



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

Nursing Facility Provider Training

September 17, 2025



Contracting and Credentialing

Credentialing Verification Organization

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



Initial Credentialing – Nursing Facilities will need to submit a [Demographic form](#), a [W-9](#) and the [Credentialing Application for Organization](#).

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

For more information, visit our website www.elpasohealth.com, select Providers tab then [“Credentialing Packet Forms”](#).

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.

Demographic Form & W-9

Providers must notify El Paso Health's Contracting and Credentialing Department or Provider Relations of any changes to their practice, including but not limited to:

- Any demographic changes (Address, Phone, Fax etc.)
- Billing or Contact Information
- Tax ID or NPI changes
- Practice name change or acquisitions (CHOW)

What forms do I need to send and where:

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

The image displays two forms from El Paso Health. The top form is the 'PROVIDER DEMOGRAPHIC FORM' (915.532.3778 • email Contracting_dept@elpasohealth.com). It includes sections for Languages Spoken, Accepting New Patients, Practice Limitations, Radiology Certificate, and various checkboxes for program participation (Medicaid, CHIP/Prenatal, STAR Plus, etc.). It also has fields for Group/Facility Name, Address, Tax ID, and contact information. The bottom form is the 'W-9 Request for Taxpayer Identification Number and Certification' (Rev. October 2007). It includes sections for Business name, Address, City, state, and ZIP code, and a section for Taxpayer Identification Number (TIN). It also includes a 'Certification' section where the provider certifies the TIN and a 'General Instructions' section.

Change of Ownership

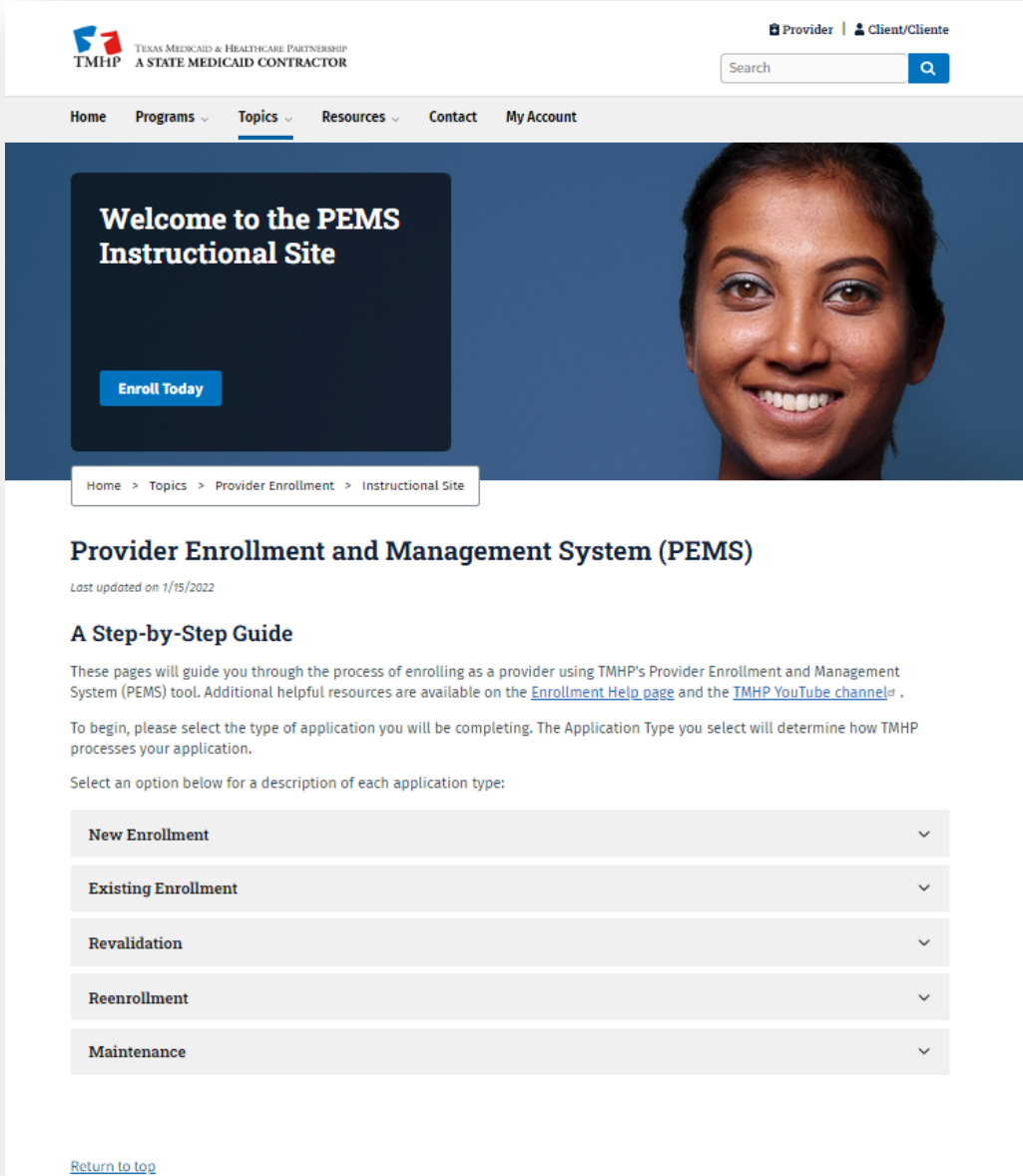
A Nursing facility going through a Change of Ownership (CHOW), will require notification to be submitted to El Paso Health, after Medicare Enrollment Application ([CMS-855A](#)) is completed.

HHSC CHOW

- When undergoing a CHOW, the nursing facility will be loaded with the new Tax ID as non-par in the system until credentialing is complete.
- Nursing facilities will still be completely reimbursed.

The effective date the facilities receive for the new ownership will be prospective (i.e. it will not align with the CHOW effective date assigned by the State).

Provider Enrollment and Management System (PEMS)



The screenshot shows the Texas Medicaid & Healthcare Partnership (TMHP) website. The header includes the TMHP logo, navigation links (Home, Programs, Topics, Resources, Contact, My Account), and a search bar. The main banner features a woman's face and the text "Welcome to the PEMS Instructional Site" with an "Enroll Today" button. Below the banner is a breadcrumb trail: Home > Topics > Provider Enrollment > Instructional Site. The main heading is "Provider Enrollment and Management System (PEMS)" with a subheading "A Step-by-Step Guide". The text explains that the pages guide users through enrolling as a provider and provide links to the Enrollment Help page and TMHP YouTube channel. It also states that the Application Type selected will determine how TMHP processes the application. A list of application types is provided: New Enrollment, Existing Enrollment, Revalidation, Reenrollment, and Maintenance, each with a dropdown arrow. A "Return to top" link is at the bottom left.

Provider Enrollment and Management System (PEMS)
Last updated on 1/15/2022

A Step-by-Step Guide

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

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

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

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

[Return to top](#)

Utilize PEMS system for the following:

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

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

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

Texas Medicaid Provider Revalidation & Enrollment Flexibility Update

Revalidation and enrollment gap closure flexibilities extended to Nov. 30, 2025

Providers that have not yet begun the revalidation process should start as soon as possible.

Action Items for Providers:

Start revalidation **180 days before** your due date

Verify their revalidation due date in **PEMS** → **Provider Information page**

Revalidation Due Date Extension

- Providers due between **Dec. 13, 2024 – Nov. 30, 2025** receive:
 - **180-day automatic extension** in PEMS
- PEMS updates extensions daily for upcoming due dates

Texas Medicaid Provider Revalidation & Enrollment Flexibility Update

Where to See Extension Info

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

Completion Reminder

Revalidation is **not complete** until revalidation request is:

→ in **“Closed-Enrolled”** status in PEMS

Submission is just the first step

TMHP must **review and approve** the request

Contact Information

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

Gabriel de los Santos

Contracting & Credentialing Manager

Email: gdelossantos@elpasohealth.com

Ph: 915-298-7198 ext.1128

Maggie Guerra

Contracting & Credentialing Lead

Ph: 915-298-7198 ext.1123

A Contracting and Credentialing Representative will respond to your inquiry within 48 business hours.

Email: Contracting_Dept@elpasohealth.com



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Provider Relations

Provider Relations

EPH has a Provider Relations Specialist designated to Nursing Facility Service Providers.



Vianey Licon

Provider Relations Representative

Email: vlicon@elpasohealth.com

Office: 915-298-7198 ext. 1244

Provider Relations Department

Phone: 1-833-742-3127

Nursing Facilities Email: EPH_NF@elpasohealth.com

Provider Relations General Email: ProviderServicesDG@elpasohealth.com



El Paso Health Website

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

The screenshot shows the El Paso Health website. At the top left is the El Paso Health logo with the tagline "HEALTH PLANS FOR EL PASOANS. BY EL PASOANS." To the right of the logo are navigation links: "Member Benefits", "Member Support", "Providers", "Find a Provider" (in an orange button), and "Member Log In" (in a white button with an orange border). The main content area features a large image of a woman with a child on her shoulders, with a large orange spiral sun graphic behind them. To the left of this image, the text reads: "A Local Health Plan", "Health Coverage you need", and "El Paso Health is a local, non-profit health plan serving El Paso and Hudspeth counties." Below the main image are four program cards: "STAR" (for pregnant women, children, and TANF recipients), "CHIP" (for children age 18 and under not eligible for Medicaid), "STAR+PLUS" (a managed care program for people with disabilities or age 65+), and "Medicare Advantage Dual" (HMO D-SNP for people with Medicare and Medicaid).

View:

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

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

El Paso Health Nursing Facility Provider Manual

Our [Nursing Facility 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
- Quality Management
- Provider Appeals
- Member Complaint Process



EPH Provider Portal

ElPasoHealth/ProviderPortal.com



The screenshot shows the El Paso Health Provider Portal homepage. At the top, there are logos for El Paso Health, Preferred Administrators, HealthCARE Options of El Paso, and El Paso Health Medicare Advantage. Below the logos, a login status bar indicates the user is logged in with a redacted name and links for Messages (0), Profile, and Logout. A navigation menu includes Home, Eligibility and Benefits, Claims and Payment, Authorizations, Reports (with a dropdown arrow), and Service Coordination. The main content area is divided into two columns. The left column welcomes the provider to the portal and provides quick access to member eligibility, benefits, claims payment details, and more. It includes input fields for Provider Name and Provider Phone. Below this is a photograph of a doctor examining a young child. The right column features a 'Quick Links' section with a list of links: Submit Claims, Submit Claim Attachments, Provider Appeals/Recoupments, Amended Authorizations, Provider Overpayments, Credentialing Process, EFT Form, Texas Medicaid Provider Enrollment Management System (PEMS), Electronic Visit Verification, and Update Provider Information. Below the links is a 'Pharmacy MAC List' section explaining that contracted pharmacies can access the MAC list through the Navitus Health Solutions Website, with a link to https://www.navitus.com/. At the bottom is a 'Contact Us' section with contact information for the Provider Relations Department: 915-532-3778 and Toll-Free: 1-877-532-3778.

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Preferred ADMINISTRATORS

HealthCARE
OPTIONS of EL PASO

El Paso Health
Medicare Advantage

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

Home Eligibility and Benefits Claims and Payment Authorizations Reports Service Coordination

Welcome to the **Provider Portal**

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

Provider Name: [Redacted]

Provider Phone: [Redacted]

Quick Links

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

Pharmacy MAC List

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

Contact Us

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

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

Submit:

- Claims
- Authorizations
- Provider Complaints

Verify:

- Member Eligibility
- Claim Status
- Authorization Status

View:

- Remittance Advice
- Rosters
- Other Reports

STAR+PLUS Provider Directory

Provider Directories are available in the following formats:

- **Print:** available for pick up at our office or mailed to members upon request
- **Online:** a [PDF version](#) is available for viewing or for printing on our website
- **[Provider Search](#):** an interactive search option is available on our website

Provider Search

By Location

Located

☒ Within

☐ Only inside

- of -

Zip Code

☐ Use current location

By Provider Detail

☐ Find PCP

Provider Gender

☐ Male

☐ Female

☐ Any Gender

☐ Only show providers who are accepting new members

Patient Gender

☐ Male

☐ Female

☐ Any Gender

Patient Age

By Coverage and Care Requirements

Plan

Please Select

Provider Type

Any Type

Specialty

Any Specialty

Service

Please Select

More Search Options

Start Over

Find A Provider



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 hours a day, 7 days a week, toll-free by calling DADS at 1-800-647-7418.
- 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.



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/>





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Member Services

Member Services

Call Center Representatives

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

Our Member Services Department can assist with:

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

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

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

First Call Medical Advice Infoline / Behavioral Health Crisis Line

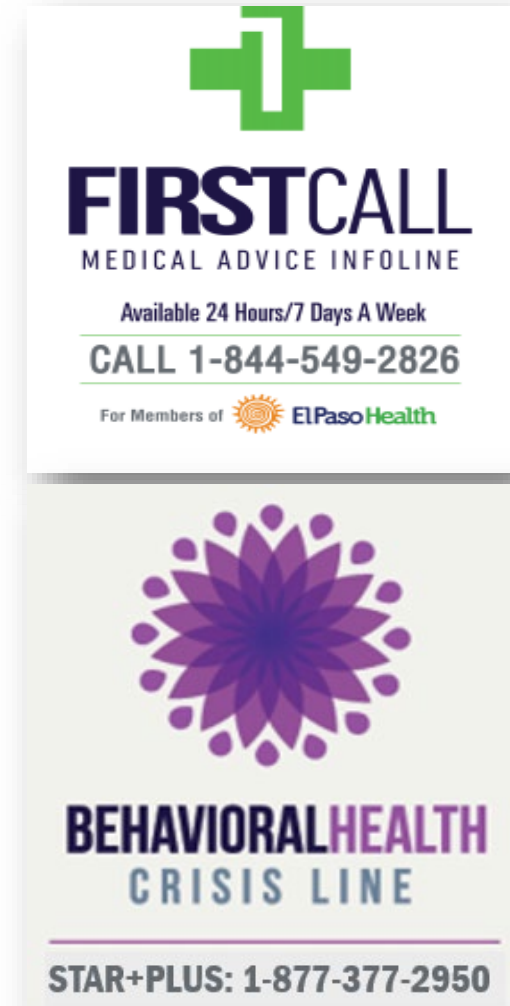
El Paso Health provides members with access to a **free medical advice line** and a **behavioral health crisis line** — available **24 hours a day, 7 days a week**.

Whether you have a medical concern or need behavioral health support, our team is here to help you get the information and care you need, right when you need it.

Support includes:

- Bilingual staff
- Interpreter services available
- Immediate access to medical and behavioral health guidance

Your health is our priority — we're here for you anytime.



Non-Emergent Medical Transportation (NEMT) Services

- Transportation to or from a nursing facility (except for transportation to or from dialysis or discharge home) is the responsibility of the NF. The cost of such transportation is included in the NF Unit Rate.
- Transports of Nursing Facility members for rehabilitative treatment (physical therapy), to outpatient departments or to physicians' offices for recertification examinations for Nursing Facility care are not reimbursable services by El Paso Health.
- EPH is responsible for authorizing non-emergency ambulance transportation for a member whose medical condition requires the use of an ambulance as the only appropriate means of transportation.
- The NF may coordinate NEMT transportation for Members requiring transportation to dialysis services with the EPH SC.

UMCM 16-4, NEMT Handbook, section 3120: service limitations:

<https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/mepd/archive/16-4/16-4.pdf>



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Health Services

NF Add-on Services

Ventilator care add-on service

To qualify for supplemental reimbursement, a nursing facility Member must require artificial ventilation for at least six consecutive hours daily, and the use must be prescribed by a licensed physician.



Tracheostomy care add-on service

To qualify for supplemental reimbursement, a nursing facility Member must be less than 22 years of age; require daily cleansing, dressing and suctioning of a tracheostomy; and be unable to do self-care. The daily care of the tracheostomy must be prescribed by a licensed physician.



NF Add-on Services

PT, OT, ST Add-On Services

Rehabilitative services include physical therapy (PT), occupational therapy (OT), and speech therapy (ST) for Medicaid nursing facility members not covered by Medicare or other insurance.

These services help improve functions affected by illness and must show measurable improvement within 30 days.



NF Add-on Services

Customized power wheelchair (CPWC)

To be eligible for a CPWC, a Member must be:

- Medicaid eligible.
- Age 21 years or older.
- Residing in a licensed and certified NF that has a Medicaid contract with HHSC.
- Eligible for and receiving Medicaid services in an NF.
- Unable to ambulate independently more than 10 feet.
- Unable to use a manual wheelchair.
- Able to safely operate a power wheelchair.
- Able to use the requested equipment safely in the NF.
- Unable to be positioned in a standard power wheelchair.
- Undergoing a mobility status that would be compromised without the requested CPWC.
- Certified by a signed statement from a physician that the CPWC is medically necessary.



<https://www.hhs.texas.gov/handbooks/starplus-handbook/11100-cpwc-benefit-nf-residents-enrolled-starplus-or-a-medicare-medicaid-plan>

Required Information for PA Submissions

Essential Information – The information required to initiate the PA review process:

- Member name
- Member number or Medicaid number
- Member date of birth
- Requesting provider name
- Requesting provider's National Provider Identifier (NPI)
- Service requested - Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), or Current Dental Terminology (CDT)
- Service requested start and end date(s)
- Quantity of service units requested based on the CPT, HCPCS, or CDT requested

Prior Authorization Process

NF Therapy Add-on Services

- 1) Obtain an order from the physician for therapy services. A discharge physician order from a hospital is acceptable if within 30 days of plan of care.
- 2) Perform the evaluation/re-evaluation (*Prior Authorization is not required*)
- 3) Evaluation/re-evaluation should have signed and dated orders which indicate a frequency and duration **OR** physician signed plan of care.
- 4) NF will submit prior authorization request to EP Health. Submission should include dates of service, modality being requested, all requested CPT codes, diagnosis codes, along with the order to evaluate/re-evaluate with frequency, current evaluation/re-evaluation, plan of care to include SMART goals

NOTE: El Paso Health will request additional information if any of the above is missing from the request

NOTE: Submit Prior Authorization Request no earlier than 30 days of the current authorization end date

Therapy Frequency and Duration

Frequency must always be commensurate with the client's medical and skilled therapy needs, level of disability and standards of practice

- High Frequency (3 x/wk) can only be considered for a limited duration (4 wks. or less)
- Moderate Frequency (2x/wk) when documentation supports the frequency
- Low Frequency (1x/wk to every other week) when client is making progress, but the progress has slowed and documentation shows client is at risk of deterioration
- Maintenance Level (every other week, monthly, or every 3 mo) when client requires skilled therapy for ongoing assessments

NOTE: As the client's medical need for therapy decreases, it is expected that the therapy frequency will decrease as well.

Missing Documentation

For service requests in which there is insufficient information to make a determination the Initial Clinical Reviewer (ICR) may PEND the time frame as follows and request the specific information needed from the Member or Provider via telephonic, fax, or electronic (secure).

STAR+PLUS/ DSNP

- DSNP has 14 days for additional information
- STAR+PLUS has 3 business days from the day they were notified

Things to Remember

PLEASE DO NOT:

- Request therapy initial and re-evaluation codes as no prior authorization is needed (guidelines apply to limitations)
- Submit all disciplines on one request

Familiarize yourselves with the specific elements that are required for Chronic vs. Acute and Initial vs. Recertification via the TMPPM for Medicaid members and via CMS guidelines and Medicare Benefit Policy Manual for Medicare members.



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STAR+PLUS

Value Added Services

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

***Please Note:** Some benefits may vary between "Medicaid Only" and "Dual" and "at Home and Nursing Facilities". For more details, please visit [El Paso Health STAR+PLUS \(Healthy Rewards\)](#).

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

- **Website:**

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

- **Member Handbook & Nursing Facility Provider Manual:**

https://www.elpasohealth.com/pdf/STARPLUS_NF%20Mbr%20Hb.pdf?v=1


<https://www.elpasohealth.com/pdf/StarPlus%20Nursing%20Facility%20Provider%20Manual.pdf>

- **Provider Directory**

https://www.elpasohealth.com/pdf/STARPLUS_Provider_Directory.pdf

NEW STAR+PLUS – Value Added Services 2025-2026

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
	Health 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 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-repellant 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

Summary of VAS Changes

NEW VAS

- Allergy-Free Pillow Case
- Pest-repellant (Wall Plug)
- First Steps Baby Shower Rewards
 - Free Car Seat
 - Diaper Bag
- Extra Help for Pregnant Women Rewards
 - Gift Cards Rewards
 - Healthy Food \$25 Gift Card
- Grooming/Stylist
- GED Support for IDD
- Gift Programs
 - Cancer Screening (Mammogram)

Modified VAS

- Dental Services
- Extra Vision
- Podiatry Services
- OTC Benefit / Utility Assistance
- Respite Service (Home Visits)
- Hearing Services (Hearing Aids)
- Healthy Eats
- Delivered Meals
- Meal Planning
- Health Get Fit Program
- Mental Health Follow-up Care
- Gift Program
 - Care Kit
 - Wellness Exam
 - Flu Shot / COVID
 - HbA1c Blood Test
 - Follow up Doctor Visit
 - Hospitalization
 - Diabetic Eye Exam
 - Cancer Screening (Cervical)

Discontinued VAS

- Temporary Phone Help


Unchanged VAS

- Transportation Services
- Emergency Response Service

New VAS - Grooming & Stylist Services

STAR+PLUS Nursing Facility Members are eligible to receive a **\$25 allowance** toward Grooming and Stylist Services **each quarter**.

NF Members (Risk Group 120-121)

El Paso Health STAR+PLUS Value Added Services 2025-26		At Home		Nursing Facilities	
		Medicaid Only	Dual	Medicaid Only	Dual
	Grooming & Stylist Services \$25 allowance toward grooming/stylist services each quarter.	N/A	N/A	✓	✓

Limitations

\$25 Must be used within the Quarter

Goal:

To enhance member well-being and dignity through support for personal grooming

Grooming and Stylist Services – NF Step by Step Process

1

Identify eligible residents

Confirm the resident is enrolled in **EPH STAR+PLUS** and **currently resides** in your facility.

2

Mailing address on file

The card is mailed to the **address on file** based on EPH records. If the resident or responsible party needs to update it, contact **EPH Member Services: 1-833-742-3127**.

3

Inform the resident (or responsible party)

“Starting **September 1, 2025**, El Paso Health offers a **\$25 allowance every quarter** for grooming services like haircuts. You’ll receive a **NationsBenefits Mastercard** in the mail. Once it arrives, we can help you **activate** it so you can use it at a **local salon** or with our **in-house stylist**.”

4

Watch for the card

Cards are mailed by NationsBenefits to the address on file. Delivery times may vary.

5

Activate the card

- **Phone:** Call **1-877-205-8005 (TTY 711)** and follow prompts.
- **Online:** Go to **ElPasoHealth.NationsBenefits.com/Activate** and follow instructions.
- Have the **card number** and the **member’s DOB** ready.

6

Explain how to use the benefit

- Present the card **at checkout** for eligible grooming services where Mastercard is accepted.
- For **in-house stylists:** process as a standard Mastercard transaction (if you have a POS terminal). If you don’t have a terminal, feel free to utilize card at a local salon.



For member questions unrelated to card activation, contact:

EPH Member Services:

1-833-742-3127 (M–F, business hours).

For activation/balance issues, call **NationsBenefits®: 1-877-205-8005 (TTY 711)** or visit **ElPasoHealth.NationsBenefits.com/Activate**.

Service Coordination Process

Nursing Facility Members

Service Coordination for Nursing Facility Members:

- El Paso Health (EPH) will provide the name and contact of the assigned Service Coordinator or representative, **within 3 business days** of the member's effective date.
- **Providers will be notified within 10 days** of any changes to this assignment.
- The Service Coordinator will contact the member and **schedule an assessment within 14 days** of enrollment.
- During facility visits, the Coordinator will verify updates (condition, status, discharges) with nursing facility staff and document notes in the member's record.

The assessment will:

- Confirm custodial status
- Identify unmet needs
- Guide the Member's service plan using evidence-based **Opportunities, Goals, and Interventions (OGIs)**

Service Coordination

Provider and Service Coordinator Responsibilities

- Providers must inform the Service Coordinator of any changes in the member's physical or mental health, hospital or nursing facility admissions, member complaints, or if the member needs services beyond what EPH covers.
- The member's Primary Care Provider (PCP) must work closely with the Service Coordinator to ensure smooth and continuous care.
- Together, the PCP and Service Coordinator coordinate all covered services and care for the member.
- Service Coordinators collaborate with members, providers, and PCPs—whether or not the PCP is in-network—to manage all STAR+PLUS and other services.

Please Note: Due to the new transition from RUG to PDPM LTC for Nursing Facilities; the Nurse assessors and EPH service coordinators must complete PDPM LTC training as their current RUG certification period ends.

How to Contact a Service Coordinator?

Service Coordination Hotline

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



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

Note: Upon joining El Paso Health, member's will receive a letter from their service coordinator with his/her name and phone number. Members can call their service coordinator at the number provided.

Nursing Facility

Assigned Service Coordinators

Kathryn Carlson

Service Coordinator I

Email: kcarlson@elpasohealth.com

Phone #: 888-295-4860 ext: 632399

Nursing Facilities

AVIR at Patriot

Los Arcos del Norte Care Ctr

Mountain Villa Nursing Ctr

Grace Point Wellness Center

Franklin Heights Nursing and Rehab

White Acres Wellness and Rehab

The Bartlett Skilled Nursing and Assisted

AVIR at El Paso (formally Cimarron Park)

Selene Morales

Service Coordinator I

Email: smorales@elpasohealth.com

Phone #: 888-295-4860 ext: 636993

Nursing Facilities

Las Ventanas de Socorro

Oasis Nursing and Rehab Ctr

St Giles Nursing and Rehab

St Teresa Nursing and Rehab

Pebble Creek Nursing Ctr

Cynthia Ramirez

Service Coordinator I

Email: cramirez@elpasohealth.com

Phone #: 888-295-4860 ext: 636900

Nursing Facilities

El Paso Health and Rehab

Vista Hills Health Care Ctr

Mountain View Health and Rehab

AVIR at Tierra Este

Edgemere Estates

Nazareth Living Care Center

**** Assignments are subject to change****

Applied Income (AI)

Applied Income (AI) means the portion of the earned and unearned income of the STAR+PLUS member, or if applicable the member and their spouse, that is paid under the Medicaid program to a nursing facility.

- It is the responsibility of the nursing facility to make reasonable efforts to collect AI, document those efforts and notify El Paso Health's Service Coordinator when two unsuccessful attempts in one month have been made to collect AI.
- The Service Coordinator will also ensure that the member and their family understand that if the AI remains unpaid, then the member may not be allowed to stay at the facility.

El Paso Health's Service Coordinator will assist the nursing facility with the collection of AI from the member.

Form 3618_Resident Transaction Notice

Form 3618, Resident Transaction Notice, can only be submitted electronically by completing Form 3618 on the Texas Medicaid & Healthcare Partnership (TMHP) Long Term Care (LTC) Portal. Form 3618 is to be submitted for **admissions, discharges, and death**.

Electronic submission is prescribed by the Texas Administrative Code, 40 TAC §19.2615, which states:

- The NF must electronically submit to HHSC's Medicaid claims administrator within 72 hours after a recipient's admission or discharge from the Medicaid nursing facility vendor payment system. The nursing facility administrator must sign the resident transaction notice.
- The NF must print out and complete all items on Form 3618, including Item 13 with the nursing facility administrator's State Board license number, and have the nursing facility administrator sign and date Form 3618 for Item 14.

Please see the [EPH Nursing Facility Provider Manual](#) for additional information about Form 3618.

Form 3619_Medicare/SNF Patient Transaction Notice

Form 3619, Medicare/Skilled Nursing Facility Patient Transaction Notice, can only be submitted electronically by completing Form 3619 on the Texas Medicaid & Healthcare Partnership (TMHP) Long Term Care (LTC) Portal. Form 3619 provides HHS with information **to initiate, close, or adjust Medicare Skilled Co-insurance payments**.

Electronic submission is prescribed by the Texas Administrative Code, 40 TAC §19.2615, which states:

- A nursing facility must electronically submit to HHSC's Medicaid claims administrator a resident transaction notice within 72 hours after a recipient's admission or discharge from the Medicaid nursing facility vendor payment system. The nursing facility administrator must sign the resident transaction notice
- The NF must print out and complete all items on Form 3619 including Item 14 with the nursing facility administrator's State Board license number and have the nursing facility administrator sign and date Form 3619 for Item 15.

Please see the [EPH Nursing Facility Provider Manual](#) for additional information about Form 3619.

Discharge Planning

Nursing Facilities

Part of Discharge and Transition Planning is assessing the needs of Members discharged from a Hospital, NF, ALF, or other care or treatment facility, including inpatient psychiatric facilities.

EPH's Role:

- **Service Coordinators (SCs)** assess the needs of Members who:
 - Have recently been discharged
 - Are planning for discharge

What SCs Do:

- Coordinate medically necessary and community-based services
- Ensure safe transition into the community
- Facilitate placement of supports before and after discharge

Discharge Planning

Home and Community Based Services (HCBS) Members

Home and Community Based Services (HCBS) Members

- HCBS Level 1 Members who are hospitalized and pending discharge
- May be referred to a Nursing Facility (NF) during the Expected Hospital Discharge process

When Referral to Nursing Facility Happens

- Usually when physician certifies:
 - Member discharged from acute care hospital
 - Likely to need **less than 30 days** of NF services for the hospitalization condition

Coordination During Discharge

- EPH Utilization Management Staff and assigned HCBS Level 1 SC coordinate discharge planning
- Ensure physician provides Nursing Facility with a copy of the PASRR Preadmission Level 1 Screening (PL1)

Nursing Facility Responsibilities

- NF enters the PL1 into the TMHP Long Term Care Online Portal (LTCOP) immediately upon admission
- Members with positive PL1 screening require a PASSR evaluation (PE) only if stay exceeds 30 days

Transition Assistance Services (TAS)

- Assists individuals who are discharging from a nursing facility to the community and set up their household. A maximum of \$2,500 is available on a one-time basis to help offset the costs associated with setting up their household. Some examples of what TAS money provides payment for are security deposits, moving expenses, essential furnishings and set-up fees for utilities.

Licensure Requirements for TAS

- The Provider must comply with the requirements for delivery of TAS. TAS Providers must demonstrate knowledge of, and experience in, successfully serving Members who require Home and Community-Based Services.



Money Follows the Patient (MFP) Program

Money Follows the Person (MFP) is a federal program that helps people who are living in institutions (like nursing homes or hospitals) move back into their own homes or community settings — with support services to help them live independently.

Eligibility Requirements:

- Medicaid eligible
- Lived in a nursing facility or institution for 60 + days
- Want to move back into the community
- Transition into a qualifying home

Money Follows the Patient (MFP) Program

Nursing Facility Process

1. Identify

- Look for residents who meet criteria and express a desire to leave

2. Refer

- Notify El Paso Health and Program Support Unit (PSU)
- Involve relocation specialists or permanency planners

3. Plan

- Work with the care team to create a transition plan
- Ensure services (home health, personal care, etc.) are lined up

4. Discharge Support

- Coordinate transportation, meds, supplies, and equipment
- Ensure the home is safe and ready

5. Follow-Up

- Continue communication post-discharge if needed (e.g. readmissions)



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Claims

Transition from RUG to PDPM LTC for Nursing Facilities

Effective September 1, 2025, TMHP transitioned from the Resource Utilization Group (RUG) system to the Patient Driven Payment Model Long-Term Care (PDPM LTC) methodology for Nursing Facility daily care reimbursement.

- **System Update:** TMHP's LTCOP will calculate and display PDPM LTC values based on data submitted from the Minimum Data Set.
- **New Billing Codes:** HHSC has implemented new codes for daily care services under PDPM LTC, including specific codes for residents with an HIV/AIDS diagnosis.
- **Prepare for Transition:** Ensure that your facility has updated claim templates and billing systems to accommodate the new PDPM LTC codes.

Payment Rate Information:

[Texas Nursing Facility Medicaid Rates, New Payment Rates Effective September 1, 2025.](#)

PDPM Transition Process:

- **Current Residents:** Residents with assessments prior to September 1, 2025, will continue under the RUG methodology until their next reassessment.
- **New Residents:** For new admissions or residents reassessed on or after September 1, 2025, PDPM LTC will be applied.

For additional information, visit:

[TMHP LTC webpageExternal Link](#) or [HHSC PFD's Patient Driven Payment Model for Long-Term Care Rate Setting Methodology for Nursing Facilities webpageExternal Link](#).

Transition from RUG to PDPM LTC for Nursing Facilities

Impacts and Takeaways

- Residents with **high nursing care needs, many comorbidities, and cognitive impairment** will *typically see increases* in the Medicaid portion under PDPM LTC vs RUG-III, All else equal.
- Residents with **lower acuity or fewer comorbidities** might see little change, perhaps some decrease, especially where RUG-III rates were boosted by therapy/rehab intensity (if that was previously a factor under RUG codes).
- Facilities whose mix is weighted toward higher-need residents (e.g. ventilator, high medical complexity) will benefit relatively more under PDPM LTC.
- Facilities will need to make sure that assessments are accurate (MDS, comorbidities, cognitive assessments) because the payment depends heavily on those classifications.
- There is risk of temporary *revenue disruption* during transition, especially for residents between assessments, or whose ISPs renew at different times; some claims may need adjustments or might be denied if old codes/modifiers are used outside permitted windows.

NF Claims Submission & Payment Timelines

Preferred submission method:

- Electronically through the **TMHP portal** (redirects to El Paso Health)
- **Provider's Clearinghouse** or **EPH Web Portal** (Availity TPS Payer Identifications - **EPF02**)

Timely filing limits:

- Nursing Facilities: **365 days** from date of service (first-time claims)
- Nursing Facility Add-On claims: **95 days** from date of service

Clean claim payment timelines:

- Nursing Facilities: **10 days** from submission
- Nursing Facility Add-On claims: **30 days** from submission

Rate adjustments:

- Processed within **30 days** of receiving HHS rate notification

Direct submission required:

- Durable Medical Equipment (DME) add-on services → submit **directly to El Paso Health**

Emergency Dental claims:

- Submit to dental carrier
- **Liberty Dental:** 1-866-975-2435

NF Corrected Claims Filing

There may be occasions in which a nursing facility will need to submit a corrected claim. These claims will not auto adjust.

Nursing facilities should submit a corrected claim, if:

- Billed across multiple months (i.e. 2/15-3/15)
- Billed for date spans that include unauthorized days (i.e. SAS approves 3/5-3/31 provider bills 3/1-3/31)
- Billed for days when the member is in an acute care facility
- Billed for days that span across multiple years (i.e. 12/31/2024 - 1/5/2025)
- Billed for Medicare coinsurance days when non-Medicare days are authorized
- Billed for non-Medicare days when only Medicare coinsurance days are authorized
- Billed with different RUG/service levels. Claims must only be billed for one RUG/service level.

Nursing Facility Claims: Add-on Services

Therapy (PT/OT/ST)

- Nursing Facility providers delivering Rehabilitative (PT, OT, ST) add on services (including assessments) must be billed separate from Nursing Facility Unit Rate claims. Nursing Facility Add-on Services must be pre-authorized.
- For Nursing Facility Add-on therapy services, El Paso Health will accept claims received from:
 - The Nursing Facility on behalf of employed or contracted therapist
 - Directly from contracted therapist who are contracted with El Paso Health
- Nursing Facility Add-On claims for therapy services must include revenue codes, CPT/HCPCS codes and Modifiers from the Long-Term Care Bill Code Crosswalk.
- Modifiers must include the procedure modifier (U1/UA) and the location modifier (GN/GO/GP).
- For Modifier Requirements, please refer to the LTSS Billing Code Matrix, NF Section (The Long-Term Care Bill Code crosswalk), a cross-referenced code set used to match the Texas Long-term Care (LTC) Local Codes (i.e., bill codes) to the National Standard Procedure Codes.

<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/long-term-care-bill-code-crosswalks>

Auto Adjusted Claims

Reasons when a claim may require an adjustment could be due to changes in:

- Nursing facility rates
 - Member Enrollment
 - Service authorizations
 - Applied income
 - Level of service (RUG) (prior to 09/01/25)
 - Non-compliance with spending and staffing requirements as dictated by HHS's Direct Care Rate Enhancement Program.
- In each of these instances, El Paso Health will re-adjudicate claims affected by the change. Claim will be reprocessed within **30 days** from receipt of the HHS notification.
 - There will be times when a claim gets adjusted, and the claim denies. In these cases, the provider will need to submit a corrected claim. These will not be automatically adjusted.

El Paso Health - Nursing Facility Claim Issue Log

El Paso Health has implemented a **Nursing Facility Claim Issue Log** to help providers with claim-related inquiries.

You can find the spreadsheet on our website by navigating to:

Providers → Provider Resources → Provider Materials → Claim Forms

Once the *NF Claim Issue Log* is complete, **email** to the NF Provider Relations Specialist and/or to the designated NF Email:

EPH_NF@elpasohealth.com.

The screenshot displays the El Paso Health website interface. At the top, the El Paso Health logo is on the left, and navigation links for 'Member Benefits', 'Member Support', and 'Providers' are on the right. An orange arrow points to the 'Providers' dropdown menu. Below the 'Providers' menu, a 'Provider Log In' button is visible. The main content area is titled 'Provider Materials' and features a 'Claim Forms' section. An orange arrow points to the 'Provider Resources' dropdown menu, which is expanded to show a list of links: 'Provider Materials', 'Provider Services', 'Case Management Referral Form', 'Texas Health Steps Information for Providers', 'Clinical Practice Guidelines', 'HHSC Updates for Providers', and 'Quick Reference Guide'. Below this list, the 'Nursing Facility Claim Issue Log' is highlighted with an orange box. At the bottom of the page, there are five document icons, each with a 'View and Download' button. The 'Nursing Facility Claim Issue Log' icon is the fifth one from the left and is also highlighted with an orange box.

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Member Benefits ▾ Member Support ▾ Providers ▾ Find a Provider Member Log In

Provider Materials

Provider Resources

Provider Materials

Provider Services

Case Management Referral Form

Texas Health Steps Information for Providers

Clinical Practice Guidelines

HHSC Updates for Providers

Quick Reference Guide

Provider Log In

Provider Support

Contracting and Credentialing

Provider Enrollment

Provider Training

Electronic Visit Verification

Quality Improvement Program

Out-of-Network Provider Enrollment

Prior Authorization Resources & Support

Claim Forms

Corrected Claim

Clean Claim Elements

CMS 1500 02-12 Claim Form Manual

New CMS 1500 Guidance

Nursing Facility Claim Issue Log

View and Download

View and Download

View and Download

View and Download

View and Download

STAR+PLUS Claims Billing

DUALS VS NON-DUALS

DUALS (*Members enrolled in both Medicare and Medicaid.*)

May select a Medicare managed care plan and have El Paso Health as their STAR+PLUS Medicaid plan. Medicare is the primary payor for all acute care services (e.g., PCP visits, hospital, outpatient services).

Skilled Nursing Facility (SNF) Coverage:

- **Days 1–20:** Paid 100% by Medicare
- **Days 21–100:**
 - El Paso Health STAR+PLUS pays the co-insurance for the SNF Unit Rate / PDPM, *if* stay meets:
 - Qualifying hospital stay
 - Skilled care needs
 - Also covers add-on services
- **Day 101 and beyond:**
 - El Paso Health becomes primary payor for the Nursing Facility

NON-DUALS (*Members enrolled in Medicaid only and with El Paso Health for STAR+PLUS.*)

El Paso Health covers:

- Acute care services
- Add-on services
- NF Unit Rate



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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

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

What to Submit

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

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:
 1. Follow EPH's Provider Appeals Process (Level 1 & Level 2)
 2. HHSC (STAR+PLUS)



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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**

- 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.

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.

Methods to Submit Medical Records



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



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

Medical Records Request Letter Sample



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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.



Inspector General
Texas Health and Human Services



KEN PAXTON
ATTORNEY GENERAL *of* TEXAS

Missing Medical Records

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

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

Some examples include:

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



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

After attestation signature, additional records will not be accepted.

Closing the Review

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

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

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

EPH Waste, Fraud, Abuse Hotline:
(866) 356-8395

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

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

Vanessa Berrios, Director of Compliance

(915) 298-7198 ext.1040

vberrios@elpasohealth.com

Jennifer Herrera, SIU Manager

(915) 298-7198 ext.1228

jherrera2@elpasohealth.com

Alina Macias, SIU Claims Auditor

(915) 298-7198 ext. 1108

amacias@elpasohealth.com



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Thank you for Joining

