October Q4 2021



# Medicare Advantage 2021 Annual Enrollment Period (AEP) is here! Oct 15- Dec 7

El Paso Health+ will be entering its 3rd year as a local Medicare Advantage Dual Special Needs Plan (D-SNP) and are eager to continue in the path of growth and success, TOGETHER. We are proud to be providing services to ALL in our community as we continue to be El Paso's most trusted Health Plan.

Our partnership with each and every provider is essential. Together we share a common goal – to improve the health of the people in our community.

El Paso Health+ is committed to working with our network providers to make processes easier so providers are able to focus on delivering the highest quality of care.

Providing access to care is a collaborative effort and our strong network partnerships help to build a health-focused community.

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# El Paso Health Advantage Dual SNP and Medicaid Assistance Programs Eligibility

Members must meet certain eligibility requirements in order to join our Medicare Advantage Plan:

- Member must be entitled to Part A and enrolled in Part B.
- Member must reside in El Paso and Hudspeth counties
- Member must have adequate Medicaid Assistance Program (QMB)(QMB+)

There are two types of Medicaid Beneficiaries that qualify for enrollment in El Paso Health Advantage Dual SNP (HMO D-SNP).

Qualified Medicare Beneficiary (QMB Only)

- Entitled to Medicare Part A
- Income < twice the Supplemental Security Income (SSL)
- Eligible for Medicaid payment of Medicare premiums, deductible, coinsurance, and copayments.

Qualified Medicare Beneficiary Plus (QMB PLUS)

- Meets all standards of eligibility as QMB only.
- Entitled to all benefits under State Medicaid to full Medicaid recipients.
- Qualifies for full Medicaid by meeting the Medically Needy Standards.

If you need assistance, call us at 1-833-742-3125 (TTY 711) we are open during the following times:

#### October 1 to March 31

8:00 am to 8:00 pm 7 days a week (Mountain Time)

#### **April 1 to September 30**

Monday - Friday 8:00 am to 8:00 pm 7 days a week (Mountain Time)

#### Reminders

#### **Model of Care**

Training and Attestation must be completed annually.

http://ephmedicare.com/medicarecompliance-program-2/model-ofcare/

## **COVID Updates**

Please visit our website for the latest updates.

http://ephmedicare.com/members/
covid-19/

#### Member ID Card



# Important Phone Numbers

## **Liberty Dental**

(888) 352-7924

Libertydental/Providers

#### **Envolve Vision**

(800) 531-2818

Visionbenefits/Envolve/Providers

### InComm, OTC

(833) 746-7682

www.myotccard.com





### **Commitment to Quality**

El Paso Health's Quality Improvement Program is built upon standards that comply with Texas Department of Insurance (TDI) and CMS requirements, as applicable. The purpose of El Paso Health's Quality Improvement Program is to continuously improve patient safety and Member outcomes by providing well-coordinated care within a robust network of contracted Providers, invested in providing evidence-based care in a patient-centered environment. The Quality Improvement Program is designed to assure that Members receive care that is consistent with our mission.

## Our Quality Improvement Program is designed to improve:

- Quality of care for all physical and behavioral health care services
- Member and provider satisfaction
- Member safety
- Access to services

As part of our commitment to quality, we review a variety of data to track member complaints, safety concerns, quality outcomes, and member and provider satisfaction in order to improve our programs and services to ensure the best quality care is provided. El Paso Health strives to build relationships that strengthen the delivery of healthcare in our community so that we may continue to be the region's trusted community health plan.

In addition, El Paso Health reviews and updates adopted Clinical Practice Guidelines annually, in an effort to promote utilization of the most current evidence-based practice. El Paso Health's Clinical Practice Guidelines provide a framework for specific clinical processes and are available to you as a set of reliable references. El Paso Health's Quality Improvement Committee (QIC) has reviewed and approved Clinical Practice Guidelines for the following topics:

- Asthma
- COPD
- Diabetes
- Flu-Pneumococcal Vaccines

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To view our Clinical Practice
Guidelines, visit our website at
<a href="http://ephmedicare.com/quality/clinical-practice-guidelines/">http://ephmedicare.com/quality/clinical-practice-guidelines/</a>

Please contact the Quality Improvement Department at 915-532-3778 if you have any questions.

We look forward to your continued cooperation on all our quality initiatives!

#### **Quality Improvement Team**

#### Director of QI:

Angelica Chagolla

## QI Nurses:

Patricia Rivera

Astryd Galindo

#### QI Coordinator:

Jamicka Harrigan

#### Referrals

El Paso Health Advantage Dual SNP is an open access health plan. No referrals are required for in-network specialists, unless, the specialist requires a referral from the PCP. The PCP is responsible for providing a member with a referral as a reference when seeking medical services from other providers in the plan's network, such as specialists, hospitals, skilled nursing facilities, or home health care agencies. Referrals are not required for emergency care or out-of-area urgently needed services.

#### **Prior Authorization Procedures**

Providers will need to obtain prior authorization for required services from our Utilization Management Department. A list of the services requiring prior authorization can be found at <a href="mailto:ephmedicare.com/priorauthorizationlist">ephmedicare.com/priorauthorizationlist</a>. Emergency or out-of-area urgently needed services do not require prior authorization. To ensure that we provide you a response prior to providing a service, please submit your request at least five (5) days in advance. Requests for prior authorization may be submitted online, fax (915) 298-7866, or telephonic UM Dept. 1-915 532-3778 ext. 1500 or Toll Free 1-833-742-3125.

#### Claims

Claims must be received by El Paso Health within 95 days from each date of service (DOS). A clean claim will be processed within 30 days. The Provider should allow 30 days before re-billing any claim to avoid duplication of claims. Corrected claims or appeals of denied claims, must be received by El Paso Health Advantage Dual SNP within 120 days from the date of the Remittance Advice notice.

#### **Electronic Claim Submission Payer ID EPF07**

#### Fraud Waste and Abuse

El Paso Health (EPH) maintains several ways to report suspected fraud, waste, and abuse. As a Medicare Advantage Provider and a participant in government-sponsored health care, you and your staff are obligated to report suspected fraud, waste, and abuse at Fraud, Waste, and Abuse Hotline: 1-866-356-8395 Anonymous reporting, suspected fraud, waste, and abuse may also be reported by reaching out directly to our Compliance Director at <a href="dwatteelpasohealth.com">dwatteelpasohealth.com</a>.

## Provider Online Resources

# Medicare Learning Network (MLN)

https://www.cms.gov/Outreachand-Education/Medicare-Learning-Network-MLN/MLNGenInfo

- Publications & Multimedia
- News & Updates
- Events & Trainings
- Continuing Education Credits
- Provider Compliance

# El Paso Health Advantage Dual SNP

ephmedicare.com/providers

- Important Plan Documents
- Claim Forms
- Miscellaneous Forms
- Model of Care
- Provider Manual
- News & Events

# Important Contact Information

#### **Physical Address**

1145 Westmoreland Dr. El Paso, TX 79925

# Member Service toll free number 1-833-742-3125, TTY 711

Provider Relations Department email: <u>ProviderServicesDGeelpasohealth.com</u>

Local Office Number 915-532-3778

#### **Ephmedicare.com**

#### El Paso Health Advantage Dual SNP

Attention: Claims Department P.O. BOX 971370 El Paso, TX 79997