





El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

**Provider Relations
Updates and Reminders**

Electronic Usages

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

- Web Portal:
 - Electronic Claims Submission
 - Upload appeals
 - Prior authorization submissions and amendments
 - Direct Payments (ACH) forms to your financial institution
 - Remittance Advice (RA) Reports.





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](#) [Quality Reports](#) [QI Correspondence](#)

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	↗
Provider Demographic Form	↗

Pharmacy MAC List

Contracted pharmacies can readily access the MAC list at any time through the Navitus Health Solutions Website

Provider Directories

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
- New providers joining the group or leaving the group.
- Closing a practice locations or adding a new practice locations.
- Modifying practice hours or changing limitations
- Closing or opening panels

What forms do I need to send and where:

- Submit a provider demographic form and W-9 to Contracting_Dept@elpasohealth.com
- [9591-1 EPH PROVIDER DEMO FORM \(elpasohealth.com\)](https://www.elpasohealth.com/9591-1-EPH-PROVIDER-DEMO-FORM)

The image displays two pages of the 'PROVIDER DEMOGRAPHIC FORM' from El Paso Health. The top page (Page 1) includes the El Paso Health logo and contact information (915.532.3778, email: Contracting_dept@elpasohealth.com). It contains a header warning: 'Please make sure to complete this form with all types of requests such as adding a new provider, location update, terminating a provider, any type of update. This form is required in order for any changes to be processed.' The form fields include: Group/Facility Name, Group/Facility Specialty, Tax ID, Group NPI, Group TPI, Select Program (checkboxes for Medicaid, CHIP/Perinatal, STAR Plus, Preferred Administrators, HCO, Medicare, PCP, Specialist, PCP/Specialist, Hospital Based, Home Health/DME, PAS, SNF, Other), Include Provider Specialty (Specialty, Subspecialty), Last, First, M Name, DOB, SS#, Individual NPI, API, TPI, CAQH, Medicare #, LTSS X Code, Professional Category (checkboxes for MD, DO, FNP, ACNP, PA, CRNA, Other), Taxonomy number(s), Primary Practice Address, City, State, ZIP, Office Hours/Days, Phone, Fax, Website URL, CLIA Number, CLIA Type, and four additional location entries with similar fields. A note states: '*Please provide CLIA numbers for each location.' The bottom of the page shows the URL <https://www.elpasohealth.com/> and '1 | Page'.

The bottom page (Page 2) also features the El Paso Health logo and contact information. It contains a header: 'PROVIDER DEMOGRAPHIC FORM'. The form fields include: American Sign Language (ASL) (checkboxes for Yes, No, Other), Established Only (checkbox), Age Range, Female Only (checkboxes for Yes, No, Other), Diversity training? (checkboxes for Yes, No), Telemonitoring (checkbox), Targeted Case Management (checkbox), Ability requirements? (checkboxes for Yes, No), Primary Contact Address, Tax ID, Primary Contact Address, and all credentialing contact information. At the bottom, there are checkboxes for Term, Effective Date, and LTSS X Code, and checkboxes for MINUTE, STAR+PLUS, TPA, HCO, MEDICARE, facility, Amendment, LOA, Par, and Non-Par. The bottom of the page shows the URL <https://www.elpasohealth.com/> and '2 | Page'.

El Paso Health Provider Manual



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

Provider Manual



September 2023

STAR Medicaid & CHIP Programs

1145 Westmoreland Dr.
El Paso, Texas 79925
Toll Free- 1-877-532-3778
915-532-3778
www.elpasohealth.com

Service Area: El Paso and Hudspeth Counties
(STAR Medicaid and CHIP)



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

The Provider Manual contains information about El Paso Health policies and procedures and specific “how to” instructions for providers when working with El Paso Health, such as:

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

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



Cultural Competency

Cultural Competency Training

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

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

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

Medical Provider/Group Name*

Tax ID*

Phone* format:9151231234

Email*

Form Completed By*

Position Title*

Date*

Training Confirmation*

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

Submit

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

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

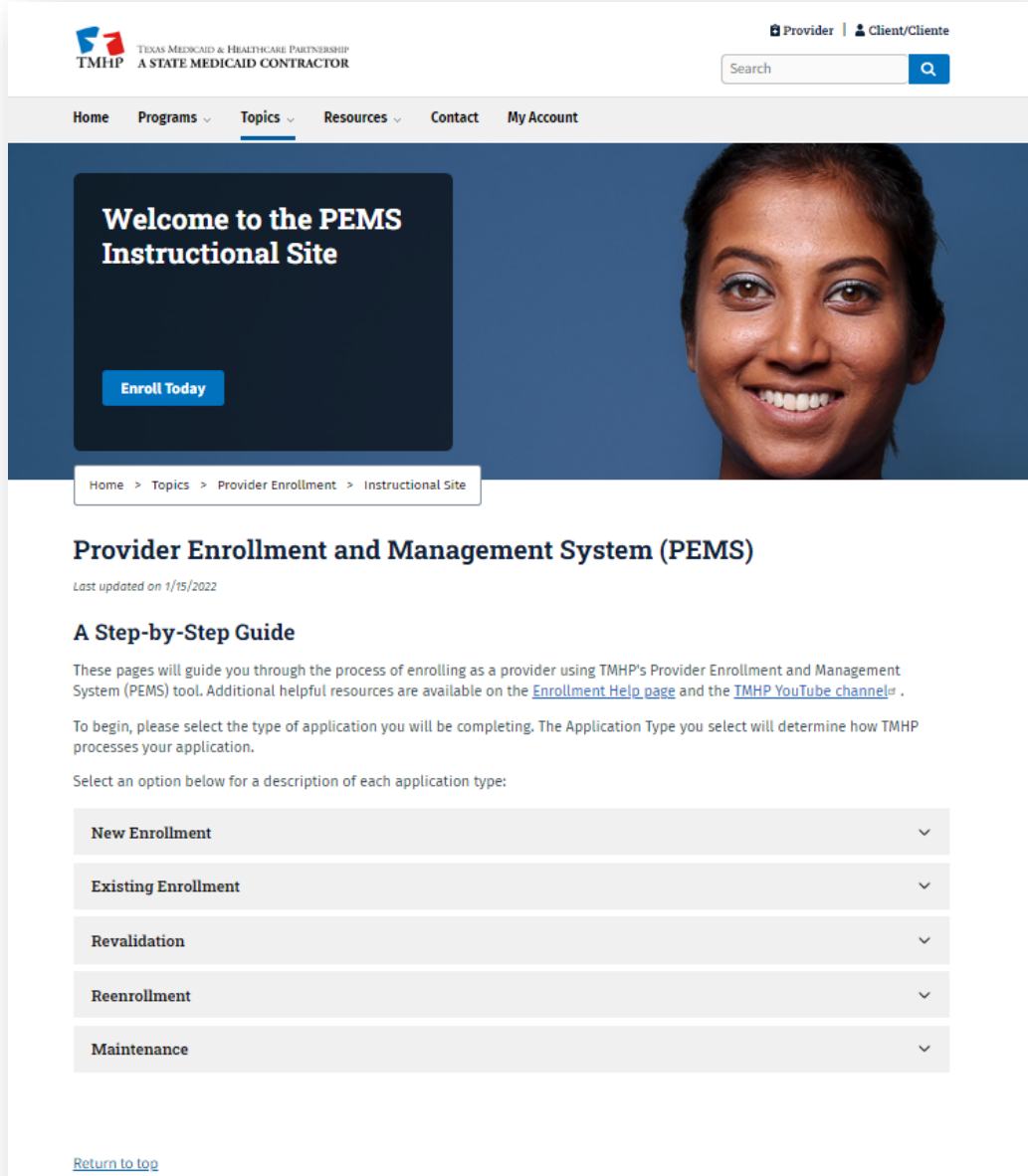
Cultural Competency Training is available to our providers on our website www.elpasohealth.com in the [Providers Tab](#) under Provider Quality Information.

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

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



Provider Enrollment and Management System (PEMS)



The screenshot shows the homepage of the PEMS Instructional Site. At the top left is the TMHP logo (Texas Medicaid & Healthcare Partnership, A State Medicaid Contractor). To the right of the logo is a search bar and a user selection dropdown with options for 'Provider' and 'Client/Cliente'. Below the logo is a navigation menu with links for Home, Programs, Topics, Resources, Contact, and My Account. The main content area features a large blue banner with a woman's face on the right and a dark blue box on the left containing the text 'Welcome to the PEMS Instructional Site' and an 'Enroll Today' button. Below the banner is a breadcrumb trail: Home > Topics > Provider Enrollment > Instructional Site. The main heading is 'Provider Enrollment and Management System (PEMS)' with a sub-heading 'A Step-by-Step Guide'. Below this is introductory text and a list of application types: New Enrollment, Existing Enrollment, Revalidation, Reenrollment, and Maintenance, each with a dropdown arrow.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

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](#)

Out of Network Providers



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

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

Continuity of Care

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

Autism Services

Autism Services now include Applied Behavior Analysis (ABA) evaluation and treatment, and are a benefit of the Texas Health Steps Comprehensive Care Program (THSteps-CCP). Texas Medicaid recipients **20 years of age and younger** who meet the criteria outlined in the Autism Services benefit description may receive this service.

ABA Therapy became a Medicaid benefit effective February 1, 2022



Maternal Mental Health Services

HHSC is recognizing Maternal Mental Health Week, which runs May 1-7, by highlighting a variety of services available to Texas women in identifying and treating maternal mental health conditions.

HHSC provides the following Services to assist Texas women experiencing maternal mental health challenges:

- **Postpartum Depression Screening**: Covered by Medicaid and CHIP for the mother of an enrolled infant.
- **Mental Health and Substance Use Resources**: Local mental health authorities and local behavioral health authorities provide counseling, medication and peer support to address barriers to a successful recovery.
- **Substance Use Disorder Programs for Pregnant and Parenting Women**: Substance use services encourage people to seek recovery through prevention.
- **Healthy Texas Women**: Eligible women can receive services focused on major health conditions that contribute to maternal morbidity and mortality.
- **Texas WIC**: WIC offers education on mental and emotional health during pregnancy.
- **Family Violence Program**: The family violence program promotes safety, self sufficiency and long term independence of adult and child survivors of family violence.
- **Alternatives to Abortions (A2A)**: A2A program provides services and supports to prenatal and postnatal women, children and families. A2A offers private counseling and mentoring to women on pregnancy and parenting

Maternal Mental Health Treatment Network

In accordance with Senate Bill (S.B.) 750, 86 Legislature, Regular Session, 2019, HHSC established MCO requirements around identification of maternal mental health providers and referrals of members with maternal mental health conditions.

HHSC is allowing for a phased approach for MCOs to identify and add providers to the MMH treatment networks. Phase 1 must be implemented on July 26, 2024.

If you receive this notice you have been identified as an applicable provider type and you will be opted in to provide services through El Paso Health's MMH treatment network.

ACTION:

- If you'd like to provide MMH treatment services, you don't need to take any action
- If you want to opt out of providing MMH services, you may notify us by email. Please include Provider/Group name and TAX ID.

ProviderServicesDG@elpasohealth.com

LPC and LMFT Medicare Enrollment

LPC and LMFT Providers Must Enroll in Medicare Effective March 1, 2024

Medicare recognizes licensed professional counselors (LPCs) and licensed marriage family therapist (LMFTs) as provider types that can bill Medicare Part B and be reimbursed for approved services in accordance with Medicare reimbursement rates as of January 1, 2024.

Note: Claims for dates of service on or after January 1, 2024, that are billed directly to Texas Medicaid for clients covered by Medicare will be denied. These claims must be billed to Medicare first.

Contact Information

Claudia Aguilar

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

Jose Chavira

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

Shantee Aguilera

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

Vianey Licon

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

Ernestina Mata

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

Liliana Jimenez

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

Provider Relations Department

(915) 532-3778

ProviderServicesDG@elpasohealth.com



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Quality Improvement Program & Initiatives

Quality Assurance and Performance Improvement Program

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



Performance Improvement Projects (PIPs)

Deliverables due to HHSC

STAR/CHIP – Reducing Potentially Preventable Admissions for Behavioral Health

STAR/CHIP – Improving Follow Up after Hospitalization for Behavioral Health

STAR/CHIP - Follow-Up Care for Children Prescribed ADHD Medication

Other Quality Metrics related to Behavioral Health (HEDIS)

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

Follow-Up After Emergency Department Visit for Mental Illness

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

Follow-Up Care for Children Prescribed ADHD Medication

Initiation Phase

Children between 6 and 12 yrs. of age diagnosed with ADHD need one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.



Follow-Up Care for Children Prescribed ADHD Medication

Continuation and Maintenance Phase

Children between 6 and 12 yrs of age who had a prescription for ADHD medication and remained on the medication for at least 210 days need at least two follow up visits with a practitioner in the 9 months after the initiation phase.



Follow up After Hospitalization

Inpatient discharges for diagnosis of mental illness or intentional self-harm require:



- Follow-up visit with a mental health provider within 7 and 30 days

Accessibility and Availability

- Regulatory mandate - Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC)
- **Accessibility:** appointment available within a specific time frame (calendar days)
- **Monitoring Efforts**
 - State-wide secret shopper calls (Senate bill 760)
 - EPH surveys by PR and QI Nurses

Standards:	Able to schedule appointment:
Initial Outpatient Behavioral Health (new members, child and adult)	Within 14 calendar days
Emergency Services	Upon member presentation
Urgent Care, to include urgent behavioral health services	Within 24 hours
Follow up care after inpatient hospitalization	Within 7 calendar days
In addition:	
Contact Members who have missed appointments within 24 hours to reschedule appointments	

Provider Contract Requirement:

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

Monitoring

State-Wide Secret Shopper Calls

HHSC monitors MCO's compliance

Required by Senate Bill 760

Samples selected based on MCO **provider directories**

HHSC required standards must be met

(Please see A&A Standards on EPH website)

Internal

- Provider Relations Representatives
 - Appointment accessibility surveys
 - Provider Directory Verification calls
- QI Nurses
 - Secret shopper calls on HHSC required standards

Appointment wait times are assessed on **calendar days**

Contact Information

Angelica Chagolla

Director of Quality Improvement

915 298 7198 Ext 1165

abaca@elpasohealth.com

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

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



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Member Services Department

EPH is part of the Community Partner Program

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

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

**WILL YOUR MEDICAID
BENEFITS END SOON?!**

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

MAKE AN APPOINTMENT

EPHM6452301



Call or Visit
El Paso Health
for more info.

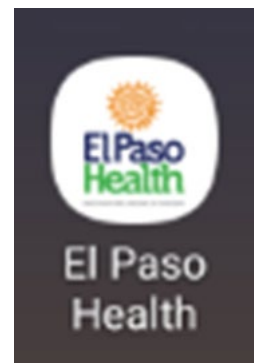
915.532.3778
toll free 1.877.532.3778

www.elpasohealth.com/MakeAnAppointment

STAR & CHIP Member Portal and Mobile App

Members can perform a variety of functions on the El Paso Health Member Portal and 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 access the **Member Portal** on our website at www.elpasohealth.com by clicking on the Member Portal Login.
 - Members can download the **El Paso Health Mobile App** via Google Play or Apple Store.



No Co-Pays for Mental Health or Substance Use Disorder Services

On July 1, 2022, Texas Health & Human Services (HHSC) removed copay requirements for any outpatient office visits and residential treatment services for mental health and substance abuse disorders.

Providers are not to collect co-payments from CHIP members for these services.



Behavioral Health Crisis Line

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

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

STAR **1-877-377-6147**
CHIP **1-877-377-6184**



Non-Emergent Medical Transportation (NEMT) Services

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

- Public transportation



- A taxi or van service



- Money to purchase gas



- Commercial transit



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

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

Members must include the following when calling Access2Care:

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

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

Interpreter Services

El Paso Health can assist providers with members who need interpreter services for:

- Other languages not spoken in the office
- Sign language

Arrangements must be made by EPH staff.

Call Member Services at 915-532-3778 or toll free 1-877-532-3778

Provide information needed to schedule interpreter services:

- Date and time of appointment
- Name of provider or facility
- Address of where appointment will take place
- Call back number
- Member name, ID and DOB
- Type of service needed

Please call at least 48 hours in advance to allow sufficient time for scheduling.

Member Cost Sharing Obligations

STAR & CHIP

Medicaid Members do not have cost sharing obligations for covered services.

- CHIP Co-payments for medical services or prescription drugs are paid to the health care provider at the time of service.
- CHIP Perinatal members and CHIP members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays.
- Additionally, for all CHIP Members there is no cost-sharing on benefits for well-baby and well-child services, preventive services, pregnancy-related assistance, behavioral health visits in office setting and SUD. (Substance Use Disorder)

Benefit Limitations and Exclusions

Some covered services may have limitations or require a prior authorization. There are certain services that are excluded from the covered benefits for STAR and CHIP members.

Examples of exclusions include, but are not limited to, the following:

- Elective surgery to correct vision
- Prostate and mammography screening
- Immunizations solely for travel
- Custodial care
- Personal comfort items (e.g./ telephone, newborn infant photographs)
- Elective abortions
- Gastric procedures for weight loss
- Cosmetic surgery (solely cosmetic purposes)
- Contraceptive medication (Family Planning for CHIP only)
- Over-the-counter medications
- Not medically necessary
- Services outside the USA
- Ear piercings
- Infertility Treatments

Prohibitions on Balance Billing

- Members cannot be held liable for any balance related to covered services.
- Network Providers and Out-of-Network Providers are prohibited from billing or collecting any amount from a Member for covered services.
- According to Section 1.6.10, Billing Clients from Provider Enrollment and Responsibilities from the Texas Medicaid Provider Procedures Manual: Vol.1:

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

Behavioral Health - Healthy Rewards

CHIP Member



A \$25 Walmart 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. Members can receive one Walmart gift card per year.

Star Medicaid Member



A \$25 Walmart 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. Members can receive one Walmart gift card per year.

Healthy Rewards



Members ages 6-12 years are eligible to receive a Calming Kit* within 30 days of a follow-up visit receipt from the provider.

**To be eligible to receive a Calming Kit; services must be rendered by an in-network, contracted, licensed and credentialed provider with prescribing authority. One Calming Kit per year.*

Was your child prescribed ADHD medication?

If yes, make sure to schedule a follow-up visit with your child's primary or behavioral health doctor.

Your visit must be within 30 days of receiving the medication.

Members ages 6-12 years are eligible to receive a Calming Kit* within 20 days of receipt of a follow-up visit claim from provider.

If you need help call us at

915-532-3778 or toll free at 1-877-532-3778

From 8:00 a.m. to 5:00 p.m. Monday thru Friday.

**To be eligible to receive a Calming Kit; services must be rendered by an in-network, contracted, licensed and credentialed provider with prescribing authority. One Calming Kit per year.*

Contact Information

Nellie Ontiveros

Member Services Director
(915) 532-3778 ext. 1112

Beth Ortiz

Member Services Supervisor
(915) 532-3778 ext. 1096

Javier Herrera

Member Services Supervisor
(915) 532-3778 Ext. 1023



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Health Services

Substance Use Disorder (SUD)

Treatment Options:

- Withdrawal management services
- Individual and group SUD counseling in an outpatient setting
- Residential treatment
- Medication assisted treatment
- Evaluation and treatment (or referral for treatment) for co-occurring physical and behavioral health conditions

The following codes may be reimbursed to Opioid Treatment Providers:

[Revised] Procedure Codes									
H0001	H0004	H0005	H0020	H0033	J0570	J0577	J0578	J2315	Q9991
Q9992									

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is a benefit available for Members:

- ✓ 10 years of age and older
- ✓ Have alcohol or substance use disorders, or
- ✓ Are at risk of developing such disorders

SBIRT is used for intervention directed to **individual clients** and **NOT for group intervention**.

Who can provide SBIRT?: physicians, registered nurses, advanced practice nurses, physician assistants, psychologists, licensed clinical social workers, licensed professional counselors, certified nurse midwives, outpatient hospitals, federally qualified health centers (FQHCs), and rural health clinics (RHCs).

- Non-licensed Providers may deliver SBIRT under the supervision of a licensed provider if such supervision is within the scope of practice for that licensed provider.
- Providers must refer the person to treatment if the screening results reveal severe risk of alcohol or substance use.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

A person may have a maximum of two screening only sessions per rolling year, and up to four combined screening and brief intervention sessions per rolling year. Provider must refer the person to treatment if the screening results reveal severe risk of alcohol or substance abuse.

Procedure Codes									
90791	90792	90832	90833	90834	90836	90837	90838	90847	90853
90865	90870	96130	96131	96132	96133	96136	96137		

SBIRT Training

- Providers that perform SBIRT must be trained in the correct practice of this method and will be required to complete at least four hours of training.
- The same SBIRT training requirements apply to non-licensed providers.
- Proof of completion of SBIRT training must be maintained in an accessible manner at the provider's place of service.
- Information regarding available trainings and standardized screening tools can be found through the Substance Abuse and Mental Health Services Administration at www.samhsa.gov.

Prior Authorization is NOT required

Mental Health Rehabilitative Services

Are defined as providing assistance in maintaining or improving functioning and may be considered rehabilitative when necessary to help a person achieve a rehabilitation goal as defined in the plan of care.

Are provided to a person with a serious mental illness, as defined in the latest edition of the DSM.

Services may include:

- Medication training and support
- Psychosocial rehabilitative services
- Skills training and development
- Crisis intervention services
- Day programs for acute needs

Mental Health Rehabilitative Services

The following procedure codes are a benefit for mental health rehabilitation:

Service Category	Procedure Codes	Modifiers
Day Program for Acute Needs	H2012	
Medication Training and Support	H0034	HQ: group services for adults HA/HQ: group services for child/youth
Crisis Intervention	H2011	HA: child/youth
Skills Training and Development	H2014	HQ: group services for adults HA: individual services for child/youth HA/HQ: group services for child/youth
Psychosocial Rehabilitation Services	H2017	TD: individual services provided by RN HQ: group services HQ/TD: group services provided by RN ET: individual crisis services

Mental Health Targeted Case Management (MHTCM)

The target population that may receive MHTCM as part of the TX Medicaid Program are persons, regardless of age, with a diagnosis or diagnoses of mental illness or serious emotional disturbance as defined in the latest edition of the DSM, and who have been determined via a uniformed assessment process to need MHTCM services.

Persons of any age with a single diagnosis of intellectual and developmental disabilities (IDD) and related conditions, or a single diagnosis of substance use disorder (SUD) are not eligible for MHTCM services.

Providers must use procedure code T1017 and the appropriate modifier for MHTCM:

Modifier	Description
95	Delivered by synchronous audiovisual technology
FQ	Delivered by synchronous telephone (audio-only technology)
HA	Child/Adolescent Program
HZ	Funded by criminal justice agency
TF	Routine Case Management
TG	Intensive Case Management

Mental Health Targeted Case Management

Skills Training

El Paso Health requires **Modifier UK** to identify skills training services delivered to the caregiver or Legal Authorized Representative (LAR)

H2014 - HA	Skills Training Individual Child/Youth
H2014 - HQ/HA	Skills Training Group Services Child/Youth
H2014 - HQ	Skills Training Group Services for Adults
➤ H2014 - UK	Skills Training LAR/Caregiver


EPH Case Management

El Paso Health has Case Managers available to assist Members with a diagnosis of Severe and Persistent Mental Illness (SPMI) and Seriously Emotionally Disturbed (SED).

Case Managers will:

- **Collaborate** with Providers as part of the Interdisciplinary Team to assist our Members and their families
- **Assess** Member's condition and environment
- Provide **Education** regarding benefits and condition
- **Coordinate** Care for Medical, Behavioral Health and Social Needs
- Develop a **Service Plan** to identify Member goals, progress, and interventions
- **Refer** Members to **Specialty Providers**
- **Refer** Members to **Community Agencies**

Case Management Referral Form



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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

www.elpasohealth.com/pdf/CaseManagementReferralForm.pdf

Behavioral Health Follow-up

Post Inpatient Stay

- El Paso Health will ensure all members receiving inpatient psychiatric services are scheduled for outpatient follow-up and/or continuing treatment within seven days from date of discharge from the inpatient facility
- El Paso Health will follow-up with members at seven days and 30 days post-discharge from inpatient behavioral services.

Applied Behavioral Analysis (ABA)

ABA (Autism Services) for clients who are 20 years of age or younger when criteria is met.

ABA FREQUENCY SHEET

HIGH FREQUENCY (GREATER THAN 20 HOURS/WEEK)

High frequency may be considered when documentation shows two or more of the following:

- 73.1.1 Six years of age or younger
- 73.1.2 Autism Severity Level 2 or 3 (per DSM-V criteria)
- 73.1.3 Goals related to elopement, aggression, or self-injury that are severely impairing
- 73.1.4 Within the first 2 years of initiating ABA therapy

MODERATE FREQUENCY

Moderate frequency (6 to 20 hours/week) may be considered when documentation shows two or more of the following:

- 73.2.1 Twelve years of age or younger
- 73.2.2 Autism Severity Level 2 or 3 (per DSM-V criteria)
- 73.2.3 Goals related to elopement, aggression, or self-injury that are moderately impairing
- 73.2.4 Within the first 4 years of initiating ABA therapy

TARGETED/FOCUSED FREQUENCY (LOW)

Targeted/Focused frequency (5 hours or less/week or 20 hours or less/month in some other increment)

- 73.3.1 Twenty years of age or younger
- 73.3.2 Autism Severity Level 1, 2, or 3 (per DSM-V criteria)
- 73.3.3 Focused on specific targeted clinical issues or goals related to specific targeted skills

MAINTENANCE/CONSULTATIVE LEVEL (2-4 hours per week or less) may be considered

- 73.4.1 Ages 1-20 years of age
- 73.4.2 Autism Severity Level 1, 2, or 3 (per DSM-V criteria)
- 73.4.3 Goals related to integration of specific skills into daily functioning and
- 73.4.4 documentation substantiates the risk for regression after completion or more intense ABA intervention

Contact Information

Vianka Navedo-Sanchez

Director of Health Services

915-298-7198 ext 1135

Celina Dominguez

Health Services Administrative Manager

915-298-7198 ext 1091

Jesus Ochoa

Service Coordinator Manager

915-298-7198 ext 1017



El Paso Health

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Special Investigations Unit (SIU)

SIU Team Purpose

- Texas requires all Managed Care Organizations like El Paso Health to establish a plan to prevent and detect Waste, Abuse, and Fraud (WAF).
- This plan is carried out by El Paso Health's Special Investigations Unit (SIU).
- El Paso Health SIU Team conducts monthly audits of our network providers and members.
- We will request Medical records for review to prevent FWA in accordance with Texas Administrative Code.



What We Look For

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

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



Medical Records Request

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

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



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

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

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

Date

[Provider Name]

[Provider Mailing Address]

[Provider City, State Zip Code]

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

Dear [Provider],

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

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

El Paso Health as a Payor, is a Covered Entity as defined by HIPAA, and all past and current members are provided with a HIPAA Privacy Notice upon enrollment, therefore, Protected Health Information (PHI) may be released to a Covered Entity without a release from the member/patient for treatment, payment or health care operations under the Health Insurance Portability and Accountability Act (HIPAA).

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

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

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

Medical Records Request Letter Sample

External Audits

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

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



Methods to Submit Medical Records

Fax: 915-225-1170

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

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



Missing Medical Records

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

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

Some examples include:

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



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

After attestation signature, additional records will not be accepted.



Remember.....

If It's not
documented
It didn't
happen

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

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



SIU Contact Information

When in
doubt,
reach out!

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

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

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

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



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Claims Updates

Reminders

Claims Processing

- Timely filing deadline
 - **95** days from date of service
- Corrected claim deadline
 - **120** days from date of the Remittance Advice

Reminders

Synchronous Audiovisual

- Claims for Synchronous Audiovisual Technology use:
 - Modifier 95
 - And Place of Service (POS) 02

Note: Claim will deny if claim is submitted only with modifier 95 and POS 02 is not present or vice versa

Electronic Claims

Claims are accepted from:

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

Payer ID Numbers:

El Paso Health - STAR	EPF02
El Paso Health - CHIP	EPF03
Preferred Admin. UMC	EPF10
Preferred Admin. EPCH	EPF11
Healthcare Options	EPF37

Contact Information

Patricia Diaz

Director of Claims
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Adriana Villagrana

Claims Manager
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Diana Carreon

Member Services Supervisor
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Questions





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For more information:



(915) 532-3778



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