

Important Contact Information

PROVIDER SERVICES	PREAUTHORIZATIONS	MEMBER SERVICES
<p>P.O. Box 5168 New York, NY 10274-5168 1-888-801-1660 Fax: 1-646-313-4634 Monday–Friday 8:30am–5:30pm hfprovsvs@healthfirst.org</p>	<p>P.O. Box 5166 New York, NY 10274-5166 Medicaid and Medicare except the plans listed below 1-888-394-4327 Monday–Friday, 8:30am–5:30pm</p> <hr/> <p>CompleteCare (CC) 1-866-237-0997 Monday–Friday, 8am–8pm AbsoluteCare FIDA 1-888-394-4327 TTY English 711 Senior Health Partners (SHP) 1-877-737-2693 Monday–Friday, 8:30am–5:30pm</p> <p>TTY for Medicaid, Medicare, CompleteCare (CC), and Senior Health Partners (SHP) English: 1-888-542-3821 Spanish: 1-888-867-4132</p>	<p>P.O. Box 5165 New York, NY 10274-5165 Medicaid/CHP 1-866-463-6743 Monday–Friday, 8am–6pm Medicare Plans 1-888-260-1010 Monday–Friday, 8am–8pm AEP only: 7 days a week, 8am–8pm AbsoluteCare FIDA 1-855-675-7630 TTY English 711 7 days a week, 8am–8pm Leaf Plans/Essential Plans 1-888-250-2220 Monday–Friday, 8am–8pm CompleteCare 1-866-237-0997 Monday–Friday, 8am–8pm Senior Health Partners 1-800-633-9717 7 days a week, 24 hours TTY for Medicaid/CHP, Medicare, CompleteCare, Leaf/Essential Plans, and Senior Health Partners: English: 1-888-542-3821 Spanish: 1-888-867-4132</p>

Preauthorization Requirements

Inpatient Nursing Home services including Bed Holds for therapeutic leave require preauthorization.
Nursing Home facilities must obtain authorization from Healthfirst before providing nursing facility services to an eligible Healthfirst Plan member.

- Contact Healthfirst's Care Management at **1-866-237-0997** to request preauthorization.
- **Healthfirst must be informed when any change to an authorized admission occurs.**

Ancillary Authorizations

- 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**
- Dental Services – DentaQuest: **1-888-308-2508**
- Routine Vision/Glasses – Davis Vision: **1-800-773-2847**
- Cataract Eye Surgeries – Superior Vision: **1-888-273-2121**
- Radiology Authorizations – eviCore: **1-877-773-6964**

Online Tools and Resources: www.healthfirst.org/providers

Access the secure provider portal to:

- Verify member eligibility
- Update demographic information
- Review claim status
- Search for providers
- Check authorization status

Access provider resources and information for:

- Provider Newsletters, Forms, and References
- Provider Manual: www.hfprovidermanual.org
- Provider Notices: Don't miss important alerts, notices, and coverage updates. Visit www.healthfirst.org/alerts regularly to stay informed
- Email Address Submission: Go to www.HFDocEmails.org and sign up for email updates
- New Providers: HFnewproviders.org

Pharmacy

CVS Prior Authorizations and Formulary Exceptions:

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| <p>Medicaid-covered drugs
1-877-433-7643
Fax: 1-866-848-5088</p> | <p>CVS Specialty Pharmacy
1-866-814-5506
Fax: 1-866-249-6155</p> | <p>Medicare, including CompleteCare and Life Improvement Plan
1-855-344-0930
Fax: 1-855-633-7673</p> |
|---|---|---|
- Updated formularies are available at www.healthfirst.org/formulary
 - Over-the-counter (OTC) drugs and supplies listed on the Medicaid formulary are not covered for those members enrolled in and receiving the Nursing Home Custodial Benefits
 - OTC drugs, physician-administered drugs (J-code drugs), medical supplies, nutritional supplements, sickroom supplies, adult diapers, and durable medical equipment will continue to be the responsibility of the nursing home and will be reimbursed within the nursing home benchmark rate
 - Immunization services including vaccines and their administration will remain in the nursing home benchmark rate

Eligibility and Enrollment

- For members who have questions about Medicaid—call **1-866-463-6743**, Monday through Friday, 8am–6pm
- For members who have questions about HF Medicare Advantage Plans—call **1-877-237-1303**, 7 days a week, 8am–8pm

Discharge Planning

For quick assistance with discharge planning to help facilitate the discharge of a Healthfirst member, the Care Coordination Unit is available Monday through Friday, from 8am to 8pm. This unit can be reached at **1-800-404-8778**.

Provider Reimbursement and 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)** and the Healthfirst **Payer ID Number 80141**.

Paper claim submissions must include the **NPI**.

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

Senior Health Partners Claims Department, P.O. Box 958439, Lake Mary, FL 32795-8439

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 through the Healthfirst secure Provider Portal or may be mailed to:

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

Senior Health Partners Correspondence Unit, P.O. Box 958439, Lake Mary, FL 32795-8439

Second-Level Requests:

Provider Claim 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

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

Providers are reimbursed at the published Medicaid benchmark rate, which is made up of the room and board rate plus cash assessment. **Medicaid benchmark rates can be referenced at www.health.ny.gov/facilities/long_term_care/reimbursement/nhr/.**

Nursing Home facility services claims must be submitted to Healthfirst using Bill Type 21X, 22X, 23X, or 28X, as appropriate.

- Submit Revenue Code 0022 with the appropriate Health Insurance Prospective Payment System (HIPPS) procedure code for Skilled Nursing Facilities (SNF) services, including the number of covered days for each HIPPS rate code.

- HIPPS codes must only be populated on the Revenue Code 0022 line of the claim and have total charges equal to zero (0).

- **SNF claims submitted without Revenue Code 0022 and the appropriate HIPPS code will be denied.**

Nursing Home facility services claims must be submitted to Healthfirst using the following Revenue Codes:

Revenue Code	Revenue Code Description	Revenue Code	Revenue Code Description
100	All-Inclusive Room and Board - Custodial Care & Respite	185	Leave of Absence - Nursing Home (for Hospitalization)
101	All-Inclusive Room and Board - Vent	199	All-Inclusive Room and Board - Traumatic Brain Injury (TBI)
124	All-Inclusive Room and Board - Neurobehavioral	191	Subacute Care - Level I
160	All-Inclusive Room and Board - AIDS	192	Subacute Care - Level II
169	Medicare Coinsurance Days	193	Subacute Care - Level III
183	Leave of Absence - Therapeutic Leave	194	Subacute Care - Level IV

- Include the Healthfirst Payer ID Number 80141 on each claim
- Submit electronic claims with your NPI
- The Nursing Home reimbursement is the Total Payment for NH Rate + Cash Receipt Assessment
- To file an Appeal and Grievance, call Provider Services at **1-888-801-1660** or send in writing mailed to Appeals and Grievances, P.O. Box 5166, New York, NY 10274-5166

NAMI Member Billing

If applicable, the net available monthly income (NAMI) that an institutionalized individual must contribute toward the cost of nursing home care will be billed to the member at the member's residence. For questions pertaining to collection of NAMI, call the appropriate Member Services number as listed on page 1 of this QRG. All NAMI and Spenddown payments for SHP can be sent to:

Senior Health Partners

Accounts Receivable Department
P.O. BOX 48344, Newark, NJ 07101-48344

If you have any questions or concerns, you may contact the PHSP Billing and Reconciliation department at 1-800-633-9717, Monday to Friday, 9:00am–5:00pm.

Transportation

Emergency

If emergency transportation is needed, providers can call **911** to assist members with the emergency.

Non-Emergency Routine

- Medicaid members residing in any New York City borough are covered by Fee-For-Service (FFS). Providers should call Medical Answering Services (MAS) at **1-844-666-6270** (TTY 1-800-735-2922) to schedule transportation for these members. Based upon medical necessity, Healthfirst will provide routine transportation for Medicaid members living in Long Island (Nassau and Suffolk counties) to access healthcare services. Providers can call Logisticare at **1-844-678-1106** (TTY 1-866-288-3133) to schedule transportation for these members.
- Requests for Medicare, Complete Care, FIDA or Senior Health Partners beneficiaries for routine and standing order non-emergency medical transportation (NEMT) services will be taken by LogistiCare at **1-866-428-2351**, Monday to Friday, 8am–8pm, and require two (2) business days' advance notice. Requests for Ride Assist and urgent NEMT services (not life-threatening) are accepted 24/7/365.

Durable Medical Equipment (DME)

- Please refer to our Provider Directory at www.hfdocfinder.org and click on the applicable Plan to view a list of participating DME providers
- Items such as canes, walkers, and standard wheelchairs are already included in the Medicaid benchmark rate
- Authorization is required for all DME items outside your published Medicaid benchmark rate

Notification Requirements

All Emergent Admissions: Providers must notify Healthfirst of emergent admissions no later than one (1) business day after the date of admission.

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.