

Welcome Providers!

OB Specialty Training July 24, 2014

EL PASO FIRST Health Plans, inc.

Agenda

- Welcome & Introductions
- Credentialing / Recredentialing Provider Relations
- Telemedicine Provider Relations
- OB Authorization Process Health Services
- Gestational Diabetes Coverage for Medicaid and CHIP Perinatal - Health Services
- Breast Pump Process for Medicaid Health Services
- HEDIS Measures Quality Improvement
- Value Added Services Member Services



Provider Relations

Stacy Arrieta
Provider Relations Representative



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

<u>IMPORTANT</u>: 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.

Demographi	ic Information Form
Please Check off Health Plan Participation (Contract):	Please check off Specialty Type: PCP Allied Health (PT.OT. ST. LPC)
Medicaid/Premier Plan	
☐ CHIP ☐ TPA (Preferred Admin) ☐ CHIP Perinate	Specialist
Group/Facility Name	Ancillary (DME, Home Health, Facility)
Group/ruciniy Nume	
Group NPI: Group TPI:	Group Tax-ID:
Provider Name (Last, First, Middle):	Professional Category: ☐ MD ☐ DO ☐ CRNA ☐ NP ☐ PA ☐ LPC ☐ Other:
Individual NPI: Individu	ual TPI: Pending (in process)
Primary Specialty:	Sub-Specialty:
Medical License:	If applicable EPSDT Number :
Languages Spoken: English Spanish	Accepting New Patients
Other	Established Patients Only
Practice Limitations: Male Only Female	Only Age Range () Other
Office Days/Hours:	CLIA: Waiver Certificate
After Hours:	Laboratory: Yes No
Provider Bill	ling Information
	vith Demographic Information Form
Official Business Name (as it appears on W-9/IRS Docur	mentation)
Doing Business As (if different from above) **this informa	ation must match Box #33 on claim form
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: Fax:	Phone Number: Fax:
(<u> </u>
Primary Contact Person: First and Last name	Phone Number email address:
	<u> </u>
For EP First Staff Only:	_
Verifications: W-9 NPPES TPI Look Up	Provider Letter Other
Provider □PCP □PCP/Specialist □Specialist	□Ancillary □Behavioral Health □Hospitalist
Туре::	
	ent D Attachment B/C Attachment F Facility
Type: LOA Ancillary After Hours	
Credentialing Provider Credentialed Yes No	
Credential Site Visit Yes No	
Actions: Add: ☐ To Network ☐ To Group TERM: ☐ From Network ☐ From Group	□ Program REASON:
	CO CM TPA Effective Date://
Participating Non-Participating	



Where to locate forms

www.epfirst.com



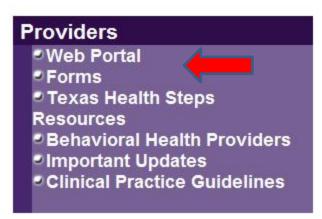
Welcome to our new website!

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.

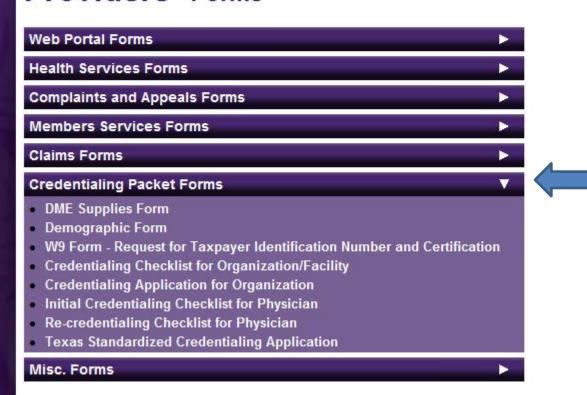
Members CHIP CHIP Perinatal Healthcare Options Premier Plan Star Medicaid Preferred Administrator Helpful Links







Providers - Forms



Home About Us Contact Us Members Providers Web Privacy Statements Notice of Privacy Practices HIPAA/HITECH



Provider Surveys

- Provider Surveys will be delivered to Provider offices in the up coming months.
- Tell us how we're doing!
- Your feedback is appreciated.



Telemedicine

Cynthia Moreno
Provider Relations
Coordinator



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





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 stillimage 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.

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 Behavioral Health, Rehabilitation, and Case Management Services Handbook (Vol. 2, Provider Handbooks).

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

Telemedicine (Patient

Telehealth (Patient Site)

outpatient hospital

providers.

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://texhatrc.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



Contact Information

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



OB Authorization Process

Edna E. Lerma, LPC

Clinical Supervisor



OB High Risk Authorizations

Please attach clinical documentation.	Date:	
То:	Fax:	(915) 298-7866
From:	Fax:	
Approved DOS:	No. of Pages:	
Authorization No.:		(Including cover sheet
Member I	Information	
Name:	DOB:	:
Phone No.: ()	Health Plan ID#	
Expected due date: ICD9-0	Codes:	
Patient has been diagnosed with any of the following	g conditions:	
Pre-term delivery (<37 weeks/previous pregnancy) Year and Gestationage of PTL:	GDM (Type HgA1C:	I/II)
Multiple Gestation	Hypertensive	e disorders of pregnancy
Obesity Complicating Pregnancy BMI>35 Weight	Birth defect of	
Youngprimigravida< 16	AdvancedM Age 35 fo Age 33 fo	or singleton
HX of Mental Disorders Specify: Medications:	Late prenatal	care (after 20 weeks)
Toxic Habits (Alcohol/Drug use) Specify:	HIV/HSV/H	epatitis
☐ IUGR	Other:	
Placenta <u>previa</u> (persistent in 3 rd trimester)		
Provider	Information	
Physician's Name:		
Office contact person:		

Upon identification of a member with a high risk diagnosis, provider should submit High Risk PA Form.

Please submit documentation that clearly indicates medical necessity for High Risk diagnosis.

Once PA is approved this will allow provider to administer medically necessary ultrasounds through a specific date range

Ultrasounds codes will range from CPT Code 76801 - 76819



Ultrasound Authorization Requirements

EL PASO FIRST		S/SCHEDULED Proc	
healthplans, inc. Fax	x No. 915- 298-7866	Pre-Cert No. 915-	532-3778 X 1500
conditions of the Health Service Contract and is only valid for eligible in Excr5452701	eath plan member at time of service.		
	ION (PROVIDER/FACILITY	SUBMITTING AUTH REG	(UEST)
DATE OF REQUEST: PR	OVIDER'S NAME:	NPI#	
CONTACT PERSON:	PHONE NO	FAX NO.	
SERVICE LOGATION:	MAIL ADL		
	MEMBER'S INFORMAT		
NAME:	MEMBER I.D. NO	·	SSI (Circle if SSI)
DOB: Member Phor	ne: F	*GP:	
REFER TO INFORMATION (PROVID	DER/FACILITY PERFORMIN	IG SERVICE IF DIFFEREN	IT FROM ABOVE)
PROVIDER'S NAME:	IFI#	NPI#	
CONTACT PERSON:	PHONE NO.	FAX NO.	
SERVICE LOCATION:	MAIL ADDRES	S:	
	PROCEDURE INFORMA	TION	
TYPE OF SETTING: OFFICEVISIT			RADIOLOGY
☐ THERAPY (OT, PT, ST) ☐ SURGE	CAL DENIAL	_	PODIATRY
INPATIENT SCHEDULED SERVICES			
EXPECTED DATE OF PROCEDURE:			
PRIMARY DIAGNOSIS CODES (ICD-9)	CPT PROCEDURE CODE	S SSI TYPE OF SERVICE	ONLY MODIFIER
1.	1.		
	Z		
3.	3.	3.	
4.	4.	4.	
b	b	_ b	
DI AN OF TREATMENT	T/PERTINENT CLINICAL HI	STODY AND DHYSICAL F	YAM
(INCLUDE PREVIO	US MEDICAL MANAGEMENT,	LAB AND/X-RAY RESULTS):	:AAIVI
REVIEWED BY:	FOR EL PASO FIRST US		ED: YES NO
REVIEWED'ST:	DATE:	ENCE NO.	ED. 1ES NO
	REFER		

- First four ultrasounds do not require an authorization.
- Please submit PA form along with supporting clinical documentation to support your request.



J1725

Providers must submit claims for a compounded drug using procedure code J1725

9.2.39.4 17-Alpha Hydroxyprogesterone Caproate

- 17-alpha hydroxyprogesterone caproate is a benefit of Texas Medicaid for clients who are 10 through 55 years of age.
- 17-alpha hydroxyprogesterone caproate is administered intramuscularly at a dose of 250 mg once a week (every 7 days) and is indicated when all of the following criteria are met:
 - The client's treatment is initiated between 16 weeks, 0 days and 20 weeks, 6 days gestation.
 - The client's treatment may continue, as medically indicated, through 36 weeks, 6 days gestation or delivery, whichever occurs first.
 - The client has a singleton pregnancy.
 - The client has had a prior, singleton, spontaneous, preterm delivery before 37 weeks gestation.

Although this is a drug, it is not a pharmacy benefit. This is a physician-administered drug.



Provider Tool Link

EL PASO FIRST
Health Plans, inc.
Home About Us Members Providers Programs Contact Us Fraud and Abuse Español
First Steps OB Case Management Program Prenatal-Postpartum Care Visit Verification
Please complete the visit information below: *=Required Information
Physician/Nurse Practitioner Name *:
Member's ID Number *:
Member's Name *: Coming soon
Member's Birth Date(mm/dd/yyyy) *:
Expected Date of Delivery *:
Date of First Prenatal Visit:
Date of Postpartum Visit:
Is the member experiencing barriers to □ Yes □ No prenatal/postpartum care?
Submit
 First Steps Program for Healthy Babies Our First Steps Case Management Program is designed to assist you in providing timely, quality health care to all of your patients. Our case managers collaborat with you and your office staff to ensure expectant mothers, who are enrolled in our health plan, receive prenatal and post partum care. You may complete the case management referral form and one of our nurses or social workers will contact the member.
First Step Forms Letter & High Risk Form Pre-Certification Form-Outpatient/Scheduled Procedures Case Management Referral Form
Home About Us Contact Us Members Providers Web Privacy Statements Notice of Privacy Practices HIPAA/HITECH
Your health information (Protected Health Information "PHI" and "sensitive personal information") created or received by El Paso First Health Plans, Inc. is subject to electronic disclosure.



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:
 - TRUEresult glucometer with TRUEresult 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 DiabetesAssociation
 - UMC of El Paso DiabetesProgram

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



Sterilization Consent Form Guidelines for STAR ONLY

	Sterilizati				
	(FAX consent f	orm to 1-512-514-4229)			
Client Medicald or Family Planning Number:		Date Client Signed	/	/	(month/day/year)
Choose one: This is an initial submission of the	e Sterilization Consent Form.	This is a corrected Ste	rilization Consent F	om.	
Notice: Your decision at any time not to be starif.	zed will not result in the withdre	val or withholding of any benefit	s provided by progn	ams or projects rece	iving federal funds.
	Conser	t to Sterfization			
I have asked for and received information about startization	on from	(doctor or cli	nic). When I first asi	ked for the information	on, I was told that the
decision to be startized is completely up to me. I was told	that I could decide not to be ste	filized. If I decide not to be steril	ized, my decision w	fil not affect my right	to future care or treatment.
I will not lose any help or benefits from programs receiving	Federal funds, such as Tempo	rary Assistance for Needy Famil	ies (TANF) or Medi	cald that I am now g	eting or for which I may
become eligible.					
I understand that the sterilization must be considered					
I was told about those temporary methods of birth control alternatives and chosen to be sterlized.	that are available and could be	provided to me which will allow r	ne to bear or father	a child in the future.	I have rejected these
atematives and chosen to be sterilized.					
I understand that I will be sterlized by an operation known with the operation have been explained to me. All my quest understand that the operation will not be done until at least	as a	(specify	type of operation).	The discomforts, risk	s and benefits associated
I understand that the operation will not be done until at lea	et 30 days after I sign this form	Linderstand that Lean change	my mind at any time	and that my decision	o at any time mt to be
sterfized will not result in the withholding of any benefits of			,	and the my decad	and any and received
I am at least 21 years of age and was born on (mont	th. (day). (year).l.		, here	by consent of my ow	m free will to be sterlized
by (doctor or di	inic) by a method called		(specify t		
My consent expires 180 days from the date of my signatur					
I also consent to the release of this form and other medical				Human Services or E	mployees of programs or
projects funded by that Department but only for determining	ng if Federal laws were observed	I I have received a copy of this	form.		
Client's Signature:		Date of Signature:	1	1	(month/day/year)
		thridty Designation			
	fou are requested to supply the mark one or more) □ A			Missan American	D White
D Hispanic or Latino		ian	□ Native Ha	waian or Other Pad	
·	Interpr	eter's Statement			
If an interpreter is provided to assist the individual to be st					
I have translated the information and advice and presente	d orally to the individual to be st	erlized by the person obtaining	this consent. Theve	also read him/her th	e consent form in the
	intents to him/her. To the best of		he has understood t	this explanation.	
Interpreter's Signature:		Date of Signature:	/	/	(month/day/year)
I counseled the individual to be sterlized that alternative in	(dients full name), signed n), the fact that it is intended to nethods of birth control are avail	able which are temporary. I expl	dure and the discom ained that sterilizati	nbrts, risks and ben on is different becau	ofts associated with it. se it is permanent. I
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As per 2014 Texas Medicaid Provider and Procedures Manual Section 2.2.8.1 Sterilization Consent
Per federal regulation 42 CFR 50,
Subpart B, all sterilization procedures require an approved Sterilization Consent Form.

To be eligible for a sterilization procedure the client must be 21 years of age or older and must complete and sign a Sterilization Consent Form within at least 30 days of the date of the surgery but no more than 180 days.



Breast Pump

Texas Medicaid Provider and Procedures Manual Section 2.2.8

- Authorization is required
- A manual or non hospital-grade electric breast pump may be considered for purchase only with the appropriate documentation supporting medical necessity.
- The purchase of a breast pump is limited to one every three years.
- Providers must use procedure code E0602 or E0603 when billing for the purchase of a manual or non hospital-grade electric breast pump.



Women, Infants and Children WIC Program

Breastfeeding Support

- Clients receive encouragement and instruction in breastfeeding. In many cases, breastfeeding women are provided breast pumps free of charge.
- WIC helps clients learn why breastfeeding is the best start for their baby, how to breastfeed while still working, Dad's role in supporting breastfeeding, tips for teens who breastfeed, how to pump and store breast milk, and much more.



Health Services Contact Info

(915) 532-3778

Janel Lujan, LMSW

Senior Director of Operations

- Extension 1090

Edna E. Lerma, LPC

Clinical Supervisor

- Extension 1078

Dolores Herrada, RN, CCM

Health Services Director

-Extension 1007

Irma Vasquez

Administrative Supervisor

-Extension 1042



HEDIS OB Specialty Training

Angelica Baca, MSTAT QI Data Specialist



HEDIS OB Specialty Training

- 2014 Pay for Quality HEDIS PPC
- Calendar Year 2013 Interim Results
- Changes in 2015
- Postpartum Claims
- HEDIS Hybrid Prenatal Care and Postpartum (PPC) Requirements



2014 Pay for Quality - PPC

- Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.
- Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.



2014 Pay for Quality - PPC

- PPC Prenatal and Postpartum are scored as hybrid measures.
- Final rates will be available in August 2014.



Calendar Year 2013 Interim Results

Administrative – Claims Only - Results

STAR					
		CY 2012	CY 2013	CY 2013	% Points
Measure	Population Name	Rate	Rate	Percentile	Change
PPC - Prenatal	El Paso First	83.50%	82.97%	> 25th	-0.53%
PPC - Postpartum	El Paso First	58.49%	47.80%	< 10th	-10.69%

Medicaid HEDIS 2013 Audit Means, Percentiles and Ratios						
Name SubmeasureName P10(%) P25(%) P50(%) P75(%) P90(%					P90(%)	
PPC	Prenatal Care	70.59	79.85	85.88	89.72	92.82
PPC	Postpartum Care	50.69	57.91	63.99	70.20	73.83



Changes in 2015

- In 2015 El Paso First will create samples and chases.
- Administrative data will be considered before medical record is requested.
- Denied claims will count toward individual OB rates.
- Submitting Postpartum claims will result in less records requested for PPC measures.



Postpartum Claims

From 2014 HEDIS specs:

"Include all paid, suspended, pending and denied claims. To count services in the medical record, documentation in the medical record must indicate the date when the procedure was performed and the result or finding (when applicable)."



HEDIS Hybrid Prenatal Care (PPC)

Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present.

- Documentation must include
 - Note indicating date of prenatal care visit
 - And evidence of ONE of the following
 - A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used)
 - Evidence that a prenatal care procedure was performed
 - Documentation of LMP or EDD in conjunction with *either* of the following.
 - Prenatal risk assessment and counseling/education.
 - Complete obstetrical history.



HEDIS Hybrid Postpartum Care (PPC)

Postpartum visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery.

- Documentation must include
 - a note indicating the date of the postpartum visit
 - and ONE of the following.
 - Pelvic exam.
 - Evaluation of weight, BP, breasts AND abdomen.
 - Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component.
 - Notation of postpartum care, including, but not limited to:
 - Notation of "postpartum care," "PP care," "PP check," "6week check."
 - A preprinted "Postpartum Care" form in which information was documented during the visit.



Contact Information

Quality Improvement Department (915) 532-3778 ext. 1231



SFY 2015 Value Added Services

Edgar Martinez

Director of Member Services



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
- \$10 gift card for health related items for pregnant Members

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

Effective September 1, 2014



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



Preferred Administrators Updates

Michelle Anguiano

Director of TPA Account Management



Preferred Administrators Updates

- Contraceptives
 - List of contraceptives covered at 100% if not on the list, co-pay and co-insurance will apply.
 - IUDs are a medical <u>not</u>
 a pharmacy benefit
 (insertion and
 removal do not need
 a prior authorization)

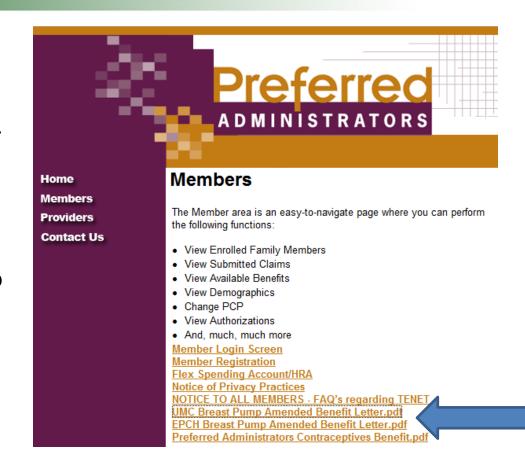
List of \$0 Cost Share Contraceptive Medications & Products
Please note this list is subject to change

Altavera	Enpresse	Microgestin 1.5/30	Quasense
Alyacen 1/35	Errin	Microgestin 1/20	Reclipsen
Alyacen 7/7/7	Falmina	Microgestin Fe 1.5/30	Solia
Amethia	Gianvi	Microgestin Fe 1/20	Sprintec
Amethia Lo	Gildess Fe 1.5/30	Mononessa	Sronyx
Amethyst	Gildess Fe 1/20	Myzilra	Syeda
Apr	Heather	Necon 0.5/35	Tilia
Aranelle	Introvale	Necon 1/35	Tri-legest
Aviane	Jolessa	Necon 1/50	Trinessa
Azurette	Jolivette	Necon 10/11	Tri-previfem
Balziva	Junel 1.5/30	Necon 7/7/7	Tri-sprintec
Briellyn	Junel 1/20	Nora-be	Trivora
Camila	Junel Fe 1.5/30	Norethindrone	Velivet
Camrese	Junel Fe 1/20	Notrel (21)	Vestura
Camrese Lo	Kariva	Notrel(28)	Viorele
Cazant	Kelnor	Notrel (28) 0.5/35	Wera
Cesia	Leena	Notrel 7/7/7	Wymzya
Cryselle	Lessina	Nuvaring	Zarah
Cyclafem 1/35	Levonest	Ocella	Zenchent
Cyclafem 7/7/7	Levora	Ogestrel	Zenchent Fe 0.4MG
Dasetta 1/35	Loryna	Orsythia	Zeosa
Dasetta 7/7/7	Low-ogestrel	Philith	Zovia 1/35E
Depo-Sq	Lutera	Portia	Zovia 1/50E
Elinest	Marlissa	Prentif	•
Emoquette	Medroxyprogesterone	Previfem	



Preferred Administrators Updates

- Breast pump process
 - Obtain it through a DME or
 - Member Reimbursement up to \$200 for a nonhospital grade double electric breast pump purchased at retail or up to \$50 for supplies if the member has a device.
 - Must complete
 Member
 Reimbursement
 Form and attach RX
 and receipt.





Contact Information

Michelle Anguiano

Director of TPA Account Management
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Thank You for Attending Providers!

EL PASO FIRST Health Plans, inc.