## COMMUNITY FIRST <br> HEALTHPLANS <br> STAR Kids Quick Reference Guide

PHYSICAL AND MAILING ADDRESS
Community First Health Plans
12238 Silicon Drive, Suite 100
San Antonio, TX 78249
Website: CommunityFirstMedicaid.com

## CLAIMS

| CLAIMS APPEAL DEADLINES |  |
| :--- | :---: |
| Filing Deadline | 95 days |
| Appeal Deadline | 120 days |
| 2nd Appeal | 120 days |
| COB Deadline | 95 days |

PAPER CLAIMS / APPEALS MAILING ADDRESS

Community First Health Plans
P.O. Box 240969

Apple Valley, MN 55124

## ELECTRONIC CLAIMS SUBMISSION / APPEALS

EDI Clearinghouse
Availity Payor ID: COMMF
CommunityFirstHealthPlans.com/ ProviderPortal

| DEPARTMENTS | PHONE | FAX |
| :--- | :---: | :---: |
| Member Services | $210-358-6403$ | $210-358-6099$ |
| Claims | $210-358-6200$ | $210-358-6014$ |
| Network Management | $210-358-6294$ | $210-358-6199$ |
| Provider Relations | $210-590-7446$ |  |
| Interpreter Services | $1-800-246-2686$ |  |
| Deaf Link \& Vital Signs <br> Language Line Solutions |  |  |
| Population Health Management <br> M-F 8 a.m. to 5 p.m. | $210-358-6403$ | $210-358-6274$ |
| Service Coordination |  | $210-358-6382$ |
| Prior Authorizations |  | $210-358-6387$ |
| Med Inpatient Auth Requests ONLY |  |  |
| BH Inpatient Auth Requests ONLY | $210-358-6274$ |  |
| All Other STAR Kids Auth Requests |  |  |

## CLAIMS APPEAL PROCESS

- Claims appeal requests must be clearly identified and received by Community First Health Plans, Inc. within the appeal deadline specified.
- Providers should use the electronic Claims Appeal Form available on the Provider Portal.
- To submit a paper claims appeal, visit CommunityFirstMedicaid.com and download/ print the Claims Appeal Form located under the "Provider" dropdown menu. Mail to the claims appeal address (include "Attn: Claims Appeals").
- A copy of the Explanation of Payment (EOP) and/or other supporting documentation may be required. If an EOP is submitted with your Claims Appeal Submission Form, de-identify information of other Members on the EOP.
- 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.

