

Healthfirst at a Glance

Article 29-I Health Facility

Voluntary Foster Care Agencies (VFCA) Reference Guide

Contacts

<p>Foster Care (FC) Management</p>	<p>Submit transmittal template and transmittal forms to FCtransmittalform@healthfirst.org</p> <ul style="list-style-type: none"> Ensure Medicaid Client Identification Number (CIN) naming convention is followed: CIN#YYYYMMDD <p>Submit care plans to clinical staff and inquiries to #FCLiaison@healthfirst.org</p> <p>1-844-347-5818</p>
<p>Foster Care Discharge Planning – for assistance with discharge planning or help with facilitating the discharge of a Healthfirst member</p>	<p>#FCLiaison@healthfirst.org</p> <p>1-844-347-5818</p>
<p>Provider Services</p>	<p>1-888-801-1660</p> <p>Monday to Friday, 8:30am–5:30pm</p> <p>HFproviders.org</p>
<p>Provider Service Intake</p>	<p>1-888-394-4327</p> <p>Monday to Friday, 8:30am–5:30pm</p>
<p>Utilization Management – Behavioral Health</p>	<p>1-212-729-2200</p> <p>Monday to Friday, 8am–6pm</p>
<p>Utilization Management – DME/LTSS</p>	<p>1-800-404-8778</p> <p>Monday to Friday, 8am–6pm</p>
<p>Member Services</p>	<p>1-866-463-6743</p> <p>24 hours a day, 7 days a week (English, Spanish, Chinese)</p>

Online Tools and Resources

HFproviderportal.org (login required)

- Check authorization status and review details
- Review claim status
- Search for providers
- Submit review and reconsideration requests and corrected claims
- Verify member eligibility

Other

- Provider news and resources: HFproviders.org
- Provider Directory: HFDocFinder.org
- Provider Formulary: healthfirst.org/formulary
- Provider Manual: HFprovidermanual.org

Initial Health Service

This table outlines the timeframes for initial mandated health activities to be completed within 60 days of foster care placement. Each activity is required within the indicated timeframe.

Mandated Activity	Mandated Timeframe	Who Performs
 Initial screening/ screening for abuse/neglect	24 hours	Health practitioner (preferred) or child welfare caseworker/ health staff
 For children under the age of 13, conduct HIV risk assessment	5 days	Child welfare caseworker or designated staff
 Request consent for release of medical records and treatment	10 days	Child welfare caseworker or health staff
 Initial medical assessment	30 days	Health practitioner
 Initial dental assessment	30 days	Health practitioner
 Initial mental health assessment	30 days	Mental health practitioner
 Family Planning Education and Counseling and follow-up healthcare for youth age 12 and older (or younger as appropriate)	30 days	Health practitioner
 Initial developmental assessment	45 days	Health practitioner
 Initial substance abuse assessment	45 days	Health practitioner
 Follow-up health evaluation	60 days	Health practitioner

Transportation

Non-Emergency Medical Transport (NEMT)

- NYC residents, call Medical Answering Services at **1-844-666-6270** (TTY 1-800-735-2922), 24 hours a day, 7 days a week
- Long Island residents, call Modivcare at **1-844-678-1103** (TTY 1-866-288-3133), Monday to Friday, 7am–6pm

Ancillary Authorizations

Dental	DentaQuest®: 1-888-308-2508
Pain management/spinal surgery/foot surgery	OrthoNet: 1-844-504-8091
Pharmacy (Child Health Plus Plan [CHPlus])	CVS Caremark® <ul style="list-style-type: none"> • Appeals: 1-855-465-0027 • CHPlus Prior Authorization Line: 1-877-433-7643
Radiology	eviCore: eviCore.com
Routine dental care	DentaQuest®: 1-888-308-2508
Specialty Pharmacy (CHPlus)	CVS Caremark: 1-866-814-5506 <ul style="list-style-type: none"> • Medicaid Pharmacy - DOH NYRX: 1-833-967-7130 NYRxEO@magellanhealth.com
Vision	EyeMed®: EyeMed.filebound.com/portal/2265

Authorization Guidelines

For services listed below, the service provider will need to submit an authorization request to Healthfirst.

The following information must be provided for authorization requests.

Outpatient

- Member's name and Healthfirst Member ID number
- Primary Care Provider's (PCP) name (if not the attending/requesting provider)
- Procedure(s) and CPT-4 Code(s) and procedure date(s)
- Attending/requesting provider's name, telephone number, and fax number
- Diagnosis and ICD-10 Code
- Services requested and proposed treatment plan

Inpatient

- All items in the Outpatient column
- Hospital/Facility Name
- Expected date of service
- Expected length of stay

Services:

Outpatient

Authorization is required for the following outpatient services, except for routine in-network outpatient behavioral health services:

- Ambulatory Detoxification
- Applied Behavioral Analysis (ABA)
- Electroconvulsive Therapy (ECT)
- Mental Health (MH) Services:
 - Partial Hospital Programs (PHP)
 - Intensive Outpatient Programs (Mental Health Service IOP)
- Neuropsychological Testing
- Psychological Testing

Inpatient

These services will be subject to retrospective and concurrent reviews in accordance with policies and procedures.

Authorization is required for the following inpatient services:

- Mental Health (MH) Services:
 - Inpatient, Psychiatric Admissions
- Substance Use Disorder (SUD) Treatment:
 - Inpatient Detoxification
 - Substance Use Rehabilitation

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Authorization **is not** required for

- Core Limited Health Related Services (CLHRS)
- Mandated Assessments
- Other Limited Health Related Services (OLHRS)

Authorization **is** required for:

- Durable Medical Equipment (DME)
 - DME may be obtained through a participating DME provider with a provider's written order and the appropriate authorization from Healthfirst.
- Long Term Services and Supports (LTSS)

Claims Guidelines

29-I Health Facility Core Limited Health Related Services (CLHRS) and Other Limited Health Related Services (OLHRS) claims must be submitted to Healthfirst electronically, using the 837(I), or by institutional paper claims, using the UB-04 claim form and the appropriate rate codes, CPT Codes and modifier combinations. **Claims must adhere to all state billing requirements.**

Claims must be submitted within 180 days of the date of service:

- Electronic claim submissions must include the National Provider Identifier (NPI), the Healthfirst Member ID number, and the Healthfirst Payer ID Number 80141.
- Paper claim submissions must include the NPI, and mailed to the following address: Healthfirst Claims Department, P.O. Box 958438, Lake Mary, FL 32795-8438.

Claims Appeal

Healthfirst provides a two-level process for providers to appeal a claim denial or payment which the provider believes was incorrect or inaccurate:

First-Level Appeal Requests

- Reviews and reconsideration requests must be made in writing, and with supporting documentation, submitted within 90 calendar days from the paid date on the Explanation of Payment (EOP).
- Corrected claims must be marked "Corrected", must include the original Healthfirst claim number, and should be submitted within 180 days of the date of service. For electronically corrected claim submissions, the claim frequency type code must be a "7".

Requests are accepted through the Provider Portal at [HFproviderportal.org](https://hfproviderportal.org) (login required) or may be mailed to: Healthfirst Claims Correspondence Unit, P.O. Box 958438, Lake Mary, FL 32795-8438.

Second-Level Appeal Requests

- Providers may appeal the outcome of a review and reconsideration in writing, with supporting documentation, within 60 calendar days from the date listed on the reconsideration letter. Appeals should be mailed to: Healthfirst Provider Claims Appeals, P.O. Box 958431, Lake Mary, FL 32795-8431.

For details on claims, submissions, and what to submit as acceptable support documentation, refer to the Healthfirst Provider Manual, section 17, at [HFproviders.org](https://hfproviders.org). For questions about appeal requests, call Provider Services at **1-888-801-1660**.

Compliance

Anonymously report compliance concerns and/or suspected fraud, waste, and abuse that involves Healthfirst at **1-877-879-9137** or at [HFCompliance.EthicsPoint.com](https://hfcompliance.ethicspoint.com).