



# Emergence Health Network

El Paso Center for Mental Health/Intellectual Disabilities

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## ADDENDUM

To: All Interested Proposers

From: Diana Billingsley

Date: March 7, 2016

Subject: **Telemedicine Services RFA # 16-001 Addendum I**

**This addendum includes responses to all questions submitted.**

**Any questions or additional information required by interested vendors must be emailed to [bidquestions@ehnel Paso.org](mailto:bidquestions@ehnel Paso.org) . RFA number and title must be on the “Subject Line” of the email. Attempts to circumvent this requirement may result in rejection of the proposal.**

- 1. Contract negotiations and Board of Trustees approval may take up to 90 days. Training and credentialing may take an additional 60 days as certain trainings must be provided prior to delivery of service. Are you able to share when RFP will be open?**

RFA has been issued as Open Enrollment, therefore there are no deadlines to submissions. You may submit an application at your earliest convenience.

We will need to receive the entire Credentialing packet once the application is approved. Providers have to be approved by Sun City Board before we can send it out to CMS, TMHP, and other insurances. It can take anywhere from 90 to 120 days.

- 2. What is the target start date for telepsychiatry services? Please confirm if it is immediate.**

Target start date is immediate, pending credentialing.

- 3. Can you provide a credentialing packet so we might know what to expect?**

Please see packet attached labeled “Emergence References” and “APRN Packet 2016”

- 4. Our current telepsychiatrists are in Texas with some in or near El Paso, but are there restrictions regarding where the telecommuting psychiatrist can be based?**

All providers must be licensed in Texas regardless of where they are based out of and their licenses must be current.

- 5. Can you give exact numbers for the current effective Medicaid rates?**

1	Service Provided	CPT Code			Age	Age	Years	MD Amount	NP Amount
1	MEDICAL SERVICES	90791			0	20	Years	\$119.82	\$110.23
1	MEDICAL SERVICES	90791			21	999	Years	\$113.91	\$104.80
1	MEDICAL SERVICES	90792			0	20	Years	\$119.82	\$110.23
1	MEDICAL SERVICES	90792			21	999	Years	\$113.91	\$104.80
2	SURGERY	99211			10	20	Years	\$14.96	\$13.76
2	SURGERY	99211			21	55	Years	\$13.49	\$12.41
1	MEDICAL SERVICES	99212			0	20	Years	\$25.04	\$23.04
1	MEDICAL SERVICES	99212			21	999	Years	\$22.59	\$20.78
1	MEDICAL SERVICES	99213			0	20	Years	\$37.64	\$34.63
1	MEDICAL SERVICES	99213			21	999	Years	\$33.95	\$31.23
1	MEDICAL SERVICES	99214			0	20	Years	\$47.68	\$48.63
1	MEDICAL SERVICES	99214			21	999	Years	\$52.86	\$43.87
1	MEDICAL SERVICES	99215			0	20	Years	73.40	\$74.87
1	MEDICAL SERVICES	99215			21	999	Years	\$81.38	\$67.53

We can also charge for the Facility Fee of Q3014 with all telemedicine services provided as long as an RN or QMHP provides it.

**6. Based on the fee schedule it looks like EHN is looking to pay psychiatrists at the same cost as Medicaid and that other payers reimburse for services is that correct?**

Yes that is correct.

**7. Can you please elaborate on the Uniform Assessment done for patients by the Local Authority as the psychiatrists often ask about for more detail about this prior to agreeing to an assignment?**

Assessment determines the level of care the client will be provided. Assessment has to be completed by the QMHP assigned to the client.

**8. What internal utilization management procedures would you like to see?**

Utilization management (UM) is a process that provides timely, accurate, and relevant information to facilitate fact-based decision-making and results in positive outcomes for individuals receiving services and improved provider practice. The UM staff and the Utilization Management Committee identify and monitor patterns of over-utilization, under-utilization, and other utilization problems that compromise care or inappropriately utilize resources. Based on their findings, UM staff participate in interventions to make utilization of services more effective, efficient, and consistent with contractual requirements and the local planning processes.

The primary function of the Utilization Management (UM) staff is to monitor utilization of clinical resources and to assist the promotion, maintenance, and availability of high quality care in conjunction with effective and efficient utilization of resources. UM staff are responsible for the following:

- Assure the overall integrity of the LMHA UM process to include timely and appropriate assignment of mental health levels of care based on the Department of State Health Services' (DSHS') UM Guidelines
- Assure that LMHA staff involved in the UM process is qualified to fulfill their functions and that inter-rater reliability is being maintained
- Approve the process used to review and authorize the provision of mental health services, including an appeal system for adverse determination decisions
- Analyze utilization patterns and trends to include gaps in services, rates of no shows for appointments and services, billing issues, underdeveloped frequently requested services, existing services that are under-utilized and over-utilized, and barriers to access
- Establish mechanisms to report quantitative and qualitative information on service utilization and service delivery to LMHA management and staff, the LMHA Board, providers, and other interested individuals in a timely manner
- Provide a mechanism to identify potential quality issues and to forward them to the Quality Council, Quality Committee, or Quality Management Department
- Assist in the ongoing modification of screening criteria, standards, and review methods under the control of the LMHA and provide relevant feedback to DSHS
- Prepare and arrange educational programs to address deficiencies noted by review findings.

**9. On page 13 it is stated that the applicant's system shall be compatible with the [Polycom] system below which we are, but we also provide a free, upgraded software that is like Skype with more software tools, and we are wondering can you share if that will be allowed?**

Yes, but please be aware that we would be utilizing computer equipment, and not the Polycom systems we currently use.

**10. Same question for Cerner- our psychiatrists can use Cerner but is an interface with Cerner also acceptable?**

Please rephrase the question as this does not make sense to us.

**11. How many hours of psychiatry care each week are being requested for each age group, specialty, and setting?**

The average amount of hours needed are between 85-90 hours per week for our Adult clients starting at the age of 18 and 20 hours a week for our Young Child (3-5 years old)/Child and Adolescent (6-17 years old) clients. More details are included in the Scope of the RFA.

**12. What is the payer mix? % Medicaid, medicare, commercial?**

Adults			
Insurance Plan	Row Labels	Count of Case Number	%
Medicaid	1000	42540	71%
Americhoice Optum	1004	1	0%
Medicare	1005	531	1%
AARP	1008	38	0%
GEHA	1012	4	0%
Railroad Medicare	1020	4	0%
Healthscope	1022	3	0%
BCBS	1024	153	0%
Aetna	1046	38	0%
BCBS of NM	1052	3	0%
UHC	1068	537	1%
Humana	1070	156	0%
Secure Horizon	1078	3	0%
1st Health Network	1079	1	0%
Tricare	1080	67	0%
Cigna	1087	12	0%
Superior	1102	615	1%
El Paso 1st	1105	856	1%
Evercare	1146	27	0%
Healthsmart	1148	6	0%
WellCare	1149	151	0%
Care Improvement	1154	6	0%
PHC	1155	29	0%
Conventry	1168	4	0%
Amerigroup	1174	6333	11%
Molina	1180	4063	7%
Healthsprings	1183	106	0%
Molina Medicare	1187	20	0%
VA	1203	5	0%
Care 1st	1205	39	0%

Optum Health Behavioral	1209	10	0%
UPMC Healthplan	1213	5	0%
Cigna Healthsprings	1214	2	0%
Care More	1215	1	0%
Ameribetter	2007	12	0%
Amerigroup Medicare	2009	150	0%
Amerigroup MMP	2013	1116	2%
Molina MMP	2014	1913	3%
Colonial Health	2015	4	0%
PASSR -Medicaid	3005	8	0%
PASSR -Medicaid	3006	1	0%
	<b>Grand Total</b>	<b>59573</b>	<b>100%</b>

**CAD**

<b>Insurance Plan</b>	<b>Row Labels</b>	<b>Count of Case Number</b>	<b>%</b>
Medicaid	1000	1698	37%
Champ VA	1023	2	0%
BCBS	1024	26	1%
Aetna	1046	14	0%
UHC	1068	17	0%
TriCare	1080	11	0%
Cigna	1087	4	0%
Superior	1102	1230	27%
El Paso 1st	1105	1408	31%
Amerigroup	1174	62	1%
Molina	1180	103	2%
Optum Health Behavioral	1209	2	0%
	<b>Grand Total</b>	<b>4577</b>	<b>100%</b>

**ECI**

	<b>Row Labels</b>	<b>Count of Case Number</b>	<b>%</b>
Medicaid	1000	3505	54%
GEHA	1012	9	0%
Healthscope	1022	9	0%
Champ VA	1023	10	0%
BCBS	1024	228	4%
Aetna	1046	82	1%
UHC	1068	64	1%
Humana	1070	1	0%
1st Health Network	1079	17	0%
TriCare	1080	338	5%
Cigna	1087	64	1%

El Paso 1st	1102	960	15%
Superior	1105	1022	16%
Amerigroup	1174	17	0%
Molina	1180	114	2%
GPA	1200	19	0%
	<b>Grand Total</b>	<b>6459</b>	<b>100%</b>

**13. Who are the major payers and what are the fee schedules for the common 992\*\* codes for psychiatry?**

All payers allow the E&M codes listed above.

**14. Do the commercial payers reimburse the Q3014 telemedicine site fee bonus as well? If so, which?**

Yes, you can also charge for the Facility Fee of Q333014 with all telemedicine services provided as long as an RN or QMHP provides it.

**15. Can psychiatry providers be APRNs? Or just MDs? What about DOs?**

Yes, please see fee schedule above.