



# 2025 PROVIDER QUICK REFERENCE GUIDE- New Mexico

## CHRISTUS Health Medicare Guardian (HMO) / CHRISTUS Health Medicare Plus (HMO)

### 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**

### CARENET 24-HOUR NURSE LINE

**844-455-9355**

### 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 **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)

### 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**

**CHRISTUS Health Medicare Plus (HMO)**

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

| Provider Services   | Member Services   |
|---|---|
| <b>Submit Medical Claims to:</b><br>P.O. Box 565866<br>Dallas, TX 75356<br>Payor ID: 10629<br><b>Submit Dental Claims to:</b><br>P.O. Box 1809<br>Alpharetta, GA 30023-1809<br><b>Submit Vision Claims to:</b><br>939 Elkridge Landing Rd, Ste 200<br>Linthicum, MD 21090 | Member Service 1-844-282-3026<br>TTY NM 711<br>Superior Vision 1-800-879-6901<br>Delta Dental 1-888-818-7929<br>Pharmacy for Member 1-844-470-1531<br>TDD Pharmacy 1-800-759-1089<br>Amplifon Hearing Care 1-866-687-6756<br>TTY Amplifon 1-763-268-4264<br>Silver & Fit 1-877-427-4788<br><b>Assistance 24/7</b><br>Nurse Line: 1-844-581-3174 |
| Pharmacy Administrator  |   |
| <br><a href="http://www.express-scripts.com">www.express-scripts.com</a><br>Pharmacy administered by<br>Express Scripts Holding Company   |   |

[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)