

# STAR PROGRAM PROVIDER QUICK REFERENCE GUIDE

## SERVICE AREA

Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Wharton

## ELIGIBILITY

### MEMBER SERVICES

Monday – Friday, 8:00 a.m. – 6:00 p.m.  
 Local: 713.295.2294  
 Toll-free: 1.888.760.2600  
 Fax: 713.295.2293  
 TDD (hearing impaired): 7-1-1  
 E-mail: memberservices@communityhealthchoice.org

### LABORATORY SERVICES

- Clinical Pathology Laboratory
- LabCorp
- Quest Diagnostics

### MEMBER AND PROVIDER RESOURCES

- Care Management Center
  - Member Eligibility Center
  - Patient Management Center
- Create a secure account at [www.communityhealthchoice.org](http://www.communityhealthchoice.org). Click “Register Today” at the top of the screen.
- Help Members find a doctor or specialist
  - Help Members make appointments
  - Schedule an interpreter
  - Help with Medicaid recertification
  - Verify coverage/eligibility

### FRAUD, WASTE, AND ABUSE

Phone: 1.877.888.0002

### URGENT CARE

Refer Members to our urgent care facilities when appropriate. [www.communityhealthchoice.org](http://www.communityhealthchoice.org) > Find a Doctor

### PHARMACY

Navitus Health Solutions  
 Toll-free: 1.877.908.6023  
 Website: [www.navitus.com](http://www.navitus.com)

### BEHAVIORAL HEALTH SERVICES

Community Health Choice (9/1/2019)  
 Toll-free: 1.877.343.3108  
 Crisis Hotline  
 Some services may require prior authorization.

### DENTAL UNDER 21

DentaQuest  
 Toll-free: 1.800.516.0165  
 Website: [www.dentaquest.com](http://www.dentaquest.com)

### DENTAL UNDER 21

MCNA Dental  
 Toll-free: 1.800.494.6262  
 Website: [www.mcnatx.net/members](http://www.mcnatx.net/members)

### DENTAL 21 AND OVER

FCL Dental  
 Toll-free: 1.866.844.4251  
 Website: [www.fclidental.com](http://www.fclidental.com)

### VISION

Envolve Vision  
 Toll-free: 1.844.686.4358  
 Website: [visionbenefits.envolvehealth.com](http://visionbenefits.envolvehealth.com)

### STAR PROGRAM HELP LINE:

Toll-free: 1.800.964.2777

### MEDICAID RECERTIFICATION

Monday – Friday,  
 8:00 a.m. – 5:00 p.m.  
 Local: 713.295.2222  
 Fax: 713.295.2293  
 Toll-free: 1.877.635.6736

### MEDICAL TRANSPORTATION MANAGEMENT:

Toll-free: 1.855.687.4786

### TEXAS HEALTH STEPS:

Toll-free: 1.877.847.8377

### WOMEN, INFANTS, AND CHILDREN PROGRAM (WIC):

Toll-free: 1.800.942.3678

### EARLY CHILDHOOD INTERVENTION (ECI) DARS

Inquiries Line Toll-free: 1.877.787.8999

## PROVIDER RESOURCES

### PROVIDER SERVICES

Monday - Friday, 8:00 a.m. – 5:00 p.m.  
 Local: 713.295.2295 Toll-free: 1.888.760.2600  
 Fax: 713.295.7039  
 ProviderWebInquiries@CommunityHealthChoice.org

- Claims Inquiries
- Contract Clarification/Interpretation
- Provider Education In-Services
- Provider Updates (Address/Phone/Tax ID)

### PROVIDER WEBSITE TOOLS

Website: <https://provider.CommunityHealthChoice.org/>

- Submit Prior Authorization Requests/Clinical Information
- View Prior Authorization Guide
- Authorization Status
- Medical Appeals Status
- Sterilization Consent Forms
- Submit Claim
- Claims Status Check
- Submit Claim Inquiry
- Check Tracer
- Retrieve ALL EOP (Review Recoupment EOPs)
- Pharmacy Formulary
- Policies and Guidelines (Manuals, Forms, etc.)
- Web Account Management

### REFERRAL CENTER

Monday – Friday, 8:00 a.m. – 5:00 p.m. Local: 713.295.2303 Fax: 713.295.7028 Toll-free: 1.888.760.2600

### CARE MANAGEMENT

- Asthma
- Diabetes
- Congestive Heart Failure
- Care Coordination
- Home and Hospital Visits

E-mail: [CMCoordinators@communityhealthchoice.org](mailto:CMCoordinators@communityhealthchoice.org)  
 Local: 832.242.2273  
 Toll-free: 1.844.297.4450  
 • Behavioral Health  
 E-mail: [BHcasemanagementreferrals@communityhealthchoice.org](mailto:BHcasemanagementreferrals@communityhealthchoice.org)

### SPECIALIST SCHEDULING

- Free assistance with locating a specialist
- Schedule the appointment
- Update the referring and receiving provider
- Locate a nearby hospital
- Assist with scheduling difficulties
- Assist with benefit inquiries

Phone: 713.295.2450  
 Fax: 713.295.7050

### HIGH-RISK PERINATAL PROGRAM

- High-risk pregnancy counseling and support
- Care coordination
- Home and hospital visits

E-mail: [PerinatalGroup@communityhealthchoice.org](mailto:PerinatalGroup@communityhealthchoice.org)  
 Local: 832.242.2273 Toll-free: 1.844.297.4450

### COMPLEX CASE MANAGERS

- Transplant
- Strokes
- Traumatic Brain Injury
- Cancer E-mail: [UMCCM@communityhealthchoice.org](mailto:UMCCM@communityhealthchoice.org)
- Behavioral Health

E-mail: [BHcasemanagementreferrals@communityhealthchoice.org](mailto:BHcasemanagementreferrals@communityhealthchoice.org)

### WELLNESS SERVICES

Monday – Friday, 8:00 a.m.– 6:00 p.m.  
 Assist with Well-Child checkup appointments  
 Local: 713.295.6789  
 Toll-free: 1.844.882.7642  
 E-mail: [Wellness@communityhealthchoice.org](mailto:Wellness@communityhealthchoice.org)

**CLAIMS PAYMENT RECONSIDERATION AND MEDICAL NECESSITY APPEALS**

**CLAIM SUBMISSIONS OR CORRECTIONS**

Claims filing deadline is 95 days from date of service. Member ID cards will reflect correct information for claims submissions. Call Member Services to verify eligibility.

**Corrected Claims:**

- For CMS 1500 claims, use resubmission code 7 in Box 22 for corrected claim along with the original claim (Note: Not to be used if original claim was rejected).
- For UB 04 claims, submit with the appropriate resubmission code 7 in the third digit of the bill type (117- Inpatient claim or 137 Outpatient claim), the original claim number in Box 64 and a copy of the original EOP.

**Paper Claims:**

Community Health Choice | P.O. Box 301404 | Houston, TX 77230

**REFUND LOCKBOX**

Community Health Choice | P.O. Box 4818 | Houston, TX 77210-4818

Submit directly through the online Claims portal: [communityhealthchoice.org](http://communityhealthchoice.org) > Provider > Claim Center.

**Payer ID: 48145**

- Availity: 1.800.282.4548 Website: [www.availity.com](http://www.availity.com)
- Change Healthcare (formerly Emdeon and Relay Health): 1.877.469.3263 Website: [www.changehealthcare.com](http://www.changehealthcare.com)
- TMHP: [www.tmhp.com](http://www.tmhp.com)
- Trizetto Provider Solutions: 1.800.556.2231 Website: [www.trizettoprovider.com](http://www.trizettoprovider.com)

**ELECTRONIC PAYMENT/REMITTANCE**

**Payment methods:** Virtual Card, EFT/ACH or Paper Check

- Enroll to receive EFT through Settlement Advocate for Community only, visit: <https://view.echohealthinc.com/EFTERADirect/CommunityHealthChoice/index.html>.
- Enroll to receive EFT from all payers processing payments on the Settlement Advocate platform, visit <https://view.echohealthinc.com/EFTERA/efterainvitation.aspx>. A fee for this service may apply. Contact ECHO Health toll-free at 1.833.629.9725 for questions regarding payment options.

**ERA:** Log into [www.providerpayments.com](http://www.providerpayments.com) to gain online access to detailed EOPs for all ECHO transactions.

**CLIA REQUIREMENT**

If you provide CLIA-waived lab services, Community must have your CLIA certification on file.

**TAXONOMY CODE**

Include the taxonomy code and NPI number for both the rendering and the billing provider appropriately.

**AUTHORIZATIONS AND NOTIFICATIONS**

Authorization (also referred to as prospective, concurrent review) is the process by which certain medical services or medications are reviewed for medical necessity against healthcare management or evidenced-based guidelines. To learn more, visit the Authorization section of the Provider Manual, Online Provider Portal or call 713.295.2295. For a list of Authorization requirements, download the Prior Authorization Guide: Prior Authorization Guidelines. It is on the secure Provider Portal.

**Please note that payment is subject to the terms of the contract under which the Member is eligible to receive benefits. Member eligibility and benefits should always be verified in advance of providing service and authorization requirements followed.**

Phone: 713.295.2295 or 1.888.760.2600  
Website: [www.communityhealthchoice.org](http://www.communityhealthchoice.org)

**FAX NUMBERS**

Prior-Authorizations Fax: 713.295.2283 or 1.844.899.2495  
Admission Notifications Fax: 713.295.2284 or 1.844.831.8323  
Outpatient Perinatal Fax: 713.295.7028 or 1.844.247.4300  
IP Concurrent Review Fax: 713.295.7030 or 1.844.899.2496  
Prior Authorizations-Behavioral Health OP Fax: 713.576.0931  
Prior Authorizations-Behavioral Health IP Fax: 713.576.0932  
Behavioral Health Case Management Fax: 713.576.0933  
Behavioral Health Inpatient Discharge Fax: 713.848.6941

**UTILIZATION MANAGEMENT**

- Medical Case Management
  - Prior Authorizations
  - Notification of Admissions
  - Concurrent Review and Discharge Needs
- Phone: 713.295.2295 or 1.888.760.2600  
Website: [www.communityhealthchoice.org](http://www.communityhealthchoice.org)

**CLAIMS PAYMENT RECONSIDERATION**

Requests for reconsideration must be made within 120 days from the date of the Explanation of Payment (EOP). Please use the form at [communityhealthchoice.org](http://communityhealthchoice.org) > Provider > Forms and Guides > Provider Payment Dispute Form. Include copy of Community Health Choice EOP along with all supporting documentation, e.g., office notes, authorization and practice management print screens.

Mail to: Community Health Choice  
Attn: Claims Payment Reconsideration  
2636 S. Loop West, Suite 125  
Houston, TX 77054  
Email: [ProviderWebInquiries@CommunityHealthChoice.org](mailto:ProviderWebInquiries@CommunityHealthChoice.org)

**APPEALS**

Appeals submission deadline is 60 days from the date of last disposition of the authorization. Please include the reason for your appeal in your documentation, e.g., medical authorization denial, prior authorization denial appeals, Navitus Pharmacy denial.

Appeals of adverse determinations are processed within 30 calendar days of receipt of the completed Appeal request.

**Behavioral Health Appeals**

Mail to: Community Health Choice  
Attn: Behavioral Health Appeals  
P.O. Box 1411  
Houston, TX 77230  
Fax: 713.576.0934 (Standard Requests)  
Fax: 713.576.0935 (Expedited Requests)

**Medical Appeals**

Mail to: Community Health Choice  
Attn: Medical Affairs – Appeals  
2636 S. Loop West, Suite 125  
Houston, TX 77054  
Fax: 713.295.7033