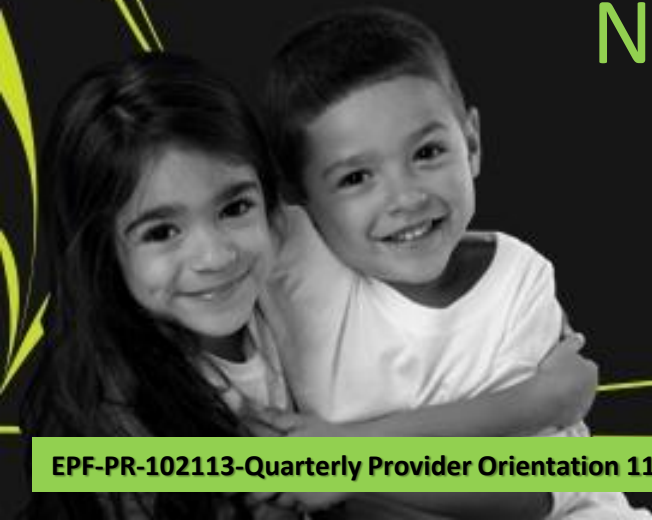


Welcome Providers!

Provider Quarterly Orientation

November 14, 2014



EL PASO FIRST
Health *Plans* inc.

Agenda

- OB information – Provider Relations
- Texas Health Steps Updates – C.A.R.E. Unit
- Pre-Certification Forms, RSV Season and Synagis , Disease Management – Health Services
- Medical Review Audits – Quality Improvement
- National Drug Code (NDC) – Claims
- SIU Process and Complaints & Appeals – Compliance
- CHIP to TIER and Text Messaging – Member Services
- ACA Updates and New Benefits – Preferred Administrators
- Health Care Options – Provider Relations

OB Information



EL PASO FIRST
Health Plans *inc.*

Prenatal –Value Added Services Medicaid Only

\$10 Wal-Mart gift card for pregnant Members completing one pregnancy visit within 30 days of enrollment and going to one pregnancy class.



EL PASO FIRST
Health *Plans* inc.

Prenatal Card

EL PASO FIRST
Health Plans, inc.
PO BOX 971100
El Paso, TX
79997-1100

NONPROFIT ORG.
U.S. POSTAGE
PAID
EL PASO TX
PERMIT NO. 429

Step 1: To be filled out by the Doctor only:

Patient ID Number _____

I had my prenatal check-up on (date) _____

Provider's name, address, and signature or office stamp.

Step 2: To be filled out by El Paso First Health Plans only:

I attended a prenatal class at El Paso First Health Plans on (date) _____

El Paso First Health Plans Signature or Stamp

Please bring or mail this completed form to El Paso First Health Plans at 1145 Westmoreland Drive, El Paso, Texas 79925 in order to receive a \$10.00 gift card.

Por favor, lléve o envíe por correo esta forma llenada a El Paso First Health Plans en 1145 Westmoreland Drive, El Paso, Texas 79925 para recibir una tarjeta de regalo de \$10.00.

TEXAS STAR
Member of the El Paso Area
Your Health Plan is Your Choice



¡Tener un bebé saludable comienza con usted!
Vaya a su médico y a una clase prenatal en El Paso First Health Plans en los próximos 30 días y usted recibirá una tarjeta de regalo para compras de \$10.00 GRATIS y un asiento para bebé para el auto gratis. Asegúrese que su médico llene la parte de atrás de esta tarjeta en su visita y regrésela cuando asista a la clase prenatal en El Paso First Health Plans. ¡Disfrute el regalo de la salud!



Having a healthy baby starts with you!
Go to your doctor and a prenatal class at El Paso First Health Plans in the next 30 days and you will get a FREE \$10.00 shopping gift card and a FREE car seat for your baby. Make sure that your doctor fills out the back of this card on your visit and bring it when you come to the prenatal class at El Paso First Health Plans. Enjoy the free gift of good health!

Your assistance is greatly appreciated by completing the back portion of this card. Providers are to fill out STEP 1.

¡Felicidades por su embarazo!
Congratulations you're expecting!

EL PASO FIRST
Health Plans, inc.

EL PASO FIRST
Health Plans inc.

Postpartum –Value Added Services

Medicaid only continued

\$15 Wal-Mart gift card for Members who complete one postpartum visit within 21-56 days after delivery.



EL PASO FIRST
Health Plans inc.

Postpartum Card

Your assistance is greatly appreciated by completing the back portion of this card. Please make sure the Member ID number is present.

EL PASO FIRST
Health Plans, inc.
PO BOX 971100
El Paso, TX
79997-1100

NONPROFIT ORG.
U.S. POSTAGE
PAID
EL PASO TX
PERMIT NO. 429

Step 1: To be filled out by the Doctor only:

Patient ID number

I had my postpartum visit on (date)

Provider's name, address, and signature or office stamp.

Doctor please fax this completed form to:
El Paso First Health Plans at 915-225-6749 in order to mail the member the \$15 gift card.

TEXAS STAR
MEMBER PROGRAM
Your Health Plan & Your Quality

¡Felicidades por su nuevo bebe!
Congratulations on your new baby!

EL PASO FIRST
Health Plans, inc.



¡Felicidades por el nacimiento de su bebe! Una de las cosas más importantes que usted debe hacer por sí misma es hacer una cita para una visita después del parto con su médico. Si usted acude a su médico dentro de 21 a 56 días usted recibirá una tarjeta para compras de regalo de **\$15.00 GRATIS**. Por favor lleve esta tarjeta con usted cuando visite a su médico y asegúrese que su médico le llene la parte posterior de esta tarjeta en su visita. Llámenos al 1-877-532-3778, si necesita ayuda para programar su visita de posparto. ¡Disfrute del regalo de la buena salud!



Congratulations on your new bundle of joy! One of the most important things you should do for yourself is make an appointment for a postpartum visit with your doctor. If you go to your doctor within 21 to 56 days after delivery, you will receive a **FREE \$15.00** shopping gift card. Please take this postcard with you when you visit your doctor and make sure that your doctor fills out the back of this card on your visit. Call us at 1-877-532-3778, if you need help scheduling your postpartum visit. Enjoy the free gift of good health!

EL PASO FIRST
Health Plans inc.

Baby Showers – Medicaid / CHIP Perinate

- El Paso First hosts monthly baby showers for our STAR / Chip Perinate pregnant members the **third week of every month.**
- Wednesdays at 10am in Spanish and Thursdays at noon in English.



Pregnant Members OB Program~ CHIP Perinate / Medicaid

- **Free car seat** for pregnant Members who complete a pregnancy class.
- One **free** cell phone per household and free calls or texts from El Paso First for related health activities, in addition to 250 free voice minutes and 250 text messages per month.
- **Home visits** to new mothers who are high risk.



EL PASO FIRST
Health Plans inc.

First Steps Program



Edna Martinez

OB CASE MANAGER

915-298-7198 ext. 1078

martineze@epfirst.com

Melissa Delgado

OB LVN CASE MANAGER

915-298-7198 ext. 1168

mdelgado@epfirst.com



Jesus Salomon

Certified Outreach Worker

915-298-7198 ext. 11161

jsalomon@epfirst.com



EL PASO FIRST
Health Plans inc.

Contact Information



Stacy Arrieta

Provider Relations Representative

298-7198 ext. 1059

sarrieta@epfirst.com



EL PASO FIRST
Health Plans inc.

Texas Health Steps Updates & Reminders



Maritza Lopez
Texas Health Steps Coordinator



EL PASO FIRST
Health Plans inc.



THSteps Updates

- Effective for dates of service on or after September 5th, 2013, flu vaccine procedure code 90686 is a benefit of Texas Medicaid

Type of Service (TOS)*	Procedure Code	Age Range	Current Medicaid Fee	Current Adjusted Fee	Medicaid Fee Effective 9-5-2013	Adjusted Fee Effective 9-5-2013
1	90686	3-18	Not a benefit	Not a benefit	Informational-Available through Texas Vaccines for Children (TVFC)	Informational-Available through TVFC
1	90686	19-999	Not a benefit	Not a benefit	\$17.08	\$17.08
S	90686	3-18	Not a benefit	Not a benefit	Informational-Available through TVFC	Informational-Available through TVFC
S	90686	19-20	Not a benefit	Not a benefit	\$17.08	\$17.08

TOS* : 1 = Medical, S = THSteps

For more information, call the TMHP Contact Center at 1-800-925-9126.

August 29 2013: New Rate for Administration of Flu Vaccine

http://www.tmhp.com/Pages/Medicaid/Medicaid_news_archives.aspx

*El Paso First does not require prior authorization for our STAR/CHIP members to receive a flu vaccine from our In-Network Providers .

THSteps Birthday Cards

EL PASO FIRST
premierplan

El Paso First Health Plans, Inc.
PO BOX 971100
El Paso, TX 79997-1100

NONPROFIT ORG.
U.S. POSTAGE
PAID
EL PASO TX
PERMIT NO. 429

To be filled out by the Doctor ONLY:

I had my Texas Health Steps checkup on (date) _____
and discussed concerns I had about my health.
I also had the following as part of my checkup:


- Physical Exam
- Immunizations
- Lab Screenings
- History & Health Development Screenings
- Health Education
- Are you a Seasonal Farm Worker? Yes or No

Provider's name, address, and signature or office stamp:

Patient Medicaid ID number:

Doctor please fax this completed form to:
El Paso First Health Plans at **915-225-6749** in order to
mail the member the \$15 gift card and enter them in
monthly drawing for a \$100.00 gift card.

TEXAS STAR PROGRAM



As of September 1st: \$15 Walmart Gift Card

EL PASO FIRST
Health Plans inc.

CHIP Birthday Cards

EL PASO FIRST
Health Plans, inc.
El Paso First Health Plans, Inc.
PO BOX 971100
El Paso, TX 79997-1100


To be filled out by the Doctor ONLY:
I had my Well-Child exam on (date) _____
and discussed concerns I had about my health.
I also had the following as part of my checkup:

- Physical Exam
- Immunizations
- Lab Screenings
- History & Health Development Screenings
- Health Education

Provider's name, address, and signature or office stamp:

Patient ID number:

Doctor please fax this completed form to:
El Paso First Health Plans at **915-225-6749** in order to
mail the member the \$15 gift card.





- \$15 gift card from Walmart

EL PASO FIRST
Health Plans, inc.



Developmental Screening Required Screening Tools

Screening Age	Developmental Tool	Autism Tool
9 months	Ages and Stages Questionnaire (ASQ) or Parent's Evaluation of Developmental Status (PEDS)	
18 months	ASQ or PEDS	Modified Checklist for Autism in Toddlers (M-CHAT)
24 months	ASQ or PEDS	
3 years	ASQ or ASQ:SE, or PEDS	
4 years	ASQ or ASQ:SE, or PEDS	

Developmental Screening

- The provider must complete a standardized developmental or autism screening:
- If missed at an earlier checkup and still age appropriate.
- For new patients 6 months through 6 years of age if no record of previous age-appropriate screening.
- If there are provider or parental concerns at any visit through 6 years of age.



Developmental Screening Referrals

- **Referrals - If delay or suspected delay is identified:**
 - Birth through 35 months: The provider must refer to Early Childhood Intervention (ECI), as soon as possible, but no longer than seven days after identified, even if also referring to an appropriate specialist.
 - Ages 3 years and older: The provider is encouraged to refer to the appropriate school district program, even if also referring to an appropriate specialist.



Contact Information

Maritza Lopez-THSteps Coordinator

E-mail: mlopez@epfirst.com

Phone: (915)298-7198 extension 1071

Lluvia Acuña-Migrant Outreach Coordinator

E-mail: lacuna@epfirst.com

Phone: (915)298-7198 extension 1075

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

E-mail acadena@epfirst.com

Phone: (915) 298-7198 extension 1127



EL PASO FIRST
Health Plans *inc.*

Health Services Department



EL PASO FIRST
Health *Plans* inc.

Prior Authorization Flyers

Prior authorization flyer identifies authorization requirements for the following plans:

- STAR and CHIP
- Preferred Administrators
- HCO-Health Care Options



EL PASO FIRST
Health Plans, inc.

Home About Us Members Providers Programs

Providers - Forms

- Web Portal Forms
- Health Services Forms
 - Letter & High Risk Form
 - Pre-Authorization Flyer-STAR/CHIP
 - Pre-Authorization Flyer-Health Care Options (HCO)
 - Pre-Authorization Flyer-Preferred Administrators
 - Pre-Certification Form-Behavioral Health
 - Pre-Certification Form-Outpatient/Scheduled Procedures
 - Pre-Certification Form-Out of Area/Inpatient Notification
- Complaints and Appeals Forms
- Members Services Forms
- Claims Forms
- Credentialing Packet Forms
- Misc. Forms

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PLEASE NOTE: All services requiring pre-certification (other than on an emergency basis) must be approved in advance by a HMO Medical Director/designee. Pre-certification is subject to all terms and conditions of the Health Service Contract and is only valid for eligible health plan member at time of service.

PROVIDER'S INFORMATION (PROVIDER/FACILITY SUBMITTING AUTH REQUEST)

DATE OF REQUEST: _____ PROVIDER'S NAME: _____
 TPI # _____ NPI # _____
 CONTACT PERSON: _____ PHONE NO. _____ FAX NO. _____
 SERVICE LOCATION: _____ MAIL ADDRESS: _____

MEMBER'S INFORMATION

NAME: _____ MEMBER I.D. NO.: _____ **SSI** (Circle if SSI)
 DOB: _____ Member Phone: _____ PCP: _____

REFER TO INFORMATION (PROVIDER/FACILITY PERFORMING SERVICE IF DIFFERENT FROM ABOVE)

PROVIDER'S NAME: _____ TPI # _____ NPI # _____
 CONTACT PERSON: _____ PHONE NO. _____ FAX NO. _____
 SERVICE LOCATION: _____ MAIL ADDRESS: _____

PROCEDURE INFORMATION

TYPE OF SETTING: OFFICE VISIT OFFICE VISIT W/TREATMENT LABS RADIOLOGY
 THERAPY (OT, PT, ST) SURGICAL DENTAL HOME HEALTH PODIATRY
 INPATIENT SCHEDULED SERVICES DIABETES/ASTHMA EDUCATION OTHER

EXPECTED DATE OF PROCEDURE: _____

PRIMARY DIAGNOSIS CODES (ICD-9)	CPT PROCEDURE CODES	SSI ONLY	TYPE OF SERVICE	MODIFIER
1. _____	1. _____	1. _____	_____	_____
2. _____	2. _____	2. _____	_____	_____
3. _____	3. _____	3. _____	_____	_____
4. _____	4. _____	4. _____	_____	_____
5. _____	5. _____	5. _____	_____	_____

**PLAN OF TREATMENT/PERTINENT CLINICAL HISTORY AND PHYSICAL EXAM
(INCLUDE PREVIOUS MEDICAL MANAGEMENT, LAB AND/X-RAY RESULTS):**

FOR EL PASO FIRST USE ONLY

REVIEWED BY: _____ DATE: _____ APPROVED: YES NO
 REFERENCE NO. _____

THIS PRECERTIFICATION DOES NOT GUARANTEE PAYMENT OF BENEFITS NOR VERIFY ELIGIBILITY. PAYMENT OF BENEFITS IS SUBJECT TO ALL TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS OF THE MEMBER'S CONTRACT. REGARDLESS OF A DETERMINATION, MEDICAL, DECISIONS REGARDING A COURSE OF TREATMENT ARE SOLELY BETWEEN THE PHYSICIAN AND THE PATIENT.



Pre-Certification Fax Form

- Form should be complete and legible.
- Enter applicable CPT Codes and ICD-9 Codes
- Complete the member's identifying information
 - Name
 - Date of birth
 - Identification number

****** Please f/u with HS department at 915-532-3778 ext 1500 if authorization status is not received within 72 hours.



EL PASO FIRST
Health Plans inc.

TP-1, TP-2, Title XIX, CCP Form

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
 A STATE MEDICAID CONTRACTOR

All Sites Advanced Search

Providers

Texas Medicaid

Enroll Today!

Want to enroll as a Medicaid provider?
Click here for more information and to enroll today.

[Texas Medicaid](#) | [CSHCN](#) | [Family Planning](#) | [Long Term Care](#) | [EDI](#) | [MTP](#) | [Health IT](#) | [Texas WHP](#)

[Medicaid Home](#)
[Program Information](#)
[Reference Material](#) ← **Quick Reference Guide**
[Provider Education](#)
[Forms](#)
[THSteps](#)
[Fee Schedules](#)
[Code Updates](#)
[Managed Care](#)
[Hospital Initiatives](#)
[Medicare Dual-Eligibility](#)
[Provider Support Services](#)
[Helpful Links](#)
[Provider Lookup](#)
[Looking for a](#)

Texas Medicaid Provider Procedures Manual
Texas Medicaid Bulletin
Banner Messages
Quick Reference Guide
TexMedConnect Acute Care Manual
AIS User's Guide for Medicaid Providers
TMHP Portal Security Provider Training Manual
E-Mail Encryption Basics/Help Guide

Texas Medicaid Provider Procedures Manual

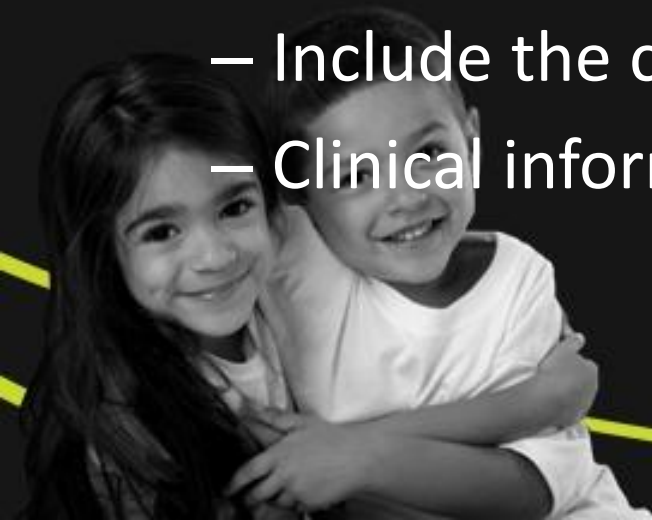
The *Texas Medicaid Provider Procedures Manual* is the providers' principal source of information about Texas Medicaid. The manual is regularly updated to reflect the most recent policy and procedure changes. Updates are generally available the month following the effective date of the change. For advanced notification of upcoming changes, providers should monitor banner messages, which appear at the beginning of their Remittance and Status (R&S) Reports, and the corresponding website articles published on this website.

Updated August 15, 2013	Complete Book	PDF	
	Individual chapters	PDF	

[Release Notes](#) - changes to manual arranged by date
[Change history](#) - changes to manual arranged by chapter
[Archive of annual Texas Medicaid Provider Procedures Manual \(2012 and prior\)](#)

Amendments

- An amendment is submitted when a change to the original authorization is being requested ex: POS, DOS, CPT code(s)
- The following is required:
 - Original approved pre-certification form with authorization number
 - Include the change in “Comments” section
 - Clinical information to support the amendment



Case Management

- Nurses and licensed social workers:
 - Initiate service coordination for local and out of town services.
 - Identify member's unique needs and link them with local community and medical resources.
 - Collaborate with providers in achieving optimal patient outcomes.



Updates on RSV Season and Synagis



EL PASO FIRST
Health *Plans* inc.

RSV Season and Synagis

- Season begins 11/01/13 for the El Paso area
- STAR and CHIP Synagis available through Navitus
- Pharmacy will drop ship medication to your office
- Physician selects pharmacy of choice on the prior authorization form



Synagis Pharmacy Providers

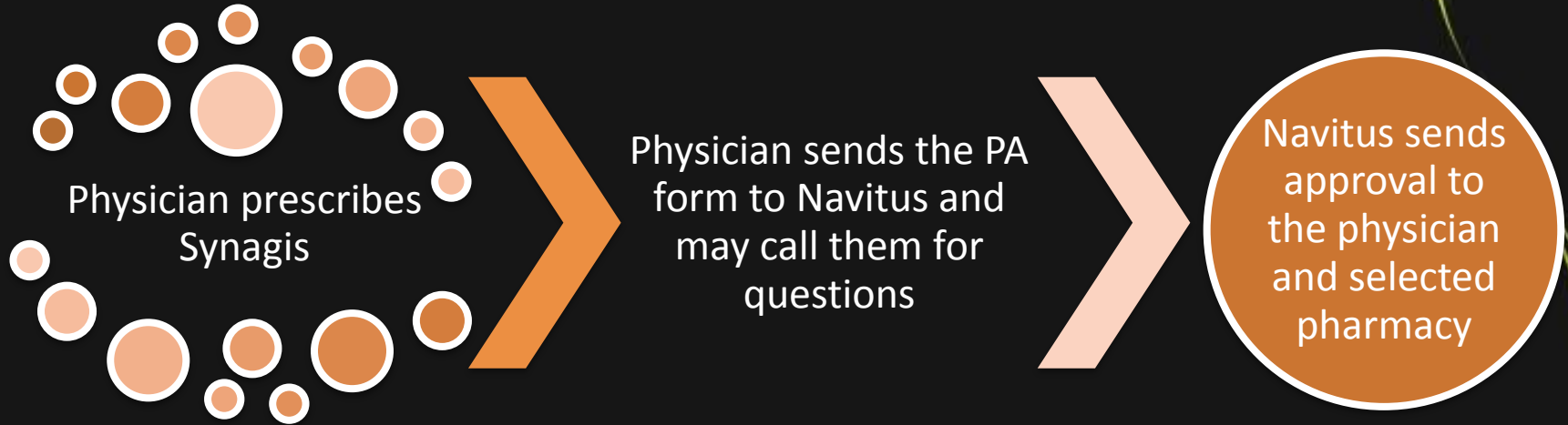
Maxor Specialty Information
216 South Polk Street
Amarillo, TX 79101
Synagis Phone # 866.629.6779
Synagis Fax # 866.217.8034

Avella Specialty Pharmacy
3016 Guadalupe St., Ste A
Austin, TX 78705
Synagis Phone # (877) 470-7608
Synagis Fax # (877) 480-1746



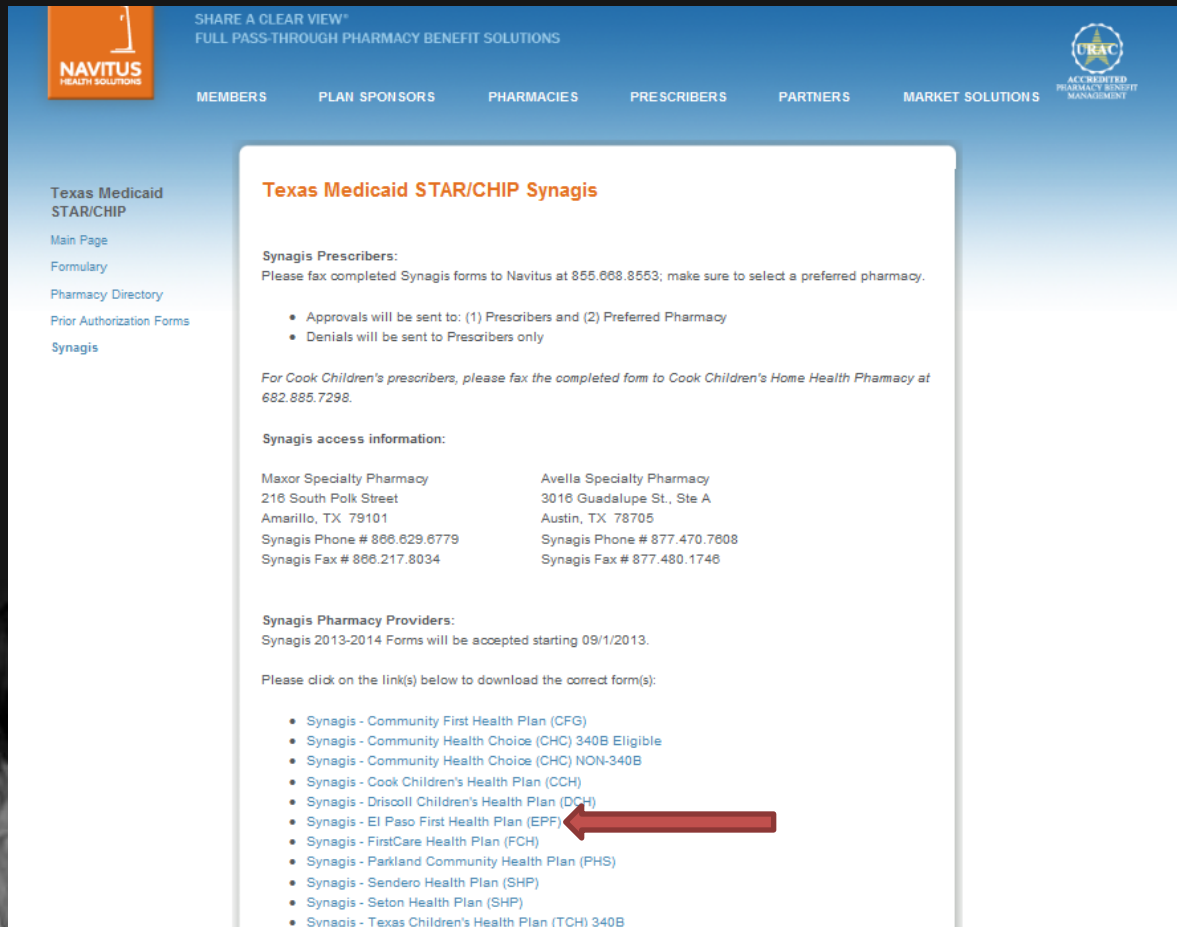
EL PASO FIRST
Health Plans inc.

Synagis Prior Authorization Process



Synagis Prior Authorization Form

Navitus Synagis Webpage: <http://www.navitus.com/texas-medicaid-star-chip/synagis.aspx>



NAVITUS
HEALTH SOLUTIONS

SHARE A CLEAR VIEW®
FULL PASS-THROUGH PHARMACY BENEFIT SOLUTIONS

URAC
ACCREDITED
PHARMACY BENEFIT
MANAGEMENT

MEMBERS PLAN SPONSORS PHARMACIES PRESCRIBERS PARTNERS MARKET SOLUTIONS

Texas Medicaid STAR/CHIP

Main Page
Formulary
Pharmacy Directory
Prior Authorization Forms
Synagis

Texas Medicaid STAR/CHIP Synagis

Synagis Prescribers:
Please fax completed Synagis forms to Navitus at 855.868.8553; make sure to select a preferred pharmacy.

- Approvals will be sent to: (1) Prescribers and (2) Preferred Pharmacy
- Denials will be sent to Prescribers only

For Cook Children's prescribers, please fax the completed form to Cook Children's Home Health Pharmacy at 682.885.7298.

Synagis access information:

Maxor Specialty Pharmacy 218 South Polk Street Amarillo, TX 79101 Synagis Phone # 866.629.6779 Synagis Fax # 866.217.8034	Avella Specialty Pharmacy 3018 Guadalupe St., Ste A Austin, TX 78705 Synagis Phone # 877.470.7608 Synagis Fax # 877.480.1746
---	--

Synagis Pharmacy Providers:
Synagis 2013-2014 Forms will be accepted starting 09/1/2013.

Please click on the link(s) below to download the correct form(s):

- Synagis - Community First Health Plan (CFG)
- Synagis - Community Health Choice (CHC) 340B Eligible
- Synagis - Community Health Choice (CHC) NON-340B
- Synagis - Cook Children's Health Plan (CCH)
- Synagis - Driscoll Children's Health Plan (DCH)
- Synagis - El Paso First Health Plan (EPF)
- Synagis - FirstCare Health Plan (FCH)
- Synagis - Parkland Community Health Plan (PHS)
- Synagis - Sendero Health Plan (SHP)
- Synagis - Seton Health Plan (SHP)
- Synagis - Texas Children's Health Plan (TCH) 340B

EL PASO FIRST
Health Plans inc.

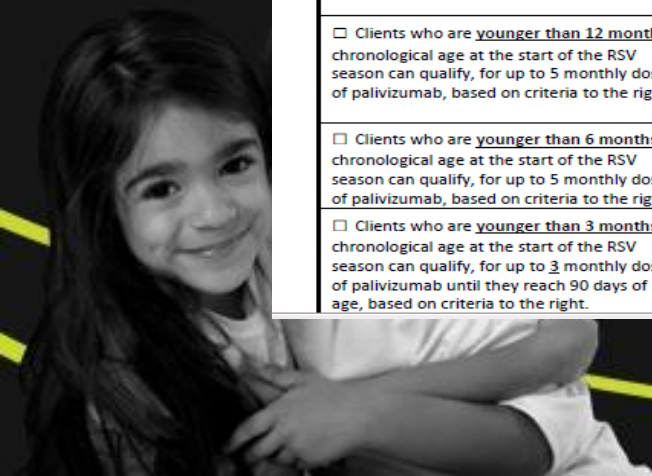
Synagis Prior Authorization Form

El Paso First Health Plan - Palivizumab (Synagis) Prior Authorization Request Form

Prescribing practitioner should FAX completed form to NAVITUS for approval: 1.855.668.8553

Preferred Pharmacy: Avella Pharmacy Maxor Pharmacy

Patient's Name		Client ID:	
Date of Birth: / /	County of residence:		Telephone Number:
Address:		City:	State: ZIP:
Parent/Legal Guardian (if applicable):		Estimated gestational age at birth: ____ and ____/7 weeks	
Requested dates of service—From: To:		Quantity Requested (doses):	
<input type="checkbox"/> Clients who are younger than 24 months chronological age at the start of the RSV season can qualify, for up to 5 monthly doses of palivizumab, based on the criteria to the right. Diagnoses and conditions must be clearly documented in the client's medical record. <i>(Refer to the Texas Medicaid Provider Procedures Manual for more details about congenital heart and chronic lung disease diagnoses.)</i> <u>*Refer to the 2nd page for additional information.</u>		Choose one of the following: <input type="checkbox"/> Active diagnosis of hemodynamically significant* heart disease (ICD-9-CM code: _____) <input type="checkbox"/> CHF on medication <input type="checkbox"/> moderate to severe Pulmonary Hypertension <input type="checkbox"/> cyanotic heart disease <i>(NOTE: This excludes infants with hemodynamically insignificant* heart disease – Refer to 2nd page for list)</i> <input type="checkbox"/> Active diagnosis of chronic lung disease of infancy (CLDI)* (ICD-9-CM code: _____) and required any of the following therapies within the past 6 months: <input type="checkbox"/> Supplemental oxygen <input type="checkbox"/> Diuretics <input type="checkbox"/> Chronic corticosteroids <input type="checkbox"/> Long-term mechanical ventilation <small>* CLDI was formerly called "bronchopulmonary dysplasia." It can develop in pre-term neonates who are treated with oxygen and positive pressure ventilation. Many cases are seen in infants who previously had respiratory distress syndrome (RDS). CLDI is not asthma, croup, a recurrent upper respiratory infection, chronic bronchitis, chronic bronchiolitis, or a history of a previous RSV infection.</small> NOTE: As there is limited data on effectiveness of palivizumab in the second year of life, decision about initiating palivizumab on children greater than 1 year of age should be made in consultation with an appropriate pediatric subspecialist. Date of subspecialist* consultation w/recommendation for palivizumab for current RSV season _____ Name of subspecialist: _____ Specialty of Subspecialist*: _____	
<input type="checkbox"/> Clients who are younger than 12 months chronological age at the start of the RSV season can qualify, for up to 5 monthly doses of palivizumab, based on criteria to the right.		Choose one of the following: <input type="checkbox"/> ≤ 28 6/7 weeks gestational age at birth (ICD-9-CM code: _____) <input type="checkbox"/> Severe congenital abnormality of airway OR severe neuromuscular disease that compromises handling of respiratory tract secretions (ICD-9-CM code: _____)	
<input type="checkbox"/> Clients who are younger than 6 months chronological age at the start of the RSV season can qualify, for up to 5 monthly doses of palivizumab, based on criteria to the right		<input type="checkbox"/> < 31 6/7 weeks gestational age at birth (ICD-9-CM code: _____)	
<input type="checkbox"/> Clients who are younger than 3 months chronological age at the start of the RSV season can qualify, for up to 3 monthly doses of palivizumab until they reach 90 days of age, based on criteria to the right.		<input type="checkbox"/> >32 0/7 and <34 6/7 weeks gestational age AND one of the follow two risk factors <input type="checkbox"/> Attends child care facility with other infants and toddlers <input type="checkbox"/> Has older sibling < 5 y.o. living in same household	



Health Services

Contact Information

- **Janel Lujan, LMSW**
Senior Director of Operations
532-3778 ext. 1090
- **Dolores Herrada, RN, CCM**
Clinical Supervisor
532-3778 ext. 1007
- **Irma Vasquez**
Administrative Supervisor
532-3778 ext. 1042
- **Jose Acosta, RN**
UR Coordinator
532-3778 ext. 1080
- **Crystal M. Arrieta, MPH**
Disease Management Coordinator
532-3778 ext. 1175



Disease Management

Crystal M. Arrieta
Disease Management Coordinator



EL PASO FIRST
Health Plans *inc.*

Case Management and Disease Management

El Paso First Health Plans, Inc. cares about its members and is involved in their wellness. EPF knows that success means involvement by the member, healthcare providers, and community partners. EPF has a growing Disease Management Program, identifying potential members on a monthly basis.



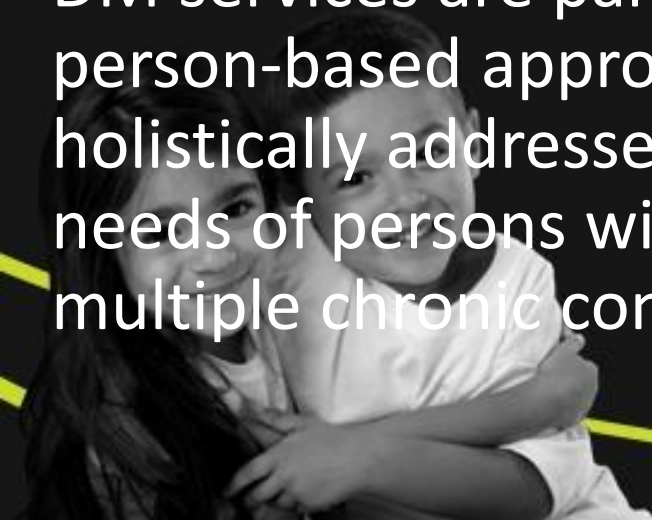
EL PASO FIRST
Health Plans *inc.*

Qualifying Health Conditions

Case management services are available to members requiring disease management or socioeconomic intervention.

DM services are part of a person-based approach and holistically addresses the needs of persons with one or multiple chronic conditions.

- Diabetes
- Heart Disease
- Obesity
- Asthma
- Super utilizers
- Children with special health care needs
- Behavioral health conditions



How To Refer a Member

Identification of members requiring disease management is important for the most proper care and enhancement of health status.

Please help us identify those who are in need of these services! We are taking referrals by phone and fax as referral methods. This form will be faxed to all providers to use.

To refer someone by phone, please call (915)532-3778, x 1500.

Fax: 298-7866

EL PASO FIRST
healthplans, inc.

CASE MANAGEMENT REFERRAL FORM

To: El Paso First Health Plans, Inc. ATTN: Case Management Phone: (915) 532-3778 ext. 1500 Fax: 915-298-7866		FROM: _____ (Physician's Office Name) OFFICE CONTACT PERSON: _____ FAX NUMBER: _____ TELEPHONE NUMBER: _____
Member Name: _____	Medicaid/CHIP ID #: _____	DOB: _____
Member Contact Number: _____	Member Address: _____	

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

HIGH RISK PREGNANCY

BEHAVIORAL HEALTH

ASTHMA

HEART DISEASE

DIABETES

SPECIAL HEALTH CARE NEEDS
(patient 20 years of age and younger, who has a condition that is expected to last more than 12 months)

SOCIAL WORK

OBESITY

PRESENTING CONCERN:

Assistance locating covered services

Coordination of care

Non-compliance with treatment plan

Assistance obtaining durable medical equipment/medical supplies (i.e. nebulizer, peak flow meter)

Patient education (i.e. symptom management, self-management strategies, diabetes education)

Assistance accessing treatment for behavioral health diagnosis

Social concerns, please specify concern(s): _____

High risk pregnancy, please specify condition/concern: _____

Access to community resources (i.e. support/advocacy groups, basic needs)

EPF-PR-Case Management Referral Form Flesch-Kincaid Readability Level: 8.9

Health Services

Contact Information

- **Janel Lujan, LMSW**
Senior Director of Operations
532-3778 ext. 1090
- **Irma Vasquez**
Administrative Supervisor
532-3778 ext. 1042
- **Dolores Herrada, RN, CCM**
Clinical Supervisor
532-3778 ext. 1007
- **Jose Acosta, RN**
UR Coordinator
532-3778 ext. 1080
- **Crystal M. Arrieta, MPH**
Disease Management Coordinator
532-3778 ext. 1175



Quality Improvement Medical Record Audits

Patty Rivera

QI Nurse Auditor

November 14th, 2013



EL PASO FIRST
Health Plans *inc.*

Medical Record Audits

- Medical record audits are conducted by the QI department to improve patient safety.
- Provider documentation is reviewed to determine adherence to the standards of care for services provided in ambulatory settings.
- Current medical record audits
 - THSteps Audits
 - BMI Audits

THSteps Audit

- PCP Providers
- Random Sample
 - Currently as providers are due for re-credentialing.
 - Beginning Jan 2014 Frew incentive providers will be included on an annual basis.
- Performed by QI Nurse Auditor.
- On-site audit available on request.
- Results are included in provider credentialing record.

THSteps Audit

- 13 records are requested, 10 are reviewed.
- Audit will look for documentation of components as required by the Periodicity Schedule.
- Periodicity Schedule available on DSHS website.
 - <http://www.dshs.state.tx.us/thsteps/providers.shtm>

THSteps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

COMPREHENSIVE HEALTH SCREENING* 11 THROUGH 20 YEARS OF AGE

* Comprehensive Health Screening, as indicated below, consists of federal and state components that are required for the checkup to be considered complete. Refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for further detail at: www.dshs.state.tx.us/thsteps/providers.shtm.

AGE	History	Nutritional Screening	Mental Health: Psychosocial/Behavioral Health Screening	TB Questionnaire with Skin Test if Risk Identified	Unclothed Physical Examination	MEASUREMENTS				VISION		HEARING		Dental Referral	Screen/Administer Immunizations According to ACIP Guidelines	LABORATORY TESTS					Health Education/Anticipatory Guidance	
						Height	Weight	BMI	Blood Pressure	Visual Acuity	Subjective Vision	Audiometric Screening	Subjective Hearing			Anemia ♀	Hyperlipidemia	Type 2 Diabetes	STD/STI Screening	HIV Test		
11	█	█	█	█	█	█	█	█	█	█	█	█	█	█							█	
12	█	█	█	█	█	█	█	█	█	█	█	█	█	█								
13	█	█	█	█	█	█	█	█	█	█	█	█	█	█								
14	█	█	█	█	█	█	█	█	█	█	█	█	█	█								
15	█	█	█	█	█	█	█	█	█	█	█	█	█	█								
16	█	█	█	█	█	█	█	█	█	█	█	█	█	█								
17	█	█	█	█	█	█	█	█	█	█	█	█	█	█								
18	█	█	█	█	█	█	█	█	█	█	█	█	█	█								
19	█	█	█	█	█	█	█	█	█	█	█	█	█	█								
20	█	█	█	█	█	█	█	█	█	█	█	█	█	█								

LEGEND OF SYMBOLS	
█	Mandatory at this age.
█	If a component is not completed at the required age, it is mandatory for the provider to complete at the first opportunity if age-appropriate.
█	When symbols appear at the same age for developmental, vision, or hearing screening, perform the most appropriate level screen.
█	Risk-based.
♀	Females screened once between 12 and 16 years of age.

Note: THSteps components may be performed at other ages if medically necessary. Check regularly for updates to this schedule: www.dshs.state.tx.us/thsteps/providers_components.shtm. For free online provider education: www.txhealthsteps.com.



THSteps Audit

- Scoring
 - 80% threshold
 - Each medical record accrues points
 - Total points awarded over total possible points
- Notification of results will be sent to providers.
- Providers scoring less than 80% will be re-audited within the next 3 to 6 months and will receive an educational visit.

BMI Audits

- Measurement requirement for QI Performance Improvement Projects (PIP) – BMI Assessment and Nutritional Counseling.
- Top PCP provider groups were audited.
- Measurement period is calendar year 2013.
- Records reviewed for dates Jan through June.
- Next review is for dates July through December to be conducted early 2014.

BMI Audits

- Audits were conducted to collect the following data: Height, Weight, BMI, and BMI Percentile.
- If member's BMI was above the 95th percentile, did the provider refer member to a nutritionist.
- Providers who consistently did not have proper documentation will receive an educational visit.

BMI Audits

- Findings: some providers are not documenting BMI or BMI percentile. (BMI and **BMI Percentile is required** to enable provider to refer to nutritionist or provide counseling).
- Some members that had BMI>95% were not referred to nutritionist.
- Some providers had documentation stating they provided counseling themselves re: nutrition, physical activity for members that had BMI>95%.
- There were some members that were above the 95% in BMI and this was not addressed anywhere in the visit documentation.

BMI Audits

- In speaking with providers and office staff, they mentioned that they have not referred to nutritionist because:
 - There are not enough nutritionists in the area.
 - It's difficult for members to get appointments with these nutritionists.
 - Providers will do counseling “in house” for patients.
 - When referrals are made to a nutritionist, they are usually due to co-morbidity such as diabetes, hyperlipidemia and/or hypertension.

Medical Record Audits

- Questions?
- Contact Information
 - QI Nurse Auditor – Patty Rivera 298-7198 x1106
 - QI Director – Don Gillis 298-7198 x1231



Claims



Sonia Lopez
Director



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NDC Resources

- The crosswalk can be accessed at:
www.dmepdac.com/crosswalk/index.html.
 - For more information about Noridian NDC-to-HCPCS crosswalk please refer to Noridian website at:
www.dmepdac.com/resources/articles/2008/08_07_08.html.
-
- Providers can also refer to Medicare Part B APS:
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/2013ASPFiles.html> for additional NDC codes.
-
- Providers who believe NDC's are missing a specific HCPCS procedure code may send an email to oversight@hhsc.state.tx.us to request for research to be done
-



NDC Specifications

- The NDC is an 11-digit number on the package or container from which the medication is administered.
- N4 must be entered before the NDC on claims.
- Unit quantities must also be provided on the claim.
 - The unit of measurement codes for all three forms are:
 - F2—International unit
 - GR—Gram
 - ML—Milliliter
 - UN—Unit



NDC Submission on UB04 CME1450

Block No.	Description	Guidelines
43	Revenue codes and description	Enter N4, the 11-digit NDC number (number on package or container from which the medication was administered), the unit of measurement code, and the unit quantity with a floating decimal for fractional units (limited to 3 digits). Do not enter hyphens or spaces within this number.

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49



NDC Submission on CMS-1500 Form

Block No.	Description	Guidelines
24A	DOS	In the shaded area, enter the NDC qualifier of N4 and the 11-digit NDC number (number on package or container from which the medication was administered). Do not enter hyphens or spaces within this number. Example: N400409231231
24D	Procedures, services, or supplies	In the shaded area, enter a 1-through 12-digit NDC quantity of unit. A decimal point must be used for fractions of a unit.
24G	Days or units	In the shaded area, enter the NDC unit of measurement

24	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPIDT Family Plan	I. ID QUAL	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION
	From	To	CPT/HCPCS		MODIFIER												
MM	DD	YY	MM	DD	YY												
1	N4	00	62	17	96	15	UN	000002	8000		156.00	13					
2	07	01	08	07	01	08	11	X7706									
3																	
4																	
5																	
6																	

Annotations:

- NDC with N4 qualifier (points to N40062179615)
- Enter modifier UD if billing for Section 340B drugs (points to UN0000028000)
- 2-character unit of measure qualifier and numeric quantity (points to X7706)

NDC Submission Electronically

The NDC code is populated in loop 2410 LIN segment of the 837s for both professional and institutional claims.



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Sonia Lopez, BS, CPC
Director of Claims
(915) 532-3778 Ext: 1097

Provider Care Unit Extension Numbers:

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



Special Investigations Unit- Compliance

Laura Wilson –SIU Claims Auditor



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Random Reviews

- Texas enacted bill 2292 to require all Managed Care Organizations like El Paso First to establish a plan to prevent waste, fraud and abuse
- 5-7 providers are randomly selected on a monthly basis
 - Edits, billing patterns, Health Plan request
- The process involves the review of paid claims and if necessary a request for records



- A Business Records Affidavit is required
- El Paso First will send out a notification letter with the findings at the end of the review
 - Will include detailed spreadsheets with claim recoupment information
- You have the right to dispute the findings
- The Recoupment process
 - Per the Office of the Inspector General's directive El Paso First will recoup via claims adjustments



39 Week OB Reviews

- Random selection of 15 providers a month
- Records are requested and reviewed
- Ensures medical necessity of inductions and/or c-sections
- Reviews proper utilization of modifiers U1, U2 and U3



Member Services Verification

- Random selection of 60 members a month
- Courtesy phone calls to verify services were rendered as billed
- If not verified by member, records are requested
- The Provider will be notified of findings



Contact Information

Laura Wilson

SIU Claims Auditor

915-298-7198 ext. 1169

lwilson@epfirst.com



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Compliance

Raquel Payan
Compliance Supervisor



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Compliance

Complaints & Appeals Unit

- All Member & Provider Complaints and Appeals are:
 - Acknowledged within five (5) business
 - All resolved within thirty (30) calendar days
- Written Complaints and Appeals must be mailed to:
El Paso First Health Plans, Inc.
Complaints and Appeals Unit
1145 Westmoreland Dr.
El Paso, TX 79925
- Supporting documentation should be included:
 - Written Complaint or Appeal Letter
 - Copy of the Remittance Advice
 - Medical Records
 - Appeals must be received by El Paso First within 120 days from the date notified of the decision



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Contact Information

Raquel Payan

Compliance Supervisor

915-298-7198 ext. 1092

rpayan@epfirst.com



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Member Services



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CHIP-to-TIERS

- As of October 1, 2013, all CHIP ID numbers have been changed from an alpha numeric format (i.e. A123456789) to a numeric format (i.e. 123456789). El Paso First Health Plans has issued new ID cards to all its CHIP members.
- Eligibility for CHIP member may not be verified through the TMHP website.
- To verify eligibility through the El Paso First Web Portal and HealthX, the new numeric ID number must be entered.
- For DOS prior to October 1, 2013 with an existing authorization, claims must be submitted with the alpha numeric ID number and the existing authorization number.
- For DOS after October 1, 2013 with an existing authorization, claims must be submitted with the new numeric format ID number and the existing authorization number.



CHIP-to-TIERS Rosters

PEDIATRICS R US

EL PASO, TX 902

NEW CHIP
Member#

Legacy
CHIP
Member#

Member Name

ALL LOCATIONS

El Paso First Health Plans, Inc.

CHIP to TIERS Crosswalk

October 2013

DOB

Phone

Address

Effective

Well Child
Visit

PCPName

New Members

50000001	M1234567	MICKEY MOUSE	6/21/02	915-555-5550	100 CARS DR. EL PASO, TX 79936	10/01/13	DUE	DONALD DUCK, MD
60000002	J1234567	MINNIE MOUSE	4/6/09	915-555-5501	200 CASTLE DR. EL PASO, TX 79932	07/01/13	DUE	DONALD DUCK, MD

Member Count 2

Existing Members

60000003	D1234567	DAISY DUCK	6/30/95	915-555-5502	1234 DISNEY AVE EL PASO, TX 79936	02/01/13	COMPLETE	DONALD DUCK, MD
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Member Count 1

Total Member Count 3

This report contains confidential information and is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. The information is proprietary and must not be sold, transferred or otherwise disclosed without the expressed consent from El Paso First Health Plans, Inc.

Authorized users are allowed access to this information for the sole purpose of conducting business with El Paso First Health Plans, Inc. It will be your responsibility to ensure that controls are in place to protect the information from unauthorized access and/or disclosure. When you are finished with the information the report must be destroyed using a method that ensures complete destruction of all confidential information.

Text Messages for Members

- As a Valued Added Service, Members are eligible to receive one free cell phone per household and free calls or texts from El Paso First, for related health activities.
- El Paso First is in the process of developing a campaign that will allow El Paso First to send text messages to Members.
- Text Messages will be used to inform Members of the services offered by the Disease Management Program and OB Unit.
- Disease Management has classes on nutrition and asthma.
- OB Unit will use the text messages to assist Members with prenatal and postpartum visits.



Member Services Contact Information

- **Edgar Martinez, MBA**
Director of Member Services
532-3778 ext. 1064
- **Juanita Ramirez**
Member Services Supervisor
532-3778 ext. 1063
- **Antonio Medina**
Enrollment Services Supervisor
532-3778 ext. 1034



Preferred Administrators

Michelle Anguiano, MBA
TPA Director



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Affordable Care Act Updates

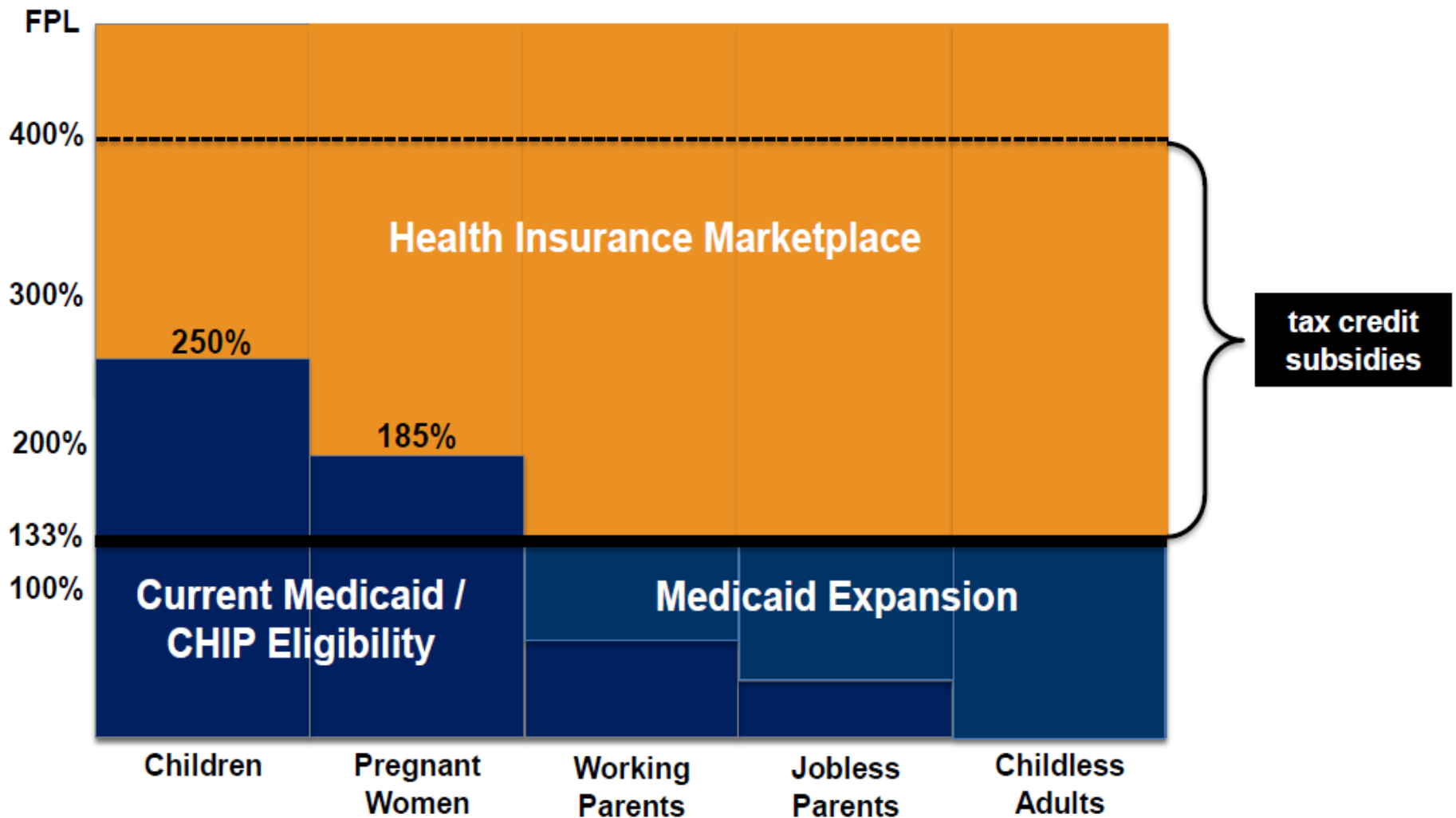


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Background

- The Patient Protection and Affordable Care Act was signed into law on March 30, 2010, in order to increase the rate of health insurance coverage for Americans and reduce the overall cost of health care.
- The Insurance Exchanges are established to facilitate purchase of health insurance coverage for all Americans starting October 1, 2013 through an electronic health insurance marketplace and Texas will participate in a federally-facilitated marketplace or exchange
- Navigators will play a vital role in helping consumer establish eligibility and enroll in the health insurance marketplace.

Coverage Landscape in 2014



Medicaid and CHIP coverage, based on 2012 eligibility levels in a typical state

Source: Kaiser Commission on Medicaid and the Uninsured

Health Insurance Marketplace

What is the Health Insurance Marketplace?

- The Marketplace is designed to help you find health insurance that meets your needs and fits your budget.
- The Marketplace offers “one-stop shopping” to find and compare private health insurance options.
- You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.



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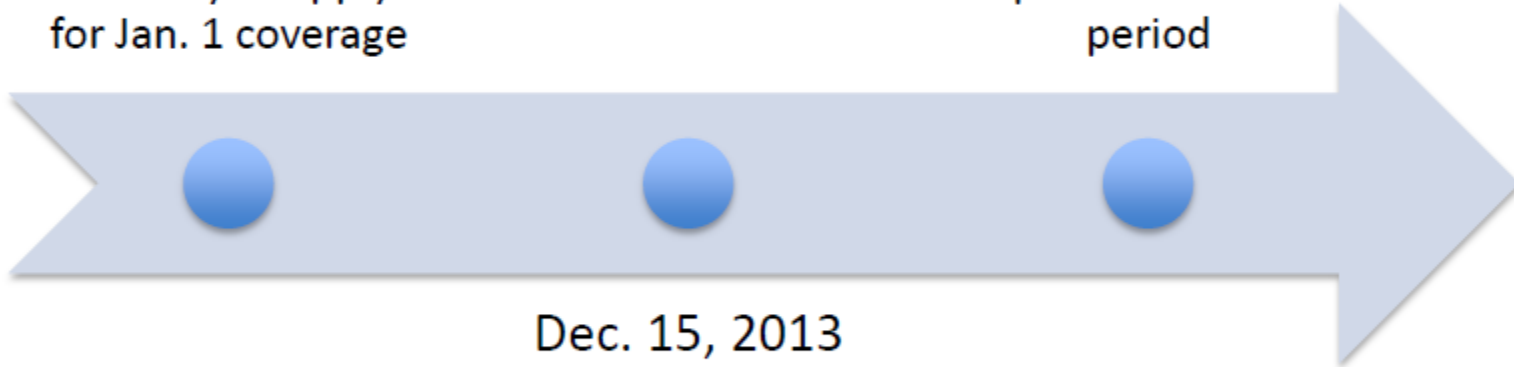
Open Enrollment

October 1, 2013

First day to apply
for Jan. 1 coverage

March 31, 2014

Last day of the
open enrollment
period



Dec. 15, 2013

Last day to sign up
for coverage that
starts Jan. 1

Open Enrollment

- Plan selection date determines when coverage will take effect.
- Coverage will start on schedule only if the enrollee pays the first month's premium on time.
- Deadlines for the first month's premium are typically set by the insurer.
- Coverage may be cancelled if the first month's premium is late.

Plan Selection Date	Coverage Effective Date
Nov. 1, 2013	Jan. 1, 2014
Dec. 15, 2013	Jan. 1, 2014
Dec. 31, 2013	Feb. 1, 2014
March 31, 2014	May 1, 2014

Plans Available

When you compare Marketplace insurance plans, they're put into 4 categories based on how you and the plan can expect to share the costs of care:

Do you expect a lot of doctor visits or need regular prescriptions?

If you do, you may want a Gold or Platinum plan.

If you don't, you may prefer a Bronze or Silver plan. But keep in mind that if you get in a serious accident or have an unexpected health problem, Bronze and Silver plans will require you to pay more of the costs.

With a Bronze plan, you'll likely pay a lower premium, but you'll pay a higher share of costs when you get care.

Silver- If you expect a lot of doctor visits

Gold- If you expect a lot of Doctor visits and regular prescriptions

Platinum- Platinum plans will likely have the highest monthly premiums and lowest out-of-pocket costs. The plan will pay more of the costs if you need a lot of medical care.

Bronze
60/40%

Silver
70/30%

Gold
80/20%

Platinum
90/10%

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Open Enrollment

- **Catastrophic plans** — Except for coverage of three primary care visits and preventive care, these plans provide no coverage of Essential Health Benefits, until the beneficiary has incurred cost-sharing expenses equal to the annual out-of-pocket limit (\$6,400 for 2014). Only individuals under 30 years of age or who are exempt from the mandate to purchase coverage, may enroll in catastrophic



Essential Health Benefits

Essential health benefits must include items and services within at least the following 10 categories:

- 1- Ambulatory patient services
- 2- Emergency services
- 3- Hospitalization
- 4- Maternity and newborn care
- 5- Mental health and substance use disorder services, including behavioral health treatment
- 6- Prescription drugs
- 7- Rehabilitative and habilitative services and devices
- 8- Laboratory services
- 9- Preventive and wellness services and chronic disease management
- 10- Pediatric services, including oral and vision care

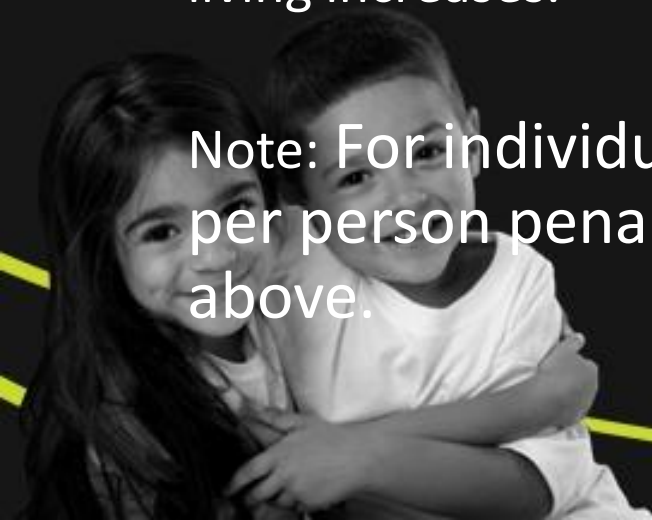
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Individual Tax Mandate

- 2014: The higher of \$95 per person OR 1.0% of taxable income.
- 2015: The higher of \$325 per person OR 2.0% of taxable income.
- 2016: The higher of \$695 per person OR 2.5% of taxable income.
- After 2016: The same as 2016, but adjusted annually for cost-of-living increases.

Note: For individuals under 18 years old, the applicable per person penalty is one-half of the amounts listed above.



How to Enroll

- 1- Create an account
- 2- Apply
- 3- Pick a plan
- 4- Enroll
 - Call Center 1800-318-2596
 - Screen individuals for other financial assistance and edibility
 - Payment- Credit Card, paper check, bank accounts, money order, cashier's check, pre-paid debit card

Marketplace insurers must accept (45 CFR 156.1240)

paper check

cashier's check

money order

pre-paid debit card

Electronic Fund Transfer (EFT)

Important Note

People with Medicare do not go into the Marketplace. Medicare's Open Enrollment runs from *October 15 to December 7*, for January 1 effective date.

Families with children who may qualify for Medicaid or CHIP should apply for children's coverage through the state to avoid a delay in getting help. If someone applies through the new federal Marketplace and is eligible for Medicaid or CHIP, the federal government is supposed to forward the information to the state.

However, the federal system isn't ready to send information to states. Families can apply for Medicaid and CHIP at YourTexasBenefits.com.

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Health Insurance Marketplace Coverage Options

- What if I'm interested in Marketplace Coverage?
- Go to www.healthcare.gov to review the plans available in Texas or call 1-800-318-2596



Preferred Administrators

Benefits for Fiscal Year

October 1, 2013 – September 30, 2014



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UMC Benefit Changes

- No annual behavioral maximum dollar amount. However, maximum amount of 30 visits per fiscal year still applicable.
- No annual medical and pharmacy lifetime maximum dollar amount.
- Children until age 26 can continue to be eligible to have coverage under parent's insurance, even if they were eligible for other employer – sponsored coverage.



UMC Deductibles and Max Out of Pocket

Medical Plan Benefits	University Medical Center of El Paso, EPCH	Texas Tech	Preferred Provider Organization/PPO Wrap Network	Non-Contracted Providers
Benefit Plan Limits per Fiscal Year October 1, 2013 – September 30, 2014				
Deductible Per Fiscal Year	Individual \$100.00 Maximum Family \$300		Individual \$1,000 Maximum Family \$3,000	Individual \$1,500 Maximum Family \$4,500
Max Out of Pocket Per Fiscal Year (Does not include any applicable deductibles or co-pays)	N/A		Individual \$4,000 Maximum Family \$12,000	Individual/ Unlimited Family/ Unlimited
Co-Insurance	N/A		75% after deductible	40% after deductible

For a complete list of covered and excluded benefits, please refer to the Member Handbook at www.preferredadmin.net

Preferred
ADMINISTRATORS




EPCH Benefit Changes

- No annual behavioral maximum dollar amount.
- No annual medical and pharmacy lifetime maximum dollar amount.
- Children until age 26 can continue to be eligible to have coverage under parent's insurance, even if they were eligible for other employer – sponsored coverage.



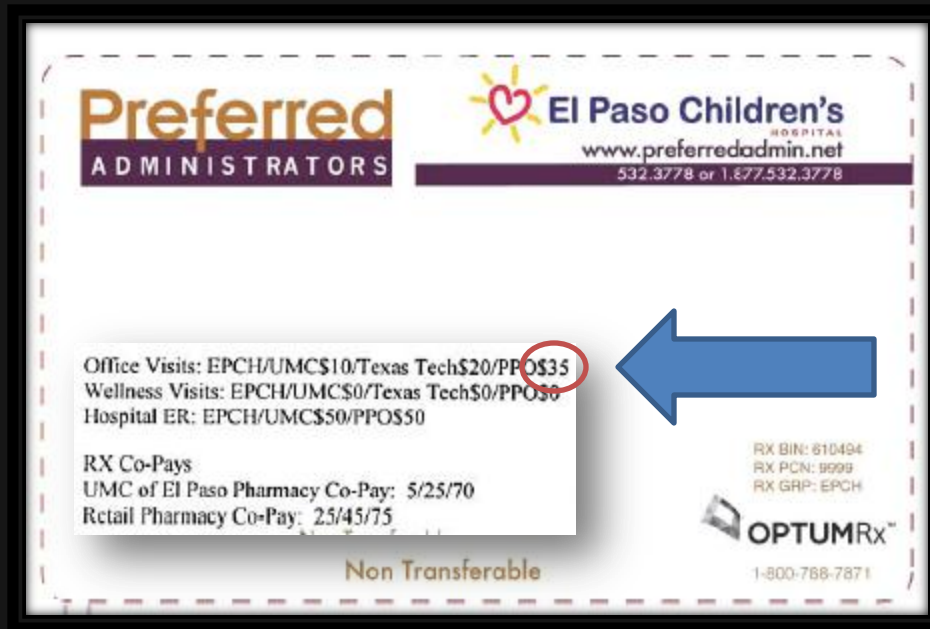
EPCH Benefit Changes

- PPO Office Visit co-pay
 - PPO co-pay for office visit increased to \$35
- Deductibles
 - PPO: From \$1,000 to **\$2,500-individual and**
 - From \$3,000 to **\$5,000-family**
 - Out of Network: From \$1,500 to **\$3,000-individual and from \$4,500 to \$6,000-family**
- Max out of pocket
 - PPO Max out of pocket will now include deductibles and co-pays.
 - Increased from \$4,000 to **\$6,000 per individual.**



For a complete list of covered and excluded benefits, please refer to the Plan Document at www.preferredadmin.net

EPCH ID Cards



The image shows a sample EPCH ID card. At the top left is the logo for Preferred Administrators. At the top right is the logo for El Paso Children's Hospital, with the website www.preferredadmin.net and phone numbers 532.3778 or 1.877.532.3778. The card lists rates for Office Visits, Wellness Visits, and Hospital ER. A blue arrow points to the 'PP' in the Office Visits rate. Below the rates are RX Co-Pays for UMC and Retail Pharmacies. At the bottom, it says 'Non Transferable' and includes the OPTUMRx logo and phone number 1-800-766-7871.

Preferred ADMINISTRATORS

El Paso Children's HOSPITAL
www.preferredadmin.net
532.3778 or 1.877.532.3778

Office Visits: EPCH/UMC\$10/Texas Tech\$20/PP\$35
Wellness Visits: EPCH/UMC\$0/Texas Tech\$0/PP\$0
Hospital ER: EPCH/UMC\$50/PP\$50

RX Co-Pays
UMC of El Paso Pharmacy Co-Pay: 5/25/70
Retail Pharmacy Co-Pay: 25/45/75

RX BIN: 810494
RX PCN: 8999
RX GAP: EPCH

OPTUMRx™
1-800-766-7871

Non Transferable

PROVIDER CLAIM SUBMISSION:

1) All El Paso and Outside Area Providers -

- A) Send paper claims to Preferred Administrators, P.O. Box 971370, El Paso, TX 79997 or
- B) Submit electronic claims to Availity: EPF11

FINDING PROVIDERS:

- 1) For El Paso Area Network Providers: www.preferredadmin.net or call 915-532-3778
For outside (El Paso County, TX) contact 800-678-7427 or MultiPlan.com for a PHCS provider or, if not available, a MultiPlan provider.

PRIOR AUTHORIZATION of HEALTH CARE SERVICES:

Providers should fax information regarding proposed inpatient admissions and specified outpatient procedures or Behavioral Health Therapy after the initial patient assessment, to Preferred Administrators Health Services Department 915-298-7866. For additional information / assistance providers should call 915-532-3778. Emergency admission must be authorized within 24 hours of the admission. Prior Authorization is not a guarantee of payment. All benefit determinations are subject to eligibility, enrollment, and the terms of coverage defined in the Plan.

CUSTOMER SERVICES:

Associates may obtain assistance with benefit information and claim inquiries by contacting Preferred Administrators customer services at 915-532-3778.



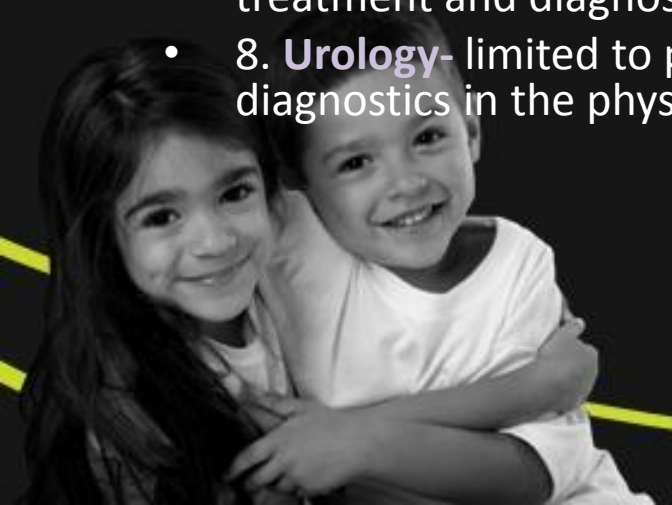
Preferred
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Special EPCH/UMC/TT Benefit Coverage

When the following services are not available at EPCH, UMC, or Texas Tech, benefit coverage through a PPO or Out of Network provider will be paid at the schedule of benefit level of EPCH, UMC and Texas Tech:

- 1. **Radiation Therapy** (Adult and Children)
- 2. **PET Scans**
- 3. **Electrophysiology Lab**
- 4. **Adult Allergy/Immunology**- limited to patient management (physicians visit), treatment and diagnostics in the physician's office.
- 5. **Cystic Fibrosis Treatments**- limited to patient management (physicians visit), treatment and diagnostics in the physician's office.
- 6. **Ophthalmology Services**- limited to the medical diagnosis for the treatment of an eye disorder and outpatient surgery.
- 7. **Pain Management**- limited to patient management (physicians visit), treatment and diagnostics in the physician's office.
- 8. **Urology**- limited to patient management (physicians visit), treatment and diagnostics in the physician's office.



Special EPCH/UMC/TT Benefit Coverage

- Any service not mentioned on the previous list will be covered at the appropriate benefit level per the schedule of benefits.
- These services will be covered under the appeal process after services are provided and paid at the current benefit level. If prior authorization is not obtained, the EPCH/UMC and Texas Tech level of coverage will not be applied. If the service becomes available at EPCH, UMC or Texas Tech, services must be provided there to attain the higher level of reimbursement.



Wrap Network

- Preferred Administrators uses MultiPlan and PHCS (Private Health Care Systems) as their Wrap Network so they can contract Provider networks outside of our geographical area. All claims are still processed by our Claims Department, but they use a pricing tool to verify if the Provider is contracted with MultiPlan and PHCS. To verify if a Provider is participating, you can log on to:

[www. Multiplan.com](http://www.Multiplan.com) or call 800-922-4362

- The following criteria must be met to receive PPO Benefits and services with one of our MultiPlan and PHCS Providers.
 - Member resides outside of the El Paso Service Area
 - Member needs services while traveling outside of El Paso Service Area
 - Member needs services to be done outside of the area because services are not performed locally. Members will need to verify that the provider is participating with Multiplan.
 - Our Health Services Department will prior authorize services as stated in our TPA Flyer for Providers participating with MultiPlan. If member chooses to receive services from an Out of Network Provider, the member will be responsible for Out of Network benefit as explained in our Member Handbook. All OON services will require a prior authorization.



Preferred
ADMINISTRATORS

ID Cards and Wrap Network

Preferred ADMINISTRATORS UNIVERSITY MEDICAL CENTER OF EL PASO
www.preferredadmin.net
 532.3778 or 1.877.532.3778

Non Transferable

BIN # 610484
 Group Code EPFH
 Processor Control # 9999
 Plan - PHCSCL

OPTUMRx

PROVIDER CLAIM SUBMISSION:

- 1) All El Paso and Outside Area Providers -
 A) Send paper claims to Preferred Administrators, P.O. Box 971370, El Paso, TX 79997 or
 B) Submit electronic claims to Availity: EPF10

FINDING PROVIDERS:

- 1) For El Paso Area Network Providers: www.preferredadmin.net or call 915-532-3778
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CUSTOMER SERVICES:

Associates may obtain assistance with benefit information and claim inquiries by contacting Preferred Administrators customer services at 915-532-3778.



For members residing inside El Paso's network service region:

- The PHCS & Multiplan logos will be placed on the back of the members card it will show the contact information.
- Outside (STATE/AREA) contact 800-678-7427 or multiplan.com for a PHCS provider or, if not available, a MultiPlan provider.

Preferred ADMINISTRATORS UNIVERSITY MEDICAL CENTER OF EL PASO
www.preferredadmin.net
 532.3778 or 1.877.532.3778

Non Transferable

BIN # 610484
 Group Code EPFH
 Processor Control # 9999
 Plan - PHCSCL

PHCS (Excluding El Paso County) **OPTUMRx**

PROVIDER CLAIM SUBMISSION:

- 1) All El Paso and Outside Area Providers -
 A) Send paper claims to Preferred Administrators, P.O. Box 971370, El Paso, TX 79997 or
 B) Submit electronic claims to Availity: EPF10

FINDING PROVIDERS:

- 1) For El Paso Area Network Providers: www.preferredadmin.net or call 915-532-3778
 For Outside (El Paso County, TX) contact 800-922-4362 or MultiPlan.com for a PHCS providers or, if not available, a MultiPlan provider.

PRIOR AUTHORIZATION OF HEALTH CARE SERVICES:

Providers should fax information regarding proposed inpatient admissions and specified outpatient procedures or Behavioral Health Therapy after the initial patient assessment, to Preferred Administrators Health Services Department 915-298-7866. For additional information / assistance providers should call 915-532-3778. Emergency admission must be authorized within 24 hours of the admission. Prior Authorization is not a guarantee of payment. All benefit determinations are subject to eligibility, enrollment, and the terms of coverage defined in the Plan.

CUSTOMER SERVICES:

Associates may obtain assistance with benefit information and claim inquiries by contacting Preferred Administrators customer services at 915-532-3778.



For members residing outside El Paso's network service region:

- The PHCS logo is placed on the front of the card, and the Multiplan logo will be placed on the back of the card
- Language requested (on back of card): To locate PHCS provider, please contact 800-922-4362 or multiplan.com



Interlink Transplant Network

- Interlink is a national network and an established leader in the transplant network industry, often referred to as being one of the most used and respected transplant networks in the United States.
- <http://transplantcare.interlinkhealth.com/>



Prior Authorization Flyer

Preferred ADMINISTRATORS

PROCEDURES & SERVICES REQUIRING PRIOR AUTHORIZATION/NOTIFICATION

ALL REQUESTS MUST BE INDIVIDUALLY FAXED

Pre-authorization is based on information provided to Preferred Administrators at the time of request, and does not guarantee payment of benefits nor verify eligibility. Payment for services is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Regardless of pre-authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient. Please contact TPA Administration to verify payment, eligibility and benefits.

Inpatient Admissions

- Acute Hospital
- Surgical
- Non-Surgical
- Rehab
- Hospice
- Maternity and Newborn
- Behavioral Health
- Elective Admissions/Surgery

Outpatient Therapy

- Physical Therapy*
- Speech Therapy*
- Occupational Therapy*
- Chiropractic*
- Behavioral Health*
- Radiation Therapy
- Chemotherapy
- Infusion Therapy
- Dialysis
- Home Health*

Radiology/Diagnostic Imaging

- PET Scans
- Obstetrical Ultrasounds
(Member is allowed 4 ultrasounds without obtaining pre-authorization)

**No authorization required for
MRI, MRA, EKG, CT scans or
X-Rays**

Outpatient Procedures

- Ambulatory Surgical Center
- Endoscopy Center
- Cardiac Catheter Center
- Outpatient Hospital
- Wound Clinic

Pharmacy Medical

- Growth Hormones
- Synagis
- Oral Injectable or IV Drug Administration over \$500
Note: This includes oral, injectable, or IV provided in a Physician's office
- Specialty Medicines
Note: Please go to www.preferredadmin.net for a complete list of specialty medicines.

Durable Medical Equipment (\$500 and over)

- All DME rentals exceeding 2 months. Maximum up to 12 months, not to exceed purchase price.

Other Services

- Allergy Immunotherapy
- Laser Surgeries
- Oral Surgery
- Orthotics and Prosthetics (\$200 and over for Adult and Children)
- Podiatry (Except for debridement of nails, avulsion of nail plate, excision of nail and wedge excision of skin of nail)
- Transplants (To include evaluation services by Transplant Facility)
- Transportation (Air transport and Non-Emergent Ambulance)

Inpatient Fax
Number
915-298-5278

Outpatient Fax
Number
915-298-7866

All out-of-network services provided by non-participating facility, provider, lab, or vendor require pre-authorization

*No authorization is required for initial evaluation for the following:

Behavioral Health
Chiropractic Services
Home Health Services
Occupational Therapy
Physical Therapy
Speech Therapy

PODIATRIC PROCEDURES

The following CPT codes do not require authorization for in-office procedures

11720
11721
11730
11732
11750
11765

Note: It is the Provider's responsibility to request a prior authorization for services listed on the flyer.

Important Note to Remember!

Preferred Administrators Network physicians, who provide services at UMC or EPCH, will have professional services paid at the contracted rate. Member's responsibilities will be UMC/EPCH/Texas Tech benefit coverage level.

Since October 1, 2012, Tenet and its affiliates are considered an out of network Provider.



Customer Service

Customer Service Line:

915-532-3778 press 4 and then extension 1529

Available Monday to Friday from 7 am to 5 pm

Our Customer Service Line is ready to assist you with the following inquiries:

- **Benefit coverage and eligibility questions**
- **Requesting ID cards**
- **Assistance with a complaint/appeal**
- **Requesting an Explanation of Benefits (EOB)**
- **Questions on bills**
- **Requesting a Letter of Certificate of Coverage**
- **Requesting a Disclosure Form**
- **Requesting a Residing Form to update a dependent's address**
- **Requesting a Member Reimbursement Form**
- **Verifying Provider Participation**

Or visit us at www.preferredadmin.net to access the Member Handbook, Provider Directory, OptumRx formulary and more.

Preferred
ADMINISTRATORS



Contact Information

Veronica Maldonado-TPA Coordinator
vmaldonado@epfirst.com
298-7198 ext 1073

Michelle Anguiano-Director of TPA Account Management
manguiano@epfirst.com
298-7198 ext 1053



HealthCare Options

Rene Duran

HealthCare Options

Provider Relations Representative



What is Health Care Options?

- Health Care Options is a benefit program (not an insurance program) that provides care and medication for individuals who are not enrolled or do not qualify for any other public or private insurance program.
- HealthCare Options will pay for basic health care services for individuals who are determined eligible for coverage.
- Primary, preventive and specialty care services that are provided through the HCO Network providers.
- ER and Inpatient hospital care and pharmaceuticals are provided by University Medical Center (UMC).



Program Overview

- **15,000 +** Members
- Managed Care environment
- Primary Care home for indigent
- Increased levels of primary care
- Member access to preventative care and disease management programs
- Reduction in escalation of illnesses
- Reduction in ER visits



Eligibility

- Determined by UMC Hospital –Enrollment Services Unit
- Must meet income and resident requirements
 - Family income must be at 100% of federal poverty level or less.
 - Must live in El Paso and at least one member of your family must have a social security number to apply.
- May not be eligible for any other insurance coverage such as Medicaid or Private Insurance.
- Must have services pending at UMC, i.e. lab, x-rays etc.



How to Apply

Applications are only accepted at:

UMC Hospital

(Walk-Ins)

or

UMC Clinics

(Appointments only)

Enrollment Services Unit

Monday-Friday 8:00 AM to 6:00 PM



Re-enrollment Process

- Coverage is continuous for a period of 12 months.
- Members are required to re-apply to maintain their benefits.
- A member due for re-enrollment will receive a notification 2 months prior to their termination date with instructions for re-enrollment.

Termination

- A member can be terminated from the HealthCare Options program if the member:
 - does not re-apply
 - has other health insurance coverage
 - has moved out of the service area



UMC Approval Form

Save

HealthCARE Options of El Paso – Notice of Approval

APPLICATION NUMBER: 1111111		DATE OF ELIGIBILITY: 06/01/2012				
APPLICANT NAME: JANE DOE		ELIGIBILITY END DATE: 05/31/2013				
ADDRESS: 4815 ALAMEDA AVE		PLAN CODE ASSIGNMENT: 103				
CITY/ST/ZIP: EL PASO TX 79999	INCOME: \$0.00					
TOTAL DEPENDENTS (FAMILY UNIT): 1	TOTAL CHARGES: 0					
DEPENDENT CHILDREN (FAMILY UNIT): 0	ACCOUNT BALANCE:					
LIST ALL FAMILY MEMBERS INCLUDED IN THE APPLICATION						
NAME	MR No	BIRTHDATE	RELATIONSHIP	HCO#	OTHER COVERAGE	COPAY DUE
JANE DOE	123456	07/19/1970	SELF		1111111 UMC YSLETA	Emergency Room \$35.00 Imaging 35.00 X-Ray 20.00 In-Patient 150.00 Out Patient Surgery 150.00 Pharmacy 10.00 Rehab. Services 10.00 Infusion Therapy 250.00 Physician Visit 15.00

- You have the right to appeal this decision. All appeals must be submitted in writing within 30 days of the date of this letter to the address below.
- This determination is effective for twelve (12) months from the date of this notice. Any change in financial status that may affect this determination should be reported to a Patient Financial Services Representative with 14 days of the change. Falsification of information may result in denial/withdrawal of the Financial Assistance Application. If you have any other questions, please contact the Patient Financial Services Department at (915) 521-7900 or (915) 521-7914.

INDIGENT HEALTHCARE APPEALS
C/O Director of Patient Financial Services
University Medical Center of El Paso
4815 Alameda
El Paso, Texas 79905



SIGNATURES

REPRESENTATIVE: OLGA MYERS	APPLICANT: JANE DOE
DATE: 06/29/2012	DATE: 06/29/2012

935-017-04E (Rev 05/07)

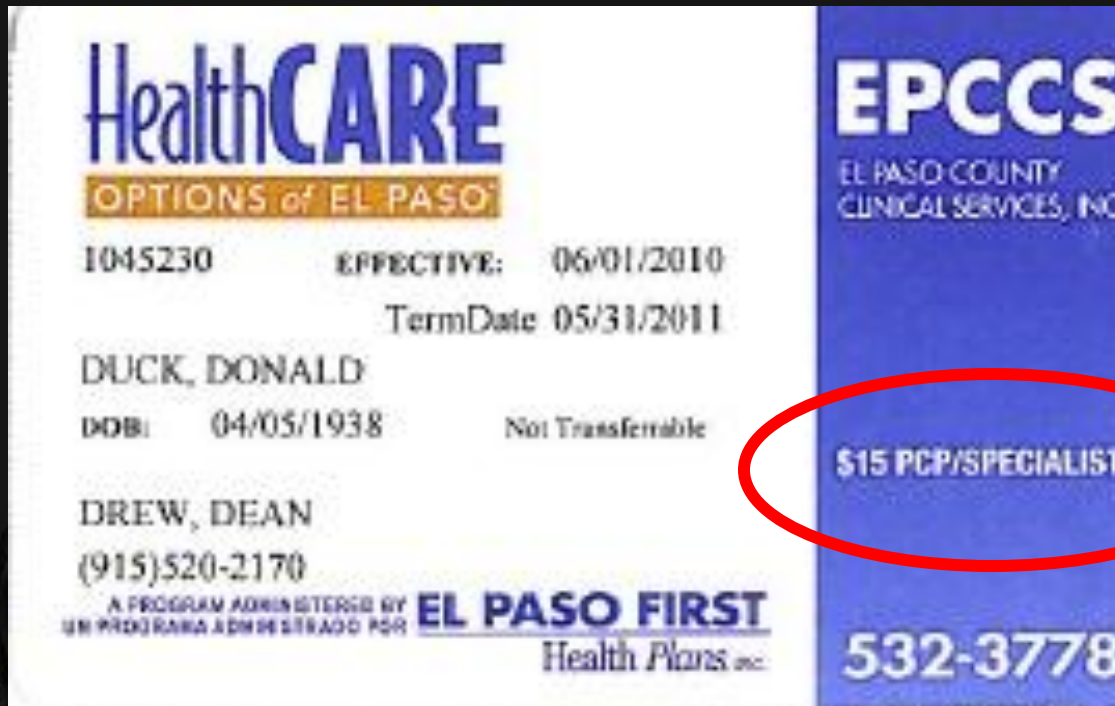
Save

• This is just an approval form but it is important to remember that **HCO members must wait until they receive their ID card to seek services.**

• Providers must verify eligibility before rendering services.



Health Care Options ID Card



The image shows a Health Care Options ID card. The card is divided into two main sections: a white left side and a blue right side. The white section contains the following information: the logo 'HealthCARE' with 'OPTIONS of EL PASO' below it; the ID number '1045230' and 'EFFECTIVE: 06/01/2010'; the 'TermDate 05/31/2011'; the name 'DUCK, DONALD'; the date of birth 'DOB: 04/05/1938' and 'Not Transferable'; the name 'DREW, DEAN'; the phone number '(915)520-2170'; and the text 'A PROGRAM ADMINISTERED BY EL PASO FIRST Health Plans, Inc.' with 'UN PROGRAMA ADMINISTRADO POR' above it. The blue section contains the logo 'EPCCS' with 'EL PASO COUNTY CLINICAL SERVICES, INC.' below it, the co-pay information '\$15 PCP/SPECIALIST' circled in red, and the phone number '532-3778'.

HealthCARE
OPTIONS of EL PASO

1045230 EFFECTIVE: 06/01/2010
TermDate 05/31/2011

DUCK, DONALD
DOB: 04/05/1938 Not Transferable

DREW, DEAN
(915)520-2170

A PROGRAM ADMINISTERED BY **EL PASO FIRST**
UN PROGRAMA ADMINISTRADO POR Health Plans, Inc.

EPCCS
EL PASO COUNTY
CLINICAL SERVICES, INC.

\$15 PCP/SPECIALIST

532-3778

Co-pay info



The image shows the HealthCARE logo, which consists of the word 'HealthCARE' in a large, bold, purple font, with 'OPTIONS of EL PASO' in a smaller, orange font below it.

HealthCARE
OPTIONS of EL PASO

HCO Network Providers

Provider Directories have been developed specifically for HCO Network.

- Members must choose a PCP within the HCO Network.
- Unlimited PCP changes can be made, contact El Paso First to make changes.
- Specialty Care requires a referral from the members PCP.
- Laboratory Services for covered benefits must be referred to UMC Hospital.
- UMC is the ONLY participating Hospital for the HCO Program.



Health Care Options Covered Benefits

Services limited to IN-NETWORK providers.

- Medical visits for Primary Care, Chronic Care and Urgent needs
- Annual Physical Exams
- Cardiac Services
- Casts, splints, dressings
- Chemotherapy
- Diabetic supplies
- Diagnostic Imaging
- Education
- Emergency Medical Services at UMC
- Gynecological Services/ Pap smears
- Immunizations and Inoculations
- Inpatient Hospital Services at UMC



Health Care Options Covered Benefits

- Laboratory
- Observation
- Outpatient Surgery Including anesthesia
- Physician/Professional Services
- Podiatry/Foot Care
- Physicians specialist visits authorized by PCP
- Prescriptions /Pharmacy
- Radiation Oncology
- Reconstructive Surgery
- Rehabilitation Services
- Retinal/ Ophthalmology Services
- Urology Services



HCO Co-pays

Doctor visit (PCP/Specialist) \$15.00

Prescription \$8.00 (\$5 dispensing fee for all meds under pharmaceutical company assistance)

ER visit \$35.00

X-rays \$20.00

Imaging services \$35.00

Inpatient/outpatient visit \$150.00

Labs \$6 co-pay,

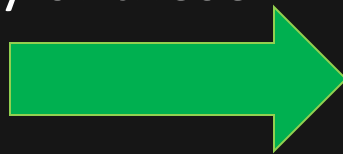
Rehab services \$10 co-pay per visit
(physical, occupational, speech)

Infusion services \$36 per visit.



Network Pharmacies

Prescriptions must follow the UMC Hospital Formulary Prescriptions can **ONLY** be filled at any of these locations



UMC Main Pharmacy

4824 Alberta
El Paso, Texas 79905
915-521-7705

UMC Northeast Pharmacy

9849 Kenworthy
El Paso, Texas 79924
915-745-4247

UMC Ysleta Pharmacy

300 S. Zaragoza, Bldg B
El Paso, Texas 79907
915-860-4039

UMC East Pharmacy

1485 George Dieter Dr, Ste 107
El Paso, TX 79936
(915) 521-7087

UMC Fabens Pharmacy

101 Potasio
Fabens, Tx 79838
(915) 521-2271



Referrals

- Members PCP must initiate referral for specialty care services.
- In network specialist to specialist referrals are allowed with an auth. Any request from a specialist for a member to see an out of network specialist requires an authorization.
- Prior Authorizations: only requests that are not to be performed at UMC or Texas Tech require an auth.
- Out of network referrals must be coordinated through Health Services at **(915)532-3778**.



Prior Authorizations

- Authorizations for **OUTPATIENT**/Scheduled procedure requests, **INPATIENT** notifications and Clinical Information must be directed to Health Services Department if out of network. If covered benefit, all procedures/services at UMC and/or Texas Tech, do not require an authorization.
- All Prior Authorizations must be submitted by Fax to :
 - **(915)298-7866** – Outpatient/Scheduled Procedures
 - **(915)298-5278** – Inpatient Notifications
 - 72 hour turnaround time applies to all Prior Authorization Requests



Taking Care of Our Providers

**El Paso First Health Plans
has a quality claims processing and customer service
TEAM.**

- The EPCCS check is processed once a week (Thursday).
- Claims must be received by El Paso First within 95 days from DOS
- Corrected claims must be re-submitted within 120 days from the R.A. (Remittance Advice)



HealthCARE
OPTIONS of EL PASO

Rene Duran

HealthCare Options

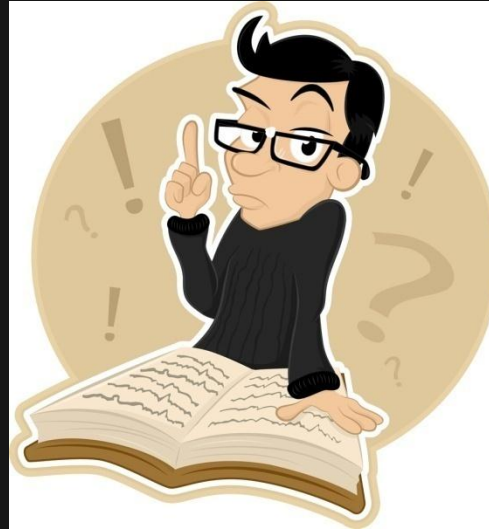
Provider Relations Representative

915-298-7198 ext. 1037

rduran@epfirst.com



Questions ?

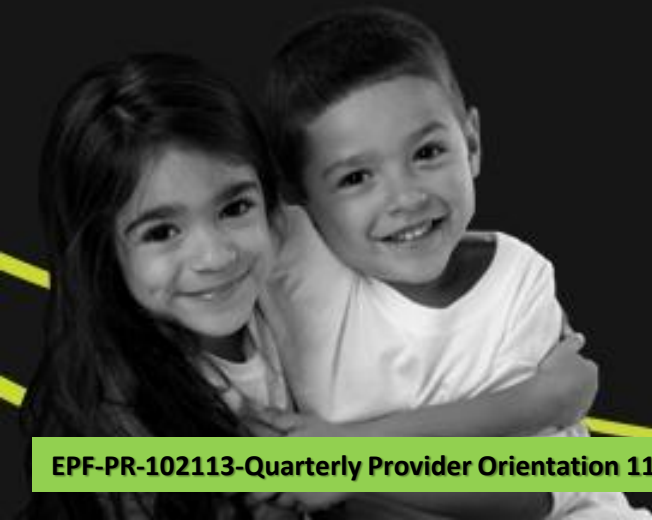


Thank you for being our community partner!



EL PASO FIRST
Health Plans *inc.*

Thank You for Attending Providers!



EPF-PR-102113-Quarterly Provider Orientation 111413

EL PASO FIRST
Health Plans inc.