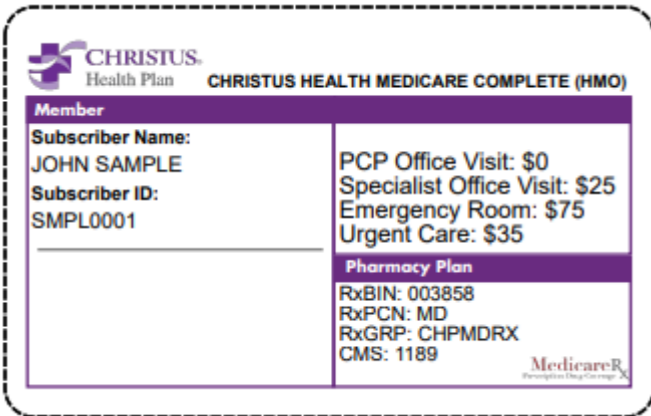


**2024 QUICK REFERENCE GUIDE  
HEALTH MEDICARE COMPLETE (HMO) – NE TEXAS**

**ELIGIBILITY**

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



**CHRISTUS Health Plan** CHRISTUS HEALTH MEDICARE COMPLETE (HMO)  
Member  
**Subscriber Name:** JOHN SAMPLE  
**Subscriber ID:** SMPL0001  
**PCP Office Visit:** \$0  
**Specialist Office Visit:** \$25  
**Emergency Room:** \$75  
**Urgent Care:** \$35  
**Pharmacy Plan**  
RxBIN: 003858  
RxPCN: MD  
RxGRP: CHPMDRX  
CMS: 1189

Provider Services	Member Services
<b>Submit Medical Claims to:</b> P.O. Box 981651 El Paso, TX 79908-1651 Payor ID: 10629	<b>Member Service</b> 1-844-282-3026 TTY TX 711 Superior Vision 1-800-879-6901 Delta Dental 1-888-818-7929 Pharmacy for Member 1-844-470-1531 TDD Pharmacy 1-800-759-1089 Amplifon Hearing Care 1-866-687-6756 TTY Amplifon 1-763-268-4264
<b>Submit Dental Claims to:</b> P.O. Box 1809 Alpharetta, GA 30023-1809	<b>Assistance 24/7</b> Nurse Line: 1-844-581-3174
<b>Submit Vision Claims to:</b> 939 Ellridge Landing Rd, Ste 200 Linthicum, MD 21090	<b>Pharmacy Administrator</b> www.express-scripts.com Pharmacy administered by Express Scripts Holding Company

www.christushealthplan.org

**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
  - Provider Education
  - Locate a Provider
  - Provider Portal

**NETWORK CONTRACTING:**

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

**SALES & MARKETING**

- Broker Support Team  
**Phone: 833-889-4357(HELP)**  
General Email: [TXBrokerSupport@christushealth.org](mailto:TXBrokerSupport@christushealth.org)  
Contracting Email: [HealthplanBrokerContracting@christushealth.org](mailto:HealthplanBrokerContracting@christushealth.org)

**CLAIMS**

CLAIMS SUBMISSIONS	Claims filing deadline <b>365</b> days
CLAIMS RESUBMITSSIONS	Resubmission deadline <b>180</b> days
CLAIMS ADDRESS	CHRISTUS Health Medicare P.O. Box 981651 El Paso, TX 79998-1651 <b>Phone: 844-282-3026</b>
ELECTRONIC CLAIMS	Clearinghouse: Change Healthcare Payor ID: <b>10629</b>

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

**BEHAVIORAL HEALTH**

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

**COMPLANTS AND APPEALS**

[Christus.Hp.AppealandGrievances@christushealth.org](mailto:Christus.Hp.AppealandGrievances@christushealth.org)  
**Phone: 844-282-0380 Fax: 866-416-2840**

Appeals deadline: **60** 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: 844-282-3026 Fax: 210-766-8854**  
Annual Enrollment Period **10/15/2023 - 12/07/2023**  
**\*\*Open Enrollment 01/01/2024 – 03/31/2024**

**24 HOUR NURSE LINE**

**Phone: 844-581-3174**

**PHARMACY BENEFIT MANAGER**

Express Scripts, Inc. (ESI)	<b>Phone: 800-935-6103</b>
Rx BIN # <b>003858</b>	Rx PCN # MD
Rx Group # CHPMDRX	CMS # <b>1189</b>
Help Desk	<b>Phone: 1-800-922-1557</b>



**VISION BENEFIT VENDOR**

Superior Vision	
Member Services TX/LA (MA)	<b>Phone: 800-879-6901</b>
Provider Services TX	<b>Phone: 866-819-4298</b>
Provider Services LA	<b>Phone: 877-235-5317</b>
Website: <a href="http://www.superiorvision.com">www.superiorvision.com</a>	



**HEARING BENEFIT VENDOR**

Amplifon Member	<b>Phone: 866-687-5756</b>
<a href="http://www.amplifonusa.com/lp/CHRISTUSHealthAdvantage">www.amplifonusa.com/lp/CHRISTUSHealthAdvantage</a>	

<b>Amplifon Providers:</b>	<b>Phone: 888-458-4804</b>
<a href="https://bit.ly/ahhcproviderportal">https://bit.ly/ahhcproviderportal</a>	



**SafeRide**

Medical Transportation  
Phone: 833-944-0536  
<https://www.saferidehealth.com/>

**RESOURCES**

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

**DENTAL BENEFIT VENDOR**

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



**MEAL BENEFIT VENDOR**

Main Care Center	Phone: 866-575-2772
Hours: 8:00 am – 5:00 pm EST	
GA Foods Website: <a href="http://www.GAFoods.com">www.GAFoods.com</a>	
<a href="https://bit.ly/ahhcproviderportal">https://bit.ly/ahhcproviderportal</a>	



**AMERICAN SPECIALTY HEALTH SILVER & FIT**

Member Services	<b>Phone 877-427-4788</b>
	(TTY/TDD 711)
Monday – Friday 5:00 am – 6:00 pm Pacific Time	
<a href="http://www.silverandfit.com/">www.silverandfit.com/</a>	



**FRAUD, WASTE AND ABUSE**

FWA HOTLINE:	<b>Phone : 855-771-8072</b>
<b>CHRISTUS Health Plan</b>	
5101 N O'Connor Blvd	
Irving, TX 75038	

