

HEALTH INSURANCE MARKETPLACE (MARKETPLACE) 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. - 5:00 p.m. <ul style="list-style-type: none"> • Help Members find a doctor or specialist • Help Members make appointments • Verify benefit coverage and eligibility 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	VISION Envolve Vision Toll-free: 1.844.293.1752 Web site: visionbenefits.envolvehealth.com	BEHAVIORAL HEALTH SERVICES Local: 713.295.6704 <ul style="list-style-type: none"> • Alcohol/substance abuse • Psychiatric assessment and referral • Medication evaluation and monitoring • Case management • Some services may require prior authorization
PROVIDER RESOURCES	LABORATORY SERVICES <ul style="list-style-type: none"> • Clinical Pathology Laboratory • Labcorp • Quest Diagnostics 	PHARMACY Navitus Health Solutions Toll-free: 1.866.333.2757 Web site: navitus.com	FRAUD, WASTE, AND ABUSE Phone: 1.877.888.0002 Web site: CommunityHealthChoice.org > Providers > Fraud and Abuse
	PROVIDER SERVICES INQUIRIES Monday - Friday, 8:00 a.m. - 5:00 p.m. <ul style="list-style-type: none"> • Claims Inquiries • Provider Changes (Address/Phone/Tax ID) • Contract Clarification/Interpretation • Provider Education In-Services Phone: 713.295.6704 or 1.855.315.5386 ProviderWebInquiries@CommunityHealthChoice.org Prior Authorizations Fax: 713.295.7019 Admission Notifications Fax: 713.295.2284 or 1.844.831.8323 IP Concurrent Review Fax: 713.295.7030 or 1.844.899.2496 Outpatient Perinatal: 713.295.7028 or 1.844.247.4300 Utilization Management (Behavioral Health) Fax: 713.576.0932 (inpatient) Fax: 713.576.0930 (outpatient)	SALES & MARKETING INQUIRIES 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"> • Assist with enrollments and renewals • Respond to broker and prospect inquiries • Manage marketing events • Conduct education 	CARE MANAGEMENT Monday - Friday, 8:00 a.m. - 5:00 p.m. <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 Behavioral Health Fax: 713.576.0933 E-mail: BHCasemanagementreferrals@CommunityHealthChoice.org
	COMPLEX CASE MANAGERS <ul style="list-style-type: none"> • Transplant • Strokes • Traumatic Brain Injury • Cancer • Behavioral Health E-mail: UMCCM@CommunityHealthChoice.org BHCasemanagementreferrals@CommunityHealthChoice.org	PROVIDER WEBSITE https://provider.CommunityHealthChoice.org/ <ul style="list-style-type: none"> • Submit Prior Authorization Requests/Clinical Information • View Prior Authorization Guide • Authorization Status • Medical Appeals Status • Sterilization Consent Forms • Claims Status Check 	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

CLAIMS PAYMENT RECONSIDERATION AND MEDICAL NECESSITY APPEALS

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

CLIA REQUIREMENT

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

CLAIMS PAYMENT RECONSIDERATION

Requests for reconsideration must be made within 180 days from the date of the Explanation of Payment (EOP). Please use the form at communityhealthchoice.org > Provider > Forms and Guides > Provider Payment Dispute Form. Include copy of Community Health Choice EOP along with all supporting documentation, e.g., office notes, authorization and practice management print screens.

Mail to: Community Health Choice
Attn: Claims Payment Reconsideration
2636 S. Loop West, Suite 125
Houston, TX 77054
Email: ProviderWebInquiries@CommunityHealthChoice.org

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.

Monday - Friday, 8:00 a.m. - 5:00 p.m.
Local: 713.295.6704 Toll-free: 1.855.315.5386
Fax: 713.295.2283
Prior Authorizations Fax: 713.295.7019
Admission Notifications Fax: 713.295.2284
Prior Authorizations-Behavioral Health OP Fax: 713.576.0930
Prior Authorizations-Behavioral Health IP Fax: 713.576.0932

Go to 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.

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/eferainvitation.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 to gain online access to detailed EOPs for all ECHO transactions.

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 Affairs - Appeals
2636 S Loop West, Suite 125
Houston, TX 77054
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 (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: 713.295.6704 or 1.855.315.5386
Web site: CommunityHealthChoice.org

AUTHORIZATIONS AND NOTIFICATIONS