



2025 BROKER QUICK REFERENCE GUIDE - New Mexico

CHRISTUS Health Medicare Plus (HMO) / Guardian (HMO)

MEMBER SERVICES

Phone: 844-282-3026 Fax: 210-766-8851

Christus.HP.memberservices.inquiry@christushealth.org

 CHRISTUS Health Medicare Plus (HMO)	
Member Subscriber Name: JOHN SAMPLE Subscriber ID: SMPL0001	Medical Plan PCP Office Visit: \$0 Specialist Office Visit: \$25 Emergency Room: \$100 Urgent Care: \$30
Pharmacy Plan RxBIN: 003858 RxPCN: MD RxGRP: CHPMDRX CMS: 1189	
Provider Services Submit Medical Claims to P.O. Box 566886 Dallas, TX 75356 Payor ID: 10629 Submit Dental Claims to: P.O. Box 1809 Alpharetta, GA 30023-1809 Submit Vision Claims to: 935 Elkridge Landing Rd, Ste 200 Linthicum, MD 21086	Member Services Member Service 1-844-282-3026 TTY TX 711 Superior Vision 1-800-879-6901 Delta Dental 1-888-818-7929 Pharmacy for Member 1-844-470-1531 TDD Pharmacy 1-800-759-1089 Amplifon Hearing Care 1-866-687-6756 TTY Amplifon 1-763-268-4264 Assistance 24/7 Nurse Line: 1-844-581-3174
Pharmacy Administrator  www.express-scripts.com Pharmacy administered by Express Scripts Holding Company	
www.christushealthplan.org	

MEMBER PORTAL URL

<https://christushealthmember.healthtrioconnect.com>

Reprint ID cards, change PCP, view benefits, check eligibility and more

"How to Register for the Portal" VIDEO

<https://www.christushealthplan.org/member-resources>

SALES & MARKETING

TXBrokerSupport@christushealth.org

Phone: 833-889-4357

Broker/Prospect Inquiries, Marketing Events

CARENET 24-HOUR NURSE LINE

Phone: 844-581-3174



CARE MANAGEMENT

Phone: 800-446-1730 (ext 2)

The Care Management program plans and manages the care of members with complex and/or chronic needs and those whose needs are acute, episodic, or short term in nature.

There is no cost to the member.

Members can be referred for a care management evaluation by calling the number above. Members will then be contacted to enroll.

COMPLAINTS AND APPEALS

ChristusCAG@christushealth.org

Phone: 844-282-0380 Fax: 866-416-2840

Appeals deadline: **180** days from the date of the last disposition

Mail to: CHRISTUS Health Plan

ATTN: Complaint and Appeals

P.O. Box 169009

Irving, TX 75016

ELIGIBILITY AND ENROLLMENT

Christus.HP.Eligibility@christushealth.org

Phone: 844-282-3026 Fax: 210-766-8854

AEP dates 10/15/2024-12/07/2024

Open Enrollment 01/01/2025 - 03/31/2025

FRAUD, WASTE AND ABUSE

ChristusHealthPlanSIU@christushealth.org

FWA HOTLINE: 855-771-8072

Secure Fax: 210-766-8849

CHRISTUS Health Plan

ATTN: Special Investigations Unit

5101 N. O'Connor Blvd.

Irving, TX 75039

PHARMACY BENEFIT MANAGER

Express Scripts, Inc. (ESI) 1-844-470-1531

Pharmacy Help Desk 1-800-922-1557

*Single Sign-On (SSO) available in Member Portal



DENTAL BENEFIT VENDOR

Delta Dental www.deltadentalins.com

Member Services 1-888-818-7292

*Single Sign-On (SSO) available in Member Portal



VISION BENEFIT VENDOR

Superior Vision www.superiorvision.com

Member Services 1-800-879-6901



FITNESS BENEFIT VENDOR

Silver&Fit www.silverandfit.com

Member Services 877-427-4788 (TTY 711)

Monday - Friday, 5 am - 6 pm PT



HEARING BENEFIT VENDOR

www.amplifonusa.com/lp/christushealthadvantage

Member Services 866-687-6756



MEAL BENEFIT VENDOR

www.GAFoods.com GA Foods 866-575-2772

MEDICAL TRANSPORTATION VENDOR

www.saferidehealth.com 833-944-0536

*Single Sign-On (SSO) available in Member Portal

