

Welcome Providers

Provider Quarterly Training
January 26, 2017



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Health Plan
Expires 04/01/2018



Agenda

- **Provider Relations:** [Re-Enrollment, New Web Portal, Demographic Form](#)
- **C.A.R.E.:** [THSteps Updates & Reminders, Program for Children of Farm Workers who Travel for Work, HHSC Marketing Guidelines](#)
- **Compliance:** [Complaints and Appeals Process](#)
- **Quality Improvement:** [HEDIS Medical Records Chases](#)
- **Claims:** [Reminders](#)
- **Member Services:** [Medical Advice Infoline](#)
- **Health Services:** [Adverse Determinations, Pharmacy Updates](#)

Provider Relations Updates

Liliana Jimenez
Provider Relations Representative



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Re-Enrollment

- Requirement of the Patient Protection and Affordable Care Act (PPACA).
- Deadline for TPI re-enrollment was September 24, 2016.
- TMHP has accepted and is processing completed revalidation applications received by September 24, 2016.
- TMHP has begun dis-enrollment actions on providers that failed to submit a completed revalidation application by September 24, 2016.
- These actions will be completed and a final dis-enrollment effective date of **January 31, 2017** will be applied to any provider that failed to meet the application submission deadline.

Providers NOT – Re-enrolled by Deadline

- **Interruption in reimbursement** for Medicaid services the provider is not actively enrolled.
- **Denial of claims** for Medicaid services indicating that the provider is not actively enrolled.
- **Removal of managed care organization (MCO) or dental maintenance organization (DMO) networks.**

****Providers must be enrolled in Texas Medicaid before they can be contracted and credentialed by an MCO and DMO.***

Contact TMHP



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

New El Paso First Web Portal



Welcome to the El Paso First Health Plans 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 ext 1507

Toll-Free: 1-877-532-3778 ext 1507

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

Sign up process

<https://secure.healthx.com/elpasoprovider>

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New Web Portal Functions



- Eligibility Status for multiple members at a time
- Determine status for multiple claims at a time
- Submit Prior Authorizations online
- Verify status of Prior Authorizations
- View Reports such as Remittance Advice (for authorized users only)
- Reset your password online
- Submit both Institutional and Professional claims (via Availity)
- Submit corrected Claims (via Availity)
- Submit Claims with other Primary Coverage (via Availity)

Availity Claims Submissions



- In order to enhance your claims submission options El Paso First partnered with Availity.
- To create an Availity Claim Portal Account please visit www.availity.com and follow the registration prompts.
- This process will require an Availity claim portal Account at no cost to you.
- If you already have an Availity account you may utilize your current Availity login and begin your claim submission now.

Demographic Form



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

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

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



Please make sure information in this area matches your W-9

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Contact Information

Liliana Jimenez
Provider Relations Representative
LJimenez@epfirst.com
915-532-3778 ext. 1018

Provider Relations Department
915-532-3778 ext. 1507

THSteps Updates

Maritza Lopez, MPH

Business Development Program Manager



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THSteps Update

Effective January 1, 2017

Mental health screening procedure code 99420 will be discontinued

- Procedure code 99420 will be replaced by two new procedure codes, 96160 and 96161.
- Mental health screening using one of the validated, standardized mental health screening tools recognized by THSteps is required once for all clients who are 12 through 18 years of age.
- A mental health screening must be submitted with procedure code 96160 for a screening tool completed by the adolescent, or procedure code 96161 for a screening tool completed by the parent or caregiver on behalf of the adolescent.
- Only one procedure code (96160 or 96161) may be reimbursed for the mental health screening per client per lifetime based on the description of the procedure code and the service rendered.

Contact Information

Provider Relations Department
915-532-3778 ext. 1507

Adriana Cadena

C.A.R.E Unit Manager

915-298-7198 ext. 1127

acadena@epfirst.com

Program for Children of Farmworkers who Travel for Work

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



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Accelerated Services for Children of Farmworkers who Travel for Work

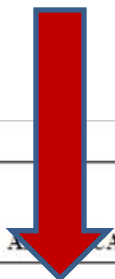
- A State initiative to provide accelerated services to children of farmworkers who travel for work due to the uniqueness of the population.
- El Paso First Health Plans cooperates and coordinate with the State, outreach programs and Texas Health Steps regional program staff and agents to ensure prompt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

What does Accelerated Services for Children of Farmworkers mean?

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

Indicator on Roster

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



ROBERTO CANALES MD PA
EL PASO, TX 79902

ASSOCIATIONS

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

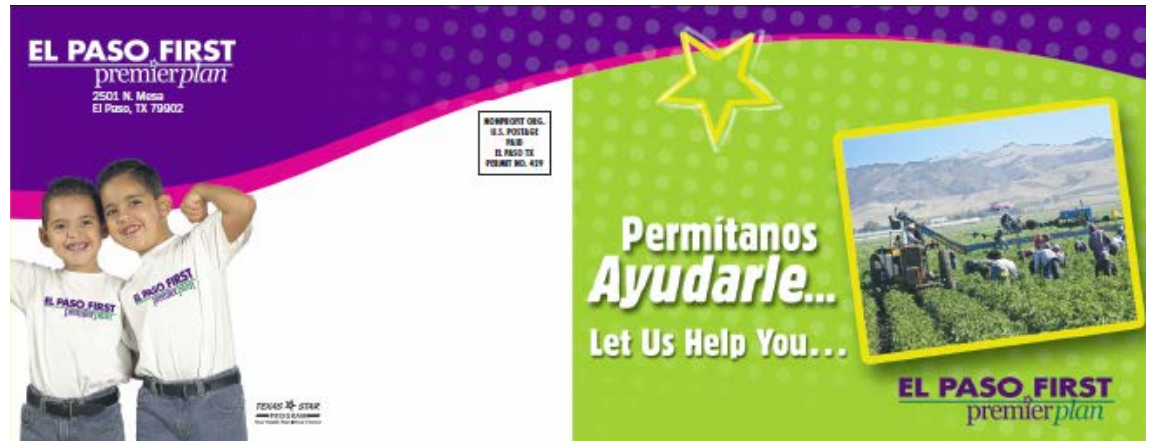
Member#	Member Name	Migrant	Age	DOB	Sex	Phone	Address	Effective	THSteps	PCPName
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Reaching out to Children of Farm Workers

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

How do we reach out?

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



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

Annual School Supply Distribution Health Fairs:

AT NO COST:

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



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Reaching out to Children of Farm Workers



Mobile Food Pantry Distributions



Contact Information

Lluvia Acuña

Outreach Coordinator

lacuna@epfirst.com

915-298-7198 ext. 1075

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C.A.R.E. Unit Manager

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STAR/CHIP HHSC Marketing Guidelines

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



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Marketing Guidelines Requirements



- El Paso First must inform its Network Providers of, and Network Providers are required to comply with, the marketing policies.
- Providers must not recommend one MCO over another, offer patients Incentives to select one MCO over another, or assist with the decision to select an MCO.

Assisting Patients

- Providers may:
 - Inform patients about the CHIP and Medicaid Programs in which they participate.
 - Inform patients of the benefits and services offered through the MCOs in which they participate.
 - Give patients information to contact the MCO if requested.
 - Distribute Applications to families of uninsured children and assist with the completion.
 - Direct patients to enroll in the CHIP and Medicaid Programs by calling the HSHC ASC.

Distribution of Materials

- Providers must:
- Distribute or displace health-related materials for all contracted MCOs or none at all.
 - Posters must be no longer than 16” x 24”
 - Health-related materials may have MCO name, logo, and contact information.
 - Providers may choose which items to distribute or display as long as there is at least 1 item from each contracted MCO.
- Display stickers submitted by all contracted MCOs or none at all.
 - Stickers cannot be larger than 5” x 7” or indicate anything more than “MCO is accepted or welcomed here.”

Giveaways and Incentives

- Giveaways and Incentives may be distributed to Potential Members, but they must not have an individual value over \$10, or \$50 in the aggregate annually per Potential Member.
- MCOs must not make enrollment into the MCO a condition of Giveaways or Incentives, or provide Giveaways or Incentives to Potential Members that exceed the value limitation.
- MCOs may provide promotional items to a Provider, but not for the purpose of distributing the items to Members or Potential Members.
- Gift cards for Members and Potential Members must not be redeemable for cash or allow the purchase of alcohol, tobacco, or illegal drugs.

Contact Information



Adriana Cadena
C.A.R.E. Unit Manager
acadena@epfirst.com
915-298-7198 ext. 1127

Complaints and Appeals Process

Raquel Payan
Compliance Supervisor



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Complaints & Appeals Process

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

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

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

Contact



Dianna Watt

Compliance Manager

(915) 298-7198 ext. 1109

Raquel Payan

Compliance Supervisor

(915) 298-7198 ext. 1092

Quality Improvement

HEDIS Medical Record Chases

Patricia S. Rivera, RN

Quality Improvement Nurse Auditor



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What is HEDIS?



Health Effectiveness Data and Information Set

- HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service

HEDIS Medical Record Chases

- Hybrid calculation includes combining administrative claims data with medical record reviews.
- If a member is determined to be compliant from claims data, medical record review will not be necessary.

HEDIS Medical Record Chases

- Requests for medical records will go out to providers in late January.
- El Paso First will push for secure electronic transfer of medical records (SFTP).

2017 HEDIS Hybrid Measures

	Measure Description
WCC	Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents
CIS	Childhood Immunization Status
CBP	Controlling High Blood Pressure
CDC	Comprehensive Diabetes Care
PPC	Prenatal and Postpartum Care
W15	Well-Child visits in the first 15 months of life
W34	Well-Child visits in the 3 rd , 4 th , 5 th and 6 th years of life
AWC	Adolescent Well-Care visits

Questions?



Patricia S. Rivera, RN

Quality Improvement Nurse Auditor

298-7198 Ext. 1106

Don Gillis

Director of Provider Relations and Quality
Improvement

298-7198 Ext. 1231

Claims

Adriana Villagrana
Claims Manager



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Claims Processing



- Timely filing deadline
 - 95** days from date of service
- Corrected claim deadline
 - 120** days from date of EOB
 - Use the comments section of the corrected claim form and be specific

Claims Processing

- If you are submitting multiple claims for a patient, please ensure that you are:
 - Indicating page 1 of x (number of pages)
 - Stapling the claims together

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 2018

Page 1 of 3

PCA

MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN PCA OTHER

INSURED'S ID NUMBER

CAPTION

Electronic Claims

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

Top Denial Reasons



- The time limit for filing has expired.
- Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
- Expenses incurred after coverage terminated.
- Duplicate claim/service.
- Resubmit with primary EOB.

Top Denials Reasons

- The diagnosis is inconsistent with the procedure.
 - ICD-10 provides annotations to specify if they are specific gender diagnosis
 - Example you will see this annotation:

Male diagnosis only





Female diagnosis only





- The diagnosis is invalid.
 - 2017 ICD-10-CM/PCS Codes (effective October 1, 2016)


Additional Characters Required

 **4th** This symbol indicates that the code requires a 4th character.

 **5th** This symbol indicates that the code requires a 5th character.

 **6th** This symbol indicates that the code requires a 6th character.

 **7th** This symbol indicates that the code requires a 7th character.

 **X 7th** This symbol indicates that the code requires a 7th character following the placeholder "X." Codes with fewer than six characters that require a 7th character must contain placeholder "X" to fill in the empty character(s).

National Drug Code Billing Requirements

- The NDC and HCPCS code must match on the claim. The Texas NDC to HCPCS Crosswalk can be found at <http://txvendordrug.com/cad/> under Formulary/PDL tab, Clinician-Administered Drug Resources.
- The NDC number consists of 11 digits in a 5-4-2 format.
- NDC submitted must be current on date of service.
- If the NDC is missing on the claim the entire claim will deny.

Contact Us



(915) 532-3778

Provider Care Unit Extension Numbers:

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



FIRSTCALL

MEDICAL ADVICE INFOLINE



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FIRSTCALL - Medical Advice Infoline

- El Paso First Health Plans new 24-hour bilingual Medical Advice Infoline will be available as of March 1, 2017, to answer Member health questions.
- El Paso First Members will be able to call our Medical Advice Infoline toll-free 24 hours a day, 7 days a week.

FIRSTCALL - Medical Advice Infoline



FIRSTCALL

MEDICAL ADVICE INFOLINE

STAR 1-844-549-2826

CHIP 1-844-549-2827

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FIRSTCALL - Medical Advice Infoline

- The Medical Advice Infoline will be one of the value-added benefits El Paso First Health Plans Members will receive.
- The Medical Advice Infoline will be ready to answer health questions and provide health information 24 hours a day – every day of the year.
- The Medical Advice Infoline will be staffed with registered nurses and pharmacists!

FIRSTCALL - Medical Advice Infoline



El Paso First's Medical Advice Infoline will help Members when they:

- Have questions about their health.
- Are worried about a sick child.
- Have questions about their pregnancy.
- Are not sure if they need to go the Emergency Room
- Don't know how much medicine to give their child.

FIRSTCALL - Medical Advice Infoline

- Sometimes Members may not be sure if they need to go the Emergency Room. They will now be able to call El Paso First's 24-hour Medical Advice Infoline.
- When Members call the Medical Advice Infoline, they will be connected to a nurse or pharmacist.
- The Medical Advice Infoline will triage the Member to make a decision if the Member has a real emergency or if the Member could wait to see their Primary Care Provider (PCP) the next day. But if it is a real emergency, they will be directed to the nearest hospital emergency room or to dial 911.
- For non-emergent situations the Members will be directed by their PCP's request to the nearest night clinics or urgent care centers.
- The Medical Advice Infoline staff speaks English and Spanish. If the Member does not speak English or Spanish, translator services will be available.

Thank You! Any Questions!

915-532-3778

Edgar Martinez

Director of Member Services ext. 1064

Juanita Ramirez

Member Services & Enrollment Supervisor ext. 1063

Process for Appealing Requests Related to **Medical Necessity** (Adverse Determinations)

Irma Vasquez
HS Administrative Supervisor



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Items to be discussed:



- Definition of an Adverse Determination
- Types of Appeals
- Timeframes
- Appeal Process

Definition



- Adverse determination

A determination by the managed care organization (MCO) or utilization review agent that the health care services furnished, or proposed to be furnished to a patient, are not medically necessary or not appropriate.

Types of Appeals



There are four (4) types of appeals:

- **Standard Appeal:** An appeal that does not involve urgent care such as emergency care, life-threatening conditions, or continued hospitalization.
- **Expedited Appeal:** An expedited appeal is available for emergency care, life-threatening conditions, and hospitalized enrollees
- **Specialty Appeal:** This appeal is available *only* after the initial appeal has been denied.
- **Acquired Brain Injury Appeal:** An appeal of denied services concerning an acquired brain injury.

Timeframes



Standard Appeals are to be submitted to El Paso First no later than 30 days from the date on the notification of the adverse determination.

Request for a Specialty Appeal are to be made within ten (10) working days from the date the appeal was denied.

Appeal Process

- The Member or the Member's representative; which can be any person acting on behalf of the Member, may request an appeal
- Appeals may be submitted verbally or in writing
- Appeals will be acknowledged within five days of receipt
- Resolution to standard appeals will be within 30 days from receipt of the appeal.
- Resolution to specialty appeals will be provided in writing within fifteen (15) working days of receipt.

Information on Submitting Appeals

Written appeals for Adverse Determinations are to be submitted to:

El Paso First Health Plans Inc.
Attention: Health Services Department
1145 Westmoreland Drive
El Paso, TX 79925

Fax: 915-298-7866

Oral appeals can be made by calling 915-532-3778.

Contact Information



Health Services Department
915-532-3778 ext. 1500

PHARMACY

Perla Saucedo, Pharmacy Technician

Flu Season

Synagis Season

Formulary Information



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FLU SEASON

Effective September 12, 2016, El Paso First will cover the influenza vaccine at participating Texas Network Pharmacies for their members.

Pharmacies participating in the vaccine service network may administer the influenza vaccine for STAR members ages 18 and older and CHIP Perinate mothers ages 18 and older. Only the vaccine is covered for the 2016 flu season.

STAR and CHIP members 17 and under must continue to obtain vaccine from PCP or Specialist (TVFC immunizations only)

- Participating pharmacies:
 - Walgreens
 - CVS/Target
 - Walmart
 - K-mart
 - Albertsons

SYNAGIS



The administration of Synagis injections for El Paso First Health Plans, Inc. began November 15, 2016 and will terminate March 31, 2017.

STAR and CHIP Members: Navitus, El Paso First's pharmacy benefit manager, is processing all Synagis prior authorization requests for Medicaid and CHIP members enrolled with the health plan. Synagis is only dispensed through the following pharmacies:

Maxor Specialty
216 South Polk Street
Amarillo, TX 79101
Synagis Phone #
866.629.6779
Synagis Fax # 866.217.8034

Avella Specialty Pharmacy
3016 Guadalupe St Ste. A
Austin, TX 78705
Synagis Phone #
877.470.7608
Synagis Fax # 877.480.1746

Prior Authorization Process through Navitus is as follows:

1. Prior authorization form can be found on the Navitus website at <https://www.navitus.com/texas-medicaid-star-chip/synagis.aspx>
2. Physician faxes the “Navitus Palivizumab (Synagis) Prior Authorization Request Form” directly to selected pharmacy.
 - a. Maxor Specialty Fax # 866.217.8034
 - b. Avella Specialty Fax # 877.480-1746
3. Pharmacy will forward completed Prior Authorization Request Form to Navitus for final approval

SYNAGIS

4. Pharmacy coordinates Synagis delivery with the physician's office.
 5. Physician administers Synagis and bills El Paso First for the administration. (El Paso First does not require prior authorization for the administration of the Synagis injection for Medicaid and CHIP members)
- For additional information concerning Synagis administration for STAR and CHIP Members, please call Navitus 24 hours a day, 7 days a week at 1-877-908-6023.

FORMULARY

- Navitus creates and maintains a formulary tool which provides the necessary information for prescription coverage.
- The formulary tool will list ALL covered products. If it isn't listed, it isn't covered.
- The tool will be posted to Navitus' (www.navitus.com) website under Providers > Texas Medicaid STAR/CHIP.
- There are separate formularies for STAR and CHIP..
- The formulary is updated monthly.
- The formulary is a PDF so you will use Ctrl+F to search for a drug name, NDC, etc.

FORMULARY (cont.)

NDC	NDC NAME	TIER	PDL STATUS	MARKET BASKET ID	DRUG EDIT	PUBLISHING NOTE	PA FORM	EXPIRATION DATE	CLASS
00555076402	ADDERALL TAB 10MG	BRAND	NPD	MKID_7	QL ST	QL = LESS THAN 2 TAB/DAY; NO QL REQ'D FOR MEMBERS LESS THAN 18 YEARS; STEP THERAPY REQUIRES TRIAL OF PREFERRED PRODUCT		12/31/2222	AMPHETAMINES


Both the STAR and CHIP formulary document will indicate:

- The specific covered NDC
- The drug name, dose and form for that NDC
- Band or generic indicator for quoting CHIP copays
- Drug Edit like:
 - ST which is a PDL PA edit (must try preferred PDL alternative for coverage- STAR only)
 - PA which means a clinical PA requirement exists
 - QL which indicates there is a quantity limit
 - 90DS which means the member can get a 90 day supply at any contracted retail pharmacy.

FORMULARY (cont.)

NDC	NDC NAME	TIER	PDL STATUS	MARKET BASKET ID	DRUG EDIT	PUBLISHING NOTE	PA FORM	EXPIRATION DATE	CLASS
00555076402	ADDERALL TAB 10MG	BRAND	NPD	MKID_7	QL ST	QL = LESS THAN 2 TAB/DAY; NO QL REQ'D FOR MEMBERS LESS THAN 18 YEARS; STEP THERAPY REQUIRES TRIAL OF PREFERRED PRODUCT		12/31/2222	AMPHETAMINES

- Formulary notes clarifying restrictions or requirements. For example, if a drug has a QL, the explanation of that quantity limit will be indicated here. If a drug has a PA and the 72-hour emergency PA supply is not allowed it will also be indicated here.
- Initially, if a drug has a PA requirement, the name of the PA form will be listed. All PA forms will be posted to www.navitus.com under the same link as the formularies
- Expiration date of the NDC
- Drug class



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Thank You for Attending Providers!

