



Welcome Providers

OB Provider Specialty Training

June 23, 2016



Agenda

- **Provider Relations:** [Provider Re-enrollment](#), [Provider Manual](#), [Website Overview](#), [LARC](#)
- **Contracting:** [Contract Overview](#)
- **Quality Improvement:** [HEDIS Prenatal/Postpartum](#)
- **Compliance:** [Special Investigations Unit](#)
- **Health Services:** [First Steps Case Management](#), [Prior Authorizations](#)
- **Claims:** [Reminders](#)
- **C.A.R.E.:** [Monthly Baby Showers](#)
- **Member Services:** [Value Added Services](#)

Provider Relations Updates: Medicaid Re-enrollment

Stacy Arrieta
Provider Relations Representative

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Health Plans, inc.

Affordable Care Act Federal Mandate Re-Enrollment

- Any Medicaid providers enrolled *prior* to January 1, 2013, **must** be fully re-enrolled by **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.

Affordable Care Act Federal Mandate Re-Enrollment

Applications Received After June 17, 2016

Texas Medicaid will normally process complete applications received on or after June 17, 2016; however, Texas Medicaid cannot guarantee that those applications will be completely processed by the September 25, 2016 deadline. **If final approval on an application received after June 17, 2016 is not completed by September 25, 2016, the provider will be dis-enrolled from Texas Medicaid.**

Providers NOT – Re-enrolled by Deadline

- **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.*

Additional Guidance Cont.

- [TMHP Provider Re-enrollment page](http://www.tmhp.com/Pages/Topics/Reenrollment.aspx)
<http://www.tmhp.com/Pages/Topics/Reenrollment.aspx>
- 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

Provider Manual

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Provider Manual

- Updated Provider Manual
- Providers are able to access this information on our web site @ www.epfirst.com
- The Provider Manual only applies to STAR and CHIP programs.

Provider Manual

- General Provider Rights And Responsibilities
- Covered Services
- Texas Health Steps Overview
- Quality Improvement Program
- Utilization Management
- Complaints and Appeals Process
- Claim Guidelines

Where to locate the Provider Manual

www.epfirst.com

915-532-3778

1-877-532-3778

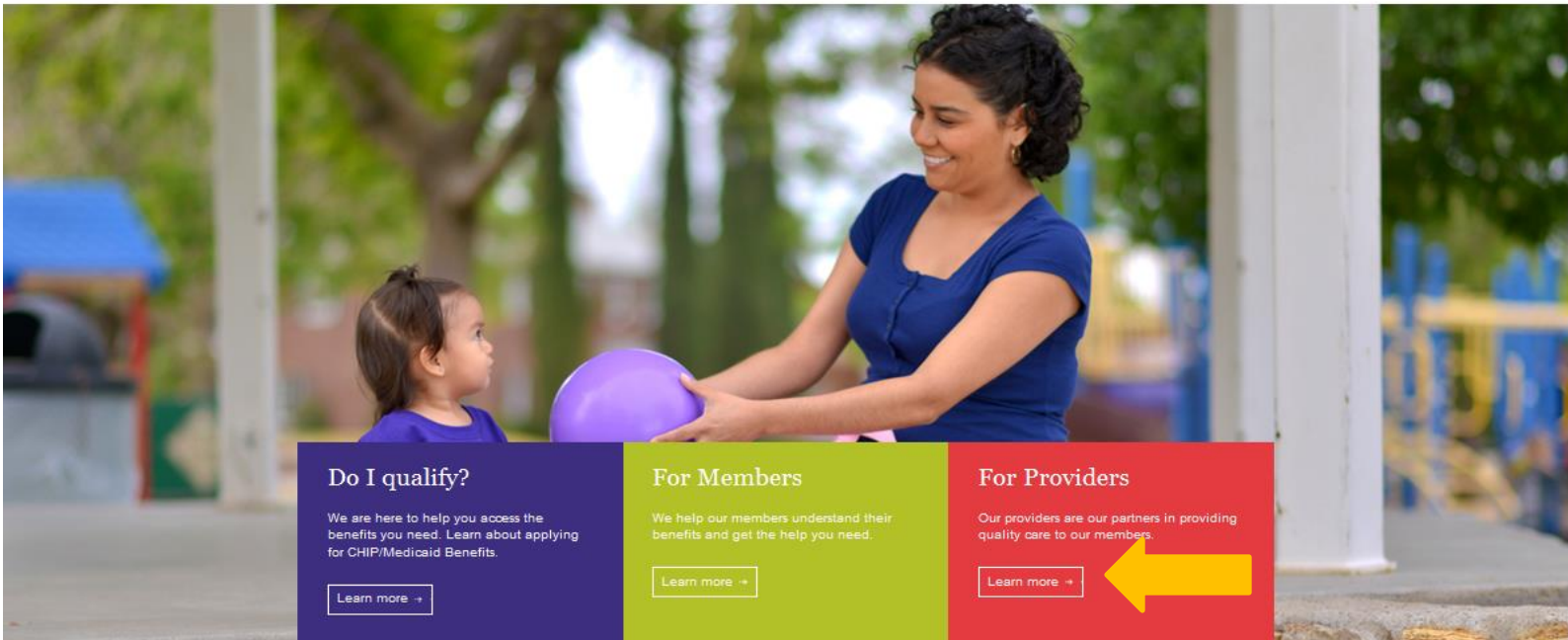
For Providers
[Web Portal Login →](#)

[En Español](#)



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- HOME
- MEMBERS
- PROVIDERS
- PROGRAMS
- FIND A DOCTOR
- EVENTS
- CONTACT US



Do I qualify?

We are here to help you access the benefits you need. Learn about applying for CHIP/Medicaid Benefits.

[Learn more →](#)

For Members

We help our members understand their benefits and get the help you need.

[Learn more →](#)

For Providers

Our providers are our partners in providing quality care to our members.

[Learn more →](#)

Welcome to El Paso First!

We are your local, non-profit health plan serving El Paso and Hudspeth counties. Our team of bilingual professionals is dedicated to helping our members and providers. Take the time to browse our website and access the information you need. Thank you for your visit.

Health CARE Options

Health CARE Options is a benefit program for low-income adults.

[Read more about the program here →](#)

Preferred Administrators

Preferred Administrators is the health insurance coverage for all Associates of the El Paso County Hospital District and employees at El Paso Children's Hospital.

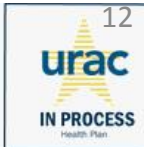
[Learn More→](#)

Call us at
915-532-3778

Outside the El Paso
1-877-532-3778

For Providers
Web Portal Login →

[En Español](#)



We Are Proud!

We are proud of our extensive network of providers and the quality health care they provide to our members. Our network currently has more than 1,000 providers, including physician groups, specialists, ancillary providers, and 8 hospitals offering comprehensive care to our members. To view our network of providers, please select Provider Directories to the right.



If you are not part of our network and would like information about joining El Paso First, please [click here](#) to email the Provider Relations Department or call us at 915-532-3778 ext. 1507. You can also [view our El Paso First Department Extensions here](#). Thank you for your interest!

WEB PORTAL LOGIN →

PROVIDER FORMS



The forms you need.
[Learn More →](#)

PROVIDER MANUAL



All you need to know about providing services to El Paso First members.
[Read More →](#)

PROVIDER DIRECTORIES & MEMBER HANDBOOKS



Provider Directories and Member Handbooks breakdown by Program.
[Read More →](#)

FIND A DOCTOR



CHIP & STAR Provider Directory
[Search →](#)

PROVIDERS NEWSLETTER



Health Quarterly Newsletter [Read More →](#)

Click on the Read More link to get to access the Provider Manual

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Provider Manual

You may now begin to
access the Provider
Manual.



ACCREDITED
Health Plan
Expires 04/01/2018

January 2016

STAR Medicaid & CHIP Programs

1145 Westmoreland Dr.
El Paso, Texas 79925
Toll Free- 1-877-532-3778
915-532-3778
www.epfirst.com

Service Area: El Paso and Hudspeth Counties
(STAR Medicaid and CHIP)



El Paso First Website

- www.epfirst.com
- www.preferredadmin.net

Long Acting Reversible Contraception LARC

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Long Acting Reversible Contraception

- Effective January 16, 2016 HHSC Vendor Drug added two long-acting reversible contraception products to include **Nexplanon Implant** and **Paragard IUD**.
- These devices can be ordered through the corresponding Specialty Pharmacies.
- Skyla and Mirena continue to be part of the LARC program. (Walgreens Specialty Pharmacy)

LARC – Navitus Letter

<Date>

<Prescriber Name>

<Address>

<City, State, Zip>

Re: Long-Acting Reversible Contraception (LARC) Products

Dear Prescriber:

Effective January 7, 2016, HHSC Vendor Drug added two long-acting reversible contraception (LARC) products to the Medicaid formulary. These products include Nexplanon Implant (NDC 00052-4330-01), manufactured by Merck and Paragard IUD (NDC 51285-0204-01), manufactured by Teva.

These LARC products are treated as limited distribution products as they are only available through a limited number of pharmacies. Below are the pharmacies at which the LARC products are available:

Paragard IUD:

Biologics, Inc, Specialty Pharmacy
C/O TWH Access Solutions
(888) 275-8596
120 Weston Oaks Court
Cary, NC 27513
NPI is 1487640314

Nexplanon Implant:

Accredo Specialty Pharmacy
4343 West Royal Lane; Suite 124
Irving, TX 75063
(972) 929-6800
NPI 1073569034

Manufacturers with these LARC products on the Medicaid formulary are required to offer a buy-back program. Buy-back, also known as Abandoned Unit Return, is a program offered by manufacturers that allows providers to return unused and unopened LARC products purchased through a specialty pharmacy back to the specialty pharmacy. When a provider returns an individual patient's unused and unopened LARC product to the specialty pharmacy, the specialty pharmacy will be required to reverse the claim for the LARC product. Information about the manufacturers' Unit Return program is attached.

LARC will remain a medical benefit and providers will continue to have the option to receive reimbursement for LARC as a clinician-administered drug.

Sincerely,

LARC - Nexplanon

Accredo

4343 West Royal Lane, Suite 124

Irving, TX 75063

972-929-6800

Nexplanon – Abandonment Form

Merck Abandoned Unit Program for
NEXPLANON® (etonogestrel implant) 68 mg Radiopaque
Return Form

To initiate the return process for the Merck Abandoned Unit Program for NEXPLANON, ALL fields in the form below must be completed legibly, and the form must be signed by an eligible health care provider (HCP) and submitted to the applicable dispensing Specialty Pharmacy. Please note: a separate form must be completed for each abandoned unit of NEXPLANON. The Specialty Pharmacy will process the form and provide a determination if the unit is deemed returnable. If approved for return, TeleRx, Merck's third-party processor, will contact you with all return and shipping instructions.

Prescriber Information

Last Name		First Name	
NPI#		NPI#	
Address 1		Address 2	
City	State	ZIP	
Office Contact		E-mail	
Phone		Fax	

Patient Information

Last Name		First Name	
Address 1		Address 2	
City	State	ZIP	
Phone		Date of Birth	

Prescription Label Information – a separate form must be completed for each Abandoned Unit return request

Prescription Number		Fill Date on Prescription Label	
Pharmacy Name		Address	
City	State	ZIP	
Product LOT #			

By signing this form, I attest that:

- I am authorized to submit this Return Form and to make the representations contained herein;
- The information provided in this Return Form is accurate, and the product sought to be returned meets Merck's criteria, as set forth in the Terms & Conditions of the Abandoned Unit Program for NEXPLANON (please see pages 2–3);
- My office has attempted at least 2 times to reach the above-referenced patient to reschedule the appointment; and
- Neither the treatment location nor I have sought or received payment or reimbursement, and will not seek payment or reimbursement in the future, for the product that is the subject of this request for return.

Health Care Provider Name: _____

Health Care Provider Signature: _____ Date: _____

Please Fax the Return Form to Original Dispensing Pharmacy (as noted on prescription label affixed to product)

Caremark LLC Fax Number: 855.460.0681 Accredo Health Group, Inc. Fax Number: 855.229.9804

FOR USE BY SPECIALTY PHARMACY ONLY

Specialty Pharmacy Determination of NEXPLANON Unit

Yes, this unit is authorized for return and meets eligibility criteria per the Terms & Conditions on pages 2–3

Return Identification Number _____

* TeleRx, Merck's third-party processor, will contact HCP with return and shipping information

No, this unit is not authorized for return (reason indicated below) – per the Terms & Conditions on pages 2–3:

- | | |
|---|---|
| <input type="checkbox"/> Product not in original packaging; has been used or opened | <input type="checkbox"/> Product does not contain prescription label or patient name |
| <input type="checkbox"/> Product shipped prior to program effective date | <input type="checkbox"/> Product not abandoned for required time or exceeds allowable time for return |
| <input type="checkbox"/> Product not for Eligible Patient | <input type="checkbox"/> Other _____ |

PLEASE CONTACT YOUR SPECIALTY PHARMACY WITH ANY QUESTIONS

801622EPF060616

MERCK ABANDONED UNIT PROGRAM FOR

NEXPLANON® (etonogestrel implant) 68 mg Radiopaque

Effective: January 1, 2016

These program requirements may be updated at any time.

Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc., for itself and on behalf of its affiliates (collectively "Manufacturer"), will allow limited exceptions to its standard return policy, set forth in its Standard Terms and Conditions of Sale - Pharmaceutical and Vaccine Products ("Standard Terms and Conditions of Sale"), pursuant to this Abandoned Unit Program for NEXPLANON (the "Program"). Manufacturer reserves the right to modify or cancel the Program at any time.

I. DEFINITIONS

"Eligible HCP" means a health care provider who has prescribed Eligible Product for an Eligible Patient and obtained such Eligible Product from a Specialty Pharmacy.

"Eligible Patient" means a patient participating in one of the following programs for whom Eligible Product has been prescribed: SoonerCare (Oklahoma Medicaid), SoonerCare Traditional, SoonerPlan, SoonerCare Choice, Texas Expanded Primary Health Care Program, Texas Medicaid, or Texas Women's Health Program.

"Eligible Product" means NEXPLANON® (etonogestrel implant) 68 mg Radiopaque.

"Specialty Pharmacy" means either Accredo Health Group, Inc. or Caremark, LLC or such other specialty pharmacy as may be added to Manufacturer's specialty pharmacy network from time to time, in Manufacturer's sole discretion.

II. ELIGIBILITY FOR PRODUCT RETURN

A. The Program is available to Eligible HCPs for Eligible Product obtained from a Specialty Pharmacy. Under the Program and subject to the conditions and restrictions set forth herein, Eligible HCPs may return Eligible Product to Manufacturer's third-party return processor in the event the product is abandoned by an Eligible Patient for a duration at least 120 days from the date of dispense, but no more than 180 days past the date of dispense, as evidenced by the prescription label affixed to the product packaging.

B. In order to return Eligible Product pursuant to the Program, the following criteria must be satisfied:

1. The Eligible Product must be unused and in its original packaging, the product packaging must be unopened, and the prescription label bearing the Eligible Patient's name must be affixed to the product packaging.

PLEASE CONTACT YOUR SPECIALTY PHARMACY WITH ANY QUESTIONS

Continued – Abandonment Form

2. Eligible HCP must confirm that he or she has obtained the Eligible Product from a Specialty Pharmacy and has not purchased the unit of Eligible Product;
3. Eligible HCP must confirm that office staff at his or her treatment location have attempted at least 2 times to reach the Eligible Patient to reschedule the appointment to implant the Eligible Product; and
4. Eligible HCP must satisfy all other Manufacturer requirements, procedures, and authorizations.

In no event will product that is purchased by a health care provider or health care facility be accepted for return through this Program.

- C. All returns pursuant to the Program are subject to an aggregate annual maximum cap, which, if exceeded, will result in the suspension of the Program for at least the remainder of the calendar year.
- D. Manufacturer reserves the right to discontinue the Program for any Eligible HCP determined to have misused the Program or misrepresented information associated with the return of product under the Program.

III. RETURN INSTRUCTIONS

Eligible HCPs who wish to return Eligible Product under the Abandoned Unit Program for NEXPLANON must contact the Specialty Pharmacy that dispensed the product using the contact information set forth below. The Specialty Pharmacy will provide instructions on how to return the Eligible Product.

Caremark, LLC – 855.324.2566

Accredo Health Group, Inc. – 855.788.4220

LARC - Paragard

Biologics, Inc., Specialty Pharmacy
c/o TWH Access Solutions
120 Weston Oaks Court
Cary, NC 27513
(888) 275-8596

Paragard-Abandonment Form





Medicaid Return Process


You may return unused and unopened PARAGARD® units obtained for Medicaid patients through PARAGARD Specialty PharmacySM — at no cost to you.


Here's how it works:


1  Ninety days following shipment, a PARAGARD Access Solutions™ Specialist follows up with your office to confirm PARAGARD® was placed in the Intended Medicaid patient.

2  If the PARAGARD® unit was not placed, the Specialist collects your email address to send you the FedEx return shipping label.

3  Place the original unused and unopened PARAGARD® unit and original packaging with affixed prescription label into a shipping box. You can reuse the original shipping box.

4  Print out the FedEx return shipping label and ship the unused and unopened PARAGARD® unit back to PARAGARD Access Solutions™ as soon as possible.

5  The Specialist inspects the returned unit to ensure it is in its original package — unused and unopened.

6  If approved, the Specialist updates the system to reflect the returned device and reverses the claim.

This return process is not available for PARAGARD® units purchased from PARAGARD Direct™. Teva reserves the right to discontinue this process at any time without notice.



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Health Plans, inc.

Resources

www.navitus.com

www.txvendordrug.com

Contact Information

Stacy Arrieta
Provider Relations
Representative
sarrieta@epfirst.com
915-532-3778 ext. 1059

Provider Relations Department
915 532-3778 ext. 1507

Contracting Overview

Evelin Lopez
Contracting and Credentialing
Manager

EL PASO FIRST
Health Plans, inc.

Contract Request

Please contact our Contracting Representatives when you wish to contract or add a provider to your group.

Contracting Department will require the following forms to begin the process :

- ✓ Demographic Form (forms located on website)
- ✓ W-9
- ✓ TPI (STAR Medicaid)
- ✓ NPI

Contracting Representative
Sonia Fernandez
915-298-7198 x1130



Contracting Representative
Gabriel De Los Santos
915-298-7198 x1128



Credentialing Coordinator
Gabriela Macias
915-298-7198 x 1005



Credentialing Coordinator
Thelma Miller
915-298-7198 x 1046



Contracting Process

- Verification of information provided on the Demographic form and W-9
 - ✓ Pay to name (W-9, NPI & TPI)
 - ✓ Desired participating Programs (STAR, CHIP, CHIP Perinatal, HCO, TPA)
 - ✓ Provider Specialty
 - ✓ Practice Limitations
 - ✓ Age Range
 - ✓ Accepting patients
 - ✓ Languages
 - ✓ Office Hours
 - ✓ CLIA

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Health Plans, inc. Telephone: (915) 532-3778, Fax: (915) 225-6762

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 Contracting Representative.

Demographic Information Form			
Please Check off Health Plan Participation (Contract):		Please check off Specialty Type:	
<input type="checkbox"/> Medicaid/Premier Plan	<input type="checkbox"/> HCO	<input type="checkbox"/> PCP	<input type="checkbox"/> Ancillary (DME, Home Health, Hospice)
<input type="checkbox"/> CHIP	<input type="checkbox"/> TPA (Preferred Admin)	<input type="checkbox"/> Specialist	<input type="checkbox"/> Behavioral Health (LPC)
<input type="checkbox"/> CHIP Perinate (OB Providers Only)		<input type="checkbox"/> Hospital Based	
Group Name: (if Applicable)		<input type="checkbox"/> Allied Health (PT,OT, ST)	
Group NPI: (if Applicable)		Group TPI: (if Applicable)	
Provider Name (Last, First, Middle):		Professional Category Professional Category:	
		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> LPC	
		<input checked="" type="checkbox"/> Other :	
Individual NPI: 1770501504		Individual TPI: <input type="checkbox"/> Pending (In Process)	
Primary Specialty:		Secondary Specialty:	
Medical License:		EPSDT Number:	
Telemedicine Services: <input type="checkbox"/> YES <input type="checkbox"/> NO	Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Accepting New Patients <input type="checkbox"/> YES <input type="checkbox"/> NO Established Patients Only <input type="checkbox"/>	
Practice Limitations: <input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> Age Range () <input type="checkbox"/> Other	Office Days/Hours:	CLIA Certificate: <input type="checkbox"/> Yes	Radiology Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No
After Hours:	If so Certificate Type: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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: (Required)	
Primary Practice Location		Secondary Practice Location	
Address:		Address:	
City, State, Zip Code:		City, State, Zip Code:	
Phone Number: (915)	Fax: (915)	Phone Number: ()	Fax: ()
Primary Contact Person:		Primary Contact Phone Number email address:	

For EP First Staff Only:

Verifications: W-9 NPPE TPI Look Up Provider Letter Other

Provider Type: PCP PCP/Specialist Specialist Ancillary Behavioral Health Hospitalist

Contract Type: Individual Group Attachment D Attachment B/C Attachment F Facility

Credentialing: LOA Ancillary After Hours
 Provider Credentialed Yes No Not Required
 Credential Site Visit: Yes No Not Required

Actions: Add: To Network To Group Program
 TERM: From Network From Group From Program REASON: _____
 STAR CHIP CHIP Perinate HCO CM TPA Effective Date: ____/____/____
 Participating Non-Participating
 Comments: _____

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Contracting Process

- Contracting Packet will include:
 - ✓ 2 copies of an unsigned contract
 - ✓ Credentialing Application (if the provider is not credentialed, a credentialing application will be included in the packet)

Important things to Remember

- ✓ Make sure that all applications, forms and contracts are completed in their entirety.
- ✓ Make sure that your applications and contracts are signed before returning.
- ✓ Failure to complete and sign will cause your application or contract to be returned and cause a delay in the process.
- ✓ Network participation begins when you have received a copy of your executed agreement with the effective start date.
- ✓ If your Individual or Group TPI are pending, the provider will continue with a non-par status for STAR-Medicaid until received and contract is amended. (No retro dates)

Network Closed to Specialty

- Panel Status continues to be closed for STAR and CHIP programs for the following specialties:
 - DME
 - Home Health
 - Physical Therapy, Speech Therapy and Occupational Therapy
 - Laboratory Services
- The provider network specialties that have an adequate amount of qualified providers may be subject to being closed for an indefinite time period.
- The review process of closed panels and network adequacy is conducted annually.

Questions

Evelin Lopez
Contracting and Credentialing Manager
915-298-7198 ext. 1014

HEDIS 2016 Prenatal and Postpartum Measure

Patricia S Rivera, RN

Quality Improvement Nurse Auditor

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Prenatal/Postpartum Measure

Timeliness of Prenatal Care: a visit in the first trimester *or* within 42 days of enrollment in the organization.

Postpartum Care: a visit on or between 21 and 56 days after delivery.

Prenatal Documentation

- Date of the prenatal care visit and *one* of the following.
 - A physical obstetrical examination (to include fetal heart tone), ***or***
 - pelvic exam with obstetric observations, ***or***
 - Fundal height measurement ***or***
 - Obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B, surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), ***or***

Prenatal Documentation

- TORCH antibody panel alone, ***or***
- A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, ***or***
- Sonogram, ***or***
- LMP or EDD with *either* of the following.
 - Prenatal risk assessment and counseling/education.
 - Complete obstetrical history

Postpartum Documentation

Date of postpartum visit and *one* of the following.

- Pelvic exam.
- weight, BP, breasts (“breastfeeding” is acceptable) and abdomen evaluation.
- “postpartum care,” “PP care,” “PP check,” “6-week check.”
- A preprinted “Postpartum Care” form in which information was documented during the visit.

Medical Record Review Revealed

Prenatal.....

- Non-adherence to Prenatal visit within 42 days of enrollment or in first trimester. (Seen too late)

Medical Record Review Revealed

Postpartum.....

- Non-adherence to the Postpartum visit between 21-56 days. (Seen too early or too late)
- Visit was within time frame but had incomplete documentation (example: evaluation of weight, b/p, abdomen but not breast)
- Visit was within time frame but documentation states visit is for “contraception” and no other evidence is submitted.

Appointment Accessibility

Appointment Type	Standard
Emergency Services: life threatening, serious or sudden illness	Upon Member presentation
Urgent Care: requires prompt attention, but isn't life threatening	Within 24 hours
Routine Primary Care for a new medical condition that is not considered urgent	Within 14 days
Preventative Health-Adults	Within 90 days
PCP Referrals for specialty care	Within 30 days
Prenatal Care:	
General Prenatal visit	Within 14 days
High-Risk Pregnancy	Within 5 days
New member in 3 rd trimester	Within 5 days

Contact Information

Patricia S. Rivera, RN

Quality Improvement Nurse Auditor

privera@epfirst.com

915 298-7198 Ext 1106

Don Gillis

Director of Provider Relations and Quality Improvement
Department

dgillis@epfirst.com

915 298-7198 Ext 1231

Compliance: Special Investigations Unit

Alma Meraz

Special Investigations Unit Claims Auditor

EL PASO FIRST
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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

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 super bills, 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

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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

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 up coded and ----- that met the guidelines and were identified as Downcode. Your office may submit a corrected claim for the services identified as up coded and downcoded 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 be 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

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 E. Alfox, 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

First Steps Case Management

Irma Pierson
Case Manager

EL PASO FIRST
Health Plans, inc.

First Steps Case Management Program

El Paso First Health Plans is dedicated to promoting the highest quality care available. El Paso First provides our Members with resources to enhance health education through a perinatal program that includes pregnancy planning, perinatal health promotion, and education for reproductive- age women and adolescents.

El Paso First's OB Case Management Unit (OB Unit) welcomes all of our pregnant members through an introductory letter that encourages them to contact Health Services Department to discuss available services in detail, and provides education about how to access emergency services, OB/GYN, and specialty care.

First Steps Case Management Program

OB Case managers will provide outreach, education, and care coordination for members.



They will complete an assessment for members and develop an individualized service plan to meet the member's needs. OB CMs will coordinate with providers to enhance member's access to care.

Case Management Services

- Identification of members who are at risk
- Assessments to determine severity of condition
- Individualized Service Plan designed to identify barriers, goals and interventions
- Education regarding benefits, pregnancy and other conditions
- Referrals and Service Coordination as needed
- Home Visits are conducted if necessary

How to refer?

Case Management Referral Form is available on our website at www.epfirst.com

- Click on the provider tab
- Select Case Management Referral Form

The screenshot shows the EL PASO FIRST Health Plans, inc. website. The header includes contact information: Call us at 915-532-3778, Outside El Paso 1-877-532-3778, For Providers Web Portal Login, and En Español. The main navigation menu includes HOME, ABOUT, MEMBERS, PROVIDERS, PROGRAMS, FIND A DOCTOR, EVENTS, and CONTACT US. The PROVIDERS tab is selected, and a dropdown menu is visible with the following items: PROVIDER FORMS, PROVIDER ENROLLMENT, CASE MANAGEMENT REFERRAL FORM, PRENATAL-POSTPARTUM CARE VISIT VERIFICATION, TEXAS HEALTH STEPS INFORMATION FOR PROVIDERS, CLINICAL PRACTICE GUIDELINES, and ICD-10 READINESS. The background of the website features a young child in a purple shirt playing on a playground structure. At the bottom, there are three colored boxes: a purple box for 'Do I qualify?' with a 'Learn more' button, a green box for 'For Members' with a 'Learn more' button, and a red box for 'For Providers' with a 'Learn more' button.

Case Management Referral Form

- May be submitted via fax or telephonically

[Case Management Referral Form](http://epfirst.com/forms/EPF-PR-Case%20Management%20Referral%20Form.pdf)

(<http://epfirst.com/forms/EPF-PR-Case%20Management%20Referral%20Form.pdf>)

STAR

Gestational Diabetes Benefits

- Oral Medication/Insulin
- Request for DME (lancets, strips, monitor) is a covered benefit (no auth required if limit is not exceeded) check Medicaid Guidelines for max allowed
- Preferred glucometers and test strips:
 - TRUE METRIX Meter or TRUE METRIX AIR Meter and TRUE METRIX Glucose Test Strips
 - Freestyle Lite, Freedom Lite, and Precision Xtra Systems and test strips from Abbott Diabetes Care.
- Diabetes Education Classes (*authorization required*)
 - El Paso Diabetes Association
 - UMC of El Paso Diabetes Management Program

CHIP Perinate

Gestational Diabetes Benefits

COVERED

- Oral Medication/Insulin
- Diabetes Education Classes (*auth required*)
 - El Paso Diabetes Association
 - UMC of El Paso Diabetes Program

NOT A COVERED BENEFIT

- Durable medical equipment or other medically related remedial devices (does NOT cover testing strips, lancets, monitor)
- EP First can HELP – resources available in the community.

Call us!

Diabetes Education

El Paso Diabetes
Association

1220 Montana Avenue

El Paso, Texas 79905
(915) 532-6280

UMC of El Paso
Diabetes Management
Program

4815 Alameda Avenue
El Paso, Texas 79905
(915) 521-7861

Prior Authorization

Sandra Leal
Case Manager

EL PASO FIRST
Health Plans, inc.

Authorization process

- Individual prior authorization requests may be submitted via fax, electronically, or telephonically
- Include all pertinent clinical information to support medical necessity
- Processing time is 3 business days

Ultrasounds

- Member is allowed four ultrasounds without obtaining prior authorization
- High Risk Authorization Form
 - If provider identifies a member with a high risk condition and includes all pertinent clinical information to support medical necessity.
 - THEN, cpt codes 76801 – 76819 will be approved from the date the High Risk Form is received until date of delivery

Other Authorizations

- Biophysical Profile, Doppler's, and 17-p (hydroxy progesterone) may be submitted via fax, electronically, or telephonically.
- Include all pertinent clinical information to support medical necessity and avoid any delays with your request.

Breast Pumps for STAR, CHIP

STAR, CHIP, CHIP Perinatal

- May qualify for purchase of a breast pump that is:
 - Manual
 - Non-hospital grade electric pump
 - A hospital-grade breast pump may be considered for rental, not purchase
 - An authorization is required for rental only.

How to get a breast pump:

- OB provider or Child's Pediatrician must:
 - Write a prescription
 - Members may take the prescription to an in-network DME



Contact Us

Dolores Herrada, RN, BSN, CCM
Director of Health Services
532-3778 ext. 1007
dherrada@epfirst.com

Edna Lerma, LPC
Clinical Supervisor
915-532-3778, ext. 1078
elerma@epfirst.com

Irma Pierson, LVN
Case Manager
532-3778 ext. 1056
ipierson@epfirst.com

Sandra Leal, RN
Case Manager
532-3778 ext. 1050
sleal@epfirst.com

Claims Reminders

Julie Zubia

Claims Supervisor

EL PASO FIRST
Health Plans, inc.

Claims Processing

- Timely filing 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

Claim Correction – CMS 1500

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



Note: If information is missing in this field, claim will not be considered a corrected claim

Claim Correction – CMS 1500

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB?		\$ CHARGES	
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)				22. RESUBMISSION CODE		ORIGINAL REF. NO.	
A	B	C	D	ICD Ind.			

- Box 19: Additional Claim Information
 - Provide a brief explanation of correction:
 - Correct Diagnosis
 - Correct NDC
 - Correct CPT Code etc...
- If your explanation exceeds the space provided in Box 19, you may attach the Corrected Claim Form to provide a more detailed explanation.

Claim Correction-UB04

3a PAT. CNTL #			4 TYPE OF BILL
b. MED. REC. #			
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7



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

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

Methodology Changes for LARC

- Effective for dates of service on or after January 1, 2016, some providers may receive additional reimbursement for long-acting reversible contraception (LARC) devices.

Hospital Reimbursement for Immediate ⁷² Postpartum LARC

- Hospitals may receive reimbursement for the following procedures when a LARC device is inserted immediately postpartum:
 - J7297
 - J7298
 - J7300
 - J7301
 - J7307
- Hospital/facility providers must submit an outpatient claim with the appropriate procedure code for the contraceptive device in addition to the inpatient claim for the delivery services.

Federally Qualified Health Center (FQHC)⁷³

Reimbursement for LARC

- FQHCs may receive reimbursement for the following procedure codes in addition to the FQHC encounter payment:
 - J7297
 - J7298
 - J7300
 - J7301
 - J7307
- Providers must submit on the same claim the procedure code for the family planning service provided and the procedure code for the contraceptive device.
- 340B Pharmacy's must use modifier U8 when submitting claims for 340B clinician-administered drugs.

Coordination of Benefits/STAR

- Providers must bill Fee For Service (FFS):
 - Services are unbundled and paid for separately:
 - Ante Partum
 - Delivery
 - Post Partum
- Primary Explanation of Benefits (EOB) is required.

Note Texas Medicaid approved maternity CPT codes must be used.

Preferred Administrators

OB Global Billing

The following services are included as part of the Global Maternity reimbursement:

- Antepartum Care - patient history and physical examination
- Subsequent pregnancy physical exams
- Hospital admission & labor management
- Vaginal/cesarean section delivery
- Hospital visits that are related to the OB delivery
- Postpartum visits are only considered within the 45-day follow-up period of the delivery date

Note The initial office visit to confirm pregnancy is covered as a medical office visit.

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

Contact Us

Adriana Villagrana, CCS-P
Claims Manager
(915)532-3778 Ext. 1097

Provider Care Unit Extension Numbers:

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



Monthly First Baby Showers

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

EL PASO FIRST
Health Plans, inc.

About

- Baby Showers are monthly prenatal classes.
- The prenatal class has been offered to members since 2001.
- Members are educated on benefits, well being and newborn care.
- Part of the First Steps Program.



Guest Presenters

- Purple Crying
 - The BorderRAC
- Tooth Decay
 - Dental Clinics
- Social Services for Women
 - Nurse Family Partnership
 - Parents as Teachers, United Way



Topics

- First Steps Program
- Medicaid and CHIP Perinatal Benefits
- Eating Habits for Pregnant Women
- Prenatal Care
- Post-partum Care
- New Born Care
- Breastfeeding
- Texas Health Steps
- Car Seat Safety



Gifts for Participants

- Diaper Bag
 - Diapers
 - Lotion
 - Shampoo
- Convertible Car Seat



Contact Information

Adriana Cadena

C.A.R.E Unit Manager

915-298-7198 ext. 1127

acadena@epfirst.com

SFY 2016-2017 Value Added Services

Edgar Martinez

Director of Member Services

EL PASO FIRST
Health Plans, inc.

Medicaid - Value Added Services

- **Help getting a ride** to doctor visits or health classes for Members who need a ride.
- **Extra dental services up to \$295** (initial checkup, x-rays, and a routine cleaning) for Members age 21 and older through Project Vida.
- **Up to \$125 above the Medicaid benefit** for contact lenses, lenses, and frames.
- **1 free car seat per pregnancy** for pregnant Members who complete a pregnancy class at El Paso First.
- **\$20 gift card** for health related items for pregnant Members completing one pregnancy visit within 30 days of enrollment.

Medicaid - Value Added Services

- **Home visits** - Disease Managers or Case Managers will provide home or hospital visits for members with complex conditions to include, high-risk pregnancies, behavioral, or medical conditions that require special attention.
- **4 extra food counseling services**, above the Medicaid benefit, for Members age 20 and younger.
- **\$15 gift card** for health items for Members age 20 and younger completing a timely Texas Health Steps visit.
- **\$20 gift card** for health items for postpartum Members completing one postpartum visit within 21-56 days after delivery.

CHIP - Value Added Services

- **Help getting a ride** to doctor visits or health classes for CHIP and CHIP Perinate Members
- **Extra dental services up to \$295** above the CHIP benefit (initial checkup, x-rays, and cleaning) for CHIP Members
- **Free car seat for pregnant CHIP Perinatal Members** who complete a pregnancy class

CHIP - Value Added Services

- **Home visits** -Disease Managers or Case Managers will provide home or hospital visits for members with complex conditions to include, high-risk pregnancies, behavioral, or medical conditions that require special attention.
- **4 extra food counseling** services, above the CHIP benefit, for CHIP Members age 18 and younger
- **\$15 gift card** for health items for Members age 3 to 6 and 12 to 19 completing a timely well-child checkup

Thank You! Any Questions!

Edgar Martinez

Director of Member Services

915-532-3778 ext. 1064

Juanita Ramirez

Member Services & Enrollment Supervisor

915-532-3778 ext. 1063

**THANK YOU FOR
ATTENDING PROVIDERS!**