Welcome Providers

Provider Quarterly Training

January 21, 2016

TEXAS STAR Your Health Plan ★ Your Choice

CHIP We've got your kids covered.

EL PASO FIRST Health Plans, inc.

Agenda

- **Provider Relations**: Federal Mandate Re-enrollment, NDC Crosswalk
- **C.A.R.E.:** THSteps Updates & Reminders
- **Quality Improvement:** Updates on 2014 Pay for Quality HEDIS Results, 2016 Pay for Quality, and New Performance Improvement Projects
- **Health Services:** Case Management, Disease Management, Pharmacy, Non-Emergent Ambulance Transport
- **Claims**: Reminders
- **Compliance:** Complaints and Appeals Process, Special Investigations Unit
- **Member Services:** Cultural Competency

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Provider Relations Updates: Federal Mandate Re-enrollment, NDC Crosswalk

Stacy Arrieta
Provider Relations Representative

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Extended Deadline

The Centers for Medicare and Medicaid Services (CMS) recently announced that the **previous March 24, 2016 deadline for Medicaid provider re-enrollment is extended to Sept. 25, 2016**. Though this extension gives states additional time to ensure providers comply with Patient Protection and Affordable Care Act (PPACA) requirements, Texas Medicaid encourages all providers who have not yet submitted a re-enrollment application to begin this process immediately to avoid potential payment disruptions.

Additional information will be announced in the coming weeks to assist providers who are working on the re-enrollment process.

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Affordable Care Act Federal Mandate RE-Enrollment

- All providers must revalidate their enrollment information every three to five years.
- The frequency depends on the provider type.
- CMS requires that states complete the initial re-enrollment of all providers by **March 24, 2016.** Which has now been extended to **September 25, 2016**.
- Providers should submit their provider enrollment application now. This will allow to resolve unexpected issues that may come up during the enrollment process. All Providers must be enrolled by September 25, 2016.
- Any Medicaid providers enrolled ***prior** to* January 1, 2013, **must** be fully re-enrolled by **the extended deadline of September 25, 2016**.

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Providers NOT – Re-enrolled by September 25, 2016

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

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

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Additional Guidance

http://www.tmhp.com/Pages/Topics/ACA.aspx

Please review the following helpful information on:

Affordable Care Act FAQs - provides insight on questions regarding enrollment "e.g." **multiple TPIs**, Online Provider Enrollment Portal (PEP), time frames, risk factors and much more

- **Provider Types Required to Pay Application Fee** – table displays which Medicaid and CSHCN Services Program provider types are required to pay the application fee upon initial enrollment, re-enrollment, and enrollment of an additional practice location
- **Provider Enrollment Electronic Signature Instructions**
- **Quick Tips to Avoid Common Provider Enrollment Deficiencies –** suggestions for a clean application submission and avoid delays for additional and missing information

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Additional Guidance Cont.

- TMHP Provider Re-enrollment page

- Provider Enrollment Representative:
  1-800-925-9126, Option 2
- TMHP-CSHCN Services Program Contact Center:
  1-800-568-2413
- Email at – PE-Email@tmhp.com

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2015-16 Texas Medicaid CHIP VDP Flu Season NDC to Procedure Crosswalk

Texas Medicaid/CHIP Vendor Drug Program
Formulary Management
2015-16 | Season Flu Vaccine NDC-to-Procedure Code Crosswalk

This Flu Vaccine NDC-to-Procedure Code Crosswalk is provided to address questions from MCOs/PBM staff regarding which National Drug Codes (NDC) are covered and not covered per Medicaid covered benefit policy for flu vaccination during the 2015-16 season.

NDC	Label Name	Procedure Code*	A vaccine and toxoid distributed through TVFC**
19515089811	FLULAVAL QUAD 2015-2016 VIAL	90688	Yes
33332001501	AFLURIA 2015-2016 SYRINGE	90656	Yes
33332011510	AFLURIA 2015-2016 VIAL	90658	Yes
42874001510	FLUBLOK 2015-2016 VIAL	90673	No
49281039615	FLUZONE 2015-2016 VIAL	Q2038	Not a Texas Medicaid benefit
49281039765	FLUZONE HIGH-DOSE 2015-16 SYR	90662	No
49281041510	FLUZONE QUAD 2015-2016 VIAL	90686	Yes
49281041550	FLUZONE QUAD 2015-2016 SYRINGE	90686	Yes
49281051525	FLUZONE QUAD PEDI 2015-16 SYR	90685	Yes
49281062315	FLUZONE QUAD 2015-2016 VIAL	90688	Yes
49281070840	FLUZONE INTRADERM QUAD 2015-16	90630	No
58160090352	FLUARIX QUAD 2015-2016 SYRINGE	90686	Yes
62577061401	FLUCELVAX 2015-2016 SYRINGE	90661	No
66019030210	FLUMIST QUAD NASAL 2015-16 VAC	90672	Yes
66521011802	FLUVIRIN 2015-2016 SYRINGE	90658	Yes
66521011810	FLUVIRIN 2015-2016 VIAL	90658	Yes

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Contact Information

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Provider Relations Department
915-532-3778 ext. 1507

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THSteps Updates & Reminders

Maritza Lopez, MPH

Texas Health Steps Coordinator

EL PASO FIRST Health Plans, inc.

THSteps Updates Effective 1-1-16

Effective January 1, 2016 only newborn screening specimen collection kits that are thought to be defective may be returned.

Title 25 of the Texas Administrative Code, Part 1, Chapter 37 (Newborn Screening Specimen Collection Kits), Subchapter D, Rule § 37.55 (b) (6) returned specimen collection kits reads as follows:

- "(6) Returned specimen collection kits: if the purchaser believes a kit(s) is defective, purchaser should immediately contact the department's laboratory in Austin. Kit(s) which are verified to be defective by the department can be returned for credit for future kit orders, as directed by the department."

Credits toward future kit purchases will not be allowed for any other reason.

The DSHS Laboratory Services Section does not have the authority under § 37.55 (b)(6) to provide refunds for any paid cards.

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THSteps Reminders

- **Effective 11/1/15: Laboratory Screening**
  - Anemia screening
    - Removal of the mandatory screenings at ages 18 months and females at 12 years of age, leaving the **mandatory screening at 12 months of age only**.
  - Human Immunodeficiency Virus (HIV) screening
    - To add to the current risk based screening for ages 11 through 20 years, the **mandatory requirement to screen once between the ages of 16 to 18 years of age**, regardless of risk.
  - Dyslipidemia Screening (previously hyperlipidemia screening)
    - Mandatory screening requirements **once** for all clients between the ages of **9-11 years of age** and again for all clients between the ages of **18-20 years of age**, regardless of risk.

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

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THSteps Reminders

Mental Health - Screening is required at each THSteps checkup and includes behavioral, social, and emotional development.

Must use one of the following validated, standardized mental health screening tools recognized by THSteps is required once for all clients who are **12 through 18** years of age: (Link to Bright Futures Materials & Tools page to download the forms.)

- Pediatric Symptom Checklist (PSC-35)
- Pediatric Symptom Checklist for Youth (Y-PSC)
- Patient Health Questionnaire (PHQ-9)
- Car, Relax, Alone, Forget, Family, and Trouble Checklist (CRAFFT)

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

Contact Information

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Texas Health Steps Coordinator

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Adriana Cadena

C.A.R.E Unit Manager

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acadena@epfirst.com

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Quality Improvement Updates

Don Gillis

Director of Provider Relations and Quality Improvement

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Quality Improvement Updates

- 2014 Pay for Quality HEDIS Results
- 2016 Pay for Quality
- New Performance Improvement Projects

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Pay For Quality - Results

Calendar Year 2014 STAR Results

Measure Abbreviation	PopulationName	Denom	Numer	Rate
W34	UnitedHealthCare Community Plan	207	182	87.92%
W34	El Paso First Health Plans, Inc	411	354	86.13%
W34	Molina Healthcare of Texas, Inc.	453	386	85.21%
W34	Driscoll Health Plan	411	340	82.73%
W34	Community Health Choice	286	232	81.12%
W34	Parkland Community Health Plan	432	345	79.86%
W34	Texas Children's Health Plan	411	327	79.56%
W34	Superior HealthPlan	411	325	79.08%
W34	Seton Health Plan	432	341	78.94%
W34	State Rate, Weighted*			78.91%

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Pay For Quality - Results

Calendar Year 2014 STAR Results

Measure Abbreviation	PopulationName	Denom	Numer	Rate
AWC	El Paso First Health Plans, Inc	411	309	75.18%
AWC	Texas Children's Health Plan	411	307	74.70%
AWC	UnitedHealthCare Community Plan	321	234	72.90%
AWC	Community Health Choice	403	292	72.46%
AWC	Driscoll Health Plan	411	297	72.26%
AWC	Molina Healthcare of Texas, Inc.	453	320	70.64%
AWC	Parkland Community Health Plan	432	304	70.37%
AWC	State Rate, Weighted*			68.70%

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Pay For Quality - Results

Calendar Year 2014 STAR Results

Measure Abbreviation	PopulationName	Denom	Numer	Rate
Prenatal	Driscoll Health Plan	411	386	93.92%
Prenatal	El Paso First Health Plans, Inc	411	385	93.67%
Prenatal	Community Health Choice	446	416	93.27%
Prenatal	Superior HealthPlan	411	375	91.24%
Prenatal	Amerigroup	430	388	90.23%
Prenatal	State Rate, Weighted*			90.15%

Measure Abbreviation	PopulationName	Denom	Numer	Rate
Postpartum	Cook Children's Health Plan	411	292	71.05%
Postpartum	Community Health Choice	446	315	70.63%
Postpartum	RightCare from Scott & White Health Plan	453	314	69.62%
Postpartum	Blue Cross Blue Shield of Texas	432	298	68.98%
Postpartum	Texas Children's Health Plan	411	283	68.86%
Postpartum	Driscoll Health Plan	411	282	68.61%
Postpartum	Amerigroup	430	294	68.37%
Postpartum	El Paso First Health Plans, Inc	411	280	68.13%
Postpartum	Aetna Better Health	432	293	67.82%
Postpartum	Seton Health Plan	432	284	66.20%
Postpartum	State Rate, Weighted*			65.02%

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Pay For Quality - Results

Calendar Year 2014 CHIP Results

Measure Abbreviation	PopulationName	Denom	Numer	Rate
W34	El Paso First Health Plans, Inc.	411	355	86.37%
W34	Community Health Choice	307	264	85.99%
W34	Seton Health Plan	432	365	84.49%
W34	Amerigroup	432	360	83.33%
W34	Driscoll Health Plan	411	332	80.78%
W34	Sendero Health Plans	103	83	80.58%
W34	Community First Health Plans	366	293	80.05%
W34	Parkland Community Health Plan*	432	345	79.86%

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Pay For Quality - Results

Calendar Year 2014 CHIP Results

Measure Abbreviation	PopulationName	Denominator	Numerator	Rate
AWC	El Paso First Health Plans, Inc.	411	308	74.94%
AWC	Community Health Choice	418	297	71.05%
AWC	Seton Health Plan	432	296	68.52%
AWC	Sendero Health Plans	155	104	67.10%
AWC	Driscoll Health Plan	411	272	66.18%
AWC	Parkland Community Health Plan	432	282	65.28%
AWC	Texas Children's Health Plan	411	264	64.23%
AWC	Amerigroup	432	273	63.19%
AWC	State Rate, Weighted*			61.33%

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Pay For Quality 2016

- No new changes from 2015
- Measures include:

Measure	STAR	CHIP
Well Child Visits, 3 – 6 year olds	✓	✓
Adolescent Well Care Visits, 12 – 21 year olds	✓	✓
Prenatal and Postpartum Care	✓	
Potentially Preventable Admissions	✓	✓
Potentially Preventable Readmissions	✓	
Potentially Preventable ED Visits	✓	✓
Potentially Preventable Complications	✓	

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Performance Improvement Projects

- CHIP: Adolescent well-care visits (will continue in 2016)
- CHIP: Well-child visits in the 3rd, 4th, 5th and 6th years of life (will end 12/31/15)
- STAR: Reduce ED utilization for URI and asthma 0-9 yrs. (will end 12/31/15)
- STAR: Reduce admissions for asthma by promoting asthma medication management (will continue in 2016)
- STAR & CHIP: Increase access to & utilization of outpatient care to reduce PPVs due to URI (NEW for 2016)

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New 2016 PIP Interventions

2016 Planned Interventions	
Barrier	Intervention
Lack of specific targeted contact for members who utilized the ED for URI frequently.	Home Visits
Members do not know where they can go for after-hours care or are not aware of the facilities closest to them.	Member Marketing
MCO is unable to contact members until after the fact – the MCO cannot know who utilized the ED for URI until after the visit has taken place and at this point, that visit has already had a negative impact on the PPV rate.	
Untimely contact of members who have used the ED for URI-having to rely on claims data alone.	Hospital ED Lists

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Questions

Don Gillis

Director of Provider Relations and

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Case Management

Cynthia Herrera, RN, BSN
Medical Case Manager

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Case Management Goals

- Promote quality & cost-effective care
- Identify new problems before they become serious
- Help restore level of functioning
- Assist in navigating health care system

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Types of Case Management

- EPF offers the following types of Case Management:
  - Medical Case Management (including OOT)
  - Neonatal Intensive Care (NICU) Case Management
  - High-risk Obstetric Case Management
  - Catastrophic Case Management
  - Behavioral Health Case Management

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Service Coordination

- Early Childhood Interventions (ECI)
- Special Healthcare Needs Program (SHCN)
- Social Security Administration (SSI)
- WIC, Food Stamps, Community Food Banks
- Medical Transportation Program (MTP)
- General Assistance Services
- Housing & Shelter Services
- Support Groups

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Case Management

- CM referral form on El Paso First website http://www.epfirst.com/providers/provider-forms/
- Phone: (915) 532-3778 ext. 1500

  Fax: 915-298-7866

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Disease Management

Gabriela Mendoza
Disease Management
Program Specialist

EL PASO FIRST
Health Plans, inc.

Disease Management

El Paso First has a disease management program available for members who have uncontrolled chronic disease such as:

- Asthma
- Obesity
- Diabetes type 1 and 2
- Heart Disease
- Over-utilizers of services (such as ER and pharmacy)

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Disease Management

In our disease management program our members receive:

- Health education
- Service coordination
- Health tip text messages
- Follow up calls
- Home visits
- Community resources

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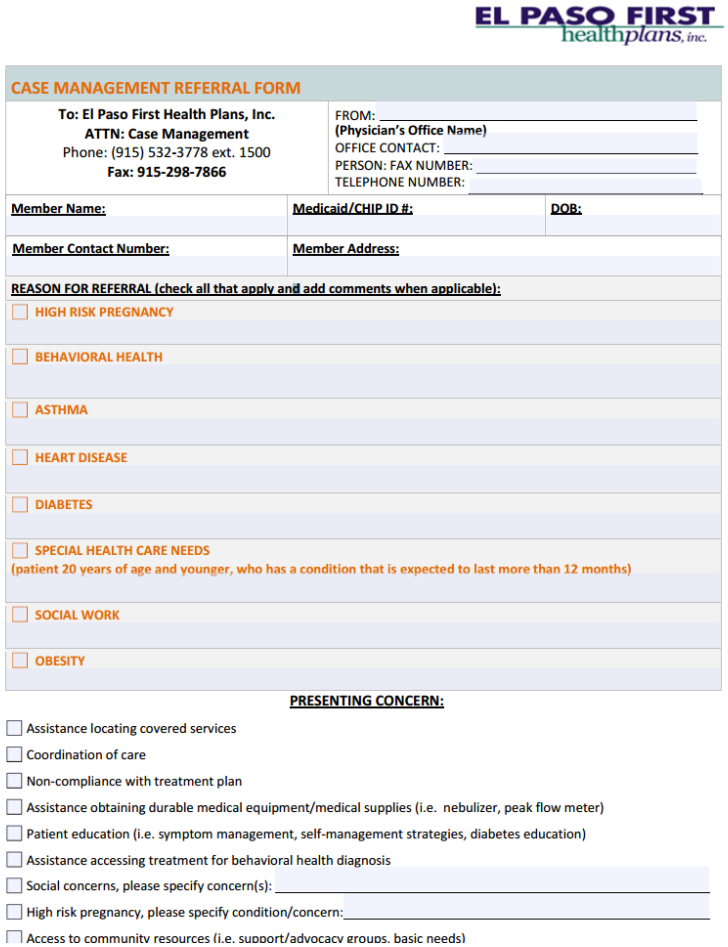
Referral Form

You can refer your El Paso First patients to our disease management program by filling out and faxing the provider case management referral form on our website www.epfirst.com or by phone.

Fax: 915-298-7866

Phone: 915-532-3778, ext 1175 or 1076



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CASE MANAGEMENT REFERRAL FORM

To: El Paso First Health Plans, Inc.
ATTN: Case Management
Phone: (915) 532-3778 ext. 1500
Fax: 915-298-7866

FROM: _____
(Physician's Office Name)
OFFICE CONTACT: _____
PERSON: FAX NUMBER: _____
TELEPHONE NUMBER: _____

Member Name:	Medicaid/CHIP ID #:	DOB:
Member Contact Number:	Member Address:	

REASON FOR REFERRAL (check all that apply and add comments when applicable):

- ☐ HIGH RISK PREGNANCY
- ☐ BEHAVIORAL HEALTH
- ☐ ASTHMA
- ☐ HEART DISEASE
- ☐ DIABETES
- ☐ SPECIAL HEALTH CARE NEEDS
  (patient 20 years of age and younger, who has a condition that is expected to last more than 12 months)
- ☐ SOCIAL WORK
- ☐ OBESITY

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, please specify concern(s): _____
- ☐ High risk pregnancy, please specify condition/concern: _____
- ☐ Access to community resources (i.e. support/advocacy groups, basic needs)

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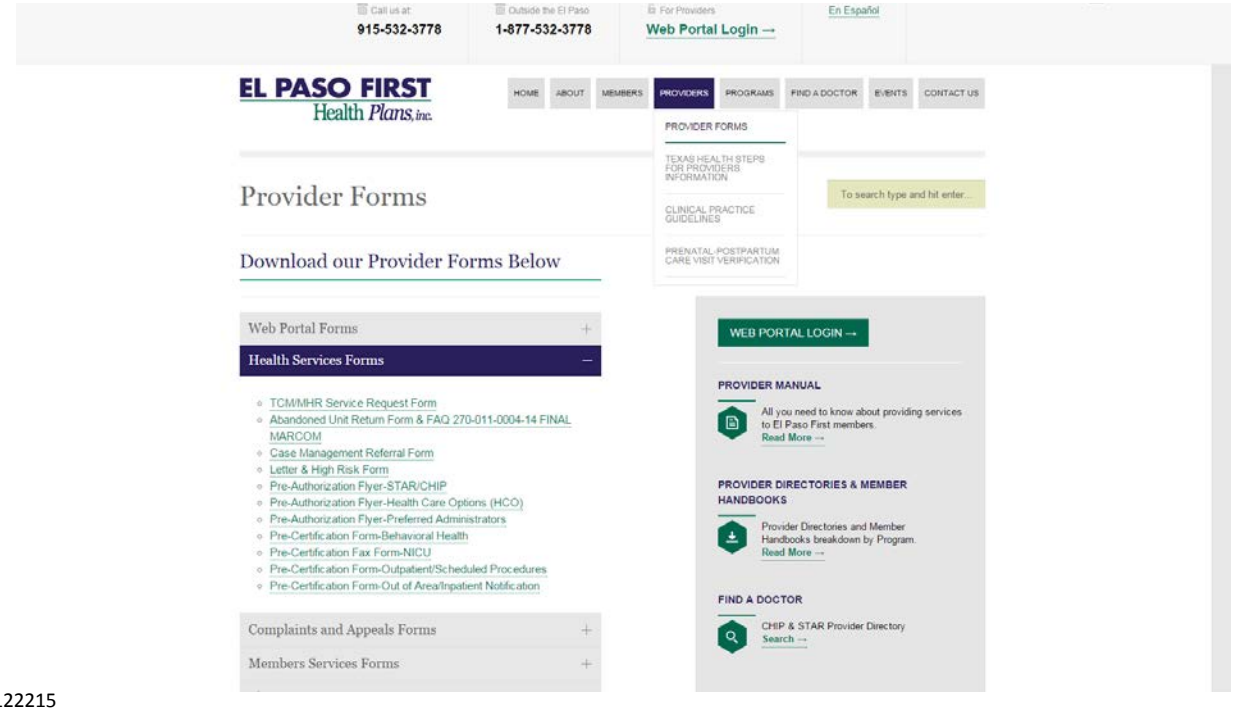
Disease Management Referral Form

You can find this form on our website www.epfirst.com under the provider tab, provider forms, then selecting the referral form under Health Services Forms.



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Disease Management Interventions

As part of our Performance Improvement Projects in addition to collaborating with physicians the DM Team will conduct the following:

- Home visits will replace health education classes.
  - Home visits will help to assess member in their natural environment.
  - Identify gaps in needed resources
  - Assist with service coordination and access to health care providers
  - Provide health education one-on-one or with the entire family.
  - Coordination of referrals to case management and other health resources

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Home Visit Identification

- Members can receive a home visit if:
  - A member is repeatedly utilizing the ER.
  - Has had either an ER visit or inpatient admit for diabetic related conditions
  - Has had an ER visit or inpatient admit for an asthma exacerbation.
  - And other potentially preventable events (PPE)

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Asthma Medication Ratio (AMR)

Continuing in our Performance Improvement Projects for 2016 (PIPs), our DM program will also focus on the AMR.

This is a ratio that is formulated to determine if patients with moderate to severe asthma are also prescribed controller medications in addition to inhalers.

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How Members Are Identified

- At least one ED visit with a principal diagnosis of asthma.
- At least one acute inpatient encounter, with a principal diagnosis of asthma.
- At least 4 outpatient visits or observation visits, on different dates of service, with any diagnosis of asthma ***and*** at least two asthma medication dispensing events.
- At least 4 medication dispensing events

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Asthma Medication Ratio

What are we doing with the AMR report?

1. Sending a roster to providers to look into members on the list and make sure that they are being prescribed controller medications in addition to fast relief medications. *We need your help.*
2. Calling the members to discuss asthma management, medications, and set up an appointment for a home visit if needed.

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Contact Us

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Disease Management Program Specialist
915-532-3778, ext. 1076

Edna Lerma,
Clinical Supervisor
915-532-3778, ext. 1078

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Pharmacy

Perla Saucedo

Pharmacy Technician

EL PASO FIRST Health Plans, inc.

Synagis
Medicaid & CHIP

- Synagis season **begins November 1, 2015** and **terminates March 31, 2016**.
- Providers who are eligible to request authorizations include **PCP's, Pediatricians, Pediatric Pulmonologists, and Neonatologists**.
- Provider will submit "Navitus Palivizumab (Synagis) Prior Authorization Form" directly to selected pharmacy.

www.navitus.com/Misc-Pages/PDF-Form-Viewer.aspx?FormID=0bd350ad-d378-4d60-9cc4-d6e95b398a73

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Synagis (Medicaid & CHIP) Cont.

- Physician will fax Prior Authorization Form to either **Maxor Specialty or Avella Specialty Pharmacy**.
- Pharmacy will forward completed authorization request form to Navitus for final approval.
- Pharmacy coordinates Synagis delivery with the physician's office.
- Physician administers Synagis and bills El Paso First for the administration. **(El Paso First does not require prior authorization for administration)**
- **Contact Navitus 24 hours a day, 7 days a week at 1-877-908-6023**.

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Synagis
Contact Information

Maxor Specialty Pharmacy

216 South Polk Street
Amarillo, TX 79101
Phone : 866-629-6779
Fax : 866-217-8034

Avella Specialty Pharmacy

3016 Guadalupe St Ste. A
Austin, TX 78705
Phone : 877-470-7608
Fax : 877-480-1746

El Paso First Health Services Department

915-298-7198 x 1500

Navitus

1-877-908-6023

EL PASO FIRST Health Plans, inc.

Flu Vaccine
Medicaid, CHIP, CHIP PERINATE

Plan	Ages	Location
• **STAR Medicaid** • **CHIP** • **CHIP Perinate**	• 0-18 • 18-Over	• PCP or Specialist **(TVFC Immunizations Only**) • PCP or Pharmacy *

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FLU VACCINE

- Flu vaccine is available through pharmacy for STAR and CHIP Perinate members ages 18 and over.
- Vaccine is available through these participating pharmacies:
  - CVS
  - Albertsons
  - Walgreens
  - Wal-Mart
  - K-Mart
  - Target
- STAR and CHIP members 18 and under will continue to be covered for Flu vaccine at PCP's office
- For any questions regarding coverage, pharmacies and providers can call 1-877-908-6023

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TPA Updates: Flu Vaccine & Synagis

Preferred ADMINISTRATORS

Flu Vaccine Preferred Administrators

Plan	Ages	Location
• **Preferred Administrators**	• All Ages	• PCP or SPECIALIST **(flu shot is not covered at pharmacy locations)**

Preferred Administrators participating providers please review Preventative Service Listing for appropriate Diagnosis and CPT codes at www.preferredadmin.net

Preferred ADMINISTRATORS

Synagis
Preferred Administrators

- Providers are required to send in the El Paso First Prior Authorization Form with clinical information to **El Paso First Utilization Management Department at 915-298-7866**.
- The authorization form can be located on the El Paso First website.

http://epfirst.com/forms/Prior%20Authorization%20Form%20–%20Outpatient-Scheduled%20Procedures.pdf

For additional information concerning Synagis administration for Preferred Administrators Members, please contact **El Paso First Health Plans at 915-532-3778.**

Preferred ADMINISTRATORS

Medication Compliance

Providers may refer members to our case management team when there is an issue with non-compliance of medication. For example, member was prescribed a medication, but has not filled prescription, or has not taken medication.

- Behavioral Case Management
- Disease Case Management
- OB Case Management
- Medical Case Management

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Contact Us

Perla Saucedo,

Health Services - Pharmacy Technician

532.3778 ext. 1035

For any questions regarding coverage, pharmacies and providers can call

1-877-908-6023

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Non–Emergent Ambulance Transport

Gilda Rodriguez, RN

Prior Auth Nurse Coordinator

EL PASO FIRST Health Plans, inc.

EMERGENT TRANSPORTS

EMERGENT TRANSPORTS

DO NOT

require prior authorization.

Facility-to-facility transports are considered emergencies if the required treatment for the emergency medical condition is not available at the first facility

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Beginning April 1, 2016

- El Paso First will require Medicaid-enrolled physicians, health-care providers, or other responsible party to obtain authorization before an ambulance is used to transport a client in non-emergent circumstances, in accordance with Human Resources Code (HRC) §32.024 (t). Other responsible parties include staff working with a health care service provider submitting prior authorizations on behalf of the provider or facility. A physician order must accompany the prior authorization request form.

- **An ambulance provider may not request a prior authorization for non-emergent ambulance transports.**

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Non-Emergent Transport

Non-emergency transport is defined as:

- ambulance transport provided for a Medicaid client to or from a scheduled medical appointment,
- to or from a licensed facility for treatment,
- or to the client's home after discharge from a hospital when the client has a medical condition such that the use of an ambulance is the only appropriate means of transportation (i.e., alternate means of transportation are medically contraindicated).

All non-emergent ambulance transport services require prior authorization along with documentation of medical necessity.

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Contact Us

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Dolores Herrada, RN, CCM
Director of Health Services
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Claims Reminders

Julie Zubia

Claims Processing Supervisor

EL PASO FIRST Health Plans, inc.

Claims Processing

- Timely Filling Deadline
  - 95 days from date of service
- Corrected Claim Deadline
  - 120 days from date of EOB
  - Use the comments section of the corrected claim form and be specific
- Web portal claim entry
  - List the authorization number in the header and in the service line
  - Select correct ICD Code Type button
    - ICD-9
    - ICD-10

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Electronic Claims

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

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ICD-10 Rejections & Denials

- Invalid ICD-10 codes will be rejected by the clearinghouse
- EPF will deny invalid ICD-10 codes

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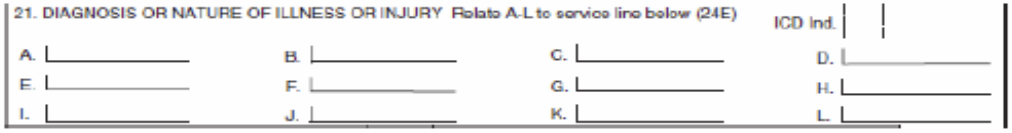
ICD Indicator Reminder

ITEM NUMBER 21



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.

EL PASO FIRST Health Plans, inc.

Contact Information

Adriana Villagrana
Claims Manager
avillagrana@epfirst.com
915-532-3778 ext. 1097

Provider Care Unit Extension Numbers:

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

EL PASO FIRST Health Plans, inc.

Complaints and Appeals Process

Dianna Watt

Compliance Manager

EL PASO FIRST Health Plans, inc.

Complaints & Appeals Process

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

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

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

EL PASO FIRST Health Plans, inc.

Contact Information

Dianna Watt

Compliance Manager

(915) 298-7198 ext. 1109

Raquel Payan

Compliance Supervisor

(915) 298-7198 ext. 1092

EL PASO FIRST Health Plans, inc.

Special Investigations Unit Compliance

Alma Meraz

Special Investigations Unit Claims Auditor

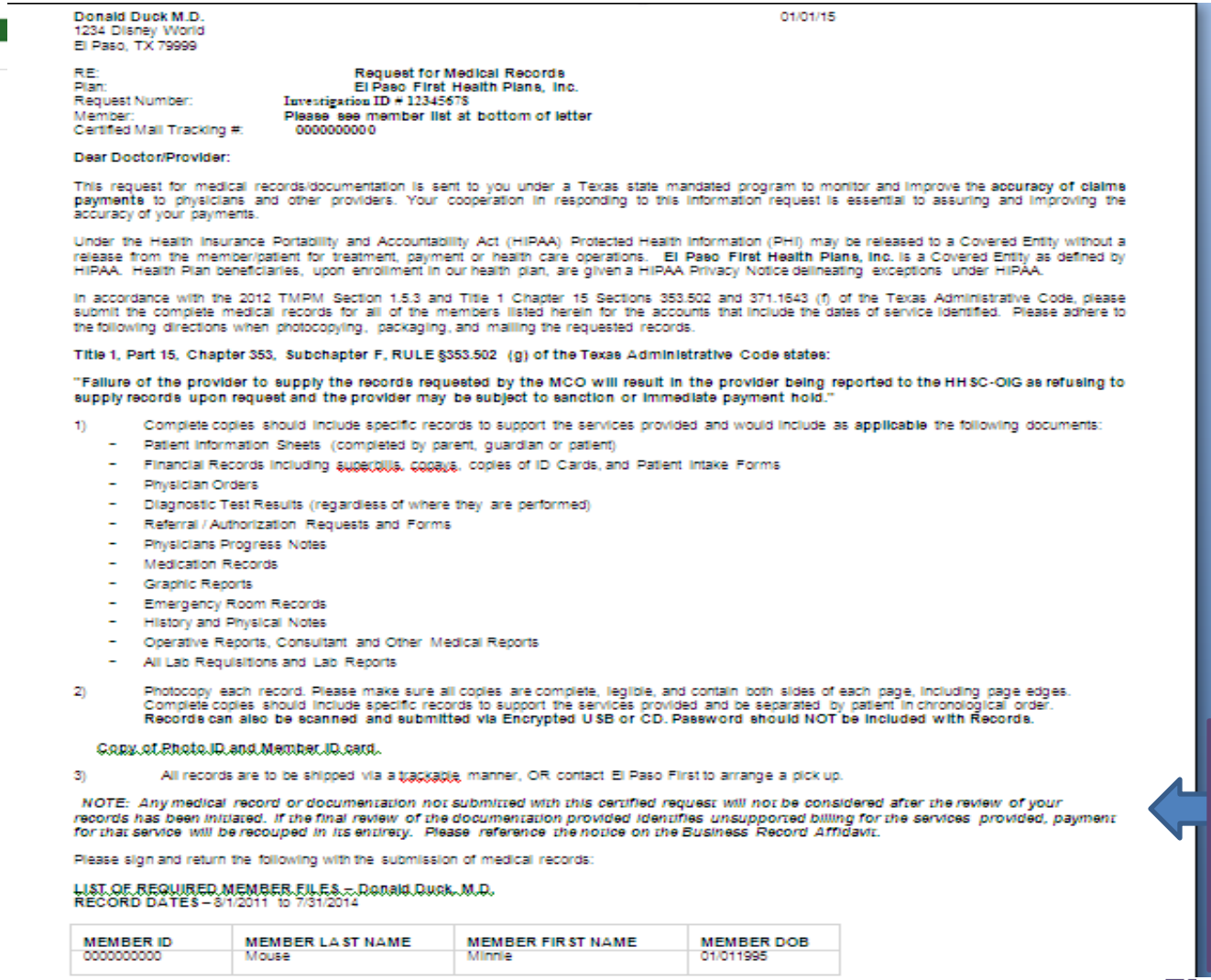
EL PASO FIRST Health Plans, inc.

Monthly Random Medical Records Reviews

- Texas enacted bill 2292 to require all Managed Care Organizations like El Paso First to establish a plan to prevent waste, fraud and abuse
- 5-7 providers are randomly selected on a monthly basis
  - Edits, billing patterns, Health Plan request
- The process involves the review of paid claims and if necessary a request for records
- A Business Records Affidavit is required

EL PASO FIRST Health Plans, inc.

Medical Record Sample



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

01/01/15

RE: **Request for Medical Records**
Plan: **El Paso First Health Plans, Inc.**
Request Number: **Investigation ID # 12345678**
Member: **Please see member list at bottom of letter**
Certified Mail Tracking #: **0000000000**

Dear Doctor/Provider:

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

Under the Health Insurance Portability and Accountability Act (HIPAA) Protected Health Information (PHI) may be released to a Covered Entity without a release from the member/patient for treatment, payment or health care operations. **El Paso First Health Plans, Inc.** is a Covered Entity as defined by HIPAA. Health Plan beneficiaries, upon enrollment in our health plan, are given a HIPAA Privacy Notice delineating exceptions under HIPAA.

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

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

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

1) Complete copies should include specific records to support the services provided and would include as **applicable** the following documents:
- Patient Information Sheets (completed by parent, guardian or patient)
- Financial Records including superbills, copays, copies of ID Cards, and Patient Intake Forms
- Physician Orders
- Diagnostic Test Results (regardless of where they are performed)
- Referral / Authorization Requests and Forms
- Physicians Progress Notes
- Medication Records
- Graphic Reports
- Emergency Room Records
- History and Physical Notes
- Operative Reports, Consultant and Other Medical Reports
- All Lab Requisitions and Lab Reports

2) Photocopy each record. Please make sure all copies are complete, legible, and contain both sides of each page, including page edges. Complete copies should include specific records to support the services provided and be separated by patient in chronological order. **Records can also be scanned and submitted via Encrypted USB or CD. Password should NOT be included with Records.**

Copy of Photo ID and Member ID card.

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

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

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

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

MEMBER ID	MEMBER LAST NAME	MEMBER FIRST NAME	MEMBER DOB
0000000000	Mouse	Minnie	01/011995

If no records are submitted they will be recouped

EL PASO FIRST Health Plans, inc.

Medical Records Reviews Findings

- El Paso First will send out a notification letter with the findings at the end of the review
  - Will include detailed spreadsheets with claim recoupment information
- You have the right to dispute the findings

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

EL PASO FIRST Health Plans, inc.

Recoupment Letter Sample

January 1,2015

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

Certified Receipt : 00000000000000

Re: Request for Corrected Claims and Notice of Recoupment

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

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

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

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

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

Recoupment for No Documentation/Inappropriate Coding
The service dates that did not meet appropriate documentation for the services billed and the subsequent overpayment amount are documented in the "Notice of Recoupment" (Attachment A). The amount of recoupment for these services is **$**------ It is the expectation of El Paso First that all network providers submit all the requested medical documentation for audit at the time of the initial certified request for medical records letter. Any medical record or documentation for a billed service that was not submitted with the certified request was subject for full recoupment. This type of finding cannot be appealed due to Office of Inspector General (OIG) guidance that post audit submission could be suspect as being potentially doctored or created after the fact. Your medical records were submitted with an Affidavit certifying medical records were original and complete or exact duplicates of the original records on file.

Recoupment for Not Meeting Evaluation and Management (E/M) Documentation Guidelines,
There were ---- services that did not meet documentation guidelines and were identified as upcoded and ---- that met the guidelines and were identified as Downcode. Your office may submit a corrected claim for the services identified as upcoded and downcoeded with the correct service code. Request for Corrected Claims (Attachment B) identifies those services. Submission of a corrected claim will amount to a recoupment of **$** ---- vs. **$**---- if no corrected claim is received.

You have the right to appeal the findings, please be advised that your written appeal must submitted no later than 30 calendar days from receipt of this letter.
As per The OIG's directive, El Paso First must recoup overpayment amounts via claims adjustments and cannot accept payment by check.

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

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

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

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

EL PASO FIRST Health Plans, inc.

39 Week OB Reviews

- Random selection of 15 providers a month
- Records are requested and reviewed
- Ensures medical necessity of inductions and/or c-sections
- Reviews proper utilization of modifiers U1, U2 and U3

EL PASO FIRST Health Plans, inc.

OB Record Request Sample

EL PASO FIRST
Health *Plans, inc*

January 1, 2015

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

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

Certified Receipt # 0000000000000

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

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

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

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

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

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

Thank you for your prompt attention to this matter.

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

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

EL PASO FIRST
Health Plans, inc.

Member Services Verification

- Random selection of 60 members a month
- Courtesy phone calls to verify services were rendered as billed
- If not verified by member, records are requested
- The Provider will be notified of findings

Contact Information

Alma Meraz

Special Investigations

Unit Claims Auditor

915-298-7198 ext. 1039

ameraz@epfirst.com

EL PASO FIRST Health Plans, inc.

Member Services Department: Cultural Competency

Edgar Martinez
Director of Member Services

EL PASO FIRST Health Plans, inc.

Cultural Competency

- El Paso First places great emphasis on the wellness of our Members. A large part of quality healthcare delivery is treating the whole patient and not just the medical condition.
- Sensitivity to differing cultural influences, beliefs and backgrounds, can improve a Provider‘s relationship with patients and in the long run the health and wellness of the patients themselves.
- We coordinate interpreter and translation services to meet the Member‘s needs. El Paso First‘s Cultural Competency and Linguistic Services Plan is available to its Network Providers upon request.

EL PASO FIRST Health Plans, inc.

Cultural Competency

- El Paso First's Cultural Competency and Linguistic Services Plan is available by contacting the El Paso First Member Services Department.

- For additional resources regarding cultural competency services contact:

  CLASinTexas: Resource for Adoption and Implementation of Culturally and Linguistically Appropriate Services

  Texas Office of Minority Health and Health Equity
  Center for Elimination of Disproportionality and Disparities
  CLASinTexas List-Serve Contact Information:
  CLASinTexas@hhsc.state.tx.us
  (512) 380-4325

EL PASO FIRST Health Plans, inc.

Thank You!

Edgar Martinez
Director of Member Services
915-532-3778 ext. 1064

Antonio Medina
Enrollment & Member Service Supervisor
915-532-3778 ext. 1034

Juanita Ramirez
Member Services & Enrollment Supervisor
915-532-3778 ext. 1063

EL PASO FIRST Health Plans, inc.

Thank You for Attending Providers!

EL PASO FIRST
Health Plans, inc.