


Healthfirst at a Glance

CompleteCare (HMO D-SNP)

A Medicaid Advantage Plus plan that combines Medicare and Medicaid benefits with long-term care services.

- For individuals who are expected to need at least one Community Based Long Term Care Service for more than 120 days from the date of enrollment:
 - nursing services in the home
 - therapies in the home
 - home health aide services
 - personal care services in the home
 - adult day health care
 - private duty nursing or
 - Consumer Directed Personal Assistance Services

healthfirst		CompleteCare (HMO D-SNP)	
Member: JANE Q. SAMPLE	PCP	\$0 Copay	
Member ID: 0000000000	Specialist	\$0 Copay	
Health Plan (80840)	ER	\$0 Copay	
CIN: XXXXXX	Urgent Care	\$0 Copay	
RxBIN 004336	RxPCN MEDDADV	RxGrp	Rx1110
Provider Name:	Dr. John Doe		 <small>Prescription Drug Coverage</small>
Provider Phone:	1-212-123-4567		
Coverage provided by Healthfirst Health Plan, Inc.			CMS: H3359-034
Visit MyHFNY.org to find a doctor, view your benefits, and more!			






Service Area

The service area of CompleteCare (HMO D-SNP) includes Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island), Nassau, Orange, Rockland, Sullivan, and Westchester counties.

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.

Service Standards

Type of Service	Standards
 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.

Transportation

Emergency: Call 911 for emergency transportation

Non-Emergency Medical Transportation (NEMT):

- For routine and standing order NEMT services from healthcare facilities, call Modivcare at **1-866-428-2351**, Monday to Friday, 8am–8pm. Two business days' advance notice is required.
- Requests for Ride Assist and urgent NEMT services (non-life-threatening) are accepted 24/7/365.
- Unlimited round trips to an approved provider location. Healthfirst will cover Non-Emergency Medicaid-covered transportation provided that it is included as a Managed Long Term Care benefit by the New York State Department of Health.
- Members with a medical condition who require NEMT should contact Member Services at **1-888-260-1010** and follow the prompts to request transportation.

Discharge Planning

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

Ancillary Authorizations

Chiropractic services	ASH: 1-800-972-4226
Dental	DentaQuest®: 1-888-308-2508
Oncology management	eviCore: eviCore.com
Pain management/spinal surgery	OrthoNet: 1-844-504-8091
Pharmacy	CVS Caremark®: 1-855-344-0930
Radiology	eviCore: eviCore.com
Routine hearing/hearing aids	NationsHearing®: 1-877-438-7251
Vision	EyeMed®: EyeMed.filebound.com/portal/2265

Prior Authorization Guidelines

For services not listed above, you will need to submit a prior authorization request to Healthfirst. The most efficient way to submit and view the status of an authorization is through our Online Authorization Tool, located in Healthfirst's Provider Portal (login required).

Don't have access to the provider portal? Check out our guide to setting up an account or reach out to your network account manager. Alternatively, you can also fax your authorization requests to **1-646-313-4603**.

For **hysterectomy and sterilization** claims to be considered for reimbursement, the following forms must be completed and submitted:

- New York State requires forms DSS-3133 and 3134 for hysterectomy services
- Form 7473 M ED is required for sterilization
- Consent form FD-189

Prior authorization is not a guarantee of payment. Payment by Healthfirst for services provided is contingent upon the patient'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 patient's plan contract. Policies are subject to change.

Claims

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://www.healthfirst.org/providers).

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://www.healthfirst.org/compliance).

Contacts

Provider Services Center	1-888-801-1660 Monday to Friday, 8:30am–5:30pm HFproviders.org
CompleteCare Management Team	1-866-237-0997 (TTY 1-888-542-3821) Monday to Friday, 8am–8pm
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
Member Services	1-888-260-1010 7 days a week, 8am–8pm (October through March), and Monday to Friday, 8am–8pm (April through September) (TTY 1-888-542-3821) (TTY Spanish 1-888-867-4132) MyHFNy.org
Member Enrollment	1-877-237-1303 Monday to Friday, 8:30am–6pm Annual Enrollment Period Extended Hours: 7 days a week, 8:30am–8pm

Visit [healthfirst.org/completecure-plan](https://www.healthfirst.org/completecure-plan) for plan details.