

### ELIGIBILITY

Member Services Phone: **844-282-3026** Fax: **210-766-8851**  
[Christus.HP.memberservices.inquiry@christushealth.org](mailto:Christus.HP.memberservices.inquiry@christushealth.org)

Provider Inquiries Phone: **844-282-3026** Fax: **210-766-8851**  
 Provider Portal [www.christushealthplan.org](http://www.christushealthplan.org)

### CLAIMS

Claims Submissions Claims filing deadline **365** days  
 \*\*Unless otherwise agreed upon in the provider's contract\*\*

Claims Resubmissions Resubmission deadline **180** days

Claims Address CHRISTUS Health Medicare Advantage  
 Phone: **844-282-3026** P.O. Box 565866  
 Dallas, TX 75356

Electronic Claims Clearinghouse: Availity  
 Payor ID: **10629**

### AUTHORIZATION INFORMATION

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

### UTILIZATION MANAGEMENT & BEHAVIORAL HEALTH

Phone: **800-446-1730** (ext 1) Fax: **800-277-4926**

**CARE MANAGEMENT** Phone: **800-446-1730** (ext 2)

### COMPLAINTS 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 the date of the last disposition

Mail to: CHRISTUS Health Plan  
 ATTN: 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**

AEP dates 10/15/2024 - 12/07/2024

Open Enrollment 01/01/2025 - 03/31/2025

### MEDICAL TRANSPORTATION VENDOR

[www.saferidehealth.com](http://www.saferidehealth.com) SafeRide: **833-944-0536**

### PHARMACY BENEFIT MANAGER

Express Scripts, Inc. (ESI) **1-844-470-1531**  
 Pharmacy Help Desk **1-800-922-1557**



### DENTAL BENEFIT VENDOR

[www.deltadentalins.com/CHPMedicareAdvantage](http://www.deltadentalins.com/CHPMedicareAdvantage)

Member/Provider Services **1-888-818-7292**



### VISION BENEFIT VENDOR

Superior Vision [www.superiorvision.com](http://www.superiorvision.com)

Member Services **1-800-879-6901**

Provider Services **1-877-235-5317**



### FITNESS BENEFIT VENDOR

Silver&Fit [www.silverandfit.com](http://www.silverandfit.com)

Member Services **877-427-4788** (TTY 711)

Monday - Friday, 5 am - 6 pm PT



### HEARING BENEFIT VENDOR

[www.amplifonusa.com/lp/christushealthadvantage](http://www.amplifonusa.com/lp/christushealthadvantage)

Member Services **866-687-6756**

Providers **888-458-4804**



### MEAL BENEFIT VENDOR

GA Foods

[www.GAFoods.com](http://www.GAFoods.com) **866-575-2772**

### FRAUD, WASTE AND ABUSE


FWA Hotline: **855-771-8072** Fax: **210-766-8849**

CHRISTUS Health Plan  
 ATTN: Special Investigations Unit

5101 N. O'Connor Blvd.

Irving, TX 75039


[ChristusHealthPlanSIU@christushealth.org](mailto:ChristusHealthPlanSIU@christushealth.org)



### CHRISTUS Health Medicare Plus (HMO)

Member	Medical Plan
<b>Subscriber Name:</b> JOHN SAMPLE  <b>Subscriber ID:</b> SMPL0001	PCP Office Visit: \$0 Specialist Office Visit: \$25 Emergency Room: \$125 Urgent Care: \$25
Pharmacy Plan	
	RxBIN: 003858 RxPCN: MD RxGRP: CHPMDRX CMS: 1189

Provider Services	Member Services
<b>Submit Medical Claims to:</b> P.O. Box 565866 Dallas, TX 75356 Payor ID: 10629	Member Service 1-844-282-3026 TTY NM 711 Superior Vision 1-800-879-6901 Delta Dental 1-888-818-7929
<b>Submit Dental Claims to:</b> P.O. Box 1809 Alpharetta, GA 30023-1809	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 Silver & Fit 1-877-427-4788
<b>Submit Vision Claims to:</b> 939 Elkridge Landing Rd, Ste 200 Linthicum, MD 21090	
<b>Pharmacy Administrator</b>  <a href="http://www.express-scripts.com">www.express-scripts.com</a> Pharmacy administered by Express Scripts Holding Company	<b>Assistance 24/7</b> Nurse Line: 1-844-581-3174

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

### NEW PROVIDER PORTAL URL

<https://christushealthprovider.healthtrioconnect.com/>

### PROVIDER RELATIONS

Needs or portal access:

[CHP.ProviderNetwork@christushealth.org](mailto:CHP.ProviderNetwork@christushealth.org)

**CHRISTUS HEALTH PLAN SITE** [www.christushealthplan.org](http://www.christushealthplan.org)

Provider Resources, Education, Search, and Portal

### NETWORK CONTRACTING

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

**SALES & MARKETING** [TXBrokerSupport@christushealth.org](mailto:TXBrokerSupport@christushealth.org)

Broker/Prospect Inquiries, Marketing Events **833-889-4357**

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