



El Paso Health (EPH) STAR+PLUS Continuity of Care Transition Process for EPH Members

El Paso Health (EPH) is dedicated to maintaining continuity of care for our members. We will ensure that members continue to receive authorization for their services, preserving the same amount, duration, and scope of services. At this time no action is needed from Providers.

Service Plans - Members' existing Service Plan (SP) or Individualized Service Plan (ISP) will remain effective until EPH Service Coordinators contact the member or their legal authorized representative. This contact will be to schedule an assessment and determine if any changes to the ISP are necessary

Authorizations (In-Network Providers) For members transitioning to EPH STAR+PLUS, El Paso Health will maintain authorizations for current services at the same levels of amount, duration, and scope. This continuation will last for the shortest of the following periods:

1. Up to six months after the date the Member transfers to El Paso Health.
2. Until EPH Service Coordinators complete all required assessments, develops a SP or ISP, and issues new authorizations.

Authorizations (Out-of-Network Providers) El Paso Health will continue authorizations of current services in the same amount, duration, and scope for the shortest period of one of the following:

1. Until members transition to in-network providers, while allowing them to continue seeing their current providers, even if they are outside of the health plan's network.
2. For members who choose to stay with their current Out-of-Network (OON) provider, El Paso Health may establish a single-case agreement or similar arrangement to ensure uninterrupted care.
3. El Paso Health will cover services from an existing OON provider for:
 - Up to 90 days for acute care.
 - Up to six months for Long-Term Support Services (LTSS).
 - Up to nine months for members diagnosed with a terminal illness and undergoing treatment.

Authorizations for Services that Require the Use of EVV Providers should continue using their current authorization in the EVV system until they receive the new authorization. If required, Providers can include the prefix "EPH" along with the authorization number from the previous plan. The plan code for El Paso Health STAR+PLUS is "S2".

Submit Fax Requests:

Online: Submit your request via portal, please include any clinical documentation associated with the requested service.

Phone: 833-742-3127

Fax:

- **Outpatient and /or Elective or Scheduled Procedures:**
Fax No 915-298-7866
Toll Free: 844-298-7866
- **Inpatient Notifications:**
Fax No: 915-298-5278
Toll Free: 844-200-5278
- **Long-term Services and Supports (LTSS):**
Fax No: 915-225-3541

Member Eligibility Verification

You may verify member eligibility at the time of service online, by phone, or using electronic data interchange (EDI):

Online:

- Use the provider portal to check eligibility, claims, authorizations, rosters and other reports at <https://secure.healthx.com/elpasoprovider>

Phone: Call 1-833-742-3127

EDI: through your vendor or clearing house (Avality or Trizetto)

Claim Submission:

Electronic: Payer ID El Paso First Health STAR+PLUS EPF02

Mail: El Paso Health- Claims

P.O Box 971370

El Paso, TX 79997-1370

Questions? We're here to help. Please also review our Quick Reference Guide.

For OON Providers: please contact El Paso Health's Contracting and Credentialing Department at Contracting_Dept@elpasohealth.com

Provider Questions: please contact our Provider Relations team via phone or email at ProviderRelationsDG@elpasohealth.com