

Provider Orientation Benefit Overview

H3407-001 CY2022





#### **Medicare Department**

- El Paso Health Advantage DSNP Program
- <u>Coordination of Care</u>
- 2022 Supplemental Benefits
- <u>Prescription Drug Coverage</u>

#### **Contracting Department**

<u>Contracting & Credentialing Reminders</u>

#### **Provider Relations Department**

- Model of Care
- Claims Process
- Provider Resources



#### El Paso Health Advantage Dual SNP

Viridania Garcia Medicare Manager



# El Paso Health Advantage Dual SNP

El Paso Health has been an established and trusted health Plan for over 20 years.

In 2020, El Paso Health proudly began providing health coverage to Medicare Beneficiaries residing in El Paso and Hudspeth Counties.

We understand El Paso and far West Texas, because this is our **Community**. We take pride in providing quality healthcare **for El Pasoans by El Pasoans**.

#### WE ARE YOUR LOCAL MEDICARE ADVANTAGE PLAN!!



#### MISSION & VISION

Our Mission

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#### Our Vision

To **build relationships** with our Members, Providers, and Partners that strengthen the delivery of healthcare in our community and **promotes access to quality healthcare** for children, families, and individuals. We will be the region's **trusted** community health plan.



# Type of Health Plan

El Paso Health Advantage Dual SNP is a Health Maintenance Organization (HMO) Plan. It is a also a Dual Special Needs Plan available to those with Medicare and Medicaid coverage.

- Members are required to see in network Doctors
- It covers Original Medicare Part A and Part B services
- It also offers Prescription Drug Coverage
- Most of all provides **Extra Benefits**



# **Eligibility Requirements**

Beneficiaries must meet certain eligibility requirements in order to join our Medicare Advantage Plan.

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

### Enrollment in El Paso Health Advantage Dual SNP

Members receive a:

- Welcome Call
- New Member ID Card
- Notification of Elective Materials Letter -The letter will advise our members to contact Member Service to request any material needed.

#### EPH Member ID Card



\*Members must still continue to provide their Texas Medicaid ID Card along with their EPH ID Card.

### Coordination of Care



# **Coordination is Essential**

**Coordination**-the process by which we help coordinate care for the member between their Medicare and Medicaid benefits.

- Beneficiaries have no responsibility for Medicare cost sharing for any medical services based on their level of Medicaid and will receive Extra Help for Part D Prescription Drugs.
- Medicare cost sharing applied to a claim is covered under the member's Medicaid coverage which can be any of the following:
  - ✓ The plan under an agreement with the state
  - ✓ Another Medicaid MCO
  - ✓ Fee-for-Service Medicaid

# **Coordination of Benefits**

When Members need care or access to benefits, it is everyone's responsibility to help and coordinate that care!

- Where do they go for that care?
- What services are covered under the Medicare and Medicaid plans?
- How do Medicare and Medicaid work together?

# **Coordinating Care**

**Dual Members** should show <u>BOTH</u> (El Paso Health Advantage Dual SNP (HMO D-SNP) Plan ID and Medicaid) cards to all providers to assist with billing and service issues.

This will reduce the error of balance billing.

**NOTE**: Most states require a provider to have a Medicaid ID number to receive payment from the state.





### 2022 Supplemental Benefits



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 24-Hour Nurse Line – Access to a 24-hour, seven days a week bilingual (English/Spanish) medical advice line staffed by nurses and pharmacists. Assistance provided in multiple languages.



• Transportation Service - 96 one-way non-emergent medical visit transportation services every year.



• **Dental** - \$3,500 allowance each year! It can be used for dental checkups, x-rays, routine cleaning, fillings, extractions, and dentures.



• Hearing Services - \$2,000 allowance every 2 years for hearing aids



 Home Delivered Meals – Up to 14 meals delivered to members who have been discharged from a Skill Nursing Facility or Hospitalization.



PERS (Personal Emergency Response System) – available to members in need of device





 Over-the-Counter –Members receive up to \$250 each quarter for covered over-the-counter purchases. Order through our Catalog Service toothbrushes, bandages, vitamins, grab bar, and many other eligible items. The \$250 allowance renews every quarter.

\$175 per quarter for over the counter items

**\$250** 

\$75 per quarter for hygiene products

Local Retailers: Walgreens, CVS, Walmart, Dollar General & Family Dollar



Qualifying Members will receive \$75 per quarter for approved healthy food and produce items.

\*Qualifying Conditions: Members must have a chronic condition

- Members will use the same OTC Card for the Healthy Foods
- Members can shop at Local Retailers: Walmart, Family Dollar, & Dollar General
- Online: www.MomsMeals.com, www.FarmboxRx.com, www.GAFoods.com





• Vision - Up to \$300 each year! Use it for routine eye exams, eyeglasses (frames and lenses), and/or contact lenses.



• **Podiatry** - Get ten (10) visits annually for routine podiatry care.



 GetFit - Members can use any of the local YMCA's by registering with their EPH Member ID card. Access to facility, Classes, Equipment, Swimming Pool, etc.

### El Paso Health Advantage Dual SNP Extra Benefits (Supplemental Benefits)



• Adult Daycare - qualified members are eligible for up to 3 days of adult daycare services per quarter.



 Caretaker Support - caregivers of qualified members are eligible to receive up to 8 hours of caretaker support per quarter.

Note: These 2 supplemental benefits are aside from Medicaid LTSS Benefits.

# Supplemental Benefit Vendors

- Dental Provider Liberty Dental 1-888-700-1246 or www.libertydentalplan.com
- Vision Provider Envolve

Eligibility & Benefits, Claim Status, Find a Provider Hours: Mon - Fri 8:00am - 8:00pm EST Phone: (800) 334-3937 Fax: (877) 940-9243

https://visionbenefits.envolvehealth.com

Any questions on Supplemental Benefits please call our Member Service Line 1-833-742-3125.



### Prescription Drug Coverage



### Prescription Drug Coverage under El Paso Health Dual Advantage SNP

- An extensive network of local and independent pharmacies
- Our Formulary consist of one Tier, Generic and Brand name drugs
- Mail-order is available
- Transition Process available to all of our members
- Formulary/Pharmacy directory available upon request or can be found at <a href="https://ephmedicare.com/pharmacy-drugs/available-drug-lists/">https://ephmedicare.com/pharmacy-drugs/available-drug-lists/</a>

# Important Information about prescription drug coverage

#### **Prior Authorization (PA)**

Some drugs require prior authorization. Provider must first show a medical need for before the plan will cover it.

#### **Quantity Limits (QL's)**

This places a limit on how much members can get at one time.

#### **Step Therapy (ST)**

Members must first try another drug on the plan's formulary before they can move up a "step" to a higher tier drug.

## Contracting & Credentialing

Gabriel De Los Santos Contracting & Credentialing Lead



### **Contracting & Credentialing**

Providers must notify El Paso Health Contracting and Credentialing or Provider Relations of any changes to their practice, to include:

- Any demographic changes
- Practice name change or acquisitions
- New providers joining the group or leaving the group.
- Closing a practice locations or adding a new practice locations.
- Modifying practice hours or changing limitations
- Closing or opening panels

What forms do I need to send and where:

• Submit a provider demographic form and W-9 to <u>Contracting Dept@elpasohealth.com</u>

I am already contracted and credentialed with El Paso Health, but I don't show as participating provider with Medicare, what can I do?

• Call Contracting and Credentialing or Provider Relations. You might be a contracted provider for the Medicaid programs, but not Medicare plan.

For any questions please contact us directly at the email or phone number below.

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

Contracting\_Dept@elpasohealth.com

915-532-3778



## Credentialing

- Providers are required to complete Credentialing process every three (3) years.
- Aperture is the State's vendor handling the primary source verification process for Texas providers.
  - Aperture will send the first recredentialing notice to providers 180 days prior to expiration date.
- Providers that failed to complete the recredentialing process will be considered out of network.

Call or Email Contracting and Credentialing Department if you have any questions:

Contracting Dept@elpasohealth.com

915-532-3778



### Model of Care

Stacy Arrieta Provider Relations Coordinator



# **DSNP Model of Care Attestation**

- Model of Care is a CMS required annual Training for Providers serving our Members.
- The Model of Care presentation is located in the El Paso Health Medicare website <u>http://ephmedicare.com/medicare-compliance-program-2/model-of-care/</u>
- Please ensure to submit the signed attestation form to verify the training was completed on an annual basis.
- Attestation for group the form should be completed by the authorized individual on behalf of the group and must include an attendance log.
- Please submit your signed attestation at the end of the training or fill out on online attestation.
- For questions, please contact our Provider Relations Department for assistance via email <u>ProviderServicesDG@elpasohealth.com</u> or call us at call 1-833-742-3125

### **DSNP Model of Care Attestation**

| Keile Content Advantage Dual SNP  |   |
|---|---|
| <u>El Paso Health Advantage D-SNP Ar</u><br><u>Training Attestatio</u>  |   |
| Medical Group/Provider:<br>(Please write your medical group or individual provider name on the above line)  |   |
| (Please write your medical group or individual provider name on the above line) I acknowledge that I have completed: 2022 DSNP Model of Care Training |   |
| Signature   | Date:   |
|   |   |
| Print Name  |   |
| NPI/Tax ID  |   |
| faunti  |   |
| County  |   |
| You may fax or email this signed form to the P<br>Fax number:915-225-6762 Ema   | rovider Relations Department:<br>il:ProviderServicesDG@elpasohealtl |
| H3407 MOCAttestation EPH v1 12/2020   |   |

Attestation for group: Individual Provider training requires an attestation. For a group attestation the form should be completed by the authorized individual on behalf of the group and must inclusde an attendance log.

For questions, please contact our Provider Relations Department for assistance via email <u>ProviderServicesDG@elpasohealth.com</u> or call us at call 1-833-742-3125.



### **DSNP Model of Care Attestation**

#### **Model of Care**

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#### **MOC Training Materials**

Click on the links below to review the Model of Care training and attestation. Please ensure to submit the signed attestation form to verify the training was completed. Signed attestations may be completed by either filling out the PDF and fax/email back to Provider Relations Department or fill out and submit online form below.

#### 2022 Model of Care Presentation 2022 Model of Care Attestation

Attestation for group: Individual Provider training requires an attestation. For a group attestation the form should be completed by the authorized individual on behalf of the group and must inclusde an attendance log.

For questions, please contact our Provider Relations Department for assistance via email <u>ProviderServicesDG@elpasohealth.com</u> or call us at call 1-833-742-3125.

| Medical Provider/Group Name* | Tax ID*         |
|------------------------------|-----------------|
| Phone* format:9151231234     | Email*          |
| Form Completed By*           | Position Title* |

Date\*

mm/dd/yyyy 🛱

#### Training Confirmation\*

□ The Provider Model of Care training has been completed by the Provider Group above.



\*These fields MUST be filled out to register.

#### AAA

El Paso Health Advantage Dual SNP (HMO D-SNP)

Eligibility

- Important Documents
- Quality Care
- Services
- Pharmacy & Drugs
- Medicare Compliance Program
- Fraud Waste and Abuse
- Member News



#### Claims Process



### Important Information on D-SNP Claims Processing

- D-SNP members are protected by Texas (State plan) and federal (Social Security act) regulations from balance billing, providers cannot balance bill and must accept the Medicare & Medicaid (if applicable) payments as payment in full.
- Coverage of Medicare Cost Share will depend on the services performed and Medicaid allowed amounts (Lesser of Logic or COB requirements for the state may be used).
- Federal rules dictate that Medicaid is the payer of last resort.



#### Important Information on D-SNP Claims Processing cont.

Claim filing deadlines

- 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 rebilling any claim to avoid duplication of claims.
- Electronic Claim Submission Payer ID EPF07

El Paso Health Advantage Dual SNP Attention: Claims Department P.O. Box 971370 El Paso, TX 79997-1370

Corrected claims must be received by El Paso Health within 120 days from the disposition date of Remittance Advice notice.



### **Provider Relations**



### **Provider Resources**

**Important Information for Providers** 

Providers can contact Member Services for any Eligibility Inquiries, Prior Authorizations, Provider Forms, or any other questions.

#### 1-833-742-3125 (TTY 711)

Providers are encouraged to review the provider responsibilities detailed in the El Paso Health Medicare Provider Manual at:

#### Website: ephmedicare.com

Local Office: 1145 Westmoreland Dr., El Paso, TX 79925

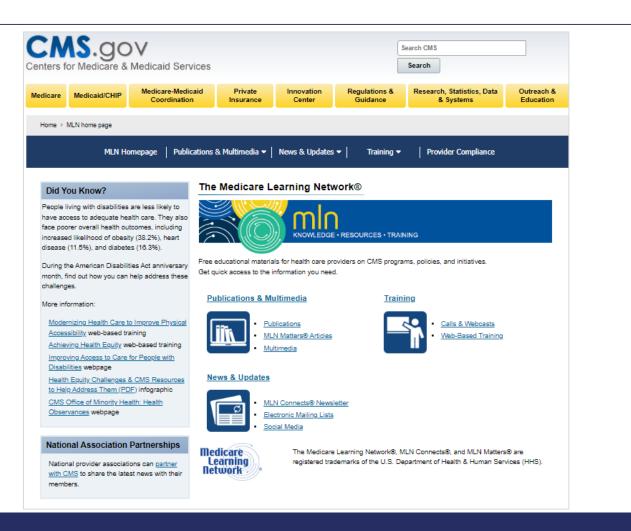
Mailing Address: P.O. Box 971100, El Paso, TX 79997



### **Provider Resources**

For Additional Medicare Provider Educational Topics:

MLN home page | CMS





# Provider Website and Forms Available Online

#### El Paso Health Medicare website is available at all times to providers and have multiple resources to include:



El Paso Health Advantage Dual

Health+ ephmedicare.com Print

#### Important Plan Documents for Providers

- Prior Authorization Form
- Exception Request Form
- Provider Dispute Appeal & Request Form
- Waiver of Liability Form Non-Contracted Providers Only

#### Claim Forms

Corrected Claim Form

#### **Contracting Forms**

- Credentialing Application for Organization
- Credentialing & Recredentialing Check List for Physician
- Credentialing Check List for Organization or Facility
- Secondary Locations Addendum
- DME Supplies Form
- W-9 Form
- Texas Standardized Credentialing Application

#### Miscellaneous Forms

- El Paso Health Payor Identification
- Electronic Remittance Advice (835) Request Form



## **Provider Web Portal Available**

The El Paso Health provider portal allows providers to view eligibility status, benefit information, verify and submit patient claims, download reports / RA's and request prior authorizations.

#### **Providers**

For Members and Providers

Coronavirus Disease (COVID-19) Updates

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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.

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El Paso Health+ is committed on 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

If you need assistance, call us at 1-833-742-3125 (TTY 711), from October 1 to March 31, 8:00 am to 8:00 pm, 7 days a week and April 1 through September 30, Monday through Friday, 8:00 am to 8:00 pm Mountain Time.

#### Important Plan Documents for Providers

- Prior Authorization Form
- Exception Request Form
- Provider Dispute Appeal & Request Form
- Waiver of Liability Form Non-Contracted Providers Only

**Claim Forms** 

Corrected Claim Form

Contracting Forms

- <u>Credentialing Application for Organization</u>
- Credentialing & Recredentialing Check List for Physician
- Credentialing Check List for Organization or Facility
- Secondary Locations Addendum
- DME Supplies Form
- W-9 Form
- Texas Standardized Credentialing Application

| Providers                                | News &<br>Events |  |  |
|------------------------------------------|------------------|--|--|
| Provider Login                           |                  |  |  |
| 1                                        |                  |  |  |
| El Paso Hea<br>Advantage I<br>(HMO D-SNI | Dual SNP         |  |  |
| Eligibility                              |                  |  |  |
| Important Documents                      |                  |  |  |
| Quality Car                              | re               |  |  |
| Services                                 |                  |  |  |
| Pharmacy & Drugs                         |                  |  |  |
| Medicare Compliance                      |                  |  |  |

Medicare Compliance Program

Model of Care

Provider Manuals

- - · And more!





#### 🏽 ElPaso Health<sup>+</sup> Advantage Dual SNP

### **Provider Relations Team**

**Liliana Jimenez** Provider Relations Representative Phone Number: 915-298-7198 ext. 1018

Shantee Aguilera Provider Relations Representative Phone Number: 915-298-7198 ext. 1021

Jose Chavira Provider Relations Representative Phone Number: 915-298-7198 ext. 1167

Andy Gonzalez Provider Relations Representative Phone Number: 915-298-7198 ext.1049

Stacy Arrieta Provider Relations Coordinator Phone Number: 915-298-7198 ext. 1059

**Cynthia Moreno** Provider Relations Manager Phone Number: 915-298-7198 ext. 1044



#### **Business Development & Marketing - Medicare Team**

Viridiana Garcia Medicare Manager (Licensed Agent) (915) 298-7198 Ext. 1079

Frances Hernandez Licensed Sales Agent (Medicare) (915) 298-7198 Ext. 1069

**Reynaldo Barrozo** Marketing Program Manager (915) 298-7198 Ext. 1186

Maritza Lopez-Holguin Director of Business Development and Marketing (915) 298- 7198 Ext. 1071



#### Your Local Medicare Advantage Plan/Benefit Consultant







#### Questions







833-742-3125 | www.ephmedicare.com