

Important Contact Information

PROVIDER SERVICES	MEMBER SERVICES	PROVIDER SERVICE INTAKE
P.O. Box 5166 New York, NY 10274-5168 1-888-801-1660 Fax: 1-646-313-4634 Monday to Friday 8:30am–5:30pm	P.O. Box 5165 New York, NY 10274-5165 For Healthfirst Signature (HMO): 1-855-771-1081 For all other Healthfirst Medicare plans: 1-888-260-1010 7 days a week, 8am–8pm (October through March), and Monday to Friday, 8am–8pm (April through September) TTY: 1-888-542-3821 (all plans) TTY (Spanish): 1-888-867-4132 MyHFNY.org	P.O. Box 5166 New York, NY 10274-5166 1-888-394-4327 Fax: 1-646-313-4603 TTY: 1-888-542-3821 Monday to Friday, 8am–5:30pm CompleteCare Management Team: 1-866-237-0997 TTY: 1-888-542-3821 Monday to Friday, 8am–8pm 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
	CARE MANAGEMENT	
	For members diagnosed with high-risk conditions or in need of care coordination. 1-888-260-1010 7 days a week	

Healthfirst Medicare Plans: healthfirst.org/medicare-long-term-care-plans

- Healthfirst Coordinated Benefits Plan (HMO)
- Healthfirst Increased Benefits Plan (HMO)
- Healthfirst Signature (HMO)
- Healthfirst 65 Plus Plan (HMO)
- Healthfirst CompleteCare (HMO D-SNP)
- Healthfirst Life Improvement Plan (HMO D-SNP)

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

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.

TYPE OF SERVICE	STANDARD(S)
Emergency Care	0–3 hours upon presentation. All emergency admissions must be called in no later than one business day after admission.
Urgent Care	0–30 minutes upon presentation.
Non-urgent “Sick” Visits	Visit must be scheduled within 48 to 72 hours of request as indicated by the nature of the clinical problem.
Routine Care	Appointment must be scheduled within 4 weeks of request.
Adult Baseline and Routine Physicals	Appointment must be scheduled within 12 weeks of enrollment.

Transportation

Medicare transportation benefit limits:

- Healthfirst Coordinated Benefits Plan (HMO) – 8 one-way trips per year
- Healthfirst Increased Benefits Plan (HMO) – 40 one-way trips per year
- Healthfirst CompleteCare (HMO D-SNP) – unlimited
- Healthfirst Life Improvement Plan (HMO D-SNP) – 28 one-way trips per year
- Healthfirst Signature (HMO) – 12 one-way trips per year (if selected as a Choice Extra benefit)

Emergency: If a member needs emergency transportation, please call 911.

Non-Emergency Medical Transportation (NEMT): Requests for routine and standing order NEMT services from healthcare facilities will be taken by ModivCare at **1-866-428-2351**, Monday to Friday, 8am–8pm, and require two business days’ advance notice. Requests for Ride Assist and urgent NEMT services (not life-threatening) are accepted 24/7/365.

Ambulette transportation is not a covered benefit while members reside in a nursing home, assisted living community, or other skilled nursing facility. Members with a medical condition who require NEMT should contact Member Services at **1-888-260-1010** and follow the prompts to request transportation.

Discharge Planning

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

Ancillary Authorizations

- **Radiology** – eviCore: **1-877-773-6964**
- **Dental** – DentaQuest: **1-888-308-2508**
- **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**
- **Routine Vision/Glasses** – Davis Vision: **1-800-773-2847**
- **Cataract/Cosmetic Eye Surgery** – Superior Vision: **1-888-273-2121**
- **Pharmacy** – CVS Caremark: **1-855-344-0930**
- **Routine Hearing/Hearing Aids** – **1-877-438-7251**

Preauthorization Guidelines

- For preauthorization or to notify Healthfirst of an admission, contact the Utilization Management department at **1-888-394-4327**
- Preauthorization is not a guarantee of payment. Payment by Healthfirst for services provided is contingent upon the member's active membership in Healthfirst at the time the service or treatment was rendered
- Member is responsible for any applicable cost-sharing such as copayments, coinsurance, or deductible amounts
- Policies are subject to change
- To find out if preauthorization is required for a service or procedure, log in to hfproviderportal.org and go to the "Online Authorization Tool" at the top of the page
- Hysterectomy and Sterilization – The following forms must be completed and submitted with the claim to be considered for reimbursement:
 - New York State requires forms DSS-3133 and 3134 for hysterectomy services
 - Form 7473 M ED is required for sterilization
 - Consent form FD-189

Claims Guidelines

Claims Submissions: Claims must be submitted **within 180 days** of the date of service and should be submitted electronically or mailed 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:

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

Healthfirst provides a two-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 and INN Post Service Disputes.

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 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. This includes disputes pertaining to Readmission Denials and INN Post Service Disputes.

Electronic disputes are accepted through the Healthfirst secure Provider Portal at 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 – **Provider Manual, Section 17**.

Member Enrollment

Call **1-877-237-1303**, Monday to Friday, 8:30am–6pm; AEP Extended Hours: 7 days a week, 8:30am–8pm. Visit healthfirst.org/medicare-long-term-care-plans for more information on plan benefits.

Compliance

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