

### Important Contact Information

#### PROVIDER SERVICES

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

#### MEMBER SERVICES

P.O. Box 5165  
New York, NY 10274-1566  
**1-855-789-3668**  
TTY 1-855-779-1033 (English)  
TTY 1-855-779-1034 (Spanish)  
Monday to Friday, 9am–5pm  
[www.healthfirst.org/members](http://www.healthfirst.org/members)

#### UTILIZATION MANAGEMENT

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 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

#### Secure Provider Portal: [hfproviderportal.org](http://hfproviderportal.org)

#### Public Website: [healthfirst.org/providers](http://healthfirst.org/providers)

##### Access the secure provider portal to:

- Confirm member eligibility and member rosters
- 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

##### Access provider resources:

- 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)
- New Providers: [www.HFnewproviders.org](http://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

**0–3+ hours** upon initial presentation. All emergency admissions must be called in no later than one business day after admission.

Urgent Care

**0–30 minutes** 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.

### 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**
- 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 – 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**
- Pain Management/Spinal Surgery/Foot Surgery – OrthoNet: **1-844-504-8091**
- 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
- 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
- Members may refer to their subscriber handbook for a list of covered benefits

## 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**.