

Important Contact Information

PROVIDER SERVICES	MEMBER SERVICES	UTILIZATION MANAGEMENT
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	P.O. Box 5165 New York, NY 10274-5165 Healthfirst Essential Plans: 1-888-250-2220 Monday to Friday 8am–8pm (English, Spanish, Mandarin, Cantonese, Korean, and Russian) English TTY: 1-888-542-3821 Spanish TTY: 1-888-867-4132 www.MyHFNY.org	P.O. Box 5166 New York, NY 10274-5166 1-888-394-4327 Fax: 1-646-313-4603 Monday to Friday 8am–5:30pm
		CARE MANAGEMENT
		For members diagnosed with high-risk conditions or in need of care coordination. 1-800-404-8778 Monday to Friday 8am–6pm

Healthfirst Essential Plans PLUS Vision & Dental

- Essential Plan 1 PLUS Vision & Dental
- Essential Plan 2 PLUS Vision & Dental

Healthfirst Essential Plans

- Essential Plan 1
- Essential Plan 2
- Essential Plan 3
- Essential Plan 4

Secure Provider Portal: hfproviderportal.org

Access the secure provider portal to:

- Confirm member eligibility and grace period status
- Check member copay/deductible/MOOP
- View authorization status
- Access member care plans
- Review claim status and submit corrected claims
- Submit request to update demographic information

Public Website: healthfirst.org/providers

Access provider resources and information for:

- Provider Alerts: www.healthfirst.org/alerts
- Provider Manual: www.HFprovidermanual.org
- Provider Directory: www.HFDocFinder.org
- Provider Forms: www.healthfirst.org/providerforms
- Provider Formulary: www.healthfirst.org/formulary
- Provider Newsletters: www.HFNYSources.org
- New Providers: www.HFnewproviders.org

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 to 3+ hours
Urgent Care	0 to 30 mins 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

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 – 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 – 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 preauthorization or to notify Healthfirst of an admission, contact the Utilization Management department at **1-888-394-4327**
- 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
- 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

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 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 electronically through the Healthfirst secure Provider Portal at www.healthfirst.org or may be mailed to:

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

Second-Level Appeal 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

All questions concerning requests should be directed to Provider Services at **1-888-801-1660**.

For further details on claims and request submissions, refer to the Healthfirst Provider Manual at www.HFprovidermanual.org.

Member Enrollment

- Healthfirst Essential 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 www.healthfirst.org/health-insurance/healthfirst-essential-plans for more information on plan benefits
- Visit <http://hfchoice.org/essential-plans/> for patients interested in scheduling an appointment for additional enrollment information

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.