Healthfirst Insurance Company
Healthfirst Pro EPO Plan • Healthfirst Pro Plus EPO Plan • Healthfirst Total EPO Plan

What is Healthfirst Insurance Company?
Healthfirst Insurance Company, a wholly-owned subsidiary of Healthfirst, Inc., offers commercial, off-exchange health coverage to individuals and small businesses throughout our service area. Coverage for those who enroll will begin on January 1, 2017.

What plans are available?
The new plans offered are the Healthfirst Total EPO plans for individuals, and the Healthfirst Pro EPO plans and Healthfirst Pro Plus EPO plans for small businesses.

Healthfirst Total plans sold off the NY State of Health marketplace to individuals and families include vision and dental benefits for all ages. There are four products offered in the Total plan:

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

Healthfirst Pro plans include comprehensive health coverage for small-business owners, their employees, and their families and cover dental and vision services for individuals below the age of 19. Healthfirst Pro Plus plans include the same benefits as Pro plans, with the addition of vision and dental benefits for adults. There are four products offered in both the Pro and Pro Plus plans:

- Platinum Pro EPO
- Gold Pro EPO
- Silver Pro EPO
- Bronze Pro EPO
- Platinum Pro Plus EPO
- Gold Pro Plus EPO
- Silver Pro Plus EPO
- Bronze Pro Plus EPO

What are the key features and benefits of Healthfirst Pro, Pro Plus, and Total plans?

- No-cost annual checkups
- $0 copay for telemedicine
- Coverage for acupuncture visits
- Options for comprehensive vision and dental coverage
- Up to $600 in exercise rewards for individuals and covered spouses
Who is eligible to enroll in Healthfirst Total EPO plans?
Anyone can purchase a Healthfirst Total plan, as long as they live or reside within Healthfirst Insurance Company, Inc.’s service area, which includes New York, Richmond, Queens, Kings, Bronx, and Nassau counties.

Who is eligible to enroll in Healthfirst Pro EPO plans and Healthfirst Pro Plus EPO plans?
To be eligible for small-group coverage with a Healthfirst Pro or Pro Plus plan, the group (defined as having 1–100 eligible employees) must be in New York state and have employees who live, work, or reside in the Healthfirst Insurance Company, Inc. service area of Bronx, Kings, Nassau, New York, Queens, and Richmond counties.

When can people enroll in Healthfirst Total plans?
Individuals can enroll in a Healthfirst Total plan during the open enrollment period, beginning November 1, 2016, and ending January 31, 2017. Coverage for these plans can begin as early as January 1, 2017.

When does enrollment start for Pro and Pro Plus plans?
Small groups can start enrolling in Healthfirst Pro and Pro Plus plans beginning on October 1, 2016, for coverage as early as January 1, 2017.

Is enrollment in Healthfirst Pro, Pro Plus, and Total plans available on the NY State of Health (NYSOH) marketplace?
No. Healthfirst Pro, Pro Plus, and Total plans are only available off the NYSOH exchange.

How can someone enroll in a Healthfirst Pro, Pro Plus, or Total plan?
Employers interested in purchasing a Healthfirst Pro or Pro Plus plan for their business should contact their broker for information regarding enrollment. Call 1-844-785-1652, Monday to Friday, 9am–5pm, or visit www.JoinHFPro.org to learn more about the plans.

Individuals interested in enrolling in a Healthfirst Total plan can call Healthfirst at 1-844-785-1650, Monday to Friday, 8am–6pm, or visit www.JoinHFTotal.org to learn more about the plans.
How can I confirm that I am a participating provider in a Healthfirst Pro EPO, Healthfirst Pro Plus EPO, or Healthfirst Total EPO plan?

Only providers who signed a contract of participation in a Healthfirst Pro, Pro Plus, or Total plan are participating in that plan’s provider network.

If you would like to confirm your participation in one of these plans, please call Healthfirst Provider Services at 1-888-801-1660, Monday to Friday, 9am–5pm, or contact your Healthfirst Network Account Manager.

After January 1, 2017, you can also verify participation in a Healthfirst Pro, Pro Plus, or Total plan network by reviewing your record in our online provider directory at www.HFdocfinder.org.

How can I become a participating provider in a Healthfirst Pro, Pro Plus, or Total plan?

If you are not contracted for participation in a Healthfirst Pro, Pro Plus, or Total plan and would like to be considered for participation in our network, please do one of the following:

- Go to www.HFproviders.org and complete the inquiry form; a Healthfirst Representative will contact you within 72 hours
- Call Healthfirst Provider Services at 1-888-801-1660, Monday to Friday, 9am–5pm

Is the provider network for Healthfirst Pro, Pro Plus, and Total plans the same as the other Healthfirst plans?

No. As with all our plans, the provider network can vary. After January 1, 2017, providers can check our online provider directory at www.HFdocfinder.org to view participating providers in the Healthfirst Pro, Pro Plus, and Total plan networks.

How can I verify member eligibility?

Member eligibility can be verified online in the secure Healthfirst Provider Portal at www.healthfirst.org by using the current member ID number or searching by the member name and date of birth. Providers may also verify member eligibility by calling Healthfirst Provider Services at 1-888-801-1660, Monday to Friday, 9am–5pm, with the member name and date of birth or the member ID number.

Are referrals required for Healthfirst Pro, Pro Plus, or Total Plan members to see specialists?

No. Healthfirst Pro, Pro Plus, and Total plan members do not require referrals to see a specialist.

If a member seeks out-of-network coverage, are they covered under the plan?

No. Except for emergency services, there is no coverage for out-of-network services in any Healthfirst Pro, Pro Plus, or Total plan.
How do I request authorizations?
To request authorizations, providers should contact the Healthfirst Utilization Management department at **1-888-394-4327**, Monday to Friday, 8:30am–5:30pm.

Where can I find a listing of medical services that require authorizations for these plans?
Services that require authorizations are listed online in our provider Quick Reference Guide (QRG) for Healthfirst Pro, Pro Plus, and Total plans, at [www.healthfirst.org/providers](http://www.healthfirst.org/providers).

How are pharmacy benefits under these plans different than under other Healthfirst plans?
The prescription drug benefit for Healthfirst Pro, Pro Plus, and Total plans consists of the following tiers.
- **Tier 1** = generic drugs – member will have a copay
- **Tier 2** = brand name drugs (preferred) – member will have a copay
- **Tier 3** = brand name drugs (non-preferred) – member will have a coinsurance of 50%, up to $500, for a 30-day supply
Specific medications covered under these benefits may be referenced in the applicable plan formulary on our website at [www.healthfirst.org/formulary](http://www.healthfirst.org/formulary).

Are there deductibles or premiums with Healthfirst Pro EPO, Healthfirst Pro Plus EPO, and Healthfirst Total EPO plans?
Yes. Healthfirst Pro, Pro Plus, and Total plan members will have cost sharing for services and may have deductibles, depending on the plan they are in. Healthfirst Total plan members will have monthly premium responsibility with Healthfirst directly. Healthfirst Pro plan and Pro Plus plan members will coordinate any monthly premium payments with their employer.

Providers may collect copayments at each visit from the member once the member has met their deductible. Detailed information on copays and coinsurance for these plans can be found by going to our website at [www.healthfirst.org/health-insurance](http://www.healthfirst.org/health-insurance) and selecting the appropriate plan.

What is the process for collecting deductibles and copayments?
A member who has a deductible is required to pay out-of-pocket for medical expenses until their deductible is met. While members are in their deductible phase, the provider should collect payment of their contracted rate from the plan member in either of the following ways:
- The provider charges the plan member the contracted rate for services
- The provider bills Healthfirst for services rendered, waits to receive the Explanation of Payment (EOP) from Healthfirst, and then bills the member for services at the contracted rate

Once a member’s deductible is met, the provider can start collecting copayments at each visit from them.
Are copayments identified on a member’s ID card or on the Healthfirst Provider Portal?
Some copayments are identified on a member’s ID card and are also reflected in the member eligibility screen on the secure Healthfirst Provider Portal.

Are a member’s maximum out-of-pocket (MOOP) cost and eligibility status identified on the Healthfirst Provider Portal?
Yes, a member’s deductible, MOOP, and eligibility status can all be viewed on the secure Healthfirst Provider Portal. Providers should not collect copays and/or coinsurance from a member that has reached their MOOP amount.

Do Healthfirst Pro, Pro Plus, and Total plan members have a grace period to pay their premium?
Yes, Healthfirst Pro, Pro Plus, and Total plan members who owe a monthly premium have a 30-day grace period. Failure to pay the monthly premium will result in loss of coverage on the first day of the following month. Health insurers must pay claims for covered services incurred during that month.

If a member has exceeded the grace period and has not paid their premium, can the member be billed?
Yes. The provider should check member eligibility at the point of service. If a member receives service by a provider after their coverage has lapsed due to non-payment of their premium, or for any other reason, the provider can then directly bill the member, since they no longer have coverage from Healthfirst.

What specific steps can my practice take to ensure proper billing of services?
Some best practices to ensure that members are properly billed for services they have received are to:
- Check member coverage effective dates
- Verify deductible status
- Verify MOOP status
- Verify copayment amounts
- Collect copayment and coinsurance after the deductible is met

Coverage effective date, deductible, MOOP, and copayment amounts can all be verified on the secure Healthfirst Provider Portal at www.healthfirst.org/providers, by calling Provider Services at 1-888-801-1660, Monday to Friday, 9am–5pm, or by looking at the member’s ID card.
Does each plan have a different Healthfirst member ID card?
Yes. Members participating in Healthfirst Pro EPO plans, Healthfirst Pro Plus EPO plans, and Healthfirst Total EPO plans have specific member ID cards for the plan that they are enrolled in. Here are sample images of the member ID cards for these plans:
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