

## 2024 QUICK REFERENCE GUIDE HEALTH INSURANCE MARKETPLACE – LA

### ELIGIBILITY

- Member Services: Christus.HP.memberservices.inquiry@christushealth.org
- Phone: 844-282-3025** **Fax: 210-766-8851**
- Provider Portal: [www.christushealthplan.org](http://www.christushealthplan.org)
- Provider Inquires: Phone: **844-282-3026** Fax: **210-766-8851**

<b>CHRISTUS Health Plan</b>		<b>FULLY INSURED</b>	<b>LA - EX</b>
<b>Member</b>		<b>Medical Plan</b>	
Subscriber Name: JOHN SAMPLE Subscriber ID: SMP10001 Group Number: Effective Date:		PCP Office Visit: Specialist Office Visit: Emergency Room: Urgent Care: OOP Max: Med INN Deductible:	
<b>Dependents:</b> JANE SAMPLE JIMMY SAMPLE		<b>Pharmacy Plan</b>	
		RxBIN: 003858 RxPCN: A4 RxGRP: CHPCRE	
		Preferred Generic Drug: Generic Drug: Brand Drug: Non Preferred Brand Drug: Specialty Drug: Prescription Drug INN Ded.	

<b>Provider Services</b>	<b>Member Services</b>
Submit Medical Claims to: P.O. Box 981654 El Paso, TX 79998-1654 Payor ID: 52106	Member Services 1-844-282-3025 TTY 711 Superior Vision 1-800-879-6901 Delta Dental 1-833-459-1167 Pharmacy for Members 1-844-569-2830 TDD Pharmacy 1-800-759-1089
Submit Dental Claims to: P.O. Box 1809 Alpharetta, GA 30023-1809	<b>Assistance 24/7</b> Nurse Line: 1-844-581-3175
Submit Vision Claims to: 939 Elridge Landing Rd, Ste 200 Linthicum, MD 21090	
*NOTICE: YOUR SHARE OF THE PAYMENT FOR HEALTH CARE SERVICES MAY BE BASED ON THE AGREEMENT BETWEEN YOUR HEALTH PLAN AND YOUR PROVIDER UNDER CERTAIN CIRCUMSTANCES. THIS AGREEMENT MAY ALLOW YOUR PROVIDER TO BILL YOU FOR AMOUNTS UP TO THE PROVIDER'S REGULAR BILLED CHARGES.*	
CHRISTUS Health Plan is a licensed HMO in Texas. CHRISTUS Health Plan is also the sole agent of CHRISTUS Health Plan Louisiana, a licensed HMO in Louisiana which operates under the registered trade name of CHRISTUS Health Plan.	
Please visit <a href="http://www.christushealthplan.org">www.christushealthplan.org</a> for more information about your plan and to find information on how to locate an in-network provider.	

### PROVIDER RELATIONS:

For Provider Relations needs or to request portal access:  
[CHP.ProviderNetwork@christushealth.org](mailto:CHP.ProviderNetwork@christushealth.org)

### CHRISTUS HEALTH PLAN WEBSITE:

[www.christushealthplan.org](http://www.christushealthplan.org)

- Provider Resources
- Locate a Provider
- Provider Education
- Provider Portal

### NETWORK CONTRACTING:

[CHP.NetworkDevelopment@Christushealth.org](mailto:CHP.NetworkDevelopment@Christushealth.org)

### SALES & MARKETING

- Marketing Events
- Broker and Prospect Inquiries

**Phone: 833-889-4357** [TXBrokerSupport@christushealth.org](mailto:TXBrokerSupport@christushealth.org)

### CLAIMS

**CLAIMS RESUBMISSIONS** Resubmission deadline **180** days  
**CLAIMS ADDRESS** CHRISTUS Health Plan LA Exchange  
P.O. Box 981654  
El Paso, TX 79998-1654  
**Phone: 844-282-3026**  
**ELECTRONIC CLAIMS** Clearinghouse: Change Healthcare  
Payor ID: **52106**

### AUTHORIZATION INFORMATION

Please visit [www.christushealthplan.org](http://www.christushealthplan.org) for the most up-to-date authorization list.  
For question contact us at 844-282-3026.

### UTILIZATION MANAGEMENT

**Phone: 800-446-1730** **Fax: 844-357-7562**

### BEHAVIORAL HEALTH

- Case Management
  - Prior Authorizations
- Phone: 800-446-1730**

### COMPLAINTS AND APPEALS

[Christus.Hp.AppealandGrievances@christushealth.org](mailto:Christus.Hp.AppealandGrievances@christushealth.org)

**Phone: 844-282-0380** **Fax: 866-416-2840**

Appeals deadline: **180** days from date of last disposition

Mail to: CHRISTUS Health Plan  
Attention: Complaint and Appeals  
P.O. Box 169009  
Irving, TX 75016

### CREDENTIALING VERIFICATION

Non-Delegated providers  
[Christus.hp.credentialing@christushealth.org](mailto:Christus.hp.credentialing@christushealth.org)  
Delegated Providers  
[Christus.dso.delegation@christushealth.org](mailto:Christus.dso.delegation@christushealth.org)  
Facilities and Ancillaries  
[Christus.hp.facility@christushealth.org](mailto:Christus.hp.facility@christushealth.org)

### ELIGIBILITY AND ENROLLMENT

[CHRISTUS.HP.Eligibility@christushealth.org](mailto:CHRISTUS.HP.Eligibility@christushealth.org)

**Phone: 844-282-3025** **Fax: 210-766-8851**

**\*\*Open Enrollment 11/01/2023 – 01/15/2024 \*\***

### 24 HOUR NURSE LINE

**Phone: 844-581-3175**

### PHARMACY BENEFIT MANAGER

Express Scripts, Inc. (ESI) **Phone: 1-844-470-1531**  
Rx BIN # **003858** Rx PCN # MD  
Rx Group # CHPMDRX CMS # **1189**  
Help Desk **Phone: 1-800-922-1557**



### DENTAL BENEFIT VENDOR

Delta Dental  
Member/Provider Services **Phone: 1-833-459-1167**  
[www.deltadentalins.com/CHPMedicareAdvantage](http://www.deltadentalins.com/CHPMedicareAdvantage)



### VISION BENEFIT VENDOR

Superior Vision  
Member Services **Phone: 1-800-879-6901**  
Provider Services **Phone: 1-877-235-5317**  
Website: [www.superiorvision.com](http://www.superiorvision.com)



### FRAUD, WASTE AND ABUSE

FWA HOTLINE: **855-771-8072**  
CHRISTUS Health Plan  
919 Hidden Ridge Irving, TX 75038  
[christushealthplansiu@christushealth.org](mailto:christushealthplansiu@christushealth.org)

### RESOURCES

[www.regtap.info/](http://www.regtap.info/)

[www.cms.gov](http://www.cms.gov)

