

Important Contact Information

PROVIDER SERVICES	MEMBER SERVICES	PROVIDER SERVICE INTAKE
<p>P.O. Box 5168 New York, NY 10274-5168 1-888-801-1660 Fax: 1-646-313-4634 Monday to Friday 8:30am–5:30pm</p>	<p>P.O. Box 5165 New York, NY 10274-5165 Medicaid: 1-866-463-6743 (TTY: 1-888-542-3821) TTY (Spanish): 1-888-867-4132 Monday to Friday, 8am–6pm (English, Spanish, Mandarin, Cantonese, and Russian) Non-Emergency Medical Transport is split between two vendors: Medical Answering Services (NYC Residents) 1-844-666-6270 (TTY: 1-800-735-2922) (Westchester Residents) 1-866-883-7865 (Orange County Residents) 1-855-360-3543 (Sullivan County Residents) 1-866-573-2148 Monday to Friday, 7am–6pm ModivCare (Long Island Residents) 1-844-678-1103 (TTY: 1-866-288-3133) Monday to Friday, 7am–6pm MyHFNY.org</p>	<p>P.O. Box 5166 New York, NY 10274-5166 1-888-394-4327 Fax: 1-646-313-4603 Monday to Friday 8am–5:30pm Medical Pharmacy (Pharmacy Medications for Provider Administration): 1-888-394-4327 TTY: 1-888-542-3821 Medical Pharmacy Fax: 1-212-801-3223 Monday to Friday, 8am–5:30pm For members diagnosed with high-risk conditions or in need of care coordination, 1-800-404-8778 TTY: 1-888-542-3821 Monday to Friday, 8:30am–5:30pm</p>

Secure Provider Portal: hfproviderportal.org

Public Website: hfproviders.org

Access the secure provider portal to:

- Confirm member eligibility and member rosters
- Check claim status
- Check member copay/deductible/MOOP
- Review the Healthfirst plans you accept
- View authorization status
- Submit request to update demographic information
- Access the Telehealth Application and Assessment Tool
- And much more

Access provider resources and information for:

- Coronavirus (COVID-19)
- Provider Alerts
- Provider Directory: HFDocFinder.org
- Provider Formulary: healthfirst.org/formulary
- Provider Manual
- Telehealth
- And much more

Access and Appointment Availability

Healthfirst members must be able to locate a Healthfirst participating provider or his/her designated covering provider. It is not acceptable to have an outgoing answering machine message that directs members to the emergency room in lieu of appropriate contact with the provider or covering provider. If an answering machine message refers a member to a second phone number, a live voice must answer that phone line.

TYPE OF SERVICE	STANDARD(S)
Emergency Care	0–3+ hours upon initial presentation. All emergency admissions must be called in no later than one business day after admission.
Urgent Care	0–30 minutes upon presentation.
Non-urgent "Sick" Visits	Visit must be scheduled within 48 to 72 hours of request as indicated by the nature of the clinical problem.
Routine Care	Appointment must be scheduled within 4 weeks of request.
Adult Baseline and Routine Physicals	Appointment must be scheduled within 12 weeks of enrollment.
Newborn Visits: Initial Visit to the PCP	Appointment must be scheduled within 2 weeks of hospital discharge. Healthfirst must be notified the next business day after birth.
Well-child Care Visits	Appointment must be scheduled within 4 weeks of request.

Notification Requirements

All Emergent Admissions: Called in no later than one business day after admission

Newborns: Next business day following birth

Dialysis Notification Preferred: Authorization not required for in- or out-of-network

Transportation

Non-emergency transportation for Medicaid members residing in any New York City borough is covered by Medicaid Fee-for-Service (FFS). Providers should call Medical Answering Services (MAS) at **1-844-666-6270** to schedule transportation for these members.

If emergency transportation is needed, providers can call **911** to assist members with the emergency. These services are covered by Medicaid FFS.

Based on medical necessity, Healthfirst will provide routine transportation for Medicaid members living in Long Island (**Nassau** and **Suffolk** counties) in accessing healthcare services. Providers can call ModivCare at **1-844-678-1106** to schedule transportation for these members.

Discharge Planning

For quick assistance in facilitating discharge planning for a Healthfirst member, please call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

Ancillary Authorizations

- **Radiology** – eviCore: **1-877-773-6964**
- **Dental** – DentaQuest: **1-800-508-2047**
- **PT, OT, ST Services** – OrthoNet: **1-844-641-5629**
- **Pain Management/Spinal Surgery/Foot Surgery** – OrthoNet: **1-844-504-8091**

- **Routine Vision/Glasses** – Davis Vision: **1-800-753-3311**
- **Cataract/Cosmetic Eye Surgery** – Superior Vision: **1-888-273-2121**
- **Pharmacy** – CVS Caremark: **1-877-433-7643**
- **Specialty Pharmacy** – CVS Caremark: **1-866-814-5506**

Preauthorization Guidelines

- For preauthorization or to notify Healthfirst of an admission, contact the Utilization Management department at **1-888-394-4327**
- Preauthorization is not a guarantee of payment. Payment by Healthfirst for services provided is contingent upon the member's active membership in Healthfirst at the time the service or treatment was rendered and whether the particular service or procedure is a covered benefit under the subscriber's plan contract
- To find out if preauthorization is required for a service or procedure, log in to hfproviderportal.org and navigate to the 'Online Authorization Tool' at the top of the page
- Policies are subject to change
- Hysterectomy and Sterilization – The following forms must be completed and submitted with the claim to be considered for reimbursement:
 - New York State requires forms DSS-3133 and 3134 for hysterectomy services
 - Form 7473 M ED is required for sterilization
 - Consent form FD-189
- Medicaid Managed Care members requiring breast cancer surgery can only have the services performed at hospitals and ambulatory surgery centers designated as meeting high-volume thresholds as determined by New York State Department of Health (NYSDOH)

Claims Guidelines

Claims Submissions: Claims must be submitted **within 180 days** of the date of service and should be done so either electronically or mailed as a hard copy to the addresses shown for the Claims department.

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 should be mailed to the following address:
Healthfirst Claims Department, P.O. Box 958438, Lake Mary, FL 32795-8438

Healthfirst provides a two (2)-level process for providers to dispute a claim denial or payment which the provider believes was incorrect or inaccurate.

First-Level Dispute Requests:

Reviews and Reconsiderations – Requests can be made via our Provider Portal or in writing and, with supporting documentation, submitted within **90 calendar days** from the paid date on the Explanation of Payment (EOP). This includes disputes pertaining to Readmission Denials.

Electronic submissions are accepted through the Healthfirst secure Provider Portal at hfproviderportal.org; written submissions should be mailed to:

Healthfirst Correspondence Unit, P.O. Box 958438, Lake Mary, FL 32795-8438

Second-Level Dispute Requests:

Provider Claims Disputes – Providers may dispute the outcome of a review and reconsideration via our Provider Portal or in writing, with supporting documentation, within **60 calendar days** from the date listed on the reconsideration letter. This includes disputes pertaining to Readmission Denials. Electronic disputes are accepted through the Healthfirst secure Provider Portal at hfproviderportal.org; written submissions should be mailed to:

Healthfirst Provider Claim Disputes, P.O. Box 958431, Lake Mary, FL 32795-8431

All questions concerning requests should be directed to Provider Services at **1-888-801-1660**.

For further details on claims, submissions, and what to submit as acceptable support documentation, please refer to the Healthfirst Provider Manual at hfproviderportal.org – **Provider Manual, Section 17**.

Member Enrollment

Medicaid Prospects: **1-888-974-9901**, Monday to Friday, 9am–6pm. Medicaid Member Renewals: **1-844-500-9826**

CHP Prospects: **1-888-974-9901**, Monday to Friday, 9am–6pm. CHP Member Renewals: **1-844-500-9826**

Visit healthfirst.org/medicaid-managed-care-plan and healthfirst.org/child-health-plus-plan for more information.

Compliance

Anonymously report compliance concerns and/or suspected fraud, waste, and abuse which involves Healthfirst at **1-877-879-9137** or at hfcompliance.ethicspoint.com.