



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

**Provider Portal**  
**El Paso Health**  
Training Guide

Revision History

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This training guide details how to access and navigate the EPH Provider Portal and view EPH member information as needed.

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## Section 1: How to create your El Paso Health Provider Portal Account

In order to create a user account to access the portal each provider must successfully complete the following steps of the sign-up process:

- Review and agree the website License Agreement
- Choose their role
- Enter provider information
- Create user account and password
- Select and answer user/password security questions
- Verify provider information
- Complete sign-up

To begin the sign-up process, the provider clicks on ***Proceed to our sign up process*** from the login page.

https://secure.healthx.com/v3app/publicservice/loginv1/login.aspx?bc=b7262923-c876-4757-942e-68b6759fefb0&serviceid=f6617c6a-e066-4bae-a322-d24cb88297a3

**El Paso Health** Preferred **HealthCARE** **El Paso Health**  
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS. ADMINISTRATORS OPTIONS of EL PASO Medicare Advantage

Welcome to the El Paso Health provider portal!

**Log in to:**

- View patient's eligibility status and benefit information
- Verify patient claims
- Download reports
- Request prior authorizations
- And more!

**Login**

Username

Password

**SUBMIT**

[Forgot your username or password?](#)

**Need a username and password?**  
[Proceed to our sign up process.](#)

**Contact Us**

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

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

Our customer service hours are Monday through Friday between 8:00 am and 5:00 pm MST.

## Step 1 - License Agreement

The Provider must first review the License Agreement. To continue, click on **Agree**. If the provider clicks **Disagree**, he/she will be returned to the login page.

## Step 2 – Select Provider Type

Choose the appropriate option from the drop down list.

**Admin Role-** The same access as a standard user with the addition of reviewing provider specific reporting such as claim remittance advice.

**Standard User-** Access to look up member eligibility, look up and submit authorizations, and review provider claims.

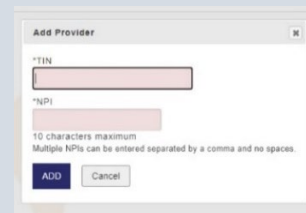
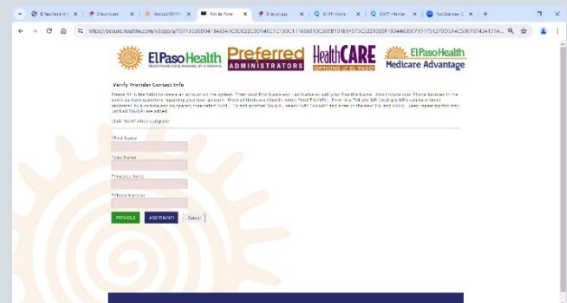
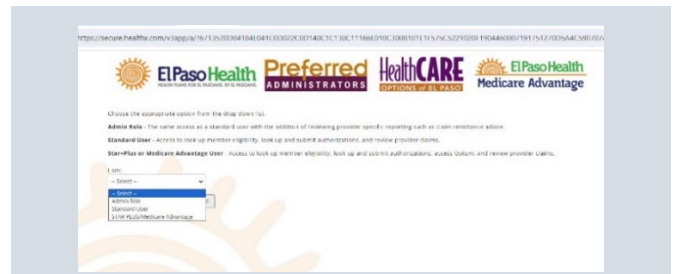
**STAR+PLUS or Medicare Advantage User-** Access to look up member eligibility, look up and submit authorizations, Service Coordination, and review provider claims.

## Step 3 – Verify Provider

At the verify step, the provider completes the fields that are displayed. After entering the appropriate information, the provider clicks on Add TIN/NPI button.

After clicking on **Add TIN/NPI**, the provider will then be prompted to provide their **TIN** and **NPI**. When complete, click **Add**. One TIN and NPI are required to create an account.

After a successful **TIN** and **NPI** entry, the provider will select **Next**.



## Step 4 - Create Login Information

Next the provider types in their email address for his/her user account which will be also used for their username. The password must have at least eight characters up to 30 characters, and can contain letters, numbers, and any of these special characters: `_.!#$%&*@~^!/?/+`. Password must contain one number and one letter.

In case the provider forgets his/her password for the user account, the provider selects the three security questions and enters a unique answer to each question. These questions must be successfully answered in order to retrieve his/her password in the future.

To complete the sign-up process, click on **Next**. The provider will then have the opportunity to confirm his/her personal information and user account. If the provider clicks on **Cancel**, he/she will be returned to the login page. If the provider clicks on **Previous**, he/she will be returned to the Verify Step.

## Step 5 - Registration Complete

After the username and password are created, confirmation that registration was completed is displayed. Before the provider can continue, he/she is prompted to review the information displayed. If correct, the provider clicks on Finish.

**Verify Login Information**  
Please review to confirm the login information is correct. Click "Finish" to complete your registration.

Username: test.elpaso.provider5

First Name: Joe  
Last Name: Provider  
E-Mail Address: abaird@healthx.com

Practice Name: Children's Hospital  
TIN: 123456789  
NPI(s): 1234567890

PREVIOUS FINISH Cancel

**Create Login Information**  
Enter a valid e-mail address. Your email address will be your username.  
**Password:** At least 8 characters/Alpha-numeric and special characters `_.!#$%&*@~^!/?/+`  
Click 'Next' at the bottom of the page when complete.

Username

Email Address

Confirm Email Address

Password

Confirm Password

Security Question 1  
-- Select Question --

Security Question 2  
-- Select Question --

Security Question 3  
-- Select Question --

PREVIOUS NEXT Cancel

## Step 6 – Provider Receives Email

The provider receives an email confirming the account creation.

## Home Page

Once the provider account has been created and/or the provider has securely logged into the portal.

The following features can be accessed from the home page:

- The provider's name and phone that is logged in will display under the welcome message
- Quick Links to other online resources:
  - Submit a claim
  - Submit claim attachments
  - Provider Appeals/Recoupments
  - Amend Authorizations
  - Credentialing Process
  - EFT Form
  - Texas Medicaid Provider Enrollment Management System (PEMS)
  - Electronic Visit Verification (EVV)
  - Provider Demographic Form
- Navigation links to:
  - Eligibility and Benefits Look Up
  - Claims and Payment Look Up
  - Authorization Look Up and Submissions
  - Reports (Administrative User only)
  - Quality Reports (Administrative User Only)

QI Correspondence (Administrative User Only)

The image shows two screenshots. The top screenshot is an email from Preferred Administrators to Alison Bard, dated Tue 8/16/2016 5:10 PM. The subject is 'Registration Complete - DoNotReply'. The email content says: 'Dear Joe, Thank you for registering. Your account with username test.elpaso.provider5 has been created.'

The bottom screenshot is the home page of the El Paso Health Preferred Administrators portal. The page features a navigation bar with links: Home, Eligibility and Benefits, Claims and Payment, Authorizations, Reports, Quality Reports, and QI Correspondence. A 'Welcome to the Provider Portal' message is displayed, along with a 'Provider Name' and 'Provider Phone' field. A 'Quick Links' sidebar contains a list of services: Submit Claims, Submit Claim Attachments, Provider Appeals/Recoupments, Amend Authorizations, Provider Overpayments, Credentialing Process, EFT Form, Texas Medicaid Provider Enrollment Management System (PEMS), Electronic Visit Verification, and Provider Demographic Form. Contact information for the Provider Relations Department is also provided, including phone numbers and physical address.



## Section 2: How to Log in to El Paso Health's Provider Portal

**Scenario:** You want to access El Paso Health's Provider Portal from the internet.

**Application(s):** Internet browser to EPH Provider Portal web page

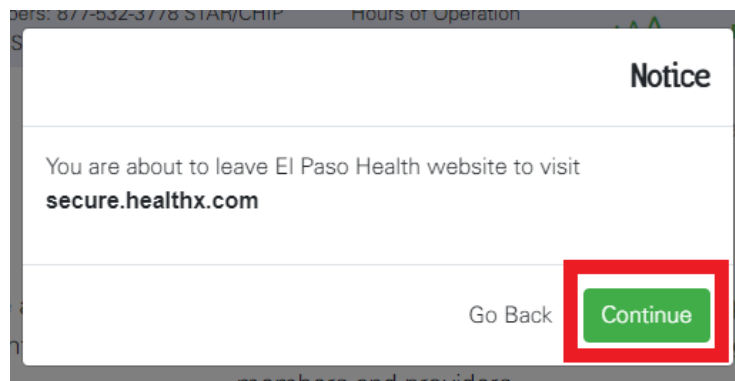
**Role:** Provider User

**Start:** Begin to access the portal from the EPH website

1. Go to: <https://www.elpasohealth.com/>
2. Click on **Provider Login** located at the top your screen



3. Click **Continue** on the pop-up notification



4. Enter your **Username** and **Password**
5. Click **Submit**

\*If you forgot or do not have your login credentials select the appropriate option below the login window



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ADMINISTRATORS**

**HealthCARE**  
OPTIONS of EL PASO



**El Paso Health**  
Medicare Advantage

Welcome to the El Paso Health provider portal!



**Log in to:**

- View patient's eligibility status and benefit information
- Verify patient claims
- Download reports
- Request prior authorizations
- And more!

**Login**

Username

Password

SUBMIT

[Forgot your username or password?](#)

**Need a username and password?**

[Proceed to our sign up process.](#)

**Contact Us**

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

915-532-3778

Toll-Free: 1-877-532-3778

Our customer service hours are Monday through Friday between 8:00 am and 5:00 pm MST.

## Section 3: Eligibility Look up Information

Providers can inquire on members' eligibility information. Select "Eligibility and Benefits" from the top navigation, the following searches can be accomplished:

- Search on, by entering a Member ID
- Search on, by entering a Last Name AND Date of Birth
- Search on, by entering multiple Member IDs and selecting Enter after each ID

Select a name from the results to open the eligibility view.

The screenshots illustrate the user interface for searching member eligibility information. The top navigation bar includes Home, Eligibility and Benefits, Claims and Payment, Authorizations, Reports, Quality Reports, and QI Correspondence. The user is logged in as 'SARAH@ELPASO'.

The first screenshot shows the search criteria form with fields for First Name, Last Name, Member ID, Date of Birth, and Rate Code. A search button is located below the form.

The second screenshot shows the search results for Member ID 82704008. The results table is as follows:

Member ID	Group Number	Date of Birth	Benefit Plan	Effective Date	Term Date	Other Coverages
82704008	STAR	9/78/2006	Premier Plan (STAR HMO) Benefit	1/1/2016		

The third screenshot shows the detailed eligibility view for Member ID 82704008. It includes a 'Member Information' section with the following details:

Member ID	Group Name	Group Number
82704008	STAR Health - STAR	STAR

The 'Coverages' section lists the following information:

Medical ID	Plan	Current Benefit Effective Date	Termination Date
ST066	ES0190247	10/01/2021	
ST066	ES0190247	01/01/2016	08/30/2021

## Section 4: Claims and Payment

Providers may submit a claim thru the portal which will require a separate account with Availity.

Providers may also search status of a claim by selecting their NPI and entering one of the following:

- Claim Number
- Member ID and Date of Birth or
- Begin and End Dates

Select a claim number to view payment details.

The screenshot displays the Availity portal interface for Claims and Payment. It includes a navigation bar with options like Home, Eligibility and Benefits, Claims and Payment, Authorizations, Reports, Quality Reports, Service Coordination, and QI Correspondence.

**Submit a Claim**  
 El Paso Health has partnered with Availity for claims submission. This requires a separate account with Availity and is at no cost to the provider. Existing accounts with Availity can be utilized for this service.

**Search for a Claim**  
 To search for a patient claim:  
 • Enter the Member ID or  
 • Enter a Claim Number  
 • Multiple Claim Numbers can be entered. Press the 'enter' key after each Claim Number

**\*New\* Search for a Date Range of Claims**  
 To search by date range:  
 • Choose an NPI from the Select NPI drop down  
 • Scroll down to view a list of claims from the last 3 months  
 • At most, 6 months of claims will display

**Select NPI**  
 All Providers

**Search Form:**  
 Claim Number(s): [ ] Member ID: [ ] Begin Date: [8/12/2024]  
 Date of Birth: [ ] End Date: [11/27/2024]

**Search Results:**  
 991 Claims Found. Download Results

Claim Number	Patient First Name	Patient Last Name	Service Date	Billed Amount	Status
<a href="#">23067E03389</a>			11/27/2024	\$150.00	In Process
<a href="#">24337E04956</a>			11/27/2024	\$150.00	In Process
<a href="#">23067E03389</a>			11/27/2024	\$150.00	In Process

**Claim #23067E03389**

Member Name: [Redacted] Plan Name: El Paso Health - STAR  
 Member Number: [Redacted] Rendering Provider: [Redacted]  
 Patient Control Number: 111728925 Claim Status: PAID  
 Diagnosis Codes: J02.0, J30.9

**Payment Details**

Claim Received	Pay To	Check Number	Paid Date
03/08/2023	[Redacted]	728214	03/13/2023

**Claim Details**

Line Number	Date of Service	CPT Codes	Modifier	Billed Amount	Not Covered	Contracted Amount	Co-Pay Amount	Deductible Amount	Co-Insurance Amount	Interest Amount	Payment Amount	COB Amount	Remark Codes
1	03/01/2023	99213	U7	\$75.00	\$36.21	\$38.79	\$0.00	\$0.00	\$0.00	\$0.00	\$38.79	\$0.00	
	03/01/2023												
<b>Total</b>				<b>\$75.00</b>	<b>\$36.21</b>	<b>\$38.79</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$38.79</b>	<b>\$0.00</b>	

**Remark Code Descriptions**  
**CPT Descriptions**  
 99213 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANA

## Section 5: Authorizations

Providers can submit authorizations, amend authorizations and inquire on members' authorization status.

Providers also have access to utilize our Medicaid/CHIP Prior Authorization Tool.

The screenshot displays the Availity portal interface for Authorizations. It includes a navigation bar with options like Home, Eligibility and Benefits, Claims and Payment, Authorizations, Reports, Quality Reports, and Service Coordination.

**Documents and Resources**  
 Procedures and services requiring prior authorization by program plan  
[S/Medicaid PA Flow](#)  
 Preferred Administrator PA Flow  
 HCO Flyer

**Submit a new authorization**  
 Would you like to submit a new authorization request?  
[Submit New Authorization](#)  
 Submit Medicaid Authorizations  
 Medicaid/CHIP Prior Authorization Tool

**Search Authorizations by:**  
 Authorization responses  Submitter requests

**Authorization type:**  
 All authorization types  Outpatient  Inpatient

**Authorization status:**  
 Any authorization status  Denied  Approved  Closed  Partial Approval

**Search:**  
 Authorization ID  Member ID  
 Authorization date: From [09/02/2024] To [12/02/2024]  
 Search

## Section 6: Prior Authorization Tool

Selecting the Medicaid/CHIP Prior Authorization Tool will prompt you to answer the following questions in the chart shown.

If No is selected for all of the questions, you will be asked to enter CPT codes to verify if an authorization is needed.

Once the CPT code is entered, you will receive one of the following responses, No authorization is required, Authorization required, or no authorization is required unless the following condition is met

### List of Services that require Prior Authorization

Click on the link below to review the list of services that require prior authorization.

[List of Services](#)

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?	<input type="radio"/>	<input type="radio"/>
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input type="radio"/>
Is the member receiving oral surgery services?	<input type="radio"/>	<input type="radio"/>
Is the member receiving plastic and reconstructive surgeon services?	<input type="radio"/>	<input type="radio"/>
Is the member receiving venous surgical procedures?	<input type="radio"/>	<input type="radio"/>

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?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving oral surgery services?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving plastic and reconstructive surgeon services?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving venous surgical procedures/services?	<input type="radio"/>	<input checked="" type="radio"/>

To determine if an authorization is needed enter CPT code below.

CPT code: 1:  2:  3:  4:

**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 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

## Section 7: Reports

In the Reports tab, Providers will be able to view RA's, Rosters, ER Utilization, THSteps, and PPV Reports.

### List of Services that require Prior Authorization

Click on the link below to review the list of services that require prior authorization.

[List of Services](#)

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?	<input type="radio"/>	<input type="radio"/>
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input type="radio"/>
Is the member receiving oral surgery services?	<input type="radio"/>	<input type="radio"/>
Is the member receiving plastic and reconstructive surgeon services?	<input type="radio"/>	<input type="radio"/>
Is the member receiving venous surgical procedures?	<input type="radio"/>	<input type="radio"/>

## Section 8: Quality Reports

In the Quality Reports tab, Providers will be able to view their quality measures and metrics.

Home Eligibility and Benefits Claims and Payment Authorizations Reports **Quality Reports** Service Coordination QI Correspondence

Welcome to the **Provider Portal**  
This site provides quick access to member eligibility and benefits, claims payment more!

**Provider Name:** \_\_\_\_\_  
**Provider Phone:** \_\_\_\_\_

RA's  
Rosters  
ER Utilization  
THSteps  
PPV Reports

**Quick Links**

- Submit Claims
- Submit Claim Attachments
- Provider Appeals/Recoupments
- Amended Authorizations
- Provider Overpayments
- Credentialing Process
- SCT Form

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

Home Eligibility and Benefits Claims and Payment Authorizations Reports **Quality Reports** QI Correspondence

**Quality Reports**

Name	Size	Date
QR 270345062_09_2024 .pdf	895 KB	9/10/2024 10:59 AM
QR 270345062_10_2024 .pdf	978 KB	10/15/2024 11:49 AM
QR 270345062_11_2024 .pdf	981 KB	11/12/2024 3:42 PM

## Section 9: QI Correspondence

Providers will be able to view medical records request from El Paso Health's Quality Improvement Department.

Home Eligibility and Benefits Claims and Payment Authorizations Reports **Quality Reports** QI Correspondence

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

Home Eligibility and Benefits Claims and Payment Authorizations Reports **Quality Reports** QI Correspondence

**QI Correspondence**

Name	Size	Date
DI 270345062_THSteps_MRR_REQUEST_SFY2025.pdf	354 KB	12/5/2024 5:03 PM
DI 270345062_EDV_2023_REQUEST .pdf	385 KB	10/15/2024 5:03 PM
DI 270345062_HEDIS MY 23 REQUEST .pdf	433 KB	2/6/2024 5:03 PM
DI 270345062_EDV_2022_REQUEST .pdf	484 KB	11/3/2022 9:24 AM
DI 270345062_THStep_MRR_RESULTS_SFY2022.pdf	489 KB	6/7/2022 5:02 PM
DI 270345062_THStep_MRR_REQUEST_SFY2022.pdf	383 KB	12/16/2021 5:01 PM

## Section 10: How to Navigate the Portal Dashboard for Service Coordination Information

**Scenario:** Upon logging in to the Provider Portal you are presented with numerous options and would like to navigate to the portals service coordination information.

**Application(s):** EPH Provider Portal

**Role:** Provider User

**START:** From El Paso Health Provider Portal Login

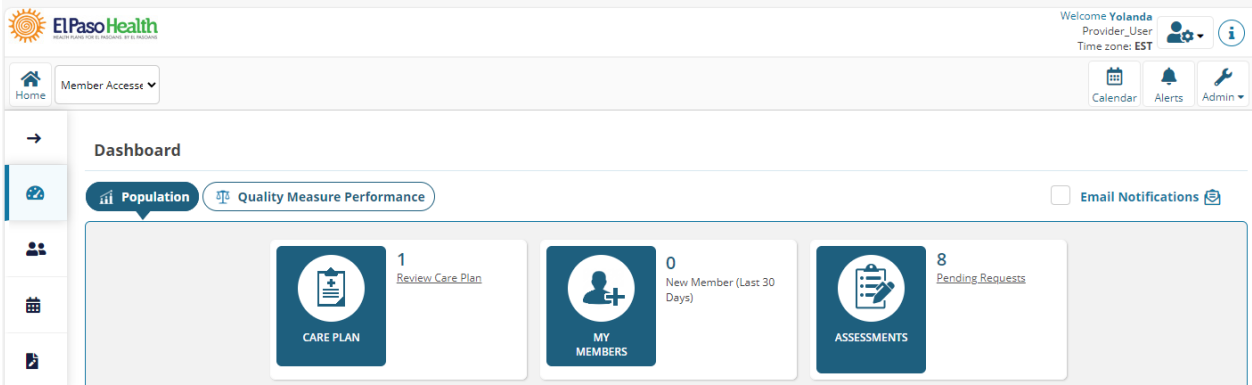
1. Click on the **Service Coordination** tab



You will find yourself in the Portal Dashboard. From here, you can navigate to member information needed.

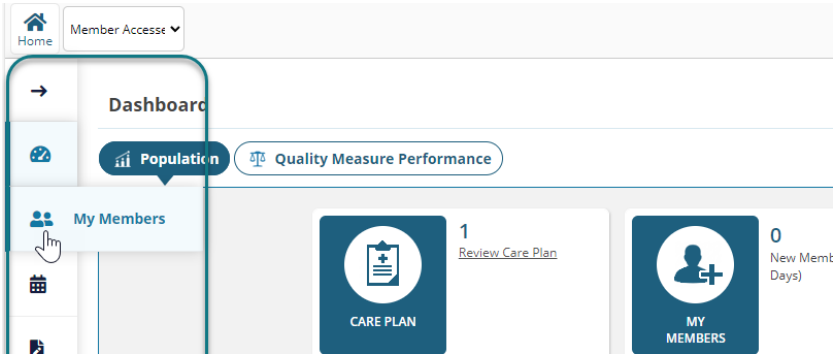
The Dashboard will display three Dashboard Tiles. Each tile is configured to show the following information for a 30-day period. They include the following:

- Care Plan
- My Members Assessments



To the left of the Dashboard is the Navigation Menu.

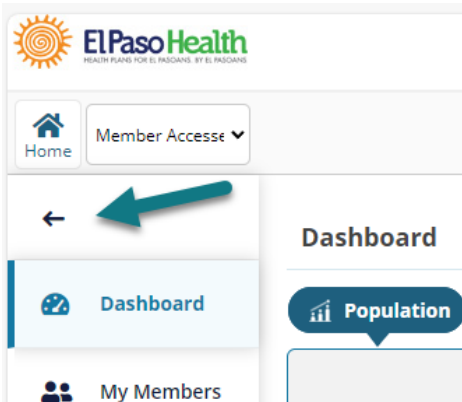
2. Hover over navigation **menu icons** for each tab name and information access point.



Or

2. Click on the top **arrow** to expand the navigation menu to view all of the names at once.

3. Click the **arrow** again to collapse the menu.





## Section 11: How to View New Members Assigned to You

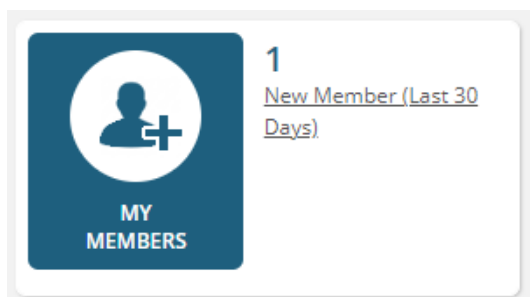
**Scenario:** You will receive notification when new members have been assigned to you.

**Application(s):** EPH Provider Portal

**Role:** Provider User

**START:** Dashboard Tiles

The **My Members** tile displays the number of new members that have been assigned to the Provider User **within the past 30 days.**



1. Click the **New Member** hyperlink in the **My Members** tile to display new members assigned

The screenshot shows the 'My Members' page in the EPH Provider Portal. The page header includes the El Paso Health logo, the user's location ('You are in Population Health'), and search filters. The main content area displays a table of members with the following columns: Eligibility, Last Name, First Name, Altruista ID, DOB, Risk, Risk Score, Client Name, Next Contact, Assigned Date/Attribute Date, and Program Name. A single member, Olivia, is listed with an 'Active' status and an assigned date of 06/28/2024.

	Eligibility	Last Name ↑	First Name	Altruista ID	DOB	Risk	Risk Score	Client Name	Next Contact	Assigned Date/Attribute Date	Program Name
<input type="checkbox"/>	Active		Olivia			N/A	N/A	El Paso Health Plan	N/A	06/28/2024	N/A

## Section 12: How to View All Members Assigned to You

**Scenario:** You may want to view all members under your care in the Provider Portal.

**Application(s):** EPH Provider Portal

**Role:** Provider User

**START:** My Members

To view all members assigned to the Provider,

1. Click **My Members** from the side navigation menu

The screenshot shows the El Paso Health Provider Portal interface. The top navigation bar includes the El Paso Health logo, a user profile for Yolanda (Provider\_User, EST), and utility icons for Home, Member Access, Calendar, Alerts, and Admin. The main content area is titled 'My Members' and features a 'Filter By' dropdown set to 'Active/Enrolled' and a 'Service Coordination' dropdown. Below the filters are 'Show' and 'Save' buttons. The main table lists members with columns for Eligibility, Last Name, First Name, Altruista ID, DOB, Risk, Risk Score, Client Name, Next Contact, and Assigned Date/Attribute Date. A tooltip is visible over the 'Next Contact' column for one row, displaying the text: 'Ehlinger, Sara C (sara.ehlinger@optum.com) is signed in'. The bottom of the page shows a pagination control for 25 items per page and a total of 1 - 25 of 99 items.

**Scenario:** You may want to know who the Primary Service Coordinator (also known as Primary Care Manager in OICS) for a member is so that you may contact them for information.

**Application(s):** EPH Provider Portal

**Role:** Provider User

**START:** My Members

By default, the **My Members** display list does **not** show the **Primary Care Manager** column. To include the Primary Care Manager column,

1. Click on the **Select** dropdown menu,
2. Select **“Primary Care Manager”** from the list
3. Next click on the **“Show”** button

The screenshot shows the 'My Members' interface. At the top, there are filters for 'Active/Enrolled' and 'Service Coordination'. Below these is a 'Filter By' button. The main area features a table with columns: Eligibility, Name, Altruista ID, DOB, Risk, Risk Score, Client Name, Next Contact, and Assigned Date/Attribute Date. A 'Select' dropdown menu is open, showing options: 'Appointment In 90 Days', 'ADT In 90 Days', 'No. of Due Days', 'Primary Care Manager', and 'Internal Care Team'. The 'Primary Care Manager' option is highlighted. A green arrow points to the 'Show' button next to the dropdown. The table contains several rows of member data, all with 'Active' status and 'El Paso Health Plan' as the client name.

Eligibility	Name	Altruista ID	DOB	Risk	Risk Score	Client Name	Next Contact	Assigned Date/Attribute Date
Active	ALVAREZ	QMXV		N/A	N/A	El Paso Health Plan	N/A	N/A
Active	ALVAREZ	QMXV		N/A	N/A	El Paso Health Plan	N/A	N/A
Active	ALVAREZ	QMXV		N/A	N/A	El Paso Health Plan	N/A	N/A
Active	AVILA	QMXV		N/A	N/A	El Paso Health Plan	N/A	N/A
Active	AVILA	QMXV		N/A	N/A	El Paso Health Plan	N/A	N/A
Active	BARRAZA	QMXV		N/A	N/A	El Paso Health Plan	N/A	N/A
Active	BARRAZA	QMXV		N/A	N/A	El Paso Health Plan	N/A	N/A
Active	BRYNER	QMXV		N/A	N/A	El Paso Health Plan	N/A	N/A

## Section 13: How to View and Acknowledge a New Member Care Plan Pending Your Review

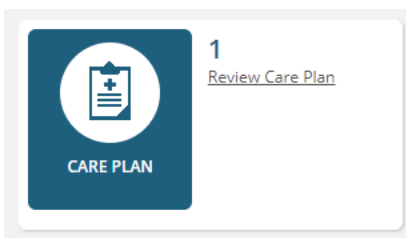
**Scenario:** When a new or updated Care Plan for a member was made available for you to review and acknowledge.

**Application(s):** EPH Provider Portal

**Role:** Provider User

**START:** Dashboard Tiles

The Care Plan tile displays an alert that a care plan has been sent to the Provider to review and acknowledge.



- If a care plan is pending review, a number will display above “Review Care Plan.”
- A zero will display if there are no plans pending review or that have been sent in the past 30 days.

1. Click the **Review Care Plan hyperlink** in the tile to view a care plan pending review

The **Requests Received widget** will open and display care plans pending review

**Request Received**

Care Plan Review Member Name Referred/Acknowledged Date: Referred Date From Date To Date Pending

<input type="checkbox"/>	Member Name	Care Plan Review	Referred Date ↓	Referred By	Acknowledged By	Acknowledged Date	Last Updated Date	Status	View Notes
<input type="checkbox"/>	[Redacted]	<a href="#">Care Plan Review</a>	06/27/2024	[Redacted]	N/A	N/A	N/A	Pending	N/A

Click on the **Care Plan Review hyperlink** to display the member’s care plan

## View Care Plan



### CARE PLAN

MEMBER PRIMARY INFORMATION			
Member Name:	[REDACTED]	Gender :	[REDACTED]
Member DOB:	[REDACTED]	Age:	[REDACTED]
Member Phone Number:	[REDACTED]	Address:	[REDACTED]
Primary Care Manager:	Sara [REDACTED]		
Care Staff Phone Number:	777-777-7777	City, State, Zip:	EL PASO ,TX ,79930
Medicare ID:	Not Available	Medicaid ID:	Not Available

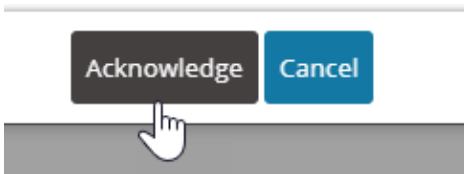
CONDITIONS				
SNO	Condition	Category	Level	Created On
No Records				

[Acknowledge](#) [Cancel](#)

The Care Plan includes the following information:

- Member Primary Information
- Medical Conditions
- Medications
- Care Team, including the name and phone number of the Primary Care Manager
- Targeted Interventions
- Clinical Interventions

2. Once review of the care plan is complete, the user can optionally **Acknowledge** their review of the care plan



3. Add **Notes** on the review

# Acknowledge Review Care Plan



Primary Care Manager : Sara ( )

Request From : Sara ( )

Care Member : Olivia Bosa

Notes :

I concur with this care plan.

Send

Close

4. Click **Send** to complete the review process

## Request Received

<input type="checkbox"/>	Member Name	Care Plan Review	Referred Date ↓	Referred By	Acknowledged By	Acknowledged Date	Last Updated Date	Status	View Notes
<input type="checkbox"/>	( )	<a href="#">Care Plan Review</a>	07/02/2024	( )	Yolanda Lagunas	07/02/2024	07/02/2024 07:24 PM	Acknowledged	
<input type="checkbox"/>	( )	<a href="#">Care Plan Review</a>	06/27/2024	( )	N/A	N/A	N/A	Pending	N/A
<input type="checkbox"/>	( )	<a href="#">Care Plan Review</a>	04/15/2024	( )	N/A	N/A	N/A	Pending	N/A

Once a care plan has been reviewed, the Care Plan dashboard will update to reflect the number of care plans remaining to be reviewed.

## Section 14: How to View a Previously Reviewed Care Plan

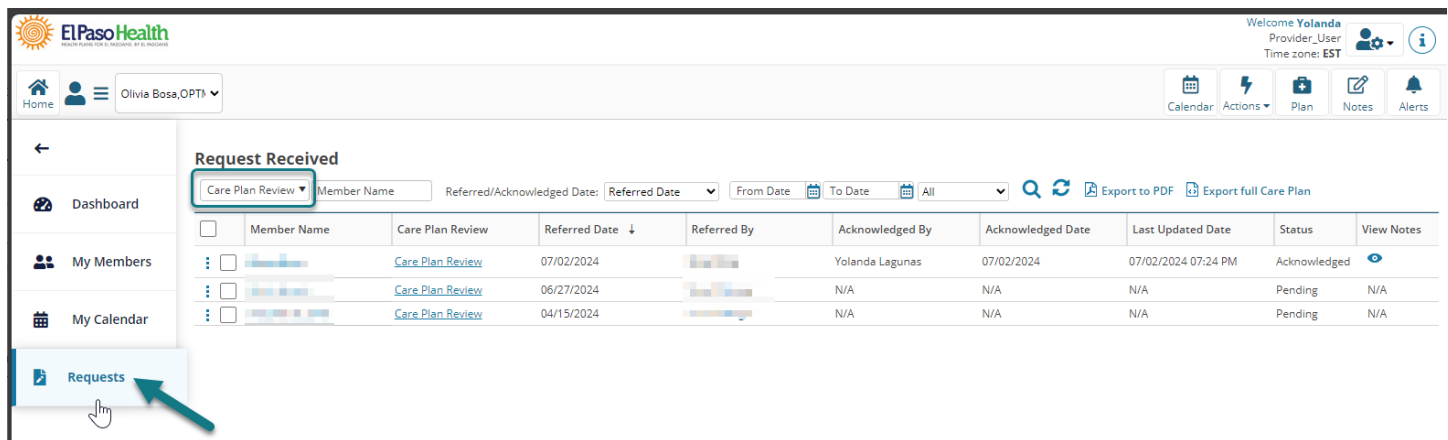
**Scenario:** If you want to go back and look at a previously reviewed Care Plan again, you can.

**Application(s):** EPH Provider Portal

**Role:** Provider User

**START:** Dashboard Tiles

1. To view previously reviewed care plans, click **Requests** on the Navigation menu
2. Set the filter to **Care Plan Review**



The screenshot shows the El Paso Health EPH Provider Portal interface. The user is logged in as Yolanda, a Provider User. The navigation menu on the left includes Dashboard, My Members, My Calendar, and Requests. The 'Requests' menu item is highlighted with a green arrow. The main content area displays a table titled 'Request Received' with a filter set to 'Care Plan Review'. The table has columns for Member Name, Care Plan Review, Referred Date, Referred By, Acknowledged By, Acknowledged Date, Last Updated Date, Status, and View Notes. Three rows of data are visible, each with a 'Care Plan Review' hyperlink in the 'Care Plan Review' column.

	Member Name	Care Plan Review	Referred Date ↓	Referred By	Acknowledged By	Acknowledged Date	Last Updated Date	Status	View Notes
<input type="checkbox"/>	[Redacted]	<a href="#">Care Plan Review</a>	07/02/2024	[Redacted]	Yolanda Lagunas	07/02/2024	07/02/2024 07:24 PM	Acknowledged	
<input type="checkbox"/>	[Redacted]	<a href="#">Care Plan Review</a>	06/27/2024	[Redacted]	N/A	N/A	N/A	Pending	N/A
<input type="checkbox"/>	[Redacted]	<a href="#">Care Plan Review</a>	04/15/2024	[Redacted]	N/A	N/A	N/A	Pending	N/A

3. Choose the desired [hyperlink](#) to review

## Section 15: How to View the Full Care Plan for Any of your EPH Members

**Scenario:** You may choose to view Care Plan information available for any of your EPH members.

**Application(s):** EPH Provider Portal

**Role:** Provider User

To view Care Plans for all members,

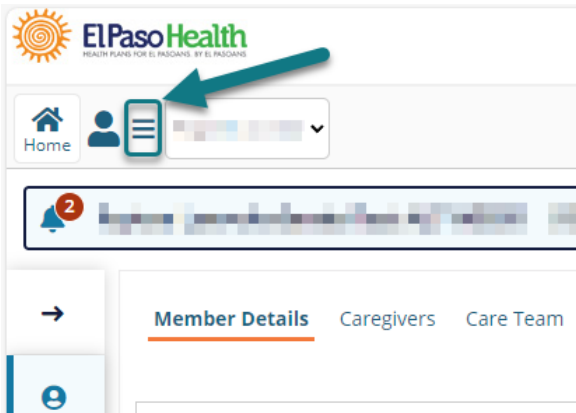
1. Click **My Members** from the navigation menu

The screenshot shows the El Paso Health Provider User interface. The top navigation bar includes the El Paso Health logo, a home button, a 'Member Access' dropdown, and user information for Yolanda (Provider\_User, EST). A secondary navigation bar contains icons for Calendar, Alerts, and Admin. The main content area is titled 'My Members' and includes a 'Filter By' dropdown set to 'Active/Enrolled' and a 'Service Coordination' dropdown. A left-hand navigation menu is visible, with 'My Members' highlighted and a red arrow pointing to it. Below the navigation, there are filter options and 'Show' and 'Save' buttons. The main table lists members with columns for Eligibility, Last Name, First Name, Altruista ID, DOB, Risk, Risk Score, Client Name, Next Contact, and Assigned Date/Attribute Date. The table shows several members with 'Active' status and one with 'Ends soon' status. A notification at the bottom right states 'Ehlinger, Sara C (sara.ehlinger@optum.com) is signed in'.

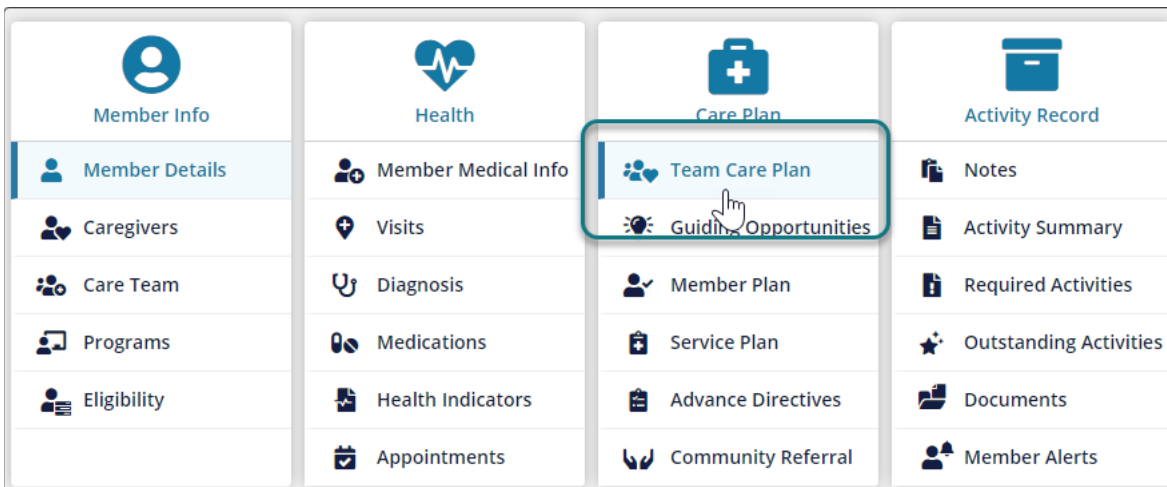
2. Click on the member's **Last Name [hyperlink](#)** to open the member record.



3. Click on the “hamburger”  icon in the top left of your screen to open the navigation menu



4. Select “Team Care Plan”



5. Select "Full Care Plan" from the options in the section

**Team Care Plan** | Guiding Opportunities | Member Plan | Service Plan | Advance Directives | Community Referral

**Care Plan Overview** | Care Plan Barriers | Care Plan Strengths | Care Plan Review

Note: All the system generated e-mails will be stopped if the user is found to have a shared e-mail.

**General Considerations**

Category: Select | Status: Select | Start Date: MM/DD/YYYY | Target Date: MM/DD/YYYY

Search By: Goal | Search Text: Enter Text | Select By Assigned Owner: Select | **Search** | Refresh

Select All | **Action** |  Expand All |  Export to PDF | **Full Care Plan** |  Sort Expanded View |

<b>+</b> Opportunity	Behavioral Health needs not currently met	Goal	Behavioral Health needs met	Condition	Social Determinant
----------------------	---	------	-----------------------------	-----------	--------------------

6. The Full Care Plan will display with Clinical Interventions

**Full Care Plan**

**Clinical Interventions**

Category: Select | Status: Select | Search Criteria: Select | Search Text: | Date Range: Select | From Date: | To Date: | LOB:  LOB Medicaid | Code Medicaid: |   | [View Full Eligibility](#) |  |

<input checked="" type="checkbox"/>	Priority	Condition	Goal Group	Goal	Member Goal	Member Plan	Intervention	Status	Sign Off	Start Date	Target Date	Term
<input checked="" type="checkbox"/>	High	'Social Determinant'	Community & Social Support	Behavioral Health needs met	N/A	I will work with my care coordination to obtain behavioral health services	Make referral, as appropriate, to behavioral health team to assist member access BH services	Member Agrees to Goal - In Progress	Yes	05/01/2024	05/30/2024	Long Term

1 - 1 of 1 items

7. Scroll further below to also view:

- Approved Service Opportunities
- Barriers
- Strengths
- Care Team
- Signature Log

### Full Care Plan

10 items per page 1 - 1 of 1 items

Approved Service Opportunities

Approved Date	Service Description	Co...	From Date	To Date	Provider	Approved Units	Unit Type	Frequency	Total Units	Status	Benefit Limit
05/10/2024	PAS Protective Supervision (SRO)	i	05/01/2024	03/31/2025	[REDACTED]	956	Units	Weekly		Approved	
04/26/2024	(StatePlan) PAS (SRO) (CFC)	i	04/22/2024	03/23/2025	[REDACTED]	2688	15 Minutes	Daily		Approved	
04/26/2024	SPW Home Delivered Meals	i	04/22/2024	03/21/2025	[REDACTED]	334	Service	Daily		Approved	

## Section 16: How to View and Acknowledge Newly Completed Member Assessments

**Scenario:** A new or updated Care Plan for a member was made available for you to review.

**Application(s):** EPH Provider Portal

**Role:** Provider User

**START:** The **Assessments** tile displays completed assessments that have been sent to the Provider to review and acknowledge



1. Click the **Pending Requests** hyperlink in the **Assessments** tile
2. Click the [hyperlink](#) under the **Review Assessments** column to view the selected assessment that was sent to the Provider user

El Paso Health  
 Welcome Yolanda  
 Provider\_User  
 Time zone: EST

Olivia Garcia, ECS

Calendar Actions Plan Notes Alerts Admin

### Request Received

Assessments Member Name Referred/Acknowledged Date: Referred Date From Date To Date Pending

Member Name	Review Assessments	Referred Date ↓	Referred By	Acknowledged By	Acknowledged Date	Last Updated Date	Status	View Acknowledgement
[Redacted]	<a href="#">TX H2060-B</a>	06/24/2024	[Redacted]	N/A	N/A	N/A	Pending	N/A
[Redacted] 51	<a href="#">TX H2060</a>	06/03/2024	[Redacted]	N/A	N/A	N/A	Pending	N/A
[Redacted] 51	<a href="#">TX H1700-3</a>	05/31/2024	[Redacted]	N/A	N/A	N/A	Pending	N/A
[Redacted]	<a href="#">TX H1700-1 Y1</a>	05/14/2024	[Redacted]	N/A	N/A	N/A	Pending	N/A
[Redacted]	<a href="#">TX MNLOC</a>	04/30/2024	[Redacted]	N/A	N/A	N/A	Pending	N/A
[Redacted]	<a href="#">TX H1700-3</a>	04/30/2024	[Redacted]	N/A	N/A	N/A	Pending	N/A
[Redacted]	<a href="#">TX H2060</a>	04/30/2024	[Redacted]	N/A	N/A	N/A	Pending	N/A
[Redacted]	<a href="#">TX H6516 V1</a>	04/30/2024	[Redacted]	N/A	N/A	N/A	Pending	N/A

10 items per page 1 - 8 of 8 items

Home F\_NAME51 ISA Calendar Actions

**TEXAS**  
Health and Human Services

Form H2060  
November 2014-E

### Needs Assessment Questionnaire and Task/Hour Guide

Applicant/Member Name	Medicaid ID No.	Assessment Date	Impairment	Service Arrangement				
	N/A	05/29/2024	0=None 1=Mild 2=Severe 3=Total	C=Caregiver PA=Purchased/Agency PS = Purchased/Self	P=Purchased S=Self	N/A=Not Applicable A=Other Agency		
Companion Case Name	Companion No.	Respondent	Support Score (PAS) 1=Good thru 4=Very Poor					
<b>Part B - Task/Hour Guide</b>								
Part A -Functional Assessment (Boxes related to priority factors are in bold.)			↓	↓	↓			
				Minutes Per Day	X	Days Per Week	=	Total Minutes Per Week
1. Do you have any problems taking a bath or shower?.....Bathing			1	15 (Max =45)	X	3	=	45
2. Can you dress yourself?.....Dressing			1	15 (Max =30)	X		=	
3. ....Exercise (walking only)				15 (Max =30)	X		=	
4. Can you feed yourself? (0-3) <input type="text" value="1"/> Enter score of 3 if individual requires total assistance (If tube fed/gastrostomy feeding, Do not purchase.).....Feeding, Eating				30 (Max =30/meal)	X	21 (Meals/Week)	=	630
5. Can you shave yourself, brush your teeth, shampoo and comb your hair?.....Grooming			1					
Enter the higher score of 5a or 5b.								
5a.....Shaving, Oral Care, Nail Care				15 (Max =30)	X	1	=	15
5b.....Routine Hair and Skin Care				15 (Max =45)	X	1	=	15
6. Do you have any problems getting to the bathroom and using the toilet?.....Toileting			1	30 (Max =30)	X	7	=	210
7. Do you have trouble cleaning yourself after using the bathroom?.....Hygiene in Toileting			1					
8. Can you get in and out of your bed or chair?.....Transfer			1	15	X	7	=	105
9. Are you able to walk without help?.....Walking			1	15	X	7	=	105

**Acknowledge** **Close**

- The user has the option to verify review of the assessment by clicking **Acknowledge** button
- Type in **Comments** as needed.
- Click in the **Signature** box to enter an **electronic signature**.
- Click **Send** to save.

## Acknowledge Assessment ✕

Primary Care Manager : Eric\_MobileC Mobile Tester Schroeder

Request From : John Ernste

Care Member : F\_NAME51 ISABELLA L\_NAME51

Comments :

Signature :

The **Requests Received** widget will update with the Acknowledgement information, including:

- Acknowledged By
- Acknowledged Date
- Last Updated Date
- Status
- View Acknowledgement

El Paso Health  
HEALTH PLAN FOR EL PASOANS BY EL PASOANS

Welcome Yolanda  
Provider\_User  
Time zone: EST

Home | F\_NAME51 ISABE | Calendar | Actions | Plan | Notes | Alerts | Admin

### Request Received

Assessments | Member Name | Referred/Acknowledged Date: Referred Date | From Date | To Date | All

Member Name	Review Assessments	Referred Date ↓	Referred By	Acknowledged By	Acknowledged Date	Last Updated Date	Status	View Acknowledgement
[blurred]	TX H2060-B	06/24/2024	[blurred]	N/A	N/A	N/A	Pending	N/A
[blurred]	TX H2060	06/03/2024	[blurred]	Yolanda Lagunas	06/28/2024	06/28/2024 06:20 PM	Acknowledged	[icon]
[blurred]	TX H1700-3	05/31/2024	[blurred]	N/A	N/A	N/A	Pending	N/A
[blurred]	TX H1700-1_V1	05/14/2024	[blurred]	N/A	N/A	N/A	Pending	N/A
[blurred]	TX H6516 V1	05/03/2024	[blurred]	Yolanda Lagunas	06/27/2024	06/27/2024 08:32 PM	Acknowledged	[icon]
[blurred]	TX MNLOC	04/30/2024	[blurred]	Yolanda Lagunas	06/28/2024	06/28/2024 06:13 PM	Acknowledged	[icon]
[blurred]	TX H1700-3	04/30/2024	[blurred]	N/A	N/A	N/A	Pending	N/A
[blurred]	TX H2060	04/30/2024	[blurred]	N/A	N/A	N/A	Pending	N/A
[blurred]	TX H6516 V1	04/30/2024	[blurred]	N/A	N/A	N/A	Pending	N/A

10 items per page | 1 - 9 of 9 items


## Section 17: How to View a Member's Completed Forms & Assessments

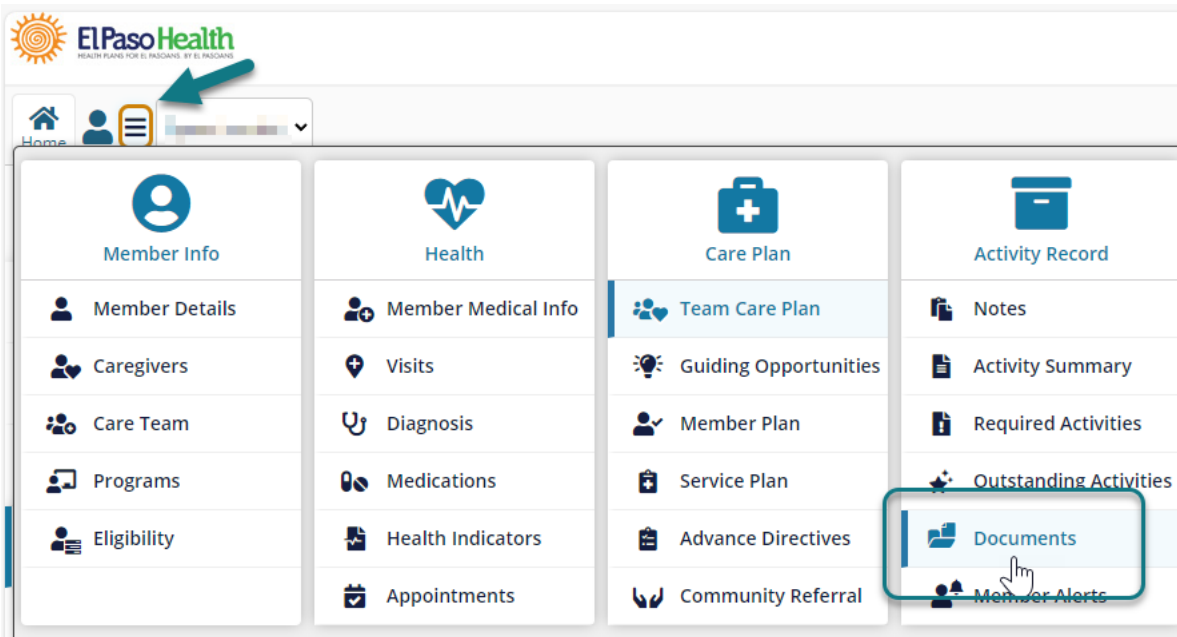
**Scenario:** You may want to review a member's forms or assessments, like an MNLOC.

**Application(s):** EPH Provider Portal

**Role:** Provider User

**Start:** From an accessed member

1. Click on the “hamburger”  icon from the member record
2. Select Documents



### 3. Click the **eye icon** to view the form or assessment in a pop-up window

Notes Activity Summary Required Activities Outstanding Activities **Documents** Member Alerts

Category Document Name Document Type From Date To Date


Select Select From Date To Date Search Clear

Upload Choose Columns




<input type="checkbox"/>	Document ID	Document	View	Type	Draft	Resend	Member Portal
<input type="checkbox"/>	988	<a href="#">TX_H17003_04292024.pdf</a>		Assessment		N/A	<a href="#">Share</a>
<input type="checkbox"/>	987	<a href="#">TX_MNLOC_04292024.pdf</a>		Assessment		N/A	<a href="#">Share</a>
<input type="checkbox"/>	984	<a href="#">TX_H17001_04292024.pdf</a>		Assessment		N/A	<a href="#">Share</a>



Example of an MNLOC view pictured below

Individual 

**Medical Necessity and Level of Care Assessment -**  
Version 3.0

<b>Section A Identification Information</b>	
<b>A0310. Type of Assessment</b>	
Enter 03 Code	<b>A. Reason for Assessment</b> <input type="radio"/> 01. Initial assessment <input checked="" type="radio"/> 03. Annual assessment <input type="radio"/> 04. Significant change in status assessment
<b>A0500. Legal Name of Individual</b>	
<b>A. First name:</b>	<b>B. Middle initial:</b>
	<input type="text"/>
<b>C. Last name:</b>	<b>D. Suffix:</b>
	<input type="text"/>
<b>A0600. Social Security and Medicare Numbers</b>	
<b>A. Social Security Number:</b>	<input type="text"/>
12345678	
<b>B. Medicare number (or comparable railroad insurance number):</b>	<input type="text"/>
N/A	
<b>A0700. Medicaid Number – Enter "+" if pending, "N" if not a Medicaid recipient</b>	
	<input type="text"/>
	345678456
<b>A0800. Gender</b>	
Enter 1 Code	<input checked="" type="radio"/> 1. Male <input type="radio"/> 2. Female
<b>A0900. Birth Date</b>	
	<input type="text"/>
	
<b>A1000. Race/Ethnicity</b>	
↓ Check all that apply	
<input type="checkbox"/>	<b>A. American Indian or Alaska Native</b>
<input type="checkbox"/>	<b>B. Asian</b>