



SPECIALIST PROVIDER TRAINING

Thursday, November 21st | 12:00pm – 1:30pm

Topics

- STAR+PLUS
(New Line of Business for EPH)
- Provider Web Portal
- Transportation/NEMT
- Fraud, Waste & Abuse
- Complaints & Appeal Process
- Prior Authorization Tool/Catalog
- Case Management Programs
- Claims

Lunch will be provided.

Participation giveaways and a chance to win door prizes and gift cards will be available!

Please make sure to RSVP.

<https://www.elpasohealth.com/prtraining/>

If you have any questions, please call our Provider Relations Department at **915-532-3778**.

1145 Westmoreland El Paso, Texas 79925

EPHP9962411



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

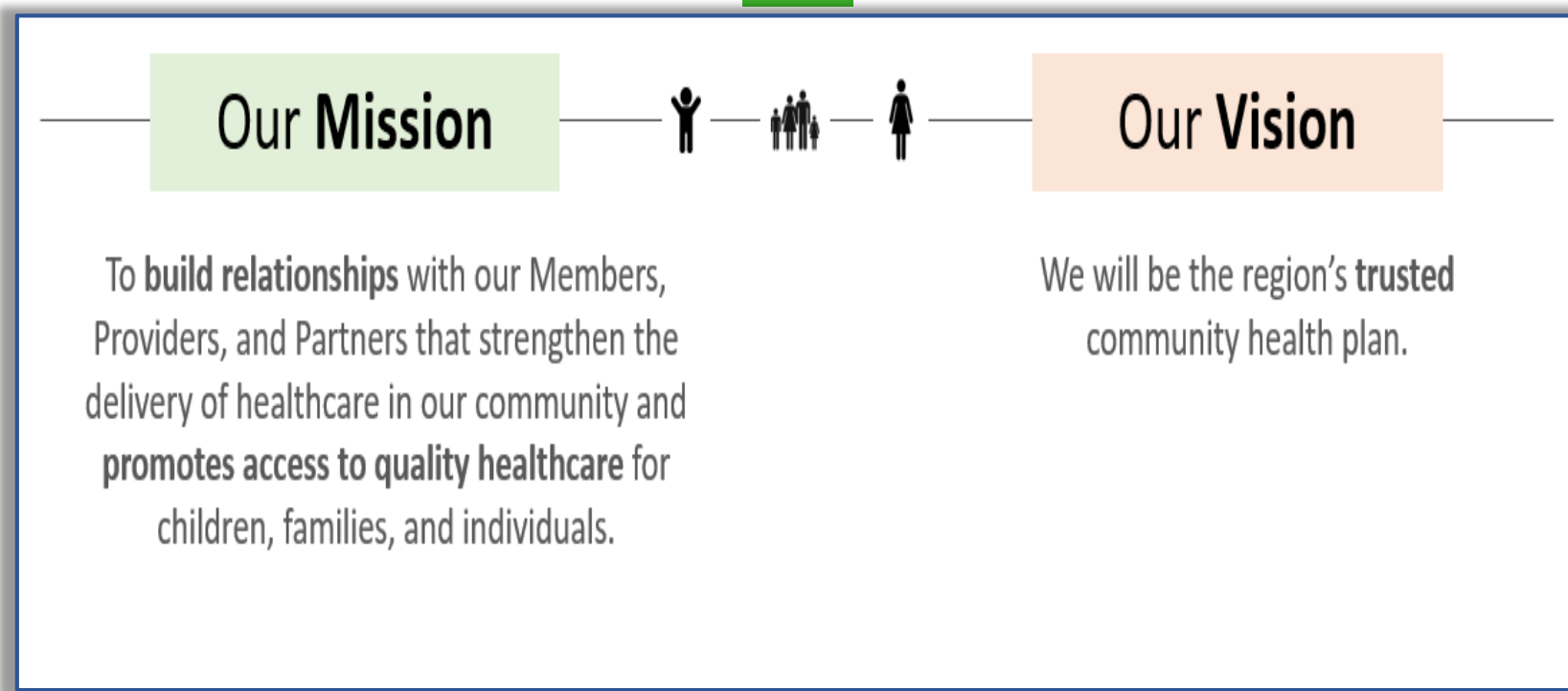
PROVIDER SPECIALTY TRAINING

November 21, 2024

Agenda

- STAR+PLUS – [Updates](#)
- Provider Relations – [Updates and Reminders](#)
- Quality Improvement - [Quality Assurance and Performance Improvement Program & Initiatives](#)
- Health Services – [Health Services Updates](#)
- Complaints and Appeals – [Reminders](#)
- Special Investigations Unit – [SIU Process](#)
- Member Services – [Updates and Reminders](#)
- C.A.R.E Solutions & Health Equity – [Provider Partnerships](#)
- Claims – [Reminders](#)

We Are El Paso Health



El Paso Health has been an established and trusted health plan for over 20 years.

We understand El Paso and far West Texas, because this is our **Community**. We take pride in providing quality healthcare **for El Pasoans by El Pasoans**.

WE ARE YOUR LOCAL STAR, CHIP, STAR+PLUS, and Medicare Advantage PLAN!!

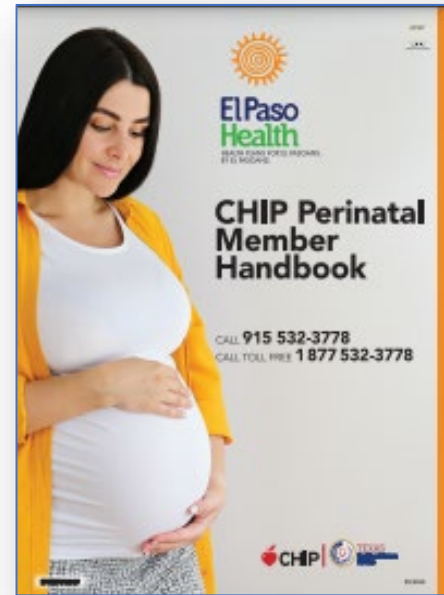
El Paso Health Product Lines



**EL PASO HEALTH
STAR**



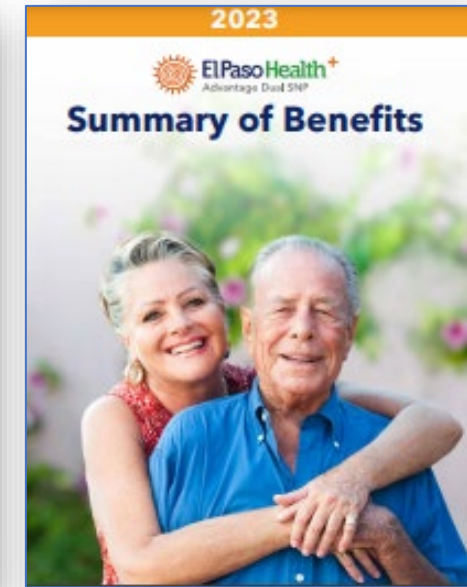
**EL PASO HEALTH
CHIP**



**EL PASO HEALTH
CHIP PERINATE**



**EL PASO HEALTH
STAR+PLUS**



**EL PASO HEALTH
MEDICARE ADVANTAGE
DSNP**



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STAR+PLUS

STAR+PLUS

STAR+PLUS is a Texas Medicaid-managed care program for adults who have disabilities or are age 65 or older.

The STAR+PLUS program provides basic health care services, such as:

- Acute Care (Doctor Visits for Medicaid only; dually eligible Members have their acute care through Medicare) and
- Long-Term Services and Supports
 - Helping in your home with daily activities
 - Home modifications
 - Respite (short-term supervision)
 - Personal assistance.

Members, their families and providers work together to coordinate members' healthcare, long-term care and community support services.

Service coordination is a main component of the STAR+PLUS program. A service coordinator works with the member, the member's family, the member's doctors and other providers to help the member get the medical and long-term services and support they need.



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Provider Relations Updates & Reminders

Provider Directories

HHSC performs random audits to ensure accuracy of our Provider Directories

An internal review is done by our Provider Relations Department on a monthly basis

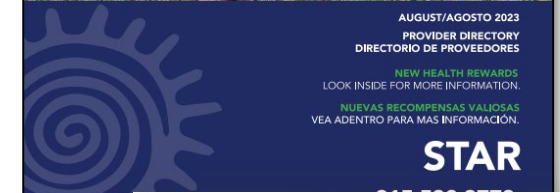
The following elements are reviewed and updated as necessary:

- provider name
- phone and fax number
- address
- program participation
- languages spoken
- age limitations
- new patient restrictions
- hours and days of operation

Updates and discrepancies may be corrected using the [Provider Demographic Form](#)

Provider Directories are available in the following formats:

- Print - Available for pick up at our office or mailed
- [Online](#) - PDF version
- Interactive [Provider Search](#) - Available on our website at www.elpasohealth.com



Demographic Form

Providers must notify El Paso Health Contracting and Credentialing or Provider Relations of any changes to their practice, to include:

- Any demographic changes
- Closing or opening panels
- Practice name change or acquisitions
- New providers joining the group or leaving group
- Closing a practice location or adding a new practice location
- Modifying practice hours or changing limitations
- Update on phone number/fax number

What forms do I need to send and where:

- Submit [Demographic Form](#) and [W-9](#) by email to: Contracting_Dept@elpasohealth.com

915.532.3778 • email Contracting_dept@elpasohealth.com
PROVIDER DEMOGRAPHIC FORM
*Please make sure to complete this form with all types of requests such as adding a new provider, location update, terminating a provider, any type of update. This form is required in order for any changes to be processed.

Group/Facility Name: _____
Group/Facility Specialty: _____
Tax ID: _____ Group NPI: _____ Group TPI: _____

Select Program: Medicaid CHP/Perinatal STAR Plus Preferred Administrators HCO Medicare
 PCP Specialist PCP/Specialist Hospital Based Home Health/DME PAS SNF Other

Include Provider Specialty: Specialty: _____ Subspecialty: _____
Last, First, M Name: _____ DOB: _____ SS#: _____
Individual NPI: _____ API: _____ TPI: _____
CAQH: _____ Medicare #: _____ LTSS X Code: _____
Professional Category: MD DO FNP ACNP PA CRNA Other: _____
Taxonomy number(s): _____

*If provider is not enrolled with CAQH, please provide a TDI Credentialing application w/current date and signature.
Primary Practice Address: _____
City, State, ZIP: _____ Office Hours/Days: _____
Phone: _____ Fax: _____ Website URL: _____
CLIA Number: _____ CLIA Type: _____

*Please provide CLIA numbers for each location.
Secondary Location: _____ City, State, ZIP: _____
Office Hours/Days: _____ Phone: _____ Fax: _____
CLIA Number: _____ CLIA Type: _____
Third Location: _____ City, State, ZIP: _____
Office Hours/Days: _____ Phone: _____ Fax: _____
CLIA Number: _____ CLIA Type: _____
Fourth Location: _____ City, State, ZIP: _____
Office Hours/Days: _____ Phone: _____ Fax: _____
CLIA Number: _____ CLIA Type: _____

1 | Page
<https://www.elpasohealth.com/>

915.532.3778 • email Contracting_dept@elpasohealth.com
PROVIDER DEMOGRAPHIC FORM

Spanish Sign Language (ASL) Other: _____
 Established Only Age Range: _____
 Female Only None Other: _____
University training? Yes No
 Telemonitoring Targeted Case Management
Compliance requirements? Yes No

_____ Tax ID: _____
Primary Contact Address: _____
_____ all credentialing contact information.

Term **Effective Date:** _____
_____ (s): _____ LTSS X Code: _____
 INDIVIDUAL STAR+PLUS TPA HCO MEDICARE
 Group Ancillary/Facility Amendment LOA Par Non-Par

Comments: _____

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2 | Page
<https://www.elpasohealth.com/>



Welcome to El Paso Health

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.

Attention – News Update:

[El Paso Health \(EPH\) STAR+PLUS Continuity of Care Transition Process for EPH Members](#)

STAR
For pregnant women, children and anyone who gets TANF
[Find Out More ↻](#)

CHIP
For children age 18 and under who are not eligible for Medicaid and don't have health coverage.
[Find Out More ↻](#)

STAR+PLUS
A managed care program for people who have disabilities or are age 65 or older.
[Find Out More ↻](#)

El Paso Health Medicare Advantage Dual (HMO D-SNP)
for people who have Medicare and Medicaid.
[Find Out More ↻](#)



El Paso Health's 2023 Annual Report is Here

Provider Portal



El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

Preferred
ADMINISTRATORS

HealthCARE
OPTIONS of EL PASO



El Paso Health
Medicare Advantage

Welcome to the El Paso Health provider portal!



Log in to:

- View patient's eligibility status and benefit information
- Verify patient claims
- Download reports
- Request prior authorizations
- And more!

Login

Username

Password

SUBMIT

[Forgot your username or password?](#)

Need a username and password?

[Proceed to our sign up process.](#)

Contact Us

If you have questions or need assistance, contact the Provider Relations Department at:

915-532-3778

Toll-Free: 1-877-532-3778

Our customer service hours are Monday through Friday between 8:00 am and 5:00 pm MST.

We're Here to Help!

If assistance is needed creating a portal account please reach out to the Provider Relations Team.

providerservicesdg@elpasohealth.com

EPH Provider Portal

User Account Role



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Preferred
ADMINISTRATORS

HealthCARE
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El Paso Health
Medicare Advantage

Choose the appropriate option from the drop down list.

Admin Role - The same access as a standard user with the addition of reviewing provider specific reporting such as claim remittance advice.

Standard User - Access to look up member eligibility, look up and submit authorizations, and review provider claims.

Star+Plus or Medicare Advantage User - Access to look up member eligibility, look up and submit authorizations, access Optum, and review provider claims.

I am:

PREVIOUS

NEXT

Cancel

EPH Provider Portal - Home Page



You are currently logged in as:
[Messages \(0\)](#) [Profile](#) [Logout](#)

Home Eligibility and Benefits Claims and Payment Authorizations Reports ▾ Service Coordination

Welcome to the **Provider Portal**

This site provides quick access to member eligibility and benefits, claims payment details, and more!

Provider Name:

Provider Phone:



Quick Links

- [Submit Claims](#)
- [Submit Claim Attachments](#)
- [Provider Appeals/Recoupments](#)
- [Amended Authorizations](#)
- [Provider Overpayments](#)
- [Credentialing Process](#)
- [EFT Form](#)
- [Texas Medicaid Provider Enrollment Management System \(PEMS\)](#)
- [Electronic Visit Verification](#)
- [Update Provider Information](#)

Pharmacy MAC List

Contracted pharmacies can readily access the MAC list at any time through the Navitus Health Solutions Website <https://www.navitus.com/>

Contact Us

If you have questions or need assistance, contact the Provider Relations Department at:

915-532-3778
Toll-Free: 1-877-532-3778

Submit:

- Claims
- Authorizations
- Provider Complaints

Verify:

- Member Eligibility
- Claim Status
- Authorization Status

View:

- Remittance Advice
- Rosters
- Other Reports

Service Coordination

- Care Plan
- Assessments
- Quality Measure Performance

El Paso Health Provider Manual

El Paso Health

Provider Manual
CHIP, STAR & STAR+PLUS

1145 Westmoreland Dr.
El Paso, TX 79925
STAR/CHIP Program
1-877-532-3778 Toll Free
www.elpasohealth.com

STAR+PLUS Program
1-833-742-3127 Toll Free

Service Area: El Paso and Hudspeth Counties
(CHIP Programs, STAR Medicaid & STAR+PLUS)

CHIP | TEXAS STAR | TEXAS STAR+PLUS | TEXAS Health and Human Services | URAC

EPHPS8242401 09/2024

The El Paso Health Provider Manual contains information about:

- Policies and Procedures
- Covered services
- Behavioral Health Services
- Quality Improvement Program
- Utilization Management
- Claims Processing Guidelines

Our [Provider Manual](#) can be found on our website at www.elpasohealth.com in the [Provider](#) section.

You may also access the Provider Manual directly at: <http://www.elpasohealth.com/pdf/providermanual.pdf>

Electronic Usages

El Paso Health is encouraging electronic forms of communication. The following items are currently available via electronic platforms:

Web Portal:

- Electronic Claims Submission
- Upload appeals
- Prior authorization submissions and amendments
- Direct Payments (ACH)
 - [EPH EFT Form](#)
- Remittance Advice (RA) Reports
 - [ERA Enrollment Form](#)



Continuity of Care (STAR+PLUS): Transitioning Members

Authorizations (In-Network)

For Members who transition to El Paso Health will continue authorizations of current services in the same amount, duration, and scope for the shortest period of one of the following:

1. Up to six months after the date the Member transfers to El Paso Health
2. Until the El Paso Health Service Coordinators complete all required assessments, develops a SP or ISP, and issues new authorizations.

Service Plans

Members' existing SP or ISP must remain in place until El Paso Health Service Coordinators contact the member or the Member's authorized representative to schedule an assessment and determine if changes to the ISP or needed

Continuity of Care: Transitioning Members (STAR+PLUS) (OON Providers)

Providers (Out-of-Network)

El Paso Health will continue authorizations of current services in the same amount, duration, and scope for the shortest period of one of the following:

1. Members continue to see their current providers, even if they are outside of the health plan's network
2. If a Member request to stay with their current provider who is Out-of-Network (OON), the MCO may seek to obtain a single-case-agreement, OON authorization or similar arrangement with the provider to ensure continuity of care
3. El Paso Health will continue to pay a member's existing **OON provider** for covered services for up to:
 - 90 days for acute care
 - Six months for LTSS
 - Nine months for a member who has been diagnosed with and is receiving treatment for a terminal illness

Member Moves Out of Service Area

EPH requests that the Member contact us if they move or change their address or phone number, even if these changes are temporary. If a Member moves out of the service area, they may no longer be eligible

Pharmacy Benefit Manager

Navitus Health Solutions is El Paso Health's Pharmacy Benefit Manager for our STAR, CHIP, and CHIP Perinate and STAR+PLUS plans. Providers (prescribers and pharmacies) may contact the Navitus Provider Hotline for questions regarding any of the following:

- Prior Authorizations
- Mail Order/Specialty Pharmacy services
- Point of Sale (POS) Claims processing
- Contracting and Credentialing



Navitus Provider Hotline 1-877-908-6023

Hours: 24 hours a day, 7 days a week
(Closed Thanksgiving and Christmas Day)

www.navitus.com

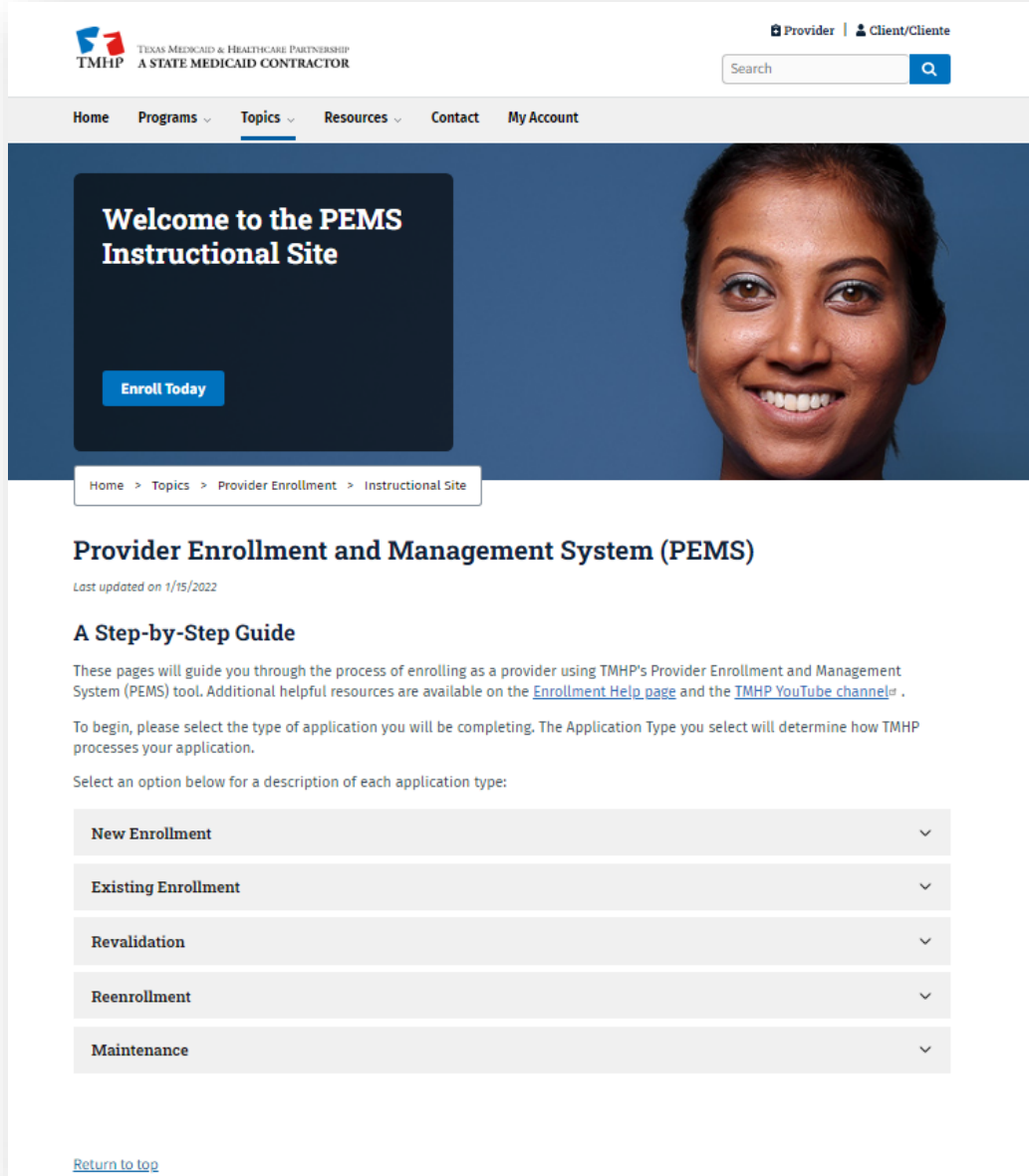
72-Hour Emergency Prescriptions

72-hour emergency overrides for prescriptions apply to:

- non-preferred drugs
 - drugs that are subject to clinical prior authorization
- 72-hour emergency supply allows the pharmacy to dispense a three day supply of medication to allow the prescriber time to submit a Prior Authorization (PA) request.
 - If the prescribing provider cannot be reached or is unable to request a PA, the pharmacy can submit an emergency 72-hour supply override.
 - Pharmacies will be paid in full for 72-hour emergency prescription claims, with no cost to the member.
 - Pharmacies may refer to the [Pharmacy Provider Procedure Manual](#) for additional information and requirements.



Provider Enrollment and Management System (PEMS)



The screenshot shows the TMHP website's PEMS Instructional Site. The header includes the TMHP logo, navigation links (Home, Programs, Topics, Resources, Contact, My Account), and a search bar. The main content area features a large banner with a woman's face and the text "Welcome to the PEMS Instructional Site" with an "Enroll Today" button. Below the banner is a breadcrumb trail: Home > Topics > Provider Enrollment > Instructional Site. The main heading is "Provider Enrollment and Management System (PEMS)" with a sub-heading "A Step-by-Step Guide". The text explains that the pages guide users through enrolling as a provider and provides links to "Enrollment Help page" and "TMHP YouTube channel". It also states that users should select an application type to determine how TMHP processes their application. A list of application types is provided with dropdown arrows:

- New Enrollment
- Existing Enrollment
- Revalidation
- Reenrollment
- Maintenance

At the bottom left, there is a "Return to top" link.

Utilize PEMS system for the following:

- New Enrollment
- Existing Enrollment
- Revalidation
- Re-enrollment
- Maintenance – update demographic information

Log into PEMS account on a monthly basis to ensure accuracy of provider information.

[Provider Enrollment and Management System \(PEMS\) | TMHP](#)

Contact Information

Claudia Aguilar

Provider Relations Representative
Phone Number: 915-298-7198 ext.1049

Jose Chavira

Provider Relations Representative
Phone Number: 915-298-7198 ext.1167

Luz Jara

Provider Relations Representative
Phone Number: 915-298-7198 ext.1021

Liliana Jimenez

Provider Relations Coordinator
Phone Number: 915-298-7198 ext.1018

Vianey Licon

Provider Relations Representative
Phone Number: 915-298-7198 ext.1244

Ernestina Mata

Provider Relations Representative
Phone Number: 915-298-7198 ext.1233

Lizbeth Silva

Provider Relations Representative
Phone Number: 915-298-7198 ext. 1005

Cynthia Moreno

Provider Relations Manager
Phone Number: 915-298-7198 ext. 1044

Provider Relations Department

(915) 532-3778

ProviderServicesDG@elpasohealth.com



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Quality Assurance and Performance Improvement Program & Initiatives

Quality Assurance and Performance Improvement Program

- Pay for Quality (P4Q) 3% Premium at Risk
- HEDIS Hybrid Medical Chart Reviews
- Performance Improvement Projects (PIPs)
- Quality Improvement Committee (QIC)
 - Adverse Events
 - Mortalities
 - Provider and Member Quality of Complaints
- Operations Improvement Committee (OIC)
- HHSC Deliverables
 - Quality Assessment and Performance Improvement Evaluation
 - Administrative Interview Tool
 - Provider Appointment Accessibility and Availability Surveys
- Medical Chart Reviews and Provider Education
- Provider Profiling and Data Analysis

Accessibility and Availability

- Regulatory mandate - Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC)
- **Accessibility:** appointment available within a specific time frame (calendar days)
- **Monitoring Efforts**
 - State-wide secret shopper calls (Senate bill 760)
 - EPH surveys by PR and QI Nurses
- ✓ **Please keep Provider Directories updated!**
 - Specialty Routine Care must be provided within 21 Days



Provider Contract Requirement:

- ***Participation in Quality Improvement initiatives and activities. This includes access and availability surveys.***

HEDIS Season! Get Ready!

- Requests will go out January - February
 - Provider Portal
 - Fax or secure email via PR Representative

• *NCQA Deadline to STOP reviews is May 2, 2025*

- Submission Options

Electronic Options

1. *FTP*
2. *QI Fax*
3. *Secure Email – if you have that option*
4. *Load to CD/Thumb-drive and arrange for pick up or drop off*

Paper Options

1. *Print records and arrange for pick up, mail, or drop off*

Electronic Submission
STRONGLY encouraged!

YES, we do request records from SPECIALISTS! Every record counts!

BPD, CRP

Blood Pressure Control for Patients with Diabetes, Controlling High Blood Pressure

- Include most recent blood pressure (goal <140/90)
- Include B/P taken by member with any digital device for remote monitoring
- If initial BP reading is 140/90 or higher, repeat BP. May take multiple BP readings on same day. When reporting these - take lowest systolic and lowest diastolic reading as the representative BP reading on this visit.

HEDIS measures you may be asked for!

Glycemic Status Assessment for Patients with Diabetes

- Include most recent HbA1c level (goal <8%)
- Ranges & thresholds do not meet criteria. A distinct numeric result is required.
- Re-check glycemic HbA1c later in the year if it is high.

You may not diagnose and treat the patient's diabetes or hypertension BUT, you likely do take their blood pressure and may even order lab work that may include HbA1c.

PLEASE do not disregard these HEDIS requests!
PLEASE submit any records you have!
PLEASE respond to the request even if it is just to report that you do not have records to submit.

Resources on Website

<http://www.elpasohealth.com/providers/quality-improvement-program/>

- Providers
- Contracting and Credentialing
- Out of Network Provider Enrollment
- Provider Enrollment
- Quality Improvement Program**
- Case Management Referral Form
- Texas Health Steps Information for Providers
- Clinical Practice Guidelines
- HHSC Updates for Providers
- Prior Authorization
- Prior Authorization Tool
- Prior Authorization Catalog

- Find a
- How do
- How to
- Complaints a
- Medicaid/CHIP A

Commitment to Quality

El Paso Health's Quality Improvement Program is built upon standards that comply with Texas Department of Insurance (TDI) and HHSC requirements, as applicable. In addition, El Paso Health is accredited by the national accrediting organization URAC and the Quality Improvement Program is consistent with all applicable URAC standards.

Quality Improvement Program

The purpose of El Paso Health's Quality Improvement Program is to continuously improve patient safety and Member outcomes by providing well-coordinated care within a robust network of contracted Providers, invested in providing evidence-based care in a patient-centered environment. The Quality Improvement Program is designed to assure that Members receive care that is consistent with our mission.

Our Quality Improvement Program is designed to improve:

- quality of care for all physical and behavioral health care and services
- member and provider satisfaction
- member safety
- access to services

As part of our commitment to quality, we review a variety of data to track member complaints, safety concerns, quality outcomes, and member and provider satisfaction in order to improve our programs and services to ensure the best quality care is provided. El Paso Health strives to build relationships that strengthen the delivery of healthcare in our community so that we may be the region's trusted community health plan.

- + Clinical Practice Guidelines
- + Access and Availability
- + HEDIS Measure Tip Sheets
- + HEDIS Hybrid
- + Texas Health Steps

Contact Information

Angelica Chagolla
Director of Quality Improvement
915 298 7198 Ext 1165
abaca@elpasohealth.com

Patricia S. Rivera, RN
Quality Improvement Nurse Auditor
915 298 7198 Ext 1106
privera@elpasohealth.com

Astryd Galindo, RN
Quality Improvement Nurse
915 298 7198 Ext 1177
agalindo@elpasohealth.com

Angelica Jimenez
Quality Improvement Nurse
915 298 7198 Ext 1240
Ajimenez@elpasohealth.com



El Paso Health

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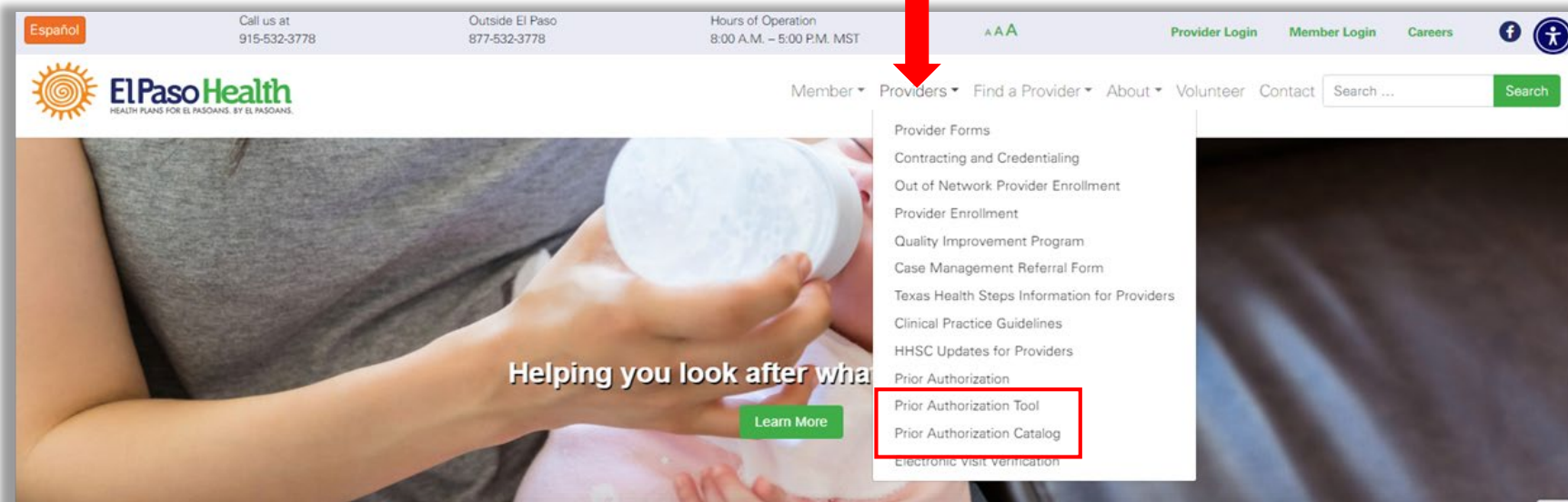
THE HEALTH PLANS OF EL PASO FIRST

Health Services Updates

Prior Authorization Catalog

El Paso Health has developed the Prior Authorization Catalog to help providers determine if a CPT code requires authorization for our STAR and CHIP programs and what supporting documentation you might need.

[Prior Authorization Catalog](#) may be found on our website at www.elpasohealth.com in the Providers tab.



El Paso Health HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.						
Prior Authorization Requirements STAR, CHIP and CHIP Perinatal						
SERVICE CATEGORY						
MEDICAL & SURGICAL SUPPLIES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP,	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

Prior Authorization Tool

- All questions on the table must be answered in order to be able to search for CPT codes.
 - A 'yes' answer to any of the questions will automatically require a prior authorization.
 - Answering 'no' to all questions on the table will prompt the CPT code search query.
- Enter your CPT code and click Search to determine if prior authorization is required for that specific code.
- Providers may search up to four CPT codes at a time.

Please answer all of the following questions to determine if an authorization is needed:

Types of Services	Yes	No
Are services being provided by an out-of-network Provider?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving oral surgery services?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving plastic and reconstructive surgeon services?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving venous surgical procedures/services?	<input type="radio"/>	<input checked="" type="radio"/>

To determine if an authorization is needed enter CPT code below.
 CPT code: 1: 2: 3: 4:

99214 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING

No authorization is required.

97110 - THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY

Authorization is required.

E0445 - Oximeter device for measuring blood oxygen levels non-invasively

No authorization is required, unless the following condition is met
 Conditions: Over \$300 unless Orthotics/Prosthetics which is over \$200

[Prior Authorization Tool and Catalog](http://www.elpasohealth.com) may be found on our website at www.elpasohealth.com in the Providers tab

Authorization Requests & Hours of Operation

EPH is required to accept requests using various methods:

- Electronic – Provider Web Portal
- Fax
 - Outpatient (915)298-7866
 - LTSS (915) 225-3541
- Walk-In/Mail
- Telephonic
 - 915-532-3778 or toll-free 888-532-3778

Authorization are accepted during normal business hours Monday through Friday from 8:00am to 5:00pm (MST).

Essential information

- Fax: Authorizations created approximately 1 hour from time frame of received via fax
- Provider Portal (HEALTHX): Authorizations import approximately 1 hour from time frame after submission
- Verbal: Authorization are not complete until clinicals are submitted and can be reviewed
- Walk – In: Authorization scanned and entered 1 hour from time frame received from receptionist

Essential information required to complete Standard Prior Auth request regardless of method received

Member Name	Member DOB	Rendering Provider Name
Rendering Provider NPI	Requesting Provider Name	Requesting Provider NPI
Services requested (CPT/HCPCS)	Start & End Dates (DOS)	Units*

*Not for surgical procedures

Turnaround Times

What are the turnaround times?

Day received is day zero, turn around time does not begin until next **business** day

- Standard request – 3 business days
- Expedited request – 24 hours
- Retrospective request – 30 days (start date is 5 business days past date received)

*** When requesting additional information, turn around time can be extended up to 14 calendar days**

Member and Provider will receive notification of extension for requesting additional information.

Provider will receive fax.

Member will receive letter in mail.

Peer to Peer Reviews



- Peer to peer reviews are offered prior to an Adverse Determination via fax notification.
- Peer to Peer Reviews can only be held Physician to Physician
- The ordering Physician has 24 hours to schedule a peer to peer review for services

Out of Network Providers



Providers not enrolled in Texas Medicaid are ineligible for reimbursement for services rendered to a member participating in the STAR program.

Providers are subject to non-participating provider authorization and reimbursement guidelines.

Continuity of Care

Newly enrolled members whose health or behavioral condition has been under treatment or whose health could be jeopardized if care is disrupted will be allowed access to OON providers up to a certain period of time in order to ensure continuity of care.

El Paso Health will authorize out-of-network/out-of-area services for continuity of care, quality care and services medically necessary that are not available in El Paso Health provider network



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Case Management

Case Management Program

We are dedicated to promoting the highest quality care available and provide our members with:

- Resources to enhance health education.
- Pregnancy planning.
- Health promotion.
- Education for reproductive age women and adolescents.
- Comprehensive assessments.
- Service Coordination and collaboration with our valued providers.

Our members are encouraged to:

- Discuss available services in detail.
- Obtain education about how to access emergency services, OB/GYN, and specialty care.

Providers may refer members by submitting the [Case Management Referral Form](#) found on our website at www.elpasohealth.com.



Case Management Referrals

CASE MANAGEMENT/SERVICE COORDINATION REFERRAL FORM

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

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

Member Name: _____ Medicaid/CHIP ID #: _____ DOB: _____

Member Contact Number: _____ Member Address: _____

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

HIGH RISK PREGNANCY

BEHAVIORAL HEALTH

ASTHMA

HEART DISEASE

DIABETES

SPECIAL HEALTH CARE NEEDS
(individuals who have a behavioral/medical condition that is expected to last more than 12 months)

SOCIAL WORK/SOCIAL DETERMINANTS OF HEALTH

OBESITY

PRESENTING CONCERN:

Assistance locating covered services

Coordination of care

Non-compliance with treatment plan

Assistance obtaining durable medical equipment/medical supplies (i.e. nebulizer, peak flow meter)

Patient education (i.e. symptom management, self-management strategies, diabetes education)

Assistance accessing treatment for behavioral health diagnosis

Social concerns (i.e. SDOH), please specify concern(s): _____

High risk pregnancy, please specify condition/concern: _____

Access to community resources (i.e. support/advocacy groups, basic needs)

Positive Maternal Depression Screening

Case Management Programs:

- Behavioral Health Case Management
- Disease Management
- OB-Case Management
- Medical Case Management
- Medicare-DSNP Service Coordination
- Complex Medical Case Management

Case managers/Service Coordinators can help:

- Coordinate services with Members' PCP and other community providers or agencies
- Teach Members how to be active participants in their medical care
- Educate Members on their condition and medication
- Identify the needs and strengths of the Member and their family

www.elpasohealth.com/pdf/CaseManagementReferralForm.pdf

Form must be faxed to 915-298-7866,
attention: Case Management



Contact Information

Celina Dominguez

HS Administrative Manager

Phone Number: 915-298-7198 ext.1091

Carolina Castillo

Utilization Management Program Manager

Phone Number: 915-298-7198 ext.1122

Jesus Ochoa

Care Coordination Manager

Phone Number: 915-298-7198 ext.1017

Vianka Sanchez

Director of Health Services

Phone Number: 915-298-7198 ext.1135



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Provider Appeal Process

Submission Requirements

Letter explaining your reason for appeal

Include any supporting information, Example:

- Copy of Remittance Advice
- Medical records (if necessary)
- Proof of Timely Filing
- Any Pertinent Information for Review

Levels of Provider Appeals

Level 1

- Acknowledgment Letter w/in 5 business days
- Resolution Letter w/in 30 calendar days
 - Don't agree with outcome?

Level 2

- Acknowledgment Letter w/in 5 business days
- Resolution Letter w/in 30 calendar days.
 - **Provider Appeals Process has been Exhausted**
 - Don't agree with outcome?

Submit a Complaint to:

- HHSC (STAR)
- TDI (CHIP & Preferred Administrators-EPCH)

Contact Information

Corina Diaz

Complaints and Appeals Manager

(915) 298-7198 ext. 1092

Maggie Rios

Complaints and Appeals Supervisor

(915) 298-7198 ext. 1299

Complaints and Appeals Department

(915) 532-3778

fax: (915) 298-7866



El Paso Health

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Special Investigations Unit (SIU)

SIU Team Purpose

Texas requires all Managed Care Organizations like El Paso Health to establish a plan to prevent and detect Waste, Abuse, and Fraud (WAF).

This plan is carried out by El Paso Health's Special Investigations Unit (SIU).

El Paso Health SIU Team conducts monthly audits of our network providers and members.

We will request Medical records for review to prevent FWA in accordance with Texas Administrative Code.



What We Look For

When we are auditing claims we identify several factors which include:

- Documentation
 - It is important to document time in and out.
- Coding
 - Append the correct required modifiers.
- Authorizations
 - When required, ensure authorization is obtained prior to the services being rendered.
- Frequency
 - Confirm the authorization has not been exhausted.

Medical Records Request

We will send providers the request for medical records as follows:

- 1st request faxed with a 4 week deadline.
- If no response within 2 weeks, 2nd request faxed and provider is called.
 - Given same deadline date as the first request.
- If no response within 1 week, final request faxed and contact with provider is made.
 - Same deadline date as first request.



Please make sure you and/or your Third Party Biller handle a records request with urgency.

Extension may be granted but **must be requested in writing before the Records Request due date. (email is ok)**

[Failure to submit records results in an automatic recoupment that is not appealable.](#)

Date

[Provider Name]

[Provider Mailing Address]

[Provider City, State Zip Code]

RE: **Request for Medical Records – Time Sensitive Response Due**
Plan: **El Paso Health**
Request ID Number: **[Case ID Number]**
Department: **SIU**
Member: **Please see member list at the end of letter**
Response Due: **[Due date]** (30 calendar days for first attempt)

Dear [Provider],

Please accept this as a request for medical records/documentation for the enclosed member(s). The submission of these records will support El Paso Health, with its operational responsibility of oversight of participating partners. Failure to submit records will result in an automatic recoupment that is not appealable.

El Paso Health and any Payor shall have access to Physician's office during normal business hours on request, to inspect, review, and make copies of such records. Physician shall provide, at Physician's expense, copies of such records to authorized representatives of local, State, or Federal regulatory agencies.

El Paso Health as a Payor, is a Covered Entity as defined by HIPAA, and all past and current members are provided with a HIPAA Privacy Notice upon enrollment, therefore, 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 under the Health Insurance Portability and Accountability Act (HIPAA).

Please adhere to the following directions when photocopying, packaging, and mailing the requested records:

1) Complete copies should include specific records to support the services provided. **Send complete records to support the claims billed for each member.** It may include **but not be limited** to the following:

- Physician orders / notes
- Nurse/ attendant notes
- Consultant and other medical reports
- Prior authorization requests and approvals*
- Prescribing records and medication history logs
- DME orders
- Health assessment, plan of care*
- Agreement for services, orientation documentation for attendants, supervisory visit/s*
- Supervision logs, documentation of supervisory visits

Medical Records Request Letter Sample

External Audits

Please keep in mind that **HHSC Office of Inspector General (OIG)** and **Office of Attorney General (OAG)** conduct their own independent audits.

- EPH is not involved with these audits.
- Make sure you check the letterhead to see who is requesting medical records.



Methods to Submit Medical Records

Fax: 915-225-1170

Email: amacias@elpasohealth.com or JHerrera2@elpasohealth.com

Pick Up: -Contact your EPH Provider Relations Rep or the SIU Department to schedule a pick up



Missing Medical Records

It is important to send the entire medical record as requested.

When submitting records, if any detail is left out, the entire claim may be recouped for insufficient documentation.

Some examples include:

- Omitted In/Out Times
- Initial Evaluations
- Medical History



When records are submitted providers will sign an attestation to the number of pages included.

After attestation signature, additional records will not be accepted.

Closing the Review



Providers office will be notified of the audit findings once the review is completed.

You have the right to dispute/appeal the findings within 30 days of notification.

- The dispute/appeal will be handled by the SIU team.
- The review of appeal for the Audit is not handled by the Complaints & Appeals Department or any other department at El Paso Health and should be sent to:

El Paso Health Plan
C/O SIU Department
P.O. Box 971100
El Paso, TX 79997

- **You may not dispute claims for which you did not provide any documentation.**

After 30 days or the appeal review, EPH will begin recoupments via claims adjustments unless the provider requests to send a check or set up a payment plan.

SIU Contact Information

When in
doubt,
reach out!

Vanessa Berrios, Director of Compliance
(915) 298-7198 ext.1040
vberrios@elpasohealth.com

Alina Macias, SIU Claims Auditor
(915) 298-7198 ext. 1108
amacias@elpasohealth.com

Jennifer Herrera, SIU Assistant
(915) 298-7198 ext.1228
jherrera2@elpasohealth.com

Waste, Fraud, Abuse Hotline: [\(866\) 356-8395](tel:(866)356-8395)



El Paso Health

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Member Services Department

Behavioral Health Crisis Line

El Paso Health offers STAR and CHIP members a crisis line for assistance with behavioral health.

- Crisis Line staff is bilingual
- Interpreter services are available, if needed
- Open 24 hours a day, 7 days a week

STAR **1-877-377-6147**

CHIP **1-877-377-6184**

STAR+PLUS **1-877-377-2950**



Nurse Line (FirstCall)

FIRSTCALL Medical Advice Infoline



What is the FIRSTCALL Medical Advice Infoline?

FIRSTCALL Medical Advice Infoline is for El Paso Health Members, provided at no-cost. When you call FIRSTCALL, you will receive immediate information to take care of your medical or health concerns.

Who can call?

STAR, STAR+PLUS, CHIP, and CHIP Perinatal Members of El Paso Health or their care-givers.

When can I call?

You can call anytime. The FIRSTCALL Medical Advice Infoline is available 24 hours a day, 7 days a week.

Who will answer my call?

Your call will be answered by a nurse or pharmacist. The information is available in English or Spanish. Interpreter and TTY services are available.

How does it work?

When you call FIRSTCALL Medical Advice Infoline, you will speak to a healthcare professional who will ask you basic questions, such as, "Why are you calling? What is your medical condition? What medications are you taking?" Depending on your answers, the healthcare professional will be able to assist you and provide you with the appropriate advice.

Non-Emergent Medical Transportation (NEMT) Services

Access2Care, an El Paso Health Partner, may be able to help STAR members with Non-Emergent Medical Transportation (NEMT) to Medicaid Services, to include:

- Public transportation



- A taxi or van service



- Money to purchase gas



- Commercial transit



- To request transportation, members must call Access2Care at 1-844-572-8196 (STAR &CHIP members) or 1-855-584-3530 (STAR+PLUS members).
- Arrangements must be made at least two days before appointment or five days before is appointment is outside the county.
- Phones are answered 24 hours a day, 7 days a week, 365 days a year.

Non-Emergent Medical Transportation (NEMT) Services, cont.

Members must include the following when calling Access2Care:

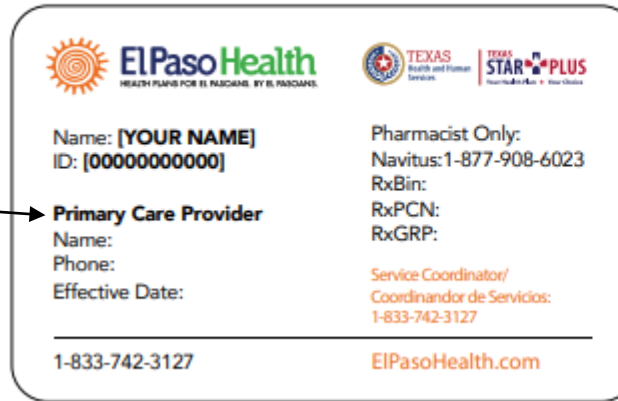
- Address and phone number where appointment will take place with exact date & time.
- Name of the physician they will be seeing.
- Address and phone number of where they need to be picked up and can be reached.
- Arrangements must be made by the assigned Case Name.
- Provide details of what they will need. (Lodging, meal assistance, gas reimbursement etc.)

**If the member does not call within the set timeframes, they will be directed back to the Plan and it will delay the arrangements.

STAR+PLUS ID cards

El Paso Health Identification Card

STAR+PLUS members with only Medicaid(non-dual) will reflect the PCP on the ID card:



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TEXAS Health and Human Services | **TEXAS STAR+PLUS**
Your Health Plan • Your Choice

Name: [YOUR NAME]
ID: [0000000000]

Primary Care Provider
Name:
Phone:
Effective Date:

Pharmacist Only:
Navitus: 1-877-908-6023
RxBin:
RxPCN:
RxGRP:

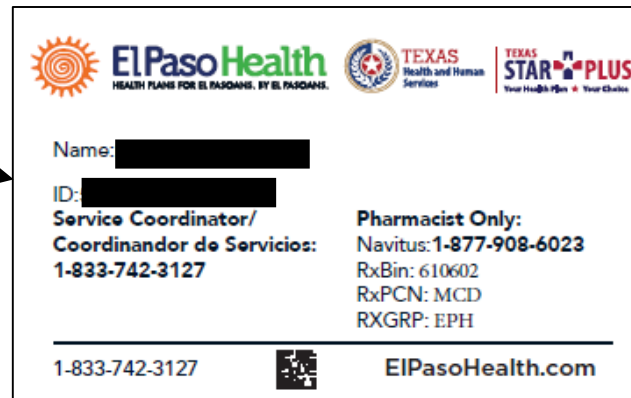
Service Coordinator/
Coordinador de Servicios:
1-833-742-3127

1-833-742-3127 ElPasoHealth.com

Member Services: 1-833-742-3127
Available 24 hours a day/7 days a week
Nurse Hotline: 1-844-549-2826 Available 24 hours a day/ 7 days a week
Behavioral Health: 1-877-377-2950
In case of an emergency, call 911 or go to the closest emergency room.
After treatment, call you PCP within 24 hours or as soon as possible.
Medicaid recipients who are also eligible for Medicare only have Long Term Services and Supports through El Paso Health.

Servicios para Miembros: 1-833-742-3127
Disponibles 24 horas al día/7 días de la semana
Nurse Hotline: 1-844-549-2826 Available 24 hours a day/ 7 days a week
Servicios de Salud del Comportamiento: 1-877-377-2950
En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana.
Después del tratamiento, llame a su PCP dentro de 24 horas o tan pronto como sea posible. **Beneficiarios de Medicaid que también son elegibles para Medicare solamente tienen Servicios y Apoyo a Largo Plazo con El Paso Health.**

Dual STAR+PLUS members will not reflect a PCP; their PCP will be selected through their Medicare plan.




El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

TEXAS Health and Human Services | **TEXAS STAR+PLUS**
Your Health Plan • Your Choice

Name: [REDACTED]
ID: [REDACTED]

Service Coordinator/
Coordinador de Servicios:
1-833-742-3127

Pharmacist Only:
Navitus: 1-877-908-6023
RxBin: 610602
RxPCN: MCD
RXGRP: EPH

1-833-742-3127  ElPasoHealth.com

Healthy Rewards / STAR/CHIP Value Added Services

A Great Health Plan Comes With Healthy Rewards.

HEALTHY REWARDS*	MEMBER BENEFIT	CHIP MEMBER	HEALTHY REWARDS*	MEMBER BENEFIT	CHIP MEMBER
Members have 24-hour, 7-day-a-week access to FIRSTCALL, a 24-hour medical advice line staffed by nurses, pharmacists, and a medical director on call.	✓	✓	Program members can receive: • A free portable car seat or a crib and a baby shower or 8 Free Health. • A First Steps Baby Shower including a diaper bag, a starter supply of diapers, and other items for the baby. • Gift cards for completing prenatal visits and after confirmation of those visits for a 42-day of prenatal visit. • \$25 - 1st prenatal visit. • \$25 - 6th prenatal visit. • \$25 - Full start during pregnancy. • \$25 - 6th prenatal visit within 7 to 84 days of delivery.	✓	✓
A free ride service to help you get to medical appointments, health education classes or Member Advisory Group meetings if that cost is covered under the Non-emergency Medical Transportation (NEMT) benefit.	✓	✓	Program CHIP Member age 19 or older can receive four additional prenatal counseling/meal planning services to receive a \$25 Walmart gift card for healthy food related items.	✓	✓
Two free visits from the EPH Literacy Program for members in speech therapy.	✓	✓	Program STAR Members age 21 or older can receive four additional prenatal counseling/meal planning services to receive a \$25 Walmart gift card for healthy food related items.	✓	✓
Program members 21 or older can receive up to \$300 each year for dental checkups, x-rays, root canal cleaning, fillings, and extractions.	✓	✓	Members have a leading screening support visit for pregnant members with high risk pregnancies that receive specialized interventions.	✓	✓
Members 20 and younger, for contact lenses and glasses (new and broken) members receive up to \$125 above the Medicaid/CHIP benefit.	✓	✓	A \$25 "EPH Food for the Heart" gift card for new members after completing a new member orientation with E Paso Health.	✓	✓
Members 21 years and older, for contact lenses and glasses (new and broken) members receive up to \$150 above the Medicaid benefit, once every 24 months.	✓	✓	Members 18 or younger can receive four additional nutrition/dietary counseling and meal planning services above the CHIP benefit.	✓	✓
\$25 gift card which includes a First Aid kit and a \$25 Walmart gift card for health related items, for new members who complete the request form and send by return mail within 30 days of enrollment.	✓	✓	Members 20 or younger can receive four additional nutrition/dietary counseling and meal planning services above the Medicaid benefit.	✓	✓
Members between the ages of 6 and 18 can get a free sports physical each year.	✓	✓	Allow "EPH Stay Safe Kit" that includes 2 washable and reusable cloth masks, 2 mask covers, 4 disposable masks, gloves, hand sanitizer, foreheader, healthy tips on hand-washing and sanitizing wipes.	✓	✓
One a day free pill box for members who are enrolled in the Adverse Disease Management Program.	✓	✓	A \$20 gift card is offered to members age 21 and older who get an annual preventative wellness exam.	✓	✓
"Virtual Connect by E Paso Health" is a service that provides face-to-face virtual visits for members with social determinants of health or complex conditions, such as high-risk pregnancies, behavioral, or medical conditions that require specialized interventions.	✓	✓	A \$25 Walmart gift card is offered to members 18 years and younger who complete a follow-up health report at hospital days. Members can receive one Walmart gift card per year.	✓	✓
A Call Me Kit that includes calling steps, post-it fatigue stickers, and fatigue stickers is offered to members age 6 through 12 years with a prescription dispensed for ADHD medication and who complete a follow-up visit with a provider with prescribing authority within 30 days. Members can receive one Call Me Kit per year.	✓	✓	A \$25 Walmart gift card is offered to members 20 years and younger who complete a follow-up psychiatric visit within 7 days of a behavioral health report at hospital days. Members can receive one Walmart gift card per year.	✓	✓
A \$15 gift card for members 20 and younger who complete a Texas Health Steps check-up online.	✓	✓	Up to \$25 discount off any sport, team, or camp registration fee at participating YMCA's once every 12 months.	✓	✓
A \$15 gift card for members ages 3 to 19 who get a check-up online.	✓	✓			

For questions or doctor information: 877-532-3770
TTY line for people with a hearing or speech disability: 855-532-3740

Help for mental health, drug, or alcohol problems: 877-377-6164
For prescription or medical information: 877-532-3778

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Un Buen Plan De Salud Tiene Recompensas Saludables.

RECOMPENSAS VALIOSAS*	MEMBRO BENEFICIO	MIEMBRO CHIP	RECOMPENSAS VALIOSAS*	MEMBRO BENEFICIO	MIEMBRO CHIP
Los miembros tienen acceso las 24 horas del día y los 7 días de la semana a FIRSTCALL, una línea gratuita de apoyo de salud médica por enfermeras, farmacéuticos y un director médico de turno.	✓	✓	Los miembros con hijos pueden recibir: • Un carrito de bebé o una cuna y un regalo para bebé de 8 Paso Health. • Una fiesta de regalos para bebés de First Steps, que incluye una portadora, un suministro de pañales y otros artículos para bebés. • Tarjetas de regalo por completar o las consultas prenatales y después de la confirmación de los consultas prenatal o \$25 - 1ra consulta prenatal en los 42 días siguientes a la inscripción. • \$25 - 1ra consulta prenatal. • \$25 - 6ta visita prenatal. • \$25 - Inicio consulta prenatal. • \$25 - Inicio consulta prenatal durante el embarazo. • \$25 - Una consulta postparto a tiempo 7 a 84 días después de parto.	✓	✓
Un servicio de transporte gratuito para ayudarle a asistir a las visitas de doctores o a clases de educación en salud o a reuniones del grupo de miembros que no están cubiertas por el beneficio de transporte médico que no sea de emergencia.	✓	✓	Los miembros embarazados de CHIP pueden recibir hasta \$300 al año para chequeos prenatales, odontología, limpieza de oídos, apósitos y extracciones.	✓	✓
Dos libros gratuitos del programa de alfabetización de EPH para miembros en tiempo de lectura.	✓	✓	Miembros de 20 años o menos, para los días de contacto prenatal (nuevas y embarazadas), los miembros reciben hasta \$25 aparte del beneficio de Medicaid/CHIP.	✓	✓
Los miembros mayores de 21 años o más pueden recibir hasta \$300 al año para chequeos dentales, odontología, limpieza de oídos, apósitos y extracciones.	✓	✓	Miembros de 21 años o más, para los días de contacto prenatal (nuevas y embarazadas), los miembros reciben hasta \$25 aparte del beneficio de Medicaid/CHIP.	✓	✓
Miembros de 20 años o menos, para los días de contacto prenatal (nuevas y embarazadas), los miembros reciben hasta \$25 aparte del beneficio de Medicaid/CHIP.	✓	✓	Valor adicional de apoyo a la crianza de la familia para miembros que participan en programas de apoyo que requieren intervención especializada.	✓	✓
Miembros de 21 años o más, para los días de contacto prenatal (nuevas y embarazadas), los miembros reciben hasta \$25 aparte del beneficio de Medicaid/CHIP.	✓	✓	Una tarjeta de alimentos gratuita de \$25 de "EPH Food for the Heart" para los miembros nuevos después de completar una orientación para nuevos miembros con E Paso Health.	✓	✓
Un programa de regalo de \$25, que incluye un kit de primeros auxilios y una tarjeta de regalo de Walmart de \$25, para los miembros que llenan la solicitud para ese beneficio y la envían por correo a más tardar 30 días después de inscripción.	✓	✓	Los miembros de 18 años o menos pueden recibir hasta cuatro servicios adicionales de planificación de comidas y asesoramiento sobre nutrición/alimentación además del beneficio de CHIP.	✓	✓
Los miembros de entre 6 y 18 años pueden recibir un descuento en el seguro de fútbol para actividades deportivas.	✓	✓	Los miembros de 20 años o menos pueden recibir hasta cuatro servicios adicionales de planificación de comidas y asesoramiento sobre nutrición/alimentación además del beneficio de Medicaid.	✓	✓
Una tarjeta de atención psicológica para los miembros inscritos en el Programa de Control del Estrés.	✓	✓	Un "Kit de EPH Stay Safe" gratuito que incluye 2 mascarillas de tela lavables y reutilizables, 2 kits de manos para uso único, 4 mascarillas desechables, guantes desechables para manos, termómetro, termómetro para la boca para la temperatura y alcohol.	✓	✓
"Virtual Connect by E Paso Health" es un servicio que brinda visitas virtuales cara a cara para miembros con determinantes de salud o condiciones complejas como embarazos de alto riesgo, diabetes conductuales o médicos que requieren intervención especializada.	✓	✓	Se ofrece un kit de regalo de \$20 a los miembros de 6 a 12 años que completan un examen de salud preventivo anual.	✓	✓
Se ofrece un Kit que incluye llamadas, Call Me Post-it y Tarjetas de Alfabetización para los miembros de 6 a 12 años de edad con una prescripción para medicamentos para el ADHD y que completan una visita de seguimiento con un médico con autoridad de prescripción dentro de los 30 días de inscripción.	✓	✓	Se ofrece un kit de regalo de \$20 a los miembros de 21 años o más que reciben un examen de salud preventivo anual.	✓	✓
Una tarjeta de regalo de \$15 para los miembros de 18 años o más que completan un examen de salud preventivo anual.	✓	✓	Tarjetas de regalo de \$25 para Walmart para miembros de 18 años o más que completan un examen de salud preventivo anual.	✓	✓
Una tarjeta de regalo de \$15 para los miembros de 20 años o más que completan un examen de salud preventivo anual.	✓	✓	Tarjetas de regalo de \$15 para Walmart, para miembros de 20 años o más que completan un examen de salud preventivo anual.	✓	✓
Una tarjeta de regalo de \$15 para miembros de 20 a 19 años que no tengan un diagnóstico de tiempo.	✓	✓	Hasta \$25 de descuento por cualquier tarifa de inscripción para deportes, clases de natación, o cualquier otro en los YMCA's que están participando, una vez cada 12 meses.	✓	✓

Para preguntas sobre los servicios de médicos: 877-532-3770
Línea de TTY para personas con discapacidad de la cadena de teléfono: 855-532-3740

Ayuda para la salud mental, o problemas con el consumo de drogas o alcohol: 877-377-6164
Preparación sobre las recetas médicas y medicamentos: 877-532-3778

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Ayuda para la salud mental, o problemas con el consumo de drogas o alcohol: 877-377-6164
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Healthy Rewards (STAR+PLUS) Value Added Services

<https://www.elpasohealth.com/starplus/documents/EPHSP-VAS-comparative-chart-ENGSPAN.pdf>

El Paso Health STAR+PLUS Value Added Services 2024	At Home		Nursing Facilities	
	Medicaid Only	Dual	Medicaid Only	Dual
 Help Getting a Ride A free ride service to help you get to appointments, health education classes, non-medical drivers of health locations, or Member Advisory Group meetings that are not covered under the NEMT benefit.	✓	✓	N/A	N/A
 Dental Services Dual eligible members receive up to \$2,000 each year for dental check-ups, x-rays, cleanings, filling and simple tooth extractions for members 21 and older for STAR+PLUS non-HCBS waiver members. Medicaid only members receive up to \$600 each year for dental check-ups, x-rays, and cleanings (no extractions) for members 21 and older.	✓ \$600 allowance	✓ \$2,000 allowance	✓ \$600 allowance	✓ \$2,000 allowance
 Extra Vision Services Medicaid only members get \$150 allowance every two years to be used on one pair of eyeglasses (lenses and frames) or contact lenses and get one routine eye exam every two years. Dual eligible members receive a \$300 yearly allowance and get one routine eye exam per year.	✓ \$150 biennial allowance	✓ \$300 annual allowance	✓ \$150 biennial allowance	✓ \$300 annual allowance
 Extra Foot Doctor (Podiatry) Services Additional routine foot doctor (podiatry) visits each year.	N/A	✓ 12 visits	✓ 4 visits	✓ 12 visits
 Discount Pharmacy / Over-the-Counter Benefits Up to \$140 once a year. \$35 gift card every three months for over-the-counter medicines and other medical or health-related supplies not covered by Medicaid, upon request.	✓	✓	N/A	N/A
 Temporary Phone Help El Paso Health Members ages 18 years and older eligible for the Federal Lifeline Program is offered at no cost to the member the exclusive El Paso Health Unlimited Plan that includes: An Android Smartphone, Unlimited Calling, Unlimited Text, Unlimited Data.	✓	✓	✓	✓
 Emergency Response Services (ERS) Emergency response services for STAR+PLUS non-HCBS waiver members age 21 and older.	✓	✓	N/A	N/A
 Home Visits Up to an extra 40 hours respite services for STAR+PLUS non-HCBS waiver members age 21 and older.	✓	✓	N/A	N/A

El Paso Health STAR+PLUS Value Added Services 2024	At Home		Nursing Facilities	
	Medicaid Only	Dual	Medicaid Only	Dual
 Extra Hearing Services Hearing aid allowance limited to \$2,000 every year.	N/A	✓	N/A	✓
 Healthy Eats Program Diabetic STAR+PLUS Non-HCBS waiver members can participate in the Healthy Eats Program and receive a \$50 gift card each quarter to obtain nutritious food.	✓	✓	✓	N/A
 Delivered Meals Receive up to 14 healthy meals delivered to their home after being discharged from a hospital or nursing facility for STAR+PLUS non-HCBS waiver members 21 and older.	✓	✓	N/A	N/A
 Meal Planning Four additional nutritional counseling/meal planning services for diabetic STAR+PLUS non-HCBS waiver members 21 and older.	✓	✓	N/A	N/A
 Health Get Fit Program or a Home Fitness Kit STAR+PLUS Non-HCBS waiver members have a choice of the El Paso Health Get Fit Program at the YMCA or a home fitness kit, or both.	N/A	✓	N/A	✓
 Care Kit Receive a free personal blanket, skid proof socks, an accessory tote bag, and a large print digital clock.	N/A	N/A	N/A	✓
 Gift Programs Members are eligible to receive a \$25 gift card as a Thank You from El Paso Health for completing the following Preventative Screenings: <ul style="list-style-type: none"> •\$25 gift card for members after completing an annual wellness exam each year. •\$25 gift card for members that get an annual flu shot and COVID-19 vaccine. •\$25 gift card for members who have a follow-up doctor visit within 30 days of getting out of the hospital once a year. •\$25 gift card for members after completing an HbA1c blood test each year. •\$25 gift card for members after completing a diabetic eye exam each year. • \$25 gift card for female members ages 21-64 who get a recommended cervical cancer screening once every three years. •\$25 gift card for members that complete a doctor follow-up visit within 30 days of hospital discharge for a mental illness condition. Limit one gift card every 30 days. 	✓	✓	✓	✓

Cultural Competency

Cultural Competency Training

El Paso Health facilitates provider orientation sessions to promote our Cultural Competency Plan to educate network Providers about culturally competent services. This education assists in avoiding disparities in the delivery of medical services to the diverse populations of the El Paso SDA. El Paso Health's Cultural Competency Plan is available to El Paso Health Network Providers in written form, when requested. Our Provider Manual includes a section on cultural competency and we have also provided a Training video for you.

Click on the links below to review the Cultural Competency Training and fill out the online form for attestation of completion.

- [Cultural Competency Annual Training Presentation- pdf version](#)
- [Cultural Competency Annual Training Presentation - video](#)

Medical Provider/Group Name*

Tax ID*

Phone* format:9151231234

Email*

Form Completed By*

Position Title*

Date*

Training Confirmation*

The Provider Cultural Competency Training has been completed by the Provider Group above.

Submit

*These fields **MUST** be filled out to register.

El Paso Health believes in the importance of providing services in the language of choice for our members. We recognize the importance of clear communication with your patients and committed to assisting you through interpreter services.

Cultural Competency Training is available to our providers on our website www.elpasohealth.com in the [Providers Tab](#) under Provider Quality Information.

You can also directly access our Cultural Competency Training at the link below:

<https://www.elpasohealth.com/cultural-competency-training/>



Prohibitions on Balance Billing

Members cannot be held liable for any balance related to covered services.

Network Providers and Out-of-Network Providers are prohibited from billing or collecting any amount from a Member for covered services.

According to Section 1.6.10, Billing Clients from Provider Enrollment and Responsibilities from the Texas Medicaid Provider Procedures Manual: Vol.1:

'Providers cannot bill nor take recourse against eligible clients.'



Third Party Liability-Medicaid Managed Care Provider Requirements

Third Party Liability – Medicaid Managed Care Provider Requirements

- The Texas Health and Human Services Commission (HHSC), Office of Inspector General-Third Party Recoveries division (OIG-TPR) has recently seen a high number of escalations due to a Medicaid provider refusing to see a Medicaid Member because the Medicaid Member has other health insurance.
- Providers who participate in Texas Medicaid may not refuse services to eligible Medicaid Members due to potential other health insurance coverage. Additionally, providers are reminded that Medicaid-eligible Members cannot be held responsible for charges exceeding a third-party liability (TPL) payment for services covered by Texas Medicaid.
- If the TPL pays less than the Medicaid managed care amount, providers should submit a claim to the Texas Medicaid MCO for any additional allowable reimbursement.

Benefit Limitations and Exclusions

Some covered services may have limitations or require a prior authorization.

There are certain services that are excluded from the covered benefits for STAR and CHIP members. Examples of exclusions include, but are not limited to, the following:

- Elective surgery to correct vision
- Prostate and mammography screening
- Immunizations solely for travel
- Custodial care
- Personal comfort items (e.g./ telephone, newborn infant photographs)
- Elective abortions
- Gastric procedures for weight loss
- Cosmetic surgery (solely cosmetic purposes)
- Contraceptive medication (Family Planning for CHIP only)
- Over-the-counter medications



Contact Information

- STAR & CHIP: 915-532-3778 or toll-free 1-877-532-3778
- STAR+PLUS: 1-833-742-3127

Please listen to all options and select the appropriate prompt.

Contact Information

Nellie Ontiveros

Member Services Director

(915) 532-3778 ext. 1112

Robert Sepulveda

Member Services Manager

(915) 532-3778 ext. 1055



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C.A.R.E. Solutions and Health Equity

EPH is part of the Community Partner Program

In an effort to assist our members with their Medicaid/CHIP re-enrollments, El Paso Health applied with HHSC to become a Community Partner Program site. Several of our employees underwent certification and training to become Case Assistance Navigators. This allows us to assist with the application process.

If you have EPH members inquiring about their coverage or renewals, feel free to direct them to call us or visit our website to make an appointment. We have designated appointment dates and times throughout the week dedicated to assisting with this process.

WILL YOUR MEDICAID BENEFITS END SOON?!

El Paso Health can help update your account - and maintain or transition your plan!

MAKE AN APPOINTMENT

EPHM6452301



Call or Visit
El Paso Health
for more info.

915.532.3778
toll free 1.877.532.3778

www.elpasohealth.com/MakeAnAppointment

Health Equity Unit

According to CMS, Health Equity means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcome.

El Paso Health is committed to eliminating barriers to improve and maintain our member's health. The implementation of the Health Equity Unit to address **Non-Medical Drivers of Health (NMDOH)** also commonly known as **Social Determinants of Health**, will help us identify disparities related to the following:

- **Transportation**
- **Housing**
- **Utilities**
- **Food**
- **Education**
- **Income/Job**
- **Environment and Safety**

NMDoH and Z-Codes



- Addressing NMDoH is a critical factor in reducing health care disparities.
- Providers can assist and support patients facing social challenges by:
 - inquiring about their social history,
 - providing guidance, and
 - referring them to support services, including referrals to El Paso Health.
- El Paso Health encourages the documentation of patient/member social needs identified during the appointment or assessment.
- El Paso Health encourages the submission of appropriate ICD10 z-codes when NMDoH needs are identified.
- Clinical Practice Guideline (List of Z codes)

<http://www.elpasohealth.com/pdf/Social%20Determinants%20of%20Health%20Clinical%20Practice%20Guideline.pdf>

Please take this survey!

We want to understand YOUR process for
assessing and assisting members with Non-Medical Drivers of Health.



C.A.R.E. Solutions Department

Gabriela Mendoza

Health Equity Supervisor

Phone Number: 915-298-7198 ext. 1076

Rosalinda Medina

C.A.R.E. Solutions Director

Phone Number: 915-298-7198 ext. 1161



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Claims Reminders

Electronic Payer Identifications

Availity / TPS Payer Identifications	
El Paso First Health Plans Premier Plan STAR Medicaid HMO	EPF02
El Paso First Health STAR+PLUS	EPF02
El Paso First Health CHIP	EPF03
El Paso First Health Plan HCO Healthcare Options	EPF37
Preferred Administrators (UMC)	EPF10
Preferred Administrators Children's Hospital (EPCH)	EPF11
El Paso Health Advantage Dual SNP	EPF07

Timely Filing Reminder

STAR, CHIP, CHIP Perinate, STAR+PLUS	
First Time Claims	95 Days from Date of Service
Corrected Claims	120 Days from Previous Claim Paid Date


Coordination of Benefits

Providers are required to meet all Primary Insurance billing requirements prior to billing secondary insurance.

- El Paso Health will not process as a primary carrier if the services qualify for coverage through a primary insurance, unless:
 - Services have not been allowed or were denied by the primary carrier

The remittance advice of the primary carrier should clearly reflect the denial.

****Note: Under federal rules, Medicaid agencies must be the payer of last resort.****



**BlueCross BlueShield
of North Carolina**
An independent licensee of the Blue Cross and Blue Shield Association.

Explanation of Benefits
December 01, 2011 This is not a bill.

Subscriber information

First: John A
Last: Doe
ID: W1234567891
Blue Options Plan

Need more information?

Find answers online at mybcbsnc.com

Customer Service (Monday-Friday, 8 a.m. - 9 p.m. EST) 1-888-234-2416
Servicio al Cliente (Lunes - Viernes, 8 a.m. - 9 p.m. EST) 1-888-234-2416

Benefit Year Summary - For benefit period starting 01/01/2011

Blue Options Plan	In-Network Deductible		Out-of-Network Deductible		In-Network Out-of-Pocket		Out-of-Network Out-of-Pocket	
	Plan's Maximum	Amount Satisfied	Plan's Maximum	Amount Satisfied	Plan's Maximum	Amount Satisfied	Plan's Maximum	Amount Satisfied
John A	\$700.00	MET	\$1,400.00	\$0.00	\$3,210.00	\$0.00	\$6,420.00	\$0.00
Jane B	\$700.00	\$0.00	\$1,400.00	\$0.00	\$3,210.00	\$0.00	\$6,420.00	\$0.00
Joe C	\$700.00	\$0.00	\$1,400.00	\$0.00	\$3,210.00	\$0.00	\$6,420.00	\$0.00
Family	\$2,100.00	\$700.00	\$4,200.00	\$0.00	\$9,630.00	\$0.00	\$19,260.00	\$0.00

These benefits require you and/or your family to reach payment maximums, labeled "Plan's Maximum" before your plan pays a greater share of the cost. These maximums can be reached in two ways: when you've satisfied your individual maximums, or when your family has met its maximums. Payments made by members are credited both to their individual Amount Satisfied and to the family's, up to the individual maximum amount. Individual maximum requirements are waived when your family maximum is reached. The amount satisfied column will read "Met" if an individual or family maximum is satisfied.

Additional Information

Please save this form for your tax records. Your balance may not reflect any prior payments made by you or another insurance company.

The information listed in the "Benefit Year Summary" section indicates the most current benefit period information on your plan as of the date of this notice. The "Amount Satisfied" will reflect the total amount applied throughout your plan's benefit period, which may include amounts applied before and after any changes in benefits or dependents covered throughout the current benefit period.

Para obtener asistencia en español, comuníquese con el departamento de servicio al cliente al número que aparece al respaldo de su tarjeta del seguro.


Patient: John A. Doe # W1234567891

Medical Services Detail	Your Provider Billed	Member Benefit			Amount Your Provider May Bill You					Reason Code (See below)	
		Allowed Amount	Member Savings	Your Plan Paid	Copayment	Deductible	Coinsurance	Other Liability	TOTAL		
Claim #: 01-102510-046-40											
Provider: JOHN SMITH Date(s): 11/21/2011-11/21/2011	\$875.00	\$600.00	\$275.00	\$0.00	\$0.00	\$600.00	\$0.00	\$0.00	\$600.00		
Service: MEDICAL CARE											
Provider: JOHN SMITH Date(s): 11/21/2011-11/21/2011	\$150.00	\$100.00	\$50.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00		
Service: LABORATORY											
Provider: JOHN SMITH Date(s): 11/21/2011-11/21/2011	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00	\$50.00	ENB	
Service: SUPPLIES											
Total for Claim # 01-102510-046-40	\$1,075.00	\$700.00	\$325.00	\$0.00	\$0.00	\$700.00	\$0.00	\$60.00	\$760.00		

What our codes mean

ENB Claim denied. Service is not covered for either the primary diagnosis or service code listed. May resubmit if other covered diagnosis or service codes apply. Claim will be reopened upon receipt of requested information within one year of denial.

Page 1 of 1

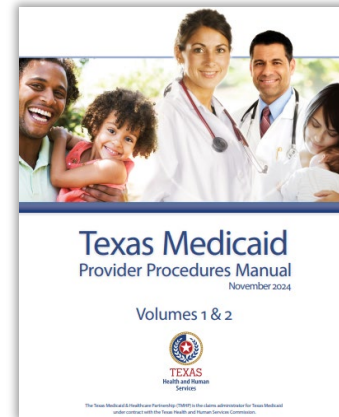


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Claim Resources & Reminders

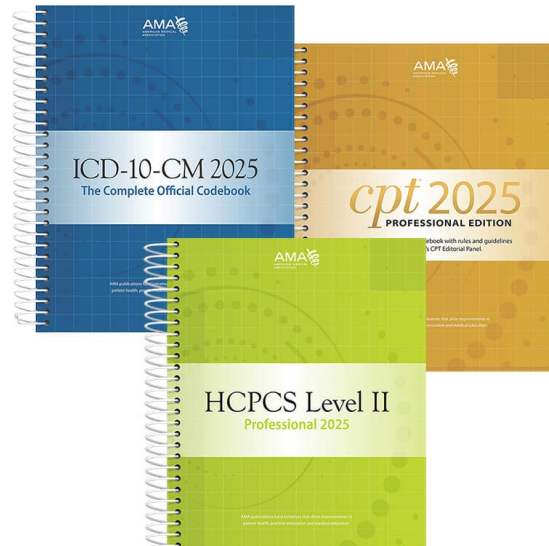
[Texas Medicaid Provider Procedures Manual](#) - The *Texas Medicaid Provider Procedures Manual* is updated on a monthly basis, and is available in both PDF and HTML formats.

- Includes Billing Guidelines for Medicaid Services
- Authorization Requirements
- Diagnosis Limitations
- Benefit Limitations



Remember to Code to the highest degree of Specificity. Chronic conditions should be coded as Primary.

- ICD-10 Books
- HCPCS Books
- CPT Books



Contact Information

Patricia Diaz

Claims Director

(915) 298-7198 ext. 1299

Adriana Villagrana

Claims Manager

(915) 298-7198 ext. 1097

Diana Carreon

Manager of Claims Projects

(915) 298-7198 ext. 1190



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For more information:



(915) 532-3778



www.elpasohealth.com

