COMMUNITY FIRST HEALTH PLANS

STAR Kids & STAR+PLUS Quick Reference Guide

PHYSICAL AND MAILING ADDRESS

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

DEPARTMENTS	PHONE	FAX
Member Services	210-358-6403	210-358-6099
Claims	210-358-6200	210-358-6014
Network Management	210-358-6030	
Provider Relations	210-358-6294	210-358-6199
Interpreter Services		
Deaf Link & Vital Signs	210-590-7446	
Language Line Solutions	1-800-246-2686	
Population Health Management		
Service Coordination	210-358-6403	210-358-6274
Prior Authorizations		
Med Inpatient Auth Requests ONLY		210-358-6382
BH Inpatient Auth Requests ONLY		210-358-6387
All Other STAR Kids/STAR+PLUS Auth Requests		210-358-6274

CLAIMS

CLAIMS APPEAL DEADLINES

Filing Deadline	95 days
Appeal Deadline	120 days
2nd Appeal	120 days
COB Deadline	95 days

PAPER CLAIMS / CLAIM APPEAL MAILING ADDRESS

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

ELECTRONIC CLAIM SUBMISSION / APPEALS

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

CLAIMS APPEAL PROCESS

- Claim appeal requests must be clearly identified and received by Community First Health Plans, Inc. within the appeal deadline specified.
- Providers should use the electronic Claim Appeal Form available on the Provider Portal.
- To submit a paper claim appeal, and download/print the Claim Appeal Form located at **Medicaid.CommunityFirstHealthPlans.com/Resources/Claims**. Mail to the claim appeals address (include "Attn: Claim Appeals").
- A copy of the Explanation of Payment (EOP) and/or other supporting documentation may be required. If an EOP is submitted with your Claim 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.