

2022 Quick Reference Guide CHRISTUS Health Plan Generations, Generations Plus and Guardian HMO – SE TEXAS

GENERATIONS, GENERATIONS PLUS AND

GUARDIAN HMO

CHRISTUS Health Plan offers affordable, high-quality individual health coverage with Medicare Advantage to Texas consumers in the following counties: Aransas, Bee, Jim Wells, Kleberg, Nueces, Refugio and San Patricio. Coverage is available to all, regardless of pre-existing conditions.

PROVIDER INQUIRIES

A representative is available to assist you Monday – Friday, 8 a.m. to 8 p.m. local time.

- Claim inquiries
- Provider education
- Contract clarification
- Provider demographic changes

Phone: 1-844-282-3026

Fax: 1-210-766-8851

Pre-Authorizations Fax: 1-844-357-7562

PROVIDER WEBSITE

www.christushealthplan.org

- Provider resources
- Provider education
- Locate a provider
- Provider Portal
 - Verify member eligibility
 - Check claim status
 - Download EOPs

**Please send a request for portal access via email to*

CHP.ProviderNetwork@christushealth.org

SALES & MARKETING INQUIRIES

A representative is available to assist you Monday – Friday, 8 a.m. to 5 p.m. local time.

Phone: 1-833-889-4357

- Broker and prospect inquiries
- Marketing events

Email: TXBrokerSupport@christushealth.org

AUTHORIZATION INFORMATION

The list of services are subject to change. Please visit www.christushealthplan.org for the most up-to-date listing.

Please contact us at **1-844-282-3026** for questions related to the Prior Authorization requirements. The list of services is subject to change. When updates occur, providers will be notified as required.

UTILIZATION MANAGEMENT

Phone: 1-844-282-3026

Fax: 1-844-357-7562

FRAUD AND ABUSE

It is your responsibility as a participating provider to report suspected fraud, waste, or abuse to CHRISTUS Health Plan.

FWA HOTLINE: 855-771-8072

CHRISTUS Health Plan
ATTN: SIU Coordinator

919 Hidden Ridge

Irving, TX 75038

christushealthplansiu@christushealth.org

COMPLAINTS AND APPEALS

Appeals deadline: 60 days from the date of last disposition of a claim. Please note the reason for the appeal.

Mail to:

CHRISTUS Health Plan
Attention: Complaints and Appeals

P.O. Box 169009

Irving, Texas 75016

Christus.Hp.AppealsandGrievances@christushealth.org

Phone: 1-844-282-0380

Fax: 1-866-416-2840

NETWORK CONTRACTING

Prospective Providers **ONLY**

CHP.NetworkDevelopment@ChristusHealth.org

RESOURCES

<https://www.regtap.info/>

www.cms.gov

CLAIMS SUBMISSIONS

The deadline to file claims is **365** days from the date of service. Check the ID cards for information on where to file. Call Member Services to verify eligibility.

CLAIMS RESUBMISSIONS

Corrected claims must be submitted within **180** days from date of CHRISTUS Explanation of Payment.

CLAIMS ADDRESS

CHRISTUS Health Medicare Advantage

P.O. Box 981651

El Paso, TX 79998-1651

For questions related to claims payment, please contact us at **1-844-282-3026**.

ELECTRONIC CLAIMS

Payor ID: 10629

Clearinghouse: Change Healthcare

CREDENTIALS VERIFICATION

ORGANIZATION

Non Delegated providers and groups

christus.hp.credentialing@christushealth.org

Delegated Providers

christusdsodelegation@christushealth.org

Facilities and Ancillaries

Christus.HP.Facility@christushealth.org

ELIGIBILITY AND ENROLLMENT

***Open Enrollment 10/15-12/7**

Hours Monday – Sunday, 8 a.m. to 8 p.m. local time

Phone: 1-844-282-3026

Fax 1-210- 766-8854

CHRISTUS.HP.Eligibility@christushealth.org

MEMBER SERVICES

We are available to assist our members Monday – Friday, 8 a.m. to 8 p.m. local time.

- Help finding a doctor or specialist
- Verify member coverage and eligibility

Phone: 1-844-282-3026

Fax: 1-210-766-8851

Christus.HP.memberservice.inquiry@christushealth.org

BEHAVIORAL HEALTH

- Case management
- Prior authorizations

Phone: 1-844-282-3026

For claims, member services, eligibility, and provider contracting questions, contact CHRISTUS Health Plan directly.

24 HOUR NURSE LINE

Phone: 1-844-581-3174

PHARMACY BENEFIT MANAGER

Express Scripts, Inc. (ESI)

Phone: 1-844-470-1531

Rx BIN # 003858

Rx PCN # MD

Rx Group # CHPMDRX

CMS # 1189

Help Desk 1-800-922-1557



DENTAL BENEFIT VENDOR

Delta Dental

Member Services Phone: 1-888-818-7929

Website: www.deltadentalins.com/CHPMedicareAdvantage



VISION BENEFIT VENDOR

Superior Vision

Member Services Phone: 1-800-879-6901

Provider Services Phone: 1-866-819-4298

Website: www.superiorvision.com



MEAL BENEFIT VENDOR

GA Foods

Website: www.GAFoods.com

