Centrus Health Direct Provider Guide

Thank you for being part of the Centrus Health Direct provider network. Below you'll find payor-specific information to reference when Centrus Health Direct members seek care.

As we grow, we will continue to communicate important updates with you.

If Centrus Health Direct is the only network available, you'll see this logo on the ID card:

CENTRUS HEALTH DIRECT

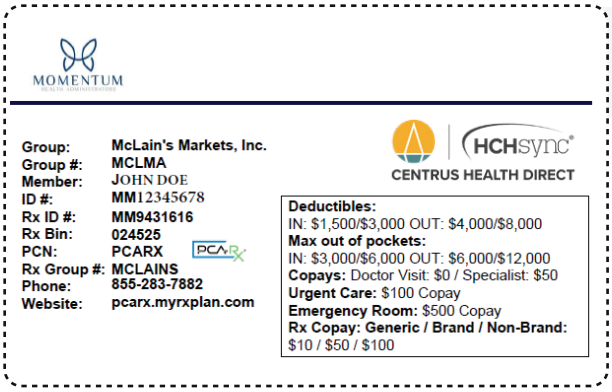
When Centrus Health Direct is offered with another network option, this logo will appear on the ID card:

CENTRUS HEALTH DIRECT NE

ID cards printed prior to 2026 may include this logo:

HCHsync CENTRUS
centrushealthdirect.com

Momentum Health


MOMENTUM HEALTH ADMINISTRATORS

Group: McLain's Markets, Inc.
Group #: MCLMA
Member: JOHN DOE
ID #: MM12345678
Rx ID #: MM9431616
Rx Bin: 024525
PCN: PCARX
Rx Group #: MCLAINS
Phone: 855-283-7882
Website: pcarx.myrxplan.com

CENTRUS HEALTH DIRECT

Deductibles:
IN: $1,500/$3,000 OUT: $4,000/$8,000
Max out of pockets:
IN: $3,000/$6,000 OUT: $6,000/$12,000
Copays: Doctor Visit: $0 / Specialist: $50
Urgent Care: $100 Copay
Emergency Room: $500 Copay
Rx Copay: Generic / Brand / Non-Brand:
$10 / $50 / $100

Sample ID Card

McLain's Markets, Inc.

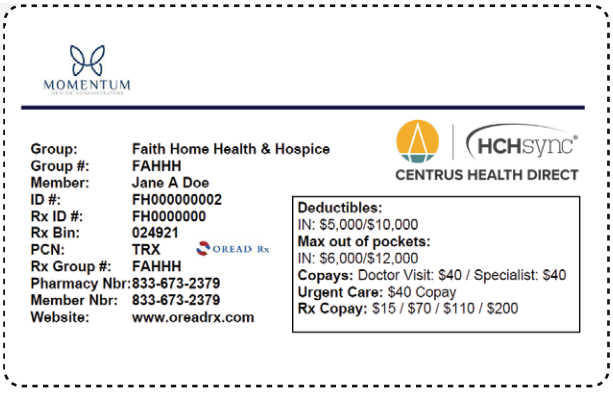
Group Number: MCLMA

Customer Service Number: (877) 401-3475
Provider Related Questions: (877) 401-3475
Precertification: (888) 519-2332
Benefits/Eligibility: (877) 401-3475
Payor ID: MOMTM
Claims Address: Momentum Health Administrators
PO Box 704008
West Valley City, UT 84170

Faith Home Health & Hospice

Group Number: FAHHH

Customer Service Number: (877) 401-3475
Provider Related Questions: (877) 401-3475
Precertification: (888) 519-2332
Benefits/Eligibility: (877) 401-3475
Payor ID: MOMTM
Claims Address: Momentum Health Administrators
PO Box 704008
West Valley City, UT 84170


MOMENTUM HEALTH ADMINISTRATORS

Group: Faith Home Health & Hospice
Group #: FAHHH
Member: Jane A Doe
ID #: FH000000002
Rx ID #: FH0000000
Rx Bin: 024921
PCN: TRX
Rx Group #: FAHHH
Pharmacy Nbr: 833-673-2379
Member Nbr: 833-673-2379
Website: www.oreadrx.com

CENTRUS HEALTH DIRECT

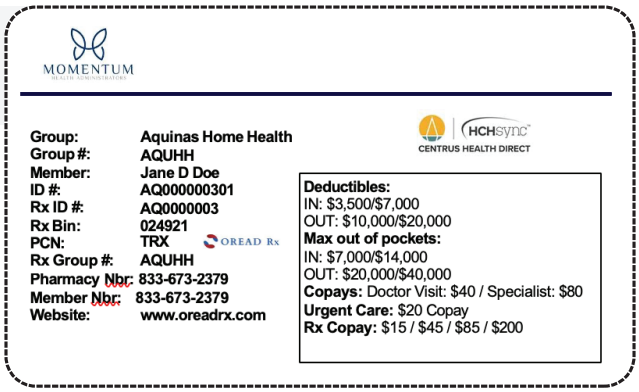
Deductibles:
IN: $5,000/$10,000
Max out of pockets:
IN: $6,000/$12,000
Copays: Doctor Visit: $40 / Specialist: $40
Urgent Care: $40 Copay
Rx Copay: $15 / $70 / $110 / $200

Sample ID Card

Aquinas Home Health

Group Number: AQUHH

Customer Service Number: (877) 401-3475
Provider Related Questions: (877) 401-3475
Precertification: (888) 519-2332
Benefits/Eligibility: (877) 401-3475
Payor ID: MOMTM
Claims Address: Momentum Health Administrators
PO Box 704008
West Valley City, UT 84170

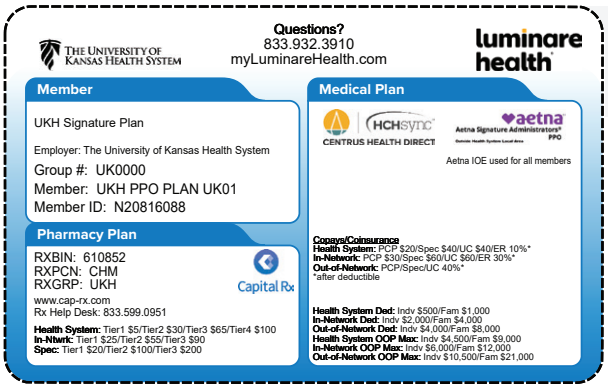


Sample ID Card

Luminare Health

luminare health
Experience. Solutions. Results.

Sample ID Card



Provider Directory: centrushealthdirect.com

The University of Kansas Health System

Group Name: UK0000

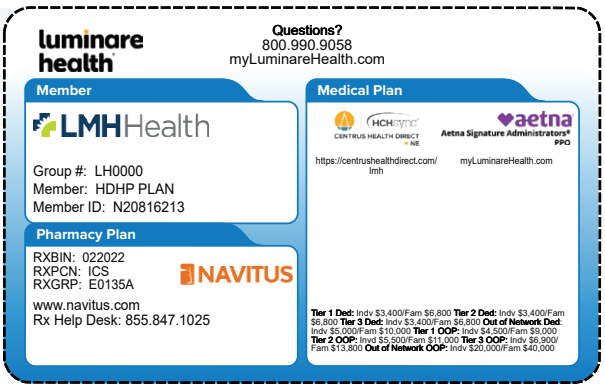
Customer Service Number: (833) 932-3910
Precertification: (800) 480-6658
Benefits/Eligibility: (800) 480-6658
Benefits/Eligibility Payer ID: CRSMD
Provider Portal: MyLuminareHealth.com
Claims Payor ID: 48117
Claims Address: Luminare Health
P.O. Box 2905
Clinton, IA 52733-2920

LMH Health

Group Name: LH0000

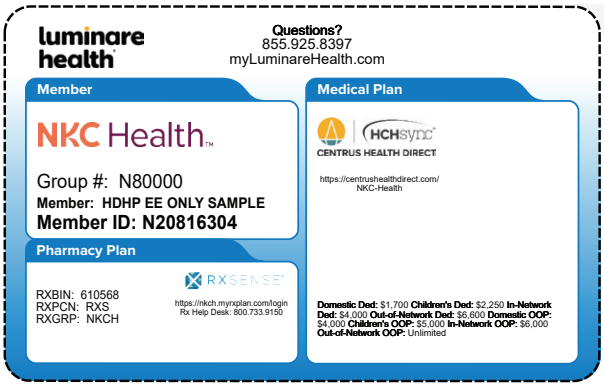
Customer Service Number: (800) 990-9058
Precertification: (800) 480-6658
Benefits/Eligibility: (800) 480-6658
Benefits/Eligibility Payer ID: CRSMD
Provider Portal: MyLuminareHealth.com
Claims Payor ID: 48117
Claims Address: Luminare Health
P.O. Box 2905
Clinton, IA 52733-2920

Sample ID Card



Provider Directory: centrushealthdirect.com/lmh

Sample ID Card



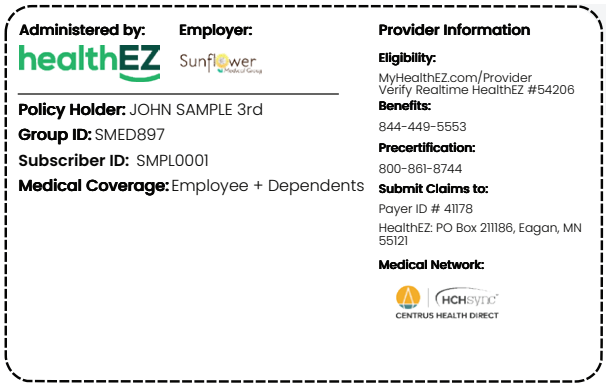
Provider Directory: centrushealthdirect.com/NKC-Health

NKC Health

Group Name: N80000

Customer Service Number: (855) 925-8397
Precertification: (800) 480-6658
Benefits/Eligibility: (800) 480-6658
Benefits/Eligibility Payer ID: CRSMD
Provider Portal: MyLuminareHealth.com
Claims Payor ID: 48117
Claims Address: Luminare Health
P.O. Box 2905
Clinton, IA 52733-2920

HealthEZ



Sample ID Card

Sunflower Medical Group

Group Name: SMED897

Precertification: (800) 861-8744
Benefits/Eligibility: MyHealthEZ.com/Provider
Provider Portal: MyHealthEZ.com/Provider
Payer ID: 41178
Claims Address: HealthEZ
PO Box 211186
Eagan, MN 55121

Trabon Printing Company

Group Name: TRPR890

Precertification: (800) 861-8744
Benefits/Eligibility: MyHealthEZ.com/Provider
Provider Portal: MyHealthEZ.com/Provider
Payer ID: 41178
Claims Address: HealthEZ
PO Box 211186
Eagan, MN 55121

Sample ID Card


Healthcare Highways TrueChoice
HCHsync CENTRUS HEALTH DIRECT

Group: ALLIANCE FIRE PROTECTION LLC **Group#:** 162051-0
Covered Member: SAMPLE
Effective 01/01/2026 **Member ID#** 162051-0-SML
Coverage For: Family
Send Claims To: EDI Payor ID HCHHP
PO Box 970 Frisco, TX 75034
Provider Locator Assistance: www.centrushealthdirect.com

Member Customer Service: 888-482-2399
Providers *(Benefits, Claim Status & pre-notification)*: 888-482-2399
www.healthcarehighways.com/truechoice/member for on-line service

Sample ID Card

Alliance Fire Protection

Group Name: 162051

Precertification: (888) 482-2399
Benefits/Eligibility: (888) 482-2399
Provider Portal: hchtruechoice.com
Payor ID: HCHHP
Claims Address: HCH TrueChoice
PO Box 970
Frisco, TX 75034

Bennett Packaging of Kansas City

Group Name: 162053

Precertification: (888) 482-2399
Benefits/Eligibility: (888) 482-2399
Provider Portal: hchtruechoice.com
Payor ID: HCHHP
Claims Address: HCH TrueChoice
PO Box 970
Frisco, TX 75034


Healthcare Highways TrueChoice
HCHsync CENTRUS HEALTH DIRECT

Group: BENNETT PACKAGING OF KANSAS CITY **Group #:**162053-0
Covered Member: SAMPLE
Effective 01/01/2026 **Member ID#** 162053-0-SMP
Coverage For: Employee Only
Send Claims To: EDI Payor ID HCHHP
PO Box 970 Frisco, TX 75034
Provider Locator Assistance: www.centrushealthdirect.com

Member Customer Service: 888-482-2399
Providers *(Benefits, Claim Status & pre-notification)*: 888-482-2399
www.healthcarehighways.com/truechoice/member for on-line service

Sample ID Card


Healthcare Highways TrueChoice
HCHsync CENTRUS HEALTH DIRECT

Group: STAR SIGNS INC **Group#:** 162058-0
Covered Member: SAMPLE
Effective 02/01/2026 **Member ID#** 162058-0-SMP
Coverage For: Employee Only
Send Claims To: CENTRUS HEALTH DIRECT
EDI PAYOR ID HCHHP PO BOX 970 FRISCO, TX 75034-0970
Provider Locator Assistance: centrushealthdirect.com

Member Customer Service: 888-482-2399
Providers *(Benefits, Claim Status & pre-notification)*: 888-482-2399
www.healthcarehighways.com/truechoice/member for on-line service

Sample ID Card

Star Signs Inc.

Group Name: 162058

Precertification: (888) 482-2399
Benefits/Eligibility: (888) 482-2399
Provider Portal: hchtruechoice.com
Payor ID: HCHHP
Claims Address: HCH TrueChoice
PO Box 970
Frisco, TX 75034

Sample ID Card

Schmuhl Brothers

Group Name: 162059

Precertification: (888) 482-2399
Benefits/Eligibility: (888) 482-2399
Provider Portal: hchtruechoice.com
Payor ID: HCHHP
Claims Address: HCH TrueChoice
PO Box 970
Frisco, TX 75034

Trexcon Inc.

Group Name: 162060

Precertification: (888) 482-2399
Benefits/Eligibility: (888) 482-2399
Provider Portal: hchtruechoice.com
Payor ID: HCHHP
Claims Address: HCH TrueChoice
PO Box 970
Frisco, TX 75034

Sample ID Card

More information coming soon!