



137 North Belt Highway
St. Joseph, MO 64506

Fast Facts

MyCHP.com

Available at www.mychp.com

- Authorization Status
- Claims Status
- Disease Management Information
- Eligibility and Benefits
- Preferred Drug Listing
- Network Newsletter
- NPI Notification Form
- Prior-Authorization Lists and Forms
- Product Information
- Provider Application
- Provider Directory
- Provider Reference Manual
- 835 / 837 File Information

Clearinghouse

Emdeon (WebMD) (800) 845-6592

Payer I.D. number 90010

Gateway (800) 969-3666

Payer I.D. number 90020

To e-mail your **National Provider Identifier:**

npichp@heartland-health.com

Referral Process

For HMO member's, Primary Care Providers are required to document Specialist referrals in the progress notes of the patients chart.

Telephonic referrals and referral numbers are no longer necessary.

Filing Limit

Time limit for initial filing of claims is **120 days**. Corrections can be filed up to one year from the original adjudication date. Filing with CHP as secondary is allowed up to one year from the date of service for commercial and 18 months for Medicare.

Retro Authorizations

Community Health Plan **does not** authorize services retro-actively.

Frequently Used Phone Numbers

Main Numbers

- (816) 271-1247 local
- (800) 990-9247 toll free

Providers choose option **3**

Then **1** for Customer Service
or **2** for Medical Prior-Auth
or **3** for Pharmacy Prior-Auth
or **4** for Behavioral Health
or **5** for Provider Relations/Contracting

Main Fax Number

- (816) 271-1266 fax

Provider Relations

Scott Smith

- (816) 271-1273 local
- (816) 271-7275 fax

Information to have ready when you call:

For **claims issues** have the member number, date of service and billed amount.

For **Medical, Pharmacy or Behavioral Health Prior-Auth requests** have the member's I.D. number, date of birth, working diagnosis or CPT code and supporting clinical.

Claims Validation/Acknowledgement

A **Validation Report** for EDI claims is mailed within one business day. Rejected claims have information errors (specified on the report) and must be corrected and re-filed. Rejected claims and claims filed that do not show on the report did not interface with our system and were not received.

An **Acknowledgement Report** is mailed for paper claims not paid or denied within 10 business days. For paper claims kept more than 10 days a letter of explanation is sent.

Direct Electronic Filing

For information regarding **835 / 837 files** go to www.mychp.com & click on the providers tab to review our **HIPPA Companion Guides**.