## Important Contact Information

<table>
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<tr>
<th>PROVIDER SERVICES</th>
<th>MEMBER SERVICES</th>
<th>UTILIZATION MANAGEMENT</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>New York, NY 10274-5168</td>
<td>New York, NY 10274-5165</td>
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<tr>
<td>1-888-801-1660</td>
<td>Medicaid: 1-866-463-6743</td>
<td>1-888-394-4327</td>
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<tr>
<td>Fax: 1-646-313-4634</td>
<td>Monday through Friday, 8am to 6pm</td>
<td>Fax: 1-646-313-4603</td>
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<tr>
<td>Monday through Friday 9am to 5pm</td>
<td>(English, Spanish, Mandarin, Cantonese, and Russian)</td>
<td>TTY 1-888-542-3821 (all products)</td>
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<tr>
<td><a href="mailto:hfprovsrvs@healthfirst.org">hfprovsrvs@healthfirst.org</a></td>
<td>Medicaid Fee-for-Service Transportation (all NYC boroughs) – Medical Answering Services (MAS): 1-844-666-6270 24 hours a day, 7 days a week</td>
<td>TTY (Spanish): 1-888-867-4132</td>
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## Online Tools and Resources: www.healthfirst.org/providers

- Access the secure provider portal to:
  - Verify member eligibility
  - Review claim status
  - Search for providers
  - Check authorization status and review details
  - Update demographic information
  - Submit Review & Reconsideration requests and corrected claims

- Access provider resources and information for:
  - Provider Alerts: [www.healthfirst.org/alerts](http://www.healthfirst.org/alerts)
  - Provider Manual: [www.HFprovidermanual.org](http://www.HFprovidermanual.org)
  - Provider Directory: [www.HFDocFinder.org](http://www.HFDocFinder.org)
  - Provider Forms: [www.healthfirst.org/providerforms](http://www.healthfirst.org/providerforms)
  - Provider Formulary: [www.healthfirst.org/formulary](http://www.healthfirst.org/formulary)
  - Provider Newsletters: [www.HFNYSource.org](http://www.HFNYSource.org)
  - Submit Your Email Address: [www.HFDocEmails.org](http://www.HFDocEmails.org)

## Access and Availability

- Emergency care: Immediately upon presentation
- Routine appointments: Within 4 weeks
- Urgent medical care: Within 24 hours
- New patient: Within 12 weeks
- Non-urgent “sick visits”: Within 48 to 72 hours
- Newly discharged members: Within 2 weeks
- Additional guidance available in the Provider Manual (Section 3.4 and Appendix I)

## Member Enrollment

Call 1-866-463-6743, Monday to Friday, 9am–6pm, option 5.
Visit [www.healthfirst.org/health-insurance/medicaid](http://www.healthfirst.org/health-insurance/medicaid) and [www.healthfirst.org/health-insurance/child-health-plus](http://www.healthfirst.org/health-insurance/child-health-plus) for more information on plan benefits.

## Transportation

Routine transportation for Medicaid members residing in any New York City borough is covered by Medicaid Fee-for-Service (FFS). Providers should call Medical Answering Services (MAS) at 1-844-666-6270 to schedule transportation for these members. Based on medical necessity, Healthfirst will provide routine transportation for Medicaid members living in Long Island (Nassau and Suffolk counties) in accessing healthcare services. Providers can call LogistiCare at 1-844-678-1106 to schedule transportation for these members.

If emergency transportation is needed, providers can call 911 to assist members with the emergency. These services are covered by Medicaid FFS.

## Care Management

Care management is available for members diagnosed with high-risk conditions or in need of care coordination. Contact Utilization Management at 1-888-394-4327 for additional information on care management available for Healthfirst members.

## Discharge Planning

For quick assistance with discharge planning to help facilitate the discharge of a Healthfirst member, the Care Coordination Unit is available Monday to Friday, from 8am to 8pm. Call 1-888-394-4327, option 5, to speak with a Care Coordinator.

## 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](http://www.hfcompliance.ethicspoint.com).
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
- Routine Vision/Glasses – Davis Vision: 1-800-773-2847
- Pharmacy – CVS Caremark: 1-877-433-7643
- Specialty Pharmacy – CVS Caremark: 1-866-814-5506

Notification Requirements

All Emergent Admissions: Called in no later than one business day after admission
Newborns: Next business day following birth
Dialysis Notification Preferred: Authorization not required for in- or out-of-network

Preauthorization Guidelines

Services
- ABA Treatment for Autism Spectrum Disorder
- Acupuncture
- Acute Rehabilitation Admissions
- Air Ambulance
- Cataract Surgery and Other Eye Surgeries
- Cosmetic Services, Experimental and/or Investigational Treatment
- Durable Medical Equipment (authorization not required for diabetic & wound supplies)
- Elective Admissions to a Hospital
- EMG/Nerve Conduction Study
- Hearing Aid and Batteries
- Home Care IntelHealth Monitoring
- Home Healthcare and Psychiatric Home Care
- Hospice Care
- Hysterectomy and Sterilization – The following forms must be completed and submitted with the claim to be considered for reimbursement:
  - New York State requires forms DSS-3133 and 3134 for hysterectomy services
  - Form 7473 MED is required for sterilization
  - Consent form FD-189
- Inpatient Behavioral Health Services and These Outpatient Services: ECT, Neuropsychological Testing, PHP, Intensive Outpatient Treatment and Day Treatment (Prior authorization for traditional in-network outpatient behavioral health services provided by Healthfirst providers is not required)
- Out-of-Network Services
- Pain Management Services
- Personal Care Assistance Services
- Procedures & Equipment for Erectile Dysfunction
- Private Duty Nursing
- Physical, Occupational, & Speech Therapy
- Skilled Nursing Home Facility Admissions
- Sleep Studies
- Transplants

Medicaid Managed Care members requiring breast cancer surgery can only have the services performed at hospitals and ambulatory surgery centers designated as meeting high-volume thresholds as determined by New York State Department of Health (NYSDOH).

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 Claims Correspondence Unit 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 Claims 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.

ICD-10

ICD-10 coding was implemented industrywide on October 1, 2015, replacing ICD-9 coding. All claims submitted with DOS on or after October 1, 2015, must include only ICD-10 codes. Claims submitted with combined ICD-9 and ICD-10 coding, and claims submitted without the appropriate code versions, will result in denials. More information on ICD-10 can be found online at www.cms.gov/ICD10 or www.healthfirst.org/ICD10.