Welcome Providers!

Provider Quarterly Orientation
February 27, 2014

EL PASO FIRST
Health Plans inc.

Agenda

- Welcome & Introductions
- Credentialing & Re-credentialing - Provider Relations
- Texas Health Steps / Migrant Program Updates - C.A.R.E. Unit
- Pharmacy Updates - Health Services
- Behavioral Health Authorizations & Asthma Management - Health Services
- Accessibility & Availability - Quality Improvement
- CMS-1500/NDC/ICD-10 Overview - Claims
- Complaints & Appeals Process - Compliance
- Cultural Competency - Member Services
- Affordable Care Act Updates - TPA
- Preferred Administrators Important Updates - TPA

EL PASO FIRST
Health Plans inc.

Provider Relations Department

Corina Diaz

Provider Relations Representative

EL PASO FIRST

Health Plans inc.

Credentialing

- Initial Credentialing – new to the network
- Demographic form
- W9
- Texas Standardized Credentialing Applications (TSCA 07) Facility Application
- El Paso First Checklists
- Missing/incomplete information requests will be attempted via emails, faxes, and by phone on a weekly basis.
- Incomplete application cannot be held for more than 30 days and will be returned by certified mail
- Credentialing and Peer Review Committee (CPRC) meet every 1st Wednesday of each month

(CPRC meeting dates are subject to change)

EL PASO FIRST
Health Plans inc.

Recredentialing

Recredentialing is a requirement every ***3 years***

- 1st Request 90 day notification of recredentialing expiration date claims denial if application is not received.
- 2nd Request 60 day notification of recredentialing expiration date claims denial if application is not received.
- 3rd Final Request 30 day sent certified mail indicating expiration date and claims denial if date of expiration is exceeded.

Any applications received after date of expiration will be considered as new and initial applications and claims will deny until process is finalized.

EL PASO FIRST
Health Plans inc.

Demographic Form

Very Important

The information on the W-9 must match the provider billing information on the demographic form

EL PASO FIRST Health Plans inc. Telephone: (915) 532-3778, Fax: (915)532-2877

IMPORTANT: Completion of this form is not considered a binding contract with El Paso First. For more information on contract plans for participation please contact your Provider Relations Representative.

Demographic Information Form

Please Check off Health Plan Participation (Contract):
☐ Medicaid/Premier Plan ☐ HCO
☐ CHIP ☐ TPA (Preferred Admin)
☐ CHIP Perinate

Please check off Specialty Type:
☐ PCP ☐ Allied Health (PT,OT, ST, LPC)
☐ Specialist
☐ Ancillary (DME, Home Health, Facility)

Group/Facility Name

Group NPI: Group TPI: Group Tax-ID:

Provider Name (Last, First, Middle):

Professional Category:
☐ MD ☐ DO ☐ CRNA ☐ NP ☐ PA ☐ LPC
☐ Other :

Individual NPI: Individual TPI: ☐ Pending (in process) ☐ Received and Attested

Primary Specialty: Sub-Specialty:

Medical License: If applicable EPSDT Number :

Provider Billing Information
W-9 must be submitted along with Demographic Information Form

Official Business Name (as it appears on W-9/IRS Documentation)

Doing Business As (if different from above) **this information must match Box #33 on claim form*

Billing Address, City State and Zip Code:

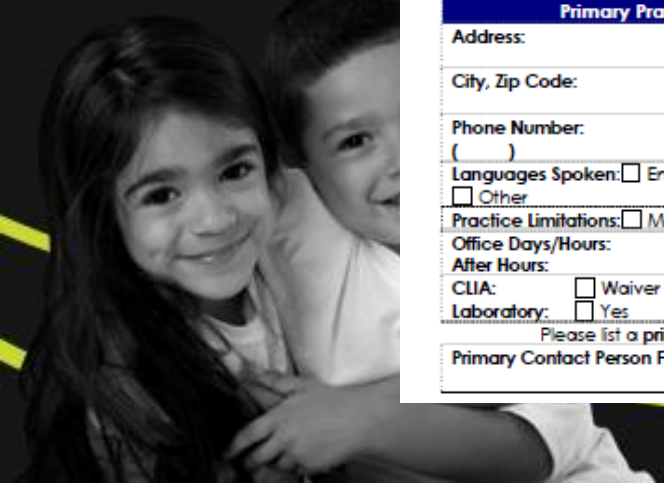
Tax ID Number:

Information will be listed in Provider Directories

Primary Practice Location	Secondary Practice Location
Address:	Address:
City, Zip Code:	City, Zip Code:
Phone Number: ( ) Fax: ( )	Phone Number: ( ) Fax Number: ( )
Languages Spoken: ☐ English ☐ Spanish ☐ Other	Accepting New Patients ☐ Established Patients Only ☐
Practice Limitations: ☐ Male Only ☐ Female Only ☐ Age Range ( ) ☐ Other	
Office Days/Hours: After Hours:	Office Days/Hours: After Hours:
CLIA: ☐ Waiver ☐ Certificate Laboratory: ☐ Yes ☐ No	CLIA: ☐ Waiver ☐ Certificate Laboratory: ☐ Yes ☐ No

Please list a **primary office contact** for questions surrounding information provided on this form.

Primary Contact Person First and Last Name:	Phone Number: ( ) email address:



EL PASO FIRST Health Plans inc.

Contact Provider Relations

- ✓Changes in address locations
- ✓ If you are adding or terming a provider
- ✓ Billing company changes
- ✓ NPI/TPI updates
- ✓ Phone and fax updates, etc.

Any changes you consider we may need in order to update our system and your records.

EL PASO FIRST
Health Plans inc.

Corina Diaz
Provider Relations Representative

Provider Relations Department
(915) 532-3778 ext. 1507

EL PASO FIRST
Health Plans inc.

Texas Health Steps
Updates & Reminders

Maritza Lopez
Texas Health Steps Coordinator

EL PASO FIRST
Health Plans inc.

THSteps Updates

Starting February 1, 2014

- HHSC will begin enforcing a rule that requires a parent, guardian, or another adult approved by the parent to stay with a child age 14 or younger when the child goes for a Medicaid service.

- This includes the time the child is traveling to and from the visit if the ride is set up through HHSC's Medical Transportation Program.

- Parents and guardians who are not able to go with their child to these appointments must identify an adult to go with the child and make sure the paperwork that authorizes that adult is on file with HHSC.

EL PASO FIRST
Health Plans inc.

THSteps Updates

- If a parent or guardian can't go with their child to a doctor, dentist, or other Medicaid-related visit, that parent must tell HHSC the name of the adult who will go with the child.
- The parent also can choose a backup adult in case the first adult chosen cannot go with the child.
- **The parent must fill out a Parent Authorization Form and send it in so HHSC will know which adult is authorized to go with the child.**
- Parents can get a Parent Authorization Form and get answers to questions by calling HHSC's Medical Transportation Program toll-free:
  - 1-877-633-8747 (1-877-MED TRIP)

EL PASO FIRST
Health Plans inc.

THSteps Reminders: At-Risk Laboratory Screenings

- Hyperlipidemia
  - Providers may refer to the AAP policy statement on cholesterol screening for more information.
  - Specimens may be sent to the laboratory of the provider's choice, including the DSHS Laboratory.
- Diabetes
  - THSteps does not provide a formal risk assessment tool.
  - Specimens may be sent to the laboratory of the provider's choice, including the DSHS Laboratory.
- Adolescent Health Guide
  - Designed for health-care providers, social workers, counselors, teachers, and other professionals who provide services, information, and support to young people.
  - Offers guidelines on health and health-related legal issues pertinent to the adolescent years.

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

EL PASO FIRST Health Plans inc.

THSteps Reminders: At-Risk Laboratory Screenings

- **STD Testing: Beginning at age 11**
  - Syphilis Testing
    - Syphilis testing should be performed on adolescents that are at high risk for infection.
    - Specimens may be sent to the laboratory of the provider's choice, including the DSHS Laboratory.
  - Gonorrhea and Chlamydia Infection Testing
    - Specimens must be sent to the DSHS Laboratory in Austin.

- **HIV Testing: Beginning at age 11**
  - Informed consent does not have to be written as long as there is documentation in the medical record that the test has been explained and consent has been obtained.
  - Specimens may be sent to the laboratory of the provider's choice, including the DSHS Laboratory.
  - HIV testing may be performed for adolescents without requirement of parental consent. Adolescents at risk for HIV infection should be offered confidential HIV screening.
  - If member refuses test a notation must be made in the medical record that notification of the HIV test and the right to refuse was given.
  - Providers may call the HIV/STD InfoLine for referrals to HIV/AIDS testing sites; prevention, case management, and treatment providers; STD clinics; and other related service organizations.

    1-800-299-2437.

Developmental Screening Referrals

- **Referrals - If delay or suspected delay is identified:**
  - Birth through 35 months: The provider must refer to **Early Childhood Intervention (ECI)**, as soon as possible, but no longer than seven days after identified, 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.

EL PASO FIRST
Health Plans inc.

Accelerated Services for Children of Farm Workers who Travel for Work

- State initiative to provide a THSteps checkup and accelerated services to children of farm workers who travel for work due to the uniqueness of the population.
- Coordinate with the Migrant Outreach Coordinator for provider education on these services.

EL PASO FIRST
Health Plans inc.

Indicator on Roster

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

ROBERTO CANALES MD PA

EL PASO, TX 79902 AL OCATIONS

El Paso First Health Plans, Inc.

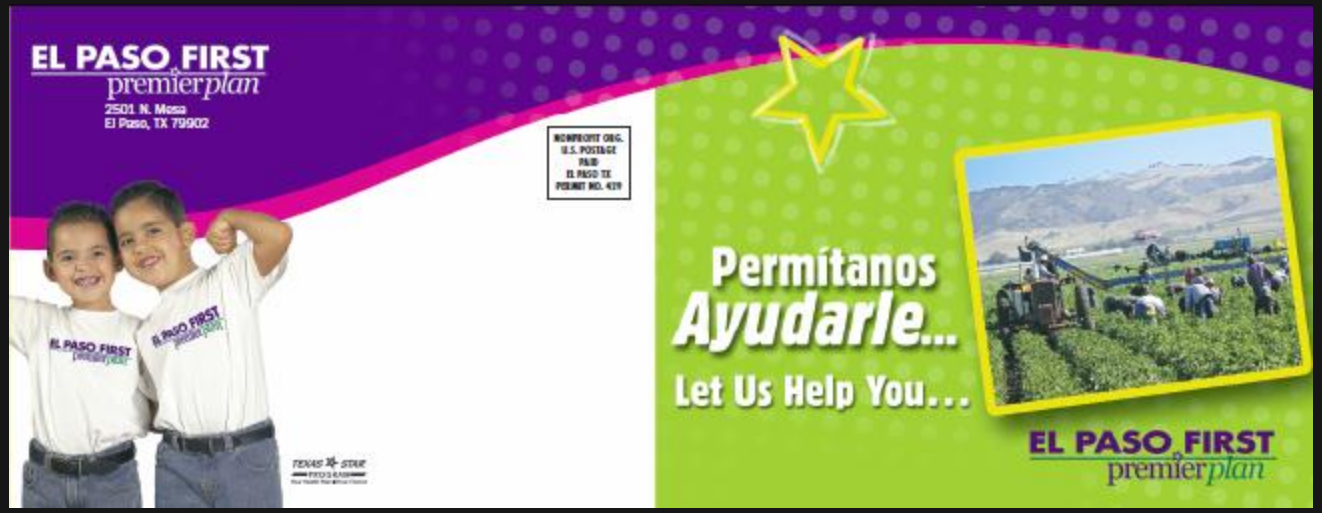
STAR Master Roster - THSteps Due Members Only

July 2011

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

EL PASO FIRST Health Plans inc.

Postcard



Estimado miembro, permítanos ayudarle:

El Plan Premier de El Paso First tiene servicios especiales de Medicaid para niños de trabajadores temporales del campo, por eso nos gustaría saber lo siguiente:

¿Es usted un trabajador temporal del campo?
Sí ○ No ○

¿En la pisca de cebolla, chile, lechuga, tomate, uvas, nueces, etc...?
Sí ○ No ○

¿Empacando o procesando vegetales, frutas, pescado, pollo, etc...?
Sí ○ No ○

¿En lecherías, pesca, o matanza, etc...?
Sí ○ No ○

Si contesto **SI** a alguna de las preguntas, por favor comuníquese con Lluvia Acuña, Coordinadora Migrante, al **(915) 532-3778**. Le ayudaremos a recibir servicios rápidos. ¡Gracias por su tiempo!

Sinceramente,
Plan Premier de El Paso First

Dear member, let us help you:

El Paso First Premier Plan has special Medicaid services for the children of seasonal farm workers and we would like to know the following:

Are you a seasonal worker?
Yes ○ No ○

Picking onions, chile, lettuce, tomatoes, grapes, pecans, etc...?
Yes ○ No ○

Packing or processing vegetables, fruits, fish, chicken, etc...?
Yes ○ No ○

In dairies, fisheries, or slaughtering, etc...?
Yes ○ No ○

If you answered **YES** to any of these questions, please contact Lluvia Acuña, Migrant Coordinator at **(915) 532-3778**. We will help you receive accelerated services. Thank you for your time!

Sincerely,
El Paso First Premier Plan

EL PASO FIRST
Health Plans inc.

Contact Information

Maritza Lopez-THSteps Coordinator

mlopez@epfirst.com

(915) 532-3778 ext. 1071

Lluvia Acuña-Migrant Outreach Coordinator

lacuna@epfirst.com

(915) 531-3778 ext. 1075

Adriana Cadena-C.A.R.E. Unit Manager

acadena@epfirst.com

(915) 532-3778 ext. 1127

EL PASO FIRST Health Plans inc.

Health Services Department

Pharmacy Updates

Dolores Herrada RN, CCM
Clinical Supervisor

EL PASO FIRST
Health Plans inc.

Pharmacy Updates

- Vitamins and minerals -are a Medicaid benefit available to members as part of the comprehensive care program (CCP) benefit. These products are available through the pharmacy and are restricted to Medicaid clients 20 years of age and younger for certain medical conditions.
  - When writing prescriptions for vitamins and minerals provider must include diagnosis.
  - No additional authorization is required.
    - CHIP Plan does not cover over-the counter medications.

EL PASO FIRST
Health Plans inc.

- For members on Novolin 70/30, Lantus Insulin, and certain Psychotropic drugs prior authorization will be required after April 30, 2014 for continued access.
  - As of 1/15/2014 any members currently on these medications a 90 day transition override has been provided.
  - Certain identified Members will continue with lifetime prior authorization for Antipsychotic medications.

Pulmicort Respules (Budesonide) - is changed from a maximum of 24 months to 48 months. Children up to the age of 48 months no longer require a prior authorization.

EL PASO FIRST
Health Plans inc.

Prior Authorization

- To obtain prior authorization for medication(s) contact Navitus our pharmacy benefit manager (PBM) @ 1-877-908-6023.

- For any assistance regarding pharmacy please contact El Paso First Health @ 915-532-3778 or toll free @ 1-877-532-3778.

EL PASO FIRST
Health Plans inc.

Health Services Department

Behavioral Health
Aurora Arias, LBSW
BHS Case Manager

EL PASO FIRST
Health Plans inc.

Behavior Health-Prior Authorization

Tips to prevent delays in processing your initial or continuation of services requests:

1. If requesting continuation of services, please fill out the section titled: “Response to past treatment.” Please provide detailed information on response to individual and family therapy.

EL PASO FIRST
Health Plans inc.

BHS-(Continued…)

2. For initial requests, please ask member's legal authorized representative (LAR) if member is already seeing another provider. If they are currently in treatment with other provider, please submit Outpatient Treatment Referral (OTR) with a letter from member's LAR requesting a transfer of providers.

EL PASO FIRST
Health Plans inc.

BHS-(Continued…)

3. When submitting an initial request or request for continuation of services, please remember to submit your OTR with a valid ICD-9 Code.

Reminders:

- No prior authorization is required for an initial evaluation therefore, please do not include on the OTR.

EL PASO FIRST Health Plans inc.

BH Unit Contact Information

Diana Gonzalez- LVN
BHS Case Manager
915-532-3778 Ext. 1131

Aurora Arias- LBSW
BHS Case Manager
915-532-3778 Ext. 1082

EL PASO FIRST
Health Plans inc.

ASTHMA MANAGEMENT PROGRAM

Crystal Arrieta MPH,
Disease Management Coordinator

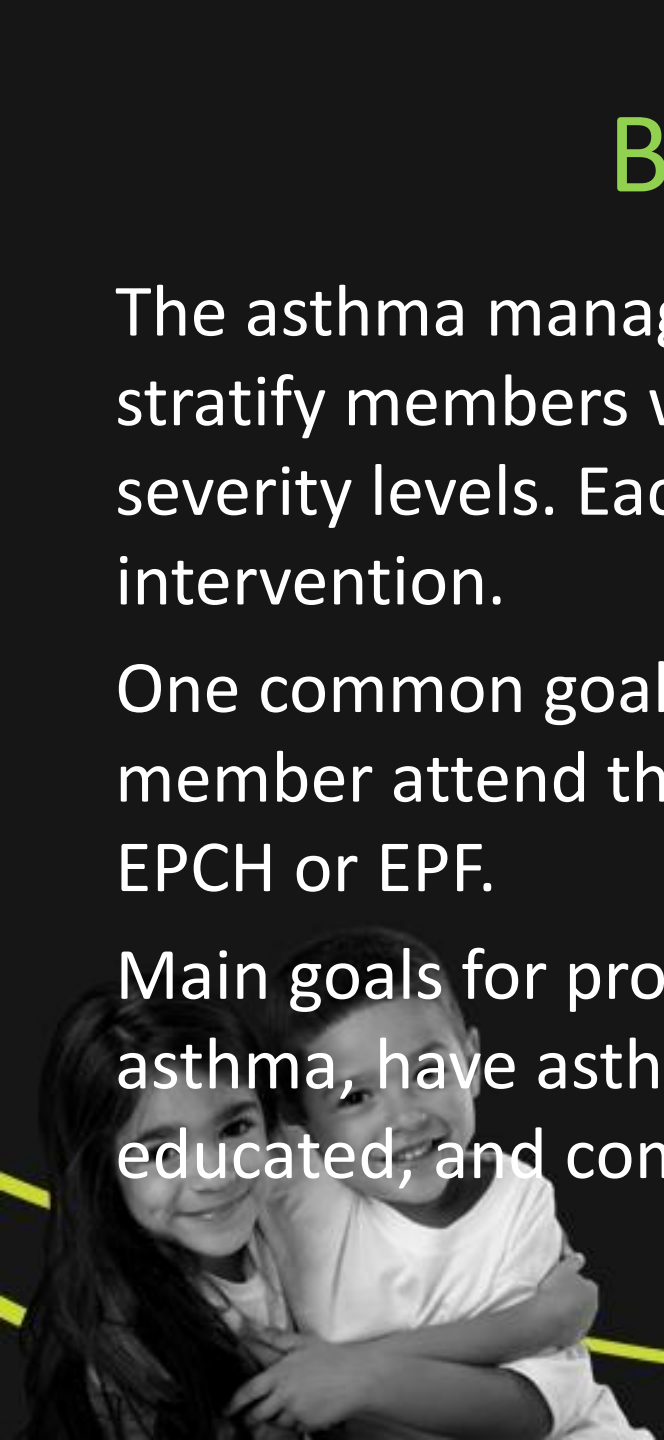
EL PASO FIRST
Health Plans inc.

Brief Summary

The asthma management program at EPF is designed to stratify members with uncontrolled asthma into 3 severity levels. Each level contains at least one unique intervention.

One common goal for each level is to have each member attend the asthma self management class at EPCH or EPF.

Main goals for program- to prevent ER visits due to asthma, have asthma under control, family well educated, and compliant with meds.



EL PASO FIRST
Health Plans inc.

Tiered structure for members

Members

Stratification of Interventions for EPF Members with Asthma and Need of Disease Management

Asthma intervention	Intermittent (low)	Mild Persistent/Moderate Persistent (Medium)	Severe Persistent (high)
1. Asthma self-management education class at EPCH or EPF.	✓	✓	✓
2. Receive spacer and peak flow meter if member does not already have these tools.	✓	✓	✓
3. Primary Care. PCP is to provide asthma action plan	✓	✓	✓
4. Case Management- **Low**- tri-weekly contact **Medium**- weekly or bi-weekly contact 5. **High**-daily or weekly contact		✓	✓
6. Receive Doc Monaghan Kit and allergenic pillow case.		✓	✓
7. Asthma specialist		✓	✓
8. Home environment assessment		✓ *	✓
Comprehensive case management: • Assistance in finding a solution to home environment issue triggering asthma. Such as carpet removal, cockroach extermination, etc. • Close relationship with family • Very close facilitation through healthcare system to receive proper care. • Frequent home visits.			✓

*Possible to receive this intervention if deemed necessary due to responses to asthma assessment.

Providers

- There is a provider intervention that is still being ironed out to ensure success and effectiveness.
- Will include patient communication education.
- CME credit available.
- Hopefully to include an Interactive Asthma Action Plan program. Developed by the Minnesota DOH.

EL PASO FIRST Health Plans inc.

Health Services Contact Info

(915) 532-3778

Janel Lujan, LMSW
Senior Director of Operations
- Extension 1090

Irma Vasquez
Administrative Supervisor
-Extension 1042

Dolores Herrada, RN, CCM
Clinical Supervisor
-Extension 1007

Crystal Arrieta, MPH
Disease Management Coordinator
- Extension 1175

Jose Acosta, RN
UR Coordinator
- Extension 1080

EL PASO FIRST
Health Plans inc.

ACCESSIBILITY AND AVAILABILITY

Patricia S Rivera, RN

QI Nurse Auditor

Quality Improvement Department

EL PASO FIRST
Health Plans inc.

Background

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

EL PASO FIRST
Health Plans inc.

Background

- HHSC UMCC states
  - The MCO is required to systematically and regularly verify that Covered Services furnished by Network Providers are available and accessible to Members.
  - The MCO must enforce access and other Network standards required by the Contract and take appropriate action with noncompliant Providers.

EL PASO FIRST
Health Plans inc.

Definitions

- **Office Accessibility** –members must be able to schedule an appointment with PCP and Behavioral Health Providers for covered services within the time frames mandated by TDI and HHSC.
- **After-hours Availability** - PCPs and OB/GYN (that are PCPs) must be available 24/7 as mandated by TDI and HHSC. If the Provider delegates this duty, the covering Provider must also be available 24/7.

EL PASO FIRST
Health Plans inc.

Office Accessibility Standards

- Emergency Services must be provided upon member presentation at the service delivery site.
- Urgent Care, including specialty urgent care, must be provided within 24 hours of request.

EL PASO FIRST
Health Plans inc.

Office Accessibility Standards

- Routine Primary Care must be provided within 14 days of request.
- Routine Specialty Care referrals must be provided within 30 days of request.
- Initial Outpatient Behavioral Health visits must be provided within 14 days of request.

EL PASO FIRST
Health Plans inc.

Office Accessibility Standards

- Prenatal Care must be provided within 14 days of request.
- Prenatal Care for High-Risk Pregnancies and New Members in the 3rd Trimester must be offered within 5 days or immediately if an emergency exists.

EL PASO FIRST
Health Plans inc.

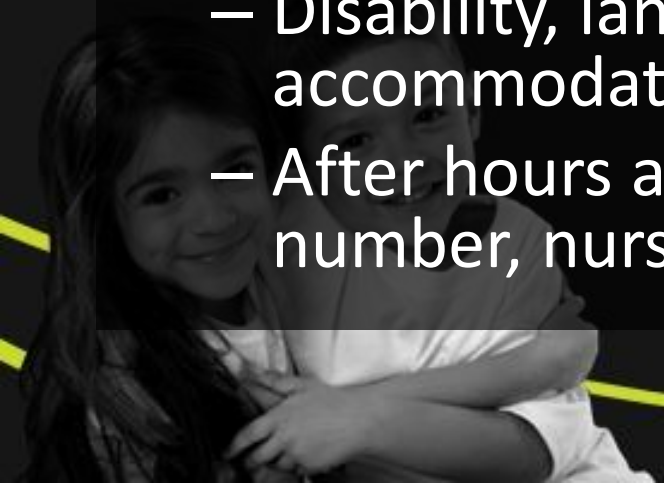
Office Accessibility Standards

- Preventive Health Services for Adults must be provided within 90 days of request.
- Preventive Health Services for Children:
  - For members under age 20 as soon as practicable.
  - For newborn members, no later than 14 days
  - For all other eligible members no later than 90 days.

EL PASO FIRST
Health Plans inc.

Office Appointment Accessibility Form

- Visits from Provider Relations Reps for completion of the Office Appointment Accessibility Form:
  - Accepting new patients
  - Appointment wait times for patients
  - Average number of patients seen at your office on daily basis
  - Office accessibility, days and hours office open
  - Disability, language and diverse background accommodations
  - After hours availability: physician's direct contact number, nurse triage or answering service



EL PASO FIRST Health Plans inc.

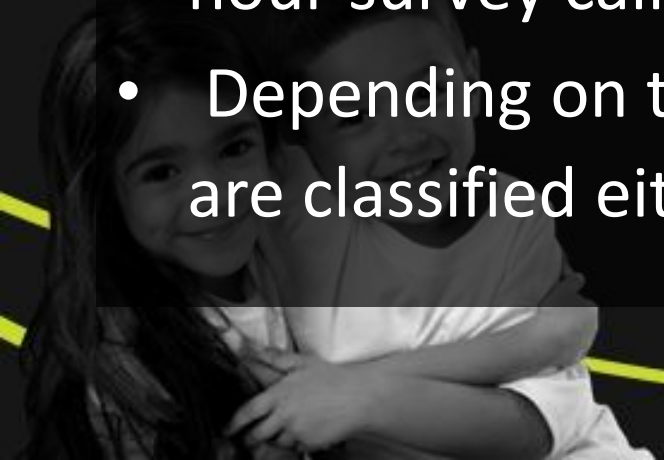
Office Accessibility Wait Time

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

EL PASO FIRST
Health Plans inc.

After-Hours Availability

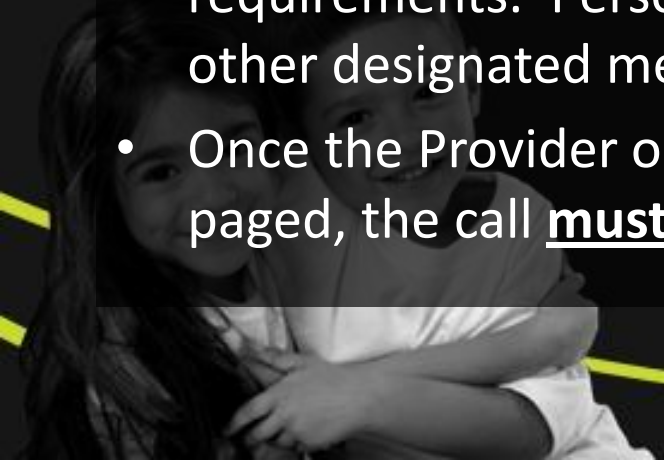
- The QI Department monitors PCP after-hours availability on an annual basis.
- After-hours are 05:00 pm to -08:30 am, Monday through Friday and all day Saturday and Sunday.
- The QI Nurse Auditor, following a script, conducts the after hour calls. Calls are identified as “annual after-hour survey calls”.
- Depending on the recording and call-back time, calls are classified either compliant or non-compliant.



EL PASO FIRST
Health Plans inc.

Compliant After-Hour Calls

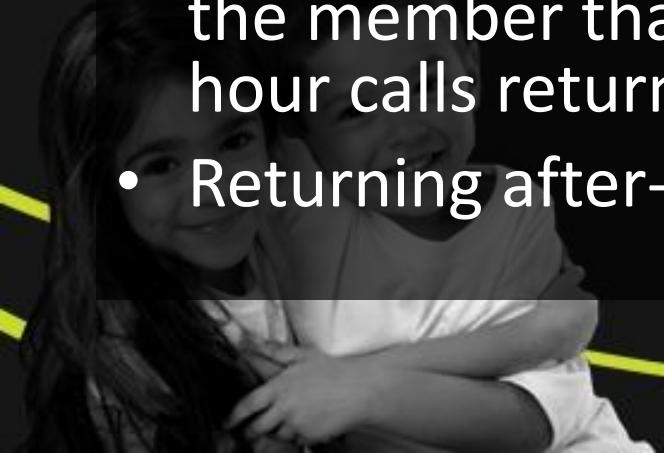
- Answering services meets the language requirement of the major population groups and must be able to contact the Provider or other designated medical practitioner.
- Recording must also meet the language requirements and directs member to call another phone number to reach the Provider or other designated medical practitioner. Other phone number must be answered by someone at the time of the call.
- Call is transferred to an on-call person and also meets the language requirements. Person on-call must be able to reach the Provider or other designated medical practitioner to return call to member.
- Once the Provider or other designated medical practitioner is paged, the call **must** be returned within 30 minutes.



EL PASO FIRST
Health Plans inc.

Non-Compliant After-Hour Calls

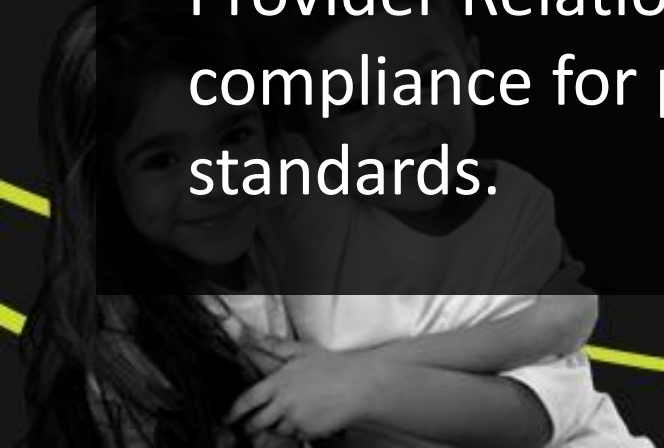
- Office telephone is answered only during office hours.
- Office telephone is answered by a recording instructing the member to leave a message.
- Office telephone is answered by a recording that tells the member to go to the Emergency Room for services needed.
- Office telephone is answered by a recording advising the member that a fee will be charged for any after-hour calls returned by the provider.
- Returning after-hour calls past 30 minutes.



EL PASO FIRST
Health Plans inc.

Handling of Non-Compliant After-Hour Survey Calls

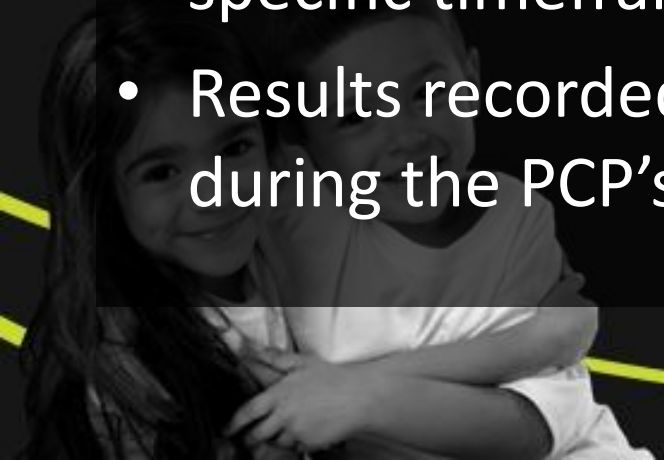
- Provider notified of non-compliance with the after-hours availability standards via Certified letter.
- Copy of the Accessibility and Availability Standards enclosed with letter.
- Notification of after-hours availability re-survey call to be conducted within next few months.
- Provider Relations Department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



EL PASO FIRST
Health Plans inc.

2nd Non-Compliant Survey Call

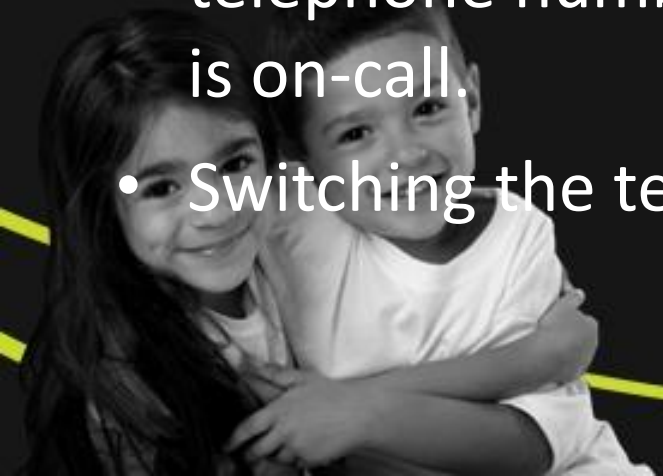
- Results reviewed by the Medical Director and the Credentialing and Peer Review Committee (CPRC).
- The CPRC may recommend appropriate measures be taken to address and correct the issues.
- CPRC may determine the following measures: new policies, additional education, resurveying within a specific timeframe.
- Results recorded in the physician profile sheets during the PCP's re-credentialing file.



EL PASO FIRST
Health Plans inc.

Tips for Preventing Non-Compliant Availability Telephone Surveys

- Update your business and after-hour telephone numbers with El Paso First. The telephone number we have on record is the one we call and is given out to members.
- If using an answering service, provide the answering service with the correct contact information – telephone number and/or name of the provider that is on-call.
- Switching the telephone to the after-hours recording.



EL PASO FIRST
Health Plans inc.

Acknowledgements

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

EL PASO FIRST
Health Plans inc.

Contact Information

- Should you have any questions regarding Accessibility and Availability, please contact:
  - Your designated Provider Relations Representative at (915) 532-3778 ext. 1507
  - The Quality Improvement Department at (915) 532-3778 ext 1106 or 1231
  - Our Medical Director, David Palafox, MD, at (915) 532-3778 ext 1031

EL PASO FIRST Health Plans inc.

CMS-1500 /NDC/ ICD-10 Overview

Sonia Lopez
Claims Director

EL PASO FIRST
Health Plans inc.

National Uniform Claim Committee

www.nucc.org

National Uniform Claim Committe - Home

Page ▾ Safety ▾ Tools ▾

SEARCH

Search this site ...

National Uniform Claim Committee

Home | Announcements | NUCC Structure | Calendar | 1500 Claim Form | Code Sets | Resources

- 02/12 1500 Claim Form
- NUCC Data Set and 1500-837P Crosswalk
- 1500 Instructions
- 1500 Instruction Manual Changes
- FAQs

February 2014 In-person Meeti

The NUCC will hold its next in-person meeting February 26 - 27, 2014 in Baltimore, MD.

NUCC Meeting

Wednesday February 26, 3:00 - 4:30 p.m.

Thursday February 27, 9:00 a.m. - 12:00 p.m.

NUCC/NUBC Joint Meeting

Wednesday February 26, 10:00 a.m. - 3:00 p.m. This extended joint meeting will focus on alternative payment models. The morning will feature various presentations from organizations working with alternative payment models followed by open discussion in the afternoon.

Location and Hotel Information

The meeting is being held at the Embassy Suites Baltimore - Inner Harbor, 222 St. Paul Place, Baltimore, MD. To reserve a room, call 800-873-6668 and ask for the "AMA NUCC/NUBC" room rate of $119 (+ tax) per night.

The deadline for booking a room is February 10, 2014.

Agenda

- Coming soon

EFFECTIVE 4-1-2014

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1								NPI	
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER BLOCK

DESCRIPTION: The payer is the carrier, health plan, third-party administrator, or other payer that will handle the claim. This information directs the claim to the appropriate payer.


HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12
PICA
PICA

1st Line – Name
2nd Line – First line of address
3rd Line – Second line of address, if necessary
4th Line – City, State (2 characters) and ZIP Code

Line	Descriptor	Type	Bytes	Columns
4	Payer Name	A/N	41	38-78
5	Payer Address 1	A/N	41	38-78
6	Payer Address 2	A/N	41	38-78
7	Payer City State and ZIP	A/N	41	38-78

For an address with three lines, enter it in the following format:

1st Line – Name
2nd Line – Line of address
3rd Line – Leave blank
4th Line – City, State (2 characters) and ZIP Code

Line	Descriptor	Type	Bytes	Columns
4	Payer Name	A/N	41	38-78
5	Payer Address	A/N	41	38-78
6	Leave blank			
7	Payer City State and ZIP	A/N	41	38-78

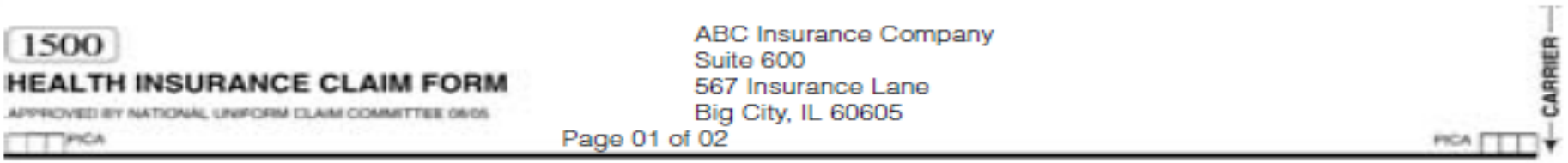
Multiple Page Claims

When printing page numbers on multiple page claims print the page numbers in the Carrier Block on Line 8 beginning at column 32.

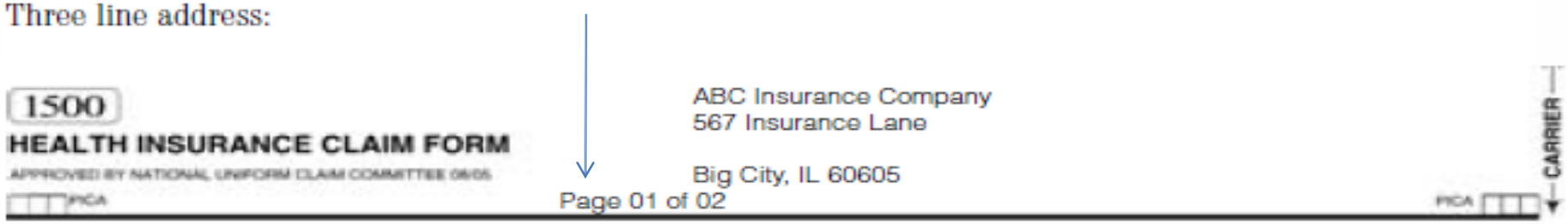
Page numbers are to be printed as:
Page XX of YY

Example:

Four line address:



Three line address:



PATIENT AND INSURED INFORMATION

Note: **If the patient can be identified by a unique Member Identification Number, the patient is considered to be the "insured". The patient is reported as the insured in the insured data fields.**

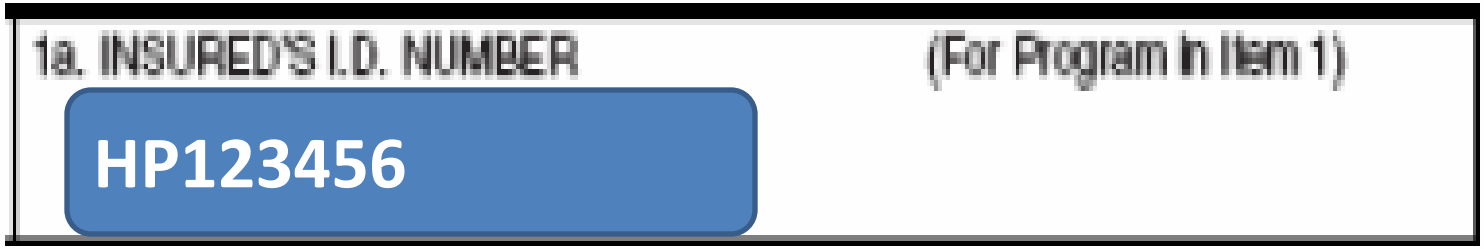
EL PASO FIRST
Health Plans inc.

Insured's ID Number Box 1a

NOTE: Enter the insured's ID number as shown on insured's ID card for the payer to which the claim is being submitted.

If the patient has a unique Member Identification Number assigned by the payer, then enter that number in this field.

EXAMPLE:



Date of Onset

ITEM NUMBER 14

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)			
MM	DD	YY	QUAL.

TITLE: Date of Current Illness, Injury, or Pregnancy (LMP)

INSTRUCTIONS: Enter the 6-digit (MM | DD | YY) or 8-digit (MM | DD | YYYY) date of the first date of the present illness, injury, or pregnancy. For pregnancy, use the date of the last menstrual period (LMP) as the first date.

Enter the applicable qualifier to identify which date is being reported.

431	Onset of Current Symptoms or Illness
484	Last Menstrual Period

Enter the qualifier to the right of the vertical, dotted line.

DESCRIPTION: The "Date of Current Illness, Injury, or Pregnancy" identifies the first date of onset of illness, the actual date of injury, or the LMP for pregnancy.

FIELD SPECIFICATION: This field allows for the entry of the following: 2 characters under MM, 2 characters under DD, 4 characters under YY, and 3 characters to the right of the vertical, dotted line.

EXAMPLE:

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)			
MM	DD	YY	QUAL.
09	30	2005	431

EL PASO FIRST Health Plans inc.

Other Date

(related to patient's condition or treatment)

ITEM NUMBER 15

15. OTHER DATE QUAL		MM	DD	YY

TITLE: Other Date

INSTRUCTIONS: Enter another date related to the patient's condition or treatment. Enter the date in the 6-digit (MM | DD | YY) or 8-digit (MM | DD | YYYY) format.

Enter the applicable qualifier to identify which date is being reported.

454	Initial Treatment
304	Latest Visit or Consultation
453	Acute Manifestation of a Chronic Condition
439	Accident
455	Last X-ray
471	Prescription
090	Report Start (Assumed Care Date)
091	Report End (Relinquished Care Date)
444	First Visit or Consultation

Enter the qualifier between the left-hand set of vertical, dotted lines.

DESCRIPTION: The "Other Date" identifies additional date information about the patient's condition or treatment.

FIELD SPECIFICATION: This field allows for the entry of the following: 3 characters between the vertical, dotted lines, 2 characters under MM, 2 characters under DD, and 4 characters under YY.

EXAMPLE:

15. OTHER DATE QUAL	454	MM 09	DD 25	YY 2005

EL PASO FIRST Health Plans inc.

Referring Provider & Qualifiers

ITEM NUMBER 17

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

TITLE: Name of Referring Provider or Other Source

INSTRUCTIONS: Enter the name (First Name, Middle Initial, Last Name) followed by the credentials of the professional who referred or ordered the service(s) or supply(ies) on the claim.

If multiple providers are involved, enter one provider using the following priority order:

1. Referring Provider
2. Ordering Provider
3. Supervising Provider

Do not use periods or commas. A hyphen can be used for hyphenated names.

Enter the applicable qualifier to identify which provider is being reported.

DN	Referring Provider
DK	Ordering Provider
DQ	Supervising Provider

Enter the qualifier to the left of the vertical, dotted line.

DESCRIPTION: The name entered is the referring provider, ordering provider, or supervising provider who referred, ordered, or supervised the service(s) or supply(ies) on the claim. The qualifier indicates the role of the provider being reported.

FIELD SPECIFICATION: This field allows for the entry of 2 characters to the left of the vertical, dotted line and 24 characters to the right of the dotted line.

EXAMPLE:

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
DN Jane A Smith MD

Referring Provider ID No.

ITEM NUMBER 17a AND 17b (Split Field)

17a.		
17b.	NPI	

TITLE 17a: Other ID#

INSTRUCTIONS 17a: The Other ID number of the referring, ordering, or supervising provider is reported in 17a in the shaded area. The qualifier indicating what the number represents is reported in the qualifier field to the immediate right of 17a.

The NUCC defines the following qualifiers used in 5010A1:

0B	State License Number
1G	Provider UPIN Number
G2	Provider Commercial Number
LU	Location Number (This qualifier is used for Supervising Provider only.)

DESCRIPTION: The non-NPI ID number of the referring, ordering, or supervising provider is the unique identifier of the professional or provider designated taxonomy code.

FIELD SPECIFICATION: This field allows for the entry of 2 characters in the qualifier field and 17 characters in the Other ID# field.

TITLE 17b: NPI #

INSTRUCTIONS 17b: Enter the NPI number of the referring, ordering, or supervising provider in Item Number 17b.

DESCRIPTION: The NPI number refers to the HIPAA National Provider Identifier number.

FIELD SPECIFICATION: This field allows for the entry of a 10-digit NPI number.

EXAMPLE:

17a.	G2	ABC1234567890
17b.	NPI	0123456789

ICD – (9 or 10) Codes

ITEM NUMBER 21

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.

E. F. G. H.

I. J. K. L.

TITLE: Diagnosis or Nature of Illness or Injury

INSTRUCTIONS: Enter the applicable ICD indicator to identify which version of ICD codes is being reported.

9	ICD-9-CM
0	ICD-10-CM

Enter the indicator between the vertical, dotted lines in the upper right-hand portion of the field.

Enter the codes to identify the patient's diagnosis and/or condition. List no more than 12 ICD-9-CM or ICD-10-CM diagnosis codes. Relate lines A - L to the lines of service in 24E by the letter of the line. Use the highest level of specificity. Do not provide narrative description in this field.

DESCRIPTION: The "ICD Indicator" identifies the version of the ICD code set being reported. The "Diagnosis or Nature of Illness or Injury" is the sign, symptom, complaint, or condition of the patient relating to the service(s) on the claim.

FIELD SPECIFICATION: This field allows for the entry a 1 character indicator and 12 diagnosis codes at a maximum of 7 characters in length.

EXAMPLE:

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 9

A. 998.59 B. 780.6 C. V18.0 D. E878.8

E. F. G. H.

I. J. K. L.

DX Submission for Multiple Page Claims

When reporting line item services on multiple page claims:

1. Only the diagnosis code(s) reported on the first page may be used and must be repeated on subsequent pages.
2. If more than 12 diagnoses are required to report the line services, the claim must be split and the services related to the additional diagnoses must be billed as a separate claim.

EL PASO FIRST
Health Plans inc.

Diagnosis Pointers

SECTION 24

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1															NPI	
2															NPI	

TITLE: Diagnosis Pointer [lines 1–6]

INSTRUCTIONS: In 24E, enter the diagnosis code reference letter (pointer) as shown in Item Number 21 to relate the date of service and the procedures performed to the primary diagnosis. When multiple services are performed, the primary reference letter for each service should be listed first, other applicable services should follow. The reference letter(s) should be A – L or multiple letters as applicable. ICD-9-CM (or ICD-10-CM, once mandated) diagnosis codes must be entered in Item Number 21 only. Do not enter them in 24E.

Enter letters left justified in the field. Do not use commas between the letters.

DESCRIPTION: The "Diagnosis Pointer" is the line letter from Item Number 21 that relates to the reason the service(s) was performed.

FIELD SPECIFICATION: This field allows for the entry of 4 characters in the unshaded area.

ITEM NUMBER 24E

E. DIAGNOSIS POINTER

EXAMPLE:

E. DIAGNOSIS POINTER
ABCD

EL PASO FIRST Health Plans inc.

Incorrect Diagnosis Submission

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY	ICD Ind.	22. RESUBMISSION CODE	ORIGINAL REF. NO.
A. 728 71	C. 754 69		
I. 754 62		23. PRIOR AUTHORIZATION NUMBER	

24. A DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
										G2	

Correct Submission Format

Correct format for box 21 and 24e of the 1500 claim form version 02/12

List no more than 12 ICD-9-CM or ICD-10-CM diagnosis codes. Use the highest level of specificity.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)			ICD Ind. 9
A. 998.59	B. 780.6	C. V18.0	D. E878.8
E.	F.	G.	H.
I.	J.	K.	L.

Relate lines A - L to the lines of service in 24E by the letter of the line.

E. DIAGNOSIS POINTER
ABCD

EL PASO FIRST Health Plans inc.

Claim Correction Resubmission Information

ITEM NUMBER 22

22. RESUBMISSION CODE	ORIGINAL REF. NO.

TITLE: Resubmission and/or Original Reference Number

INSTRUCTIONS: List the original reference number for resubmitted claims. Please refer to the most current instructions from the public or private payer regarding the use of this field (e.g., code).

When resubmitting a claim, enter the appropriate bill frequency code left justified in the left-hand side of the field.

7	Replacement of prior claim
8	Void/cancel of prior claim

This Item Number is not intended for use for original claim submissions.

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

FIELD SPECIFICATION: This field allows for the entry of 11 characters in the Code area and 18 characters in the Original Ref. No. area.

EXAMPLE:

22. RESUBMISSION CODE	ORIGINAL REF. NO.
7	ABC1234567890

Replacement Claim Number

EL PASO FIRST Health Plans inc.

Electronic Claim Submission Information

We Accept Direct Claims from

- Availity
- Trizetto Provider Solutions, LLC.

  (formerly Gateway EDI)

Payer ID Numbers:

- **STAR Medicaid ==========EPF02**
- **El Paso First CHIP ==========EPF03**
- **Preferred Administrators UMC ========EPF10**
- **Preferred Administrators EPCH ========EPF11**
- **Healthcare Options==========EPF37**

EL PASO FIRST
Health Plans inc.

U.S. Food and Drug Administration

Protecting and Promoting *Your* Health

National Drug Code (NDC) Requirement for Clinician-Administered Drugs

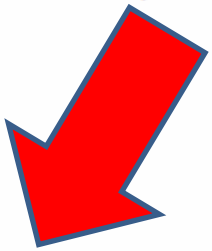
http://www.fda.gov/

EL PASO FIRST Health Plans inc.

TEXAS Health and Human Services Commission

HCPCS Codes that Require a NDC

- All drug products administered by a provider in outpatient settings
  - Including long acting reversible contraceptives (i.e. intra uterine devices (IUDs) and sub dermal implants)
  - Exceptions:
    - Vaccines, Devices, Radiopharmaceuticals

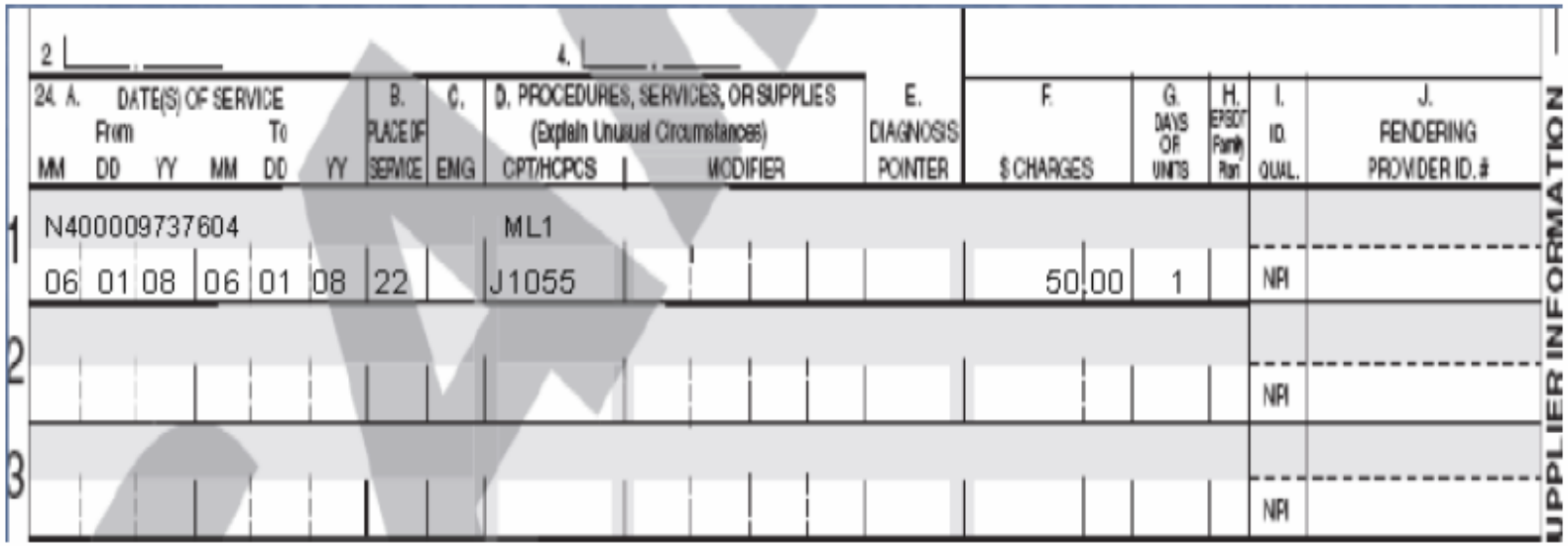


- HCPCS codes requiring an NDC for billing is found at www.tmhp.com/Pages/Topics/NDC.aspx

TEXAS Health and Human Services Commission

NDC Placement on CMS 1500

- The NDC is placed in delineated block 24.
  - Upper shaded portion
- Additional information can be found at: www.nucc.org



24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 N400009737604								ML1							
06	01	08	06	01	08	22		J1055			50.00	1		NPI	
2														NPI	
3														NPI	

SUPPLIER INFORMATION

Note: On the 2017 family planning claim form the NDC is placed in delineated block 32.

TEXAS Health and Human Services Commission

NDC Placement on UB 04

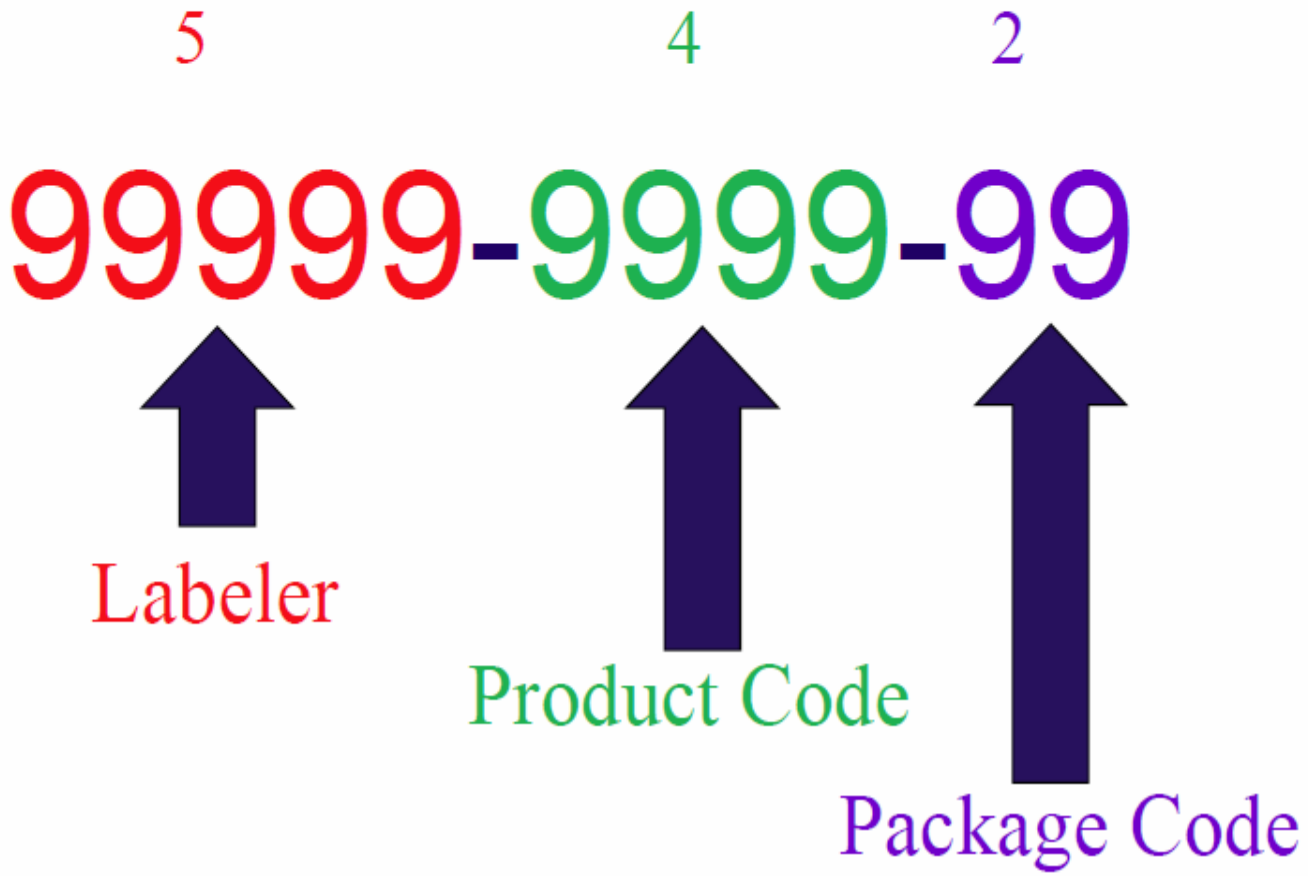
- The NDC is placed in FL43
- Additional information can be found at: www.nucc.org

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
250	N458468012201ML10	J1270	010508	20	311 80		

TEXAS
Health and Human
Services Commission

Required NDC Format

- 11 digit format (5-4-2 format)



TEXAS
Health and Human
Services Commission

NDC Format

- NDC may be displayed in a 10 digit format on the package or vial

- 11 digit required format

TEXAS
Health and Human
Services Commission

Converting NDCs to 11 digits

- 10 digit formats include:
  - 4-4-2
  - 5-3-2
  - 5-4-1

- Requires strategically placed zero to convert to 11 digit format

TEXAS
Health and Human
Services Commission

Examples of NDC Conversion

- 4-4-2 to 5-4-2
  - 10 digit NDC: 0002-7597-01
  - 11 digit conversion: 00002-7597-01
- 5-3-2 to 5-4-2
  - 10 digit NDC: 50242-040-62
  - 11 digit conversion: 50242-0040-62
- 5-4-1 to 5-4-2
  - 10 digit NDC: 50242-0040-1
  - 11 digit conversion: 50242-0040-01

ICD-10

EL PASO FIRST
Health Plans inc.

Day Submission Illustration

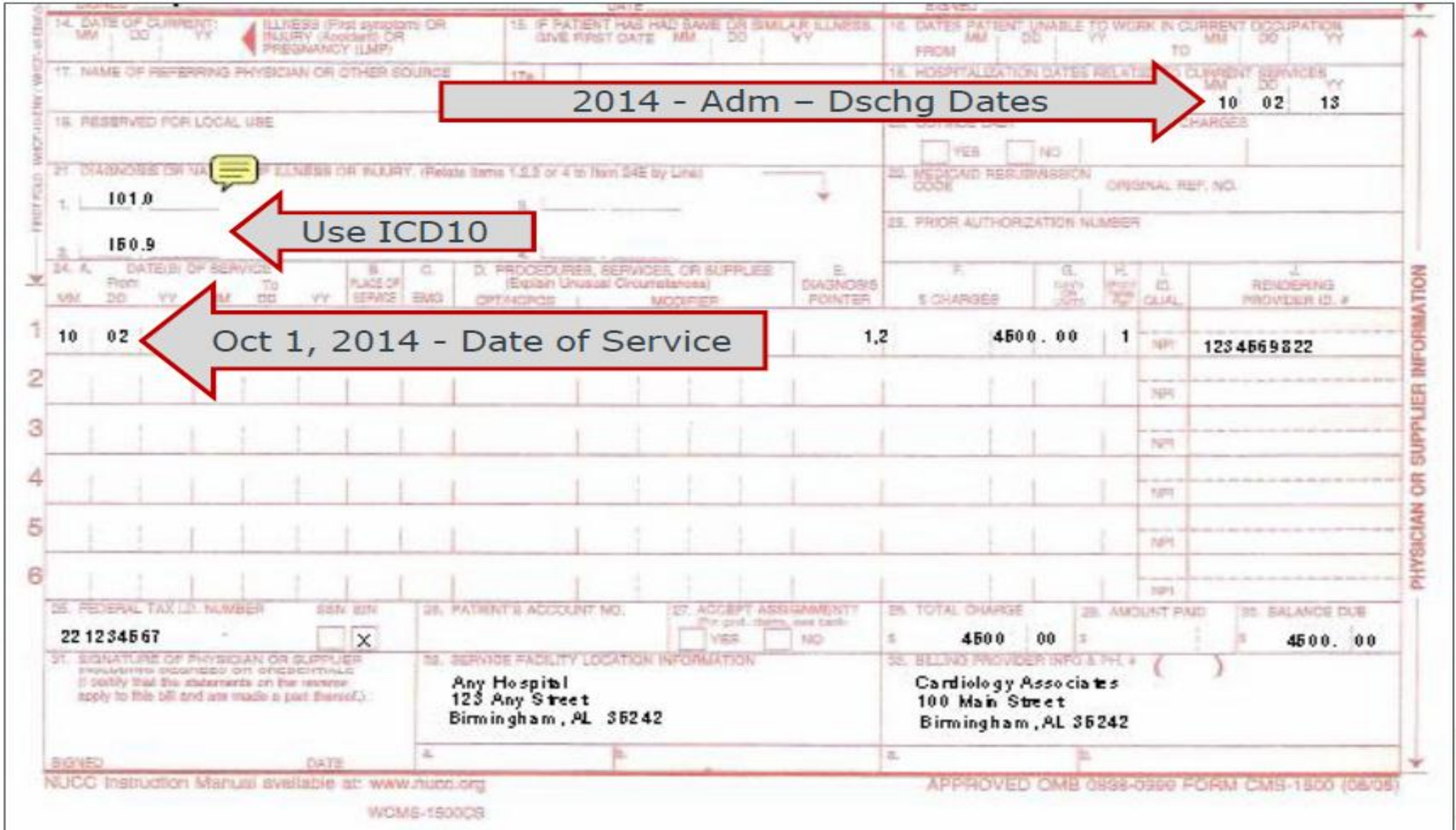
Professional Claims:

- If Date of Service Before 10/1/2014
  - *Use ICD-9 codes for professional and institutional charges*
- If Date of Service is On or After 10/1/2014
  - *Use ICD-10 diagnosis codes for professional outpatient and inpatient claims*

Facility Claims:

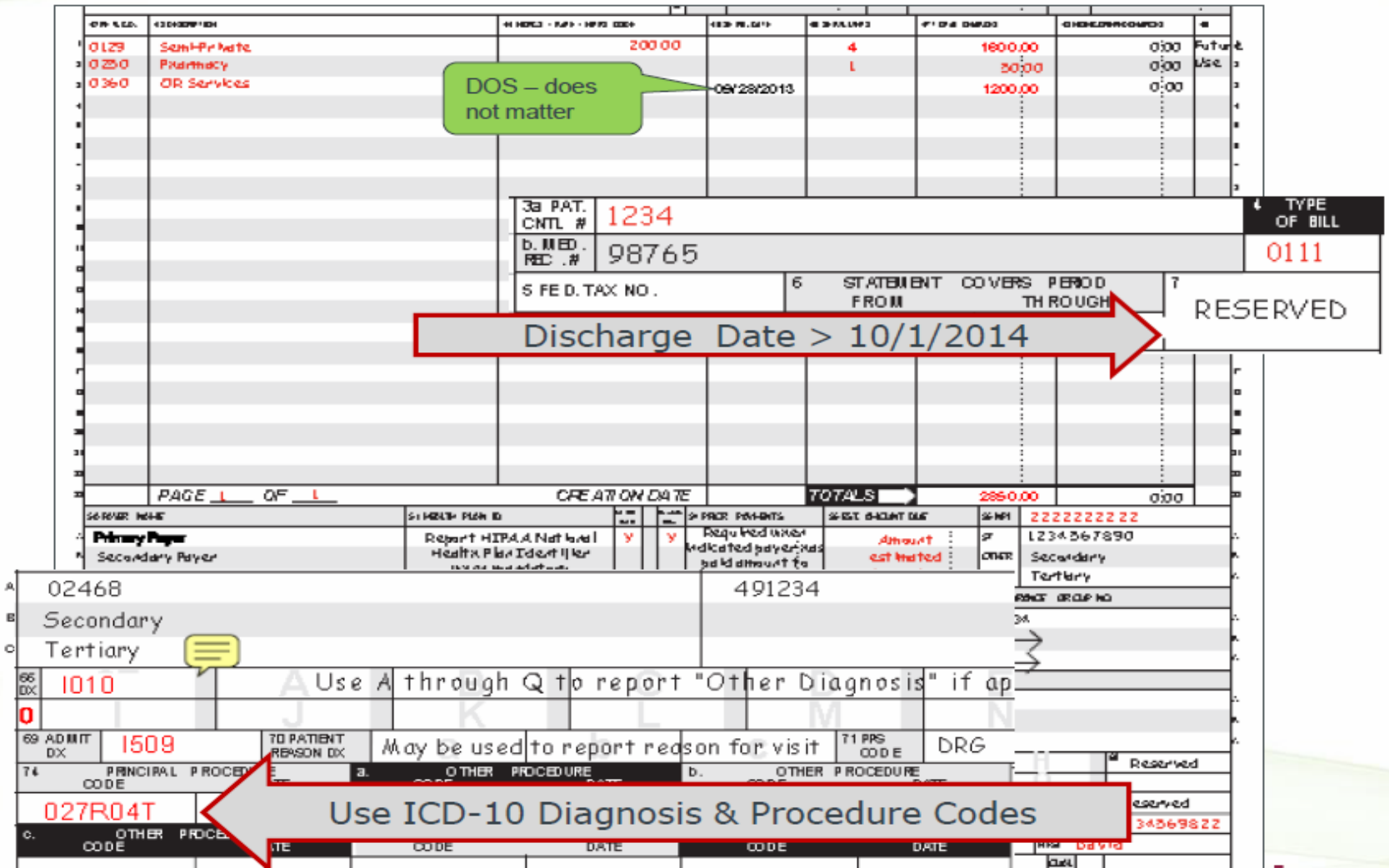
- If Discharged on 9/30/2014
  - *Use ICD-9 codes diagnosis codes*
  - *Use ICD-9 procedure codes*
- If Discharged On or After 10/1/2014
  - *Use ICD-10 diagnosis codes regardless of date of service*
  - *Use ICD-10 procedure codes regardless of date of service*

Inpatient Professional Service DOS After 10/1/2014



Inpatient Facility Services Discharge after 10/1/2014

Inpatient Facility Claim Discharge After 10/1/2014 = ICD-10 Codes



Structural Distinction of the Diagnosis Codes

ICD-9-CM

Volume 1-2

- Codes are numeric
- E Codes / V Codes Distinct Identification
- Codes are 3 or 5 digits
- No Place Holder Used

Category

Etiology, Anatomic Site, Manifestation

ICD-10-CM

- Codes are alpha-numeric
- Codes contain 3-7 characters
- Place Holder 'X' Used for 5th or 6th Character When Applicable

Category

Etiology, Anatomic Site, Manifestation

Extension

Sonia Lopez, BS, CPC

Director of Claims

(915) 532-3778 Ext. 1097

Provider Care Unit Extension Numbers:

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

EL PASO FIRST Health Plans inc.

Questions?

EL PASO FIRST
Health Plans inc.

Complaints and Appeals Process

Raquel Payan
Compliance Supervisor

EL PASO FIRST
Health Plans inc.

Complaints & Appeals Process

- All Complaints and Appeals must be submitted in writing
- Appeals must be received within 120 days from the notice of the denial
- Complaints or Appeals must include detailed and supporting information:

  -Corrected Claim
  -Copy of Remittance Advice
  -Dr. orders for sedation
  -Medical records/Operative Report
  -Proof of Timely Filing
  -Provider attested letter TPI/NPI

- Complaints must be addressed to:

Complaints and Appeals Unit
1145 Westmoreland
El Paso, Texas 79925

* NOTE: Member's must not be billed or balance billed

EL PASO FIRST
Health Plans inc.

Compliance

Raquel Payan
Compliance Supervisor
rpayan@epfirst.com
(915) 532-3778 ext. 1092

EL PASO FIRST
Health Plans inc.

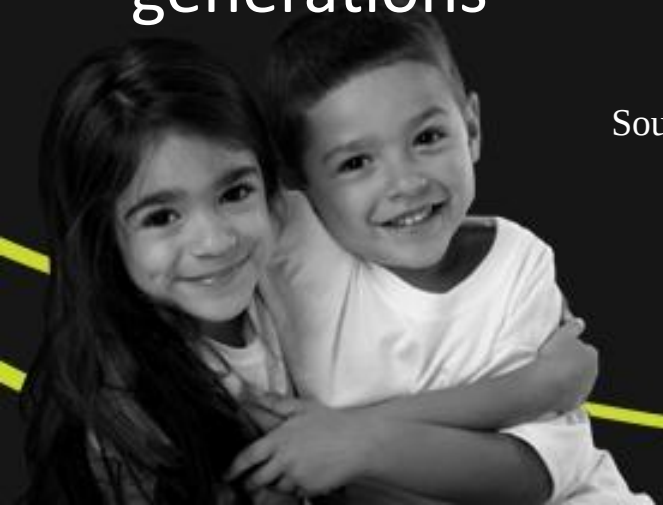
CULTURAL COMPETENCY

Edgar Martinez
Director of Member Services

EL PASO FIRST
Health Plans inc.

What is Culture?

An integrated pattern of
human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of a racial, ethnic, religious, or social group and the ability to transmit the above to succeeding generations



Source: National Center for Cultural Competence, Georgetown University

EL PASO FIRST
Health Plans inc.

Culture Matters

When culture is ignored, families are at risk of not getting the support they need, or worse yet, receiving assistance that is more harmful than helpful.

EL PASO FIRST
Health Plans inc.

Culture Gives Context and Meaning

- It is a filter through which people process their experiences and events of their lives.
- It influences people's values, actions, and expectations of themselves.
- It impacts people's perceptions and expectations of others.

EL PASO FIRST
Health Plans inc.

ETHNIC/ETHNICITY

- Groups of people believed to be biologically related
- “Peoplehood”
- Members of group share unique social and cultural heritage

EL PASO FIRST
Health Plans inc.

DIVERSITY

- Condition of being different
- Pertains to ways individuals, communities, culture may differ from each other

EL PASO FIRST
Health Plans inc.

Cultural Competence

- Implies the integrated pattern of human behavior that includes
  - Thought, communications, actions, customs, beliefs, values and institutions of
  - Racial, ethnic religious or social groups.
  - Having the skills, knowledge, and understanding about another culture that allow the healthcare providers to assess and intervene in a culturally appropriate manner.

EL PASO FIRST
Health Plans inc.

Cultural Competence vs. Cultural Awareness

- Cultural competence:
  The ability to effectively operate within different cultural contexts
- Cultural awareness:
  Sensitivity and understanding toward members of other ethnic groups

Source: National Association of School Psychologists

EL PASO FIRST
Health Plans inc.

Culturally Competent System of Care Acknowledges Importance of...

- Culture
- Assessment of cross-cultural interactions
- Vigilance toward the dynamics resulting from cultural differences
- Expansion of cultural knowledge
- Adaptation to meet culturally unique needs

EL PASO FIRST
Health Plans inc.

Six Key Points

1. Cultural Destructiveness
2. Cultural Incapacity
3. Cultural Blindness
4. Cultural Pre-Competence
5. Basic Cultural Competence
6. Advanced Cultural Competence

EL PASO FIRST
Health Plans inc.

1. Cultural Destructiveness

- Attitudes, policies and practices which are destructive to cultures and individuals within them
- Purposeful destruction of a culture
- Assumes one race superior

EL PASO FIRST
Health Plans inc.

2. Cultural Incapacity

- Intent not to be intentionally culturally destructive
- Lack of capacity to work with minorities
- Extreme bias and belief in racial superiority of dominant group

EL PASO FIRST
Health Plans inc.

3. Cultural Blindness

- Midpoint on the continuum
- Systems/agencies provide services with philosophy of being unbiased.
- Belief that color or culture make no difference
- Belief that dominant culture approaches are universally applicable

EL PASO FIRST
Health Plans inc.

4. Cultural Pre-competence

- Implies movement
- Weaknesses recognized in working with minorities
- Attempts to improve practices and increase knowledge
- Danger of tokenism

EL PASO FIRST
Health Plans inc.

5. Basic Cultural Competence

- Acceptance and respect for difference
- Continuing self-assessment regarding culture
- Careful attention to dynamics of difference
- Continuous expansion of cultural knowledge and resources

EL PASO FIRST
Health Plans inc.

6. Advanced Cultural Competence

- Culture held in high esteem
- Knowledge base of cultural competence sought by
  - conducting culture-based research
  - developing new approaches based on culture
  - publishing and disseminating results of culturally sensitive/competent research

EL PASO FIRST
Health Plans inc.

How Do We Acquire Cultural Competence?

- Recognize dimensions of cultures
- Respect family beliefs
- Increase sensitivity
- When decision-making include families
- Policy changes that support cultural diversity

cont.

EL PASO FIRST
Health Plans inc.

Movement Toward Cultural Competence

- **Attitudes must change** to become less biased.
- **Policies must change** to become more flexible and culturally impartial
- **Practices must become** more congruent with cultures

EL PASO FIRST
Health Plans inc.

Value Diversity

- Create an environment in which people feel safe to express culturally based values, perceptions, and experiences
- Have a diverse office staff
- Partner with cultural organizations and institutions

EL PASO FIRST
Health Plans inc.

Member Services Contact Information

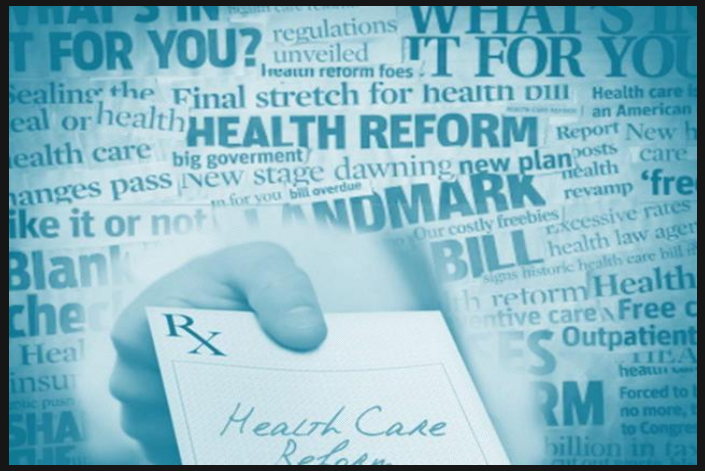
- **Edgar Martinez, MBA**
  Director of Member Services
  (915) 532-3778 ext. 1064

- **Juanita Ramirez**
  Member Services Supervisor
  (915) 532-3778 ext. 1063

- **Antonio Medina**
  Enrollment Services Supervisor
  (915) 532-3778 ext. 1034

EL PASO FIRST
Health Plans inc.

Affordable Care Act Updates



EL PASO FIRST
Health Plans inc.

Background

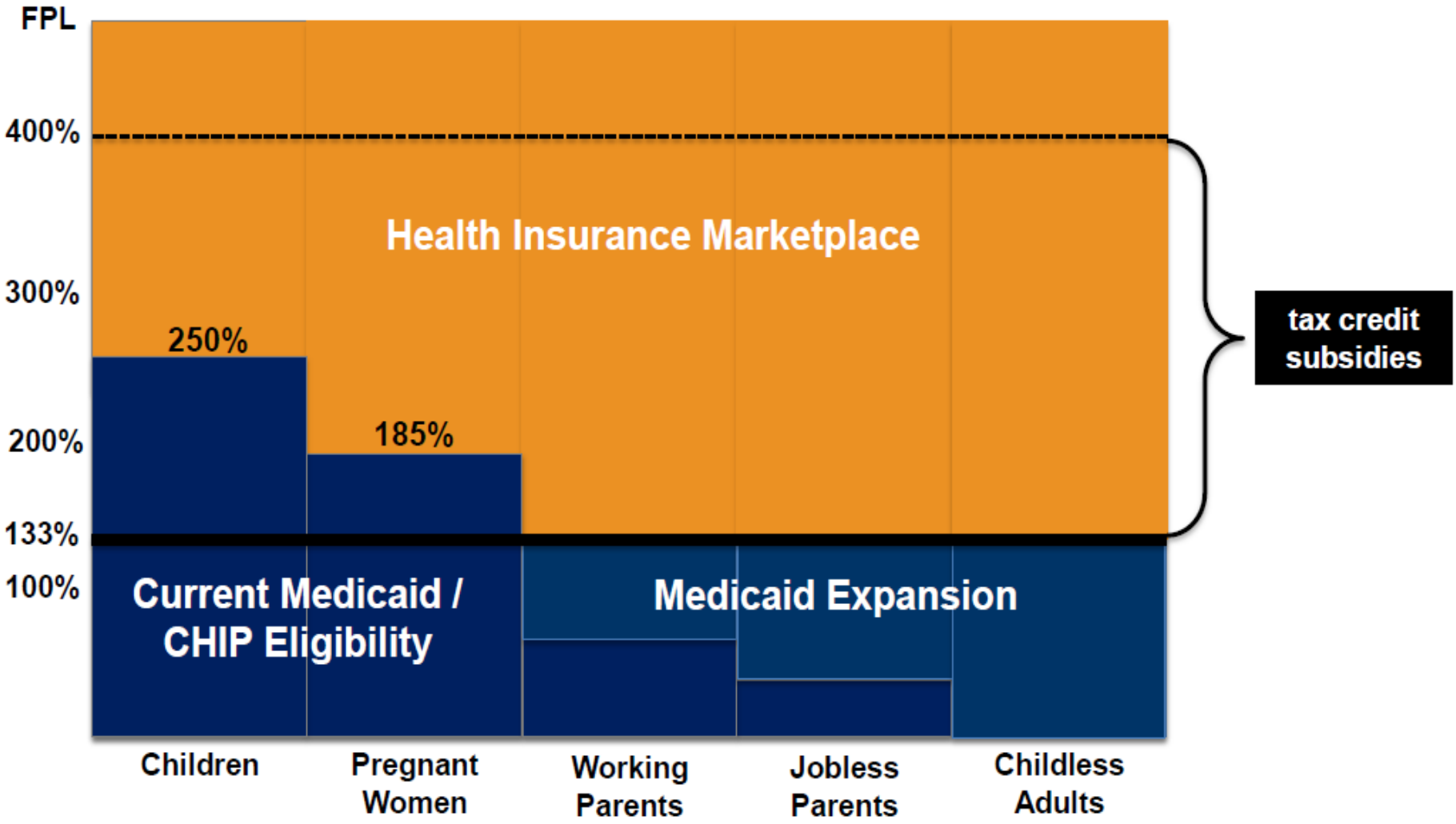
- The Patient Protection and Affordable Care Act was signed into law on March 30, 2010, in order to increase the rate of health insurance coverage for Americans and reduce the overall cost of health care.

- The Insurance Exchanges are established to facilitate purchase of health insurance coverage for all Americans starting October 1, 2013 through an electronic health insurance marketplace and Texas will participate in a federally-facilitated marketplace or exchange

- Navigators will play a vital role in helping consumer establish eligibility and enroll in the health insurance marketplace.

EL PASO FIRST
Health Plans inc.

Coverage Landscape in 2014



Medicaid and CHIP coverage, based on 2012 eligibility levels in a typical state
Source: Kaiser Commission on Medicaid and the Uninsured

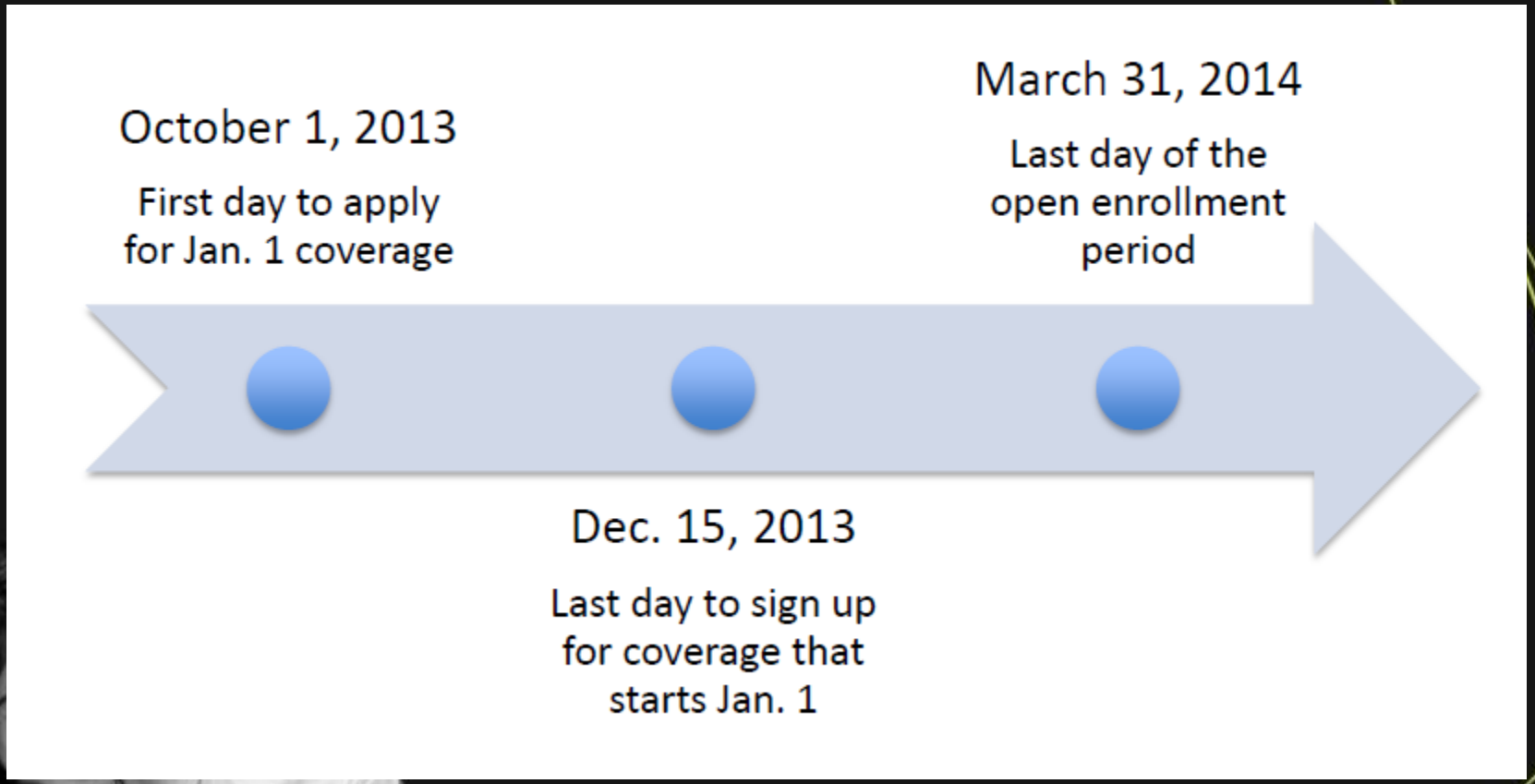
Health Insurance Marketplace

What is the Health Insurance Marketplace?

- The Marketplace is designed to help you find health insurance that meets your needs and fits your budget.
- The Marketplace offers “one-stop shopping” to find and compare private health insurance options.
- You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

EL PASO FIRST
Health Plans inc.

Open Enrollment



EL PASO FIRST
Health Plans inc.

Open Enrollment

- Plan selection date determines when coverage will take effect.
- Coverage will start on schedule only if the enrollee pays the first month's premium on time.
- Deadlines for the first month's premium are typically set by the insurer.
- Coverage may be cancelled if the first month's premium is late.

Plan Selection Date	Coverage Effective Date
Nov. 1, 2013	Jan. 1, 2014
Dec. 15, 2013	Jan. 1, 2014
Dec. 31, 2013	Feb. 1, 2014
March 31, 2014	May 1, 2014

Plans Available

When you compare Marketplace insurance plans, they're put into 4 categories based on how you and the plan can expect to share the costs of care:

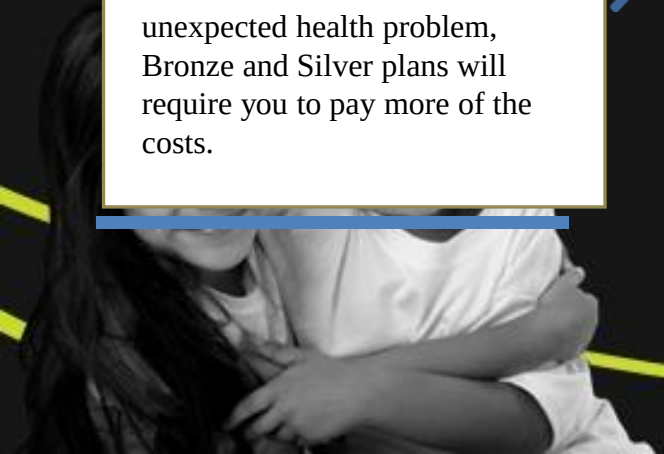
Do you expect a lot of doctor visits or need regular prescriptions?

If you do, you may want a Gold or Platinum plan.

If you don't, you may prefer a Bronze or Silver plan. But keep in mind that if you get in a serious accident or have an unexpected health problem, Bronze and Silver plans will require you to pay more of the costs.

- With a Bronze plan, you'll likely pay a lower premium, but you'll pay a higher share of costs when you get care.
- Silver- If you expect a lot of doctor visits
- Gold- If you expect a lot of Doctor visits and regular presriptions
- Platimum- Platinum plans will likely have the highest monthly premiums and lowest out-of-pocket costs. The plan will pay more of the costs if you need a lot of medical care.

Bronze	Silver	Gold	Platinum
60/40%	70/30%	80/20%	90/10%



EL PASO FIRST Health Plans inc.

Open Enrollment

- **Catastrophic plans** — Except for coverage of three primary care visits and preventive care, these plans provide no coverage of Essential Health Benefits, until the beneficiary has incurred cost-sharing expenses equal to the annual out-of-pocket limit ($6,400 for 2014). Only individuals under 30 years of age or who are exempt from the mandate to purchase coverage, may enroll in catastrophic

EL PASO FIRST
Health Plans inc.

Essential Health Benefits

Essential health benefits must include items and services within at least the following 10 categories:

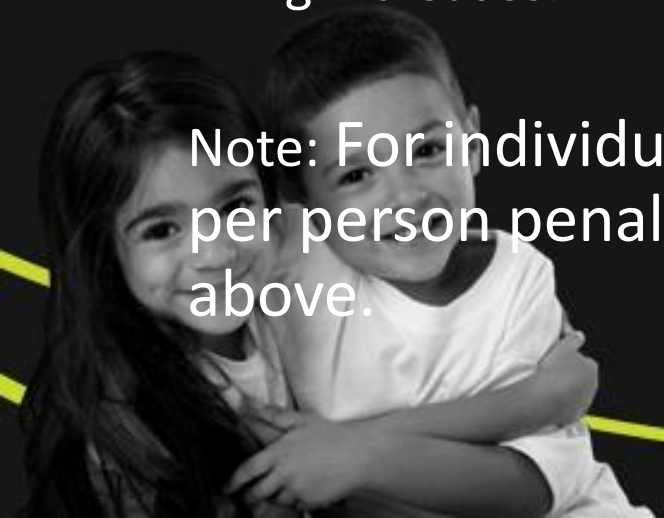
1- Ambulatory patient services
2- Emergency services
3- Hospitalization
4- Maternity and newborn care
5- Mental health and substance use disorder services, including behavioral health treatment
6- Prescription drugs
7- Rehabilitative and habilitative services and devices
8- Laboratory services
9- Preventive and wellness services and chronic disease management
10- Pediatric services, including oral and vision care

EL PASO FIRST
Health Plans inc.

Individual Tax Mandate

- 2014: The higher of $95 per person OR 1.0% of taxable income.
- 2015: The higher of $325 per person OR 2.0% of taxable income.
- 2016: The higher of $695 per person OR 2.5% of taxable income.
- After 2016: The same as 2016, but adjusted annually for cost-of-living increases.

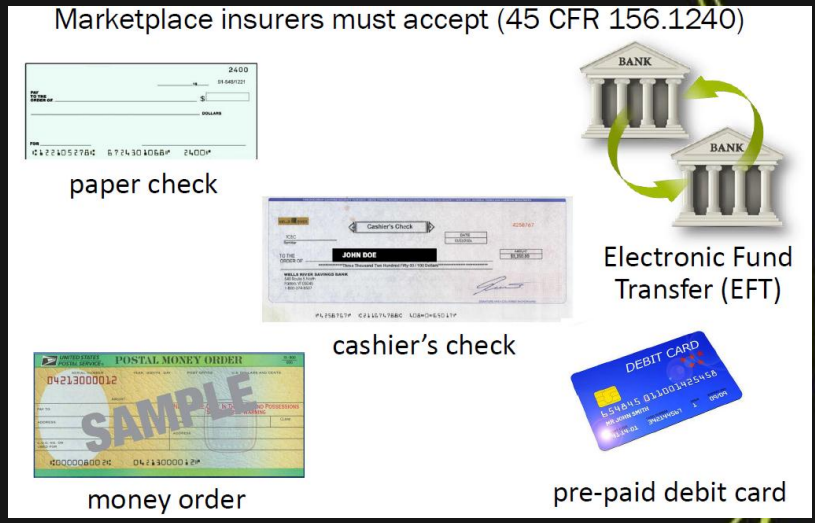
Note: For individuals under 18 years old, the applicable per person penalty is one-half of the amounts listed above.

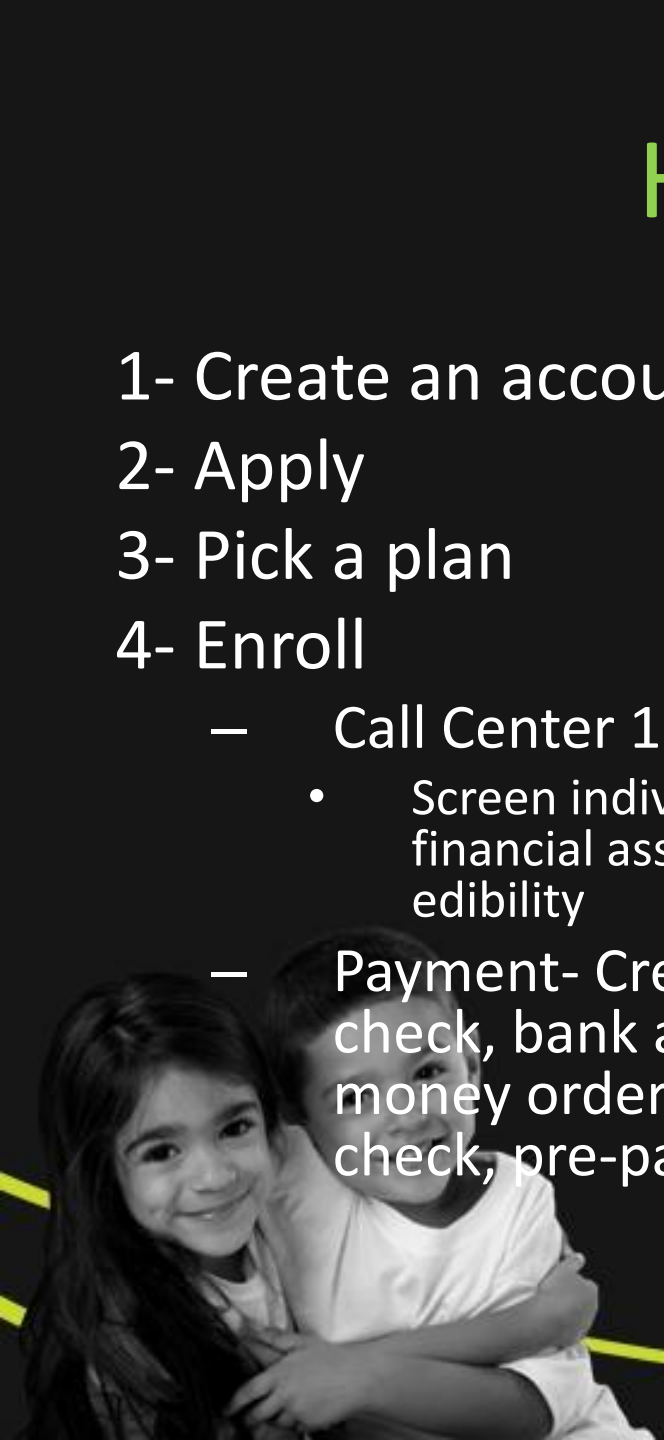


EL PASO FIRST
Health Plans inc.

How to Enroll

1- Create an account
2- Apply
3- Pick a plan
4- Enroll
   - Call Center 1800-318-2596
     - Screen individuals for other financial assistance and edibility
   - Payment- Credit Card, paper check, bank accounts, money order, cashier's check, pre-paid debit card



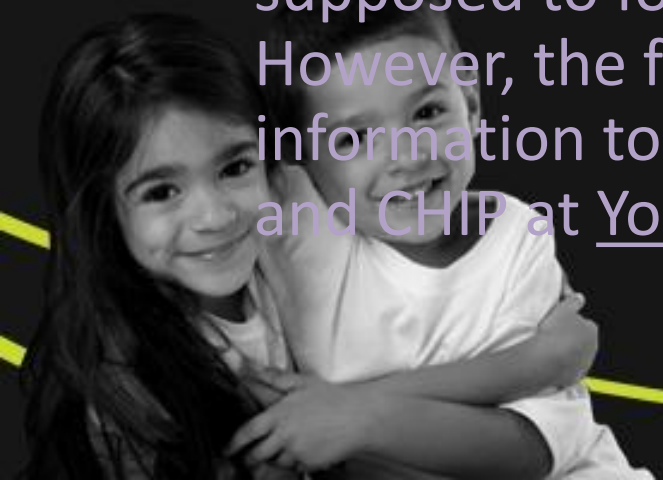


EL PASO FIRST Health Plans inc.

Important Note

People with Medicare do not go into the Marketplace. Medicare's Open Enrollment runs from *October 15 to December 7*, for January 1 effective date.

Families with children who may qualify for Medicaid or CHIP should apply for children's coverage through the state to avoid a delay in getting help. If someone applies through the new federal Marketplace and is eligible for Medicaid or CHIP, the federal government is supposed to forward the information to the state. However, the federal system isn't ready to send information to states. Families can apply for Medicaid and CHIP at YourTexasBenefits.com.



EL PASO FIRST
Health Plans inc.

Health Insurance Marketplace Coverage Options

- What if I'm interested in Marketplace Coverage?
- Go to www.healthcare.gov to review the plans available in Texas or call 1-800-318-2596

Health Insurance Marketplace

Preferred Administrators

Important Resources

Preferred
ADMINISTRATORS

Wrap Network

- Wrap Network- Preferred Administrators has a contract with MultiPlan and PHCS (Private Health Care Systems) so they can contract provider networks outside of our area geographical area. All claims are still processed by our Claims Dept, but they use a pricing tool to verify if provider is contracted with MultiPlan and PHCS. To verify if a provider is participating, you can verify online at:

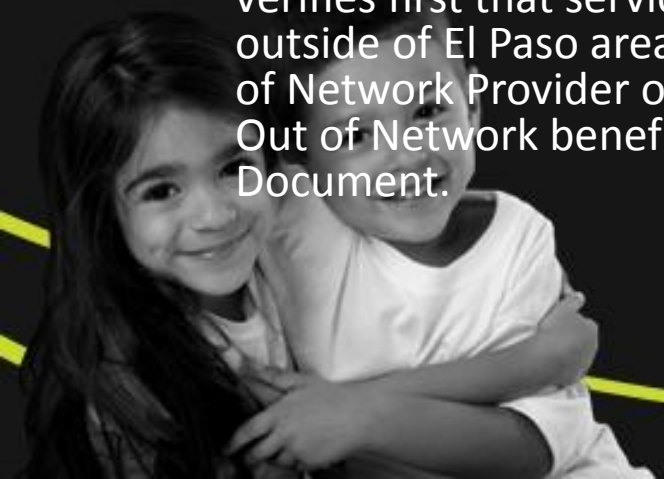
  www. Multiplan.com or call 800-922-4362

- Criteria must be met to receive PPO Benefits and services with one of our MultiPlan and PHCS providers.

  -Member resides outside of the area of El Paso area

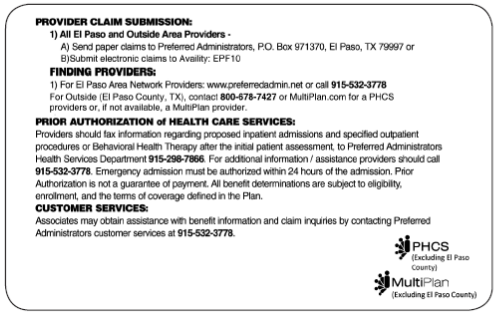
  -Member has an emergency outside of El Paso area

  -Member needs requires services to be done outside of the area because services are not performed locally. Our Health Services Department verifies first that services can not be done locally, prior to approving services outside of El Paso area. If member chooses to receives services from an Out of Network Provider outside of our area; the member will be responsible for Out of Network benefit as explained in our Member Handbook/Plan Document.



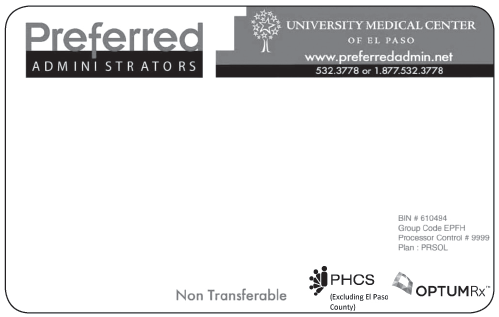
Preferred
ADMINISTRATORS

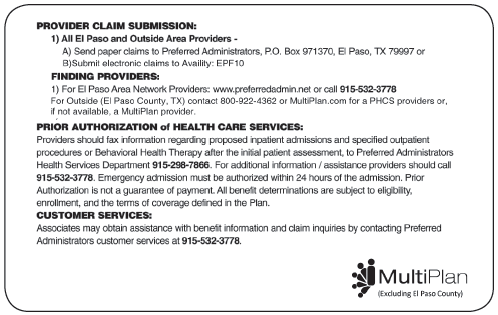
ID Cards and Wrap Network



For members residing <u>inside</u> El Paso's network service region:

- The PHCS & Multiplan logos will be placed on the back of the members card it will show the contact information.
- Outside (STATE/AREA) contact 800-678-7427 or multiplan.com for a PHCS provider or, if not available, a MultiPlan provider.





For members residing <u>outside</u> El Paso's network service region:

- The PHCS logo is placed on the front of the card, and the Multiplan logo will be placed on the back of the card
- Language requested (on back of card): To locate PHCS provider, please contact 800-922-4362 or multiplan.com

Preferred
ADMINISTRATORS

Interlink Transplant Network

- Interlink is a national network and an established leader in the transplant network industry, often referred to as being one of the most used and respected transplant networks in the United States.

- http://transplantcare.interlinkhealth.com/

Preferred
ADMINISTRATORS

Prior Authorization Flyer

Preferred ADMINISTRATORS

PROCEDURES & SERVICES REQUIRING PRIOR AUTHORIZATION/NOTIFICATION

ALL REQUESTS MUST BE INDIVIDUALLY FAXED

Inpatient Fax Number
915-298-5278

Outpatient Fax Number
915-298-7866

Pre-authorization is based on information provided to Preferred Administrators at the time of request, and does not guarantee payment of benefits nor verify eligibility. Payment for services is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Regardless of pre-authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient. Please contact TPA Administration to verify payment, eligibility and benefits.

Inpatient Admissions

- Acute Hospital
- Surgical
- Non-Surgical
- Rehab
- Hospice
- Maternity and Newborn
- Behavioral Health
- Elective Admissions/Surgery

Outpatient Therapy

- Physical Therapy*
- Speech Therapy*
- Occupational Therapy*
- Chiropractic*
- Behavioral Health*
- Radiation Therapy
- Chemotherapy
- Infusion Therapy
- Dialysis
- Home Health*

Radiology/Diagnostic Imaging

- PET Scans
- Obstetrical Ultrasounds (Member is allowed 4 ultra-sounds without obtaining pre-authorization)

No authorization required for MRI, MRA, EKG, CT scans or X-Rays

Outpatient Procedures

- Ambulatory Surgical Center
- Endoscopy Center
- Cardiac Catheter Center
- Outpatient Hospital
- Wound Clinic

Pharmacy Medical

- Growth Hormones
- Synagis
- Oral Injectable or IV Drug Administration over $500
  Note: This includes oral, injectable, or IV provided in a Physician's office
- Specialty Medicines
  Note: Please go to www.preferredadmin.net for a complete list of specialty medicines.

Durable Medical Equipment ($500 and over)

- All DME rentals exceeding 2 months. Maximum up to 12 months, not to exceed purchase price.

Other Services

- Allergy Immunotherapy
- Laser Surgeries
- Oral Surgery
- Orthotics and Prosthetics ($200 and over for Adult and Children)
- Podiatry (Except for debridement of nails, avulsion of nail plate, excision of nail and wedge excision of skin of nail)
- Transplants (To include evaluation services by Transplant Facility)
- Transportation (Air transport and Non-Emergent Ambulance)

All out-of-network services provided by non-participating facility, provider, lab, or vendor require pre-authorization

*No authorization is required for **initial evaluation** for the following:

Behavioral Health
Chiropractic Services
Home Health Services
Occupational Therapy
Physical Therapy
Speech Therapy

PODIATRIC PROCEDURES

The following CPT codes do not require authorization for in- office procedures

11720
11721
11730
11732
11750
11765

Last Revision August 2013

Effective October 1, 2013

Note: It is the Provider's responsibility to request a prior authorization for services listed on the flyer.

Preferred ADMINISTRATORS

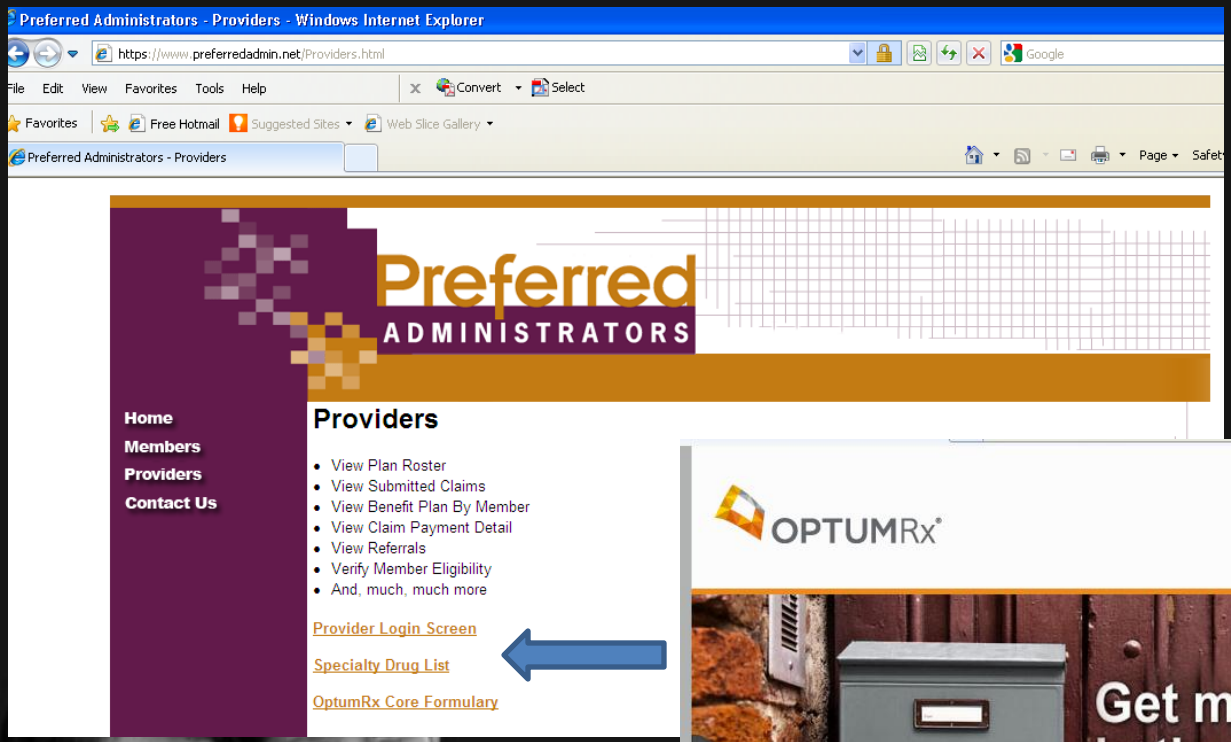
Important Note to Remember!

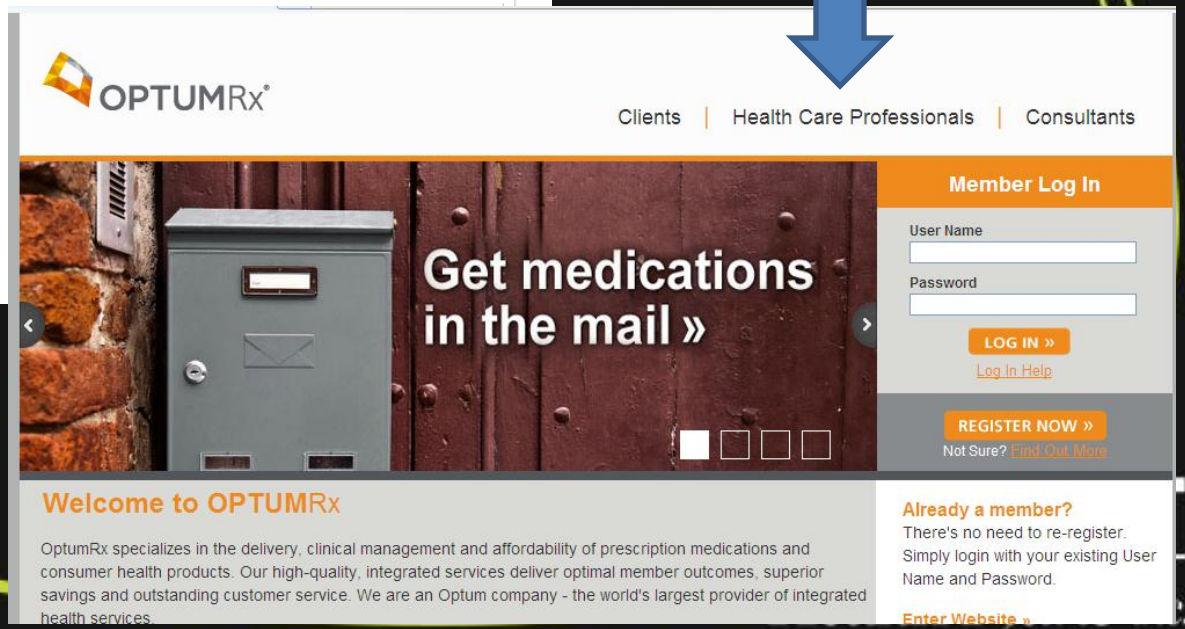
Preferred Administrators Network physicians, who provide services at UMC or EPCH, will have professional services paid at the contracted rate. Member's responsibilities will be UMC/EPCH/Texas Tech benefit coverage level.

Since October 1, 2012, Tenet and its affiliates are considered an out of network Provider.

Preferred
ADMINISTRATORS

OptumRx
(Pharmacy Benefit Manager)



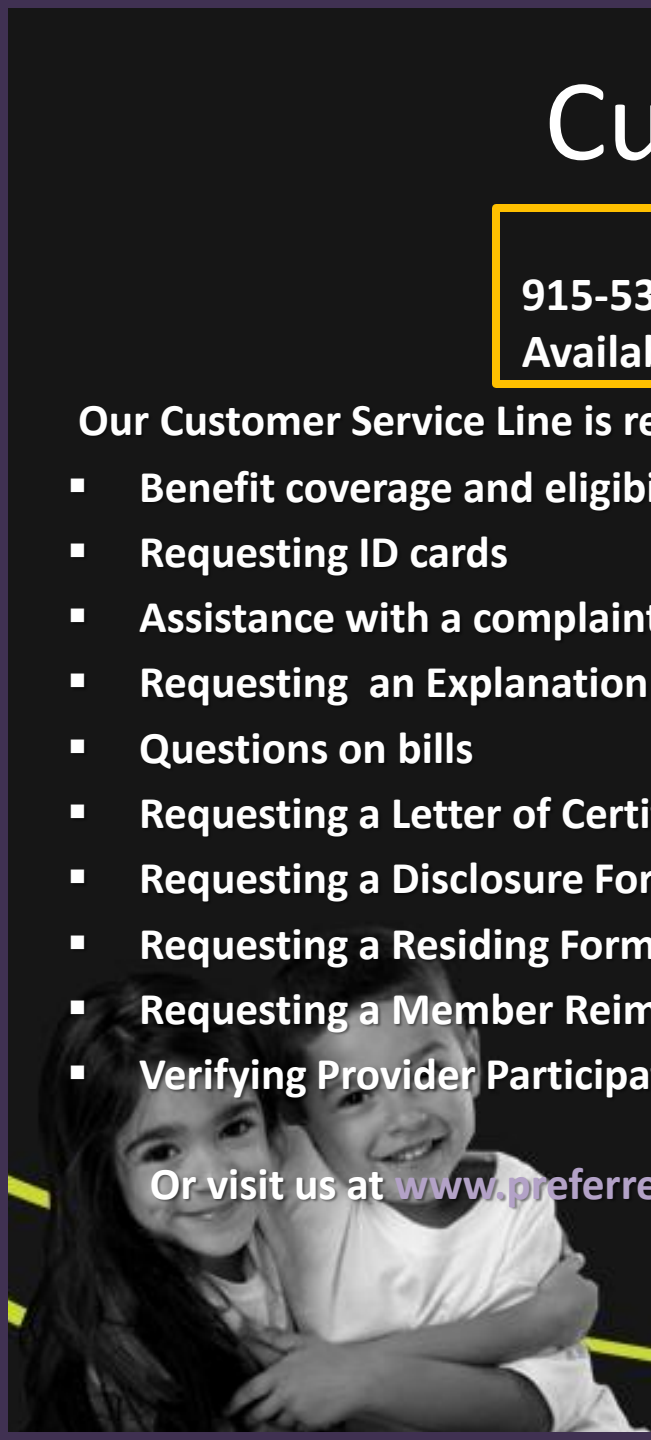


Customer Service

Customer Service Line:
915-532-3778 press 4 and then extension 1529
Available Monday to Friday from 7 am to 5 pm

Our Customer Service Line is ready to assist you with the following inquiries:

- **Benefit coverage and eligibility questions**
- **Requesting ID cards**
- **Assistance with a complaint/appeal**
- **Requesting an Explanation of Benefits (EOB)**
- **Questions on bills**
- **Requesting a Letter of Certificate of Coverage**
- **Requesting a Disclosure Form**
- **Requesting a Residing Form to update a dependent's address**
- **Requesting a Member Reimbursement Form**
- **Verifying Provider Participation**



Or visit us at www.preferredadmin.net to access the Member Handbook, Provider Directory, OptumRx formulary and more.

Preferred
ADMINISTRATORS

Contact Information

Veronica Maldonado-TPA Coordinator
vmaldonado@epfirst.com
298-7198 ext 1073

Michelle Anguiano-Director of TPA Account Management
manguiano@epfirst.com
298-7198 ext 1053

Preferred
ADMINISTRATORS

Thank You for Attending Providers!

EL PASO FIRST
Health Plans inc.