



**El Paso Health**

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

## **PT/OT/ST Specialty Training**



## **Provider Relations Overview**

# El Paso Health Website

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

[Español](#)

Call us at  
915-532-3778 STAR/CHIP

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



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


AAA

[Provider Login](#)

[Member Login](#)

[Careers](#)





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

[Search](#)

## Welcome to El Paso Health

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

### STAR

For pregnant women, children and anyone who gets TANF

[Find Out More](#) →

### CHIP

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

[Find Out More](#) →

### STAR+PLUS



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

[Find Out More](#) →

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

for people who have Medicare and Medicaid.

[Find Out More](#) →



# EPH Provider Portal - Home Page



The screenshot shows the EPH Provider Portal Home Page. At the top, there are four logos: El Paso Health (Health Plans for El Pasoans, by El Pasoans), Preferred Administrators, HealthCARE (Options of El Paso), and El Paso Health Medicare Advantage. Below the logos, a login status bar indicates "You are currently logged in as: [redacted]" with links for Messages (0), Profile, and Logout. A navigation bar contains links for Home, Eligibility and Benefits, Claims and Payment, Authorizations, Reports (with a dropdown arrow), and Service Coordination. The main content area is divided into two columns. The left column has a "Welcome to the Provider Portal" message, a brief description of the site's purpose, and input fields for "Provider Name:" and "Provider Phone:". Below these is a photograph of a doctor examining a young child. The right column features a "Quick Links" section with a list of links: Submit Claims, Submit Claim Attachments, Provider Appeals/Recoupments, Amended Authorizations, Provider Overpayments, Credentialing Process, EFT Form, Texas Medicaid Provider Enrollment Management System (PEMS), Electronic Visit Verification, and Update Provider Information. Below the links is a "Pharmacy MAC List" section explaining that contracted pharmacies can access the MAC list via the Navitus Health Solutions Website at https://www.navitus.com/. The final section is "Contact Us", which provides contact information for the Provider Relations Department: 915-532-3778 and Toll-Free: 1-877-532-3778.

**El Paso Health**  
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

**Preferred**  
ADMINISTRATORS

**HealthCARE**  
OPTIONS of EL PASO

**El Paso Health**  
Medicare Advantage

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

[Home](#) [Eligibility and Benefits](#) [Claims and Payment](#) [Authorizations](#) [Reports](#) [Service Coordination](#)

Welcome to the **Provider Portal**

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

**Provider Name:** [redacted]

**Provider Phone:** [redacted]



**Quick Links**

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

**Pharmacy MAC List**

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

**Contact Us**

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

915-532-3778  
Toll-Free: 1-877-532-3778

## Submit:

- Claims
- Authorizations
- Provider Complaints

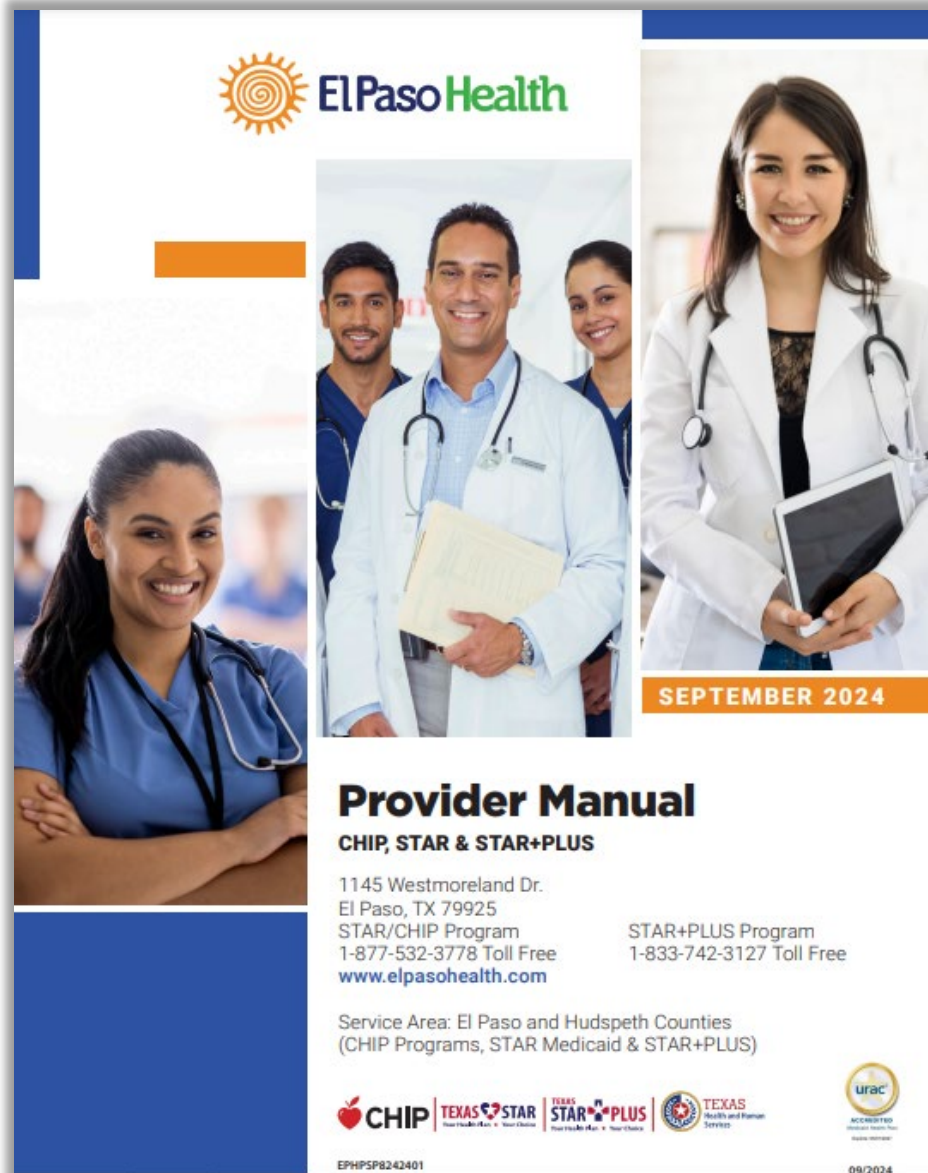
## Verify:

- Member Eligibility
- Claim Status
- Authorization Status

## View:

- Remittance Advice
- Rosters
- Other Reports

# Provider Manual CHIP, STAR & STAR+PLUS



The El Paso Health Provider Manual contains information about:

- Policies and Procedures
- Covered services
- Behavioral Health Services
- Quality Improvement Program
- Utilization Management
- Claims Processing Guidelines

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

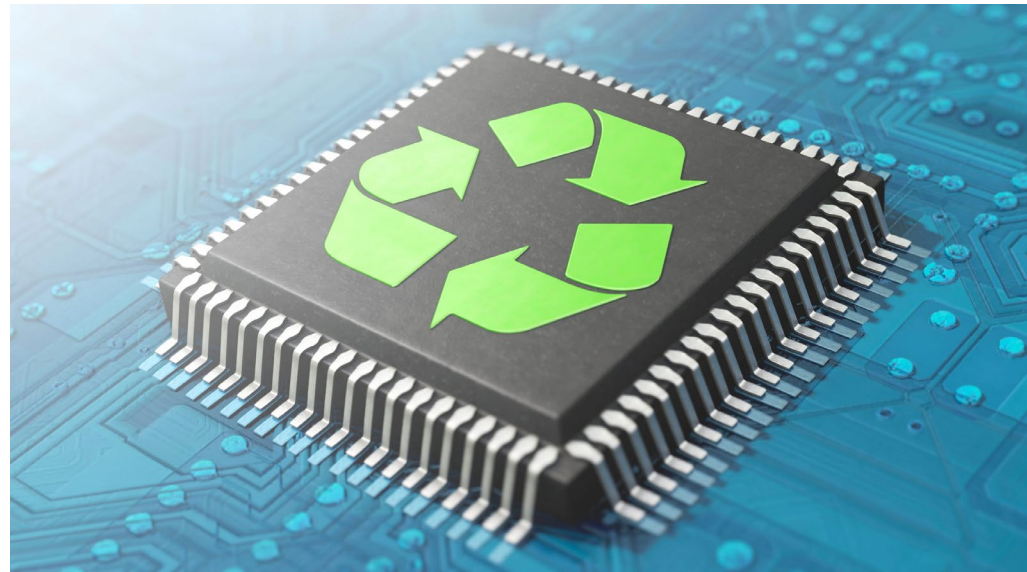
You may also access the Provider Manual directly at: <http://www.elpasohealth.com/pdf/providermanual.pdf>

# Electronic Usages

El Paso Health is encouraging electronic forms of communication.

The following items are currently available via the Provider Web Portal:

- ✓ Electronic Claims Submission (via Availity)
- ✓ Upload appeals
- ✓ Prior authorization submissions and amendments
- ✓ Direct Payments (ACH) forms to your financial institution
- ✓ Remittance Advice (RA) Reports.





# Early Childhood Intervention (ECI)

ECI encourages families not to take a "wait and see" approach to a child's development. As soon as a delay is suspected, children may be referred to ECI, even as early as birth.

➤ **Birth through 35 months:**

[Federal Regulation CFR Sec. 303.303 of Title 34 \(Education\)](#) requires a provider to refer children under age three to Early Childhood Intervention (ECI) as soon as possible, but no longer than 7 days of identifying a child with a delay or eligible medical diagnosis, even if also referring to an appropriate specialist.

➤ **Ages 3 years and older:**

The provider is encouraged to refer to the appropriate school district program, even if also referring to an appropriate specialist.



ECI Referrals can be made online, via fax 915-496-0750 or on the 24/7 referral line at 915-534-4324.

<https://www.elpasoeci.org/>

# STAR+PLUS: Continuity of Care Extension

El Paso Health has extended the transition and continuity of care provision for STAR+PLUS members through **August 31, 2025**.

## **Assessment & Prior Authorization Process:**

- Between June 1, 2025 through August 31, 2025, EPH will continue to issue authorizations as pending LTSS assessments are completed by service coordinators.

## **Claims Processing:**

- Claims will continue to be paid and continuity of care will be honored through August 31, 2025.



# STAR+PLUS: Continuity of Care Extension

**In preparation for the August 31, 2025 date, providers are asked to take the following actions:**

- Utilize the EPH authorization with an approved status that will be sent via fax for confirmation of identified services.
- Begin using the EPH approved authorization number when submitting a claim to EPH in order to ensure accurate billing.

EPH remains committed to ensuring continuity of care for our members, and we greatly appreciate your collaboration in maintaining this level of care.

[STAR+PLUS Members Extension of Continuity of Care Period to August 31, 2025](#)

EPH Contact Information for LTSS:

Phone: 833-742-3127

# Timely Documentation / Therapy Treatment

A REMINDER FROM



**El Paso Health**  
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

☒ STAR  
☒ CHIP  
☒ STAR+PLUS

Timely Documentation = Timely Therapy Treatment

**Attention Primary Care Providers:** To ensure EPH Medicaid and CHIP members receive the therapy services they need without delays, it is critical to send required request documents to therapy providers as soon as possible.

**Why it matters:**

- Therapy services (PT, OT, ST) require prior authorization.
- Missing or late documents can delay critical treatments.
- Timely care means better outcomes and healthier futures.

**What You Can Do:**

- Submit all evaluation referrals and supporting medical records promptly.
- Respond quickly to any requests for additional documentation.
- Double-check that forms are complete and signed before sending.

**Quick Tips for Success:**

- Assign a point person to track therapy requests.
- Set a standard goal to send documents within 48 hours of request.
- Communicate directly with therapy providers if questions arise.

If you have any questions or concerns regarding this communication please contact our Provider Relations Team!

www.elpasohealth.com

- To assist our Therapy Providers with receiving Timely Documentation back from the PCPs; a Fax Blast Reminder was sent out to All EPH Primary Care Providers on April 30<sup>th</sup> 2025.

- To access any provider communications, please visit our website at [www.elpasohealth.com](http://www.elpasohealth.com), click on the “Provider” tab under “Provider Updates”.

[April 30, 2025 – April Reminder – Timely Documentation](#)



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# Contact Information

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**Claudia Aguilar**

Provider Relations Coordinator  
Phone Number: 915-298-7198 ext.1049

**Vianey Licon**

Provider Relations Representative  
Phone Number: 915-298-7198 ext.1244

**Jose Chavira**

Provider Relations Representative  
Phone Number: 915-298-7198 ext.1167

**Ernestina Mata**

Provider Relations Representative  
Phone Number: 915-298-7198 ext.1233

**Luz Jara**

Provider Relations Representative  
Phone Number: 915-298-7198 ext.1276

**Liliana Jimenez**

Provider Relations Lead  
Phone Number: 915-298-7198 ext. 1018

**Lizbeth Silva**

Provider Relations Representative  
Phone Number 915-298-7198 ext. 1005

**Cynthia Moreno**

Provider Relations Manager  
Phone Number 915-298-7198 ext. 1044

**Provider Relations Department**

(915) 532-3778

[ProviderServicesDG@elpasohealth.com](mailto:ProviderServicesDG@elpasohealth.com)



**El Paso Health**

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## **Contracting and Credentialing Overview**

# Credentialing Verification Organization

El Paso Health utilizes Verisys as the credentialing, recredentialing and provider data management company.

- **Initial Credentialing** - Providers will need to submit a demographic form, W9 and the Texas Standardized Credentialing Application.
- **Recredentialing** - Providers will receive notifications from Verisys for recredentialing 6 months prior to due date.



# Credentialing and Contracting Process



- Credentialing Completed via Verisys



- Contract or Amendment Sent to Provider for Signature



- Provider Signs and Returns to Credentialing & Contracting Department



- Agreement Executed



- Provider Becomes In-Network


**Note:** The credentialing process may take up to 90 days to complete depending on the responsiveness and documentation accuracy.



# Demographic Form

- Any demographic changes  
(Office Hours, Age Range, Phone, Fax, etc.)
- Closing or opening panels (accepting new members)
- Practice name change or acquisitions

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



**El Paso Health**  
HEALTH PARTNERS FOR EL PASO COUNTY, EL PASO, TEXAS

915.532.3778 • email Contracting\_dept@elpasohealth.com

**PROVIDER DEMOGRAPHIC FORM**

*\*Please make sure to complete this form with all types of requests such as adding a new provider, location update, terminating a provider, any type of update. This form is required in order for any changes to be processed.*

---

Group/Facility Name: \_\_\_\_\_

Group/Facility Specialty: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Group NPI: \_\_\_\_\_ Group TPI: \_\_\_\_\_

Select Program: ☐ Medicaid ☐ CHIP/Perinatal ☐ STAR Plus ☐ Preferred Administrators ☐ HCO ☐ Medicare  
☐ PCP ☐ Specialist ☐ PCP/Specialist ☐ Hospital Based ☐ Home Health/DME ☐ PAS ☐ SNF ☐ Other \_\_\_\_\_

Include Provider Specialty: Specialty: \_\_\_\_\_ Subspecialty: \_\_\_\_\_

Last, First, M Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Individual NPI: \_\_\_\_\_ API: \_\_\_\_\_ TPI: \_\_\_\_\_

CAQH: \_\_\_\_\_ Medicare #: \_\_\_\_\_ LTSS X Code: \_\_\_\_\_

Professional Category: ☐ MD ☐ DO ☐ FNP ☐ ACNP ☐ PA ☐ CRNA ☐ Other: \_\_\_\_\_

Taxonomy number(s): \_\_\_\_\_

**\*If provider is not enrolled with CAQH, please provide a TDI Credentialing application w/current date and signature.**

Primary Practice Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Office Hours/Days: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

CLIA Number: \_\_\_\_\_ CLIA Type: \_\_\_\_\_

**\*Please provide CLIA numbers for each location.**

Secondary Location: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Office Hours/Days: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

CLIA Number: \_\_\_\_\_ CLIA Type: \_\_\_\_\_

Third Location: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Office Hours/Days: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

CLIA Number: \_\_\_\_\_ CLIA Type: \_\_\_\_\_

Fourth Location: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Office Hours/Days: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

CLIA Number: \_\_\_\_\_ CLIA Type: \_\_\_\_\_

915.532.3778 • email Contracting\_dept@elpasohealth.com

**PROVIDER DEMOGRAPHIC FORM**

Primary Sign Language (ASL) ☐ Other: \_\_\_\_\_

☐ Established Only ☐ Age Range: \_\_\_\_\_

☐ Female Only ☐ None ☐ Other: \_\_\_\_\_

Continuity training? ☐ Yes ☐ No

☐ Telemonitoring ☐ Targeted Case Management

Additional requirements? ☐ Yes ☐ No

\_\_\_\_\_ Tax ID: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ all credentialing contact information.

\_\_\_\_\_

\_\_\_\_\_

☐ Term ☐ Effective Date: \_\_\_\_\_

\_\_\_\_\_ LTSS X Code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ RINATE ☐ STAR+PLUS ☐ TPA ☐ HCO ☐ MEDICARE

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

1 | Page

Contract Type: ☐ Individual ☐ Group ☐ Ancillary/Facility ☐ Amendment ☐ LOA ☐ Par ☐ Non-Par

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

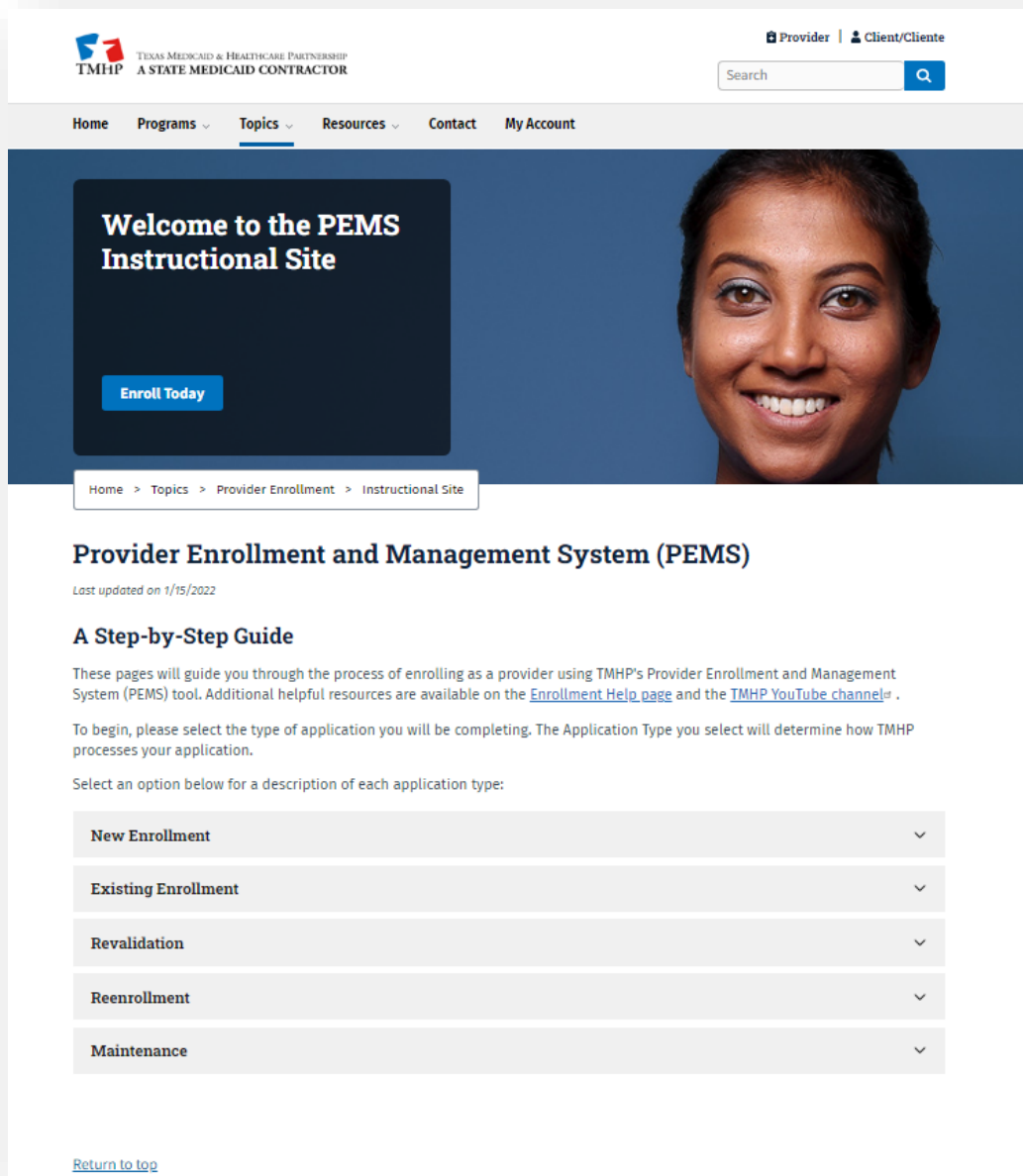
\_\_\_\_\_

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

2 | Page

# Provider Enrollment and Management System (PEMS)



The screenshot shows the 'Welcome to the PEMS Instructional Site' page. At the top, there is a header with the TMHP logo, navigation links (Home, Programs, Topics, Resources, Contact, My Account), and a search bar. A large banner features a woman's face and a 'Welcome to the PEMS Instructional Site' message with an 'Enroll Today' button. Below the banner, a breadcrumb trail reads 'Home > Topics > Provider Enrollment > Instructional Site'. The main heading is 'Provider Enrollment and Management System (PEMS)' with a subheading 'A Step-by-Step Guide'. The text explains that the pages guide users through enrolling as a provider and lists helpful resources. It then instructs users to select an application type from a list: New Enrollment, Existing Enrollment, Revalidation, Reenrollment, and Maintenance. A 'Return to top' link is at the bottom left.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

Provider | Client/Client

Search

Home Programs Topics Resources Contact My Account

Welcome to the PEMS Instructional Site

Enroll Today

Home > Topics > Provider Enrollment > Instructional Site

## Provider Enrollment and Management System (PEMS)

Last updated on 1/15/2022

### A Step-by-Step Guide

These pages will guide you through the process of enrolling as a provider using TMHP's Provider Enrollment and Management System (PEMS) tool. Additional helpful resources are available on the [Enrollment Help page](#) and the [TMHP YouTube channel](#).

To begin, please select the type of application you will be completing. The Application Type you select will determine how TMHP processes your application.

Select an option below for a description of each application type:

- New Enrollment
- Existing Enrollment
- Revalidation
- Reenrollment
- Maintenance

[Return to top](#)

Utilize PEMS system for the following:

- New Enrollment
- Existing Enrollment
- Revalidation
- Re-enrollment
- Maintenance – update demographic information

Log into PEMS account on a monthly basis to ensure accuracy of provider information.

[Provider Enrollment and Management System \(PEMS\) | TMHP](#)

# Texas Medicaid Provider Revalidation & Enrollment Flexibility Update

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## **Revalidation and enrollment gap closure flexibilities extended to Nov. 30, 2025**

Providers that have not yet begun the revalidation process should start as soon as possible.

### **Action Items for Providers:**

- Start revalidation **180 days before** your due date
- Verify their revalidation due date in **PEMS** → **Provider Information page**

### **Revalidation Due Date Extension**

- Providers due between **Dec. 13, 2024 – Nov. 30, 2025** receive:
  - **180-day automatic extension** in PEMS
- PEMS updates extensions daily for upcoming due dates

# Texas Medicaid Provider Revalidation & Enrollment Flexibility Update

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## Where to See Extension Info

- Extension will appear in **Revalidation Due Dates** column found on the Provider Information Page in PEMS
- Providers will receive **email notification** confirming their new revalidation due date

## Completion Reminder

- Revalidation is **not complete** until revalidation request is:
  - in **“Closed-Enrolled”** status in PEMS
- Submission is just the first step
- TMHP must **review and approve** the request

# Open / Close Panels

Currently El Paso Health has closed panels for the following specialties:

- PT, OT, ST providers
- DME providers (Open only for STAR+PLUS & Medicare Programs)
- Home Health Agencies (Open only for STAR+PLUS & Medicare Programs)
- Laboratories

# Contact Information

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**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**

[Contracting\\_Dept@elpasohealth.com](mailto:Contracting_Dept@elpasohealth.com)

915-532-3778





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## **Member Services Overview**

# Member Services

## Call Center Representatives

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

### **Our Member Services Department can assist with:**

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

You can reach our Member Services Department:

- STAR+PLUS Phone: 1-833-742-3127
- STAR & CHIP Phone: 1-877-532-3778

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

# Forms of Eligibility Verification

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- El Paso Health [Provider Web Portal](#)
- **Telephonically:**
  - STAR+PLUS: 1-833-742-3127
  - STAR & CHIP: 1-877-532-3778
- **Texas Medicaid Benefit Card**
- **TexMedConnect** ([User Guide](#)):
  - [MESAV](#): Providers can view Medicaid Eligibility and Service Authorization Verifications (MESAVs) electronically by using TexMedConnect. To prevent claim denials, providers must verify a person's eligibility for Medicaid services.
  - <https://secure.tmhp.com/TexMedConnect>

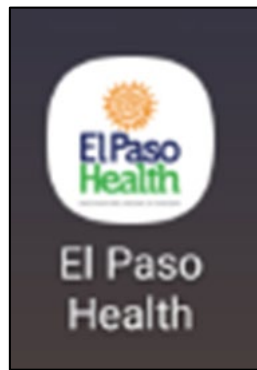
**Note:** It is recommended to verify Eligibility the first of each month using El Paso Health provider portal or by contacting Member Services

# El Paso Health Mobile App

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Members can perform a variety of functions on the El Paso Health Mobile App, to include:

- View and print a temporary ID
  - View eligibility information
  - Request a PCP change
  - View authorizations
  - Ask a question to one of our representatives
  - Request a new ID card
  - Find a Provider
  - View wellness information
  - View claims
- Members can download the **El Paso Health Mobile App** via Google Play or Apple Store.



# Healthy Rewards (to expire August 31, 2025)

## STAR & CHIP



Readers Today.  
Leaders Tomorrow.  
by El Paso Health

Two free books from the EPH Literacy Program for members in speech therapy.

[Click here for more information](#)



# Value Added Services

## STAR+PLUS

### El Paso Health STAR+PLUS Value Added Services 2024

	At Home		Nursing Facilities	
	Medicaid Only	Dual	Medicaid Only	Dual
 <b>Help Getting a Ride</b> A free ride service to help you get to appointments, health education classes, non-medical drivers of health locations, or Member Advisory Group meetings that are not covered under the NEMT benefit.	✓	✓	N/A	N/A
 <b>Dental Services</b> Dual eligible members receive up to \$2,000 each year for dental check-ups, x-rays, cleanings, filling and simple tooth extractions for members 21 and older for STAR+PLUS non-HCBS waiver members. Medicaid only members receive up to \$600 each year for dental check-ups, x-rays, and cleanings (no extractions) for members 21 and older.	✓ \$600 allowance	✓ \$2,000 allowance	✓ \$600 allowance	✓ \$2,000 allowance
 <b>Extra Vision Services</b> Medicaid only members get \$150 allowance every two years to be used on one pair of eyeglasses (lenses and frames) or contact lenses and get one routine eye exam every two years. Dual eligible members receive a \$300 yearly allowance and get one routine eye exam per year.	✓ \$150 biennial allowance	✓ \$300 annual allowance	✓ \$150 biennial allowance	✓ \$300 annual allowance
 <b>Extra Foot Doctor (Podiatry) Services</b> Additional routine foot doctor (podiatry) visits each year.	N/A	✓ 12 visits	✓ 4 visits	✓ 12 visits
 <b>Discount Pharmacy / Over-the-Counter Benefits</b> Up to \$140 once a year. \$35 gift card every three months for over-the-counter medicines and other medical or health-related supplies not covered by Medicaid, upon request.	✓	✓	N/A	N/A
 <b>Temporary Phone Help</b> El Paso Health Members ages 18 years and older eligible for the Federal Lifeline Program is offered at no cost to the member the exclusive El Paso Health Unlimited Plan that includes: An Android Smartphone, Unlimited Calling, Unlimited Text, Unlimited Data.	✓	✓	✓	✓
 <b>Emergency Response Services (ERS)</b> Emergency response services for STAR+PLUS non-HCBS waiver members age 21 and older.	✓	✓	N/A	N/A
 <b>Home Visits</b> Up to an extra 40 hours respite services for STAR+PLUS non-HCBS waiver members age 21 and older.	✓	✓	N/A	N/A

### El Paso Health STAR+PLUS Value Added Services 2024

	At Home		Nursing Facilities	
	Medicaid Only	Dual	Medicaid Only	Dual
 <b>Extra Hearing Services</b> Hearing aid allowance limited to \$2,000 every year.	N/A	✓	N/A	✓
 <b>Healthy Eats Program</b> Diabetic STAR+PLUS Non-HCBS waiver members can participate in the Healthy Eats Program and receive a \$50 gift card each quarter to obtain nutritious food.	✓	✓	✓	N/A
 <b>Delivered Meals</b> Receive up to 14 healthy meals delivered to their home after being discharged from a hospital or nursing facility for STAR+PLUS non-HCBS waiver members 21 and older.	✓	✓	N/A	N/A
 <b>Meal Planning</b> Four additional nutritional counseling/meal planning services for diabetic STAR+PLUS non-HCBS waiver members 21 and older.	✓	✓	N/A	N/A
 <b>Health Get Fit Program or a Home Fitness Kit</b> STAR+PLUS Non-HCBS waiver members have a choice of the El Paso Health Get Fit Program at the YMCA or a home fitness kit, or both.	N/A	✓	N/A	✓
 <b>Care Kit</b> Receive a free personal blanket, skid proof socks, an accessory tote bag, and a large print digital clock.	N/A	N/A	N/A	✓
 <b>Gift Programs</b> Members are eligible to receive a \$25 gift card as a Thank You from El Paso Health for completing the following Preventative Screenings: <ul style="list-style-type: none"> <li>• \$25 gift card for members after completing an annual wellness exam each year.</li> <li>• \$25 gift card for members that get an annual flu shot and COVID-19 vaccine.</li> <li>• \$25 gift card for members who have a follow-up doctor visit within 30 days of getting out of the hospital once a year.</li> <li>• \$25 gift card for members after completing an HbA1c blood test each year.</li> <li>• \$25 gift card for members after completing a diabetic eye exam each year.</li> <li>• \$25 gift card for female members ages 21-64 who get a recommended cervical cancer screening once every three years.</li> <li>• \$25 gift card for members that complete a doctor follow-up visit within 30 days of hospital discharge for a mental illness condition. Limit one gift card every 30 days.</li> </ul>	✓	✓	✓	✓

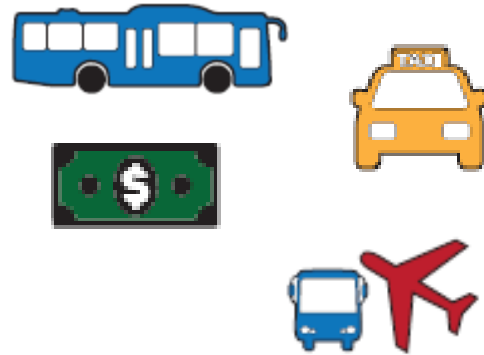


# Non-Emergent Medical Transportation (NEMT) Services

NEMT services provide transportation to non-emergency health care appointments for members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get Medicaid services. These trips do NOT include ambulance trips.

Access2Care, an El Paso Health Partner, may be able to help STAR, CHIP and STAR+PLUS members with Non-Emergent Medical Transportation (NEMT) to Medicaid Services, to include:

- Public transportation
- A taxi or van service
- Money to purchase gas
- Commercial transit



**Access2Care**

To request transportation:

- Members must call Access2Care at 1-855-584-3530 (STAR+PLUS) or 1-844-572-8196 (STAR and CHIP)
- Arrangements must be made at least two days before appointment or five days before if appointment is outside the county.

Phones are answered 24 hours a day, 7 days a week, 365 days a year.

# First Call Medical Advice Infoline / Behavioral Health Crisis Line

El Paso Health offers members a medical advice info-line at no cost. Members will receive immediate information to take care of your medical or health concerns.

**First Call: 1-844-549-2826**

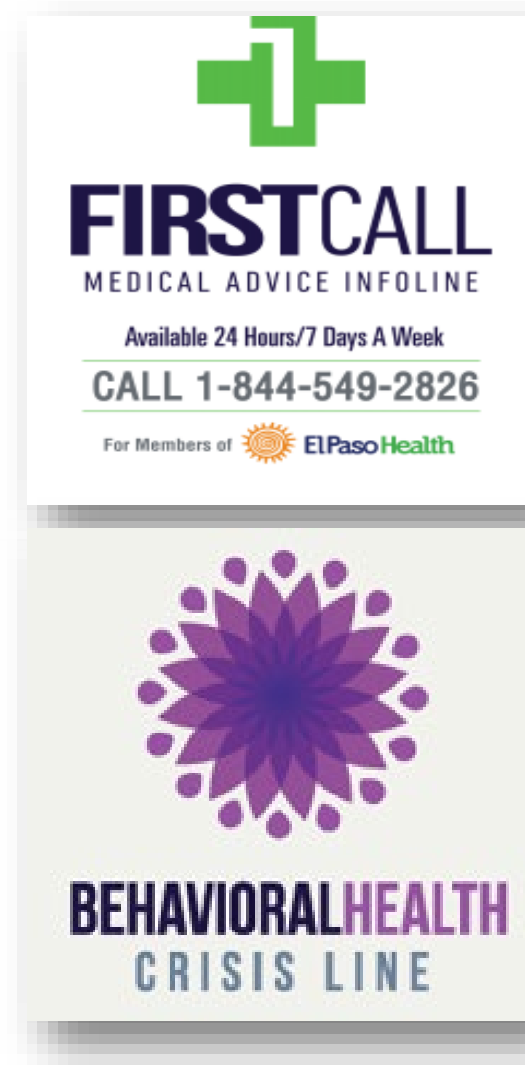
El Paso Health also offers members a crisis line for assistance with behavioral health.

**STAR: 1-877-377-6147**

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

**STAR+PLUS: 1-877-377-2950**

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





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## **Community Connection Unit**

# EPH is part of the Community Partner Program

In an effort to assist our members with their Medicaid/CHIP re-enrollments, El Paso Health applied with HHSC to become a Community Partner Program site. Several of our employees underwent certification and training to become Case Assistance Navigators. This allows us to assist with the application process.

If you have EPH members inquiring about their coverage or renewals, feel free to direct them to call us or visit our website to make an appointment. We have designated appointment dates and times throughout the week dedicated to assisting with this process.

## WILL YOUR MEDICAID BENEFITS END SOON?!

El Paso Health can help update your account -  
and maintain or transition your plan!

MAKE AN APPOINTMENT

EPHM6452301



Call or Visit  
El Paso Health  
for more info.

**915.532.3778**  
toll free 1.877.532.3778

[www.elpasohealth.com/MakeAnAppointment](http://www.elpasohealth.com/MakeAnAppointment)

# Food From the Heart Food Distribution

- El Paso Health, in collaboration with El Pasoans Fighting Hunger, hosts a **monthly drive-thru food pantry** to support the El Paso community.
- 📅 **When:** Typically held on the **last Saturday of each month** (dates may vary)
  - 🕒 **Time:** 9:00 a.m. – 11:00 a.m. (or until food supplies run out)
  - 🚗 **Format: Drive-thru only** – We ask people to remain in their vehicle during the distribution
- We are proud to serve our community and ensure access to essential food resources.



# Community Connection Unit

Health Equity is the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to achieve their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that influence access to care and health outcomes.

At **El Paso Health**, we are committed to eliminating barriers that prevent our members from achieving and maintaining their best possible health. One key initiative supporting this commitment is the implementation of the Community Connection Unit, established to address Non-Medical Drivers of Health (NMDOH)—also commonly known as Social Determinants of Health (SDOH).

This initiative will help us identify and reduce disparities related to:

- **Economic Stability**
- **Education Access and Quality**
- **Health Care Access and Quality**
- **Neighborhood and Built Environment**
- **Social and Community Context**

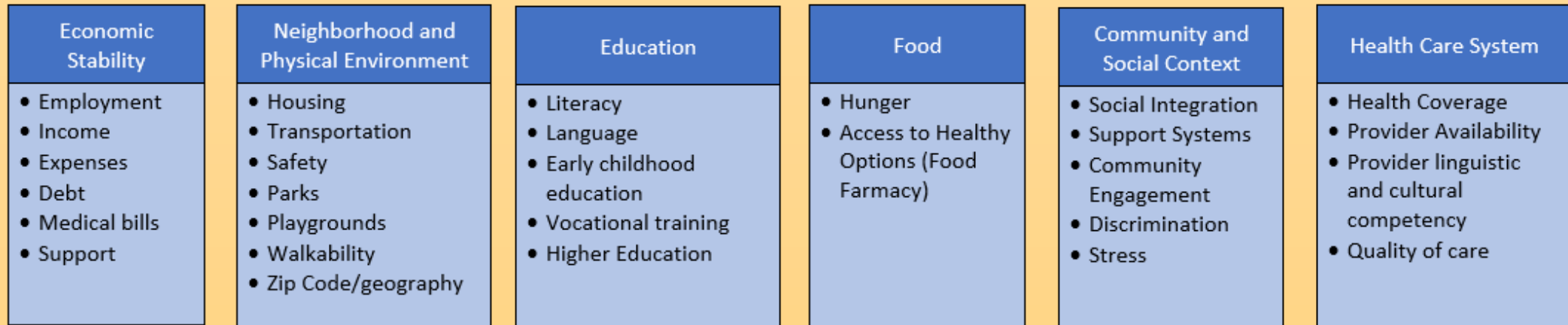


Through the Community Connection Unit, El Paso Health aims to promote health equity by connecting members to community-based services and resources, advocating for systemic improvements, and working collaboratively to reduce health disparities across the region.



# Non-Medical Drivers of Health Fundamentals

## Non-Medical Drivers of Health (NMDOH) Fundamentals



## Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

# Non-Medical Drivers of Health Referrals

If you identify any member with NMDOH needs you can contact the Community Connection Supervisor.

**Gabriela Mendoza**

Phone: (915) 532-3778 Ext 1076





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## **Health Services**

# Prior Authorization Catalog

El Paso Health has developed the Prior Authorization Catalog to help providers determine if a CPT code requires authorization for our STAR and CHIP programs and what supporting documentation you might need.

A9272	MECHANICAL WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER W/FREQUENCY/DURATION, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
-------	--	--	--	---------------------	------------	------------

[Prior Authorization Tool and Catalog](#) may be found on our website at [www.elpasohealth.com](http://www.elpasohealth.com) in the Providers tab

The screenshot displays the El Paso Health website interface. At the top, there is a navigation bar with links for 'Español', 'Call us at 915-532-3778', 'Outside El Paso 877-532-3778', 'Hours of Operation 8:00 A.M. – 5:00 P.M. MST', 'Provider Login', 'Member Login', and 'Careers'. Below this is a search bar and a dropdown menu for 'Providers'. The 'Providers' dropdown menu is open, showing a list of links: 'Provider Forms', 'Contracting and Credentialing', 'Out of Network Provider Enrollment', 'Provider Enrollment', 'Quality Improvement Program', 'Case Management Referral Form', 'Texas Health Steps Information for Providers', 'Clinical Practice Guidelines', 'HHSC Updates for Providers', 'Prior Authorization', 'Prior Authorization Tool', 'Prior Authorization Catalog', and 'Electronic Visit Verification'. The 'Prior Authorization Tool' and 'Prior Authorization Catalog' links are highlighted with a red box. The main content area features a large image of a person's arm holding a white container, with the text 'Helping you look after wha' and a 'Learn More' button. At the bottom, there is a 'Welcome to El Paso Health' message and the El Paso Health logo.

# Prior Authorization Tool

- All questions on the table must be answered in order to be able to search for CPT codes.
  - A 'yes' answer to any of the questions will automatically require a prior authorization.
  - Answering 'no' to all questions on the table will prompt the CPT code search query.
- Enter your CPT code and click Search to determine if prior authorization is required for that specific code.
- Providers may search up to four CPT codes at a time.

Please answer all of the following questions to determine if an authorization is needed:

Types of Services	Yes	No
Are services being provided by an out-of-network Provider?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving oral surgery services?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving plastic and reconstructive surgeon services?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving venous surgical procedures/services?	<input type="radio"/>	<input checked="" type="radio"/>

To determine if an authorization is needed enter CPT code below.

CPT code: 1:  2:  3:  4:

**99214 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING**

No authorization is required.

**97110 - THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY**

Authorization is required.

**E0445 - Oximeter device for measuring blood oxygen levels non-invasively**

No authorization is required, unless the following condition is met  
Conditions: Over \$300 unless Orthotics/Prosthetics which is over \$200

<http://www.elpasohealth.com/providers/medicaid-chip-prior-authorization/>

# Authorization Requests & Hours of Operation

EPH accepts Authorization Requests using various methods:



Electronically via EPH Provider Web Portal



Fax

\*Outpatient (915)298-7866 or Toll Free (844)298-7866

\*Inpatient (915)298-5278 or Toll Free (844)298-5278



Walk-in / Mail

**Walk-in Address:** 1145 Westmoreland Dr. El Paso, TX 79925-5615

**Mailing Address:** P.O. Box 971100, El Paso, TX 79997-1100



Telephonically

**STAR:**  
**STAR+PLUS:**

Phone: 915-532-3778 or Toll-Free 888-532-3778

Toll-Free: 833-742-3127

## Business Hours:

Monday – Friday, 8:00AM – 5:00PM (MST)

Authorizations are accepted during these hours.

## After-Hours Access:

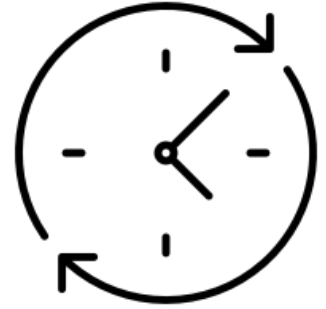
El Paso Health Medical Director (or designee) available via answering service.

Calls will be transferred accordingly.

# Turnaround Times

## Turnaround Times:

Request Type	Turnaround Time
Standard (Medicaid/Medicare)	3 business days
Standard (CHIP/TPA)	2 business days
Expedited	24 hours
Retrospective	30 days (starts 5 business days after received date)



**\*\*\*Keep in mind:** The day the authorization request is received is considered **Day 0**; turnaround time starts until the next **business** day.\*\*\*

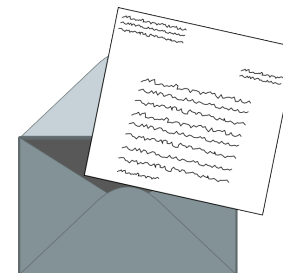
## Extension for Additional Information Requests:

- Turnaround time can be extended **up to 14 calendar days**

## Notification of Extension:

- **Provider:** Receives Fax
- **Member:** Receives Mailed Letter


*(Notification includes: New Due Date printed on the Letter)*



# Essential Information

**Essential information is required to complete Standard Prior Auth request regardless of method received.**

- Member Name
- Member DOB
- Requesting Provider Name
- Requesting Provider NPI
- Services requested (CPT/HCP/PCS)
- Start & End Dates (DOS)
- Units (except for surgical procedures)

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**IMMEDIATE ATTENTION REQUIRED**

Date: 3/18/2021 12:05:46 PM

To Company: EPH Attention: EPH

To Fax No: 1 915-298-7866

Re: Member ID: \_\_\_\_\_ Auth No: \_\_\_\_\_

From: El Paso Health Phone No: 915-532-3778  
Health Services Department Toll Free Phone No: 877-532-3778  
1145 Westmoreland Drive Fax No: 915-298-7866  
El Paso, TX 79925 Toll Free Fax No: 844-298-7866

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**Comments:**  
We are in receipt of your authorization request for <Member Name> (Member I.D. No. \_\_\_\_\_).  
However, you submitted the authorization request without the essential information and cannot be processed.

**\*\*List of what is incorrect, illegible, and missing will be here\*\***

Please correct and resubmit your authorization request in its entirety with this fax coversheet to honor your start of care.

Thank you for your attention to this matter.

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# Web Portal Authorization Submissions

When submitting a prior authorization for therapy services, based on how the provider is contracted it depends how the authorization needs to be filled out.

## Group Providers

**Provider Information**

Requesting Provider	Servicing Provider <input type="checkbox"/> Same as Requesting Provider	Facility
<b>Enter Therapist Name</b>		<b>Enter Group Name</b>
Provider Last Name or Org Name	Provider Last Name or Org Name	Facility Name
Provider First Name	Provider First Name	TIN *

## Facility Providers

**Provider Information**

Requesting Provider	Servicing Provider <input type="checkbox"/> Same as Requesting Provider	Facility
		<b>Enter Group Name</b>
Provider Last Name or Org Name	Provider Last Name or Org Name	Facility Name
Provider First Name	Provider First Name	TIN *

## Individual Providers

**Provider Information**

Requesting Provider	Servicing Provider <input type="checkbox"/> Same as Requesting Provider	Facility
<b>Enter Individual Therapist Name</b>		
Provider Last Name or Org Name	Provider Last Name or Org Name	Facility Name
Provider First Name	Provider First Name	TIN *

# Fax Authorization Submissions

When submitting a prior authorization for therapy services, based on how the provider is contracted it depends how the authorization needs to be filled out.

## Individual Providers

For **Individual Providers** – Enter therapist name under the “Requesting Provider”

### SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name:		Name:	
NPI #:	Specialty:	NPI #:	Specialty:
Phone:	Fax:	Phone:	Fax:

## Group of Providers

For **Group Providers** - Enter Therapist Name under “Requesting Provider” and Group’s Name under “Service Provider or Facility”

### SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name:		Name:	
NPI #:	Specialty:	NPI #:	Specialty:
Phone:	Fax:	Phone:	Fax:

## Facility Providers

For **Facility Providers** - Enter Facility’s Name on “Requesting Provider or Facility”

### SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name:		Name:	
NPI #:	Specialty:	NPI #:	Specialty:
Phone:	Fax:	Phone:	Fax:

# Prior Auth Process for Therapy Services



## PA Request should include:

- Date range within 180 days of therapy starting
- CPT codes and relevant Diagnosis codes
- Modality being requested (PT/OT/ST)
- Plan of care with SMART goals,
- Any pertinent physician clinicals or Well Child Visit



## Important Reminders:

- ❖ Submit Prior Authorization Request for continued therapy **no earlier than 30 days** before current authorization ends.
- ❖ Submission of Physician's Order to Evaluate/Re-evaluate is **no longer required**.

Recommendation: Keep on file in case of an audit.

## Please Note:

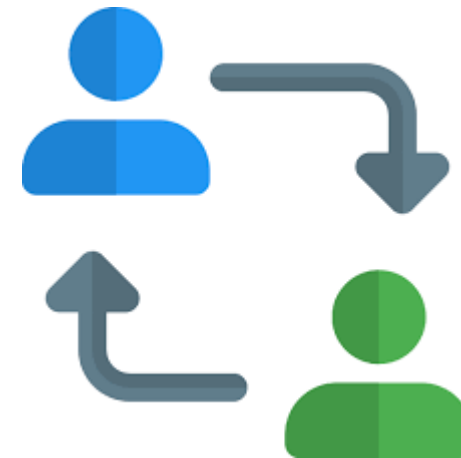
- El Paso Health will request additional information if any of the above is missing.
- EPH Medical Director will consider the recommended frequency by the Physician and not the Therapist.

# Change of Provider – Authorization Requirements

If therapy is discontinued during an active authorization period and the member switches to a new provider outside the current group:

The **new provider** must submit a New Authorization request, including:

- **Change of Provider Letter**
  - Signed by the responsible party
- **End Date with Previous Provider**
  - Last date of service
- **Provider Details**
  - Names of both the **previous** and **new** providers



## Change Within Same Group

- Use existing evaluation and plan of care
- Authorization period remains unchanged

# Speech Therapy

## Additional Evaluation and Documentation Requirements for Speech Therapy

- **Language evaluations**—Oral-peripheral speech mechanism examination and formal or informal assessment of hearing, articulation, voice and fluency skills;
- **Speech production (voice)**—Formal screening of language skills, and formal or informal assessment of hearing, voice and fluency skills;
- **Speech production (fluency and articulation)**—Formal screening of language skills, formal or informal assessment of hearing, voice and fluency skills;
- **Oral Motor/Swallowing/Feeding**—In addition to formal screening of language skills, formal or informal assessment of hearing, voice, and fluency skills, if swallowing problems and/or signs of aspiration are noted, then a statement indicating that a referral has been made to the client's prescribing provider to consider a video fluoroscopic swallow study must be included.

### Important Notes:

- Submit 1 authorization per discipline per provider
- 2 Speech Therapy Codes: like **Feeding-Swallowing therapy** and **Speech therapy** cannot be billed on the same day (cannot be moving dates on authorization)

# Peer to Peer Reviews



- Peer to peer reviews are offered prior to an Adverse Determination via fax notification.
- Peer to Peer Reviews can **only** be held **Physician to Physician**
- The ordering Physician (PCP or Specialist) has 24 hours to schedule a peer to peer review for services

# PT, OT, and ST Procedure Codes

PT, OT, and ST treatment procedure codes are either time-based and billable in units or untimed and billable per daily encounter.

## 5.5.1 Timed PT and OT Treatment Procedure Codes

All time-based PT and OT treatment procedure codes are cumulatively limited to one hour per date of service per discipline (4 units).

The following time-based PT and OT treatment procedure codes must be billed in 15 minute increments and are limited to a combined total of 2 units (thirty minutes) per date of service per discipline:

Procedure Codes	
97034	97035

The following time-based PT and OT treatment procedure code must be billed in 15 minute increments, is limited to a combined total of 3 units (45 minutes) per date of service per discipline, and is not payable in the home or other setting:

Procedure Codes
97036

The following time-based PT and OT treatment procedure codes must be billed in 15 minute increments and are limited to a combined total of 4 units (one hour) per date of service per discipline:

Procedure Codes									
97032	97033	97110	97112	97113	97116	97124	97140	97530	97535
97537	97542	97750	97760	97761	97763				

**Note:** Procedure code 97113 is not payable to home health agencies.

## 5.5.3 ST Treatment Procedure Codes

Individual speech treatment is limited to one encounter per date of service per provider. Only one of the following individual speech treatment procedure codes will be reimbursed per date of service:

Procedure Codes	
92507	92526

An encounter for speech therapy individual treatment is defined as face-to-face time with the patient and/or caregiver for a length of time compliant with nationally recognized professional speech-language pathology standards for a typical session.

The following group speech therapy procedure code is limited to once per date of service:

A modifier must be used to indicate when treatment services have been rendered by a licensed therapist/physician or a therapy assistant under supervision of a licensed therapist.

The following modifiers are not required for evaluation or re-evaluation codes because those services may not be rendered by therapy assistants.

Modifier	Description
UB	Services delivered by a licensed therapy assistant under supervision of a licensed therapist
U5	Services delivered by a licensed therapist or physician



# METHOD for Counting Minutes in 15-Minute Units for Timed Procedure Codes

## Billing Method for 15-Minute Time Procedure Codes

- **1 unit = 15 minutes** of billable service
- Total daily billable minutes  $\div$  **15 = units of service**

### Rounding Rules:

- **> 7 minutes** = round **up** to 1 unit
- **$\leq$  7 minutes** = round **down** to 0 units

**For Example:** 68 total billable minutes/15 = 4 units + 8 minutes. Because the 8 minutes are more than 7 minutes, those 8 minutes are converted to one unit. Therefore, 68 total billable minutes = 5 units of service.

- **68 minutes  $\div$  15 = 4 units + 8 minutes**
- 8 minutes  $>$  7  $\rightarrow$  **add 1 unit**
- **Total = 5 units**

When providers are counting minutes for timed procedure codes, the time intervals for 1 through 8 units are as follows:

Units	Number of Minutes
0 units	0 minutes through 7 minutes
1 unit	8 minutes through 22 minutes
2 units	23 minutes through 37 minutes
3 units	38 minutes through 52 minutes
4 units	53 minutes through 67 minutes
5 units	68 minutes through 82 minutes
6 units	83 minutes through 97 minutes
7 units	98 minutes through 112 minutes
8 units	113 minutes through 127 minutes



# Friendly Reminders



## **Please Do Not:**

- Request evaluation or re-evaluation codes on prior authorizations dated 8/1/23 or later
- Submit all disciplines on one request
- Re-use the same order that has already been used in previous authorizations
- Bill a therapy CPT and an evaluation CPT code for one evaluation assessment
- Bill two different initial evaluation codes for the same discipline for the same patient within 3 years
- Request un-payable codes
  - For example: Submission of G0283 and 97010 are not payable and should not be included on the prior auth request. These will delay authorizations.

Additionally, help us by reviewing the specific elements in the TMPPM, that are required for:

- Chronic vs. Acute
- Initial vs. Recertification

# Case Management Referrals

CASE MANAGEMENT/SERVICE COORDINATION REFERRAL FORM		
<b>To: El Paso Health</b> <b>ATTN: Case Management</b> <b>Phone: (915) 532-3778 ext. 1500</b> <b>Fax: 915-298-7866</b>		<b>FROM:</b> _____ <b>(Physician's Office Name)</b> <b>OFFICE CONTACT PERSON:</b> _____ <b>FAX NUMBER:</b> _____ <b>TELEPHONE NUMBER:</b> _____
<b>Member Name:</b> _____	<b>Medicaid/CHIP ID #:</b> _____	<b>DOB:</b> _____
<b>Member Contact Number:</b> _____	<b>Member Address:</b> _____	
<b>REASON FOR REFERRAL (check all that apply and add comments when applicable):</b>		
<input type="checkbox"/> <b>HIGH RISK PREGNANCY</b>		
<input type="checkbox"/> <b>BEHAVIORAL HEALTH</b>		
<input type="checkbox"/> <b>ASTHMA</b>		
<input type="checkbox"/> <b>HEART DISEASE</b>		
<input type="checkbox"/> <b>DIABETES</b>		
<input type="checkbox"/> <b>SPECIAL HEALTH CARE NEEDS</b> (individuals who have a behavioral/medical condition that is expected to last more than 12 months)		
<input type="checkbox"/> <b>SOCIAL WORK/SOCIAL DETERMINANTS OF HEALTH</b>		
<input type="checkbox"/> <b>OBESITY</b>		

**PRESENTING CONCERN:**

- ☐ Assistance locating covered services
- ☐ Coordination of care
- ☐ Non-compliance with treatment plan
- ☐ Assistance obtaining durable medical equipment/medical supplies (i.e. nebulizer, peak flow meter)
- ☐ Patient education (i.e. symptom management, self-management strategies, diabetes education)
- ☐ Assistance accessing treatment for behavioral health diagnosis
- ☐ Social concerns (i.e. SDOH), please specify concern(s): \_\_\_\_\_
- ☐ High risk pregnancy, please specify condition/concern: \_\_\_\_\_
- ☐ Access to community resources (i.e. support/advocacy groups, basic needs)
- ☐ Positive Maternal Depression Screening

## Case Management Programs:

- Behavioral Health Case Management
- Disease Management
- OB-Case Management
- Medical Case Management
- Medicare-DSNP Service Coordination
- Complex Medical Case Management

# How Can A Case Manager Help Our Members?

**We are dedicated to promoting the highest quality care available and provide our members with:**

- Resources to enhance health education.
- Pregnancy planning.
- Health promotion.
- Education for reproductive age women and adolescents.
- Comprehensive assessments.
- Service Coordination and collaboration with our valued providers.



**Our members are encouraged to:**

- Discuss available services in detail.
- Obtain education about how to access emergency services, OB/GYN, and specialty care.

**Providers may refer members by submitting the [Case Management Referral Form](#) found on our website at [www.elpasohealth.com](http://www.elpasohealth.com).**

- Form must be faxed to 915-298-7866, attention: Case Management

# Contact Information

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## **Vianka Navedo-Sanchez**

Health Services Director

(915) 532-3778 ext. 1135

## **Celina Dominguez**

Health Services Administrative Manager

(915) 532-3778 ext. 1091

## **Carolina Castillo**

Utilization Management Manager

(915) 532-3778 ext. 1122

## **Jesus Ochoa**

Care Coordinator Manager

(915) 532-3778 ext. 1017



## **STAR+PLUS: Service Coordination**

# Service Coordination

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Service Coordination is a specialized case management service for members who need or request it.

Service Coordination provides the following:

- Single Point of Contact for the Member
- Assessments reviews and develop a plan of care utilizing input from the member, family, and providers.
- Assists in coordinating services and the care provided to our members.
- Assistance with directing members through the health care system, referrals, and authorizations to help meet our members' needs.
- Utilizes a multidisciplinary approach in meeting members' medical and behavioral health needs.
- Conducts mandatory telephonic or face-to-face contacts.

To reach an El Paso Health Service Coordinator you may contact [1-833-742-3127](tel:1-833-742-3127).

# Service Coordination Hotline

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



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



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## **Claims Department**



# Therapy Modifiers

Modifier	Description
GP	Physical Therapy
GO	Occupational Therapy
GN	Speech Therapy
UB	Services delivered by a licensed therapy assistant under supervision of a licensed therapist
U5	Services delivered by a licensed therapist or physician

***Reminder:*** Modifiers are required on all claims except when billing evaluation and re-evaluation procedure codes.

# Re-Evaluations

## 60 days vs 180 day

Therapy Type	Re-Evaluation Allowed Frequency	Must Include with...	Timing
Acute	Once every 60 days	Recertification	Within 60 days before auth ends
Chronic	Once every 180 days	Recertification	Within 60 days before auth ends

### Additional Notes

- Evaluations are untimed CPT codes; they're reimbursable once every three years to the same provider.
- Routine progress updates aren't counted as re-evaluations; only formal, documented re-evals are billable.
- If there's a significant change in medical condition or a provider change, additional re-evaluations may qualify, even outside the standard timeframe .

### Best Practices

- Schedule re-evaluations 60 days prior to authorization expiration.
- Ensure all required signatures and documentation are current and complete.

# Telemedicine Billing Reminders

## Telemedicine Modifiers

95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
FQ	Outpatient mental health services provided by synchronous telephone (Audio-Only) technology must be billed using modifier FQ
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive (Audio-Only) Telecommunications System

## Place of Service Codes

02	The patients attend the telehealth appointments anywhere other than their own homes (e.g., a hospital or skilled nursing facility)
10	Telehealth services provided to patients who attend the appointments in their own homes

Note: Claim will deny if submitted only with modifier for telemedicine and invalid POS code or vice versa

# Electronic Claims

## Payer ID Numbers

Claims are accepted from:

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

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

# Top Claim Denials

**111) Missing/incomplete/invalid provider identifier**  
**151) Code is for informational purposes only. No payment required.**  
**151) Missing/incomplete/invalid provider identifier**  
**155) Benefit has age restrictions; 185) Location-specific benefit does NOT match claim**  
**203) No Benefit for Service**  
**205) Benefit Requires Prior Authorization**  
**216) 377) No COB entered with a secondary enrollment**  
**252) Pend claim if COB is 0 on secondary enrollment claim; 915) Resubmit with primary EOB.**  
**272) Member does not have coverage code required on benefit**  
**293) This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement**  
**519) 531) 532) 533) Duplicate Claim**  
**607) Prior authorization not for same member.**  
**609) Authorization number invalid for DOS.; 610) Prior authorization services do not match claim.**  
**610) Prior authorization services do not match claim.**  
**611) Prior authorization has no units available.**  
**9068) (NPD) NOT A PRIMARY DIAGNOSIS**  
**915) (DOB) PATIENT DOB IS MISSING OR INVALID**  
**915) Claim payment amount exceeds maximum allowed**  
**915) Missing/incomplete/invalid patient birth date.**  
**9243) Maximum frequency exceeded**  
**9523) Required modifier missing**  
**9537) Unbundled procedure on current or history claim**

# Timely Filing Guidelines

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## Initial Filing Deadline:

- Claims must be submitted within 95 days from the date of service (DOS).

## Reprocessing or Reconsideration:

- Requests must be submitted within 120 days from the remittance advice date.
- Corrected claims must utilize the appropriate frequency code—such as '7' for replacement or '8' for void—and must reference the most recently processed claim number.

## Key Tips:

- Verify eligibility and claim status via Portal.
- Keep proof of timely submission (e.g., transmission reports).
  - *Note: Only reports accepted or rejected from the clearinghouse will be honored. Office notes indicating claims were submitted on time or personal screen prints of claim submissions are not considered proof of timely filing.*
- Late claims may be denied

# Corrected Claim Submission Reminder

HCFA (CMS-1500) vs. UB-04 (CMS-1450)

Form Type	CMS-1500	UB-04
<b>Corrected Indicator</b>	Box 22: Resubmission code = 7	Bill Type: 3rd digit = 7 (e.g., 117, 137)
<b>Original Claim Ref</b>	Box 22 – Previous claim number	Form Locator 64 – Previous claim number
<b>EDI Location</b>	Loop 2300, REF*F8	Loop 2300, REF*F8
<b>Common Use</b>	Office/Professional corrections	Hospital, SNF, Outpatient, Home Health
<b>Do NOT</b>	Submit as new or Appeal	Use original bill type (e.g., 131 instead of 137)

## Key Reminders

- Corrected claims must be submitted within the timely filing deadline.
- Do not submit a corrected claim through the appeals process, unless instructed to do so.
- Claims submitted without proper formatting may be denied or treated as duplicates.

**Note:** Submitting the same request multiple times through claims or appeals will not expedite processing and may result in delays or denials.

# Claim Reconsideration vs. Appeal – Key Differences

	Claim Reconsideration	Appeal
<b>Purpose</b>	Request to re-review a claim due to potential processing error	Challenge a denial or adverse decision based on medical necessity or policy
<b>Focus</b>	Administrative/technical issues (e.g., coding, timely filing)	Clinical or coverage-related issues (e.g., service denial, level of care)
<b>Initiated By</b>	Typically the provider	Provider or Member
<b>Documentation Needed</b>	Corrected Claim	Often requires medical records, provider letter, or peer review
<b>Outcome Possibilities</b>	Payment adjustment, claim approval	Overturn of denial, continuation of care, or upheld denial

## Quick Analogy:

Think of a reconsideration like asking for a double-check on a math problem (did someone input something wrong?), while an appeal is more like arguing that the rule used to grade the problem was unfair or incorrectly applied.





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## **Complaints and Appeals**

# Provider Appeals

A request for reconsideration of a previously dispositioned claim.

- Complete Denial of Claim
- Partial Denial of Claim

## **What to Submit**

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

## **How to Submit**

- Fax: 915-298-7872
- Web Portal
- Email: [Complaints&AppealsTeam@elpasohealth.com](mailto:Complaints&AppealsTeam@elpasohealth.com)
- Mail : El Paso Health

Complaints and Appeals Dept.  
1145 Westmoreland Drive  
El Paso, TX 79925

# Provider Appeal Levels

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

(Provider Appeals Process has been **Exhausted**)
- Submit a Complaint to:
  - HHSC (STAR & STAR+PLUS)
  - TDI (CHIP)



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## **Abuse, Neglect and Exploitation**

# Abuse, Neglect, Exploitation

## Abuse:

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

## Neglect:

- Results in starvation
- Dehydration
- Over medicating or under medicating
- Unsanitary living conditions, etc.
  - \* Neglect also includes lack of heat, running water, electricity, medical care, and personal hygiene

## Exploitation:

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



# Reporting Abuse, Neglect, and Exploitation

The law requires that you report suspected Abuse, Neglect, or Exploitation.

- Call 9-1-1 for life-threatening or emergency situations.
- Report by Phone (non-emergency) 24 hours a day, 7 days a week, toll-free by calling DADS at 1-800-647-7418 if the person being abused, neglected, or exploited lives in or receives services from a:
  - Nursing Facility
  - Assisted living facility
  - Adult day care center
  - Licensed adult foster care provider
  - Home and Community Support Services Agency (HCSSA) or home health agency
- Suspected Abuse, Neglect or Exploitation by a HCSSA must also be reported to the Department of Family and Protective Services (DFPS) by calling 1-800-252-5400.
- Report Electronically (non-emergency) at <https://txabusehotline.org>. This is a secure website, you will need to create a password-protected account and profile.



When reporting abuse, neglect, or exploitation, it is helpful to have the names, ages, addresses, and phone numbers of everyone involved.

# Reporting Abuse, Neglect, and Exploitation

El Paso Health Network Providers, who have received ANE report findings on El Paso Health Members from the DFPS or DADS, must submit a copy of the report to El Paso Health within ONE business day from the date the report is received.

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

Additional information and resources regarding ANE can be found on El Paso Health website:  
<https://www.elpasohealth.com/members/hhsc-news/abuse-neglect-and-exploitation/>





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## **Special Investigations Unit (SIU)**



# SIU Team Purpose

- Texas requires all Managed Care Organizations like El Paso Health to establish a plan to prevent and detect Waste, Abuse, and Fraud (WAF).
- This plan is carried out by El Paso Health's Special Investigations Unit (SIU).
- El Paso Health SIU Team conducts monthly audits of our network providers and members.
- We will request Medical records for review to prevent FWA in accordance with Texas Administrative Code.



# What We Look For

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

- **Documentation**

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

- **Billing and Reimbursement Compliance**

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

- **Authorizations**

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

- **Staffing**

- Review whether the facility maintains adequate staffing levels and whether staff qualifications meet required standards. To include provider enrollment with TMHP and El Paso Health.

# Medical Records Request

For regular audits we will send providers the request for medical records as follows:

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



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

Extension may be granted but **must be requested in writing before the Records Request due date.**  
**(Email is an acceptable form of communication)**

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

# Methods to Submit Medical Records



- **Fax:** 915-225-1170



- **Email:** [amacias@elpasohealth.com](mailto:amacias@elpasohealth.com) or [JHerrera2@elpasohealth.com](mailto:JHerrera2@elpasohealth.com)



- **Datavant** (formerly Ciox Health)



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



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



Date

[Provider Name]

[Provider Mailing Address]

[Provider City, State Zip Code]

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

Dear [Provider],

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

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

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

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

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

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

## Medical Records Request Letter Sample



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# External Audits

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

EPH is not involved with these audits.

Make sure you check the letterhead to see who is requesting medical records.



**Inspector General**  
Texas Health and Human Services



**KEN PAXTON**  
ATTORNEY GENERAL *of* TEXAS

# Missing/Incomplete Medical Records

It's important to send the entire medical record as requested.

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

Some examples include:

- Omitted In/Out Times
- Initial Evaluations
- Provider Signatures



When records are submitted, providers will sign an attestation to the number of pages included. After attestation signature, additional records will not be accepted.

# Closing the Review



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

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

- The dispute/appeal will be handled by the SIU team.

(The review of appeal for the Audit is not handled by the Complaints & Appeals Department or any other department at El Paso Health)

- You may not dispute claims for which you did not provide any documentation.

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



# Waste, Fraud and Abuse Hotlines

## El Paso Health

- 1-866-356-8395

## Office of the Inspector General

- 1-800-447-8477

## Office of the Attorney General (State Auditors Office)

- 1-800-735-2989

# SIU Contact Information

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When in  
doubt,  
reach out!

Waste, Fraud, Abuse Hotline: (866) 356-8395

**Vanessa Berrios, Director of Compliance**

(915) 298-7198 ext.1040

[vberrios@elpasohealth.com](mailto:vberrios@elpasohealth.com)

**Jennifer Herrera, SIU Manager**

(915) 298-7198 ext.1228

[jherrera2@elpasohealth.com](mailto:jherrera2@elpasohealth.com)

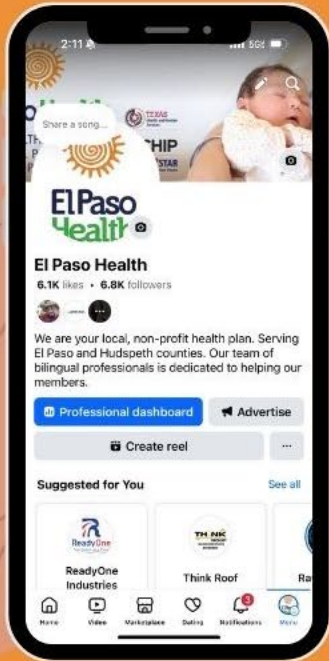
**Alina Macias, SIU Claims Auditor**

(915) 298-7198 ext. 1108

[amacias@elpasohealth.com](mailto:amacias@elpasohealth.com)



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**For more information:**

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(915) 532-3778



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