

2026 PROVIDER QUICK REFERENCE GUIDE

Health Insurance Marketplace - Louisiana

ELIGIBILITY

Member Services Phone: **844-282-3025** Fax: **210-766-8851**
Christus.HP.memberservices.inquiry@christushealth.org

Provider Inquiries Phone: **844-282-3025** Fax: **210-766-8851**
 Provider Portal www.christushealthplan.org

CHRISTUS Health Plan		FULLY INSURED	LA - EX
Member		Medical Plan	
Subscriber Name: JOHN SAMPLE		PCP Office Visit: \$20	
Subscriber ID: 000000000		Specialist Office Visit: \$40	
Group Number: 98780LA012000205		Emergency Room: Ded/30% Coinsurance	
Effective Date: 01/01/2026		Urgent Care: \$30	
PCP Name: Jane Doe		OOP Max: \$3000/\$6000	
PCP Phone: 555-555-5555		INN Deductible Combined: \$700/\$1400	
PCP Effective Date: 01/01/2026		Pharmacy Plan	
Dependents:		RxBIN: 004336	
JANE SAMPLE 000000001		RxPCN: ADV <small>www.Caremark.com</small>	
JIMMY SAMPLE 000000002		RxGRP: RX25BA <small>Pharmacy administered by CVS Caremark</small>	
		Preferred Generic Drug: \$10	
		Generic Drug: \$10	
		Brand Drug: \$20	
		Non Preferred Brand Drug: Ded/\$60 Copay	
		Specialty Drug: Up to \$150	

Provider Services	Member Services
Submit Medical Claims to: P.O. Box 561123 Dallas, TX 75356 Payor ID: 52106	Member Services 1-844-282-3025 TTY 711
Submit Dental Claims to: P.O. Box 1809 Alpharetta, GA 30023-1809	Superior Vision 1-800-879-6901 Delta Dental 1-833-459-1167 Pharmacy for Members 1-833-844-5350 PHD Pharmacy 1-800-364-6331 TTY 1-800-231-4403
Submit Vision Claims to: 939 Elkridge Landing Rd, Ste 200 Linthicum, MD 21090	Assistance 24/7 Nurse Line: 1-844-581-3175
NOTICE: YOUR SHARE OF THE PAYMENT FOR HEALTH CARE SERVICES MAY BE BASED ON THE AGREEMENT BETWEEN YOUR HEALTH PLAN AND YOUR PROVIDER. UNDER CERTAIN CIRCUMSTANCES, THIS AGREEMENT MAY ALLOW YOUR PROVIDER TO BILL YOU FOR AMOUNTS UP TO THE PROVIDER'S REGULAR BILLED CHARGES. CHRISTUS Health Plan is a licensed HMO in Texas. CHRISTUS Health Plan is also the sole owner of CHRISTUS Health Plan Louisiana, a licensed HMO in Louisiana which operates under the registered trade name of CHRISTUS Health Plan.	
Please visit www.christushealthplan.org for more information about your plan and to find information on how to locate an in-network provider.	

PROVIDER RELATIONS Needs or portal access:
CHP.ProviderNetwork@christushealth.org

CHRISTUS HEALTH PLAN SITE www.christushealthplan.org
 Provider Resources, Education, Search, and Portal

NETWORK CONTRACTING
CHP.NetworkDevelopment@christushealth.org

SALES & MARKETING TXBrokerSupport@christushealth.org
 Broker/Prospect Inquiries, Marketing Events Phone: **833-889-4357**

CLAIMS

Paper claim deadline: 45 days
 Claims Submissions: Electronic claims: 30 days
 Unless otherwise agreed upon in the provider's contract

Claims Resubmissions Resubmission deadline **180** days
 Claims Address CHRISTUS Health Plan LA Exchange
 Phone: **844-282-3025** P.O. Box 561123
 Dallas, TX 75356
 Electronic Claims Clearinghouse: Availity
 Payor ID: **52106**

AUTHORIZATION INFORMATION

Please visit www.christushealthplan.org for the most up-to-date authorization list. For questions contact us at **800-446-1730**.

UTILIZATION MANAGEMENT & BEHAVIORAL HEALTH

Phone: **800-446-1730** (ext 1) Fax: **844-357-7562**

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

COMPLAINTS AND APPEALS

ChristusCAG@christushealth.org
 Phone: **844-282-0380** Fax: **866-416-2840**
 Appeals deadline: **180** 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

ELIGIBILITY AND ENROLLMENT

Christus.HP.Eligibility@christushealth.org
 Phone: **844-282-0380** Fax: **866-416-2840**
 Open Enrollment 11/01/2025 - 01/15/2026

NEW PROVIDER PORTAL URL

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

PHARMACY BENEFIT MANAGER

CVS Caremark **1-833-844-5350**
 Pharmacy Help Desk **1-800-364-6331**



Bin # 004336
RxPCN # ADV
RxGRP # RX25BA

DENTAL BENEFIT VENDOR

Delta Dental www.deltadentalins.com
 Member/Provider Services **1-833-459-1167**



VISION BENEFIT VENDOR

Superior Vision www.superiorvision.com
 Member Services **1-800-879-6901**
 Provider Services **1-877-235-5317**



FITNESS VENDOR

(Plus plans ONLY)
 Active&Fit www.activeandfit.com
 Member Services **877-771-2746** (TTY 711)
 Monday - Friday, 5 am - 6 pm



FAMILY PLANNING CLAIMS PAYMENT

Conduent **844-242-3025**

RESOURCES

www.cms.gov

FRAUD, WASTE AND ABUSE

FWA HOTLINE **855-771-8072**
 Secure Fax **210-766-8849**

CHRISTUS Health Plan
 ATTN: Special Investigations Unit
 5101 N. O'Connor Blvd.
 Irving, TX 75039

ChristusHealthPlanSIU@christushealth.org