

El Paso Health

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Behavioral Health Specialty Provider Training

April 24, 2025



El Paso Health

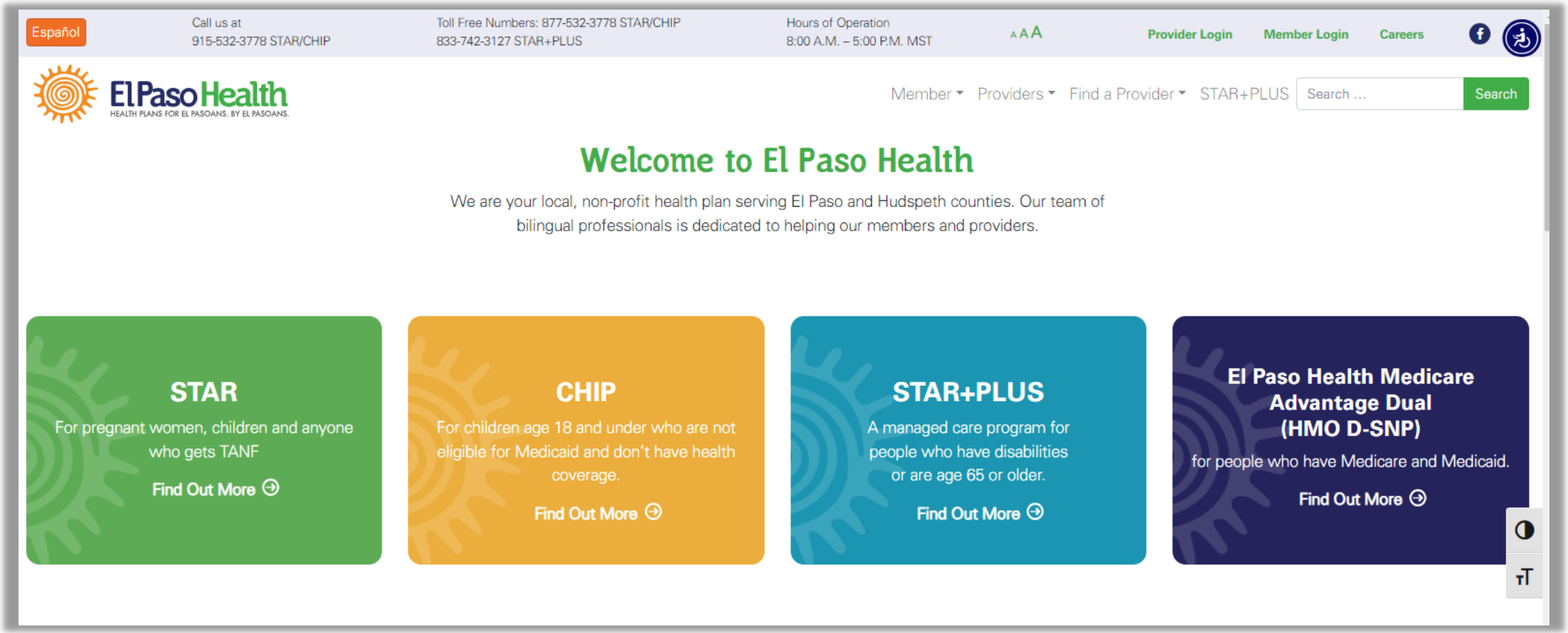
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Provider Relations Reminders

El Paso Health Website

https://www.elpasohealth.com/



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EPH Provider Portal - Home Page



Submit:

- Claims
- Authorizations
- Provider Complaints

Verify:

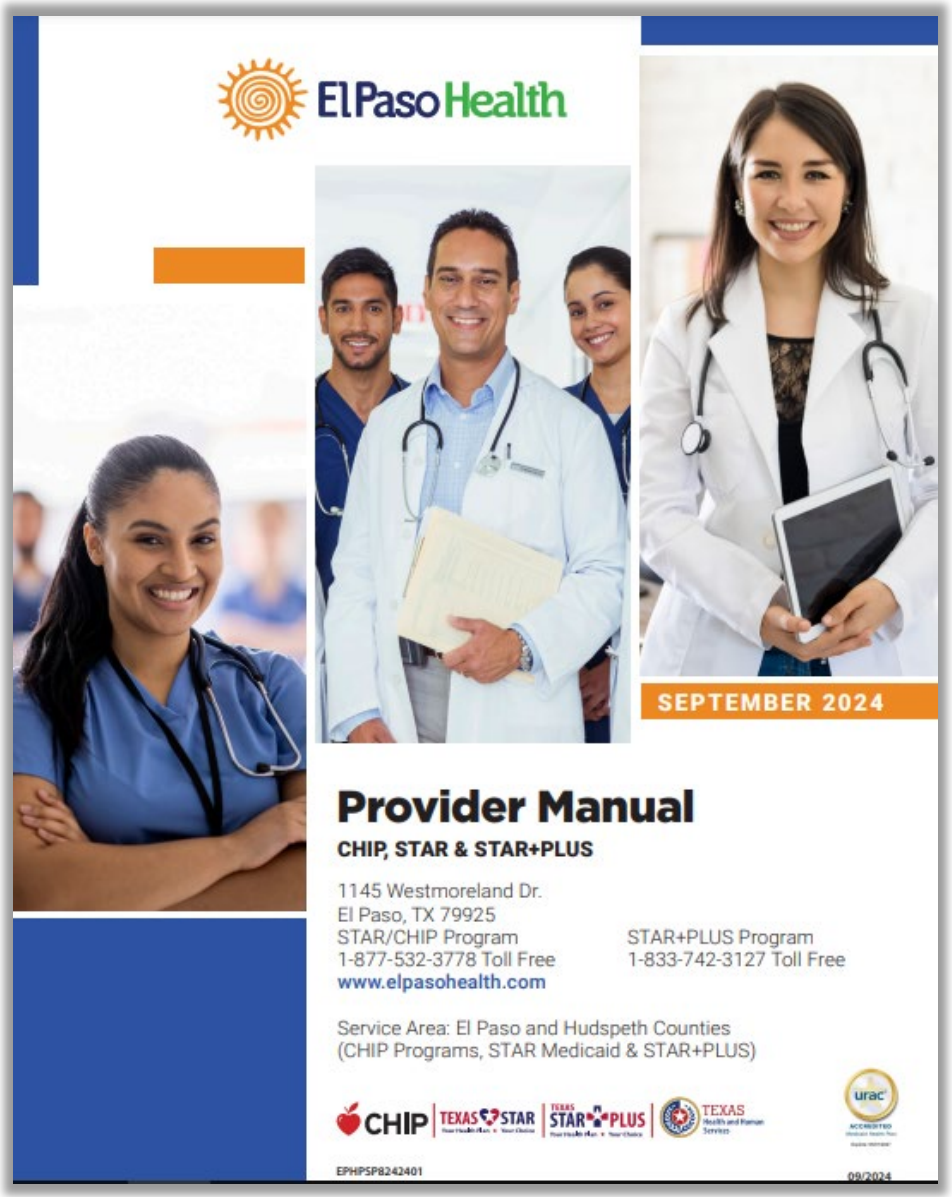
- Member Eligibility
- Claim Status
- Authorization Status

View:

- Remittance Advice
- Rosters
- Other Reports

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Provider Manual CHIP, STAR & STAR+PLUS



The El Paso Health Provider Manual contains information about:

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

Our Provider Manual can be found on our website at www.elpasohealth.com in the Provider section.

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

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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 location or adding a new practice location.
- 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.



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Cultural Competency

Cultural Competency Training

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

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

- Cultural Competency Annual Training Presentation- pdf version
- Cultural Competency Annual Training Presentation - video

Medical Provider/Group Name* **Tax ID***

Phone* format:9151231234 **Email***

Form Completed By* **Position Title***

Date*

mm/dd/yyyy

Training Confirmation*

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

Submit

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

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

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

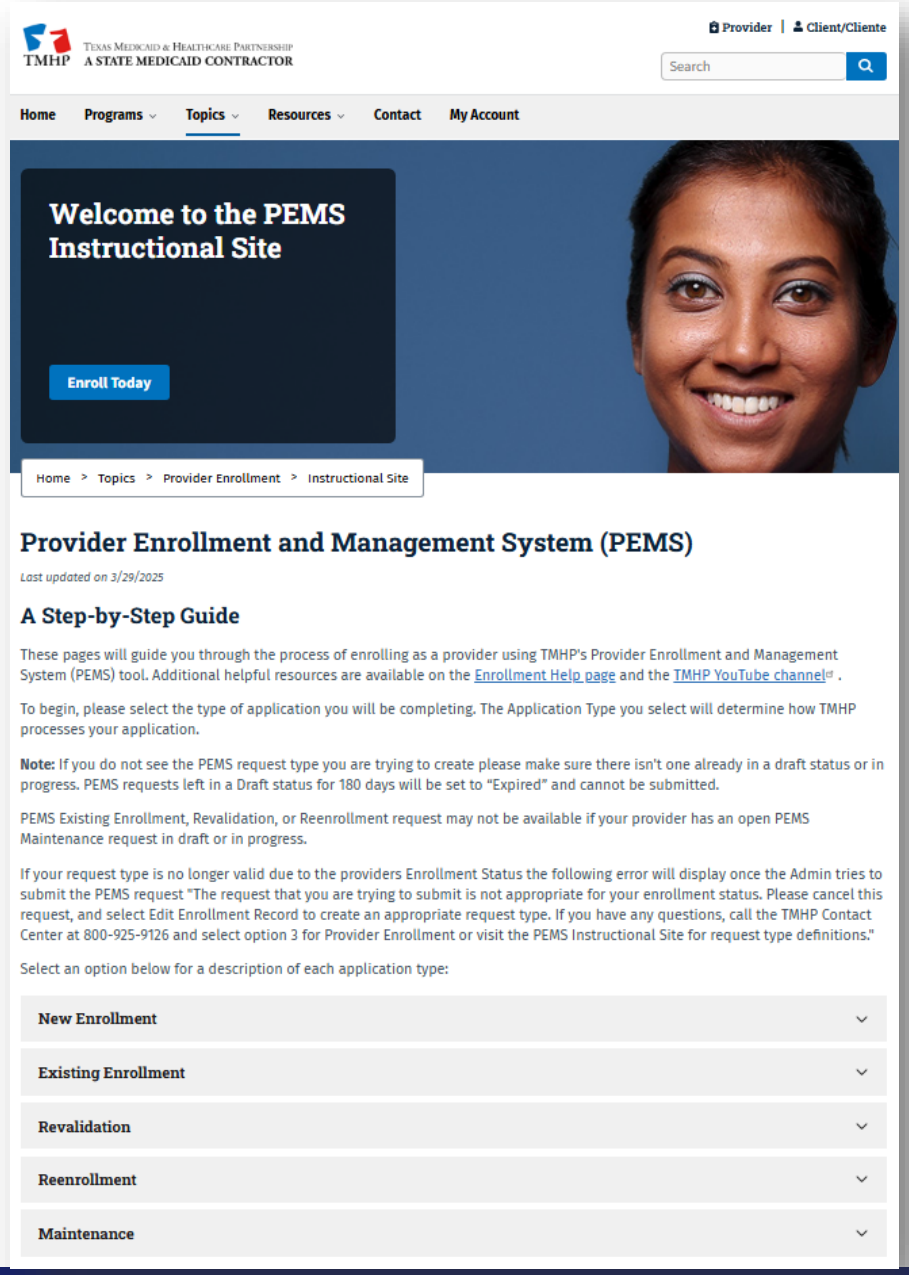
You can also directly access our Cultural Competency Training at the link below:

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



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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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Medicaid Provider Enrollment - Revalidation Flexibilities

Medicaid providers must complete revalidation every three or five years depending on their specialty, to maintain active enrollment status. This is a standard procedure, but due to certain issues, flexibilities have been granted during the specified dates.

Key points on Medicaid Provider Enrollment Flexibilities:

- Enrollment Gaps Closed for Certain Providers: Closure of Enrollment Gaps: If a provider was disenrolled for untimely revalidation between November 1, 2023, and December 12, 2024, the provider's enrollment period will be retroactively backdated up to 365 days.

- Extended Revalidation Period: Providers whose Medicaid revalidation date falls between December 13, 2024, and May 31, 2025, will be given an additional 180 calendar days to complete the revalidation process in the Provider Enrollment and Management System (PEMS).

Medicaid Provider Enrollment Revalidation - Claims Reprocessing

Deadline For Reprocessing Claims will be June 30, 2025

- Submit Claims as Services Are Provided: Do not hold claims
- Contact El Paso Health If Claims Were Denied: If your claims were denied due to untimely enrollment revalidation between November 1, 2023, and December 12, 2024
- Begin the Revalidation Process Promptly: If you haven't started the revalidation process yet, you should begin as soon as possible to avoid any disruptions in your Medicaid enrollment status

Medicaid Provider Enrollment Revalidation Flexibilities and Claims Reprocessing

Pharmacy Benefit Manager

Navitus Health Solutions is El Paso Health's Pharmacy Benefit Manager for our STAR, CHIP & STAR+PLUS program. 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
Hours: 24 hours a day, 7 days a week
(Closed Thanksgiving and Christmas Day)

www.navitus.com

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72-Hour Emergency Prescriptions

72-hour emergency overrides for prescriptions apply to:

- non-preferred drugs on the preferred drug list, or
- drugs that are subject to clinical prior authorization



- A 72-hour emergency supply allows the pharmacy to dispense a three day supply of medication in order to allow the prescriber time to submit a Prior Authorization (PA) request.
- If the prescribing provider cannot be reached or is unable to request a PA, the pharmacy should submit an emergency 72-hour supply override.
- Pharmacies will be paid in full for 72-hour emergency prescription claims; there is no cost to the member.
- Pharmacies may refer to the Pharmacy Provider Procedure Manual for additional information and requirements.

Autism Services

Autism spectrum disorder (ASD) is a condition characterized by restricted, repetitive patterns of behavior, interests, or activities and deficits in social communication and social interaction, with onset of symptoms occurring in early childhood



Autism Services now include Applied Behavior Analysis (ABA) evaluation and treatment, and are a benefit of the Texas Health Steps Comprehensive Care Program (THSteps-CCP).

Texas Medicaid recipients **20 years of age and younger** who meet the criteria outlined in the Autism Services benefit description may receive this service. All ABA requests strictly adhere to the Texas Medicaid Provider Procedures Manual (TMPPM), Children's Services Handbook (Section 2.3: Autism Services).

Maternal Mental Health Services

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

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

Exclusions

The following services are not benefits of Texas Medicaid:



- Psychoanalysis
- Multiple family group psychotherapy
- Marriage or couples counseling
- Narcosynthesis
- Biofeedback training as part of psychophysiological therapy
- Psychiatric day treatment programs

• Services provided by a psychiatric assistant, psychological assistant (excluding master's level LPA), or a licensed chemical dependency counselor

Contact Information

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

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

Luz Jara
Provider Relations Representative
Phone Number: 915-298-7198 ext.1276

Lizbeth Silva
Provider Relations Representative
Phone Number: 915-298-7198 ext. 1005

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

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

Liliana Jimenez
Provider Relations Lead
Phone Number: 915-298-7198 ext. 1018

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

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

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Member Services Department Reminders

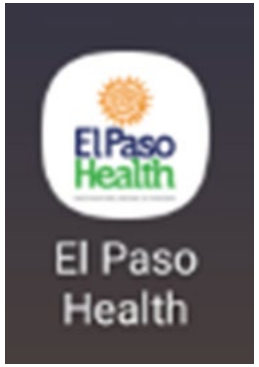
STAR & CHIP Member Portal and Mobile App

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

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

- Members can access the **Member Portal** on our website at www.elpasohealth.com by clicking on the Member Portal Login.

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





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

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

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



NO

CO-PAY

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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

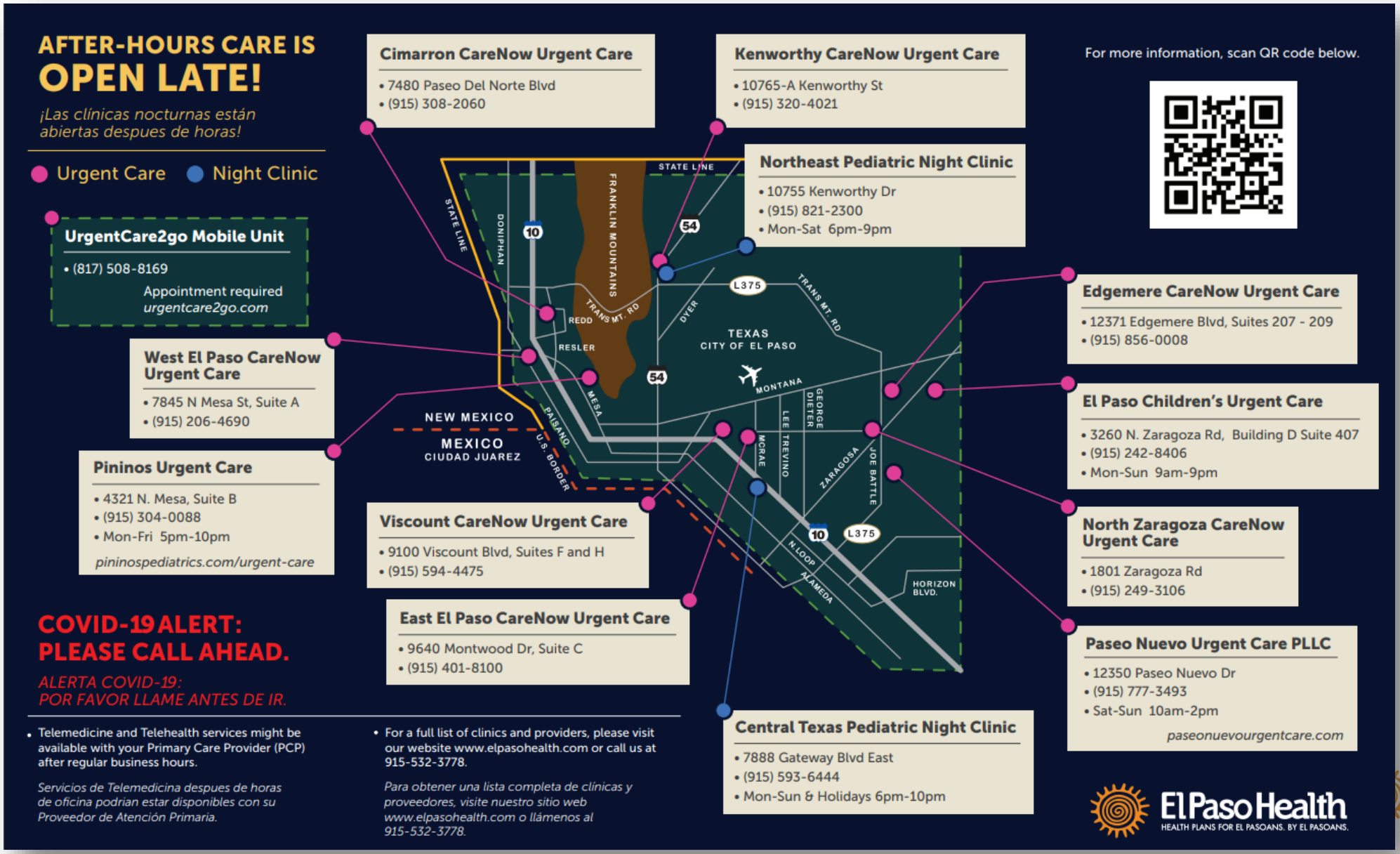
- Staff is bilingual
- Interpreter services are available
- Open 24 hours a day, 7 days a week





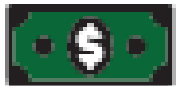
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Night Clinic Flyer



Non-Emergent Medical Transportation (NEMT) Services

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

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

Access2Care

- To request transportation, members must call Access2Care at 1-844-572-8196 or 1-855-584-3530 for STAR+PLUS.
- 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.

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Interpreter Services

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

- Other languages not spoken in the office
- Sign language

Arrangements must be made by EPH staff.
Call Member Services at 915-532-3778 or toll free 1-877-532-3778



Provide information needed to schedule interpreter services:

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

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

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Member Cost Sharing Obligations

STAR/CHIP

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

- CHIP Co-payments for medical services or prescription drugs are paid to the health care provider at the time of service.

- CHIP Perinatal members and CHIP members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays.

- Additionally, for all CHIP Members there is no cost-sharing on benefits for well-baby and well-child services, preventive services, pregnancy-related assistance, behavioral health visits in office setting and SUD. (Substance Use Disorder)

Prohibitions on Balance Billing

- Members cannot be held liable for any balance related to covered services.
- Network Providers and Out-of-Network Providers are prohibited from billing or collecting any amount from a Member for covered services.
- According to Section 1.6.10, Billing Clients from Provider Enrollment and Responsibilities from the Texas Medicaid Provider Procedures Manual: Vol.1:
- If the member gets a bill from the child's doctor, they should call El Paso Health at 915-532-3778 or 1-877-532-3778.

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



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Behavioral Health - Healthy Rewards

CHIP Member



A $25 Walmart gift card is offered to members 18 years and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay. Members can receive one Walmart gift card per year.

Star Medicaid Member



A $25 Walmart gift card is offered to members 20 years and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay. Members can receive one Walmart gift card per year.

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Healthy Rewards



Was your child prescribed ADHD medication?

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

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

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

If you need help call us at

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

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

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

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Contact Information

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

Roberto Sepulveda
Member Services Manager
(915) 532-3778 ext. 1055

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

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

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Quality Improvement Program & Initiatives

Quality Assurance and Performance Improvement Program

- Pay for Quality (P4Q) 3% Premium at Risk
- Performance Improvement Projects (PIPs)
- HHSC Deliverables
- Provider Appointment Accessibility and Availability Surveys

Focus on HEDIS quality metrics, to include those related to Behavioral Health.



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HEDIS: Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Initiation Phase

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



Continuation and Maintenance Phase

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



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HEDIS Follow up After Hospitalization (FUH)



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

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

Potentially Preventable Admissions (PPAs)

Hospitalizations for conditions that could have been avoided with timely and effective outpatient care.

- El Paso county has the highest rate of PPAs among Medicaid patients compared to any other county in Texas.
- Two of the Top 3 reasons for PPAs in El Paso are for behavioral health.

Reasons Table

#.	DRG Description	APR-DRG	PPA Count	Actual Weight	Patient Days	Average Patient Days	Expenditures	Average Expenditures per PPA	Average Expenditures per Patient Day
1.	BIPOLAR DISORDERS	753	218	133.18	1,752	8.04	$1,400,410	$6,424	$799
2.	OTHER PNEUMONIA	139	79	92.10	239	3.03	$764,631	$9,679	$3,199
3.	MAJOR DEPRESSIVE DISORDERS AND OTHER OR UNSPECIFIED PSYCH..	751	110	64.72	778	7.07	$566,814	$5,153	$729
4.	OTHER GASTROENTERITIS, NAUSEA AND VOMITING	249	132	62.65	320	2.42	$801,527	$6,072	$2,505
5.	SEIZURE	053	71	61.46	159	2.24	$584,761	$8,236	$3,678
6.	ASTHMA	141	71	52.18	161	2.27	$526,285	$7,412	$3,269
7.	RESPIRATORY SIGNS, SYMPTOMS AND MISCELLANEOUS DIAGNOSES	144	33	30.70	75	2.27	$235,151	$7,126	$3,135
8.	KIDNEY AND URINARY TRACT INFECTIONS	463	46	28.32	130	2.83	$359,222	$7,809	$2,763
9.	OTHER DIGESTIVE SYSTEM DIAGNOSES	254	41	28.28	109	2.66	$318,248	$7,762	$2,920
10.	INFECTIONS OF UPPER RESPIRATORY TRACT	113	50	25.53	119	2.38	$354,530	$7,091	$2,979

Other Quality Metrics related to Behavioral Health (HEDIS)

- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
- Follow-Up After Emergency Department Visit for Mental Illness
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment





Accessibility and Availability

Regulatory mandate - Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC)

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

Monitoring Efforts:

- State-wide secret shopper calls (Senate bill 760)
- EPH secret shopper calls by QI Nurses
- Samples selected based on MCO provider directories



Provider Contract Requirement:

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

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Appointment Wait Time Standards

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

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

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Contact Information

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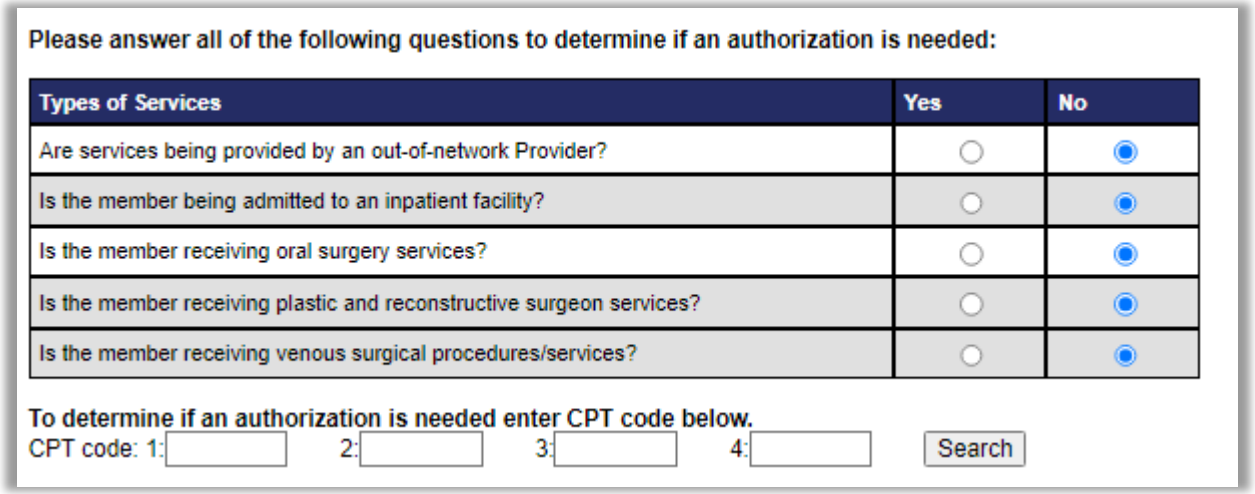
Prior Authorization Tool

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.

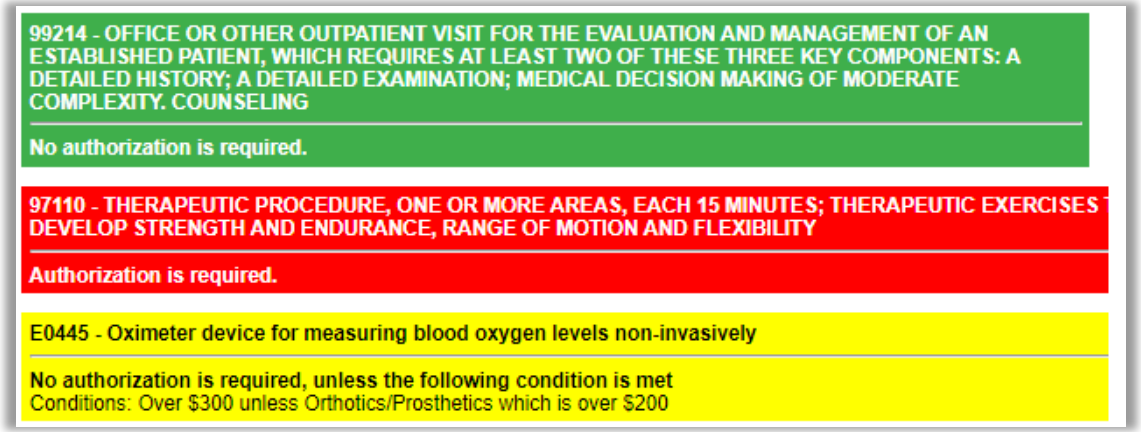
Providers may search up to four CPT codes at a time.



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 is required to accept requests using various methods:

- Electronic
- Fax
  - Outpatient (915)298-7866 or Toll Free (844)298-7866
  - Inpatient (915)298-5278 or Toll Free (844)298-5278
- Walk-In/Mail
- Telephonic
  - 915-532-3778 or toll-free 888-532-3778

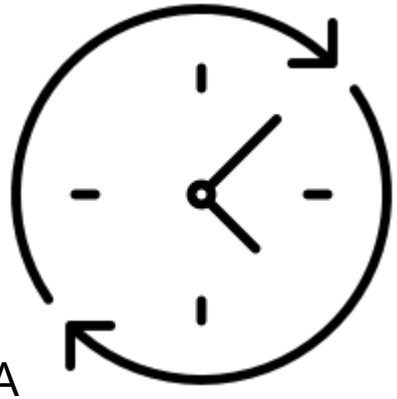


Authorization are accepted during normal business hours Monday through Friday from 8:00am to 5:00pm (MST).

El Paso Health Medical Director is available after hours and can be reached by El Paso Health's answering service. The call will be transferred to him or the assigned designee.

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Turnaround Times



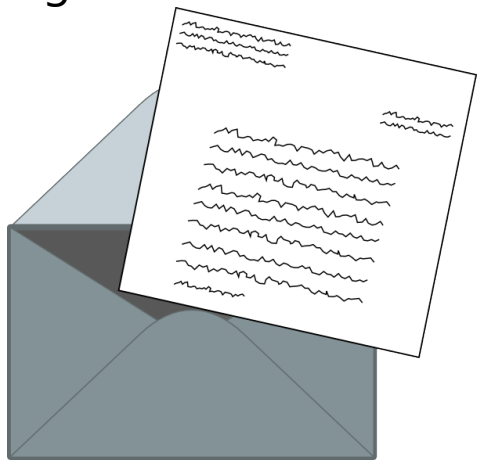
Day received is day zero, turn around time does not begin until next **business** day

- Standard request – 3 business days for Medicaid/Medicare; 2 business days for CHIP/ TPA
- Expedited request – 24 hours
- Retrospective request – 30 days (start date is 5 business days past date received)

* When requesting additional information, turn around time can be extended up to 14 calendar days

Member and Provider will receive notification of extension for requesting additional information. The due date is printed on the notification letter

- Provider will receive fax
- Member will receive letter in mail



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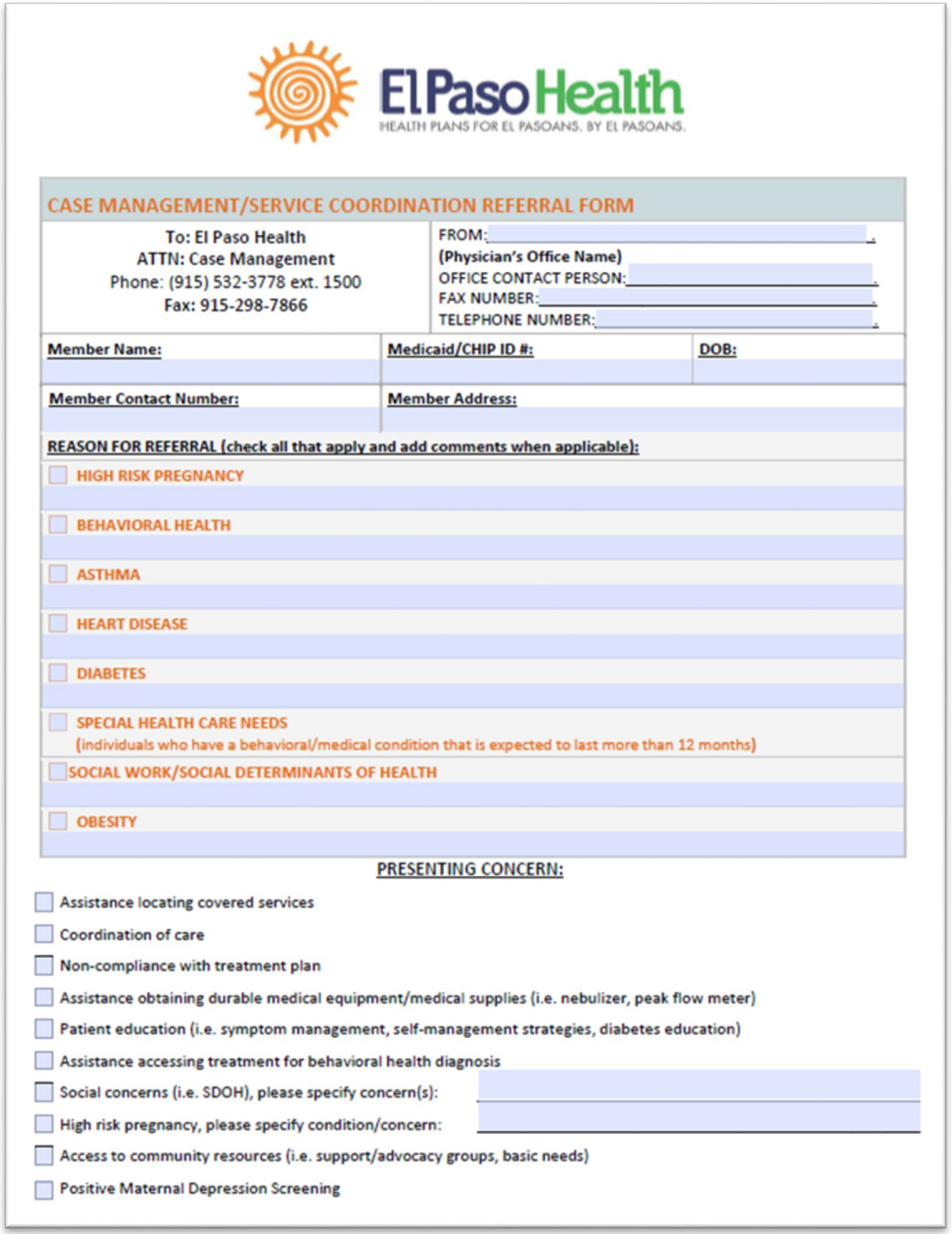
Peer to Peer Reviews

A Peer to Peer consultation is available at any time during the PA process after an El Paso Health Medical Director review.

- Peer to Peer Reviews are **offered prior** to an Adverse Determination is issued (via fax notification).
- Peer to Peer Reviews can only be held **Physician** to **Physician**.
- The ordering Physician has **24 hours** to schedule a Peer to Peer Review for services.



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CASE MANAGEMENT/SERVICE COORDINATION REFERRAL FORM

To: El Paso Health
ATTN: Case Management
Phone: (915) 532-3778 ext. 1500
Fax: 915-298-7866

FROM:
(Physician's Office Name)
OFFICE CONTACT PERSON:
FAX NUMBER:
TELEPHONE NUMBER:

Member Name:	Medicaid/CHIP ID #:	DOB:
Member Contact Number:	Member Address:	

REASON FOR REFERRAL (check all that apply and add comments when applicable):

- ☐ HIGH RISK PREGNANCY
- ☐ BEHAVIORAL HEALTH
- ☐ ASTHMA
- ☐ HEART DISEASE
- ☐ DIABETES
- ☐ SPECIAL HEALTH CARE NEEDS (individuals who have a behavioral/medical condition that is expected to last more than 12 months)
- ☐ SOCIAL WORK/SOCIAL DETERMINANTS OF HEALTH
- ☐ OBESITY

PRESENTING CONCERN:

- ☐ Assistance locating covered services
- ☐ Coordination of care
- ☐ Non-compliance with treatment plan
- ☐ Assistance obtaining durable medical equipment/medical supplies (i.e. nebulizer, peak flow meter)
- ☐ Patient education (i.e. symptom management, self-management strategies, diabetes education)
- ☐ Assistance accessing treatment for behavioral health diagnosis
- ☐ Social concerns (i.e. SDOH), please specify concern(s):
- ☐ High risk pregnancy, please specify condition/concern:
- ☐ Access to community resources (i.e. support/advocacy groups, basic needs)
- ☐ Positive Maternal Depression Screening

Case Management Referrals

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

Case Managers will:

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

Case Management Programs:

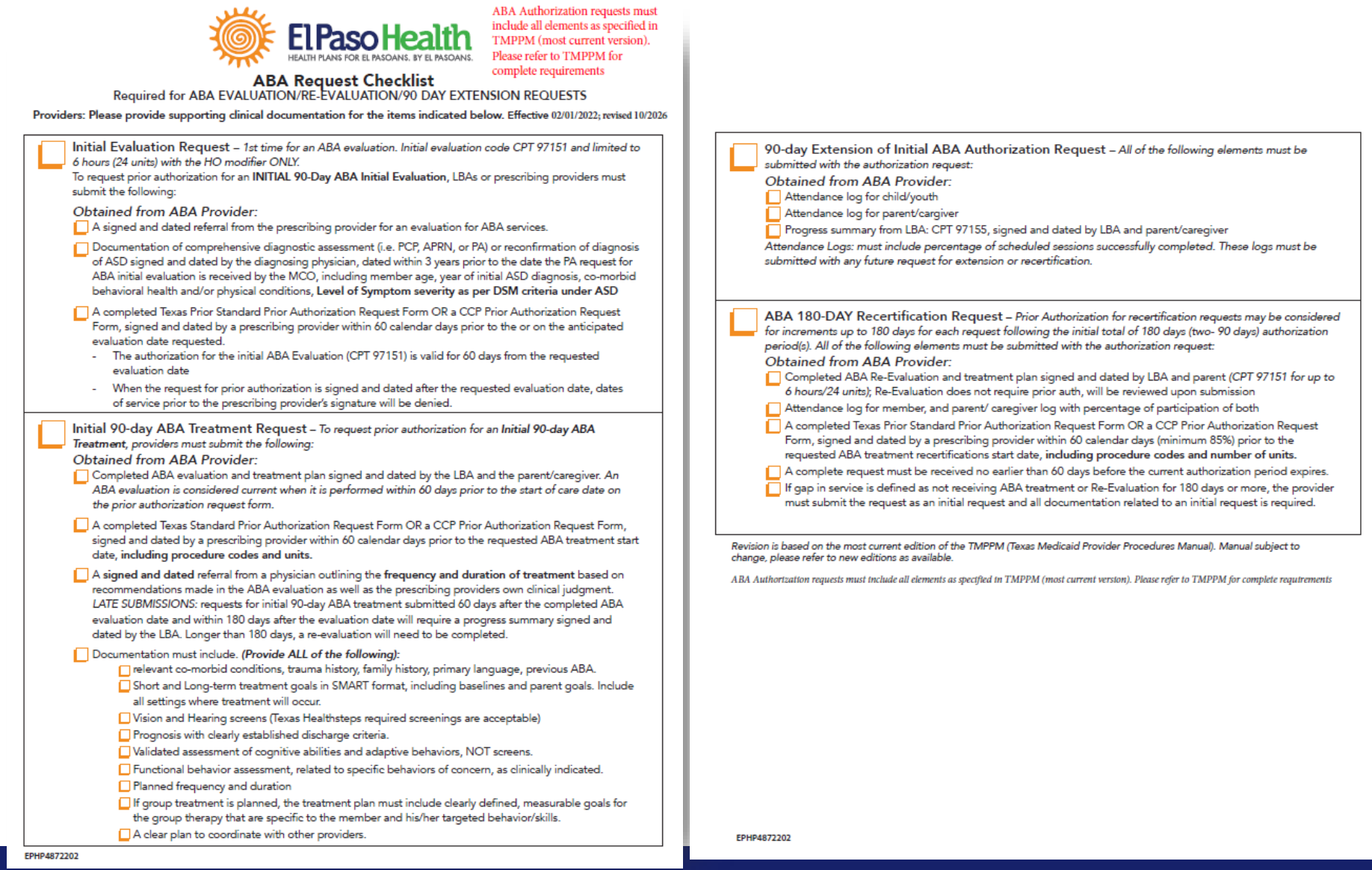
- Behavioral Health Case Management
- Disease Management
- OB-Case Management
- Medical Case Management
- Medicare-DSNP Service Coordination
- Complex Medical Case Management

https://www.elpasohealth.com/wp-content/uploads/2019/12/CaseManagementReferralForm.pdf

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Applied Behavioral Analysis (ABA)

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



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ABA Authorization requests must include all elements as specified in TMPPM (most current version). Please refer to TMPPM for complete requirements

ABA Request Checklist

Required for ABA EVALUATION/RE-EVALUATION/90 DAY EXTENSION REQUESTS

Providers: Please provide supporting clinical documentation for the items indicated below. Effective 02/01/2022; revised 10/2026

☐ **Initial Evaluation Request** – *1st time for an ABA evaluation. Initial evaluation code CPT 97151 and limited to 6 hours (24 units) with the HO modifier ONLY.*

To request prior authorization for an **INITIAL 90-Day ABA Initial Evaluation**, LBAs or prescribing providers must submit the following:

Obtained from ABA Provider:

- ☐ A signed and dated referral from the prescribing provider for an evaluation for ABA services.
- ☐ Documentation of comprehensive diagnostic assessment (i.e. PCP, APRN, or PA) or reconfirmation of diagnosis of ASD signed and dated by the diagnosing physician, dated within 3 years prior to the date the PA request for ABA initial evaluation is received by the MCO, including member age, year of initial ASD diagnosis, co-morbid behavioral health and/or physical conditions, **Level of Symptom severity as per DSM criteria under ASD**
- ☐ A completed Texas Prior Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days prior to the or on the anticipated evaluation date requested.
  - The authorization for the initial ABA Evaluation (CPT 97151) is valid for 60 days from the requested evaluation date
  - When the request for prior authorization is signed and dated after the requested evaluation date, dates of service prior to the prescribing provider's signature will be denied.

☐ **Initial 90-day ABA Treatment Request** – *To request prior authorization for an **Initial 90-day ABA Treatment**, providers must submit the following:*

Obtained from ABA Provider:

- ☐ Completed ABA evaluation and treatment plan signed and dated by the LBA and the parent/caregiver. *An ABA evaluation is considered current when it is performed within 60 days prior to the start of care date on the prior authorization request form.*
- ☐ A completed Texas Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days prior to the requested ABA treatment start date, **including procedure codes and units.**
- ☐ A **signed and dated** referral from a physician outlining the **frequency and duration of treatment** based on recommendations made in the ABA evaluation as well as the prescribing providers own clinical judgment. *LATE SUBMISSIONS:* requests for initial 90-day ABA treatment submitted 60 days after the completed ABA evaluation date and within 180 days after the evaluation date will require a progress summary signed and dated by the LBA. Longer than 180 days, a re-evaluation will need to be completed.
- ☐ Documentation must include. ***(Provide ALL of the following):***
  - ☐ relevant co-morbid conditions, trauma history, family history, primary language, previous ABA.
  - ☐ Short and Long-term treatment goals in SMART format, including baselines and parent goals. Include all settings where treatment will occur.
  - ☐ Vision and Hearing screens (Texas Healthsteps required screenings are acceptable)
  - ☐ Prognosis with clearly established discharge criteria.
  - ☐ Validated assessment of cognitive abilities and adaptive behaviors, NOT screens.
  - ☐ Functional behavior assessment, related to specific behaviors of concern, as clinically indicated.
  - ☐ Planned frequency and duration
  - ☐ If group treatment is planned, the treatment plan must include clearly defined, measurable goals for the group therapy that are specific to the member and his/her targeted behavior/skills.
  - ☐ A clear plan to coordinate with other providers.

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☐ **90-day Extension of Initial ABA Authorization Request** – *All of the following elements must be submitted with the authorization request:*

Obtained from ABA Provider:

- ☐ Attendance log for child/youth
- ☐ Attendance log for parent/cargiver
- ☐ Progress summary from LBA: CPT 97155, signed and dated by LBA and parent/caregiver

Attendance Logs: must include percentage of scheduled sessions successfully completed. These logs must be submitted with any future request for extension or recertification.

☐ **ABA 180-DAY Recertification Request** – *Prior Authorization for recertification requests may be considered for increments up to 180 days for each request following the initial total of 180 days (two- 90 days) authorization period(s). All of the following elements must be submitted with the authorization request:*

Obtained from ABA Provider:

- ☐ Completed ABA Re-Evaluation and treatment plan signed and dated by LBA and parent *(CPT 97151 for up to 6 hours/24 units)*; Re-Evaluation does not require prior auth, will be reviewed upon submission
- ☐ Attendance log for member, and parent/ caregiver log with percentage of participation of both
- ☐ A completed Texas Prior Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days (minimum 85%) prior to the requested ABA treatment recertifications start date, **including procedure codes and number of units.**
- ☐ A complete request must be received no earlier than 60 days before the current authorization period expires.
- ☐ If gap in service is defined as not receiving ABA treatment or Re-Evaluation for 180 days or more, the provider must submit the request as an initial request and all documentation related to an initial request is required.

Revision is based on the most current edition of the TMPPM (Texas Medicaid Provider Procedures Manual). Manual subject to change, please refer to new editions as available.

ABA Authorization requests must include all elements as specified in TMPPM (most current version). Please refer to TMPPM for complete requirements

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In-Lieu-of-Covered Services

Effective December 1, 2024, El Paso Health is following HHSC approved In-Lieu of services which include:

- **Partial Hospitalization Services** - a structured day program of outpatient behavioral health services. Partial Hospitalization Programs (PHPs) may provide services for mental health, SUD, or both. These services resemble highly structured, short-term hospital inpatient programs. The treatment level is more intense than outpatient day treatment or psychosocial rehabilitation.
- **Intensive Outpatient Program (IOP) Services** - services for mental health may include hospital outpatient departments and clinic/group practices enrolled in Medicaid and able to meet the below requirements with a multidisciplinary team approach to patient care under the direction of a physician.

Guidelines for Medical Necessity Determination In-Lieu of Services:

https://www.elpasohealth.com/forms/EPH-PR-In%20Lieu%20of%20Services%20Guidance.pdf

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

SBIRT is a benefit available for Members:

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



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

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

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

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

- Providers that perform SBIRT must be trained in the correct practice of this method and will be required to complete at least four hours of training including non-licensed providers.
- Proof of completion of SBIRT training must be maintained in an accessible manner at the provider's place of service.
- Information regarding available trainings and standardized screening tools can be found through the Substance Abuse and Mental Health Services Administration at www.samhsa.gov.
- Billing Limitations:
  - Maximum of up to 2 screening-only sessions per rolling year.
  - Maximum of up to 4 combined screening & brief intervention sessions per rolling year, (the person must be referred for substance use disorder treatment)

Procedures Codes	
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST), and brief intervention, 5–14 minutes
H0049	Alcohol and/or drug screening.

Prior Authorization is NOT required

Substance Use Disorder (SUD)

SUDs are chronic, relapsing medical illnesses that require an array of best practice medical and psycho-social interventions of sufficient intensity and duration to achieve and maintain remission and support progress toward recovery. SUD may include problematic use of alcohol, prescription drugs, illegal drugs (e.g., cannabis, opioids, stimulants, inhalants, hallucinogens, “club” drugs, other synthetic euphoriants), and other substances that may be identified in the future.

Treatment Options:

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

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

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Targeted Case Management

Mental Health Targeted Case Management (MHTCM)

- **Mental Health Targeted Case Management (TCM)** is a service that helps people with mental health needs get access to medical, social, educational, and other necessary services. The goal is to support the person's recovery and help them stay healthy and stable in the community.
- Members with a single diagnosis of intellectual and developmental disabilities (IDD) and related conditions, or a single diagnosis of substance use disorder (SUD) **are not** eligible for MHTCM services.
- Providers must use procedure code **T1017** and the **appropriate modifier** for MHTCM:

Service	Procedure Code	Modifier	Limitations	Unit
Routine mental health targeted case management (adult)	T1017	TF	32 units (8 hours) per calendar day for clients who are 18 years of age and older	15 min
Routine case management (child and adolescent)	T1017	TF, HA	32 units (8 hours) per calendar day for clients who are 17 years of age and younger	15 min
Intensive case management (child and adolescent)	T1017	TG, HA	32 units (8 hours) per calendar day for clients who are 17 years of age and younger	15 min

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

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Mental Health Rehabilitative Services

Mental Health Targeted Case Management (MHTCM)

Mental Health Rehabilitative Services are support services that help people with mental health conditions improve their daily functioning, gain independence, and reach personal goals. These services focus on teaching skills and providing support so individuals can live, work, and participate in their communities as fully as possible.

- These services are provided to a person with a serious mental illness, as defined in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

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

Skills Training

Mental Health Targeted Case Management

Skills training and supportive interventions focus on the improvement of communication skills, appropriate interpersonal behaviors, and other skills necessary for independent living or, when age appropriate, functioning effectively with family, peers, and teachers.

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

H2014	Skills Training Individual
H2014 – HQ/HA	Skills Training Group Services Child/Youth
H2014 – HQ	Skills Training Group
H2014 – UK	Skills Training LAR/Caregiver

Mental Health Targeted Case Management Benefits

STAR vs CHIP

STAR

- No authorization is required, however **PA Form (1st page) <u>is required</u>** as a form of notification request to EPH.
  *It is necessary as we are contractually obligated to provide a STATE FAIR HEARING if Member transitions to a lower/higher level of care.
- Utilization Management is not required (meaning, there is no review completed by EPH case managers).
- CANS/ANSA assessment is required.
- All services within a Level of Care (LOC) are inclusive, depending on LOC requested.
  *If a new Level of Care is identified, you will need to submit new PA form with the new dates.
- No overlapping days on MHR/TCM request.

CHIP

- **Skills training (H2014)** is the only covered benefit for MHR/TCM, aside of the BH psychotherapy codes (i.e. 90834, 90837 etc.)
- **Completion of BH Prior Authorization Form** (all 3 pages) is required when requesting Skills Training (H2014).
- BH psychotherapy codes **<u>Do Not</u>** require prior authorization, if within Texas Medicaid limitations (30 visits per Calendar Year).
- No overlapping days on BH (Skills Training) Prior Authorization Request.

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Contact Information

Vianka Navedo-Sanchez

Health Services Director

(915) 532-3778 ext. 1135

Celina Dominguez

Health Services Administrative Manager

(915) 532-3778 ext. 1091

Carolina Castillo

Utilization Management Manager

(915) 532-3778 ext. 1122

Jesus Ochoa

Care Coordinator Manager

(915) 532-3778 ext. 1017



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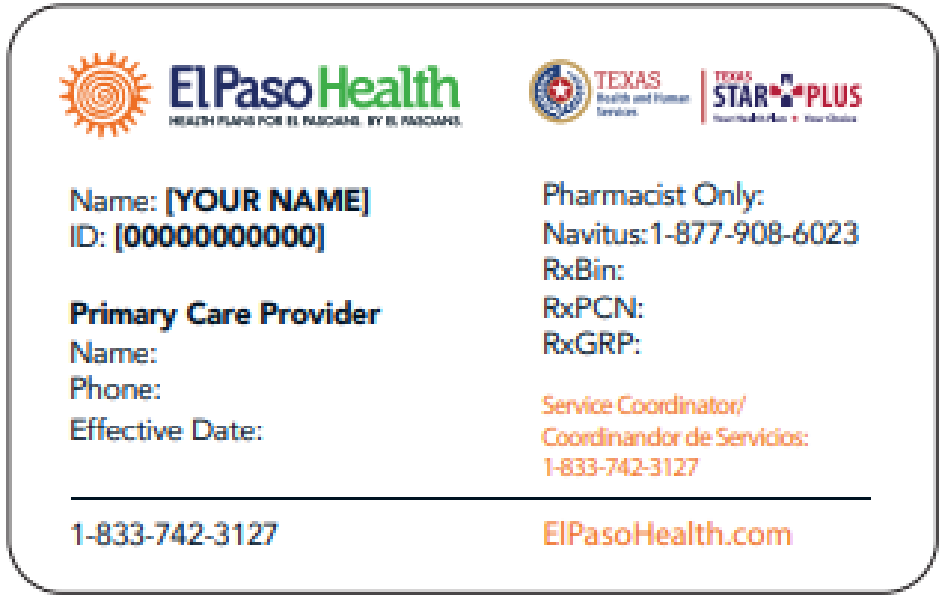
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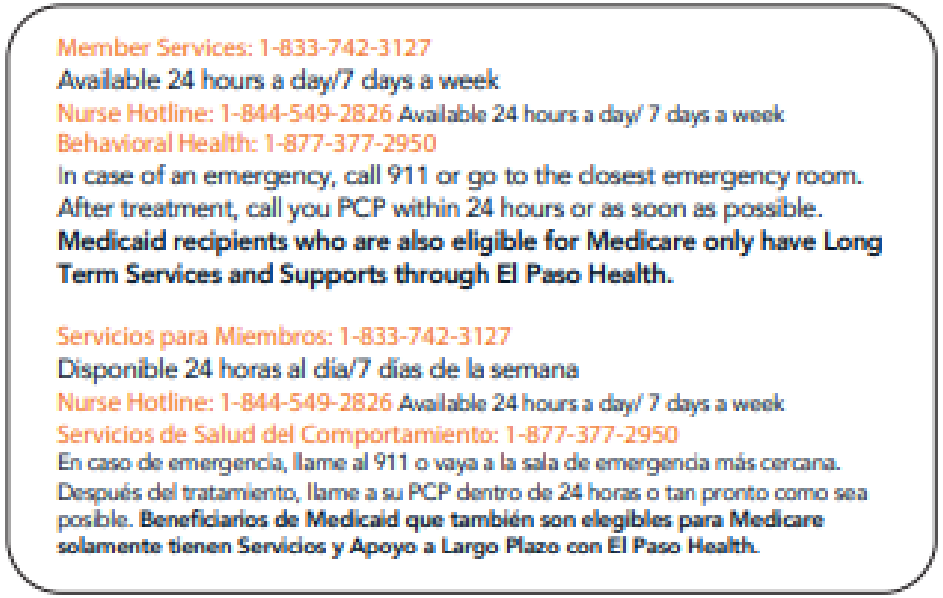
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STAR+PLUS: Service Coordination

STAR+PLUS Member ID Card

Members will receive their Member ID card in the mail as soon as they are enrolled with El Paso Health. Here's what the front and back of the El Paso Health Member ID card looks like. If a member did not receive this card, please call El Paso Health Toll Free at 1-833-742-3127.





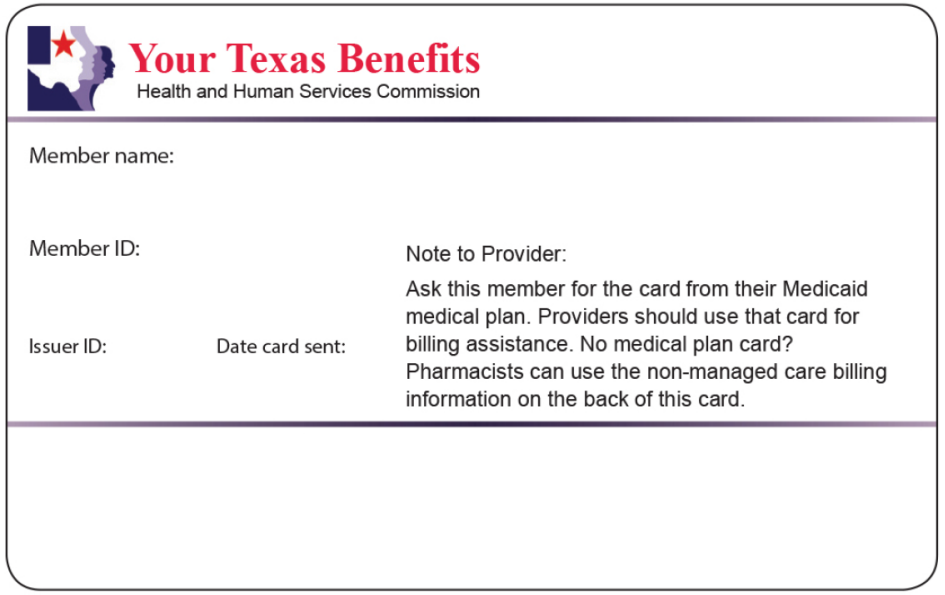
For the STAR+PLUS Service Coordination team availability please contact the hotline at 1-833-742-3127 OPT 2.

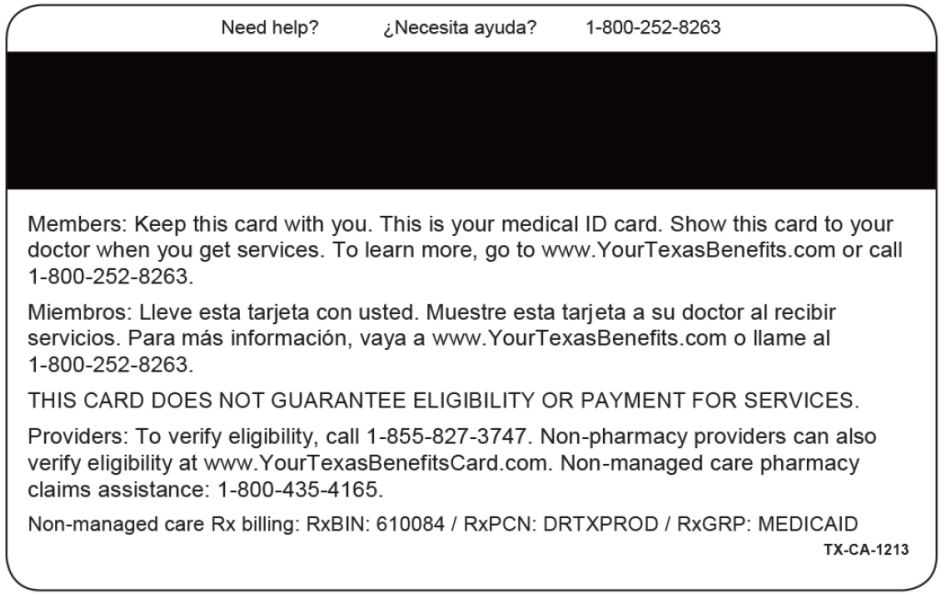
If your ID card is lost or stolen, you can get a new one by calling us at toll-free at 1-833-742-3127 for STAR+PLUS.

You can also reach us by email at member@elpasohealth.com.

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Member ID Cards





Members must still continue to provide their Texas Medicaid ID Card along with their EPH ID STAR+PLUS Card

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Service Coordination

Service Coordination is a specialized case management service for members who need or request it.

Service Coordination provides the following:

- Single Point of Contact for the Member
- Assessments reviews and develop a plan of care utilizing input from the member, family, and providers.
- Assists in coordinating services and the care provided to our members.
- Assistance with directing members through the health care system, referrals, and authorizations to help meet our members' needs.
- Utilizes a multidisciplinary approach in meeting members' medical and behavioral health needs.
- Conducts mandatory telephonic or face-to-face contacts.

To reach an El Paso Health Service Coordinator you may contact 1-833-742-3127.

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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.

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Behavioral Health Connector



Claudia Lucero
STAR+PLUS
Behavioral Health Social Worker
915-298-7198 ext. 1285
Clucero@elpasohealth.com

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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 Advice
- Medical Records (if necessary)
- Proof of Timely filing
- Any pertinent information for review

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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)

Contacts

Corina Diaz

Complaints and Appeal Manager

(915) 298-7198 ext. 1092

Maggie Rios

Complaints and Appeals Supervisor

(915) 298-7198 ext. 1299

Complaints&AppealsTeam@elpasohealth.com

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Special Investigations Unit (SIU)

SIU Team Purpose

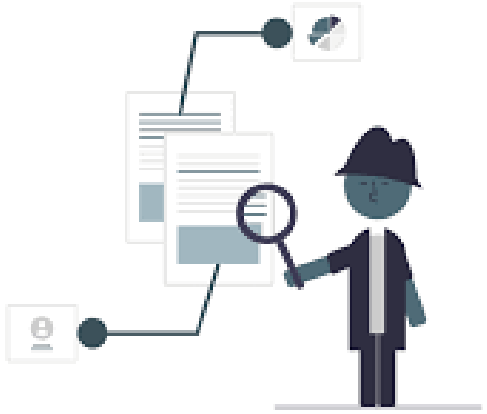
- Texas requires all Managed Care Organizations like El Paso Health to establish a plan to prevent and detect Waste, Abuse, and Fraud (WAF).
- This plan is carried out by El Paso Health's Special Investigations Unit (SIU).
- El Paso Health SIU Team conducts monthly audits of our network providers and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



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What We Look For

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



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

Medical Records Request



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

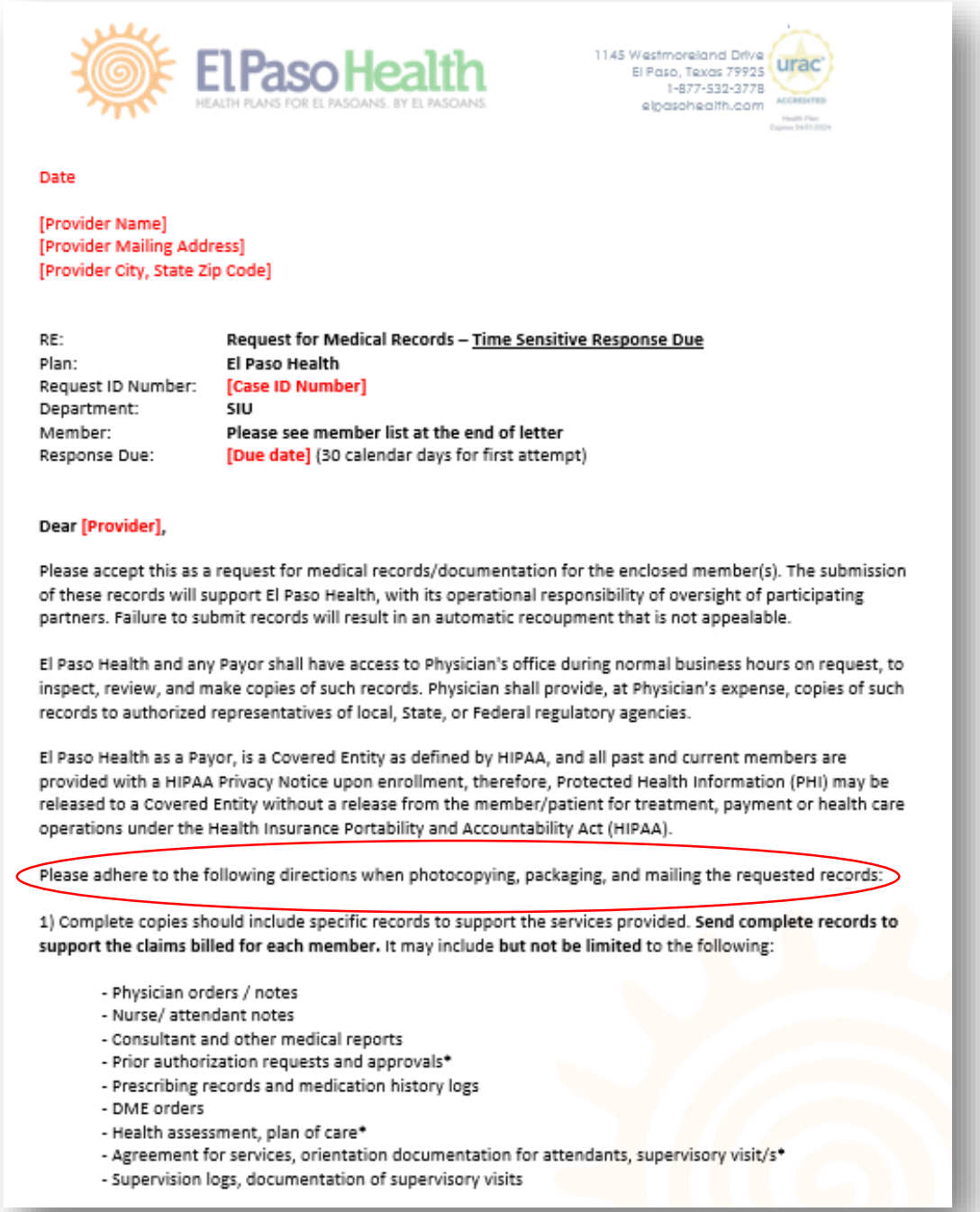
- 1st request faxed with a 4 week deadline.
- If no response within 2 weeks, 2nd request faxed and provider is called.
  - Same deadline date as the first request.
- If no response within 3rd week, a final request faxed and contact with provider is made.
  - Same deadline date as first request.

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.

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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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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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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

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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.



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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

Vanessa Berrios, Director of Compliance

(915) 298-7198 ext.1040

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Jennifer Herrera, SIU Assistant

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

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Claims Overview

Timely Filing Reminders



Timely filing deadline

- 95 days from date of service

Corrected claim deadline

- 120 days from date of EOB

Note: Must submit with correct frequency code or claim will deny as duplicate

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Electronic Claims

Payer ID Numbers

- Claims are accepted from:
  - Availity
  - Trizetto Provider Solutions, LLC. *(formerly Gateway EDI)*

Availity /TPS Payer Identifications	
El Paso First Health Plans Premier Plan STAR Medicaid HMO	EPF02
El Paso First Health STAR+PLUS	EPF02
El Paso First Health Plans CHIP	EPF03
El Paso First Health Plan HCO Healthcare Options	EPF37
Preferred Administrators	EPF10
Preferred Administrators Children's Hospital	EPF11
El Paso Health Advantage Dual SNP	EPF07

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Telemedicine Billing Reminders

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

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

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

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Contact Information

Diana Carreon
Director of Claims
(915) 298-7198 Ext. 1190

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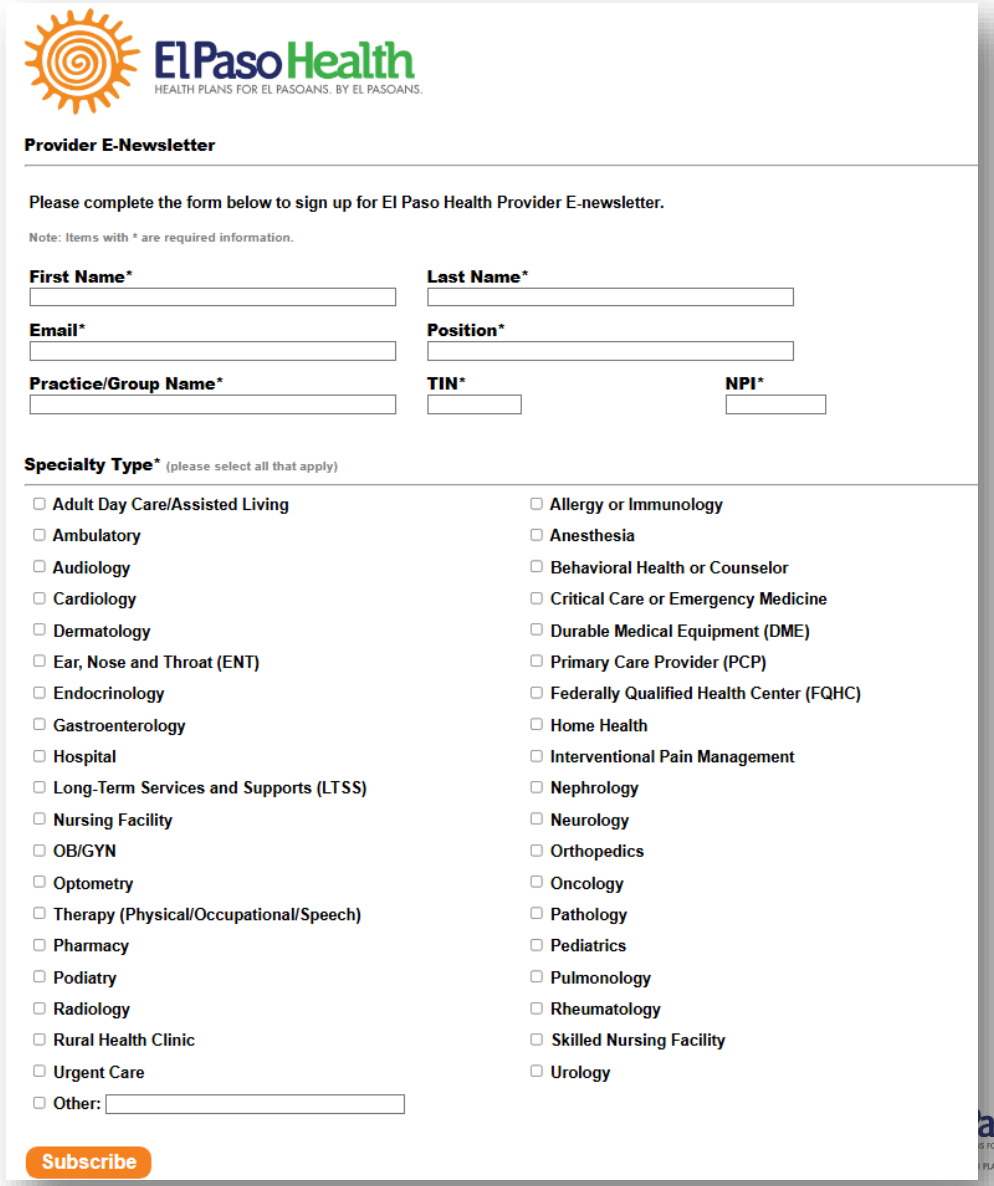
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Provider E-News Updates

[Subscribe to El Paso Health's Provider E-news Updates]

E-News may include, but is not limited to:

- Provider Trainings/Orientations
- El Paso Health Policy Updates
- Weekly Memorandums



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Provider E-Newsletter

Please complete the form below to sign up for El Paso Health Provider E-newsletter.

Note: Items with * are required information.

First Name* **Last Name***

Email* **Position***

Practice/Group Name* **TIN*** **NPI***

Specialty Type* (please select all that apply)

- ☐ Adult Day Care/Assisted Living
- ☐ Ambulatory
- ☐ Audiology
- ☐ Cardiology
- ☐ Dermatology
- ☐ Ear, Nose and Throat (ENT)
- ☐ Endocrinology
- ☐ Gastroenterology
- ☐ Hospital
- ☐ Long-Term Services and Supports (LTSS)
- ☐ Nursing Facility
- ☐ OB/GYN
- ☐ Optometry
- ☐ Therapy (Physical/Occupational/Speech)
- ☐ Pharmacy
- ☐ Podiatry
- ☐ Radiology
- ☐ Rural Health Clinic
- ☐ Urgent Care
- ☐ Other:
- ☐ Allergy or Immunology
- ☐ Anesthesia
- ☐ Behavioral Health or Counselor
- ☐ Critical Care or Emergency Medicine
- ☐ Durable Medical Equipment (DME)
- ☐ Primary Care Provider (PCP)
- ☐ Federally Qualified Health Center (FQHC)
- ☐ Home Health
- ☐ Interventional Pain Management
- ☐ Nephrology
- ☐ Neurology
- ☐ Orthopedics
- ☐ Oncology
- ☐ Pathology
- ☐ Pediatrics
- ☐ Pulmonology
- ☐ Rheumatology
- ☐ Skilled Nursing Facility
- ☐ Urology

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