## Important Contact Information

<table>
<thead>
<tr>
<th>PROVIDER SERVICES</th>
<th>MEMBER SERVICES</th>
<th>PROVIDER SERVICE INTAKE</th>
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<tbody>
<tr>
<td>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</td>
<td>Medicaid: <strong>1-866-463-6743</strong> (TTY: 1-888-542-3821)  TTY (Spanish): <strong>1-888-867-4132</strong>  Monday to Friday, 8am–6pm (English, Spanish, Mandarin, Cantonese, and Russian)  Non-Emergency Medical Transport is split between two vendors:  Medical Answering Services (NYC Residents) <strong>1-844-666-6270</strong> (TTY: 1-800-735-2922)  (Westchester Residents) <strong>1-866-883-7865</strong>  (Orange County Residents) <strong>1-855-360-3543</strong>  (Sullivan County Residents) <strong>1-866-573-2148</strong>  Monday to Friday, 7am–6pm  ModivCare (Long Island Residents) <strong>1-844-678-1103</strong> (TTY: 1-866-288-3133)  Monday to Friday, 7am–6pm</td>
<td>P.O. Box 5166 New York, NY 10274-5166 1-888-394-4327 Fax: 1-646-313-4634 Monday to Friday 8am–5:30pm  Medical Pharmacy (Pharmacy Medications for Provider Administration): <strong>1-888-394-4327</strong>  TTY: 1-888-542-3821  Medical Pharmacy Fax: 1-212-801-3223  Monday to Friday, 8am–5:30pm  For members diagnosed with high-risk conditions or in need of care coordination, <strong>1-800-404-8778</strong>  TTY: 1-888-542-3821  Monday to Friday, 8:30am–5:30pm</td>
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### Secure Provider Portal: [hfproviderportal.org](http://hfproviderportal.org)

- Access the secure provider portal to:
  - Confirm member eligibility and member rosters
  - Check claim status
  - Check member copay/deductible/MOOP
  - Review the Healthfirst plans you accept
  - View authorization status
  - Submit request to update demographic information
  - Access the Telehealth Application and Assessment Tool
  - And much more

### MyHFNY.org

### Public Website: [hfproviders.org](http://hfproviders.org)

- Access provider resources and information for:
  - Coronavirus (COVID-19)
  - Provider Alerts
  - Provider Directory: [HFDocFinder.org](http://HFDocFinder.org)
  - Provider Formulary: [healthfirst.org/formulary](http://healthfirst.org/formulary)
  - Provider Manual
  - Telehealth
  - And much more

## 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
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.

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

Discharge Planning
For quick assistance in facilitating discharge planning for a Healthfirst member, please call Provider Services at 1-888-801-1660, Monday to Friday, 8:30am – 5:30pm.

Ancillary Authorizations
- Radiology – eviCore: 1-877-773-6964
- Dental – DentaQuest: 1-800-508-2047
- PT, OT, ST Services – OrthoNet: 1-844-641-5629

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

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 dispute a claim denial or payment which the provider believes was incorrect or inaccurate.

First-Level Dispute Requests:
Reviews and Reconsiderations – Requests can be made via our Provider Portal or in writing and, with supporting documentation, submitted within 90 calendar days from the paid date on the Explanation of Payment (EOP). This includes disputes pertaining to Readmission Denials.

Electronic submissions are accepted through the Healthfirst secure Provider Portal at hfproviderportal.org; written submissions should be mailed to:
Healthfirst Correspondence Unit, P.O. Box 958438, Lake Mary, FL 32795-8438

Second-Level Dispute Requests:
Provider Claims Disputes – Providers may dispute the outcome of a review and reconsideration via our Provider Portal or in writing, with supporting documentation, within 60 calendar days from the date listed on the reconsideration letter. This includes disputes pertaining to Readmission Denials. Electronic disputes are accepted through the Healthfirst secure Provider Portal at hfproviderportal.org; written submissions should be mailed to:
Healthfirst Provider Claim Disputes, 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, submissions, and what to submit as acceptable support documentation, please refer to the Healthfirst Provider Manual at hfproviderportal.org – Provider Manual, Section 17.

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

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