

Important Contact Information

PROVIDER SERVICES

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

PREAUTHORIZATIONS

P.O. Box 5166
New York, NY 10274-5166
Medicaid and Medicare
except the plans listed below
1-888-394-4327
Monday to Friday, 8:30am–5:30pm

CompleteCare (CC)
1-866-237-0997
Monday to Friday, 8am–8pm
Senior Health Partners (SHP)
1-877-737-2693
Monday to Friday, 8:30am–5:30pm

TTY for Medicaid, Medicare,
CompleteCare (CC), and
Senior Health Partners (SHP)
English: 1-888-542-3821
Spanish: 1-888-867-4132

All preauthorizations MUST be
submitted to the Utilization
Management (UM) Skilled Nursing
Facility (SNF) team via fax at
1-212-601-6950 or emailed to
PRISubmit@healthfirst.org.

MEMBER SERVICES

P.O. Box 5165
New York, NY 10274-5165
Medicaid/CHP
1-866-463-6743
Monday to Friday, 8am–6pm

Medicare Plans
1-888-260-1010
Monday to Friday, 8am–8pm
AEP only: 7 days a week, 8am–8pm

Leaf Plans/Essential Plans
1-888-250-2220
Monday to Friday, 8am–8pm

CompleteCare
1-866-237-0997
Monday to Friday, 8am–8pm

Senior Health Partners
1-800-633-9717
7 days a week, 24 hours

TTY for Medicaid/CHP, Medicare, CompleteCare,
Leaf/Essential Plans, and Senior Health Partners:
English: 1-888-542-3821
Spanish: 1-888-867-4132
MyHFNY.org

Preauthorization Requirements

Inpatient Nursing Home services including Bed Holds for therapeutic leave require preauthorization.

Nursing Home facilities must obtain authorization from Healthfirst before providing nursing facility services to an eligible Healthfirst plan member.

- Contact Healthfirst Utilization Management at **1-888-394-4327**. All preauthorization requests must be made either via fax at **1-212-601-6950** or emailed to **PRISubmit@healthfirst.org**.
- **Healthfirst must be informed when any change to an authorized admission occurs.**

Ancillary Authorizations

- 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**
- Dental Services – DentaQuest: **1-888-308-2508**
- Routine Vision/Glasses – Davis Vision: **1-800-773-2847**
- Cataract Eye Surgeries – Superior Vision: **1-888-273-2121**
- Radiology Authorizations – eviCore: **1-877-773-6964**

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

Pharmacy

CVS Prior Authorizations and Formulary Exceptions:

Medicaid-covered drugs
1-877-433-7643
Fax: 1-866-848-5088

CVS Specialty Pharmacy
1-866-814-5506
Fax: 1-866-249-6155

Medicare, including CompleteCare and Life Improvement Plan
1-855-344-0930
Fax: 1-855-633-7673

- Updated formularies are available at healthfirst.org/formulary
- Over-the-counter (OTC) drugs and supplies listed on the Medicaid formulary are not covered for those members enrolled in and receiving the Nursing Home Custodial Benefits
- OTC drugs, physician-administered drugs (J-code drugs), medical supplies, nutritional supplements, sickroom supplies, adult diapers, and durable medical equipment will continue to be the responsibility of the nursing home and will be reimbursed within the nursing home benchmark rate
- Immunization services including vaccines and their administration will remain in the nursing home benchmark rate

Eligibility and Enrollment

- Medicaid—**1-866-463-6743**, Monday to Friday, 8am–6pm
- HF Medicare Advantage Plans—**1-877-237-1303**, 7 days a week, 8am–8pm

Discharge Planning

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

Provider Reimbursement

Nursing Home facility services claims must be submitted to Healthfirst using the following Revenue Codes:

Revenue Code	Revenue Code Description	Revenue Code	Revenue Code Description
100	All-Inclusive Room and Board - Custodial Care & Respite	185	Leave of Absence - Nursing Home (for Hospitalization)
101	All-Inclusive Room and Board - Vent	199	All-Inclusive Room and Board - Traumatic Brain Injury (TBI)
123	All-Inclusive Room and Board - Pediatric	191	Subacute Care - Level I
124	All-Inclusive Room and Board - Neurobehavioral	192	Subacute Care - Level II
160	All-Inclusive Room and Board - AIDS	193	Subacute Care - Level III
169	Medicare Coinsurance Days	194	Subacute Care - Level IV
183	Leave of Absence - Therapeutic Leave		

- Include the Healthfirst Payer ID Number 80141 on each claim
- Submit electronic claims with your NPI
- The Nursing Home reimbursement is the Total Payment for NH Rate + Cash Receipt Assessment
- To file an Appeal and Grievance, call Provider Services at **1-888-801-1660** or send in writing mailed to Appeals and Grievances, P.O. Box 5166, New York, NY 10274-5166

NAMI Billing

If applicable, the facility will be billed the net available monthly income (NAMI) for each institutionalized individual in residence and the amount will offset future payments. For questions pertaining to collection of NAMI, call the appropriate Member Services number as listed on page 1 of this QRG. All NAMI and Spenddown payments for SHP can be sent to:

Senior Health Partners

Accounts Receivable Department
P.O. BOX 48344, Newark, NJ 07101-48344
If you have any questions or concerns, you may contact the PHSP Billing and Reconciliation department at **1-800-633-9717**, Monday to Friday, 9am–5pm.

Transportation

Emergency

If emergency transportation is needed, providers can call **911** to assist members with the emergency.

Non-Emergency Routine

- Medicaid members residing in any New York City borough are covered by Fee-For-Service (FFS). Providers should call Medical Answering Services (MAS) at **1-844-666-6270** (TTY 1-800-735-2922) to schedule transportation for these members. Based upon medical necessity, Healthfirst will provide routine transportation for Medicaid members living in Long Island (Nassau and Suffolk counties) to access healthcare services. Providers can call Logisticare at **1-844-678-1106** (TTY 1-866-288-3133) to schedule transportation for these members.
- Requests for Medicare, Complete Care, or Senior Health Partners beneficiaries for routine and standing order non-emergency medical transportation (NEMT) services will be taken by ModivCare at **1-866-428-2351**, Monday to Friday, 8am–8pm, and require two (2) business days' advance notice. Requests for Ride Assist and urgent NEMT services (not life-threatening) are accepted 24/7/365.

Durable Medical Equipment (DME)

- Please refer to our Provider Directory at HFDocFinder.org and click on the applicable plan to view a list of participating DME providers
- Items such as canes, walkers, and standard wheelchairs are already included in the Medicaid benchmark rate
- Authorization is required for all DME items outside your published Medicaid benchmark rate

Notification Requirements

All Emergent Admissions: Providers must notify Healthfirst of emergent admissions no later than one (1) business day after the date of admission.

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)** and the Healthfirst **Payer ID Number 80141**.

Paper claim submissions must include the **NPI**.

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

Senior Health Partners Claims Department, P.O. Box 958439, Lake Mary, FL 32795-8439

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

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

Second-Level Requests:

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

Healthfirst Provider Claim Appeals, P.O. Box 958431, Lake Mary, FL 32795-8431

Senior Health Partners Claim Appeals, P.O. Box 958432, Lake Mary, FL 32795-8432

Providers are reimbursed at the published Medicaid benchmark rate, which is made up of the room and board rate plus cash assessment.

Medicaid benchmark rates can be referenced at health.ny.gov/facilities/long_term_care/reimbursement/nhr/.

Nursing Home facility services claims must be submitted to Healthfirst using Bill Type 21X, 22X, 23X, or 28X, as appropriate. Submit Revenue Code 0022 with the appropriate Health Insurance Prospective Payment System (HIPPS) procedure code for Skilled Nursing Facilities (SNF) services, including the number of covered days for each HIPPS rate code.

- HIPPS codes must only be populated on the Revenue Code 0022 line of the claim and have total charges equal to zero (0).
- **SNF claims submitted without Revenue Code 0022 and the appropriate HIPPS code will be denied.**

For further details on claims, submissions, and what to submit as acceptable support documentation, please refer to the Healthfirst Provider Manual at 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.