

# CHIP PROGRAM PROVIDER QUICK REFERENCE GUIDE

<b>ELIGIBILITY</b>	<p><b>MEMBER SERVICES</b> 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</p> <p><b>LABORATORY SERVICES</b></p> <ul style="list-style-type: none"> <li>Clinical Pathology Laboratory</li> <li>LabCorp</li> <li>Quest Diagnostics</li> </ul>	<p><b>SERVICE AREA</b> Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Wharton</p>
	<p><b>URGENT CARE:</b> Refer Members to our urgent care facilities when appropriate. www.CommunityHealthChoice.org &gt; Find a Doctor</p> <p><b>PHARMACY:</b> Navitus Health Solutions * Toll-free: 1.877.908.6023 * Web site: www.navitus.com</p> <p><b>BEHAVIORAL HEALTH SERVICES:</b> Beacon Health Options * Toll-free: 1.877.343.3108 * 24-Hour Availability * Some services may require prior authorization.</p> <p><b>DENTAL UNDER 21:</b> DentaQuest * Toll-free: 1.800.516.0165 * Web site: www.dentaquest.com</p> <p><b>DENTAL UNDER 21:</b> MCNA Dental * Toll-free: 1.800.494.6262 * Web site: www.mcnatx.net/members</p>	<p><b>MEMBER AND PROVIDER RESOURCES</b></p> <ul style="list-style-type: none"> <li>Care Management Center</li> <li>Member Eligibility Center</li> <li>Patient Management Center</li> </ul> <p>Create a secure account at <a href="http://www.CommunityHealthChoice.org">www.CommunityHealthChoice.org</a>. Click "Register Today" at the top of the screen.</p> <ul style="list-style-type: none"> <li>Help Members find a doctor or specialist</li> <li>Help Members make appointments</li> <li>Schedule an interpreter</li> <li>Help with Medicaid recertification</li> <li>Verify coverage/eligibility</li> </ul> <p><b>FREE TRANSPORTATION:</b> 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</p> <p><b>VISION:</b> Envolve Vision * Toll-free: 1.800.334.3937 * Web site: <a href="http://visionbenefits.envolvehealth.com">visionbenefits.envolvehealth.com</a></p> <p><b>CHIP PROGRAM HELP LINE:</b> Toll-free: 1.800.647.6558</p> <p><b>FRAUD, WASTE AND ABUSE:</b> Phone: 1.877.888.0002</p>
		<p><b>REFERRAL CENTER</b> Monday – Friday, 8:00 a.m. – 5:00 p.m. Local: 713.295.2303 Fax: 713.295.7028 Toll-free: 1.888.760.2600</p>
<b>PROVIDER RESOURCES</b>	<p><b>PROVIDER RELATIONS</b> Monday - Friday, 8:00 a.m. - 5:00 p.m. Local: 713.295.2295 Toll-free: 1.888.760.2600 Fax: 713.295.2291</p> <ul style="list-style-type: none"> <li>Claims Inquiries</li> <li>Contract Clarification/Interpretation</li> <li>EFT/ERA Request</li> <li>Provider Education In-Services</li> <li>Provider Updates (Address/Phone/Tax ID)</li> </ul> <p><b>PROVIDER WEB SITE TOOLS</b></p> <ul style="list-style-type: none"> <li>Submit prior authorization requests and upload clinic information</li> <li>Claims Status</li> <li>Authorization Status</li> <li>Medical Appeals Status</li> <li>Provider Resource Center</li> <li>Explanation of Payments</li> <li>Pharmacy Formulary</li> </ul>	<p><b>CARE MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>Asthma</li> <li>Diabetes</li> <li>Congestive Heart Failure</li> <li>Care Coordination</li> <li>Home and Hospital Visits</li> </ul> <p>E-mail: <a href="mailto:cmcoordinators@CommunityHealthChoice.org">cmcoordinators@CommunityHealthChoice.org</a> Local: 832.242.2273 Toll-free: 1.844.297.4450</p>
		<p><b>SPECIALIST SCHEDULING</b></p> <ul style="list-style-type: none"> <li>Free assistance with locating a specialist</li> <li>Schedule the appointment</li> <li>Update the referring and receiving provider</li> <li>Locate a nearby hospital</li> <li>Assist with scheduling difficulties</li> <li>Assist with benefit inquiries</li> </ul> <p>Phone: 713.295.2450 Fax: 713.295.7050</p>
		<p><b>HIGH-RISK PERINATAL PROGRAM</b></p> <ul style="list-style-type: none"> <li>High-risk pregnancy counseling and support</li> <li>Care coordination</li> <li>Home and hospital visits</li> </ul> <p>E-mail: <a href="mailto:perinatalgroup@CommunityHealthChoice.org">perinatalgroup@CommunityHealthChoice.org</a> Local: 832.242.2273 Toll-free: 1.844.297.4450</p>
	<p><b>WELLNESS SERVICES</b> 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: <a href="mailto:Wellness@CommunityHealthChoice.org">Wellness@CommunityHealthChoice.org</a></p>	
	<p><b>COMPLEX CASE MANAGERS</b></p> <ul style="list-style-type: none"> <li>Transplant</li> <li>Strokes</li> <li>Tramatic Brain Injury</li> <li>Cancer</li> </ul> <p>E-mail: <a href="mailto:umccm@CommunityHealthChoice.org">umccm@CommunityHealthChoice.org</a></p>	

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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.

## 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  
Web site: www.CommunityHealthChoice.org

### 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

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

