**Important Contact Information**

<table>
<thead>
<tr>
<th>PROVIDER SERVICES</th>
<th>MEMBER SERVICES</th>
<th>PROVIDER SERVICE INTAKE</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 5168</td>
<td>P.O. Box 5165</td>
<td>P.O. Box 5166</td>
</tr>
<tr>
<td>New York, NY 10274-5168</td>
<td>New York, NY 10274-5165</td>
<td>New York, NY 10274-5166</td>
</tr>
<tr>
<td>1-888-801-1660</td>
<td>1-888-250-2220</td>
<td>1-888-394-4327</td>
</tr>
<tr>
<td>Fax: 1-646-313-4634</td>
<td>Monday to Friday, 8am–8pm</td>
<td>Fax: 1-646-313-4603</td>
</tr>
<tr>
<td>Monday to Friday</td>
<td>(English, Spanish, Mandarin, Cantonese, Korean, and Russian)</td>
<td>Monday to Friday, 8am–5:30pm</td>
</tr>
<tr>
<td>8:30am–5:30pm</td>
<td>TTY: 1-888-542-3821 (all plans)</td>
<td>Medical Pharmacy (Pharmacy Medications for Provider Administration):</td>
</tr>
<tr>
<td></td>
<td>TTY (Spanish): 1-888-867-4132</td>
<td>1-888-394-4327</td>
</tr>
<tr>
<td></td>
<td>MyHFNY.org</td>
<td>TTY: 1-888-542-3821</td>
</tr>
</tbody>
</table>

**Healthfirst Leaf Premier Plans (Non-Standard)** *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 (Non-Standard plans)
- HMO A, HMO B, HMO C, HMO D, HMO E (Standard plans)

**Secure Provider Portal:** hfproviderportal.org

**Public Website:** hfproviders.org

- Access provider resources and information for:
  - Coronavirus (COVID-19)
  - Provider Alerts
  - Provider Directory: HFDocFinder.org
  - Provider Formulary: 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**

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Standard(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Care</td>
<td>0-3+ hours upon initial presentation. All emergency admissions must be called in no later than one business day after admission.</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>0-30 minutes upon presentation.</td>
</tr>
<tr>
<td>Non-urgent “Sick” Visits</td>
<td>Visit must be scheduled within 48 to 72 hours of request as indicated by the nature of the clinical problem.</td>
</tr>
<tr>
<td>Routine Care</td>
<td>Appointment must be scheduled within 4 weeks of request.</td>
</tr>
<tr>
<td>Adult Baseline and Routine Physicals</td>
<td>Appointment must be scheduled within 12 weeks of enrollment.</td>
</tr>
<tr>
<td>Newborn Visits: Initial Visit to the PCP</td>
<td>Appointment must be scheduled within 2 weeks of hospital discharge. Healthfirst must be notified the next business day after birth.</td>
</tr>
<tr>
<td>Well-child Care Visits</td>
<td>Appointment must be scheduled within 4 weeks of request.</td>
</tr>
</tbody>
</table>
## 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 Provider Service Intake 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.

## 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, 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](http://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](http://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 [hfproviders.org](http://hfproviders.org) – Provider Manual, Section 17.

## Member Enrollment

- Healthfirst Leaf Plans: **1-888-974-9901**
  - **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 [healthfirst.org/leaf-plans](http://healthfirst.org/leaf-plans) 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 [hfcompliance.ethicspoint.com](http://hfcompliance.ethicspoint.com).