



## 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](#)

Review the [Provider Portal registration](#) guide for helpful instructions on how to register for the new provider portal. Please contact us at [CHDProviderRelations@ecomunity.com](mailto:CHDProviderRelations@ecomunity.com) or 317-621-7581 if you need further assistance.

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

### 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](#)

### Monthly Provider Roster Updates:

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

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## **Electronic Payer ID Change**

As of 1/1/24 the electronic payer ID # for our CHD members has changed. Please reference the December provider newsletter [HERE](#) for more detailed information. Please share this information with the appropriate members of your organization.

### **Send medical claims to:**

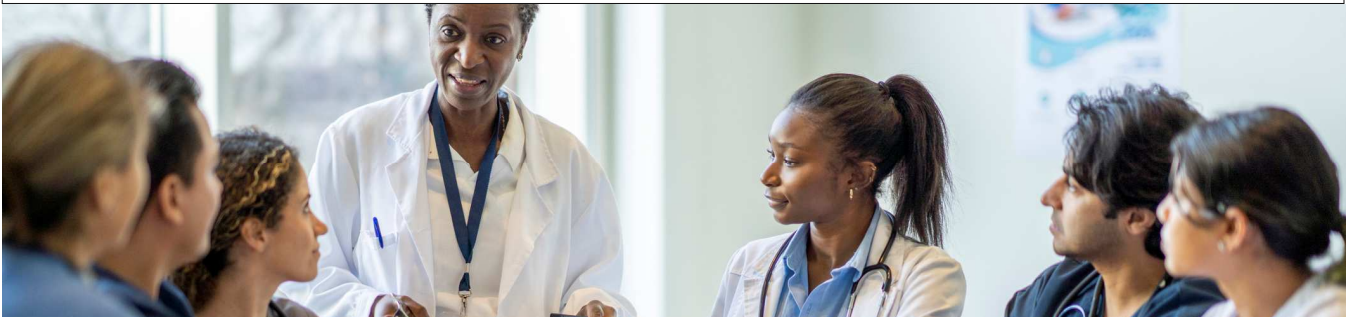
Electronic Payor ID: 77153  
Community PPO Medical Plan  
PO Box 704  
Columbus, IN 47202-0704

*\*Only dates of service for 2024 should be submitted to the information above. DOS from 2023 and earlier should still be submitted to CHD at PO Box 50407, EDI payer ID 35161 for processing.*

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

## **Note From Medical Management**

There is a new prior authorization process for continuous glucose monitors (CGM's) and CGM supplies. All CGM and CGM supplies require prior authorization through the Medical Management department. These orders are typically sent to a DME company who forwards them for authorization. All requests should be sent to Medical Management on the regular PA form along with supporting clinical. If the request is approved, we will then send the approval information to Navitus (Epiphany) so that the item may be picked up at Walgreens. It will take Navitus about 2 business days to receive the information and place the approval in their system. As usual, we suggest that patients check with Walgreens before presenting to pick up their order to make sure it is ready.



## Important Changes for 2024 to our Employee Health Plans

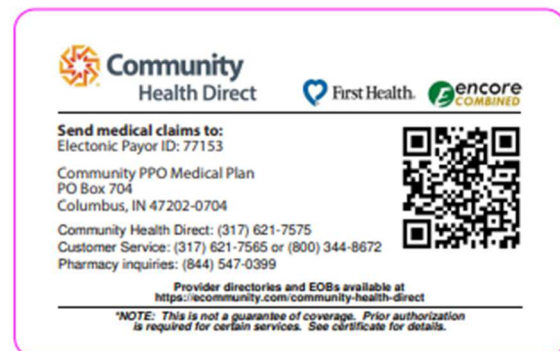
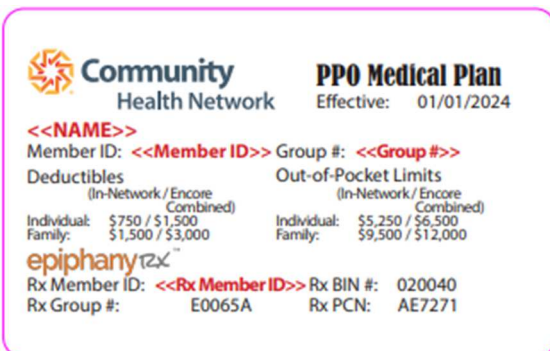
Some important changes for 2024 includes the following:

- All members will get a new Member ID and Group ID
- The claim remit address is changing
- The payor ID is changing
- Authorizations will now have an 8 -digit numeric authorization number instead of the 5 numbers and 2-3 letters that you've previously received.

What is not changing:

- Claims are still processed by Community Health Direct
- Network Structure and Reimbursement rates are not changing
- Customer Service will be managed by the same team at the same phone number
- Medical Management will be managed by the same team at the same phone number
- Provider Relations will be managed by the same team at the same phone number
- The Member and Provider portal are not changing

Here is an example of one of the 2024 Community Health Direct employee health plan ID cards:



Our provider analyst team will also reach out with educational resources over the coming weeks. Providers who are not already set-up for EFT/ERA payments with Zelis Payments will need to enroll per the instructions below.

Please use these links to view full instructions for enrolling in and using the ePAYMENT CENTER:

- [SIHO—Zelis Payments Notice](#)
- [ePAYMENT CENTER Welcome Kit Brochure](#)

**Community Health Direct  
PPO, HDHP and EPO Health Plans  
2024 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><b>Requests for Encore Combined or out-of-network services at in-network coverage:*</b></p> <ul style="list-style-type: none"> <li>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)</li> </ul> <p><b>Durable Medical Equipment</b></p> <ul style="list-style-type: none"> <li>Durable medical purchases over \$500 –this includes CGM sensors, wheelchairs, CPAP (initial rental/purchase <b>ONLY</b>), hospital beds, insulin pump (initial purchase <b>ONLY</b>)</li> <li>Prosthetics and Custom Orthotics</li> </ul> <p><b>Inpatient Notification</b></p> <ul style="list-style-type: none"> <li>All inpatient admissions, including clinical updates for continued stay</li> <li>Rehabilitation and Skilled Nursing Facilities</li> </ul> <p><b>Medications</b></p> <ul style="list-style-type: none"> <li>Spinraza (nusinersen) • Prolia (denosumab)</li> <li>Entyvio (vedolizumab)</li> </ul> <p><b>Outpatient</b></p> <ul style="list-style-type: none"> <li>Tonsillectomies and Adenoidectomies</li> <li>Cosmetic/Aesthetic Procedures</li> <li>Transplant Requests</li> <li>Genetic Tests and Lab Tests performed by Encore Combined &amp; out-of-network laboratories</li> <li>Focused Ultrasound Thalamotomy</li> <li>Endoscopy services</li> <li>Colonoscopies in patients under the age of 45 &amp; those that are not for colorectal cancer screening</li> <li>Investigational and experimental procedures</li> <li>Clinical trial without Federal approval</li> <li>Infertility</li> <li>Surgeries of the neck and back</li> <li>Rhinoplasties and Septoplasties</li> </ul> <p><b>Radiology</b></p> <ul style="list-style-type: none"> <li>MRI- Spine (includes cervical)</li> <li>Non-oncology related PET Scans</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>All inpatient admissions for behavioral health treatment – this includes inpatient hospital and partial hospitalizations (PHP) for mental health and substance use disorder</li> </ul>	<p><b>Urgent Care at Urgent Care Centers, such as Med Check and Community Clinic at Walgreens</b></p> <p><b>Laboratory</b></p> <ul style="list-style-type: none"> <li>Genetic tests performed by in-network providers</li> <li>Lab tests performed by in-network providers</li> </ul> <p><b>Durable Medical Equipment</b></p> <ul style="list-style-type: none"> <li>Medical purchases less than \$500</li> <li>Bilirubin blankets for newborns</li> <li>Nebulizers</li> <li>CPAP supplies after initial authorization</li> <li>Insulin pump supplies after initial authorization</li> <li>Catheters</li> <li>Other disposable supplies after initial authorization</li> </ul> <p><b>Outpatient</b></p> <ul style="list-style-type: none"> <li>Colonoscopies for colorectal cancer screening except for patients under the age of 45</li> <li>Dialysis and Epogen administration with dialysis</li> </ul> <p><b>Home Health Care</b></p> <ul style="list-style-type: none"> <li>Home Health Services</li> <li>Hospice Care (Outpatient and Inpatient)</li> <li>Total Parental Nutrition (TPN)</li> <li>Home oxygen</li> </ul> <p><b>Radiology</b></p> <ul style="list-style-type: none"> <li>All radiology services <b>except</b> MRI(s) Spine (includes cervical) and non-oncology related PET Scans</li> </ul> <p><b>Miscellaneous Services</b></p> <ul style="list-style-type: none"> <li>Sleep studies performed at in-network sleep labs</li> <li>Sleep studies performed in home under the direction of an in-network sleep lab</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>Neuropsychological testing</li> <li>Applied Behavior Analysis (ABA)</li> </ul> <p><b>Only these pediatric services that are unavailable in-network are covered at in-network levels without a prior authorization**</b></p> <p>Office visits and office-based testing:</p> <ul style="list-style-type: none"> <li>Pediatric neurosurgery &lt; 15 years old; and for members &lt; 18 years old – pediatric cardiology, pediatric developmental clinic, pediatric endocrinology, pediatric hematology/oncology, pediatric ophthalmology, pediatric pulmonology, pediatric rheumatology, pediatric urology</li> </ul>

\*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



## MyTru Advantage Medicare Advantage Plan

Did you know Community owns its own Medicare Advantage plan? It's Tru! Community is a founder of MyTruAdvantage, your local Medicare Advantage plan. All Community Health Network hospitals and providers participate in this plan.



For more information on enrollment and plan options, please visit [www.mytruadvantage.com](http://www.mytruadvantage.com).

## Department Staff

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