

RxBin: 004740

# Healthfirst at a Glance

# **Medicaid Managed Care**

 $\star$   $\star$   $\star$   $\star$   $\star$   $\star$  Overall Rating 10 YEARS IN A ROW<sup>\*</sup>

A New York State-sponsored Medicaid plan for low-income individuals, families, and children.

Benefits include a \$0 monthly plan premium and low or no copays for doctor visits, urgent care, emergency care, maternity, dental, vision, hearing, wellness, and more. health**first** 

Jane Doe Member ID: XX00000X

Provider Name: **Dr. John Doe** Provider Phone: **1-212-000-0000** Dental: 1**-800-508-2047** 

Visit MyHFNY.org to find a doctor, view your benefits, and more!

Service Area

The Medicaid Managed Care plan service area includes New York City's five boroughs (the Bronx, Brooklyn, Manhattan, Queens, and Staten Island), and 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	Immediately upon presentation at the service delivery site.
💂 Urgent Care	0-30 minutes upon presentation.
<ul> <li>Non-Urgent</li> <li>"Sick" Visits</li> </ul>	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.
Well-Child Visits	Appointment must be scheduled within 4 weeks of request.

# **Transportation**

**Emergency:** Call 911 for emergency transportation.

Non-Emergency Medical Transport is split between two vendors:

 Medical Answering Services, Monday to Friday, 7am–6pm. Medicaid FFS covers routine transportation.

NYC Residents	Orange County	Sullivan County	Westchester
1-844-666-6270	Residents	Residents	County Residents
(TTY 1-800-735-2922)	1-855-360-3543	1-866-573-2148	1-866-883-7865

 Modivcare, Monday to Friday, 7am–6pm. Healthfirst covers medically necessary routine transportation to access healthcare services.

Long Island Residents: 1-844-678-1103 (TTY 1-866-288-3133)

#### **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

#### **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**

Dental	DentaQuest <sup>®</sup> : <b>1-800-508-2047</b>
Oncology management	eviCore: eviCore.com
Pain management/spinal surgery	OrthoNet: 1-844-504-8091
Pharmacy	NYRx: <b>1-877-309-9493</b>
Radiology	eviCore: eviCore.com
Specialty pharmacy	CVS Caremark <sup>®</sup> : <b>1-866-814-5506</b>
Vision	EyeMed®: <u>EyeMed.filebound.com/</u> 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**.

The following forms must be completed and submitted with hysterectomy and sterilization claims 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).

Prior authorization 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. Policies are subject to change.

# Compliance

Anonymously report compliance concerns and/or suspected fraud, waste, and abuse that involves Healthfirst at **1-877-879-9137** or at <u>HFCompliance.EthicsPoint.com</u>.

#### Contacts

Provider Services Center	<b>1-888-801-1660</b> Monday to Friday, 8:30am–5:30pm <u>HFproviders.org</u>
Pharmacy Services (pharmacy medications for provider administration)	NYS Medicaid Helpline, general questions: 1-855-648-1909 Medicaid eligibility and billing (eMedNY): 1-800-343-9000 Prior authorization (NYRx, Magellan call center): 1-877-309-9493
Care Management	<b>1-800-404-8778</b> (TTY 1-888-542-3821) Monday to Friday, 8:30am–5:30pm
Member Services	Medicaid: <b>1-866-463-6743</b> (TTY 1-888-542-3821) (TTY Spanish 1-888-867-4132) Monday to Friday, 8am–6pm (English, Spanish, Mandarin, Cantonese, and Russian) MyHFNY.org
Member Enrollment	Medicaid Prospects: <b>1-888-974-9901</b> Medicaid Member Renewals: <b>1-844-500-9826</b>

Visit healthfirst.org/medicaid-managed-care-plan for plan details.

<sup>\*</sup>Ratings are based on a five-star scale from indicators chosen by the New York State Department of Health and are published in its 2014 through 2023 publications of *A Consumer's Guide to Medicaid Managed Care in NYC and on Long Island*. This document is for Healthfirst provider use only. Please do not distribute.

Coverage is provided by Healthfirst PHSP, Inc.

The benefit information provided is a brief summary, not a complete description, of benefits. For more information, contact the plan. 24-5196