

Important Contact Information

PROVIDER SERVICES

Medicaid/PHSP Medicare
CompleteCare
FIDA
1-888-801-1660
Monday to Friday, 8:30am–5:30pm
hfprovsvs@healthfirst.org

Senior Health Partners (SHP),
Managed Long-Term Care Plan
1-877-737-2693
Monday to Friday, 8:30am–5:30pm
hfprovsvs@healthfirst.org

AUTHORIZATIONS

Medicaid/PHSP
Medicare
1-888-394-4327
Monday to Friday,
8am–8pm
TTY (English): 1-888-542-3821
TTY (Spanish): 1-888-867-4132

CompleteCare (CC)
1-866-237-0997
Monday to Friday, 8am–6pm

FIDA
1-888-394-4327

Fax authorization requests to
1-646-313-4603
or contact the Care Coordination Unit (CCU)
for discharge planning needs and PCA Services
authorizations and inquiries

Mail written appeals for denial of service to:

Healthfirst Appeals and
Grievances Department
P.O. Box 5166
New York, NY 10274-5166

MEMBER SERVICES

Medicaid/PHSP
1-866-463-6743
Monday to Friday, 8am–6pm
Medicaid Fee-for-Service Transportation
(all NYC boroughs)
Medical Answering Services (MAS)
1-844-666-6270
TTY (English): 1-800-735-2922
24 hours a day, 7 days a week

Medicare
CompleteCare (CC)
1-888-260-1010
7 days a week, 8am–8pm
AbsoluteCare FIDA Participant Services
1-855-675-7630
TTY (English): 711
7 days a week, 8am–8pm

Senior Health Partners (SHP)
1-800-633-9717
Senior Health Partners (SHP) Transportation
1-866-202-3874
Monday to Friday, 8am–7pm

All products except FIDA
TTY (English): 1-888-542-3821
TTY (Spanish): 1-888-867-4132

Member Services
P.O. Box 5165
New York, NY 10274-5165

Online Tools and Resources: www.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 & Reconsideration requests

More provider resources and information available at:

- 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
- Submit Your Email Address: www.HFDocEmails.org
- New Providers: HFnewproviders.org

Prior Authorizations

Authorization for PCA services is required before rendering personal care services to an eligible member, and claims must be submitted using the service codes provided on the authorization. Authorizations should be carefully reviewed to confirm that the correct service codes and units are listed. To avoid denials, corrections to authorizations should occur before submission of claims.

Authorizations can be confirmed in two ways:

- Log in to the authorization in the Healthfirst Provider Web Portal at www.healthfirst.org/providers and www.shpny.org
- Refer to the authorization letter received from Care Management

All members are assessed in their home by a nurse to evaluate their need for PCA services and the amount of PCA services required. In addition, all members are reassessed every six months to one year, based on their medical condition and needs. SHP and CC members are reassessed every six months to one year, based on their medical necessity.

To ensure timely updates to authorizations, call Healthfirst immediately at 1-800-404-8778 when changes in services occur. Notification should occur prior to any claim submissions. Changes in services may include:

- A single case to a mutual or shared case
- A change in service code (e.g., T1019 to T1020)
- Change in PCA hours
- Change in medical condition requiring an updated M11Q
- Member plan change

Contact the Clinical Claims Auditors Line for assistance with SHP/CompleteCare claim denials related to services requiring authorization:

1-212-519-8170

Monday to Friday, 8am–5pm

clinicalclaimsauditors@healthfirst.org

Member Enrollment

For information on becoming a member:

- Medicaid—call **1-866-463-6743**, Monday to Friday, 8am–6pm
- Medicare—call **1-877-237-1303**, 7 days a week, 8am–8pm
- SHP—call **1-866-585-9280**, Monday to Friday, 8am–8pm; Saturday, 10am–6:30pm
- FIDA—call **1-855-675-7630**, 7 days a week from 8am–8pm

Compliance

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

Coding Guidelines

Effective 1/1/18, universal bill codes for LHCSA services include, but are not limited to the following:

Service Code	Modifier	Units	Description
S5130	U1	Per 15 minutes	PCS Level I, per 15 minutes
S5125		Per 15 minutes	HHA; per 15 minutes
S5126		Per diem (13 hours)	HHA; Live in, per diem (13 hours)
T1019	U1	Per 15 minutes	PCS Level II Basic, per 15 minutes
T1019	U1, TV	Per 15 minutes	PCS Level II Basic Weekend/Holiday, per 15 minutes
T1019	U2	Per 15 minutes	PCS Level II Basic Two Client, per 15 minutes
T1019	U6	Per 15 minutes	CDPA Basic , per 15 minutes
T1019	U7	Per 15 minutes	CDPA Two consumer, per 15 minutes
T1020		Per diem (13 hours)	PSC Level II Live in, per diem (13 hours)
T1020	U2		PSC Level II Live in Two Client, per diem (13 hours)
T1020	U6	Per diem (13 hours)	CDPA Live in, per diem (13 hours)
T1020	U7	Per diem (13 hours)	CDPA Two Consumer, per diem (13 hours)

Split Shifts

Split shifts are billed on one claim line, as shown below:

Dates of Service						POS	EMG	CPT/ HCPCS	Modifier	Diagnosis Pointer	\$ Charge	Days or Units
From		To										
MM	DD	YY	MM	DD	YY							
10	15	15	10	15	15	12		T1019	U1		\$XX.XX	96

If split shifts are billed on separate claim lines for the same date of service, the second claim line will be denied as duplicate.

Mutual/Shared Cases

Mutual/shared cases should be billed on separate CMS-1500 forms. Mutual/shared cases billed on the same CMS-1500 form will be denied due to incorrect billing.

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.

All PCA provider services claims must be submitted to Healthfirst either electronically, using the **837(P) format**, or on paper, using the CMS-1500 claim form.

Electronic claim submissions must include the **National Provider Identifier (NPI)** and the Healthfirst and Senior Health Partners **Payer ID Number 80141**.

Effective 4/1/18, an amendment to New York State Public Health Law requires electronic payments of claims for contracts or agreements between long term providers and managed care plans. These payments will be paid via electronic funds transfer/electronic remittance advice (EFT/ERA). This will reduce administrative costs and result in quicker receipt of payment. If you have not done so already, please contact your Network Management representative to sign up for EFT/ERA.

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”.

Claims and Corrected Claims requests may be mailed to:

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

Senior Health Partners Claims Correspondence Unit
P.O. Box 958432
Lake Mary, FL 32795-8439

Second-Level 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 Claims Appeals
P.O. Box 958431
Lake Mary, FL 32795-8431

Senior Health Partners Claims Appeals
P.O. Box 958432
Lake Mary, FL 32795-8432