### Important Contact Information

<table>
<thead>
<tr>
<th>PROVIDER SERVICES</th>
<th>MEMBER SERVICES</th>
<th>PROVIDER SERVICE INTAKE</th>
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<tbody>
<tr>
<td>P.O. Box 5168</td>
<td>P.O. Box 5165</td>
<td></td>
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<tr>
<td>New York, NY 10274-5168</td>
<td>New York, NY 10274-1566</td>
<td></td>
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<tr>
<td>1-888-801-1660</td>
<td>1-855-799-3668</td>
<td></td>
</tr>
<tr>
<td>Fax: 1-646-313-4634</td>
<td>TTY: 1-855-779-1033</td>
<td>Monday to Friday</td>
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<tr>
<td>Monday to Friday</td>
<td>Monday to Friday</td>
<td>8:30am–5:30pm</td>
</tr>
<tr>
<td>8:30am–5:30pm</td>
<td>TTY (Spanish): 1-855-779-1034</td>
<td>8am–5:30pm</td>
</tr>
<tr>
<td></td>
<td>Monday to Friday</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9am–5pm</td>
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<tr>
<td>MyHFNY.org</td>
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</tbody>
</table>

**P.O. Box 5165**  
New York, NY 10274-1566  
1-855-394-4327  
TTY: 1-888-542-3821  
TTY (Spanish): 1-855-779-1034  
Monday to Friday, 9am–5pm  

**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

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**Healthfirst Pro EPO Plans – Small Groups with 1–100 employees**  
(includes vision and dental benefits for children under the age of 19)
- Platinum Pro EPO
- Gold Pro EPO
- Gold 25/50/0 Pro EPO
- Silver Pro EPO
- Silver 40/75/4700 Pro EPO
- Bronze Pro EPO (HSA Compatible)
- Bronze 6850 Pro EPO (HSA Compatible)
- Bronze 8150 Pro EPO

**Healthfirst Pro Plus EPO Plans – Small Groups with 1–100 employees**  
(includes vision and dental benefits for both adults and children)
- Platinum Pro Plus EPO
- Gold Pro Plus EPO
- Gold 25/50/0 Pro Plus EPO
- Silver Pro Plus EPO
- Silver 40/75/4700 Pro Plus EPO
- Bronze Pro Plus EPO (HSA Compatible)
- Bronze 6850 Pro Plus EPO (HSA Compatible)

**Healthfirst Total EPO Plans – Individuals Off-Exchange (includes adult vision and dental benefits)**
- Platinum Total EPO
- Gold Total EPO
- Silver Total EPO
- Bronze Total EPO

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**Secure Provider Portal:** hfproviderportal.org

**Public Website:** hfproviders.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

**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

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**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.

<table>
<thead>
<tr>
<th>TYPE OF SERVICE</th>
<th>STANDARD(S)</th>
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<tbody>
<tr>
<td>Emergency Care</td>
<td>0–3+ hours</td>
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<tr>
<td>Urgent Care</td>
<td>0–30 minutes</td>
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<tr>
<td>Non-urgent “Sick” Visits</td>
<td>Visit must be scheduled within 48 to 72 hours of request as indicated by the nature of the clinical problem.</td>
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<tr>
<td>Routine Care</td>
<td>Appointment must be scheduled within 4 weeks of request.</td>
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<tr>
<td>Adult Baseline and Routine Physicals</td>
<td>Appointment must be scheduled within 12 weeks of enrollment.</td>
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<tr>
<td>Newborn Visits: Initial Visit to the PCP</td>
<td>Appointment must be scheduled within 2 weeks of hospital discharge. Healthfirst must be notified the next business day after birth.</td>
</tr>
<tr>
<td>Well-child Care Visits</td>
<td>Appointment must be scheduled within 4 weeks of request.</td>
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</table>

**Referral Requirements**

Healthfirst Pro EPO, Pro Plus EPO, and Total EPO Plan members do not require referrals to see a network specialist.
Ancillary Authorizations

- CVS Caremark: Formulary Medications **1-800-294-5979**, Specialty Pharmacy **1-866-814-5506**
- Routine vision care/eyewear – Healthfirst Pro EPO Plans offer routine vision care/eyewear only to children below the age of 19; Healthfirst Total and Pro Plus EPO Plans offer routine vision care/eyewear to adults and children – Davis Vision: **1-800-773-2847**
- Prior authorization for surgical procedures of the eye – Superior Vision: **1-888-273-2121**
- Radiology prior authorization – eviCore: **1-877-773-6964**
- Routine dental care – Healthfirst Pro EPO Plans offer routine dental care only to children below the age of 19; Healthfirst Total and Pro Plus EPO Plans offer routine dental care to adults and children below the age of 19 – DentaQuest: **1-855-343-4267**
- PT, OT, ST services – OrthoNet: **1-844-641-5629**
- Pain Management/Spinal Surgery/Foot Surgery – OrthoNet: **1-844-504-8091**
- Questions regarding chiropractic services – ASH: **1-800-972-4226**

Preauthorization Guidelines

- For preauthorization or to notify Healthfirst of an admission, contact the Utilization Management department at **1-888-394-4327**
- To find out if preauthorization is required for a service or procedure, log in to [hfproviderportal.org](http://hfproviderportal.org) and navigate to the “Online Authorization Tool” at the top of the page
- Policies are subject to change

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.

**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 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 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](http://hfproviderportal.org);
  - written submissions should be mailed to Healthfirst Correspondence Unit, 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](http://hfproviderportal.org);
  - written submissions should be mailed to Healthfirst Provider Claim Disputes, P.O. Box 958431, Lake Mary, FL 32795-8431.

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

For further details on claims, submissions, and what to submit as acceptable support documentation, please refer to the Healthfirst Provider Manual at [hfproviders.org](http://hfproviders.org) – Provider Manual, Section 17.

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](http://hfcompliance.ethicspoint.com).