

# 2026 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](mailto:Christus.HP.memberservices.inquiry@christushealth.org)

Provider Inquiries Phone: **800-678-7347** Fax: **210-766-8851**  
 Provider Website [www.christushealthplan.org](http://www.christushealthplan.org)

<b>Member</b>	<b>Medical Plan</b>
Name JOHN SAMPLE	PCP Office Visit: \$0 Specialty Care: \$0 Emergency Room: \$0 Inpatient Hospital: \$0
ID Number SMPL0001	
Group Name ADFM	
	<b>Pharmacy Plan</b>
	Rx BIN 005377 Rx PCN 10000019

<b>Provider Services</b>	<b>Member Services</b>
Submit Medical Claims to: P.O. Box 561505 Dallas, TX 75356	Member Service 1-800-678-7347 VytOne Pharmacy 1-800-887-0707 24 Hour Nurse Line 1-800-455-9355
<b>Emergency Care</b>	<b>Hospital Provider Information</b>
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 (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.  <b>DO NOT BILL MEDICARE</b> except for ESRD and services not covered by the US Family Health Plan.  <b>After Hours Care:</b> 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 <b>1-800-455-9355</b> .
<a href="http://www.christushealthplan.org/us-family-health-plan">www.christushealthplan.org/us-family-health-plan</a>	

### PROVIDER PORTAL

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

### 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 Phone: **800-678-7347**

### NON-COMPLIANCE

Potential non-compliance can be reported to

[CHPCompliance@christushealth.org](mailto: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  
 US Family Health Plan

Phone: **800-678-7347**  
 P.O. Box 561505

Dallas, TX 75356  
 Clearinghouse: Availity  
 Payor ID: **90551**

Electronic Claims

### AUTHORIZATION INFORMATION

Please visit [www.christushealthplan.org](http://www.christushealthplan.org) for the most up-to-date authorization list. For questions contact us at **800-678-7347**.

### UTILIZATION MANAGEMENT & MENTAL 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](mailto: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](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)

### 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)

### PHARMACY BENEFIT MANAGER

VYTLONE **800-687-0707**  
 Rx BIN # 005377 PCN # 10000019



### DENTAL BENEFIT VENDOR

Dentegra Dental Plan [www.dentegra.com](http://www.dentegra.com)  
 MemberServices **888-282-9194**



### VISION BENEFIT VENDOR

Group Vision Service [www.gvsmd.com](http://www.gvsmd.com)  
 Phone: **866-265-4626**



### HEARING BENEFIT VENDOR

[www.myamplifonproviderportal.com](http://www.myamplifonproviderportal.com)  
 Member Services **866-211-6050**



### MEDICAL TRANSPORTATION

SafeRide Health 48 one way rides annually  
 Phone: **800-678-7347**



### FAMILY PLANNING CLAIMS PAYMENT

Conduent, Inc. 800-678-7347  
 Send claims to:

CHRISTUS Health US Family Health Plan  
 P.O. Box 561505



Dallas, TX 75356  
 Payor: 90551

### ELIGIBILITY AND ENROLLMENT

[Christus.HP.Eligibility@christushealth.org](mailto:Christus.HP.Eligibility@christushealth.org)  
 Phone: **800-678-7347** Fax: **210-766-8851**  
 Open Season dates: 11/11/2025 - 12/10/2025