Agenda

Credentialing and Contracting: [Updates and Reminders](#)

Provider Relations: [Updates and Reminders](#)

Quality Improvement: [Accessibility and Availability, HEDIS Medical Record Documentation](#)

Health Services: [Pharmacy](#), [Behavioral Health Benefits](#)

Member Services: [Member Services Overview](#)

Claims: [Reminders](#)

Credentialing and Contracting
Updates and Reminders

Sonia Fernandez

Contracting and Credentialing Lead

Credentialing Verification Organization (CVO)

Aperture, LLC is the statewide Credentialing Verification Organization (CVO) that is used by all 18 Medicaid health plans in Texas to streamline the credentialing process.

Credentialing Verification Organization (CVO)

- Primary Source Verification (PSV)

- Full Implementation of CVO –September 2018

- Initial and Re-credentialing – All providers and facilities

- Practitioners and facilities have begun receiving notices from Aperture on credentialing application requests.

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Application Submission

- Applications should be submitted thru the Availity Portal at www.availity.com

- If this is your first time submitting through Availity's web-based solution, Click on the option to Register and follow the steps to get started.

- If you need assistance, you may call
  Availity Support at 1-800-282-4548.

Credentialing and Contracting Process

- Must complete a demographic form and submit to EPH

- EPH will contact the providers office after verifying the demographic form

- Submit information to Aperture for PSV process

- Submit application to our Credentialing Peer Review Committee

- Upon completion of the credentialing process, a contract or amendment will be provided

- Effective date is 1st day of the following month

- Welcome letter and copy of Amendment or Contract

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What's new?

STAR+PLUS

- STAR+PLUS is a Medicaid program for people who have disabilities or are 65 years of age and older. Clients in STAR+PLUS receive Medicaid basic medical services and long-term services through a Medicaid managed care health plan.

- Effective 06/01/2020

Medicare Advantage Plan

- Allows Medicare beneficiaries to receive Medicare-covered benefits through private health plans instead of through Original Medicare.

- Effective 01/01/2020

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Contact Information

For any questions please contact us directly at the email or phone number below. A Contracting and Credentialing Representative will respond to your inquiry within 48 business hours.

Contracting and Credentialing Department

Email: Contracting_Dept@elpasohealth.com

Phone: 915-532-3778

Provider Relations
Updates and Reminders

Laura Nebhan

Provider Relations Representative

TPI Revalidation Process

- The Affordable Care Act (ACA) requires providers to submit a revalidation application, at least 90 days before the end of their enrollment period.

- Providers must submit any updated licenses and/or certifications to TMHP, prior to expiration date.

- Failure to do so will result in dis-enrollment from Texas Medicaid until fully updated by TMHP.

- Providers who do not submit the revalidation application on time, will be required to go through the re-enrollment process as a newly enrolling provider.
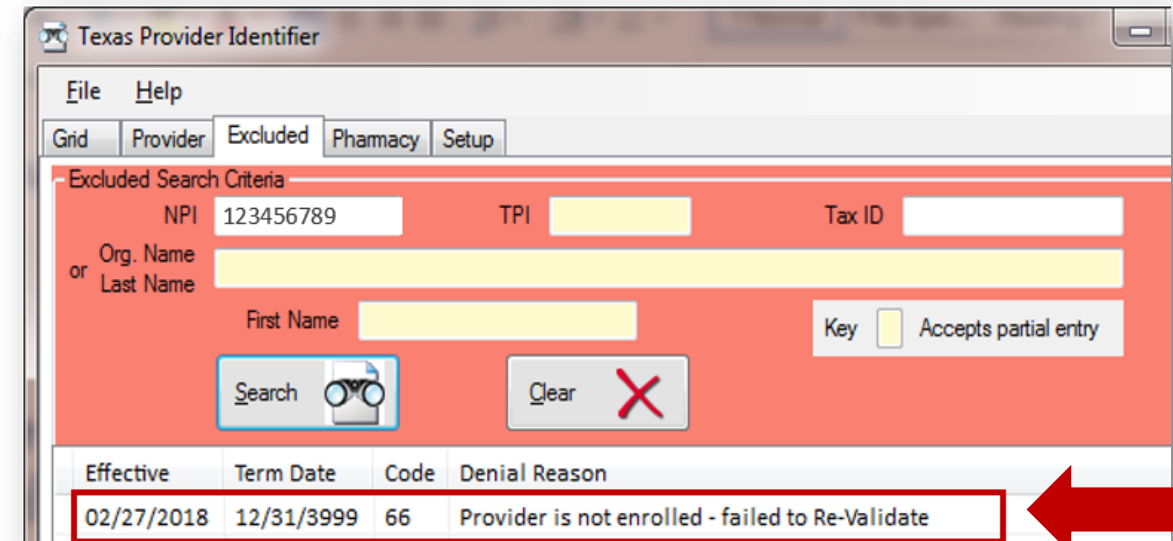
  ➢ A Step-by-Step Guide for Provider Enrollment:

    http://www.tmhp.com/enrollment/SitePages/index.html

El Paso Health's Process

PDC-66 Re-enrollment

- All dis-enrolled providers are removed by TMHP from the Provider Master File. Then added to the Excluded Listing with a Payment Denial Code (PDC-66).

- Providers with a (PDC-66) will be terminated from EPH network and any claims after the term date will be denied, until it is updated.

- *Authorizations requests will not be approved during this time frame.*

- Once provider re-enrolls successfully with TMHP, the provider will be removed from the Excluded Listing. Please notify EPH immediately to re-instate contract.
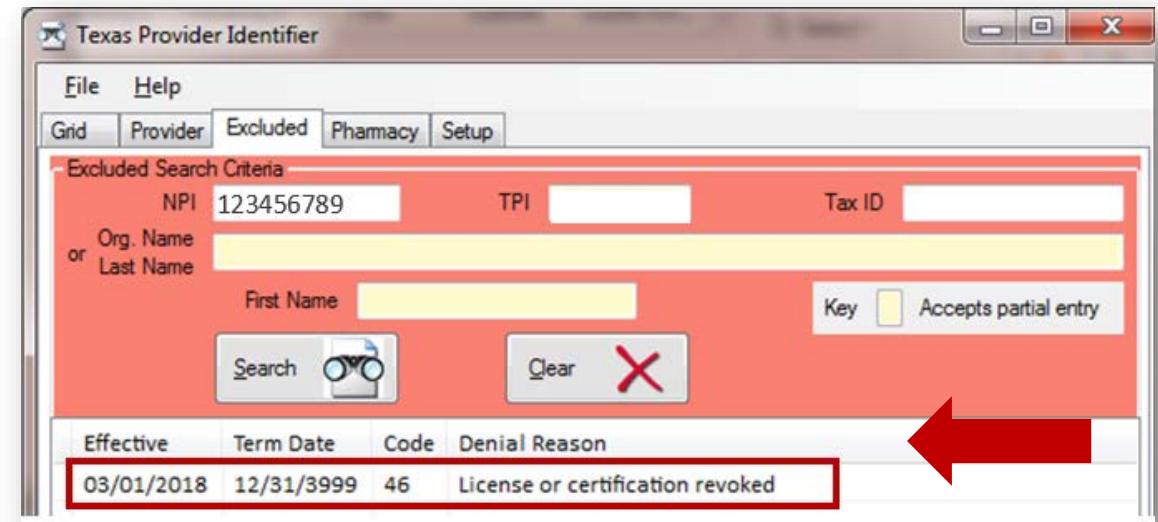
  *EPH will reinstate provider's contract according to TMHP's effective date.

El Paso Health's Process

PDC-46 License Certification Revoked

- Providers who fail to provide the license and or certification update to TMHP in a timely manner, will be removed from the Provider Master File. Then added to the Excluded Listing with a Payment Denial Code (PDC-46).

- Providers with a (PDC-46), will be temporarily terminated from EPH network and any claims received after the term date will be denied.

- Authorization requests may be submitted during this time frame and will process accordingly.

- Once provider's license or certification is successfully updated with TMPH, the provider will be removed from the Excluded Listing. Please notify EPH immediately to re-instate contract.

  EPH will reinstate provider's contract according to TMHP's effective date.

Updated ERA-835 Request Form

- Notification faxed to all providers on March 1, 2019.

- Effective immediately, the updated form is to be utilized to request ERA (835) access.

- Form is located in El Paso Health website:

  http://www.elpasohealth.com/forms/Electronic%20Remittance%20Advice%20(835)%20Request%20Form.pdf

Note: Form Submission or Approval is NOT required to begin Electronic Date Interchange (837) transactions.

Updated Electronic Remittance Advice (835) Request Form

Provider Directory Verification

It is very important to update your contact information to ensure accurate Provider Directories and Medicaid Online Provider Lookup.

Critical Elements:

Address	Age Range	Languages Spoken
Phone Number	Specialties	Website URL
Office hours	PCP	Accepting New Patients

Note: For any changes please submit an updated demographic form to Provider Relations.

http://www.elpasohealth.com/forms/Provider%20Demographic%20Form.pdf

Fax: (915) 225-6762

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Certificates Required for Claims Payment

- Radiology

- Clinical Laboratory Improvement Amendments (CLIA)

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
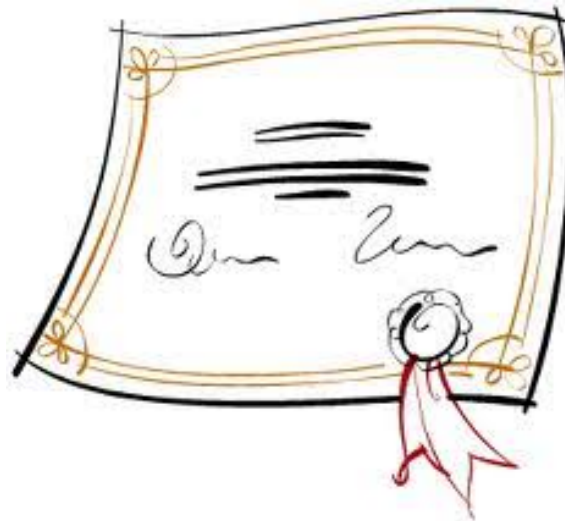
Abuse, Neglect and Exploitation Reporting Procedures

Texas Family Code 261.404 and Human Resources code Chapter 48 requires any person to report any allegation or suspicion of Abuse, Neglect and Exploitation (ANE) against a child, an adult that is elderly, or an adult with a disability to the appropriate entities.

HHSC requires Network Providers to forward any report findings they receive to the appropriate managed care organization (MCO).

The ANE reporting findings can be submitted to El Paso Health via secure and confidential email to: APSReport@elpasohealth.com

For additional information on reporting Abuse, Neglect, and Exploitation:

http://www.elpasohealth.com/ane/

Provider Overpayments

- In the event a Provider becomes aware of an overpayment prompt notification shall be reported to El Paso Health.

- Overpayments shall be returned within 60 days from date of reporting to El Paso Health.

- In the event overpayment is not received, El Paso Health will proceed to recoup the overpayment from the provider.

How to report an overpayment?

- ✓ Utilize web portal account quick link *Provider Overpayment Reporting* tab

- ✓ Email: Provider_Overpayments@elpasohealth.com

- ✓ Contact our Provider Care Unit (PCU) at 915-532-3778 x 1504 or toll free 1-877-532-3778 x 1504.

Cultural Competency

- Proficiency in cultural competency is demonstrated when Providers acknowledge a Member's point of view of his/her healthcare and integrate that awareness in the delivery of medical services.

- El Paso Health facilitates [Provider orientation sessions](#) to promote our Cultural Competency Plan and educate network Providers about culturally competent services to avoid disparities in the delivery of medical services to the diverse populations of the El Paso SDA.

http://www.elpasohealth.com/articles/El%20Paso%20Health%20-%20Cultural%20Competency%20Presentation.pdf

Provider Newsletter

Peer Specialist Services

- Texas Medicaid benefit as of January 1, 2019.

- Peer specialist services are based on a mutual relationship between the peer specialist and the Medicaid-eligible client.

- A peer specialist uses his or her lived experience to support a client in achieving goals and objectives in the client's person-centered recovery plan, when recovering from a mental health condition or a substance use disorder.

- Services may include, recovery and wellness support, mentoring and advocacy.

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Member Eligibility Requirements

- Medicaid recipient

- At least 21 years old

- Have a mental health condition and/or substance use disorder

- Have peer specialist services included as a component of their person-centered recovery plan

Peer Specialist Requirements

1. Must be employed by the following Medicaid-enrolled providers:
    - Licensed Behavioral Health Providers
    - Local Mental Health Authorities
    - Federally Qualified Health Centers (FQHCs)
    - Rural health clinics (RHCs)
    - Clinic or Group Practice (must be treating behavioral health conditions)

2. A peer specialist must complete ALL required training and certifications before providing any services, as outlined in Section 6.2.1 of the TMPPM.

Note: Peer services will not be reimbursed separately to providers who are currently paid an encounter rate or bundled rate.

Important: Any organization delivering peer specialists services must provide proof of certification to El Paso Health.

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Billing Guidelines

- Payable through the currently established procedure code, **H0038.**

    - A 15 minute timed code

- H0038, is limited to substance use disorders and mental health conditions

- Services may be delivered individually or in group settings.

- It is limited to 104 units in a rolling 6 month period.

- This limitation may be exceeded with documentation of medical necessity for the additional services and an authorization is required.

Resources

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

TMHP Banner:

http://www.tmhp.com/News_Items/2018/11-Nov/11-16-18%20Peer%20Specialist%20Services%20to%20Become%20a%20Benefit%20of%20Texas%20Medicaid%20January%201,%202019.pdf

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THSteps Updates

- The *Texas Health Steps Quick Reference Guide* has been updated for April 2019.

- The Condition Indicator Codes table now states that a condition indicator is required whether a referral is made or not.

- In addition, the title of the Indicator column has changed to Referral Status.

- The updated document is available on the Texas Health Steps web page.

  http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/THStepsQRG/THSteps_QRG.pdf

Condition Indicator Codes

One of the Condition Indicators below is required whether a referral was made or not.

Referral Status	Indicator Codes	Description
N	NU	Not used (no referral)
Y	ST	New services requested
Y	S2	Under treatment

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

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THSteps Reminders

Texas Health Steps Provider Outreach Referral Form

TEXAS HEALTH STEPS
PROVIDER OUTREACH REFERRAL SERVICES

FAX COVER SHEET

DATE: _____

TO: SPECIAL SERVICES UNIT

PHONE: 877-847-8377

FAX: 512-533-3867

FROM: _____

PHONE: _____

FAX: _____

TOTAL PAGES INCLUDING COVER SHEET: _____

COMMENTS:

EF03-14040 02/2013

TEXAS Health and Human Services
Texas Health Steps

TEXAS HEALTH STEPS
PROVIDER OUTREACH REFERRAL FORM
FAX: 512-533-3867

- Complete this form and submit by fax.
- Use only ONE FORM PER HOUSEHOLD, up to 2 patients.
- You will receive notification once your referral is processed.

Provider Information   Date: _____

Provider/Clinic Name:		Contact Name:	
Office Address:	City:	County:	Zip Code:
Phone Number:		Fax Number:	
Provider Type: ☐ Medical ☐ Dental ☐ Orthodontic ☐ Case Management ☐ Other:

Parent/Guardian Information

| Parent/Guardian Name: | Phone Number: | Mobile Number: |
| Address: | City: | County: | Zip Code: |
| Language Preference: ☐ English ☐ Spanish ☐ Other: |

Patient #1 Information

| Patient Name: | Date of Birth: | Medicaid ID: |
| Appointment Type: ☐ THSteps Checkup ☐ THSteps Followup ☐ Sick Visit ☐ Lead ☐ Other: |

Reason for referral (check all that apply)

☐ Patient missed appointment, date:	☐ Assistance needed scheduling appointment.
☐ Follow-up appointment for additional lead testing.	☐ Provide updated patient address (Case Management Only)
☐ Assist with transportation to appointment.	☐ Other, see comments.

Comments:

Outreach Services Results (SSU Use Only)

☐ Appointment scheduled; date/time:	☐ Patient provided education about appointment etiquette.
☐ Patient assisted with transportation to appointment.	☐ Patient will contact provider directly.
☐ No action taken; patient declined assistance.	☐ No action taken; patient no longer eligible for Medicaid.
☐ Unable to locate patient; letter mailed to patient.	☐ Other:

Comments to Provider:

Patient #2 Information

| Patient Name: | Date of Birth: | Medicaid ID: |
| Appointment Type: ☐ THSteps Checkup ☐ THSteps Followup ☐ Sick Visit ☐ Lead ☐ Other: |

Reason for referral (check all that apply)

☐ Patient missed appointment, date:	☐ Assistance needed scheduling appointment.
☐ Follow-up appointment for additional lead testing.	☐ Provide updated patient address (Case Management Only)
☐ Assist with transportation to appointment.	☐ Other, see comments.

Comments:

Outreach Services Results (SSU Use Only)

☐ Appointment scheduled; date/time:	☐ Patient provided education about appointment etiquette.
☐ Patient assisted with transportation to appointment.	☐ Patient will contact provider directly.
☐ No action taken; patient declined assistance.	☐ No action taken; patient no longer eligible for Medicaid.
☐ Unable to locate patient; letter mailed to patient.	☐ Other:

Comments to Provider:

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THSteps Provider Outreach Referral Form

Submission of Referral Form

- Submit the referral form by fax to the Texas Health Steps Special Services Unit at 512-533-3867 using the fax cover sheet included.

- For questions about the Texas Health Steps Provider Outreach Referral Service or for technical assistance with the completion and submission of the referral form, please contact your Texas Health Steps Provider Relations representative.

Name	Phone	Fax	Email
Patrice Loge, Manager	915-834-7733	915-834-7808	Patricia.Loge@dshs.texas.gov
Arturo Diaz	915-834-7735	915-834-7802	Arturo.Diaz@dshs.texas.gov
Kimberly Salazar	915-834-7689	915-834-7802	Kimberly.Salazar@dshs.texas.gov
Jorge Alday	915-834-7697	915-834-7802	Jorge.Alday@dshs.texas.gov

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THSteps Provider Outreach Referral Form

Resources

Word Document:

https://www.dshs.texas.gov/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8590002446

Instructions:

https://www.dshs.texas.gov/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8590002447

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Contact Information

Laura Nebhan

Provider Relations Representative

lnebhan@elpasohealth.com

(915) 298-7198 Ext 1037

Provider Relations Department
(915) 532-3778 Ext 1507

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Accessibility and Availability

&

HEDIS Medical Record Documentation

Patricia Rivera, RN

Quality Improvement Nurse

Accessibility and Availability

- Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC) mandate that El Paso Health must monitor our Providers on an annual basis for 24 hour availability and office accessibility compliance.

- **Accessibility**: able to provide appointment <u>within a specific time frame</u>, office hours, days of operation, languages spoken.

- **Availability (PCPs only)**: able to be contacted after hours (5:00 pm to 8:30 am, Monday through Friday. Any time Saturday and Sunday); must return call within 30 minutes.

State-Wide Monitoring

- HHSC monitors MCO's compliance with appointment accessibility standards (required by Senate Bill 760)

- State methodology - secret shopper calls

- **Samples selected based on MCO provider directories**

- Standards according to HHSC requirements must be met **(Please see A&A Standards hand-out in your packet.)**

- Performance thresholds are set to determine possible corrective action from the health plan

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State Secret Shopper Results

Sub-Study	Threshold	El Paso Health Results	Statewide Results
PCP Preventative Health Appointment available within 90 calendar days	99% for all	100% for all	STAR Adult: 99.6% STAR Child: 100% CHIP: 100%
PCP Routine Primary Care Appointment available within 14 calendar days	STAR Child: 99% STAR Adult: 95.8% CHIP: 90.7%	100% for all	100% for all
PCP Urgent Care Appointment within 24 hours	99% for all	100% for all	100% for all

*State surveys are completed by program and age group – CHIP, STAR Adult, STAR Child

Percentage of Incorrect information in Provider Directories:
El Paso Health – 37%   *Statewide – 50%*

El Paso Health Methodology

- Random Sampling of network providers every quarter.

- Provider may be surveyed more than once a year, if non-compliant.

- Provider Relations Representatives conduct surveys for <u>appointment Accessibility</u>:

  - In person or by phone
  - Opportunity to **update provider directory information**
  - Secret Shopper calls

- QI Nurses conduct surveys for after-hours availability

Please see A&A Standards hand-out in your packet.

What happens if you're non-compliant?

Non-compliance with initial survey:

- Notification letter explaining which standard was missed on survey
- Education from Provider Relations Representative
- Re-survey within 3 – 6 months

Non-compliance with re-survey

- Notification letter explaining which standard was missed on survey
- Phone call from Medical Director
- Results get reported at the next Credentialing and Peer Review Committee
- Provider does not meet applicable criteria on end of year profiling

**All results get reported on a provider's re-credentialing file every 3 years

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HEDIS Medical Record Documentation Tips

	Measure Description
WCC	Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents
W15	Well-Child visits in the first 15 months of life
W34	Well-Child visits in the 3rd, 4th, 5th and 6th years of life
AWC	Adolescent Well-Care visits
CIS	Childhood Immunization Status
PPC	Prenatal and Postpartum Care
CDC	Comprehensive Diabetes Care
CBP	Controlling High Blood Pressure

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HEDIS Medical Record Documentation Tips

WCC	•Include BMI Percentile: not a range, >95 or "High/Low" •Include Growth Charts •Include Anticipatory Guidance on Diet and Exercise
W15 W34 AWC	•Include "Developing Appropriately or Normal Development" NOT "well developed/nourished/appearing"
CIS	• Annual Flu Immunization missing • Complete Rotavirus series
PPC	• Prenatal care in the first trimester or within 42 days of enrollment • Postpartum visit on or between 21 and 56 days after delivery with notation of "postpartum care"
CDC	• Include most recent HbA1c level (<8%) • Include most recent blood pressure (<140/90)
CBP	• Include most recent blood pressure (<140/90)

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Quality Improvement Department

Don Gillis
Director of Quality Improvement
Phone: (915) 298-7198 ext. 1231

Patricia Rivera
QI Nurse Auditor
Ext. 1106

Angelica Chagolla
QI Data Analyst
Ext. 1165

Astryd Galindo
QI Nurse
Ext. 1177

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Pharmacy

Perla Saucedo

Pharmacy Technician

72-hour Emergency Supply

A 72-hour Emergency Supply allows pharmacy to dispense a 3 day supply of medication, at no cost to member, to allow prescriber time to submit PA

The 72-hour Emergency Supply should be dispensed any time a PA is not available and a prescription must be filled for any medication on the Texas Vendor Drug formulary.

If the prescribing provider cannot be reached or is unable to request PA, the pharmacy should submit an emergency 72-hour prescription.

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72-hour Emergency Supply, cont.

Pharmacies should submit:

- '8' in "Prior Authorization Type Code"

- '801' in "Prior Authorization Number Submitted"

- '3' in "Days Supply"

- The quantity submitted in "Quantity Dispensed" should not exceed the quantity necessary for a 3-day supply according to the directions for administration. If the medication is a dosage form that prevents a three day supply from being dispensed, e.g., an inhaler, it is still permissible to indicate that the emergency prescription is a three day supply and enter the full quantity dispensed

Formulary Look-up

Texas Vendor Drug Program:

https://www.txvendordrug.com/formulary/formulary-search

Navitus:

https://txstarchip.navitus.com/

Any formulary questions of PA submissions dial:

1-877-908-6023

Epocrates:

https://online.epocrates.com/

Mosquito Repellent

HHSC covers mosquito repellents year round for the prevention of disease transmission by mosquitos.

The Mosquito Repellent is covered for:

- Females ages 10-55

- Pregnant women of all ages

- Males age 14 years and older.

Quantity limit: 1 bottle per fill and 2 fills per month.

Members can request repellent at pharmacy without a prescription.

Contact Information

Perla Saucedo

Pharmacy Technician

psaucedo@elpasohealth.com

(915) 298-7198 Ext 1035

Behavioral Health Benefits

Edna Lerma

Clinical Supervisor

Integration of BH Services

Benefits:

- Person-centered approach

- Increased communication between Medical and Behavioral Providers

- Team based approach to address concerns

- Promotes health and well-being for Member and their Caregiver

Outcomes:

- Improved health

- Increased Member experience/ satisfaction

- Improved Member outcomes

Referrals for BH Services

Members accessing BH services **Do Not** need a referral

from the Primary Care Provider (PCP)

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Care Coordination

Behavioral Health

EPH has Case Managers available to assist Members with a diagnosis of Severe and Persistent Mental Illness (SPMI) and Seriously Emotionally Disturbed (SED).

Case Managers will:

- Assess Members condition and environment

- Provide Education regarding benefits and condition

- Coordinate Care for Medical, Behavioral Health and Social Needs

- Develop a Service Plan to identify Member goals, progress, and interventions

- Refer Members to specialty Providers

- Refer Members to community agencies

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Case Management

Referral Services

- Case Managers will collaborate with Providers as part of the Interdisciplinary Team to assist our Members and their families.

- Hospitalization Follow-up – A 24 hour return call to members is required for missed appointments to re-schedule, from behavioral health providers.

- Behavioral Health Providers must refer members, when known or suspected/un-treated physical health problems or disorders, to their PCP for examination and treatment.

Screening, Brief Intervention, and Referral to Treatment

SBIRT

- SBIRT is a comprehensive, public health approach to the delivery of early intervention and treatment services. Benefit available for Members who are 10 years of age and older and who have alcohol or substance use disorders or are at risk of developing such disorders.

- SBIRT is used for intervention directed to individual clients and not for group intervention.

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Who can provide SBIRT?

- Physicians, Psychologists
- Registered nurses
- Advanced practice nurses
- Physician assistants
- Licensed clinical social workers

- Licensed professional counselors
- Certified nurse midwives
- Outpatient hospitals
- Federally qualified health centers (FQHCs)
- Rural health clinics (RHCs).

Non-licensed providers may deliver SBIRT under the supervision of a licensed provider if such supervision is within the scope of practice for that licensed provider.

The same SBIRT training requirements apply to non-licensed providers.

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SBIRT Training

Providers that perform SBIRT must be trained in the correct practice of this method and will be required to complete at least four hours of training.

Proof of completion of SBIRT training must be maintained in an accessible manner at the provider's place of service.

Information regarding available trainings and standardized screening tools can be found through the Substance Abuse and Mental Health Services Administration.

www.samhsa.gov

Note:
- Certificate verification is required for reimbursement.
- SBIRT is limited to clients who are 10 years of age and older.

Prior Authorization is NOT required.

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Substance Use Disorder (SUD)

SUD services may include the following:

- Withdrawal management services

- Individual and group SUD counseling in an outpatient setting

- Residential treatment services

- Medication assisted treatment

- Evaluation and treatment (or referral for treatment) for co-occurring physical and behavioral health conditions

Prior Authorization Requirements for Substance Use Disorder

All SUD services require a Prior Authorization

- ✓ Inpatient (detox, rehab.)
- ✓ Outpatient (SUD)
- ✓ Residential (SUD)

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Substance Use Disorder

Prior Authorization Requirements

All SUD services require a Prior Authorization

✓ Inpatient (detox, rehab.)

✓ Outpatient (SUD)

✓ Residential (SUD)

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Opioid Use Disorder

- Promoting Patient Care and Safety

- US Opioid Overdose Epidemic

- Prescription Opioids Benefits and Risk

Opioid Use Disorder

Resources

All services require a Prior Authorization

- ✓ Inpatient
- ✓ Outpatient
- ✓ Residential

Resources for Providers:

https://www.cdc.gov/drugoverdose/pdf/TurnTheTide_PocketGuide-a.pdf

https://www.cdc.gov/drugoverdose/pdf/Guidelines_At-A-Glance-a.pdf

https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf

Mental Health Rehabilitative Services and Targeted Case Management
MHR/TCM

Resources for Providers:

➢ Texas Medicaid Provider and Procedures Manual

[Texas Medicaid Provider Procedures Manual – BH](#)

➢ Texas Resilience and Recovery Utilization Management Guidelines

[Texas Resilience and Recovery Utilization and Management Guidelines](#)

Note: Providers must attest with EPH they have complied with all trainings and certifications required to provide these services.

MHR/TCM

Benefits

Notification must be submitted however no Prior Authorization is required.

A notice for the Level of Care (LOC) is necessary as we are contractually obligated to provide a STATE FAIR HEARING if Member transitions to a lower/higher level of care.

MHR/TCM Benefits – Depending on Level of Care				
Psychiatric Examination	Pharmacological Management	Individual Counseling	Group Counseling	Peer Support
Skills Training and Development	Medication Training & Support	Family Counseling	SBIRT	Case Management

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Psychological and Neuropsychological Benefits

Effective 1/1/2019

Benefit Update 1/1/2019 – procedure codes 96101/96118 discontinued

Psychological/Neuropsychological Testing	
Neurobehavioral Status Exam	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
+ 96121	Each additional hour (List separately in addition to code for primary procedure)
Test Evaluation Services	
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
+ 96131	Each additional hour (List separately in addition to code for primary procedure)
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
+ 96133	Each additional hour (List separately in addition to code for primary procedure)

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Psychological and Neuropsychological Benefits

Test Administration and Scoring	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes
₊96137	Each additional 30 minutes (List separately in addition to code for primary procedure)
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
₊96139	Each additional 30 minutes (List separately in addition to code for primary procedure)

**Prior Authorization is *required* for
Psychological and Neuropsychological testing.**

HCPCS Special Bulletin, No. 15 (Page 16):
http://www.tmhp.com/News_Items/2018/12-Dec/2019_HCPCS_Special_Bulletin_NO_15.pdf

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Non-Capitated Services

Medicaid Non-capitated Services: The following Texas Medicaid programs, services, or benefits have been excluded from MCO Covered Services. Medicaid Members are eligible to receive these Non-capitated Services on another basis. Case managers will work with providers to refer members to promote access to Non-Capitated services.

1. Texas Health Steps dental (including orthodontia)
2. Texas Health Steps environmental lead investigation (ELI)
3. ECI case management/service coordination
4. ECI Specialized Skills Training
5. Case Management for Children and Pregnant Women
6. Texas School Health and Related Services (SHARS)

7. Department of Assistive and Rehabilitative Services Blind Children's Vocational Discovery and Development Program
8. Tuberculosis services provided by DSHS-approved providers (directly observed therapy and contact investigation)
9. HHSC's Medical Transportation Program
10. Personal Care Services
11. for STAR, Texas Health Steps Personal Care Services for Members birth through age 20
12. for STAR, CFC services

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Behavioral Health Benefit - Exclusions

Exclusions

The following services are **NOT** benefits of Texas Medicaid:

- Psychoanalysis

- Multiple Family Group Psychotherapy

- Marriage or couples counseling

- Narcosynthesis

- Biofeedback training as part of psychophysiological therapy

- Psychiatric Day Treatment Programs

- Applied Behavioral Analysis

- Services provided by a psychiatric assistant, psychological assistant (excluding Master's level LPA), or a licensed chemical dependency counselor

Contact Information

Health Services Department

Telephone Number**:** 915-532-3778

Ext. 1500 (STAR)

Ext. 1536 (CHIP)

Fax Number: 915-298-7866

Toll Free Fax: 844-298-7866

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STAR & CHIP Member Portal

Edgar Martinez
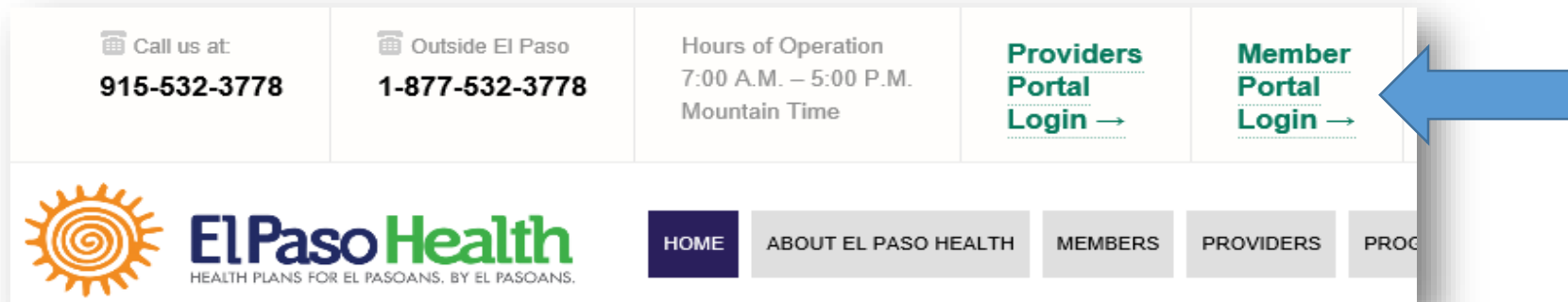
Director of Member Services

Agenda

- Member Portal

- Behavioral Health Crisis Line

- Transportation

- Newborn Enrollment

- THSteps and Well-Child Postcards

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THE HEALTH PLANS OF EL PASO FIRST

STAR and CHIP Member Portal

Members can access the Member Portal on our website at www.elpasohealth.com, by clicking on the Member Portal Login.

STAR and CHIP Member Portal

STAR and CHIP Member Portal

View & Print Member ID Card

STAR and CHIP Member Portal

View Eligibility

Home	Coverage & Benefits	Claims	Authorizations	Provider / Pharmacy Directory Search

Print ID Card

Eligibility

Print

Member:		Plan Name:	El Paso Health - STAR
Member ID:		Program:	STAR
Address:		Status:	Active

Coverages

Type	Effective Date	Term Date
ST064	2/1/2016	11/30/2018
ST064	8/1/2015	10/31/2015

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THE HEALTH PLANS OF EL PASO FIRST

STAR and CHIP Member Portal

View Provider Claims

STAR and CHIP Member Portal

View Authorizations

STAR and CHIP Member Portal

Find a Provider

Behavioral Health Services Hotline

El Paso Health offers Medicaid and CHIP Members a 24/7 Behavioral Health Crisis Hotline.

- **CHIP: 1-877-377-6184**

- **Medicaid: 1-877-377-6147**

Qualified mental health professionals are available to support Members during a mental health crisis.

The Behavioral Health Crisis Hotline staff is bilingual and interpreter services are also available.

Member Services Overview

Juanita Ramirez

Enrollment & Member Services Supervisor

Transportation Services

El Paso Health offers Medicaid and CHIP Members a free taxi ride service to doctor visits or health education classes.

To schedule a transportation request for a doctor's appointment or health education class, call the El Paso Health Member Services Line 48 hours before the appointment at 1-877-532-3778 and a Member Service Representative will assist with scheduling the taxi ride.

Newborn Enrollment

- The PCP for Newborns will be provided in the daily file provided to EPH by Maximus.

- Newborns without a PCP assignment will be assigned to a PCP by an Enrollment and Eligibility Specialist based on the Newborn's zip code.

- The Enrollment Unit receives a daily file, the file is then reviewed to identify Newborns that have been assigned a Medicaid ID number.

- Claims pending a Newborn ID number will be matched against the daily file.

- The Claims Department will be sent ID numbers for newborn's found in daily files for processing of those claims.

- The Enrollment and Eligibility Specialist monitors Newborn claims for which an ID number has not been found for more than fifteen (15) days.

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THSteps and Well-Child Postcards

- CHIP - $15 gift card is given to Members ages 3-6 and 12-19.

- STAR - $10 gift card is given to Members age 20 and younger.

- The postcard must be filled out by the Provider and faxed to EPH at 915-225-6749.

- If a Member misplaced their postcard, a replacement postcard will be mailed to the Member upon request.

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THSteps and Well-Child Postcards

Left postcard:

El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.
P.O. Box 971100
El Paso, Texas 79997-1100

TO BE FILLED OUT BY THE DOCTOR ONLY:

I had my Texas Health Steps Checkup on (date) _____
and discussed concerns I had about my health. I also had the
following as part of my checkup:
- ☐ Physical Exam
- ☐ Immunizations
- ☐ Lab Screenings
- ☐ History and Health Development Screenings
- ☐ Health Education
- ☐ Are you a Traveling Farmworker?   ☐ Yes ☐ No

Provider's name, address, signature or office stamp

_____

_____

_____

Patient's Medicaid ID Number

Doctor, please fax this completed form to: **EL PASO HEALTH** at **915-225-6749**
in order to mail the member a $10 gift card.

701710EPH060717

TEXAS STAR | TEXAS Health and Human Services

Right postcard:

El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.
P.O. Box 971100
El Paso, Texas 79997-1100

TO BE FILLED OUT BY THE DOCTOR ONLY:

I had my Well-Child Checkup on (date) _____
and discussed concerns I had about my health. I also had the
following as part of my checkup:
- ☐ Physical Exam
- ☐ Immunizations
- ☐ Lab Screenings
- ☐ History and Health Development Screenings
- ☐ Health Education

Provider's name, address, signature or office stamp

_____

_____

_____

Patient's ID Number

Doctor, please fax this completed form to: **EL PASO HEALTH** at **915-225-6749**
in order to mail the member a $15 gift card.

701711EPH061817

CHIP | TEXAS Health and Human Services

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Please Contact Us

Phone: (915) 532-3778

Member Services Queues:

1514 – Medicaid

1517 – CHIP

1529 – Preferred

Administrators

1502 – HCO

Claims Reminders

Yvonne Grenz

Claims Supervisor

Reminders

Claims Processing

- Timely filing deadline
  - 95 days from date of service

- Corrected claim deadline
  - 120 days from date of EOB

Reminder

Multiple Claims

- If you are submitting multiple claims for a patient, please ensure that you are:
  - Indicating page 1 of <u>X</u>

Page 1 of 3

Corrected Claim - Paper

Professional Claims

Box 22 – Resubmission Code

22. RESUBMISSION CODE	ORIGINAL REF. NO.
7	17000E00000

- Enter the appropriate billing frequency code when resubmitting a claim
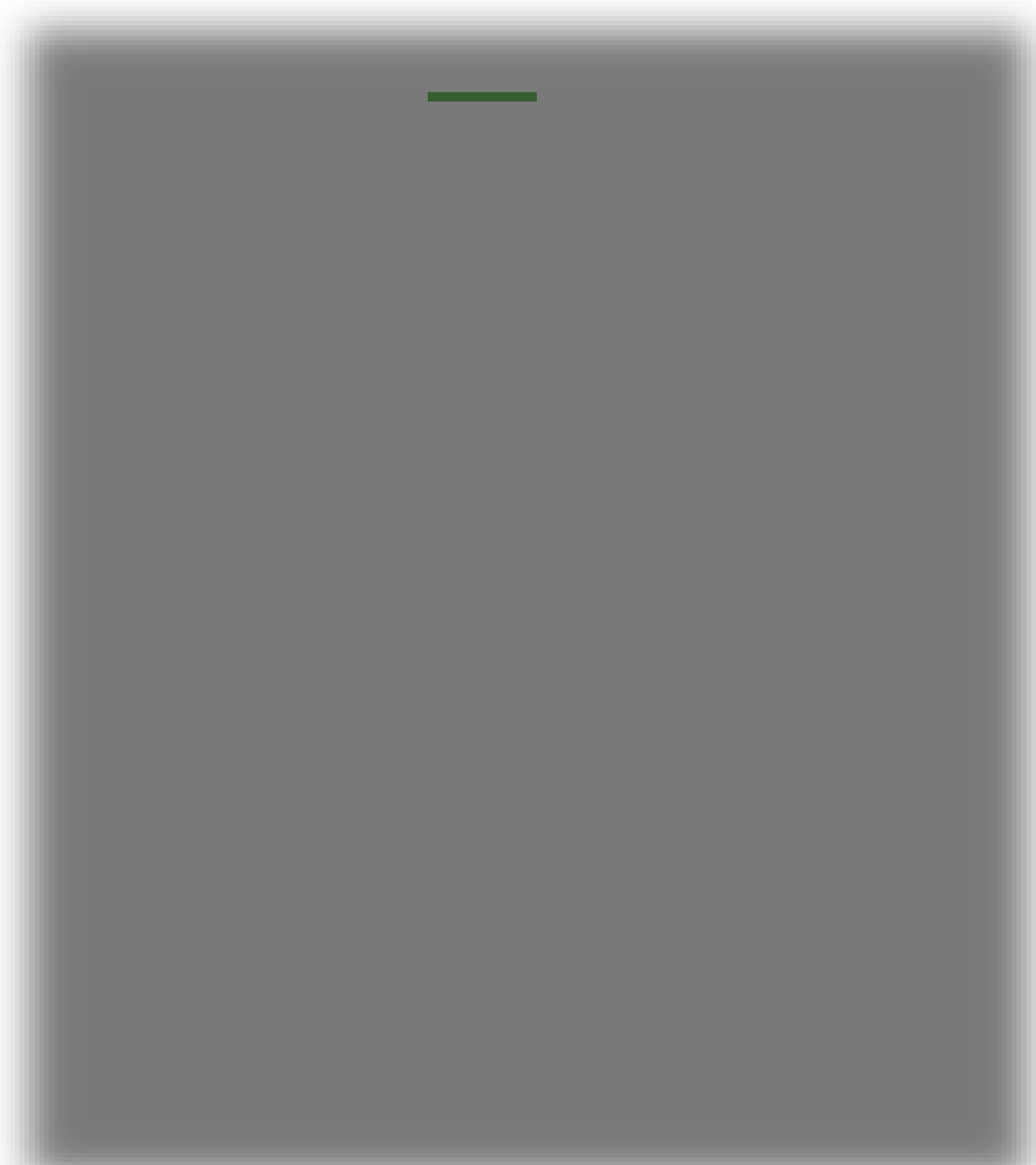
7 - Replacement of prior claim

8 - Void/cancel of prior claim

Resubmission means the code and original reference number assigned by the payer or receiver to indicate a previously submitted claim.

Note: *Original Ref. No*. area field only allows 11 characters

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Corrected Claim – Paper

Corrected Claim – Paper

Institutional Claim

Box 4 – Type of Bill
Located on the upper
right hand corner of claim

Box 4 – Type of Bill
- When resubmitting a claim enter the appropriate bill type. Corrected bill type will end with numeric digit 7
  - Ex: xx7

Corrected Claim - Electronic

Professional Claim

1500 Form

22	Resubmission and/or Original Reference Number	2300	CLM05-3	Titled Claim Frequency Code in the 837P.
		2300	REF02	Titled Payer Claim Control Number in the 837P.

Corrected Claim - Electronic

Institutional Claim

- Box 4 – Type of bill
  - Corrected bill type will end with numeric digit 7
    - Example: XX7

04	Type of Bill	Loop 2300, CLM05-1, CLM05-3

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THE HEALTH PLANS OF EL PASO FIRST

Newborn Claims

Paper and Electronic Claims

- Claims pending a Newborn ID number will be matched against the daily file by the Enrollment Unit and returned to the Claims Department for processing.

- Electronic claims submitted without Newborn ID or under the mother's ID will be rejected at the Clearinghouse level.

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Electronic Claims

Payer ID Numbers

Claims are accepted from:

- Availity

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

Payer ID Numbers:

El Paso Health - STAR	EPF02
El Paso Health - CHIP	EPF03
Preferred Admin. UMC	EPF10
Preferred Admin. EPCH	EPF11
Healthcare Options	EPF37

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Contact Us

915-532-3778

Provider Care Unit Extension Numbers:

1527 – Medicaid

1512 – CHIP

1509 – Preferred Administrators

1504 – HCO

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