



Provider Quick Reference Guide

COMMUNITY FIRST HEALTH PLANS PROVIDER SERVICES

 <p>210-358-6030</p>  <p>COMMUNITY FIRST PROVIDER PORTAL</p> <p>CommunityFirstHealthPlans.com/ProviderPortal</p>	<p>CALL PROVIDER SERVICES FOR ASSISTANCE WITH:</p> <ul style="list-style-type: none"> • Member benefits and eligibility • Authorizations • Scheduling non-emergency medical transportation for a patient • Service Coordination • Questions regarding claims • Provider relations, contracts, portal issues, or any other inquiry <p>Login to the Provider Portal to verify eligibility, streamline claims management, view authorization approvals, denials, and other documents, and much more.</p>
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PHYSICAL AND MAILING ADDRESS

<p>Community First Health Plans 12238 Silicon Drive, Suite 100 San Antonio, TX 78249 Corporate Website: CommunityFirstHealthPlans.com</p>	<p>Paper Claims Mailing Address: Community First Health Plans P.O. Box 240969 Apple Valley, MN 55124</p> <p>Electronic Claims: Availity Payor ID: COMMF</p>
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POPULATION HEALTH MANAGEMENT (AUTHORIZATIONS) FAX NUMBERS

	FAX
STAR Medicaid, CHIP, Commercial, UFCP	
Primary	210-358-6040
Pharmacy ONLY	210-358-6385
Med/BH Inpatient Utilization ONLY	210-358-6388
STAR Kids/STAR+PLUS	
Primary	210-358-6274
Med Inpatient Auth Requests ONLY	210-358-6382
BH Auth Requests ONLY	210-358-6387
All Other Special Health Care Needs Auth Requests	210-358-6274
Medicare Advantage & D-SNP	
Primary	210-358-6408/09
University Community Care Plan	
Primary	210-358-6040

PROVIDER RELATIONS / NETWORK MANAGEMENT

	FAX	Email
Primary	210-358-6199	providerrelations@cfhp.com

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 lists can be found on the [Community First Provider Portal](#) or online at [CommunityFirstHealthPlans.com](#).

BILLING/CLAIMS

CLAIM APPEALS MAILING 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 Claim Appeal Submission Form when submitting appeals.
- A copy of the EOP and/or other supporting documentation may be required. If an EOP is submitted, de-identify information of other Members on the EOP.
- Appeals must be mailed to the claim appeal address listed above (addressed to "Claim Appeals") or submitted via the [Community First 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 an appeal decision, a second appeal must be received by the deadline specified below:

	Commercial/ UFCP	CHIP	STAR/STAR Kids/ STAR+PLUS	Medicare Adv & D-SNP	Marketplace (UCCP)
Filing Deadline	95 days	95 days	95 days	120 days	95 days
Appeal Deadline	90 days	90 days	120 days	60 days	120 days
2nd Appeal	30 days	30 days	120 days	60 days	120 days
COB Deadline	95 days	95 days	95 days	120 days	120 days