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OB Provider Specialty Training

August 27, 2026

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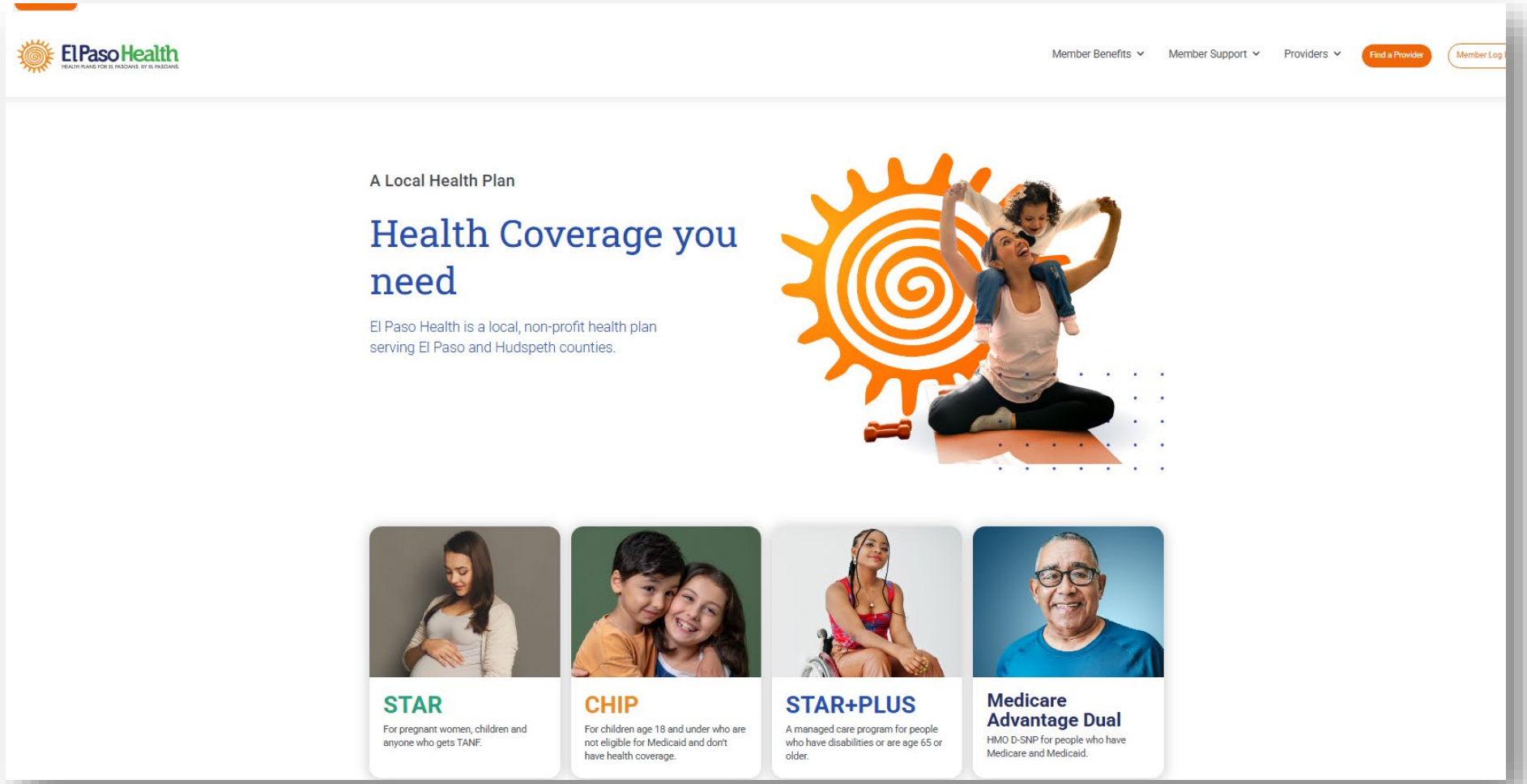
Provider Relations

El Paso Health Website



View:

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

https://www.elpasohealth.com/

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EPH Provider Web Portal - Home Page

Submit:

- Claims
- Authorizations
- Provider Complaints

Verify:

- Member Eligibility
- Claim Status
- Authorization Status

View:

- Remittance Advice
- Rosters
- Other Reports

Download:

- EFT Request Form

El Paso Health Provider Portal

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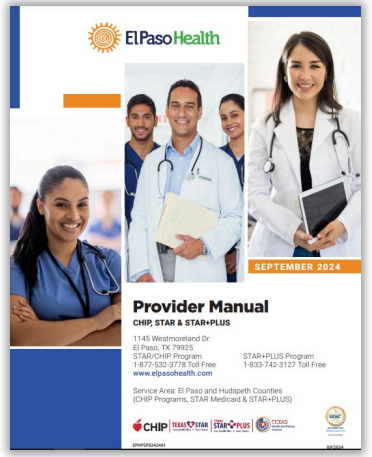
Provider Manual & Provider Directories

The El Paso Health **Provider Manual** and **Provider Directories** are available in our website www.elpasohealth.com in the following formats.

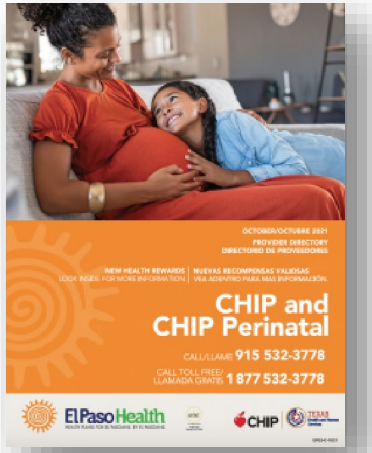
- **Print**: available for pick up at our office or mailed to members upon request
- **Online**: a PDF version is available for viewing or for printing on our website

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

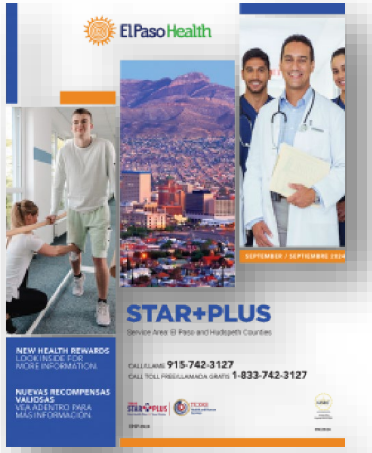


CHIP, STAR & STAR+PLUS Provider Manual

STAR Provider Directory



CHIP and CHIP Perinatal Provider Directory



STAR+PLUS Provider Directory

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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)

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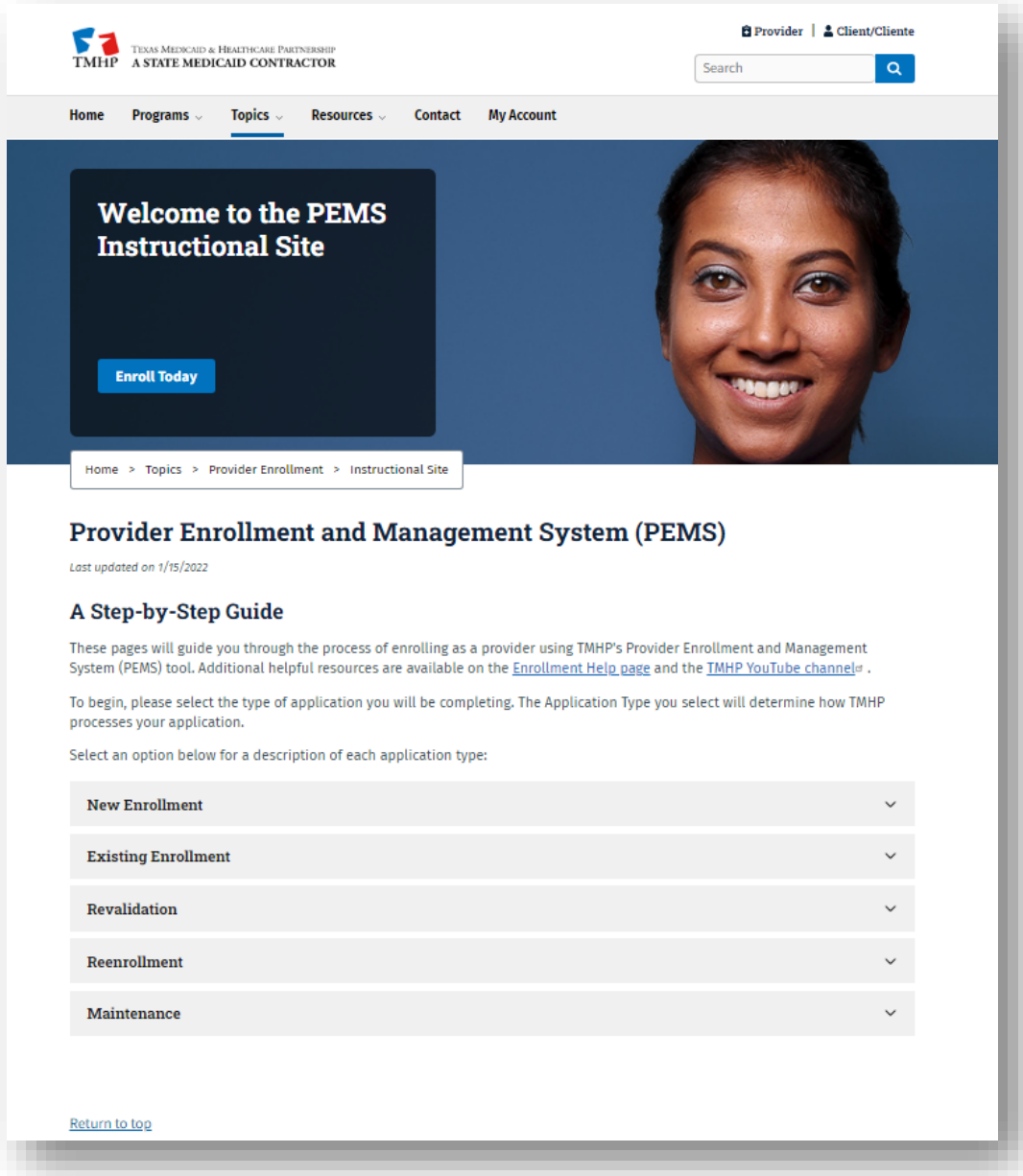
Provider Enrollment and Management System (PEMS)



Utilize PEMS system for the following:

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

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

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

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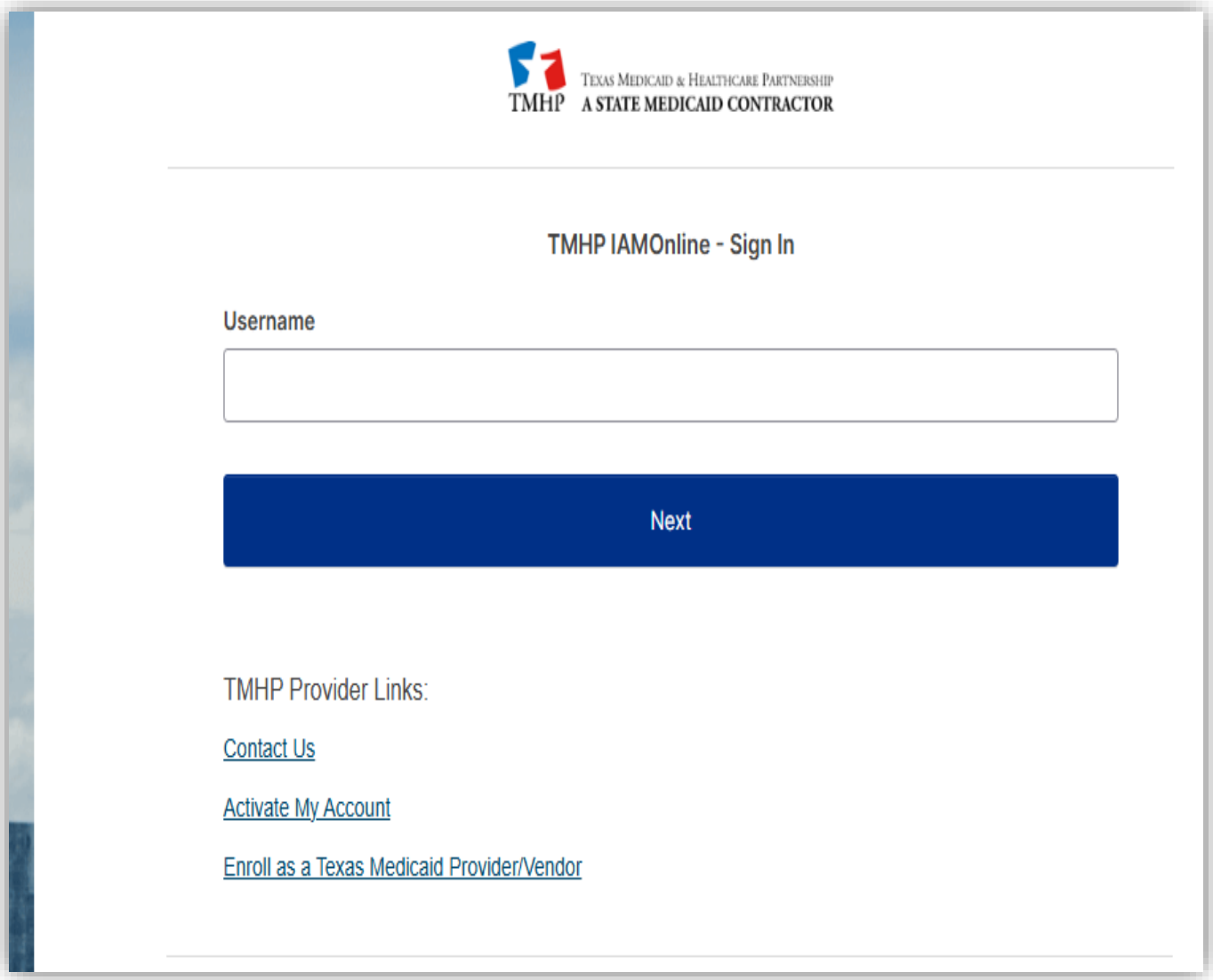
TMHP IAMOnline



TMHP IAMOnline is the secure single sign-on system for Texas Medicaid providers
Serves as the unified entry point for accessing integrated TMHP portal applications, including TexMedConnect, Remittance and Status (R&S) and My Account

Account Activation & Setup
Activation email: Follow the instructions sent by TMHP via email

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

Education/Materials
How To Access TMHP Applications Using IAMOnline
IAMOnline Video

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Pharmacy Benefit Manager

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

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

Navitus Provider Hotline: 1-877-908-6023 (Open 24hrs / 7days a week)
Prior Authorizations Fax: 1-855-668-8553
Prescriptions for mail order: 1-833-432-7928

Navitus BIN# 610602 PCN: MCD Rx Group: EPH

Clinical PA Criteria: https://txstarchip.navitus.com/pages/clinical-edits.aspx
Pharmacy Listing: http://www.elpasohealth.com/pdf/PharmacyDirectory.pdf
Formulary: https://www.txvendordrug.com/formulary/formulary-search

72-Hour Emergency Prescriptions

72-hour Emergency Override allows a pharmacy to dispense a three-day supply of medication while the prescriber submits a PA request. If the prescriber cannot be reached, the pharmacy can submit the override. Pharmacies will be fully reimbursed, and the member incurs no cost.

This override for prescriptions, applies to:

- Non-preferred drugs on the preferred drug list
- Drugs subject to clinical prior authorization (PA)

For more details, pharmacies can refer to the Pharmacy Provider Procedure Manual or visit the link provided for emergency prescription dispensing.

72 hour Emergency Fill:
https://www.txvendordrug.com/formulary/prior-authorization/dispensing-72-hour-emergency-prescriptions
Preferred Drug List:
https://www.txvendordrug.com/formulary/prior-authorization/preferred-drugs

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Tdap Vaccine Benefit

The Tetanus, Diphtheria and Acellular Pertussis (Tdap) Vaccine is recommended as part of routine prenatal care for pregnant women.

CPT code: 90715 - Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap)

STAR

- Members up to 18 years of age:
  - Available through Texas Vaccines for Children (TVFC)
  - Claim for vaccine will be processed as informational
  - Administration fee is reimbursable through El Paso Health.
- Members 19 years of age and older:
  - Immunization and administration fee are reimbursable through El Paso Health.

CHIP Perinate

- Members of all ages:
  - Program does not participate with TVFC nor Adult Safety Net (ASN)
  - Immunization and administration fee are reimbursable through El Paso Health.

***Please Note:** Providers that do not carry the vaccine in their office may refer members to:

Proaction Inc. (Immunize El Paso)
6292 Trowbridge
El Paso, TX 79905
915-533-3414

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Healthy Texas Women Program

The Healthy Texas Women program is dedicated to offering women's health services and family planning at no cost to eligible women in Texas.

They provide a variety of women's health and core family planning services to include:

- Pregnancy Testing
- Mammograms
- Depression
- HIV Screening
- Sexually Transmitted Infection Services
- Screening and Treatment for Postpartum
- Contraceptives and Permanent Sterilization

Members who are currently enrolled in Medicaid for Pregnant Women may be automatically enrolled in the Healthy Texas Women program once their Medicaid coverage ends.

- Eligible members will receive a letter from Texas Health and Human Services confirming their enrollment in the Healthy Texas Women program.
- Please visit www.healthytexaswomen.org for additional information regarding covered services and eligibility requirements.

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Contracting and Credentialing Department

Contact Information

Contracting and Credentialing Representatives:

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

Melissa Martinez
Alpha Assignment: H-O
Ph: 915-298-7198 ext.1248

Maribel Acosta
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 three (3) business days.

Email: Contracting_Dept@elpasohealth.com

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Contact Information

Ernesto De La Cruz
edelacruz@elpasohealth.com
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Provider Relations Coordinator
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Ernestina Mata
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Luz Jara
ljara@elpasohealth.com
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Liliana Rubio
Provider Relations Lead
Ph: 915-298-7198 ext. 1018

Gabriela Moreno
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Ph: 915-298-7198 ext.1370

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

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

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

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

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In-Network Laboratory

10767 Gateway West, Ste 420
El Paso, TX 79935
W: 866-697-8378

Adam Delgado
Physician Account Executive
E: Adam.X.Delgado@QuestDiagnostics.com
M: 915-422-1686
F: 915-996-9581

Mark Espinoza
Physician Account Manager
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Paula N Duran
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F: 915-260-6339

Ray Samaniego
Commercial Sales Director
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Quality Improvement

Quality Improvement Program

El Paso Health's Quality Improvement Program aims to enhance patient safety and member outcomes by ensuring coordinated, evidence-based, patient-centered care through a committed provider network, in alignment with our mission.

Our QI Program is designed to improve:

- Quality of care for all physical and behavioral health care and services
- Member and Provider satisfaction
- Member safety
- Access to services

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

Accessibility and Availability

Texas Department of Insurance (TDI) and **HHSC** require strict access and availability standards for all providers.

Accessibility: appointment available **within a specific time frame (calendar days)**

Availability *(*PCPs and OB Providers designated as a PCP*)*: after hours availability; **must return call within 30 minutes.**

5:00 pm – 8:30 am (Mon–Fri)
Any time Saturday & Sunday

Pre-Natal Care

- Appointment within 14 days of request
- 5 days for high-risk pregnancies or new members in the third trimester
- Immediate if emergency

Case Management (Children & Pregnant Women)

- Services within 14 days of request

Monitoring Efforts

- State-wide secret shopper calls (Senate bill 760)
- EPH surveys by PR and QI Nurses

✓ **Please keep Provider Directories updated!**

Provider Contract Requirement:
Participation in Quality Improvement initiatives and activities. This includes access and availability surveys.

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HEDIS Season – Coming Soon

BE ON THE LOOKOUT

- Requests will be sent towards the end of January 2027
  - Provider Portal
  - Fax or secure email via PR Representative
- Submission Options

Electronic Submission STRONGLY encouraged!

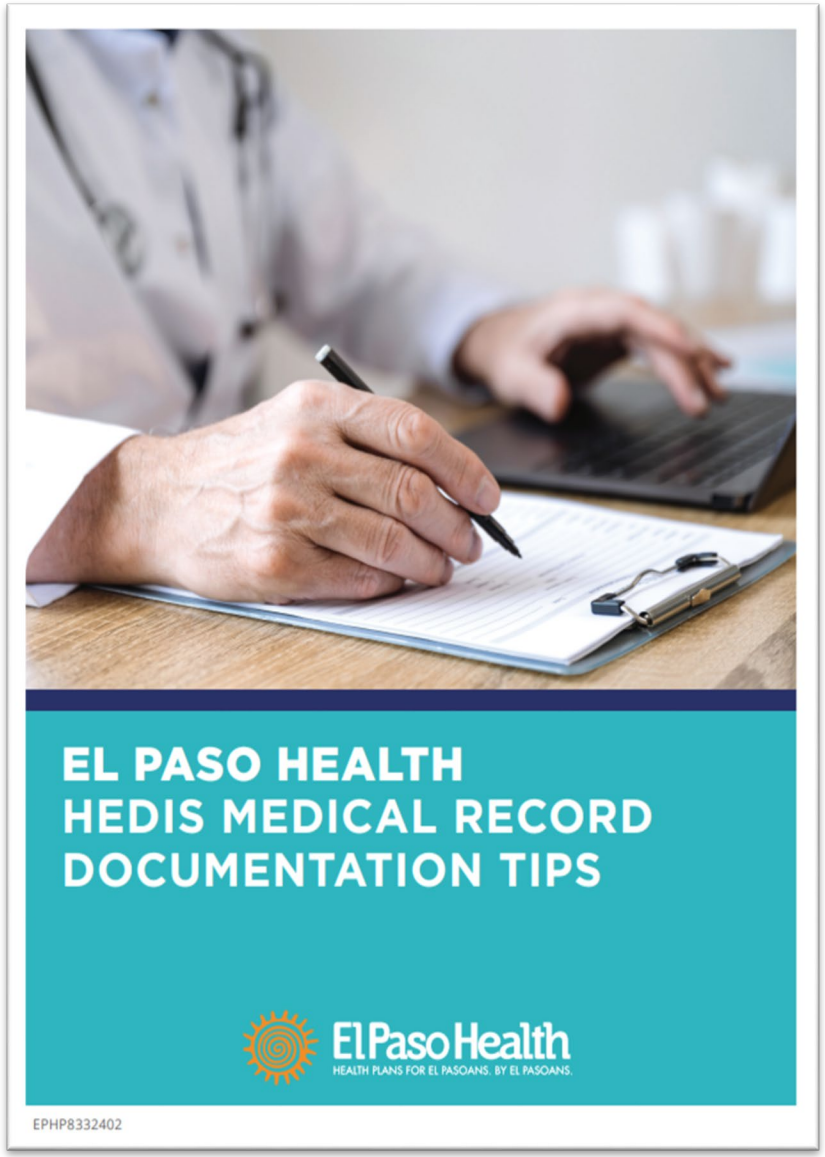
Electronic Options

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

Paper Options

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

HEDIS Medical Records Request



[HEDIS Medical Record Documentation Tips]

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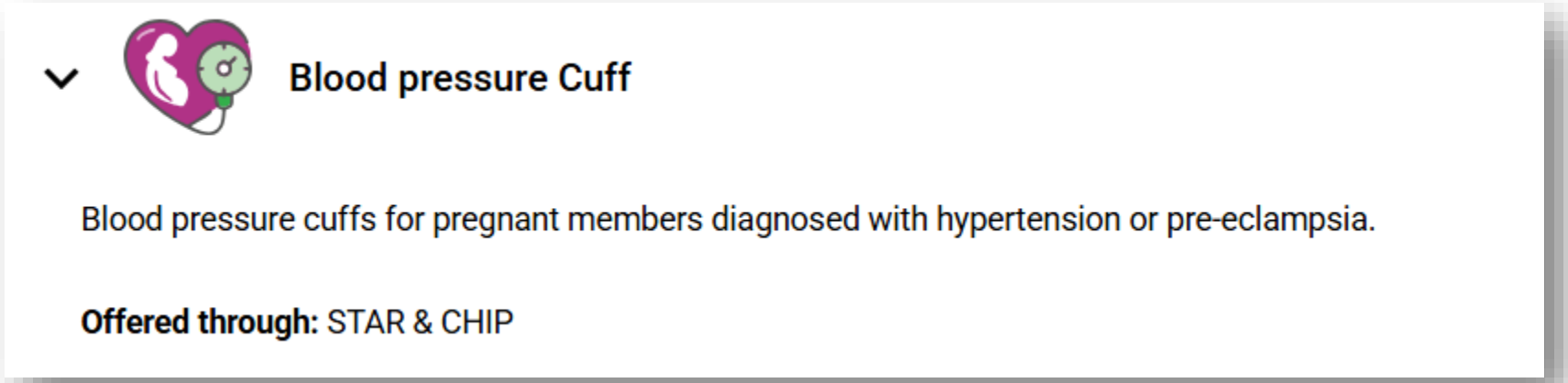
Quality Initiative – VAS Highlight



Refer your pregnant members with hypertension or pre-eclampsia by sending an email to

To: abaca@elpasohealth.com, privera@elpasohealth.com, agalindo@elpasohealth.com

Subject: BP cuff referral – Provider Name

Tell us member name, ID, DOB

Once we confirm diagnosis via claims, we will contact member to distribute the BP cuff.

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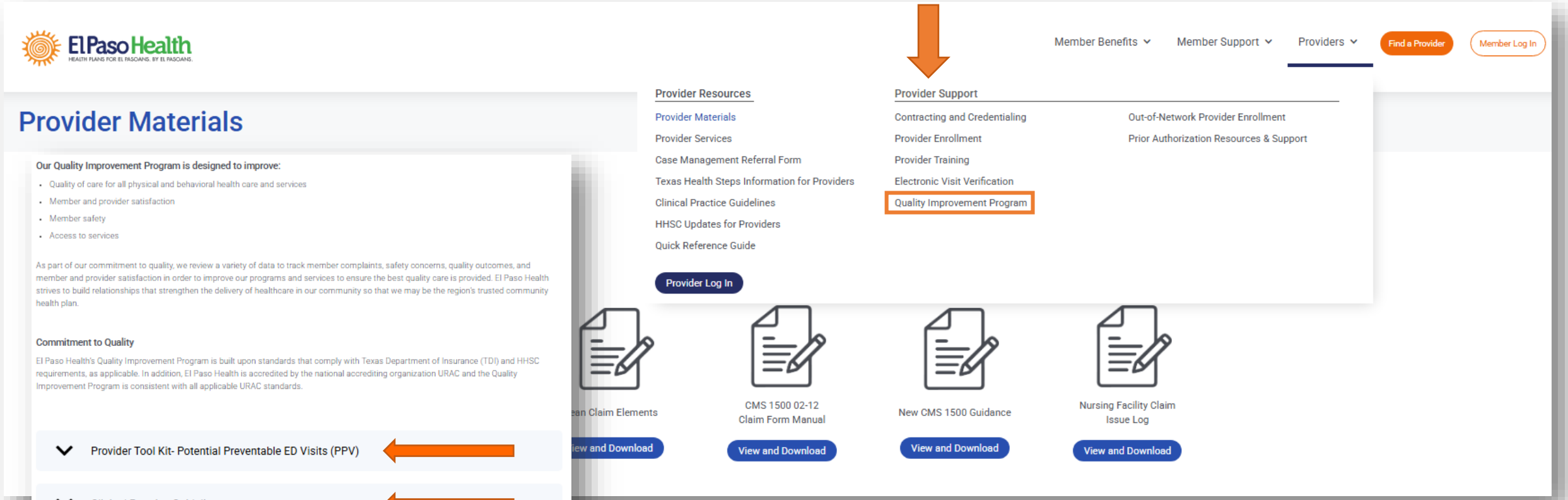
Resources on Website



[Quality Improvement Program | El Paso Health]

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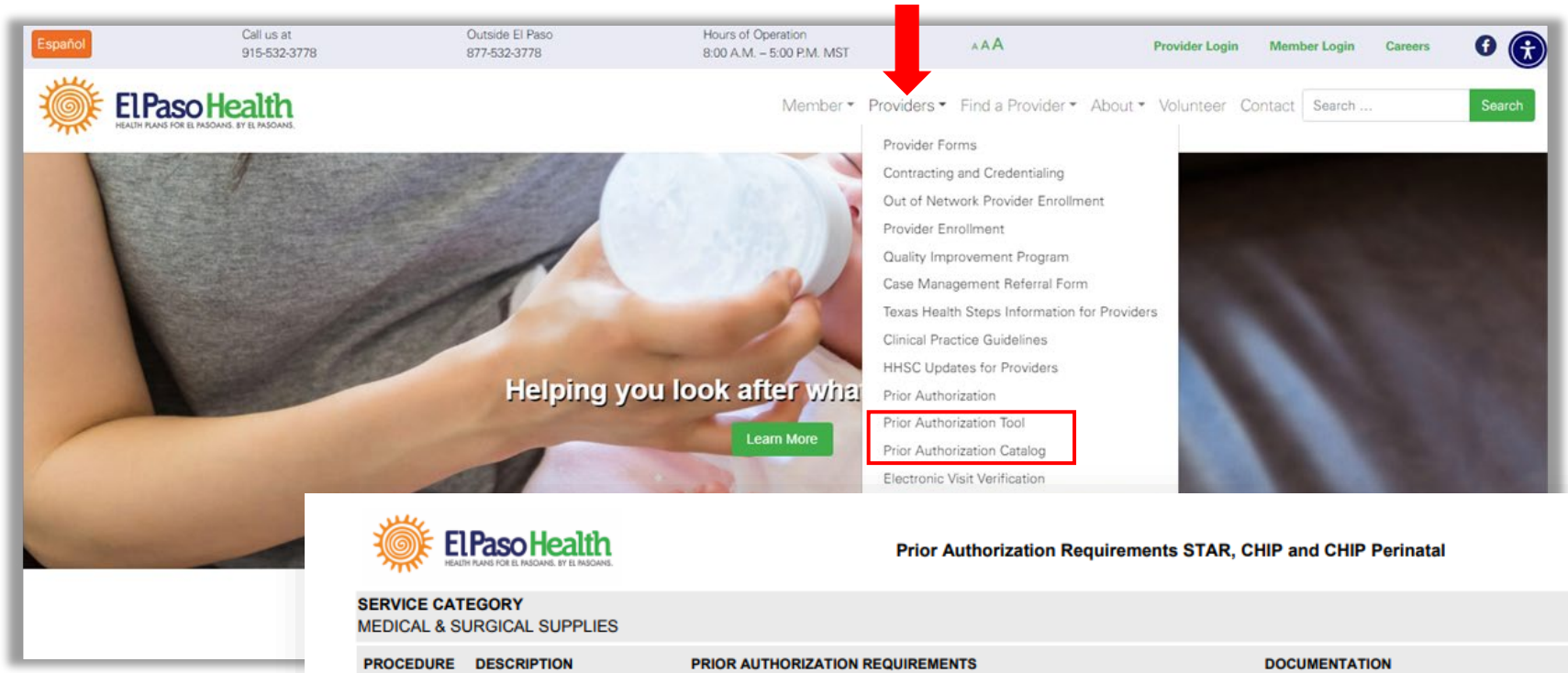
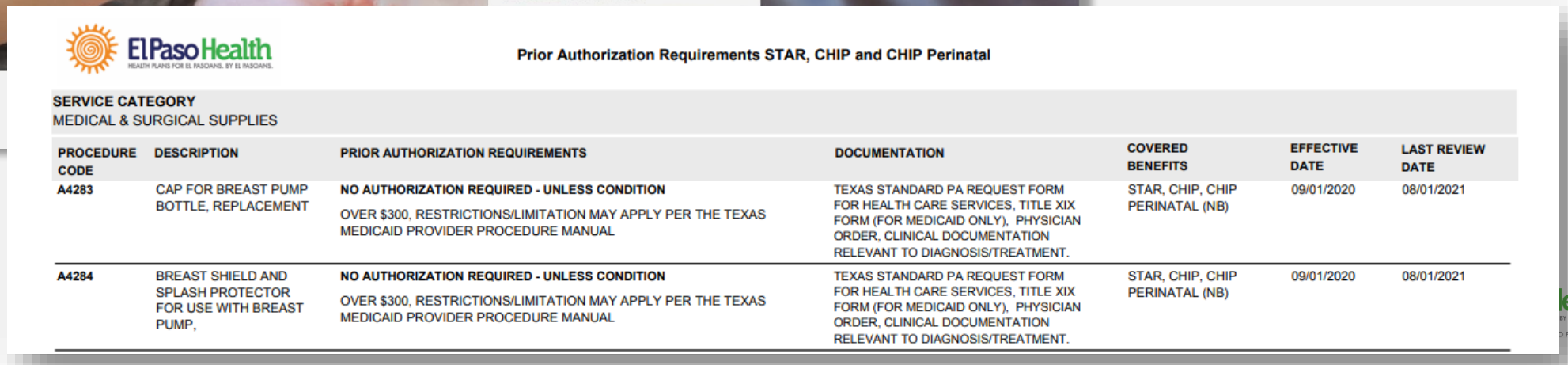
Health Services

Prior Authorization Catalog

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

Prior Authorization Catalog may be found on our website at www.elpasohealth.com in the Providers tab.





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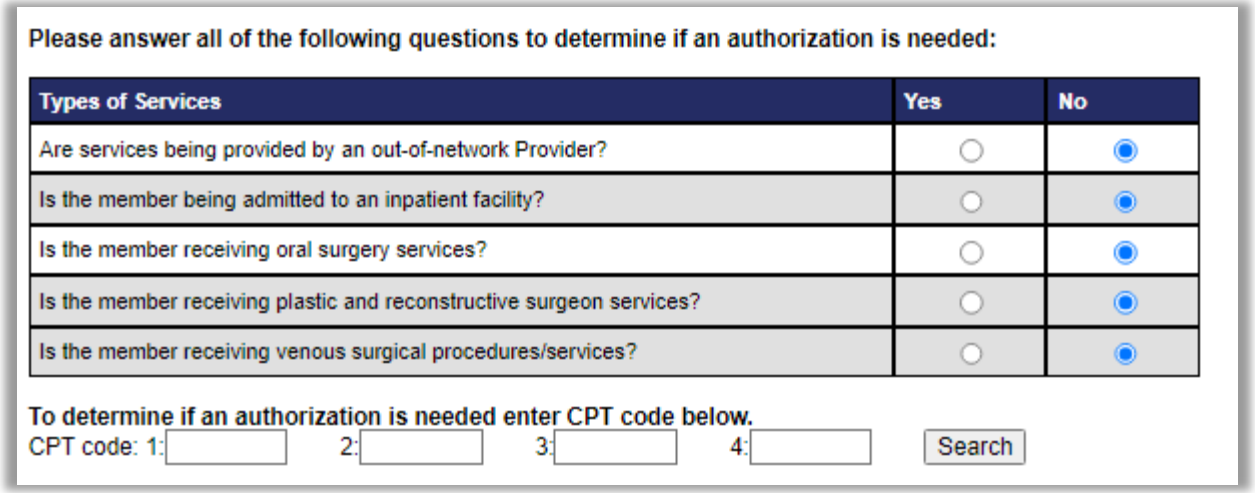
Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY
MEDICAL & SURGICAL SUPPLIES

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

Prior Authorization Tool

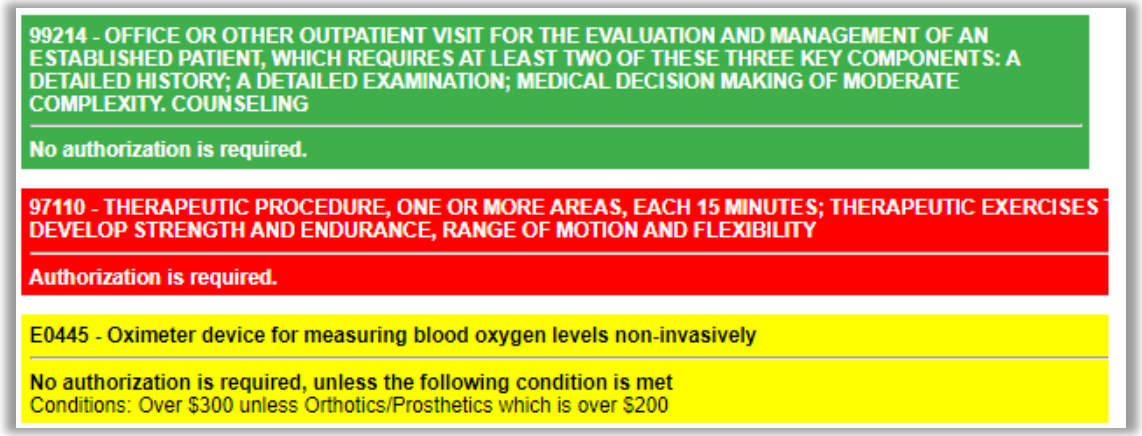
- All questions on the table must be answered in order to be able to search for CPT codes.
  - A ‘yes’ answer to any of the questions will automatically require a prior authorization.
  - Answering ‘no’ to all questions on the table will prompt the CPT code search query.
- Enter your CPT code and click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



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

Types of Services	Yes	No
Are services being provided by an out-of-network Provider?	○	●
Is the member being admitted to an inpatient facility?	○	●
Is the member receiving oral surgery services?	○	●
Is the member receiving plastic and reconstructive surgeon services?	○	●
Is the member receiving venous surgical procedures/services?	○	●

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



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

No authorization is required.

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

Authorization is required.

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

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

http://www.elpasohealth.com/providers/medicaid-chip-prior-authorization/

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Authorization Requests & Hours of Operation

EPH accepts Authorization Requests using various methods:

Electronically via EPH Provider Web Portal

Fax

*Outpatient (915)298-7866 or Toll Free (844)298-7866

*Inpatient (915)298-5278 or Toll Free (844)298-5278

Walk-in / Mail

Walk-in Address: 1145 Westmoreland Dr. El Paso, TX 79925-5615

Mailing Address: P.O. Box 971100, El Paso, TX 79997-1100

Telephonically

STAR: Phone: 915-532-3778 or Toll-Free 888-532-3778

STAR+PLUS: Toll-Free: 833-742-3127

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

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

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Turnaround Times

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

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

Extension for Additional Information Requests:

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

Notification of Extension:

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

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

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Peer to Peer Reviews

Peer to peer reviews are offered prior to an Adverse Determination via fax notification.

Peer to Peer Reviews can **only** be held **Physician to Physician**

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

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Out of Network Referrals

- El Paso Health will deny out-of-network/out-of-service referrals if medically necessary covered services are available through in-network providers.
- Pregnant members past the 24th week of pregnancy will be allowed to remain under the care of the member's current OB/GYN through the member's postpartum checkup even if the provider is out-of-network, provided and authorization is requested for services.
- El Paso Health will authorize out-of-network/out-of-area services for continuity of care, quality care and services medically necessary that are not available in El Paso Health provider network.

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First Steps for Healthy Babies is an El Paso Health program designed to support pregnant members with prenatal care. The program offers a nurse and/or social worker that will:

- Help with pregnancy-related questions
- Help coordinate prenatal care
- Help coordinate social services, mental health services, and provides referrals to community agencies.
- Conduct Home Visits if necessary
- Provides a monthly prenatal class/baby shower

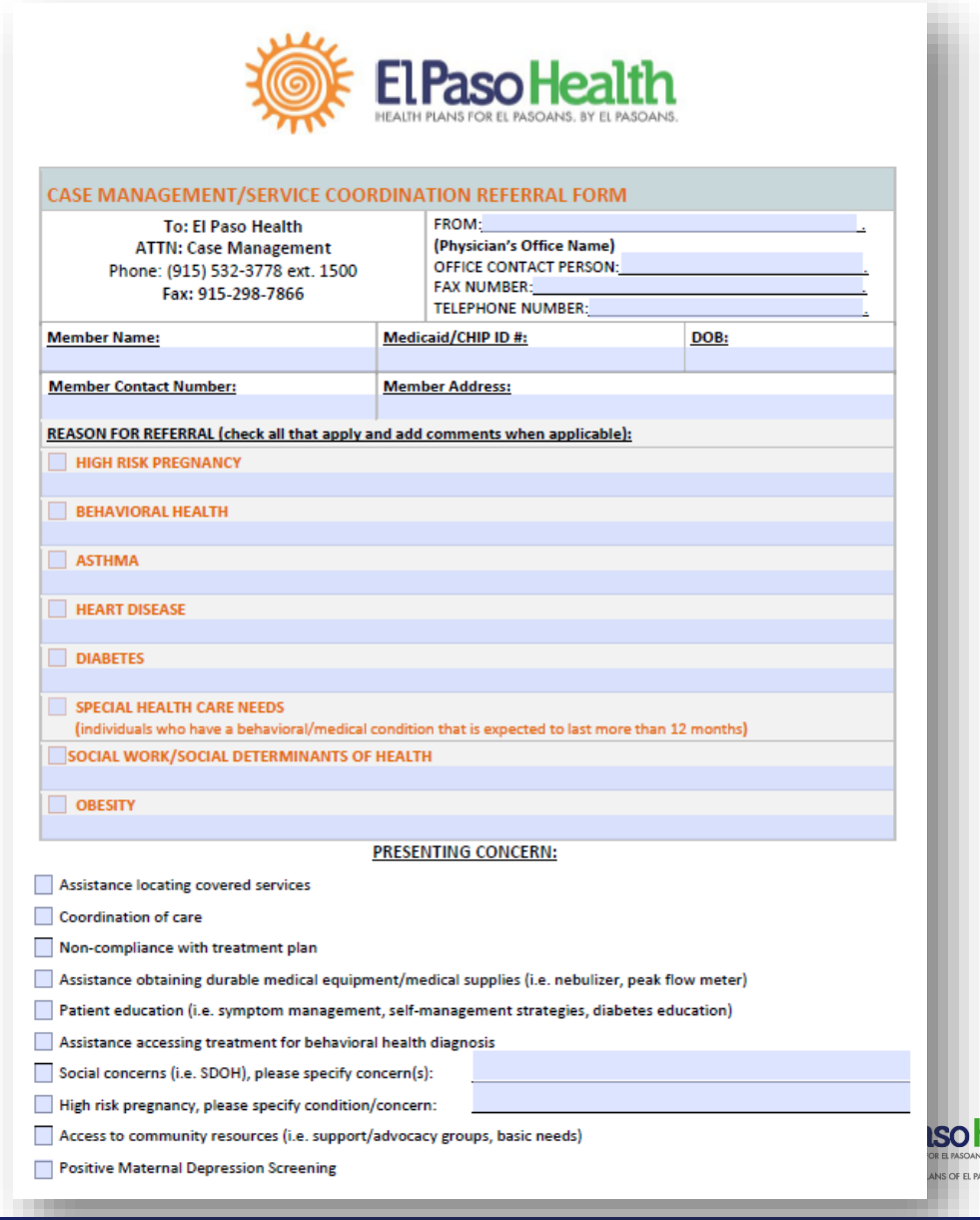
Case Management Referral Form

Case Management / Service Coordination provides our members with:

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

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

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



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CASE MANAGEMENT/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

House Bill 12 – Postpartum Extension

Eligibility Requirements & Coverage

- Medicaid or CHIP recipients who are pregnant or become pregnant may be eligible for extended postpartum benefits. Medicaid recipients only, even after their pregnancy ends they can still apply for coverage.

  Note: They do not need to apply to have their coverage extended.

- If a woman was enrolled in Medicaid or CHIP during pregnancy and is still within the 12 month postpartum period, her coverage will automatically be reinstated (if they are still a Texas resident).

  A notice will be sent by mail or through their Texas Medicaid account.

- CHIP Perinatal (CHIP-P) recipients will continue CHIP-P coverage through the end of the month in which their pregnancy ends, plus two postpartum visits.

  Note: They are not eligible for the 12 months of postpartum coverage

- Applicants with unpaid medical bills may request Medicaid coverage for up to three months prior to the month of their application.

  Note: This retroactive coverage does not apply to CHIP applicants.

Note: The full array of Medicaid or CHIP covered services remains available in the 12-month postpartum period

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Exceptions to Eligibility

House Bill 12 - Postpartum Extension

Medicaid and CHIP recipients will receive the extended coverage through their postpartum period regardless of any change in circumstances unless they:

- Voluntarily withdraw.
- Move out of state.
- Are determined to be ineligible because of fraud, abuse, or perjury.
- Die.

For more information about the 12-month postpartum coverage, visit texashhs.org/postpartum, or call 2-1-1 and choose option 2.

Children and Pregnant Women (CPW)

Case Management for Children and Pregnant Women (CPW) – is a Texas Medicaid benefit that provides health-related case management services to:

- Children from birth-20yrs of age with a health condition or health risk and
- Pregnant individuals of any age with a high-risk condition

Case Managers help eligible members access needed medical, social, educational and other services. Medicaid case managers also assist eligible pregnant individuals with nonmedical health-related needs.

Licensed social workers, RN's, community health workers, and doulas are eligible to provide case managements through CPW.

How to Become a CPW Provider?

Provider Training Requirements

- HIPAA training and completion of the one-hour training module must be attested to provider record on your Provider Enrollment and Management System (PEMS).
- The training module is available at Medicaid Case Management Services for Children and Pregnant Women in Texas on the Texas Health Steps website.
- CPW providers are also required to complete the following:

Enrollment Status	Requirements
CPW provider enrolled on or before 12/1/2024	Effective 6/1/2025, HIPAA and HB 1575 completed training attestations are required at reenrollment or revalidation. Uploading proof of training prior to 6/1/2025 through a PEMS existing enrollment request is optional.
CPW provider with application in-flight	Effective 6/1/2025, HIPAA and HB 1575 completed training attestations are required at reenrollment or revalidation. Uploading proof of training prior to 6/1/2025 by adding it to the PEMS in-flight application request is optional.
CPW providers enrolled effective 12/1/2024 or after, nurses, social workers, doulas, and community health workers (CHWs)	Completing required attestation and uploading proof of HIPAA training. HB 1575 training was incorporated into the standardized case management training and is not required to be attested to again.

https://www.txhealthsteps.com/case-manager

Postpartum Depression Screening

Postpartum depression screening is a Texas Medicaid benefit. The American Academy of Pediatrics (AAP) recommends the infant's provider screen mothers for postpartum depression. Screening mothers for postpartum depression is recommended within the first few months following birth, up to the infant's first birthday.

- A validated screening tool such as, (*Edinburgh Postnatal Depression Scale, PHQ-9 or Postpartum Depression Screening Scale*) is required.
    - *At a minimum, screening should occur at least once during the postpartum period*
- The following codes may be reimbursed when billing for postpartum depression screening in the office setting.

G8431	Screening for depression, documented as being positive and a follow-up plan is documented
G8510	Screening for depression, documented as negative, a follow-up plan is not required

**Only one procedure code, either G8431 or G8510, may be reimbursed per provider in the 12 months following the infant's birth.*

Texas Health Steps Quick Reference Guide

Genetic Testing / BRCA

Authorization Requirements

Authorization Required:

- Gynecological Pathology Services (Pap smears, STD screening, and Cytology Biopsies)

*Except for CPT Code 82105 (Alpha-fetoprotein; serum), no authorization is required

No Authorization Required (when referred to an In-network Laboratory Provider)

- CPT **81220**: CFTR (cystic fibrosis transmembrane conductance regulator)
- CPT **81243**: FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
- CPT **81329**: SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed
- CPT **81420**: Fetal chromosomal aneuploidy (e.g., trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21
- Quest Diagnostics Test Code 94372: QHeritTM Expanded Carrier Screen

Breast Pumps

Members may qualify for purchase of a breast pump once they deliver. The following breast pumps are covered for STAR and CHIP members:

- Manual (***no authorization required***)
- Non-hospital grade electric pump (***no authorization required***)
- A hospital-grade breast pump (HCPCS code E0604) may be considered for rental, not purchase (**authorization is required**)

To obtain a breast pump:

- Member must *obtain prescription* from OB provider or newborn's pediatrician
- Members must take the prescription to an in-network DME provider

No authorization requirement for DME under $300

NOTE: DME company must keep Title XIX for their records only

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Long-Acting Reversible Contraception (LARC)

Long-Acting Reversible Contraception (LARC) is covered as a medical and pharmacy benefit.

- **Medical benefit-** providers will continue to have the option to receive reimbursement for LARC as a clinician-administered drug through the existing buy-and-bill process.
- **Pharmacy benefit-** providers can prescribe and obtain LARC products on the Medicaid formulary from certain specialty pharmacies. Providers who prescribe and obtain LARC products through these specialty pharmacies will be able to return unused and unopened LARC product via the Abandoned Unit Return program,
- Please refer to the Vendor Drug Program website for additional information:

  https://www.txvendordrug.com/about/manuals/pharmacy-provider-procedure-manual/p-9-formulary-coverage/long-acting-reversible-contraception-products

Long-Acting Reversible Contraception (LARC)- continued

Mirena® (NDC 50419042301)
Walgreens Specialty Pharmacy
(877) 686-4633
NPI:1851463087

CVS Caremark Specialty Pharmacy
(817) 336-7281
NPI:1366551848

Skyla® (NDC 50419042201)
Walgreens Specialty Pharmacy
(877) 686-4633
NPI:1851463087

CVS Caremark Specialty Pharmacy
817-336-7281
NPI 1366551848

Kyleena (NDC 50419042401)
Walgreens Specialty Pharmacy
(877) 686-4633
NPI:1851463087

CVS Caremark Specialty Pharmacy
(817) 336-7281
NPI:1366551848

Nexplanon® (NDC 78206014501)
Accredo
(972) 929-6800
NPI: 1073569034

CVS Caremark Specialty Pharmacy
(817) 336-7281
NPI:1366551848

Paragard® (NDC 59365512801)
Biologics, Inc, Specialty Pharmacy c/o TWH Access Solutions
(888) 275-8596
NPI: 1487640314

Providers may also continue to obtain LARC products through the existing buy-and-bill process.

*NDCs are subject to change.

For the most current information, please visit: TX STAR CHIP - LARC (navitus.com)

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Member Services

Member Services

Call Center Representatives

Our Member Services Department can assist with:

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

You can reach our Member Services Department:

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

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

*Interpreter services are available.

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Forms of Eligibility Verification

El Paso Health **Provider Web Portal**

Telephonically:

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

Texas Medicaid Benefit Card

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

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

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Non-Emergent Medical Transportation (NEMT) Services

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

Medical Transportation Management (MTM), an El Paso Health Partner, may be able to help STAR, CHIP and STAR+PLUS members with Non-Emergent Medical Transportation (NEMT) to Medicaid Services, to include:

- Public transportation
- A taxi or van service
- Money to purchase gas
- Commercial transit

To request transportation:

- Members must call MTM at **1-855-584-3530 (STAR+PLUS)** or **1-844-572-8196 (STAR and CHIP)**
- Arrangements must be made at least two days before appointment or five days before is appointment is outside the county.

Phones are answered 24 hours a day, 7 days a week, 365 days a year. Website: http://mtm-inc.net/texas/

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First Call Medical Advice Infoline / Behavioral Health Crisis Line

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

First Call: 1-844-549-2826

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

STAR: 1-877-377-6147

CHIP: 1-877-377-6184

STAR+PLUS: 1-877-377-2950

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

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STAR & CHIP - Healthy Rewards

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A Great Health Plan Comes With Healthy Rewards 2026-2027

STAR/CHIP Value Added Services (September 1, 2026 - August 31, 2027)	Medicaid	CHIP
Members have 24-hour, 7-days-a-week access to FIRSTCALL, an El Paso based bilingual medical advice line staffed by local nurses, pharmacists, and an on-call medical director.	✓	✓
STAR Free ride service to get to WIC and HHSC offices, food pantries, health education classes, and Member Advisory Group meetings that are not covered under the NEMT benefit. **CHIP** A free ride service to help you get to doctor visits or health education classes.	✓	✓
Up to $125 above the Medicaid/CHIP vision benefit for contact lenses and glasses (lenses and frames), for members ages 0 to 20.	✓	✓
A free annual sports physical for members aged 4 through 18.	✓	✓
One allergy-free pillowcase is given to members who are engaged in the Asthma Disease Management Program.	✓	✓
A Calming Kit that includes sensory devices for members age 6 through 12 with ADHD after a follow-up visit within 30 days of filling an initial ADHD prescription.	✓	✓
$50 gift card for OTC items upon completion of a New Member Orientation course.	✓	✓
CHIP Members (age 0 to 18) and Medicaid Members (age 0 to 20) can receive four additional nutritional/obesity counseling and meal planning services above the benefit.	✓	✓
A $15 gift card for members 6 months to 24 months of age who receive the recommended annual flu vaccines prior to child's 2nd birthday, upon request.	✓	✓
A $15 gift card for members age 16-24 who receive a qualifying risk-based screening, as recommended by their PCP or OB/GYN provider. Limit one per year.	✓	✓
A $15 gift card is offered to members age 0 to 20 who complete a Texas Health Steps check up on time.	✓	
A $20 gift card is offered to members age 21 to 65 who get an annual preventative wellness exam.	✓	
A $15 gift card is offered to members age 3-19 who get a check-up when due.		✓

STAR/CHIP Value Added Services (September 1, 2026 - August 31, 2027)	Medicaid	CHIP
Blood pressure cuffs for members diagnosed with hypertension or pre-eclampsia during pregnancy or within 8 weeks of delivery.	✓	✓
Postpartum members can receive a free Baby-Proofing Home Safety kit after attending the Growing Together Postpartum class at El Paso Health. Limit one time per pregnancy.	✓	
After completing a First Steps Baby Shower (pregnancy class) at El Paso Health, pregnant members can receive: • A free convertible car seat • A diaper bag, starter supply of diapers, and other items for the baby.	✓	✓
$100 gift card for pregnant members who complete a prenatal visit during the first trimester (90 days) or within 42 days of enrollment (for new members).	✓	✓
$50 gift card for members who receive a postpartum visit within 7 to 84 days of delivery.	✓	✓
$25 gift card for pregnant members who receive a flu shot during pregnancy.	✓	✓
A $25 gift card for healthy food related items for pregnant CHIP Perinatal (19 to 65) and STAR (21 to 65) Members who complete four nutritional counseling/meal planning services.	✓	✓
STAR Up to $500 each year in dental checkups, x-rays, routine cleaning, fillings, and extractions for pregnant members 21 to 65. **CHIP** Up to $500 each year in dental checkups, x-rays, routine cleaning, fillings, and extractions for pregnant members.	✓	✓
Home visit assessment for individuals enrolled in Case Management for high-risk pregnancies to identify and coordinate support needs, upon request.	✓	✓
A $25 gift card each year for diabetic members who complete a diabetic eye exam. One per year.	✓	
A $25 gift card for members age 18-75 years with a diagnosis of diabetes who complete an HbA1c blood test each year.	✓	
$25 gift card to CHIP (0 to 18 years) and STAR (0 to 20 years) members who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay.	✓	✓
Up to $35 discount for any sport, swim, or camp registration fee at participating YMCA's; once every 12 months.	✓	✓
$30 gift card for members (ages 9-12) who complete the HPV vaccine series by their 13th birthday, upon request. CHIP Perinatal members do not qualify.		✓

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Summary of Healthy Rewards Changes

New

- HPV Vaccine

Discontinued

- First Aid Kit

Modified

- Prenatal Visits
- Postpartum Visits
- Prenatal Flu Shot
- New Member Orientation
- Home Visit

Unchanged

- 24 Hr. Nurse Line
- Transportation
- Meal Planning
- Calming Kit
- Dental Services
- Vision Allowance
- Sports Physical
- Allergy Free Pillowcase
- YMCA Discount Registration
- **Pregnancy Rewards**
  - Car seat & Diaper bag
  - Meal Planning for Pregnant Members
  - Blood Pressure Cuff
  - Growing Together Class
- **Check Ups / Preventive**
  - THSteps
  - Child Checkup
  - Adult Wellness Checkup
  - Risk-Based Screening
  - HbA1c Blood Test
  - Diabetic Eye Test
  - Mental Health Follow Up
  - Flu Shot (6 mnths – 2yrs)

STAR+PLUS – Value Added Services

El Paso Health STAR+PLUS Value Added Services 2026-27 Applicable from September 1, 2026 - August 31, 2027	At Home		Nursing Facilities	
	Medicaid Only	Dual	Medicaid Only	Dual
Help Getting a Ride Free ride service to get to WIC and HHSC offices, food pantries, health education classes, and Member Advisory Group meetings that are not covered under the NEMT benefit.	✓	✓	N/A	N/A
Dental Services Dual eligible members receive up to $500 each year for dental check-ups, x-rays, cleanings, fillings and simple tooth extractions for STAR+PLUS non-HCBS waiver members. Medicaid only members can receive up to $600 each year for dental check-ups, x-rays, and cleanings (no extractions) for non-HCBS waiver members. **Referral required*	✓ $300 allowance	✓ $500 allowance	✓ $600 allowance	✓ $500 allowance
Extra Vision Services $125 eyewear allowance towards upgrades for frames, lenses, or contacts every two years.	✓	N/A	✓	N/A
Routine Foot Care Two (2) additional podiatry visits annually for professional nail trimming. Includes one service every six months.	✓	✓	✓	✓
Over-the-Counter Benefits / Utility Assistance Up to $160 per year: $40 debit flex card allowance quarterly for utilities, OTC meds, and health-related supplies not covered by Medicaid, upon request.	✓	N/A	N/A	N/A
Emergency Response Services (ERS) Emergency response services for STAR+PLUS non-HCBS waiver members ages 21 to 100. **Referral required*	✓	N/A	N/A	N/A
Home Visits Up to an extra 12 hours of in-home respite care services for STAR+PLUS non-HCBS waiver members age 21 to 100.	✓	✓	N/A	N/A
Healthy Eats Program Diabetic non-dual STAR+PLUS members can participate in the Healthy Eats Program and receive a $50 debit flex card reward each quarter to obtain nutritious food.	✓	N/A	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. **Referral required*	✓	✓	N/A	N/A
Meal Planning Four additional nutritional counseling/meal planning services for diabetic STAR+PLUS non-HCBS waiver members age 21 to 100.	✓	✓	N/A	N/A
Fitness Membership A YMCA or Planet Fitness membership for STAR+PLUS non-HCBS waiver Medicaid members. Members must choose one fitness membership and cannot enroll in both.	✓	N/A	N/A	N/A
Care Kit New Nursing Facility Members can receive the following: • Skid Proof Socks • Personal Blanket • Accessory Tote Bag • Digital Clock	N/A	N/A	✓	✓
Pest-Repellant Pest repellent wall plugs for members with Asthma or COPD who fill a new prescription and engaged in the Asthma Disease Management Program.	✓	✓	N/A	N/A
Allergy-Free Pillowcase One allergy-free pillowcase for members with Asthma or COPD who fill a new prescription and engage in Asthma Disease Management Program.	✓	✓	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
First Steps Baby Shower After completing a First Steps Baby Shower (pregnancy class) at El Paso Health, pregnant members can receive: • A free convertible car seat • A diaper bag, starter supply of diapers, and other items for the baby.	✓	✓	N/A	N/A

El Paso Health STAR+PLUS Value Added Services 2026-27 Applicable from September 1, 2026 - August 31, 2027	At Home		Nursing Facilities	
	Medicaid Only	Dual	Medicaid Only	Dual
Prenatal Visit Incentive $50 gift card for pregnant members who complete a prenatal visit during the first trimester (90 days) or within 42 days of enrollment (for new members).	✓	✓	N/A	N/A
Postpartum Visit Incentive $50 gift card for members who receive a postpartum visit within 7 to 84 days of delivery.	✓	✓	N/A	N/A
Prenatal Nutritional Counseling A $25 gift card for healthy food related items for STAR+PLUS Medicaid & Dual Members age 21 to 65 who complete four nutritional counseling/meal planning services.	✓	✓	N/A	N/A
Grooming & Stylist Services and Products $25 debit flex card allowance toward grooming/stylist services or eligible grooming-related products each quarter.	N/A	N/A	✓	✓
Mental Health Follow-Up Care Incentive (30 Days) $25 debit flex card reward for completing a follow-up visit within 30 days of a mental illness discharge. Limit one reward per qualifying discharge.	✓	N/A	✓	N/A
Mental Health Follow-Up Care Incentive (7 Days) $50 debit flex card reward for completing a follow-up visit within 7 days of a mental illness discharge. Limit one reward per qualifying discharge.	✓	N/A	✓	N/A
Annual Wellness Exam Incentive $25 debit flex card reward for members age 21 to 100 who complete an annual wellness visit, available once a year.	✓	N/A	✓	N/A
Annual Flu Shot Incentive $25 debit flex card reward for members age 21 to 100 who receive the recommended annual flu vaccine, available once a year.	✓	N/A	✓	N/A
Annual HbA1c Blood Test Incentive $25 debit flex card reward for members with diabetes age 18 to 75 who complete an HbA1c blood test, available once a year.	✓	N/A	✓	N/A
Annual Diabetic Eye Exam Incentive $25 debit flex card reward for members with diabetes age 18 to 75 who complete a diabetic eye exam, available once a year.	✓	N/A	✓	N/A
Post-Hospitalization Follow Up Incentive $25 debit flex card reward for members who have a follow-up doctor visit within 30 days of getting out of the hospital once a year.	✓	N/A	✓	N/A
Cervical Cancer Screening Incentive $25 debit flex card reward for female members age 21 to 64 who get a cervical cancer screening once every three years.	✓	N/A	✓	N/A
Mammogram Incentive $25 debit flex card reward for female members age 50 to 74 who get a mammogram once every two years.	✓	N/A	✓	N/A
Blood Pressure Cuff Incentive Members with hypertension can receive a free home blood pressure monitor if uncontrolled blood pressure is found at a provider visit. Limited one per lifetime.	✓	N/A	N/A	N/A
Controlled Blood Pressure Incentive $25 debit flex card reward for members with hypertension who show 2 consistent controlled BP readings at different doctor visits by year-end. One per year, upon request.	✓	N/A	N/A	N/A

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Summary of VAS Changes

New

- Blood Pressure Monitor *(Uncontrolled)*
- Blood Pressure Incentive *(Controlled)*
- Mental Health Follow Up *(7 Days)*

Discontinued

- Hearing Aids
- Prenatal Flu Shot

Modified

- **Pregnancy Rewards**
  - Prenatal Visit
  - Postpartum Visit
- Podiatry
- Respite
- Grooming Services
- Emergency Response Services (ERS)
- Fitness Membership
- Dental services
- OTC & Utility Allowance
- Healthy Eats

Unchanged

- Transportation
- Vision Allowance
- Meal Planning
- Delivered Meals
- Allergy Free Pillowcase
- Pest Repellent
- GED Support for IDD
- Care Kit
  - Blanket
  - Socks
  - Tote Bag
  - Clock
- **Pregnancy Rewards**
  - Car seat & Diaper bag
  - Meal Planning for Pregnant Members
- **Check Ups / Preventive**
  - Annual Wellness Exam
  - HbA1c Blood Test
  - Diabetic Eye Exam
  - Flu Shot
  - Cervical Screening
  - Mammogram
  - Post-Hospitalization Follow Up
  - Mental Health Follow Up (30 Days)

Member Cost Sharing Obligations

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

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

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STAR+PLUS: Service Coordination

Service Coordination

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

Service Coordination provides:

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

To reach an El Paso Health Service Coordinator:

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

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

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Complaints and Appeals

Provider Appeals

A request for reconsideration of a previously dispositioned claim.

- Complete Denial of Claim
- Partial Denial of Claim

What to Submit

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

How to Submit

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

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Provider Appeal Levels

- Level 1
  - Acknowledgment Letter w/in 5 business days
  - Resolution Letter w/in 30 calendar days
    - Don't agree with outcome?

- Level 2
  - Acknowledgment Letter w/in 5 business days
  - Resolution Letter w/in 30 calendar days.

    (Provider Appeals Process has been **Exhausted**)

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

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Reminders

For all appeals inquiries, our **Member Services Department** is the appropriate point of contact. They can provide updates on appeal status and assist with any questions you may have regarding appeals.

You may reach them directly at

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

Complaints and Appeals Contact Information:

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

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

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Special Investigations Unit (SIU)

SIU Team Purpose

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

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

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

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

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What We Look For

When we are auditing the medical record (MR), we identify several factors, which include:

- **Documentation**
  - Mandatory two patient identifiers on each page of the medical record.
    - Each page requires the patient's name and Texas Medicaid ID #.
  - Ensure the progress note is complete, signed, and dated by the provider.
  - Confirm all rendering providers are enrolled with TMHP.
- **Billing & Reimbursement – HCFA 1500 claim form is reviewed (this list is not all-inclusive).**
  - Rendering provider (Box 24J) – confirm the rendering provider billed matches the medical record.
  - CPT (Box 24D) – confirm the services billed are what was documented and rendered.
    - ❖ If the MR documentation does not match what was billed, the claim is subject to recoupment.
- **Authorizations**
  - Confirm the authorization has not been exhausted and the services billed match the authorization number.

Medical Records Request (Regular Audit)

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

1st request faxed with a 4 week deadline.

If no response within the first 2 weeks, a 2nd request is faxed and a call is placed to the provider's office to ensure receipt of the request.

- Same deadline date applies as the first request.

If no response within the 3rd week, a final request is faxed and contact with provider is made.

- Same deadline date applies as first request.

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

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

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

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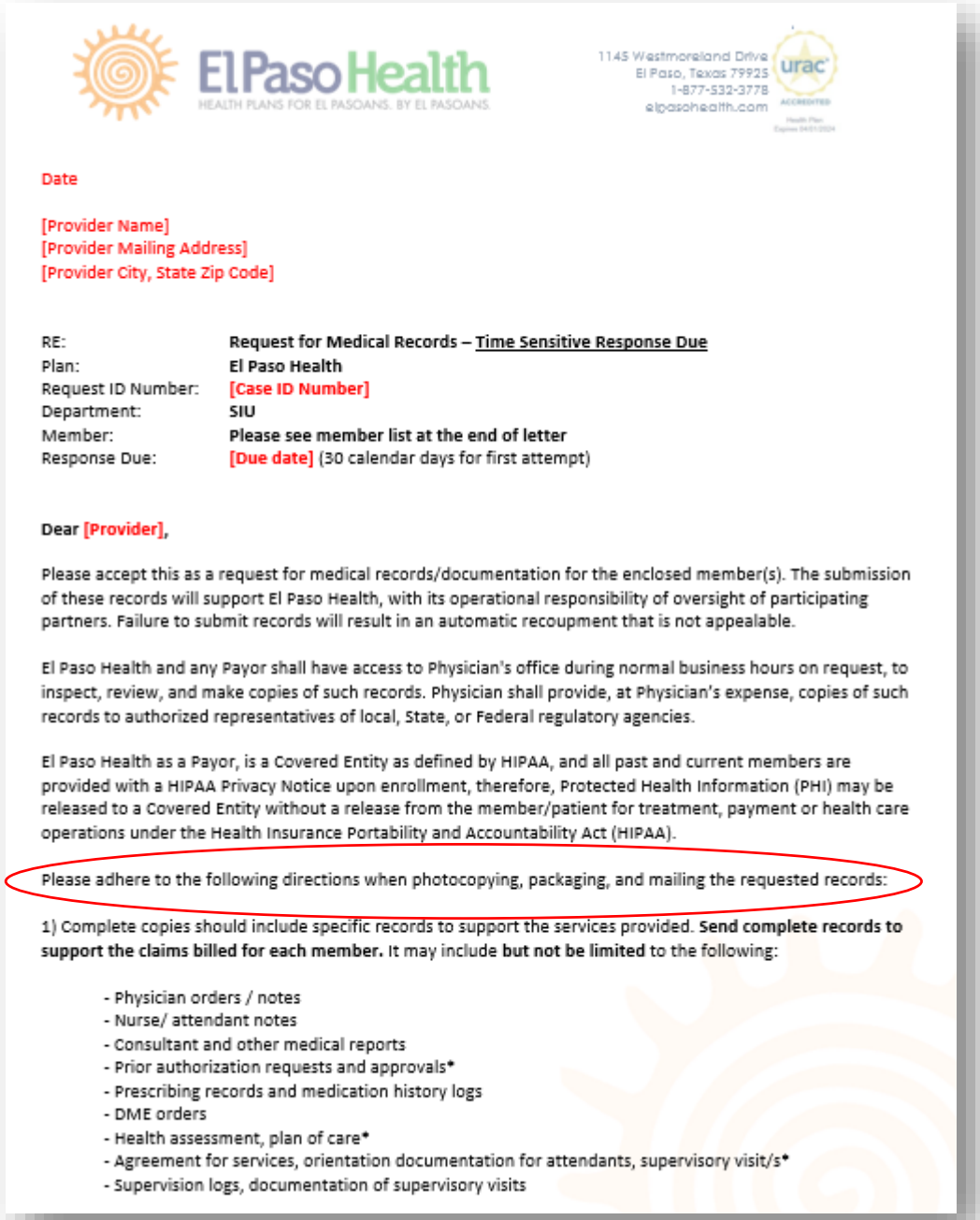

El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

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

urac ACCREDITED

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 Example (Regular audit)

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39 Week OB Audits

39 Week OB induction Audits is a requirement El Paso Health follows.

Section 4.1.3 of the Texas Medicaid Provider Procedure Manual, Elective Deliveries Prior to 39 weeks

Texas Medicaid restricts any Cesarean section, labor induction, or any delivery following labor induction to one of the following criteria:

- Gestational age of the fetus should be determined to be at least 39 Weeks.
- When the delivery occurs prior to 39 weeks, maternal and/or fetal conditions must dictate medical necessity for the delivery.

Note: *Records are subject to retrospective review. Payments made for Cesarean section, labor induction, or any delivery following labor induction that fail to meet these criteria (as deter-mined by review of medical documentation), are subject to recoupment. Recoupment may apply to all services related to the delivery, including additional physician fees, birthing center, and inpatient and outpatient hospital fees.*

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39 Week OB Audit Medical Records Request

El Paso Health will fax providers the request for medical records. 15 days are allotted to provide medical records.

- 1st request is faxed to the provider's fax number on file.
- After 7 days, a friendly reminder is sent if records have not been received.
- If a response is not received by the 15th day, a final request will be faxed requesting records by close of business.
- If no response or communication from the provider, EPH will initiate a recoupment.

Please ensure you and/or your Third Party Biller handle a records request in a timely manner and submit all of the documentation requested as soon as possible.

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

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Medical Records Request Letter Sample (39 Weeks)

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

01/01/2024

John Doe, M.D.
P.O. Box 12345
El Paso, TX 79925

Regarding Patient: [Member Name]
Re: Member Health Plan Identification No: #
Re: Date of Birth: MM/DD/YYYY

Request for medical records faxed or emailed:

According to the Texas Medicaid Provider Procedure Manual: Elective Deliveries Prior to 39 Weeks section 4.1.3. Texas Medicaid restricts any Cesarean section, labor induction, or any delivery following labor induction to one of the following criteria: Gestational age of the fetus should be determined to be at least 39 weeks. Modifiers U1 Prior to 39 Weeks and Medically Necessary U2 39 Weeks or Later U3 Prior to 39 Weeks and Not Medically Necessary. When the delivery occurs prior to 39 weeks, maternal and/or fetal conditions must dictate medical necessity for the delivery.

Note: Records are subject to retrospective review. Payments made for Cesarean section, labor induction, or any delivery following labor induction that fail to meet these criteria (as determined by review of medical documentation), are subject to recoupment. Recoupment may apply to all services related to the delivery, including additional physician fees, birthing center, and inpatient and outpatient hospital fees.

El Paso Health has conducted a random evaluation of paid claims for obstetric delivery procedures. The medical record for patient listed above has been selected for retrospective review. This review is being conducted to monitor compliance with the Texas Health and Human Services Commission regulations regarding medically necessary inductions and cesarean sections performed prior to 39 weeks' gestation and the proper use of modifiers. The following documentation must be submitted to El Paso Health for review within 15 days from the date of this letter:

- **Last progress note prior to delivery**

The information must be sent faxed or emailed by **Month, Day, Year.**

El Paso Health
Attn: Ismael Gamez
Fax: (915) 225-1170
Email: igamez@elpasohealth.com

El Paso Health's Medical Director will review the documentation to determine if the procedure was medically necessary. If medical review indicates medical necessity for the obstetrical procedure, El Paso Health will take no further action on the paid claim. If the medical review identifies the induction or cesarean section procedure was performed before 39 weeks of gestation and was not medically necessary, the payment previously rendered will be recouped from the physician(s) involved with the delivery and the facility where the delivery was performed.

Once the retrospective review is completed, you will be notified of its outcome. If you have any questions about the retrospective review process, please contact me at (915) 298-7198 Ext 1015.

If medical records are NOT received, El Paso Health will recoup the claim for lack of documentation.

Sincerely,

Ismael Gamez, RN
Special Investigations Unit Nurse Auditor
Cc: Jorge Guzman, M. D., El Paso Health Medical Direct

Methods to Submit Medical Records

Fax: 915-225-1170

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

Datavant (formerly Ciox Health)

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

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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.

OFFICE OF INSPECTOR GENERAL
TEXAS HEALTH & HUMAN SERVICES COMMISSION

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:

- Delivery Summary/OP report
- Last progress note before delivery

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

After attestation signature, additional records will not be accepted.

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Closing the Review

The provider's 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 the appeal for the Audit is not handled by the Complaints & Appeals Department or any other department at El Paso Health.

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.

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

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Remember.....

If It's not
documented
It didn't
happen

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SIU Contact Information

When in doubt, reach out!

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

Jennifer Huereca, SIU Manager
(915) 298-7198 ext. 1228
JHerrera2@elpasohealth.com

Fraud, Waste, and Abuse Hotlines

El Paso Health

1-866-356-8395

Office of the Inspector General

1-800-447-8477

Office of the Attorney General

1-800-735-2989

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C.A.R.E and the Community Connection Unit

Food From the Heart Food Distribution

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

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

📍 Where: El Paso Health (parking lot)
1145 Westmoreland Dr.

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

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

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

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First Steps Baby Showers

El Paso Health Members Only

Baby showers are held in-person and available for STAR/CHIP and STAR+PLUS Members.

Information Provided at the Baby Shower:

- Your Medical Benefits
- Prenatal Care
- Breastfeeding
- Labor and Delivery
- Postpartum care
- Newborn Care
- Texas Health Steps
- Car Seat Safety

Spanish and English Classes Available

Register for the next baby shower by visiting:
https://www.elpasohealth.com/members/first-steps.html

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NEW!! Growing Together Post-partum Class

El Paso Health is excited to announce our New VAS Growing Together Post-partum Class.

This class is designed to provide support, encouragement, and valuable resources for moms and their newborns. It includes a Parent Café, where participants can share their experiences, connect with other moms, and build a supportive community during this important stage in parenthood that can be stressful.

Who is eligible to attend a class:

-STAR (Medicaid) Post-partum Member of El Paso Health

-Must be within their 6 months post-partum period

*** Members who attend the class will receive a Baby proofing home safety kit***

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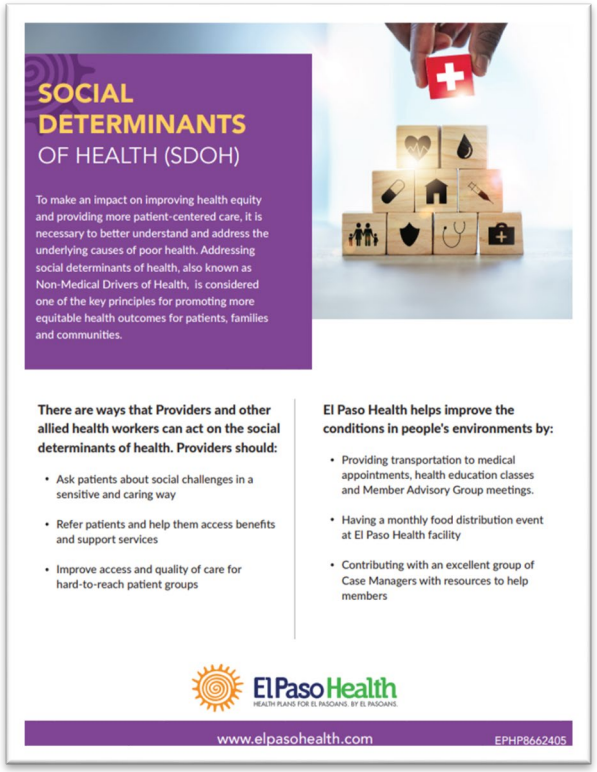
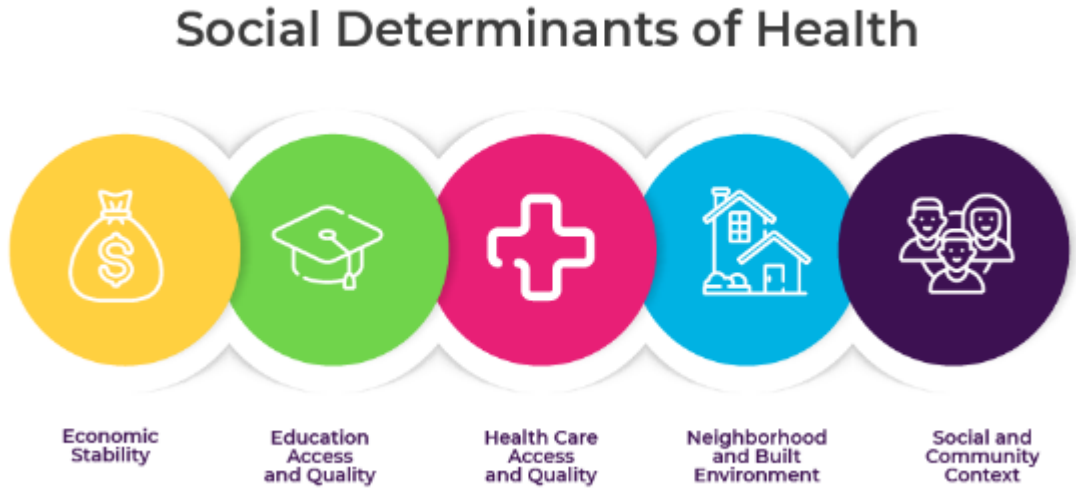
Community Connection Unit

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

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





EPH- TIPS Sheets (final_02)

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Non-Medical Drivers of Health Fundamentals

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

Health Outcomes

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

Non-Medical Drivers of Health Referrals

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

Gabriela Mendoza

Phone: (915) 532-3778 Ext 1076

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Claims

Timely Filing Guidelines

Initial Filing Deadline:

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

Reprocessing or Reconsideration:

- Requests must be submitted within 120 days from the remittance advice date.
- Corrected claims must utilize the appropriate frequency code—such as '7' for replacement or '8' for void—and must reference the most recently processed claim number.

Key Tips:

- Verify eligibility and claim status via Portal.
- Keep proof of timely submission (e.g., transmission reports).
  - *Note: Only reports accepted or rejected from the clearinghouse will be honored. Office notes indicating claims were submitted on time or personal screen prints of claim submissions are not considered proof of timely filing.*
- Late claims may be denied

Corrected Claim Submission Reminder

Form Type	CMS-1500
Corrected Indicator	Box 22: Resubmission code = 7
Original Claim Ref	Box 22 – Previous claim number
EDI Location	Loop 2300, REF*F8
Do NOT	Submit as new or Appeal

Key Reminders

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

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

Claim Reconsideration vs. Appeal – Key Differences

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

EPH Claim Submission - CLIA Requirements

All providers that bill laboratory services must have a CLIA certification for the procedure code billed.

CLIA	CLIA Number Location Options	Servicing Laboratory Physical Location
CMS 1500 (Paper Claims)	Must be represented in field 23	Submit the servicing provider name, full physical address and NPI number in fields 32 and 32A. The rendering/servicing or billing provider address must match exactly to the address associated with the CLIA ID entered in field 23.
HIPPA 5010 837 (Electronic Claim)	Must be represented in the 2300loop, REF02 element, with qualifier of X4 in REF01	Physical address of rendering/servicing provider must be represented in the 2310C loop if not equal to the billing provider address. The servicing/rendering or billing provider address must match exactly to the address associated with the CLIA ID submitted in the 2300 loop, REF02.

If a provider bills for a procedure without appropriate CLIA certification, the claim will be denied

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CHIP Perinate

Delivery Billing Reminder

CPT CODE	DESCRIPTION	REIMBURSEMENT
59410	Vaginal Delivery, Including Postpartum Care	• Contracted Rate Percentage of Current Texas Medicaid Fee Schedule Plus, • Additional inclusive rate for (2) Postpartum Visits
59515	C-Section, Including Postpartum Care	• Contracted Rate Percentage of Current Texas Medicaid Fee Schedule Plus, • Additional inclusive rate for (2) Postpartum Visits
59614	Vaginal Deliver after a previous C-Section, Including Postpartum Care	• Contracted Rate Percentage of Current Texas Medicaid Fee Schedule Plus, • Additional inclusive rate for (2) Postpartum Visits

- Postpartum visit claims must be submitted for reporting purposes only
- No additional reimbursement will be included

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CHIP Perinate

Reminders

Always include the **pregnancy ICD-10-CM code** to the **highest degree of specificity** as your **primary diagnosis** on any claims and orders.

- *This is important to ensure claims are not denied*

Reference:

Chapter 15 of the ICD-10, titled "Pregnancy, Childbirth and the Puerperium," is used for coding pregnancy.

- **O00-O9A:** This range covers a wide variety of conditions, including pregnancy with abortive outcomes O00-O08, complications of labor and delivery O60-O77, and complications related to the puerperium O85-O92.
- **Sequencing Priority:** Codes from Chapter 15 have sequencing priority, meaning they should be assigned as the primary diagnosis when a condition affects the management of pregnancy, childbirth, or the puerperium.
- **Additional Codes:** Other ICD-10 chapters may be used in conjunction with Chapter 15 codes to provide more detail, such as a code for the weeks of gestation Z3A codes or a secondary diagnosis for a pre-existing condition.

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For more information:

(915) 532-3778

www.elpasohealth.com

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