

# Welcome Providers



August 27, 2015

**TEXAS** ★ **STAR**  
PROGRAM  
Your Health Plan ■ Your Choice

 **CHIP** We've got your  
kids covered.

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*Health Plans, inc.*

# Agenda

- **Provider Relations:** [Federal Mandate Re-enrollment, ICD-10 Transition, Pharmacy Services](#)
- **C.A.R.E.:** [THSteps Updates](#) , [Migrant Overview](#)
- **Health Services:** [Prior Authorization Form](#) & [Pharmacy Update](#)
- **Claims:** [ICD-10](#) & [Claim Submission](#)
- **Compliance:** [Complaints and Appeals Process](#)  
[Special Investigations Unit](#)
- **Contracting:** [Overview](#)
- **Member Services:** [Verifying Eligibility & Value-Added Services](#)

# **Provider Relations Updates: Federal Mandate Re-enrollment, ICD-10 Transition, Pharmacy Services**

Stacy Arrieta  
Provider Relations Representative

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# Affordable Care Act Federal Mandate RE-Enrollment

- All providers must revalidate their enrollment information every three to five years.
- The frequency depends on the provider type.
- CMS requires that states complete the initial re-enrollment of all providers by **March 24, 2016**.
- Providers should submit their provider enrollment application now. This will allow to resolve unexpected issues that may come up during the enrollment process. All Providers must be enrolled by March 2016.
- Any Medicaid providers enrolled *prior to* January 1, 2013, **must** be fully re-enrolled by **March 24, 2016**.

# Providers NOT – re-enrolled by March 24, 2016

- **Interruption in reimbursement** for Medicaid services the provider is not actively enrolled.
- **Denial of claims** for Medicaid services indicating that the provider is not actively enrolled.
- **Removal of managed organizations** (MCO) or dental maintenance organization (DMO) networks.

\* *Providers must be enrolled in Texas Medicaid before they can be contracted and credentialed by an MCO and DMO.*

# Additional Guidance

<http://www.tmhp.com/Pages/Topics/ACA.aspx> please review the following helpful information on:

- **Affordable Care Act FAQs** - provides insight on questions regarding enrollment “e.g.” **multiple TPIs**, Online Provider Enrollment Portal (PEP), time frames, risk factors and much more
- **Provider Types Required to Pay Application Fee** – table displays which Medicaid and CSHCN Services Program provider types are required to pay the application fee upon initial enrollment, re-enrollment, and enrollment of an additional practice location.
- **Provider Enrollment Electronic Signature Instructions**
- **Quick Tips to Avoid Common Provider Enrollment Deficiencies** – suggestions for a clean application submission and avoid delays for additional and missing information

# Additional Guidance Cont.

- [TMHP Provider Re-enrollment page](#)
- Provider Enrollment Representative:  
1-800-925-9126, Option 2
- TMHP-CSHCN Services Program Contact Center:  
1-800-568-2413
- Email at – [PE-Email@tmhp.com](mailto:PE-Email@tmhp.com)

# ICD-10 Transition Expectations

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- All providers must use ICD-10 starting 10/01/2015.
  - *NOTE: Claims with date of service and/or discharge prior to October 1st will be submitted with ICD-9 codes even if they are submitted on or after October 1st.*
- No grace period for implementation.
- Exception projects will not be considered.

# ICD-10 Resources

- El Paso First ICD-10 mapping tool available on the Web Portal.
- Mapping tool applies to El Paso First only.
- Providers may call the following departments:
  - Claims Provider Care Unit
  - Health Services Prior Authorization
  - Provider Relations Representative

# Web Portal Mapping Tool

The screenshot displays the 'Preferred Administrators' web portal interface. On the left is a navigation menu with links such as 'Home', 'Patient Inquiry', 'Claim Center', 'Medical Management', 'Provider Directories', 'Change Password', 'Change Plan-Program', 'Log Off', and 'Log In Again'. The main content area is titled 'Provider Home' and includes sections for 'Provider Snapshot', 'Mailing Address', 'Associated Providers', and 'Contact Us'. A red arrow points from the 'Associated Providers' section to the 'ICD9 To ICD10 Mapping' link in the 'ICD10 Resources' section. The 'ICD10 Resources' section also features a 'Countdown To ICD10' timer showing 79 days, 7 hours, 7 minutes, and 47 seconds. Other sections include 'Manage Patients' and 'Claims and Services'.

**Preferred ADMINISTRATORS**

Home  
Patient Inquiry  
Claim Center  
Medical Management  
Provider Directories  
Change Password  
Change Plan-Program  
Log Off  
Log In Again

El Paso First Health Plans, Inc.

**Provider Home** [Print this page](#)

**Provider Snapshot**

Provider:  
ID:  
NPI:  
Type:  
Speciality:  
Languages:  
Physical Location

**Mailing Address**

[Associated Providers](#)

**Contact Us**

[Contact Customer Service](#)

If you have questions or need assistance:  
Contact the Provider Relations Department at 915-532-3778

**Manage Patients**

- [Find a Patient or Member](#)
- [Submit Amended Authorizations](#)
- [Submit an Inpatient Hospital Notification](#)
- [Submit an Outpatient Authorization Request](#)

**Claims and Services**

- [View Recent Claims](#)
- [View Outpatient Services](#)
- [View Inpatient Stays](#)
- [Submit Professional Claim](#)
- [Submit Corrected Claims](#)
- [Submit Facility Claim via TexMedConnect \(TMC\)](#)
- [How to submit claims using TMC](#)
- [Provider Appeals](#)

**ICD10 Resources**

- [ICD9 To ICD10 Mapping](#)

**Countdown To ICD10**

79	7	7	47
Days	Hours	Minutes	Seconds

**Provider Look-up**

- [Provider Directories](#)

# ICD 9 to ICD 10 Mapping



## ICD9 To ICD10 Mapping

Enter a ICD9 diagnosis code or a ICD9 procedure code:

Search

ICD9 Code	ICD9 Description	ICD10 Code	ICD10 Description
314.00	ATTENTION DEFICIT DISORDER WITHOUT MENTION OF HYPERACTIVITY	F90.9	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE
314.01	ATTENTION DEFICIT DISORDER WITH HYPERACTIVITY	F90.0	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INAT
		F90.1	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY HYPE
		F90.2	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE
		F90.8	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE
		F90.9	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE
314.1	HYPERKINESIS OF CHILDHOOD WITH DEVELOPMENTAL DELAY	F90.8	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE
314.2	HYPERKINETIC CONDUCT DISORDER OF CHILDHOOD	F90.8	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE
314.8	OTHER SPECIFIED MANIFESTATIONS OF HYPERKINETIC SYNDROME OF C	F90.8	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE
314.9	UNSPECIFIED HYPERKINETIC SYNDROME	F90.9	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE

# Resources: CMS



<http://cms.gov/Medicare/Coding/ICD10/index.html>

## **Road to 10: CMS Online Tool for Small Practices**

Jumpstart your ICD-10 transition with Road to 10, <http://www.roadto10.org/>, an online resource built with input from providers in small practices. “Road to 10” includes specialty references and helps providers build ICD-10 action plans tailored for their practice needs.

## **CMS ICD-10 Quick Start Guide**

Quick Start Guide outlines 5 steps health care professionals should take to prepare for ICD-10 by the October 1, 2015, compliance date. Additional resources are also available on the [Provider Resources](http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html) <http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>

# Resources: TMHP



<http://www.tmhp.com/Pages/CodeUpdates/ICD-10.aspx>

## ICD-10 benefit changes for Texas Medicaid and the CSHCN Services Program

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

Providers are encouraged to monitor this website for benefit changes related to ICD-10 as they become available. The Benefits website contains information by service type.

# Additional Resources



<https://www.aapc.com/icd-10/>

ICD-10 transition will affect every aspect of your practice. Learning a new code set and upgrading your software is only the beginning.  
ICD-10 Training by Position: Coder/Auditor, Practice Manager/Admin, Physician



<http://www.ahima.org/>

Achieving ICD-10-CM/PCS Compliance in 2015: Staying the Course for Better Healthcare  
ICD-10 Implementation Tool kit  
ICD-10 Preparation Checklist CMS Road To 10 Resources MLN Connects  
ICD-10 Coding Basics Video  
ICD-10 Playbook Top  
ICD-10-CM/PCS Questions

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# Pharmacy Services

You may access the current HHSC drug formulary on the Texas Medicaid / CHIP Vendor Drug Program

[www.txvendordrug.com](http://www.txvendordrug.com)

Texas Medicaid/CHIP  
VENDOR DRUG PROGRAM

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Search Texas Drug Code Formulary Search  
Preferred Drugs LHHS and Vitamin/Mineral Product Search  
Vitamin and Mineral Products Texas Women's Health Search  
Limited Home Health Supplies Enhanced Formulary  
Specialty Drugs Epocrates  
Clinician-Administered Drugs  
Long-acting Reversible Contraception Products  
Durable Medical Equipment Limited text file  
Drug Rebates

sign up for e-mail updates

Resources

- Preferred Drug List
- Drug Utilization Review
- Clinical Edits
- Advisory Committees
- Drug Rebates
- Downloads

**Formulary Information**

**Overview**

The Texas Drug Code Formulary covers more than 32,000 line items of drugs including single source and multi source (generic) products. The Vendor Drug Program only reimburses pharmacy providers for outpatient prescription drugs.

**Certain Vitamins and Minerals Are CCP Benefit**

Certain vitamin and mineral products prescribed or ordered by a physician to treat various conditions will be a benefit of Texas Medicaid through the Texas Medicaid Children's Comprehensive Care Program (CCP) for clients who are 20 years of age and younger. The certain vitamin and mineral products will be billed to TMHP, manually priced, and will be a benefit when they are prior authorized and submitted with the corresponding procedure code and state-

For list of vitamin and minerals, procedure codes, and

# Formulary / Texas Vendor Drug Program

## Texas Medicaid/CHIP VENDOR DRUG PROGRAM

About ▾ News ▾ Providers ▾ Formulary ▾ Preferred Drug List ▾ Drug Use Review ▾ Managed Care ▾ Reports ▾ Downloads

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### Texas Drug Code Index Formulary Search

#### About

This search identifies products that are part of the Vendor Drug Program Medicaid, CHIP, KHC and CSHCN formularies.

[Download this formulary](#)  
(updated 08/03/15)

If this Vendor Drug search is unavailable please contact the Vendor Drug Pharmacy Resolution Help Desk.

Search by:

National Drug Code (NDC):

Drug Name/Description:

PDL Therapeutic Class  
Select... ▾



#### Instructions

Enter either a part of or the whole 11-digit National Drug Code (NDC) or product name to receive information on covered products such as [package size](#) and whether the product requires a [preferred drug](#) and [Prior Authorization](#). On the returned results, click the "Drug Name/Description" for additional information such as coverage dates for all programs, package size, units, and pricing.

When searching by "Drug Name/Description", the string of letters entered will return all records that match that string. For example, a search of "Act" will return records for "Actonel" through "Actos." To capture all records, enter the "%" (percent) symbol as your criteria in any field. If your search does not produce the expected results, re-enter the criteria making it less specific, such as entering only the first letter of the item.

Sometimes web browsers show old data in search results. To ensure that your browser shows the most up-to-date version of a webpage, hold the SHIFT key down on the keyboard and, at the same time, use the mouse to click the refresh/reload icon in your browser. This will force the browser to go to the Internet and get a fresh copy of the data.

## Texas Medicaid/CHIP VENDOR DRUG PROGRAM

About ▾ News ▾ Providers ▾ Formulary ▾ Preferred Drug List ▾ Drug Use Review ▾ Managed Care ▾ Reports ▾ Downloads

★ sign up for [e-mail updates](#)

### Preferred Drugs

#### Overview

Preferred drugs are medications recommended by the Texas Pharmaceutical & Therapeutics (P&T) Committee for their efficaciousness, clinical significance, cost effectiveness, and safety for clients.

The Preferred Drug List (PDL) is published every January and July.

#### About Preferred Drugs

All currently approved products on the [Texas Medicaid Formulary](#) are available to all Medicaid clients.

Preferred products are available without authorization. Authorization for non-preferred products requires the prescribing provider or provider representative calling the appropriate authorization authority:

- Contact the [Texas Prior Authorization Call Center](#) for Medicaid fee-for-service clients.
- Prior authorization call centers vary by [managed care health plan](#). The [Prescriber Assistance Chart \(PDF\)](#) identifies prior authorization and member call center phone numbers for each plan.

Approved requests for authorization are valid for one year.

Certain groups of clients based on age or other criteria may be exempt from PDL requirements.

We encourage all pharmacy staff to review the [72-hour emergency prescription override instructions](#), to post in your pharmacy for easy reference, and to reproduce this information for educational purposes with your staff. The 72-hour override applies to clients enrolled in either fee-for-service or [Medicaid managed care](#).

The PDL is also available through [Eprocaters](#).

#### Preferred Drug List

- [July 23, 2015 PDL and PA Criteria \(PDF\)](#) - (Released July 9)
- [January 22, 2015 PDL and PA Criteria \(PDF\)](#) (revised Apr. 30, 2015)
- [July 17, 2014 PDL and PA Criteria \(PDF\)](#) (Revised Nov. 14, 2014)
- [January 15, 2014 PDL and PA Criteria \(PDF\)](#) (Revised May 2, 2014)

# Formulary / Texas Vendor Drug Program

## Continued

HEALTH AND HUMAN SERVICES COMMISSION  
 TEXAS MEDICAID PREFERRED DRUG LIST (PDL) and PRIOR AUTHORIZATION (PA) CRITERIA  
 Effective July 23, 2015

IMMUNOMODULATORS, ATOPIC DERMATITIS		
Preferred Agents	Non-Preferred Agents	PA Criteria
	ELIDEL ( <i>pimecrolimus</i> ) PROTOPIC ( <i>tacrolimus</i> )	<ul style="list-style-type: none"> <li>Treatment failure with preferred drugs within any subclass</li> <li>Contraindication to preferred drugs</li> <li>Allergic reaction to preferred drugs</li> </ul>

IMMUNOSUPPRESSIVES, ORAL			
Preferred Agents	Non-Preferred Agents	PA Criteria	
azathioprine <sup>PPG</sup> cyclosporine, modified mycophenolate mofetil capsules, tablets NEORAL (cyclosporine, modified) capsules PROGRAF (tacrolimus) RAPAMUNE (sirolimus)	ASTAGRAF XL ( <i>tacrolimus</i> ) AZASAN ( <i>azathioprine</i> ) CELLCEPT ( <i>mycophenolate mofetil</i> ) cyclosporine IMURAN ( <i>azathioprine</i> ) mycophenolic acid MYFORTIC ( <i>mycophenolic acid</i> )	NEORAL ( <i>cyclosporine, modified</i> ) solution SANDIMMUNE ( <i>cyclosporine</i> ) sirolimus tacrolimus ZORTRESS ( <i>everolimus</i> )	<ul style="list-style-type: none"> <li>Treatment failure with preferred drugs within any subclass</li> <li>Contraindication to preferred drugs</li> <li>Allergic reaction to preferred drugs</li> </ul>

INTRANASAL RHINITIS AGENTS			
Preferred Agents	Non-Preferred Agents	PA Criteria	
Glucocorticoids			
fluticasone NASONEX (mometasone)	BECONASE AQ ( <i>beclomethasone</i> ) budesonide FLONASE ( <i>fluticasone</i> ) FLONASE OTC ( <i>fluticasone</i> ) flunisolide NASACORT OTC ( <i>triamcinolone</i> ) NASACORT AQ ( <i>triamcinolone</i> ) OMNARIS ( <i>ciclesonide</i> )	QNASL ( <i>beclomethasone</i> <i>dipropionate</i> ) RHINOCORT AQUA ( <i>budesonide</i> ) triamcinolone VERAMYST ( <i>fluticasone</i> <i>furoate</i> )isolide) ZETONNA ( <i>ciclesonide</i> )	<ul style="list-style-type: none"> <li>Treatment failure with preferred drugs within any subclass</li> <li>Contraindication to preferred drugs</li> <li>Allergic reaction to preferred drugs</li> </ul>

# Formulary /Navitus

- The HHSC formulary is also accessible on the Navitus website.
- Navitus is the Pharmacy Benefits Manager for EL Paso First Health Plans.

[www.navitus.com](http://www.navitus.com)

The screenshot shows the Navitus website homepage. At the top right, there is a navigation bar with links: WHY NAVITUS, ABOUT US, SUCCESS STORIES, NEWS & EVENTS, and DRUG RECALLS. Below this, the main header features the Navitus logo on the left and the tagline "SHARE A CLEAR VIEW® FULL PASS-THROUGH PHARMACY BENEFIT SOLUTIONS" on the right. A secondary navigation bar includes: MEMBERS, PLAN SPONSORS, PHARMACIES, PRESCRIBERS, PARTNERS, and MARKET SOLUTIONS. The "PHARMACIES" menu is expanded, showing a list of options: Credentialing, How to Join Our Network, Pharmacy Contract Contacts, Pharmacy FAQs, Prior Authorization, Specialty Pharmacy, and Pricing Research Request Form. The main content area has a large "WELCOME" heading. Below it, there is a section titled "Introducing Lumicera!" with a sub-heading "Navitus is proud to announce our Texas Medicaid STAR/CHIP opening of its specialty pharmacy, Lumicera Health Services. Lumicera builds upon Navitus' commitment to comprehensively address the total cost of care for its clients by providing a fully integrated specialty pharmacy offering." An orange arrow points from the "PHARMACIES" menu item to the "Texas Medicaid STAR/CHIP" text. At the bottom of this section, it says "Please see the [press release](#) for more information." The Lumicera Health Services logo is also visible.



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

You may choose the  
CHIP or STAR formulary

Texas Medicaid  
STAR/CHIP

Main Page

Clinical Edits

Formulary

Pharmacy Directory

Prior Authorization Forms

Synagis

### Texas Medicaid STAR/CHIP Formulary

The Texas Managed Medicaid STAR/CHIP formulary, including the Preferred Drug List and any clinical edits, is defined by the Texas Vendor Drug Program.

Please click on the link(s) below to view the formulary documents.

Name	File Size
<a href="#">Texas Medicaid CHIP Formulary (PDF)</a>	14 MB
<a href="#">Texas Medicaid STAR Formulary (PDF)</a>	14 MB



TEXAS STAR COMPLETE FORMULARY

Last Updated 07/27/2015

	NDC NAME	TIER	PDL STATUS	MARKET BASKET ID	DRUG EDIT	PUBLISHING NOTE	PA FORM	EXPIRATION DATE	CLASS
00781613595	PENICILLN GK INJ 5MU	GENERIC						12/31/2222	NATURAL PENICILLINS
00049052022	PFIZERPEN-G INJ 5MU	GENERIC						12/31/2222	NATURAL PENICILLINS
00049052083	PFIZERPEN-G INJ 5MU	GENERIC						12/31/2222	NATURAL PENICILLINS
44567031201	PENICILLN GK INJ 20MU	GENERIC						12/31/2222	NATURAL PENICILLINS
00781613694	PENICILLN GK INJ 20MU	GENERIC						12/31/2222	NATURAL PENICILLINS
00049053022	PFIZERPEN-G INJ 20MU	BRAND						12/31/2222	NATURAL PENICILLINS
00049053028	PFIZERPEN-G INJ 20MU	BRAND						12/31/2222	NATURAL PENICILLINS
00338102141	PENICILL GK/ INJ DEX 1MU	BRAND						12/31/2222	NATURAL PENICILLINS
00338102341	PENICILL GK/ INJ DEX 2MU	BRAND						12/31/2222	NATURAL PENICILLINS
00338102541	PENICILL GK/ INJ DEX 3MU	BRAND						12/31/2222	NATURAL PENICILLINS
00781615395	PEN G SOD INJ 5000000	BRAND						12/31/2222	NATURAL PENICILLINS
60793070010	BICILLIN L-A INJ 600000	BRAND						12/31/2222	NATURAL PENICILLINS
60793070110	BICILLIN L-A INJ 1200000	BRAND						12/31/2222	NATURAL PENICILLINS
60793070210	BICILLIN L-A INJ 2400000	BRAND						12/31/2222	NATURAL PENICILLINS
60793013010	PEN G PROC INJ 600000	BRAND						12/31/2222	NATURAL PENICILLINS
60793013110	PEN G PROC INJ 600000	BRAND						12/31/2222	NATURAL PENICILLINS
57237004001	PENICILLN VK TAB 250MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
57237004099	PENICILLN VK TAB 250MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
00093117201	PENICILLN VK TAB 250MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
00093117210	PENICILLN VK TAB 250MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
00781120501	PENICILLN VK TAB 250MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
00781120510	PENICILLN VK TAB 250MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
16714023401	PENICILLN VK TAB 250MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
16714023402	PENICILLN VK TAB 250MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
59762153401	PENICILLN VK TAB 250MG	GENERIC	PDL	MKID_209				11/30/2014	NATURAL PENICILLINS
59762153402	PENICILLN VK TAB 250MG	GENERIC	PDL	MKID_209				11/30/2014	NATURAL PENICILLINS
65862017501	PENICILLN VK TAB 250MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
65862017599	PENICILLN VK TAB 250MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
67253020010	PENICILLN VK TAB 250MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
67253020011	PENICILLN VK TAB 250MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
67253020111	PENICILLN VK TAB 500MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
57237004101	PENICILLN VK TAB 500MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
57237004105	PENICILLN VK TAB 500MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
57237004199	PENICILLN VK TAB 500MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
00093117410	PENICILLN VK TAB 500MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
00781165501	PENICILLN VK TAB 500MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
00781165510	PENICILLN VK TAB 500MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
16714023501	PENICILLN VK TAB 500MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
16714023502	PENICILLN VK TAB 500MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS
59762153701	PENICILLN VK TAB 500MG	GENERIC	PDL	MKID_209				11/30/2014	NATURAL PENICILLINS
59762153702	PENICILLN VK TAB 500MG	GENERIC	PDL	MKID_209				11/30/2014	NATURAL PENICILLINS
59762153703	PENICILLN VK TAB 500MG	GENERIC	PDL	MKID_209				01/31/2015	NATURAL PENICILLINS
65862017601	PENICILLN VK TAB 500MG	GENERIC	PDL	MKID_209				12/31/2222	NATURAL PENICILLINS

NAP - No Auto PA

NPD - Non-Preferred Drug List

PDL - Preferred Drug List

LD - Limited Distribution

QL - Quantity Limit

ST - Step Therapy

PA - Prior Authorization

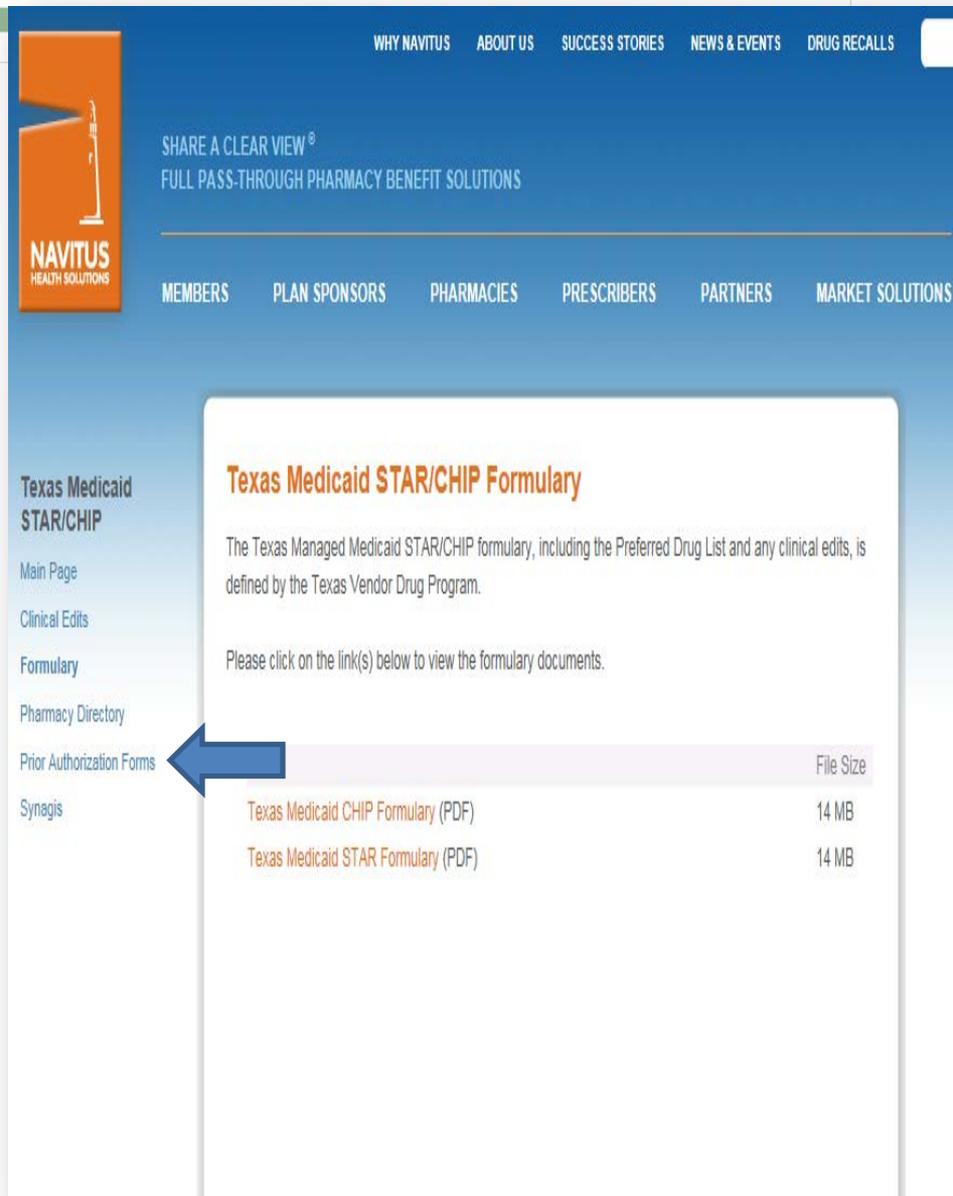
NC - Not Covered

OTC - Over-the-Counter

90DS - 90 Day Supply at Retail Allowed

# Prior Authorization Forms (PA Forms) / Navitus

PA Forms are also  
available on the Navitus  
website



WHY NAVITUS ABOUT US SUCCESS STORIES NEWS & EVENTS DRUG RECALLS

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

NAVITUS  
HEALTH SOLUTIONS

MEMBERS PLAN SPONSORS PHARMACIES PRESCRIBERS PARTNERS MARKET SOLUTIONS

### Texas Medicaid STAR/CHIP

- Main Page
- Clinical Edits
- Formulary
- Pharmacy Directory
- Prior Authorization Forms**
- Synaxis

### Texas Medicaid STAR/CHIP Formulary

The Texas Managed Medicaid STAR/CHIP formulary, including the Preferred Drug List and any clinical edits, is defined by the Texas Vendor Drug Program.

Please click on the link(s) below to view the formulary documents.

	File Size
<a href="#">Texas Medicaid CHIP Formulary (PDF)</a>	14 MB
<a href="#">Texas Medicaid STAR Formulary (PDF)</a>	14 MB

# Prior Authorization Forms (PA Forms) / Navitus

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

NAVITUS HEALTH SOLUTIONS

MEMBERS PLAN SPONSORS PHARMACIES PRESCRIBERS PARTNERS MARKET SOLUTIONS

ACCREDITED PHARMACY BENEFIT MANAGEMENT

Text Size: [ ] [ ] [ ]

Texas Medicaid STAR/CHIP

Main Page  
Clinical Edits  
Formulary  
Pharmacy Directory  
Prior Authorization Forms  
Synagis

## Texas Medicaid STAR/CHIP Prior Authorization Forms

The Texas Managed Medicaid STAR/CHIP formulary, including the Preferred Drug List and any clinical edits, is defined by the Texas Vendor Drug Program.

Please click on the link(s) below to view the prior authorization forms.

Click here for additional Synagis information.

Name	Drug Name	File Size
<a href="#">150mg Aliskiren-Containing Agents (PDF)</a>	AMTURNIDE 150mg, TEKAMLO 150mg, TEKURNA 150mg, TEKURNA HCT 150mg	76 KB
<a href="#">ACTEMRA (PDF)</a>	tocilizumab (ACTEMRA)	96 KB
<a href="#">ACTHAR (PDF)</a>	corticotropin (H.P. ACTHAR)	89 KB
<a href="#">ACTIQ (400, 600, 800, 1200, 1600 mcg) (PDF)</a>	oral transmucosal fentanyl 400mcg, 600mcg, 800mcg, 1200mcg, and 1600mcg (ACTIQ)	77 KB
<a href="#">ACTIQ 200 mcg (PDF)</a>	oral transmucosal fentanyl 200 mcg (ACTIQ)	75 KB
<a href="#">ACTOS (PDF)</a>	pioglitazone (ACTOS)	31 KB
<a href="#">ALDARA (PDF)</a>	imiquimod (ALDARA)	28 KB
<a href="#">ALINIA SUSPENSION (PDF)</a>	niltazovamide oral suspension (ALINIA)	35 KB
<a href="#">ALINIA TABLETS (PDF)</a>	niltazovamide tablets (ALINIA)	37 KB
<a href="#">ALTABAX (PDF)</a>	relapamulin (ALTABAX)	23 KB
<a href="#">AMITIZA 8mcg, 24mcg (PDF)</a>	lubiprostone 8mcg, and 24mcg (AMITIZA)	74 KB
<a href="#">ANTIEMETICS (PDF)</a>	ANZEMET, EMEND, GRANISETRON, SANCUSO	34 KB
<a href="#">ANTIPSYCHOTICS (PDF)</a>	ABILIFY, CHLORPROMAZINE, CLOZAPINE, CLOZARIL, FANAPT, FAZACLO, FLUPHENAZINE, GEODON, HALOPERIDOL, INVEGA, LOXAPINE, MOBAN, NAVANE, ORAP, PERPHENAZINE, RISPERDAL (M), RISPERIDONE, SAPHRIS, SEROQUEL (XR), SYMBYAX, THIORIDAZINE, THIOTHIXENE, TRIFLUOPERAZINE, ZYPREXA (ZYDIS)	61 KB



## TEXAS MEDICAID Clinical Edit Prior Authorization 150mg Aliskiren-Containing Agents (Excluding Valturna)

**STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING**

Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:

**STEP 2: COMPLETE REQUIRED CRITERIA**

Indicate Primary Diagnosis: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

- Is the client greater than or equal to 18 years of age?  
 Yes (Go to #2)  No (Deny)
- Does the client have a diagnosis of hypertension in the last 365 days?  
 Yes (Go to #3)  No (Deny)
- Does the client have a diagnosis of pregnancy in the last 310 days?  
 Yes (Deny)  No (Go to #4)
- Does the client have a diagnosis of renal artery stenosis in the last 365 days?  
 Yes (Deny)  No (Go to #5)
- Does the client have a history of a cyclosporine (Gengraf, Neoral, Sandimmune) or itraconazole (Sporanox) agent in the last 30 days?  
 Yes (Deny)  No (Go to #6)
- Does the client have a diagnosis of diabetes mellitus in the last 730 days?  
 Yes (Go to #7)  No (Go to #8)
- Does the client have a history of an ACEI or ARB agent in the last 30 days?  
 Yes (Deny)  No (Go to #8)
- Is the requested units per day less than or equal ( $\leq$ ) to 2?  
 Yes (Approve – 365 Days)  No (Deny)

**STEP 3: SUBMISSION - SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT:  
855-668-8553 (toll free) or 920-735-5312 (local)**

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If criteria not met, submit chart documentation with form citing complex medical circumstances  
For questions, please call Navitus Customer Care at 1-877-908-6023

# PA for Prescription Drugs and 72-hour Emergency Supplies

- If a prescription can not be filled due to a PA requirement and the prescriber's office can not be reached, the pharmacy can dispense an emergency 72-hour prescription.
- A 72-hour Emergency Supply allows a pharmacy to dispense a 3 day supply of medication, at no cost to member, to allow prescriber time to submit PA.
- The pharmacy is **not required** to dispense medication if the pharmacist determines the prescribed medication would jeopardize the member's health or safety.
- Provider can call the Navitus Provider Hotline at 1-877-908-6023 for PA submission.

# Contact Information



**Stacy Arrieta**  
**Provider Relations Representative**  
sarrieta@epfirst.com  
915-532-3778 ext. 1059

Provider Relations Department  
915-532-3778 ext. 1507

# Texas Health Steps Updates & Reminders

Maritza Lopez, MPH  
Texas Health Steps Coordinator

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

# THSteps Updates

## Periodicity Schedule

- Revised to reflect policy changes effective April 1, 2015.
- Reflects a change to autism screening requirements using the M-CHAT.
- The April 2015 revised version is available for [download in Color](#) [PDF 72KB] and [Black & White](#) [PDF 132KB].

<http://www.dshs.state.tx.us/thsteps/providers.shtm>

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# THSteps Updates

## Notice of Possible Erroneous Newborn Screening Result Reports

- **Issue:**
  - A small number of Duplicate and Revised Newborn Screening reports were generated with incorrect Immunoreactive Trypsinogen (IRT) analyte
  - Results between March 26, 2015 and May 27, 2015.
  - The IRT analyte results are incorrectly reported as “Normal”.
  - New reports showing the correct IRT analyte results have been created.

# THSteps Updates

- **Action:**
  - Please review the IRT analyte results to determine if the report was affected by this issue.
- Corrected reports are available online through the Texas Newborn Screening Web Application (Neometrics)
- Can be requested from Laboratory Reporting by Fax: 512-776-7533 or by Phone: 512-776-7578 Monday-Friday, 8am to 5pm.

**Contact the laboratory for further questions:**

**Monday through Friday, 8am to 5pm, 1-888-963-7111  
extension 7585.**

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*Health Plans, inc.*

# THSteps Reminder

## 5.3.11.3 Immunizations

- Providers must not refer clients to the local health department or other entity for immunization administration.
- Vaccines and toxoids must be obtained from TVFC for clients who are birth through 18 years of age.
- Vaccines that are identified as being distributed through TVFC are not reimbursed separately

# THSteps Reminder

## 5.3.11.6.3 Laboratory Submission

- All required laboratory testing for THSteps clients must be performed by the DSHS Laboratory in Austin, with the following exceptions:
  - type 2 diabetes
  - hyperlipidemia
  - HIV
  - syphilis screening
  - May be sent to the laboratory of a provider's choice or to the DSHS Laboratory in Austin if submission requirements can be met.
- Initial blood lead testing using point-of-care testing.

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

# Contact Information

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

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

# Program for Children of Farm Workers who Travel for Work

Lluvia Acuña

Migrant Outreach Coordinator

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

# Accelerated Services for Children of Farm Workers who Travel for Work

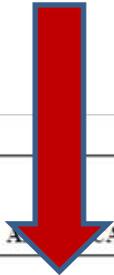
- A State initiative to provide a THSteps checkup and accelerated services to children of farm workers who travel for work due to the uniqueness of the population.
- El Paso First Health Plans cooperates and coordinate with the State, outreach programs and Texas Health Steps regional program staff and agents to ensure prompt delivery of services to Children of Migrant Farm Workers and other migrant populations who may transition into and out of the MCO's Program more rapidly and/or unpredictably than the general population.
- Coordinate with the Migrant Outreach Coordinator for provider education on these services.

# What does Accelerated Services for Children of Farm Workers mean?

- El Paso First must provide accelerated services to FWC Members.
- ***Accelerated Services*** are services that are provided to FWC Members prior to their leaving Texas for work in other states.
  - Accelerated services include the provision of preventive Health Care Services that will be due during the time the FWC Member is out of Texas.
  - The need for accelerated services must be determined on a case-by-case and according to the FWC Member's age, periodicity schedule and health care needs.

# Indicator on Roster

An indicator was introduced to the THSteps Members Due Roster on May 2011.



ROBERTO CANALES MD PA  
EL PASO, TX 79902

ASSOCIATIONS

El Paso First Health Plans, Inc.  
STAR Master Roster - THSteps Due Members Only  
July 2011

Member#	Member Name	Migrant	Age	DOB	Sex	Phone	Address	Effective	THSteps	PCPName
---------	-------------	---------	-----	-----	-----	-------	---------	-----------	---------	---------

# How are CMFW's Identified?

El Paso First partners with more than 20 community agencies that serve this special population. LOC is established as well as a referral process between El Paso First Health Plans and community agencies:

- Ex. Project Vida
- Mexican Consulate
- Las Americas Immigrant Advocacy Center
- TX A&M Colonias Program
- QUAD
- UTEP/EPCC HEP

# How are CMFW's Identified?

## MOU between HHSC & TEA

- HHSC provides us with list of potential migrant members enrolled with El Paso First Health Plans:
- Monthly Migrant P41 Migrant File
- Quarterly HHSC/TEA Migrant Exchange File
- Member Services Referral Form

# Reaching out to Children of Farm Workers

- El Paso First also partners with all 10 school districts in the El Paso & Hudspeth Areas and their Migrant Education Programs
  - Anthony ISD MEP
  - Canutillo ISD MEP
  - Clint ISD MEP
  - Dell City ISD MEP
  - El Paso ISD MEP
  - Fabens ISD MEP
  - Ft. Hancock ISD MEP
  - San Elizario ISD MEP
  - Tornillo ISD MEP
  - Ysleta ISD MEP

# Reaching out to Children of Farm Workers

## Annual School Supply Distribution Health Fairs:

### AT NO COST:

- Health Screenings
- Kids Immunizations
- Health Education and much more!!!!



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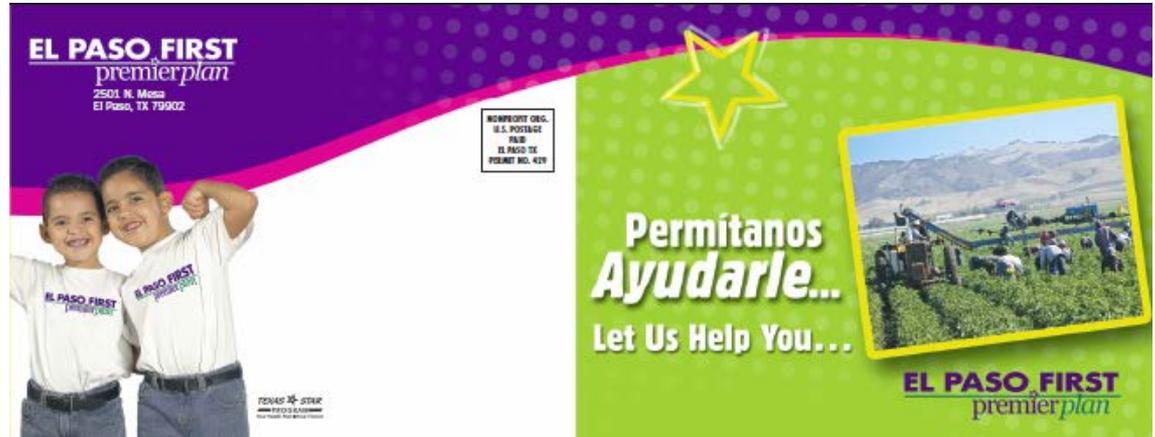
# Reaching out to Children of Farm Workers

## Mobile Food Pantry Distributions



# How do we reach out to CMFW?

- Post cards
- Auto-dialer
- Text Messages
- Educational Posters



<p><b>Estimado miembro, permitanos ayudarle:</b></p> <p>El Plan Premier de El Paso First tiene servicios especiales de Medicaid para niños de trabajadores temporales del campo, por eso nos gustaría saber lo siguiente:</p> <p>¿Es usted un trabajador temporal del campo?          Si <input type="radio"/> No <input type="radio"/></p> <p>¿En la pieza de cebolla, chile, lechuga, tomate, uvas, nueces, etc...?          Si <input type="radio"/> No <input type="radio"/></p> <p>¿Empacando o procesando vegetales, frutas, pescado, pollo, etc...?          Si <input type="radio"/> No <input type="radio"/></p> <p>¿En lechugas, pesca, o matanza, etc...?          Si <input type="radio"/> No <input type="radio"/></p> <p>Si contestó <b>SI</b> a alguna de las preguntas, por favor comuníquese con Lluvia Acuña, Coordinadora Migrante, al <b>(915) 532-3778</b>. Le ayudaremos a recibir servicios rápidos. ¡Gracias por su tiempo!</p> <p>Sinceramente,          Plan Premier de El Paso First</p>	<p><b>Dear member, let us help you:</b></p> <p>El Paso First Premier Plan has special Medicaid services for the children of seasonal farm workers and we would like to know the following:</p> <p>Are you a seasonal worker?          Yes <input type="radio"/> No <input type="radio"/></p> <p>Picking onions, chile, lettuce, tomatoes, grapes, pecans, etc...?          Yes <input type="radio"/> No <input type="radio"/></p> <p>Packing or processing vegetables, fruits, fish, chicken, etc...?          Yes <input type="radio"/> No <input type="radio"/></p> <p>In dairies, fisheries, or slaughtering, etc...?          Yes <input type="radio"/> No <input type="radio"/></p> <p>If you answered <b>YES</b> to any of these questions, please contact Lluvia Acuña, Migrant Coordinator at <b>(915) 532-3778</b>. We will help you receive accelerated services. Thank you for your time!</p> <p>Sincerely,          El Paso First Premier Plan</p>
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# Contact Information

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**Lluvia Acuña**

**Migrant Outreach Coordinator**

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

915-531-3778 ext. 1075

**Adriana Cadena**

**C.A.R.E. Unit Manager**

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

915-532-3778 ext. 1127

# Prior Authorization Form

Gilda Rodriguez, RN  
HS Prior Auth Coordinator

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

# NEW Prior Authorization Forms

## 9/1/2015

- The Texas Department of Insurance (TDI) has adopted a new prior authorization form for health care services.



## Texas Standard Prior Authorization Request Form for Health Care Services

NOFR001 | 0115

Texas Department of Insurance

*Please read all instructions below before completing this form.*

*Please send this request to the issuer from whom you are seeking authorization. **Do not send this form** to the Texas Department of Insurance, the Texas Health and Human Services Commission, or the patient's or subscriber's employer.*

Beginning September 1, 2015, health benefit plan issuers must accept the Texas Standard Prior Authorization Request Form for Health Care Services if the plan requires prior authorization of a health care service.

In addition to commercial issuers, the following public issuers must accept the form: Medicaid, the Medicaid managed care program, the Children's Health Insurance Program (CHIP), and plans covering employees of the state of Texas, most school districts, and The University of Texas and Texas A&M Systems.

**Intended Use:** When an issuer requires prior authorization of a health care service, use this form to request authorization by fax or mail. An issuer may also provide an electronic version of this form on its website that you can complete and submit electronically, via the issuer's portal, to request prior authorization of a health care service.

**Do not use this form to:** 1) request an appeal; 2) confirm eligibility; 3) verify coverage; 4) request a guarantee of payment; 5) ask whether a service requires prior authorization; 6) request prior authorization of a prescription drug; or 7) request a referral to an out of network physician, facility or other health care provider.

### Additional Information and Instructions:

**Section I.** An issuer may have already entered this information on the copy of this form posted on its website.

**Section II. Urgent reviews:** Request an urgent review for a patient with a life-threatening condition, or for a patient who is currently hospitalized, or to authorize treatment following stabilization of an emergency condition. You may also request an urgent review to authorize treatment of an acute injury or illness, if the provider determines that the condition is severe or painful enough to warrant an expedited or urgent review to prevent a serious deterioration of the patient's condition or health.

### Section IV.

- If the Requesting Provider or Facility will also be the Service Provider or Facility, enter "Same."
- If the requesting provider's signature is required, you may not use a signature stamp.
- If the issuer's plan requires the patient to have a primary care provider (PCP), enter the PCP's name and phone number. If the requesting provider is the patient's PCP, enter "Same."

### Section VI.

- Give a brief narrative of medical necessity in this space, or in an attached statement.
- Attach supporting clinical documentation (medical records, progress notes, lab reports, etc.), if needed.

**Note:** Some issuers may require more information or additional forms to process your request. If you think an additional form may be needed, please check the issuer's website before faxing or mailing your request.

If the requesting provider wants to be called directly about missing information needed to process this request, you may include the provider's direct phone number in the space given at the bottom of the request form. Such a phone call cannot be considered a peer-to-peer discussion required by 28 TAC §19.1710. A peer-to-peer discussion must include, at a minimum, the clinical basis for the URA's decision and a description of documentation or evidence, if any, that can be submitted by the provider of record that, on appeal, might lead to a different utilization review decision.

## Instruction Form

- New Texas Standard PA Form Effective September 1<sup>st</sup>, 2015
- Applies to all Health Care Services

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

TEXAS STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

SECTION I — SUBMISSION

Issuer Name: <b>ABC Managed Care Organization</b>	Phone: <b>512-888-8888</b>	Fax: <b>512-999-9999</b>	Date: <b>6-8-2015</b>
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SECTION II — GENERAL INFORMATION

Review Type: <input type="checkbox"/> Non-Urgent <input type="checkbox"/> Urgent	Clinical Reason for Urgency:
Request Type: <input checked="" type="checkbox"/> Initial Request <input type="checkbox"/> Extension/Renewal/Amendment	Prev. Auth. #: <b>1212-5656</b>

SECTION III — PATIENT INFORMATION

Name: <b>John Doe</b>	Phone: <b>512-555-1212</b>	DOB: <b>7-18-1976</b>	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Subscriber Name (if different):	Member or Medicaid ID #: <b>123456789</b>	Group #:	

SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name: <b>AAA Community Center</b>		Name: <b>Targeted C. Manager</b>	
NPI #: <b>1023456789</b>	Specialty: <b>Behavioral Health</b>	NPI #: <b>9912345678</b>	Specialty: <b>Behavioral Health</b>
Phone: <b>512-555-4567</b>	Fax: <b>512-555-6789</b>	Phone: <b>512-787-7878</b>	Fax: <b>512-898-8989</b>
Contact Name: <b>Jacob Smith</b>	Phone: <b>512-555-4578</b>	Primary Care Provider Name (see instructions):	
Requesting Provider's Signature and Date (if required):		Phone:	Fax:

SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD CODE)

Planned Service or Procedure	Code	Start Date	End Date	Diagnosis Description (ICD version__)	Code
<b>LOC 3</b>		<b>6/5/2015</b>	<b>12/5/2015</b>	<b>Bipolar I Disorder</b>	<b>F31.73</b>

Inpatient  Outpatient  Provider Office  Observation  Home  Day Surgery  Other: **SB59**

Physical Therapy  Occupational Therapy  Speech Therapy  Cardiac Rehab  Mental Health/Substance Abuse

Number of Sessions: \_\_\_\_\_ Duration: \_\_\_\_\_ Frequency: \_\_\_\_\_ Other: \_\_\_\_\_

Home Health (MD Signed Order Attached?  Yes  No) (Nursing Assessment Attached?  Yes  No)

Number of Visits: \_\_\_\_\_ Duration: \_\_\_\_\_ Frequency: \_\_\_\_\_ Other: \_\_\_\_\_

DME (MD Signed Order Attached?  Yes  No) (Medicaid only: Title 19 Certification Attached?  Yes  No)

Equipment/Supplies (include any HCPCS codes): \_\_\_\_\_ Duration: \_\_\_\_\_

SECTION VI — CLINICAL DOCUMENTATION (SEE INSTRUCTIONS PAGE, SECTION VI)

In the space provided or on a separate page:

- Provide pertinent clinical information to justify requests for initial or ongoing therapy, or increase
- Attach supporting clinical documentation (medical records, progress notes, lab reports, etc.), if needed.

An issuer needing more information may call the requesting provider directly at: \_\_\_\_\_

# Sample Form

Effective 9/1/2015  
Texas Standard PA Request  
Form must be submitted for  
**ALL**  
Health Care Services

The form will be available on  
our website and will be sent  
out to providers.

# Key Points to Remember

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- A Standard PA form will be used for all health care services across all health plans
- For BH we will use the standard form along with two additional pages (the completed form will be available on our website).
- For High Risk OB continue to submit HR ultrasound request form

# Health Services Department



532-3778 ext. 1500

All forms discussed in the presentation  
will be available on our website.

# Pharmacy Update

Perla Saucedo, Pharmacy Tech  
Health Services

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*Health Plans, inc.*

# Update

- Effective August 3<sup>rd</sup>, 2015, El Paso First is no longer covering cough and cold products that do not have an FDA approved indication for children under the age of 2 years enrolled in STAR and CHIP/CHIP Perinate.
- Formulary cough and cold products with FDA approved indications for children less than 2 as well as single ingredient antihistamines will continue to be covered as before.

# Contact Information



For any questions, please contact El Paso First  
Health Plan

Monday – Friday, 8 a.m. to 5 p.m. T  
oll-free at 1-877-532-3778 or 915-532-3778

or

Navitus at 1-877-908-6023

# ICD-10 Readiness

Adriana Villagrana  
Claims Manager

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

# How Ready Are You?

- Perform Impact Assessment
- Prepare for Implementation
- Prepare for Go-Live
- \*You should be here.*
- Post-Implementation Status

# Where are You?



- We have not begun
- We have upgraded some software
- We have finished upgrading software, have not tested
- We started testing phase
- Testing is complete
- We are READY

# Expectations

- Providers expected to use ICD-10 coding
  - Effective for dates of service on and after 10/01/15
  - No grace period for compliance
- Clearinghouses will reject claims with incorrect diagnosis code
- EPF will deny claims with incorrect diagnosis code

# Inpatient Claims

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- Claims must be coded according to date of discharge
  - ICD-9 for date of discharge on or before 09/30/2015
  - ICD-10 for date of discharge on or after 10/01/2015

# Professional & Outpatient Claims

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- Claim for DOS on or before 09/30/2015 submitted on one claim
- Claim for DOS on or after 10/01/2015 submitted on separate claim

# ICD-10 Claim Testing

- Providers may contact Availity and Gateway
  1. Submit test claims to the clearinghouse
  2. Notify El Paso First PR Representative about test claims
- Paper test claims may be sent to EPF

# Contact Information

**Adriana Villagrana**

**Claims Manager**

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

915-532-3778 ext. 1097

## Provider Care Unit Extension Numbers:

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

# Claims Submission

Julie Zubia

Claims Processing Supervisor

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

# Claims Processing

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

# Electronic Claims

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

# National Drug Code Billing Requirements

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- NDC is required in the claim for clinician administered drugs in an outpatient setting
- A valid relationship must exist between the HCPCS code and NDC
- Texas Vendor Drug Program publishes a crosswalk for reference

Website: <http://txvendordrug.com/formulary/clinicianadministered-drugs.shtml> 800157EPF020215

# Contact Us

## Provider Care Unit Extension Numbers:

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

# Questions?



# Complaints and Appeals Process

Raquel Payan  
Compliance Supervisor

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

# Complaints & Appeals Process

- All Complaints and Appeals must be submitted in writing
  - All complaints/appeals are acknowledged no later than five (5) business days
  - All complaints/appeals are resolved within thirty (30) calendar days
- Appeals must be received within 120 days from the notice of the denial
- Complaints or Appeals must include detailed and supporting information:
  - Corrected Claim
  - Copy of Remittance Advice
  - Medical records
  - Proof of Timely Filing
  - Provide attested letter TPI/NPI
- Complaints must be addressed to:

El Paso First Health Plans, Inc.  
Complaints and Appeals Unit  
1145 Westmoreland  
El Paso, Texas 79925

Note: Member's must not be billed or balanced billed

# Contact Information



Raquel Payan  
Compliance Supervisor  
915-298-7198 ext. 1092

# Special Investigations Unit Compliance

Alma Meraz

Special Investigations Unit Claims Auditor

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

# Monthly Random Medical Records 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

# Medical Record Sample

Donald Duck M.D.  
1234 Disney World  
El Paso, TX 79999

01/01/15

RE: Request for Medical Records  
Plan: El Paso First Health Plans, Inc.  
Request Number: Investigation ID # 12345678  
Member: Please see member list at bottom of letter  
Certified Mail Tracking #: 000000000

Dear Doctor/Provider:

This request for medical records/documentation is sent to you under a Texas state mandated program to monitor and improve the accuracy of claims payments to physicians and other providers. Your cooperation in responding to this information request is essential to assuring and improving the accuracy of your payments.

Under the Health Insurance Portability and Accountability Act (HIPAA) 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. El Paso First Health Plans, Inc. is a Covered Entity as defined by HIPAA. Health Plan beneficiaries, upon enrollment in our health plan, are given a HIPAA Privacy Notice delineating exceptions under HIPAA.

In accordance with the 2012 TMPM Section 1.5.3 and Title 1 Chapter 15 Sections 353.502 and 371.1643 (f) of the Texas Administrative Code, please submit the complete medical records for all of the members listed herein for the accounts that include the dates of service identified. Please adhere to the following directions when photocopying, packaging, and mailing the requested records.

Title 1, Part 15, Chapter 353, Subchapter F, RULE §353.502 (g) of the Texas Administrative Code states:

"Failure of the provider to supply the records requested by the MCO will result in the provider being reported to the HH SC-OIG as refusing to supply records upon request and the provider may be subject to sanction or immediate payment hold."

- 1) Complete copies should include specific records to support the services provided and would include as applicable the following documents:
  - Patient Information Sheets (completed by parent, guardian or patient)
  - Financial Records including ~~superbills, co-pay~~, copies of ID Cards, and Patient Intake Forms
  - Physician Orders
  - Diagnostic Test Results (regardless of where they are performed)
  - Referral / Authorization Requests and Forms
  - Physicians Progress Notes
  - Medication Records
  - Graphic Reports
  - Emergency Room Records
  - History and Physical Notes
  - Operative Reports, Consultant and Other Medical Reports
  - All Lab Requisitions and Lab Reports
- 2) Photocopy each record. Please make sure all copies are complete, legible, and contain both sides of each page, including page edges. Complete copies should include specific records to support the services provided and be separated by patient in chronological order. Records can also be scanned and submitted via Encrypted USB or CD. Password should NOT be included with Records.

Copy of Photo ID and Member ID card.

- 3) All records are to be shipped via a trackable manner, OR, contact El Paso First to arrange a pick up.

*NOTE: Any medical record or documentation not submitted with this certified request will not be considered after the review of your records has been initiated. If the final review of the documentation provided identifies unsupported billing for the services provided, payment for that service will be recouped in its entirety. Please reference the notice on the Business Record Affidavit.*

Please sign and return the following with the submission of medical records:

LIST OF REQUIRED MEMBER FILES - Donald Duck, M.D.  
RECORD DATES - 8/1/2011 to 7/31/2014

MEMBER ID	MEMBER LAST NAME	MEMBER FIRST NAME	MEMBER DOB
000000000	Mouse	Minnie	01/01/1995

If no records  
are  
submitted  
they will be  
recouped

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- 
- 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 ( within 30- days of receipt of the notice)
  - The Recoupment process
    - Per the Office of the Inspector General’s directive El Paso First will recoup via claims

# Recoupment Letter Sample

January 1, 2015

Donald Duck M.D.  
1213 Disney World  
El Paso, TX 79999

Certified Receipt : 00000000000000

Re: Request for Corrected Claims and Notice of Recoupment

Thank you for the service you have provided to El Paso First Health Plans, Inc. (El Paso First) and our Members. This is to inform you of the findings identified during a recent audit of your medical records.

As you are probably aware, the federal and state governments have been making a combined effort to reduce waste, abuse and fraud in all government funded healthcare programs, including CHIP and STAR. Providers making minor coding violations, without intent, are required to be educated in efforts to avoid future claim errors. El Paso First is responsible for recouping all identified overpayments up to \$100,000.

Pursuant to these efforts, Texas enacted House Bill 2292 to require all managed care payers, like El Paso First, to establish a Special Investigations Unit (SIU) and establish a plan to prevent and reduce waste, abuse and fraud in the various managed care programs, such as CHIP and STAR. This law requires El Paso First to establish a plan to monitor and improve the accuracy of claims payments made to physicians and other providers in efforts to prevent and reduce the possibilities of waste, abuse, or fraud.

El Paso First retains Health Management Systems (HMS) as its hired claims analyst. The following is the analysis of your claims for dates:

- A. Record Documentation (NDS, NSD, PA):
- B. Level of office visits (UP):
- C. Service that cannot be billed with another service (CC):
- D. Procedure code billed is not recognized with the diagnosis submitted (DX3):
- E. Non-covered services (NCS):
- F. No modifier when a modifier is required (NM):

Recoupment for No Documentation/Inappropriate Coding

The service dates that did not meet appropriate documentation for the services billed and the subsequent overpayment amount are documented in the "Notice of Recoupment" (Attachment A). The amount of recoupment for these services is \$-----. It is the expectation of El Paso First that all network providers submit all the requested medical documentation for audit at the time of the initial certified request for medical records letter. Any medical record or documentation for a billed service that was not submitted with the certified request was subject for full recoupment. This type of finding cannot be appealed due to Office of Inspector General (OIG) guidance that post audit submission could be suspect as being potentially doctored or created after the fact. Your medical records were submitted with an Affidavit certifying medical records were original and complete or exact duplicates of the original records on file.

Recoupment for Not Meeting Evaluation and Management (E/M) Documentation Guidelines

There were ----- services that did not meet documentation guidelines and were identified as up coded and ----- that met the guidelines and were identified as Downcode. Your office may submit a corrected claim for the services identified as up coded and downcoded with the correct service code. Request for Corrected Claims (Attachment B) identifies those services. Submission of a corrected claim will amount to a recoupment of \$----- vs. \$----- if no corrected claim is received.

You have the right to appeal the findings, please be advised that your written appeal must be submitted no later than 30 calendar days from receipt of this letter.

As per The OIG's directive, El Paso First must recoup overpayment amounts via claims adjustments and cannot accept payment by check.

El Paso First requests that you please take the necessary steps to eliminate the occurrence of these coding issues.

If you would like to further discuss the findings, you may contact me at 298-7198 ext. 1039, I'll be glad to assist you.

Thank you  
Alma Meraz, CCS-P  
Special Investigations Claims Auditor

30 days to submit a corrected claim or an appeal from the date of the letter

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

# 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

# OB Record Request Sample

## EL PASO FIRST

*Health Plans, inc*

January 1, 2015

Donald Duck, M.D.  
1234 Disney World  
El Paso, TX, 79999

Re: Minnie, Mouse  
Member Health Plan Identification No.: 000000000

Certified Receipt # 0000000000000

El Paso First Health Plans, Inc. (El Paso First) has conducted a random evaluation of paid claims for obstetric delivery procedures. The medical record for patient listed above has been selected for retrospective review. This review is being conducted to monitor compliance with the Texas Health and Human Services Commission regulations regarding medically necessary inductions and cesarean sections performed prior to 39 weeks gestation. The following documentation must be submitted to El Paso First for review within 15 days from the date of this letter:

- History and physical
- Delivery summary
- Last progress note prior to delivery.

The information must be sent by January 01, 2015 to the address listed below:  
El Paso First Health Plans, Inc.  
Attn: Alma Meraz  
1145 Westmoreland Dr.  
El Paso, TX 79925

El Paso First's Medical Director will review the documentation to determine if the procedure was medically necessary. If medical review indicates medical necessity for the obstetrical procedure, El Paso First will take no further action on the paid claim. If the medical review identifies the induction or cesarean section procedure was performed before 39 weeks of gestation and was not medically necessary, the payment previously rendered will be recouped from the physician(s) involved with the delivery and the facility where the delivery was performed.

Once the retrospective review is completed, you will be notified of its outcome.

If you have any questions about the retrospective review process, please contact your Provider Relations Representative or the Compliance Unit at (915) 532-3778 or 1-888-532-3778.

Thank you for your prompt attention to this matter.

Sincerely,  
*Alma Meraz*  
Alma Meraz, CCS-P  
Special Investigations Claims Auditor  
Cc: David Palafox, M. D., El Paso First Medical Director

P.O. Box 971100, EL PASO, TEXAS 79997-1100 \*915/532-3778 www.epfirst.com

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

# 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

**Alma Meraz**

Special Investigations

Unit Claims Auditor

915-298-7198 ext. 1039

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

# Contracting Overview

Evelin Lopez

Contracting Supervisor

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

# Contract Request

Please contact our Contracting Representative when you wish to contract or add a provider to your group to begin the process of joining our network.

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

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

Contracting Representative  
Sonia Fernandez  
915-298-7198 x1130



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



Contracting Supervisor  
Evelin Lopez  
915-298-7198 x1014

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

# Contracting Process

- Verification of information provided on the Demographic form and W-9
- Pay to name (W-9, TPI, NPI)
- Participating Programs (STAR, CHIP, CHIP Perinatal, HCO, TPA)
- Credentialing (if the provider is not credentialed, a credentialing application and 2 copies of an unsigned contract will be provided as part of the packet)

# Important things to Remember

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

# Network Closed to Specialty

- Panel Status continues to be closed for STAR and CHIP programs for the following specialties:
  - DME
  - Home Health
  - Physical Therapy, Speech Therapy, and Occupational Therapy
  - Laboratory Services
- The provider network specialties that have an adequate amount of qualified providers may be subject to being closed for an indefinite time period.
- The review process of closed panels is conducted annually.

# Contact Information



Contracting Representative

Sonia Fernandez

915-298-7198 x1130

Contracting Representative

Gabriel De Los Santos

915-298-7198 x1128

Contracting Supervisor

Evelin Lopez

915-298-7198 x1014

# Verifying Eligibility & Value-Added Services

Edgar Martinez  
Director of Member Services

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

# Verifying Eligibility

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

# Verifying Eligibility

To verify eligibility:

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

# Value-Added Services

- Value-added services are extra health care benefits offered by El Paso First Health Plans above the Medicaid and CHIP benefits.
- El Paso First Health Plans value-added services are different for each of these programs.
- For more information about these Value Added Services, please call our toll-free Member Services Department at 1-877-532-3778. Member Service Representatives are available Monday through Friday from 7 a.m. to 5 p.m., Mountain Standard Time.

# Value-Added Services for Medicaid

- One free cell phone per household from Assurance Wireless and free health related calls or texts from El Paso First.
- \$15 gift card for Members age 20 and younger completing a timely Texas Health Steps visit.
- \$10 gift card for pregnant Members completing one pregnancy visit within 30 days of enrollment.
- One free car seat per pregnancy for pregnant Members who complete a pregnancy class.
- \$15 gift card for postpartum Members completing one postpartum visit within 21-56 days after delivery
- Home visits to high risk pregnant Members.
- Help getting a ride to doctor visits or health classes.

# Value-Added Services for Medicaid

- Extra dental services up to \$295 (initial checkup, x-rays, and routine cleaning) once every 12 months for Members age 21 and older.
- Up to \$125 above the Medicaid benefit for contact lenses or glasses (lenses and frames).
- A \$25 value of over-the-counter items for new Medicaid Members if the request form is completed and mailed back within 30 days of enrollment.
- Up to \$25 for any sport registration activity fee, once every 12 months.
- 4 extra food counseling services, above the Medicaid benefit, for Members age 20 and younger.
- Gifts of a digital thermometer, an emergency aid booklet (per family per year) and a school supply kit for new Members if requested within 30 days of receiving welcome packet.

# Value-Added Services for CHIP

- One free cell phone per household from Assurance Wireless and free health related calls or texts from El Paso First.
- \$15 Wal-Mart gift card for Members age 3 through 6 years of age and Member age 12 through 19 years of age that are due a well-child visit and receive a timely visit as referenced in their medical checkups periodicity schedule.
- Home visits to high risk pregnant Members.
- One free car seat for pregnant CHIP Perinatal Members who complete a pregnancy class.
- Help getting a ride to doctor visits or health classes.
- Extra dental services up to \$295 above the CHIP benefit (initial checkup, x-rays, and routine cleaning) once every 12 months for CHIP members.

# Value-Added Services for CHIP

- 25% off lenses and frames above the CHIP benefit.
- 20% discount towards the purchase of disposable contact lenses, above the CHIP benefit.
- A \$25 value of over-the-counter items for new CHIP Members if the request form is completed and mailed back within 30 days of enrollment.
- Up to \$25 for any sport registration activity fee, once every 12 months for CHIP members.
- 4 extra food counseling services, above the CHIP benefit, for CHIP Members age 18 and younger.
- \$25 over-the-counter prenatal vitamins packet for new CHIP Perinatal Members if request form is completed and mailed back within 30 days of enrollment.
- Gifts of a digital thermometer, an emergency aid booklet (per family per year) and a school supply kit for new CHIP and CHIP Perinatal Members if requested within 30 days of receiving welcome packet.

# Questions

Edgar Martinez

Director of Member Services

915-532-3778 ext. 1064

Antonio Medina

Enrollment & Member Service Supervisor

915-532-3778 ext. 1034

Juanita Ramirez

Member Services & Enrollment Supervisor

915-532-3778 ext. 1063

# Medi-Marvel: Adolescent Health, A Health Guide for Providers

REGISTRATION REQUIRED.  
TO REGISTER, VISIT US AT:

[HTTPS://WWW.EVENTBRITE.COM/E/  
MEDI-MARVEL-101-ADOLESCENT-  
HEALTH-A-GUIDE-FOR-  
PROVIDERS-TICKETS-16005233083](https://www.eventbrite.com/e/medi-marvel-101-adolescent-health-a-guide-for-providers-tickets-16005233083)

## Save the date!!

September 4, 2015  
8:00 a.m. – 4:00 p.m.  
ESC Region 19 Head Start  
11670 Chito Samaniego  
El Paso, Texas 79936

# I am a Super Texas Health Steps Medicaid Provider



For more events / information please contact:  
Miguel Ortega, Provider Relations Representative  
Texas Department of State Health Services/SHSS & THSteps Program  
Tel. (915) 834-7693 / [miguel.ortega@dshs.state.tx.us](mailto:miguel.ortega@dshs.state.tx.us)



## **Medi-Marvel 101: Adolescent Health, A Guide for Providers**

September 4, 2015  
7:00 a.m. – 4:00 p.m.  
ESC Region 19 Head Start  
1670 Chito Samaniego  
El Paso, Texas 79936  
– AGENDA –

To register please visit us at:  
<https://www.eventbrite.com/e/medi-marvel-101-adolescent-health-a-guide-for-providers-tickets-16005233083>

### **REGISTRATION / NETWORK**

#### **HEAD START AWARENESS, BIRTH TO FOUR**

Ramona Huffman, Director, Comprehensive Services – ESC Region 19 Head Start

**DR. LIZBETH HOLGUIN, DDS: CLEFT PALATE**

#### **PRESENTATIONS BY HEALTH PLANS AND DENTAL PLANS**

Amerigroup, DentaQuest, El Paso First Health Plan, Maximus, MCNA Dental Plans, Molina Healthcare, Superior Health Plan

### **BREAK**

#### **LUNCH / BRIAN SOUZA: ORAL HEALTH 2020**

**CHRISTOPHER S. GREELEY, MD, MS: BIRTH TO ADOLESCENT HEALTH**

### **BREAK / NETWORK**

**DR. JOANNA WOJCIECHOWSKA: ADOLESCENT HEALTH, A GUIDE FOR PROVIDERS**

**DR. ROBERTO JOHANSSON: PTSD**

### **EVALUATIONS / RAFFLES / CLOSING REMARKS**

Miguel A. Ortega – THSteps Provider Relations Representative, HSR Region 9/ 10, DSHS  
Arturo Diaz – THSteps Team Lead, HSR Region 9/ 10, DSHS

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

**Thank You for  
Attending Providers!**

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