

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

ELIGIBILITY

- Member Services:
Christus.HP.memberservices.inquiry@christushealth.org
Phone: 844-282-3026 Fax: 210-766-8851
- Provider Portal: www.christushealthplan.org
- Provider Inquires: **Phone: 844-282-3026**
Fax: 210-766-8851

Provider Services	Member Services
Submit Medical Claims to: P.O. Box 981651 El Paso, TX 79998-1651 Payor ID: 10629	Member Service 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
Submit Dental Claims to: P.O. Box 1839 Alpharetta, GA 30023-1839	Assistance 24/7 Nurse Line: 1-844-581-3174
Submit Vision Claims to: 339 Elkridge Landing Rd, Ste 200 Linthicum, MD 21090	Pharmacy Administrator EXPRESS SCRIPTS® www.express-scripts.com Pharmacy administered by Express Scripts Holding Company
Fitness Benefit Included www.christushealthplan.org	

PROVIDER RELATIONS:

For Provider Relations needs or to request portal access:
CHP.ProviderNetwork@christushealth.org

CHRISTUS HEALTH PLAN WEBSITE:

- www.christushealthplan.org
- Provider Resources ➤ Provider Education
- Locate a Provider ➤ Provider Portal

NETWORK CONTRACTING:

CHP.NetworkDevelopment@Christushealth.org

SALES & MARKETING

- Marketing Events
 - Broker and Prospect Inquiries
- Phone: 833-889-4357**
TXBrokerSupport@christushealth.org

CLAIMS

CLAIMS SUBMISSIONS Claims filing deadline **365** days
CLAIMS RESUBMITTIONS Resubmission deadline **180** days
CLAIMS ADDRESS CHRISTUS Health Medicare Advantage
 P.O. Box 981651
 El Paso, TX 79998-1651
Phone: 844-282-3026

ELECTRONIC CLAIMS
 Clearinghouse: Change Healthcare
 Payor ID: **10629**

AUTHORIZATION INFORMATION

Please visit 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

COMPLAINTS AND APPEALS

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
 Delegated Providers
Christus.dso.delegation@christushealth.org
 Facilities and Ancillaries
Christus.hp.facility@christushealth.org

ELIGIBILITY AND ENROLLMENT

CHRISTUS.HP.Eligibility@christushealth.org
Phone: 844-282-3026 Fax: 210-766-8854
AEP 10/15/2023 – 12/07/2023

****Open Enrollment 01/01/2024 - 03/31/2024 ****

24 HOUR NURSE LINE

Phone: 844-581-3174

MEAL BENEFIT VENDOR

Main Care Center Phone Number: **866-575-2772**
 Hours: 8:00 am - 5:00 pm EST
 GA Foods Website: www.GAFoods.com



HEARING BENEFIT VENDOR

Amplifon Members **Phone: 866-687-6756**
www.amplifonusa.com/lp/CHRISTUSHealthAdvantage

Amplifon Providers **Phone: 888-458-4804**
<https://bit.ly/ahhcproviderportal>



SafeRide

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

FRAUD, WASTE AND ABUSE

FWA HOTLINE: **Phone: 855-771-8072**
 CHRISTUS Health Plan
 5101 N. O'Connor Blvd
 Irving, TX 75038

RESOURCES

www.regtap.info/
www.cms.gov

PHARMACY BENEFIT MANAGER

Express Scripts, Inc. (ESI) **Phone: 1-800-935-6103**
 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



VISION BENEFIT VENDOR

Superior Vision
 Member Services TX/LA (MA) **Phone: 800-879-6901**
 Provider Services TX **Phone: 866-819-4298**
 Provider Services LA **Phone: 877-235-5317**
 Website: www.superiorvision.com



AMERICAN SPECIALTY HEALTH SILVER & FIT

Member Services **Phone 877-427-4788**
 (TTY/TDD 711)
 Monday – Friday 5:00 am – 6:00 pm Pacific Time
www.silverandfit.com/

