Important Contact Information

**PREAUTHORIZATIONS**

<table>
<thead>
<tr>
<th>PROVIDER SERVICES</th>
<th>P.O. Box 5166</th>
<th>New York, NY 10274–5166</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid and Medicare except the plans listed below</td>
<td>1-888-394-4327</td>
<td>Monday to Friday, 8:30am–5:30pm</td>
</tr>
<tr>
<td>CompleteCare (CC)</td>
<td>1-866-237-0997</td>
<td>Monday to Friday, 8:30am–5:30pm</td>
</tr>
<tr>
<td>Senior Health Partners (SHP)</td>
<td>1-877-737-2693</td>
<td>Monday to Friday, 8:30am–5:30pm</td>
</tr>
<tr>
<td>TTY for Medicaid, Medicare, CompleteCare (CC), and Senior Health Partners (SHP)</td>
<td>English: 1-888-542-3821</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spanish: 1-888-867-4132</td>
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</tbody>
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All preauthorizations MUST be submitted to the Utilization Management (UM) Skilled Nursing Facility (SNF) team via fax at 1-212-601-6950 or emailed to PRIsubmit@healthfirst.org.

**MEMBER SERVICES**

<table>
<thead>
<tr>
<th>P.O. Box 5165</th>
<th>New York, NY 10274–5165</th>
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</thead>
<tbody>
<tr>
<td>Medicaid/CNP</td>
<td>1-866-463-6743</td>
</tr>
<tr>
<td>Monday to Friday, 8am–6pm</td>
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<tr>
<td>Medicare Plans</td>
<td>1-888-260-1010</td>
</tr>
<tr>
<td>Monday to Friday, 8am–8pm</td>
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<tr>
<td>AEP only: 7 days a week, 8am–8pm</td>
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<tr>
<td>Leaf Plans/Equal Plans</td>
<td>1-888-250-2220</td>
</tr>
<tr>
<td>Monday to Friday, 8am–8pm</td>
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</tr>
<tr>
<td>Senior Health Partners</td>
<td>1-800-633-9717</td>
</tr>
<tr>
<td>7 days a week, 24 hours</td>
<td></td>
</tr>
<tr>
<td>TTY for Medicaid/CNP, Medicare, CompleteCare, Leaf/Essential Plans, and Senior Health Partners:</td>
<td>English: 1-888-542-3821</td>
</tr>
<tr>
<td></td>
<td>Spanish: 1-888-867-4132</td>
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</table>

**Secure Provider Portal:** hfproviderportal.org

**Public Website:** hfproviders.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

**Pharmacy**

- CVS Prior Authorizations and Formulary Exceptions:
  - Medicaid-covered drugs
    - 1-877-433-7643
    - 1-866-584-5088
  - CVS Specialty Pharmacy
    - 1-866-814-5506
    - 1-866-249-6155

- Updated formularies are available at 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**

- Medicaid—1-866-463-6743, Monday to Friday, 8am–6pm
- HF Medicare Advantage Plans—1-888-237-1303, 7 days a week, 8am–8pm

**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.
Provider Reimbursement

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

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>Revenue Code Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>All-Inclusive Room and Board - Custodial Care &amp; Respite</td>
<td>185</td>
<td>Leave of Absence - Nursing Home (for Hospitalization)</td>
</tr>
<tr>
<td>101</td>
<td>All-Inclusive Room and Board - Vent</td>
<td>199</td>
<td>All-Inclusive Room and Board - Traumatic Brain Injury (TBI)</td>
</tr>
<tr>
<td>123</td>
<td>All-Inclusive Room and Board - Pediatric</td>
<td>191</td>
<td>Subacute Care - Level I</td>
</tr>
<tr>
<td>124</td>
<td>All-Inclusive Room and Board - Neurobehavioral</td>
<td>192</td>
<td>Subacute Care - Level II</td>
</tr>
<tr>
<td>160</td>
<td>All-Inclusive Room and Board - AIDS</td>
<td>193</td>
<td>Subacute Care - Level III</td>
</tr>
<tr>
<td>169</td>
<td>Medicare Coinurance Days</td>
<td>194</td>
<td>Subacute Care - Level IV</td>
</tr>
<tr>
<td>183</td>
<td>Leave of Absence - Therapeutic Leave</td>
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</table>

- 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 Billing

If applicable, the facility will be billed the net available monthly income (NAMI) for each institutionalized individual in residence and the amount will offset future payments. For questions pertaining to collection of NAMI, call the appropriate Member Services number as listed on page 1 of this QRR. 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, 9am–5pm.

Durable Medical Equipment (DME)

- Please refer to our Provider Directory at 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.

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 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). 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 Requests:

Provider Claim 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. Electronic disputes are accepted through the Healthfirst secure Provider Portal at hfproviderportal.org, written submissions 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 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.

For further details on claims, submissions, and what to submit as acceptable support documentation, please refer to the Healthfirst Provider Manual at hfproviders.org – Provider Manual, Section 17.

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.