

About Your Health

Provider Newsletter

Winter • 2026



Supporting member health this fall: A collaborative approach

As we enter the fall season, our health plan is focused on promoting preventive care and addressing seasonal health needs for our members. We're asking our valued Provider partners to join us in this effort by leveraging routine medical appointments to identify opportunities for early intervention, care coordination, and member education.



Key areas of focus

Immunizations: Please ensure that members are offered flu vaccines and other age-appropriate immunizations during visits. Timely vaccination helps reduce avoidable hospitalizations and supports community health.

Chronic condition management: Fall is an ideal time to review care plans, medication adherence, and follow-up needs for members with chronic conditions such as diabetes, asthma, and cardiovascular disease.

Behavioral health screening: Seasonal changes can impact mental health. We encourage Providers to screen for depression, anxiety, and substance use and refer members to appropriate behavioral health services when needed.

Social determinants of health: As colder weather approaches, please assess

members for housing stability, food access, and transportation challenges. Identifying these needs early allows our care teams to provide timely support.

Care gap closure: Help us close gaps in care by ensuring that members receive recommended screenings, annual wellness visits, and follow-up services. Accurate documentation and coding are essential to reflect the care provided.

Member engagement: Providers play a key role in connecting members to health plan resources such as nurse advice lines, transportation benefits, and wellness programs. Please share these tools during appointments when appropriate.

Together, we can make a meaningful impact on member health this season. Thank you for your continued partnership and commitment to quality care.

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Billing for dual-eligible members

When billing for members covered by both Medicare and Medicaid, accurate coordination between payers ensures timely reimbursement and fewer denials. Follow these key practices to streamline your process.

1. Verify eligibility monthly

Dual-eligible members may experience coverage changes. Before submitting claims, confirm Medicare and Medicaid eligibility, plan enrollment, and covered services using the El Paso Health Provider portal or clearinghouse tools.

2. Bill Medicare first

Medicare (or the Medicare Advantage plan) is usually primary. Once processed, submit the Medicare Remittance Advice (RA) or 835 file with your secondary claim to Medicaid or the MCO. Ensure that line items match between submissions.

3. Know what Medicare doesn't cover

Services such as Targeted Case Management (TCM), long-term care, and certain behavioral health or home-based services are billed directly to Medicaid as the primary payer.

4. Include denial or payment details

If Medicare denies a claim, include denial information (e.g., CO-109) with your MCO submission to prevent "Other Insurance Coverage" or "Provider Liability" denials.



5. Avoid Provider Liability denials

Ensure prior authorizations, proper documentation, and correct modifiers or place-of-service codes are included.

Stay current with policy updates and Provider bulletins to avoid delays. For recurring issues or questions, contact your Provider Relations Representative or Claims Department. Together, we can ensure members receive the care they need and you receive timely payment.

Special services for children of traveling farmworkers

El Paso Health has special Medicaid services for the children of traveling farmworkers. The services include assistance with scheduling their upcoming Texas Health Steps exams, as well as vision, mental health, and transportation benefits for them. If you have any questions or would like to receive more information about these services for children of traveling farmworkers or would like for the program coordinator to provide an in-service to your staff, please call the Outreach Coordinator at 915-532-3778, ext. 1075.

Where to call for STAR+PLUS authorizations

Calling El Paso Health for your authorization inquiries is simple. You can reach us at 1-833-742-3127, listen to the prompts, and choose from the following selections:

Press 3 for Providers.

Press 3 for Long-Term Services and Supports (LTSS) authorizations.

Press 4 for all other authorizations, including acute care authorizations.

It is important for you to select the correct prompt to avoid longer wait times and avoid being transferred multiple times.

El Paso Health thanks you for your partnership, and we look forward to continuing working together!



Keep your directory information up-to-date

Maintaining accurate and current directory information is crucial, not only for smooth administrative processes but also for ensuring that our patients can easily access your services and that your claims are processed without delay.

Why is keeping your directory information accurate so important?

Patient access: Accurate contact information, including phone numbers, addresses, office hours, and specialties, helps patients find and reach you without frustration or confusion.

Compliance: HHSC and CMS regulations require up-to-date provider directories. Errors can lead to compliance issues or penalties.

Improved care coordination: Updated information helps ensure patients are referred correctly and receive timely care.

What should you review and update regularly?

- Office address and phone numbers.
- Office hours and appointment availability.
- Provider specialties and credentials.
- Any changes to billing or administrative contacts.

How to update your information

Please take a moment to review your current directory listing through our online Provider directory on the El Paso Health website. If you notice any discrepancies or have recent changes, promptly update your information or reach out to our Provider Relations team for assistance at providerservicesdg@elpasohealth.com

Your attention to this detail supports a better patient experience, smoother claims processing, and efficient communication between all parties.

Multidisciplinary clinics at El Paso Children's Multispecialty Center

Children with complex medical conditions require special care from several specialists and surgeons. This is challenging for most parents, who often miss several days of work to take their child to multiple visits. The El Paso Children's Hospital has adopted a model of care where the child comes to one visit and receives care from a variety of specialists and their care team!

Here are the current multidisciplinary clinics available at El Paso Children's Multispecialty Center, located at 5400 Alameda Ave., with several more clinics coming soon! For more information, visit elpasochildrens.org/locations/multispecialty-center or call 915-242-8402.



MULTIDISCIPLINARY CLINIC	CARE TEAM
Cranial Facial Clinic	Oral and maxillofacial surgery (OMFS), neurosurgery, orthodontics, dental, nutrition, occupational therapy, social work
Brachial Plexus Clinic	Plastic surgery, neurosurgery, occupational therapy, social work, orthotics
Spina Bifida Clinic	Urologist, neurosurgery, orthopedic surgery, speech-language pathology, dietary, occupational therapy / physical therapy
Cystic Fibrosis Clinic	Pulmonology, gastroenterology (GI), respiratory therapy, occupational therapy / physical therapy, social work / case management
Vascular Anomalies Clinic	Dermatology, interventional radiology, OMFS
Aerodigestive Clinic	Otolaryngology (ENT), gastroenterology (GI), pulmonology, speech-language pathology, nutrition, social work
Hearing Loss Clinic	Otolaryngology (ENT), audiology, rehab, social work / case management
Concussion Clinic	Neurology, neurosurgery, otolaryngology (ENT), audiology, rehab, social work / case management
Asthma Clinic	Allergy, respiratory therapy, dietary
Scoliosis Clinic	Orthopedic surgery, rehab, social work
Musculoskeletal Tumor Clinic	Orthopedic surgery, rehab, social work
Lipid Clinic	Cardiology, genetics, dietary, lab, case management
Plagiocephaly Clinic	Neurosurgery, OMFS



Telehealth the right way: What Providers need to know

Telehealth is now a regular part of care for STAR and CHIP members. It saves time for patients and helps providers reach families where they are. To keep claims clean and avoid compliance issues, follow these key steps.

Use secure systems

Telehealth visits must use a secure, HIPAA-compliant platform. Apps like FaceTime or social media video calls do not meet Medicaid standards.

Document consent

Consent for telehealth must be recorded in the medical record. For children, parent or guardian consent is required before the visit.

Capture details in the note

A telehealth visit should be documented just like an in-person visit: history; medications; exam findings, when

appropriate; plan; and follow-up. Always include the modality (video or phone).

Use the right codes

■ **Place of service:** Use the correct POS for the member's location, such as POS 02 or POS 10.

■ **Modifiers:** Use modifier 95 for most synchronous telehealth services. For audio-only visits, use modifier 93 or FQ, as appropriate.

Avoid common pitfalls

Recent reviews found errors such as:

- Wrong POS codes.
- Missing modifiers.
- No record of consent.

These gaps increase audit risk and can lead to recoupments.

By following TMPPM standards, providers can deliver safe care through telehealth while protecting Medicaid from fraud, waste, and abuse.

HEDIS is coming soon!

The Healthcare Effectiveness Data and Information Set (HEDIS) is one of health care's most-used performance improvement tools, and it is just around the corner. HEDIS season is scheduled to kick off in January 2026. This is your opportunity to make sure that your documentation highlights the care that you provide to our members.

You will be receiving official medical records requests from EPH through our Provider portal. Medical record requests are sent out to our network Providers to obtain medical records for data that has not been captured in claims. Once you are ready, you can submit the medical records, and you will have four options to choose from:

- Secure fax
- Mail
- Secure email
- Pick-up

Please consider using electronic data sharing, as this facilitates the process. Also, please submit requested records as soon as possible. Deadlines for medical record review come faster than you think! If you have any questions, please feel free to contact the Quality Improvement Department or Provider Relations Department at **915-532-3778**.



Member Services 1-877-532-3778

ABOUT YOUR HEALTH is published as a service for members of the EL PASO HEALTH Provider network.

EL PASO HEALTH Executive Offices are located at 1145 Westmoreland Drive, El Paso, TX 79925, **915-532-3778** or **1-877-532-3778**, elpasohealth.com.

Information in ABOUT YOUR HEALTH comes from a wide range of medical experts. If you have any concerns or questions about specific content in this newsletter, call **1-877-532-3778**. Models may be used in photos and illustrations.