COMMUNITY FIRST HEALTH PLANS

Provider Quick Reference Guide

COMMUNITY FIRST PROVIDER SERVICES & PROVIDER PORTAL

210-358-6030

CommunityFirstHealthPlans.com/ProviderPortal

CALL PROVIDER SERVICES FOR ASSISTANCE WITH:

- Member benefits and eligibility
- Authorizations
- Scheduling medical transportation for a patient
- Service Coordination
- Claims inquiries
- Provider relations, contracts, portal issues, other inquiries

COMMUNITY FIRST PROVIDER PORTAL:

Create an account and log in to the Provider Portal to verify eligibility, streamline claims management, submit auth requests, view auth status/other documents, and find tip sheets and training materials.

CORPORATE CONTACT INFORMATION

Corporate Office Mailing & Physical Address

Community First Health Plans
12238 Silicon Drive, Suite 100
San Antonio, TX 78249

Website: CommunityFirstHealthPlans.com
Phone: 1-800-434-2347

AUTHORIZATIONS

AUTH TYPE	FAX
General	210-358-6040
Medical Inpatient ONLY	210-358-6388
Behavioral Health ONLY	210-358-6387
Long Term Service and Supports (PCS/PAS, DAHS, Meals, ERS, Adaptive Aid, Minor Home Modifications)	210-358-6274
AUTH APPEALS	210-358-6384

PHARMACY AUTHORIZATIONS

	FAX
Navitus (Pharmacy Benefits)	855-668-8553
Clinician Administered Drugs (CAD)	210-358-6385

PROVIDER RELATIONS / NETWORK MANAGEMENT

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

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HEALTH PLANS

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 (Community First must receive notification of ER to inpatient setting admission within 24 hours of occurrence)
- 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

ELECTRONIC CLAIMS	PAPER CLAIMS MAILING ADDRESS	PAPER CLAIMS APPEALS MAILING ADDRESS
Availity Payor ID: COMMF	Community First Health Plans P.O. Box 240969 Apple Valley, MN 55124	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