

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

MEMBER SERVICES

P.O. Box 5165
New York, NY 10274-5165
Medicaid: **1-866-463-6743** (TTY 1-888-542-3821)
Monday to Friday, 8am–6pm
(English, Spanish, Mandarin, Cantonese, and Russian)
Non-Emergency Medical Transport is now split
between two vendors:
Medical Answering Services (NYC Residents)
1-844-666-6270 (TTY 1-800-735-2922)
24 hours a day, 7 days a week
LogistiCare (Long Island Residents)
1-844-678-1103 (TTY 1-866-288-3133)
Monday to Friday, 7am–6pm

UTILIZATION MANAGEMENT

P.O. Box 5166
New York, NY 10274-5166
1-888-394-4327
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.
1-800-404-8778
Monday to Friday
8am–6pm
healthfirst.org/bh

Secure Provider Portal: hfproviderportal.org

Access the secure provider portal to:

- Confirm member eligibility and member rosters
- Check member copay/deductible/MOOP
- View authorization status
- Access member care plans
- Review claim status and submit corrected claims
- Submit request to update demographic information

Public Website: healthfirst.org/providers

Access provider resources and information for:

- Provider Alerts: www.healthfirst.org/alerts
- Provider Manual: www.HFprovidermanual.org
- Provider Directory: www.HFDocFinder.org
- Provider Forms: www.healthfirst.org/providerforms
- Provider Formulary: www.healthfirst.org/formulary
- Provider Newsletters: www.HFNYSources.org
- New Providers: www.HFnewproviders.org

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 initial 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.

Newborn Visits: Initial Visit to the PCP

Appointment must be scheduled within **2 weeks** of hospital discharge. Healthfirst must be notified the next business day after birth.

Well-child Care Visits

Appointment must be scheduled within **4 weeks** of request.

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

Discharge Planning

For quick assistance with discharge planning to help facilitate the discharge of a Healthfirst member, the Care Coordination Unit is available Monday to Friday, from 8am to 8pm. Call **1-800-404-8778** to speak with a Care Coordinator.

Ancillary Authorizations

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

Transportation

Non-emergency transportation for Medicaid members residing in any New York City borough is covered by Medicaid Fee-for-Service (FFS). Providers should call Medical Answering Services (MAS) at **1-844-666-6270** to schedule transportation for these members.

Based on medical necessity, Healthfirst will provide routine transportation for Medicaid members living in Long Island (**Nassau** and **Suffolk** counties) in accessing healthcare services. Providers can call LogistiCare at **1-844-678-1106** to schedule transportation for these members.

If emergency transportation is needed, providers can call **911** to assist members with the emergency. These services are covered by Medicaid FFS.

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 and whether the particular service or procedure is a covered benefit under the subscriber's plan contract
- To find out if preauthorization is required for a service or procedure, log in to **hfproviderportal.org** and navigate to the 'Online Authorization Tool' at the top of the page
- Policies are subject to change
- **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
- Medicaid Managed Care members requiring breast cancer surgery can only have the services performed at hospitals and ambulatory surgery centers designated as meeting high-volume thresholds as determined by New York State Department of Health (NYSDOH)

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 appeal a claim denial or payment which the provider believes was incorrect or inaccurate.[www](http://www.healthfirst.org)

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 claim submission, the claim frequency type code must be a 7.

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

Healthfirst Correspondence Unit 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 www.HFprovidermanual.org.

Member Enrollment and Eligibility

Medicaid Prospects: Call **1-888-974-9901**, Monday to Friday, 9am–6pm. Medicaid Member Renewals: Call **1-844-500-9826**

CHP Prospects: Call **1-888-974-9901**, Monday to Friday, 9am–6pm. CHP Member Renewals: Call **1-844-500-9826**

Visit www.healthfirst.org/health-insurance/medicaid and www.healthfirst.org/health-insurance/child-health-plus for more information on plan benefits.

Compliance

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