



COMMUNITY FIRST
HEALTH PLANS

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

Department Phone Numbers

Member Services

HMO

(210)358-6070
(210)358-6099 (fax)

Medicaid STAR

(210)358-6060
(210)358-6099 (fax)

CHIP

(210)358-6300
(210)358-6099 (fax)

Health Exchange (HIE)

(210) 358-6400
(210) 358-6099 (fax)

Claims

HMO, Medicaid and CHIP

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

Health Services Management

Medical and Behavioral Health (BH)

1-800-434-2347 Office Hours: 8:00 - 5:00 M-F
(210)358-6050 Primary
(210)358-6040 (fax)
(210)358-6387 (fax) Behavioral Health **ONLY**
(210)358-6382 (fax) NICU **ONLY**
(210)358-6385 (fax) Long Term **ONLY**
(210)358-6386 (fax) Short Term **ONLY**

Network Management

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

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 (Medicaid only)

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

Billing/Claims

CLAIMS MAILING ADDRESS

HMO, HIE, Medicaid and CHIP

Mailing Address

PO Box 853927
Richardson, TX 75085-3927

Electronic Claims

Availity Payor ID: COMMF

CLAIM APPEALS ADDRESS

HMO, HIE, Medicaid and CHIP

PO Box 853927
Richardson, TX 75085-3927

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.
- 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.

	HMO	HIE	CHIP	Medicaid STAR
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