

OB Provider Specialty Training

April 5, 2018



El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST



Agenda

- **Contracting and Credentialing:** [Credentialing Verification Organization \(CVO\)](#)
- **Quality Improvement:** [Accessibility and Availability/HEDIS Measures](#)
- **Claims:** [Overview](#)
- **Compliance:** [Complaints and Appeals Process](#), [Special Investigations Unit](#)
- **Provider Relations:** [LARC, Re-enrollment, and License Update](#)
- **Health Services:** [First Steps Case Management](#), [Benefits and Prior Authorization Process](#)
- **C.A.R.E.:** [El Paso Health Baby Showers](#)
- **Member Services:** [OB Value Added Services](#)



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Contracting Verification Organization

Evelin Lopez

Contracting and Credentialing Manager

Texas Credentialing Alliance (TCA)

- Aperture, LLC is the statewide Credentialing Verification Organization (CVO) that will be used by all 19 Medicaid health plans in Texas to streamline the credentialing process.
- Full Implementation of CVO began April 1, 2018.
- El Paso Health has begun transitioning new providers to the CVO as of January 2018.
- Practitioners and facilities have begun to receive communications from TAHP and Aperture.

Benefits

The benefits of the streamlined credentialing process include:

- Lowered administrative costs for provider and Medicaid health insurance plans.
- Time saved by eliminating paperwork for providers who credential and re-credential separately with multiple Medicaid health insurance plans.
- Use of existing web based portals – CAQH and Availity.
- Streamlined re-credentialing dates across multiple health insurance plans for providers.

Contact Information

Evelin Lopez

Contracting and Credentialing Manager

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Accessibility and Availability/HEDIS Measures

Don Gillis

Director of Provider Relations and Quality Improvement

Accessibility and Availability

- Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC) mandate that El Paso Health must monitor our Providers on an annual basis for 24 hour availability and office accessibility compliance

Accessibility and Availability

- Random Sampling of network every quarter.
- May be surveyed more than once a year, based on compliance.
- Provider Relations Representatives will conduct survey for Accessibility (in person or by phone).
- Provider Relations Representatives also conduct Secret Shopper calls.
- QI Nurses will make Availability calls.
(5:00 pm to 8:30 am, Monday through Friday and any time Saturday and Sunday)

Accessibility Standards

Service:	Able to schedule appointment:
Emergency Services	Upon member presentation
Urgent Care	Within 24 hours
Routine Primary Care	Within 14 days
Specialty Routine Care	Within 21 days
Initial Outpatient Behavioral Health	Within 14 days

Accessibility Standards

Service	Able to schedule appointment:
Routine Specialty Care Referrals	Within 5 days
Prenatal Care High-risk or New member in 3 rd trimester	Within 14 days of request Within 5 days or immediately if emergency exists
Preventive Health (21 yrs and older)	Within 90 days
Preventive Health Less than 6 months 6 months to 20 years	Within 14 days Within 60 days

Acceptable Standards for Availability

- Answering service meets language requirements of that for major population groups. Answering service must be able to contact the Provider or other designated medical practitioner.
- Recording meets language requirements. Directs patient to call another phone number to reach the Provider or designated medical practitioner. Other phone number provided must be answered by someone at the time of call.
- Call is transferred to an on-call person. Call meets language requirements. Person on-call must be able to reach the Provider or designated medical practitioner to return call to patient.

Non-Acceptable Criteria for Availability

- Phone only answered during office hours.
- Recording asks caller to leave a message.
- Recording tells patient to go to ER.
- Returning after-hours calls past 30 minutes.
- Member is informed of a fee for after hour calls.

HEDIS Medical Record Chases

- Healthcare Effectiveness Data and Information Set.
- A tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service.
- Administrative claims data + Medical Record reviews = Hybrid calculation.
- If member is compliant from claims data, medical record review will not be necessary.

PPC Measure

Timeliness of Prenatal Care

- First Trimester
- Within 42 days of enrollment with El Paso Health

Postpartum Care

- Visit on or between 21 and 56 days after delivery

Prenatal Visit

Document one of the following:

OB exam with: fetal heart tone *or*
pelvic exam with OB observations *or*
fundus height measurement
(prenatal flow sheet)

Prenatal Care Procedure: OB Panel *or*
TORCH *or*
rubella antibody test/titer with RH incompatibility *or*
echography of pregnant uterus

LMP or EDD with either: prenatal risk assessment and counseling/education *or*
complete OB history

Postpartum visit

Document one of the following:

Pelvic Exam

Evaluation of Weight, B/P, breasts/breastfeeding and abdomen

Notation of postpartum care (“PP care”, “PP check”, “6 week check” or preprinted “Postpartum Care” form)

Quality Improvement Department

Don Gillis, Director of Provider Relations & Quality Improvement

915-298-7198 ext. 1231

Patricia Rivera, QI Nurse Auditor

915-298-7198 ext. 1106

Astryd Galindo, QI Nurse

915-298-7198 ext. 1177

Angelica Baca, QI Data Specialist

915-298-7198 ext. 1165



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Claims Overview

Julie Zubia

Sr. Claims Analyst

Reminders

Claims Processing

Timely filing deadline

- 95 days from date of service

Corrected claim deadline

- 120 days from date of EOB

Reminder

Multiple Claims

If you are submitting multiple claims for a patient, please ensure that you are:

- Indicating page 1 of X

The image shows a screenshot of a "HEALTH INSURANCE CLAIM FORM" titled "Page 1 of 3". The form includes a QR code in the top left corner and a vertical "CARRIER" label on the right side. Below the title, it states "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 05/12". The form is divided into sections for "PCIA" and "INSURANCE ID NUMBER". The "INSURANCE ID NUMBER" section contains a table with checkboxes for various insurance types:

1	MEDICARE	MEDICAID	TRICARE	CHAMPVA	GROUP HEALTH PLAN	COB	RELIANT	OTHER	INSURANCE ID NUMBER	(See Program in Item 1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Two Post Partum Visits

Billing Requirements STAR/CHIP

Procedure Code	Code Description
59409	Vaginal Delivery Only (with or without episiotomy and/or forceps)
59612	Vaginal Delivery Only, after previous cesarean delivery (with or without episiotomy and/or forceps)
59514	C-Section Delivery Only
59620	C-Section Delivery Only, following attempted vaginal delivery after previous cesarean delivery
59430	Postpartum care only (separate procedure)

Continue...

Invalid Codes

Any claims received with the codes below will deny with reason: *The claim/service must be billed according to the schedule for this plan.*

59400 59410	Vaginal Delivery including Postpartum Care
59510 59515	C-Section Delivery including Postpartum Care
59610 59614 59618 59622	Delivery after C-Section including Postpartum care.

*****NOTE*****

These billing requirements do not apply to CHIP PERINATE delivery claims.

Coordination of Benefits

STAR / CHIP

Claims are billed fee-for-service.

Primary carrier Explanation of Benefits (EOB) is required.

Coordination of Benefits

Example

CPT	Charge	Primary Carrier Allowed Amt.	Primary Carrier Payment	Patient Responsibility
59412	\$4850.00	\$3400.00	\$2720.00	\$680.00

Claim should be submitted with the Primary Carrier EOB.

- When billing El Paso Health you will need to bill fee-for-service.
- Example on next slide.

Coordination of Benefits

Example

DOS	CPT	Charge	Primary Carrier Allowed Amt.	Primary Carrier Payment	EP First Allowed Amt.	Primary Carrier Patient Resp.
10/1/2016	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
11/1/2016	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
12/1/2016	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
1/1/2017	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
2/1/2017	99213	\$270.00	\$180.00	\$144.00	\$234.00	\$36.00
3/1/2017	59412	\$3500.00	\$2500.00	\$2000.00	\$3000.00	\$500.00
		\$4850.00	\$3400.00	\$2720.00	\$4170.00	\$680.00
					-	
				Subtract the primary carrier from the EP First allowed amount		
			EP First Allowed	\$4,170.00		
			Primary Carrier Allowed Amt.	-\$2720.00		
				\$1,450.00		\$680.00
				Pay the Lesser of the 2 amounts		

Patient Responsibility

Electronic Claims

Payer ID Numbers

Claims are accepted from:

- Availity
- Trizetto Provider Solutions, LLC. *(formerly Gateway EDI)*

Payer ID Numbers:

El Paso Health - STAR EPF02

El Paso Health - CHIP EPF03

Preferred Admin. UMC EPF10

Preferred Admin. EPCH EPF11

Healthcare Options EPF37

Contact Us

915-532-3778

Provider Care Unit Extension Numbers:

1527 – Medicaid

1512 – CHIP

1509 – Preferred Administrators

1504 – HCO



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Complaints and Appeals Process

Corina Diaz

Complaints and Appeals Supervisor

Complaints and Appeals Process

- All Complaints and Appeals must be submitted in writing
 - Fax: 915-298-7872
 - Secure FTP site through our Web Portal
 - Mail:
 - El Paso Health
 - Complaints and Appeals Unit
 - 1145 Westmoreland Drive
 - El Paso, Texas 79925
- Please include detailed and supporting information:
 - Copy of Remittance Advice
 - Medical records (if necessary)
 - Proof of Timely Filing
 - Etc.

Complaints and Appeals Process

- Provider will receive:
 - Acknowledgment letter no later than five (5) business days.
 - Resolution letter within thirty (30) calendar days.
- Appeals must be received within 120 days from the notice of the denial.

Note: STAR and CHIP Members must NOT be billed or balanced billed for covered services.

Web Portal

Provider Appeals

You are currently logged in as

[Messages \(0\)](#) [Profile](#) [Logout](#)

[Home](#) [Eligibility and Benefits](#) [Claims and Payment](#) [Authorizations](#) [Reports](#)

Welcome to the **Provider Portal**

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

Provider Name:

Provider Phone:



Quick Links

[Submit Claims](#)

[Submit Claim Attachments](#)

[Provider Appeals](#)

[Amended Authorizations](#)

[Provider Overpayments](#)



Contact Us

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

915-532-3778 ext 1507

Toll-Free: 1-877-532-3778 ext 1507


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

Fax Number: 915-225-6762

Web Portal

Provider Appeals

+ Add Attachments

 From:
To:
Subject:

Today's Date:
Contact Name (First & Last name):
Mailing Address:
Phone Number:
Provider Name:
Provider NPI Number:
Member Name:
Member ID:
Date of Service:
Claim Number:

Reason for Appeal: (Please put an "x" in the appropriate box)

Authorization Issue
 Past Timely Filing
 Requesting Payment/Additional Payment
 Other (Use comments section to give detailed explanation)

Comments:

Your appeal will be acknowledged in writing within 5 business days and you will receive a resolution letter within 30 calendar days. If you have any further questions or need additional assistance, please contact the Provider Care Unit at 915-532-3778 extension 1504 or 1-877-532-3778 extension 1504.

Sample

Acknowledgment Letter

July 18, 2017

PROVIDER GROUP
TEMP PROVIDER M.D.
Attn: OFFICE, MANAGER
2501 N. MESA
EL PASO, TX 79912

RE: John Doe
Member ID: 555555555
Date of Service: 01/01/2017
Appeal Received on: 07/18/2017

Case #: AGI000000001583

Dear Office Manager:

Thank you for taking the time to let us know about your appeal. At any time, the Health and Human Services Commission may review documentation we retain regarding the appeal and the action taken on it. We will look into your appeal and send you a letter with our findings no later than thirty (30) days from the date we received the appeal.

If you have any further questions or need additional assistance, please contact the Provider Care Unit at 915-532-3778 extension 1504 or 1-877-532-3778 extension 1504. Our TDD Line for the hearing impaired is Toll Free 1-855-532-3740.

Sample

Resolution Letter

July 18, 2017

PROVIDER GROUP
TEMP PROVIDER M.D.
Attn: OFFICE, MANAGER
2501 N. MESA
EL PASO, TX 79912

RE: John Doe
Member ID: 555555555
Date of Service: 01/01/2017
Appeal Received on: 01/18/2017

Case #: AGI000000001583

Dear Office Manager:

The review of information submitted and received by El Paso Health regarding the denial of payment on Claim #:0000000000 has been completed. The decision has been made to uphold the denial *or* reprocess your claim.

You have the right to a second level appeal. Your appeal must be filed within 120 days of this resolution or the latest Provider Remittance Advice Notification. If you have additional information and/or documentation regarding this case that has not been previously considered, or if you wish that El Paso Health reconsider the decision, you may submit a letter appealing this decision to:

El Paso Health
Attn: Complaint and Appeals Unit
1145 Westmoreland
El Paso, Texas 79925

Should you have any further questions or concerns, you can call or contact the Provider Care Unit (PCU) at 915-532-3778, ext. 1504.

Contact Information

Corina Diaz

Complaints and Appeals Supervisor

cdiaz@elpasohealth.com

915-532-3778 ext. 1092



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Special Investigations Unit

Alma Meraz

Special Investigations Unit Claim Auditor

Fraud, Waste and Abuse

Fraud

Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.”

Waste

Waste is defined as billing and information submitted for items or services where there was no intent to deceive or misrepresent, but the outcome resulted or could have resulted in an overpayment of funds.

Abuse

Abuse means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.”

Medical Records Reviews

Texas enacted bill 2292 to require all Managed Care Organizations like El Paso Health to establish a plan to prevent waste, fraud and abuse (WFA).

This includes medical record reviews.

- 5-7 providers are **randomly** selected on a **monthly** basis.
- Review: paid claims, duplicate billing, bundled services.
- If necessary, we will request records.

Business Records Affidavit

Business records affidavit is required.

- This affidavit states that you are submitting **all** of the requested information.
- If not submitted, that claim will be recouped for no documentation for that date of service.
- After signing the affidavit, no additional information/documentation will be accepted by El Paso Health during the review process.

Please make sure you submit all of the documentation requested.

Remember



Closing the Review

- El Paso Health will send you a notification letter with the review findings.
- You have the right to dispute the findings – you must do so within 30 days of receiving the letter.
- You may not dispute claims for which you did not provide any documentation. No documentation results in an automatic recoupment.

Recoupment Process

- El Paso Health will review any disputed claims and finalize the recoupment.
- Once the recoupment is finalized, the claims are recouped and cannot be appealed at a later date.
- Per the Office of the Inspector General's directive, El Paso Health will recoup via claims adjustments (preferably).

OIG Audits

- The office of Inspector General are conducting their own individual audits.
- They will do their recoupments via MCO.
- In the event that El Paso Health receives a recoupment we will go ahead and discuss the findings with you and provide education.
- These recoupments will be done via claims.

39 Week OB Reviews

- Random selection of 15 providers a month.
- Records are requested and reviewed.
- Ensures medical necessity of inductions and/or C-sections.
- Reviews proper utilization of modifiers U1, U2 and U3.

Verification Process

As part of the WFA Plan, El Paso Health conducts a verification of services.

- Every month we contact 50 to 60 members to verify that services billed were rendered.
- In the event that services billed can't be verified by the member, we request documentation and open a review.
- Providers are notified of the outcome of the review.

Questions?

Alma Meraz, CCS-P

Special Investigation Unit, Compliance

Claim Auditor

915-532-3778 ext. 1039



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LARC, Re-enrollment, and License Update

Karla Ochoa

Provider Relations Representative

Long-Acting Reversible Contraception (LARC)

Now a medical and pharmacy benefit!

- Medical benefit- providers will continue to have the option to receive reimbursement for LARC as a clinician-administered drug.
- Pharmacy benefit- Specialty pharmacy will dispense the LARC product (shipped to the practice address, care of the patient) and bill El Paso Health after the provider submits a completed and signed prescription request form.
 - Providers who prescribe and obtain LARC products through certain specialty pharmacies will be able to return unused and unopened LARC products.
 - For additional information regarding the Abandoned Unit Return program, please refer to: www.TxVendorDrug.com/formulary/larc.shtml

Long-Acting Reversible Contraception (LARC)- continued

[Mirena® \(NDC 50419042101\) / Mirena® \(NDC 50419042301\)](#)

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

[Skyla® \(NDC 50419042201\)](#)

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

[Kyleena \(NDC 50419042401\)](#)

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

[Nexplanon® \(NDC 0052433001\)](#)

Accredo
(972) 929-6800
NPI: 1073569034

[Paragard® \(NDC 51285020401\)](#)

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

Currently only available through the **medical benefit:**

[Liletta \(NDC 00023585801\)](#)

Accredo
(866) 759-1557
CVS Specialty Pharmacy
(888) 275-8596

For the most current information, visit: <https://www.navitus.com/texas-medicaid-star-chip/LARC.aspx>

NDCs are subject to change.

Re-enrollment

- Providers must re-enroll with the state to ensure Texas Provider Identifier (TPI) is updated.
- Requirement of the Patient Protection and Affordable Care Act (PPACA).
- Providers that have not re-enrolled will appear on the state Master File with a Payment Denial Code (PDC) 66.
- Failure to re-enroll on time will result in dis-enrollment from Texas Medicaid and will cause a gap in network participation, preventing payment of claims for that timeframe.



Grid Provider Excluded Pharmacy Setup

Excluded Search Criteria

NPI 1234567890 TPI Tax ID

Org. Name
or
Last Name

First Name Key Accepts partial entry

Search  Clear 

Effective	Term Date	Code	Denial Reason
08/06/2022	12/31/3999	66	Provider is not enrolled - failed to Re-Validate
04/24/2017	12/31/3999	49	Claims submitted by provider not fully enrolled

License Update

- All updated licenses/ re-certifications must be submitted to the state.
- Providers that have provided a license/ re-certification update will appear on the state Master File with a Payment Denial Code (PDC) 46.
- Payment of claims will be held until information is updated.



Grid Provider Excluded Pharmacy Setup

Excluded Search Criteria

NPI TPI Tax ID

or
Org. Name
Last Name

First Name Key Accepts partial entry

Search  Clear 

Effective	Term Date	Code	Denial Reason
11/01/2021	12/31/3999	66	Provider is not enrolled - failed to Re-Validate
09/01/2017	12/31/3999	46	License or certification revoked

Procedure Code Update

- New HCPCS code for 17p injection is **J1729**.
- Refer to Texas Medicaid Special Bulletin, No. 13:
http://www.tmhp.com/Texas_Medicaid_Bulletin/2018_HCPCS_Special_Bulletin_No_13-.pdf

Contact Information

Karla Ochoa

Provider Relations Representative

kochoa@elpasohealth.com

(915) 298-7198 ext. 1167

Provider Relations Department

(915) 532-3778 ext. 1507

FIRST STEPS

 **El Paso Health**

Sandra Leal, RN

OB Case Manager, Health Services

Irma Pierson, LVN

OB Case Manager, Health Services

Items to Discuss

- First Steps Case Management Program.
- Benefits for STAR/CHIP Members.

HOW CAN A CASE MANAGER HELP?

We are dedicated to promoting the highest quality care available. We provide our members with:

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

Our members are encouraged to:

- Discuss available services in detail.
- Obtain education about how to access emergency services, OB/GYN, and specialty care.

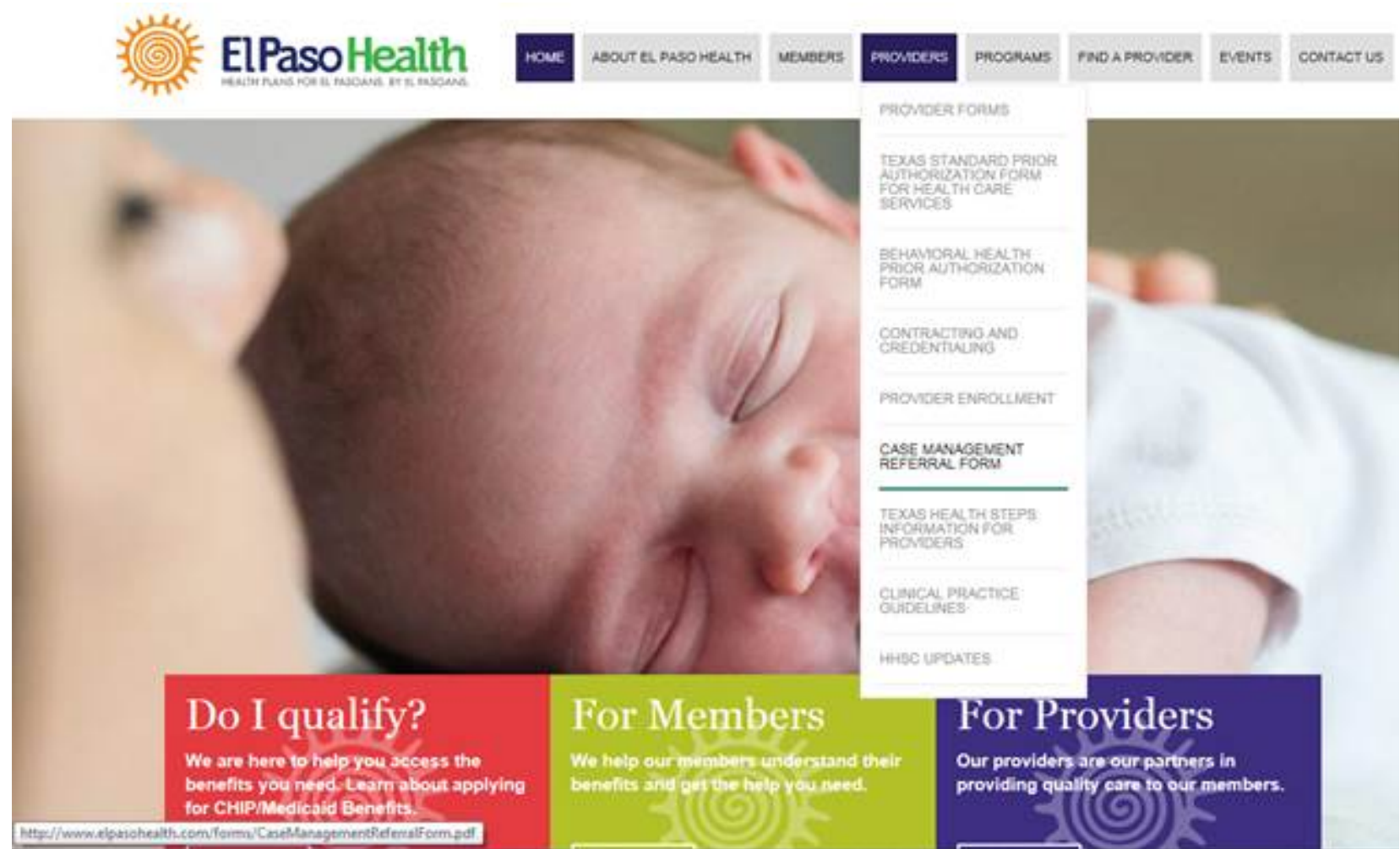
Case Management Overview

- Identification of members who are at risk.
- Assessments to determine severity of condition.
- Individualized Service Plan designed to identify barriers, goals and interventions.
- Education regarding benefits, pregnancy and other conditions.
- Referrals and Service Coordination as needed.
- Home Visits are conducted if necessary.

How to Refer

Case Management Referral Form is available on our website at www.elpasohealth.com:

- Click on the provider tab
- Select Case Management Referral Form



The screenshot shows the El Paso Health website interface. At the top left is the El Paso Health logo with the tagline "HEALTH PLANS FOR EL PASOANS. BY EL PASOANS." To the right is a navigation menu with tabs for HOME, ABOUT EL PASO HEALTH, MEMBERS, PROVIDERS, PROGRAMS, FIND A PROVIDER, EVENTS, and CONTACT US. The PROVIDERS tab is selected, and a dropdown menu is open, listing several options: PROVIDER FORMS, TEXAS STANDARD PRIOR AUTHORIZATION FORM FOR HEALTH CARE SERVICES, BEHAVIORAL HEALTH PRIOR AUTHORIZATION FORM, CONTRACTING AND CREDENTIALING, PROVIDER ENROLLMENT, CASE MANAGEMENT REFERRAL FORM (highlighted with a green underline), TEXAS HEALTH STEPS INFORMATION FOR PROVIDERS, CLINICAL PRACTICE GUIDELINES, and HHSC UPDATES. Below the navigation menu is a large image of a newborn baby's face. At the bottom of the page, there are three colored boxes: a red box titled "Do I qualify?" with text about CHIP/Medicaid benefits, a green box titled "For Members" with text about understanding benefits, and a purple box titled "For Providers" with text about providing quality care. A URL bar at the bottom left shows the link to the Case Management Referral Form.

Items to Discuss

- First Steps Case Management Program.
- Benefits for STAR/CHIP Members.



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Benefits and Prior Authorization Process

Sandra Leal, RN

OB Case Manager, Health Services

Irma Pierson, LVN

OB Case Manager, Health Services

Authorization Process

For services/procedure codes requiring an authorization:

- Individual prior authorization requests may be submitted via fax, electronically, or telephonically.
- Include all pertinent clinical information to support medical necessity and avoid any delays.
- Processing time is 3 business days (unless additional information is needed).

When is a Standard Authorization a Stat?

- Interruptions or delay of services will impact the life or health of the consumer.
- The request is part of a transition of care.
- Interruption or delay of services will impact the ability of the consumer to regain maximum function.
- Interruption or delay of services will subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is subject of the case.

Covered Benefit - 17P Hydroxyprogesterone

- Covered benefit for STAR/CHIP.
- Complete and submit Texas Standard PA Form.
- Criteria needs to be met (Section **4.1.12 of the TMPPM**).
- Documentation needs to reflect members history of preterm delivery to include date of birth and gestational age at the time of delivery.
- Current Estimated Date of Delivery and Gestational Age.

Ultrasounds

No authorization is required for the following CPT codes for STAR Medicaid or CHIP:

- 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817
- Fetal Biophysical Profile – 76818, 76819
- Umbilical Artery Doppler - 76820
- Middle Cerebral Artery Doppler - 76821

Ultrasounds Requiring Authorization

- Echocardiography/Doppler's CPT Codes 76825 thru 76828.
- 17-P (Hydroxy progesterone) may be submitted via fax, electronically, or telephonically.

Include all pertinent clinical information to support medical necessity and avoid any delays with your request.

STAR Benefit - Sterilization

- Sterilization requests with the exception of CPT CODE 58565 **DO NOT** require an **authorization.**

REMINDER: WHEN SUBMITTING CLAIMS FOR STERILIZATION, THE CPT CODES MUST BE SUBMITTED WITH A FAMILY PLANNING DIAGNOSIS

- Requests for sterilization CPT Code 58565 **DOES** require an **authorization request** and must include:
 - Prior Authorization form for STAR Members.
 - Sterilization Consent Form (must be filled out in it's entirety.
 - Must be signed by member 30 days prior to procedure but not to exceed 180 days.
 - Sterilization Consent Form and Instructions are available on the TMHP website Section of the Gynecological, Obstetrics and Family Planning Title XIX Services Handbook.

STAR Benefit – Diabetes Supplies

- TRUE METRIX® Meter or TRUE METRIX AIR® Meter or TRUE METRIX Glucose Test Strips
- FreeStyle (Lite® and Freedom Lite® Systems) or Freestyle Test Strips
- Precision Xtra® System or Precision Test Strips
- Prescription is required for the lancets and test strips.
- Medicaid does not reimburse glucometers.
- Providers should provide member with the numbers for the free glucometer at:
 - 1-866-788-9618 (Trividia Health) for TRUE METRIX.
 - 1-866-224-8892 (Abbott Diabetes Care) for FreeStyle or Precision Xtra.

CHIP Perinatal Benefit: Gestational Diabetes

COVERED BENEFITS

- Oral Medication/Insulin
- Diabetes Education Classes (*auth required*)
 - El Paso Diabetes Association
 - UMC of El Paso Diabetes Program

BENEFITS NOT COVERED

- Durable medical equipment or other medically related remedial devices (does NOT cover testing strips, lancets, monitor).
- El Paso Health can HELP – resources available in the community. Call us!

Diabetes Education Classes

El Paso Diabetes Association

3641 Mattox St

El Paso, TX 79925

(915) 532-6280

UMC of El Paso

Diabetes Management

Program

4815 Alameda Avenue

El Paso, Texas 79905

(915) 521-7861

Breast Pumps for STAR/CHIP

May qualify for purchase of a breast pump that is:

- Manual
- Non-hospital grade electric pump
- A hospital-grade breast pump may be considered for rental, not purchase
- An authorization is required for rental only.

To get a breast pump, OB provider or Child's Pediatrician must:

- Write a prescription.
- Members may take the prescription to an in-network DME.

NO AUTH REQUIRED FOR DME UNDER \$300

OB CASE Managers

Sandra Leal, RN

OB Case Manager

915-532-3778 ext. 1056

Irma Pierson, LVN

OB Case Manager

915-532-3778 ext. 1050



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El Paso Health Baby Showers

Adriana Cadena

CARE Unit Manager

FIRST STEPS



El Paso Health

Baby Shower Calendar

- Baby Showers take place on the 3rd Friday of each month.
- **Spanish:** 9am-11am
- **English:** 12:30pm-2:30pm
- Members should arrive 15min before the class begins.

2018 Calendar

<i>April</i>	20	El Paso Health 1145 Westmoreland Dr.
<i>May</i>	18	El Paso Health UMC Neighborhood Health Center East 1521 Joe Battle Blvd., 79936
<i>June</i>	15	El Paso Health 1145 Westmoreland Dr.
<i>July</i>	20	El Paso Health 1145 Westmoreland Dr.
<i>August</i>	17	El Paso Health 1145 Westmoreland Dr.
<i>September</i>	21	El Paso Health 1145 Westmoreland Dr.
<i>October</i>	19	El Paso Health 1145 Westmoreland Dr.
<i>November</i>	16	El Paso Health 1145 Westmoreland Dr.
<i>December</i>	21	El Paso Health 1145 Westmoreland Dr.

Special Guests

- Area Hospitals.
- Nurse Family Partnership.
- Stork's Nest.
- Border Rac – All Babies Cry.

Baby Shower Topics

- Medicaid and CHIP Perinatal Benefits.
- Case Management Program.
- Zika.
- Prenatal Care.
- Post-Partum Care.
- Healthy Eating.
- Newborn Care.
- Breastfeeding.
- Texas Health Steps.
- Baby Steps Program.
- ER vs Night Clinic.
- Car Seat Safety.

Gifts and Value Adds

- 1st Year Baby Calendar.
- Convertible Car Seat.
- Diaper Bag.
 - Diapers.
 - Wipes.
 - Lotion/Shampoo.

Contact Information

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El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST







SFY 18 – OB Value Added Services (VAS)

Edgar Martinez

Director of Member Services

SFY18 - Value-Added Services

Effective 9/1/2017

Value Added Services	Medicaid	CHIP
Pregnant Members 21 or older can receive up to \$500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions.		
Pregnant members can receive: <ul style="list-style-type: none"> ▪ A free convertible car seat after attending a baby shower at El Paso Health. ▪ Gift cards for completing prenatal visits and after confirmation of those visits for: <ul style="list-style-type: none"> ▪ \$25 - Prenatal visit in the first trimester or within 42 days of enrollment, ▪ \$20 - 3rd prenatal visit, ▪ \$20 - 6th prenatal visit, ▪ \$20 - 9th prenatal visit, ▪ \$20 - flu shot during pregnancy, ▪ \$25 - a timely postpartum visit within 21-56 days of delivery. ▪ A First-Steps Baby Shower including a diaper bag, a starter supply of diapers, and other items for the baby. 		
Home visits by case managers for members with complex conditions to include high-risk pregnancies, behavioral, or medical conditions that require special attention.		

SFY18 - Value-Added Services

Prenatal and Postpartum Gift Card Process

Gift cards are earned by completing the following visits:

- \$25 For the 1st prenatal doctor visit. (To receive the prenatal gift card, the 1st visit must be completed within 42 days of enrollment in El Paso Health.)
- \$20 For the 3rd, 6th, and 9th prenatal visit. (\$60 max.)
- \$20 For an annual flu vaccine. One per flu season. (September – April).
- \$25 For postpartum doctor visit. (To receive the postpartum gift card, the visit must be completed within 21-56 days after delivery.)
- The doctor must fill out the back of the postcard and at each visit
- Completed postcard should be faxed to El Paso Health at (915)225-6749
- Gift cards are received approximately two weeks after we receive the claim for each visit

SFY 18 - Value-Added Services



FIRSTCALL

MEDICAL ADVICE INFOLINE
LINEA DE AYUDA MEDICA

Available 24 Hours/7 Days A Week
Disponible 24 horas al día/7 días de la semana

STAR 1-844-549-2826

CHIP 1-844-549-2827

For Members of  **El Paso Health**

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SFY 18 - Value-Added Services

FIRSTCALL Medical Advice Infoline

- **FIRSTCALL** Medical Advice Infoline is a value-added service for El Paso Health Members only.
- This service is provided at no-cost to the Member.
- **FIRSTCALL** staff will be ready to answer health questions and provide health information 24 hours a day – every day of the year.
- A bilingual nurse or pharmacist will answer specific questions about your medical condition. The healthcare professional will help you decide what kind of care is needed. They may recommend that you do one or more of the following:
 1. Stay at home
 2. Go see and call your doctor the next day
 3. Go to a night clinic
 4. Go to an emergency room or call 911

Contact

Edgar Martinez

Director of Member Services

915-532-3778 ext. 1064

Juanita Ramirez

Member Services & Enrollment Supervisor

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Thank You for Attending Providers!

