

STAR PROGRAM 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	
	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	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.
PROVIDER RESOURCES	LABORATORY SERVICES <ul style="list-style-type: none"> Clinical Pathology Laboratory LabCorp Quest Diagnostics 	<ul style="list-style-type: none"> Help Members find a doctor or specialist Schedule an interpreter Verify coverage/eligibility
	URGENT CARE: Refer Members to our urgent care facilities when appropriate. www.CommunityHealthChoice.org > Find a Doctor PHARMACY: Navitus Health Solutions * Toll-free: 1.877.908.6023 * Web site: www.navitus.com BEHAVIORAL HEALTH SERVICES: Beacon Health Options * Toll-free: 1.877.343.3108 * 24-Hour Availability * Some services may require prior authorization. DENTAL UNDER 21: DentaQuest * Toll-free: 1.800.516.0165 * Web site: www.dentaquest.com DENTAL UNDER 21: MCNA Dental * Toll-free: 1.800.494.6262 * Web site: www.mcnatx.net/members	FRAUD, WASTE AND ABUSE: Phone: 1.877.888.0002 DENTAL OVER 21: FCL Dental * Toll-free: 1.866.844.4251 * Web site: www.fcl dental.com VISION: Envolve Vision: Toll-free: 1.800.334.3937 * Web site: 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 RELATIONS Monday - Friday, 8:00 a.m. – 5:00 p.m. Local: 713.295.2295 Toll-free: 1.888.760.2600 Fax: 713.295.7039 <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 clinic information Claims Status Authorization Status Medical Appeals Status Provider Resource Center Explanation of Payments 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 Congestive Heart Failure Care Coordination 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
	COMPLEX CASE MANAGERS <ul style="list-style-type: none"> Transplant Strokes Tramatic Brain Injury Cancer E-mail: umccm@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 | 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
- TMHP: www.tmhp.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

