

# HEALTH INSURANCE MARKETPLACE (MARKETPLACE) PROGRAM PROVIDER QUICK REFERENCE GUIDE

<b>ELIGIBILITY</b>	<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		
	<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	<b>VISION</b> Envolve Vision Toll-free: 1.844.293.1752 Web site: visionbenefits.envolvehealth.com	<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>
<b>PROVIDER RESOURCES</b>	<b>LABORATORY SERVICES</b> <ul style="list-style-type: none"> <li>• Clinical Pathology Laboratory</li> <li>• Labcorp</li> <li>• Quest Diagnostics</li> </ul>	<b>PHARMACY</b> Navitus Health Solutions Toll-free: 1.866.333.2757 Web site: navitus.com	<b>FRAUD, WASTE, AND ABUSE</b> Phone: 1.877.888.0002 Web site: CommunityHealthChoice.org > Providers > Fraud and Abuse
	<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>• Provider Education In-Services</li> </ul> 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)	<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>• Assist with enrollments and renewals</li> <li>• Respond to broker and prospect inquiries</li> <li>• Manage marketing events</li> <li>• Conduct education</li> </ul>	<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
	<b>COMPLEX CASE MANAGERS</b> <ul style="list-style-type: none"> <li>• Transplant</li> <li>• Strokes</li> <li>• Traumatic Brain Injury</li> <li>• Cancer</li> <li>• Behavioral Health</li> </ul> E-mail: UMCCM@CommunityHealthChoice.org BHCasemanagementreferrals@CommunityHealthChoice.org	<b>PROVIDER WEBSITE</b> <a href="https://provider.CommunityHealthChoice.org/">https://provider.CommunityHealthChoice.org/</a> <ul style="list-style-type: none"> <li>• Submit Prior Authorization Requests/Clinical Information</li> <li>• View Prior Authorization Guide</li> <li>• Authorization Status</li> <li>• Medical Appeals Status</li> <li>• Sterilization Consent Forms</li> <li>• Claims Status Check</li> </ul>	<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

**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. | PO Box 981839 | El Paso, TX. 79998-1839  
This change is effective 1/1/2023

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](http://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  
4888 Loop Central Dr. Suite 600  
Houston, TX 77081  
Email:  
[ProviderWebInquiries@CommunityHealthChoice.org](mailto:ProviderWebInquiries@CommunityHealthChoice.org)

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

**Payer ID: 60495**

Change Healthcare: 1.877.469.3263 Web site: [changehealthcare.com](http://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/efterainvitation.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.

**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  
4888 Loop Central Dr. Suite 600  
Houston, TX 77081  
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.

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](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)