

Important Contact Information

PROVIDER SERVICES	MEMBER SERVICES	PROVIDER SERVICE INTAKE
<p>P.O. Box 5168 New York, NY 10274-5168 1-888-801-1660 Fax: 1-646-313-4634 Monday to Friday 8:30am–5:30pm</p>	<p>P.O. Box 5165 New York, NY 10274-5165 Personal Wellness Plan: 1-855-659-5971 TTY: 1-888-542-3821 TTY (Spanish): 1-888-867-4132 24 hours a day, 7 days a week (English, Spanish, Chinese) Medicaid Fee-For-Service Transportation: (all NYC boroughs) – Medical Answering Services, 1-844-666-6270 24 hours a day, 7 days a week (Long Island) – ModivCare, 1-844-678-1103 Monday to Friday, 7am–6pm MyHFNY.org</p>	<p>P.O. Box 5166 New York, NY 10274-5166 1-888-394-4327 TTY: 1-888-542-3821 Fax: 1-646-313-4603 24 hours a day, 7 days a week Providers requesting BH-HCBS, ACT, or PROS can fax authorization requests to 1-646-313-4612 Medical Pharmacy (Pharmacy Medications for Provider Administration): 1-888-394-4327 TTY: 1-888-542-3821 TTY (Spanish): 1-888-867-4132 Medical Pharmacy Fax: 1-212-801-3223 Monday to Friday, 8am–5:30pm</p>

Secure Provider Portal: hfproviderportal.org

Access the secure provider portal to:

- Confirm member eligibility and member rosters
- Check claim status
- Check member copay/deductible/MOOP
- Review the Healthfirst plans you accept
- View authorization status
- Submit request to update demographic information
- Access the Telehealth Application and Assessment Tool
- And much more

Public Website: hfproviders.org

Access provider resources and information for:

- Coronavirus (COVID-19)
- Provider Alerts
- Provider Directory: HFDocFinder.org
- Provider Formulary: healthfirst.org/formulary
- Provider Manual
- Telehealth
- And much more

Access and Appointment Availability

- **Emergency care:** Immediately upon presentation
- After ER or hospital discharge, mental health or SUD follow-up visits: Within five days of discharge
- **Urgent medical and behavioral healthcare:** Within 24 hours
- Non-urgent visit for mental health or substance use disorder (SUD): Within two weeks
- **After hours:** Behavioral Health Service providers must provide on-call coverage for their respective practices 24 hours a day, 7 days a week and have a published after-hours telephone number (voicemail alone after hours is not acceptable)

Transportation

Emergency: If emergency transportation is needed, providers should call 911 to assist members with the emergency. These services are covered by Medicaid Fee-For-Service.

Non-Emergency: Routine transportation for Personal Wellness Plan (PWP) members within NYC's five boroughs is covered by the NYS Transportation vendor, Medical Answering Services (MAS). Providers should call MAS at **1-844-666-6270** to schedule transportation for these members.

Routine transportation for PWP members in Long Island (Nassau and Suffolk counties) is covered by NYS Transportation Vendor, ModivCare. Providers should call ModivCare at **1-844-678-1103** to schedule transportation for these members.

Requests for non-medical transportation for Behavioral Health Home and Community Based Services (BH-HCBS) must be sent directly to a Healthfirst Care Manager. The Care Management team can be reached at **1-866-237-0997**. After the Healthfirst Care Manager approves the initial request, members are instructed to call the NYS Transportation Vendor to arrange future trips as follows: members within NYC's five boroughs should call MAS at **1-844-666-6270**, while members within Long Island counties should call ModivCare at **1-844-678-1103**.

Care Management

All Personal Wellness Plan members are eligible for Health Home Care Management services, which provide community-based care coordination and recovery support. For members who choose not to receive Health Home services, Healthfirst will connect them to our Integrated Care Management Team to assist member in management of complex general medical and behavioral health conditions as well as social conditions.

For additional information or to refer a member for Health Home services or Healthfirst Care Management services, please contact Personal Wellness Plan Member Services at **1-855-659-5971**.

Discharge Planning

For quick assistance in facilitating discharge planning for a Personal Wellness Plan Member, please call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

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

Ancillary Authorizations

- **Radiology** – eviCore: **1-877-773-6964**
- **Dental** – DentaQuest: **1-800-508-2047**
- **Routine Vision/Glasses** – Davis Vision: **1-800-753-3311**
- **Chiropractic Services** – ASH: **1-800-972-4226**
- **PT, OT, ST Services** – OrthoNet: **1-844-641-5629**
- **Pain Management/Spinal Surgery/Foot Surgery** – OrthoNet: **1-844-504-8091**
- **Cataract/Cosmetic Eye Surgery** – Superior Vision: **1-888-273-2121**
- **Pharmacy** – CVS Caremark
- **Personal Wellness Plan:** **1-877-433-7643**
- **Specialty Pharmacy** – CVS Caremark: **1-866-814-5506**

Preauthorization Guidelines

Providers can obtain authorization by calling or faxing in a request to the Utilization Management numbers listed on the first page of this guide.

Outpatient

Authorization is **not** required for routine in-network outpatient behavioral health services except as indicated below.

Authorization is required on the following outpatient services:

- **Mental Health (MH) Services:**
 - Partial Hospital Programs (PHP)
 - Intensive Outpatient Programs (Mental Health Service IOP)
- **Assertive Community Treatment (ACT)**
- **Personalized Recovery-Oriented Services (PROS)**
- **Ambulatory Detoxification**
- **Electroconvulsive Therapy (ECT)**
- **Neuropsychological Testing**
- **Psychological Testing**
- **Adult BH-HCBS**, (Authorization is required for Crisis Respite with 72 hours)

The following information must be supplied for authorization requests:

Outpatient

- Member's name and Healthfirst ID number
- PCP's name (if not the attending/requesting provider)
- Procedure(s) and CPT-4 Code(s) and procedure date(s)
- Attending/requesting provider's name, telephone number, and fax number
- Diagnosis and ICD-10 Code
- Services requested and proposed treatment plan

Inpatient

Authorization is required for the following inpatient services. These will also be subject to retrospective and concurrent reviews in accordance with policies and procedures:

- **Mental Health (MH) Services:**
 - Inpatient, Psychiatric Admissions
- **Substance Use Disorder (SUD) Treatment:**
 - Inpatient Detoxification
 - Substance Use Rehabilitation

Inpatient

- All items on the left
- Hospital/facility Name
- Expected date of service
- Expected length of stay

Claims Guidelines

Mental Health, Substance Use Disorder (SUD) facilities, and outpatient clinic service claims must be submitted to Healthfirst electronically, using the 837(I), or by institutional paper claims, using the UB-04 claim form and the appropriate **rate codes**.

Claims Submissions: Claims must be submitted **within 180 days** of the date of service and should be done so either electronically or mailed as a hard copy to the address shown for the Claims department.

Electronic claim submissions must include the **National Provider Identifier (NPI)**, the Healthfirst **Member ID number**, and the Healthfirst **Payer ID Number 80141**.

Paper claim submissions must include the **NPI** and should be mailed to the following address: **Healthfirst Claims Department, P.O. Box 958438, Lake Mary, FL 32795-8438**

Healthfirst provides a two (2)-level process for providers to dispute a claim denial or payment that the provider believes was incorrect or inaccurate.

First-Level Dispute Requests:

Reviews and Reconsiderations – Requests can be made via our Provider Portal or in writing and, with supporting documentation, submitted within **90 calendar days** from the paid date on the Explanation of Payment (EOP). This includes disputes pertaining to Readmission Denials.

Electronic submissions are accepted through the Healthfirst secure Provider Portal at **hfproviderportal.org**; written submissions should be mailed to:

Healthfirst Correspondence Department, P.O. Box 958438, Lake Mary, FL 32795-8438

Second-Level Dispute Requests:

Provider Claims Disputes – Providers may dispute the outcome of a review and reconsideration via our Provider Portal or in writing, with supporting documentation, within **60 calendar days** from the date listed on the reconsideration letter. This includes disputes pertaining to Readmission Denials. Electronic disputes are accepted through the Healthfirst secure Provider Portal at **hfproviderportal.org**; written submissions should be mailed to:

Healthfirst Correspondence Department, P.O. Box 958438, Lake Mary, FL 32795-8438

All questions concerning requests should be directed to Provider Services at **1-888-801-1660**.

ICD-10

ICD-10 coding was implemented industrywide on October 1, 2015, replacing ICD-9 coding. All claims submitted with DOS after October 1, 2015 must include only ICD-10 codes. Claims submitted with combined ICD-9 and ICD-10 coding, and claims submitted without the appropriate code versions, will result in denials. More information on ICD-10 can be found online at **cms.gov/ICD10** or **hfproviders.org**.

Compliance

Anonymously report compliance concerns and/or suspected fraud, waste, and abuse which involves Healthfirst at **1-877-879-9137** or at **hfcompliance.ethicspoint.com**.