



CHD Provider Portal

With our Provider Portal, you have the convenience of helpful online services such as reviewing claim status and submitting non-urgent prior authorization requests.

[Community Health Direct Provider Portal](#)

*Please note, if you previously had an ePower login and password, you will need to set up a new login and password for the updated Community Health Direct provider portal.

Review the [Provider Portal registration](#) guide for helpful instructions on how to register for the new provider portal.

Please contact us at CHDProviderRelations@ecommunity.com or 317-621-7581 if you need further assistance.

VISION: We strive to simply deliver an exceptional experience - with every life we touch.

IN THIS ISSUE:

PAGE 1

- Monthly Provider Roster Updates
- New Provider Credentialing

PAGE 2 and 3

- Parkview Health partnering with MedWatch

PAGE 4

- 2023 Quick Reference Guide

PAGE 5

- 2023 CHD Health Plan cards
- Provider Relations resources

PAGE 6

- Staff Directory

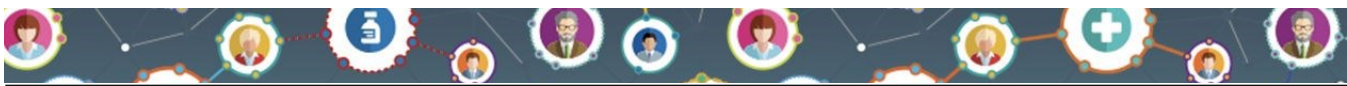
Monthly Provider Roster Updates:

- NEW providers joining Community Health Direct—Click [HERE](#)
- TERMED Community Health Direct providers—Click [HERE](#)

Credentialing of NEW Providers:

Credentialing through Community Health Direct for ALL new providers takes anywhere from 90 to 120 days from notification until completion. You can find helpful forms and answers to frequently asked questions on our website.

[Provider Credentialing Website](#)



Parkview Health: Utilization Management Update

Effective January 1, 2023, Parkview Health Plan Services has partnered with MedWatch, LLC. Please review the following notification that outlines how this change effects the pre-cert and prior authorization process.



December 15, 2022

To Our Valued Providers,

As the Parkview Health Employee Health Plan moves forward into 2023 on a path to continuous improvement, certain changes will be made to improve our Utilization Management and Case Management services.

Parkview Health Plan Services will be partnering with MedWatch, LLC, effective January 1, 2023. The purpose of this transition is to improve the provider and member experience.

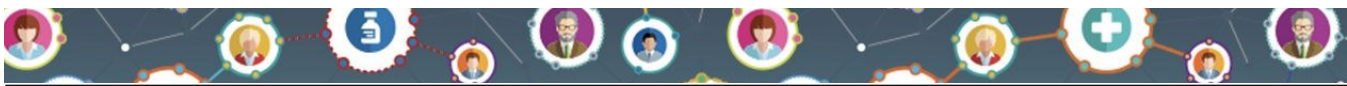
How will this change impact you as a provider?

- New Pre-Cert/Prior Authorization Phone Number:
 - MedWatch Pre-Cert Phone designated number: (888) 519-8261 and will be listed on our members' ID Cards
- New Pre-Cert/Prior Authorization Fax Number:
 - MedWatch Pre-Cert Fax Number: (407) 333-8928
- Med Watch Pre-Cert Website: <https://www.urmedwatch.com/home/>
 - Providers can click on the Pre-cert request at the top of the web page to initiate a pre-cert. (below is a screen capture of the webpage)



- In the event a pre-cert has been started or is ongoing with American Health Holding (AHH), there will be no action required from you as a provider. The authorization transition process will be handled by our Medical Management team. MedWatch will resume the pre-cert process seamlessly, recognizing previously approved authorizations.

For any additional questions, please feel free to contact our Provider Services Department at 800-666-4449 or email ProviderServices@Parkview.com



Below is a more detailed look at Parkview’s precertification process. To obtain more information, you may call 888-519-8261 or visit urmedwatch.com.

Utilization Management The Precertification Process

1. Call 1-888-519-8261 when:
When a hospital admission is necessary

7 to 10 days prior to an In/ Outpatient elective surgery is to be performed*

As soon as pregnancy has been confirmed by physician

Within 24-48 hours of an emergency hospital admission has occurred**

4. Once you are admitted, a nurse will contact your healthcare provider to confirm:

Admission and procedures have taken place

Prescribed treatment is being rendered

Release is scheduled as soon as inpatient hospital care is no longer necessary

2. Our staff will need the following information:

Name, address and date of birth

Hospital/physician name and address

Employee Social Security Number/Alternate ID

Admission date and proposed procedure

3. A Utilization Management Specialist will review and coordinate the hospital stay with your healthcare provider and determine:

Reason for admission

Surgical procedure to be performed

Appropriate length of the hospital stay

Alternative options, such as preadmission testing and outpatient treatment



* Check your benefit plan for outpatient precertification requirements

** Within 24-48 hours. Check your benefit plan for specific time requirements

**Community Health Direct
PPO, HDHP and EPO Health Plans
2023 Authorization Quick Reference Guide**

Community Health Direct supports the concept of the PCP as the “medical home” for its members. Services from Encore Combined and out-of-network providers will only be considered for coverage at the in-network level if those services are unavailable with an in-network provider.

Please submit requests as soon as possible to allow time for review. Requests may be faxed to Medical Management or submitted online through the Provider Portal at <https://secure.healthx.com/chn.provider>. Routine requests for authorizations are processed within 3 business days after receipt of all needed clinical information.

Contact Information

Medical Management: 317-621-7575
Provider Relations: 317-621-7581

Medical Management Fax: 317-621-7984
Benefits/ Eligibility: 317-621-7565

Authorizations Required	No Authorizations Required
<p>Requests for Encore Combined or out-of-network services at in-network coverage:*</p> <ul style="list-style-type: none"> Any requests for services not provided by the Community Health Network or in-network providers as listed in directory (an exception that is never covered is out-of-network Preventive Care Services) <p>Durable Medical Equipment</p> <ul style="list-style-type: none"> Durable medical purchases over \$500 –this includes CGM sensors, wheelchairs, CPAP (initial rental/purchase ONLY), hospital beds, insulin pump (initial purchase ONLY) Prosthetics and Custom Orthotics <p>Inpatient Notification</p> <ul style="list-style-type: none"> All inpatient admissions, including clinical updates for continued stay Rehabilitation and Skilled Nursing Facilities <p>Medications</p> <ul style="list-style-type: none"> Spinraza (nusinersen) • Prolia (denosumab) Entyvio (vedolizumab) <p>Outpatient</p> <ul style="list-style-type: none"> Tonsillectomies and Adenoidectomies Cosmetic/Aesthetic Procedures Transplant Requests Genetic Tests and Lab Tests performed by Encore Combined & out-of-network laboratories Focused Ultrasound Thalamotomy Endoscopy services Colonoscopies in patients under the age of 45 & those that are not for colorectal cancer screening Investigational and experimental procedures Clinical trial without Federal approval Infertility Surgeries of the neck and back Rhinoplasties and Septoplasties <p>Radiology</p> <ul style="list-style-type: none"> MRI- Spine (includes cervical) Non-oncology related PET Scans <p>Behavioral Health</p> <ul style="list-style-type: none"> All inpatient admissions for behavioral health treatment – this includes inpatient hospital and partial hospitalizations (PHP) for mental health and substance use disorder 	<p>Urgent Care at Urgent Care Centers, such as Med Check and Community Clinic at Walgreens</p> <p>Laboratory</p> <ul style="list-style-type: none"> Genetic tests performed by in-network providers Lab tests performed by in-network providers <p>Durable Medical Equipment</p> <ul style="list-style-type: none"> Medical purchases less than \$500 Bilirubin blankets for newborns Nebulizers CPAP supplies after initial authorization Insulin pump supplies after initial authorization Catheters Other disposable supplies after initial authorization <p>Outpatient</p> <ul style="list-style-type: none"> Colonoscopies for colorectal cancer screening except for patients under the age of 45 Dialysis and Epogen administration with dialysis <p>Home Health Care</p> <ul style="list-style-type: none"> Home Health Services Hospice Care (Outpatient and Inpatient) Total Parental Nutrition (TPN) Home oxygen <p>Radiology</p> <ul style="list-style-type: none"> All radiology services except MRI(s) Spine (includes cervical) and non-oncology related PET Scans <p>Miscellaneous Services</p> <ul style="list-style-type: none"> Sleep studies performed at in-network sleep labs Sleep studies performed in home under the direction of an in-network sleep lab <p>Behavioral Health</p> <ul style="list-style-type: none"> Neuropsychological testing Applied Behavior Analysis (ABA) <p>Only these pediatric services that are unavailable in-network are covered at in-network levels without a prior authorization**</p> <p>Office visits and office-based testing:</p> <ul style="list-style-type: none"> Pediatric neurosurgery < 15 years old; and for members < 18 years old – pediatric cardiology, pediatric endocrinology, pediatric hematology/oncology, pediatric ophthalmology, pediatric pulmonology, pediatric rheumatology, pediatric urology

*See exception for specific unavailable in-network pediatric services under *No Authorization Required* section

**Pediatric provider must be an Encore Combined provider to qualify for in-network coverage. Out-of-network providers are not included for consideration of in-network coverage for these pediatric services without a prior authorization



2023 CHD Health Plan Member ID Cards

Please see the current member ID cards for the Community Health Direct PPO, HDHP, and EPO Health Plans.

FRONT OF CARDS	Community Health Network PPO Medical Plan Effective: 01/01/2023	Community Health Network HDHP Medical Plan Effective: 01/01/2023	Community Health Network EPO Medical Plan Effective: 01/01/2023
	<p>JOHN TESTMEMBER Member ID: 00012345601 Deductibles (In-Network / Encore Combined) Individual: \$750 / \$1,200 Family: \$1,500 / \$2,400</p> <p>epiphany <small>rx</small> Rx Member ID: 000123456 Rx Group #: E0065</p>	<p>Group #: CHPPO Out-of-Pocket Limits (In-Network / Encore Combined) Individual: \$5,250 / \$6,500 Family: \$9,500 / \$12,000</p> <p>Rx BIN #: 020040 Rx PCN: AE7271</p>	<p>JOHN TESTMEMBER Member ID: 00012345601 Deductibles (In-Network / Encore Combined) Individual: \$2,500 / \$3,700 Family: \$5,000 / \$7,400</p> <p>epiphany <small>rx</small> Rx Member ID: 000123456 Rx Group #: E0065</p>
BACK OF CARDS (same for all)	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> </div> <p style="font-size: 8px; margin-top: 5px;">Send medical claims to: Electronic Payor ID: 35161 Community PPO Medical Plan P.O. Box 50407 Indianapolis, IN 46250-0407</p> <p style="font-size: 8px; margin-top: 5px;">Community Health Direct: (317) 621-7575 Customer Service: (317) 621-7565 or (800) 344-8672 Pharmacy inquiries: (844) 547-0399</p> <p style="font-size: 8px; margin-top: 5px;">Provider directories and EOBs available at https://ecommunity.com/community-health-direct</p> <p style="font-size: 8px; margin-top: 5px;"><i>NOTE: This is not a guarantee of coverage. Prior authorization is required for certain services. See certificate for details.</i></p> <div style="text-align: center; margin-top: 10px;"> </div>		

MISSION: We're deeply committed to enhancing health and well-being in the communities we serve.

Resources: Did You Know??

Updated for 2023. There is a helpful video that has been put together by dedicated members of our Provider Relations management team. Learn more about our Community Health Direct plans, how to navigate our provider portal, pharmacy benefits, and more.

[2023 CHD Provider Education](#)

The Community Health Direct website provides many helpful resources, answers to common questions, and fillable forms for your convenience. Take a look at the links below!

- [Contracting Assistance](#)
- [Credentialing Assistance](#)
- [Service and Education](#)
- [Community Medical Plans](#)
- [Provider Manual](#)

Request education for your office by contacting the Service and Education team of provider relations analysts below.

For providers:

- Dawn Widgery - (317) 621-7462 or dwidgery@eCommunity.com
- Carol Boyd - (317) 621-7923 or cboyd@eCommunity.com

For facilities:

- Jerrilyn Dixon - (317) 621-7466 or jdixon3@eCommunity.com



DEPARTMENT STAFF

Provider Relations Management Team:

April Woodruff - awoodruff@ecommunity.com
Jenna White - jwhite2@ecommunity.com
Lori White - lwhite4@ecommunity.com
Salena Woodson - swoodson2@ecommunity.com

Business Information Coordinator:

Lydia Houk - lhok@ecommunity.com

Provider Relations Analysts:

Carol Boyd - cboyd@ecommunity.com
Dawn Widgery - dwidgery@ecommunity.com
Jerrilyn Dixon - jdixon3@ecommunity.com

Credentialing Coordinators:

Amy Walls - awalls@ecommunity.com
Denise Smith - dasmith6@ecommunity.com
Dianne Castillo - dcastillo@ecommunity.com
Ebony Starks - estarks2@ecommunity.com
Lori Jones - ljones@ecommunity.com
Michael Starks - mstarks@ecommunity.com
Sonja Threat - sthreat@ecommunity.com
TaSheka Surney - tsurney@ecommunity.com
Tracy Davis - tdavis4@ecommunity.com



COMMUNITY HEALTH DIRECT

6626 E. 75th Street, Suite 500

Indianapolis, IN 46250-2890

Phone: 317-621-7581

CHDProviderRelations@ecommunity.com