

# Welcome Providers

## Provider Quarterly Orientation

May 14, 2015



# Learning Objectives

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- Provider miscellaneous forms and where to locate them
- Texas Health Steps reminders and updates
- Update on Pay for Quality progress
- Referral Process for in-network and out-of-network providers
- Asthma program overview
- Behavioral health services provided by El Paso First
- Cultural competency
- Claims' reminders and updates

# Table of Contents

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- **Provider Relations:** [Miscellaneous Forms](#)
- **C.A.R.E.:** [THSteps Updates & Reminder](#)
- **Quality Improvement:** [Pay for Quality Updates](#)
- **Health Services:** [Referral Process](#)  
[Asthma Program Overview](#)  
[Behavioral Health Services](#)
- **Member Services:** [Cultural Competency](#)
- **Claims:** [Reminders & Updates](#)

# Provider Relations: Miscellaneous Forms

Corina Diaz

Provider Relations Representative

**EL PASO FIRST**  
*Health Plans, inc.*

Call us at:  
**915-532-3778**

Outside El Paso  
**1-877-532-3778**

For Providers  
**Web Portal Login →**

[En Español](#)



HOME

ABOUT

MEMBERS

**PROVIDERS**

PROGRAMS

FIND A DOCTOR

EVENTS

CONTACT US

PROVIDER FORMS

TEXAS HEALTH STEPS FOR PROVIDERS INFORMATION

CLINICAL PRACTICE GUIDELINES

PRENATAL-POSTPARTUM CARE VISIT VERIFICATION

To search type and hit enter...

## Provider Forms

### Download our Provider Forms Below

- Claims Forms +
- Complaints and Appeals Forms +
- Credentialing Packet Forms +
- Health Services Forms +
- Members Services Forms +
- Web Portal Forms +
- Misc. Forms +

**WEB PORTAL LOGIN →**

#### PROVIDER MANUAL



All you need to know about providing services to El Paso First members.

[Read More →](#)

#### PROVIDER DIRECTORIES & MEMBER HANDBOOKS



Provider Directories and Member Handbooks breakdown by Program.

[Read More →](#)

# EFT Form

## **EL PASO FIRST**

*Health Plans, inc.*

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

Provider/Group Name: \_\_\_\_\_

NPI Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

I (we) hereby authorize:

El Paso First Health Plans, Inc. hereinafter called El Paso First, to initiate credit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereafter-called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Account number: \_\_\_\_\_

Routing number: \_\_\_\_\_

This authorization is to remain in full force and effect until El Paso First has received written notification from me (or either of us) of its termination in such time and in such manner as to afford El Paso First and DEPOSITORY a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

NOTE: CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ATTACH A VOIDED CHECK

**EL PASO FIRST**  
*Health Plans, inc.*

# EDI Form

## EL PASO FIRST healthplans, inc. Electronic Data Interchange Request Form

El Paso First Health Plans, Inc. offers Electronic Data Interchange Interchange. Please indicate the specific EDI transaction set up requests.

- 270/271 Eligibility coverage or benefit inquiry/response
- 276/277 Claim status request/response
- 835 Remit Payment Advice (RAs)
- 837 Professional Institutional Claims

**Please fill out form and fax to Provider Relations**  
**915-532-2877 or 915-225-6762**  
 Questions/Concerns call 915-532-3778 x1507

### BILLING PAY TO PROVIDER INFORMATION (PLEASE INCLUDE W9)

- Individual Provider     Group/Practice     Facility

Official Business Name: \_\_\_\_\_  
 Doing Business As: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Federal Tax ID: \_\_\_\_\_  
 Contacts: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### PROVIDER INFORMATION

Provider/Group Specialty: \_\_\_\_\_  
 Primary Service Location: \_\_\_\_\_ Group NPI #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
 Secondary Service Location: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
 Third Service Location: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Provider Name: (Last, First, Title)	Taxonomy No.	NPI#

**CLEARINGHOUSE INFORMATION** (Clearing House Customer ID# through AVAILITY):  
 Clearinghouse: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Billing Submitter No. \_\_\_\_\_  
 Software Vendor Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 ANSI 5010:  Professional  Institutional  
 Clearinghouse Name: \_\_\_\_\_

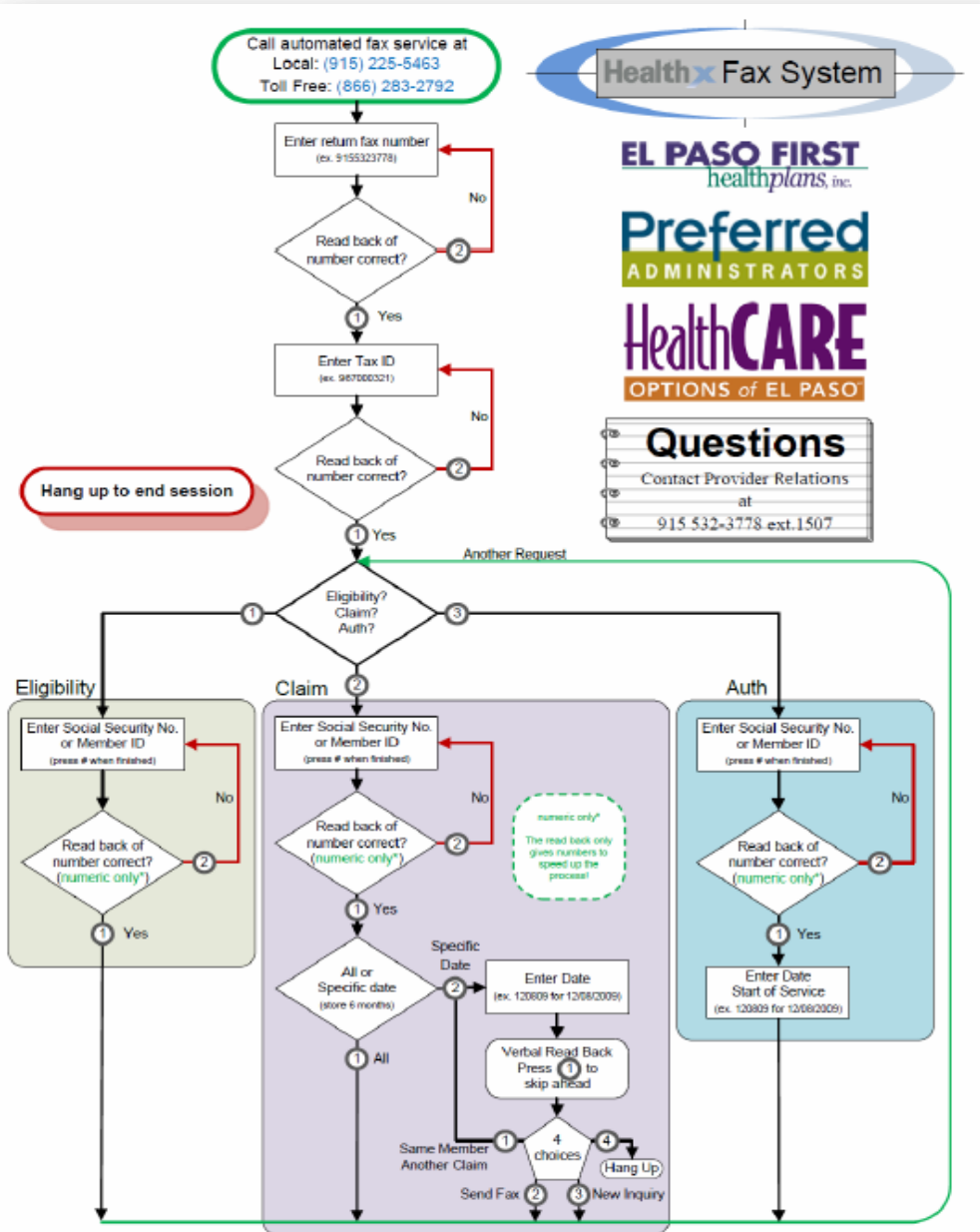
### Authorization Statement Signature

Provider (enter provider/designated representative name) \_\_\_\_\_ hereby appoints (enter vendor name) \_\_\_\_\_ to act as the authorized agent for the purpose of retrieving the 835 electronically from El Paso First Health Plans, Inc.  
**Provider/Provider Representative Signature: \_\_\_\_\_ DATE \_\_\_\_\_**

Please check the Product Line you plan to send/receive EDI transaction files.

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Medicaid- El Paso First Premier Plan (STAR)</li> <li><input type="checkbox"/> CHIP – El Paso First</li> <li><input type="checkbox"/> CHIP Perinatal</li> <li><input type="checkbox"/> EPCCS – Health Care Options – Benefit Plan</li> <li><input type="checkbox"/> Preferred Administrators (TPA) – UMC</li> <li><input type="checkbox"/> Preferred Administrators (TPA) – El Paso Childrens Hospital</li> </ul> | <ul style="list-style-type: none"> <li>Availity PAYER ID# EPF02</li> <li>Availity PAYER ID# EPF03</li> <li>Availity PAYER ID# EPF03</li> <li>Availity PAYER ID# EPF37</li> <li>Availity PAYER ID# EPF10</li> <li>Availity PAYER ID# EPF11</li> </ul> |
|--|--|

# Health X Fax System





# Affordable Care Act Federal Mandate RE-Enrollment

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- All providers must revalidate their enrollment information every three to five years.
- The frequency depends on the provider type.
- CMS requires that states complete the initial re-enrollment of all providers by **March 24, 2016**.
- Texas Medicaid providers enrolled *before* January 1, 2013, must be fully re-enrolled by **March 24, 2016**.

**\*Less than 25% of providers in the Medicaid program have re-enrolled and are compliant \***

# TMHP-Provider Enrollment Portal (PEP) Enhancements

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- Include pre-populated demographic data from provider's account
- Allow application agreement signatures electronically (e-sign)
- Allow electronic upload of supporting documentation
- Add instructional text within the application for e-sign and uploading
- Expand error messages to provide additional information
- Allow higher web browser capability

# Additional Guidance

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- [www.TMHP.com](http://www.TMHP.com)
- [TMHP Provider Re-enrollment page](#)
- Provider Enrollment Representative: 1-800-925-9126, Option 2
- Attend one of the Re-enrollment Town Hall Meetings (various locations around Texas)

# Contact Information

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**Corina Diaz**

**Provider Relations Representative**

**cdiaz@epfirst.com**

**(915) 532-3778 ext. 1167**

**Provider Relations Department**

**(915) 532-3778 ext. 1507**

**C.A.R.E.:**  
**Texas Health Steps**  
**Updates & Reminders**

Maritza Lopez, MPH  
Texas Health Steps Coordinator

**EL PASO FIRST**  
*Health Plans, inc.*

# THSteps Updates

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## Additional Age Requirement Added for Autism Screening

- Autism Screening now required at 18 and 24 months
- Effective on or after April 1, 2015
- Use Modified Checklist for Autism for Toddlers (M-CHAT)

# THSteps Updates

## Growth Chart Usage for Comprehensive Unclothed Physical Examinations

- To record measurements and percentiles as appropriate to age
- To document a client's growth and development

Recommended growth charts to record client length, height, weight, and fronto-occipital circumference:

- For clients who are birth to 2 years of age:
  - The World Health Organization (WHO) growth charts  
[www.cdc.gov/growthcharts/who\\_charts.htm#](http://www.cdc.gov/growthcharts/who_charts.htm#)
- For clients who are 2 years of age and older:
  - The Centers for Disease Control and Prevention (CDC) growth charts  
[www.cdc.gov/growthcharts/clinical\\_charts.htm](http://www.cdc.gov/growthcharts/clinical_charts.htm)

# THSteps updates

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## Changes to Elevated Blood Lead Levels

- Blood lead level screening results that will require a confirmatory test will be reduced to 5 mcg/dL or greater from 10 mcg/dL or greater.
- Confirmatory tests require venous specimens
  - Providers may send specimens to the Department of State Health Services (DSHS) lab or may instead send clients or specimens to a lab of the provider's choice.



# THSteps Laboratory Specimens

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- All required laboratory testing for THSteps clients must be performed by DSHS Laboratory in Austin
  - Exceptions:
    - Specimens collected for type 2 diabetes, hyperlipidemia, HIV, and syphilis screening
      - may be sent to the laboratory of a provider's choice or to the DSHS Laboratory in Austin if submission requirements can be met.
    - Blood lead testing by point-of-care screening
- Laboratory specimens must be accompanied with the DSHS Laboratory Specimen Submission Form

# New Members and Catch-ups

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- Texas Health Steps Checkups for New Members
  - All newborn members, within 14 days of enrollment
  - All other new members, within 60 days of enrollment
- Catch-ups to Texas Health Steps Checkups
  - If a Member has missed a required checkup, a catch up must be done.
    - i.e. child at 4 months is missing 2 month checkup
      - 2 month checkup done at 4 month appt. and 4 month catch up done one month later or before they turn 6 months to stay current.

# Exception to Periodicity

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- Medically necessary
  - i.e. for a client with developmental delay, suspected abuse, or other
- Medical concerns or a client in a high-risk environment, such as living with a sibling with elevated blood lead level.
- Required to meet state or federal checkup requirements for Head Start, day care, foster care, or pre-adoption.
- When needed before a dental procedure requiring general anesthesia.
  - Sports Physicals are not an exception to periodicity.
  - Sports physicals are not a Medicaid covered benefit!

# Exception to Periodicity

Provider must also include the most appropriate exception-to-periodicity modifiers.

Modifier	Description
SC	Medically necessary service or supply
23	Unusual Anesthesia: Occasionally, a procedure that usually requires either no anesthesia or local anesthesia must be done under general anesthesia because of unusual circumstances. This circumstance may be reported by adding the modifier “23” to the procedure code of the basic service.
32	Mandated Services: Services related to mandated consultation or related services (e.g., PRO, third party payer, governmental, legislative, or regulatory requirement) may be identified by adding the modifier “32” to the basic procedure.

\*THSteps medical exception-to-periodicity services must be billed with the same procedure codes, provider type, modifier, and condition indicators as a medical checkup.



**TEXAS HEALTH STEPS  
PROVIDER OUTREACH REFERRAL FORM  
FAX: 512-533-3867**

- Complete this form and submit by fax.
- Use only **ONE FORM PER HOUSEHOLD**, up to 2 patients.
- You will receive notification once your referral is processed.

<b>Provider Information</b>			<b>Date:</b> _____		
Provider/Clinic Name: _____			Contact Name: _____		
Office Address: _____		City: _____	County: _____	Zip Code: _____	
Phone Number: _____			Fax Number: _____		
Provider Type:	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Orthodontic	<input type="checkbox"/> Case Management	<input type="checkbox"/> Other: _____

<b>Parent/Guardian Information</b>			
Parent/Guardian Name: _____		Phone Number: _____	Mobile Number: _____
Address: _____		City: _____	County: _____
Language Preference: <input type="checkbox"/> English		<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: _____

<b>Patient #1 Information</b>			
Patient Name: _____		Date of Birth: _____	Medicaid ID: _____
Appointment Type:	<input type="checkbox"/> THSteps Checkup	<input type="checkbox"/> THSteps Followup	<input type="checkbox"/> Sick Visit
	<input type="checkbox"/> Lead	<input type="checkbox"/> Other: _____	
Reason for referral (check all that apply)			
<input type="checkbox"/> Patient missed appointment, date: _____	<input type="checkbox"/> Assistance needed scheduling appointment.		
<input type="checkbox"/> Follow-up appointment for additional lead testing.	<input type="checkbox"/> Provide updated patient address (Case Management Only)		
<input type="checkbox"/> Assist with transportation to appointment.	<input type="checkbox"/> Other, see comments.		
Comments: _____			

<b>Outreach Services Results (SSU Use Only)</b>	
<input type="checkbox"/> Appointment scheduled; date/time: _____	<input type="checkbox"/> Patient provided education about appointment etiquette.
<input type="checkbox"/> Patient assisted with transportation to appointment.	<input type="checkbox"/> Patient will contact provider directly.
<input type="checkbox"/> No action taken; patient declined assistance.	<input type="checkbox"/> No action taken; patient no longer eligible for Medicaid.
<input type="checkbox"/> Unable to locate patient; letter mailed to patient.	<input type="checkbox"/> Other: _____
Comments to Provider: _____	

<b>Patient #2 Information</b>			
Patient Name: _____		Date of Birth: _____	Medicaid ID: _____
Appointment Type:	<input type="checkbox"/> THSteps Checkup	<input type="checkbox"/> THSteps Followup	<input type="checkbox"/> Sick Visit
	<input type="checkbox"/> Lead	<input type="checkbox"/> Other: _____	
Reason for referral (check all that apply)			
<input type="checkbox"/> Patient missed appointment, date: _____	<input type="checkbox"/> Assistance needed scheduling appointment.		
<input type="checkbox"/> Follow-up appointment for additional lead testing.	<input type="checkbox"/> Provide updated patient address (Case Management Only)		
<input type="checkbox"/> Assist with transportation to appointment.	<input type="checkbox"/> Other, see comments.		
Comments: _____			

<b>Outreach Services Results (SSU Use Only)</b>	
<input type="checkbox"/> Appointment scheduled; date/time: _____	<input type="checkbox"/> Patient provided education about appointment etiquette.
<input type="checkbox"/> Patient assisted with transportation to appointment.	<input type="checkbox"/> Patient will contact provider directly.
<input type="checkbox"/> No action taken; patient declined assistance.	<input type="checkbox"/> No action taken; patient no longer eligible for Medicaid.
<input type="checkbox"/> Unable to locate patient; letter mailed to patient.	<input type="checkbox"/> Other: _____
Comments to Provider: _____	

# Updated Referral Form to replace Missed Appointment Referral Form

# Contact Information

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Maritza Lopez, MPH  
Texas Health Steps Coordinator  
915-298-7198 ext. 1071  
[mlopez@epfirst.com](mailto:mlopez@epfirst.com)

Adriana Cadena  
C.A.R.E Unit Manager  
915-298-7198 ext. 1127  
[acadena@epfirst.com](mailto:acadena@epfirst.com)

# Pay For Quality Updates

Don Gillis

Director of Quality Improvement

**EL PASO FIRST**  
*Health Plans, inc.*

# What is measured?

- HEDIS Measures – using Hybrid methodology
- Potentially Preventable Events (PPEs)

Source	Measure	STAR	CHIP
HEDIS	Well-Child Visits 3, 4, 5, & 6 yr olds	X	X
HEDIS	Adolescent Well Care (12-21 yrs old)	X	X
HEDIS	PPC - Prenatal and Postpartum Care	X	
HEDIS	Asthma Med Ratio & use of Asthma Medications		X
3M	Potentially Preventable Admissions	X	X
3M	Potentially Preventable Readmissions	x	
3M	Potentially Preventable ED Visits	X	X
3M	Potentially Preventable Complications	X	

Red indicates changes from 2014 Pay for Quality Program



# What's at risk?

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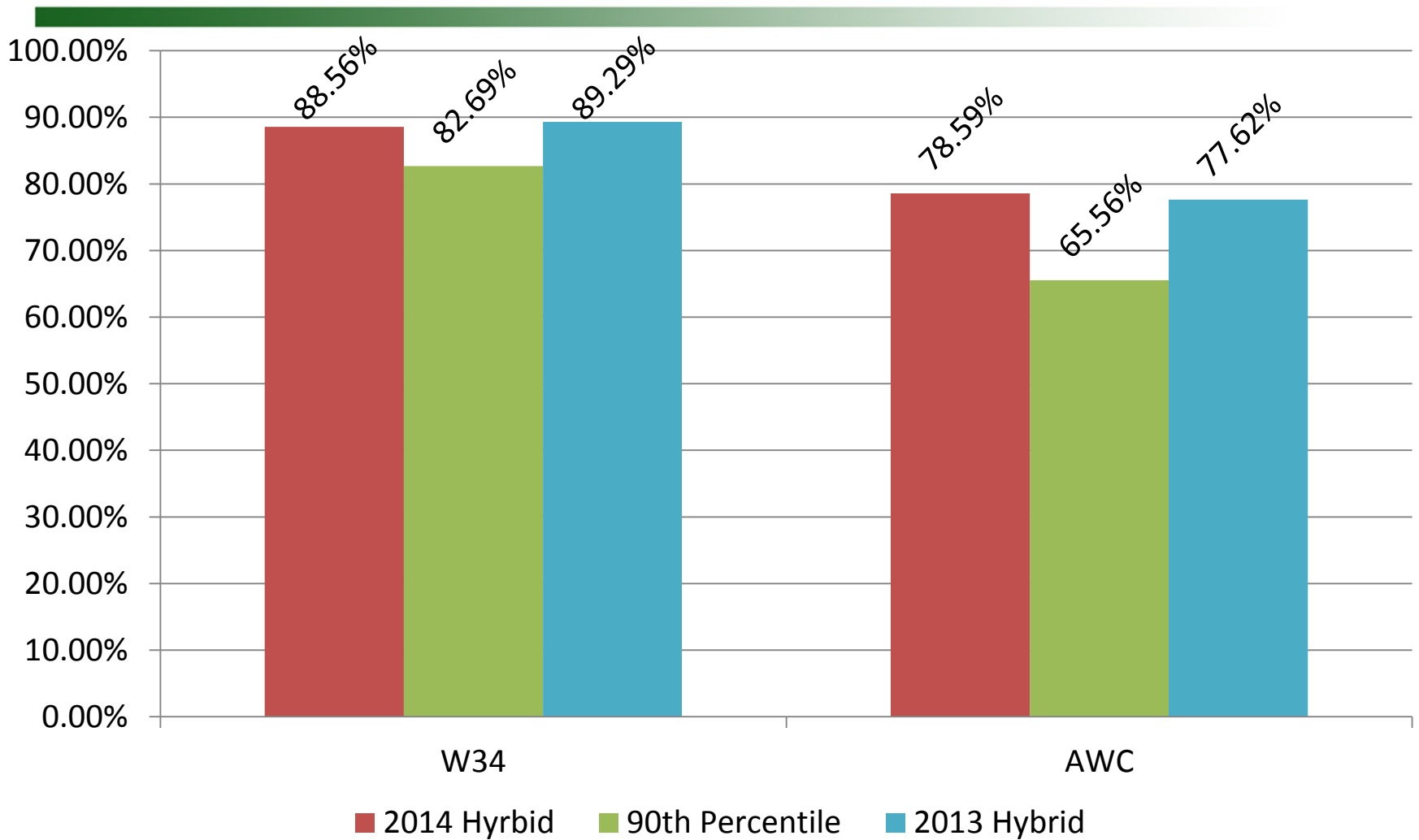
- 4% of our premiums for STAR and CHIP

# 2014 Hybrid Progress

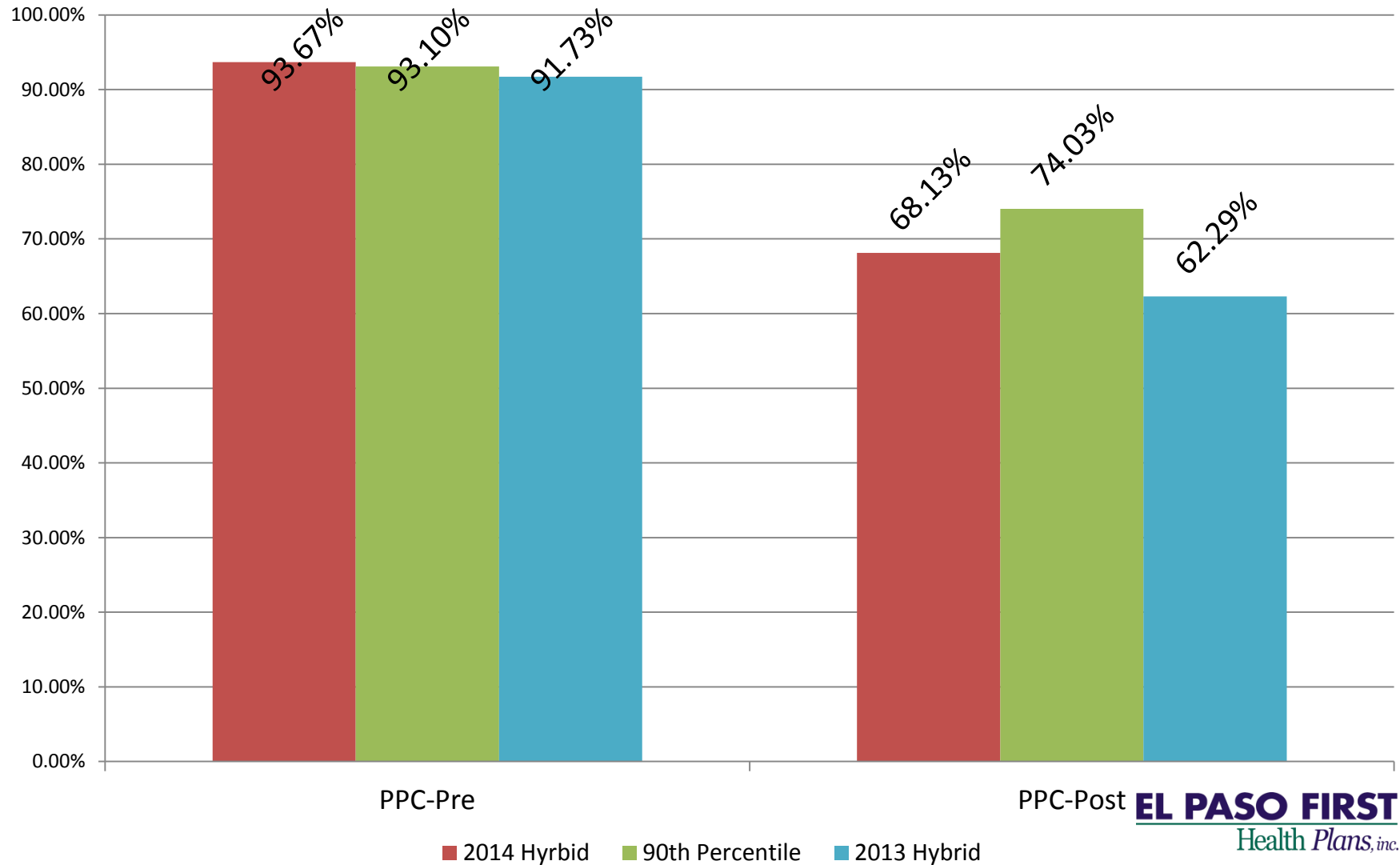
Measure	Requested	Response Received	Response Pending	MR Received	Percent MR Received
AWC	303	252	51	117	38.61%
W34	200	185	15	86	43.00%
CIS	574	523	51	419	73.00%
WCC	1113	1022	91	804	72.24%
PPC	401	363	38	242	60.35%
<b>Total</b>	<b>2591</b>	<b>2345</b>	<b>246</b>	<b>1668</b>	<b>64.38%</b>

	Requested	Response Received	Pending Response	Response Rate
By Group	152	127	25	83.55%

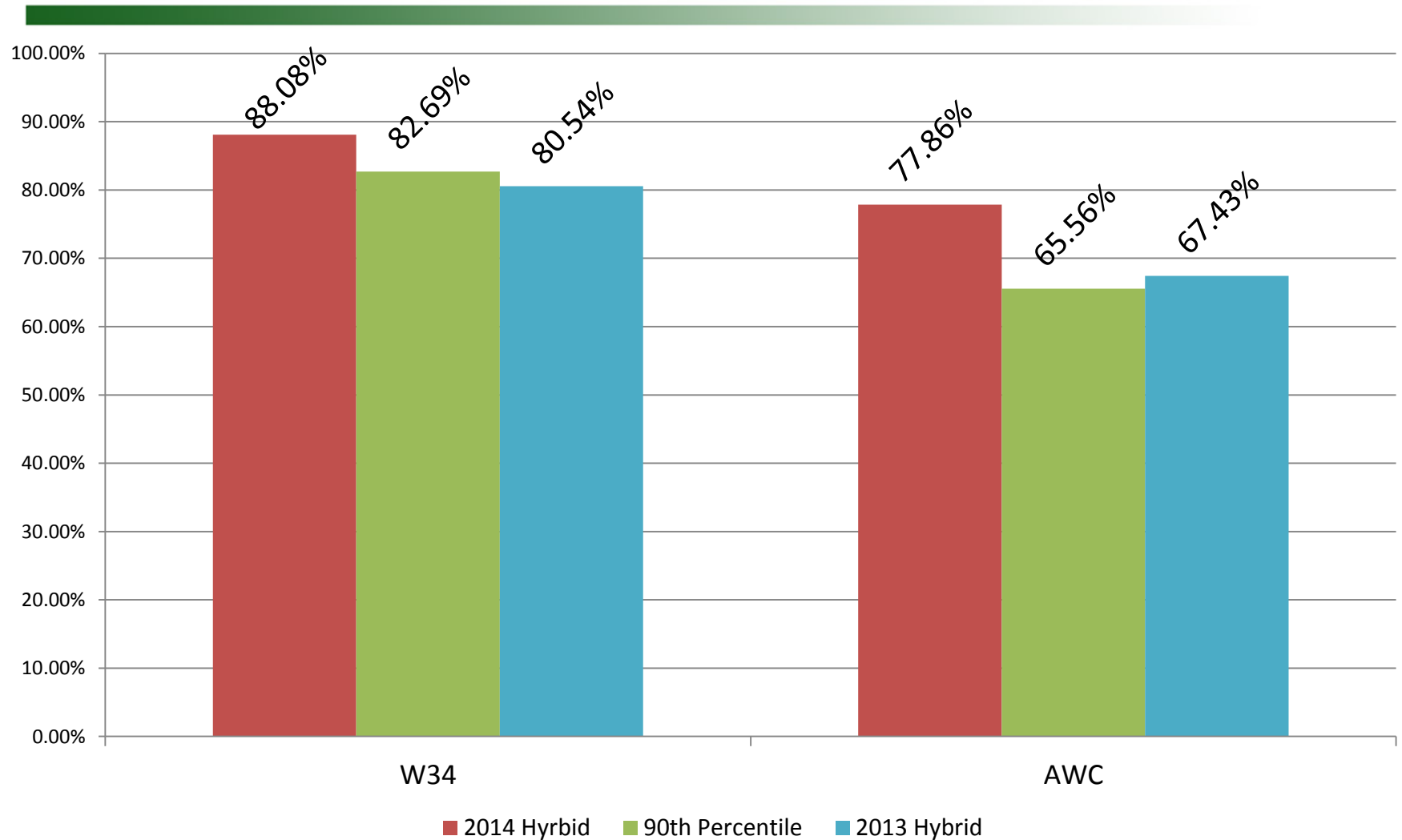
# STAR – Preventative Care



# STAR – Prenatal & Postpartum Care



# CHIP – Preventative Care



# Questions?

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Don Gillis

Director of Quality Improvement

915.298.7198 ext 1231

# Health Services: Referral Process for Out-of-Area / Out-of-Network Services

Bertha Alarcon, RN  
Catastrophic Case Manager

**EL PASO FIRST**  
*Health Plans, inc.*

# Catastrophic Case Management

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- Catastrophic case managers assist members with severe injuries or conditions that result in chronic disabilities such as but not limited to:
  - Cancer
  - Multiple Trauma
  - Potential Organ Transplant
  - HIV/AIDS
  - Out-of-town/Out-of-network services
- A case manager will assist members with education, care coordination, referrals to specialist, collaboration with other physicians/disciplines, linkage to community resources, transportation.



# In Network Referrals

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- Referrals to specialist or other providers may be necessary.
- These referrals must be within the EPF network (**in-network**).
- NO authorization will be required from the PCP for in-network referrals.

To find a list of all El Paso First providers

Go to [www.epfirst.com](http://www.epfirst.com)

Click on providers

Click on Provider Directories

# Out of Network Referrals

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- Authorization is required for all out of network/out of town referrals
  - Must include supporting documentation
- Referring provider must verify that the Out-of-Area / Out-of-Network physician/facility accepts Medicaid
- Requests will be approved based on medical necessity and only if there is NO in-network provider that can render the service

# Contact Information

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- If you need assistance in locating a provider you may contact:

Bertha Alarcon

532-3778 ext. 1162

[balarcon@epfirst.com](mailto:balarcon@epfirst.com)

# Health Services: Disease Management

## Asthma Program Overview

Crystal Arrieta

Disease Management Program  
Coordinator

**EL PASO FIRST**  
*Health Plans, inc.*

# Asthma Program Overview

Members receive:

- Health education
- Service coordination
- Health tip text messages
- Follow up calls
- Home visits
- Community resources

**EL PASO FIRST**  
*Health Plans, inc.*

Dear Parents and Members,

At El Paso First Health Plans, we care about your health and the health of your family. We would like to invite you to a free asthma class at El Paso First Health Plans, Inc.

To register for a FREE asthma management class please call (915) 298-7198, X 1175 or 1076.

**Where:** YWCA Dorothy W. Hunt located at 115 Davis Dr., El Paso, TX 79907

**Time:** 10:00 AM- 11:30 AM

**When:** Friday, May 29, 2015

Come and enjoy drinks and snacks and receive a gift for coming!

For FREE transportation assistance to the classes, please call El Paso First Health Plans at (915)532-3778 (CHIP and Medicaid)

Please call us if you have any questions at (915) 532-3778, x 1175 or 1076.

Sincerely,

Crystal M. Arrieta, MPH  
Disease Management Program Coordinator



**EL PASO FIRST**  
*Health Plans, inc.*

# Health Education Classes

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Upcoming asthma self-management classes and nutrition classes:

- Friday, May 29, 2015

[10:00AM-11:30AM](#)

[YWCA \(Lower Valley\)](#)

[115 Davis Dr., El Paso, TX 79907](#)

- Friday, July 10, 2015
- Friday, September 11, 2015
- Friday, November 13, 2015

# Asthma Medication Ratio Report

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- Roster is sent to providers
- Providers must verify members on roster are prescribed controller medications and fast relief medications
- Disease Management Unit calls members to educate on asthma management, medications, and invite to the asthma management class

# Contact Us

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Crystal Arrieta

Disease Management Program Coordinator

915-532-3778, ext 1175

Gabriela Mendoza

Disease Management Case Manager

915-532-3778, ext 1076



# Health Services: Behavioral Health Services

Presented by:

Diana Gonzalez, LVN

BH Case Manager

**EL PASO FIRST**  
*Health Plans, inc.*

# ADHD Services for Members

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- Children with a DX of ADHD can be seen by a counselor, psychiatrist or any other BH provider in provider network
- Community resources, such as support groups and referrals, are available through El Paso First Behavior Health Case Management Program
- El Paso First Case Managers follow up with children's Parents/Guardian who are prescribed ADHD medication to conduct a medication assessment

# Behavioral Health Services Reminder

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- No authorization is needed for the initial evaluation
- Individual, family, group and inpatient BH services require an authorization
- 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
- Any members discharged from an inpatient psychiatric facility receives a call from BH Case Managers

# Contact Information

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Diana Gonzalez  
LVN-CM-BHS  
915-532-3778 ext. 1082

Aurora Arias  
LBSW-CM-BHS  
915-532-3778 ext. 1131

Edna Lerma  
LPC-Clinical Supervisor  
915-532-3778 ext. 1078

# Claims



Julie Zubia  
Claims Supervisor

**EL PASO FIRST**  
*Health Plans, inc.*

# Claim Denial Reasons

## Top Denial Reasons

Submission window exceeded for claim start date

Duplicate service

Benefit requires prior authorization

Prior authorization not found

Prior authorization dates do not match claim

Invalid diagnosis code for benefit

# THSteps and ICD-10

- HHSC continues to post benefit updates online
- Providers are encouraged to review the information regularly

The screenshot shows the TMHP website's 'Code Updates' page. The header includes the TMHP logo and navigation links for 'All Sites' and 'Advanced Search'. The main navigation bar lists various services: Texas Medicaid, CSHCN, Family Planning, Long Term Care, EDI, MTP, Health IT, and Texas WHP. A left sidebar contains links for 'Code Updates Home', 'HCPCS Updates', 'ICD-9-CM Updates', 'ICD-10 Implementation', 'NCCI Compliance', 'Medicaid Code Review', 'CSHCN Code Review', 'Provider Lookup', and 'Looking for a provider?'. The main content area features a section titled 'ICD-10 Benefit Updates' with a sub-header 'ICD-10 Benefit Updates'. Below this, there is a paragraph explaining the implementation of ICD-10-CM diagnosis code changes and a list of links for 'Texas Medicaid ICD-10 Benefit Changes', including 'Aerosol Treatments - Outpatient Setting', 'Alglucosidase Alfa', 'Allergen Immunotherapy', 'Ambulance Services', 'Ambulatory Blood Pressure Monitoring', 'Ambulatory Electroencephalogram', and 'Ambulatory Surgical Center (ASC) and Hospital Ambulatory Surgical Center (HASC) Services'.

[http://www.tmhp.com/Pages/CodeUpdates/ICD10\\_benefit%20updates.aspx](http://www.tmhp.com/Pages/CodeUpdates/ICD10_benefit%20updates.aspx)

# Contact us

## Provider Care Unit Extension Numbers:

915-532-3778

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



# Questions?

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# CULTURAL COMPETENCY

Edgar Martinez

Director of Member Services

**EL PASO FIRST**  
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# What is Culture?

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- An integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of a racial, ethnic, religious, or social group and the ability to transmit the above to succeeding generations.

Source: National Center for Cultural Competence, Georgetown University

# Culture Matters

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- When culture is ignored, families are at risk of not getting the support they need, or worse yet, receiving assistance that is more harmful than helpful.
- It is a filter through which people process their experiences and events of their lives.
- It influences people's values, actions, and expectations of themselves.
- It impacts people's perceptions and expectations of others.

# ETHNICITY

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- Groups of people believed to be biologically related
- Members of group share unique social and cultural heritage

# DIVERSITY

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- Condition of being different.
- Pertains to ways individuals, communities, culture may differ from each other.

# Cultural Competence

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- Implies the integrated pattern of human behavior that includes:
  - Thought, communications, actions, customs, beliefs, values.
  - Racial, ethnic religious or social groups.
  - Having the skills, knowledge, and understanding about another culture that allow the healthcare providers to assess and intervene in a culturally appropriate manner.

# Cultural Competence vs. Cultural Awareness

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- **Cultural Competence:**  
The ability to effectively operate within different cultural contexts.
  
- **Cultural Awareness:**  
Sensitivity and understanding toward members of other ethnic groups.



# Culturally Competent System of Care Acknowledges Importance of...

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- Culture
- Assessment of cross-cultural interactions
- Vigilance toward the dynamics resulting from cultural differences
- Expansion of cultural knowledge
- Adaptation to meet culturally unique needs

# Cultural Competency Continuum

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1. Cultural Destructiveness
2. Cultural Incapacity
3. Cultural Blindness
4. Cultural Pre-competence
5. Basic Culture Competence
6. Advanced Cultural Competence

# Six Key Points of: Cultural Competency Continuum

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## 1. Cultural Destructiveness

- Attitudes, policies and practices which are destructive to cultures and individuals within them
- Purposeful destruction of a culture
- Assumes one race superior

# Six Key Points of: Cultural Competency Continuum

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## 2. Cultural Incapacity

- Intent not to be intentionally culturally destructive
- Lack of capacity to work with minorities
- Extreme bias and belief in racial superiority of dominant group

# Six Key Points of: Cultural Competency Continuum

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## 3. Cultural Blindness

- Midpoint on the continuum
- Systems/agencies provide services with philosophy of being unbiased.
- Belief that color or culture make no difference
- Belief that dominant culture approaches are universally applicable

# Six Key Points of: Cultural Competency Continuum

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## 4. Cultural Pre-competence

- Implies movement
- Weaknesses recognized in working with minorities
- Attempts to improve practices and increase knowledge
- Danger of tokenism

# Six Key Points of: Cultural Competency Continuum

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## 5. Basic Cultural Competence

- Acceptance and respect for difference
- Continuing self-assessment regarding culture
- Careful attention to dynamics of difference
- Continuous expansion of cultural knowledge and resources

# Six Key Points of: Cultural Competency Continuum

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## 6. Advanced Cultural Competence

- Culture held in high esteem
- Knowledge base of cultural competence sought by conducting culture-based research
- Developing new approaches based on culture



# How Do We Acquire Cultural Competence?

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- Recognize dimensions of cultures
- Respect family beliefs
- Increase sensitivity
- When decision-making include families
- Policy changes that support cultural diversity

# Movement Toward Cultural Competence

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- Attitudes must change to become less biased.
- Policies must change to become more flexible and culturally impartial.
- Practices must become more congruent with cultures.

# Value Diversity

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- Create an environment in which people feel safe to express culturally based values, perceptions, and experiences.
- Hire staff and leaders who reflect the community's cultural diversity
- Partner with cultural organizations and institutions.

# Questions?

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## Member Services Contact Information

### **Edgar Martinez**

Director of Member Services  
(915) 532-3778 ext. 1064

### **Juanita Ramirez**

Member Services Supervisor  
(915) 532-3778 ext. 1063

### **Antonio Medina**

Enrollment Services Supervisor  
(915) 532-3778 ext. 1034

**Thank You for  
Attending Providers!**

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