





2024 QUICK REFERENCE GUIDE US FAMILY HEALTH PLAN

ELIGIBILITY

- Member Services:
Christus.HP.memberservice.inquiry@christushealth.org
Phone: 800-678-7347 **Fax: 210-766-8851**
- Provider Portal: www.christushealthplan.org
- Provider Inquires:
Phone: 844-282-3026 **Fax: 210-766-8851**

  	
Member	Medical Plan
Name JOHN SAMPLE	PCP Office Visit: \$0
ID Number SMPL0001	Specialty Care: \$0
Group Name RET MEDB	Emergency Room: \$0
	Inpatient Hospital: \$0
	Pharmacy Plan
	
	RxBIN 005377
	RxPCN 10000019

Provider Services	Member Services
Submit Medical Claims to: P.O. Box 881696 El Paso, TX 79998	Member Service 1-800-678-7347 MaxorPlus 1-800-687-0707 24 Hour Nurse Line 1-800-455-9355
Emergency Care	Hospital Provider Information
If you are experiencing a life threatening emergency, call 911 or proceed to the nearest emergency room. You must notify your primary care provider within 24 hours of an emergency room visit and any follow-up care must be preapproved. If you are unsure if your condition is life threatening, call your primary care manager first.	Call the plan (S) five days prior to an elective admission or outpatient procedure to obtain certification. If the patient holds other commercial health insurance, bill that carrier as primary. DO NOT BILL MEDICARE except for ESRD and services not covered by the US Family Health Plan. After Hours Care: Contact your primary care provider's after hours service. For nurse advice and answers to your health questions 24 hours a day contact our Nurse Line 1-800-455-9355.
www.christushealthplan.org/us-family-health-plan	

PROVIDER WEBSITE

www.christushealthplan.org

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

Request for portal access

CHP.ProviderNetwork@christushealth.org

NETWORK CONTRACTING

CHP.NetworkDevelopment@Christushealth.org

SALES & MARKETING

- Marketing Events
- Broker and Prospect Inquiries

Phone: 800-678-7347 TXBrokerSupport@christushealth.org

PC1657



CLAIMS

CLAIMS SUBMISSIONS	Claims filing deadline 365 days
CLAIMS RESUBMISSIONS	Resubmission deadline 90 days
CLAIMS ADDRESS	CHRISTUS Health Plan US Family Health Plan P.O. Box 981696 El Paso, TX 79998-1696 Phone: 800-678-7347
ELECTRONIC CLAIMS	Clearinghouse: Change Healthcare Payor ID: 90551

AUTHORIZATION INFORMATION

Please visit www.christushealthplan.org for the most up-to-date authorization list. For question contact us at 800-678-7347.

UTILIZATION MANAGEMENT and BEHAVIORAL HEALTH

Phone: 800-466-1730 **Fax: 800-277-4926** **Option 1**

CASE MANAGEMENT

Phone: 800-446-1730 **Option 2**

COMPLAINTS AND APPEALS

Christus.Hp.AppealandGrievances@christushealth.org
Phone: 844-282-0380 **Fax: 866-416-2840**

Appeals deadline: **90** 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

FRAUD, WASTE AND ABUSE

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

NON-COMPLIANCE

Potential non-compliance can be reported to
CHPCompliance@CHRISTUSHealth.org
CHRISTUS Integrity Hotline: 888.728.8383

24 HOUR NURSE LINE

Phone: 800-455-9355

PHARMACY BENEFIT MANAGER

Maxor Plus Phone: 800-687-0707
Rx BIN # 005377 PCN # 10000019



DENTAL BENEFIT VENDOR

Dentegra Dental Plan
Member Services **Phone: 888-282-9194**
www.dentegra.com



GROUP VISION SERVICES

Group Vision Service Vision Plan **Phone: 866-265-4626**
Website: www.gvsmd.com



WHOLEHEALTH LIVING CHOICES

Alternative Benefit Program Phone: 800-274-7526
www.whlchoices.com/#/ 10-30% discounts on
acupuncture, chiropractic services, massage therapy, Tai
Chi and Yoga



HEARING BENEFIT VENDOR

Amplifon Hearing Health Care
Member Services **Phone: 866-211-6050**
www.amplifonusa.com/christushealthusfhp



TRUSTRIDE

Medical Transportation
Phone: 844-886-RIDE (7433) www.trustride.net/



FAMILY PLANNING CLAIMS PAYMENT

Meritain Health **Phone: 888-627-8889**
Send claim to: faxbrightonmarine@meritain.com

