

Provider Quick Reference Guide

PHYSICAL AND MAILING ADDRESS

Community First Health Plans
12238 Silicon Drive, Suite 100
San Antonio, TX 78249
Corporate Website: CommunityFirstHealthPlans.com

DEPARTMENT PHONE NUMBERS

MEMBER SERVICES	PHONE	FAX
STAR Medicaid	210-358-6060	210-358-6099
CHIP	210-358-6300	210-358-6099
STAR Kids	210-358-6403	210-358-6099
HMO	210-358-6070	210-358-6099
Medicare Adv & D-SNP	210-358-6386	210-358-6408/09
University Family Care Plan (UFCP)	210-358-6090	210-358-6099
University Community Care Plan (UCCP)	210-358-6400	210-358-6099
CLAIMS		
All Plans	210-358-6200	210-358-6014
PROVIDER RELATIONS		
All Plans	210-358-6294	210-358-6199
POPULATION HEALTH MANAGEMENT		
STAR Medicaid, CHIP, HMO, UFCP, HIE	1-800-434-2347	
Office Hours	M-F 8:30 a.m. to 5 p.m.	
Primary	210-358-6050	210-358-6040
Pharmacy ONLY		210-358-6385
Med/BH Inpatient Utilization ONLY		210-358-6388
STAR Kids		1-855-607-7827
Office Hours	M-F 8 a.m. to 7 p.m.	
Primary	210-358-6403	210-358-6274
Med Inpatient Auth Requests ONLY		210-358-6382
BH Auth Requests ONLY		210-358-6387
All Other SK Auth Requests		210-358-6274
Medicare Advantage & D-SNP	1-833-434-2347	
Office Hours	M-F 8:30 a.m. to 5 p.m.	
Primary	210-358-6050	210-358-6408/09
University Community Care Plan	1-888-512-2347	
Office Hours	M-F 8:30 a.m. to 5 p.m.	
Primary	210-358-6400	210-358-6040

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 network urgent care facility
- Emergency care provided in a hospital
- Early Childhood Intervention
- Behavioral Health Targeted Care Management

Current authorization list can be found at [Medicaid.CommunityFirstHealthPlans.com/Prior-Authorizations](https://www.Medicaid.CommunityFirstHealthPlans.com/Prior-Authorizations)

BILLING/CLAIMS

CLAIMS MAILING ADDRESS

Community First Health Plans
P.O. Box 240969
Apple Valley, MN 55124

Electronic Claims

Availity Payor ID: COMMF

CLAIM APPEALS ADDRESS

Community First Health Plans
Attn: Claim Appeals
P.O. Box 240969
Apple Valley, MN 55124

CLAIM APPEALS

- Appeal requests must be clearly identified and received by Community First within the appeal deadline specified below.
- Providers should use a Claims Appeal Submission Form when submitting appeals. If an Explanation of Payment (EOP) is submitted with your Claims Appeal Submission Form, de-identify information of other Members on the EOP.
- A copy of the EOP and/or other supporting documentation may be required.
- Appeals must be mailed to the claim appeals address listed above (addressed to "Claim Appeals") or submitted through the [Provider 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, a second appeal must be received by the deadline specified below:

	HMO	CHIP	STAR Medicaid & STAR Kids	Medicare Adv & D-SNP
Filing Deadline	95 days	95 days	95 days	120 days
Appeal Deadline	90 days	90 days	120 days	60 days
2nd Appeal	30 days	30 days	120 days	60 days
COB Deadline	95 days	95 days	95 days	120 days