

<b>ELIGIBILITY</b>	<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>MEMBER SERVICES</b> Monday - Friday, 8:00 a.m. - 5:00 p.m.  <ul style="list-style-type: none"> <li>• Help Members find a doctor or specialist</li> <li>• Help Members make appointments</li> <li>• Verify benefit coverage and eligibility</li> </ul>                     Local: 713.295.6704                      Fax: 713.295.2293                      Toll-free: 1.855.315.5386                      TDD (Hearing impaired): 7.1.1                      Toll-free: 1.800.518.1655                      E-mail: MemberServices@CommunityHealthChoice.org</p> <p><b>LABORATORY SERVICES</b>  <ul style="list-style-type: none"> <li>• Clinical Pathology Laboratory</li> <li>• Labcorp</li> <li>• Quest Diagnostics</li> </ul> </p>	<p><b>MEDICAL ADVICE LINE</b> Toll-free: 1.800.835.2362</p> <p><b>VISION SERVICES</b>                      Envolve Vision                      Toll-free: 1.800.334.3937                      Web site: visionbenefits.envolvehealth.com</p> <p><b>PHARMACY</b>                      Navitus Health Solutions                      Toll-free: 1.866.333.2757                      Web site: navitus.com</p>	<p><b>BEHAVIORAL HEALTH SERVICES</b> Local: 713.295.6704  <ul style="list-style-type: none"> <li>• Alcohol/substance abuse</li> <li>• Psychiatric assessment and referral</li> <li>• Medication evaluation and monitoring</li> <li>• Case management</li> <li>• Some services may require prior authorization</li> </ul> <p><b>FRAUD, WASTE, AND ABUSE</b>                      Phone: 1.877.888.0002                      Web site: CommunityHealthChoice.org &gt; Providers &gt; Fraud and Abuse</p> </p>
<b>PROVIDER RESOURCES</b>	<p><b>PROVIDER SERVICES INQUIRIES</b> Monday - Friday, 8:00 a.m. - 5:00 p.m.  <ul style="list-style-type: none"> <li>• Claims Inquiries</li> <li>• Provider Changes (Address/Phone/Tax ID)</li> <li>• Contract Clarification/Interpretation</li> <li>• EFT/ERA Request</li> <li>• Provider Education In-Services</li> </ul>                     Phone: 713.295.6704 or 1.855.315.5386                      ProviderWebInquiries@CommunityHealthChoice.org                      Pre-Authorizations Fax:                      713.295.7019 or 1.844.899.2495                      Admission Notifications Fax:                      713.295.2284 or 1.844.831.8323                      Complex Care &amp; Discharge Planning:                      713.295.7030 or 1.844.899.2496                      Diabetic Supplies/Outpatient Perinatal:                      713.295.7028 or 1.844.247.4300                      Utilization Management (Behavioral Health)                      Fax: 713.576.0932 (inpatient)                      Fax: 713.576.0930 (outpatient)</p>	<p><b>SALES &amp; MARKETING INQUIRIES</b> Monday - Friday, 8:00 a.m. - 5:00 p.m.                      Local: 713.295.6704                      Toll-free: 1.855.315.5386  <ul style="list-style-type: none"> <li>• Respond to broker and prospect inquiries</li> <li>• Manage marketing events</li> <li>• Conduct education</li> </ul> <p><b>PROVIDER WEBSITE</b>  <ul style="list-style-type: none"> <li>• Check claims status</li> <li>• Verify member eligibility</li> <li>• Check authorization status</li> <li>• Learn about case management programs</li> <li>• Locate a provider</li> <li>• Check appeal status</li> <li>• Download EOPs</li> </ul>                     Web site:  <a href="https://provider.CommunityHealthChoice.org/">https://provider.CommunityHealthChoice.org/</a></p> </p>	<p><b>CARE MANAGEMENT</b> Monday - Friday, 8:00 a.m. - 5:00 p.m.  <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>                     E-mail: CMCoordinators@CommunityHealthChoice.org                      Local: 832.242.2273                      Toll-free: 1.844.297.4450                      Behavioral Health                      Fax: 713.576.0933                      E-mail: BHCasemanagementreferrals@CommunityHealthChoice.org</p>
	<p><b>COMPLEX CASE MANAGERS</b>  <ul style="list-style-type: none"> <li>• Transplant</li> <li>• Strokes</li> <li>• Tramatic Brain Injury</li> <li>• Cancer</li> <li>• Behavioral Health</li> </ul>                     E-mail: UMCCM@CommunityHealthChoice.org                      BHCasemanagementreferrals@CommunityHealthChoice.org</p>	<p><b>HIGH-RISK PERINATAL PROGRAM</b>  <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>                     E-mail: PerinatalGroup@CommunityHealthChoice.org                      Local: 832.242.2273                      Toll-free: 1.844.297.4450</p>	

**CLAIM SUBMISSIONS OR CORRECTIONS**

Claims Filing Deadline: 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.

**Claims:**

Community Health Choice, Inc. | P.O. Box 301424 | Houston, TX 77230

Refund Lockbox | P.O. Box 4626 | Houston, TX 77210-4626

**CLAIMS PAYMENT RECONSIDERATION**

Requests for reconsideration must be made within 180 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

**ELECTRONIC CLAIMS-UB, CMS-1500**

**Payer ID: 60495**

Change Healthcare: 1.877.469.3263 Web site: changehealthcare.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/afterainvitation.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.

**APPEALS**

Appeals deadline is 180 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

**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)

**AUTHORIZATION INFORMATION**

The list of services are subject to change and will be updated as required. Please go to <https://provider.CommunityHealthChoice.org/> for the listing.

**Disclaimer:** The Prior Authorization Guide may not include all services that require or do not require prior authorization. Please call 713.295.6704 for further information if you are unsure of prior authorization requirements. The list of services are subject to change and will be updated as required.

**TO REPORT HIGH-RISK PREGNANCIES, DELIVERIES OR SICK NEWBORNS**

Monday - Friday, 8:00 a.m. - 5:00 p.m.  
 Local: 713.295.6704 Toll-free: 1.855.315.5386  
 Fax: 713.295.2283  
 E-mail: [HealthyChoices@CommunityHealthChoice.org](mailto:HealthyChoices@CommunityHealthChoice.org)  
 Pre-Authorizations Fax: 713.295.2283  
 Admission Notifications Fax: 713.295.2284

Go to [CommunityHealthChoice.org](http://CommunityHealthChoice.org) > Providers > Authorizations and Notifications to submit notifications of high-risk pregnancies and deliveries. It is not necessary to fax information after submitting online.

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.**

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 Web site: [CommunityHealthChoice.org](http://CommunityHealthChoice.org)