



# Aliviane, Inc.

[www.aliviane.org](http://www.aliviane.org) • [info@aliviane.org](mailto:info@aliviane.org)

## Service Directory Information

### **El Paso First Health Plans**

In partnership with Aliviane, Inc.'s Pregnant Postpartum Intervention (PPI) Program\*

<b>Organization Name</b>	<b>El Paso First Health Plans</b>
<b>Organization Mission</b>	Our mission is to promote community health by providing access to quality healthcare for children, families and individuals who need it the most. We partner and collaborate with community providers and advocates to foster a culture of excellence.
<b>Phone Number</b>	(915) 532-3778 or 1-(866)-532-3778
<b>Contact Person</b>	Edgar Martinez
<b>Physical Address</b>	1145 Westmoreland Dr., El Paso, TX 79925
<b>Website Address</b>	<a href="http://www.epfirst.com">www.epfirst.com</a>
<b>Hours of Operation</b>	Monday – Friday 8:00 to 5:00 pm
<b>Description of Services (maximum of 100 words)</b>	El Paso First Health Plans, Inc. is a Texas licensed health maintenance organization (HMO) established by the El Paso County Hospital District to enter into contract with HHSC for the purpose of improving access to medical care for STAR, CHIP, and CHIP Perinatal recipients in El Paso and Hudspeth Counties. In addition, we manage a number of programs for the El Paso County Hospital District.
<b>Zip Codes Where Services are Provided</b>	
<b>Who is Eligible to Receive Your Services</b>	<p>These are the programs with specific qualification requirements:</p> <p>Premier Plan, State of Texas Access Reform (STAR) Medicaid Program is qualifying: low income families, pregnant women, people with disabilities, adults over 65 and non-disabled children.</p> <p>CHIP - Childrens Health Insurance Plan for children ages 0-18</p> <p>CHIP Perinatal Program is limited to only prenatal services for pregnant women who do not qualify for benefits under the STAR program. The CHIP Perinatal Program covers the CHIP Perinate and CHIP Perinate Newborn members.</p>
<b>If you provide services to pregnant women please indicate at what stage of pregnancy your services apply (e.g. 1<sup>st</sup> month of pregnancy, 3<sup>rd</sup> month, 6<sup>th</sup> month, or 9<sup>th</sup> month)</b>	



Treatment | Intervention | Prevention | Advocacy

A United Way of El Paso Participating Agency