

Claims Reimbursement FAQ

Who do I contact if I have questions or want to set up an EFT/ERA account?

Contact your Network Management Representative or Healthfirst Provider Services at 1-888-801-1660. You can also set up an account via the Emdeon Clearinghouse at 1-800-845-6592.

Can I get my capitation checks deposited using EFT?

You can have reimbursement and capitation checks deposited directly into your account using EFT. View your capitation detail report in Secure Services by selecting "Healthfirst Reports" from "My Menu."

If you do not yet have access, please submit your request here:

[PCP Provider Online Report Access Request](#)

[Hospital Online Report Access Request](#)

Will I continue to receive my paper Explanation of Payment (EOP) if I sign up with EFT/ERA?

There is a 60-day grace period once you begin using ERA, during which you will receive both the EOP and the ERA. After this grace period, the ERA will replace your EOP as indication of whether a claim was paid or denied.

The ERA is sent via the clearinghouse that you use for electronic claims submissions.

Can I change my bank account information once I have EFT/ERA?

Yes, you can change your bank information any time by filling out a new EFT/ERA Authorization Form and enclosing a voided check from the new bank account.

Can I opt out of the EFT/ERA process at any time?

Yes, contact Provider Services at 1-888-801-1660 or your Network Management Representative. You will receive a paper check in the mail on the next check run date.

How can I access my claims information to see if a claim has been paid or denied?

Under Provider Services in the left hand menu, go to "Claims and EOPs/EOBs" to access claim status.

How long will it take to receive an electronic payment once my claim has been processed?

Healthfirst will make the electronic payment on Friday for processed claims. You can verify with your bank how soon electronic deposits post to your account.

What do I do when a claim is denied?

Providers are allowed ninety (90) days from the date of the Explanation of Payment (EOP) to either submit a written request for review and reconsideration or to resubmit a claim that was returned because required information was missing.

Disputes regarding the amount or denial of a payment must be made in writing within 90 days of the EOP.

Requests should include the basis for reconsideration and provide supporting documentation, including a copy of the claim and EOP. **Requests submitted after 90 days will be ineligible for review.**

Providers should direct requests to Healthfirst, P.O. Box 958438, Lake Mary, FL 32746. Please refer to section 16 of the Provider Manual for further information.

Why is my claim denied for “not within scope”?

"Not within scope" means that the claim was submitted for a service performed by a PCP that is not within the scope of responsibility for a primary care provider (e.g. PCPs do not bill anesthesia services).

Is vaccine administration considered part of the capitation payment?

Yes, but note that the **Hepatitis B Vaccine for adults** (service code 90746) is no longer covered under capitation and is now paid **fee-for-service**. See Tab 1 on Capitated Fee Schedule.

For all other vaccine administration service codes under capitation, see Tab 2.

[Capitated Fee Schedule](#)

What immunization codes are covered by Healthfirst?

All vaccinations are covered in full and some are covered under the Preventive Care incentive program. The administration of vaccinations is included in capitation. For a complete list of immunization codes, please refer to Provider Manual Appendix XVB.

If another doctor sees my patients while I am on vacation, who pays the provider?

For Healthfirst to cover a member's care, the provider must be in the Healthfirst network.

Capitated PCPs continue to receive payments from Healthfirst when a provider is covering their practice and therefore must make their own arrangements to pay their covering physicians.

Will Healthfirst reimburse the cost of medication?

Specialty medications for all Healthfirst members should be ordered through CuraScript (including Syneagis used to treat RSV).

Other prescription needs are fulfilled by ESI, the Healthfirst pharmacy benefit manager.

Healthfirst only reimburses vaccinations for CHP members on a fee-for-service basis.

What lab codes are providers allowed to bill Healthfirst?

Participating providers who order laboratory services that are approved by Healthfirst will be paid on a fee-for-service basis. Laboratory services must fall into one or more of the following categories:

Bacteriology	Blood Services - Diagnostic	Urinalysis
Virology	Immunohematology	Toxicology
Mycology	Clinical Chemistry	Cellular Immunology
Mycobacteriology	Clinical Chemistry - PH Blood Gases	Oncofetal Antigens
Diagnostic Immunology	Clinical Chemistry - TSM Quant.	Exfoliative Cytology
Parasitology	Histopathology	
H e m a t o l o g y	Clinical Chemistry - Endocrinology	C y t o g e n e t i c s

What CPT codes are included in capitation?

The Capitated Fee Schedule contains service codes for the following:

Tab 1: Fee-for-service payable above capitation

Tab 2: Capitated services

Tab 3: Vaccines for Children and Incentive Services

Tab 4: All \$10 incentives

[Capitated Fee Schedule](#)