## Quick Reference Guide
Licensed Home Care Service Agency (LHCSA)
Personal Care Aide (PCA)

### Important Contact Information

<table>
<thead>
<tr>
<th>PROVIDER SERVICES</th>
<th>MEMBER SERVICES</th>
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<tbody>
<tr>
<td>Medicaid/PHSP Medicare CompleteCare 1-888-801-1660 Monday to Friday, 8:30am–5:30pm</td>
<td>Medicaid 1-888-260-1010 (TTY: 1-888-542-3821)</td>
</tr>
<tr>
<td>Senior Health Partners (SHP), Managed Long-Term Care Plan 1-877-737-2693 Monday to Friday, 8:30am–5:30pm</td>
<td>CompleteCare (CC) 1-855-675-7630 7 days a week, 8am–8pm (October through March)</td>
</tr>
</tbody>
</table>

### PROVIDER SERVICES
- Medicaid/PHSP
  - 1-866-463-6743
  - Medicare
    - 1-888-260-1010 (TTY: 1-888-542-3821)
- CompleteCare
  - 1-855-675-7630
- HARP
  - 1-888-659-5971
  - 7 days a week, 24 hours a day
- Essential Plans
  - 1-888-250-2220

### MEMBER SERVICES
- Senior Health Partners (SHP), Managed Long-Term Care Plan 1-877-737-2693 Monday to Friday, 8:30am–5:30pm
- Medicaid Fee-for-Service Transportation (all NYC boroughs):
  - Medical Answering Services (MAS) 1-844-666-6270
  - TTY (English): 1-800-735-2922
  - Monday to Thursday, 7am–6pm
- Senior Health Partners (SHP) 1-800-633-9717 7 days a week, 24 hours
- Senior Health Partners (SHP) Transportation 1-866-202-3874 Monday to Friday, 8am–7pm (October through March)
- Medicaid Fee-for-Service Transportation (all NYC boroughs):
  - Medical Answering Services (MAS) 1-844-666-6270
  - TTY (English): 1-800-735-2922
  - Monday to Thursday, 7am–6pm
- Senior Health Partners (SHP) Transportation 1-866-202-3874 Monday to Friday, 8am–7pm (October through March)

### AUTHORIZATIONS
- Medicaid/PHSP Medicare CompleteCare 1-888-394-4327 Monday to Friday, 8:30am–5:30pm
- TTY (English): 1-888-542-3821
- TTY (Spanish): 1-888-867-4132
- Fax authorization requests to: 1-646-313-4603
  - or contact the Care Coordination Unit (CCU) for discharge planning needs and PCA Services authorizations and inquiries
- Mail written appeals for denial of service to:
  - Healthfirst Appeals and Grievances Department
  - P.O. Box 5166
  - New York, NY 10274-5166

### 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

### Prior Authorizations
- Authorization for PCA services is required before rendering personal care services to an eligible member, and claims must be submitted using the service codes provided on the authorization. Authorizations should be carefully reviewed to confirm that the correct service codes and units are listed. To avoid denials, corrections to authorizations should occur before submission of claims.
- Authorizations can be confirmed in two ways:
  - Log in to the authorization in the Healthfirst Provider Portal at hfproviderportal.org
  - Refer to the authorization letter received from Care Management
- All members are assessed in their home by a nurse to evaluate their need for PCA services and the amount of PCA services required. In addition, all members are reassessed every six months to one year, based on their medical condition and needs. SHP and CC members are reassessed every six months to one year, based on their medical necessity.
- Contact the Clinical Claims Auditors Line for assistance with SHP/CompleteCare claim denials related to services requiring authorization:
  - Monday to Friday, 8am–5pm
  - clinicalclaimsauditors@healthfirst.org

To ensure timely updates to authorizations, call Healthfirst immediately at 1-800-404-8778 when changes in services occur. Notification should occur prior to any claim submissions. Changes in services may include:
- A single case to a mutual or shared case
- A change in service code (e.g., T1019 to T1020)
- Change in PCA hours
- Change in medical condition requiring an updated M11Q
- Member plan change
Member Enrollment

For information on becoming a member:
- Medicaid—1-866-463-6743, Monday to Friday, 8am–6pm
- Medicare—1-877-257-1303, 7 days a week, 8am–8pm
- SHP—1-866-585-9280, Monday to Friday, 8am–8pm; Saturday, 10am–6:30pm

Coding Guidelines

Universal bill codes for LHCSA services include, but are not limited to the following:

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Modifier</th>
<th>Units</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S5130</td>
<td>U1</td>
<td>Per 15 minutes</td>
<td>PCS Level I, per 15 minutes</td>
</tr>
<tr>
<td>S5125</td>
<td></td>
<td>Per 15 minutes</td>
<td>HHA; per 15 minutes</td>
</tr>
<tr>
<td>S5126</td>
<td>U1</td>
<td>Per diem (13 hours)</td>
<td>HHA; Live in, per diem (13 hours)</td>
</tr>
<tr>
<td>T1019</td>
<td>U1, TV</td>
<td>Per 15 minutes</td>
<td>PCS Level II Basic Weekend/Holiday, per 15 minutes</td>
</tr>
<tr>
<td>T1019</td>
<td>U2</td>
<td>Per 15 minutes</td>
<td>PCS Level II Basic Two Client, per 15 minutes</td>
</tr>
<tr>
<td>T1019</td>
<td>U6</td>
<td>Per 15 minutes</td>
<td>CDPA Basic, per 15 minutes</td>
</tr>
<tr>
<td>T1019</td>
<td>U7</td>
<td>Per 15 minutes</td>
<td>CDPA Two consumer, per 15 minutes</td>
</tr>
<tr>
<td>T1020</td>
<td>U2</td>
<td>Per diem (13 hours)</td>
<td>PSC Level II Live in, per diem (13 hours)</td>
</tr>
<tr>
<td>T1020</td>
<td>U6</td>
<td>Per diem (13 hours)</td>
<td>CDPA Live in, per diem (13 hours)</td>
</tr>
<tr>
<td>T1020</td>
<td>U7</td>
<td>Per diem (13 hours)</td>
<td>CDPA Two Consumer, per diem (13 hours)</td>
</tr>
</tbody>
</table>

Split Shifts

Split shifts are billed on one claim line, as shown:

<table>
<thead>
<tr>
<th>Dates of Service</th>
<th>POS</th>
<th>EMG</th>
<th>CPT/HCPCS</th>
<th>Modifier</th>
<th>Diagnosis Pointer</th>
<th>$ Charge</th>
<th>Days or Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 10 15 15</td>
<td>To 10 15 15</td>
<td>T1019  U1</td>
<td>$XX.XX</td>
<td>96</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If split shifts are billed on separate claim lines for the same date of service, the second claim line will be denied as duplicate.

Mutual/Shared Cases

Mutual/shared cases should be billed on separate CMS-1500 forms. Mutual/shared cases billed on the same CMS-1500 form will be denied due to incorrect billing.

Claims Guidelines

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 addresses shown for the Claims department.

All PCA provider services claims must be submitted to Healthfirst either electronically, using the 837(P) format, or on paper, using the CMS-1500 claim form.

Electronic claim submissions must include the National Provider Identifier (NPI) and the Healthfirst and Senior Health Partners Payer ID Number 80141.

Effective 4/1/18, an amendment to New York State Public Health Law requires electronic payments of claims for contracts or agreements between long-term providers and managed care plans. These payments will be paid via electronic funds transfer/electronic remittance advice (EFT/ERA). This will reduce administrative costs and result in quicker receipt of payment. If you have not done so already, please contact your Network Management representative to sign up for EFT/ERA.

Healthfirst provides a two (2)-level process for providers to dispute a claim denial or payment which 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, with supporting documentation, submitted within 90 calendar days from the paid date on the Explanation of Payment (EOP).
- Electronic submissions are accepted through the Healthfirst secure Provider Portal at hfproviderportal.org; written submissions should be mailed to:
  - Healthfirst Claims Correspondence Unit
    - P.O. Box 958438
    - Lake Mary, FL 32795-8438
  - Senior Health Partners Claims Correspondence Unit
    - P.O. Box 958439
    - Lake Mary, FL 32795-8439

Second-Level Requests:
- Provider Claims Dispute – 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. Electronic disputes are accepted through the Healthfirst secure Provider Portal at hfproviderportal.org; written submissions should be mailed to:
  - Healthfirst Provider Claims Appeals
    - P.O. Box 958431
    - Lake Mary, FL 32795-8431
  - Senior Health Partners Claims Appeals
    - P.O. Box 958432
    - Lake Mary, FL 32795-8432

Compliance

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