El Paso Health

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PT/OT/ST Specialty Training

July 30, 2026

EPHSPP942406

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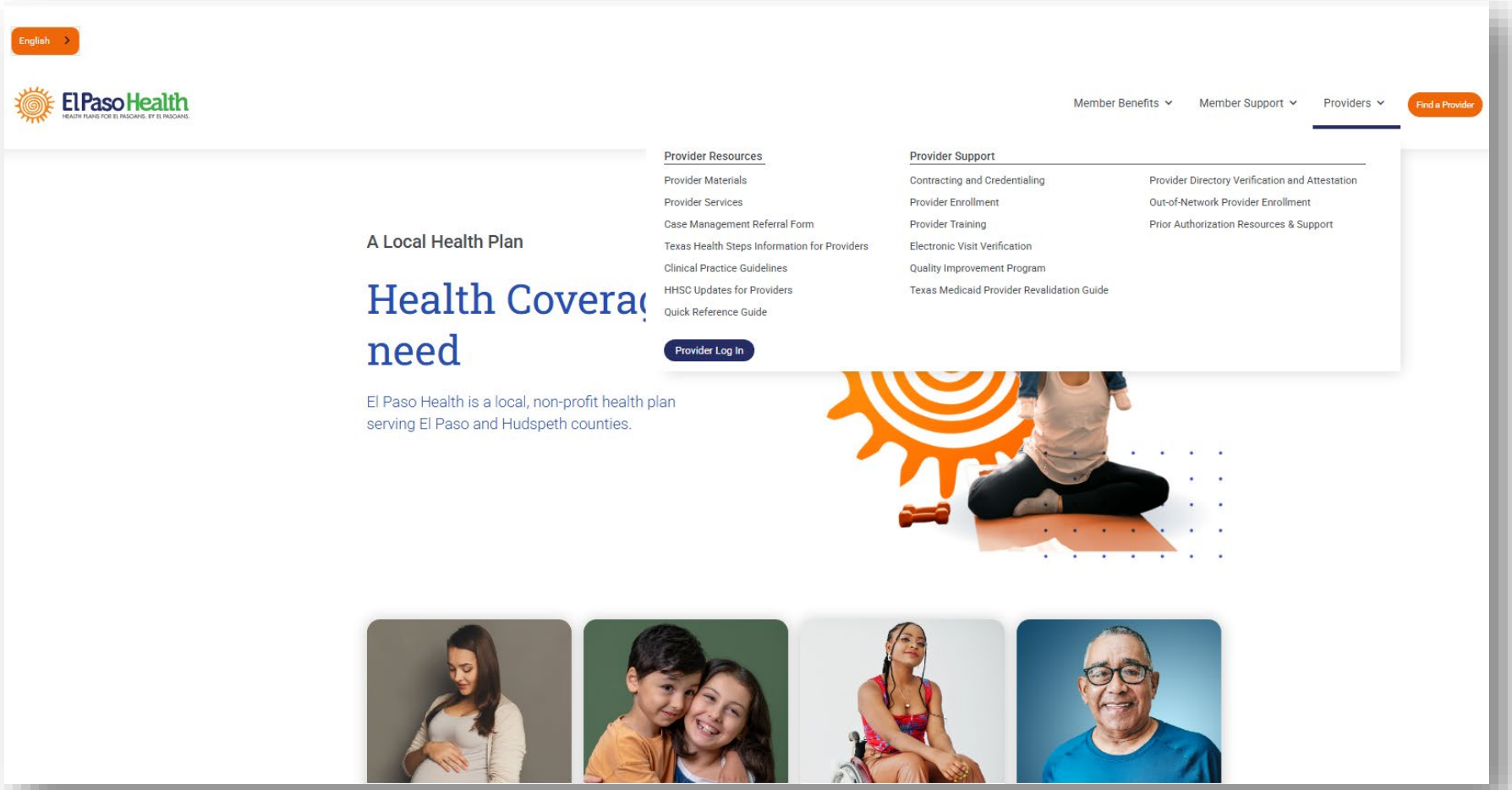
Provider Relations

El Paso Health Website



View:

- Provider Resources
- Provider Directory
- Provider Manual
- Provider Notifications
- Provider Orientations
- Provider Quality Information
- Additional Resources

https://www.elpasohealth.com/

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EPH Provider Portal - Home Page

Submit:

- Claims
- Authorizations
- Provider Complaints

Verify:

- Member Eligibility
- Claim Status
- Authorization Status

View:

- Remittance Advice
- Rosters
- Other Reports

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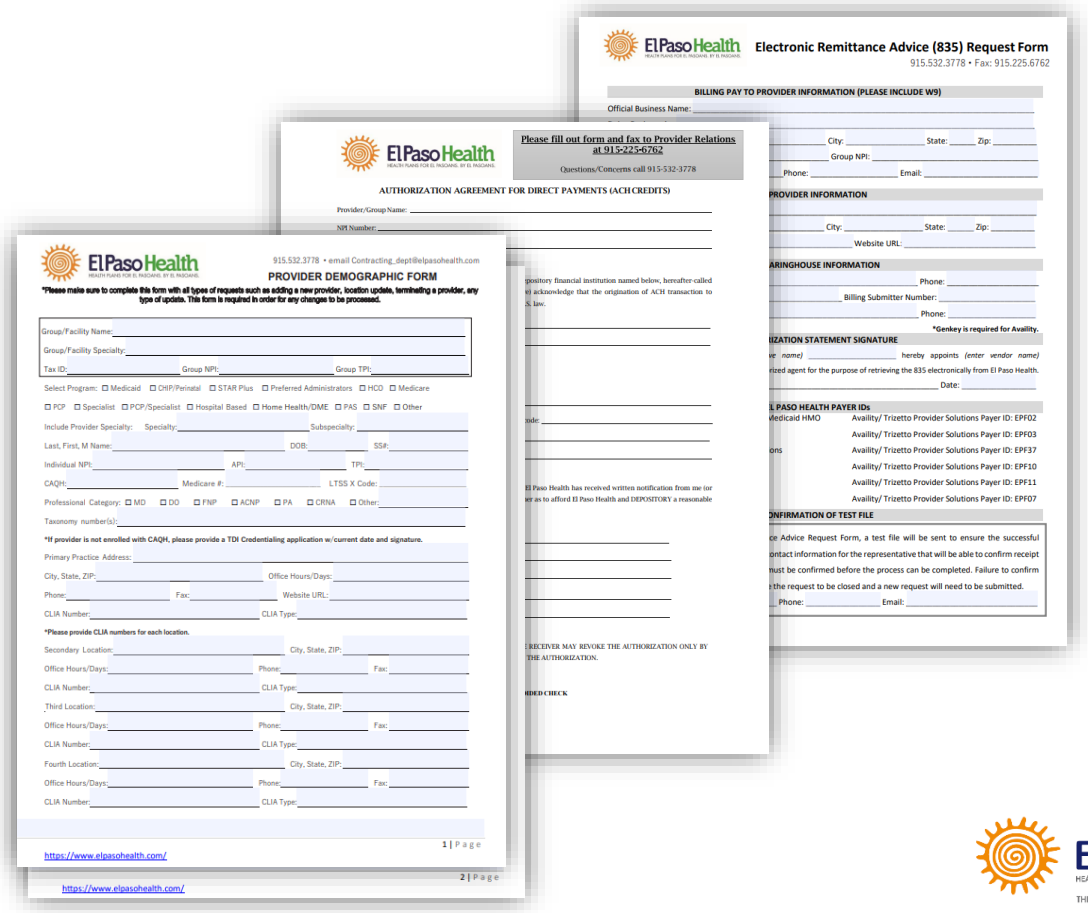
EPH Provider Forms

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]

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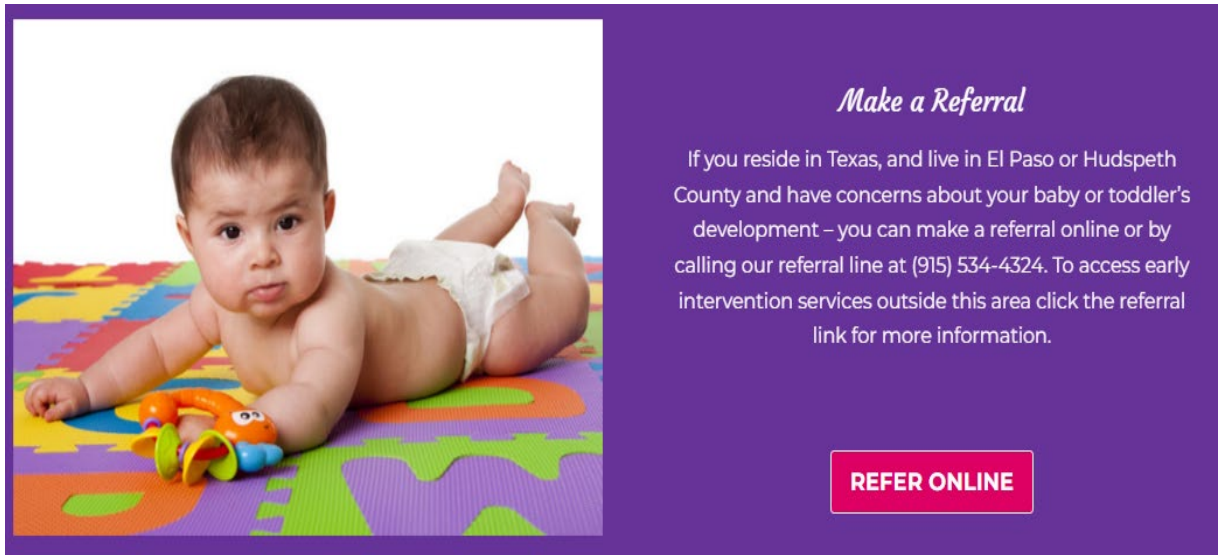
Early Childhood Intervention (ECI)

The Early Childhood Intervention program works in association with Texas Health and Human Services.

ECI encourages families not to take a "wait and see" approach to a child's development. As soon as a delay is suspected, children may be referred to ECI, even as early as birth.

- **Birth through 35 months:**
  Federal Regulation CFR Sec. 303.303 of Title 34 (Education) requires a provider to refer children under age three to Early Childhood Intervention (ECI) as soon as possible, but no longer than 7 days of identifying a child with a delay or eligible medical diagnosis, even if also referring to an appropriate specialist.

- **Ages 3 years and older**:
  The provider is encouraged to refer to the appropriate school district program, even if also referring to an appropriate specialist.



ECI Referrals can be made via

- Online https://www.elpasoeci.org/
- Fax 915-496-0750
- 24/7 referral line at 915-534-4324

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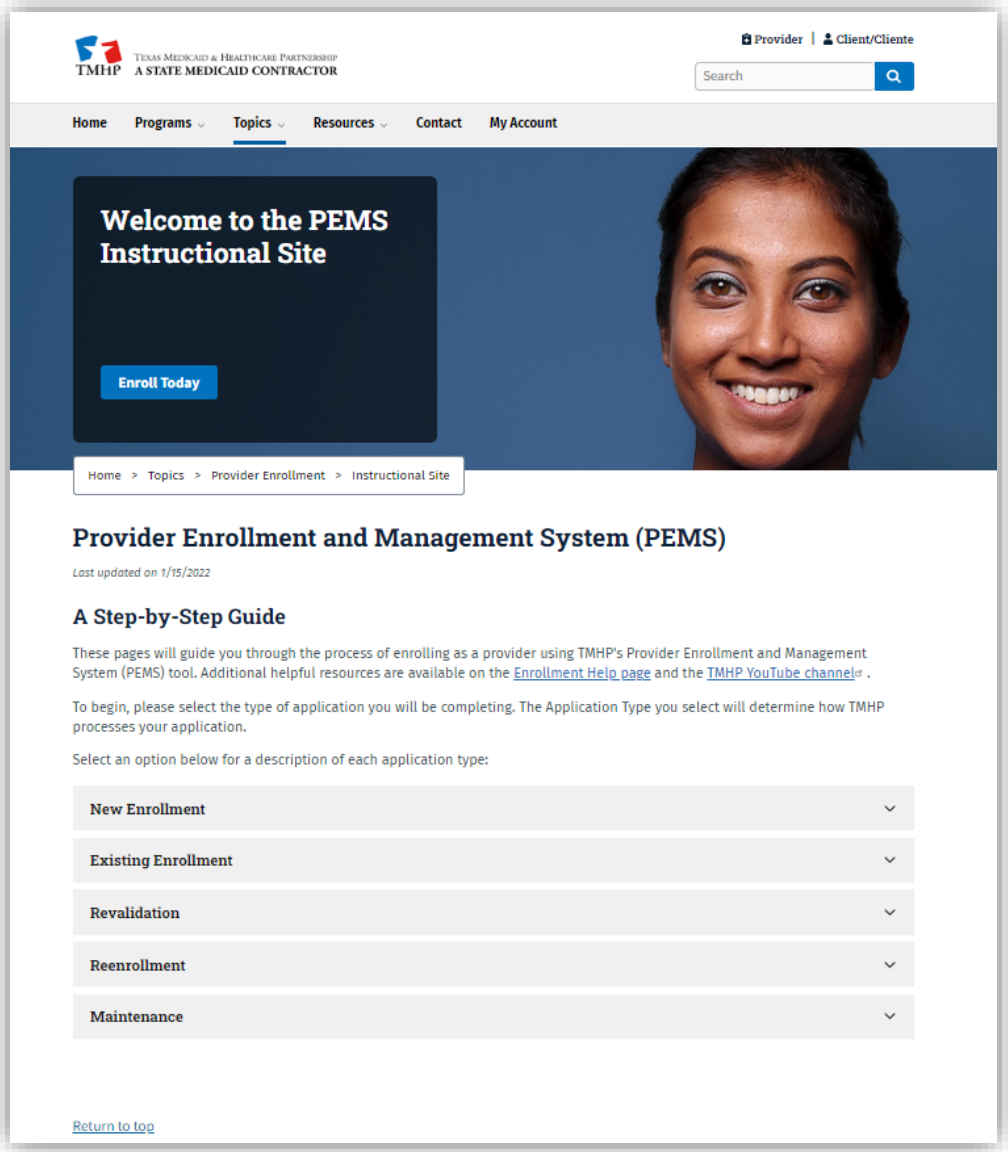
Provider Enrollment and Management System (PEMS)



Utilize PEMS system for the following:

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

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

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

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Provider Revalidation Extension Update

Effective June 16, 2026 a provider's revalidation due date will be extended by 60 calendar days if they meet the criteria below.

☑ **Extension Criteria**

- Current revalidation due date is on or after June 16, 2026.
- Revalidation application was submitted before the due date and is now in-flight.
  - "In-flight" = submitted in PEMS, not yet approved.
  - Does not include applications in Draft status.

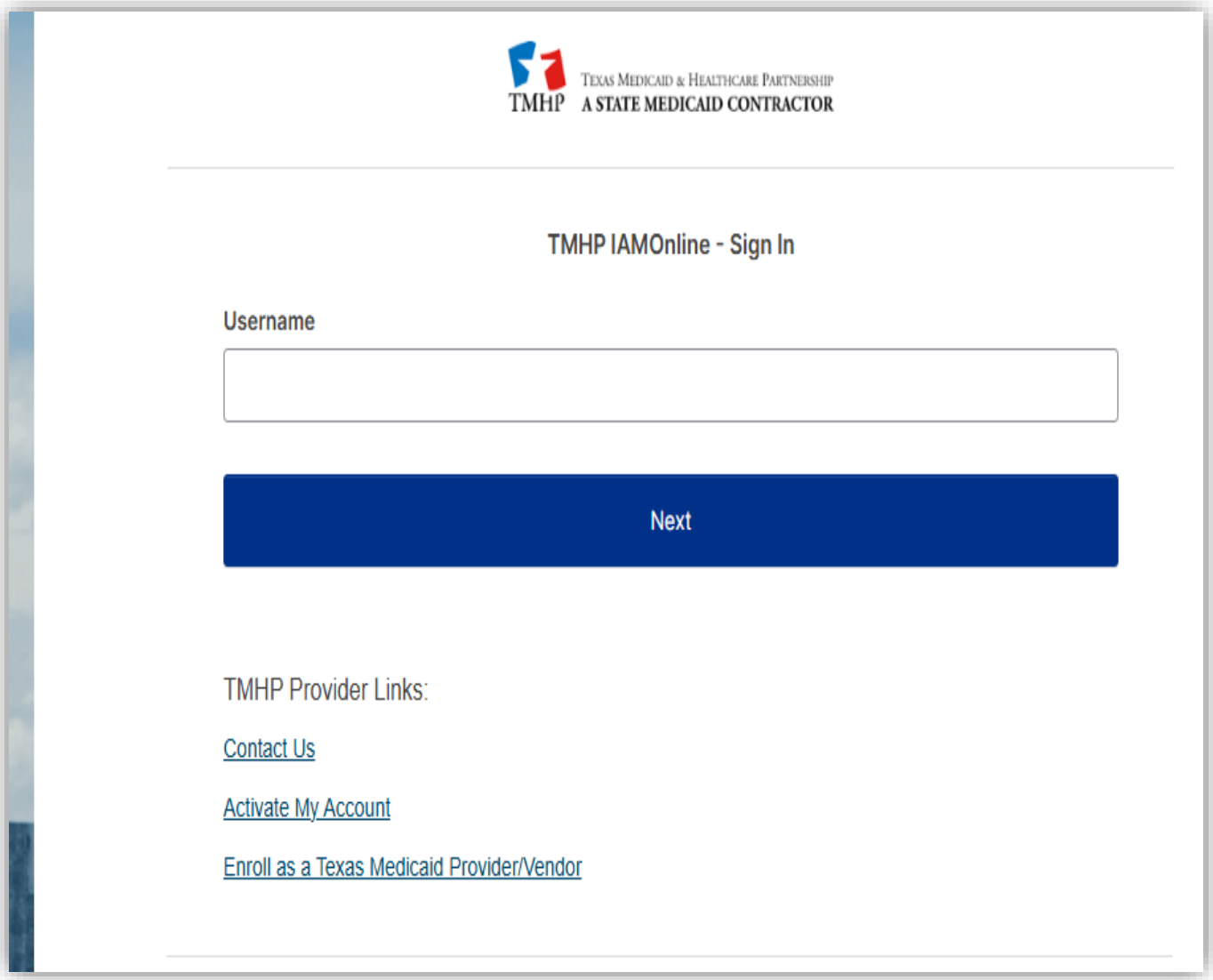
📋 **Reminders**

- Begin revalidation up to 180 days before the due date.
- Respond to deficiencies promptly to maintain enrollment status.

⚠ **Important**

- Revalidation is not complete until status = **Closed-Enrolled.**
- Submission = first step; approval by TMHP finalizes the process.

TMHP IAMOnline



TMHP IAMOnline is the secure single sign-on system for Texas Medicaid providers

- Serves as the unified entry point for accessing integrated TMHP portal applications, including TexMedConnect, Remittance and Status (R&S) and My Account

Account Activation & Setup

- Activation email: Follow the instructions sent by TMHP via email

Support

- For assistance or missing activation emails, contact the TMHP EDI Help Desk at 888-863-3638

Education/Materials

- How To Access TMHP Applications Using IAMOnline
- IAMOnline Video

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Contact Information

Ernesto De La Cruz
edelacruz@elpasohealth.com
Ph: 915-298-7198 ext.1370

Lizbeth Silva
lsilva@elpasohealth.com
Ph: 915-298-7198 ext.1005

Claudia Aguilar
Provider Relations Coordinator
Ph: 915-298-7198 ext.1049

Ernestina Mata
emata@elpasohealth.com
Ph: 915-298-7198 ext.1233

Luz Jara
ljara@elpasohealth.com
Ph: 915-298-7198 ext.1276

Liliana Rubio
Provider Relations Lead
Ph: 915-298-7198 ext. 1018

Gabriela Moreno
gmoreno@elpasohealth.com
Ph: 915-298-7198 ext.1370

Vianey Licon
vlicon@elpasohealth.com
Ph: 915-298-7198 ext.1244

Cynthia Moreno
Provider Relations Manager
Ph: 915-298-7198 ext. 1044

Jose Chavira
jchavira@elpasohealth.com
Ph: 915-298-7198 ext.1167

Provider Relations Department
915-532-3778
ProviderServicesDG@elpasohealth.com

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Contracting and Credentialing

Credentialing Verification Organization

El Paso Health utilizes Verisys as the credentialing, recredentialing and provider data management company.

- **Initial Credentialing** - Providers will need to submit a demographic form, W9 and the Texas Standardized Credentialing Application.

- **Recredentialing** - Providers will receive notifications from Verisys for recredentialing 6 months prior to due date.

- For more information, visit our website Provider Contracting and Credentialing | El Paso Health

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Credentialing and Contracting Process

- Credentialing Completed via Verisys

- Contract or Amendment Sent to Provider for Signature

- Provider Signs and Returns to Credentialing & Contracting Department

- Agreement Executed

- Provider Becomes In-Network

Note: The credentialing process may take up to 90 days to complete depending on the responsiveness and documentation accuracy.

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Open / Closed Panels

Currently El Paso Health has closed panels for the following specialties:

- PT, OT, ST providers
- DME providers (Open only for STAR+PLUS & Medicare Programs)
- Home Health Agencies (Open only for STAR+PLUS & Medicare Programs)
- Laboratories

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Contact Information

Gabriel de los Santos
Contracting & Credentialing Manager
Email: gdelossantos@elpasohealth.com
Ph: 915-298-7198 ext.1128

Maggie Guerra
Contracting & Credentialing Lead
Email: mguerra@elpasohealth.com
Ph: 915-298-7198 ext.1123

Contracting and Credentialing Representatives

Deborah Galindo
Alpha Assignment: A-G
Ph: 915-298-7198 ext.1034

Maribel Acosta
Alpha Assignment: H-O
Ph: 915-298-7198 ext.1248

Melissa Martinez
Alpha Assignment: P-Z
Ph: 915-298-7198 ext.1320

A Contracting and Credentialing Representative will respond to your inquiry within 72 business hours.

Email: Contracting_Dept@elpasohealth.com

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Community Connection Unit

Food From the Heart Food Distribution

El Paso Health, in collaboration with El Pasoans Fighting Hunger, hosts a monthly drive-thru food pantry to support the El Paso community.

📅 When: Typically held on the last Saturday of each month (dates may vary)

🕗 Time: 8:30 a.m. – 10:30 a.m. (or until food supplies run out)

🚙 Format: Drive-thru only. We ask people to remain in their vehicle during the distribution

We are proud to serve our community and ensure access to essential food resources 🤝

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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:

SDOH EPH - Tips Sheets

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Non-Medical Drivers of Health Fundamentals

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
• Employment • Income • Expenses • Debt • Medical bills • Support	• Housing • Transportation • Safety • Parks • Playgrounds • Walkability • Zip Code/ Geography	• Literacy • Language • Early childhood education • Vocational Training • Higher Education	• Hunger • Access to Health Options (Food Farmacy)	• Social Integration • Support Systems • Community Engagement • Discrimination • Stress	• Health Coverage • Provider Availability • Provider linguistic and cultural competency • Quality of care

Health Outcomes

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

Non-Medical Drivers of Health Referrals

If you identify any member with NMDOH needs you can contact the Community Connection Supervisor.

Gabriela Mendoza

Phone: (915) 532-3778 Ext 1076

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Member Services

Member Services

Call Center Representatives

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:

- **STAR+PLUS Phone: 1-833-742-3127**
- **STAR & CHIP Phone: 1-877-532-3778**

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

*Interpreter services are available.

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Forms of Eligibility Verification

El Paso Health **Provider Web Portal**

Telephonically:

- **STAR+PLUS: 1-833-742-3127**
- **STAR & CHIP: 1-877-532-3778**

Texas Medicaid Benefit Card

TexMedConnect: **https://secure.tmhp.com/TexMedConnect**

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

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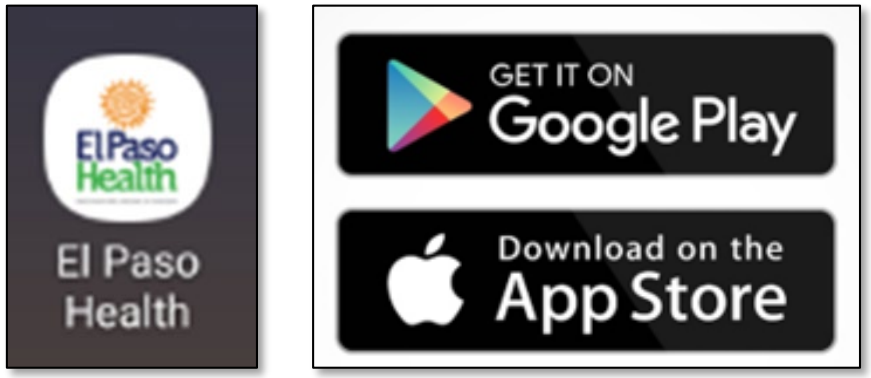
El Paso Health Mobile App

Members can perform a variety of functions on the El Paso Health Mobile App, to include:

- View and print a temporary ID
- View eligibility information
- Request a PCP change
- View authorizations
- Ask a question to one of our representatives
- Request a new ID card
- Find a Provider
- View wellness information
- View claims

- Members can download the **El Paso Health Mobile App** via Google Play or Apple Store.



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First Call Medical Advice Infoline / Behavioral Health Crisis Line

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.

First Call: 1-844-549-2826

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

STAR: 1-877-377-6147

CHIP: 1-877-377-6184

STAR+PLUS: 1-877-377-2950

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

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Member Cost Sharing Obligations

STAR / STAR+PLUS	CHIP / CHIP Perinate
Providers may not bill STAR and STAR+PLUS members directly for covered services. Providers may inform members of costs for non-covered services and secure a private pay form prior to rendering Members do not have co-payments.	Co-payments for medical services or prescription drugs are paid to the health care provider at the time of service. Members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays. No cost-sharing on benefits for well baby and well child services, preventative services, or pregnancy related assistance, behavioral health visits in an office setting and SUD. (Substance Use Disorder)

Additional details can be found under Provider Materials | El Paso Health.

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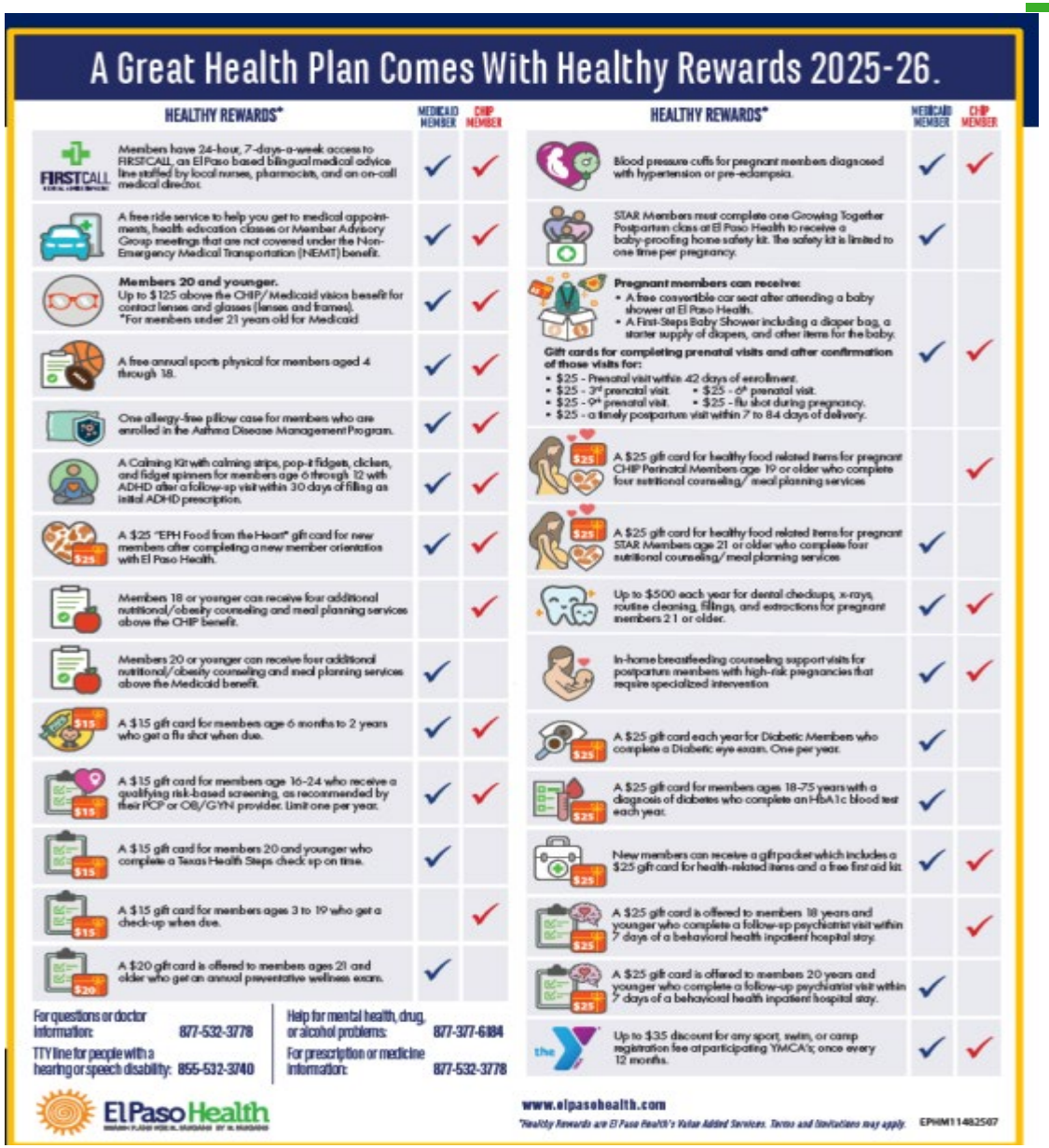
STAR & CHIP - Healthy Rewards



A Great Health Plan Comes With Healthy Rewards 2025-26.

HEALTHY REWARDS*	MEDICAID MEMBER	CHIP MEMBER
Members have 24-hour, 7-days-a-week access to FIRSTCALL, an El Paso based bilingual medical advice line staffed by local nurses, pharmacists, and an on-call medical director.	✓	✓
A free ride service to help you get to medical appointments, health education classes or Member Advisory Group meetings that are not covered under the Non-Emergency Medical Transportation (NEMT) benefit.	✓	✓
Members 20 and younger. Up to $125 above the CHIP/Medicaid vision benefit for contact lenses and glasses (lenses and frames). *For members under 21 years old for Medicaid	✓	✓
A free annual sports physical for members aged 4 through 18.	✓	✓
One allergy-free pillow case for members who are enrolled in the Asthma Disease Management Program.	✓	✓
A Calming Kit with calming strips, pop-it fidgets, clickers, and fidget spinners for members age 6 through 12 with ADHD after a follow-up visit within 30 days of filling an initial ADHD prescription.	✓	✓
A $25 "EPH Food from the Heart" gift card for new members after completing a new member orientation with El Paso Health.	✓	✓
Members 18 or younger can receive four additional nutritional/obesity counseling and meal planning services above the CHIP benefit.		✓
Members 20 or younger can receive four additional nutritional/obesity counseling and meal planning services above the Medicaid benefit.	✓	
A $15 gift card for members age 6 months to 2 years who get a flu shot when due.	✓	✓
A $15 gift card for members age 16-24 who receive a qualifying risk-based screening, as recommended by their PCP or OB/GYN provider. Limit one per year.	✓	✓
A $15 gift card for members 20 and younger who complete a Texas Health Steps check up on time.	✓	
A $15 gift card for members ages 3 to 19 who get a check-up when due.		✓
A $20 gift card is offered to members ages 21 and older who get an annual preventative wellness exam.	✓	

HEALTHY REWARDS*	MEDICAID MEMBER	CHIP MEMBER
Blood pressure cuffs for pregnant members diagnosed with hypertension or pre-eclampsia.	✓	✓
STAR Members must complete one Growing Together Postpartum class at El Paso Health to receive a baby-proofing home safety kit. The safety kit is limited to one time per pregnancy.	✓	
Pregnant members can receive: • A free convertible car seat after attending a baby shower at El Paso 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:** • $25 - Prenatal visit within 42 days of enrollment. • $25 - 3rd prenatal visit. • $25 - 6th prenatal visit. • $25 - 9th prenatal visit. • $25 - flu shot during pregnancy. • $25 - a timely postpartum visit within 7 to 84 days of delivery.	✓	✓
A $25 gift card for healthy food related items for pregnant CHIP Perinatal Members age 19 or older who complete four nutritional counseling/ meal planning services		✓
A $25 gift card for healthy food related items for pregnant STAR Members age 21 or older who complete four nutritional counseling/ meal planning services	✓	
Up to $500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions for pregnant members 21 or older.	✓	✓
In-home breastfeeding counseling support visits for postpartum members with high-risk pregnancies that require specialized intervention	✓	✓
A $25 gift card each year for Diabetic Members who complete a Diabetic eye exam. One per year.	✓	
A $25 gift card for members ages 18-75 years with a diagnosis of diabetes who complete an HbA1c blood test each year.	✓	
New members can receive a gift packet which includes a $25 gift card for health-related items and a free first aid kit	✓	✓
A $25 gift card is offered to members 18 years and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay.		✓
A $25 gift card is offered to members 20 years and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay.	✓	
Up to $35 discount for any sport, swim, or camp registration fee at participating YMCA's; once every 12 months.	✓	✓

For questions or doctor information: 877-532-3778
TTY line for people with a hearing or speech disability: 855-532-3740
Help for mental health, drug, or alcohol problems: 877-377-6184
For prescription or medicine information: 877-532-3778

El Paso Health

www.elpasohealth.com

*Healthy Rewards are El Paso Health's Value Added Services. Terms and limitations may apply. EPHM11482507

Current STAR & CHIP Healthy Rewards for SFY 2025 - 2026

*Stay tuned for upcoming Healthy Rewards for 2026-2027

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STAR+PLUS – Value Added Services

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

	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 $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	✓ $600 allowance	✓ $1,000 allowance
Extra Vision Services $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	✓ $125 biennial allowance	N/A
Extra Foot Doctor (Podiatry) Services Additional routine foot doctor (podiatry) visits each year.	✓ 2 visits	✓ 2 visits	✓ 4 visits	✓ 2 visits
Over-the-Counter Benefits / Utility Assistance 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.	✓	✓	N/A	N/A
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 20 hours respite services for STAR+PLUS non-HCBS waiver members age 21 and older.	✓	✓	N/A	N/A
Extra Hearing Services $2,000 allowance toward hearing aids, every two years.	N/A	✓	N/A	✓
Healthy Eats Program Members can participate in the Healthy Eats Program and receive a $50 gift card each quarter to obtain nutritious food. • Medicaid only: Diabetic non-dual member • Dual: Diabetic Non-HCBS waiver members	✓	✓	N/A	N/A
Delivered Meals Up to 14 healthy home-delivered meals for STAR+PLUS non-HCBS waiver members after being discharged from a hospital or nursing facility.	✓	✓	N/A	N/A
Meal Planning Four additional nutritional counseling/meal planning services for diabetic STAR+PLUS non-HCBS waiver members.	✓	✓	N/A	N/A
Get Fit Program STAR+PLUS members can participate in the El Paso Health Get Fit Program at the YMCA.	✓	✓	N/A	N/A

El Paso Health | Texas Health and Human Services | Texas STAR+PLUS

Restrictions and limitations may apply.

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

	At Home		Nursing Facilities	
	Medicaid Only	Dual	Medicaid Only	Dual
Care Kit Receive a free personal blanket, skid proof socks, an accessory tote bag, and a large print digital clock.	N/A	N/A	✓	✓
Pest Repellent Pest repellent wall plugs for members with Asthma or COPD and who are enrolled in El Paso Health's Disease Management Program.	✓	✓	N/A	N/A
Allergy-Free Pillow Case 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.	✓	✓	N/A	N/A
GED Support for IDD Eligible members receive GED preparation support, help with finding test centers, and a voucher for test costs. One per member per lifetime.	✓	✓	N/A	N/A
Extra Help for Pregnant Women **Pregnant members can receive:** • A free convertible car seat after attending a baby shower at El Paso 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:** • $25 - Prenatal visit within 42 days of enrollment. • $25 - 3rd prenatal visit. • $25 - 6th prenatal visit. • $25 - 9th prenatal visit. • $25 - flu shot during pregnancy. • $25 - a timely postpartum visit within 7 to 84 days of delivery. **$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**	✓	✓	N/A	N/A
Grooming & Stylist Services $25 allowance toward grooming/stylist services each quarter.	N/A	N/A	✓	✓
Mental Health Follow-Up Care Incentive $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	✓	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 Services:** • $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 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 members who have a follow-up doctor visit within 30 days of getting out of the hospital once a year. **Cancer Screenings:** • $25 gift card for female members ages 21-64 who get a recommended cervical cancer screening. (Once every 3 years) • $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)	✓	N/A	✓	N/A

El Paso Health | Texas Health and Human Services | Texas STAR+PLUS

Restrictions and limitations may apply.

Non-Emergent Medical Transportation (NEMT) Services

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.

Medical Transportation Management (MTM), an El Paso Health Partner, may be able to help STAR, CHIP and 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

To request transportation:

- Members must call MTM at **1-855-584-3530 (STAR+PLUS)** or **1-844-572-8196 (STAR and CHIP)**
- 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. Website: http://mtm-inc.net/texas/

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STAR+PLUS: Service Coordination

Service Coordination

Service Coordination is a specialized case management service available to members who need additional support.

Service Coordination provides:

- ✓ Single Point of Contact for the member
- ✓ Assessment reviews and development of a plan of care using input from the member, family, and providers
- ✓ Care coordination support across services and providers
- ✓ Guidance through the health system including referrals and authorizations
- ✓ Multidisciplinary approach to address medical and behavioral health needs
- ✓ Required member contacts — telephonic or face-to-face

To reach an El Paso Health Service Coordinator:

- **Call 833-742-3127, option #3 for providers**
- Hours of Operation: Monday – Friday, 8:00 AM to 5:00 PM (excluding state-approved holidays)

For after-hours assistance, members, family members, and providers may leave a message. A Service Coordinator will return the call within 2 business days

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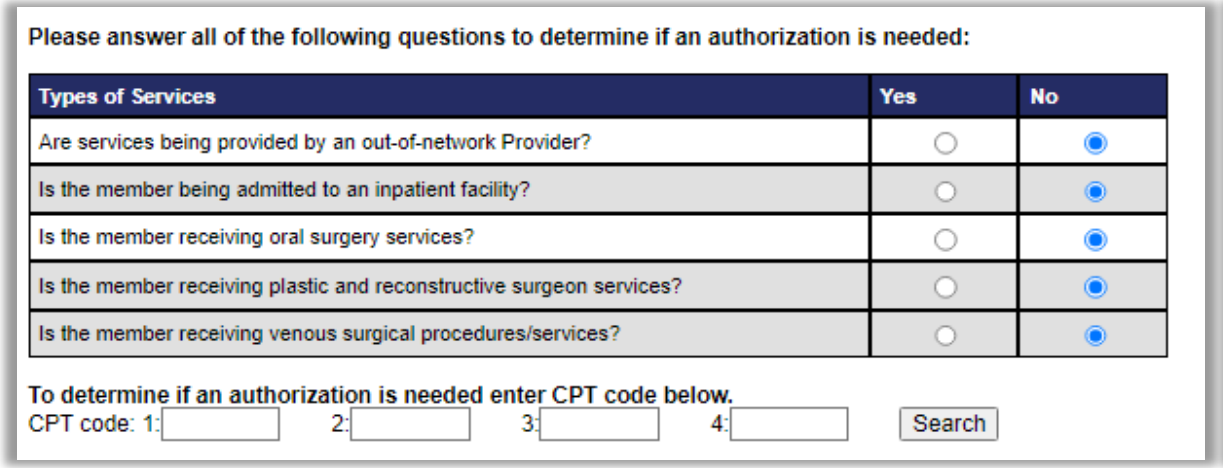
Health Services

Prior Authorization Tool

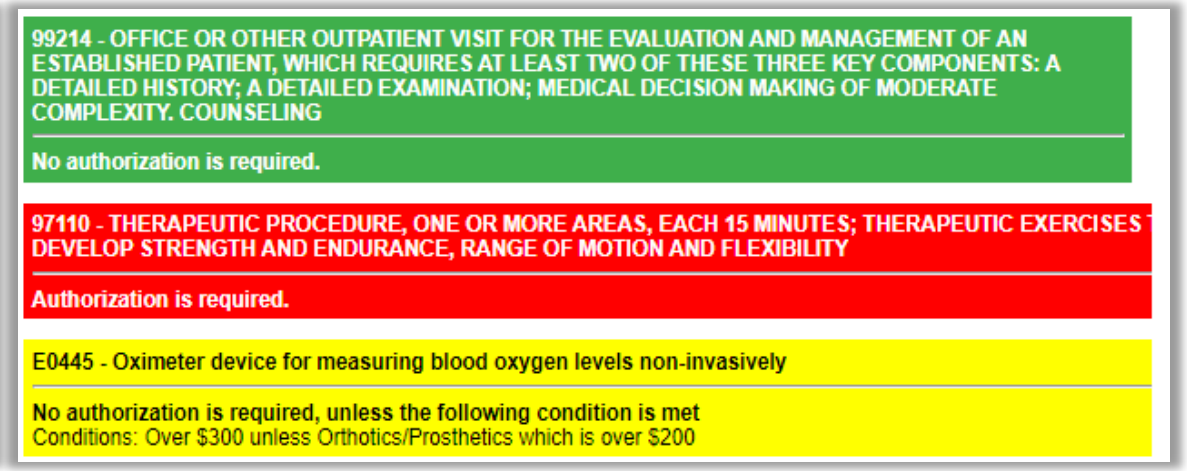
- All questions on the table must be answered in order to be able to search for CPT codes.
  - A ‘yes’ answer to <u>any</u> of the questions will automatically require a prior authorization.
  - Answering ‘no’ to all questions on the table will prompt the CPT code search query.
- Enter your CPT code 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?	○	◉
Is the member being admitted to an inpatient facility?	○	◉
Is the member receiving oral surgery services?	○	◉
Is the member receiving plastic and reconstructive surgeon services?	○	◉
Is the member receiving venous surgical procedures/services?	○	◉

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



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 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 | El Paso Health]

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Authorization Requests & Hours of Operation

Electronically via EPH Provider Web Portal	
Fax	**Outpatient** (915)298-7866 or Toll Free (844)298-7866 **Inpatient** (915)298-5278 or Toll Free (844)298-5278
Walk-in / Mail	**Walk-in Address:** 1145 Westmoreland Dr. El Paso, TX 79925-5615 **Mailing Address:** P.O. Box 971100, El Paso, TX 79997-1100
Telephonically	**STAR:** Phone: 915-532-3778 or Toll-Free 888-532-3778 **STAR+PLUS:** Toll-Free: 833-742-3127

Business Hours:
Monday – Friday, 8:00AM – 5:00PM (MST)
Authorizations are accepted during these hours.

After-Hours Access:
El Paso Health Medical Director (or designee) available via answering service.
Calls will be transferred accordingly.

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Turnaround Times

Request Type	Turnaround Time
Standard (Medicaid/Medicare)	3 business days
Standard (CHIP/TPA)	2 business days
Expedited	24 hours
Retrospective	30 days (starts 5 business days after received date)

Keep in mind:** The day the authorization request is received is considered **Day 0**; turnaround time starts until the next **business** day.

Extension for Additional Information Requests:

- Turnaround time can be extended **up to 14 calendar days**

Notification of Extension:

- **Provider:** Receives Fax
- **Member:** Receives Mailed Letter

(Notification includes: New Due Date printed on the Letter)

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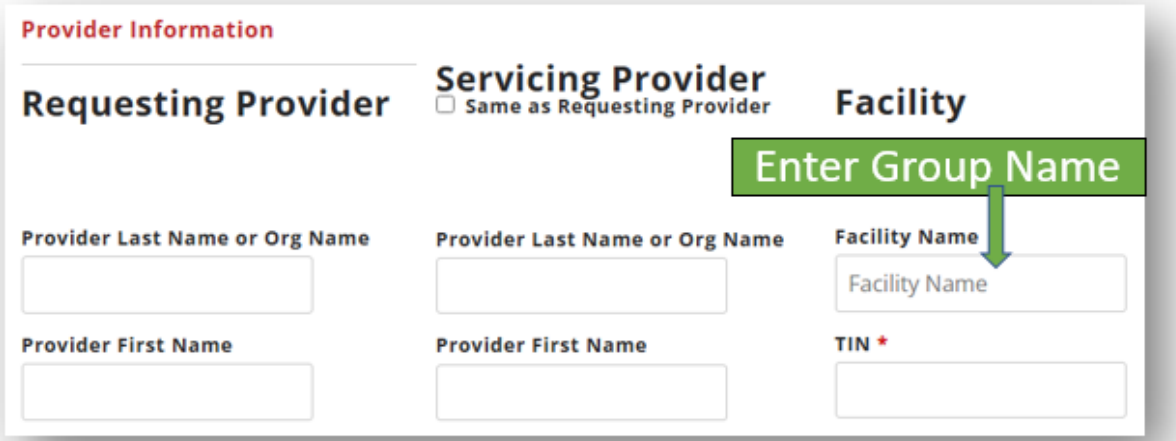
Web Portal Authorization Submissions

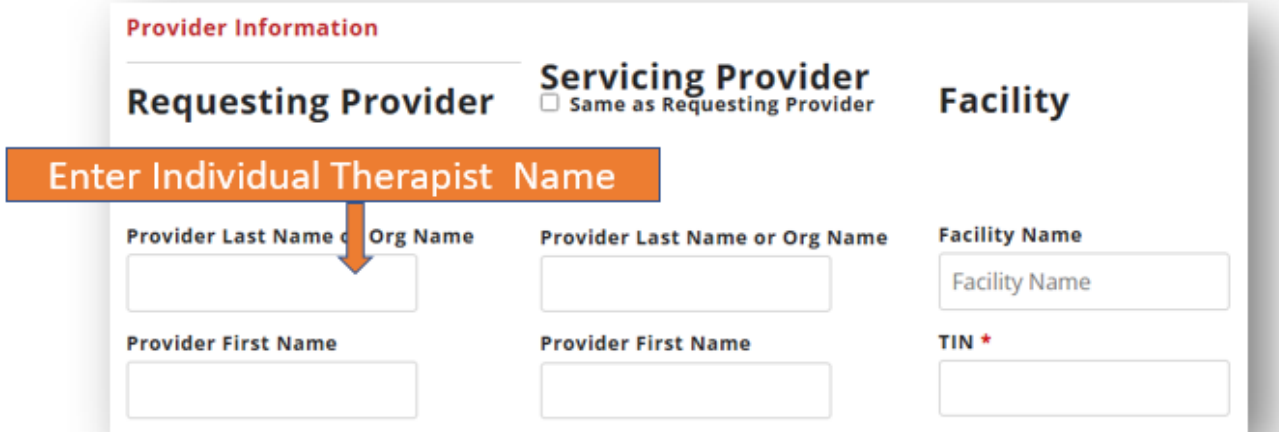
Prior authorization requirements vary based on how the provider is contracted:

Group Providers

Facility Providers



Individual Providers



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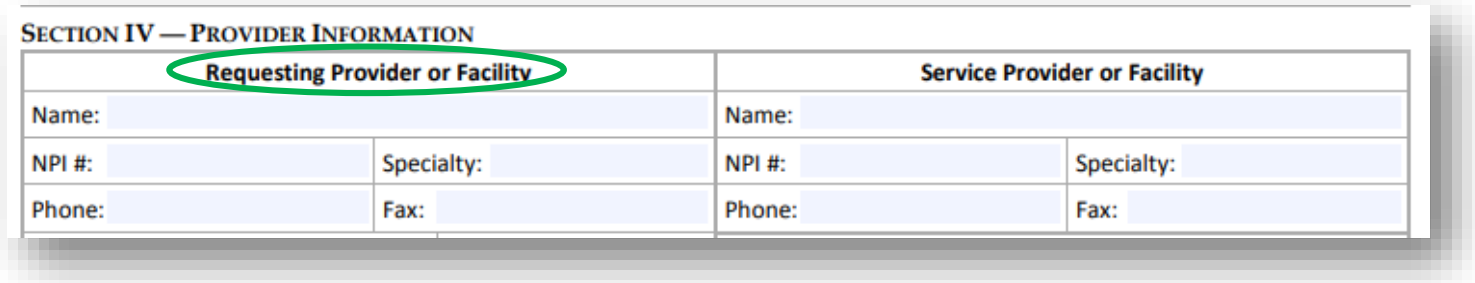
Fax Authorization Submissions

Prior authorization requirements vary based on how the provider is contracted:

For **Individual Providers** – Enter therapist name under the "Requesting Provider"

Individual Providers

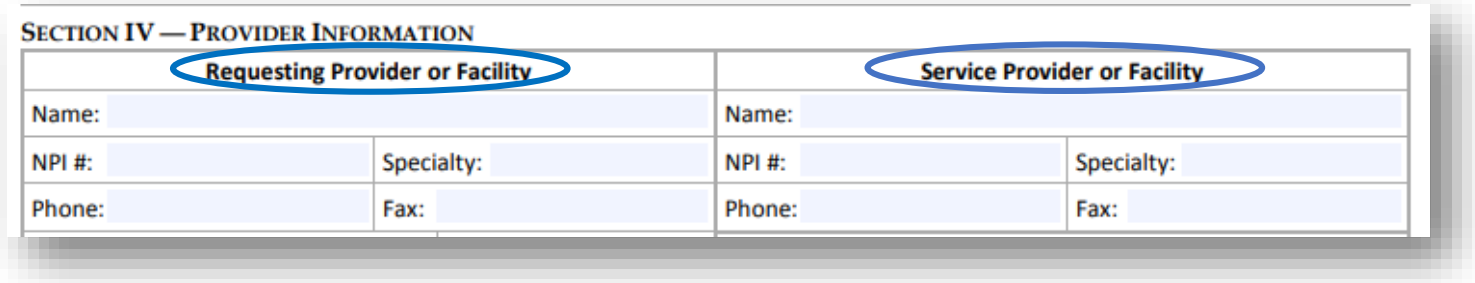


SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name:		Name:	
NPI #:	Specialty:	NPI #:	Specialty:
Phone:	Fax:	Phone:	Fax:

For **Group Providers** - Enter Therapist Name under "Requesting Provider" and Group's Name under "Service Provider or Facility"

Group of Providers

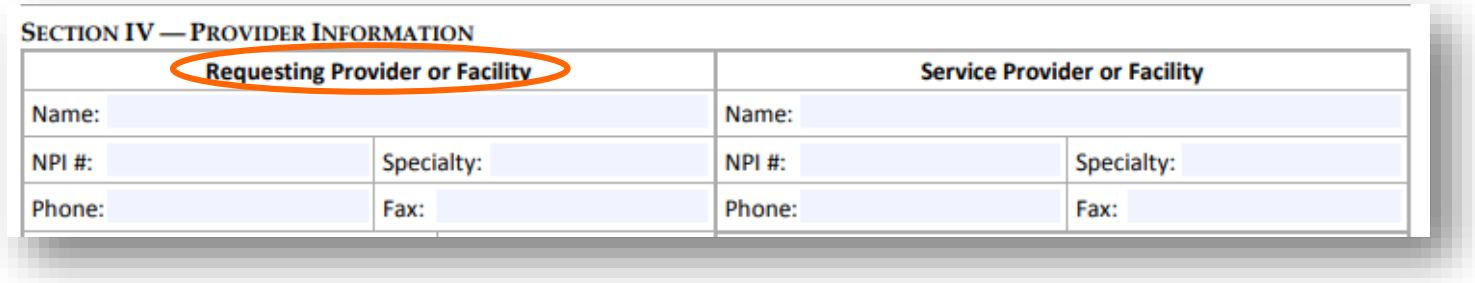


SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name:		Name:	
NPI #:	Specialty:	NPI #:	Specialty:
Phone:	Fax:	Phone:	Fax:

For **Facility Providers** - Enter Facility's Name on "Requesting Provider or Facility"

Facility Providers



SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name:		Name:	
NPI #:	Specialty:	NPI #:	Specialty:
Phone:	Fax:	Phone:	Fax:

Prior Auth Process for Therapy Services

Obtain Physician's Order from PCP to Evaluate or Re-evaluate

Perform the Evaluation or Re-evaluation

Obtain signed and dated PCP Order with Frequency and Duration **or** Signed Plan of Care

PA Request should include:

- Date range within 180 days of therapy starting
- CPT codes and relevant Diagnosis codes
- Modality being requested (PT/OT/ST)
- Plan of care with SMART goals
- Any pertinent physician clinicals or Well Child Visit

Important Reminders:

- Submit continued-therapy PA **no earlier than 30 days** before current auth ends
- Physician's order to Evaluate/Re-evaluate **not required**

  Recommendation: Keep on file in case of audits

Please Note:

- EPH may request additional information if any required item is missing
- EPH Medical Director considers Physician-recommended frequency, not Therapist-recommended frequency

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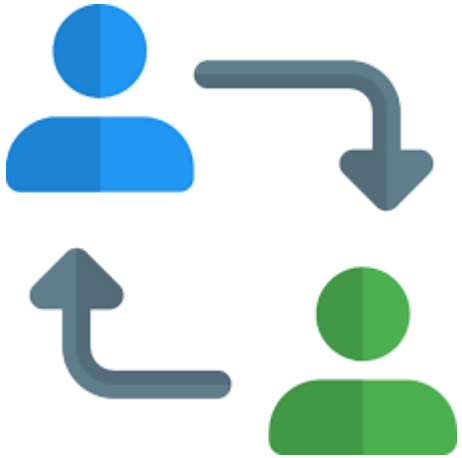
Change of Provider – Authorization Requirements

Change of Therapy Provider (Outside Current Group)

New provider must submit a New Authorization Request, including:

- **Change of Provider Letter**
  – Signed by the responsible party
- **End Date with Previous Provider**
  – Last date of service
- **Provider Details**
  – Names of both the previous and new providers



Change Within Same Group

- Use existing evaluation and plan of care
- Authorization period remains unchanged

Speech Therapy

Additional Evaluation and Documentation Requirements for Speech Therapy

🗣️ **Language evaluations**—Oral-peripheral speech mechanism examination and formal or informal assessment of hearing, articulation, voice and fluency skills;

🎤 **Speech production (voice)—**Formal screening of language skills, and formal or informal assessment of hearing, voice and fluency skills;

💬 **Speech production (fluency and articulation)—**Formal screening of language skills, formal or informal assessment of hearing, voice and fluency skills;

👄 **Oral Motor/Swallowing/Feeding**—Formal screening of language skills, formal or informal assessment of hearing, voice, and fluency skills

⚠ If swallowing issues and/or signs of aspiration are noted, then a statement indicating that a referral has been made to the client's prescribing provider to consider a video fluoroscopic swallow study must be included.

Important Notes:

- Submit **1 authorization per discipline per provider**
- **2 Speech Therapy codes cannot be billed on the same day**
  - e.g., Feeding-Swallowing + Speech Therapy
  - Dates on authorization **cannot be moved**

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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 (PCP or Specialist) has 24 hours to schedule a peer to peer review for services

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PT, OT, and ST Procedure Codes

PT, OT, and ST treatment procedure codes are either time-based and billable in units or untimed and billable per daily encounter.

5.5.1 Timed PT and OT Treatment Procedure Codes

All time-based PT and OT treatment procedure codes are cumulatively limited to one hour per date of service per discipline (4 units).

The following time-based PT and OT treatment procedure codes must be billed in 15 minute increments and are limited to a combined total of 2 units (thirty minutes) per date of service per discipline:

Procedure Codes	
97034	97035

The following time-based PT and OT treatment procedure code must be billed in 15 minute increments, is limited to a combined total of 3 units (45 minutes) per date of service per discipline, and is not payable in the home or other setting:

Procedure Codes
97036

The following time-based PT and OT treatment procedure codes must be billed in 15 minute increments and are limited to a combined total of 4 units (one hour) per date of service per discipline:

Procedure Codes									
97032	97033	97110	97112	97113	97116	97124	97140	97530	97535
97537	97542	97750	97760	97761	97763				

Note: *Procedure code 97113 is not payable to home health agencies.*

5.5.3 ST Treatment Procedure Codes

Individual speech treatment is limited to one encounter per date of service per provider. Only one of the following individual speech treatment procedure codes will be reimbursed per date of service:

Procedure Codes	
92507	92526

An encounter for speech therapy individual treatment is defined as face-to-face time with the patient and/or caregiver for a length of time compliant with nationally recognized professional speech-language pathology standards for a typical session.

The following group speech therapy procedure code is limited to once per date of service:

A modifier must be used to indicate when treatment services have been rendered by a licensed therapist/ physician or a therapy assistant under supervision of a licensed therapist.

The following modifiers are not required for evaluation or re-evaluation codes because those services may not be rendered by therapy assistants.

Modifier	Description
UB	Services delivered by a licensed therapy assistant under supervision of a licensed therapist
U5	Services delivered by a licensed therapist or physician

TMPPM_Provider Manual_PDF Chapter_PT/OT/ST Services Handbook

METHOD for Counting Minutes in 15-Minute Units for Timed Procedure Codes

Billing Method for 15-Minute Time Procedure Codes

- **1 unit = 15 minutes** of billable service
- Total daily billable minutes ÷ **15 = units of service**

Rounding Rules:

- **> 7 minutes** = round **up** to 1 unit
- **≤ 7 minutes** = round **down** to 0 units

For Example: 68 total billable minutes/15 = 4 units + 8 minutes. Because the 8 minutes are more than 7 minutes, those 8 minutes are converted to one unit. Therefore, 68 total billable minutes = 5 units of service.

- **68 minutes ÷ 15 = 4 units + 8 minutes**
- 8 minutes > 7 → **add 1 unit**
- **Total = 5 units**

When providers are counting minutes for timed procedure codes, the time intervals for 1 through 8 units are as follows:

Units	Number of Minutes
0 units	0 minutes through 7 minutes
1 unit	8 minutes through 22 minutes
2 units	23 minutes through 37 minutes
3 units	38 minutes through 52 minutes
4 units	53 minutes through 67 minutes
5 units	68 minutes through 82 minutes
6 units	83 minutes through 97 minutes
7 units	98 minutes through 112 minutes
8 units	113 minutes through 127 minutes

TMPPM_7.2.1 Method for Counting Minutes for Timed Procedure Codes in 15-Minute Units

Friendly Reminders

🛑 Please Do NOT

- Request evaluation/re-evaluation codes on prior authorizations dated 8/1/23 or later
- Submit all disciplines on one request
- Re-use the same order from previous authorizations
- Bill a therapy CPT and an evaluation CPT code for one evaluation assessment
- Bill two initial eval codes for the same discipline for the same patient within 3 years
- Request un-payable codes
    - For example: Submission of G0283 and 97010 are not payable and should not be included on the prior auth request. These will delay authorizations.

📄 Additional Guidance

Please review the TMPPM requirements for:

- Chronic vs. Acute
- Initial vs. Recertification

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How an A Case Manager Help Our Members?

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

- Resources to enhance health education.
- Health promotion.
- Comprehensive assessments.
- Coordination and collaboration with our valued providers.

Our members are encouraged to:

- Discuss available services in detail.
- Obtain education about how to access services.

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

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

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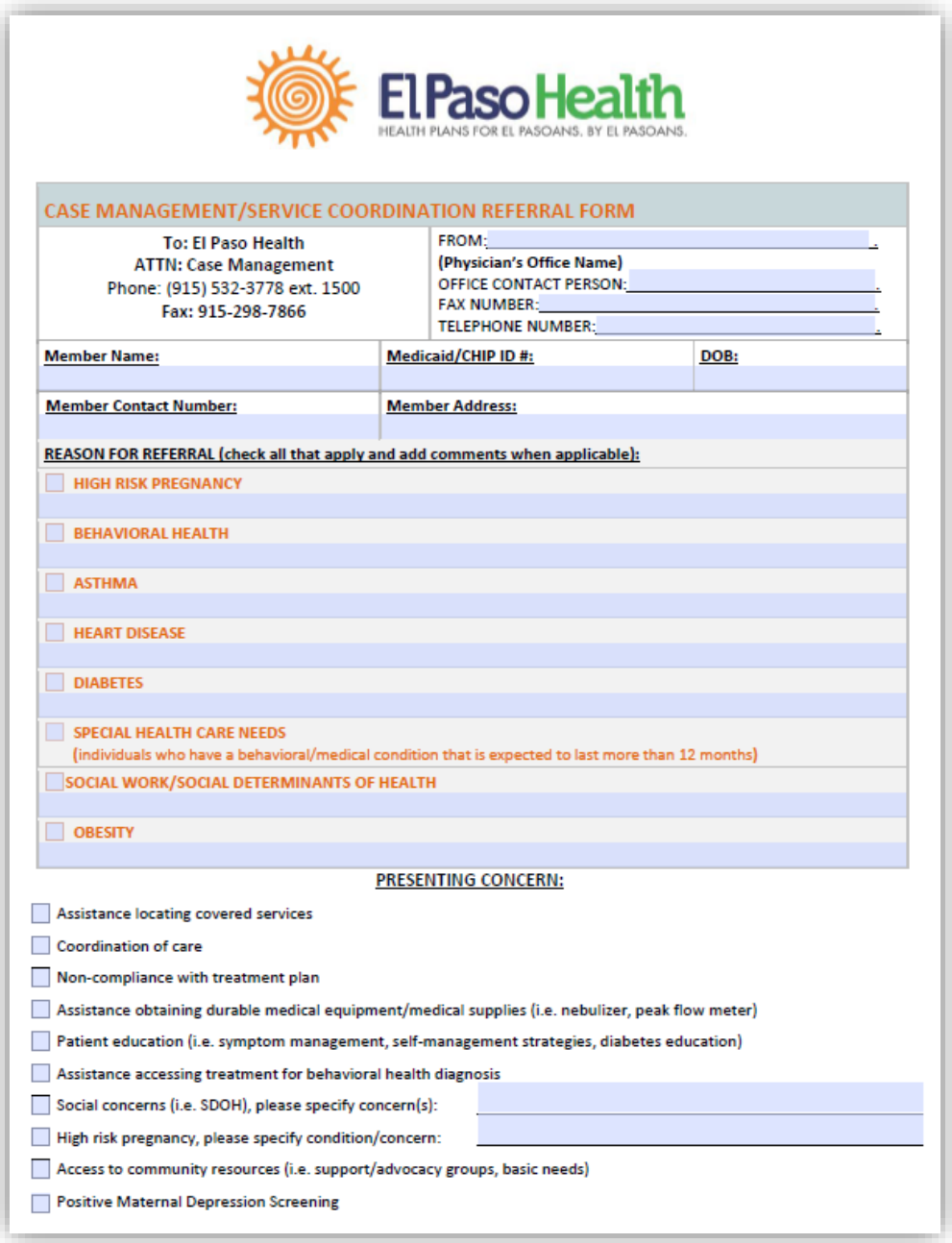
Case Management Referrals



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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

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Contact Information

Carolina Castillo

Utilization Management Manager

(915) 532-3778 ext. 1122

Jesus Ochoa

Care Coordinator Manager

(915) 532-3778 ext. 1017

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Claims Department

Top Denials

Physical Therapy

Denial Reason	Total
9523) Required modifier missing	637
151) Missing/incomplete/invalid rendering provider name.	512
9243) Maximum frequency exceeded	63

Occupational Therapy

Denial Reason	Total
915) Claim payment amount exceeds maximum allowed	39
9523) Required modifier missing	31
915) Claim amount exceeds Maximum allowed	24

Speech Therapy

Denial Reason	Total
610) Prior authorization services do not match claim.	29
111) Missing/incomplete/invalid provider identifier	27
205) Benefit Requires Prior Authorization	14

Telemedicine Billing Reminders

Telemedicine Modifiers	
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
FQ	Outpatient mental health services provided by synchronous telephone (Audio-Only) technology must be billed using modifier FQ
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive (Audio-Only) Telecommunications System

Place of Service Codes	
02	The patients attend the telehealth appointments anywhere other than their own homes (e.g., a hospital or skilled nursing facility)
10	Telehealth services provided to patients who attend the appointments in their own homes

Note: Claim will deny if submitted only with modifier for telemedicine and invalid POS code or vice versa

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Therapy Modifiers

Modifier	Description
GP	Physical Therapy
GO	Occupational Therapy
GN	Speech Therapy
UB	Services delivered by a licensed therapy assistant under supervision of a licensed therapist
U5	Services delivered by a licensed therapist or physician

Reminder: *Modifiers are required on all claims except when billing evaluation and re-evaluation procedure codes.*

Re-Evaluations

60 days vs 180 day

Therapy Type	Re-Evaluation Allowed Frequency	Must Include with...	Timing
Acute	Once every 60 days	Recertification	Within 60 days before auth ends
Chronic	Once every 180 days	Recertification	Within 60 days before auth ends

Additional Notes

- Evaluations are untimed CPT codes; they're reimbursable once every three years to the same provider.
- Routine progress updates aren't counted as re-evaluations; only formal, documented re-evals are billable.
- If there's a significant change in medical condition or a provider change, additional re-evaluations may qualify, even outside the standard timeframe .

Best Practices

- Schedule re-evaluations 60 days prior to authorization expiration.
- Ensure all required signatures and documentation are current and complete.

Authorization Billing Reminders

- Ensure the correct authorization is billed for each claim
- Verify procedure codes match the approved authorization
- Confirm authorized units align with the units billed
- Check that service dates fall within the authorization's valid date range
- Make sure the authorization number is reported accurately
  - Small typos (extra digits, missing digits, incorrect characters) can cause denials
- Review any updated or revised authorizations before submitting claims
- Incorrect or mismatched authorization details may result in claim denials

Electronic Claims

Payer ID Numbers

Claims are accepted from:

- Availity
- Trizetto Provider Solutions, LLC. *(formerly Gateway EDI)*

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 Plans CHIP	EPF03
El Paso First Health Plan HCO Healthcare Options	EPF37
Preferred Administrators	EPF10
Preferred Administrators Children's Hospital	EPF11
El Paso Health Advantage Dual SNP	EPF07

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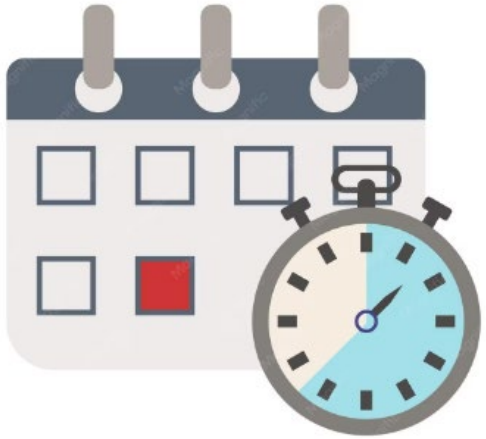
Timely Filing Guidelines

Initial Filing Deadline

- Claims must be submitted within 95 days from the date of service (DOS)

Reprocessing / Reconsideration

- Requests must be submitted within 120 days from the remittance advice date
- Corrected claims must use the correct frequency code:
  - ‘7’ → Replacement
  - ‘8’ → Void
- Must reference the most recently processed claim number



Key Tips

- Verify eligibility and claim status via Provider Portal
- Keep proof of timely submission (e.g., transmission reports)
- Only clearinghouse acceptance/rejection reports are honored
  - Office notes or personal screen prints do not count as proof
- Late claims may be denied

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Corrected Claim Submission Reminder

HCFA (CMS-1500) vs. UB-04 (CMS-1450)

Form Type	CMS-1500	UB-04
Corrected Indicator	Box 22: Resubmission code = 7	Bill Type: 3rd digit = 7 (e.g., 117, 137)
Claim Reference	Box 22 – Most recent claim number	Form Locator 64 – Most recent claim number
EDI Location	Loop 2300, REF*F8	Loop 2300, REF*F8
Common Use	Office/Professional corrections	Hospital, SNF, Outpatient, Home Health
Do NOT	Submit as new or Appeal	Use original bill type (e.g., 131)

Key Reminders

- Corrected claims must be submitted within the timely filing deadline.
- Do not submit a corrected claim through the appeals process, unless instructed to do so.
- Claims submitted without proper formatting may be denied or treated as duplicates.

Note: *Submitting the same request multiple times through claims or appeals will not expedite processing and may result in delays or denials.*

Claim Reconsideration vs. Appeal – Key Differences

	Claim Reconsideration	Appeal
Purpose	Request to re-review a claim due to potential processing error	Challenge a denial or adverse decision based on medical necessity or policy
Focus	Administrative/technical issues (e.g., coding, timely filing)	Clinical or coverage-related issues (e.g., service denial, level of care)
Initiated By	Typically the provider	Provider or Member
Documentation Needed	Corrected Claim	Often requires medical records, provider letter, or peer review
Outcome Possibilities	Payment adjustment, claim approval	Overturn of denial, continuation of care, or upheld denial

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Complaints and Appeals

Provider Appeals

A request for reconsideration of a previously dispositioned claim.

- Complete Denial of Claim
- Partial Denial of Claim

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
- Mail : El Paso Health
  Complaints and Appeals Dept.
  1145 Westmoreland Drive
  El Paso, TX 79925

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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)

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Reminders

- For all appeals inquiries, our **Member Services Department** is the appropriate point of contact. They can provide updates on appeal status and assist with any questions you may have regarding appeals.
- You may reach them directly at
  - STAR+PLUS Phone: 1-833-742-3127
  - STAR & CHIP Phone: 1-877-532-3778

Complaints and Appeals Contact Information:

Corina Diaz
Complaints and Appeals Manager
(915) 298-7198 ext. 1092

Maggie Rios
Complaints and Appeals Supervisor
(915) 298-7198 ext. 1299

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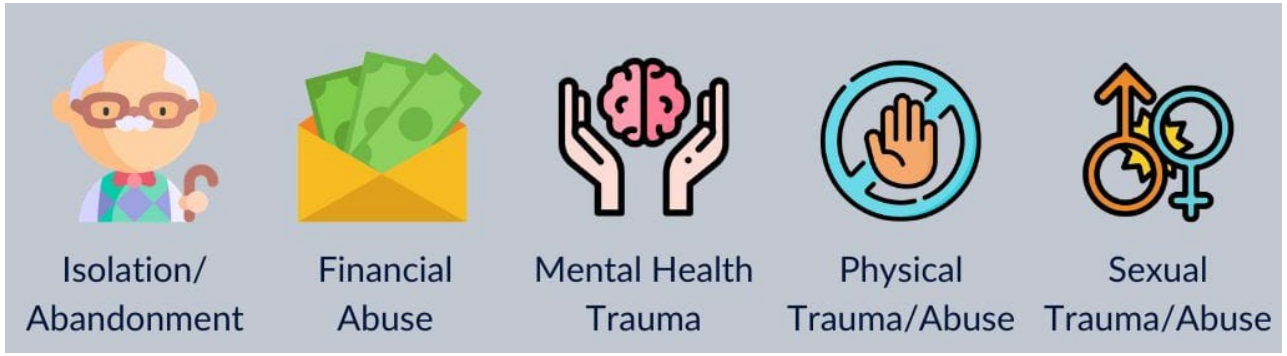
Abuse, Neglect and Exploitation

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.
    * Neglect also includes lack of heat, running water, electricity, medical care, and personal hygiene

Exploitation:
- Misusing the resources of another person for personal or monetary gain
    * This 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) 24/7, 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
  - Home and Support Services Agency (HCSSA) e.g., Home Health, PAS, Hospice.
- 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 (create a secure account)

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

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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

Additional information and resources regarding ANE can be found on El Paso Health website: https://www.elpasohealth.com/members/hhsc-news/abuse-neglect-and-exploitation/

abuse

neglect

exploitation

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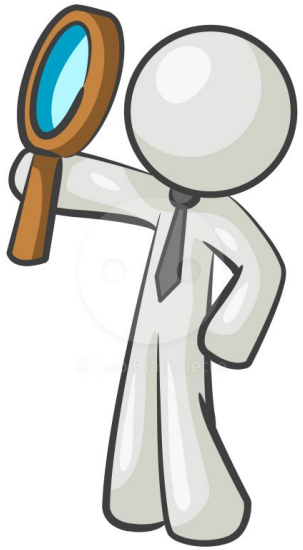
Special Investigations Unit (SIU)

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.



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What We Look For

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

- **Documentation**
  - Accuracy and Completeness: Ensure that patient records are complete, accurate and contain necessary assessments and care plans.

- **Billing and Reimbursement Compliance**
  - Verify that the facility's billing practices comply with coding regulations and that there are no signs of fraudulent activities.

- **Authorizations**
  - When required, ensure authorization is obtained prior to the services being rendered.

- **Staffing**
  - Review whether the facility maintains adequate staffing levels and whether staff qualifications meet required standards. To include provider enrollment with TMHP and El Paso Health.

Medical Records Request

For regular audits 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 an acceptable form of communication)

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

Methods to Submit Medical Records

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

- **Email:** JHerrera2@elpasohealth.com or gtejada@elpasohealth.com

- **Datavant** (formerly Ciox Health)

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

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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
- Initial Evaluations
- Provider Signatures

When records are submitted, providers will sign an attestation to the number of pages included. After attestation signature, additional records will not be accepted.

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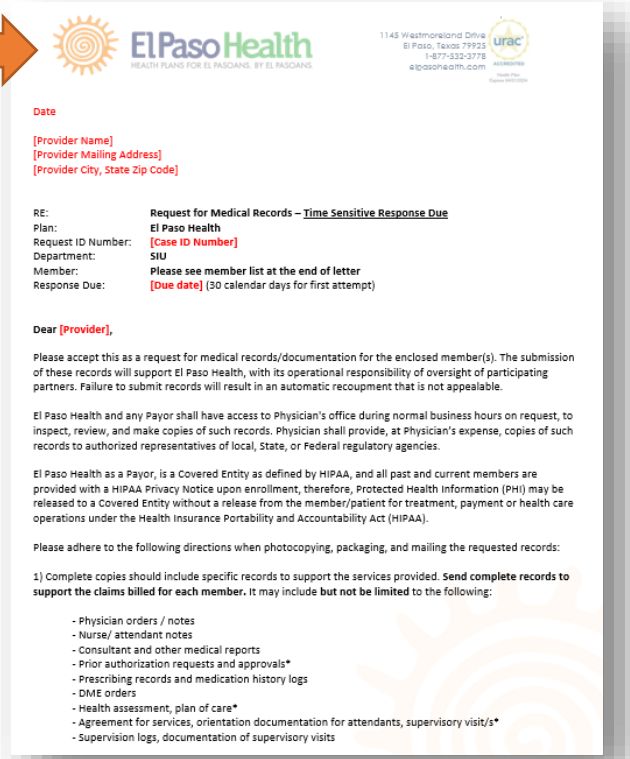
EPH Audit vs External Audits

El Paso Health conducts it's 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



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1145 Westmoreland Drive
El Paso, Texas 79925
1-877-532-3778
elpasohealth.com

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

THE ATTORNEY GENERAL TEXAS
KEN PAXTON
ATTORNEY GENERAL of TEXAS

OFFICE OF INSPECTOR GENERAL
Inspector General
Texas Health and Human Services

Letterhead Samples for External Audits

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!

Jennifer Herrera, SIU Manager

(915) 298-7198 ext.1228

jherrera2@elpasohealth.com

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
1-800-735-2989

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For more information:

(915) 532-3778

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