Important Contact Information

<table>
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<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</td>
<td>P.O. Box 5165</td>
<td>P.O. Box 5166</td>
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<tr>
<td>1-888-801-1660</td>
<td>For Healthfirst Signature (HMO): 1-888-771-1081</td>
<td>1-888-394-4327</td>
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<tr>
<td>Fax: 1-646-313-4634</td>
<td>For all other Healthfirst Medicare plans: 1-888-260-1010</td>
<td>Fax: 1-646-313-4603</td>
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<td>Monday to Friday 8:30am–5:30pm</td>
<td>7 days a week, 8am–8pm (October through March), and Monday to Friday, 8am–8pm (April through September)</td>
<td>TTY: 1-888-542-3821</td>
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<td>TTY: 1-888-542-3821 (all plans)</td>
<td>TTY: 1-888-542-3821</td>
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<td>TTY (Spanish): 1-888-867-4132</td>
<td>Medical Pharmacy (Pharmacy Medications for Provider Administration): 1-888-394-4327</td>
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<td>MyHFNY.org</td>
<td>TTY: 1-888-542-3821</td>
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CARE MANAGEMENT
For members diagnosed with high-risk conditions or in need of care coordination. 1-888-260-1010
7 days a week

Healthfirst Medicare Plans: healthfirst.org/medicare-long-term-care-plans
- Healthfirst Coordinated Benefits Plan (HMO)
- Healthfirst Increased Benefits Plan (HMO)
- Healthfirst Signature (HMO)
- Healthfirst 65 Plus Plan (HMO)
- Healthfirst CompleteCare (HMO D–SNP)
- Healthfirst Life Improvement Plan (HMO D–SNP)

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

- 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.

<table>
<thead>
<tr>
<th>TYPE OF SERVICE</th>
<th>STANDARD(S)</th>
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<tr>
<td>Emergency Care</td>
<td>0–3 hours upon presentation. All emergency admissions must be called in no later than one business day after admission.</td>
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<tr>
<td>Urgent Care</td>
<td>0–30 minutes upon presentation.</td>
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<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>
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<tr>
<td>Routine Care</td>
<td>Appointment must be scheduled within 4 weeks of request.</td>
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<tr>
<td>Adult Baseline and Routine Physicals</td>
<td>Appointment must be scheduled within 12 weeks of enrollment.</td>
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Transportation
Medicare transportation benefit limits:
- Healthfirst Coordinated Benefits Plan (HMO) – 8 one-way trips per year
- Healthfirst Increased Benefits Plan (HMO) – 40 one-way trips per year
- Healthfirst CompleteCare (HMO D–SNP) – unlimited
- Healthfirst Life Improvement Plan (HMO D–SNP) – 28 one-way trips per year
- Healthfirst Signature (HMO) – 12 one-way trips per year (if selected as a Choice Extra benefit)

Emergency: If a member needs emergency transportation, please call 911.
Non-Emergency Medical Transportation (NEMT): Requests for routine and standing order NEMT services from healthcare facilities will be taken by ModivCare at 1-866-428-2351. Monday to Friday, 8am–8pm, and require two business days’ advance notice. Requests for Ride Assist and urgent NEMT services (not life-threatening) are accepted 24/7/365.

Ambulette transportation is not a covered benefit while members reside in a nursing home, assisted living community, or other skilled nursing facility. Members with a medical condition who require NEMT should contact Member Services at 1-888-260-1010 and follow the prompts to request transportation.
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: 1-888-308-2508
- **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
- **Pharmacy** – CVS Caremark: 1-855-344-0930
- **Routine Hearing/Hearing Aids** – 1-877-438-7251

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**
- **Member is responsible for any applicable cost-sharing such as copayments, coinsurance, or deductible amounts**
- **Policies are subject to change**

Claims Guidelines

- **Claims Submissions:** Claims must be submitted within 180 days of the date of service and should be submitted electronically or mailed 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:
  - Healthfirst Claims Department, P.O. Box 958438, Lake Mary, FL 32795-8438
- **Healthfirst provides a two-level process for providers to dispute a claim denial or payment that 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 and INN Post Service Disputes.
- **Second-Level Dispute Requests:**
  - **Provider Claims Dispute** – 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 and INN Post Service Disputes.

Member Enrollment

Call 1-877-237-1303, Monday to Friday, 8:30am–6pm; AEP Extended Hours: 7 days a week, 8:30am–8pm.
Visit healthfirst.org/medicare-long-term-care-plans for more information on plan benefits.

Compliance

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