

ANCILLARY PROVIDER SPECIALTY TRAINING Thursday, November 8, 2018 12:00 PM - 2:00 PM







- <u>Aperture-Credentialing Verification Organization and New Demographic Form</u>
- Provider Relations Reminders and Updates
- Therapy Services, New PA Flyer, DME and Breast Pumps
- Adverse Determination and Appeals
- <u>Audits and Recoupments</u>
- <u>Complaints and Appeals Process</u>
- <u>Claims Billing Reminders</u>
- STAR and CHIP Member Portal





Aperture-Credentialing Verification Organization and New Demographic Form

Evelin Lopez

Contracting and Credentialing Manager

Aperture-Credentialing Verification Organization

- Initial Credentialing and Re-credentialing All providers and facilities.
- Practitioners and facilities have began to receive communications from TAHP and Aperture.
- Applications can be submitted to El Paso Health or thru Availity Portal.



Contracting and Credentialing Process

- New Providers- Providers must contact EPH and complete the demographic form prior to submitting a credentialing application through Availity.
- Upon completion of the credentialing process, a contract or amendment will be provided.



New Demographic Form



915.532.3778 • Fax: 915.298.7870 • contracting_dept@elpasohealth.com PROVIDER DEMOGRAPHIC FORM

Tax ID:	Group NP	I:	Gr	oup TPI:	
Please check off provider type:					Hospital Based Las
	_	-	_		_
Name:					
NPI:		TPI:			
Professional Category: MD			PA CRNA	Other:	
Primary Practice Address:					
City, State, ZIP:	ity, State, ZIP:Office Hours/Days:				
Phone:	Fax:		Website	URL:	
Secondary Location:	City, State, ZIP:				
Office Hours/Days:		Phone:		Fax:	
Taxonomy number:		Additional Tax	nomy Numbers:		
Languages Spoken: D English					
Accepting NewPatients:					
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Practice Limitations: Make CLIA Type:					
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New Demographic Form

- Americans with Disabilities Act (ADA) accessibility requirements.
- Telemedicine/Telehealth/Telemonitoring.
- American Sign Language (ASL).
- Website URL.
- Taxonomy Numbers.



Initial Credentialing and Re-Credentialing

- Initial Credentialing and Re-Credentialing-Providers will receive notifications from Aperture.
- Re-credentialing processes are initiated 6 months prior to the credentialing due date.
 - Provider is allowed 2 months to submit the application (with instructions going out on Day 1 and then reminders going out approximately every two weeks after (total of 4 notifications).
 - Aperture is allowed 1 month to verify the application.
 - The Plan has 3 months to get the credentialing committee approval.
 - Example: Re-credentialing work due by Sept 30 2018 was initiated on April 1 2018.



Initial Primary Source Verification

- Initial Primary Source Verification (PSV) is initiated at Aperture with receipt of a work-order from the Plan (El Paso Health):
 - Provider is allowed 2 months to submit the application (with instructions going out on Day 1 and then reminders going out approximately every two weeks after (total of 4 notifications.)
 - Aperture's PSV time frame is based on product code:
 - 8 days for Urgent and Expedite PSV Requests
 - 15 days for Physician
 - 30 days for all others
- Each Plan's credentialing committee process & time frame will vary. El Paso Health's Credentialing Peer Review Committee meets every first Thursday of the month.



Notice-Availity



Credentials Request For: FIRST NAME LAST NAME, DEGREE STREET ADDRESS LINE1 STREET ADDRESS LINE2 CITY, STATE & ZIP CODE Health Plan(s) Requesting Information: Health Plan1

Date: Month DD, YYYY

Dear. [insert name]

To participate with [Health Plan1], as well as to meet compliance obligations, we ask that you complete the credentialing process. Failure to respond may jeopardize your status within our network.

We are pleased to participate with Availity, a health care information technology company that offers a Web-based credentialing application tool that streamlines the credentialing process. Availity enables health care providers the ability to complete their credentialing application online, control the data stored in the database, easily update their data, and make the data electronically available to [Health Plan1].

To submit your credentialing application via Availity's web-based solution, please visit: <u>www.availity.com</u>. If this is your first time submitting through Availity's web-based solution, click on the option to "Register" and follow the steps to get started. If you need assistance, you may call Availity Support at 1-800-282-4548.

After your application is complete on Availity, Aperture Credentialing, LLC, a credentials verification organization, will retrieve your information on the Texas Standardized Credentialing Application and perform primary source verification of your credentials. You may receive requests from Aperture for additional information.

Thank you for your cooperation in completing this requirement for participation in [Health Plan1].

Confidentiality Notice:

The documents accompanying this communication contain confidential information. This information is intended only for use by the individual or entity named on this communication. The recipient of this information is prohibited from disclosing this information to any other unauthorized party. If you are not the intended recipient, you are here by notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have nearbled this communication in ency please notify the service immediately to an ange for relum of these documents.



Notice CAQH



Credentials Request For: FIRST NAME LAST NAME, DEGREE STREET ADDRESS LINE1 STREET ADDRESS LINE2 CITY, STATE & ZIP CODE Health Plan(s) Requesting Information: Health Plan1

> CAQH Provider ID #: x0000000 https://proview.caqh.org/

Date: Month DD, YYYY

Dear: [insert name]

In order to participate with [Health Plan1], as well as to meet compliance obligations, we ask that you complete the credentialing process. Failure to respond may jeopardize your status within our network.

We are pleased to participate in an innovative Web-based credentialing application tool that streamlines the credentialing process for health care professionals. The Council for Affordable Quality Healthcare's (CAQH) ProView™ is a Web-based solution (https://proview.caqh.org/) that enables health care providers to complete their credentialing application online. In addition, health care providers can control the data stored in the database, easily update their data, and make the data electronically available to [Health Plan1].

To submit your credentialing application via the CAQH ProView[™] Web-based solution, please visit: <u>https://proview.caqh.org/</u>.

If you are in a state other than Texas, please ensure that an office location in Texas is reflected in your application data. If you don't have an office location in Texas, please be sure to include Texas as a practicing state. This will ensure that the Texas Standardized Credentialing Application is provided by CAQH to the Health Plans.

If you are a first-time user or to learn more about CAQH and the ProView[™] program, visit the CAQH Web site at <u>https://proview.caqh.org/</u>, where you can view an online demonstration of the application process. Alternatively, you may call the CAQH Help Desk at 1-888-599-1771.

After your application is complete on CAQH, Aperture Credentialing, LLC, a credentials verification organization, will retrieve your information and perform primary source verification of your credentials. You may receive requests from Aperture for additional information.

Thank you for your cooperation in completing this requirement for participation in [Health Plan1].

Confidentiality Notice:

The documents accompanying this communication contain confidential information. This information is intended only for use by the individual or entity named on this communication. The recipient of this information is prohibited from disclosing this information is any other unsuborized party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action take in reliance on the contents of these documents is sincity prohibited. If you have needed this communication in error, glease notify the sender immediately be arrange for return of these documents.





Provider Credentialing Tool

https://360.articulate.com/review/content/ce05cf82-dd85-4c73-9368-

0a081fb42574/review



Contact Information

Contracting and Credentialing Department

Contracting Dept@elpasohealth.com

Phone: 915-532-3778

Fax: 915-298-7870

A Contracting and Credentialing Representative will respond to your inquiry within 48 business hours.





Provider Relations Reminders and Updates

Vianey Licon

Provider Relations Representative

Texas Medicaid Re-Enrollment Reminder

- Requirement of the Patient Protection and Affordable Care Act (PPACA).
- All Texas Medicaid providers who enrolled on or after January 1, 2013, *must re-enroll at least every five years* (certain providers will need to re-enroll more frequently).
- Upon enrollment, providers will receive a letter which will reference a "limited term enrollment" and inform each provider of their re-enrollment date.
- Assure to submit your re-enrollment application prior to letter deadline to avoid gap in contract coverage.



Additional Resources

For more information please contact:

TMHP Contact Center: **1-800-925-9126** TMHP-CSHCN Contact Center: **1-800-568-2413**

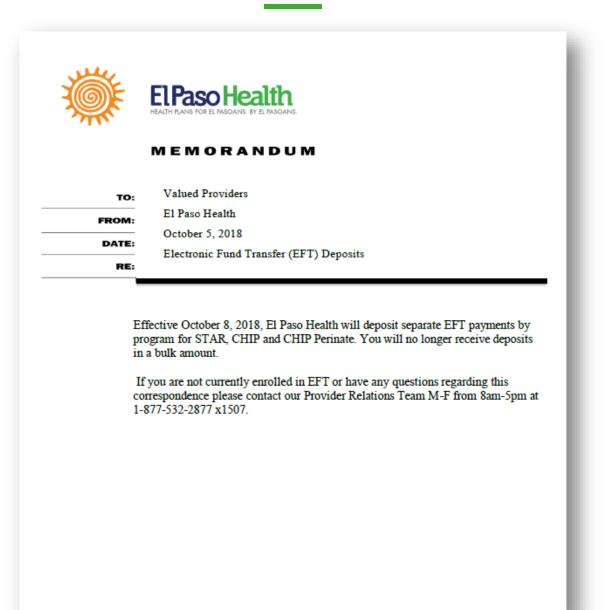
Affordable Care Act (ACA) Provider Enrollment Frequently Asked

Questions (FAQ):

http://www.tmhp.com/TMHP_File_Library/ACA/Affordable%20Care% 20Act%20FAQs.pdf



EFT Payment Deposits





El Paso Health Going Green

- El Paso Health will Go Green effective January 1, 2019.
- The remittance advice (EOBs) will no longer be mailed to providers.
- The remittance advice can be retrieved from:

EPH Web Portal Account.

Provider's clearinghouse via 835's.



EPH Web Portal





EPH Web Portal



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.

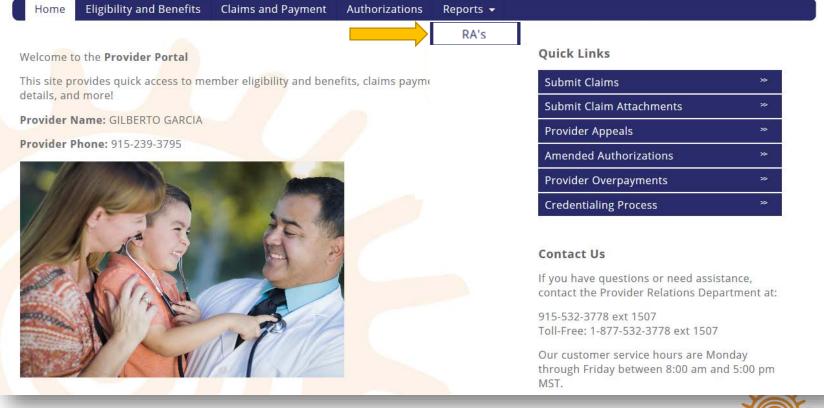




EPH Web Portal



You are currently logged in as: GILBERTO GARCIA <u>Messages (0)</u> <u>Profile</u> <u>Logout</u>





835_Remit Payment Advice

EDI Request Form

ELPasoH HEALTH RANS FOR EL PASOAN	Elect	ronic	Data Interchan	ge Request Form
up requests. 270/271 Eligibility cover 276/277 Claim status re 835 Remit Paymen	age or benefit inquiry quest/response	exponse <u>915-225-6762</u> (RAs) Questions/Concerns call 915-532-3778 x1507		
BILLIN	IG PAY TO PROVID	ER INFO	RMATION (PLEASE INC	LUDE W9)
Inc	lividual Provider		Group/Practice	Facility
Official Business Name:				
Doing Business As:				
Billing Address:				
City, State, Zip:				
Federal Tax ID:			Phone:	
Contacts: Email:			rnone:	
emaii:	550		CORMATION	
D 11 (C A 1 1	PRO	VIDERIN	FORMATION	
Provider/Group Specialty:			C NDL #	
Primary Service Location: Address:			Group NPI #:	
City, State, Zip:				
City, state, Zip: Phone: ()			EA	X: ()
Secondary Service Location			FA	
Address:				
City, State, Zip:				
Phone: ()			EA	X: ()
Third Service Location:			TP-	
Address:				
Phone: ()			FΔ	X: ()
City, State, Zip:				
Provider Name: (La	st, First, Title)		Taxonomy No.	NPI#
			,	
CLEARINGHOUSE INFORMATI	ON (Clearin	ng House	Customer ID# through AV	
Clearinghouse:			Ph	one: ()
Billing Submitter No.				
Software Vendor Name:			Ph	one:()
ANSI 5010: Professional	Institutional			
Clearinghouse Name:				
	Authori	zation Stat	ement Signature	
Provider (enter provider/designate name) Provider/Provider Represent	to act as the authorized	agent for th	e purpose of retrieving the 83	hereby appoints (<i>enter vendor</i> 5 electronically from El Paso Health. DATE
	-			
	check the Product Lin	e you plai	n to send/receive EDI tran	
			Availity PAYER ID#	
El Paso Health – STAR				
El Paso Health - CHIP			Availity PAYER ID#	
El Paso Health - CHIP	ions – Benefit Plan		Availity PAYER ID#	EPF03
El Paso Health - CHIP				EPF03 EPF37

http://www.elpasohealth.com/forms/EDI%20Request%20Form.pdf



Provider 835 Set Up

- Fax EDI Request Form to Provider Relations (915-225-6762).
- Provider Relations will request the *835_Remit Payment Advice* to be set up.
- A *test file* will be sent to the provider for confirmation of receipt of files.
- Upon provider confirmation, all productions files will be sent to the clearinghouse.
- ERA's will be available through provider's clearinghouse.



Contact Information

Vianey Licon

Ancillary & DME Provider Relations Representative

vlicon@elpasohealth.com

915-298-7198 ext. 1021

Liliana Jimenez

Ancillary Provider Relations Representative

ljimenez@elpasohealth.com

915-298-7198 ext. 1018

Laura Nebhan

DME Provider Relations Representative

Inebhan@elpasohealth.com

915-298-7198 ext. 1037

Provider Relations Department (915) 298-7198 Ext. 1507





Therapy Services, New PA Flyer, DME and Breast Pumps

Gilda Rodriguez, RN

Prior Authorization Nurse Coordinator



Physical Therapy, Occupational Therapy and Speech Therapy Services Handbook

http://www.tmhp.com

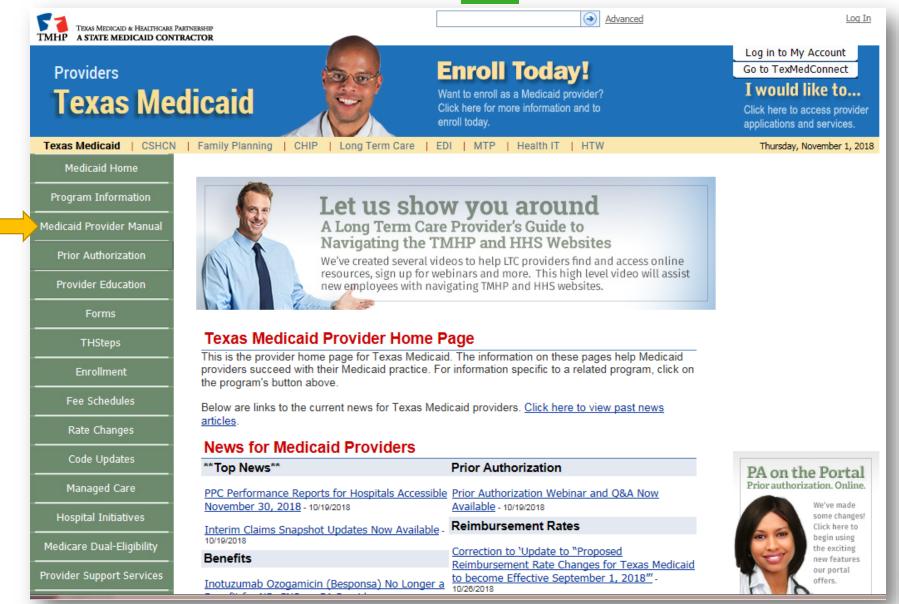


TMHP Website





Medicaid Provider Manual



ElPaso Health HEALTH PLANS FOR EL PASOANS. BY EL PASOANS

Individual Chapters

TEXAS MEDICAID & HEALTHCARE P TMHP A STATE MEDICAID CONT			Advanced	Log In
Providers Texas Me	dicaid	Enroll To Want to enroll as a M Click here for more in enroll today.	ledicaid provider?	Log in to My Account Go to TexMedConnect I would like to Click here to access provider applications and services.
Texas Medicaid CSHCN	Family Planning CHIP Long Terr	n Care EDI MTP H	lealth IT HTW	Thursday, November 1, 2018
Medicaid Home	Texas Medicaid Provider Proc			
Program Information	<u>Texas Medicaid Bulletin</u> <u>Banner Messages</u>			
Medicaid Provider Manual	Texas Health Steps Quick Ref Texas Medicaid Quick Referen	nce Guide		
Provider Education	TexMedConnect Acute Care M AIS User's Guide for Medicaio TMHP Portal Security Provide	<u>l Providers</u>		Topics
Forms	Provider Information Manage 2017 Filing Deadline Calenda	ement System		Information of interest to providers, including NDC, Alberto N., and past
THSteps	2018 Filing Deadline Calenda			initiatives such as PACT
Fee Schedules	Texas Medicaid Provider	Procedures Manu		transition and hurricanes.
Rate Changes	The Texas Medicaid Provider Proced	ures Manual is the providers	' principal source of information	
Code Updates	about Texas Medicaid. The manual is procedure changes. Updates are gen change. For advanced notification of	erally available the month fo	llowing the effective date of the	ages.
Managed Care	which appear at the beginning of their website articles published on this web	r Remittance and Status (R&	S) Reports, and the correspon	iding Healthy Texas
Hospital Initiatives	Provider Manual FAQ – Contains info use this online manual	rmation about the provider r	nanual update schedule and h	ow to Women Click here for
Medicare Dual-Eligibility		omplete book PDF	HTML	more information.
Provider Support Services	including ICD-10 changes.			The Affordable Care Act is
Helpful Links	anough November 1, 2010.1 of	dividual Chapters		Here! Click here for
Provider Lookup	more recent changes, refer to news articles on this website.			more information on the Affordable Care Act (ACA)



Select Individual Chapter by Specialty

Rate Changes	Volume 1: Preliminary Information	_
Code Updates	Volume 1: Section 1, Provider Enrollment and Responsibilities	
Managed Care	Volume 1: Section 2, Texas Medicaid Reimbursement	
Hospital Initiatives	Volume 1: Section 3, Electronic Data Interchange	Topics
	Volume 1: Section 4, Client Eligibility	Information of interest to
Medicare Dual-Eligibility	Volume 1: Section 5, Prior Authorization	providers, including NDC, Alberto N., and past
Provider Support Services	Volume 1: Section 6, Claims Filing	initiatives such as PACT transition and hurricanes.
Helpful Links	Volume 1: Section 7, Appeals	
n i dev Lookun	Volume 1: Section 8, Third Party Liability	
Provider Lookup	Volume 1: Appendix A, State, Federal, and TMHP Contact Information	
Looking for a provider?	Volume 1: Appendix B, Vendor Drug Program	
Click here to find a state	Volume 1: Appendix C, HIV-AIDS	Healthy Texas
health-care provider near you.	Volume 1: Appendix D, Acronym Dictionary	Women Click here for
Está buscando un	Volume 2: Ambulance Services Handbook	more information.
proveedor?	Volume 2: Behavioral Health and Case Management Services Handbook	The Affordable
Haga clic aquí para encontrar	Volume 2: Children's Services Handbook	Care Act is
un proveedor cerca a su	Volume 2: Clinician-Administered Drugs Handbook	Click here for
hogar.	Volume 2: Clinics and Other Outpatient Facility Services Handbook	more information on the Affordable Care Act (ACA)
A Start	Volume 2: Certified Respiratory Care Practitioners (CRCP) Services Handbook	and how it affects you.
Búsqueda Proveedores	Volume 2: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook	
	Volume 2: Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook	
	Volume 2: Home Health Nursing and Private Duty Nursing Services Handbook	
	Volume 2: Inpatient and Outpatient Hospital Services Handbook	
	Volume 2: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook	
	Volume 2: Medical Transportation Program Handbook	
	Volume 2: Medicaid Managed Care Handbook	
	Volume 2: Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook	



Section 5.2.3 Written and Verbal Orders

- The request form or written/verbal order must be signed and dated within the 60-day period before the initiation of services.
- A prescribing physician's order to evaluate and treat is acceptable for the evaluation or re-evaluation. However is not acceptable for the therapy treatment.
- The therapy treatment order must contain prescribing provider's ordered frequency, duration, and affirmation that the client's THSteps checkup is current or that a developmental screening has been performed within the last 60 days.





- Provider must obtain an order to re-evaluate before providing the re-evaluation services.
- A physician, NP or PA must sign and date the order.
- Frequency and duration is required on all physician orders.



Re-evaluations

- A re-evaluation may occur as early as 60 days prior to the end of the current authorization period.
- A re-evaluation must occur within 30 days of the signed and dated order from the referring provider.



New Prior Authorization Flyer



PROCEDURES & SERVICES REQUIRING PRIOR AUTHORIZATION/NOTIFICATION ALL REQUESTS MUST BE INDIVIDUALLY FAXED

All authorization requests require 72 hour notice to allow us to review and process in a timely manner. Multiple requests should be faxed individually.

Prior authorization is based on information provided to El Paso Health at the time of request, and does not guarantee payment of benefits nor verify eligibility. Payment for services is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Regardless of prior-authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient. Please contact El Paso Health to verify payment, eligibility and benefits.

INPATIENT ADMISSIONS

- Acute Hospital
- Behavioral Health
- Elective Admissions/Surgery
- Hospice
- Maternity and Newborn
- Rehab
- Surgical
- OUTPATIENT SERVICES

(limitations may apply)

- Behavioral Health*
- Chemo/Radiation Therapy
- Chiropractic*
- Home Health (PDN, SN)*
- Occupational Therapy*
- Physical Therapy*
- Speech Therapy
- *Excludes Initial Evaluation
- IMAGING/RADIOLOGY/ DIAGNOSTIC
- Fetal Echocardiography (i.e. CPT) Codes 76825- 76828)
- PET Scans
- Sleep Studies

TO AVOID DELAY, SUBMIT ALL PERTINENT CLINICAL INFORMATION WITH THE PRIOR AUTHORIZATION REQUEST

FORM (i.e. physician order, H&P, Title XIX, Plan of Care, Diagnosis and CPT Codes, units, DOS, POS, and duration frequency when applicable, etc.)

OUT-OF-NETWORK

50193EPH091118

Services by non-participating facilities, physicians, or vendors require prior authorization.

LIMITATIONS/RESTRICTIONS

Refer to the Texas Medicaid Provider Procedures Manual at TMHP.com for additional guidance on Medicaid/CHIP benefit limitations/restrictions.

Check AUTH status by phone using HealthX at 915-225-5463 Toll Free at 866-283-2792 or electronically by visiting the provider portal at www.elpasohealth.com



OUTPATIENT PROCEDURES **OTHER SERVICES** BRCA screening and Genetic Testing

Dental Anesthesia*

Nutrition Counseling

11730, 11732, 11750)

Hearing Aids

(excluding CPT Code 82105)

Orthotics /Prosthetics (over \$200.00)

Podiatry in-office surgical procedures

• Transfers (i.e. non-emergent facility to

Transplants and Evaluation services by

(excluding CPT Codes 11720, 11721,

facility out of the El Paso service delivery

- Ambulatory Surgical Center Cardiac Catheter Center
- Dialysis
- Endoscopy Center Outpatient Hospital
- Wound Clinic

PHARMACY MEDICAL

- Oral, Injectable, or IV Drug Administration over \$500 (administered in office or outpatient setting)
- DURABLE MEDICAL
- SUPPLIES/EQUIPMENT
- (over \$300, limitations may apply)
- All DME rentals exceeding 2 months require a prior
- authorization maximum up to 12 months.

Outpatient Fax 915-298-7866 Toll Free Fax: 844-298-7866 www.elpasohealth.com PHONE: 915-532-3778 TOLL FREE: 877-532-3778

npatient Fax: 915-298-5278 Toll Free Fax: 844-298-5278 www.elpasohealth.com PHONE: 915-532-3778 TOLL FREE: 877-532-3778

• Effective Date:

October 15, 2018

- STAR, CHIP and CHIP Perinate Programs
- Can be found on our website: www.elpasohealth.com
- Provider Section under:
 - Health Services Forms



 Transportation (Air transport and Non-Emergent ambulance) Venous Procedures (in office or outpatient) *Dental Anesthesia

Transplant Facility

areal

For STAR Medicaid Members ages 0-6 years, dental anesthesia requests must be submitted by the facility performing service after approval by the Members' DMO. Must include the DMO approval notice with your request.

Last Revision August 2018 Effective October 15, 2018

Durable Medical Equipment

Did you know?

Prior Authorization Is Not Required For:

- DME under \$300
- Rentals less than 2 months (anything over 3 months will require a Prior Authorization)
- The purchase of a manual or electric personal-use breast pump, within 12 months from the date of birth.

Note: Providers must retain a copy of the completed *Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form* that has been reviewed, signed, and dated by the treating physician.



Contact Information

Health Services Department

Phone: 915-298-7198 ext. 1500

Fax: 915-298-7866





THE HEALTH PLANS OF EL PASO FIRST

Adverse Determination and Appeals

Irma Vasquez

Health Services Administrative Supervisor

Adverse Determination Reasons

Adverse Determination (Denials) – Issued when the services requested:

- Do not meet Medical Necessity.
- Additional information is requested due to clinical information submitted is insufficient to determine the medical necessity.

Note: This does not apply lack of information. Providers are asked to resubmit with complete information (i.e. physician orders)

• Medical Criteria Not Met.



Timelines For Appeal

- Member/Member's Representative has **60** days from the denial notice to request an Appeal to El Paso Health.
- An internal appeal must be exhausted <u>prior</u> to requesting the State Fair Hearing (Medicaid); or an external review by an Independent Review Organization (IRO) for CHIP.
- A CHIP Member's physician can request a Specialty Review with good cause 10 days from date of resolution notice.
- STAR Members have 120 days to request a State Fair Hearing.
- CHIP Members have 4 months to request an external review. This is a new timeframe and new process effective 07/01/2018.
- A State Fair Hearing or IRO may be requested if El Paso Health fails to make a determination on the appeal **within 30** days of receipt of the appeal.



Appeal Submission Information

El Paso Health Attention: Health Services Department 1145 Westmoreland Drive El Paso, TX 79925

> Tel: 915-532-3778 Toll Free Tel: 877-532-3778 Ext. 1500 (STAR) Ext. 1536 (CHIP)

> **Fax:** 915-298-7866 **Toll Free Fax:** 844-298-7866





THE HEALTH PLANS OF EL PASO FIRST

Audits and Recoupments

Alma Meraz

Special Investigations Unit Claim Auditor

Medical Records Review

- 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.



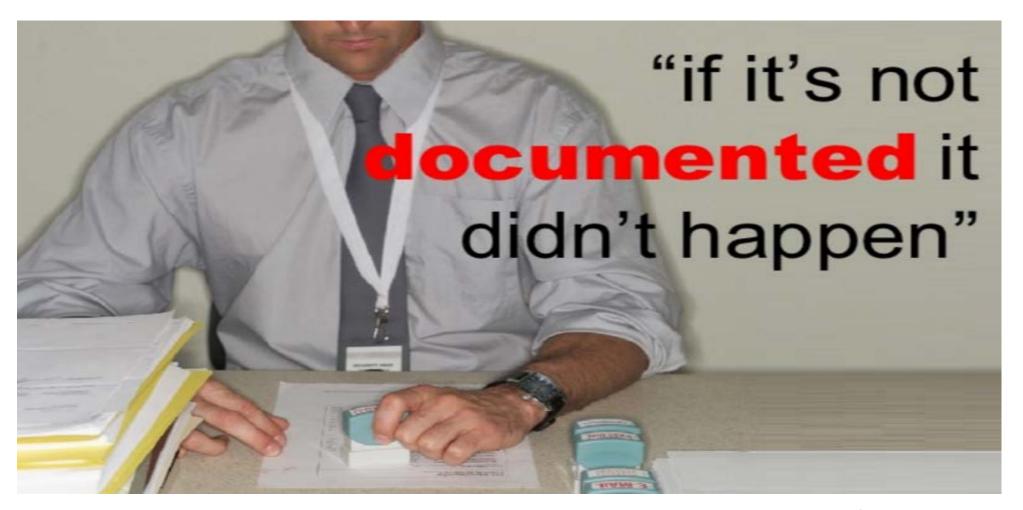
Business Records Affidavit

Business records affidavit is required:

- The affidavit states that you are submitting <u>all</u> of the documentation requested.
- After signing the affidavit, no additional information/documentation will be accepted by El Paso Health during the review process.
- Any documentation not submitted, will result in recoupment.









General Documentation Requirements

Please refer to the TMPPM Section: 1.6.10 General Medical Record Documentation Requirements

- All medical documentation must be written in English only.
- All entries are legible to individuals other than the author, dated (month, day, and year), and signed by the performing provider.
- Each page of the medical record documents should include, the patient's name and the Texas Medicaid ID Number.
- A copy of the actual authorization from HHSC or its designee (e.g., TMHP) is maintained in the medical record for any item or service that requires prior authorization.



DME Documentation Requirements

Please refer to the TMPPM Section: 2.2.1 Home Health Services

- For all DME and medical supplies with or without prior authorization requirements, providers must complete a Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form.
- Providers must retain all orders, signed and dated (Title XIX forms, delivery slips, and corresponding invoices) and must disclose them to HHSC or its designee on request.
- These records and claims must be retained for a minimum of five years from the date of service (DOS) or until audit questions, appeals, hearings, investigations, or court cases are resolved.



Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form

section	A:Requested	DurableMedical		nd 90 days from the day entand Supplies		D.				
	•	ted by (checkone)			Supplier					
				Client Infor	mation					
Client Narr	ne:			Medicaid	l number:			Date of birth:		
				Supplier Info	ormation					
Name:				Telep	phone:		Fa	x number:		
Address:										
TPI:		NPI:		Taxonomy:				it Code:		
QRP name				QRP TPI:			QRPN			***
		eing supplied under thi opriate and can safely l					onormedic	ai necessity and	a prescription	i. ine
		ovider representative							Date:	
DME/med	ical supplies pro	ovider representative	name (Typ	ped or Printed):					1	
			P	rescribing Physici	ian Inform at	on				
Name:				Telephone:			Fax num	iber:		
ltem Numbe	HCPCS Code			ption of		Qity.	Price	Prior authorization	Beyond quantity	Custo m
r	0000		uwc/medic	al supplies				required?	limit?	item?
1									ΠΥΠΝ	DYDN
2										
3										
4 1. if "Yes,		cumentation must be			ation of medic	al neces	sity.			
4 1. If "Yes, Section B This is a pr Item	B:Diagnosisa	nd Medical Need DME/supplies and m	Informa	tion ed out by the prescri		<u>n.</u> Comp med	lete justifico ical necessi	□ Y □ N ation for determ ty for requested	I Y I N	
4 1. If "Yes, Section B This is a pr	3: Diagnosis a rescription for l	nd Medical Need DME/supplies and m	Informa ust be fille	tion ed out by the prescri		<u>n.</u> Comp med	lete justifico ical necessi	□ Y □ N	I Y I N	
4 1. if "Yes, Section B This is opr Ifem Number (from 2. Each ite Enterall	8: Diagnosis a rescription for i Diagnosis m requested in Item numbers	nd Medical Need DME/supplies and m	a correlat	tion ed out by the prescri escriptor ing diagnosis and me pertain to each diag	ibing physicia	<u>n.</u> Comp med y justific	lete justifico cal necessi (Refer to Sec cation.	Y N	I Y I N	
4 1. if "Yes, Section B This is opt item Number (from 2. Each ite Enter all If applicon Note: The	3: Diagnosis a rescription for I Diagnosis im requested in litem numbers able, include h	nd Medical Need DME/supplies and m Brief Di Brief Di Section A must have from the table in Sect eight/weight, wound "and "Duration of n	a correlat ion A that stage/dim	tion <u>ed out by the prescri</u> escriptor ing diagnosis and me pertain to each diag ensions and functior is <u>must</u> be filled in.	ibing physicia	n. Comp med y justifi of item atus:	lete justifica calnecessi (tefer to Sec ation. numbers m	Y N	□ Y □ N	
4 1. if "Yes, Section B This is a prime Ifem Number (non 2. Each ite Enter all If applicon Note: The Duration o By signing at the time prescribin	3: Diagnosis a rescription for J Diagnosis In requested in Item numbers able, include h "Date last seer of need for DML gthisform, I he e of my signal	nd Medical Need DME/supplies and m Brief Di Brief Di Section A must have from the table in Sect eight/weight, wound "and "Duration of n :moni reby and is consiste UNE and jor medi	a correlat ion A that stage/dim eed" item th (s) informatin thy the	tion edout by the prescri escriptor ing diagnosis and me pertain to each diag ensions and functior is <u>must be filled in.</u> Dura ioninSection "A",,	bing physicia	n_ Comp med y justific of item atus: atus: atus: atus: atus: atus: atus: atus:	lete justifico colne cessi (Refer to Sec ation. numbers m visician: es:	ation for determ ty forrequested ction A, footnote ay be entered.	Y N	complete



Doctor orders for Pre-authorizations

- The provider and Prior authorization request submitter understands that failure to provide true and accurate information, omit information or provide notice of changes to the information previously provided may result in an audit.
- Please make sure you do not change any information in the original Drs.
 Order.



Closing The Review

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





- 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 claim adjustments (preferably).





- The Office of Inspector General conducts their own individual audits.
- In the event that El Paso Health receives a recoupment request from the OIG, we will discuss the findings with the provider and offer additional education.
- Claims will be recouped at the request of the OIG and processed via MCO claims.



Verification Process

- Also 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.





Reasons for Recoupment:

- TIME is not documented.
- Patients information is not included in every sheet: (Patient's name, DOB, and Medicaid number).
- Title XIX not submitted.





Alma Meraz, CCS-P Special Investigation Unit Claim Auditor 915-532-3778 ext. 1039





THE HEALTH PLANS OF EL PASO FIRST

Complaints and Appeals Process

Corina Diaz

Complaints and Appeals Supervisor

Complaints and Appeals Process

Administrative

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 (only if necessary)
 - Proof of Timely Filing
 - Etc.



Complaints and Appeals Process

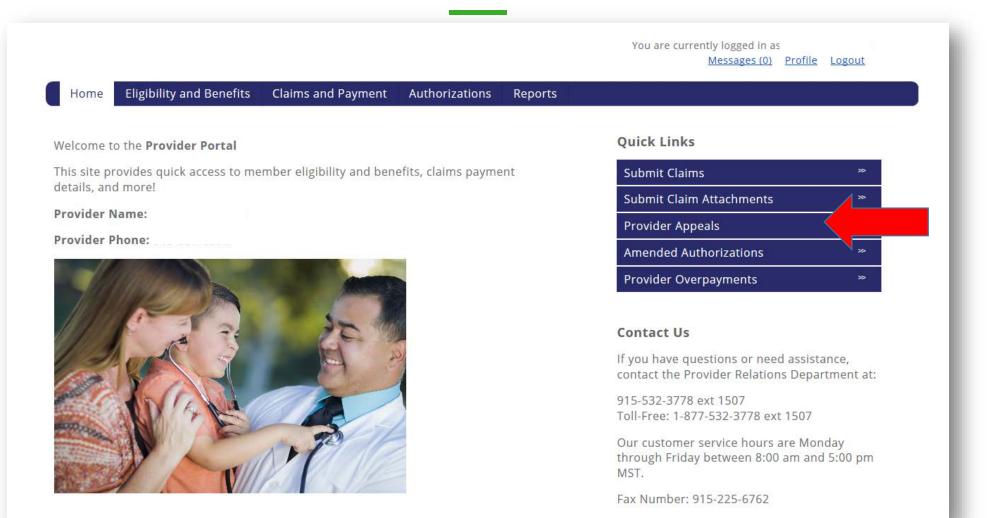
- Provider will receive:
 - Acknowledgment letter no later than five (5) business days
 - Resolution letter within thirty (30) calendar days
- Appeals must be received within 120 days from the notice of the denial

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



Web Portal

Provider Appeals





Web Portal

Provider Appeals

+ Add Attachments	
From:	
To:	Complaints_Appeals_Unit@epfirst.com
Subject:	Replace this text with Facility or Provider Name
,	
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	"v" in the appropriate box)
[] Authorization Issue	x in the appropriate box)
[] Past Timely Filing	
	dditional Payment
	section to give detailed explanation)
[] Other (Ose comments :	section to give detailed explanation)
Comments:	
Commenta.	
Your appeal will be acknowledged i	in writing within 5 business days
and you will receive a resolution let	
you have any further questions or n	
contact the Provider Care Unit at 9	
1-877-532-3778 extension 1504.	
1011-332-3110 extension 1304.	



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: 55555555 Date of Service: 01/01/2017 Appeal Received on: 07/18/2017

Case #: AGI00000001583

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: 55555555 Date of Service: 01/01/2017 Appeal Received on: 01/18/2017

Case #: AGI00000001583

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 <u>cdiaz@elpasohealth.com</u> 915-532-3778 ext. 1092





THE HEALTH PLANS OF EL PASO FIRST

Claims Billing Reminders

Yvonne Grenz

Claims Supervisor



Claim Forms

- Therapy services must be billed on a CMS-1500 claim form or approved electronic format.
- CORF and ORF providers must bill on a UB-04 claim form or approved electronic format.
- Evaluation services must be billed separate from therapy services.



Home Health Agency (HHA)

Claims Filing

6.6 UB-04 CMS-1450 Paper Claim Filing Instructions

The following provider types may bill electronically or use the UB-04 CMS-1450 paper claim form when requesting payment:

	Prov	ide	r 'T	'vp	es
--	------	-----	------	-----	-----------

ASCs (hospital-based)

Comprehensive outpatient rehabilitation facilities (CORFs) (CCP only)

FQHCs

Note: Must use CMS-1500 when billing THSteps.

Home health agencies

Hospitals

- Inpatient (acute care, rehabilitation, military, and psychiatric hospitals)
- Outpatient



Home Health Agency

Type of Bill

- Submit the correct Type of Bill (TOB).
 - Refer to the TMPPM section 6.15

http://www.tmhp.com/TMHP File Library/Provider Manuals/TMPPM/2018

/Nov 2018%20TMPPM.pdf

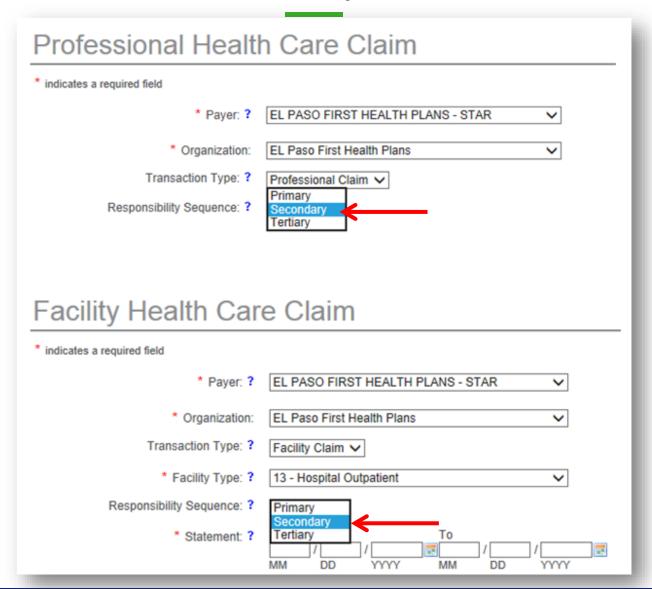
• Interim billing is not acceptable for HHA.

TOB- 3rd Digit Frequency Code

Block No.	Description	Guidelines
		Third Digit—Frequency: 0 Nonpayment/zero claim 1 Admit through discharge 2 Interim-first claim 3 Interim-continuing claim 4 Interim-last claim 5 Late charges-only claim 6 Adjustment of prior claim
		7 Replacement of prior claim



Availity





Claim Line Adjustment

Primary Insurance Plan Inform	ation
* Other Payer ID: ?	11111
Payer Identification Number:	
Other Payer Claim Control Number:	
Tax ID:	
* Payer Name:	123 PPO INSURANCE
* Claim Filing Indicator:	12 - Preferred Provider Organization (PPO)
Country: ?	United States V
* Address 1:	1111 MAIN ST
Address 2:	
* City, State, ZIP Code:	EL PASO TX - Texas V 79925 -
* Release of Information Code: ?	Provider has a Signed Consent 🗸
* Assignment of Benefits: ?	Yes 🗸
* Payment / Adjustment Type: ?	Select One
Prior Authorization Number: ?	No Payment Adjustment Claim Level Payment Adjustment
	Both



Claim Line Adjustment Group Code

Primary Insurance Plan Claim	Line Adjustment 1	<u>Remove</u>
Other Payer Primary ID: Bundled or Unbundled Number: * Procedure Code:		
Description: Modifiers:	80 characters remaining 1 2 3 4)
* Paid Service Unit Count: * Group Code: * Reason Code 1:	Select One Contractual Obligations Correction and Reversals Other Adjustments	~
Quantity:	Payer Initiated Reductions Patient Responsibility	FIPaso H



Primary Insurance Plan Claim Line Adjustment 1

* Group Code:	Patient Responsibility V		Select Appropriate Reason Code from
* Reason Code 1:	Select One	\checkmark	drop down list
Select One			
1 - Deductible Amount 2 - Coinsurance Amount 3 - Co-payment Amount			
4 - The procedure code is inconsistent with the mo		licy Identification Segment (loop 2110 Service Payment Information REF), if present.	
	vith the place of service. Usage: Refer to the 835 Healthcare Policy Identificate the patient's age. Usage: Refer to the 835 Healthcare Policy Identification		
7 - The procedure/revenue code is inconsistent wi	h the patient's gender. Usage: Refer to the 835 Healthcare Policy Identificati	ion Segment (loop 2110 Service Payment Information REF), if present.	
	vider type/specialty (taxonomy). Usage: Refer to the 835 Healthcare Policy lage. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop	Identification Segment (loop 2110 Service Payment Information REF), if present. 2110 Service Payment Information REF), if present.	
10 - The diagnosis is inconsistent with the patient	gender. Usage: Refer to the 835 Healthcare Policy Identification Segment ((loop 2110 Service Payment Information REF), if present.	
	re. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2 type. Usage: Refer to the 835 Healthcare Policy Identification Segment (loo		
13 - The date of death precedes the date of service			
 14 - The date of birth follows the date of service. 15 - The authorization number is missing, invalid, 	r does not apply to the billed services or provider.		
16 - Claim/service lacks information or has submis	sion/billing error(s). Usage: Do not use this code for claims attachment(s)/otl	her documentation. At least one Remark Code must be provided (may be comprised of ei	ither the NCPDP Reject Reason Code, or Remit
18 - Exact duplicate claim/service (Use only with 0 19 - This is a work-related injury/illness and thus ti	roup Code OA except where state workers' compensation regulations require e liability of the Worker's Compensation Carrier.	res CO)	
20 - This injury/illness is covered by the liability ca	rier.		
21 - This injury/illness is the liability of the no-fault 22 - This care may be covered by another payer p			
23 - The impact of prior payer(s) adjudication inclu	ting payments and/or adjustments. (Use only with Group Code OA)		
24 - Charges are covered under a capitation agree	ment/managed care plan.		
 26 - Expenses incurred prior to coverage. 27 - Expenses incurred after coverage terminated 			
29 - The time limit for filing has expired.			
31 - Patient cannot be identified as our insured.	le dependent		
 32 - Our records indicate the patient is not an eligit 33 - Insured has no dependent coverage. 	ie uepenueni.		*
			yere a



Availity

Learn More

acility Health Care Claim	Learn More >>
Professional Health Care Claim	Learn More >>
AVAILITY LEARNING FOR WEB PORTAL	
CLAIM SUBMISSION	
Availity's professional claim and facility claim services allow you to quickly submit real-time, or accelerate the claim submission and reimbursement process. show / hide more	electronic claims and encounters. These services can dramatically
	electronic claims and encounters. These services can dramatically
accelerate the claim submission and reimbursement process. show / hide more	electronic claims and encounters. These services can dramatically Register Now (1 hr)
accelerate the claim submission and reimbursement process. show / hide more	
accelerate the claim submission and reimbursement process. show / hide more Live Webinars Web Data Entry Claim Submission	
accelerate the claim submission and reimbursement process. show / hide more Live Webinars Web Data Entry Claim Submission Recordings	Register Now (1 hr)
accelerate the claim submission and reimbursement process. show / hide more Live Webinars Web Data Entry Claim Submission Recordings Web Data Entry Claim Submission - Live Webinar Recording	Register Now (1 hr) View Recording (53 min)



Corrected Claim

Professional Claim – CMS 1500

ITEM NUMBER 22

22. BESUBMISSION	ORIGINAL REF. NO.
------------------	-------------------

TITLE: Resubmission and/or Original Reference Number

INSTRUCTIONS: List the original reference number for resubmitted claims. Please refer to the most current instructions from the public or private payer regarding the use of this field (e.g., code).

When resubmitting a claim, enter the appropriate bill frequency code left justified in the left-hand side of the field.

- 7 Replacement of prior claim
- 8 Void/cancel of prior claim

This Item Number is not intended for use for original claim submissions.

DESCRIPTION: "Resubmission" means the code and original reference number assigned by the destination payer or receiver to indicate a previously submitted claim or encounter.

FIELD SPECIFICATION: This field allows for the entry of 11 characters in the Code area and 18 characters in the Original Ref. No. area.

EXAMPLE:

22. BESUBMISSION CODE 7	ORIGINAL REF. NO. ABC1234567890	┥ ← ───
-------------------------------	------------------------------------	---------



Corrected Claim – CMS 1500

Box 19



- Box 19: Additional Claim Information
- Brief explanation of correction:

-Corrected Diagnosis, CPT, NDC etc...

• You may also attach the Corrected Claim Form if you need to provide a detailed explanation of the corrected claim.



Corrected Claims

Facility Claims – UB04

3a PAT. CNTL #		4	TYPE OF BILL
b. MED. REC. #		6.785	
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH	7	
D. TAX NO.	FROM THROUGH	-	

- Box 4 Type of Bill
- Corrected bill type will end with numeric digit "7"

Example: XX7 – this indicates that it is a replacement of a prior claim





Claims Processing

• Timely filing deadline

-95 days from date of service

- Corrected claim deadline
 - -120 days from date of EOB



Electronic Claims

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

EPF37

- Preferred Admin. UMC EPF10
- Preferred Admin. EPCH EPF11
- Healthcare Options





915-532-3778

Provider Care Unit Extension Numbers:

1527 – Medicaid

1512 – CHIP

1509 – Preferred Administrators

1504 – HCO





THE HEALTH PLANS OF EL PASO FIRST

STAR and CHIP Member Portal

Edgar Martinez

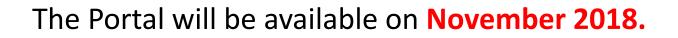
Director of Member Services

El Paso Health is pleased to announce it's new online Member Portal!

The Member Portal gives Members up-to-date online access to eligibility coverage and service information.

On the Member Portal you can do the following:

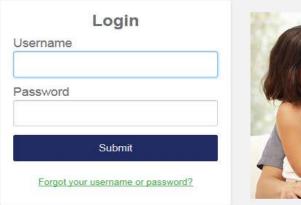
- View eligibility coverage information
- Print temporary ID cards
- Find a Provider
- View authorizations
- View claims and print explanation of benefits (EOB's)
- HIPAA compliant with patient privacy





Members can access the Member Portal on our website at <u>www.elpasohealth.com</u>.









Welcome

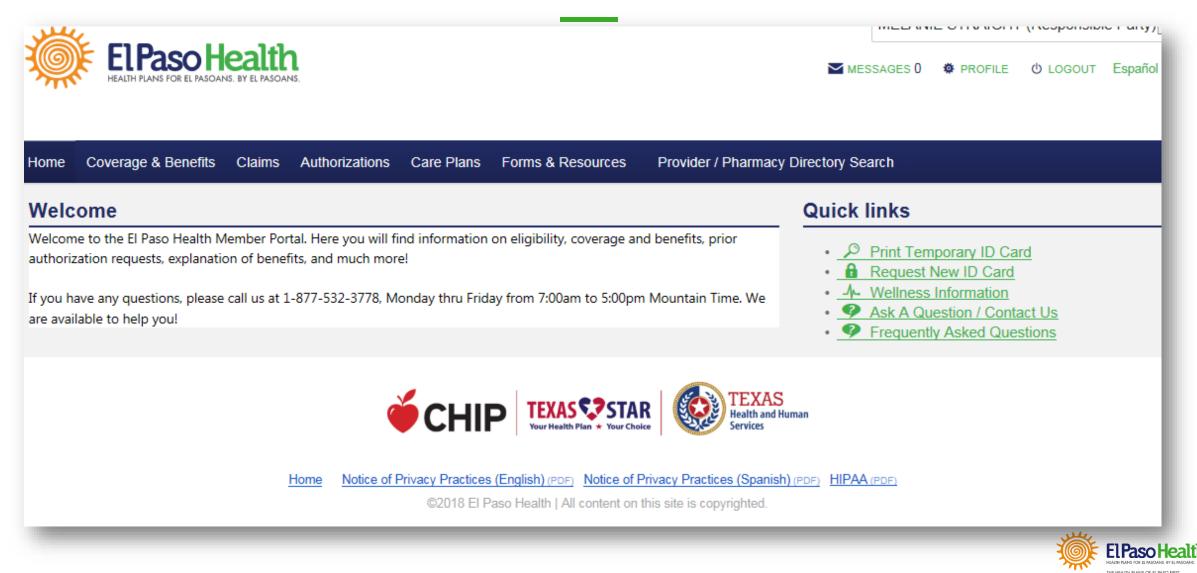
Login or create an account to view and maintain your EL Paso account. From this site you'll be able to:

- · View your health plan benefits
- · Print a temporary ID card
- · Find a network healthcare provider
- · View your healthcare claims

In order to complete registration you'll need information from your Member ID card.

©2018 El Paso Health | All content on this site is copyrighted.









ID Card Request	
Please complete the form below.	
Member First Name*	7
Member Last Name*	
Member ID	
This is the address that we have on file. Your	card will be sent to this address:
Address:*	
City:*]
State:*	
Zip Code:*	
Phone Number*	
Please click "submit" once you have reviewe	d the above address.
Submit	



Pleas	e submit your genera	al plan or covera	ge related question h
Memt	er First Name:		
Meml	er Last Name:		
Memi	er ID:		
What	is your question?:		

Submit



Home	Coverage & Benefits	Claims	Authorizations	Provider / Pharmacy Directory Search		
rint ID C	ard					
Eligib	oility					Prin
Memb	er:				Plan Name:	El Paso Health - STAR
Memb	er ID:				Program:	STAR
Addre	ss:				Status:	Active
Cove	rages					
Туре			Effective Date		Term Date	
ST064		:	2/1/2016		1 <mark>1</mark> /30/2018	
ST064			8/1/2015		10/31/2015	



Home Coverage	& Benefits	Claims	Authorizations	Provider / Pharmacy Directory Search	
THESE ARE AN	EXPLAINA	FINAL OF	BENEFITS (EO	3)	Claims Search
Below is a list of	claims we h	ave receiv	ved for services p	rovided to you. We have processed the claims according to yo	ur benefit coverage.
				ndividually. You will also be able to print each claim. Please re :00am to 5:00pm Mountain Time.	view the information. If you have any questions,
Claims Showing 9 Claims fo	r User				
Export Results (C	<u>(VSV)</u>				
Claim Number		Da	te of Service -	<u>Provider</u>	<u>Claim Status</u>
		1/1	2/2018	PRODANOVIC NUTIS, MARIA L	PAID
		9/2	7/2017	PRODANOVIC NUTIS, MARIA L	PAID
_		-			



Home Coverage & Benefits	Claims				
Authorizations Showing Authorizations for Export Results (CSV)					Filter Authorization Results
Authorization Number	First Name	Last Name	Provider	Date Submitted	Status
			CASA MEDICAL LLC	10/11/2017	APPROVED



Welcome to the El Paso Health Online Provider Directory! This Provider Directory is for our STAR (Medicaid) and CHIP members. Here you can find a list of Primary Care Providers (PCPs), specialists, hospitals, pharmacies, and other healthcare providers in the El Paso Service Area, covering El Paso and Hudspeth counties.

If you need a provider outside of the EI Paso Service Area, please call us at 915-532-3778 or toll free 1-877-532-3778.

Our Member Services Department is here to help you. Call us toll free at 1-877-532-3778 or email us at member@elpasohealth.com if you need help with:

- finding a provider
- scheduling an appointment

If you find that there is inaccurate information in our Online Provider Directory, please email us at Contracting dept@elpasohealth.com.

Provider

P	ro	vi	id	er	r S	e	cl	
	10				-			

Show results within

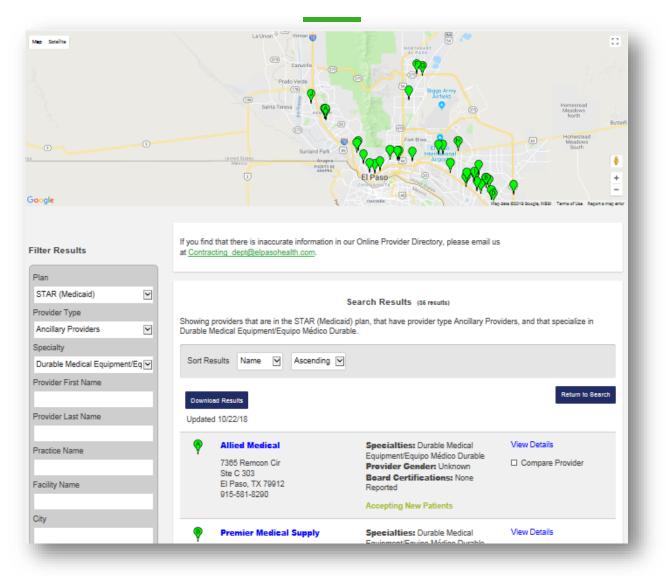
5 Miles

Plan	
Please Select	~
Provider Type	
Алу Туре	~
Specialty	
Any Specialty	$\mathbf{\mathbf{v}}$
Use current location	
Zip Code	

~

More Search Options		
	Find A Provider	
	Start Over	







Coming Soon – El Paso Health Mobile App

The El Paso Health Mobile App will give Members up-to-date online access to eligibility coverage and service information.



On the El Paso Health Mobile App Members will be able to do the following:

- View eligibility coverage information
- View temporary ID cards
- Find a Provider
- View authorizations
- View claims explanation of benefits (EOB's)



Please Contact Us

Phone: (915)532-3778

Member Services Queues:

1514 – Medicaid

1517 – CHIP

1529 – Preferred Administrators

1502 – HCO





ElPaso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

THE HEALTH PLANS OF EL PASO FIRST

For more information:





www.elpasohealth.com

