



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Nursing Facility Provider Training

El Paso Health was Awarded the STAR+PLUS Contract



El Paso Health Awarded STAR+PLUS Contract by State of Texas

- Starting March 1, 2024, HHSC will inform members about the STAR+PLUS Managed Care Organizations (MCO) that are available in the El Paso service delivery area. Members may enroll with El Paso Health for the STAR+PLUS program, by calling 211 or via [YourTexasBenefits.com](https://www.yourtexasbenefits.com).
- El Paso Health, members will receive the care they need along with STAR+PLUS Medicaid benefits, which include both physician services and options for home health services or nursing facility care.
- Other STAR+PLUS benefits include Personal Attendant Services (PAS) minor home modifications and Long-Term Service Support Services (LTSS).
- El Paso Health Value-Added Services include: home delivered meals, extra dental services, extra vision services, extra Over-the-Counter (OTC) benefits, extra transportation services, and much more.

El Paso Health, El Paso's only local Managed Care Organization (MCO) for over 20 years, is pleased to announce that the State of Texas Health and Human Services Commission (HHSC) awarded EPH a STAR+PLUS program contract for the El Paso service delivery area.

El Paso Health will launch STAR+PLUS, a Medicaid managed care program serving low-income individuals who have disabilities or are age 65 or older living in the El Paso and Hudspeth areas. This program has been designed to meet the unique needs of these specialized individuals.

Providers interested in **Joining Our Network for STAR PLUS** please contact us at Contracting_Dept@elpasohealth.com.

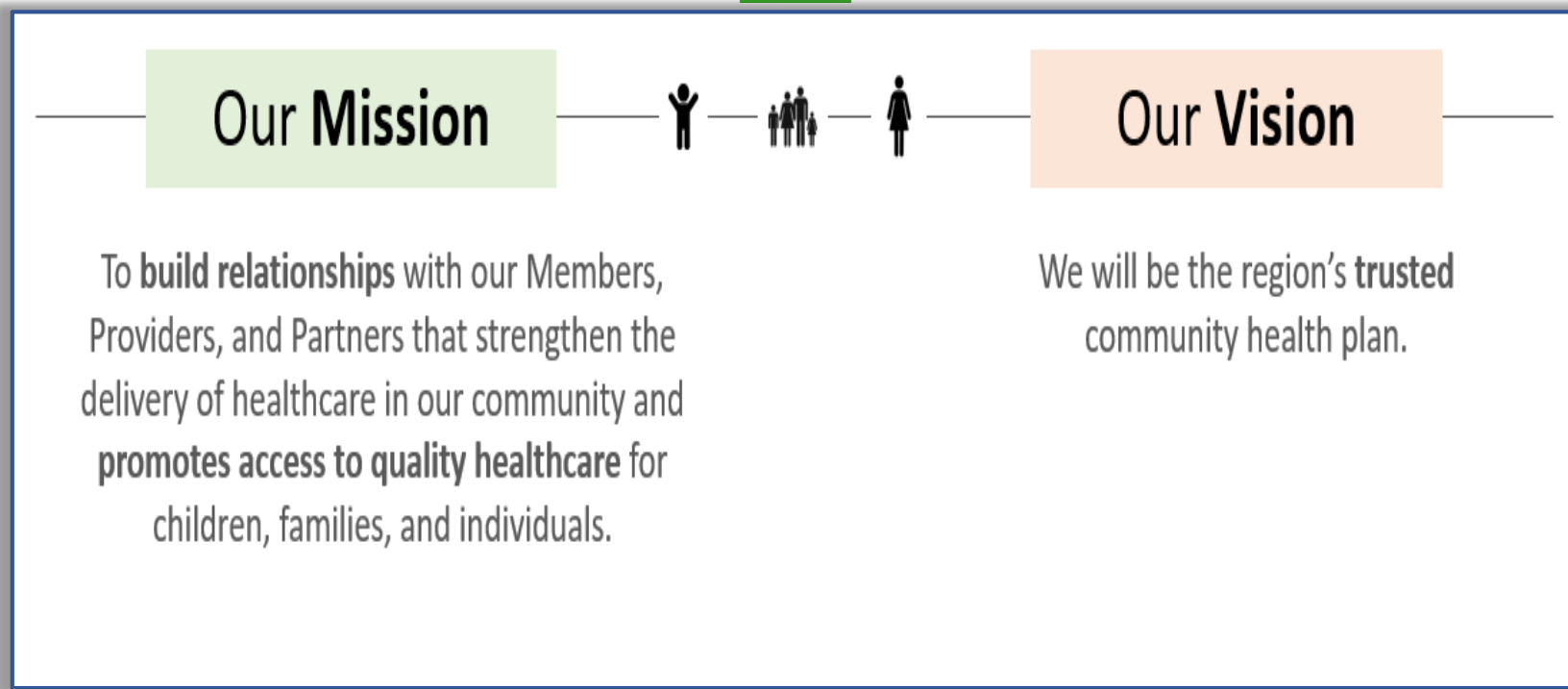
The STAR+PLUS program will be effective September 1, 2024.

www.elpasohealth.com/starplus

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EPHSP8622403

We Are El Paso Health



El Paso Health has been an established and trusted health plan for over 20 years.

We understand El Paso and far West Texas, because this is our **Community**. We take pride in providing quality healthcare **for El Pasoans by El Pasoans**.

WE ARE YOUR LOCAL STAR, CHIP, STAR+PLUS, and Medicare Advantage PLAN!!

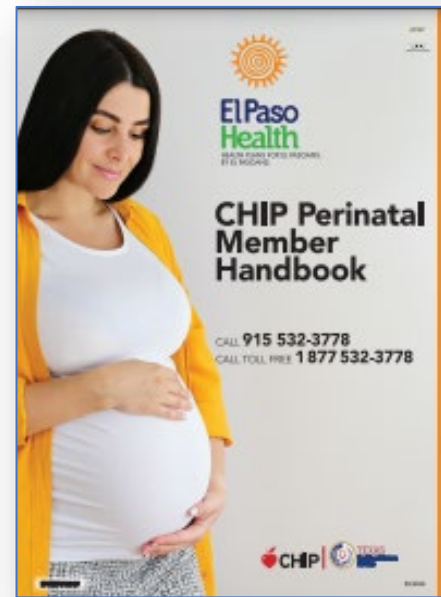
El Paso Health Product Lines



EL PASO HEALTH
STAR



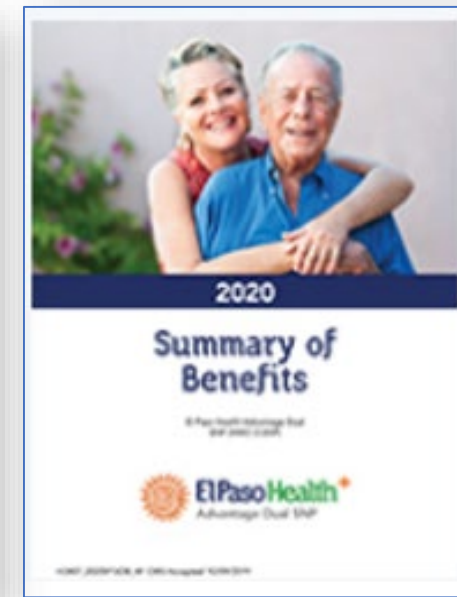
EL PASO HEALTH
CHIP



EL PASO HEALTH
CHIP PERINATE



EL PASO HEALTH
STAR+PLUS



EL PASO HEALTH
MEDICARE ADVANTAGE
DSNP



Member Services Overview

Value Added Services (VAS) / Non-emergent Medical Transportation (NEMT)

Member Services

Call Center Representatives

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

Our Member Services Department can assist with:

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




You can reach our Member Services Department at 1-833-742-3127.

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

STAR+PLUS

Member ID Card

El Paso Health members should receive their ID card in the mail as soon as they're enrolled with El Paso Health. Here's what the front and back of the El Paso Health Member ID card looks like. If the member does not get their card, they will need to contact El Paso Health by calling toll free at 1-833-742-3127.



Name: **[YOUR NAME]**
ID: **[0000000000]**

Primary Care Provider
Name:
Phone:
Effective Date:

1-833-742-3127

Pharmacist Only:
Navitus: 1-877-908-6023
RxBin:
RxPCN:
RxGRP:

Service Coordinator/
Coordinador de Servicios:
1-833-742-3127

ElPasoHealth.com

Member Services: 1-833-742-3127

Available 24 hours a day/7 days a week

Nurse Hotline: 1-844-549-2826 Available 24 hours a day/ 7 days a week

Behavioral Health: 1-877-377-2950

In case of an emergency, call 911 or go to the closest emergency room.

After treatment, call you PCP within 24 hours or as soon as possible.

Medicaid recipients who are also eligible for Medicare only have Long Term Services and Supports through El Paso Health.

Servicios para Miembros: 1-833-742-3127

Disponible 24 horas al día/7 días de la semana

Nurse Hotline: 1-844-549-2826 Available 24 hours a day/ 7 days a week


Servicios de Salud del Comportamiento: 1-877-377-2950


En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana.

Después del tratamiento, llame a su PCP dentro de 24 horas o tan pronto como sea posible. **Beneficiarios de Medicaid que también son elegibles para Medicare solamente tienen Servicios y Apoyo a Largo Plazo con El Paso Health.**

Member ID Cards

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

 Your Texas Benefits Health and Human Services Commission	
Member name:	
Member ID:	Note to Provider: Ask this member for the card from their Medicaid medical plan. Providers should use that card for billing assistance. No medical plan card? Pharmacists can use the non-managed care billing information on the back of this card.
Issuer ID:	Date card sent:

Need help?	¿Necesita ayuda?	1-800-252-8263
		
<p>Members: Keep this card with you. This is your medical ID card. Show this card to your doctor when you get services. To learn more, go to www.YourTexasBenefits.com or call 1-800-252-8263.</p> <p>Miembros: Lleve esta tarjeta con usted. Muestre esta tarjeta a su doctor al recibir servicios. Para más información, vaya a www.YourTexasBenefits.com o llame al 1-800-252-8263.</p> <p>THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.</p> <p>Providers: To verify eligibility, call 1-855-827-3747. Non-pharmacy providers can also verify eligibility at www.YourTexasBenefitsCard.com. Non-managed care pharmacy claims assistance: 1-800-435-4165.</p> <p>Non-managed care Rx billing: RxBIN: 610084 / RxPCN: DRTXPROD / RxGRP: MEDICAID</p> <p>TX-CA-1213</p>		



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Value Added Services

Value Added Services

What are Value Added Services (VAS)?

- Along with all of the traditional STAR+PLUS covered services (Acute & LTSS), each STAR+PLUS health plan offers its own set of "value-added" services. These are extra services not covered by STAR+PLUS.

*Please Note: Some benefits may vary between "Medicaid Only" and "Dual" and "at Home and Nursing Facilities". For more details, please visit [El Paso Health STAR+PLUS \(Healthy Rewards\)](#).

Where can you locate EPH's Value Added Services (VAS)?

Website:

- <https://www.elpasohealth.com/starplus/healthy-rewards.html>

Member Handbook & Nursing Facility Provider Manual:

- https://www.elpasohealth.com/pdf/STARPLUS_NF%20Mbr%20Hb.pdf?v=1
- <https://www.elpasohealth.com/pdf/StarPlus%20Nursing%20Facility%20Provider%20Manual.pdf>

Provider Directory

- https://www.elpasohealth.com/pdf/STARPLUS_Provider_Directory.pdf

Dental Services – Liberty Dental

El Paso Health STAR+PLUS Value Added Services 2024



Dental Services

Dual eligible members receive up to \$2,000 each year for dental check-ups, x-rays, cleanings, filling and simple tooth extractions for members 21 and older for STAR+PLUS non-HCBS waiver members. Medicaid only members receive up to \$600 each year for dental check-ups, x-rays, and cleanings (no extractions) for members 21 and older.

At Home

Medicaid
Only

Dual



\$600
allowance



\$2,000
allowance

Nursing Facilities

Medicaid
Only

Dual



\$600
allowance



\$2,000
allowance

Vision Services – Envolve Vision of Texas, Inc.

El Paso Health STAR+PLUS Value Added Services 2024



Extra Vision Services

Medicaid only members get \$150 allowance every two years to be used on one pair of eyeglasses (lenses and frames) or contact lenses and get one routine eye exam every two years. Dual eligible members receive a \$300 yearly allowance and get one routine eye exam per year.

At Home

**Medicaid
Only**

Dual

Nursing Facilities

**Medicaid
Only**

Dual



\$150
biennial
allowance



\$300
annual
allowance



\$150
biennial
allowance



\$300
annual
allowance

Podiatry Services for In-Network Providers

El Paso Health STAR+PLUS Value Added Services 2024



Extra Foot Doctor (Podiatry) Services

Additional routine foot doctor (podiatry) visits each year.

At Home

Medicaid
Only

Dual

N/A



12 visits

Nursing Facilities

Medicaid
Only

Dual



4 visits



12 visits

Temporary Phone Help – SafeLink Wireless

El Paso Health STAR+PLUS Value Added Services 2024



Temporary Phone Help

El Paso Health Members ages 18 years and older eligible for the Federal Lifeline Program is offered at no cost to the member the exclusive El Paso Health Unlimited Plan that includes: An Android Smartphone, Unlimited Calling, Unlimited Text, Unlimited Data.

At Home

Medicaid
Only

Dual



Nursing Facilities

Medicaid
Only

Dual



Hearing Services for In-Network Providers

El Paso Health STAR+PLUS Value Added Services 2024		At Home		Nursing Facilities	
		Medicaid Only	Dual	Medicaid Only	Dual
	Extra Hearing Services Hearing aid allowance limited to \$2,000 every year.	N/A	✓	N/A	✓

Healthy Eats

El Paso Health STAR+PLUS Value Added Services 2024



Healthy Eats Program

Diabetic STAR+PLUS Non-HCBS waiver members can participate in the Healthy Eats Program and receive a \$50 gift card each quarter to obtain nutritious food.

At Home

Medicaid
Only

Dual



Nursing Facilities

Medicaid
Only

Dual



N/A

Get Fit Program – YMCA & EPH

El Paso Health STAR+PLUS Value Added Services 2024



Health Get Fit Program or a Home Fitness Kit

STAR+PLUS Non-HCBS waiver members have a choice of the El Paso Health Get Fit Program at the YMCA or a home fitness kit, or both.

At Home

Medicaid
Only

Dual

N/A



Nursing Facilities


Medicaid
Only

Dual

N/A



Nursing Facility Care Kit

El Paso Health STAR+PLUS Value Added Services 2024		At Home		Nursing Facilities	
		Medicaid Only	Dual	Medicaid Only	Dual
	Care Kit Receive a free personal blanket, skid proof socks, an accessory tote bag, and a large print digital clock.	N/A	N/A	N/A	✓

Gift Programs

El Paso Health STAR+PLUS Value Added Services 2024

At Home

Nursing Facilities

Medicaid
Only

Dual

Medicaid
Only

Dual



Gift Programs

Members are eligible to receive a \$25 gift card as a Thank You from El Paso Health for completing the following Preventative Screenings:

- \$25 gift card for members after completing an annual wellness exam each year.
- \$25 gift card for members that get an annual flu shot and COVID-19 vaccine.
- \$25 gift card for members who have a follow-up doctor visit within 30 days of getting out of the hospital once a year.
- \$25 gift card for members after completing an HbA1c blood test each year.
- \$25 gift card for members after completing a diabetic eye exam each year.
- \$25 gift card for female members ages 21-64 who get a recommended cervical cancer screening once every three years.
- \$25 gift card for members that complete a doctor follow-up visit within 30 days of hospital discharge for a mental illness condition. Limit one gift card every 30 days.



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Non-Emergent Medical Transportation (NEMT)

Non-Emergent Medical Transportation (NEMT) Services

- Transportation to or from a nursing facility (except for transportation to or from dialysis or discharge home) is the responsibility of the NF. The cost of such transportation is included in the NF Unit Rate.
- Transports of Nursing Facility members for rehabilitative treatment (physical therapy), to outpatient departments or to physicians' offices for recertification examinations for Nursing Facility care are not reimbursable services by El Paso Health.
- EPH is responsible for authorizing non-emergency ambulance transportation for a member whose medical condition requires the use of an ambulance as the only appropriate means of transportation.
- The NF may coordinate NEMT transportation for Members requiring transportation to dialysis services with the EPH SC.

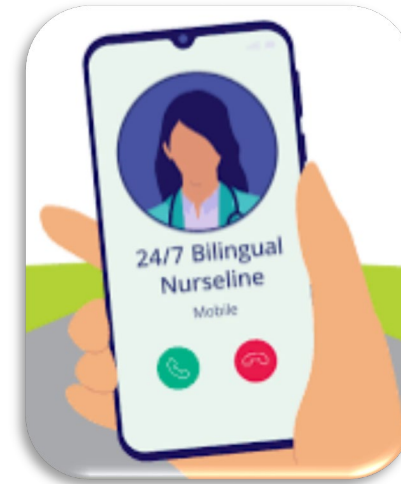
UMCM 16-4, NEMT Handbook, section 3120: service limitations:

<https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/mepd/archive/16-4/16-4.pdf>

FIRSTCALL - Nurse Line

El Paso Health offers STAR+PLUS members, a Medical Advice Infoline, provided at no-cost. When you call **FIRSTCALL**, you will receive immediate information to take care of your medical or health concerns.

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



Call Toll Free at: 833-742-3127 for STAR+PLUS

Behavioral Health Crisis Line

El Paso Health offers STAR+PLUS members, a crisis line for assistance with behavioral health.

- Crisis Line staff is bilingual
- Interpreter services are available, if needed
- Open 24 hours a day, 7 days a week



STAR+PLUS: 1-877-377-2950

Service Coordination Hotline

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



- It is available to members 24 hours a Day, 7 Days a week
- Hours of Operation: 8:00am to 5:00pm local time for Service Area, Monday through Friday, excluding State-approved holidays
- Members, Family Members, or Providers may leave a message during non-business hours
- Any messages for the Service Coordination hotline staff or EPH Service Coordinators will be returned within 2 Business Days.



Provider Relations Overview

Provider Relations

EPH has a Provider Relations Specialist designated to NF Service Providers.



Vianey Licon

Provider Relations Representative

Email: vlicon@elpasohealth.com

Office: 915-298-7198 ext. 1244

Provider Relations Department

Phone: 1-833-742-3127

Nursing Facilities Email: EPH_NF@elpasohealth.com

Provider Relations General Email: ProviderServicesDG@elpasohealth.com

El Paso Health Website

[Español](#)

Call us at
915-532-3778 STAR/CHIP

Toll Free Numbers: 877-532-3778 STAR/CHIP
833-742-3127 STAR+PLUS


Hours of Operation
8:00 A.M. – 5:00 P.M. MST


AAA


[Provider Login](#)

[Member Login](#)

[Careers](#)





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

[Search](#)

Welcome to El Paso Health

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

STAR

For pregnant women, children and anyone who gets TANF

[Find Out More](#) ➞

CHIP

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

[Find Out More](#) ➞

STAR+PLUS


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


[Find Out More](#) ➞

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

for people who have Medicare and Medicaid.

[Find Out More](#) ➞

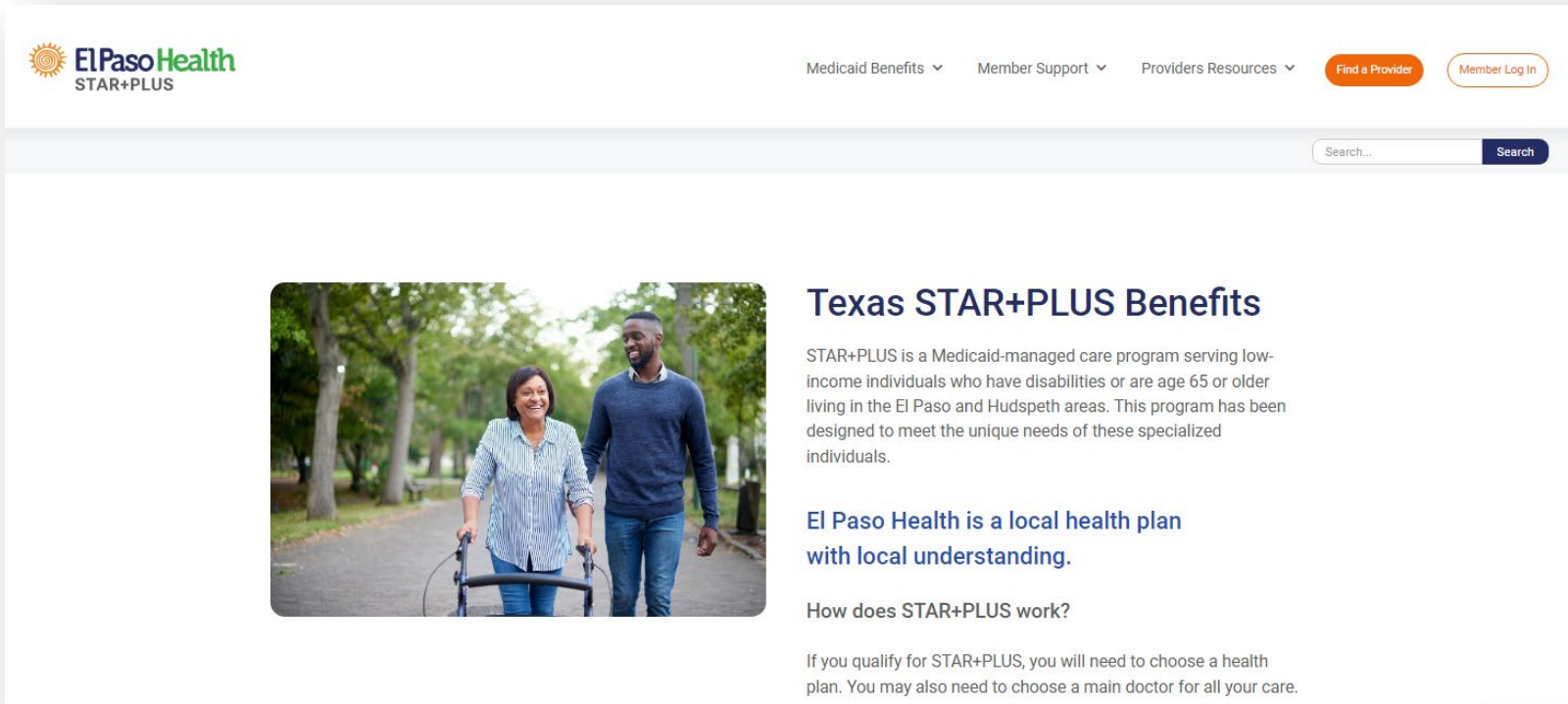




<https://www.elpasohealth.com/>

El Paso Health STAR+PLUS Website

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



View:

- Provider Directory
- Provider Manual
- Provider Notifications
- Provider Orientations
- Provider Quality Information
- Additional Resources

El Paso Health Nursing Facility Provider Manual

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

The Provider Manual contains information about El Paso Health policies and procedures and specific “how to” instructions for providers when working with El Paso Health, such as:

- Covered Services
- Quality Management
- Provider Appeals
- Member Complaint Process



 El Paso Health

**Nursing Facility
Provider Manual**

CALL TOLL FREE
1-833-742-3127

TEXAS STAR PLUS
Your Health Plan • Your Choice

TEXAS Health and Human Services

urac
ACCREDITED
Nursing Facility
Expires 09/2027

EPHSP8262401

9/2024

EPH Provider Portal

ElPasoHealth/ProviderPortal.com



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Preferred
ADMINISTRATORS

HealthCARE
OPTIONS of EL PASO



El Paso Health+
Advantage Dual SNP

Welcome to the El Paso Health provider portal!



Log in to:

- View patient's eligibility status and benefit information
- Verify patient claims
- Download reports
- Request prior authorizations
- And more!

Login

Username

Password

SUBMIT

[Forgot your username or password?](#)

Need a username and password?

[Proceed to our sign up process.](#)

Contact Us

If you have questions or need assistance, contact the Provider Relations Department at:

915-532-3778

Toll-Free: 1-877-532-3778

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

EPH Provider Portal

User Account Role



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Preferred
ADMINISTRATORS

HealthCARE
OPTIONS of EL PASO



El Paso Health
Medicare Advantage

Choose the appropriate option from the drop down list.

Admin Role - The same access as a standard user with the addition of reviewing provider specific reporting such as claim remittance advice.

Standard User - Access to look up member eligibility, look up and submit authorizations, and review provider claims.

Star+Plus or Medicare Advantage User - Access to look up member eligibility, look up and submit authorizations, access Optum, and review provider claims.

I am:

-- Select --

PREVIOUS

NEXT

Cancel

EPH Provider Portal - Home Page



The screenshot shows the EPH Provider Portal Home Page. At the top, there are logos for El Paso Health, Preferred Administrators, HealthCARE Options of El Paso, and El Paso Health Medicare Advantage. Below the logos, a login status bar indicates the user is currently logged in as [redacted] with links for Messages (0), Profile, and Logout. A navigation bar contains links for Home, Eligibility and Benefits, Claims and Payment, Authorizations, Reports (with a dropdown arrow), and Service Coordination. The main content area is divided into two columns. The left column has a welcome message, a description of the portal's purpose, and input fields for Provider Name and Provider Phone. Below these is a photograph of a doctor examining a young child. The right column features a 'Quick Links' section with a list of links: Submit Claims, Submit Claim Attachments, Provider Appeals/Recoupments, Amended Authorizations, Provider Overpayments, Credentialing Process, EFT Form, Texas Medicaid Provider Enrollment Management System (PEMS), Electronic Visit Verification, and Update Provider Information. Below the links is a 'Pharmacy MAC List' section with a brief description and a URL. At the bottom right is a 'Contact Us' section with contact information for the Provider Relations Department.

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Preferred ADMINISTRATORS

HealthCARE
OPTIONS of EL PASO

El Paso Health
Medicare Advantage

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

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

Welcome to the **Provider Portal**

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

Provider Name: [redacted]

Provider Phone: [redacted]



Quick Links

- [Submit Claims](#)
- [Submit Claim Attachments](#)
- [Provider Appeals/Recoupments](#)
- [Amended Authorizations](#)
- [Provider Overpayments](#)
- [Credentialing Process](#)
- [EFT Form](#)
- [Texas Medicaid Provider Enrollment Management System \(PEMS\)](#)
- [Electronic Visit Verification](#)
- [Update Provider Information](#)

Pharmacy MAC List
Contracted pharmacies can readily access the MAC list at any time through the Navitus Health Solutions Website
<https://www.navitus.com/>

Contact Us
If you have questions or need assistance, contact the Provider Relations Department at:
915-532-3778
Toll-Free: 1-877-532-3778

Submit:

- Claims
- Authorizations
- Provider Complaints

Verify:

- Member Eligibility
- Claim Status
- Authorization Status

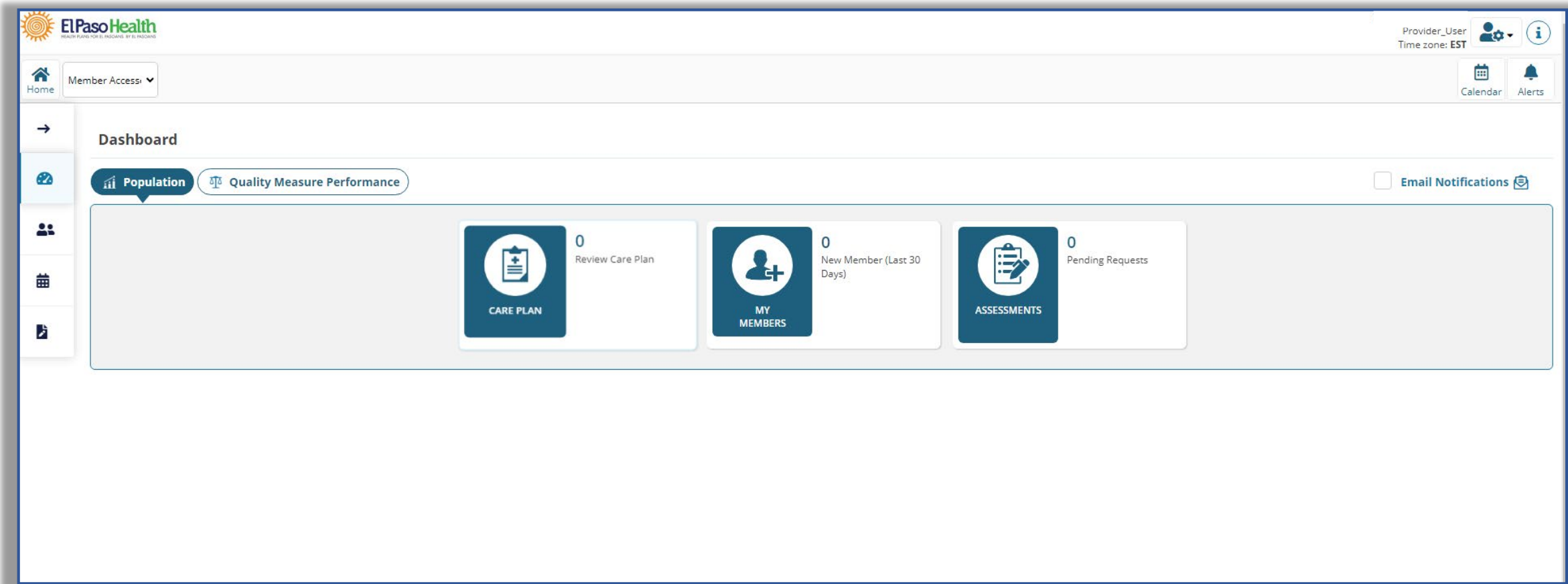
View:

- Remittance Advice
- Rosters
- Other Reports

Service Coordination

- Care Plan
- Assessments
- Quality Measure Performance

Service Coordination Portal



STAR+PLUS Provider Directory

Provider Directories are available in the following formats:

- **Print:** available for pick up at our office or mailed to members upon request
- **Online:** a [PDF version](#) is available for viewing or for printing on our website
- **[Provider Search](#):** an interactive search option is available on our website

Provider Search

By Location

Located

☒ Within

☐ Only inside

- of -

Zip Code

☐ Use current location

By Provider Detail

☐ Find PCP

Provider Gender

☐ Male

☐ Female

☐ Any Gender

☐ Only show providers who are accepting new members

Patient Gender

☐ Male

☐ Female

☐ Any Gender

Patient Age

By Coverage and Care Requirements

Plan

Please Select

Provider Type

Any Type

Specialty

Any Specialty

Service

Please Select

More Search Options

Start Over

Find A Provider



- Any demographic changes
- Closing or opening panels
- Practice name change or acquisitions (CHOW)

- Submit [Demographic Form](#) and [W-9](#) by email to: Contracting_Dept@elpasohealth.com



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Change of Ownership

A Nursing facility going through a Change of Ownership (CHOW), will require notification to be submitted to El Paso Health, after Medicare Enrollment Application ([CMS-855A](#)) is completed.

[HHSC CHOW](#)

When undergoing a CHOW, the nursing facility will be loaded with the new Tax ID as non-par in the system until credentialing is complete.

Nursing facilities will still be completely reimbursed.

The effective date the facilities receive for the new ownership will be prospective (i.e. it will not align with the CHOW effective date assigned by the State).

Electronic Usages

El Paso Health is encouraging electronic forms of communication. The following items are currently available via electronic platforms:

Web Portal:

- Electronic Claims Submission
- Upload appeals
- Prior authorization submissions and amendments
- Direct Payments (ACH)
 - [EPH EFT Form](#)
- Remittance Advice (RA) Reports
 - [ERA Enrollment Form](#)





Health Services Overview

NF Responsibilities / Service Coordination / Add-on Services

Nursing Facility – Provider Responsibilities

- Provide services as needed as identified in the Minimum Data Set (MDS) based upon the NF plan of care
- Work in a collaborative effort with the Service Coordinator to meet the NF Member needs
- Provide/contract for STAR+PLUS Add-On Services
- Provide Member access to hospice services as needed
- Submit Form 3618 or Form 3619, as applicable, to HHS administrative services contractor
- Submit Minimum Data Set (MDS) assessments, as required to federal Centers for Medicare and Medicaid Services (CMS) and associated MDS Long-Term Care Medicaid Information Section to HHS' administrative services contractor

Nursing Facility - Provider Responsibilities, Cont.

- Must ensure a Preadmission Screening and Resident Review (PASRR) Level I screening is completed.
- Coordinate with Local IDD Authority (LIDDA) and Local Mental Health Authorities (LMHAs) to complete a PASRR Level 2 Evaluation when an individual has been identified through the PASRR level 1 screen as potentially eligible for PASRR specialized services
- The Nursing Facility Provider must complete and submit Form 3618 to HHSC's administrative services contractor

Nursing Facility - Provider Responsibilities, Cont.

Form 3618_Resident Transaction Notice

Form 3618, Resident Transaction Notice, can only be submitted electronically by completing Form 3618 on the Texas Medicaid & Healthcare Partnership (TMHP) Long Term Care (LTC) Portal. Form 3618 is to be submitted for admissions, discharges, and death.

Electronic submission is prescribed by the Texas Administrative Code, 40 TAC §19.2615, which states:

- The NF must electronically submit to HHSC's Medicaid claims administrator within 72 hours after a recipient's admission or discharge from the Medicaid nursing facility vendor payment system. The nursing facility administrator must sign the resident transaction notice.
- The NF must print out and complete all items on Form 3618, including Item 13 with the nursing facility administrator's State Board license number, and have the nursing facility administrator sign and date Form 3618 for Item 14.

Please see the [EPH Nursing Facility Provider Manual](#) for additional information about Form 3618.

Nursing Facility - Provider Responsibilities, Cont.

Form 3619_ Medicare/Skilled Nursing Facility Patient Transaction Notice

Form 3619, Medicare/Skilled Nursing Facility Patient Transaction Notice, can only be submitted electronically by completing Form 3619 on the Texas Medicaid & Healthcare Partnership (TMHP) Long Term Care (LTC) Portal. Form 3619 provides HHS with information to initiate, close, or adjust Medicare Skilled Co-insurance payments.

Electronic submission is prescribed by the Texas Administrative Code, 40 TAC §19.2615, which states:

- A nursing facility must electronically submit to HHSC's Medicaid claims administrator a resident transaction notice within 72 hours after a recipient's admission or discharge from the Medicaid nursing facility vendor payment system. The nursing facility administrator must sign the resident transaction notice
- The nursing facility must print out and complete all items on Form 3619 including Item 14 with the nursing facility administrator's State Board license number and have the nursing facility administrator sign and date Form 3619 for Item 15.

Please see the [EPH Nursing Facility Provider Manual](#) for additional information about Form 3619.

Nursing Facility - Provider Responsibilities, Cont.

Applied Income (AI)

Applied Income (AI) means the portion of the earned and unearned income of the STAR+PLUS member, or if applicable the member and their spouse, that is paid under the Medicaid program to a nursing facility.

- It is the responsibility of the nursing facility to make reasonable efforts to collect AI, document those efforts and notify El Paso Health's Service Coordinator when two unsuccessful attempts in one month have been made to collect AI.
- The Service Coordinator will also ensure that the member and their family understand that if the AI remains unpaid, then the member may not be allowed to stay at the facility.

El Paso Health's Service Coordinator will assist the nursing facility with the collection of AI from the member.



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Services Coordination

Service Coordination

The purpose of a service coordinator:

- Serve as an effective Member advocate ensuring the Member obtains needed benefits for which he/she is eligible and receives appropriate and adequate services.
- Assure interventions result in the Member's health and welfare, community integrations, productivity and increasing or maintenance of independence.
- Support the Member in developing their goals and selecting supports and individual service Providers
- Collaborate with the Member to develop and implement the Service Plan which reflects the Member's needs.
- Assure the Service Plans are implemented appropriately and supports the Member to become an effective self-advocate and problem solver.

Service Coordination for NF Members

EPH will provide the name and contact information of a Service Coordinator or designated representative within 3 Business Days after the effective date of the Nursing Facility Member.

EPH will notify the provider within 10 Days of any change to the assigned Service Coordinator or designated representative.

The Service Coordinator will contact the Member and schedule an assessment within 14 calendar days from the date of Member enrollment with EPH.

The Service Coordinator visits the Nursing Facility and verifies any changes in Member condition, updated statuses, or discharges with appropriate NF staff (business office) and record pertinent information as a clinical note in the Member's clinical information management platform record.

The assessment:

- Confirms custodial status
- Identifies unmet needs
- Informs the Member's service plan with evidenced based Opportunities, Goals, and Interventions (OGIs) sets that are systematically triggered as draft plans of care within the clinical information management platform service plan section.

To reach an El Paso Health Service Coordinator you may contact
Toll Free Phone: 1-833-742-3127.

NF Responsibilities: Service Coordination

- Providers must notify the Member's service coordinator whenever there is a change in the Member's physical or mental condition, upon knowledge of an inpatient or nursing facility admissions, all Member complaints or grievances, or if you identify a Member needs services outside the EPH contracted scope of services with the provider.
- The Member's Primary Care Provider (PCP) must communicate and coordinate with the Service Coordinator to ensure continuity of care.
- The PCP/physician, in conjunction with the service coordinator, serves as a central point of integration and coordination of covered services.
- Service Coordinators work with Members and providers to coordinate all STAR+PLUS covered services and any other applicable services. Our service coordinators collaborate with the Member's PCP/physician, regardless of network status.

SC Process: Level 1 Member

Level 1 – Process Information:

- Initial Member outreach within 14 days of program enrollment
- Initial outreach to welcome and explain the program to Member/caregiver, complete Health Risk Screening (HRS)

The initial field visit:

- Comprehensive Assessment and any supplemental assessments
- Complete necessary forms
- Assess for caregiver support and needs
- Evaluate for respite and caregiver burnout
- During each field visit, update the Service Plan, assess for gaps in care or health status changes
- Reassess for LTSS needs as appropriate

Schedule/complete field visit within 30 days of program enrollment

Create/update Service Plan/ISP

Implement/validate all services identified in ISP, document validation in OICS

Schedule follow-up calls/field visits

Reassess as necessary/required

How to Contact a Service Coordinator?

Please call Member Services at, 1-833-742-3127 and they can connect you with the member's assigned service coordinator.

Upon joining El Paso Health, member's will receive a letter from their service coordinator with his/her name and phone number. Members can call their service coordinator at the number provided.

Discharge Planning

Members in Nursing Facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities

EPH's Service Coordinators assess the needs of Members who have or will soon be discharged from a NF or ICF-IID. During this time, the SC facilitates the placement of community-based services and support that are medically necessary and are required for the safe transition of the Member into the community.

Dual Eligible LTSS Members

When a dual eligible Member is hospitalized, EPH may not be notified of the admission by the hospital since EPH is not financially responsible for the hospital stay. The SC partners with the STAR+PLUS Provider to restart services once the Member is discharged. The SC also authorizes any additional needs the Member may have.

Discharge Planning, Cont.

Home and Community Based Services (HCBS) Members

HCBS Level 1 Members who are hospitalized and pending discharge may also be referred to a Nursing Facility as part of the Expected Hospital Discharge process

Likely when the Member's physician has certified that the Member discharged from the acute care hospital is likely to require less than 30 days of NF services for the condition for which the Member was hospitalized.

If this occurs, EPH Utilization Management Staff and the assigned HCBS Level 1 SC coordinate during the discharge planning process for the Member to ensure the physician provides the NF with a copy of the PL1.

The NF enters the PL1 into the TMHP Long Term Care Online Portal (LTCOP) immediately upon the person's admission. Members with a positive PL1 screening will only require a PASSR evaluation (PE) if their stay exceeds 30 days in the Nursing Facility.

Coordination Discharges and Transitions

Part of Discharge and Transition Planning is assessing the needs of Members discharged from a Hospital, NF, ALF, or other care or treatment facility, including inpatient psychiatric facilities.

- EPH Service Coordinator works with the Member's PCP, the facility discharge planner, the attending physician, the Member, and the Member's informal supports to assess and plan for the Member's Discharge prior to the Member's Discharge.
- When LTSS or Acute Care services, including nursing, home health, DME, or other covered services are needed, EPH ensures that the Member's discharge plan includes arrangements and authorizations for community-based care so items, services and supports are in place in the LTSS setting upon Discharge.

Transition Assistance Services (TAS)

- Assists individuals who are discharging from a nursing facility to the community and set up their household. A maximum of \$2,500 is available on a one-time basis to help offset the costs associated with setting up their household. Some examples of what TAS money provides payment for are security deposits, moving expenses, essential furnishings and set-up fees for utilities.

Licensure Requirements for TAS

- The Provider must comply with the requirements for delivery of TAS. TAS Providers must demonstrate knowledge of, and experience in, successfully serving Members who require Home and Community-Based Services.





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Nursing Facility Add-on Services

NF Add-on Services

Nursing Facility Add-on Services means the types of service that are provided in the facility setting by the Provider or another Network Provider, but are not included in the NF Unit Rate, including but not limited to emergency dental services; physician ordered rehabilitation services; customized power wheel chairs; and augmentative communication devices.

Ventilator care add-on service

To qualify for supplemental reimbursement, a nursing facility Member must require artificial ventilation for at least six consecutive hours daily, and the use must be prescribed by a licensed physician.



Tracheostomy care add-on service

To qualify for supplemental reimbursement, a nursing facility Member must be less than 22 years of age; require daily cleansing, dressing and suctioning of a tracheostomy; and be unable to do self-care. The daily care of the tracheostomy must be prescribed by a licensed physician.



NF Add-on Services, Cont.

PT, ST, OT add-on services

Rehabilitative services are physical therapy, occupational therapy, and speech therapy services (not covered under the NF Unit Rate) for Medicaid nursing facility Members who are not eligible for Medicare or other insurance. The cost of therapy services for Members with Medicare or other insurance coverage or both must be billed to Medicare or other insurance or both. Coverage for physical therapy, occupational therapy, or speech therapy services includes evaluation and treatment of functions that have been impaired by illness. Rehabilitative services must be provided with the expectation that the Member's functioning will improve measurably in 30 days.

The provider must ensure that rehabilitative services are provided under a written plan of treatment based on the physician's diagnosis and orders, and that services are documented in the Member's clinical record.



NF Add-on Services, Cont.

Customized power wheelchair (CPWC)

To be eligible for a CPWC, a Member must be:

- Medicaid eligible.
- Age 21 years or older.
- Residing in a licensed and certified NF that has a Medicaid contract with HHSC.
- Eligible for and receiving Medicaid services in an NF.
- Unable to ambulate independently more than 10 feet.
- Unable to use a manual wheelchair.
- Able to safely operate a power wheelchair.
- Able to use the requested equipment safely in the NF.
- Unable to be positioned in a standard power wheelchair.
- Undergoing a mobility status that would be compromised without the requested CPWC.
- Certified by a signed statement from a physician that the CPWC is medically necessary.



<https://www.hhs.texas.gov/handbooks/starplus-handbook/11100-cpwc-benefit-nf-residents-enrolled-starplus-or-a-medicare-medicaid-plan>



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Claims Process Overview

Electronic Claims

Payer ID Numbers

Claims are accepted from:

- Availity
- Trizetto Provider Solutions, LLC. *(formerly Gateway EDI)*

Availity /TPS Payer Identifications	
El Paso First Health Plans Premier Plan STAR Medicaid HMO	EPF02
El Paso First Health STAR+PLUS	EPF02
El Paso First Health Plans CHIP	EPF03
El Paso First Health Plan HCO Healthcare Options	EPF37
Preferred Administrators	EPF10
Preferred Administrators Children's Hospital	EPF11
El Paso Health Advantage Dual SNP	EPF07

Nursing Facility Billing Requirements

- The following nursing facility identification requirements remain in effect:
 - Nursing Facilities must be contracted, certified and licensed by HHS to submit claims.
 - You must use your valid HHS contract number, vendor number and NPI for both contracting with El Paso Health.
 - If they differ from what is on record at HHS, your claims may result in denials as El Paso Health cannot pay your claim until this information is corrected.
- Valid Attending Provider National Provider Identifier (NPI), Tax Identification Number (TIN) and Principle Diagnosis Code are required when submitting claims.
 - Entry of invalid format for the NPI, TIN, or Principle Diagnosis Code on a claim may result in rejection or denial from El Paso Health.
- Questions for TexMedConnect Portal Contact:
 - 1-800-626-4117, Option 1

STAR+PLUS Claims Billing

DUALS

These are members who receive both Medicare and Medicaid. Members may select a managed care Medicare plan and have El Paso Health as their STAR+PLUS Medicaid plan.

- Medicare is the primary payor for all acute care services (e.g. PCP, hospital, outpatient services)
- Skilled Nursing Facility (SNF) services and skilled nursing stay, days 1-20 paid at 100% of the RUG.
- El Paso Health STAR+PLUS is the primary payor for the co-insurance for the SNF Unit Rate for days 21-100 (if the stay meets qualifying hospital stay criteria and skilable needs) and add-on services and is the primary payor for the NF Unit Rate starting day 101.

NON-DUALS

Members who have Medicaid only and are enrolled with El Paso Health for their STAR+PLUS managed care plan.

- Covers acute care, add-on services and the NF Unit Rate.

NF Claims Filing

- Preferred way to submit claims – Electronically and or EPH Web Portal.
- Nursing facilities must submit Room and Board claims through the Texas Medicaid & Healthcare Partnership (TMHP) portal, which will redirect to El Paso Health STAR+PLUS.
- HHS will set the prevailing rate for the date of service as found on their website.
- Nursing facilities have **365 days** from the date of service to submit first time claims.
- El Paso Health STAR+PLUS, has **10 days** to pay clean claims from the date of submission.
- All rate adjustments will be processed no later than 30 days after the receipt of the HHS rate notification.

NF Corrected Claims Filing

There may be occasions in which a nursing facility will need to submit a corrected claim. These claims will not auto adjust.

Nursing facilities should submit a corrected claim, if:

- Billed across multiple months i.e. 2/15-3/15
- Billed for days spans that include unauthorized days i.e. SAS approves 3/5-3/31 provider bills 3/1-3/31
- Billed for days when the member is in an acute care facility
- Billed for days that span across multiple years i.e. 12/31/2023 - 1/5/2024
- Billed for Medicare coinsurance days when non-Medicare days are authorized
- Billed for non-Medicare days when only Medicare coinsurance days are authorized
- Billed with different RUG/service levels. Claims must only be billed for one RUG/service level.

Auto Adjusted Claims Unit Rate

Reasons when a claim may require an adjustment could be due to changes in:

- Nursing facility daily rates
 - Provider contracts
 - Service authorizations
 - Applied income
 - Level of service (RUG)
 - Non-compliance with spending and staffing requirements as dictated by HHS's Direct Care Rate Enhancement Program.
- In each of these instances, El Paso Health will re-adjudicate claims affected by the change. Claim will be reprocessed within **30 days** from receipt of the HHS notification.
 - There will be times when a claim gets adjusted, and the claim denies. In these cases, the provider will need to submit a corrected claim. These will not be automatically adjusted.

Nursing Facility Unit Rate

- The Nursing Facility Unit Rate means the types of services included in the HHS daily rate for nursing facility providers, such as:
 - Room and board
 - Medical supplies and equipment
 - Personal needs items
 - Social services
 - Over-the-counter drugs
- The Nursing Facility Unit Rate also includes applicable nursing facility rate enhancements and professional and general liability insurance. The Nursing Facility Unit Rate excludes nursing facility add-on services.
 - **Please Note: HHS will authorize the daily rate. HHS will authorize and make the medical necessity determinations. El Paso Health will not reassess or authorize services resulting from the MDS and covered under the Nursing Facility Unit Rate. Questions call THMP at 1-800-626-4117 Option 2.**

Nursing Facility Claims: Add-on Services

- Preferred way to submit claims – Electronically and or EPH Web Portal
- Nursing facilities have to submit the claims within **95 days** from the date of service.
- El Paso Health has **30 days** to pay clean claims from the date of submission.
- Providers must submit claims directly to El Paso Health for Durable Medical Equipment (DME) add-on services.
- Emergency Dental claims must be submitted to dental carrier.
 - Liberty Dental 1-866-975-2435

Nursing Facility Claims: Add-on Services

Therapy (PT/OT/ST)

- Nursing Facility providers delivering Rehabilitative (PT, OT, ST) add on services (including assessments) must be billed separate from Nursing Facility Unit Rate claims. Nursing Facility Add-on Services must be pre-authorized.
- For Nursing Facility Add-on therapy services, El Paso Health will accept claims received from:
 - The Nursing Facility on behalf of employed or contracted therapist
 - Directly from contracted therapist who are contracted with El Paso Health
- Nursing Facility Add-On claims for therapy services must include revenue codes, CPT/HCPCS codes and Modifiers from the Long-Term Care Bill Code Crosswalk.
- Modifiers must include the procedure modifier (U1/UA) and the location modifier (GN/GO/GP).
- For Modifier Requirements, please refer to the LTSS Billing Code Matrix, NF Section (The Long-Term Care Bill Code crosswalk), a cross-referenced code set used to match the Texas Long-term Care (LTC) Local Codes (i.e., bill codes) to the National Standard Procedure Codes.

<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/long-term-care-bill-code-crosswalks>

Professional Services

Code	Mod 1	Mod 2	Mod 3	Description	Units
T1001				Nursing assessment/evaluation	1 visit = 1 unit
S9123	U3			Nursing Services -- RN (1 visit) Nursing Care in the Home by RN Agency Option (AO)	1 hour = 1 unit
S9123	U3	UA		Nursing Services -- RN (1 visit) Nursing Care in the Home by RN Agency Option (AO) (Specialized)	1 hour = 1 unit
S9123	U3	UC		Nursing Services -- RN (1 visit) Nursing Care in the Home by RN Consumer Directed Services (CDS)	1 hour = 1 unit
S9123	U3	UC	UA	Nursing Services -- RN (1 visit) Nursing Care in the Home by RN Consumer Directed Services (CDS) (Specialized)	1 hour = 1 unit
S9123	U3	UD		Nursing Services -- RN (1 visit) Nursing Care in the Home by RN Service Responsibility Option (SRO)	1 hour = 1 unit

Professional Services

Code	Mod 1	Mod 2	Mod 3	Description	Units
S9123	U3	UD	UA	Nursing Services -- RN (1 visit) Nursing Care in the Home by RN Service Responsibility Option (SRO) (Specialized)	1 hour = 1 unit
S9124	U3			Nursing Services -- LVN (1 visit) Nursing Care in Home by LVN Agency Option (AO)	1 hour = 1 unit
S9124	U3	UA		Nursing Services -- LVN (1 visit) Nursing Care in Home by LVN Agency Option (AO) (Specialized)	1 hour = 1 unit
S9124	U3	UC		Nursing Services -- LVN (1 visit) Nursing Care in Home by LVN Consumer Directed Services (CDS)	1 hour = 1 unit
S9124	U3	UC	UA	Nursing Services -- LVN (1 visit) Nursing Care in Home by LVN Consumer Directed Services (CDS) (Specialized)	1 hour = 1 unit
S9124	U3	UD		Nursing Services -- LVN (1 visit) Nursing Care in Home by LVN Service Responsibility Option (SRO)	1 hour = 1 unit
S9124	U3	UD	UA	Nursing Services -- LVN (1 visit) Nursing Care in Home by LVN Service Responsibility Option (SRO) (Specialized)	1 hour = 1 unit

Physical, Occupational, Speech Therapy

Code	Mod 1	Mod 2	Description	Units
S9131	U3		Physical Therapy in the Home per diem Agency Model	1 day = 1 unit
S9131	U3	UC	Physical Therapy in the Home per diem Consumer Directed Services (CDS)	1 day = 1 unit
S9131	U3	UD	Physical Therapy in the Home per diem Service Responsibility Option (SRO)	1 day = 1 unit
S9128	U3		Speech Therapy in the Home per diem Agency Model	1 day = 1 unit
S9128	U3	UC	Speech Therapy in the Home per diem Consumer Directed Services (CDS)	1 day = 1 unit
S9128	U3	UD	Speech Therapy in the Home per diem Service Responsibility Option (SRO)	1 day = 1 unit
S9129	U3		Occupational Therapy: Home per diem Agency Model	1 day = 1 unit
S9129	U3	UC	Occupational Therapy: Home per diem Consumer Directed Services (CDS)	1 day = 1 unit
S9129	U3	UD	Occupational Therapy: Home per diem Consumer Directed Services (SRO)	1 day = 1 unit



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Compliance Overview

ANE / Complaints & Appeals / SIU

Abuse, Neglect, Exploitation

Abuse:

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

Neglect:

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

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

Exploitation:

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



Abuse, Neglect, Exploitation

Reporting Abuse, Neglect, and Exploitation

The law requires that you report suspected Abuse, Neglect, or Exploitation, including unapproved use of restraints or isolation that is committed by a provider.

Call 9-1-1 for life-threatening or emergency situations.

Report by phone (non-emergency) — 24 hours a day, seven days a week, toll-free

Report to the Health and Human Services Commission (HHSC) by calling 800-458-9858 if the person being abused, neglected, or exploited lives in or receives services from a:

- Nursing facility
- Assisted living facility
- Adult day care center
- Licensed adult foster care provider, or
- Home and Community Support Services Agency (HCSSA) or Home Health Agency

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

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

Helpful information for filing a report When reporting Abuse, Neglect, or Exploitation, it is helpful to have the names, ages, addresses, and phone numbers of everyone involved.

Advance Directives

There are two types of Advance Directives:

1. Living Will: This lets our member tell their doctor about their future health care in case they cannot make their own decisions because they are sick. This becomes active only if the member is unable to make their own decisions.
2. Durable Power of Attorney: Another person is able to make decisions for the member if they are ever not able to make decisions for themselves. This person can start making decisions for the member when they are unable to make their own medical decisions due to any illness or injury (not only life threatening ones).
 - a. The Durable Power of Attorney for Health Care is an important legal paper. It is very important that the member understands what it says before signing a Durable Power of Attorney for Health Care. Unless the member specifically states otherwise, this paper gives all medical decision-making powers to the person assigned regardless of religious or moral beliefs. The person assigned is called the member's "agent." The agent has power over all medical decisions made for the member while they are not able to make these decisions for themselves.



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Complaints and Appeals

Provider Appeals

A request for reconsideration of a previously dispositioned claim.

- Complete Denial of Claim
- Partial Denial of Claim

How to Submit

- Fax: 915-298-7872
- Web Portal
- Email: Complaints&AppealsTeam@elpasohealth.com
- Mail : El Paso Health
Complaints and Appeals Dept.
1145 Westmoreland Drive
El Paso, TX 79925

What to Submit

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

Provider Appeal Levels

- Level 1
 - Acknowledgment Letter w/in 5 business days
 - Resolution Letter w/in 30 calendar days
 - Don't agree with outcome?
- Level 2
 - Acknowledgment Letter w/in 5 business days
 - Resolution Letter w/in 30 calendar days.

(Provider Appeals Process has been **Exhausted**)
- Submit a Complaint to:
 1. Follow EPH's Provider Appeals Process (Level 1 & Level 2)
 2. HHSC (STAR+PLUS)



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Special Investigations Unit (SIU)

SIU Team Purpose

Texas requires all Managed Care Organizations like El Paso Health to establish a plan to prevent and detect Waste, Abuse, and Fraud (WAF).

This plan is carried out by El Paso Health's Special Investigations Unit (SIU).

El Paso Health SIU Team conducts monthly audits of our network providers and members.

We will request Medical records for review to prevent FWA in accordance with Texas Administrative Code.



What We Look For

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

- **Documentation**

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

- **Billing and Reimbursement Compliance**

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

- **Authorizations**

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

- **Staffing**

- Review whether the facility maintains adequate staffing levels and whether staff qualifications meet required standards.

Medical Records Request

We will send providers the request for medical records as follows:

- 1st request faxed with a 4 week deadline.
- If no response within 2 weeks, 2nd request faxed and provider is called.
 - Given same deadline date as the first request.
- If no response within 1 week, final request faxed and contact with provider is made.
 - Same deadline date as first request.



Please make sure you and/or your Third Party Biller handle a records request with urgency.

Extension may be granted but **must be requested in writing before the Records Request due date. (email is ok)**

Failure to submit records results in an automatic recoupment that is not appealable.



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



Date

[Provider Name]

[Provider Mailing Address]

[Provider City, State Zip Code]

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

Dear [Provider],

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

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

El Paso Health as a Payor, is a Covered Entity as defined by HIPAA, and all past and current members are provided with a HIPAA Privacy Notice upon enrollment, therefore, Protected Health Information (PHI) may be released to a Covered Entity without a release from the member/patient for treatment, payment or health care operations under the Health Insurance Portability and Accountability Act (HIPAA).

Please adhere to the following directions when photocopying, packaging, and mailing the requested records:

1) Complete copies should include specific records to support the services provided. Send complete records to support the claims billed for each member. It may include but not be limited to the following:

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

Medical Records Request Letter Sample



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External Audits

Please keep in mind that **HHSC Office of Inspector General (OIG)** and **Office of Attorney General (OAG)** conduct their own independent audits.

- EPH is not involved with these audits.
- Make sure you check the letterhead to see who is requesting medical records.



Methods to Submit Medical Records

Fax: 915-225-1170

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

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



Missing Medical Records

It is important to send the entire medical record as requested.

When submitting records, if any detail is left out, the entire claim may be recouped for insufficient documentation.

Some examples include:

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



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

After attestation signature, additional records will not be accepted.



Remember.....

If It's not
documented
It didn't
happen

Closing the Review



Providers office will be notified of the audit findings once the review is completed.

You have the right to dispute/appeal the findings within 30 days of notification.

- The dispute/appeal will be handled by the SIU team.
 - The review of appeal for the Audit is not handled by the Complaints & Appeals Department or any other department at El Paso Health.
- You may not dispute claims for which you did not provide any documentation.

After 30 days or the appeal review, EPH will begin recoupments via claims adjustments unless the provider requests to send a check or set up a payment plan.

SIU Contact Information

When in
doubt,
reach out!

Vanessa Berrios, Director of Compliance
(915) 298-7198 ext.1040
vberrios@elpasohealth.com

Alina Macias, SIU Claims Auditor
(915) 298-7198 ext. 1108
amacias@elpasohealth.com

Jennifer Herrera, SIU Assistant
(915) 298-7198 ext.1228
jherrera2@elpasohealth.com

SIU Contact Information

Waste, Fraud, Abuse Hotlines:

El Paso Health

1-866-356-8395

Office of the Inspector General

1-800-447-8477

Office of the Attorney General (State Auditors Office)

1-800-735-2989

Questions??

Thanks for Joining Us





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For more information:



(915) 532-3778



www.elpasohealth.com

