

Important Contact Information

PROVIDER SERVICES	MEMBER SERVICES	UTILIZATION MANAGEMENT
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 hfprovsrvs@healthfirst.org	P.O. Box 5165 New York, NY 10274-5165 Personal Wellness Plan: 1-855-659-5971 24 hours a day, 7 days a week (English, Spanish, Chinese) Medicaid Fee-for-Service Transportation: (all NYC boroughs) – Medical Answering Services, 1-844-666-6270 , 24 hours a day, 7 days a week (Long Island) – LogistiCare, 1-844-678-1103 Monday to Friday, 7am–6pm	P.O. Box 5166 New York, NY 10274-5166 1-888-394-4327 Fax: 1-646-313-4603 TTY 1-888-542-3821 24 hours a day, 7 days a week Providers requesting BH-HCBS, ACT, or PROS can fax authorization requests to 1-646-313-4612

Online Tools and Resources: healthfirst.org/providers

Access the secure provider portal to:

- Verify member eligibility
- Review claim status
- Search for providers
- Check authorization status and review details
- Update demographic information
- Submit Review and Reconsideration requests and corrected claims

Access provider resources and information for:

- Provider Alerts: healthfirst.org/alerts
- Provider Manual: HFProviderManual.org
- Provider Directory: HFDocFinder.org
- Provider Forms: healthfirst.org/providerforms
- Provider Formulary: healthfirst.org/formulary
- Provider Newsletters: HFNYSource.org
- Submit Your Email Address: HFDocEmails.org
- New Providers: HFNewProviders.org

Access and Appointment Availability Requirements

- **Emergency care:** Immediately upon presentation
- After ER or hospital discharge, mental health or SUD follow-up visits: Within five days of discharge
- **Urgent medical and behavioral healthcare:** Within 24 hours
- Non-urgent visit for mental health or substance use disorder (SUD): Within two weeks
- **After hours:** Behavioral Health Service providers must provide on-call coverage for their respective practices 24 hours a day, 7 days a week and have a published after-hours telephone number (voicemail alone after hours is not acceptable)

Transportation

Emergency: If emergency transportation is needed, providers should call 911 to assist members with the emergency. These services are covered by Medicaid Fee-For-Service.

Non-Emergency: Routine transportation for Personal Wellness Plan (PwP) members within NYC's five boroughs is covered by the NYS Transportation vendor, Medical Answering Services (MAS). Providers should call MAS at **1-844-666-6270** to schedule transportation for these members.

Routine transportation for PWP members in Long Island (Nassau and Suffolk counties) is covered by NYS Transportation Vendor, LogistiCare. Providers should call LogistiCare at **1-844-687-1103** to schedule transportation for these members.

Requests for non-medical transportation for Behavioral Health Home and Community Based Services (BH-HCBS) must be sent directly to a Healthfirst Care Manager. The Care Management team can be reached at **1-866-237-0997**. After the Healthfirst Care Manager approves the initial request, members are instructed to call the NYS Transportation Vendor to arrange future trips as follows: members within NYC's five boroughs should call MAS at **1-844-666-6270** while members within Long Island boroughs should call LogistiCare at **1-844-678-1103**.

Care Management

All Personal Wellness Plan members are eligible for Health Home Care Management services, which provide community-based care coordination and recovery support. For members who choose not to receive Health Home services, Healthfirst will connect them to our Integrated Care Management Team to assist member in management of complex general medical and behavioral health conditions as well as social conditions.

For additional information or to refer a member for Health Home services or Healthfirst Care Management services please contact Personal Wellness Plan Member services at **1-855-659-5971** or the Healthfirst Care Coordination Unit **1-800-404-8778**.

Discharge Planning

For quick assistance in facilitating discharge planning for a Personal Wellness Plan Member, please call Healthfirst Utilization at **1-888-394-4327**.

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.

Ancillary Authorizations

- **Radiology** – eviCore: **1-877-773-6964**
- **Dental** – DentaQuest: **1-800-508-2047**
- **Routine Vision/Glasses** – Davis Vision: **1-800-753-3311**
- **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**
- **Cataract/Cosmetic Eye Surgery** – Superior Vision: **1-888-273-2121**
- **Pharmacy** – CVS Caremark
 - Personal Wellness Plan: **1-877-433-7643**
- **Specialty Pharmacy** – CVS Caremark: **1-866-814-5506**

Notification Requirements

All Emergent Admissions: Called in no later than one business day after admission

Newborns: Next business day following birth

Dialysis Notification Preferred: Authorization not required for in- or out-of-network

Preauthorization Guidelines

For authorization requirements on the Behavioral Health Carve-In, please review the authorization grid dated 01.05.16 on the Healthfirst website at healthfirst.org/providers/claims-billing.

Providers can obtain authorization by calling or faxing in a request to the Utilization Management numbers listed on the first page of this guide.

Outpatient

Authorization is **not** required for routine in-network outpatient behavioral health services except as indicated below.

Authorization is required on the following outpatient services:

- Mental Health (MH) Services:
 - Partial Hospital Programs (PHP)
 - Intensive Outpatient Programs (Mental Health Service IOP)
- Assertive Community Treatment (ACT)
- Personalized Recovery-Oriented Services (PROS)
- Ambulatory Detoxification
- Electroconvulsive Therapy (ECT)
- Neuropsychological Testing
- Psychological Testing
- Adult BH-HCBS, (Authorization is required for Crisis Respite with 72 hours)

Inpatient

Authorization is required for the following inpatient services. These will also be subject to retrospective and concurrent reviews in accordance with policies and procedures:

- Mental Health (MH) Services:
 - Inpatient, Psychiatric Admissions
- Substance Use Disorder (SUD) Treatment:
 - Inpatient Detoxification
 - Substance Use Rehabilitation

The following information must be supplied for authorization requests:

Outpatient

- Member's name and Healthfirst ID number
- PCP's name (if not the attending/requesting provider)
- Procedure(s) and CPT-4 Code(s) and procedure date(s)
- Attending/requesting provider's name, telephone number, and fax number
- Diagnosis and ICD-10 Code
- Services requested and proposed treatment plan

Inpatient

- All items on the left
- Hospital/facility Name
- Expected date of service
- Expected length of stay

Claims Guidelines

Mental Health, Substance Use Disorder (SUD) facilities, and outpatient clinic service claims must be submitted to Healthfirst electronically, using the 837(I), or by institutional paper claims, using the UB-04 claim form and the appropriate **rate codes**.

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 address 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 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 appeal a claim denial or payment that the provider believes was incorrect or inaccurate.

First-Level Appeal Requests:

Reviews and Reconsiderations – Requests must be made in writing and, with supporting documentation, submitted within **90 calendar days** from the paid date on the Explanation of Payment (EOP).

Corrected Claims – Corrected claims must be marked "**Corrected**" and should be submitted within **180 days** of the date of service. All Corrected claims must include the original Healthfirst claim number being corrected. For electronic corrected claims submission, the claim frequency type code must be a 7.

These requests are accepted electronically through the secure Healthfirst Provider Portal at healthfirst.org, or may be mailed to:

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

Second-Level Appeal Requests:

Provider Claims Appeals – Providers may appeal the outcome of a Review and Reconsideration in writing, with supporting documentation, within **60 calendar days** from the date listed on the reconsideration letter. Appeals should be mailed to:

Healthfirst Provider Claim Appeals, 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 and request submissions, refer to the Healthfirst Provider Manual at HFProviderManual.org.

ICD-10

ICD-10 coding was implemented industrywide on October 1, 2015, replacing ICD-9 coding. All claims submitted with DOS after October 1, 2015 must include only ICD-10 codes. Claims submitted with combined ICD-9 and ICD-10 coding, and claims submitted without the appropriate code versions, will result in denials. More information on ICD-10 can be found online at www.cms.gov/ICD10 or www.healthfirst.org/ICD10.