

# Out-of-Network Providers' Quick Reference Guide (QRG)

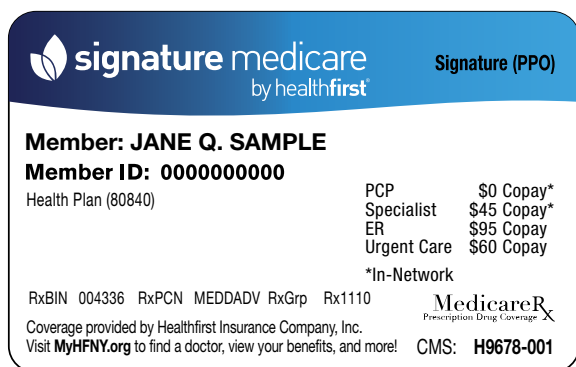
This Medicare Advantage plan offers additional benefits on top of Original Medicare, like dental, vision, hearing, and fitness. Members have the option of going in-network or out-of-network and visiting any doctor and hospital in the U.S. that accepts Medicare. Plus, the plan offers an area visitor/travel benefit that allows members to receive Medicare-covered services at in-network cost-sharing in Florida from providers who accept Medicare.

**Referral and/or prior authorization are not required for covered out-of-network services to Signature (PPO) members.**

## **At a glance...**

- You must be eligible to participate in and receive payment from Medicare, and be willing to accept the plan.
- You do not need a referral or prior authorization to see Signature (PPO) members.
- We encourage out-of-network providers to obtain a pre-service determination to ensure that the services are covered.
- We will pay Medicare-allowable rates to you for claims for covered services, less the member copayment, coinsurance, and/or deductible, as described and required under CMS regulations and the member's plan. Limiting charges apply.

## Healthfirst Signature (PPO) Member ID card samples



**signature medicare**  
by healthfirst

Signature (PPO)

**Member: JANE Q. SAMPLE**  
**Member ID: 0000000000**

Health Plan (80840)

PCP	\$0 Copay*
Specialist	\$45 Copay*
ER	\$95 Copay
Urgent Care	\$60 Copay

\*In-Network

RxBIN 004336 RxPCN MEDDADV RxGrp Rx1110

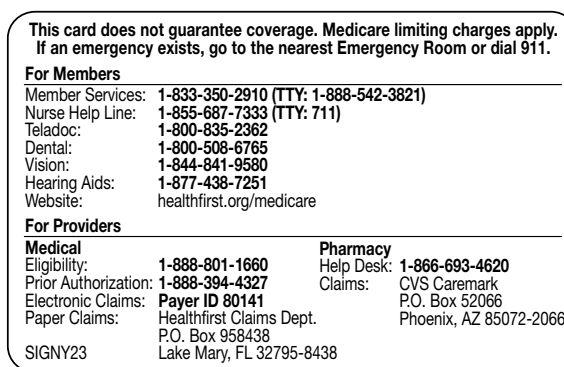
Coverage provided by Healthfirst Insurance Company, Inc.

Visit [MyHFNY.org](http://MyHFNY.org) to find a doctor, view your benefits, and more!

**MedicareRx**  
Prescription Drug Coverage

CMS: **H9678-001**

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This card does not guarantee coverage. Medicare limiting charges apply.  
If an emergency exists, go to the nearest Emergency Room or dial 911.

**For Members**

Member Services:	1-833-350-2910 (TTY: 1-888-542-3821)
Nurse Help Line:	1-855-687-7333 (TTY: 711)
Teladoc:	1-800-835-2362
Dental:	1-800-508-6765
Vision:	1-844-841-9580
Hearing Aids:	1-877-438-7251
Website:	healthfirst.org/medicare

**For Providers**

<b>Medical</b>		<b>Pharmacy</b>
Eligibility:	1-888-801-1660	Help Desk: 1-866-693-4620
Prior Authorization:	1-888-394-4327	Claims: CVS Caremark
Electronic Claims:	<b>Payer ID 80141</b>	P.O. Box 52066
Paper Claims:	Healthfirst Claims Dept.	Phoenix, AZ 85072-2066
	P.O. Box 958438	
	Lake Mary, FL 32795-8438	

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## How to check member eligibility and cost-sharing amounts

- You may call the plan at **1-833-350-2910**.
- You may access the Healthfirst Provider Portal at [hfproviderportal.org](http://hfproviderportal.org). Non-contracted providers have access to the portal if they have a Healthfirst-paid claim within the past 180 days.
- For a new Provider Portal account, please go to [hfproviderportal.org](http://hfproviderportal.org). You will find a user guide to assist you with the registration process.
- Contact information is also on the back of the Healthfirst Signature (PPO) Member ID card.
- Please note that members accessing Medicare-covered services in Florida are subject to in-network cost-sharing.

## How to submit a claim

### Electronic claims submission

Use our electronic payer ID# 80141

### Paper claims submission

Healthfirst Claims Dept.  
P.O. Box 958438  
Lake Mary, FL 32795-8438

Submit all paper claims as soon as possible using the standard CMS-1500 Health Insurance Claim form or the UB-04 Hospital Claim form.

The claims address can also be found on the back of the member's ID card.

Please remember to include member cost-sharing on all submitted claims.

## How to request a pre-service determination

- Prior authorization for out-of-network services is not required.
- Healthfirst strongly encourages you to submit a request for a pre-service determination to ensure that medical necessity requirements are met.
- If you do not request a pre-service determination, your claim may be subject to post-service review for medical necessity.
- If you wish to request a pre-service determination, you may:
  - Call **1-888-394-4327**
  - Fax request to **1-646-313-4603**
  - Submit request via the Provider Portal at [hfproviderportal.org](https://hfproviderportal.org) (requires account)

## Reimbursement and claims processing information

Please collect the member's copayment, coinsurance, and/or deductible for covered services. Submit all claims for covered services to Healthfirst for payment.

Claims will be processed according to:

- Medicare fee schedule
- All prospective payment system requirements
- Original Medicare billing rules
- Milliman Care Guidelines, national and local coverage determinations criteria
- The member's plan documents, including the Evidence of Coverage

Medicare limiting charges apply.

## Online resources

More detailed information and instruction may be found in the [Healthfirst Provider Manual](#).

[Healthfirst.org](https://www.healthfirst.org) has many resources to assist you, including information about our other plans.

## Want to join our network?

Go to [joinhfnetwork.org](https://joinhfnetwork.org) to apply.

If you have questions after reviewing the information on our website, please call Provider Services at **1-888-801-1660** (Monday to Friday, 8am–5:30pm).

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst").

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