



**El Paso Health**

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

## **STAR+PLUS Long-Term Services and Supports (LTSS)**

# El Paso Health Website

The screenshot shows the El Paso Health website homepage. At the top left is the El Paso Health logo with the tagline "HEALTH PLANS FOR EL PASOANS. BY EL PASOANS." To the right are navigation links: "Member Benefits", "Member Support", "Providers", "Find a Provider" (in an orange button), and "Member Log In" (in a white button with an orange border). The main content area features the heading "A Local Health Plan" followed by "Health Coverage you need" in a large blue font. Below this is a sub-headline: "El Paso Health is a local, non-profit health plan serving El Paso and Hudspeth counties." To the right of the text is a large image of a woman with a child on her shoulders, with a large orange sun graphic behind them. Below the main heading are four program cards: 1. "STAR" with a photo of a pregnant woman and text: "For pregnant women, children and anyone who gets TANF." 2. "CHIP" with a photo of a boy and girl and text: "For children age 18 and under who are not eligible for Medicaid and don't have health coverage." 3. "STAR+PLUS" with a photo of a woman in a wheelchair and text: "A managed care program for people who have disabilities or are age 65 or older." 4. "Medicare Advantage" with a photo of an older man and text: "Health Plans for Medicare Beneficiaries".

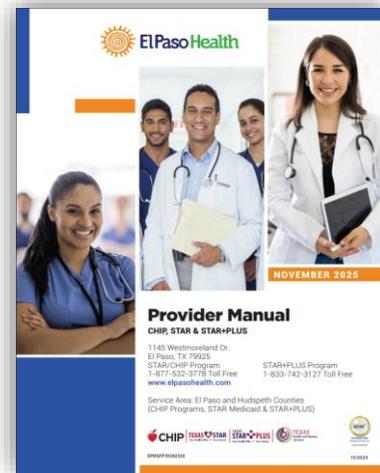
<https://www.elpasohealth.com/>

# Provider Manual & Provider Directories

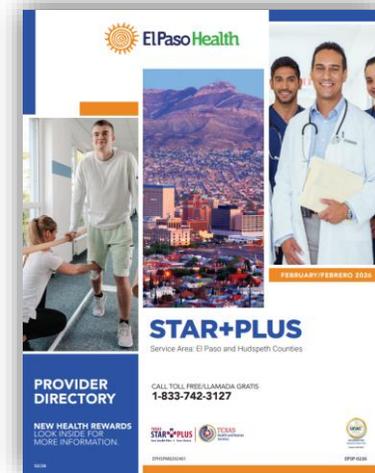
The El Paso Health **Provider Manual** and **Provider Directories** are available in our website [www.elpasohealth.com](http://www.elpasohealth.com) in the following formats.

- **Print:** available for pick up at our office or mailed to members upon request
- **Online:** a PDF version is available for viewing or for printing on our website

In addition, we have an interactive [Provider Online Lookup](#) option, available in our website to search for in-network providers by specialty, location and program.



[CHIP, STAR, STAR+PLUS  
Provider Manual](#)



[STAR+PLUS  
Provider Directory](#)

# EPH Provider Portal - Home Page



The screenshot shows the EPH Provider Portal Home Page. At the top, there are four logos: El Paso Health (Health Plans for El Pasoans, by El Pasoans), Preferred Administrators, HealthCARE (Options of El Paso), and El Paso Health Medicare Advantage. Below the logos, it says "You are currently logged in as: [redacted]" with links for "Messages (0)", "Profile", and "Logout". A dark blue navigation bar contains the following menu items: Home, Eligibility and Benefits, Claims and Payment, Authorizations, Reports (with a dropdown arrow), and Service Coordination. The main content area is divided into three columns. The left column has a "Welcome to the Provider Portal" message, a brief description of the site's purpose, and two input fields for "Provider Name" and "Provider Phone". The middle column features a "Quick Links" section with a list of 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, and Update Provider Information. The right column contains a "Pharmacy MAC List" section with a link to the Navitus Health Solutions Website and a "Contact Us" section with contact information for the Provider Relations Department.

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

**Preferred Administrators**

**HealthCARE**  
OPTIONS of EL PASO

**El Paso Health**  
Medicare Advantage

You are currently logged in as: [redacted]  
[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: [redacted]  
Provider Phone: [redacted]

**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 (Non-EVV)
- Provider Complaints

## Verify:

- Member Eligibility
- Claim Status
- Authorization Numbers

## View:

- Remittance Advice

# EPH Provider Forms

## Demographic Form

### [EPH Provider Demo Form](#)

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

- Any demographic changes
- Practice name change or acquisitions
- Closing a location or adding a new location.
- Modifying practice hours

## Direct Payments (ACH) Form

### [EPH EFT Form](#)

## Remittance Advice (RA) Reports

### [ERA Enrollment Form](#)

The image displays four overlapping forms from El Paso Health:

- Provider Demographic Form:** A form for updating provider information, including fields for Group/Facility Name, Specialty, Tax ID, NPI, and various program selections (Medicaid, STAR Plus, etc.). It also includes sections for Primary Practice Address and up to four Secondary Locations, each with address, phone, and CLIA information.
- Authorization Agreement for Direct Payments (ACH Credits):** A form for authorizing direct payments, requiring provider and group information and a signature.
- Electronic Remittance Advice (835) Request Form:** A form for requesting 835 remittance advice, including fields for Official Business Name, City, State, Zip, and Billing Submitter Number.
- Enrollment Form:** A form for enrollment, including a signature statement and a list of El Paso Health Payer IDs (e.g., EPF02, EPF03, etc.).

# Provider Enrollment and Management System (PEMS)

Provider | Client/Cliente

Search

Home Programs Topics Resources Contact My Account

Welcome to the PEMS Instructional Site

Enroll Today

Home > Topics > Provider Enrollment > Instructional Site

## Provider Enrollment and Management System (PEMS)

Last updated on 1/15/2022

### A Step-by-Step Guide

These pages will guide you through the process of enrolling as a provider using TMHP's Provider Enrollment and Management System (PEMS) tool. Additional helpful resources are available on the [Enrollment Help page](#) and the [TMHP YouTube channel](#).

To begin, please select the type of application you will be completing. The Application Type you select will determine how TMHP processes your application.

Select an option below for a description of each application type:

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

[Return to top](#)

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](#)

# Texas Medicaid Provider Revalidation & Enrollment Flexibility Update

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## Revalidation Due Date Extension Criteria

### **Effective February 1, 2026**

- **First Extension (180 days):**

Providers with **no prior extensions** and a revalidation due date **on or before May 31, 2026**.

- **Second Extension (180 days):**

- Providers who already received **one 180-day extension**
- Have a current due date **on or before May 31, 2026**
- Have a **revalidation application submitted in PEMS** (in-flight status) before the due date

- **Third Extension (60 days):**

- Providers who already received **two 180-day extensions**
- Have a current due date **on or before May 31, 2026**
- Have a **revalidation application submitted in PEMS** (in-flight status) before the due date

# Texas Medicaid Provider Revalidation & Enrollment Flexibility Update

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## Where to See Extension Info

- Extension will appear in **Revalidation Due Dates** column found on the Provider Information Page in PEMS
- Providers will receive **email notification** confirming their new revalidation due date

## Completion Reminder

- Revalidation is **not complete** until revalidation request is:
  - in **“Closed-Enrolled”** status in PEMS
- Submission is just the first step
- TMHP must **review and approve** the request

Providers should begin the revalidation process as soon as possible (**up to 180 days before their revalidation due date**) to ensure sufficient time to complete the process and maintain their enrollment status.

# PEMS Enhancements (PEMS+)

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 **PEMS will be enhanced** to streamline the process for Texas Medicaid enrollment and MCO credentialing.

 **New Credentialing Tab:** Start credentialing directly in PEMS.

 **Required Documents:** Education, licensure, certifications, work history, and background.

 **More Info:** Start date to be announced, details coming soon on <https://www.tmhp.com/>



# HHSC Cost Reporting Update

- HHSC is transitioning from the State of Texas Automated Information Reporting System (STAIRS) to the State of Texas Electronic Provider System (STEPS). STEPS is a new web-based system used to collect provider cost report data.
- Cost report training will move from traditional webinars to web-based training within STEPS, available February 2, 2026.
- Training is mandatory for providers required to submit the SFY 2025 Cost Report.

Resources and Additional Information:

[IL 2026 02 2025 CR Training Notice](#)

[PFD Cost Report Training Information | Provider Finance Department](#)

[LTSS Report Program Specific Instructions and Resources | Provider Finance Department](#)

[Transition to the State of Texas Electronic Provider System | Provider Finance Department](#)

# Provider Relations Department

## Contact Information

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### Representatives:

**Ernestina Mata**

915-298-7198 ext.1233

**Ernesto De La Cruz**

915-298-7198 ext.1370

**Cynthia Moreno**

Provider Relations Manager  
915-298-7198 ext. 1044

**Gabby Moreno**

915-298-7198 ext. 1198

**Jose Chavira**

915-298-7198 ext.1167

**Luz Jara**

915-298-7198 ext.1276

**Liliana Rubio**

Provider Relations Lead  
915-298-7198 ext. 1018

**Lizbeth Silva**

915-298-7198 ext. 1005

**Vianey Licon**

915-298-7198 ext.1244

**Claudia Aguilar**

Provider Relations Coordinator  
915-298-7198 ext.1049

Email: [ProviderServicesDG@elpasohealth.com](mailto:ProviderServicesDG@elpasohealth.com)



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## **Member Services**

# Member Services

## Call Center Representatives

El Paso Health's Call Center consists of highly qualified and trained Call Center Representatives (CCR), fluent in both English and Spanish.

### **Our Member Services Department can assist with:**

- Eligibility
- Claim Status and Inquiries
- Authorizations Status and Inquiries
- Covered Services

You can reach our Member Services Department at **1-833-742-3127**.

Hours of Operation: Monday-Friday, 8 a.m. to 5 p.m. (Mountain Time excluding state approved holidays)

\*Interpreter services are available through contracted vendor (Teneo Linguistics), interpreter services should be scheduled at least 48 hours in advance. Members who are deaf or hard of hearing (TTY) can use 711 to call us.

\*Interpreter service including written, spoken and sign language interpretation must be competent to ensure effective communication regarding treatment, medical history and health conditions.

# Eligibility Verification

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- El Paso Health [Secure Provider Portal](#)
- El Paso Health STAR+PLUS Member Services Toll Free at 1-833-742-3127
- El Paso Health STAR+PLUS Member ID Card
- Texas Medicaid Benefit Card
- TexMedConnect ([User Guide](#)):
  - MESAV: Providers can view Medicaid Eligibility and Service Authorization Verifications (MESAVs) electronically by using TexMedConnect. To prevent claim denials, providers must verify a person's eligibility for Medicaid services.
  - <https://secure.tmhp.com/TexMedConnect>
- Maximus Enrollment Broker: 1-800-964-2777

Note: It is recommended to verify eligibility the first of each month using El Paso Health provider portal or by contacting Member Services.

# Member ID Cards





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](http://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.**



**Your Texas Benefits**  
Health and Human Services Commission

Member name:

Member ID:

Issuer ID:      Date card sent:

Note to Provider:  
Ask this member for the card from their Medicaid medical plan. Providers should use that card for billing assistance. No medical plan card? Pharmacists can use the non-managed care billing information on the back of this card.

Need help?    ¿Necesita ayuda?    1-800-252-8263

Members: Keep this card with you. This is your medical ID card. Show this card to your doctor when you get services. To learn more, go to [www.YourTexasBenefits.com](http://www.YourTexasBenefits.com) or call 1-800-252-8263.

Miembros: Lleve esta tarjeta con usted. Muestre esta tarjeta a su doctor al recibir servicios. Para más información, vaya a [www.YourTexasBenefits.com](http://www.YourTexasBenefits.com) o llame al 1-800-252-8263.

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.

Providers: To verify eligibility, call 1-855-827-3747. Non-pharmacy providers can also verify eligibility at [www.YourTexasBenefitsCard.com](http://www.YourTexasBenefitsCard.com). Non-managed care pharmacy claims assistance: 1-800-435-4165.

Non-managed care Rx billing: RxBIN: 610084 / RxPCN: DRTXPROD / RxGRP: MEDICAID  
TX-CA-1213

# Value Added Services

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## **What are Value Added Services (VAS)?**

Along with all of the traditional STAR+PLUS covered services (Acute & LTSS), each STAR+PLUS health plan offers its own set of "value-added" services. These are extra services not covered by STAR+PLUS.

\*Please Note: Some benefits may vary between "Medicaid Only" and "Dual".

## **Where can you locate EPH's Value Added Services (VAS)?**

Website:

- <https://www.elpasohealth.com/starplus/healthy-rewards.html>

Provider Directory

- <https://www.elpasohealth.com/pdf/EPSP-0226.pdf>

Provider Manual

- [https://www.elpasohealth.com/pdf/EPH-22534\\_Provider%20Manual\\_Nov2025%20\(4\).pdf](https://www.elpasohealth.com/pdf/EPH-22534_Provider%20Manual_Nov2025%20(4).pdf)

## El Paso Health STAR+PLUS Value Added Services 2025-26

	At Home	
	Medicaid Only	Dual
 <b>Help Getting a Ride</b> 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.	✓	✓
 <b>Dental Services</b> Dual eligible members receive up to \$1,000 each year for dental check-ups, x-rays, cleanings, filling and simple tooth extractions 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 non-HCBS waiver members.	✓ \$300 allowance	✓ \$1,000 allowance
 <b>Extra Vision Services</b> \$125 eyewear allowance towards upgrades for frames, lenses, or contacts every two years and get one routine eye exam every two years.	✓ \$125 biennial allowance	N/A
 <b>Extra Foot Doctor (Podiatry) Services</b> Additional routine foot doctor (podiatry) visits each year.	✓ 2 visits	✓ 2 visits
 <b>Over-the-Counter Benefits / Utility Assistance</b> Up to \$160 once a year: \$40 gift card every three months, for use towards utilities, over-the-counter medicines and other medical or health-related supplies not covered by Medicaid, upon request.	✓	✓
 <b>Emergency Response Services (ERS)</b> Emergency response services for STAR+PLUS non-HCBS waiver members age 21 and older.	✓	✓
 <b>Home Visits</b> Up to an extra 20 hours respite services for STAR+PLUS non-HCBS waiver members age 21 and older.	✓	✓
 <b>Extra Hearing Services</b> \$2,000 allowance toward hearing aids, every two years.	N/A	✓
 <b>Healthy Eats Program</b> Members can participate in the Healthy Eats Program and receive a \$50 gift card each quarter to obtain nutritious food. <ul style="list-style-type: none"> <li>• Medicaid only: Diabetic non-dual member</li> <li>• Dual: Diabetic Non-HCBS waiver members</li> </ul>	✓	✓
 <b>Delivered Meals</b> Up to 14 healthy home-delivered meals for STAR+PLUS non-HCBS waiver members after being discharged from a hospital or nursing facility.	✓	✓
 <b>Meal Planning</b> Four additional nutritional counseling/meal planning services for diabetic STAR+PLUS non-HCBS waiver members.	✓	✓
 <b>Health Get Fit Program</b> STAR+PLUS members can participate in the El Paso Health Get Fit Program at the YMCA.	✓	✓

## El Paso Health STAR+PLUS Value Added Services 2025-26

	At Home	
	Medicaid Only	Dual
 <b>Pest-Repellant</b> Pest-repellant wall plugs for members with Asthma or COPD and who are enrolled in El Paso Health's Disease Management Program.	✓	✓
 <b>Allergy-Free Pillow Case</b> One allergy-free pillow case for members with Asthma or COPD who fill a new prescription and enroll in the Asthma Disease Management Program at El Paso Health.	✓	✓
 <b>GED Support for IDD</b> Eligible members receive GED preparation support, help with finding test centers, and a voucher for test costs. One per member per lifetime.	✓	✓
 <b>Extra Help for Pregnant Women</b> Pregnant members can receive: <ul style="list-style-type: none"> <li>• A free convertible car seat after attending a baby shower at El Paso Health.</li> <li>• A First-Steps Baby Shower including a diaper bag, a starter supply of diapers, and other items for the baby.</li> </ul> Gift cards for completing prenatal visits and after confirmation of those visits for: <ul style="list-style-type: none"> <li>• \$25 - Prenatal visit within 42 days of enrollment.</li> <li>• \$25 - 3rd prenatal visit.</li> <li>• \$25 - 9th prenatal visit.</li> <li>• \$25 - a timely postpartum visit within 7 to 84 days of delivery.</li> <li>• \$25 - 6th prenatal visit.</li> <li>• \$25 - flu shot during pregnancy.</li> </ul> \$25 gift card for healthy food related items for STAR+PLUS Medicaid Members age 21 or older who complete four nutritional counseling / meal planning services	✓	✓
 <b>Mental Health Follow-Up Care Incentive</b> \$25 gift card for members that complete a doctor follow-up visit within 30 days of hospital discharge for a mental illness condition. Limited one gift card every 30 days.	✓	N/A
 <b>Gift Programs</b> Members are eligible to receive a \$25 gift card as a Thank You from El Paso Health for completing the following – <p><b>Preventative Services:</b></p> <ul style="list-style-type: none"> <li>• \$25 gift card for members after completing an annual wellness exam each year.</li> <li>• \$25 gift card for members that get an annual flu shot and COVID-19 vaccine.</li> <li>• \$25 gift card for members after completing an HbA1c blood test each year.</li> <li>• \$25 gift card for members after completing a diabetic eye exam each year.</li> <li>• \$25 gift card for members who have a follow-up doctor visit within 30 days of getting out of the hospital once a year.</li> </ul> <p><b>Cancer Screenings:</b></p> <ul style="list-style-type: none"> <li>• \$25 gift card for female members ages 21-64 who get a recommended cervical cancer screening. (Once every 3 years)</li> <li>• \$25 gift card for members 50-74 years of age who have at least 1 mammogram to screen for breast cancer. (Once every 2 years)</li> </ul>	✓	N/A

# Non-Emergent Medical Transportation (NEMT) Services

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NEMT services provide transportation to non-emergency health care appointments for members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get Medicaid services. These trips do NOT include ambulance trips.

Access2Care, an El Paso Health Partner, may be able to help STAR+PLUS 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



**Access2Care**

To request transportation:

- Members must call Access2Care at 1-855-584-3530.
- Arrangements must be made at least two days before appointment or five days before if appointment is outside the county.

**NEMT** phones are answered 24 hours a day, 7 days a week, 365 days a year.

# First Call Medical Advice Infoline / Behavioral Health Crisis Line

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El Paso Health offers members a medical advice info-line at no cost. Members will receive immediate information to take care of your medical or health concerns.

El Paso Health also offers members a crisis line for assistance with behavioral health.

- Staff is bilingual
- Interpreter services are available
- Open 24 hours a day, 7 days a week



# Advance Directives

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There are two types of Advance Directives:

- 1. Living Will** – Allows members to state their health care wishes if they become too sick to decide for themselves. Only takes effect when the member is unable to make decisions.
- 2. Durable Power of Attorney for Health Care** – Allows a chosen person make medical decisions on the member's behalf if they can't. It's a legal document that gives full decision-making power, regardless of moral or religious beliefs, so members should understand it fully before signing.

For more information and to access the forms, please visit:

[Advance Directives | Texas Health and Human Services](#)

[Directive to Physicians and Family or Surrogates \(Living Will\) | Texas Health and Human Services](#)

[Medical Power of Attorney Designation of Health Care Agent \(MPOA\) | Texas Health and Human Services](#)



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## **C.A.R.E.S and Community Connection Unit**

# Food From the Heart Food Distribution

- El Paso Health in partnership with El Pasoans Fighting Hunger holds a monthly food pantry for the El Paso community.
- The Food pantry is drive thru only.
- It is typically held the last Saturday of the month (some months may vary).
- The event is from 9 am to 11 am (or until the food runs out).
- Upcoming dates (Subject to change):
  - February 28<sup>th</sup>
  - March 28<sup>th</sup>
  - April 25<sup>th</sup>
  - May 16<sup>th</sup>
  - June 27<sup>th</sup>
  - July 25<sup>th</sup>



For more information, contact the Community Connection Unit at 915-532-3778

# Community Connection 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.

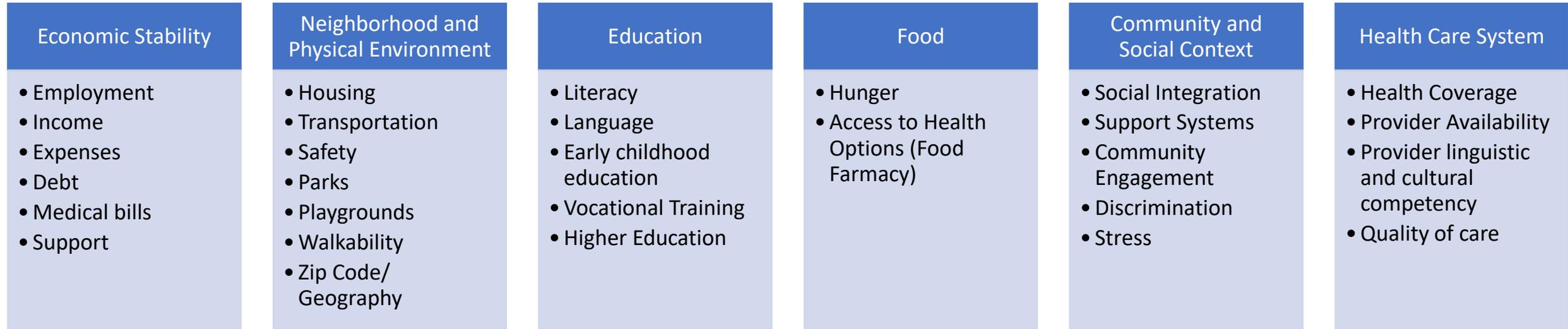
El Paso Health is committed to eliminating barriers to improve and maintain our member's health. The implementation of the Community Connection Unit to address Non-Medical Drivers of Health NMDOH also commonly known as Social Determinants of Health, will help us identify disparities related to the following:

## Social Determinants of Health



[SDOH EPH - Tips Sheets](#)

# Non-Medical Drivers of Health Fundamentals



**Health Outcomes**  
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

# 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 and 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>

➤ If you've identified any members with NMDoH, you may contact:



**Gabriela Mendoza**

Community Connection Supervisor

Phone: (915) 532-3778 Ext 1076



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## **Health Services**

# Case Management

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

- Resources to enhance health education.
- Health promotion.
- Comprehensive assessments.
- Collaboration with our valued providers.

**Our members are encouraged to:**

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

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



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## **LTSS Service Coordination**

# Service Coordination

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Service Coordination is a specialized case management service that helps members access and coordinate **acute care, LTSS, Medicare (for dually eligible members), and community support services** through collaboration with members, families, and providers.

Service Coordination provides the following:

- Single point of contact for members
- Assessment and development of individualized plans of care
- Coordination of services and care needed by our members
- Assistance with directing members through the health care system, referrals, and authorizations
- Multidisciplinary, member-centered approach
- Mandatory telephonic or face-to-face contacts

To reach an El Paso Health Service Coordinator you may contact Service Coordination Hotline.



# Service Coordination Hotline

**El Paso Health** has a DEDICATED Service Coordination Hotline that connects Members with our Service Coordination staff. **833.742.3127 option #2.**



- It is available to members 24 hours a Day, 7 Days a week
- Hours of Operation: 8:00am to 5:00pm local time for Service Area, Monday through Friday, excluding State-approved holidays
- Members, Family Members, or Providers may leave a message during non-business hours
- Any messages for the Service Coordination hotline staff or EPH Service Coordinators will be returned within 2 Business Days.

# Discharge Planning

El Paso Health provides education and coordinates discharge planning for members transitioning from hospitals, nursing facilities, assisted living facilities, and other settings in collaboration with members, PCPs, facility staff, and informal supports.

## El Paso Health Responsibilities:

- Coordinate care planning and ensure continuity of services at discharge
- Arrange and authorize **LTSS and acute care services** (e.g., nursing, home health, DME) prior to discharge
- Inform all parties of available **community-based care options**

## LTSS & Dual-Eligible Member Coordination

- Providers notify the Service Coordinator SC when services stop and when to resume
- EPH notifies providers to restart LTSS services after discharge
- For dual-eligible members, when EPH is not the primary payer, the SC collaborates with providers to resume services and authorize additional post-discharge needs

# Service Coordination Process Overview

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## **Assessment Coordination**

- A functional assessment must be completed for members requesting initial services, conducted annually for continuation of services, and updated when a change in condition occurs.
- Service Coordinators make required contractual attempts to schedule the functional assessment.
- If the member cannot be reached after required attempts, the case is closed.
- Members have the right to decline a functional assessment or services.
  - Service Coordinators cannot require participation, even at the request of LAR, family, or providers.

## **Documentation Turnaround Time**

- Service Coordinators have 7 calendar days from the assessment date to complete required state forms.
- Delays may occur when documentation is needed from the PCP to support the assessment.

## **Authorization Processing**

- Service Coordinator Assistants have 3 business days to process authorizations after documentation is complete.
- Delays may occur if clarification is needed from the Service Coordinator.

Authorization requests and 2067 forms must be faxed to:

**LTSS Fax Number**

**915-225-3541**



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## **Abuse, Neglect, Exploitation**

# Abuse, Neglect, Exploitation

## Abuse:

- Mental
- Emotional
- Physical or sexual injury
- Failure to prevent such injury

## Neglect:

- Results in starvation
- Dehydration
- Over medicating or under medicating
- Unsanitary living conditions, etc.
  - \* Includes lack of heat, running water, electricity, medical care, and personal hygiene

## Exploitation:

- Misusing the resources of another person for personal or monetary gain
  - \* Includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.



# Reporting Abuse, Neglect, and Exploitation

## **The law requires that you report suspected Abuse, Neglect, or Exploitation.**

- Call 9-1-1 for life-threatening or emergency situations.
- Report by Phone (non-emergency) 24 hours a day, 7 days a week, toll-free by calling DADS at 1-800-647-7418 if the person lives in or receives services from:
  - Nursing Facility
  - Assisted Living Facility
  - Adult Day Care
  - Licensed Adult Foster Care
  - HCSSA / Home Health Agency
- Also call the Department of Family and Protective Services (DFPS) 1-800-252-5400 to report suspected abuse by a HCSSA.

 **Online Reporting (non-emergency):**  
[txabusehotline.org](https://txabusehotline.org) (create a secure account)

 **Helpful info to include:**  
Names, ages, addresses, and phone numbers of those involved.



# Reporting Abuse, Neglect, and Exploitation

El Paso Health Network Providers, who have received ANE report findings on El Paso Health Members from the DFPS or DADS, must submit a copy of the report to El Paso Health within ONE business day from the date the report is received.

The ANE reporting findings can be submitted to El Paso Health via secure and confidential email to:  
[APSReport@elpasohealth.com](mailto:APSReport@elpasohealth.com)

Additional information and resources regarding ANE can be found on El Paso Health website:  
[Abuse, Neglect and Exploitation | El Paso Health](#)





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## **STAR+PLUS LTSS Claims**

# LTSS Claims Filing

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- Claims must be submitted within 95 days from the Date of Service (DOS).
- Claims can be submitted electronically through clearinghouse or EVV system (if applicable).
- Claims can also be submitted electronically through EPH Secure Provider Portal (Availity).
- All claims (EVV and Non-EVV) must have an EPH LTSS service authorization
- Corrected claims can be submitted within 120 Days from the date the Explanation of Benefits (EOB).
- Claim resubmissions must reference the original claim number from the EOB. Claims may be resubmitted through a clearinghouse or the El Paso Health Secure Provider Portal. When submitting through a clearinghouse, ensure CLM05-3 is set to "7" and include REF\*F8 in Loop 2300 with the original claim number to avoid rejection. Batch adjustments must be uploaded through a clearinghouse.

# Initial Claim Submission Tips

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- Claims must be completed in accordance with TMHP billing guidelines
- Use appropriate modifiers and procedure codes from the LTSS Billing Matrix [Appendix XVI, Long Term Services and Supports Codes and Modifiers](#).
- All member and provider information must be completed.

## **Electronic Claims:**

Payer ID EPF02

## **Paper Claims** -Initial and Corrected\*

Attention: Claims Department

El Paso Health STAR+PLUS

P.O. Box 971370

El Paso, Texas 79997-1370

# LTSS STAR+PLUS Rates & Billing Matrix

## Effective September 1, 2025:

- HHSC discontinued the Rate Enhancement Program and approved payment rate increases for LTSS Home-Based Services and Day Activity Health Services.
- **Assisted Living Services (ALF):** HHSC replaced the RUG reimbursement methodology with the Patient Driven Payment Model Long-Term Care (PDPM LTC) model for the Nursing Facility Waiver Program, resulting in new modifiers being added to the LTSS Billing Matrix.
- Additional information and current rates listing:

[STAR+PLUS LTSS Payment Rates Effective September 1, 2025](#)

[Long Term Services and Supports Codes and Modifiers Billing Matrix \(Excel\)](#)



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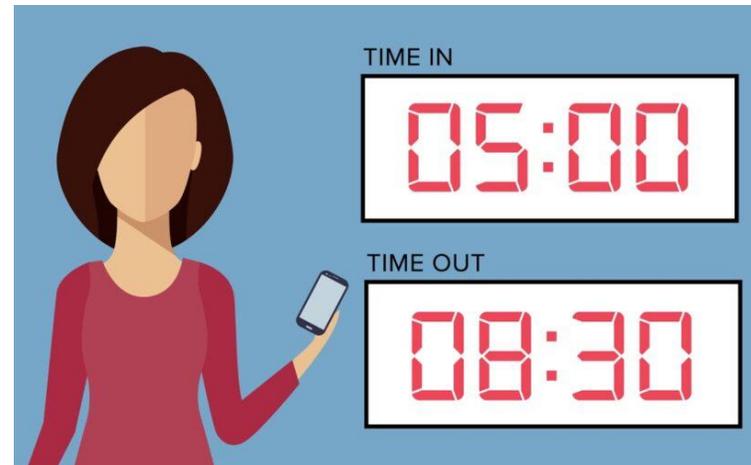
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## **Electronic Visit Verification (EVV)**

# What is EVV?

- EVV is a computer-based system that electronically documents and verifies service delivery information for certain Medicaid service visits.
- EVV also helps prevent fraud, waste and abuse, making sure Medicaid recipients receive care that is authorized for them.
- Some of the information documented is:
  - Date
  - Time
  - Service type
  - Location



# EVV Claims

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EVV claims must be billed to Texas Medicaid and Healthcare Partnership (TMHP) and will be subject to the EVV claims matching process.

The info on EVV claims must match EVV transactions along the following data elements:

- National Provider Identifier (NPI) or Atypical Provider Identifier (API)
- Date of Service
- Medicaid ID
- HCPCS Codes
- Modifier(s), if applicable
- Units (a requirement only for program providers, not CDS)

All EVV claims lines billed with mismatches between these data elements EVV will result in denials

Providers or FMSAs will be required to resubmit any denials to TMHP.

# EVV Updates

- **HHSC Revised EVV Policy Handbook** Effective Jan 30, 2026. Changes can be found on the following links:

[26-1, Handbook Changes](#)

[Electronic Visit Verification Policy Handbook](#)

- **EVV Survey Now Open.** HHSC invites all EVV system users to complete the EVV Survey.

Your feedback will help to:

- ✓ Improve EVV processes
- ✓ Shape policy updates
- ✓ Guide system enhancements

Who should participate:

CDS Employers, CD Employees, FMSAs, Medicaid Recipients, Program Providers and Service Providers

 Deadline: February 28

★ [EVV Survey: https://www.surveymonkey.com/r/EVVSatisfaction](https://www.surveymonkey.com/r/EVVSatisfaction)

# EVV Visit Maintenance Unlock Request

An EVV Visit Maintenance Unlock Request allows a program provider and CDS employer the opportunity to correct data element(s) on an EVV visit transaction(s) after the visit maintenance time frame has expired.

Request emails must be sent to [EPH\\_EVV@elpasohealth.com](mailto:EPH_EVV@elpasohealth.com) and must include:

- Contact name
- Email address
- Phone number
- Complete, most recent request form

Payers may automatically deny a Visit Maintenance Unlock Request if the request:

- Was not sent through a secure method
- Is incomplete or missing required information
- Could not be unencrypted
- Was submitted using an outdated, modified, or incorrect version of the Visit Maintenance Unlock Request form

For templates, job aids, policy and more information refer to:

[EVV Policy Handbook Visit Maintenance Electronic Visit Verification | 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 auditing claims we identify several factors which include:

## **Documentation**

- Accuracy and Completeness:
  - Ensure that patient records are complete, accurate, contain the necessary assessments, care plans and signature requirements are met (name, date and credentials).
  - Mandatory two patient identifiers (name and Texas Medicaid ID #) on each page of the medical record.

## **Billing and Reimbursement**

- Verify that the facility's billing practices comply with coding/billing regulations and that there are no signs of fraudulent activities.
- Review of HCFA 1500 claim form (this list is not all-inclusive)
  - Place of service (Box 24B)
  - CPT/Modifiers (Box 24D)
  - Rendering provider (Box 24J)

## **Authorizations**

- When required, ensure authorization is obtained prior to the services being rendered
- Billed services match the authorization number listed.

## **Staffing**

- Review the facility maintains adequate staffing levels.
- Confirm all rendering providers are enrolled with TMHP.

# Medical Records Request

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

- 1<sup>st</sup> request faxed with a 4 week deadline.
- If no response within the first 2 weeks, a 2<sup>nd</sup> request is faxed and a call is placed to the provider's office to ensure receipt of the request.
  - Same deadline date applies as the first request.
- If no response within the 3<sup>rd</sup> week, a final request is 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 acceptable).**

Failure to submit records results in an automatic recoupment that is not appealable.

# Methods to Submit Medical Records



- **Fax:** 915-225-1170



- **Email:** [amacias@elpasohealth.com](mailto:amacias@elpasohealth.com) or [JHerrera2@elpasohealth.com](mailto:JHerrera2@elpasohealth.com)



- **Datavant** (formerly Ciox Health)



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

# EPH Audit vs External Audits

**El Paso Health** conducts its own internal audits which are entirely independent of any external audit processes.

HHSC through the **Office of Inspector General (OIG)** and the **Office of Attorney General (OAG)** perform their own independent audits. El Paso Health is not involved in or affiliated with these audits.

Please verify the letterhead to determine which organization is requesting the medical records.

El Paso Health  
Medical Records  
Request Letter  
Sample



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
- DIME orders
- Health assessment, plan of care\*
- Agreement for services, orientation documentation for attendants, supervisory visit/s\*
- Supervision logs, documentation of supervisory visits



Letterhead  
Samples for  
External Audits

# Missing/Incomplete Medical Records

It's 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
- Incomplete Provider Signatures (date and credentials must be included).

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

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## Waste, Fraud, Abuse Hotlines:

El Paso Health  
1-866-356-8395

Office of the Inspector General  
1-800-447-8477

Office of the Attorney General  
(State Auditors Office)  
1-800-735-2989

When in doubt,  
reach out!

## Vanessa Berrios, Director of Compliance

(915) 298-7198 ext.1040

[vberrios@elpasohealth.com](mailto:vberrios@elpasohealth.com)

## Jennifer Herrera, SIU Manager

(915) 298-7198 ext.1228

[jherrera2@elpasohealth.com](mailto:jherrera2@elpasohealth.com)

## Alina Macias, SIU Claims Auditor

(915) 298-7198 ext. 1108

[amacias@elpasohealth.com](mailto:amacias@elpasohealth.com)

## Viviana Ronquillo, EVV Auditor

(915) 298-7198

[vronquillo@elpasohealth.com](mailto:vronquillo@elpasohealth.com)



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## **SIU EVV Compliance Reviews**

# EVV Compliance Reviews

- HHSC and El Paso Health, conduct EVV compliance reviews to ensure program providers and Consumer Directed Services employers are in compliance with EVV requirements and policies.
- EPH SIU/Compliance evaluations focuses on the following areas for Electronic Visit Verification (EVV):
  - EVV Usage
  - Alternative Device Usage Reduction
  - Required EVV Reason Code free Text
  - Misuse of EVV Reason Code
  - Home phone landline number
  - Manual and Rejected visit Monitoring



# EVV Usage Score

## Factors Affecting the EVV Usage Score

### **Manually Entered EVV Visit Transactions:**

- When service providers fail to clock in/out or when an approved method is unavailable.
- Manual entries impact the EVV Usage Score only once.

### **Rejected EVV Visit Transactions:**

- Transactions that fail validations are rejected by the EVV Aggregator.
- These rejections affect the EVV Usage Score each time a visit is rejected.

### **Review Period Schedule**

- The EVV usage review period schedule follows the **state fiscal year quarters**. El Paso Health may begin reviews any time after the visit maintenance time frame has expired for the specified state fiscal year quarter.

# Consequences of Non-Compliance

## Progressive Enforcement Actions:

- **First Occurrence within a 24-month period:**
  - Required additional EVV training within 20 business days.
  - Score reviewed in the following quarter; if compliant, no further action.
- **Two or more Occurrences within a 24-month period:**
  - Completion of a Corrective Action Plan (CAP) required within 10 business days.
  - Score reviewed after CAP implementation; failure may lead to contract termination.
- **Three or more Occurrences within a 24-month period:**
  - Score reviewed after CAP implementation; failure may lead to contract termination.

# Alternative Device Usage Reduction

HHSC is gradually reducing the permitted use of alternative devices for EVV-required services in order to strengthen program oversight and integrity.

## Schedule:

<b>Fiscal Year</b>	<b>Date Range</b>	<b>Allowed Alternative Device Usage</b>
FY 2026	Sept 1, 2025–Aug 31, 2026	Maximum 75% of visits
FY 2027	Sept 1, 2026–Aug 31, 2027	Maximum 50% of visits
FY 2028	Sept 1, 2027–Aug 31, 2028	Maximum 25% of visits
FY 2029–Forward	Starting Sept 1, 2028	Maximum 5% of visits

# Fraud, Waste and Abuse (FWA)

- If EPH identifies EVV deficiencies related to fraud or abuse, the MCO must follow TAC §353.1454 (Due Process for Overpayment Recoupment).
- The alternative device must remain in the member's home at all times, including during evacuations. If device does not remain in the home:
  - Visit transactions may be subject to recoupment
  - May result in a Medicaid fraud referral to the HHS OIG
- Non-compliance with EVV policies (by provider, FMSEA, or CDS employer) may lead to a fraud, waste, and abuse investigation referral





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## **Quality Improvement**

# Quality Improvement Program

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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 QI program is designed to assure that Members receive care that is consistent with our mission.

Our QI 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



# Access and Availability

- Community-based LTSS must be initiated by the start date on the ISP or Service Plan
- In the case of a change of condition, LTSS services must be initiated within 7 calendar days of the ISP or Service Plan effective date
- If the referring Provider or Member states and documents a different initiation date, LTSS services must be initiated by that date
- STAR+PLUS Service Coordinator Assistants perform phone calls to verify that approved authorized LTSS services were initiated with the timeframes



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## **Complaints and Appeals**

# Provider Appeals

A request for reconsideration of a previously dispositioned claim.

- Complete denial of a claim
- Partial denial of a claim

Claim Appeals need to be submitted with supporting appeal documentation within 120 Days from the date of EOB.

## **What to Submit**

- One letter per member/per DOS explaining reason for dispute
- Supporting documentation
- Remittance Advice
- Medical Records (if necessary)
- Proof of Timely filing
- Any pertinent information for review

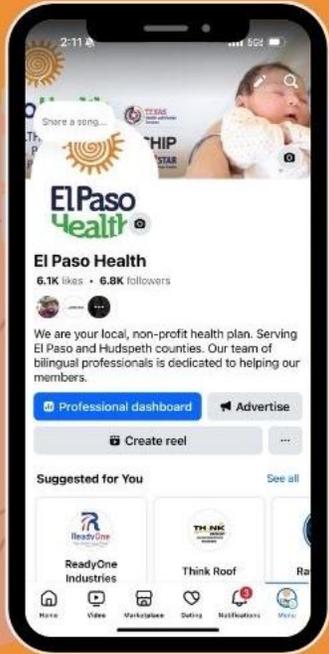
## **How to Submit**

- Fax: 915-298-7872
- Web Portal
- Email:  
[Complaints&AppealsTeam@elpasohealth.com](mailto:Complaints&AppealsTeam@elpasohealth.com)
- Mail : El Paso Health  
Complaints and Appeals Dept.  
1145 Westmoreland Drive  
El Paso, TX 79925

# Provider Appeal Levels

- 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**)
- Submit a Complaint to:
  - HHSC (STAR & STAR+PLUS)
  - TDI (CHIP)

**Note:** El Paso Health does not process appeals for claims denied due to **EVV mismatches**. Providers must correct the EVV data and resubmit the claim.



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**For more information:**

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(915) 532-3778



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