

Welcome Providers!

Behavioral Health Specialty Provider Training

July 28, 2016



Agenda

- **Provider Relations:** [Federal Mandate Re-enrollment, Provider Manual, El Paso First Website Overview](#)
- **Contracting:** [Contracting Overview](#)
- **Quality Improvement:** [Access and Availability](#)
- **Health Services:** [Behavioral Health Unit](#)
- **Claims:** [Reminders](#)
- **Member Services:** [Verifying Eligibility and The Medical Transportation Program](#)

Provider Relations Updates: Medicaid Re-enrollment

Vianey Licon
Provider Relations Representative

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Affordable Care Act Federal Mandate Re-Enrollment

- Any Medicaid providers enrolled *prior* to January 1, 2013, **must** be fully re-enrolled by **September 25, 2016**.
- Providers should submit their provider enrollment application now. This will allow to resolve unexpected issues that may come up during the enrollment process.

Affordable Care Act Federal Mandate Re-Enrollment

Applications Received After June 17, 2016

Texas Medicaid will normally process complete applications received on or after June 17, 2016; however, Texas Medicaid cannot guarantee that those applications will be completely processed by the September 25, 2016 deadline. **If final approval on an application received after June 17, 2016 is not completed by September 25, 2016, the provider will be dis-enrolled from Texas Medicaid.**

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.*

Additional Guidance Cont.

- [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

Provider Manual

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Provider Manual

- Updated Provider Manual
- Providers are able to access this information on our web site @ www.epfirst.com
- The Provider Manual only applies to **STAR** and **CHIP** programs.

Provider Manual

- General Provider Rights And Responsibilities
- Covered Services
- Texas Health Steps Overview
- Quality Improvement Program
- Utilization Management
- Complaints and Appeals Process
- Claim Guidelines

Where to locate the Provider Manual

www.epfirst.com

915-532-3778

1-877-532-3778

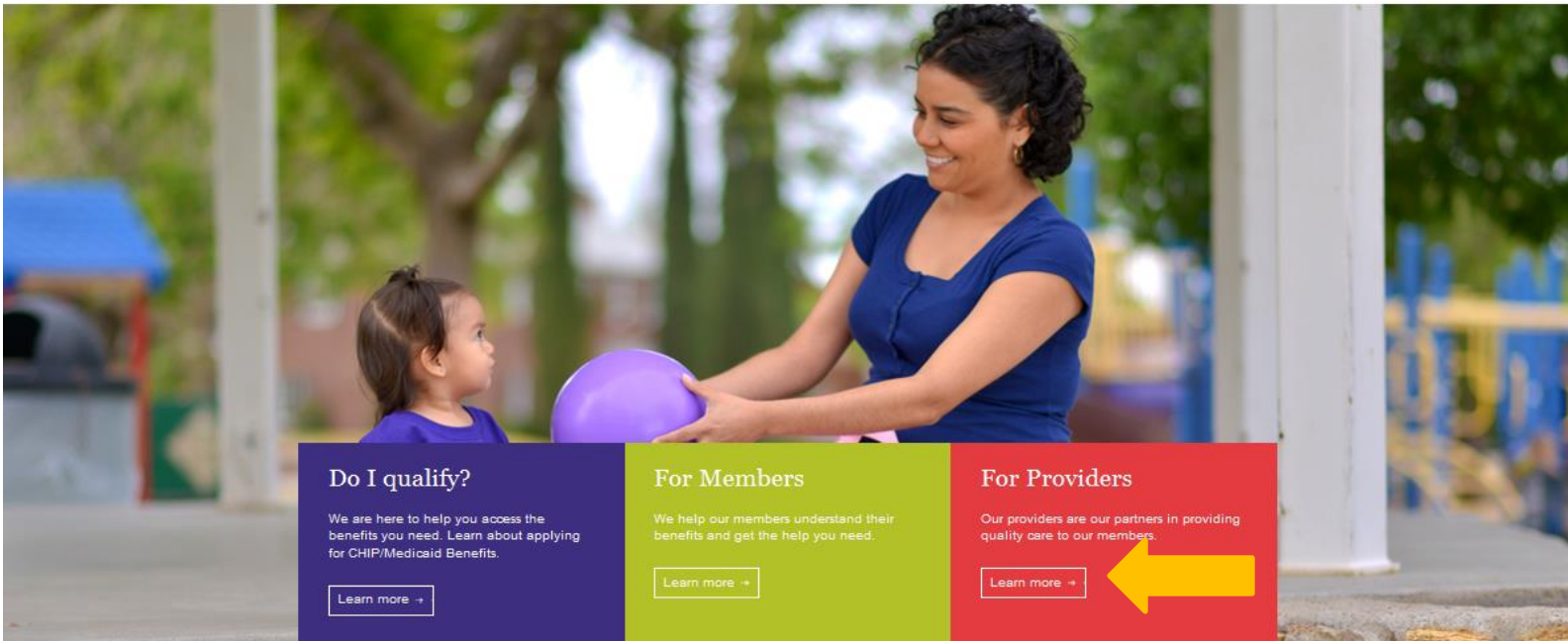
For Providers

[Web Portal Login →](#)

[En Español](#)



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Do I qualify?

We are here to help you access the benefits you need. Learn about applying for CHIP/Medicaid Benefits.

[Learn more →](#)

For Members

We help our members understand their benefits and get the help you need.

[Learn more →](#)

For Providers

Our providers are our partners in providing quality care to our members.

[Learn more →](#)

Welcome to El Paso First!

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. Take the time to browse our website and access the information you need. Thank you for your visit.

Health CARE Options

Health CARE Options is a benefit program for low-income adults.

[Read more about the program here →](#)

Preferred Administrators

Preferred Administrators is the health insurance coverage for all Associates of the El Paso County Hospital District and employees at El Paso Children's Hospital.

[Learn More→](#)

Call us at
915-532-3778

Outside the El Paso
1-877-532-3778

For Providers
Web Portal Login →

[En Español](#)



We Are Proud!

We are proud of our extensive network of providers and the quality health care they provide to our members. Our network currently has more than 1,000 providers, including physician groups, specialists, ancillary providers, and 8 hospitals offering comprehensive care to our members. To view our network of providers, please select Provider Directories to the right.



If you are not part of our network and would like information about joining El Paso First, please [click here](#) to email the Provider Relations Department or call us at 915-532-3778 ext. 1507. You can also [view our El Paso First Department Extensions here](#). Thank you for your interest!

WEB PORTAL LOGIN →

PROVIDER FORMS

The forms you need.
[Learn More →](#)

PROVIDER MANUAL

All you need to know about providing services to El Paso First members.
[Read More →](#)

Click on the Read More link to get to access the Provider Manual

PROVIDER DIRECTORIES & MEMBER HANDBOOKS

Provider Directories and Member Handbooks breakdown by Program.
[Read More →](#)

FIND A DOCTOR

CHIP & STAR Provider Directory
[Search →](#)

PROVIDERS NEWSLETTER

Health Quarterly Newsletter [Read More →](#)

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Provider Manual

You may now begin to
access the Provider
Manual.



ACCREDITED
Health Plan
Expires 04/01/2018

January 2016

STAR Medicaid & CHIP Programs

1145 Westmoreland Dr.
El Paso, Texas 79925
Toll Free- 1-877-532-3778
915-532-3778
www.epfirst.com

Service Area: El Paso and Hudspeth Counties
(STAR Medicaid and CHIP)



El Paso First Website

- www.epfirst.com

Call us at: 915-532-3778

Outside El Paso: 1-877-532-3778

For Providers: [Web Portal Login →](#)

En Español

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ACCREDITED
Member Since
Expires 04/30/2018

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HOME ABOUT MEMBERS PROVIDERS PROGRAMS FIND A DOCTOR EVENTS CONTACT US

Do I qualify?
We are here to help you access the benefits you need. Learn about applying for CHIP/Medicaid Benefits.
[Learn more →](#)

For Members
We help our members understand their benefits and get the help you need.
[Learn more →](#)

For Providers
Our providers are our partners in providing quality care to our members.
[Learn more →](#)

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Contact Information

Vianey Licon
Provider Relations
Representative
vlicon@epfirst.com
(915) 532-3778 ext. 1021

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

Contracting and Credentialing Overview

Evelin Lopez

Contracting and Credentialing
Manager



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Health Plan
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Contract Request

Please contact our Contracting Representatives when you wish to contract or add a provider to your group.

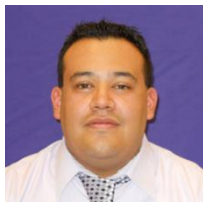
Contracting Department will require the following forms to begin the process :

- ✓ Demographic Form (forms located on website)
- ✓ W-9
- ✓ TPI (STAR Medicaid)
- ✓ NPI

Contracting Representative
Sonia Fernandez
915-298-7198 x1130



Contracting Representative
Gabriel De Los Santos
915-298-7198 x1128



Credentialing Coordinator
Gabriela Macias
915-298-7198 x 1005



Credentialing Coordinator
Thelma Miller
915-298-7198 x 1046



Contracting Process

- Verification of information provided on the Demographic form and W-9
 - ✓ Pay to name (W-9, NPI & TPI)
 - ✓ Desired participating Programs (STAR, CHIP, CHIP Perinatal, HCO, TPA)
 - ✓ Provider Specialty
 - ✓ Practice Limitations
 - ✓ Age Range
 - ✓ Accepting patients
 - ✓ Languages
 - ✓ Office Hours
 - ✓ CLIA

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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"/> CHIP <input type="checkbox"/> TPA (Preferred Admin) <input type="checkbox"/> CHIP Perinate (OB Providers Only)		<input type="checkbox"/> PCP <input type="checkbox"/> Ancillary (DME, Home Health, Hospice) <input type="checkbox"/> Specialist <input type="checkbox"/> Behavioral Health (LPC) <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 checked="" type="checkbox"/> Other :	
Individual NPI: 1770501504		Individual TPI: <input type="checkbox"/> Pending (In Process)	
Primary Specialty:		Secondary Specialty:	
Medical License:		EPSDT Number:	
Telemedicine Services: <input type="checkbox"/> YES <input type="checkbox"/> NO	Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Accepting New Patients <input type="checkbox"/> YES <input type="checkbox"/> NO Established Patients Only <input type="checkbox"/>	
Practice Limitations: <input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> Age Range () <input type="checkbox"/> Other	Office Days/Hours:	CLIA Certificate: <input type="checkbox"/> Yes	Radiology Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No
After Hours:	If so Certificate Type: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Provider Billing Information			
W-9 must be submitted along with Demographic Information Form			
Official Business Name (as it appears on W-9/IRS Documentation)			
Doing Business As (if different from above)**this information must match Box #33 on claim form			
Billing Address, City State and Zip Code:		Tax ID Number: (Required)	
Primary Practice Location		Secondary Practice Location	
Address:		Address:	
City, State, Zip Code:		City, State, Zip Code:	
Phone Number: (915)	Fax: (915)	Phone Number: ()	Fax: ()
Primary Contact Person:		Primary Contact Phone Number email address: ()	

For EP First Staff Only:

Verifications: W-9 NPPE TPI Look Up Provider Letter Other

Provider Type: PCP PCP/Specialist Specialist Ancillary Behavioral Health Hospitalist

Contract Type: Individual Group Attachment D Attachment B/C Attachment F Facility

Credentialing: LOA Ancillary After Hours
 Provider Credentialed Yes No Not Required
 Credential Site Visit: Yes No Not Required

Actions: Add: To Network To Group Program
 TERM: From Network From Group From Program REASON: _____
 STAR CHIP CHIP Perinate HCO CM TPA Effective Date: ____/____/____
 Participating Non-Participating
 Comments: _____

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Contracting Process

- Contracting & Credentialing Packet will include:
 - ✓ 2 copies of an unsigned contract
 - ✓ Credentialing Application (If the provider is not credentialed, a credentialing application will be included in the packet)
 - Please return both signed copies of the contract.
 - Applications will be submitted to the Credentialing Department

Credentialing Process

- Credentialing process begins when the application is received by our Credentialing Dept.
- Clean applications are processed within 30 days.
 - Applications with missing information will be delayed until all of the information required is received.
- Applications are approved by a Credentialing Peer Review Committee (CPRC).
- All applications approved by CPRC are submitted to the Contracting Department.
- Providers cannot be listed in the Provider Directories until they have completed the Credentialing and Contracting process.

Important things to Remember

- ✓ Make sure that all applications, forms and contracts are completed in their entirety.
- ✓ Make sure that your applications and contracts are signed before returning.
- ✓ Failure to complete and sign will cause your application or contract to be returned and cause a delay in the process.
- ✓ Network participation begins when you have received a copy of your executed agreement with the effective start date.
- ✓ If your Individual or Group TPI are pending, the provider will continue with a non-par status for STAR-Medicaid until received and contract is amended. (No retro dates)

Questions

Evelin Lopez
Contracting and Credentialing Manager
915-298-7198 ext. 1014

Access and Availability

Patricia S Rivera, RN

Quality Improvement Nurse Auditor

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Definitions

- **Office Accessibility:** Members must be able to schedule an appointment with PCP and Behavioral Health Providers for covered services within the time frames mandated by TDI and HHSC
- **After-Hours Availability:** PCPs and OB/GYN (that are PCPs) must be available 24/7 as mandated by TDI and HHSC. If the Provider delegates this duty, the covering Provider must also be available 24/7. *NOTE: Behavioral Health Providers not surveyed for availability at this time.*

Office Accessibility Standards

- Initial Outpatient Behavioral Health visits must be provided within 14 days of request.
- Emergency Services must be provided upon member presentation at the service delivery site.
- Urgent Care, including specialty urgent care, must be provided within 24 hours of request.

EQRO Secret Shopper Results

Percent of providers who met appointment wait time standards out of providers who offered appointments

Behavioral Health Standard	Adult	Child
14 days	69.6%	66%

Contact Information

- Should you have any questions regarding Accessibility and Availability, please contact:
 - Your designated Provider Relations Representative at 532-3778 Ext 1507
 - The Quality Improvement Department at 532-3778 Ext 1231 or 1106
 - Our Medical Director, David Palafox, MD at 532-3778 Ext 1031

Health Services Behavioral Health Unit

Diana Gonzalez
BH Case Manager

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Mental Health Parity

El Paso First Health Plans, Inc. (El Paso First) will provide, or arrange to provide, its members with covered and medically necessary Behavioral Health (BH) services as outlined by the Texas Health and Human Services Commission (HHSC).

The provision of covered behavioral health services will mirror the updated inpatient and outpatient benefits for children, adolescents, and adults that are delineated by the Texas HHSC.

El Paso First will comply with all applicable provisions of the Mental Health Parity and Addiction Equity Act of 2008.

Behavioral Health Benefits

- Covered Services for the treatment of mental, emotional, or chemical dependency disorders.
- Types of services:
 - Inpatient
 - PHP (Partial Hospitalization Program)
 - IOP (Intense Outpatient Program)
 - Targeted Case Management
 - Residential Treatment (Chemical Dependency)
 - Detox
 - Individual, Family and Group Therapy
 - Mental health rehabilitative services and targeted case management
- Members may self-refer for an initial visit to any participating BH provider in the Provider Network without a referral from their PCP. Subsequent visits will require prior authorization from El Paso First Health Plans.
- For further information please refer to your Provider Manual (Page 114-123)

Authorization Requirements for MHR and TCM

Mental Health Rehabilitative Services and Targeted Case Management Services require prior authorization.

As per TMPPM Section 5.3 Documentation Requirements

- All services require documentation to support the medical necessity of the service rendered, including MH and MR services.

Mental Health Rehab and Targeted Case Management

The following Mental Health Rehabilitative Services may be provided to individuals with an SPMI or a SED as defined in the DSM and who require rehabilitative services as determined by either the ANSA or the CANS:

- Adult Day Program
- Medication Training and Support
- Crisis Intervention
- Skills Training and Development
- Psychosocial Rehabilitative Services

Requirements for Review

- Initial request:
 - demographics, diagnosis, current symptoms, goals , and any additional information that will assist review
- Continuation request: The following information must be included:
 - Updated/current symptoms
 - Detailed response to past treatment
 - Updated/current treatment goals

Example

Section XI. Continuation of Therapy Requests: Please indicate the following. (Complete all sections):		
Current Symptoms:	Anxiety, depressed mood, suicidal ideations, irritable, drug use, impulsiveness	
Response to Past Treatment: (Provide Detailed Information)	Client has minimized moods and is using coping skills to alleviate symptoms. Client learning to express her feelings and communicate to others when she feels suicidal. Client needs to work on impulsiveness and drug use.	
Specific Therapeutic Interventions:	CBT and play therapy	
For MHR/TCM Requests Only:	<input type="checkbox"/> Deviation of LOC	<input type="checkbox"/> Reduction of LOC
Please list reason for Deviation and/or Reduction of LOC (MHR/TCM Only):		
Section XII. Short Term Measurable Treatment Goals: (Note specific progress for each goal)		
Goal	Current Progress	Target Date
Decrease suicidal ideations	Patient not voicing any suicidal thoughts	10/20/16
Decrease depressed moods and irritability	Patient is involved in several activities which helps her cope with depressed moods and irritability	10/20/16
Work on coping skills	Patient is learning how to integrate her coping skills to daily activities	10/20/16
Stop using drugs	Patient has learned and recognized the pros and cons of drug use	12/20/16
2		

501526EPF072715

Benefit Effective 7/1/2016

- Early Onset Psychosis Program
- A specialized treatment approach for those experiencing their first episode of psychosis.
 - Must have a diagnosis that contains psychosis that was first given within the last two years
 - Service is provided at Emergence Health Network
 - The individual must be between the ages of 15 and 30 years of age

Behavioral Health Case Management

- Case management consist of community resources, such as support groups and referrals, are available through El Paso First Behavior Health Case Management Program
- Members who may qualify for service:
 - IN-PATIENT ADMISSIONS-Hospital case managers, social workers
 - PRE-AUTHORIZATION REQUEST FORMS
 - PROVIDER REFERRALS
 - INTERDEPARTMENTAL REFERRALS- Member services, Claims
 - SELF-REFERRALS- incoming calls for assistance
- Providers may refer through El Paso First portal www.epfirst.com or by phone to 915-532-3778
- Members are screened via telephone or in person by case managers
- ISP is developed by completing assessment, planned goals and interventions.

Crisis Line

Behavioral Health and Substance Abuse Helpline/Drug and Alcohol Treatment

- You can get behavioral health or substance abuse help when you need it. This line is open 24 hours a day, 7 days a week. A qualified and trained person, fluent in both English and Spanish, will be there to help you.
- STAR: 1-877-377-6147
- CHIP: 1-877-377-6184

Pharmacy Benefit

Top Ten prescribed ADHD medications:

- Vyvanse
- Focalin XR
- Methylphenidate HCL ER
- Quillivant XR
- Guanfacine ER
- Adderall XR
- Strattera
- Dexamethylphenidate HCL
- Amphetamine/Dextroamphetamine

Top Ten prescribed Antipsychotic medications:

- Abilify
- Risperidone
- Quetiapine
- Aripiprazole
- Latuda
- Ziprasidone HCL
- Seroquel XR
- Olanzapine
- Rexulti
- Geodon

Pharmacy Prior Authorization

Please note all of the top prescribed medications require Prior Authorizations

- Prior Authorization forms can be obtained from Navitus at www.navitus.com or by calling 1-877-908-6023

Contact Us

915.532.3778

Diana Gonzalez, BH Case
Manager

dgonzalez@epfirst.com

Edna Lerma, Clinical
Supervisor

elerma@epfirst.com

Rebecca Segura, BH Case
Manager

rsegura@epfirst.com

Dolores Herrada, Director
of Health Services

dherrada@epfirst.com

Claims Reminders

Yvonne Grenz
PCU Supervisor

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Health Plans, inc.

Claims Processing

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

Claim Correction – CMS 1500

ITEM NUMBER 22

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

TITLE: Resubmission and/or Original Reference Number

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

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

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

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

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

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

EXAMPLE:

22. RESUBMISSION CODE	ORIGINAL REF. NO.
7	ABC1234567890



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

Claim Correction – CMS 1500

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

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

Claim Correction-UB04

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

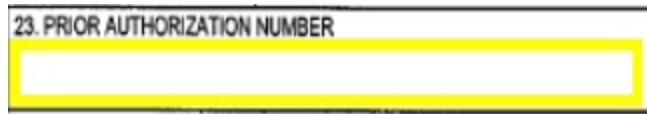


Box 4 – Type of Bill
Located on the upper right hand corner of claim

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

Authorization Number on Claims

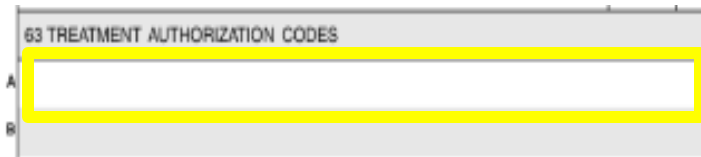
- CMS-1500 (professional) claim form:
 - Block 23



23. PRIOR AUTHORIZATION NUMBER

A rectangular box with a yellow border, representing the field for the prior authorization number on a CMS-1500 form.

- UB-04 (institutional) claim form:
 - Block 63



63 TREATMENT AUTHORIZATION CODES

A rectangular box with a yellow border, representing the field for treatment authorization codes on a UB-04 form. The box is divided into two sections, labeled 'A' and 'B' on the left side.

Top Denials

- Benefit Requires Authorization
- Authorization dates do not match claim
- Duplicate member/DOS/Service Code/Pay to/Rendering Phys/Modifier
- Authorization not found
- Authorization has no available units
- Invalid Diagnosis code for benefit
- Authorization is not for same member
- Diagnosis pointer required on Service Line for Diagnosis codes

Electronic Claims

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

Contact Us

915.532.3778

Provider Care Unit Extension Numbers:

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

Member Services: Verifying Eligibility and Medical Transportation

Edgar Martinez
Director of Member Services

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Health Plans, inc.

Verifying Eligibility

- Providers should verify Member eligibility prior to delivering services at each visit.
- Each Member approved for Medicaid benefits will receive a Your Texas Benefits Medicaid card and an El Paso First Premier Plan Identification Card.
- Each Member approved for CHIP benefits will receive an El Paso First CHIP Identification Card.
- The Texas Benefits Medicaid card and Member Identification card, does not always mean the Member has current Medicaid or CHIP coverage.

Verifying Eligibility

- There are several ways to do verify eligibility:
 - Swipe the Member's Your Texas Benefits Medicaid card through a standard magnetic card reader, if the Provider uses the required technology.
 - Use TexMedConnect on the TMHP website at www.tmhp.com.
 - El Paso First Web portal at www.epfirst.com
 - Contacting El Paso First Member Services at 915-532-3778
 - El Paso First HealthX automated eligibility fax verification 1-866-283-2792

Medical Transportation

- Transportation is available for medical appointments and health education classes.
- If a member needs a ride to a doctor's office, please call our Member Services Department at 915-532-3778 or 1-877-532-3778.
- Transportation must be requested at least 48 hours in advance.
- Transportation is available through bus tokens. Taxi cabs are available on a case by case basis.
- El Paso First does not reimburse members for mileage.
- El Paso First covers ambulance services in emergency situations for all members. Severely disabled members, whose condition requires ambulance services, will also be covered.

Medical Transportation

- Transportation is also available from the Medical Transportation Program (MTP).
- If a member needs a ride to a doctor's office, please call MTP at 1-877-633-8747 Monday – Friday 8:00 a.m. to 5:00 p.m. Central Time.
- Transportation must be requested at least two days in advance.
- MTP also pays for members to have a friend, relative, or another individual give them a ride when the member doesn't have a car or gas money. MTP pays these drivers as Individual Contractors by the mile (at the rate set by legislature for state employees).

Thank You!

915-532-3778

Edgar Martinez

Director of Member Services

Juanita Ramirez

Member Services & Enrollment Supervisor

2016

THSTEPS COMPONENTS WORKSHOP

WHEN

September 30th
7am – 5pm

WHERE

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

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

Please click link below to register:

http://2016thsteps_components_workshop.eventbrite.com

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

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

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

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

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

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

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

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

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

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

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

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



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Thank You for Attending Providers!

