

Welcome Providers

OB Provider Specialty Training

April 6, 2017



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Health Plan
Expires 04/01/2018



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Agenda

- **Provider Relations:** [Updates](#), [Web Portal](#), [Demographic Form](#), [Long Acting Reversible Contraception \(LARC\)](#)
- **Contracting:** [Overview](#)
- **Health Services:** [First Steps Case Management Program](#), [Benefits and Prior Authorization Process](#)
- **Quality Improvement:** [HEDIS 2017 Prenatal and Postpartum Measure](#)
- **Compliance:** [Special Investigations Unit](#)
- **Claims:** [Reminders](#)
- **Member Services:** [Value Added Services](#)

Provider Relations Updates

Stacy Arrieta
Provider Relations Representative



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Your LOCAL Health Plan

- Local non-profit health plan based in El Paso.
- Investing revenue in the medical care of members.
- Access to El Paso First Senior Management.
- Highly qualified, professional and bilingual staff.
- Efficient claims processing.
- Personalized customer service.
- Quarterly Provider Orientations and Specialty Trainings.
- Walk-in services available for providers and members.

Web Portal



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New El Paso First Web Portal



Welcome to the El Paso First Health Plans 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.](#)



Sign up process

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.

<https://secure.healthx.com/elpasoprovider>



Standard User vs Admin Role

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.

I am:

-- Select --

PREVIOUS NEXT Cancel

Admin Role:

- Same access as a standard user
- In addition, access to reporting (Remittance Advice)

Standard User:

- Verify Member Eligibility
- Verify claim and authorization status
- Submit claims and authorizations

New Web Portal Functions

- Verify **Eligibility** Status for multiple members at a time
- Verify **Claim** Status for multiple claims at a time
- Verify **Prior Authorizations** Status
- View **Reporting** (i.e. Remittance Advice) Administrative Users Only

Home Eligibility and Benefits Claims and Payment Authorizations Reports				
RA Reports				
Name		Created	Modified	
RA [REDACTED] CHIP_20170206.pdf		2/7/2017 1:14 AM	2/7/2017 1:14 AM	
RA [REDACTED] STAR_20170206.pdf		2/7/2017 1:13 AM	2/7/2017 1:13 AM	
RA [REDACTED] CHIP_20170206.pdf		2/6/2017 11:51 PM	2/6/2017 11:51 PM	
RA [REDACTED] STAR_20170206.pdf		2/6/2017 11:51 PM	2/6/2017 11:51 PM	

New Web Portal Functions

- Online Password Reset
- Ability to submit both Professional and Institutional claims
- Submit Corrected Claims with appropriate Billing Frequency Code
- Submit Claims with other Primary Coverage
- Provider Appeals Amend Authorizations

EL PASO FIRST **Preferred** **HealthCARE**
Health Plans, inc. **ADMINISTRATORS** **OPTIONS of EL PASO**

Step 1 / Step 2 / Step 3

Forgot Username or Password?
Enter the following information in order to retrieve your username and password

TIN*

First Name* ←

Last Name*

NEXT **Cancel**

Need assistance? Contact [customer support](#).

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 >

Demographic Form



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When to Contact Provider Relations

- ✓ Changes in address locations
- ✓ Billing company changes
- ✓ Bank account changes
- ✓ NPI/TPI updates
- ✓ Phone and fax updates, etc.

Any changes you consider we may need in order to update our system and your records

Demographic Form

EL PASO FIRST

Health Plans, Inc. Telephone: (915) 532-3778, Fax: (915) 225-6762

IMPORTANT: Completion of this form is not considered a binding contract with El Paso First. For more information on contract plans for participation please contact your Contracting Representative.

Demographic Information Form	
Please Check off Health Plan Participation (Contract): <input type="checkbox"/> Medicaid/Premier Plan <input type="checkbox"/> HCO <input type="checkbox"/> CHIP <input type="checkbox"/> TPA (Preferred Admin) <input type="checkbox"/> CHIP Perinate (OB Providers Only)	Please check off Specialty Type: <input type="checkbox"/> PCP <input type="checkbox"/> Ancillary (DME, Home Health, Hospice) <input type="checkbox"/> Specialist <input type="checkbox"/> Behavioral Health (LPC) <input type="checkbox"/> Hospital Based <input type="checkbox"/> Allied Health (PT,OT, ST)
Group Name: (If Applicable)	Group TPI: (If Applicable)
Group NPI: (If Applicable)	Professional Category Professional Category:
Provider Name (Last, First, Middle):	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> LPC <input type="checkbox"/> Other:
Individual NPI:	Individual TPI:
Primary Specialty:	Secondary Specialty:
Medical License:	EPSDT Number:
Telemetric Services: <input type="checkbox"/> YES <input type="checkbox"/> NO Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Accepting New Patients: <input type="checkbox"/> YES <input type="checkbox"/> NO Established Patients Only <input type="checkbox"/>
Practice Limitations: <input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> Age Range: <input type="checkbox"/> Other	
Office Days/Hours:	CLIA Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No Radiology Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No

Provider Billing Information	
Official Business Name (as it appears on W-9/IRS Documentation)	
Doing Business As (if different from above) <i>**this information must match Box #33 on claim form</i>	
Billing Address, City State and Zip Code:	Tax ID Number: (Required)
Primary Practice Location	Secondary Practice Location
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
Phone Number: () () ()	Phone Number: () () ()
Fax: () () ()	Fax: () () ()
Primary Contact Person:	Primary Contact Phone Number email address:

For EP First Staff Only: Verifications: <input type="checkbox"/> W-9 <input type="checkbox"/> NPDES <input type="checkbox"/> TPI Look Up <input type="checkbox"/> Provider Letter <input type="checkbox"/> Other Provider Type: <input type="checkbox"/> PCP <input type="checkbox"/> PCP/Specialist <input type="checkbox"/> Specialist <input type="checkbox"/> Ancillary <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Hospitalist Contract: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Attachment D <input type="checkbox"/> Attachment B/C <input type="checkbox"/> Attachment F <input type="checkbox"/> Facility Type: <input type="checkbox"/> LOA <input type="checkbox"/> Ancillary <input type="checkbox"/> After Hours Credentialing: Provider Credentialed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required Credential Site Visit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required Add: <input type="checkbox"/> To Network <input type="checkbox"/> To Group <input type="checkbox"/> Program TERM: <input type="checkbox"/> From Network <input type="checkbox"/> From Group <input type="checkbox"/> From Program REASON: _____ <input type="checkbox"/> STAR <input type="checkbox"/> CHIP <input type="checkbox"/> CHIP/Perinate <input type="checkbox"/> HCO <input type="checkbox"/> CM <input type="checkbox"/> TPA Effective Date: ____/____/____ <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating Comments: _____	
---	--

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W-9 Request for Taxpayer Identification Number and Certification	
Form (Rev. October 2007) Department of the Treasury Internal Revenue Service	Give form to the requester. Do not send to the IRS.
Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) > _____ <input type="checkbox"/> Other (see instructions) > _____	
Address (number, street, and apt. or suite no.)	
Requester's name and address (optional)	
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Signature of U.S. person	Date
_____	_____

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are acting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Please make sure information in this area matches your W-9

Long Acting Reversible Contraception LARC



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Long Acting Reversible Contraception

The following products are currently available through the pharmacy benefit:

[Mirena® \(NDC 50419042101\)](#)

Walgreens Specialty Pharmacy
10530 John W. Elliott Drive, Suite 100
Frisco, TX 75033
(877) 686-4633
NPI:1851463087

[Skyla® \(NDC 50419042201\)](#)

Walgreens Specialty Pharmacy
10530 John W. Elliott Drive, Suite 100
Frisco, TX 75033
(877) 686-4633
NPI:1851463087

LARC Continued

[Nexplanon® \(NDC 0052433001\)](#)

Accredo

4343 West Royal Lane, Suite 124

Irving, TX 75063

(972) 929-6800

NPI: 1073569034

[Paragard® \(NDC 51285020401\)](#)

Biologics, Inc, Specialty Pharmacy

c/o TWH Access Solutions

120 Weston Oaks Court

Cary, NC 27513

(888) 275-8596

NPI: 1487640314

<http://www.navitus.com/texas-medicaid-star-chip/LARC.aspx>

*****NDC's are subject to change *****

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Contact Information

Stacy Arrieta
Provider Relations
Representative
sarrieta@epfirst.com
915-532-3778 ext. 1059

Provider Relations Department
915 532-3778 ext. 1507

Contracting Overview

Sonia Fernandez

Contracting Representative



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Contract Request

Please contact our Contracting Representatives when you wish to contract or add a provider to your group.

Contracting Department will require the following forms to begin the process :

- ✓ Demographic Form (forms located on website)
- ✓ W-9
- ✓ TPI (STAR Medicaid)
- ✓ NPI

Contracting Representative
Sonia Fernandez
915-298-7198 x1130



Contracting Representative
Gabriel De Los Santos
915-298-7198 x1128



Credentialing Coordinator
Gabriela Macias
915-298-7198 x 1005



Contracting Process

- Verification of information provided on the Demographic form and W-9
 - ✓ Pay to name (W-9, NPI & TPI)
 - ✓ Desired participating Programs (STAR, CHIP, CHIP Perinatal, HCO, TPA)
 - ✓ Provider Specialty
 - ✓ Practice Limitations
 - ✓ Age Range
 - ✓ Accepting patients
 - ✓ Languages
 - ✓ Office Hours
 - ✓ CLIA

Demographic Form

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Health Plans, inc. Telephone: (915) 532-3778, Fax: (915) 225-4762

IMPORTANT: Completion of this form is not considered a binding contract with El Paso First. For more information on contract plans for participation please contact your Contracting Representative.

Demographic Information Form

Please Check off Health Plan Participation (Contract):		Please check off Specialty Type:	
<input type="checkbox"/> Medicaid/Premier Plan	<input type="checkbox"/> HCO	<input type="checkbox"/> PCP	<input type="checkbox"/> Ancillary (DME, Home Health, Hospice)
<input type="checkbox"/> CHIP	<input type="checkbox"/> TPA (Preferred Admin)	<input type="checkbox"/> Specialist	<input type="checkbox"/> Behavioral Health (LPC)
<input type="checkbox"/> CHIP Perinate (OB Providers Only)		<input type="checkbox"/> Hospital Based	
<input type="checkbox"/> Allied Health (PT, OT, ST)			
Group Name: (If Applicable)			
Group NPI: (If Applicable)		Group TPI: (If Applicable)	
Provider Name (Last, First, Middle):		Professional Category Professional Category: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> LPC <input type="checkbox"/> Other:	
Individual NPI:		Individual TPI: <input type="checkbox"/> Pending (In Process)	
Primary Specialty:		Secondary Specialty:	
Medical License:		EPSDT Number:	
Telemedicine Services: <input type="checkbox"/> YES <input type="checkbox"/> NO	Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Accepting New Patients <input type="checkbox"/> YES <input type="checkbox"/> NO Established Patients Only <input type="checkbox"/>	
Practice Limitations: <input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> Age Range: () <input type="checkbox"/> Other			
Office Days/Hours: After Hours:	CLIA Certificate: <input type="checkbox"/> Yes If so Certificate Type:	Radiology Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provider Billing Information			
W-9 must be submitted along with Demographic Information Form			
Official Business Name (as it appears on W-9/IRS Documentation)			
Doing Business As (if different from above)**this information must match Box #33 on claim form			
Billing Address, City State and Zip Code:		Tax ID Number: (Required)	
Primary Practice Location		Secondary Practice Location	
Address:		Address:	
City, State, Zip Code:		City, State, Zip Code:	
Phone Number: () () ()	Fax: () () ()	Phone Number: () () ()	Fax: () () ()
Primary Contact Person:		Primary Contact Phone Number email address: () () ()	

For EP First Staff Only:

Verifications: W-9 NPPES TPI Look Up Provider Letter Other

Provider Type: PCP PCP/Specialist Specialist Ancillary Behavioral Health Hospitalist

Contract Type: Individual Group Attachment D Attachment B/C Attachment F Facility

Credentialing LOA Ancillary After Hours
Provider Credentialed Yes No Not Required
Credential Site Visit: Yes No Not Required

Actions: Add: To Network To Group Program
TERM: From Network From Group From Program REASON: _____
 STAR CHIP CHIP Perinate HCO CM TPA Effective Date: ____/____/____
 Participating Non-Participating

Comments: _____

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Contracting Process

- Contracting Packet will include:
 - ✓ 2 copies of an unsigned contract
 - ✓ Credentialing Application (if the provider is not credentialed, a credentialing application will be included in the packet)

Important things to Remember

- ✓ Make sure that all applications, forms and contracts are completed in their entirety.
- ✓ Make sure that your applications and contracts are signed before returning.
- ✓ Failure to complete and sign will cause your application or contract to be returned and cause a delay in the process.
- ✓ Network participation begins when you have received a copy of your executed agreement with the effective start date.
- ✓ If your Individual or Group TPI are pending, the provider will continue with a non-par status for STAR-Medicaid until received and contract is amended. (No retro dates)

Network Closed to Specialty

- Panel Status continues to be closed for STAR and CHIP programs for the following specialties:
 - DME
 - Home Health
 - Physical Therapy, Speech Therapy and Occupational Therapy
 - Laboratory Services
- The provider network specialties that have an adequate amount of qualified providers may be subject to being closed for an indefinite time period.
- The review process of closed panels and network adequacy is conducted annually.

Questions

Sonia Fernandez
Contracting Representative
915-298-7198 ext. 1130

First Steps OB Case Management Program

Sandra Leal, RN
OB Case Manager



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Items to discuss

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

What we do:

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 health care benefits
- Obtain education about how to access emergency services, OB/GYN, and specialty care.

Case Management Overview

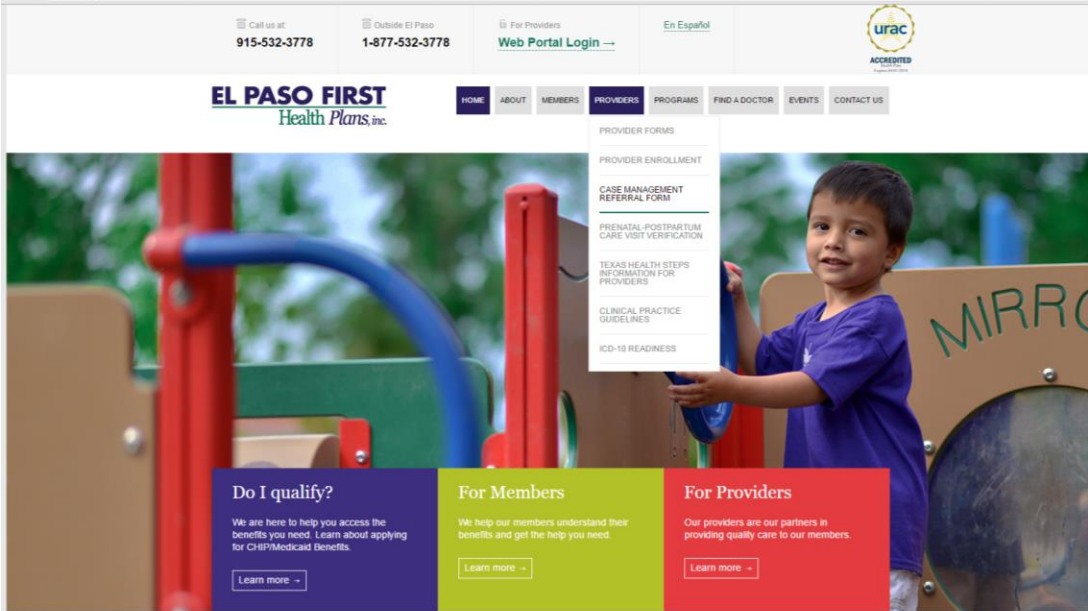
- Identification of members who are at risk
- Assessments to determine severity of condition
- Individualized Service Plan designed to identify barriers, goals and interventions
- Education regarding benefits, pregnancy and other conditions
- Referrals and Service Coordination as needed
- Home Visits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

How to refer?

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

<http://epfirst.com/forms/EPF-PR-Case%20Management%20Referral%20Form.pdf>

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



The screenshot displays the El Paso First Health Plans, Inc. website. At the top, there are contact numbers (915-532-3778 and 1-877-532-3778), a 'Web Portal Login' link, and an 'En Español' option. The main navigation bar includes 'HOME', 'ABOUT', 'MEMBERS', 'PROVIDERS', 'PROGRAMS', 'FIND A DOCTOR', 'EVENTS', and 'CONTACT US'. A dropdown menu is open under the 'PROVIDERS' tab, listing several options: 'PROVIDER FORMS', 'PROVIDER ENROLLMENT', 'CASE MANAGEMENT REFERRAL FORM', 'PRENATAL-POSTPARTUM CARE VISIT VERIFICATION', 'TEXAS HEALTH STEPS INFORMATION FOR PROVIDERS', 'CLINICAL PRACTICE GUIDELINES', and 'ICD-10 READINESS'. The 'CASE MANAGEMENT REFERRAL FORM' option is highlighted. Below the navigation, there are three columns: 'Do I qualify?' (purple), 'For Members' (green), and 'For Providers' (red), each with a 'Learn more' button. The background features a young child in a purple shirt standing at a playground mirror.

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Benefits and Prior Authorization Process

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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)

Ultrasounds

76801 76802 76805 76810
76811 76812 76813 76814
76815 76816 76817

**NO AUTH REQUIRED FOR
STAR/CHIP/PREFERRED
ADMINISTRATORS**

Fetal Biophysical Profile

76818 76819

Umbilical Artery Doppler

76820

Middle Cerebral Artery Doppler

76821

Auth required on the following:

- Echocardiography/Doppler's CPT Codes 76825 thru 76828, and 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/CHIP Benefit – 17p

- Covered benefit for STAR/CHIP
- Complete and submit Texas Standard PA Form
- Criteria needs to be met (Section 3.1.11 of the TMPPM)
- Documentation needs to reflect members history of preterm delivery to include gestational age at time of delivery
- Current Estimated Date of Delivery and Gestational Age

STAR Benefit - Sterilization

- Requests for sterilization must include
 - PA Form (STAR)
 - Sterilization Consent Form (it must be filled out in its entirety)(STAR members only)
 - 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

NOTE: THIS IS NOT A BENEFIT FOR CHIP PERINATE

STAR Benefit – Family Planning

- A referral for Family Planning Services is not needed
- For STAR members you can find specific information related to contraceptives in the Texas Medicaid Provider and Procedures Manual

STAR Benefit – Diabetes Supplies

TRUE METRIX® Meter or TRUE METRIX AIR® Meter

oTRUE METRIX Glucose Test Strips

FreeStyle (Lite® and Freedom Lite® Systems)

oFreestyle Test Strips

Precision Xtra® System

oPrecision Test Strips

- Prescription for the preferred glucose meter and test strips is needed.
- Member should take the prescription to the pharmacy and provide them the number for the free meter: 1-866-788-9618 (Trividia Health) for TRUE METRIX OR 1-866-224-8892 (Abbott Diabetes Care) for FreeStyle or Precision Xtra

CHIP PERINATE Benefit: Gestational Diabetes

COVERED

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

NOT A COVERED BENEFIT

- Durable medical equipment or other medically related remedial devices (does NOT cover testing strips, lancets, monitor)
- EP First can HELP – resources available in the community.

Call us!

Diabetes Education Classes

El Paso Diabetes
Association

1220 Montana Avenue

El Paso, Texas 79905

(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.

How 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

Contact Us

Health Services

915-532-3778 ext. 1500

HEDIS 2017

Prenatal and Postpartum Measure

Patricia S. Rivera, RN
Quality Improvement Nurse Auditor



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What is HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.

PPC Measure

Timeliness of Prenatal Care

- First Trimester
- Within 42 days of enrollment with EPFirst

Postpartum Care

- Postpartum visit on or between 21 and 56 days after delivery

Prenatal Care

Document one of the following:

- OB exam with
fetal heart tone *or*
pelvic exam with OB observations *or*
fundus height measurement
- Prenatal Care Procedure
OB Panel *or*
TORCH antibody panel *or*
Rubella antibody test w/ RH incompatibility *or*
Echography of pregnant uterus
- LMP or EDD with *either*
Prenatal risk assessment & counseling
Complete OB history

Postpartum

Document one of the following:

- Pelvic Exam
- Weight, B/P, Breasts/Breastfeeding and Abdomen
- Preprinted “postpartum care” form, notation of “postpartum care”, “6 wk check” or “PP check”

Contact Information

Patricia S. Rivera, RN
Quality Improvement Nurse Auditor
915 298 7198 Ext 1106
privera@epfirst.com

Don Gillis
Director of Provider Relations and Quality Improvement
915 298 7198 Ext 1231
dgillis@epfirst.com

Special Investigations Unit- Compliance

Alma Meraz, Special Investigations
Unit Claim Auditor



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Monthly Random Medical Records Reviews

- Texas enacted bill 2292 to require all Managed Care Organizations like El Paso First to establish a plan to prevent waste, fraud and abuse
- 5-7 providers are randomly selected on a monthly basis
 - Edits, billing patterns, Health Plan request
- The process involves the review of paid claims and if necessary a request for records
- A Business Records Affidavit is required

Medical Record Sample

Donald Duck M.D.
1234 Disney World
El Paso, TX 79999

01/01/15

RE: Request for Medical Records
 Plan: El Paso First Health Plans, Inc.
 Request Number: Investigation ID # 12345678
 Member: Please see member list at bottom of letter
 Certified Mail Tracking #: 0000000000

Dear Doctor/Provider:

This request for medical records/documentation is sent to you under a Texas state mandated program to monitor and improve the accuracy of claims payments to physicians and other providers. Your cooperation in responding to this information request is essential to assuring and improving the accuracy of your payments.

Under the Health Insurance Portability and Accountability Act (HIPAA) Protected Health Information (PHI) may be released to a Covered Entity without a release from the member/patient for treatment, payment or health care operations. El Paso First Health Plans, Inc. is a Covered Entity as defined by HIPAA. Health Plan beneficiaries, upon enrollment in our health plan, are given a HIPAA Privacy Notice delineating exceptions under HIPAA.

In accordance with the 2012 TMPM Section 1.5.3 and Title 1 Chapter 15 Sections 353.502 and 371.1643 (f) of the Texas Administrative Code, please submit the complete medical records for all of the members listed herein for the accounts that include the dates of service identified. Please adhere to the following directions when photocopying, packaging, and mailing the requested records.

Title 1, Part 15, Chapter 353, Subchapter F, RULE §353.502 (g) of the Texas Administrative Code states:

"Failure of the provider to supply the records requested by the MCO will result in the provider being reported to the HHSC-OIG as refusing to supply records upon request and the provider may be subject to sanction or immediate payment hold."

- 1) Complete copies should include specific records to support the services provided and would include as applicable the following documents:
 - Patient Information Sheets (completed by parent, guardian or patient)
 - Financial Records including super bills, copays, copies of ID Cards, and Patient Intake Forms
 - Physician Orders
 - Diagnostic Test Results (regardless of where they are performed)
 - Referral / Authorization Requests and Forms
 - Physicians Progress Notes
 - Medication Records
 - Graphic Reports
 - Emergency Room Records
 - History and Physical Notes
 - Operative Reports, Consultant and Other Medical Reports
 - All Lab Requisitions and Lab Reports
- 2) Photocopy each record. Please make sure all copies are complete, legible, and contain both sides of each page, including page edges. Complete copies should include specific records to support the services provided and be separated by patient in chronological order. Records can also be scanned and submitted via Encrypted USB or CD. Password should NOT be included with Records.

Copy of Photo ID and Member ID card.

- 3) All records are to be shipped via a trackable manner, OR contact El Paso First to arrange a pick up.

NOTE: Any medical record or documentation not submitted with this certified request will not be considered after the review of your records has been initiated. If the final review of the documentation provided identifies unsupported billing for the services provided, payment for that service will be recouped in its entirety. Please reference the notice on the Business Record Affidavit.

Please sign and return the following with the submission of medical records:

LIST OF REQUIRED MEMBER FILES - Donald Duck, M.D.
 RECORD DATES - 8/1/2011 to 7/31/2014

MEMBER ID	MEMBER LAST NAME	MEMBER FIRST NAME	MEMBER DOB
0000000000	Mouse	Minnie	01/011995

If no records are submitted they will be recouped

EL PASO FIRST
 Health Plans, inc.

Medical Records Reviews Findings

- El Paso First will send out a notification letter with the findings at the end of the review
 - Will include detailed spreadsheets with claim recoupment information
- You have the right to dispute the findings (within 30- days of receipt of the notice)
- The Recoupment process
 - Per the Office of the Inspector General's directive El Paso First will recoup via claims

Recoupment Letter Sample

January 1, 2015

Donald Duck M.D.
1213 Disney World
El Paso, TX 79999

Certified Receipt : 00000000000000

Re: Request for Corrected Claims and Notice of Recoupment

Thank you for the service you have provided to El Paso First Health Plans, Inc. (El Paso First) and our Members. This is to inform you of the findings identified during a recent audit of your medical records.

As you are probably aware, the federal and state governments have been making a combined effort to reduce waste, abuse and fraud in all government-funded healthcare programs, including CHIP and STAR. Providers making minor coding violations, without intent, are required to be educated in efforts to avoid future claim errors. El Paso First is responsible for recouping all identified overpayments up to \$100,000.

Pursuant to these efforts, Texas enacted House Bill 2292 to require all managed care payers, like El Paso First, to establish a Special Investigations Unit (SIU) and establish a plan to prevent and reduce waste, abuse and fraud in the various managed care programs, such as CHIP and STAR. This law requires El Paso First to establish a plan to monitor and improve the accuracy of claims payments made to physicians and other providers in efforts to prevent and reduce the possibilities of waste, abuse, or fraud.

El Paso First retains Health Management Systems (HMS) as its hired claims analyst. The following is the analysis of your claims for dates:

- A. Record Documentation (NDS, NSD, PA):
- B. Level of office visits (UP):
- C. Service that cannot be billed with another service (CC):
- D. Procedure code billed is not recognized with the diagnosis submitted (DX3):
- E. Non-covered services (NCS):
- F. No modifier when a modifier is required (NM):

Recoupment for No Documentation/Inappropriate Coding

The service dates that did not meet appropriate documentation for the services billed and the subsequent overpayment amount are documented in the "Notice of Recoupment" (Attachment A). The amount of recoupment for these services is \$-----. It is the expectation of El Paso First that all network providers submit all the requested medical documentation for audit at the time of the initial certified request for medical records letter. Any medical record or documentation for a billed service that was not submitted with the certified request was subject for full recoupment. This type of finding cannot be appealed due to Office of Inspector General (OIG) guidance that post audit submission could be suspect as being potentially doctored or created after the fact. Your medical records were submitted with an Affidavit certifying medical records were original and complete or exact duplicates of the original records on file.

Recoupment for Not Meeting Evaluation and Management (E/M) Documentation Guidelines

There were ----- services that did not meet documentation guidelines and were identified as up coded and ----- that met the guidelines and were identified as Downcode. Your office may submit a corrected claim for the services identified as up coded and downcoded with the correct service code. Request for Corrected Claims (Attachment B) identifies those services. Submission of a corrected claim will amount to a recoupment of \$ ---- vs. \$ ---- if no corrected claim is received.

You have the right to appeal the findings, please be advised that your written appeal must be submitted no later than 30 calendar days from receipt of this letter.

As per The OIG's directive, El Paso First must recoup overpayment amounts via claims adjustments and cannot accept payment by check.

El Paso First requests that you please take the necessary steps to eliminate the occurrence of these coding issues.

If you would like to further discuss the findings, you may contact me at 298-7198 ext. 1039, I'll be glad to assist you.

Thank you
Alma Meraz, CCS-P
Special Investigations Claims Auditor

30 days to submit a corrected claim or an appeal from the date of the letter

EL PASO FIRST
Health Plans, inc.

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

OB Record Request Sample

EL PASO FIRST

Health Plans, inc

January 1, 2015

Donald Duck, M.D.
1234 Disney World
El Paso, TX, 79999

Re: Minnie, Mouse
Member Health Plan Identification No.: 000000000

Certified Receipt # 0000000000000

El Paso First Health Plans, Inc. (El Paso First) has conducted a random evaluation of paid claims for obstetric delivery procedures. The medical record for patient listed above has been selected for retrospective review. This review is being conducted to monitor compliance with the Texas Health and Human Services Commission regulations regarding medically necessary inductions and cesarean sections performed prior to 39 weeks gestation. The following documentation must be submitted to El Paso First for review within 15 days from the date of this letter:

- History and physical
- Delivery summary
- Last progress note prior to delivery.

The information must be sent by January 01, 2015 to the address listed below:
El Paso First Health Plans, Inc.
Attn: Alma Meraz
1145 Westmoreland Dr.
El Paso, TX 79925

El Paso First's Medical Director will review the documentation to determine if the procedure was medically necessary. If medical review indicates medical necessity for the obstetrical procedure, El Paso First will take no further action on the paid claim. If the medical review identifies the induction or cesarean section procedure was performed before 39 weeks of gestation and was not medically necessary, the payment previously rendered will be recouped from the physician(s) involved with the delivery and the facility where the delivery was performed.

Once the retrospective review is completed, you will be notified of its outcome.

If you have any questions about the retrospective review process, please contact your Provider Relations Representative or the Compliance Unit at (915) 532-3778 or 1-888-532-3778.

Thank you for your prompt attention to this matter.

Sincerely,
Alma Meraz
Alma Meraz, CCS-P
Special Investigations Claims Auditor
Cc: David E. Alfox, M. D., El Paso First Medical Director

P.O. Box 971100.EL PASO,TEXAS 79997-1100.*915/532-3778.www.epfirst.com

EL PASO FIRST
Health Plans, inc.

Member Services Verification

- Random selection of 60 members a month
- Courtesy phone calls to verify services were rendered as billed
- If not verified by member, records are requested
- The Provider will be notified of findings

Contact Information

Alma Meraz

Special Investigations

Unit Claims Auditor

915-298-7198 ext. 1039

ameraz@epfirst.com

Claims Reminders

Julie Zubia
Sr. Claims Analyst



ACCREDITED
Health Plan
Expires 04/01/2018

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Health Plans, inc.

Reminders

- Timely filing deadline
 - 95** days from date of service
- Corrected claim deadline
 - 120** days from date of EOB
 - Use the comments section of the corrected claim form and be specific

Reminders

- If you are submitting multiple claims for a patient, please ensure that you are:
 - Indicating page 1 of x (number of pages)
 - Stapling the claims together

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC-0312)

Page 1 of 3

PCIA

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (Member Care) GROUP HEALTH PLAN (GHP) EDCR (SGLI) OTHER (Other)

INSURED'S I.D. NUMBER (For Program in Item 1)

CLERK

Electronic Claims

- Claims are accepted from:
 - Availity
 - Trizetto Provider Solutions, LLC.
(formerly Gateway EDI)
- Payer ID Numbers:

STAR	EPF02
CHIP	EPF03
Preferred Administrators UMC	EPF10
Preferred Administrators EPCH	EPF11
Healthcare Options	EFP37

Two Post Partum Visits

Billing Requirements

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.....

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

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 Explanation of Benefits (EOB)
 - When billing El Paso First you will need to bill fee-for-service
 - See Example on next slide

Coordination of Benefits

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

Contact Us

915-532-3778

Provider Care Unit Extension Numbers:

- 1527 – Medicaid
- 1512 – CHIP
- 1509 – Preferred Administrators
- 1504 – HCO



Value Added Services

Edgar Martinez

Director of Member Services



ACCREDITED
Health Plan
Expires 04/01/2018

EL PASO FIRST
Health Plans, inc.

FIRSTCALL - Medical Advice Infoline



FIRSTCALL

MEDICAL ADVICE INFOLINE

STAR 1-844-549-2826

CHIP 1-844-549-2827

EL PASO FIRST
Health Plans, inc.

FIRSTCALL - Medical Advice Infoline

- The Medical Advice Line is one of the value-added benefits El Paso First Health Plans Members receive.
- The Medical Advice Line is ready to answer health questions and provide health information 24 hours a day – every day of the year.
- The Medical Advice line is staffed with registered nurses, pharmacists, and doctor!

FIRSTCALL - Medical Advice Infoline

El Paso First's Medical Advice Line can help Members when they:

- Have questions about their health.
- Are worried about a sick child.
- Have questions about their pregnancy.
- Not sure if they need to go the Emergency Room
- Don't know how much medicine to give their child.

FIRSTCALL - Medical Advice Infoline

What is the call process? *FirstCall* nurses and pharmacists will triage calls presented by the member using the Schmitt-Thompson guidelines along with extensive clinical experience, nationally recognized medical guidelines and state-of-the-art interactive triage software in order to provide:

- Immediate symptom assessment and direction to the appropriate level of care
- Answers to any health-related questions or concerns
- Decision support

The nurse or pharmacist healthcare professional may recommend one or more of the following options:

- Stay at home treatment alternatives or self-care recommendations
- Follow up with their assigned Primary Care Provider next day
- Refer to an after-hours/urgent care clinic
- Refer to an emergency room
- Call 911

Value-Added Services for OB Members – Medicaid & CHIP

- Home visits: Case Managers will provide home or hospital visits for members with high-risk pregnancies.
- 1 free car seat per pregnancy for pregnant Members who complete a pregnancy class at El Paso First.
- Help getting a ride to doctor visits or health classes for OB Members.

Value-Added Services for OB Members - Medicaid

- Prenatal Gift Card - \$20 gift card for health related items for pregnant Members completing one pregnancy visit within 30 days of enrollment.
- Postpartum Gift Card - \$20 gift card for health items for postpartum Members completing one postpartum visit within 21-56 days after delivery.
- OB Providers must fill out the back of the postcards and fax them to 915-225-6749.

Thank You!

915-532-3778

Edgar Martinez
Director of Member Services
Ext. 1064

Juanita Ramirez
Member Services & Enrollment Supervisor
Ext. 1063

Thank You for Attending Providers!

