Welcome Providers

Provider Quarterly Training

November 5, 2015

TEXAS STAR PROGRAM
Your Health Plan ■ Your Choice

CHIP We've got your kids covered.

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Agenda

- **Provider Relations**: Federal Mandate Re-enrollment, Synagis, Flu Vaccine
- **C.A.R.E.:** THSteps Updates
- **Health Services:** Prior Authorization Process & Mental Health Parity
- **Claims**: ICD-10 Readiness
- **Member Services:** Medical Transportation Program & PCP Request to Terminate Members

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Provider Relations Updates: Federal Mandate Re-enrollment, Synagis, Flu Vaccine

Corina Diaz
Provider Relations Coordinator

EL PASO FIRST Health Plans, inc.

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.**
- 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 March 2016.
- Any Medicaid providers enrolled ***prior*** *to* January 1, 2013, **must** be fully re-enrolled by **March 24, 2016**.

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Providers NOT – Re-enrolled by March 24, 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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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

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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 *

***available at *participating pharmacies. To find a participating pharmacy, log on to* http://www.epfirst.com/find-a-pharmacy/**

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Contact Information

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Provider Relations Coordinator
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Provider Relations Department
915-532-3778 ext. 1507

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THSteps Updates and Reminders

Maritza Lopez, MPH

Texas Health Steps Coordinator

EL PASO FIRST Health Plans, inc.

THSteps Updates: 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 Updates Effective 11-1-15

- **Mental Health Screening**
  - Mental health screening using 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**:
    - 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)
  - Procedure code **99420** must be submitted on the same date of service by the same provider as procedure code 99384, 99385, 99394, or 99395, and will be **limited to once per lifetime**.

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

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THSteps Updates

- **Autism Screening** - The Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT R/F)
  - May also be used to complete the required autism screening at 18 and 24 months of age.
- **Telemedicine/Telehealth Services** - THSteps preventive care medical checkups are not a benefit as a telemedicine or telehealth service.

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

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THSteps ICD-10

ICD-10 - CM Code	Descriptor
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings

Additional information on ICD-10 - CM changes and claims information can be found at http://www.tmhp.com/Pages/CodeUpdates/ICD-10.aspx and in the Texas Medicaid Provider Procedures Manual Children's Services Handbook, Subsection 5.5.1, "Claims Information".

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Contact Information

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Prior Authorization Process

Gilda Rodriguez, RN
Prior Auth Coordinator

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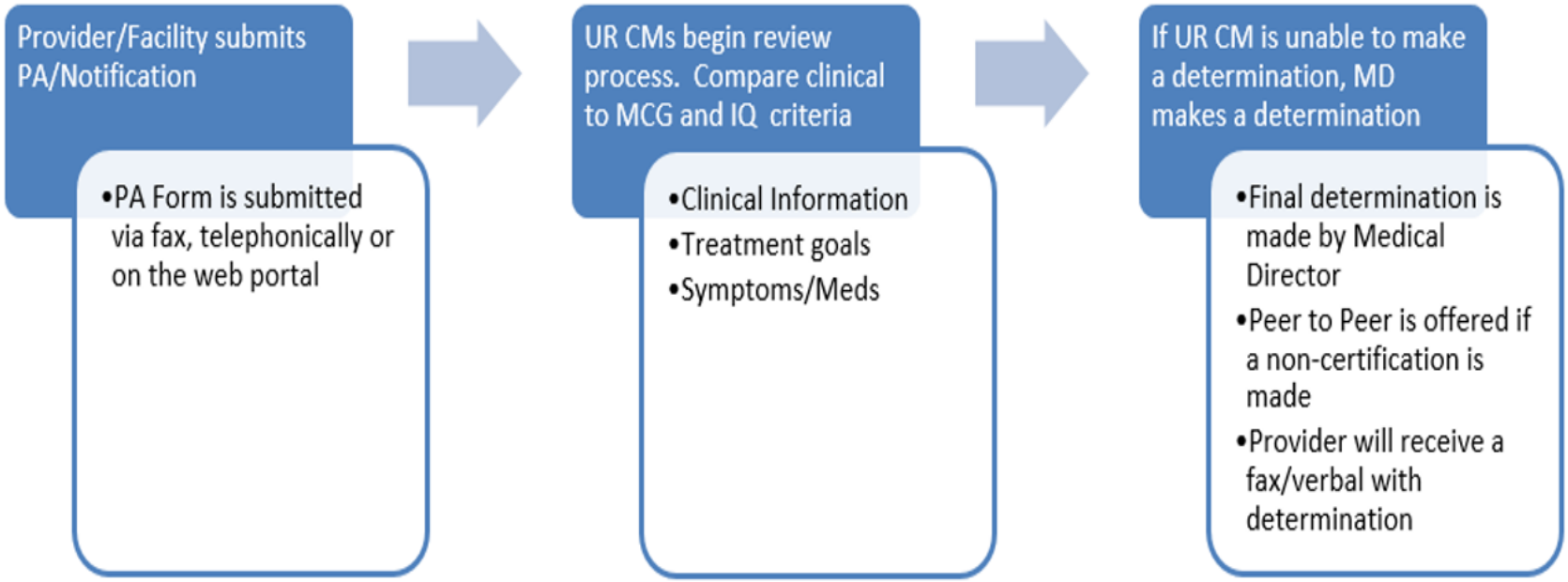
Prior Authorization Process



If a non-certification is issued provider will receive a fax followed by a letter with instructions on the appeals process. Please be mindful of appeal time frames indicated in your letter.

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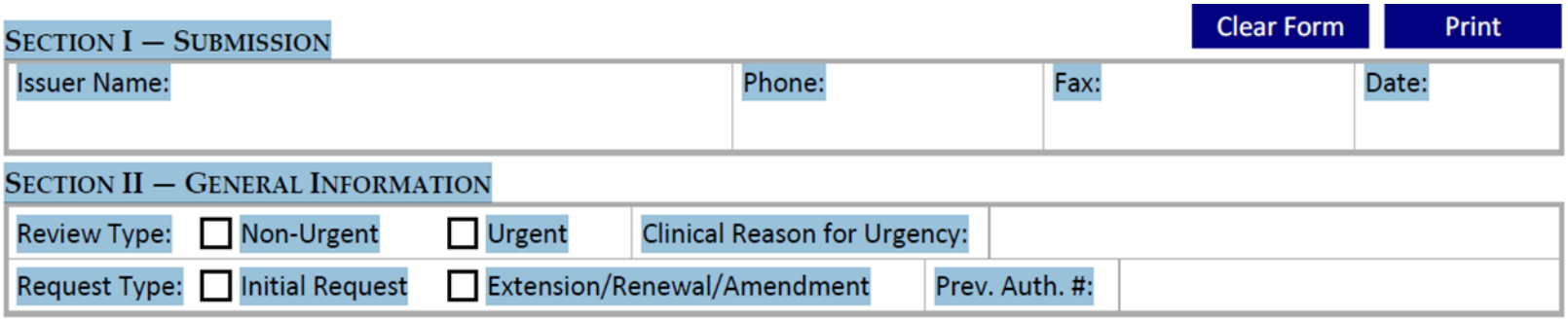
Standard PA Form



Clear Form | Print

SECTION I — SUBMISSION

Issuer Name:	Phone:	Fax:	Date:

SECTION II — GENERAL INFORMATION

Review Type: ☐ Non-Urgent ☐ Urgent		Clinical Reason for Urgency:	
Request Type: ☐ Initial Request ☐ Extension/Renewal/Amendment		Prev. Auth. #:	

Section 1 – Name of Health Plan

Section II – Type of Request

EPF does not Renew or Extend Authorizations. If you want to amend an existing authorization, please be specific.

Any continuation of services will be considered initial requests. A new authorization number will be assigned to each request.

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SECTION III — PATIENT INFORMATION

Name:	Phone:	DOB:	☐ Male ☐ Female ☐ Other ☐ Unknown
Subscriber Name (if different):	Member or Medicaid ID #:	Group #:	

SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name:		Name:	
NPI #:	Specialty:	NPI #:	Specialty:
Phone:	Fax:	Phone:	Fax:
Contact Name:	Phone:	Primary Care Provider Name (see instructions):	
Requesting Provider's Signature and Date (if required):		Phone:	Fax:

Section III – Members Name, Phone #, DOB, Gender and Medicaid ID # must be included all other information is not necessary (subscriber name or group #)

Section IV – Requesting Provider or Facility

Name of Provider
NPI # and Specialty
Provider Phone # and Fax #
Contact Name (office contact person) and Phone #
Signature not required on PA Form

Section IV – Service Provider or Facility

Name of Provider (if different from requesting provider
NPI # and Specialty
PCP Information not needed

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SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD CODE)

Planned Service or Procedure	Code	Start Date	End Date	Diagnosis Description (ICD version___)	Code

☐ Inpatient ☐ Outpatient ☐ Provider Office ☐ Observation ☐ Home ☐ Day Surgery ☐ Other: _____

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Cardiac Rehab ☐ Mental Health/Substance Abuse

Number of Sessions: _____ Duration: _____ Frequency: _____ Other: _____

☐ Home Health (MD Signed Order Attached? ☐ Yes ☐ No) (Nursing Assessment Attached? ☐ Yes ☐ No)

Number of Visits: _____ Duration: _____ Frequency: _____ Other: _____

☐ DME (MD Signed Order Attached? ☐ Yes ☐ No) (Medicaid Only: Title 19 Certification Attached? ☐ Yes ☐ No)

Equipment/Supplies (include any HCPCS Codes): _____ Duration: _____

Section V – Review each segment

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SECTION VI — CLINICAL DOCUMENTATION (SEE INSTRUCTIONS PAGE, SECTION VI)

INCLUDE DETAILED INFORMATION AND/OR CLINICAL TO JUSTIFY THE LEVEL OF CARE THAT YOU ARE REQUESTING.

An issuer needing more information may call the requesting provider directly at: _____

Section VI – use this area to submit clinical information that will justify the services that you are requesting.

You can also submit additional information if needed and if the service address is different than the requesting providers address please include all collateral information in the space provided or on a separate page.

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Checklist to Prevent Delays

- ✓ ICD Code
- ✓ CPT Codes
- ✓ DOS
- ✓ SUBMIT supporting clinical documentation that will justify your request (progress notes, evaluation, title 19, etc.)

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Mental Health Parity

Jose Acosta, RN

UR Coordinator

EL PASO FIRST Health Plans, inc.

Mental Health Parity

El Paso First maintains compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Act of 2008 by applying the financial requirements, quantitative treatment limitations and non-quantitative treatment limitations on mental health/substance use disorder benefits in a manner that is no more stringent than the financial requirements, quantitative treatment limitations or non-quantitative treatment limitations for medical/surgical benefits.

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For Providers

- BH requests are reviewed in the same manner as requests for medical procedures
- External criteria is used to determine medical necessity
- Certification, denial and appeals process are the same for BH and Medical requests

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Health Services Contact Information

- Dolores Herrada

Director of Health Services

dherrada@epfirst.com

- Edna Lerma

Clinical Supervisor

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- Irma Vasquez

Administrative Supervisor

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- Gilda Rodriguez

Prior Auth Coordinator

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- Jose Acosta

UR Coordinator

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Contact telephone number:
915.532.3778 ext 1500

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Claims Updates

Adriana Villagrana

Claims Manager

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

- Invalid ICD-10 codes will be rejected by the clearinghouse
- EPF will deny invalid ICD-10 codes
- Web portal claims
  - Select appropriate ICD Code type button
    - ICD-9
    - ICD-10

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Claim Denial Reason

- Time Limit for Filing has expired
- No active Provider contract / No NPI
- Duplicate claim / service
- Expenses incurred after coverage terminated

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Contact Information

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Claims Manager
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Provider Care Unit Extension Numbers:

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

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Medical Transportation Program & PCP Request to Terminate Members

Edgar Martinez

Director of Member Services

EL PASO FIRST Health Plans, inc.

Medical Transportation Program MTP

- MTP is an HHSC program that helps with non-emergency transportation to healthcare appointments for eligible Medicaid clients who have no other transportation options.
- MTP can help with rides to the doctor, dentist, hospital, drug store, and any other place to get Medicaid services.
- For MTP reservations Members must call 1-877-633-8747.
- All requests for transportation services should be made within 2-5 days of before their appointment.
- Exceptions may be authorized in the event of an emergency.

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Medical Transportation Program MTP

MTP offers:

- Passes or tickets for transportation such as mass transit within and between cities
- Air travel
- Taxi, wheelchair van, and other transportation
- Mileage reimbursement for enrolled individual transportation participant (ITP). The enrolled ITP can be the responsible party, family member, friend, neighbor, or client.
- Meals at a contracted vendor (such as a hospital cafeteria)
- Lodging at a contracted hotel and motel
- Attendant services (responsible party such as a parent/guardian, etc., who accompanies the client to a healthcare service)

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PCP Request to Terminate Member

- All Primary Care Provider (PCP) requests to terminate a Member from their panel must be submitted in writing to the Provider Relations Department.
- The PCP must continue to provide services to the Member for thirty (30) calendar days after submitting the request.
- The Provider Relations Department will forward a copy of the written request to the Member Services Department.
- A Member Services Representative (MSR) will contact the Member via telephone and assist with the selection of a new PCP.

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PCP Request to Terminate Member

- If the MSR is unable to contact the Member within five (5) days, a new PCP will automatically be assigned to the Member using the Member's zip code as the basis for the selection.
- The PCP change is effective the day on which the PCP change is processed.
- The Member will receive a new Member Identification Card with the new PCP within thirty to forty-five (30-45) days from the day on which the PCP change was made.

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Thank You!

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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

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Thank You for Attending Providers!

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