



COMMUNITY FIRST
HEALTH PLANS

Provider Quick Reference Guide

1-800-434-2347

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				
HMO	Medicaid STAR	CHIP	Off-Exchange	STAR Kids
(210) 358-6070	(210) 358-6060	(210) 358-6300	(210) 358-6400	(210) 358-6403
(210) 358-6099 (fax)	(210) 358-6099 (fax)	(210) 358-6099 (fax)	(210) 358-6099 (fax)	(210) 358-6099 (fax)

Claims HMO, Medicaid and CHIP (210) 358-6200 (210) 358-6199 (fax)
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Network Management (210) 358-6030 (210) 358-6199 (fax)

Population Health Management Medical and Behavioral Health (BH) 1-800-434-2347 Office Hours: 8:00 a.m. - 5:00 p.m. M-F (210) 358-6050 Primary (210) 358-6040 (fax) (210) 358-6385 (fax) Case Management ONLY (210) 358-6388 (fax) Inpatient Utilization (MED/BH) ONLY STAR Kids 1-855-607-7827 Office Hours: 8:00 a.m.- 7:00 p.m. M-F; 8 a.m.-12 p.m. Sa (210) 358-6050 Primary (210) 358-6382 (fax) Med/BH Inpatient Auth Req. ONLY (210) 358-6274 (fax) All other SK Auth Req. ONLY
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Self-Referrals - No Prior Authorization Needed

Prior authorization is not required when a participating network provider is utilized for:

- 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
- Behavioral Health Targeted Case Management

Community First Health Plans current authorization list can be found at www.CFHP.com

Billing/Claims

CLAIMS MAILING ADDRESS Mailing Address Electronic Claims PO Box 853927 Availity Payor ID: COMMF Richardson, TX 75085-3927	CLAIM APPEALS ADDRESS HMO, Off-Exchange, Medicaid and CHIP PO Box 853927 Richardson, TX 75085-3927
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Claim Appeals

- 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. If an EOP is submitted with your Claims Appeal Submission form, be sure to De-Identify information for other members on the EOP.
- 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" or through the HealthX Portal.
- All Medicaid claims must be finalized within 24-months from the date of service, discharge date or inpatient claims.
- If you disagree with the appeal decision, 2nd appeals must be received by deadline specified below.

	HMO	Off-Exchange	CHIP	STAR & STAR Kids Medicaid
Filing Deadline:	95 Days	95 Days	95 Days	95 Days
Appeal Deadline:	90 Days	90 Days	90 Days	120 Days
2nd Appeal:	30 Days	30 Days	30 Days	120 Days
COB Deadline:	90 Days	90 Days	90 Days	95 Days