

### Important Contact Information

PROVIDER SERVICES	MEMBER SERVICES	PROVIDER SERVICE INTAKE
P.O. Box 5168 New York, NY 10274-5168 <b>1-888-801-1660</b> Fax: 1-646-313-4634 Monday to Friday 8:30am–5:30pm	P.O. Box 5165 New York, NY 10274-5165 Healthfirst Essential Plans: <b>1-888-250-2220</b> Monday to Friday 8am–8pm (English, Spanish, Mandarin, Cantonese, Korean, and Russian) TTY: 1-888-542-3821 TTY (Spanish): 1-888-867-4132 <a href="http://MyHFNY.org">MyHFNY.org</a>	P.O. Box 5166 New York, NY 10274-5166 <b>1-888-394-4327</b> Fax: 1-646-313-4603 Monday to Friday 8am–5:30pm
		CARE MANAGEMENT
		For members diagnosed with high-risk conditions or in need of care coordination: <b>1-800-404-8778</b> Monday to Friday 8am–6pm

### Healthfirst Essential Plans PLUS Vision & Dental (as of June 1, both EP 1 & EP 2 include Vision and Dental)

- Essential Plan 1 PLUS Vision & Dental ■ Essential Plan 2 PLUS Vision & Dental
- Essential Plan 3 ■ Essential Plan 4

### Secure Provider Portal: [hfproviderportal.org](http://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](http://hfproviders.org)

#### Access provider resources and information for:

- Coronavirus (COVID-19)
- Provider Alerts
- Provider Directory: [HFDocFinder.org](http://HFDocFinder.org)
- Provider Formulary: [healthfirst.org/formulary](http://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	<b>0–3+ hours</b>
Urgent Care	<b>0–30 mins upon presentation</b>
Non-urgent "Sick" Visits	Visit must be scheduled within <b>48 to 72 hours</b> of request as indicated by the nature of the clinical problem.
Routine Care	Appointment must be scheduled within <b>4 weeks</b> of request.
Adult Baseline and Routine Physicals	Appointment must be scheduled within <b>12 weeks</b> of enrollment.
Newborn Visits: Initial Visit to the PCP	Appointment must be scheduled within <b>2 weeks</b> of hospital discharge. Healthfirst must be notified the next business day after birth.
Well-child Care Visits	Appointment must be scheduled within <b>4 weeks</b> of request.

### Notification Requirements

- All Emergent Admissions:** Called in no later than one business day after admission
- Newborns:** Next business day following birth

## Ancillary Authorizations

- Chiropractic services – ASH: **1-800-678-9133**
- Specialty pharmacy – CVS Caremark: **1-866-814-5506**
- Pharmacy prior authorization – CVS Caremark: **1-855-582-2022**
- Routine vision care/eyewear – 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 – DentaQuest: **1-888-308-2508**
- PT, OT, ST services – OrthoNet: **1-844-641-5629**
- Pain Management/Spinal Surgery/Foot Surgery – OrthoNet: **1-844-504-8091**

## Preauthorization Guidelines

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

## 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](https://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](https://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](https://hfproviders.org) – **Provider Manual, Section 17**.

## Member Enrollment

- Healthfirst Essential Plans: **1-888-974-9901**  
**Note:** After selecting your corresponding language, select the option for enrollment to speak with a representative in English, Spanish, Mandarin, Cantonese, Korean, or Russian
- Visit [healthfirst.org/essential-plans/#2021](https://healthfirst.org/essential-plans/#2021) for more information on plan benefits
- Visit [hfchoice.org/essential-plans/](https://hfchoice.org/essential-plans/) for patients interested in scheduling an appointment for additional enrollment information

## 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](https://hfcompliance.ethicspoint.com).