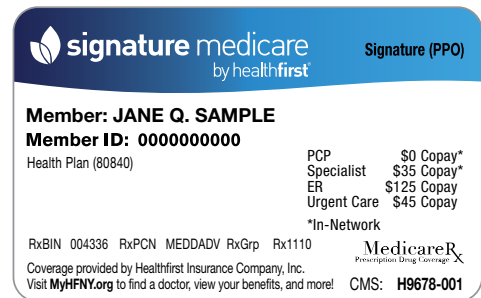


## Healthfirst at a Glance

# Signature (PPO)

A Medicare Advantage plan with the option to see out-of-network providers without a referral and/or prior authorization.

- Designed for individuals who want benefits in addition to Original Medicare, including dental, vision, hearing, and fitness
- Members have the option of going out of network and visiting any doctor and hospital in the U.S. that accepts Medicare for medical care








## Service Area

The service area of Signature (PPO) includes Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island), Nassau, Rockland, Suffolk, 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 **1-844-772-6629**, 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.

## Discharge Planning

For assistance in facilitating discharge planning for a Healthfirst member, call Care Management via Member Services at **1-888-260-1010**, Monday to Friday, 8:30am–5:30pm.

## Ancillary Authorizations

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

## 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.HFproviders.org).

## 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.HFCompliance.EthicsPoint.com).

## Contacts

Provider Services Center

**1-888-801-1660**

Monday to Friday, 8:30am–5:30pm

[HFproviders.org](http://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

**1-833-350-2910**

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](http://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/signature-plan-ppo](http://healthfirst.org/signature-plan-ppo) for plan details.