

CHIP PERINATAL PROVIDER QUICK REFERENCE GUIDE

ELIGIBILITY	SERVICE AREA Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Wharton		EMERGENCY SERVICES Emergency ground, air, and water transportation for labor and threatened labor directly related to the delivery of the unborn child is a covered benefit.	
	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		PRENATAL CARE Up to 20 Prenatal visits: <ul style="list-style-type: none"> • First 28 weeks of pregnancy: one visit every four weeks • 28–36 weeks of pregnancy: one visit every two–three weeks • 36 weeks to delivery: one visit every week • Additional prenatal visits will be paid if medically necessary and with prior approval by Community 	
	LABORATORY SERVICES <ul style="list-style-type: none"> • Clinical Pathology Laboratory • LabCorp • Quest Diagnostics 		Ultrasounds: <ul style="list-style-type: none"> • For routine pregnancies: two ultrasounds • For high-risk pregnancies: authorization required (excluded for MFMs and geneticists) • For high-risk pregnancy notification, complete the High-Risk Notification Form at www.CommunityHealthChoice.org or call 713.295.2303. 	
	MEMBER AND PROVIDER RESOURCES <ul style="list-style-type: none"> • Care Management Center • Member Eligibility Center • Patient Management Center Create a secure account at www.CommunityHealthChoice.org . Click “Register Today” at the top of the screen. <ul style="list-style-type: none"> • Help Members find a doctor or specialist • Help Members make appointments • Schedule an interpreter • Help with Medicaid recertification • Verify coverage/eligibility FREE TRANSPORTATION: Available to CHIP Members where transportation services are available. Call Member Services for scheduling assistance. Local: 713.295.2294 * Toll-free: 1.888.760.2600 CHIP PROGRAM HELP LINE: Toll-free: 1.800.647.6558 FRAUD, WASTE AND ABUSE: Phone: 1.877.888.0002		POSTPARTUM CARE <ul style="list-style-type: none"> • Community will pay for two postpartum visits within 60 days of birth. • Family planning is not included. • CHIP Perinatal eligibility for the mother ends with delivery. Bill 59430 for postpartum care. All claims are subject to the benefit limitations as outlined in the schedule of benefits. 	
PROVIDER RESOURCES	PROVIDER RELATIONS Monday - Friday, 8:00 a.m. - 5:00 p.m. Local: 713.295.2295 Toll-free: 1.888.760.2600 Fax: 713.295.2291 <ul style="list-style-type: none"> • Claims Inquiries • Contract Clarification/Interpretation • EFT/ERA Request • Provider Education In-Services • Provider Updates (Address/Phone/Tax ID) 		PROVIDER WEB SITE TOOLS <ul style="list-style-type: none"> • Submit prior authorization requests and upload clinic information • Claims Status • Medical Appeals Status • Explanation of Payments • Authorization Status • Provider Resource Center • Pharmacy Formulary 	
	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 <ul style="list-style-type: none"> • Asthma • Diabetes • Congestive Heart Failure • Care Coordination • Home and Hospital Visits E-mail: cmcoordinators@CommunityHealthChoice.org Local: 832.242.2273 Toll-free: 1.844.297.4450	SPECIALIST SCHEDULING <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • High-risk pregnancy counseling and support • Care coordination • Home and hospital visits E-mail: perinatalgroup@CommunityHealthChoice.org Local: 832.242.2273 Toll-free: 1.844.297.4450	WELLNESS SERVICES Monday - Friday, 8:00 a.m. – 5:00 p.m. Assist with Well-Child checkup appointments Local: 713.295.6789 Toll-free: 1.844.882.7642 E-mail: Wellness@CommunityHealthChoice.org

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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, Inc. | P.O. Box 301404 | Houston, TX 77230

REFUND LOCKBOX

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

CLAIMS PAYMENT RECONSIDERATION

Requests for reconsideration must be made within 120 days from the date of the Explanation of Payment (EOP). Please include the reason for your request in your documentation, e.g., billing issues such as incorrect modifiers, diagnostic codes, overpayments and underpayments.

Mail to: Community Health Choice, Attn: Claims Payment Reconsideration
2636 S Loop West, Suite 125 | Houston, TX 77054
Web site: CommunityHealthChoice.org

Submit directly through the online Claims portal: CommunityHealthChoice.org > Provider > Claim Center.

Payer ID: 48145

- Availity: 1.800.282.4548 Web site: www.availity.com
- Change Healthcare (formerly Emdeon): 1.877.469.3263 Web site: www.changehealthcare.com
- RelayHealth: 1.866.735.2963 Web site: www.relayhealth.com
- Trizetto Provider Solutions: 1.800.556.2231 Web site: www.trizettoprovider.com

ELECTRONIC PAYMENT/REMITTANCE

You can receive payment directly to your bank through Electronic Funds Transfer (EFT) and an Electronic Remittance Advice (ERA) that explains a claims payment or denial.

Web site: CommunityHealthChoice.org > Providers > Provider Tools

CLIA REQUIREMENT

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

MEDICAL NECESSITY APPEALS

Appeals deadline is 30 days from the date of last disposition of the authorization. Please include the reason for your appeal in your documentation, e.g., medical issue, adverse determination, authorization appeals.

Mail to: Community Health Choice, Attn: Medical Necessity Appeals
2636 S Loop West, Suite 125 | Houston, TX 77054
Web site: CommunityHealthChoice.org | Fax: 713-295-7033

BILLING

INCOME LEVEL	PROFESSIONAL CLAIMS	FACILITY CLAIMS
Labor with delivery charges at or below 198% FPL	Bill Community	Bill TMHP
Labor with delivery charges 198% - 202% FPL	Bill Community	Bill Community
All services subsequent to birth for newborns at or below 198% FPL	Bill TMHP	Bill TMHP
All services subsequent to birth for newborns 198% - 202% FPL	Bill Community	Bill Community



AUTHORIZATIONS & 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 | Web site: 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
Diabetic Supplies/Outpatient Perinatal Fax: 713.295.7028 or 1.844.247.4300
Complex Care & Discharge Fax: 713.295.7030 or 1.844.899.2496

UTILIZATION MANAGEMENT

- Medical Case Management
 - Notification of Admissions
 - Prior Authorizations
 - Concurrent Review and Discharge Needs
- Phone: 713.295.2295 or 1.888.760.2600 | Web site: www.CommunityHealthChoice.org