



Diabetic Supplies

Diabetic Supplies:

Diabetic supplies are a covered benefit for STAR and Medicare with a 90 day supply prescription:

The preferred brands are: Accucheck, Freestyle, and Precision

Glucometers are not a covered benefit for STAR. Members would have to purchase glucometers.

Continuous Glucose Monitor (CGM) and Insulin Pump is a Medicare Advantage HMO DSNP Pharmacy Benefit (If criteria is met)

The two CGM brands covered:

- Freestyle Libre
- Dexcom

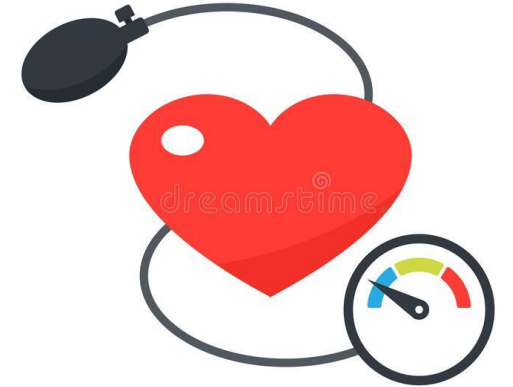
Blood Pressure Cuff

Blood Pressure Cuff/Monitor: STAR and CHIP Perinate Benefit

To obtain a Blood Pressure Cuff/Monitor:

- Member must *obtain prescription* from OB provider or PCP
- Members must take the prescription to an in-network DME provider

NOTE: DME company must keep Title XIX for their records only



Breast Pumps

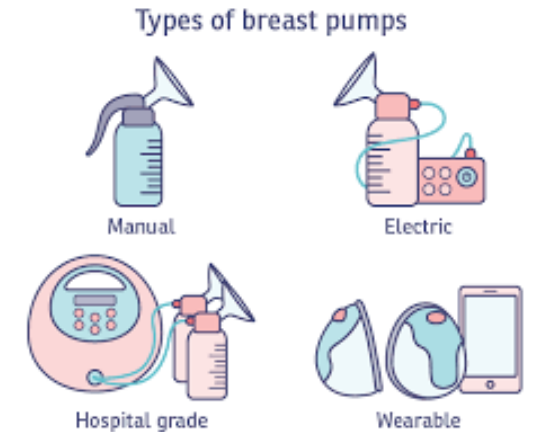
Members may qualify for purchase of a breast pump once they deliver. The following breast pumps are covered for STAR and CHIP members:

No Authorization Required:

- Manual Pump
- Non-hospital grade electric pump

Authorization Required:

- A hospital-grade breast pump (HCPCS code E0604) may be considered for rental, not purchase



To obtain a breast pump:

Member must *obtain prescription* from OB provider or newborn's pediatrician

- Members must take the prescription to an in-network DME provider
(No authorization requirement for DME under \$300)

NOTE: DME company must keep Title XIX or the EPH DME form for their records only

Provider/Group Name:

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

DME Supplies Form

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.



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



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

Contact Information

Vianka Navedo-Sanchez

Health Services Director

(915) 532-3778 ext. 1135

Celina Dominguez

Health Services Administrative Manager

(915) 532-3778 ext. 1091

Carolina Castillo

Utilization Management Manager

(915) 532-3778 ext. 1122

Jesus Ochoa

Care Coordinator Manager

(915) 532-3778 ext. 1017



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

STAR+PLUS: Service Coordination

Service Coordination

Service Coordination is a specialized case management service for members who need or request it.

Service Coordination provides the following:

- Single Point of Contact for the Member
- Assessments reviews and develop a plan of care utilizing input from the member, family, and providers.
- Assists in coordinating services and the care provided to our members.
- Assistance with directing members through the health care system, referrals, and authorizations to help meet our members' needs.
- Utilizes a multidisciplinary approach in meeting members' medical and behavioral health needs.
- Conducts mandatory telephonic or face-to-face contacts.

To reach an El Paso Health Service Coordinator you may contact [1-833-742-3127](tel:1-833-742-3127).

Service Coordination Hotline

El Paso Health has a DEDICATED Service Coordination Hotline that connects Members with our Service Coordination staff. **833.742.3127 option #2.**





El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Electronic Visit Verification Home Health Care Services

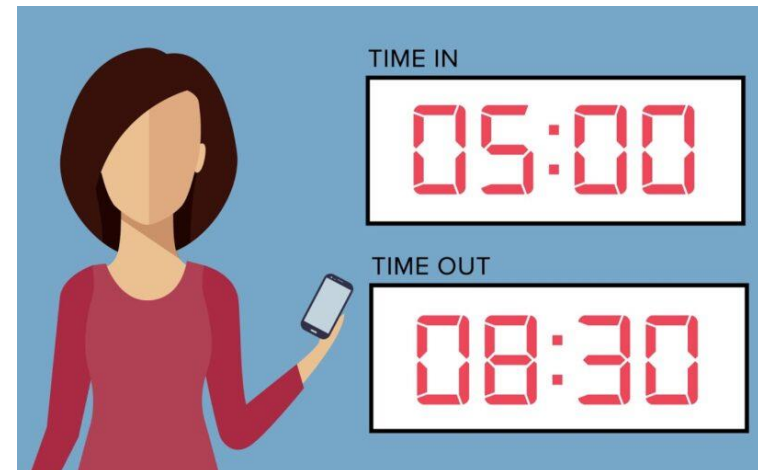
What is EVV?

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



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.



Home Health Care Services Required to use EVV

- In-Home Skilled Nursing Visits
- Occupational Therapy
- Physical Therapy 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

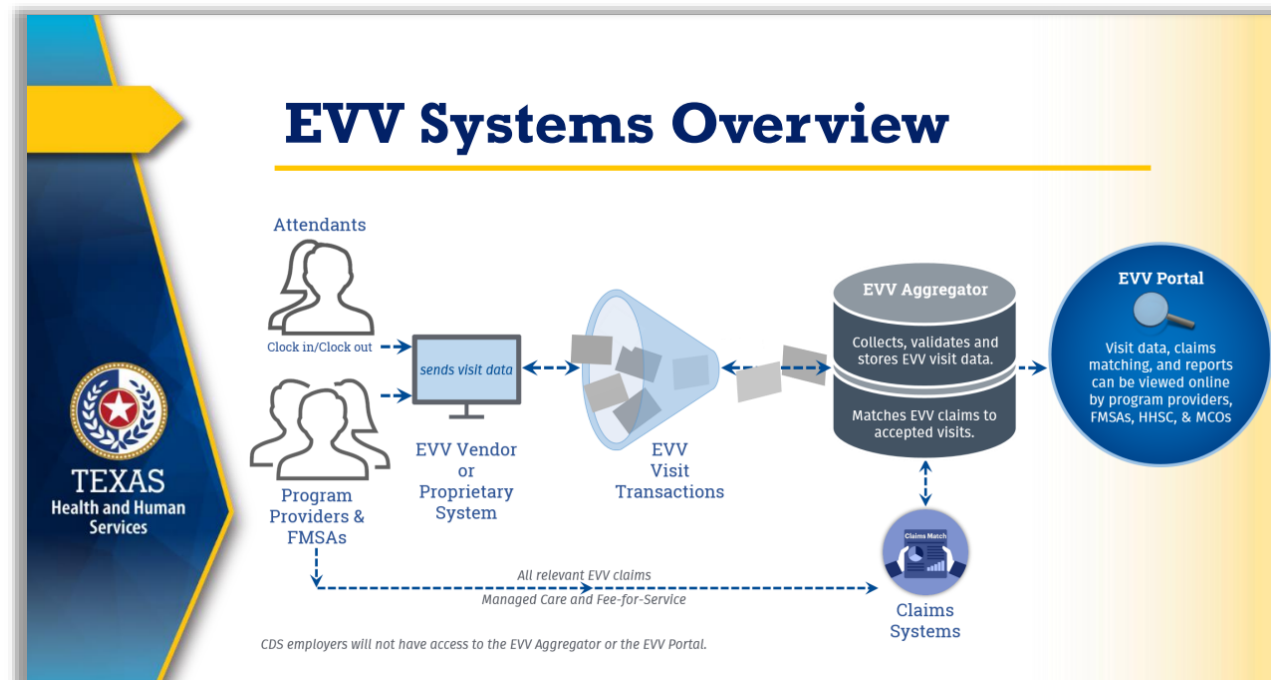


EVV Required Services Must be Submitted to TMHP

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



EVV Visit Maintenance Unlock Request

An EVV Visit Maintenance Unlock Request allows program providers the to correct data element(s) on an EVV visit transaction(s) after the visit maintenance time frame has expired.

Submission Requirements:

- Complete the official VMUR spreadsheet (template provided by HHSC).
- Email to El Paso Health Visit Maintenance Unlock Request email: EPH_EVV@elpasohealth.com
- Email must include:
 - ✓ Contact name
 - ✓ Email address
 - ✓ Phone number

Approvals and denials of Visit Maintenance Unlock Requests are at the payer's discretion and are determined on a case-by-case basis based on EVV policy or EVV system error.

More information:

[HHSC EVV Webpage](#)

[EVV Visit Maintenance Unlock Request Updates](#)

[El Paso Health EVV information](#)



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

Agency Name:	
Email:	Phone:
Address:	
Program Participation: <input type="checkbox"/> STAR <input type="checkbox"/> CHIP <input type="checkbox"/> CHIP Perinatal <input type="checkbox"/> Preferred Administrators <input type="checkbox"/> Health Care Options <input type="checkbox"/> Medicare DSNP <input type="checkbox"/> STAR PLUS	
Accepting New Patients: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Established Only	Accepting: <input type="checkbox"/> Pediatric Ages _____ <input type="checkbox"/> Adult Ages _____

Services Provided
<input type="checkbox"/> Personal Assistance Services
<input type="checkbox"/> Skilled Nursing
<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> 24/7 RN Support
<input type="checkbox"/> Stroke / Cardiac Rehab
<input type="checkbox"/> Wound Care
<input type="checkbox"/> Wound Vac
<input type="checkbox"/> Medical Social Workers
<input type="checkbox"/> Fall Prevention
<input type="checkbox"/> Catheter Care
<input type="checkbox"/> Ostomy Care
<input type="checkbox"/> IV Therapy
<input type="checkbox"/> DM Management
<input type="checkbox"/> HTN Management
<input type="checkbox"/> COVID Management
<input type="checkbox"/> Metabolic Syndrome Management
<input type="checkbox"/> Home Health Aide
<input type="checkbox"/> Disease Processes
<input type="checkbox"/> Enteral Feeding
<input type="checkbox"/> Other:

Additional Services / Comments:

Home Health Form

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

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



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

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.



What We Look For

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

- **Documentation**

- Accuracy and Completeness: Ensure that patient records are complete, accurate and contain necessary assessments and care plans.

- **Billing and Reimbursement Compliance**

- Verify that the facility's billing practices comply with coding regulations and that there are no signs of fraudulent activities.

- **Authorizations**

- When required, ensure authorization is obtained prior to the services being rendered.

- **Invoices/Proof of delivery**

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 the first 2 weeks, a 2nd request is faxed and a call is placed to the provider's office to ensure receipt of the request.
 - Same deadline date as the first request.
- If no response within the 3rd week, a final request is faxed and contact with 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.



1145 Westmoreland Drive
El Paso, Texas 79925
1-877-532-3778
elpasohealth.com



Date

[Provider Name]

[Provider Mailing Address]

[Provider City, State Zip Code]

RE: Request for Medical Records – Time Sensitive Response Due
Plan: El Paso Health
Request ID Number: [Case ID Number]
Department: SIU
Member: Please see member list at the end of letter
Response Due: [Due date] (30 calendar days for first attempt)

Dear [Provider],

Please accept this as a request for medical records/documentation for the enclosed member(s). The submission of these records will support El Paso Health, with its operational responsibility of oversight of participating partners. Failure to submit records will result in an automatic recoupment that is not appealable.

El Paso Health and any Payor shall have access to Physician's office during normal business hours on request, to inspect, review, and make copies of such records. Physician shall provide, at Physician's expense, copies of such records to authorized representatives of local, State, or Federal regulatory agencies.

El Paso Health as a Payor, 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:

- Physician orders / notes
- Nurse/ attendant notes
- Consultant and other medical reports
- Prior authorization requests and approvals*
- Prescribing records and medication history logs
- DME orders
- Health assessment, plan of care*
- Agreement for services, orientation documentation for attendants, supervisory visit/s*
- Supervision logs, documentation of supervisory visits

Medical Records Request Letter Sample

Methods to Submit Medical Records



- **Fax:** 915-225-1170



- **Email:** amacias@elpasohealth.com or JHerrera2@elpasohealth.com



- **Datavant** (formerly Ciox Health)



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

Missing Medical Records

It's 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.

Some examples include:

- Omitted In/Out Times
- Initial Evaluations
- Medical History



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

After attestation signature, additional records will not be accepted.

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.



Waste, Fraud and Abuse Hotlines

El Paso Health

1-866-356-8395

Office of the Inspector General

1-800-447-8477

Office of the Attorney General (State Auditors Office)

1-800-735-2989

SIU Contact Information

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



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Claim Reminders

Therapy 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

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

Timely Filing Guidelines

Initial Filing Deadline:

- Claims must be submitted within 95 days from the date of service (DOS).

Reprocessing or Reconsideration:

- Requests must be submitted within 120 days from the remittance advice date.
- Corrected claims must utilize the appropriate frequency code—such as '7' for replacement or '8' for void—and must reference the most recently processed claim number in Field Locator 64 of the UB-04 form and Field 22 on the CMS-1500 form.
 - *Note: Claims submitted without the requirements listed above may be denied for duplicate submission or untimely filing.*

Key Tips:

- Verify eligibility and claim status via Portal.
- Keep proof of timely submission (e.g., transmission reports).
 - *Note: Only reports accepted or rejected from the clearinghouse will be honored. Office notes indicating claims were submitted on time or personal screen prints of claim submissions are not considered proof of timely filing.*
- Late claims may be denied

DME Documentation Requirements

Please use the document (e.g., invoice or delivery ticket) that includes the member's information when submitting claims.

The documentation must contain the following **Required Information**:

- Member name
- Member address
- Prices and weight
- Itemized list of delivered supplies/equipment
- CPT/HCPCS codes MUST correspond with the submitted claim AND documentation for each supply/equipment billed
- Submit only items related to the specific claim in question

Date of Service (DOS) Guidelines:

- The billed DOS must be within **10 business days** of the documented date for the claim to be considered for payment.

Note: We can accept either an invoice or a delivery ticket, as long as the required information is clearly stated. If both an invoice and a delivery ticket are submitted, claims will be processed based on the delivery ticket.

Documentation Example

Delivery Ticket

Order #: 50,377
 Order Date: 3/24/2022
 Order Taken by: [REDACTED]
 Ordering Doctor: [REDACTED]

Deliver To: [REDACTED] Ordered From: [REDACTED]

Account # [REDACTED] EL PASO HEALTH [REDACTED]

Primay Insurance

Code	Description	CoPay	Sale/Rent	Qty	Units	Price	Amount
D E1390	E1390 CONCENTRATOR Serial #: B21A211655DS	0.00	R	1	EACH	150.00 per month	150.00
D K0738	K0738 HOMEFILL Serial #: 10HF001810	0.00	R	1	EACH	55.00 per month	55.00
D LPM	O2 PRESCRIBED AT ___ LPM ___ HRS PI S	0.00		1	EACH	0.00 purchase	0.00
D SAT	O2 SATS: ___% ___ DATE: ___ R S	0.00		1	EACH	0.00 purchase	0.00
* taxes included						Total Billed	205.00
						Yearly Deductible	0.00
Amount Due Upon Delivery:						\$0.00	
Estimated 0.00% Co-Insurance Total for Customer						\$0.00	

DME Documentation Submission

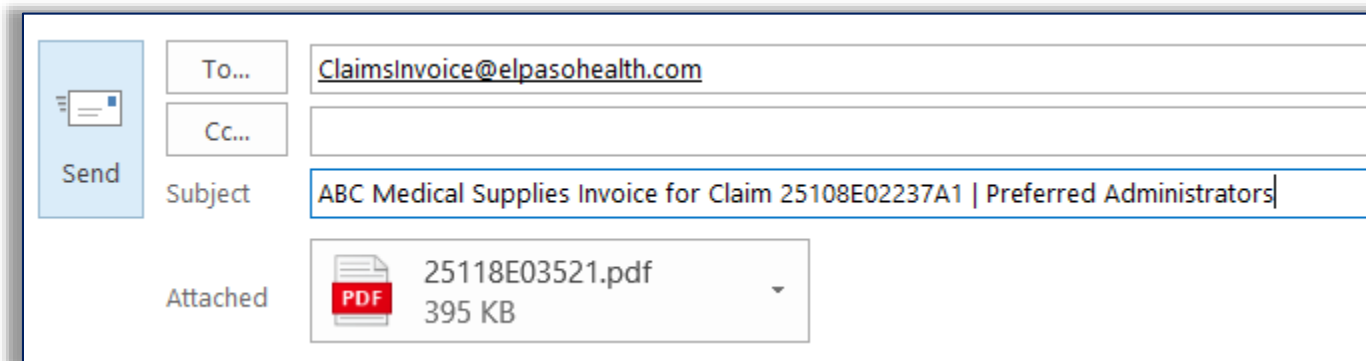
Providers must submit DME documentation via email to ClaimsInvoice@elpasohealth.com

Each email must follow the following requirements:

- Subject Line
 - [Provider Name] Invoice for Claim [12345678910] | [Preferred Administrators/STAR & CHIP/STAR+PLUS/ MEDICARE ADVANTAGE HMO DSNP]

Example: ABC Medical Supplies Invoice for Claim 25108E02237A1 | Preferred Administrators

- Separate Emails
 - Each claim requiring an invoice must be submitted in a separate email.
 - Only one claim per email will be accepted.



The screenshot shows an email composition interface with the following fields:

- To...**: ClaimsInvoice@elpasohealth.com
- Cc...**: (Empty)
- Subject**: ABC Medical Supplies Invoice for Claim 25108E02237A1 | Preferred Administrators
- Attached**: 25118E03521.pdf (395 KB)

DME Rollator Claims

DMEs must submit all applicable codes at the time of prior authorization, along with the equipment invoice.

Required Code Set:

- E0147
- E0154
- E0156
- A9270



Important: All listed codes must be:

- Included in the prior authorization request
- Billed on the claim form to ensure proper reimbursement



Reminder:

Failure to submit the invoice during the authorization process may result in denials during claims processing.



Home Health NOA Guidelines

Notice of Admission (NOA):

- Required for all Medicare patients starting care on or after January 1, 2022
- Submitted using TOB (Type of Bill) 032A ("A" stands for Admission)
- The admit date on the NOA must match the admit date on all subsequent claims for that period
- Only one NOA per admission is required (no more RAP's under the new rule)

032X Home Health – Home Health Services Under a Plan of Treatment 30 Day Period of Care (PPS):

- Medicare doesn't pay per visit, it pays per period
- Every 30 days, the system expects a new final claim (0329), tied to an active NOA

Type of Bill (TOB) for claims after the NOA is submitted and accepted:

0329 – Final Claim for the 30-day period of care

0327 – Adjustment / Replacement of a previously submitted claim

0328 – Void / Cancel a previously submitted claim

Reminder:

- *Incorrect Type of Bill (Utilizing 0322 for claim under the NOA model) will result in denials or rejections.*
- *Claims will not be eligible for reimbursement if NOA claim is in a denied status, is missing or does not match the claim details.*

Electronic Claims

Payer ID Numbers

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 STAR+PLUS	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 Health Advantage Dual SNP	EPF07



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Complaints and Appeals

Provider Appeals

A request for reconsideration of a previously dispositioned claim.

- Complete Denial of Claim
- Partial Denial of Claim

What to Submit

- One letter per member/per DOS explaining reason for dispute
- Supporting documentation
- Remittance Advice
- Medical Records (if necessary)
- Proof of Timely filing
- Any pertinent information for review

How to Submit

- Fax: 915-298-7872
- Web Portal
- Email: Complaints&AppealsTeam@elpasohealth.com
- Mail : El Paso Health

Complaints and Appeals Dept.
1145 Westmoreland Drive
El Paso, TX 79925

Provider Appeal Levels

- 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**)
- Submit a Complaint to:
 - HHSC (STAR & STAR+PLUS)
 - TDI (CHIP)

Contact Information

Corina Diaz

Complaints and Appeals Manager

(915) 298-7198 ext. 1092

Maggie Rios

Complaints and Appeals Supervisor

(915) 298-7198 ext. 1299



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Abuse, Neglect and Exploitation

Abuse, Neglect, Exploitation

Abuse:

- Mental
- Emotional
- Physical or sexual injury
- Failure to prevent such injury

Neglect:

- Results in starvation
- Dehydration
- Over medicating or under medicating
- Unsanitary living conditions, etc.

* Neglect also includes lack of heat, running water, electricity, medical care, and personal hygiene

Exploitation:

- Misusing the resources of another person for personal or monetary gain
 - * This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.



Reporting Abuse, Neglect, and Exploitation

The law requires that you report suspected Abuse, Neglect, or Exploitation.

- Call 9-1-1 for life-threatening or emergency situations.
- Report by Phone (non-emergency) 24 hours a day, 7 days a week, toll-free by calling DADS at 1-800-647-7418 if the person being abused, neglected, or exploited lives in or receives services from a:
 - Nursing Facility
 - Assisted living facility
 - Adult day care center
 - Licensed adult foster care provider
 - Home and Community Support Services Agency (HCSSA) or home health agency



Suspected Abuse, Neglect or Exploitation by a HCSSA must also be reported to the Department of Family and Protective Services (DFPS) by calling 1-800-252-5400.

Report Electronically (non-emergency) at <https://txabusehotline.org>. This is a secure website, you will need to create a password-protected account and profile.

When reporting abuse, neglect, or exploitation, it is helpful to have the names, ages, addresses, and phone numbers of everyone involved.

Reporting Abuse, Neglect, and Exploitation

El Paso Health Network Providers, who have received ANE report findings on El Paso Health Members from the DFPS or DADS, must submit a copy of the report to El Paso Health within ONE business day from the date the report is received.

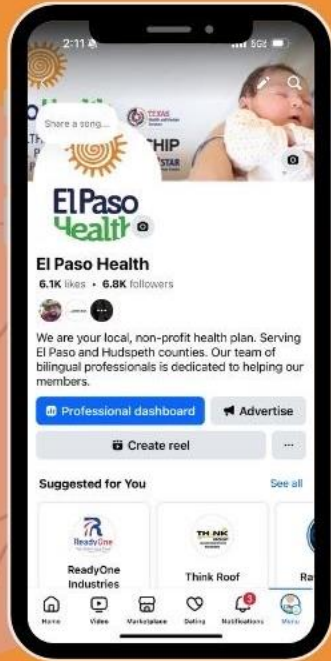
The ANE reporting findings can be submitted to El Paso Health via secure and confidential email to: APSReport@elpasohealth.com

Additional information and resources regarding ANE can be found on El Paso Health website: <https://www.elpasohealth.com/members/hhsc-news/abuse-neglect-and-exploitation/>





El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.



FOLLOW US ON SOCIAL MEDIA



FACEBOOK



INSTAGRAM





El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

For more information:



(915) 532-3778



www.elpasohealth.com

