

Welcome Providers

Provider Quarterly Orientation

August 14, 2014

EL PASO FIRST
Health Plans, inc.

Agenda

- Welcome & Introductions
- Credentialing / Recredentialing – Provider Relations
- Telemedicine – Provider Relations
- THSteps Updates – C.A.R.E.
- Accelerated Services for Children of Farmworkers who Travel – C.A.R.E.
- New Marketing Guidelines for Providers – C.A.R.E.
- Authorization Process for Therapies & DME Supplies – Health Services
- Performance Indicator Updates – Quality Improvement
- NDC Measurement Update – Claims
- Complaints & Appeals Process – Compliance
- Special Investigations Unit – Compliance
- Upcoming Value Added Services & Transportation Benefit – Member Services

Credentialing/ Recredentialing

Stacy Arrieta

Provider Relations Representative

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Credentialing

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

(CPRC meeting dates are subject to change)

Recredentialing

Recredentialing is a requirement every **3 years**

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

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

Contact Provider Relations

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

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

Demographic Form

IMPORTANT

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



EL PASO FIRST

Health Plans, Inc. Telephone: (915) 532-3778, Fax: (915) 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 Provider Relations Representative.

Demographic Information Form	
Please Check off Health Plan Participation (Contract): <input type="checkbox"/> Medicaid/Premier Plan <input type="checkbox"/> HCO <input type="checkbox"/> CHIP <input type="checkbox"/> TPA (Preferred Admin) <input type="checkbox"/> CHIP Perinate	
Please check off Specialty Type: <input type="checkbox"/> PCP <input type="checkbox"/> Allied Health (PT,OT, ST, LPC) <input type="checkbox"/> Specialist <input type="checkbox"/> Ancillary (DME, Home Health, Facility)	
Group/Facility Name	
Group NPI:	Group TPI:
Group Tax-ID:	
Provider Name (Last, First, Middle):	
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 type="checkbox"/> Other:	
Individual NPI:	Individual TPI: <input type="checkbox"/> Pending (in process)
Primary Specialty:	Sub-Specialty:
Medical License:	If applicable EPSDT Number:
Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	Accepting New Patients <input type="checkbox"/> 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: <input type="checkbox"/> Waiver <input type="checkbox"/> Certificate
After Hours:	Laboratory: <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) <i>**this information must match Box #33 on claim form</i>	
Billing Address, City State and Zip Code:	
Tax ID Number:	
Primary Practice Location	Secondary Practice Location
Address:	Address:
City, Zip Code:	City, Zip Code:
Phone Number: () () ()	Phone Number: () () ()
Fax: () () ()	Fax: () () ()
Primary Contact Person: First and Last name	Phone Number () () () email address:
For EP First Staff Only:	
Verifications: <input type="checkbox"/> W-9 <input type="checkbox"/> NPPES <input type="checkbox"/> TPI Look Up <input type="checkbox"/> Provider Letter <input type="checkbox"/> Other	
Provider Type: <input type="checkbox"/> PCP <input type="checkbox"/> PCP/Specialist <input type="checkbox"/> Specialist <input type="checkbox"/> Ancillary <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Hospitalist	
Contract Type: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Attachment D <input type="checkbox"/> Attachment B/C <input type="checkbox"/> Attachment F <input type="checkbox"/> Facility <input type="checkbox"/> LOA <input type="checkbox"/> Ancillary <input type="checkbox"/> After Hours	
Credentialing: Provider Credentialed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required Credential Site Visit <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	
Actions: Add: <input type="checkbox"/> To Network <input type="checkbox"/> To Group <input type="checkbox"/> Program TERM: <input type="checkbox"/> From Network <input type="checkbox"/> From Group REASON: _____	
<input type="checkbox"/> STAR <input type="checkbox"/> CHIP <input type="checkbox"/> CHIP Perinate <input type="checkbox"/> HCO <input type="checkbox"/> CM <input type="checkbox"/> TPA Effective Date: ___/___/___ <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating	
Comments: _____	

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Where to locate forms

www.epfirst.com



Welcome to our new website!

In an effort to better serve you we changed our image and hope you find it easier to navigate.

Vision: Your community partner leading the way to quality healthcare through service and innovation...because we CARE.

Mission: El Paso First Health Plans promotes community health by providing access to quality healthcare for children, families and individuals who need it most. We partner and collaborate with community providers and advocates to foster a culture of excellence.

Members

- CHIP
- CHIP Perinatal
- Healthcare Options
- Premier Plan Star Medicaid
- Preferred Administrator
- Helpful Links

Providers

- Web Portal
- Forms ←
- Texas Health Steps
- Resources
- Behavioral Health Providers
- Important Updates
- Clinical Practice Guidelines



Providers - Forms

- [Web Portal Forms](#) ▶
- [Health Services Forms](#) ▶
- [Complaints and Appeals Forms](#) ▶
- [Members Services Forms](#) ▶
- [Claims Forms](#) ▶
- [Credentialing Packet Forms](#) ▶
 - DME Supplies Form
 - Demographic Form
 - W9 Form - Request for Taxpayer Identification Number and Certification
 - Credentialing Checklist for Organization/Facility
 - Credentialing Application for Organization
 - Initial Credentialing Checklist for Physician
 - Re-credentialing Checklist for Physician
 - Texas Standardized Credentialing Application
- [Misc. Forms](#) ▶



Telemedicine

Cynthia Moreno

Provider Relations Coordinator

EL PASO FIRST
Health Plans, inc.

What is Telemedicine?

Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status.



What is Telehealth?

Telehealth is the more general term and means the electronic transfer of medical information for the purpose of patient care.



What is Telemonitoring?

Telemonitoring is a health service that requires scheduled remote monitoring of data related to a client's health, and transmission of the data from the client's home to a licensed home health agency or a hospital.

How does it work?

Transfer of medical data requires the use of advanced including the following:

- Compressed digital interactive video, audio, or data transmission.
- Clinical data transmission using computer imaging by way of still-image capture and store-and forward.
- Other technology that facilitates access to health-care services or medical specialty expertise.

Telephone or faxes are not considered forms of telehealth/telemedicine.



Distant Site and Patient Site

Distance Site - *is the location of the provider rendering the service.*

Telemedicine Providers Include:

- Physician
- Certified Nurse Specialist
- Nurse Practitioner
- Physicians Assistant
- Certified Nurse Midwife



Telehealth Providers Include:

- Licensed professional counselor
- Licensed marriage and family therapist
- Licensed clinical social worker
- Psychologist
- Licensed psychological associate
- Provisionally licensed psychologist
- Licensed dietician

Patient Site - *is where the client is physically located while the service is rendered.*

The patient-site must be one of the following:

- *Established medical site*
- *State mental health facility*
- *State supported living center*

Texas Medicaid Benefit

Telemedicine (distant site) procedure codes

The following procedure codes, when billed with the GT modifier, are a benefit for distant-site telemedicine providers:

Procedure Codes					
90791	90792	90832	90833	90834	90836
90837	90838	90951	90952	90954	90955
90957	90958	90960	90961	99201	99202
99203	99204	99205	99211	99212	99213
99214	99215	99241	99242	99243	99244
99245	99251	99252	99253	99254	99255
G0406*	G0407*	G0408*	G0425	G0426	G0427
M0064					
*Procedure codes are limited to one service per day.					
Note: Procedure codes for behavioral health services are subject to the benefits and limitations outlined in Chapter 29, "Outpatient Behavioral Health." Procedure codes 90833, 90836, and 90838 are add-on codes and must be billed with a primary E/M procedure code in order to be reimbursed.					

Telemedicine (Patient Site) providers enrolled in Texas Medicaid may only be reimbursed for the facility fee using procedure code Q3014. Procedure code Q3014 is payable to NP, CNS, PA, physicians, and outpatient hospital providers.

The following procedure codes, when billed with the GT modifier, are a benefit for distant-site telehealth providers:

Procedure Codes							
90791	90832	90834	90837	97802	97803	97804	S9470
Note: Procedure codes for behavioral health services are subject to the benefits and limitations outlined in Section 4, "Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), and Licensed Professional Counselor (LPC)" and Section 6, "Physician, Psychologist, and Licensed Psychological Associate (LPA) Providers" of the <i>Behavioral Health, Rehabilitation, and Case Management Services Handbook (Vol. 2, Provider Handbooks)</i> .							

Telehealth (Patient Site) The facility fee procedure code Q3014) is not a benefit for telehealth services. Charges for other services that are performed at the patient site may be submitted separately.

What are the benefits?

- Improved access – allows for patient accessibility and providers to extend their reach beyond their offices.
- Cost efficiencies - reduce healthcare cost, increase efficiency via better management of chronic diseases, shared health professional staffing, reduced travel times, and fewer or shorter hospital stays.
- Improved Quality - Studies have shown that the quality of healthcare services delivered via telemedicine are as good those given in traditional in-person consultations.
- Patient Demand -Reduces travel time and related stresses for the patient. Offer patients access to providers that might not be available otherwise, as well as medical services without the need to travel long distances.

TMHP – Texas Medicaid provider procedures manual: Vol 2 <http://www.tmhp.com/Pages/default.aspx>

Texhealth Resource Center TexLa - <http://texlatrc.org/Links.aspx>

American Telemedicine Association <http://www.americantelemed.org/about-telemedicine/faqs>

Medicaid.gov - <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html>

Health Resources and Services Administration Rural - <http://www.hrsa.gov/ruralhealth/about/telehealth/telehealth.html>

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Texas Health Steps Updates

Maritza E. Lopez

Texas Health Steps Coordinator

EL PASO FIRST
Health Plans, inc.

THSteps Updates

COMING SOON – AVAILABLE ONLINE

- **CLINICAL CHEMISTRY RESULTS REPORTS AND SUBMITTER REPORT CARDS THROUGH THE TEXAS DSHS RESULTS WEB PORTAL**
- *How will a provider access the Texas DSHS Results Web Portal?*
 - If you have previously submitted the required DSHS forms to access Clinical Chemistry result reports online, you will receive an email from: RemoteLabSupport@dshs.state.tx.us with login instructions.
 - If you are not already registered to access Clinical Chemistry results online, the required DSHS forms and more information on signing up are available at: <http://www.dshs.state.tx.us/lab/remotedata.shtm>.

THSteps Updates

When will this service be available?

- Mid-summer 2014. A follow-up announcement will be sent through this email distribution service once all existing account information has been distributed.

What results will a provider be able to access?

- Clinical Chemistry results for specimens submitted by your facility AND reported by DSHS on or after 08/01/2006.
 - Public Health Microbiology specimen results will continue to be available through a separate login for current users of this application.
 - Reports will still be available through mail or fax

THSteps Updates

What is a Clinical Chemistry submitter report card?

- The number of specimens submitted by your facility, and Specific information on specimen quality and demographic issues from your facility.
- Access to the report card allows the facility to:
 - Identify strengths and opportunities for improvement.
 - Compare your facility's performance with others in the state.

Will submitter report cards be sent by mail?

- No, the only way to access the Report Card is through the Texas DSHS Results Web Portal. The Clinical Chemistry Laboratory has discontinued mailing submitter report cards.

For questions, please contact the DSHS Laboratory Services Section at:

ClinicalChemistry@dshs.state.tx.us or call toll free at 1-888-963-7111 extension 7430.

Exception to Periodicity

- Medically necessary
 - i.e. for a client with developmental delay, suspected abuse, or other
- Medical concerns or a client in a high-risk environment,
 - such as living with a sibling with elevated blood lead level.
- Required to meet state or federal checkup requirements for Head Start, day care, foster care, or pre-adoption.
- When needed before a dental procedure requiring general anesthesia.

Sports Physicals are not an exception to periodicity.

Sports physicals are not a Medicaid covered benefit!

Exception to Periodicity

Provider must also include the most appropriate exception-to-periodicity modifiers.

Modifier	Description
SC	Medically necessary service or supply
23	Unusual Anesthesia: Occasionally, a procedure that usually requires either no anesthesia or local anesthesia must be done under general anesthesia because of unusual circumstances. This circumstance may be reported by adding the modifier “23” to the procedure code of the basic service.
32	Mandated Services: Services related to mandated consultation or related services (e.g., PRO, third party payer, governmental, legislative, or regulatory requirement) may be identified by adding the modifier “32” to the basic procedure.

*THSteps medical exception-to-periodicity services must be billed with the same procedure codes, provider type, modifier, and condition indicators as a medical checkup.

Contact Information

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Coordinator**

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Program for Children of Farmworkers who Travel for Work

Lluvia Acuña

Migrant Outreach Coordinator

EL PASO FIRST
Health Plans, inc.

Accelerated Services

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

Indicator on Roster

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

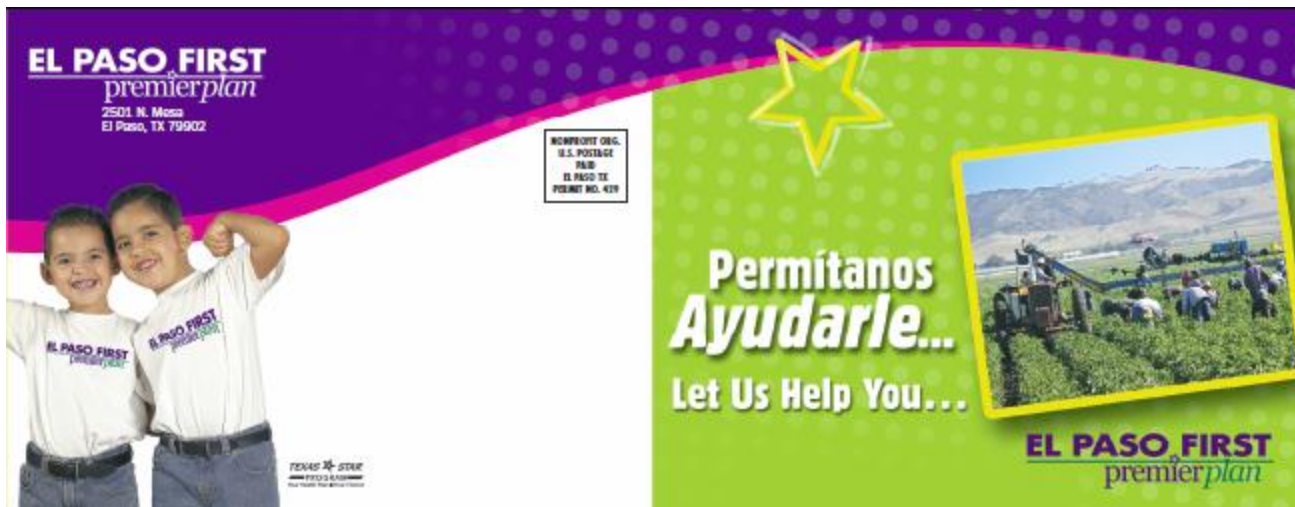
Daffy Duck MD PA
El Paso, TX 79999 ALL LOCATIONS

El Paso First Health Plans, Inc.
STAR Master Roster - THSteps Due Members Only
July 2011

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



<p>Estimado miembro, permitanos ayudarle:</p>	<p>Dear member, let us help you:</p>
<p>El Plan Premier de El Paso First tiene servicios especiales de Medicaid para niños de trabajadores temporales del campo, por eso nos gustaría saber lo siguiente:</p>	<p>El Paso First Premier Plan has special Medicaid services for the children of seasonal farm workers and we would like to know the following:</p>
<p>¿Es usted un trabajador temporal del campo? Si <input type="radio"/> No <input type="radio"/></p>	<p>Are you a seasonal worker? Yes <input type="radio"/> No <input type="radio"/></p>
<p>¿En la planta de cebolla, chile, lechuga, tomate, uvas, nueces, etc...? Si <input type="radio"/> No <input type="radio"/></p>	<p>Picking onions, chile, lettuce, tomatoes, grapes, pecans, etc...? Yes <input type="radio"/> No <input type="radio"/></p>
<p>¿Empacando o procesando vegetales, frutas, pescado, pollo, etc...? Si <input type="radio"/> No <input type="radio"/></p>	<p>Packing or processing vegetables, fruits, chicken, etc...? Yes <input type="radio"/> No <input type="radio"/></p>
<p>¿En lechorias, pesca, o manzana, etc...? Si <input type="radio"/> No <input type="radio"/></p>	<p>In dairies, fisheries, or slaughtering, etc...? Yes <input type="radio"/> No <input type="radio"/></p>
<p>Si contesto SI a alguna de las preguntas, por favor comuníquese con Ulaifa Acuña, Coordinadora Migrante, al (915) 532-3778. Le ayudaremos a recibir servicios rápidos. ¡Gracias por su tiempo!</p>	<p>If you answered YES to any of these questions, please contact Ulaifa Acuña, Migrant Coordinator at (915) 532-3778. We will help you receive accelerated services. Thank you for your time!</p>
<p>Sinceramente, Plan Premier de El Paso First</p>	<p>Sincerely, El Paso First Premier Plan</p>

Contact Information

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Provider Marketing Guidelines

Adriana Cadena

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EL PASO FIRST
Health Plans, inc.

Texas Provider Marketing Guidelines Available

Information posted June 25, 2014

New provider marketing rules, required by Senate Bill 8, 83rd Legislature, Regular Session, 2013, have been adopted and will go into effect July 6, 2014.

The new rules give Medicaid providers guidance about what is allowed and what is prohibited when they are marketing their services.

Providers must adhere to all of the marketing guidelines. Providers are encouraged to read the guidelines carefully before marketing their services.

Texas Medicaid has published the [Texas Provider Marketing Guidelines](#) on this website.

<http://www.tmhp.com/Pages/Topics/Marketing.aspx>

Specific Guidelines

1	Provider must comply with its applicable licensing agency's laws and regulations, including any related to marketing and advertising.
2	Provider must comply with applicable state and federal laws and regulations, contractual requirements, and other guidance documents.
3	Provider must comply with provider's contract requirements regarding the use of HHSC's, the State's, or an HHS Agency's name in a media release, public announcement, or other public disclosure.
4	Marketing materials must be written at or below a sixth grade reading level.
5	Marketing materials that target the client community must be available in English and Spanish. In addition, any languages of other major population groups in Texas must be made available if requested by a client.
6	Marketing materials must include the name of the provider and the provider's office location and address.
6	Marketing materials must not be misleading, inaccurate, or contain misrepresentations.
7	Marketing materials must not make false, misleading, or inaccurate statements relating to services or benefits.
8	Marketing materials must not represent that services will be provided at no cost when a Medicaid provider will seek remuneration.
9	Marketing materials must not offer a Medicaid client or client's parent/legal representative any financial gain or incentives.
10	Marketing materials must not portray competitors or other providers in a negative manner.
11	Marketing materials must not contain the HHSC logos or insignias, or make any assertion or statement of endorsement by federal or state governmental agencies.

Optional Submission Process

After reviewing these guidelines, if the provider is still unsure of compliance, the provider may submit the proposed marketing material to HHSC for review and approval. The provider must complete the Texas Provider Marketing Form for each provider marketing item or activity and submit to HHSC before engaging in the provider marketing. The provider must provide a brief summary of intended use, provider marketing activity date, and activity location. HHSC may request additional information or clarification from the provider.

To be considered for review, the provider must submit the final Provider Marketing to HHSC at the following mailbox: TexasProviderMarketing@hhsc.state.tx.us. If the proposal is submitted in any other manner, it will not be considered.

Once an email is received, the provider will receive an automated email reply.

HHSC Review Timeframe

HHSC reviews all provider marketing submissions. HHSC generally completes the review within 30 business days. HHSC will contact the provider if additional time is needed.

For further information, visit:

<http://www.tmhp.com/Pages/Topics/Marketing.aspx>

Contact Information

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Authorization Process for Therapies

Edna Lerma

Health Services Clinical Supervisor

EL PASO FIRST
Health Plans, inc.

Prior Authorization Process

ST/PT/OT

- Prior Authorization is required
- *All* requests for ST/PT/OT are reviewed by El Paso First Medical Director
- Prior Authorization must include supporting clinical documentation
 - CHIP and TPA we are required to make a determination with information available at hand
 - STAR we can request additional information allowed from the date request is received (seven days)

Early Childhood Intervention (ECI)

- All health-care professionals are required by federal and state regulations to refer children who are 35 months of age and younger (i.e., before their third birthday) to the Texas ECI Program as soon as possible, but no longer than 7 days after identifying a disability or suspected delay in development.

Early Childhood Intervention (ECI)

- The Texas ECI Program is available statewide to all children who have been determined to be eligible for ECI services by ECI Program providers.
- To be eligible for ECI services, children must be 35 months of age and younger (i.e., before their third birthday) and have disabilities or developmental delays as defined by ECI criteria.

Prior Authorization Process

Supporting Clinical Documentation

- CCP Form for STAR members ONLY (must be signed and dated or signed prescription must be attached)

http://www.tmhp.com/Provider_Forms/Medicaid/Request-for-Initial-Outpatient-Therapy-TP1.pdf

- A current therapy evaluation
- A client-specific comprehensive treatment plan with a signature, must include diagnosis(es) and treatment goals

Durable Medical Equipment

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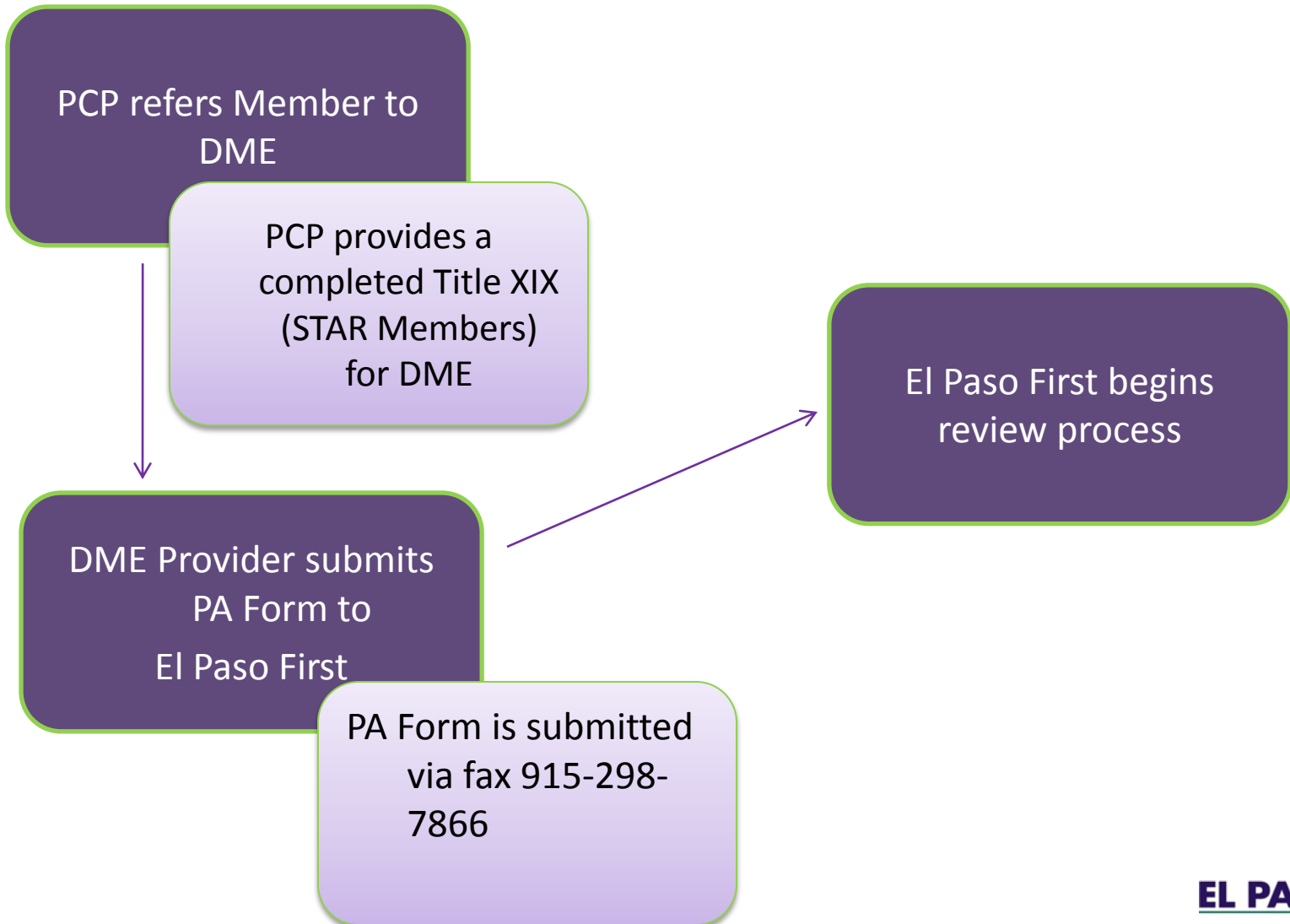
Durable Medical Equipment

- El Paso First Health Plans, Inc. will ensure all members receive necessary equipment from contracted vendors within their benefit coverage.

Texas Medicaid defines DME as:

Medical equipment or appliances that are manufactured to withstand repeated use, ordered by a physician for use in the home, and required to correct or ameliorate a client's disability, condition, or illness.

Access to DME



DME

- Must:
 - Be medically necessary due to illness or injury or to improve the functioning of a body part, as documented by the physician in the client's POC or the Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form.
 - Refer to the Texas Medicaid Providers and Procedures Manual for questions related to specific DME.

Contact Information

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Quality Improvement Performance Indicator Updates

Don Gillis, MIT

Director of Quality Improvement

EL PASO FIRST
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QI Performance Indicator Updates

- 2014 Mid Year HEDIS Results
- Interventions
- Changes in 2015
- 2013 PPE Data

2014 Mid Year HEDIS Results

STAR					
CY2013 ICHP Admin Rate					
	Denominator	Numerator	Rate	Percentile	
W34	7537	6363	84.42%	> 90th	
AWC	9493	6951	73.22%	> 90th	
PPC - Prenatal	2343	1944	82.97%	> 25th	
PPC - Postpartum	2343	1120	47.80%	< 10th	
6/1/2013 - 5/31/2014 Internal Rate					
	Denominator	Numerator	Rate	Percentile	
W34	7525	6260	83.19%	> 90th	
AWC	9538	6870	72.03%	> 90th	
11/06/2013 - 4/30/2014					
PPC - Prenatal	1402	1146	81.74%	> 25th	
PPC - Postpartum	1402	615	43.87%	< 10th	
National Medicaid HEDIS 2013 Percentiles					
Name	P10(%)	P25(%)	P50(%)	P75(%)	P90(%)
W34	60.81	67.40	72.26	78.51	82.08
AWC	37.27	41.72	48.18	57.40	65.45
Prenatal	70.59	79.85	85.88	89.72	92.82
Postpartum	50.69	57.91	63.99	70.20	73.83

2014 Mid Year HEDIS Results

CHIP				
CY2013 ICHP Admin Rate				
	Denominator	Numerator	Rate	Percentile
W34	772	608	78.76%	> 75th
AWC	4082	2748	67.32%	> 90th
6/1/2013 - 5/31/2014 Internal Rate				
	Denominator	Numerator	Rate	Percentile
W34	662	491	74.17%	>50th
AWC	3265	2159	66.13%	> 90th
National Medicaid HEDIS 2013 Percentiles				
Name	P50(%)	P75(%)	P90(%)	
W34	72.26	78.51	82.08	
AWC	48.18	57.40	65.45	

El Paso First Interventions

- Happy Birthday Gift Cards
- Reminder Postcards
- Automated Call Reminders
- Health Fairs
- Provider Rosters
- Provider Progress Reports

Changes in 2015

- All HEDIS measures calculated using hybrid methodology.
- El Paso First will create our own hybrid samples.
- If member is determined compliant from claims data, medical record will not be necessary.
- El Paso First will push for secure electronic transfer of medical records (SFTP).

2013 Potentially Preventable Events

CHIP	Potentially Preventable Admissions	Count	Percent
1	141 ASTHMA	17	22.97%
2	139 OTHER PNEUMONIA	10	13.51%
3	249 NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING	7	9.46%
4	383 CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	5	6.76%
5	420 DIABETES	5	6.76%
	All Others	30	40.54%
	Totals	74	100.00%
STAR	Potentially Preventable Admissions	Count	Percent
1	141 ASTHMA	61	17.18%
2	249 NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING	48	13.52%
3	113 INFECTIONS OF UPPER RESPIRATORY TRACT	37	10.42%
4	139 OTHER PNEUMONIA	32	9.01%
5	383 CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	28	7.89%
	All Others	149	41.97%
	Totals	355	100.00%

2013 Potentially Preventable Events

CHIP Potentially Preventable ER Visits		Count	Percent
1	00562 Infections Of Upper Respiratory Tract	372	16.86%
2	00661 Level II Other Musculoskeletal System & Connective Tissue Diagnoses	239	10.83%
3	00674 Contusion, Open Wound & Other Trauma To Skin & Subcutaneous Tissue	171	7.75%
4	00628 Abdominal Pain	149	6.75%
5	00627 Non-Bacterial Gastroenteritis, Nausea & Vomiting	140	6.34%
	All Others	63	51.47%
	Totals	1,134	100.00%
STAR Potentially Preventable ER Visits		Count	Percent
1	00562 Infections Of Upper Respiratory Tract	4,117	25.67%
2	00627 Non-Bacterial Gastroenteritis, Nausea & Vomiting	1,460	9.10%
3	00871 Signs, Symptoms & Other Factors Influencing Health Status	1,063	6.63%
4	00661 Level II Other Musculoskeletal System & Connective Tissue Diagnoses	912	5.69%
5	00674 Contusion, Open Wound & Other Trauma To Skin & Subcutaneous Tissue	896	5.59%
	All Others	7,593	47.32%
	Totals	16,041	100.00%

Questions ?

Contract Information

Don Gillis

Director of Quality Improvement

915-298-7198 x1231

National Drug Code (NDC) Billing Requirements

Yvonne Grenz
PCU Supervisor

EL PASO FIRST
Health Plans, inc.

NDC Billing Requirements

Providers are required to submit the quantity of units and unit of measurement information in box 24D plus 24G.

Effective 09/01/2014, the NDC and HCPCS code must be an exact match on the claim.

NDC and HCPCS

HHSC requirement: a valid relationship must exist between the HCPCS code and NDC.

Starting 09/01/2014, claims without a valid HCPCS and NDC match will be denied.

Example: injection for Rocephin

HCPCS	HCPCS DESCRIPTION	NDC	Generic Name	Name
J0696	Injection, ceftriaxone sodium, per 250 mg	00004-1963-01	CEFTRIAZONE SODIUM	ROCEPHIN 500 MG VIAL
J0696	Injection, ceftriaxone sodium, per 250 mg	00004-1964-04	CEFTRIAZONE SODIUM	ROCEPHIN 1 GM VIAL

NDC and HCPCS

NDC must be submitted on all medical claims for clinician administered drugs provided in an outpatient setting.

- Primary Care Providers
- Specialty Care Providers
- Outpatient Hospital Departments

Providers are encouraged to consult with applicable resources to identify the appropriate crosswalk for NDC and HCPCS codes.

NDC Quantity and Unit of Measurement

NDC Quantity

The quantity of each NDC must be a numeric value greater than zero. In most cases, the NDC quantity will be different from the HCPCS billed units.

NDC Unit of Measurement

The unit of measurement (UOM) for each NDC must be submitted.

- F2 International Unit
- GR Gram
- ME Milligram
- ML Milliliter
- UN Unit

CMS 1500 Specification Guidelines

CMS1500 Submitting Specifications			
Block No.	Description	Guidelines	EDI Loop/Segment Value
24A	DOS	In the shaded area, enter the NDC qualifier of the N4 and the 11-digit NDC number (number on package or container from which the medication was administered). Do not enter hyphens or spaces within this number Example: N400409231231	Loop 2410 LIN03 NDC (11-digit format)
24D	Procedures, services or supplies	Required: In the shaded area, enter a 1- through 12 digit NDC quantity of units. A decimal point must be used for fractions of a unit.	Loop 2410 CTP 04 quantity CTP 05 composite unit of measure

24 A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. ENG.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OF UNITS	H. EPSON Family No.	I. ID. QUAL.	J. RENDERING PROVIDER ID.#	FORMATION				
From	To			ICDTHCPCS	MODIFIER											
MM	DD	YY	MM	DD	YY											
N400009737804				ML1												
06	01	08	06	01	08	22	J1055					50,00	1		NA	

UB Format Specification Guidelines

UB04 Format Specification			
Field Locator	Description	Guidelines	EDI Loop/Segment Value
43	Revenue code and description	<p>In the Revenue code description enter N4 and the 11-digit NDC number (number on package or container from which the medication was administered).</p> <p>Required: Unit of measurement code and the unit quantity with the floating decimal for fractional units (limited to 3 digits) can also be submitted, however, are not required.</p> <p>Do not enter hyphens or spaces within this number Example: N400409231231GR0.025</p>	<p>Loop 2410</p> <p>LIN03 NDC (11-digit format) CTP 04 quantity</p> <p>CTP 05 composite unit of measure</p>

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / WPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
250	N458468012201ML10	J1270	010508	20	311.80		

NDC Format

Each NDC must be reported as an 11-digit code unique to the manufacturer of the specific drug or product administered to the beneficiary, using a 5-4-2 format (*i.e.*, 5 digits, followed by 4 digits, followed by 2 digits [99999999999]).

Some NDCs may be in a 10-digit format. The chart below illustrates how to convert the code into 11-digits. (Hyphens in the example below are for illustration only.)

10-Digit Format on Package	10-Digit Format Example	11-Digit Format	11-Digit Format Example
4-4-2	9999-9999-99	5-4-2	09999-9999-99
5-3-2	99999-999-99	5-4-2	99999-0999-99
5-4-1	99999-9999-9	5-4-2	99999-9999-09

Points to remember

Claims will deny or reject for the following:

- Missing NDC
- NDC is invalid for the corresponding HCPCS code
- NDC is not 11 characters long

Providers may resubmit claims with the appropriate NDC code when a claim is denied with denial reason *M119: missing, incomplete, invalid, withdrawn National Drug Code (NDC)*

Resources

Below are links to various resources:

- Texas Medicaid/CHIP Vendor Drug Program NDC to HCPCS crosswalk
<http://www.txvendordrug.com/formulary/clinican-administered-drugs.shtml>
- The Noridian crosswalk can be accessed at:
www.dmepdac.com/crosswalk/index.html.
- For more information about Noridian NDC-to-HCPCS crosswalk, please refer to Noridian website at:
www.dmepdac.com/resources/articles/2008/08_07_08.html.
- The Medicare Part B APS can be accessed at:
<http://www.cms.gov/Medicare/Medicare-Fee-For-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/2013ASPFiles.html>.
- HCPCS codes requiring an NDC for billing is found at
www.tmhp.com/Pages/Topics/NDC.aspx

Contact Information

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Complaints and Appeals Process

Raquel Payan
Compliance Supervisor

EL PASO FIRST
Health Plans, inc.

Complaints & Appeals Process

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

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

- Complaints must be addressed to:

Complaints and Appeals Unit
1145 Westmoreland
El Paso, Texas 79925

* NOTE: Member's must not be billed

Compliance

Raquel Payan

Compliance Supervisor

rpayan@epfirst.com

(915) 532-3778 ext. 1092

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 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

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

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

Value Added Services & Medical Transportation

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
- Welcome Packet: A \$25 value of over-the-counter items if the request form is completed and mailed back within 30 days of enrollment
- Free calls or texts from El Paso First for related health activities. One free cell phone per household from the Lifeline Assistance Program for those who qualify.
- 1 free car seat per pregnancy for pregnant Members who complete a pregnancy class at El Paso First.
- \$10 gift card for health related items for pregnant Members completing one pregnancy visit within 30 days of enrollment

Medicaid - Value Added Services

- Home visits to high risk pregnant Members
- 4 extra food counseling services, above the Medicaid benefit, for Members age 20 and younger
- Up to \$25 for any sport registration activity fee, once every 12 months
- \$15 gift card for health items for Members age 20 and younger completing a timely Texas Health Steps visit
- Gifts of a digital thermometer, an emergency aid booklet (per family per year) and a school supply kit for new Members if requested within 30 days of receiving welcome packet
- \$15 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
- 25% off lenses and frames above the CHIP benefit for CHIP Members
- 20% off certain contact lenses above the CHIP benefit for CHIP Members
- Welcome Packet: A \$25 value of over-the-counter items for new CHIP Members if the request form is completed and mailed back within 30 days of enrollment
- One free cell phone per household and free calls or texts from El Paso First, for related health activities.

CHIP - Value Added Services

- Free car seat for pregnant Members who complete a pregnancy class
- \$25 over-the-counter prenatal vitamins packet for new CHIP Perinatal Members if request form is completed and mailed back within 30 days of enrollment
- Home visits to new high risk pregnant Members
- 4 extra food counseling services, above the CHIP benefit, for CHIP Members age 18 and younger
- Up to \$25 for any sport registration activity fee, once every 12 months for CHIP Members
- Gifts of a digital thermometer, an emergency aid booklet (per family per year) and a school supply kit for new CHIP and CHIP Perinatal Members if requested within 30 days of receiving welcome packet
- \$15 gift card for health items for Members age 3 to 6 and 12 to 19 completing a timely well-child checkup

Transportation - El Paso First

- Transportation is available for medical appointments and health education classes.
- If a member needs a ride to a doctor's office, please call our Member Services Department at 915-532-3778 or 1-877-532-3778.
- Transportation must be requested at least 48 hours in advance.
- Transportation is available through bus tokens or through UMC Guest Services Shuttle. Taxi cabs are available on a case by case basis.
- El Paso First does not reimburse members for mileage.
- El Paso First covers ambulance services in emergency situations for all members. Severely disabled members, whose condition requires ambulance services, will also be covered.

Medical Transportation Program

- Transportation is also available from the Medical Transportation Program (MTP).
- If a member needs a ride to a doctor's office, please call MTP at 1-877-633-8747 Monday – Friday 8:00 a.m. to 5:00 p.m. Central Time.
- Transportation must be requested at least two days in advance.
- MTP also pays for members to have a friend, relative, or another individual give them a ride when the member doesn't have a car or gas money. MTP pays these drivers as Individual Contractors by the mile (at the rate set by legislature for state employees).

Thank You! Any Questions!

Edgar Martinez

Director of Member Services ext. 1064

Antonio Medina

Enrollment & Member Service Supervisor ext. 1034

Juanita Ramirez

Member Services & Enrollment Supervisor ext. 1063

EXTRA! EXTRA!

- SAVE THE DATE -



Medi-zaar

¡kermes de información!

MEDICAID ENRICHMENT WORKSHOP

Friday, September 12, 2014

El Paso, Texas



Click here to
[REGISTER.](#)

EL PASO FIRST
Health Plans, inc.

**Thank You for
Attending Providers!**