

STAR PROGRAM PROVIDER QUICK REFERENCE GUIDE

SERVICE AREA

Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Wharton

ELIGIBILITY

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

LABORATORY SERVICES

- Clinical Pathology Laboratory
- LabCorp
- Quest Diagnostics

MEMBER AND PROVIDER RESOURCES

- 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.
- Help Members find a doctor or specialist
 - Help Members make appointments
 - Schedule an interpreter
 - Help with Medicaid recertification
 - Verify coverage/eligibility

FRAUD, WASTE, AND ABUSE

Phone: 1.877.888.0002

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
 Website: www.navitus.com

BEHAVIORAL HEALTH SERVICES

Community Health Choice (9/1/2019)
 Toll-free: 1.877.343.3108
 Crisis Hotline
 Some services may require prior authorization.

DENTAL UNDER 21

DentaQuest
 Toll-free: 1.800.516.0165
 Website: www.dentaquest.com

DENTAL UNDER 21

MCNA Dental
 Toll-free: 1.800.494.6262
 Website: www.mcnatx.net/members

DENTAL 21 AND OVER

FCL Dental
 Toll-free: 1.866.844.4251
 Website: www.fclidental.com

VISION

Envolve Vision
 Toll-free: 1.844.686.4358
 Website: 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 RESOURCES

PROVIDER SERVICES

Monday - Friday, 8:00 a.m. – 5:00 p.m.
 Local: 713.295.2295 Toll-free: 1.888.760.2600
 Fax: 713.295.7039
 ProviderWebInquiries@CommunityHealthChoice.org

- Claims Inquiries
- Contract Clarification/Interpretation
- Provider Education In-Services
- Provider Updates (Address/Phone/Tax ID)

PROVIDER WEBSITE TOOLS

Website: <https://provider.CommunityHealthChoice.org/>

• Submit Prior Authorization Requests/Clinical Information	• Submit Claim Inquiry
• View Prior Authorization Guide	• Check Tracer
• Authorization Status	• Retrieve ALL EOP (Review Recoupment EOPs)
• Medical Appeals Status	• Pharmacy Formulary
• Sterilization Consent Forms	• Policies and Guidelines
• Submit Claim	• Provider Resources (Manuals, Forms, etc.)
• Claims Status Check	• Web Account Management

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

- 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
 E-mail: BHcasemanagementreferrals@communityhealthchoice.org

SPECIALIST SCHEDULING

- 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

- 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

COMPLEX CASE MANAGERS

- Transplant
 - Strokes
 - Traumatic Brain Injury
 - Cancer E-mail: UMCCM@communityhealthchoice.org
 - Behavioral Health
- E-mail: BHcasemanagementreferrals@communityhealthchoice.org

WELLNESS SERVICES

Monday – Friday, 8:00 a.m.– 6:00 p.m.
 Assist with Well-Child checkup appointments Local: 713.295.6789
 Toll-free: 1.844.882.7642
 E-mail: Wellness@communityhealthchoice.org

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. | PO Box 981840 | El Paso, TX 79998-1840
This change is effective 2/15/2023

REFUND LOCKBOX

Community Health Choice | P.O. Box 4818 | Houston, TX 77210-4818

Submit directly through the online Claims portal: communityhealthchoice.org > Provider > Claim Center.

Payer ID: 48145

- Availity: 1.800.282.4548 Website: www.availity.com
- Change Healthcare (formerly Emdeon and Relay Health): 1.877.469.3263
Website: www.changehealthcare.com
- TMHP: www.tmhp.com
- Trizetto Provider Solutions: 1.800.556.2231 Website: www.trizettoprovider.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 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.

TAXONOMY CODE

Include the taxonomy code and NPI number for both the rendering and the billing provider appropriately.

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
Website: www.communityhealthchoice.org

FAX NUMBERS

Prior-Authorizations Fax: 713.295.2283 or 1.844.899.2495
Admission Notifications Fax: 713.295.2284 or 1.844.831.8323
Outpatient Perinatal Fax: 713.295.7028 or 1.844.247.4300
IP Concurrent Review Fax: 713.295.7030 or 1.844.899.2496
Prior Authorizations-Behavioral Health OP Fax: 713.576.0931
Prior Authorizations-Behavioral Health IP Fax: 713.576.0932
Behavioral Health Case Management Fax: 713.576.0933
Behavioral Health Inpatient Discharge Fax: 713.848.6941

UTILIZATION MANAGEMENT

- Medical Case Management
 - Prior Authorizations
 - Notification of Admissions
 - Concurrent Review and Discharge Needs
- Phone: 713.295.2295 or 1.888.760.2600
Website: www.communityhealthchoice.org

CLAIMS PAYMENT RECONSIDERATION

Requests for reconsideration must be made within 120 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
4888 Loop Central Drive Ste. 600
Houston, TX 77081

Email: ProviderWebInquiries@CommunityHealthChoice.org

APPEALS

Appeals submission deadline is 60 days from the date of last disposition of the authorization. Please include the reason for your appeal in your documentation, e.g., medical authorization denial, prior authorization denial appeals, Navitus Pharmacy denial.

Appeals of adverse determinations are processed within 30 calendar days of receipt of the completed Appeal request.

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)

Medical Appeals

Mail to: Community Health Choice
Attn: Medical Affairs – Appeals
4888 Loop Central Drive Ste. 600
Houston, TX 77081
Fax: 713.295.7033