

STAR+PLUS PROGRAM PROVIDER QUICK REFERENCE

SERVICE AREA Austin, Brazoria, Fort Bend, Galveston, Harris, Matagorda, Montgomery, Waller, Wharton		PROVIDER SERVICES <ul style="list-style-type: none"> • Claims Inquiries • Contract Clarification & Interpretation • Provider Education In-Services • Provider Updates (Address/Phone/Tax ID) Monday - Friday, 8:00 a.m. – 5:00 p.m. Local: 713.295.2300 Toll-free: 1.888.435.2850 ProviderWebInquiries@CommunityHealthChoice.org	PROVIDER WEBSITE TOOLS 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 • Submit Claim • Claims Status Check • Submit Claim Inquiry • Check Tracer • Retrieve ALL EOP (Review Recoupment EOPs) • Pharmacy Formulary • Policies and Guidelines • Provider Resources (Manuals, Forms, etc.) 	
MEMBER SERVICES Monday – Friday, 8:00 a.m. – 5:00 p.m. Local: 713.295.2300 Toll-free: 1.888.435.2850 TDD (hearing impaired): 7-1-1 E-mail: memberservices@communityhealthchoice.org	STAR+PLUS PROGRAM HELP LINE Toll-free: 1.800.964.2777	REFERRAL CENTER Monday – Friday, 8:00 a.m. – 5:00 p.m. Local: 713.295.2303 Fax: 713.295.7028 Toll-free: 1.888.435.2850	BEHAVIORAL HEALTH Some services may require prior authorization Substance Abuse Services and Crisis Hotline Toll-Free: 1.877.343.3108 E-mail: BHcasemanagementreferrals@communityhealthchoice.org	
	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			
LABORATORY SERVICES Members can go to any of these preferred laboratories: <ul style="list-style-type: none"> • Clinical Pathology Laboratories, Inc. • LabCorp • Quest Diagnostics FRAUD, WASTE, AND ABUSE Phone: 1.844.368.8585 Website: https://secure.ethicspoint.com/domain/media/en/gui/52156/index.html Fax: 713.848.6952 ACCESS2CARE - NEMT Toll-free: 1.833.502.0131	VISION Envolve Vision Customer Service Toll-free: 1.844.686.4358 Network Management Toll-free: 1.800.531.2818 Website: visionbenefits.envolvehealth.com	CARE MANAGEMENT <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	SPECIALIST SCHEDULING <ul style="list-style-type: none"> • Home and Hospital Visits • 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 Fax: 713.295.7050	
	DENTAL FCL Dental Toll-free: 1.877.727.9570 Website: www.fclidental.com			COMPLEX CASE MANAGERS <ul style="list-style-type: none"> • Transplant • Strokes • Traumatic Brain Injury • Cancer E-mail: CMGroup@communityhealthchoice.org
	PHARMACY Navitus Health Solutions Toll-free: 1.877.908.6023 Website: www.navitus.com			

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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. | P.O. Box 301404 | Houston, TX 77230-1404

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

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 713.295.2300. 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: 713.295.2300 or 1.888.435.2850

Website: www.communityhealthchoice.org

FAX NUMBERS

Prior-Authorizations Fax: 713.848.6957

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

Acute Fax: 713.848.6957 | LTSS Fax: 713.848.6958

UTILIZATION MANAGEMENT

- Behavioral Health

Phone: 1.877.343.3108 | Fax: 713.576.0932 (inpatient)

Fax: 713.576.0931 (outpatient) | Fax: 713.848.6941 (inpatient discharge)

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 Dr. Suite 600
Houston, TX 77081

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 Dr. Suite 600
Houston, TX 77081
Fax: 713.295.7033

CommunityHealthChoice.org

713.295.2300 | 1.888.435.2850

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