



2025 PROVIDER QUICK REFERENCE GUIDE

US FAMILY HEALTH PLAN

ELIGIBILITY

Member Services Phone: **800-678-7347** Fax: **210-766-8851**
Christus.HP.memberservices.inquiry@christushealth.org

Provider Inquiries Phone: **800-678-7347** Fax: **210-766-8851**
 Provider Website www.christushealthplan.org

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

Provider Services	Member Services
Submit Medical Claims to: P.O. Box 561505 Dallas, TX 75356	Member Service 1-800-678-7347 MaxorPlus 1-800-687-0707 24 Hour Nurse Line 1-800-455-9355
Emergency Care 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.	Hospital Provider Information Call the plan (5) 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 PORTAL

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

NETWORK CONTRACTING

CHP.NetworkDevelopment@christushealth.org

SALES & MARKETING TXBrokerSupport@christushealth.org

Broker/Prospect Inquiries, Marketing Events Phone: **800-678-7347**

NON-COMPLIANCE

Potential non-compliance can be reported to

CHPCompliance@christushealth.org

CHRISTUS Integrity Hotline: 888-728-8383

CLAIMS

Claims Submissions Claims filing deadline **365** days
 Claims Resubmissions Resubmission deadline **90** days

Claims Address CHRISTUS Health Plan
 Phone: **800-678-7347** US Family Health Plan

P.O. Box 561505
 Dallas, TX 75356
 Clearinghouse: Availity
 Payor ID: **90551**

Electronic Claims

AUTHORIZATION INFORMATION

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

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

ChristusCAG@christushealth.org

Phone: **844-282-0380** Fax: **866-416-2840**

Appeals deadline: **90** 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

Delegated providers
Christus.DSO.Delegation@christushealth.org

Facilities and Ancillaries
Christus.HP.Facility@christushealth.org

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

PHARMACY BENEFIT MANAGER

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



DENTAL BENEFIT VENDOR

Dentegra Dental Plan www.dentegra.com
 MemberServices **888-282-9194**



VISION BENEFIT VENDOR

Group Vision Service www.gvsmid.com
 Phone: **866-265-4626**



HEARING BENEFIT VENDOR

www.myamplifonproviderportal.com
 Member Services **866-211-6050**



MEDICAL TRANSPORTATION

TrustMedic www.trustmedic.solutions
 Phone: **844-886-RIDE (7433)**

FAMILY PLANNING CLAIMS PAYMENT

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



ELIGIBILITY AND ENROLLMENT

Christus.HP.Eligibility@christushealth.org
 Phone: **800-678-7347** Fax: **210-766-8851**
 Open Season dates: 11/11/2024 - 12/10/2024