



COMMUNITY FIRST HEALTH PLANS

Quick Reference Guide

Address

Physical and Mailing Address 12238 Silicon Drive Suite 100 San Antonio TX 78249	Internet Website WWW.CFHP.COM
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Department Phone Numbers

Member Services <table border="0"> <tr> <td>HMO</td> <td>Medicaid STAR</td> <td>CHIP</td> </tr> <tr> <td>(210)358-6070</td> <td>(210)358-6060</td> <td>(210)358-6300</td> </tr> <tr> <td>(210)358-6099 (fax)</td> <td>(210)358-6099 (fax)</td> <td>(210)358-6099 (fax)</td> </tr> </table>			HMO	Medicaid STAR	CHIP	(210)358-6070	(210)358-6060	(210)358-6300	(210)358-6099 (fax)	(210)358-6099 (fax)	(210)358-6099 (fax)
HMO	Medicaid STAR	CHIP									
(210)358-6070	(210)358-6060	(210)358-6300									
(210)358-6099 (fax)	(210)358-6099 (fax)	(210)358-6099 (fax)									
Claims HMO, Medicaid and CHIP (210)358-6200 (210)358-6199 (fax)	Health Services Management Medical and Behavioral Health (210)358-6050 (210)358-6040 (fax)										
Network Management (210)358-6030 (210)358-6199 (fax)											

Self-Referrals

<p>PCP referral is not required when a participating network specialist is utilized for:</p> <ul style="list-style-type: none"> - Routine obstetrical and/or gynecological services. - Behavioral health. (subject to program benefits and limitations) - EPSDT/Texas Health Steps (Medicaid only). - Urgent care services provided in a participating urgent care facility. - Emergency care provided in a hospital. - Early Childhood Intervention (Medicaid only)

Billing/Claims

HMO, Medicaid and CHIP <table border="0"> <tr> <td>Mailing Address</td> <td>Electronic Claims</td> </tr> <tr> <td>12238 Silicon Drive</td> <td>THIN Payor ID: COMMF</td> </tr> <tr> <td>Suite 100</td> <td>WebMD Payor ID: TH005</td> </tr> <tr> <td>San Antonio TX 78249</td> <td></td> </tr> </table>				Mailing Address	Electronic Claims	12238 Silicon Drive	THIN Payor ID: COMMF	Suite 100	WebMD Payor ID: TH005	San Antonio TX 78249	
Mailing Address	Electronic Claims										
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Claim Appeals <ul style="list-style-type: none"> - Appeal requests must be clearly identified and received by Community First within the appeal deadline specified below. - Providers are encouraged to use an Appeal Submission Form when submitting appeals. - A copy of the Explanation of Payment and/or other supporting documentation may be required. - Appeals must be mailed to the claims address listed above, addressed to "Claim Appeals." - If you disagree with the appeal decision, 2nd appeals must be received by deadline specified below. - Claims unresolved within 24 months from the date of service or discharge date on inpatient claims will not be considered for payment. 											
Filing Deadline: Appeal Deadline: 2nd Appeal: COB Deadline:	HMO 95 Days 90 Days 30 Days 90 Days	CHIP 95 Days 90 Days 30 Days 90 Days	Medicaid STAR 95 Days 120 Days 120 Days 95 Days								