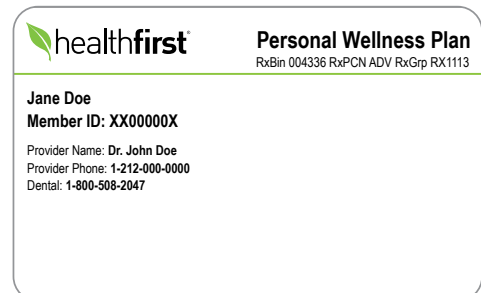


Healthfirst at a Glance

Personal Wellness Plan (PWP)

For Medicaid beneficiaries with serious mental health illness and/or substance use disorders.

- Benefits include Behavioral Health Home and Community Based Services (BH-HCBS)
- A care plan is created to improve the member's ability to function in the community
- Members may be assigned a care coordinator and care delivery team
- As of April 1, 2023, all members enrolled in the Personal Wellness Plan began to receive their prescription drugs through NYRx, the Medicaid Pharmacy Program



Service Area

The Personal Wellness Plan (PWP) service area includes New York City's five boroughs (the Bronx, Brooklyn, Manhattan, Queens, and Staten Island), Long Island, and Orange, Rockland, Sullivan, and Westchester counties.

Access and Appointment Availability

Emergency care: Immediately upon presentation

After ER or hospital discharge, mental health or substance use disorder (SUD)

follow-up visits: Within five days of discharge

Urgent medical and behavioral healthcare: Within 24 hours

Non-urgent visit for mental health or SUD: Within two weeks

After hours: Behavioral Health Service providers must provide on-call coverage for their respective practices 24 hours a day, 7 days a week and have a published after-hours telephone number (voicemail alone after hours is not acceptable).

Transportation

Emergency: Call 911 for emergency transportation. Medicaid Fee-for-Service (FFS) covers these services.

Non-Emergency (NYS Transportation Vendors):

- Medical Answering Services (MAS) covers routine transportation within NYC's five boroughs:
1-844-666-6270 (24 hours a day, 7 days a week)
- Modivcare covers routine transportation on Long Island (Nassau and Suffolk counties):
1-844-678-1103 (Monday to Friday, 7am–6pm)

Requests for non-medical transportation for BH-HCBS must be sent directly to a Healthfirst Care Manager at **1-866-237-0997**. After the initial request is approved, members must call the NYS Transportation Vendor to arrange future trips.

Care Management

PWP members are eligible for Health Home Care Management services, which provide community-based care coordination and recovery support.

For members who choose not to receive Health Home services, Healthfirst will connect them to our Integrated Care Management Team to assist in management of complex general medical and behavioral health conditions as well as social conditions.

For additional information or to refer a member for Health Home services or Healthfirst Care Management services, call PWP Member Services at **1-855-659-5971**.

Discharge Planning

For assistance in facilitating discharge planning for a Healthfirst member, call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

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

Ancillary Authorizations

Chiropractic services	ASH: 1-800-972-4226
Dental	DentaQuest®: 1-800-508-2047
Oncology management	eviCore: eviCore.com
Pain management/spinal surgery	OrthoNet: 1-844-504-8091
Pharmacy	Magellan (state pharmacy vendor): 1-877-309-9493
Radiology	eviCore: eviCore.com
Specialty pharmacy	CVS Caremark®: 1-866-814-5506
Vision	EyeMed®: EyeMed.filebound.com/portal/2265

Prior Authorization Guidelines

For services not listed above, you will need to submit a prior authorization request to Healthfirst. The most efficient way to submit and view the status of an authorization is through our Online Authorization Tool, located in Healthfirst's Provider Portal (login required).

Don't have access to the provider portal? Check out our guide to setting up an account or reach out to your network account manager. Alternatively, you can also fax your authorization requests to **1-646-313-4603**.

Prior authorization is not a guarantee of payment. Payment by Healthfirst for services provided is contingent upon the patient's active membership in Healthfirst at the time the service or treatment was rendered and whether the particular service or procedure is a covered benefit under the patient's plan contract. Policies are subject to change.

Authorization **is not required** for routine in-network outpatient behavioral health services except as indicated below.

	Outpatient	Inpatient
Authorization is required on these services	<p>Adult BH-HCBS (Authorization is required for Crisis Respite within 72 hours)</p> <ul style="list-style-type: none">• Ambulatory Detoxification• Electroconvulsive Therapy (ECT)• Mental Health (MH) Services:<ul style="list-style-type: none">◦ Partial Hospital Programs (PHP)◦ Intensive Outpatient Programs (Mental Health Service IOP)• Neuropsychological Testing• Psychological Testing	<p>These will also be subject to retrospective and concurrent reviews in accordance with policies and procedures:</p> <ul style="list-style-type: none">• Mental Health (MH) Services:<ul style="list-style-type: none">◦ Psychiatric Admissions• Substance Use Disorder (SUD) Treatment:<ul style="list-style-type: none">◦ Detoxification◦ Substance Use Rehabilitation

	Outpatient	Inpatient
The following information must be supplied for authorization requests	<ul style="list-style-type: none"> Member's name and Healthfirst ID number PCP's name (if not the attending/requesting provider) Procedure(s) and CPT-4 Code(s) and procedure date(s) Attending/requesting provider's name, telephone number, and fax number Diagnosis and ICD-10 Code Services requested and proposed treatment plan 	All items required for "Outpatient" authorization requests, plus: <ul style="list-style-type: none"> Hospital/facility name Expected date of service Expected length of stay

Claims

Mental Health, SUD facilities, and outpatient clinic service claims must be submitted to Healthfirst electronically using 837(I) or by institutional paper claims, using the UB-04 form and the appropriate rate codes.

For details on claims, submissions, and what to submit as acceptable support documentation, refer to the Healthfirst Provider Manual, section 17, at HFproviders.org.

ICD-10

ICD-10 coding was implemented industrywide on October 1, 2015, replacing ICD-9 coding. All claims submitted with DOS 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 at cms.gov/ICD10 or HFproviders.org (coding section).

Compliance

Anonymously report compliance concerns and/or suspected fraud, waste, and abuse that involves Healthfirst at **1-877-879-9137** or at HFCompliance.EthicsPoint.com.

Contacts

Provider Services Center	1-888-801-1660 Monday to Friday, 8:30am–5:30pm HFproviders.org Providers requesting BH-HCBS or ACT can fax authorization requests to 1-646-313-4612.
Medical Pharmacy (pharmacy medications for provider administration)	NYS Medicaid Helpline, general questions: 1-855-648-1909 Medicaid eligibility and billing (eMedNY): 1-800-343-9000 Prior authorization (NYRx, Magellan call center): 1-877-309-9493
Member Services	1-855-659-5971 (TTY 1-888-542-3821) (TTY Spanish 1-888-867-4132) 24 hours a day, 7 days a week (English, Spanish, Chinese) MyHFNY.org