

Welcome Providers

Behavioral Health Specialty Provider Training

July 30, 2015

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

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

EL PASO FIRST
Health Plans, inc.

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Provider Relations Updates: Miscellaneous Forms, Federal Mandate Re-enrollment, ICD-10 Readiness

Corina Diaz

Provider Relations Representative

EL PASO FIRST
Health Plans, inc.

Call us at:
915-532-3778

Outside El Paso
1-877-532-3778

For Providers
Web Portal Login →

[En Español](#)



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Provider Forms

Download our Provider Forms Below

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WEB PORTAL LOGIN →

PROVIDER MANUAL



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

[Read More →](#)

PROVIDER DIRECTORIES & MEMBER HANDBOOKS



Provider Directories and Member Handbooks breakdown by Program.

[Read More →](#)

EFT Form

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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

Provider/Group Name: _____

NPI Number: _____

Tax ID Number: _____

I (we) hereby authorize:

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

Depository Name: _____

Branch: _____

City: _____

State: _____ Zip code: _____

Account number: _____

Routing number: _____

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

Name(s): _____

Title: _____

Date: _____

Signature: _____

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

ATTACH A VOIDED CHECK

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EDI Form

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

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

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

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

BILLING PAY TO PROVIDER INFORMATION (PLEASE INCLUDE W9)

- Individual Provider Group/Practice Facility

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

PROVIDER INFORMATION

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

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

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

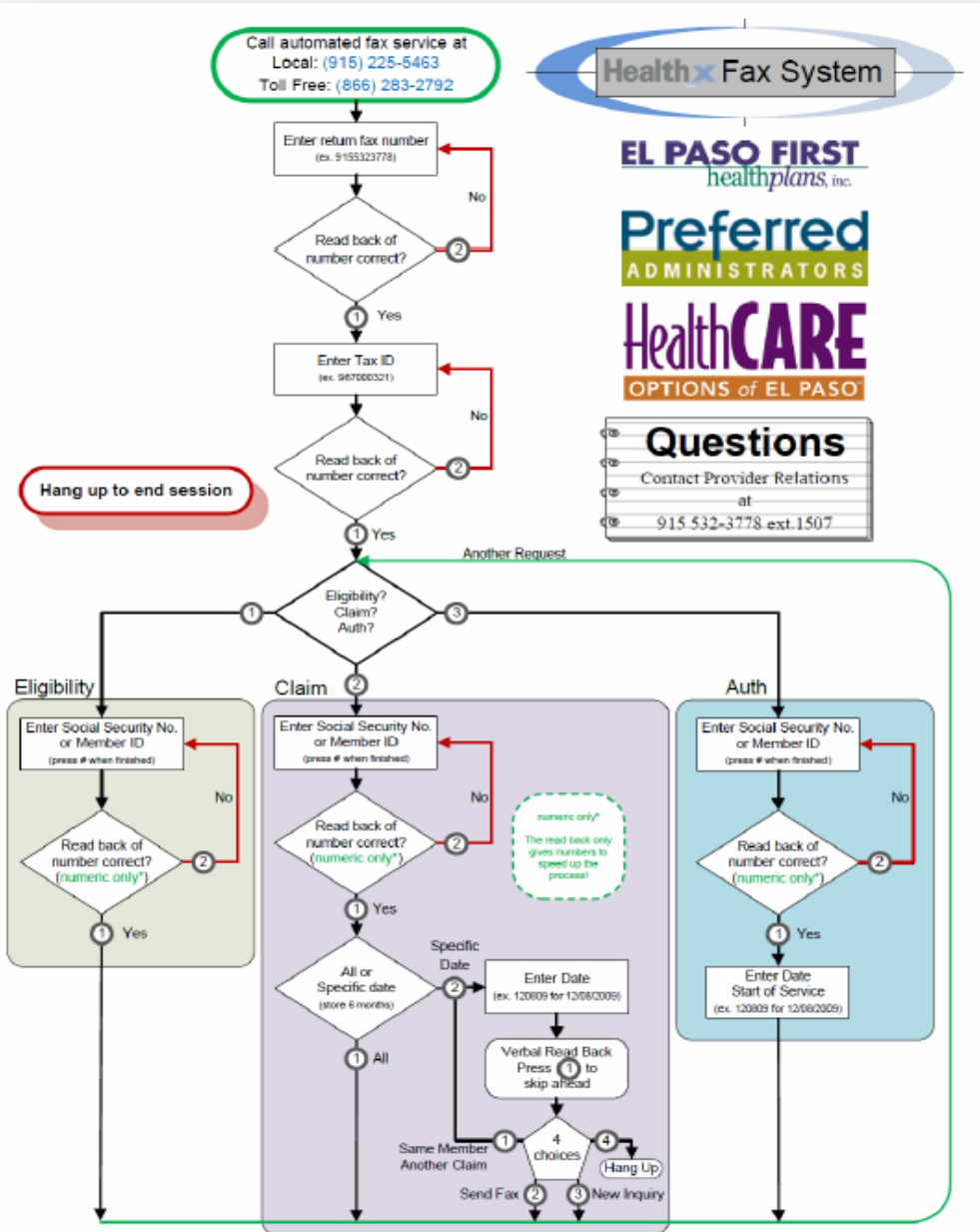
Authorization Statement Signature

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

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

- | | |
|--|--------------------------|
| <input type="checkbox"/> Medicaid- El Paso First Premier Plan (STAR) | Availity PAYER ID# EPF02 |
| <input type="checkbox"/> CHIP - El Paso First | Availity PAYER ID# EPF03 |
| <input type="checkbox"/> CHIP Perinate | Availity PAYER ID# EPF03 |
| <input type="checkbox"/> EPCCS - Health Care Options - Benefit Plan | Availity PAYER ID# EPF37 |
| <input type="checkbox"/> Preferred Administrators (TPA) - UMC | Availity PAYER ID# EPF10 |
| <input type="checkbox"/> Preferred Administrators (TPA) - El Paso Childrens Hospital | Availity PAYER ID# EPF11 |

Health X Fax System



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**.
- Texas Medicaid providers enrolled *before* January 1, 2013, must be fully re-enrolled by **March 24, 2016**.

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

TMHP-Provider Enrollment Portal (PEP) Enhancements

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

Additional Guidance

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

ICD-10 Timeline

- July 1, 2015 – September 1, 2015: Provider claims and authorization testing.
- October 1, 2015: ICD-10 go live date.

Transition Expectations

- All providers must use ICD-10 starting 10/01/2015
- 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

ICD-10 Readiness

- Is an implementation plan for your office practice in place?
- Has your office had continual communication with your vendor?
- Has your office staff (admin/managers, physicians/medical staff, billers, coders) received training?
- Has your office explored the codes, primers for clinical documentation, clinical scenarios, and other resources dedicated to your specialty?
- The following resources can provide guidance for planning, training, webinars and much more.....

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>

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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

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

Contact Information

Corina Diaz

Provider Relations Representative

cdiaz@epfirst.com

(915) 532-3778 ext. 1167

Provider Relations Department

(915) 532-3778 ext. 1507

Access and Availability

Patricia S Rivera, RN

Quality Improvement Nurse Auditor

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Background

- In accordance with the Texas Health and Human Services Commission and the Texas Department of Insurance mandates, El Paso First Health Plans, Inc. is required to monitor its Primary Care Providers on an annual basis for office accessibility compliance and 24 hour availability.

Definitions

- **Office Accessibility:** Members must be able to schedule an appointment with PCP and Behavioral Health Providers for covered services within the time frames mandated by TDI and HHSC
- **After-Hours Availability:** PCPs and OB/GYN (that are PCPs) must be available 24/7 as mandated by TDI and HHSC. If the Provider delegates this duty, the covering Provider must also be available 24/7. *NOTE: Behavioral Health Providers not surveyed for availability at this time.*

Office Accessibility Standards for Behavioral Health Providers

- Initial Outpatient Behavioral Health visits must be provided within 14 days of request.
- Emergency Services must be provided upon member presentation at the service delivery site.
- Urgent Care, including specialty urgent care, must be provided within 24 hours of request.

Office Appointment Accessibility Form

- Provider Relations Representatives will visit provider for completion of form:
 - Accepting new patients
 - Appointment wait times for patients
 - Average number of patients seen on a daily basis
 - Days and hours office is open
 - Disability, language and diverse background accommodations
 - After hours availability: physicians direct contact number, nurse triage or answering service

Office Accessibility Wait Time

- TDI and HHSC have also established that a member wait at the office should not be longer than 15 minutes to be taken to the exam room.

Non-Compliant Accessibility Surveys

- Provider notified of non-compliance with accessibility standards via Certified Letter.
- Copy of Accessibility and Availability Standards are enclosed with the letter.
- Notification of re-survey to be conducted within the next few months.
- Provider Relations Department notified of non-compliance for purpose of additional education on standards.

2nd Non-Compliant Survey

- Same process of notification as 1st non-compliance (Certified Letter with Standards, PR notified)
- Results reviewed by the Medical Director and the Credentialing and Peer Review Committee (CPRC).
- CPRC may recommend appropriate measures be taken to address and correct the issues.
- Results recorded in the physician profile sheets to be reviewed during re-credentialing.

Acknowledgements

- El Paso First recognizes that the Provider's time is extremely valuable and cooperation in this State mandate is greatly appreciated.
- Your partnership is paramount in the success of our Quality Improvement initiatives and requirements mandated by TDI and HHSC.
- El Paso First thanks you for your commitment in improving the quality of service offered to the community.

Contact Information

- Should you have any questions regarding Accessibility and Availability, please contact:
 - Your designated Provider Relations Representative at 532-3778 Ext 1507
 - The Quality Improvement Department at 532-3778 Ext 1106 or 1231
 - Our Medical Director, David Palafox, MD at 532-3778 Ext 1031

**Health Services Updates:
Texas Standard Prior Authorization Form,
ICD-10 Updates, Case Management,
Crisis Line**

Edna Lerma

HS Clinical Supervisor

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Authorization Expectations Overview

- Texas Standardized Prior Authorization Form for Health Care Services for medical and pharmacy benefits
- ~~ICD-10 authorization requests~~



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 1st, 2015
- Applies to all Health Care Services

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TEXAS STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

SECTION I — SUBMISSION

Issuer Name: ABC Managed Care Organization	Phone: 512-888-8888	Fax: 512-999-9999	Date: 6-8-2015
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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. #: 1212-5656

SECTION III — PATIENT INFORMATION

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

SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name: AAA Community Center		Name: Targeted C. Manager	
NPI #: 1023456789	Specialty: Behavioral Health	NPI #: 9912345678	Specialty: Behavioral Health
Phone: 512-555-4567	Fax: 512-555-6789	Phone: 512-787-7878	Fax: 512-898-8989
Contact Name: Jacob Smith	Phone: 512-555-4578	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
LOC 3		6/5/2015	12/5/2015	Bipolar I Disorder	F31.73

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

Our PA Form will include this form along with two additional pages. The complete form will be available on our website and will be sent out to providers.

Pharmacy Prior Authorization

- PA Request Form for Prescription Drug Benefits must be submitted to our pharmacy benefit manager, Navitus www.navitus.com
- Information regarding medications that require authorization can be found at <http://www.navitus.com/Texas-Medicaid-Star-Chip/Texas-Medicaid-Star-Chip-Main.aspx> and www.txvendordrug.com

TEXAS STANDARDIZED PRIOR AUTHORIZATION REQUEST FORM FOR PRESCRIPTION DRUG BENEFITS

SECTION I — SUBMISSION

Clear Form

Print

Submitted to:	Phone:	Fax:	Date:
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SECTION II — REVIEW

Expedited/Urgent Review Requested: By checking this box and signing below, I certify that applying the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Signature of Prescriber or Prescriber's Designee: _____

SECTION III — PATIENT INFORMATION

Name:	Phone:	DOB:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
			<input type="checkbox"/> Other	<input type="checkbox"/> Unknown
Address:	City:	State:	ZIP Code:	
Issuer Name (if different from Section I):	Member or Medicaid ID #:	Group #:		
BIN # (if available):	PCN (if available):	Rx ID # (if available):		

SECTION IV — PRESCRIBER INFORMATION

Name:	NPI #:	Specialty:
Address:	City:	State: ZIP Code:
Phone:	Fax:	Office Contact Name: Contact Phone:

SECTION V — PRESCRIPTION DRUG INFORMATION

(If this is a compound drug, identify all ingredients in Section VI, below.)

Requested Drug Name:				
Strength:	Route of Administration:	Quantity:	Days' Supply:	Expected Therapy Duration:
To the best of your knowledge this medication is:				
<input type="checkbox"/> New therapy <input type="checkbox"/> Continuation of therapy (approximate date therapy initiated: _____)				
For Provider Administered Drugs Only:				
HCPCS Code: _____ NDC #: _____ Dose Per Administration: _____				

SECTION VI — PRESCRIPTION COMPOUND DRUG INFORMATION

Compound Drug Name:					
Ingredient	NDC #	Quantity	Ingredient	NDC #	Quantity

SECTION VII — PRESCRIPTION DEVICE INFORMATION

Requested Device Name:	Expected Duration of Use:	HCPCS Code (If applicable):
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SECTION VIII — PATIENT CLINICAL INFORMATION

Patient's diagnosis related to this request:	ICD Version:	ICD Code:
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(Provide the following information to the best of your knowledge)

Drugs patient has taken for this diagnosis:

Drug Name	Strength	Frequency	Dates Started and Stopped or Approximate Duration	Describe Response, Reason for Failure, or Allergy
Drug Allergies:		Height (if applicable):	Weight (if applicable):	

Relevant laboratory values and dates (attach or list below):

Date	Test	Value

SECTION IX — JUSTIFICATION (SEE INSTRUCTION PAGE SECTION IX)

ICD-10 Updates

Effective 10/1/2015

ALL requests must be submitted using new
**Texas Standard PA Request Form for Health Care
Services** along with
ICD-10 codes

**ICD-10 diagnosis coding is more closely aligned with
the Diagnostic and Statistical Manual of Mental
Disorders (DSM) diagnosis coding.**

Case Management for At Risk Groups

- Case Management Referral Form is available on our website www.epfirst.com
 - Upon receipt of referral our CMs will work individually with our members
 - What they do:
 - Assess for needs
 - Service coordination
 - Access to services
 - Referrals to community resources
 - Education

CRISIS HOTLINE

El Paso First members may be provided with the following Crisis Hotline information:

- STAR: 1-877-377-6147
- CHIP: 1-877-377-6184
- TPA: 1-877-804-8873

Health Services Department

532-3778 ext. 1500

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

Claim Submission Guidelines

Adriana Villagrana
Claims Manager

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Billing 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

- 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

- 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

Behavioral Claims

- Claims must be submitted with ICD-10 codes effective 10/01/2015.
- Claims submitted with DSM 5 codes will be denied

ICD-10 Claim Testing

- Providers may contact Availity and Trizetto Provider Solutions (formerly Gateway EDI).
 1. Submit test claims to the clearinghouse
 2. Notify El Paso First PR Representative about test claims
- Paper claims may be sent to EPF

Contact Information

Adriana Villagrana

Claims Manager

avillagrana@epfirst.com

915-532-3778 ext. 1097

Provider Care Unit Extension Numbers:

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

**Available Services:
Verifying Eligibility, Value-Added Services,
Medical Transportation Program**

Edgar Martinez
Director of Member Services

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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.
- El Paso First Web portal at 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.

Medical Transportation Program MTP

- MTP is an HHSC program that helps with non-emergency transportation to healthcare appointments for eligible Medicaid clients who have no other transportation options.
- MTP can help with rides to the doctor, dentist, hospital, drug store, and any other place you get Medicaid services.
- For MTP reservations Members must call 1-877-633-8747.
- All requests for transportation services should be made within 2-5 days of your appointment.
- Exceptions may be authorized in the event of an emergency.

Medical Transportation Program MTP

- MTP offers:
 - Passes or tickets for transportation such as mass transit within and between cities
 - Air travel
 - Taxi, wheelchair van, and other transportation
 - Mileage reimbursement for enrolled individual transportation participant (ITP). The enrolled ITP can be the responsible party, family member, friend, neighbor, or client.
 - Meals at a contracted vendor (such as a hospital cafeteria)
 - Lodging at a contracted hotel and motel
 - Attendant services (responsible party such as a parent/guardian, etc., who accompanies the client to a healthcare service)
- If a Member has a complaint regarding transportation, they must call Member Services at 915-532-3778 or 1-877-532-3778.

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