

### Important Contact Information

PROVIDER SERVICES	MEMBER SERVICES	UTILIZATION MANAGEMENT
<p>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 <a href="mailto:hfprovsvrs@healthfirst.org">hfprovsvrs@healthfirst.org</a></p>	<p>P.O. Box 5165 New York, NY 10274-5165 Healthfirst Leaf Plans: <b>1-888-250-2220</b> Healthfirst Health Plan (HFHP) Small Group: <b>1-888-260-1010</b> Monday to Friday, 8am–8pm (English, Spanish, Mandarin, Cantonese, Korean, and Russian) English TTY: 1-888-542-3821 Spanish TTY: 1-888-867-4132 <a href="http://www.MyHFNY.org">www.MyHFNY.org</a></p>	<p>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</p>
		CARE MANAGEMENT
		<p>For members diagnosed with high-risk conditions or in need of care coordination. <b>1-800-404-8778</b> Monday to Friday 8am–6pm</p>

### Healthfirst Leaf Premier Plans (nonstandard) **\*includes adult vision and dental benefits**

- Platinum Leaf Premier
- Gold Leaf Premier
- Silver Leaf Premier
- Bronze Leaf Premier

### Healthfirst Leaf Plans (standard)

- Platinum Leaf
- Gold Leaf
- Silver Leaf
- Bronze Leaf
- Green Leaf

### Healthfirst Off-Exchange Plans

- HMO A-VAD, HMO B-VAD, HMO C-VAD, HMO D-VAD (nonstandard plans)
- HMO A, HMO B, HMO C, HMO D, HMO E (standard plans)
- Healthfirst Health Plan (HFHP)
- HFHP Small Group HMO B Gold
- Healthy NY Small Group

### Online Tools and Resources

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

##### Access provider resources and information for:

- Provider Alerts: [www.healthfirst.org/alerts](http://www.healthfirst.org/alerts)
- Provider Manual: [www.HFprovidermanual.org](http://www.HFprovidermanual.org)
- Provider Directory: [www.HFDocFinder.org](http://www.HFDocFinder.org)
- Provider Forms: [www.healthfirst.org/providerforms](http://www.healthfirst.org/providerforms)
- Provider Formulary: [www.healthfirst.org/formulary](http://www.healthfirst.org/formulary)
- Provider Newsletters: [www.HFNYSources.org](http://www.HFNYSources.org)
- New Providers: [www.HFnewproviders.org](http://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	<b>0-3+ hours</b> upon initial presentation. All emergency admissions must be called in no later than one business day after admission.
Urgent Care	<b>0-30 minutes</b> upon presentation.
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.

## 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.

### 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 by visiting <https://healthfirst.org/providers/> and clicking on ‘Provider Log In’ 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 [www.HFprovidermanual.org](http://www.HFprovidermanual.org).

## Ancillary Authorizations

- Chiropractic services – ASH: **1-800-972-4226**
- Specialty pharmacy – CVS Caremark: **1-866-814-5506**
- Pharmacy prior authorization – CVS Caremark: **1-855-582-2022**
- Routine vision care/eyewear (*Healthfirst Leaf Plans offer routine vision care/eyewear only to children [below the age of 19]; routine vision care/eyewear offered to adults and children on Healthfirst Leaf Premier Plans*) – 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 (*Healthfirst Leaf Plans offer routine dental care only to children [below the age of 19]; routine dental care offered to adults and children on Healthfirst Leaf Premier Plans*) – DentaQuest: **1-855-343-4267**
- PT, OT, ST services – OrthoNet: **1-844-641-5629**
- Pain Management/Spinal Surgery/Foot Surgery – OrthoNet: **1-844-504-8091**

## Preauthorization Guidelines (for all Commercial plans)

- For preauthorization or to notify Healthfirst of an admission, contact the Utilization Management department at **1-888-394-4327**
- To find out if preauthorization is required for a service or procedure, log in to [hfproviderportal.org](http://hfproviderportal.org) and navigate to the “Online Authorization Tool” at the top of the page
- 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
- Policies are subject to change
- Member is responsible for any applicable cost-sharing such as copayments, coinsurance, or deductible amounts

## Member Enrollment

- Healthfirst Leaf Plans: **1-888-974-9901**    ■ Healthy NY Small Group: **1-888-260-1010**
- 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 [www.healthfirst.org/health-insurance/healthfirst-leaf-plans](http://www.healthfirst.org/health-insurance/healthfirst-leaf-plans) for more information on plan benefits
- Visit [www.hfchoice.org/individual-and-family](http://www.hfchoice.org/individual-and-family) to schedule 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 [www.hfcompliance.ethicspoint.com](http://www.hfcompliance.ethicspoint.com).