

COMMUNITY HEALTH CHOICE (HMO D-SNP) PROGRAM QUICK REFERENCE GUIDE

Effective 01/01/2020

SERVICE AREA Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Wharton	
PROVIDER SERVICES	Monday – Friday, 8:00 a.m. – 5:00 p.m. Phone: 713.295.5007 or toll-free 1.833.276.8306 Website: https://provider.communityhealthchoice.org/medicare Email: ProviderWebInquiries@CommunityHealthChoice.org
PHYSICAL HEALTH	Fax Numbers <ul style="list-style-type: none"> • Prior Authorizations: 713.295.7059 • Notification of Admissions: 713.295.2284 • Clinical Submission: 713.295.7030 • Complex Care & Discharge Planning: 713.295.7030
BEHAVIORAL HEALTH	Fax Numbers <ul style="list-style-type: none"> • Inpatient Prior Authorizations: 713.576.0932 • Outpatient Prior Authorizations: 713.576.0930
DENTAL SERVICES	FCL Dental <ul style="list-style-type: none"> • Toll-free Member Services: 1.866.844.4251 • Toll-free Provider Services: 1.877.493.6282 • Web site: www.fclidental.com
PHARMACY	Navitus <ul style="list-style-type: none"> • Toll-free: 1.866.333.2757 • Web site: https://www.navitus.com/
VISION SERVICES	Envolve Vision <ul style="list-style-type: none"> • Toll-free: 1.800.531.2818 • Web site: https://visionbenefits.envolvehealth.com/

<p style="text-align: center;">CLAIM SUBMISSIONS OR CORRECTIONS AND PAYMENT DISPUTES</p>	<p>Claims filing deadline is 95 days from date of service. Member ID cards will reflect correct information for claims submissions. Call Provider Services to verify eligibility.</p> <p>A network Provider should file a payment dispute within 180 calendar days of the date of the Explanation of Payment (EOP), or for retroactive medical necessity reviews, as of the date of the denial letter.</p> <p>Contracted Providers do NOT have payment appeal rights.</p> <p>Payer ID: 48145</p> <ul style="list-style-type: none"> • Availity: 1.800.282.4548 Web site: www.availity.com • Change Healthcare (formerly Emdeon and Relay Health): 1.877.469.3263 Web site: www.changehealthcare.com • Gateway/Trizetto Provider Solutions: 1.800.969.3666 Web site: www.trizettoprovider.com <p>Paper Claims: Community Health Choice P.O. Box 301404 Houston, TX 77230</p> <p>Corrected Claims:</p> <ul style="list-style-type: none"> • 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. <p>Refund Lockbox: Community Health Choice P.O. Box 4818 Houston, TX 77210-4818</p>	
<p style="text-align: center;">ELECTRONIC PAYMENT / REMITTANCE</p>	<p>Payment methods: Virtual Card, EFT/ACH or Paper Check</p> <ul style="list-style-type: none"> • Enroll to receive EFT through Settlement Advocate for Community only: https://view.echohealthinc.com/EFTERADirect/CommunityHealthChoice/index.html. • Enroll to receive EFT from all payers processing payments on the Settlement Advocate platform: https://view.echohealthinc.com/EFTERA/afterainvitation.aspx. A fee for this service may apply. <p>Contact ECHO Health toll-free at 1.833.629.9725 for questions regarding payment options.</p> <p>ERA: Log into www.providerpayments.com to gain online access to detailed EOPs for all ECHO transactions.</p>	
<p style="text-align: center;">AUTHORIZATIONS AND NOTIFICATIONS</p>	<p>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 713.295.5007.</p> <p>For a list of Authorization requirements, download the Prior Authorization Guide: Prior Authorization Guidelines. It is on the secure Provider Portal.</p> <p>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.</p>	
<p style="text-align: center;">ADVERSE DETERMINATIONS AND APPEALS (MEDICAL)</p>	<p>Community Health Choice Attn: Medical Appeals 2636 South Loop West, Suite 125 Houston, TX 77054 Fax: 713.295.7033</p> <p>All appeals must be in writing and accompanied by medical records.</p>	<p>Community Health Choice Attn: Behavioral Health Appeals P.O. Box 1411 Houston, TX 77230 Fax: 713.576.0934 (Standard Appeal Requests) Fax: 713.576.0935 (Expedited Appeal Requests)</p> <p>All appeals must be in writing and accompanied by medical records.</p>