

## **QUARTERLY PROVIDER ORIENTATION**

# Thursday, February 1, 2018

## Morning Session: 9:00 AM – 11:00 AM Afternoon Session: 1:30 PM - 3:00 PM

1145 Westmoreland Dr. El Paso, TX 79925

Phone: 915-532-3778 ext. 1507 Fax: 915-225-6762 Email: providerservices@elpasohealth.com

PROVIDER/GROUP NAME:	• Texas Health Steps Updates
PROVIDER EMAIL:	<ul> <li>Consolidated Credentialing</li> <li>Verification Organization</li> <li>Adverse Determinations and Appeals</li> </ul>
PHONE:	<ul> <li>Top Claim Denials</li> <li>Value Added Services</li> </ul>

### Register online: https://providerqtr2sfy18.eventbrite.com Password: Qtr2SFY18

GUEST NAME (Last, First)	POSITION/TITLE	SESSION
		AM PM

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