

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: | Consolidated Credentialing Verification Organization Adverse Determinations and Appeals |
| PHONE: | Top Claim Denials Value Added Services |

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

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