

Healthfirst at a Glance

Connection Plan (HMO D-SNP)

A Medicare Advantage dual-eligible special needs plan that coordinates coverage for those who are newly Medicare-eligible and enrolled in our Medicaid Managed Care plan pursuant to the Centers for Medicare & Medicaid default enrollment process.

- Members that don't opt out of default enrollment receive their Medicare coverage from the D-SNP and their Medicaid coverage from Healthfirst Medicaid Managed Care
- Plan includes Medicare Prescription Drug coverage

healthfirst		Medicare	
Connection Plan (HMO D-SNP)			
Member: JANE Q. SAMPLE	PCP		\$0 Copay
Member ID: 000000000	Specialist		\$0 Copay
Health Plan (80840)	ER		\$0 Copay
CIN: XXXXXX	Urgent Care		\$0 Copay
RxBIN: 004336	RxPCN: MEDDADV	RxGrp: Rx1110	MedicareRx
Provider Name:	Dr. John Doe		Prescription Drug Coverage
Provider Phone:	1-212-123-4567		CMS: H3359-038
Coverage is provided by Healthfirst Health Plan, Inc. and Healthfirst PHSP, Inc. Visit MyHFNY.org to find a doctor, view your benefits, and more!			






Service Area

The service area of the Connection Plan (HMO D-SNP) includes Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island), Nassau, Orange, Rockland, Suffolk, 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

Medicaid Fee-for-Service covers supplemental transportation benefit.

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.
- 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 Medicaid Helpline: 1-800-541-2831 Monday to Friday, 8am–8pm, Saturday 9am–1pm
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
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, including Care Management	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/connection-plan](https://www.healthfirst.org/connection-plan) for plan details.