



COMMUNITY FIRST HEALTH PLANS

STAR Kids Quick Reference Guide

Address

Physical and Mailing Address

12238 Silicon Drive
Suite 100
San Antonio TX 78249

Internet Website

WWW.CFHP.COM

Department Phone Numbers

Member Services

(210)358-6403
(210)358-6099 (fax)

Interpreter Services

(210)590-7446
(800)246-2686

Health Services Management**Medical and Behavioral Health**

(210)358-6050
(210)358-6040 (fax)

Claims

(210)358-6200
(210)358-6199 (fax)

Service Coordinators

(210)358-6403
(210)358-6274 (fax)

Network Management

(210)358-6030
(210)358-6199 (fax)

Transition Specialist

(210)358-6403
(210)358-6274

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
- Urgent care services provided in a participating urgent care facility.
- Emergency care provided in a hospital.
- Early Childhood Intervention

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

Billing/Claims

CLAIM SUBMISSION**Mailing Address**

PO Box 853927
Richardson TX 75085-3927

Electronic Claims

Availity Payer ID: COMMF

CFHP Provider Portal

[ClaimMD](#)

CLAIM APPEALS ADDRESS

PO Box 853927
Richardson, TX 75085-3927

Claim Appeals

- Appeal requests must be clearly identified and received by CFHP within the **appeal deadline specified below**.
- Providers are encouraged to use CFHP's Provider Portal or the Appeal Submission Form when submitting appeals.
- A copy of the Explanation of Payment and/or other supporting documentation may be required.
- Mailed Appeals must be addressed to the claims address listed above, attention "Claims 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: 95 Days

Appeal Deadline: 120 Days

2nd Appeal: 120 Days

COB Deadline: 95 Days