# Quick Reference Guide

**Healthfirst Pro EPO, Healthfirst Pro Plus EPO, and Healthfirst Total EPO Plans**

## Important Contact Information

<table>
<thead>
<tr>
<th>PROVIDER SERVICES</th>
<th>MEMBER SERVICES</th>
<th>UTILIZATION MANAGEMENT</th>
</tr>
</thead>
<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>New York, NY 10274-5168</td>
<td>New York, NY 10274-1566</td>
<td>New York, NY 10274-5166</td>
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<tr>
<td>1-888-801-1660</td>
<td>1-855-789-3668</td>
<td>1-888-394-4327</td>
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<tr>
<td>Fax: 1-646-313-4634</td>
<td>TTY 1-855-779-1033 (English)</td>
<td>TTY 1-646-313-4603</td>
</tr>
<tr>
<td>Monday to Friday, 8:30am–5:30pm</td>
<td>Monday to Friday, 9am–5pm</td>
<td>Monday to Friday, 8am–5:30pm</td>
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## 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 Pro EPO Plans – Small Groups with 1–100 employees (includes vision and dental benefits for both adults and children under the age of 19)

- Platinum Pro EPO
- Gold Pro EPO
- Gold 25/50/0 Pro EPO
- Silver Pro EPO
- Silver 40/75/4700 Pro EPO
- Bronze Pro EPO
- Bronze 6650 Pro EPO (HSA Compatible)

## Healthfirst Pro Plus EPO Plans – Small Groups with 1–100 employees (includes vision and dental benefits for both adults and children under the age of 19)

- Platinum Pro Plus EPO
- Gold Pro Plus EPO
- Gold 25/50/0 Pro Plus EPO
- Silver Pro Plus EPO
- Silver 40/75/4700 Pro Plus EPO
- Bronze Pro Plus EPO
- Bronze 6650 Pro Plus EPO (HSA Compatible)

## Healthfirst Total EPO Plans – Individuals Off-Exchange (includes adult vision and dental benefits)

- Platinum Total EPO
- Gold Total EPO
- Silver Total EPO
- Bronze Total EPO

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### Secure Provider Portal: hfproviderportal.org

### Public Website: healthfirst.org/providers

#### Access provider resources:

- 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.HFNysource.org
- New Providers: www.HFnewproviders.org

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### 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 initial 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>
</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>
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**Referral Requirements**

Healthfirst Pro EPO, Pro Plus EPO, and Total EPO Plan members do not require referrals to see a network specialist.
Ancillary Authorizations

- CVS Caremark: Formulary Medications 1-800-294-5979, Specialty Pharmacy 1-866-814-5506
- Routine vision care/eyewear – Healthfirst Pro EPO Plans offer routine vision care/eyewear only to individuals below the age of 19; Healthfirst Total and Pro Plus EPO Plans offer routine vision care/eyewear to both adults and pediatrics – Davis Vision: 1-800-773-2847
- Radiology prior authorization – eviCore: 1-877-773-6964
- Routine dental care – Healthfirst Pro EPO Plans offer routine dental care only to individuals below the age of 19; Healthfirst Total and Pro Plus EPO Plans offer routine dental care to both adults and children below the age of 19 – DentaQuest: 1-855-343-4267
- PT, OT, ST services – OrthoNet: 1-844-641-5629
- Questions regarding chiropractic services – ASH: 1-800-972-4226

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

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 appropriate address among those 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 Claims 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

Individuals interested in enrolling in a Healthfirst Total EPO Plan can call Healthfirst at 1-844-818-3301, Monday to Friday, 9am–6pm.

Employers interested in purchasing a Healthfirst Pro EPO Plan or Pro Plus EPO Plan for their business should contact their broker for information regarding enrollment. Call 1-855-789-3668, Monday to Friday, 9am–5pm, or visit http://hfchoice.org/small-plans/, to learn more about the plans.

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.