

PROVIDER COMMUNICATION

4888 Loop Central Dr. Suite 600
Houston, TX 77081



April 24, 2024

Dear Valued Provider:

Community Health Choice has been diligently enhancing its payment policies to align with industry standards. Our aim is to consistently process claims in adherence to best practices. Beginning August 1, 2024, we will implement further improvements to our claims editing programs to support correct coding and billing practices.

These additional edits will be conducted on a pre-payment basis, focusing on claims for payment policy management, coding validation, and claim pattern review. Our edits adhere to nationally recognized standards, including guidelines from the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and Texas Medicaid. Coding edits are reviewed by experienced nurses and coders certified by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA).

We believe these enhancements will help you and your billing staff better understand our claims processing decisions, given the widespread use of these policies. This letter serves as the required notification of changes to our existing coding and editing guidelines.

Following the implementation, you may notice claim denials or payment adjustments based on these enhanced editing concepts in your Explanation of Payment or electronic remittances. For more information on Community Health Choice's new claims editing program or details specific to your claim submission and payment decisions, please contact us at the phone numbers listed below for each product.

STAR and CHIP:

- Local: 713.295.2295
- Toll-free: 1.888.760.2600

Marketplace:

- Local: 713.295.6704
- Toll-free: 1.855.315.5386

Medicare DSNP:

- Local: 713.295.5007
- Toll-free 1.833.276.8306

Sincerely,

Laurie Levermann
Chief Operating Officer
Community Health Choice