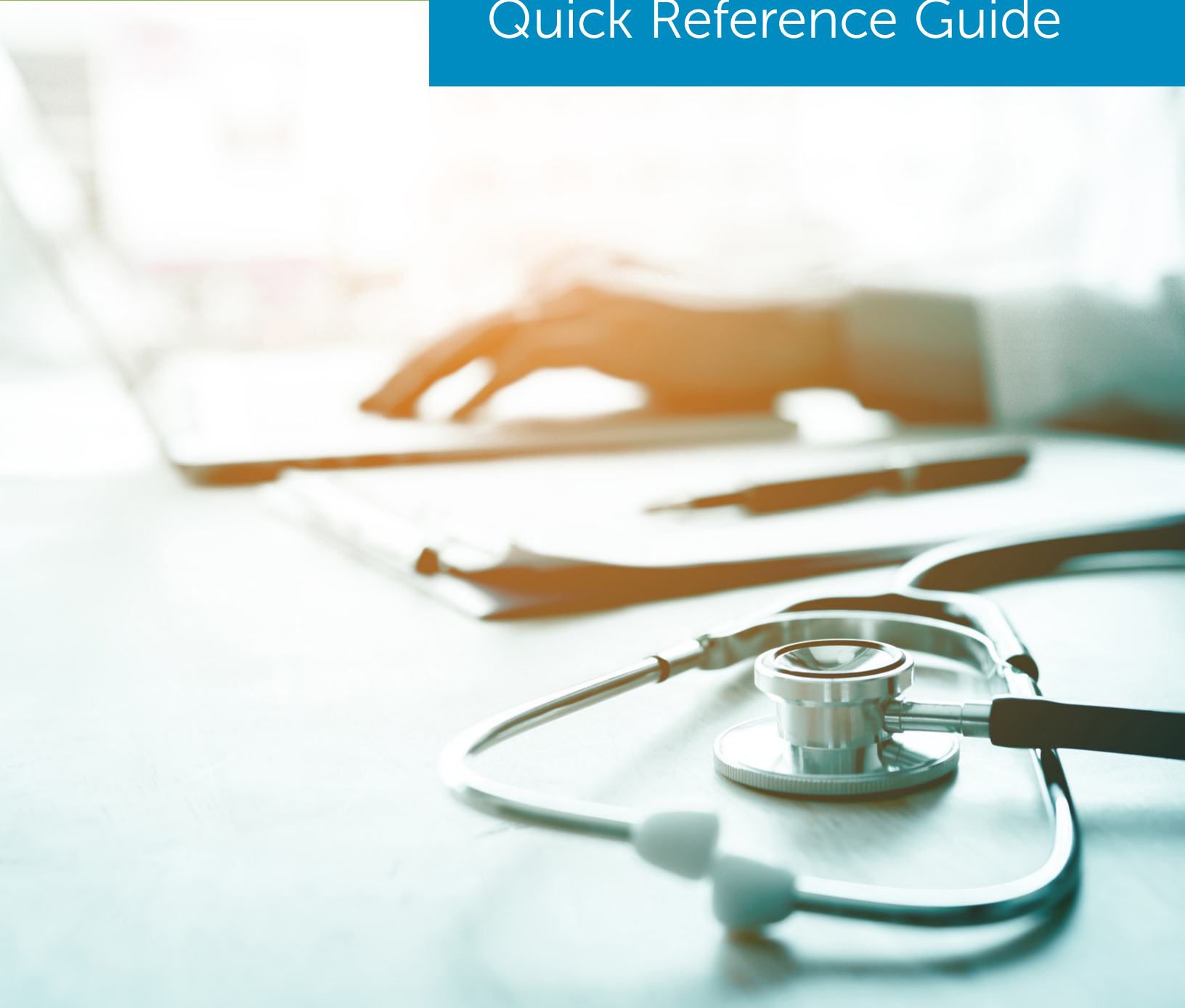


Healthfirst Provider Portal

Quick Reference Guide



Getting Started

Thank you for being an integral part of the Healthfirst provider network. This quick reference guide will help you navigate the Healthfirst Provider Portal, giving you access to the tools and resources you need to give our members the best care.

If you have any questions or need additional assistance, our dedicated Provider Services team is here for you. Please contact them at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

Please note: All providers will be required to register a unique account on the portal. Any previous provider portal usernames will not be valid.

All screen images contained herein are current as of 9/17/18 and subject to change.

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Accessing the Portal

Access the Healthfirst Provider Portal 24/7 at HFProviderPortal.org.

Registration

New User Registration

The screenshot shows the Healthfirst Provider Portal interface. At the top is the Healthfirst logo. Below it is a blue bar with the text "Provider Secure Login". The main content area has a white background with the heading "Welcome to the Healthfirst Provider Portal". Below this, there is a message: "Now it's easier than ever to access the tools and resources you need 24 hours a day, 7 days a week. If you're new to the portal, click below to register. All current account holders must re-register in order to use the new portal." A green button labeled "New User Registration" is highlighted with a line and a circle. Below this is a section for "Returning User Login" with fields for "Username" and "Password", a "Forgot Username/Password? Please click here." link, and a "Login" button. At the bottom, there is a "Privacy Restrictions" notice. The footer contains copyright information and links to "Web Privacy Statement" and "Privacy Notices".

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Provider Secure Login

Welcome to the Healthfirst Provider Portal

Now it's easier than ever to access the tools and resources you need 24 hours a day, 7 days a week.
If you're new to the portal, click below to register.
All current account holders must re-register in order to use the new portal.

New User Registration

Returning User Login

Username

Password

Forgot Username/Password? Please click here.

Login

Privacy Restrictions: You are only allowed to use this portal to access information related to your job. All users within a provider office are required to follow HIPAA and all applicable federal and state regulations, including minimum necessary requirements. Use will be monitored on a periodic basis to ensure that files unrelated to your role are not accessed. Failure to adhere to company policies regarding impermissible use or disclosure of protected health information could lead to access termination or other appropriate action.

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- 1 To begin the registration process, visit HFProviderPortal.org and click **New User Registration**.

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Registration

License Agreement

You are only allowed to use this portal to access information related to your job. All users within a provider office are required to follow HIPAA and all applicable federal and state regulations, including minimum necessary requirements. Use will be monitored on a periodic basis to ensure that files unrelated to your role are not accessed. Failure to adhere to company policies regarding impermissible use or disclosure of protected health information could lead to access termination or other appropriate action.

License Grant. This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Healthx Inc., reserves all rights not expressly granted in this Agreement.

Restrictions. This website is protected by United States copyright law, international treaty provisions, and trade secret, trade dress and other intellectual property laws. Unauthorized copying of or access to this website is expressly forbidden. You may not copy, disclose, loan, rent, sell, lease, give away, give your password to or otherwise allow access to this website by any other person. You agree to only use this website to process your own data. You agree not to misuse, abuse, or overuse beyond reasonable amounts, this website. You agree not to attempt to view, disclose, copy, reverse engineer, disassemble, decompile or otherwise examine the source program code behind this website. You may be held legally responsible for any copyright infringement or other unlawful act that is caused or incurred by your failure to abide by the terms of this Agreement.

Term and Termination. This license is effective until terminated by either you or the producer of this website.




Accept

Agree

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[Web Privacy Statement](#)

[Privacy Notices](#)



- 2 Please read the License Agreement carefully, including the privacy statement highlighted in red, and select **Accept** and **Agree**.

Registration (Continued)

The screenshot shows the 'Provider Registration' page on the Healthfirst portal. The page has a dark header with the Healthfirst logo and a blue bar labeled 'Registration'. Below the header, the title 'Provider Registration' is followed by a thank-you message. A 'Go Back' button is at the top of the form. The form contains several text input fields: 'Submitter First Name*', 'Submitter Last Name*', 'Primary Practice / Facility Name*', 'Primary Contact Phone*', 'Primary Contact Email Address*', and 'Provider Tax Identification Number (TIN)*'. Below these is a 'Claim Number*' field with a masked input (XXXXXXXX). A note states 'Must be a claim paid within the last 180 days.' with a line pointing to the 'Continue' button. At the bottom of the form are 'Continue' and 'Cancel' buttons. A line from the word 'Continue' on the left points to the 'Continue' button. The footer contains copyright information, links to 'Web Privacy Statement' and 'Privacy Notices', and social media icons.

healthfirst

Registration

Provider Registration

Thank you for taking the time to register. This process helps keep our portal secure.

Go Back

Submitter First Name*

Submitter Last Name*

Primary Practice / Facility Name*

Primary Contact Phone*

Primary Contact Email Address*

Provider Tax Identification Number (TIN)*

XXXXXXXX

Claim Number*

Must be a claim paid within the last 180 days.

Continue Cancel

Up next: Create Login Credentials (step 2 of 4)

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Must Be a Paid Claim (processed within the past 180 days)

Continue

- 3 Enter the requested information and click **Continue** after each step.

PLEASE NOTE:

Each provider and staff member should register their own account credentials. Usernames must be unique and not previously used on any Healthfirst Provider Portal.

Submitter name should be the name of the person completing the registration.

Registration

Go Back

Username *

All current account holders must create a new username

Portal Email Address*

Confirm Portal Email Address*

Password *

Confirm Password *

Password requires at least:

- 8 characters
- 1 letter
- 1 number
- 1 special character --!@#\$%^&*~`~\|/?

Security Question 1*

-- Select Question --

Security Question 2*

-- Select Question --

Security Question 3*

-- Select Question --

Continue

Cancel

Up next: Select Provider Role (step 3 of 4)

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 [Web Privacy Statement](#)
[Privacy Notices](#)

Continue

Registration

Go Back

Provider Type *

-- Select --

Continue

Cancel

Up next: Review (step 4 of 4)

Continue

Registration

Go Back

Submitter First Name:
 Submitter Last Name:
 Submitter E-Mail Address:
 Contact Phone:
 TIN:
 Username:

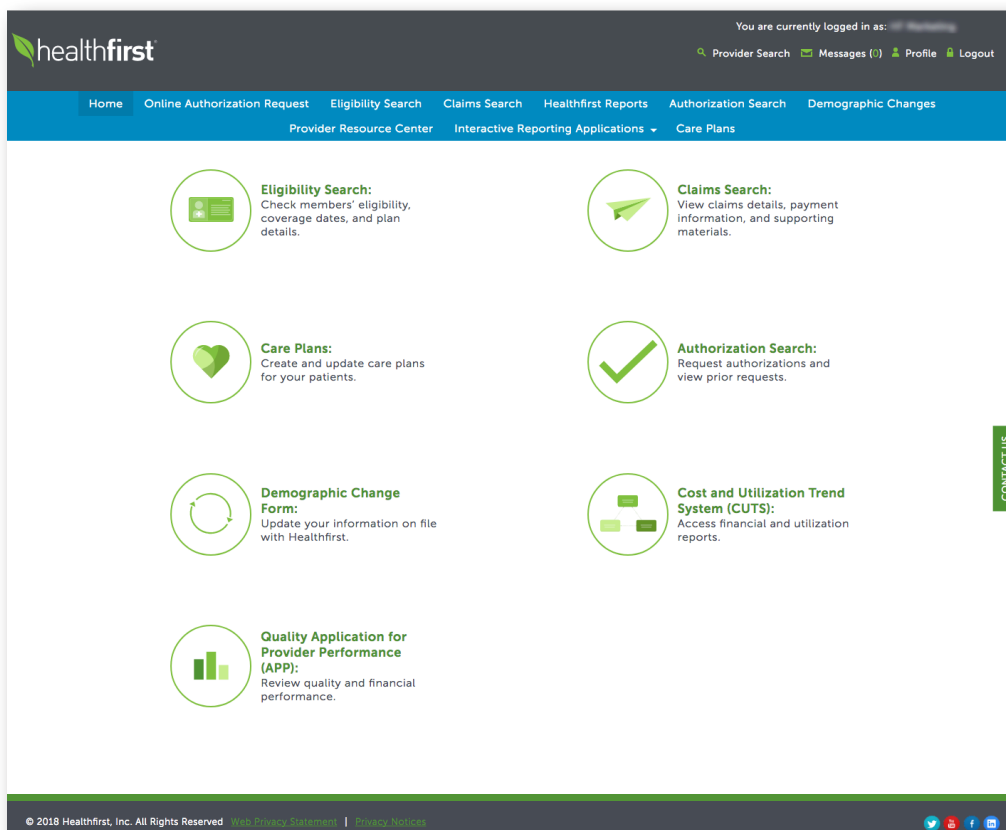
Continue

Cancel

Everything looking good?

Continue

Core Functions



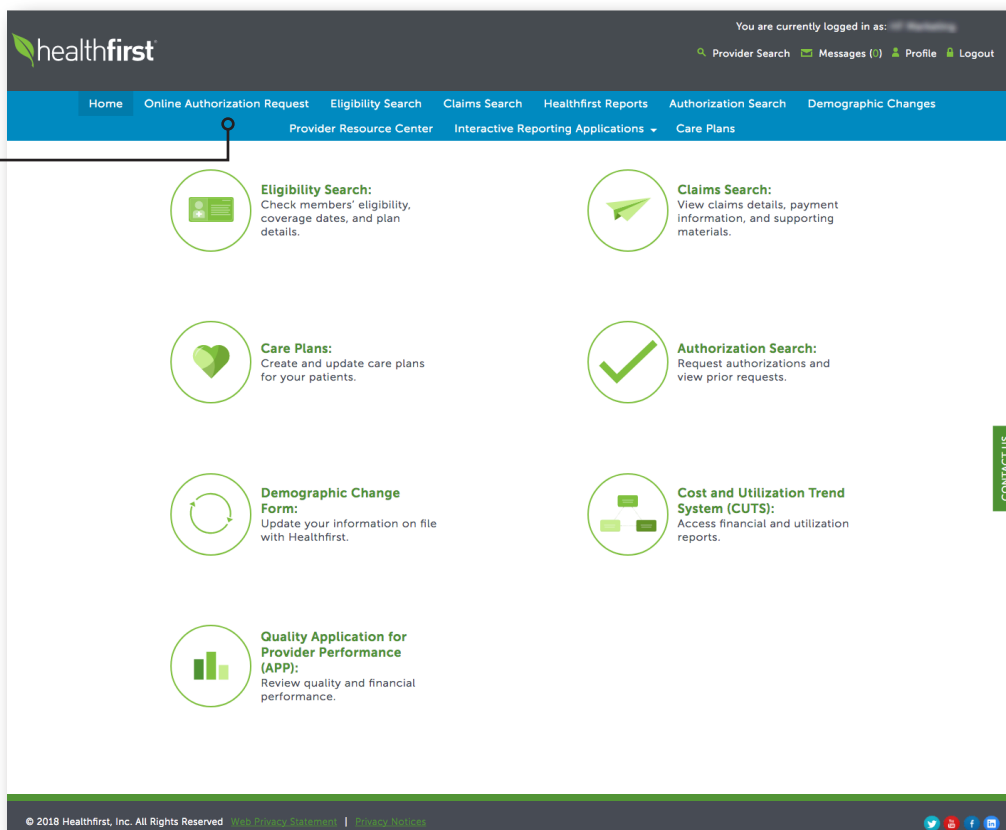
CORE FUNCTIONS ON NAVIGATION BAR:

- Online Authorization Requests
- Eligibility Search*
- Claims Search*
- Healthfirst Reports
- Authorization Search*
- Demographic Changes*
- Update Profile
- Provider Resource Center
- Interactive Reporting Applications*
- Care Plans*

*Quick-navigation icons available on home page

Online Authorization Requests

Online Authorization Request



- 1 To access and submit online authorization requests, click on the **Online Authorization Request** tab.

Online Authorization Requests (Continued)

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You are currently logged in as: Apple Orange

Provider Search Messages (1) Profile Logout

Home Online Authorization Request Eligibility Search Claims Search Healthfirst Reports Authorization Search Demographic Changes

Provider Resource Center Care Plans

Welcome My requests

Use this guided process to submit your request for authorization of services or supplies.

For requests that require immediate attention, please call Healthfirst Provider Services at 1-888-394-4327.

You will need the following information to complete your request:

- Type of service
- Place of service
- Date(s) of service
- Member's name, Healthfirst ID, and Date of Birth
- Provider/Facility name(s) and Tax IDs or NPIs
- Contact information
- Diagnosis & Procedure/Service code(s)
- Supporting clinical documentation

Begin

Please note: Your session will timeout after 15 minutes of inactivity and your work will not be saved.

This site is best viewed with Internet Explorer 11 or later, Google Chrome, or Firefox.

Our automated phone system is available 24 hours a day, 7 days a week at 1-888-394-4327.

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2 To submit an authorization request, click **Begin** on the Welcome tab.

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You are currently logged in as: Apple Orange

Provider Search Messages (1) Profile Logout

Home Online Authorization Request Eligibility Search Claims Search Healthfirst Reports Authorization Search Demographic Changes

Provider Resource Center Interactive Reporting Applications Care Plans

Healthfirst member ID* Date of birth*

Last name* First name

Search

MEMBER DETAILS

Healthfirst member ID Date of birth

Last name First name

COVERAGE DETAILS

Benefit plan name Benefit plan description

Effective date Termination date

Next >> Cancel

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3 MEMBER

Use the search criteria to identify the member; click **Next** to proceed.

**NO,
this is a
standard
request**

The screenshot shows the Healthfirst Provider Portal interface. At the top, the Healthfirst logo is on the left, and user information (logged in as [redacted]) and links (Provider Search, Messages, Profile, Logout) are on the right. A navigation bar contains links: Home, Online Authorization Request (active), Eligibility Search, Claims Search, Healthfirst Reports, Authorization Search, and Demographic Changes. Below this is a secondary bar with Provider Resource Center, Interactive Reporting Applications, and Care Plans. The main content area is titled 'Authorization Request' and shows a progress bar with 9 steps: 1. Member, 2. Request type (current step), 3. Rendering provider, 4. Referring provider, 5. Facility, 6. Details, 7. Prescreen, 8. Documentation, and 9. Review. Step 2 contains the question 'IS THIS AN EXPEDITED REQUEST?' with a link 'Need help? Click here.' and explanatory text: 'Service Authorization Requests are only able to be expedited when a delay would seriously jeopardize the patient's life or health or ability to attain, maintain, or regain maximum function.' There are two radio button options: 'YES, this is an expedited request.' and 'NO, this is a standard request.' The 'NO' option is selected. At the bottom of the form are buttons for '<< Back', 'Next >>', and 'Cancel'. A vertical 'CONTACT US' button is on the right side. The footer contains copyright information (© 2018 Healthfirst, Inc.), links to Web Privacy Statement and Privacy Notices, and social media icons.

4 REQUEST TYPE

You will be prompted to advise whether your request is an expedited request (EXR). Expedited requests cannot be completed on the Online Authorization Request tool. Please call Provider Services at **1-888-394-4327** to submit an expedited request.

To submit a standard request, select ***“NO, this is a standard request.”***

Online Authorization Requests (Continued)

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You are currently logged in as: HF Marketing

Provider Search Messages (1) Profile Logout

Home Online Authorization Request Eligibility Search Claims Search Healthfirst Reports Authorization Search Demographic Changes

Provider Resource Center Interactive Reporting Applications Care Plans

☐ YES, this is an expedited request.
☒ NO, this is a standard request.

REQUESTED SERVICE INFORMATION [Need help? Click here.](#)

* indicates required field
Please select a request type and enter additional information below.

Benefit Plan Name
MEDICARE PLAN

Request type*
☐ Inpatient
☒ Outpatient

Authorization type*
DURABLE MEDICAL EQUIPMENT

Place of service*
HOME

Start date of service*
6/11/2018

End date of service*
6/26/2018

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<< Back Next >> **Next**

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5 A drop-down will appear with the following fields:

- **Authorization Type (DME, Adult Day Care, Outpatient Detox, etc.)**
- **Place of Service (Office, Ambulatory, Other Unlisted Facility, etc.)**
- **Start Date**
(Start Date must be no earlier than today's date and no later than 30 days from today)
- **End Date**

Enter the requested information and click **Next** to proceed. **End Date should be no later than 180 days from the Start Date.**

healthfirst

You are currently logged in as: [username]

Provider Search Messages (1) Profile Logout

Home Online Authorization Request Eligibility Search Claims Search Healthfirst Reports Authorization Search Demographic Changes

Provider Resource Center Interactive Reporting Applications Care Plans

Authorization Request

Request date: 06/08/2018 Service type: Outpatient Member name: LAING, ONEADER

1 Member 2 Request type 3 Rendering provider 4 Referring provider 5 Details 6 Prescreen 7 Documentation 8 Review

SEARCH RENDERING PROVIDER

☐ Use Member's Primary Care Physician (PCP)?

* indicates required field

Please enter the following information in order to select the appropriate provider.

Enter provider last name or facility name*

Enter at least 2 characters

And at least one of the following:

NPI 10 digits Tax ID 9 digits

ADVANCED SEARCH

Search

<< Back Next >>

CONTACT US

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6 RENDERING PROVIDER

Use the search criteria to identify the rendering provider.

To narrow the search for a **"Rendering provider,"** use **"Advanced Search."** The following will populate when selected:

- Healthfirst Provider ID
- Zip Code

Click **Next** to proceed.

healthfirst

You are currently logged in as: [username]

Provider Search Messages (1) Profile Logout

Home Online Authorization Request Eligibility Search Claims Search Healthfirst Reports Authorization Search Demographic Changes

Provider Resource Center Interactive Reporting Applications Care Plans

Request

06/08/2018 Outpatient LAING, ONEADER

1 Member 2 Request type 3 Rendering provider 4 Referring provider 5 Details 6 Prescreen 7 Documentation 8 Review

SEARCH RENDERING PROVIDER

☒ Use Member's Primary Care Physician (PCP)?

RENDERING PROVIDER

Name: MEMBER'S PCP SELECTED Address: [redacted] Zip code: [redacted]

NPI: [redacted] Tax ID: [redacted] Healthfirst provider ID: [redacted]

Please provide the following contact information for the Rendering Provider.

* indicates required field

First name: [Max. 16 characters] Last name: [Max. 20 characters] Telephone*: [###-###-####] Extension: [#####] Fax*: [#####]

<< Back Next >> Cancel

CONTACT US

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7 Telephone and fax numbers are required fields.

Online Authorization Requests (Continued)

The screenshot shows the 'Authorization Request' form at the 'Referring provider' step (Step 4 of 8). The progress bar at the top indicates the current step. The form includes a 'SELECT REFERRING PROVIDER' section with two checkboxes: 'Same as Rendering Provider?' and 'Use Member's Primary Care Physician (PCP)?'. Below these is a search field labeled 'Enter provider last name or facility name*' with a note 'Enter at least 2 characters'. There are also fields for 'NPI' (10 digits) and 'Tax ID' (9 digits). An 'ADVANCED SEARCH' button is present. At the bottom, there are '<< Back' and 'Next >>' navigation buttons. A 'CONTACT US' button is on the right side. The footer contains copyright information and links to 'Web Privacy Statement' and 'Privacy Notices'.

Next

This screenshot shows the same 'Authorization Request' form at the 'Referring provider' step, but with the 'Use Member's Primary Care Physician (PCP)?' checkbox selected. Below the selection options, a 'REFERRING PROVIDER' section displays the following information: Name (MEMBER'S PCP SELECTED), Address, Zip code, NPI, Tax ID, and Healthfirst provider ID. The 'Next >>' button is highlighted, indicating the next step in the process. The 'CONTACT US' button and footer information remain the same.

Next

8 REFERRING PROVIDER

Use the check boxes, or search using the search criteria, to select the referring provider.

Once you've selected the appropriate provider, click **Next** to proceed.

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You are currently logged in as: [User Name]

Provider Search Messages (0) Profile Logout

Home Online Authorization Request Eligibility Search Claims Search Healthfirst Reports Authorization Search Demographic Changes

Provider Resource Center Interactive Reporting Applications Care Plans

Authorization Request

Request date [Date] Service type [Type] Member name [Name] Rendering provider [Provider]

- 1 Member
- 2 Request type
- 3 Rendering provider
- 4 Referring provider
- 5 Facility
- 6 Details
- 7 Documentation
- 8 Review

PLEASE NOTE: THIS STEP IS OPTIONAL.
If you selected a facility as the rendering provider in step 3, then skip this step by pressing the Next button.

SELECT RENDERING FACILITY [Need help? Click here.](#)

* indicates required field
Please enter the following information in order to select the appropriate facility.

Enter facility name*
[Enter at least 2 characters]

And at least one of the following:

NPI [10 digits] Tax ID [9 digits]

ADVANCED SEARCH

<< Back Next >> SUBMIT

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Next

9 FACILITY (IF REQUIRED)

Use the search criteria to identify the facility (if required); click **Next** to proceed.

Online Authorization Requests (Continued)

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You are currently logged in as: [\[User Name\]](#)

[Provider Search](#) [Messages \(1\)](#) [Profile](#) [Logout](#)

[Home](#) [Online Authorization Request](#) [Eligibility Search](#) [Claims Search](#) [Healthfirst Reports](#) [Authorization Search](#) [Demographic Changes](#)

[Provider Resource Center](#) [Interactive Reporting Applications](#) [Care Plans](#)

Authorization Request

Request date: 06/08/2018 Service type: Outpatient Member name: AHERN, PERRY Rendering provider: MEMBER'S PCP SELECTED

1 Member 2 Request type 3 Rendering provider 4 Referring provider 5 Facility 6 Details 7 Documentation 8 Review

▼ DIAGNOSIS INFORMATION [Need help? Click here.](#)

[Add to list](#)

Please select a primary diagnosis and up to 3 additional diagnoses.

CODE	DESCRIPTION
No items	

▼ PROCEDURE INFORMATION [Need help? Click here.](#)

[Add to list](#)

Please select up to 10 procedures. If you have more than 10 procedures, please submit an additional request.

[<< Back](#) [Next >>](#) [Cancel](#)

[CONTACT US](#)

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10 DETAIL REQUEST

Indicate the diagnosis codes and/or procedure codes for the authorization by searching by code or description and clicking **Add to list**.

Outpatient Authorizations can contain up to four diagnosis codes and 10 procedure codes.

Input the number of Units and select the Unit Type (Days or Units).

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You are currently logged in as: [User Name]

Provider Search Messages (0) Profile Logout

Home Online Authorization Request Eligibility Search Claims Search Healthfirst Reports Authorization Search Demographic Changes

Provider Resource Center Interactive Reporting Applications Care Plans

Member Request type Rendering provider Referring provider Facility Details Documentation Review

▼ DIAGNOSIS INFORMATION [Need help? Click here.](#)

Search for diagnosis by ICD-10 code or description [Add to list](#)

Please select a primary diagnosis and up to 3 additional diagnoses.

CODE	DESCRIPTION
1	[Code] [Description]

▼ PROCEDURE INFORMATION [Need help? Click here.](#)

Search for procedure by code or description [Add to list](#)

Please select up to 10 procedures. If you have more than 10 procedures, please submit an additional request.

CODE	DESCRIPTION	REQUESTED UNITS	UNIT TYPE
1	[Code] [Description]	1	Units
2	[Code] [Description]	1	Units

<< Back Next >> [Next](#)

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CONTACT US

Add to List

Add to List

Next

10 DETAIL REQUEST (Continued)

Inpatient Authorizations can contain up to four diagnosis codes and four procedure codes.

After all diagnosis codes and procedure codes are added to the list, click **Next** to proceed.

Online Authorization Requests (Continued)

The screenshot shows the Healthfirst Provider Portal interface. At the top, the user is logged in as 'Perry, AH'. The navigation bar includes links for Home, Online Authorization Request (selected), Eligibility Search, Claims Search, Healthfirst Reports, Authorization Search, and Demographic Changes. Below the navigation bar, a summary bar displays: Request date: 06/08/2018, Service type: Outpatient, Member name: AHERN, PERRY, and Rendering provider: MEMBER'S PCP SELECTED. A progress bar below the summary bar shows eight steps: 1. Member, 2. Request type, 3. Rendering provider, 4. Referring provider, 5. Facility, 6. Details, 7. Documentation (current step), and 8. Review. The main content area is titled 'ATTACH SUPPORTING DOCUMENTATION' and contains instructions on how to attach clinical documentation. It includes a section for 'EXISTING ATTACHMENTS' which currently shows 'No attachments', and a section for 'ADD AN ATTACHMENT'. At the bottom of the form, there are buttons for '<< Back', 'Next >>', and 'Cancel'. A green 'CONTACT US' button is located on the right side of the form. A line points from the 'Next >>' button to the word 'Next'.

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You are currently logged in as: **Perry, AH**

Provider Search Messages (1) Profile Logout

Home Online Authorization Request Eligibility Search Claims Search Healthfirst Reports Authorization Search Demographic Changes

Provider Resource Center Interactive Reporting Applications Care Plans

Authorization Request

Request date: 06/08/2018 Service type: Outpatient Member name: AHERN, PERRY Rendering provider: MEMBER'S PCP SELECTED

1 Member 2 Request type 3 Rendering provider 4 Referring provider 5 Facility 6 Details 7 Documentation 8 Review

ATTACH SUPPORTING DOCUMENTATION

To facilitate timely processing of your request, please attach clinical documentation to support your authorization request. Examples of clinical documentation may include medical notes, prescriptions, imaging studies or a letter of medical necessity. Attach documentation that is pertinent to this request.

We strongly recommend attaching your documentation electronically. If you need to fax additional documentation, you will be presented with an option to generate a fax cover sheet following submission of this request.

Please note: [Click here for a list of preferred file types](#). Uploaded files are limited to 5MB in size.

▼ EXISTING ATTACHMENTS

No attachments

▼ ADD AN ATTACHMENT

<< Back Next >> Cancel

CONTACT US

Next

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11 DOCUMENTATION

Attach any supporting clinical documentation by selecting **Choose File**, uploading the document, then clicking **Add Attachment**.

The document will appear under *"Existing Attachments."*
If the document does not appear under *"Existing Attachments,"* then the document will not process with the authorization request.

If you need to remove a document, click the trash can icon next to the document.

Click **Next** to proceed.

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You are currently logged in as: [User Name] | Provider Search | Messages (0) | Profile | Logout

Home | Online Authorization Request | Eligibility Search | Claims Search | Healthfirst Reports | Authorization Search | Demographic Changes

Provider Resource Center | Interactive Reporting Applications | Care Plans

Authorization Request

Request date: [Redacted] | Service type: [Redacted] | Member name: [Redacted] | Rendering provider: [Redacted]

1 Member | 2 Request type | 3 Rendering provider | 4 Referring provider | 5 Facility | 6 Details | 7 Documentation | 8 Review

Authorization request | Provider | Member

To modify any information on this page, click on the numbered circles above or click "Edit this information" in each section.

SUMMARY [Edit this information](#)

Request date	Request type	Authorization type	Place of service
Start date of service	End date of service		

By clicking Submit, you acknowledge this is NOT an expedited request.
Expedited requests must be submitted by calling Healthfirst at 1-888-394-4327.

<< Back | **Submit** | Cancel

CONTACT US

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healthfirst

You are currently logged in as: [User Name] | Provider Search | Messages (0) | Profile | Logout

Home | Online Authorization Request | Eligibility Search | Claims Search | Healthfirst Reports | Authorization Search | Demographic Changes

Provider Resource Center | Interactive Reporting Applications | Care Plans

Authorization Request

Request date: 06/08/2018 | Service type: Outpatient | Member name: AHERN, PERRY | Rendering provider: MEMBER'S PCP SELECTED

1 Member | 2 Request type | 3 Rendering provider | 4 Referring provider | 5 Facility | 6 Details | 7 Documentation | 8 Review

Authorization request | **Provider** | Member

To modify any information on this page, click on the numbered circles above or click "Edit this information" in each section.

RENDERING PROVIDER [Edit this information](#)

Name	Address	Zip code
MEMBER'S PCP SELECTED		
NPI	Tax ID	Healthfirst provider ID

By clicking Submit, you acknowledge this is NOT an expedited request.
Expedited requests must be submitted by calling Healthfirst at 1-888-394-4327.

<< Back | **Submit** | Cancel

CONTACT US

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12 REVIEW

Review the authorization request, provider, and member information.

Click **Edit this information** to make any changes.

Click **Submit** to finalize the authorization request.

Online Authorization Requests (Continued)

The screenshot displays the Healthfirst online authorization request interface. At the top, the Healthfirst logo is on the left, and user login information is on the right. A navigation bar contains links for Home, Online Authorization Request, Eligibility Search, Claims Search, Healthfirst Reports, Authorization Search, and Demographic Changes. Below this, a secondary bar lists Provider Resource Center, Interactive Reporting Applications, and Care Plans. The main heading is 'Authorization Request', followed by a progress bar with eight numbered steps: 1. Member, 2. Request type, 3. Rendering provider, 4. Referring provider, 5. Facility, 6. Details, 7. Documentation, and 8. Review. The 'Review' step is currently active. The form is divided into three tabs: 'Authorization request', 'Provider', and 'Member'. The 'Member' tab is selected, showing a section titled 'MEMBER' with fields for Healthfirst member ID, Date of birth, Last name, and First name. A blue link 'Edit this information' is located to the right of these fields. Below the member information is a section for 'COVERAGE INFORMATION'. At the bottom of the form, a disclaimer states: 'By clicking Submit, you acknowledge this is NOT an expedited request. Expedited requests must be submitted by calling Healthfirst at 1-888-394-4327.' Below the disclaimer are three buttons: '<< Back', 'Submit', and 'Cancel'. A vertical 'CONTACT US' button is on the right side of the form. Two callouts with lines pointing to the form are present: one pointing to the 'Edit this information' link and another pointing to the 'Submit' button.

healthfirst

You are currently logged in as: [User Name]

Provider Search Messages (1) Profile Logout

Home Online Authorization Request Eligibility Search Claims Search Healthfirst Reports Authorization Search Demographic Changes

Provider Resource Center Interactive Reporting Applications Care Plans

Authorization Request

Request date Service type Member name Rendering provider

1 2 3 4 5 6 7 8

Member Request type Rendering provider Referring provider Facility Details Documentation Review

Authorization request Provider Member

To modify any information on this page, click on the numbered circles above or click "Edit this information" in each section.

MEMBER

Healthfirst member ID Date of birth

Last name First name

[Edit this information](#)

COVERAGE INFORMATION

By clicking Submit, you acknowledge this is NOT an expedited request.
Expedited requests must be submitted by calling Healthfirst at 1-888-394-4327.

<< Back Submit Cancel

CONTACT US

Edit this information

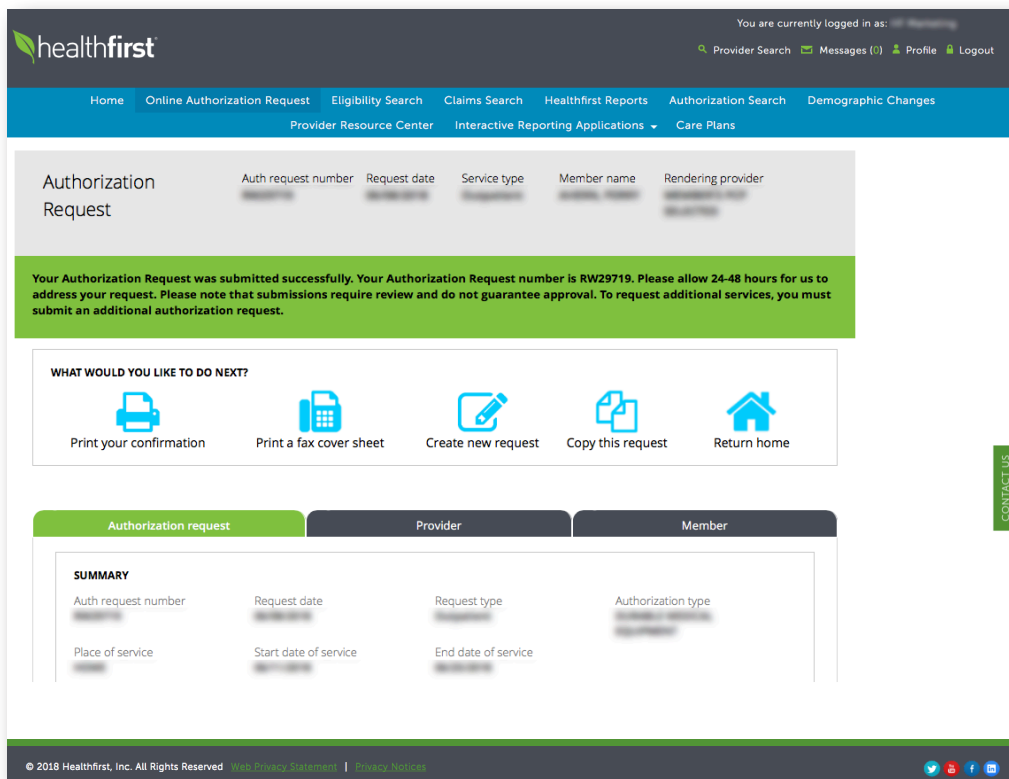
Submit

12 REVIEW (Continued)

Review the authorization request, provider, and member information.

Click **Edit this information** to make any changes.

Click **Submit** to finalize the authorization request.



13 SUBMISSION LANDING PAGE

Once you've submitted your request, you'll be provided with a confirmation page and an Authorization Request number.

You'll also have the option to:

- **Print your confirmation**
- **Print a fax cover sheet**
(Please complete the fillable fields and include supporting documentation)
- **Create a "new request"**

NOTE:

This should be selected when starting a request for a different member

- **Copy this request**

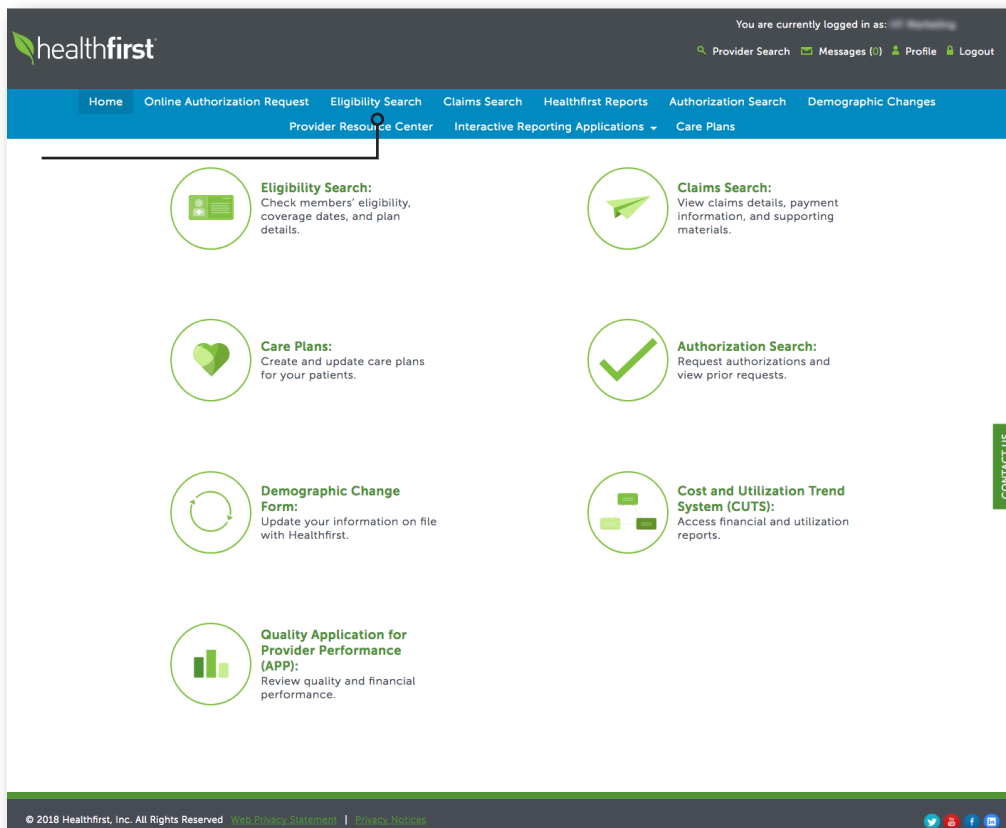
NOTE:

You will be able to select either Copy Member or Copy Rendering Provider information. Not all information will be copied over into the new authorization.

- **Return home**

Eligibility Search

Eligibility Search



- 1 To verify a member's eligibility, click on the **Eligibility Search** tab.

A screenshot of the Healthfirst Eligibility Search form. The top navigation bar is dark blue with the Healthfirst logo on the left and user information on the right. Below this is a blue navigation bar with tabs: Home, Online Authorization Request, Eligibility Search (highlighted with a red circle), Claims Search, Healthfirst Reports, Authorization Search, and Demographic Changes. Below the navigation bar is a white area with the search form. The form has a title 'Search by Member ID and Date of Birth OR Member Name and Date of Birth' and a note 'Each Member ID must appear on it's own line. Search results will not be displayed for invalid Member IDs.' The form fields are: Member ID, Member First Name, Member Date of Birth, and Member Last Name. There is a green 'Search' button. Below the form is an 'Important Note' section. A vertical green button labeled 'CONTACT US' is on the right side. The footer is dark blue with copyright information and social media links.

- 2 Use the search criteria to identify the member.

You are currently logged in as: Provider

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[Profile](#)
[Logout](#)

[Home](#)
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[Care Plans](#)

Search by Member ID and Date of Birth OR Member Name and Date of Birth

Each Member ID must appear on it's own line. Search results will not be displayed for invalid Member IDs.

1 record found.

[Download Results](#)
[Print Results](#)

Name	Member ID	DOB	Gender	Status	Effective Date	Term Date	Benefit Plan
Catherine L. Smith	123456789	01/01/1980	F	Active	01/01/2020		HEALTHFIRST-MEDICARE

Page 1 of 1

Member ID

Member First Name

Member Date of Birth

Member Last Name

Search

Important Note:
The eligibility information provided is accurate as of today's date only. A member's eligibility is subject to change consistent with applicable Medicaid or Medicare rules, and member benefit plan. Eligibility alone is not a guarantee of reimbursement by Healthfirst. Reimbursement is subject to verification that the member is eligible as of the date of service and to provider's compliance with Healthfirst's prior-authorization and claims-submission requirements. Please contact Provider Services at 1-888-801-1660 if you have any questions.

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3 Click on the member's name for full search results.

Eligibility Search (Continued)

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Information for [\[Member Name\]](#)

[Back to Search Results](#) [Back to Search](#) [Discrepancy Request](#) [Print View](#)

Member Details	Current Coverage and Benefit Details
Member ID: [Member ID]	Medical Plan Description: [Medical Plan Description]
Name: [Member Name]	Medical Plan: HEALTHFIRST-MEDICARE
Gender: FEMALE	Coverage Status: ACTIVE
Date of Birth: 12/15/1947	Effective Date: 12/15/2018
Age: 70	Termination Date:
SSI Member: NO	Recertification Date:
Phone Number: 201-835-7344	Is Member Currently in Grace Period?: NO
Address: 1000 CONNECTION AVENUE APT 20 NEW YORK, NY 10008	Restricted Recipient: NO

Primary Care Physician	Payment Information
Name: [Physician Name]	Office Copay: \$0.00
Effective Date: 12/15/2018	Specialist Copay: \$0.00
Provider ID: 123456789	Emergency Room Copay: \$0.00
Phone Number: 201-835-7344	Individual Deductible:
Address: 1000 CONNECTION AVENUE APT 20 NEW YORK, NY 10008	Individual Max Out of Pocket:
Fax Number:	Individual Out of Pocket YTD:
	Family Deductible:
	Family Max Out of Pocket:
	Family Out of Pocket YTD:

Does your information differ from what we have on file?
If so, submit a Discrepancy Request.

[Discrepancy Request](#)

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Discrepancy Request

Discrepancy Request

- If you discover a discrepancy in the member's eligibility, you can submit a discrepancy request by clicking **Discrepancy Request** at the top of the search results or on the **Discrepancy Request** button at the bottom of the page.

You are currently logged in as: [\[Username\]](#)

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Enrollment Discrepancy

Attachments (0)

Enrollment Discrepancy

Member ID:

Member First Name:

Member Last Name:

Member Date of Birth:

Member SSN:

Member Gender:

Member Effective Date:

Member HIX ID Number:

Date of Discrepancy:

Issue:

Question/Comments:

If additional documentation is needed, attachments can be added by clicking on the "Attach Document" at the top of this form.

If you are inquiring about a newborn, please include the following pieces of information in the comments section:

- Mother's Name
- Mother's Healthfirst Member ID
- Baby's Medicaid Number or Healthfirst ID if known
- Baby's DOB

Submit

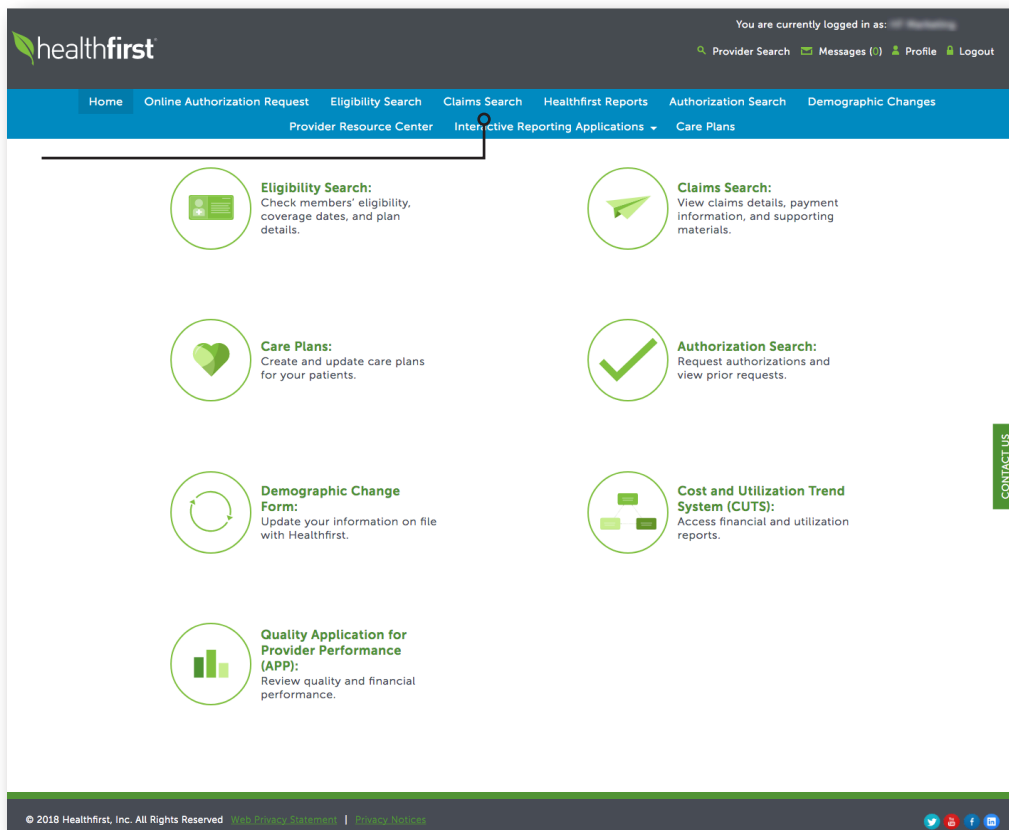
Submit

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5 To submit the discrepancy request, fill out the requested information and click **Submit**.

Claims Search

Claims Search



1 To search claims, click on the **Claims Search** tab.

The screenshot shows the Healthfirst Claims Search form. The form is titled "Search by Claim Number OR Search by Member ID and Date of Birth". It includes input fields for Claim Number, Member ID, Member Date of Birth, Service Start Date (optional), and Service End Date (optional). A "Search" button is at the bottom.

2 Use the search criteria to search claims.

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Provider Search Messages (0) Profile Logout

Home Online Authorization Request Eligibility Search Claims Search Healthfirst Reports Authorization Search Demographic Changes

Provider Resource Center Care Plans

Search by Claim Number OR Search by Member ID and Date of Birth

Search results will not be displayed for invalid claim numbers. Add service dates to filter results for Member ID and Date of Birth searches.

1 claim found.

[New Search](#) [Download Results](#)

Claim Number	Member ID	Service Date	Total Charge	Paid Amount	Check/EFT Number	Processed Date	Claim Status	Medical Plan
00000000000000000000	00000000000000000000	01/01/2017	\$0.00	\$0.00	0		PAID	Healthfirst Escrow Plan 1 Plus Vision and Dental

Page 1 of 1

Choose Search Parameters

Claim Number

Or Member ID

Member Date of Birth

Service Start Date (optional)

Service End Date (optional)

Each claim number must appear on its own line.

For security reasons, search results are only available for the past 3 years. Please reach out to your account manager for additional support.

[Search](#)

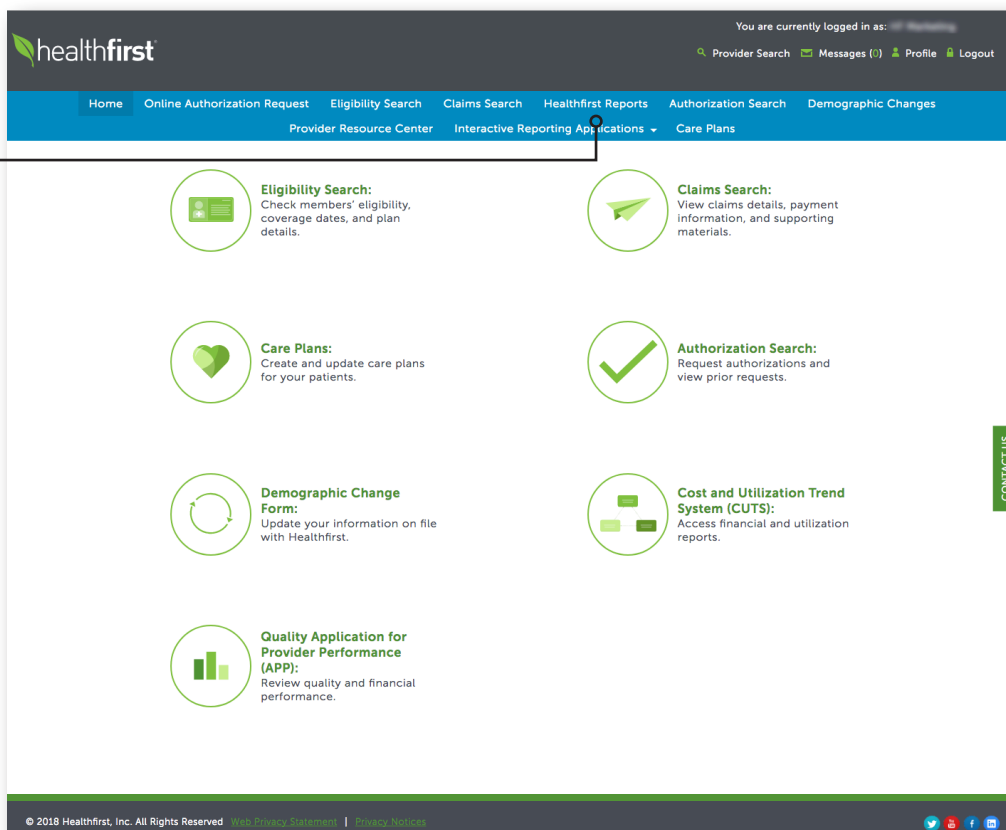
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3 Click on the **Claim Number** for more information.

Healthfirst Reports

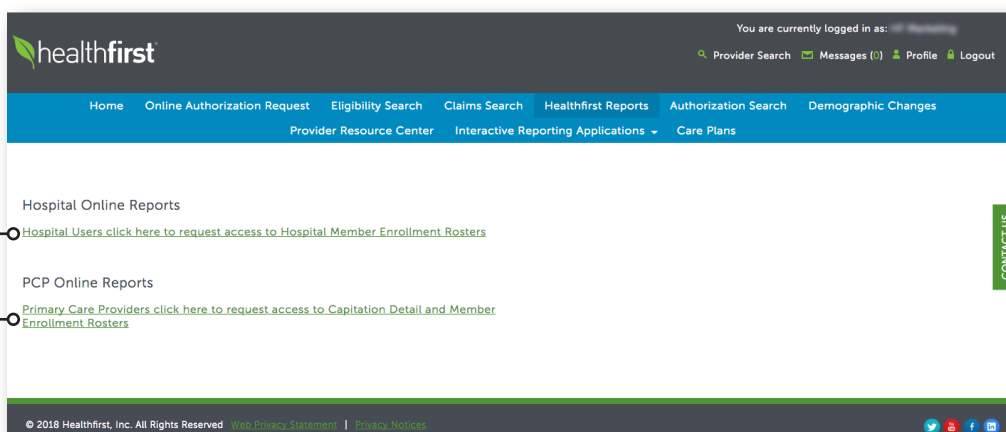
Healthfirst Reports



- 1 To request access to hospital and PCP reports, click on the **Healthfirst Reports** tab.

Link under Hospital Online Reports

Link under PCP Online Reports

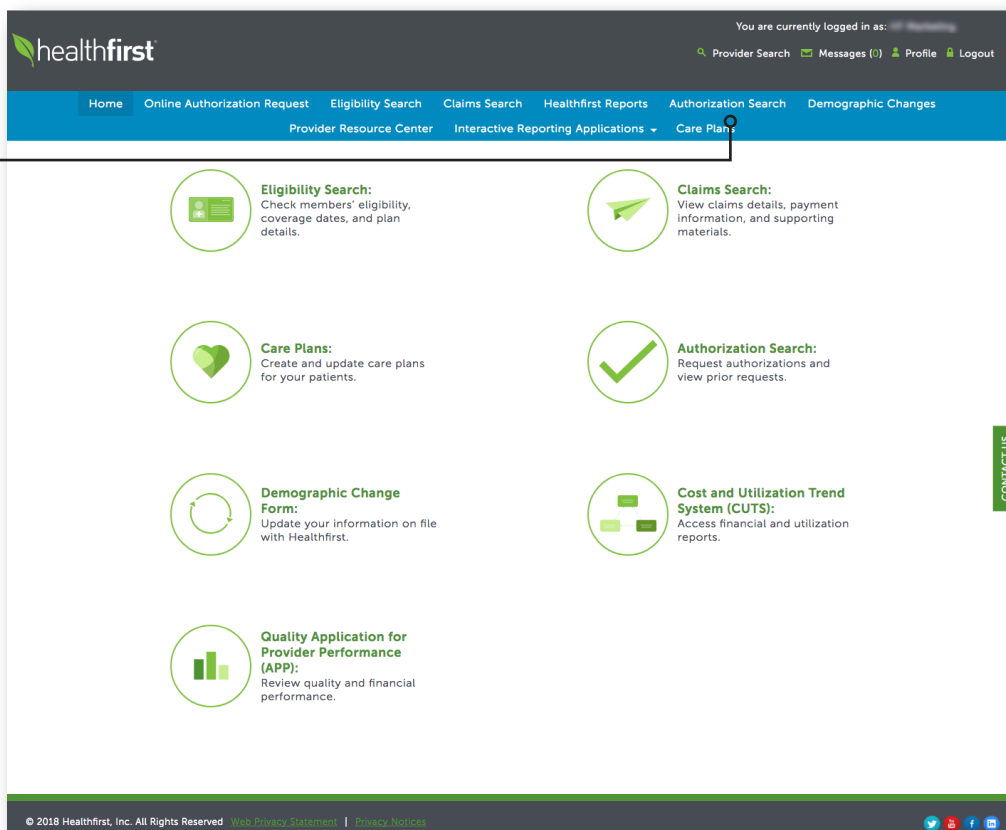


- 2 To request access to hospital reports, click the link under **Hospital Online Reports**.

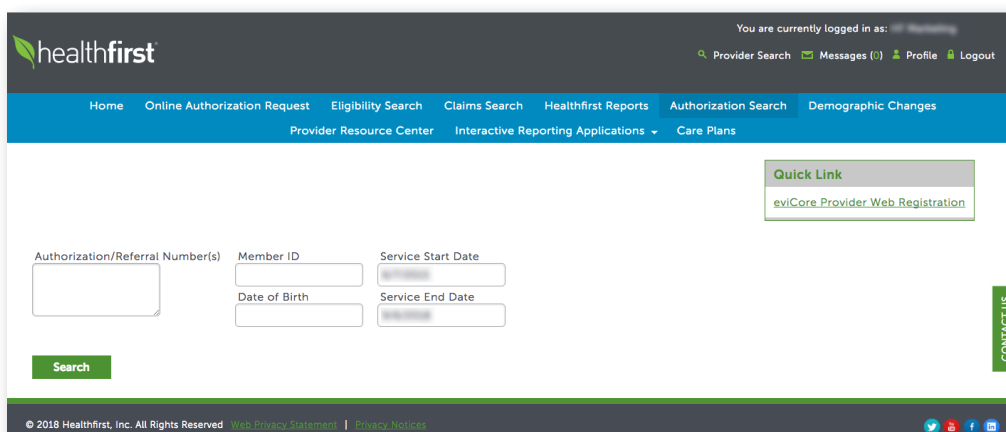
To request access to PCP reports, click the link under **PCP Online Reports**.

Authorization Search

Authorization Search



- 1 To search authorizations, click on the **Authorization Search** tab.



- 2 Use the search criteria to search authorizations.

Authorization Search (Continued)



You are currently logged in as: [\[Username\]](#)

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[Care Plans](#)

1 authorization found. [Download Results](#)

Authorization/Referral Number	Member ID	Member Name	Date of Birth	Provider Name	Service Start Date	Service End Date	Overall Status
123456789	123456789	John Doe	12/12/1980	ABC Medical	01/01/2020	12/31/2020	Active

[Show/Hide Search](#)

Authorization/Referral Number(s)

Member ID

Service Start Date

Date of Birth

Service End Date

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- 3** Click on the **Authorization/Referral Number** for more information.

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Provider Search | Messages (1) | Profile | Logout

Home | Online Authorization Request | Eligibility Search | Claims Search | Healthfirst Reports | Authorization Search | Demographic Changes

Provider Resource Center | Interactive Reporting Applications | Care Plans

Authorization for [Patient Name] [Back to Search Results](#) / [Print View](#)

Authorization Overview

Authorization Number:	Overall Status:	Request Type:
[Value]	[Value]	[Value]
Request Date:		
Service Start Date - Service End Date:	Servicing Provider Name:	Servicing Facility Name:
[Value]	[Value]	[Value]
Primary Diagnosis:	Provider ID:	Facility ID:
[Value]	[Value]	[Value]
Primary Diagnosis Description:	Provider Tax ID:	Facility Tax ID:
[Value]	[Value]	[Value]
	Provider Address:	Facility Address:
	[Value]	[Value]

Member Details

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- 4** Authorization/Referral details will show requested procedures by line item, including, but not limited to, dates of service, service type, place of service, units requested, units approved, and level of care.

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Member Details

Member ID: [Redacted] Current PCP Name: [Redacted]

Name: [Redacted] Specialty Plan Name: [Redacted]

Date of Birth: [Redacted] Effective Date: [Redacted]

Age: [Redacted] Termination Date: [Redacted]

Gender: [Redacted]

Authorization Details

Line Item #	Procedure Code	Modifier	Procedure Code Description	Status
1	[Redacted]	[Redacted]	[Redacted]	[Redacted]
2	[Redacted]	[Redacted]	[Redacted]	[Redacted]

[Show/Hide Search](#)

Authorization/Referral Number(s): [Redacted] Member ID: [Redacted] Service Start Date: [Redacted]

Date of Birth: [Redacted] Service End Date: [Redacted]

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[Provider Resource Center](#) [Interactive Reporting Applications](#) [Care Plans](#)

Date of Birth: [Redacted] Effective Date: [Redacted]

Age: [Redacted] Termination Date: [Redacted]

Gender: [Redacted]

Authorization Details

Line Item #	Procedure Code	Modifier	Procedure Code Description	Status
1	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Service Start Date: [Redacted] Unit Type: [Redacted] Status Explanation: [Redacted]

End Date: [Redacted] Units Requested: [Redacted] Level of Care: [Redacted]

Service Type: [Redacted] Units Approved: [Redacted]

Place of Service: [Redacted]

Type: [Redacted]

Line Item #	Procedure Code	Modifier	Procedure Code Description	Status
2	[Redacted]	[Redacted]	[Redacted]	[Redacted]

[Show/Hide Search](#)

Authorization/Referral Number(s): [Redacted] Member ID: [Redacted] Service Start Date: [Redacted]

Date of Birth: [Redacted] Service End Date: [Redacted]

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Authorization Details

Line Item #	Procedure Code	Modifier	Procedure Code Description	Status
1	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Service Start Date: [Redacted] Unit Type: [Redacted] Status Explanation: [Redacted]

End Date: [Redacted] Units Requested: [Redacted] Level of Care: [Redacted]

Service Type: [Redacted] Units Approved: [Redacted]

Place of Service: [Redacted]

Type: [Redacted]

Line Item #	Procedure Code	Modifier	Procedure Code Description	Status
2	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Service Start Date: [Redacted] Unit Type: [Redacted] Status Explanation: [Redacted]

End Date: [Redacted] Units Requested: [Redacted] Level of Care: [Redacted]

Service Type: [Redacted] Units Approved: [Redacted]

Place of Service: [Redacted]

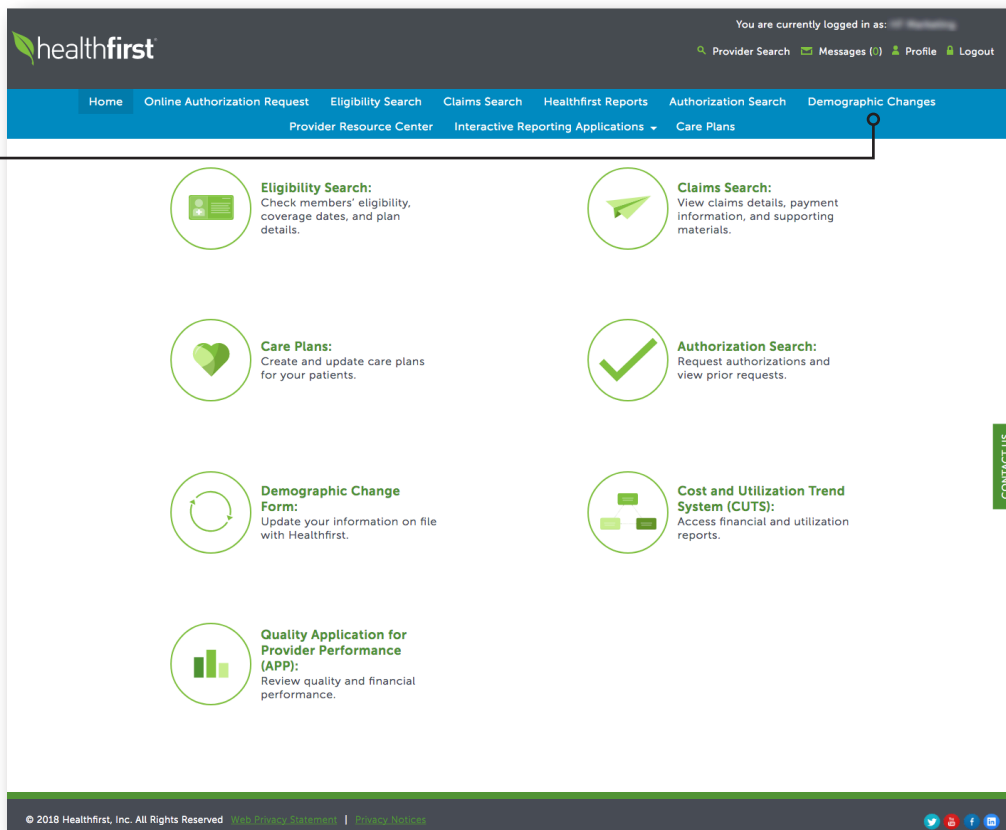
Type: [Redacted]

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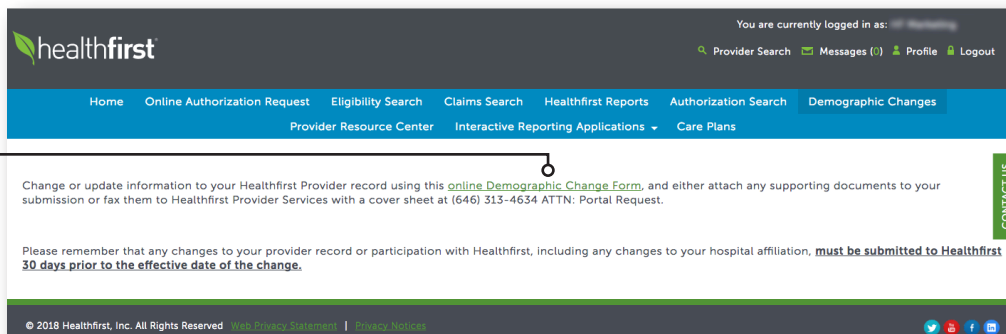
Demographic Changes

Demographic Changes



- 1 To update demographic information, click on the **Demographic Changes** tab.

online Demographic Change Form



- 2 Access the demographic change request form by clicking **online Demographic Change Form**.

PLEASE NOTE:

Your Demographic Change Request will be reviewed by a Provider Representative. It may take up to 30 days to implement the requested change; therefore, remember to report any changes to your provider record or participation status with Healthfirst (including changes to your hospital affiliation) as soon as you know of any change.

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You are currently logged in as: [Provider](#)

[Provider Search](#) [Messages \(0\)](#) [Profile](#) [Logout](#)

[Home](#) [Online Authorization Request](#) [Eligibility Search](#) [Claims Search](#) [Healthfirst Reports](#) [Authorization Search](#) [Demographic Changes](#)

[Provider Resource Center](#) [Interactive Reporting Applications](#) [Care Plans](#)

Provider Demographic Information Change Attachments (0)

Provider Demographic Information Change

Submitted By:

Title:

Provider/Agency Type:*
Select One

Request Change:*
Select One:

Effective Date of Change:*

Provider/Facility First Name:

Provider/Facility Last Name:

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Saturday:

Sunday:

Comments:

Change Requests:

1 - Office Relocation: Provider Representative will be notified of your request

2 - Specialty Type: Board Certification dates/Certificate required

3 - Pay-To Address: W9 required

4 - For Accepting New Patients, please indicate which Plans you are accepting new patients for in the Comments section above.

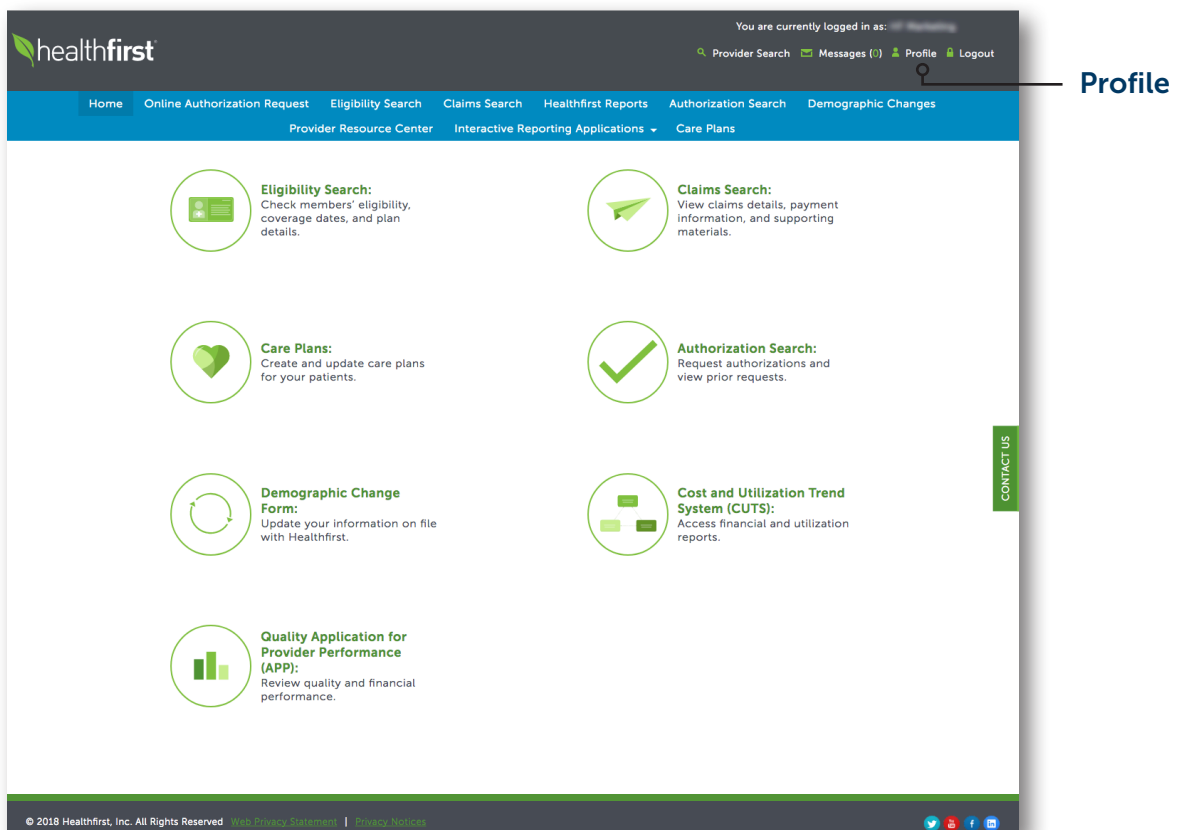
Submit

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3 To submit the demographic change, fill out the requested information and click **Submit**.

Update Profile



1 To update your profile, click on **Profile**.

The screenshot shows the 'Account Information' form. It includes fields for First Name, Last Name, Username, Account created, Email, and Address. A green 'Update Account Information' button is at the bottom. A 'CONTACT US' button is visible on the right side of the form.

2 In your profile, you can **update account information**, **update security information**, **update contact options**, **add license**, or **add an associated TIN**. Scroll to the bottom of the page to add a TIN.

Security Information

[Change your password](#)


Please enter your current password in order to change any settings on this page.

Current Password:

New Password:

Verify New Password:

Security Questions

Who is your favorite writer? 

In what city were you born? (Enter full name of city only) 

What is your father's middle name? 

[Update Security Information](#)

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Contact Options

Sometimes it is necessary for us to contact you. Please tell us the method you prefer.

☐ Contact me at this email address:

☐ Contact me at this phone number:

☐ Contact me at this address:


[Update Contact Options](#)

Associated License Number(s)

License Number(s)

[Add License](#)

Associated TINs

TIN 	NPIs	Contact	Phone
<input type="text"/>			

[Add TIN](#)

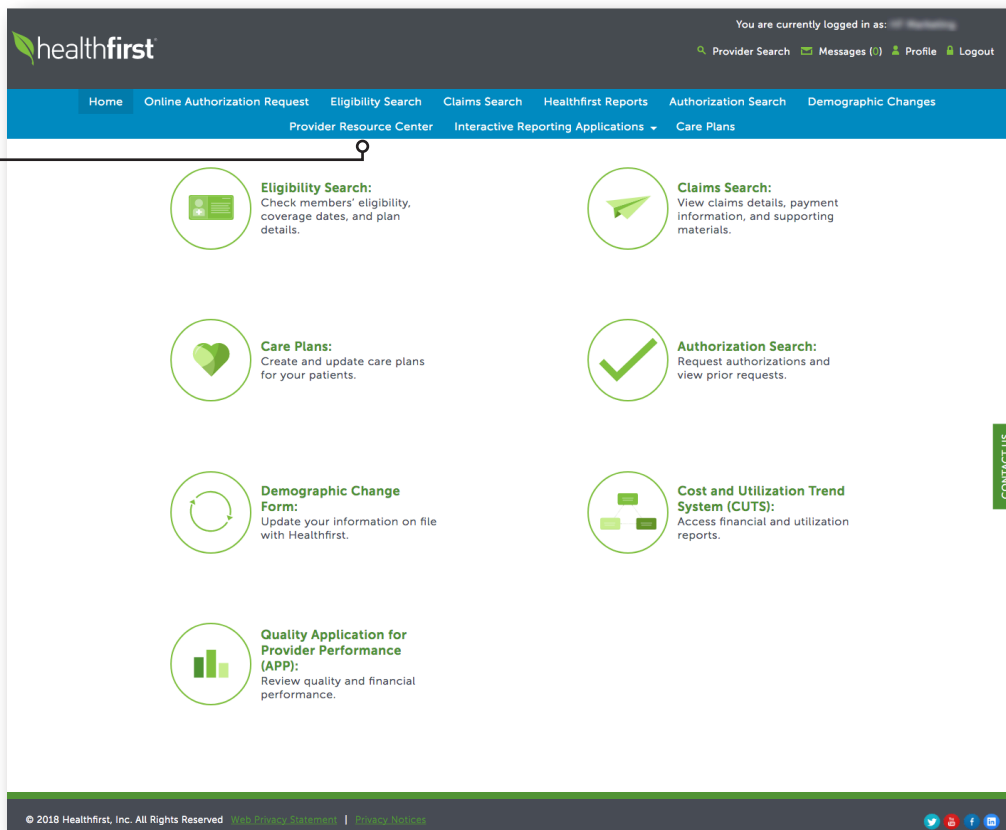
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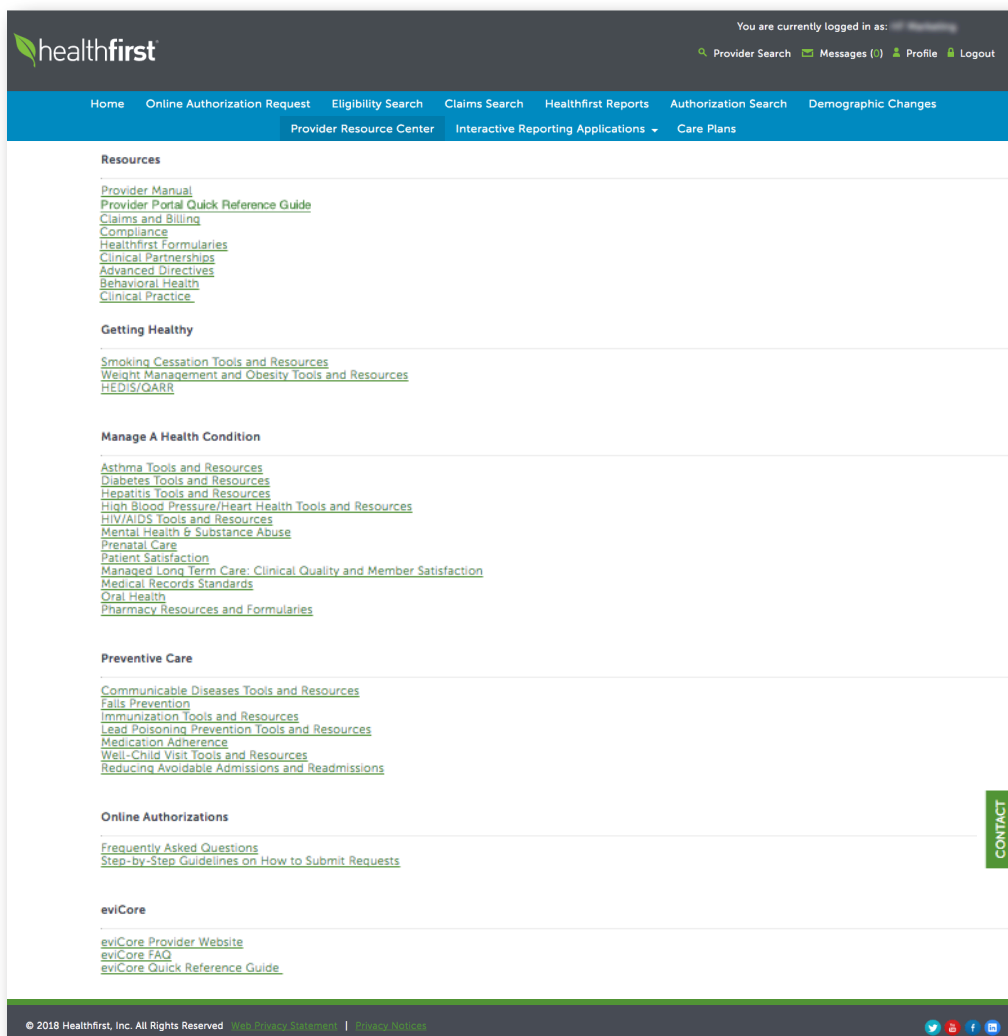
CONTACT US

Provider Resource Center

Provider Resource Center



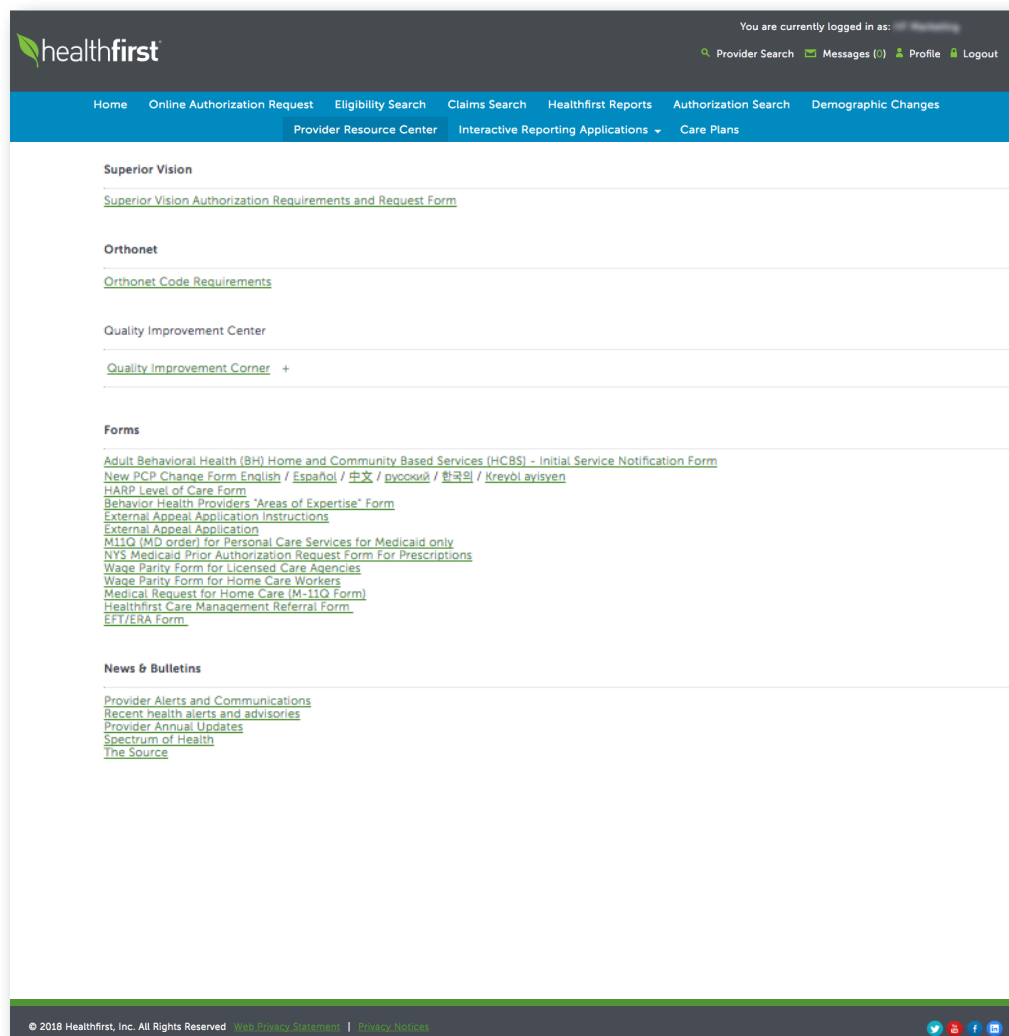
- 1 To access provider resources and documents, click on the **Provider Resource Center** tab.



2 The Provider Resource Center gives you access to the following provider resources:

- Resources
- Getting Healthy
- Manage a Health Condition
- Preventive Care
- Online Authorizations
- eviCore

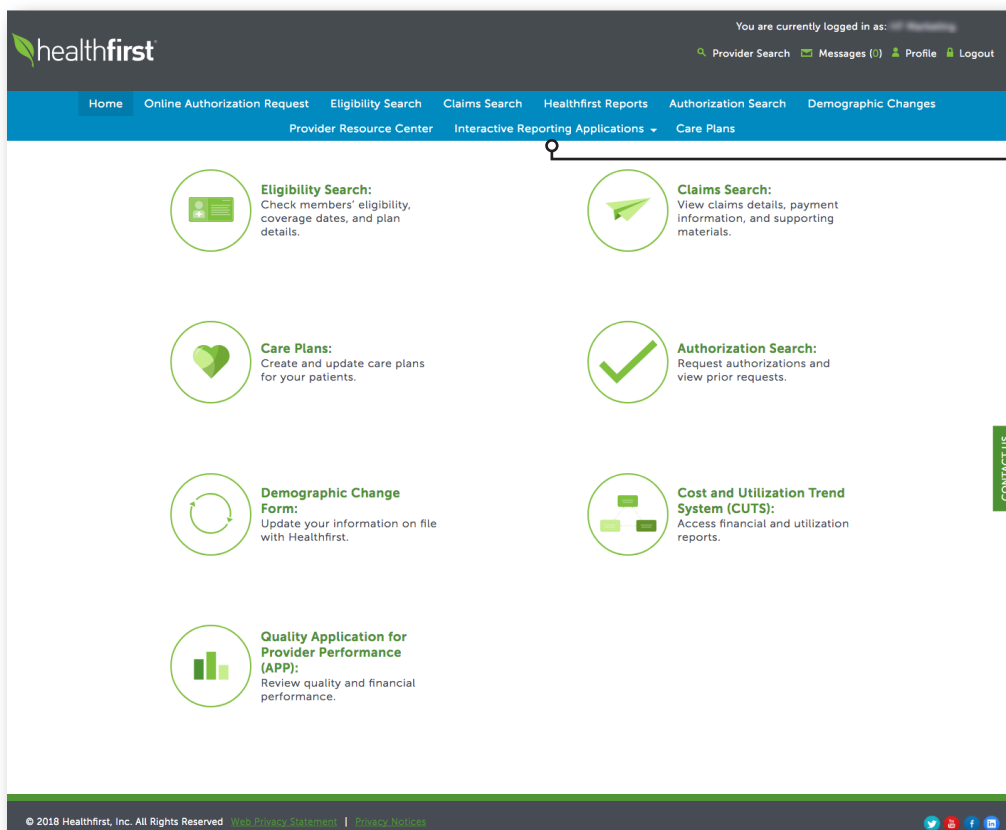
Provider Resource Center (Continued)



2 (Continued) The Provider Resource Center also gives you access to the following provider resources:

- Superior Vision
- Orthonet
- Quality Improvement Center
- Forms
- News & Bulletins

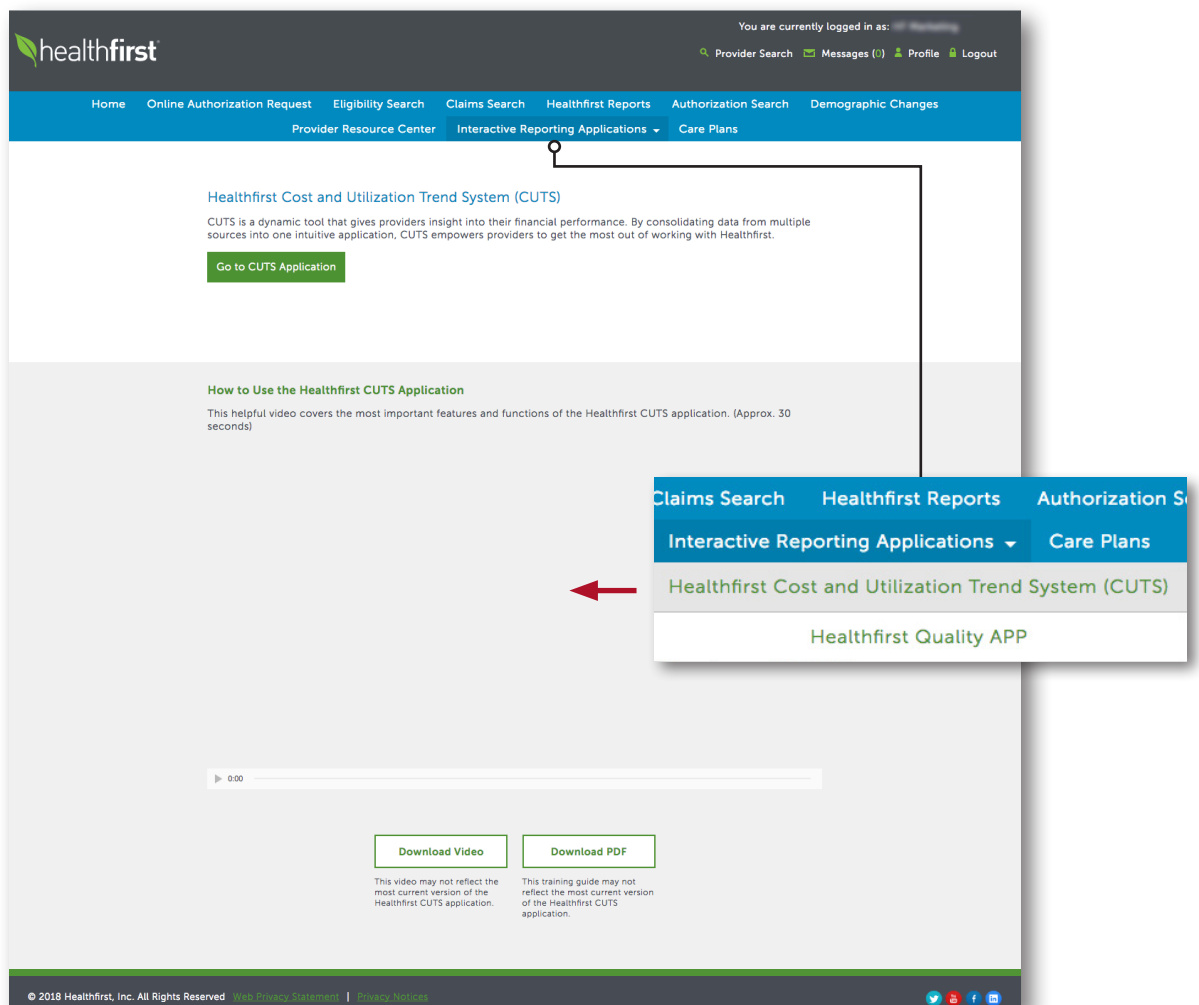
Interactive Reporting Applications



Interactive Reporting Applications

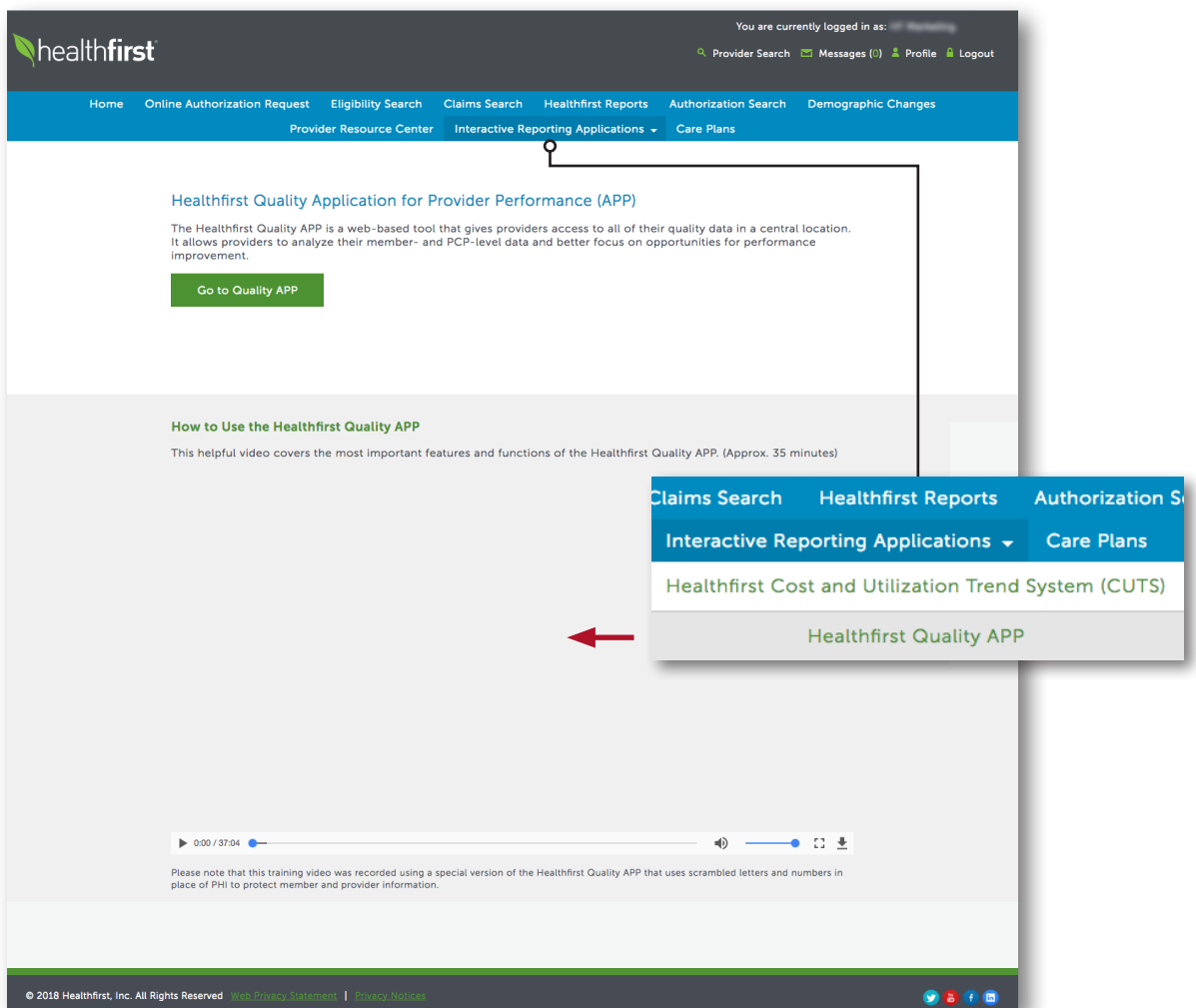
- 1 To access interactive reporting applications, click on the **Interactive Reporting Applications** tab.

Interactive Reporting Applications (Continued)



- 2 Select **Healthfirst Cost and Utilization Trend System (CUTS)** to access the CUTS application and a video tutorial.

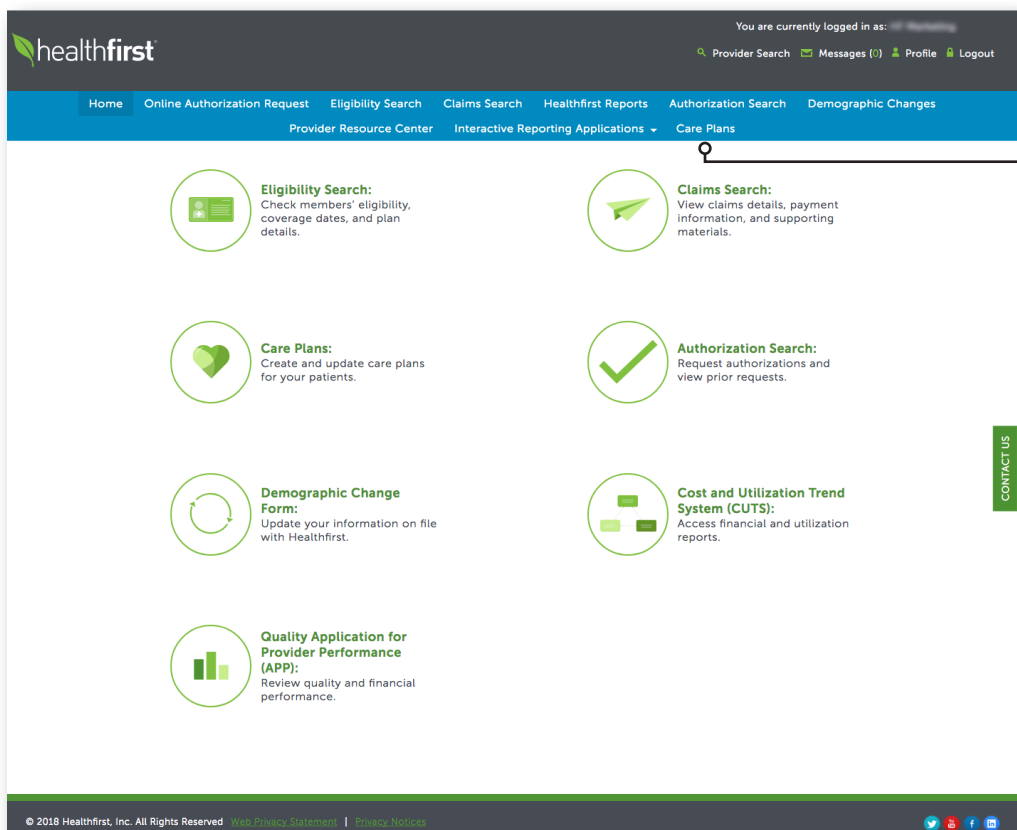
If you don't have access to this application, you can request it by contacting your Network Account Manager.



3 Select **Healthfirst Quality Application for Provider Performance (APP)** to access the Quality APP and a video tutorial.

If you don't have access to this application, you can request it by contacting your Network Account Manager.

Care Plans



Care
Plans

- 1 To access care plans, click on the **Care Plans** tab.

If you don't have access, you can request it by contacting your Network Account Manager.

PLEASE NOTE:

Because of enhanced security and validation measures, you may need to resubmit your license information under **Profile** —> **Add License** in order to access Care Plans.

If you have any questions or need additional assistance, our dedicated Provider Services team is here for you. Please contact them at 1-888-801-1660, Monday to Friday, 8:30am–5:30pm.



