healthfirst
Health Insurance for New Yorkers

FAQs

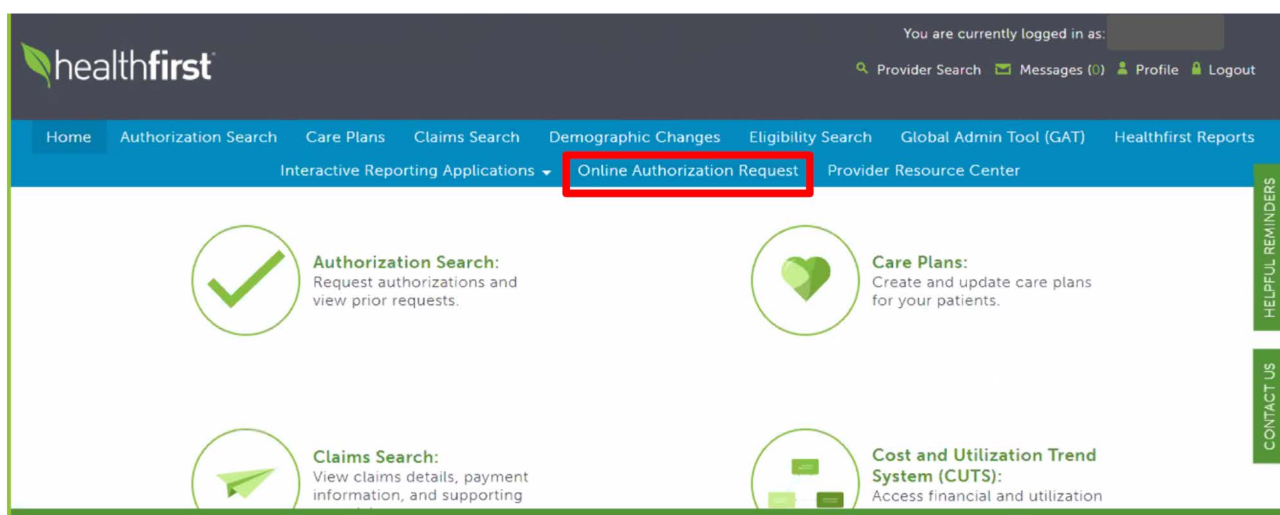
Online Authorization Tool for Medical Benefit Drugs

Which medical benefit drugs require prior authorization?

Healthfirst requires prior authorization for select drugs that are requested under the medical benefit rather than the pharmacy benefit. These drugs are to be administered in an outpatient setting by a licensed provider. The complete list of drugs requiring prior authorization can be found by logging in to our secure provider portal at **hfproviderportal.org** and clicking on "**Provider Resource Center**", "**Medications Requiring Prior Authorization Under the Medical Benefit**" and visiting **healthfirst.org** (under Info for Providers/Provider Resources/Pharmacy Resources & Formularies).

How do I request prior authorization?

You may submit your Online Authorization Request by logging in to our secure provider portal at **hfproviderportal.org**. On the home page, please select the "**Online Authorization Request**" tab:



If you do not have an account, you must create one to access the portal.
If you need assistance, please contact Provider Services at **1-888-801-1660**.

Can I submit expedited requests through the Online Authorization Request tab?

Expedited requests cannot be submitted online. You must call **1-888-394-4327**.

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IS THIS REQUEST STANDARD OR EXPEDITED?

Need help? Click here.

Service Authorization Requests are only able to be expedited when a delay would seriously jeopardize the patient's life or health or ability to attain, maintain, or regain maximum function.

- Standard request.
- Expedited - Please call our Service Agents at 1-888-394-4327 to request an expedited authorization.

What information will I need to provide for drug requests under the medical benefit?

If the request is for a drug that requires prior authorization under the medical benefit, the authorization type "**Outpatient Pharmacy**" should be selected.

You must select a place of service from the dropdown menu:

REQUESTED SERVICE INFORMATION

* indicates required field

Please select a request type and enter additional information below.

Benefit Plan Name

HEALTHFIRST MEDICAID

Request type*

- Inpatient
- Outpatient

Authorization type*

OUTPATIENT PHARMACY

Place of service*

Select...

Select...
AMBULATORY SURGICAL CENTER
HOME
OFFICE
OUTPATIENT HOSPITAL

- 90 days after Start date
- 180 days after Start date

Frequently Asked Questions

In addition to the information required for prior authorization, you will be asked to enter a Primary Diagnosis code, as well as a Procedure Code (medication name or code) and requested number of units. *Note*: each drug has a different amount of billable units, based on the dose and frequency of administration. Refer to **hfproviderportal.org**, click on "**Provider Resource Center**", then on "**Medications Requiring Prior Authorization Under the Medical Benefit**" for an example of how to correctly calculate billable units.

How do I provide clinical documentation for an authorization request?

We strongly recommend submitting your documentation electronically. To facilitate timely processing of your request, please attach clinical documentation to support your medical benefit drug request, as seen below. If you need to fax additional documentation, please fax it to Pharmacy Fax Line at **1-212-801-3223**. You will be presented with an option to generate a fax cover sheet following submission of this request.

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ATTACH SUPPORTING DOCUMENTATION

To facilitate timely processing of your request, please attach clinical documentation to support your authorization request. Examples of clinical documentation may include medical notes, prescriptions, imaging studies or a letter of medical necessity. Attach documentation that is pertinent to this request.

We strongly recommend attaching your documentation electronically. If you need to fax additional documentation, you will be presented with an option to generate a fax cover sheet following submission of this request.

Please note: Click here for a list of preferred file types. Uploaded files are limited to 5MB in size. Maximum of 10 documents can be attached.

EXISTING ATTACHMENTS

No attachments

ADD AN ATTACHMENT

How can I check the status of an authorization request?

Click on the "**Authorization Search**" tab within the Provider Portal or call Provider Services at **1-888-801-1660**.

Whom should I contact with questions?

If you have any additional questions, please contact Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–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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