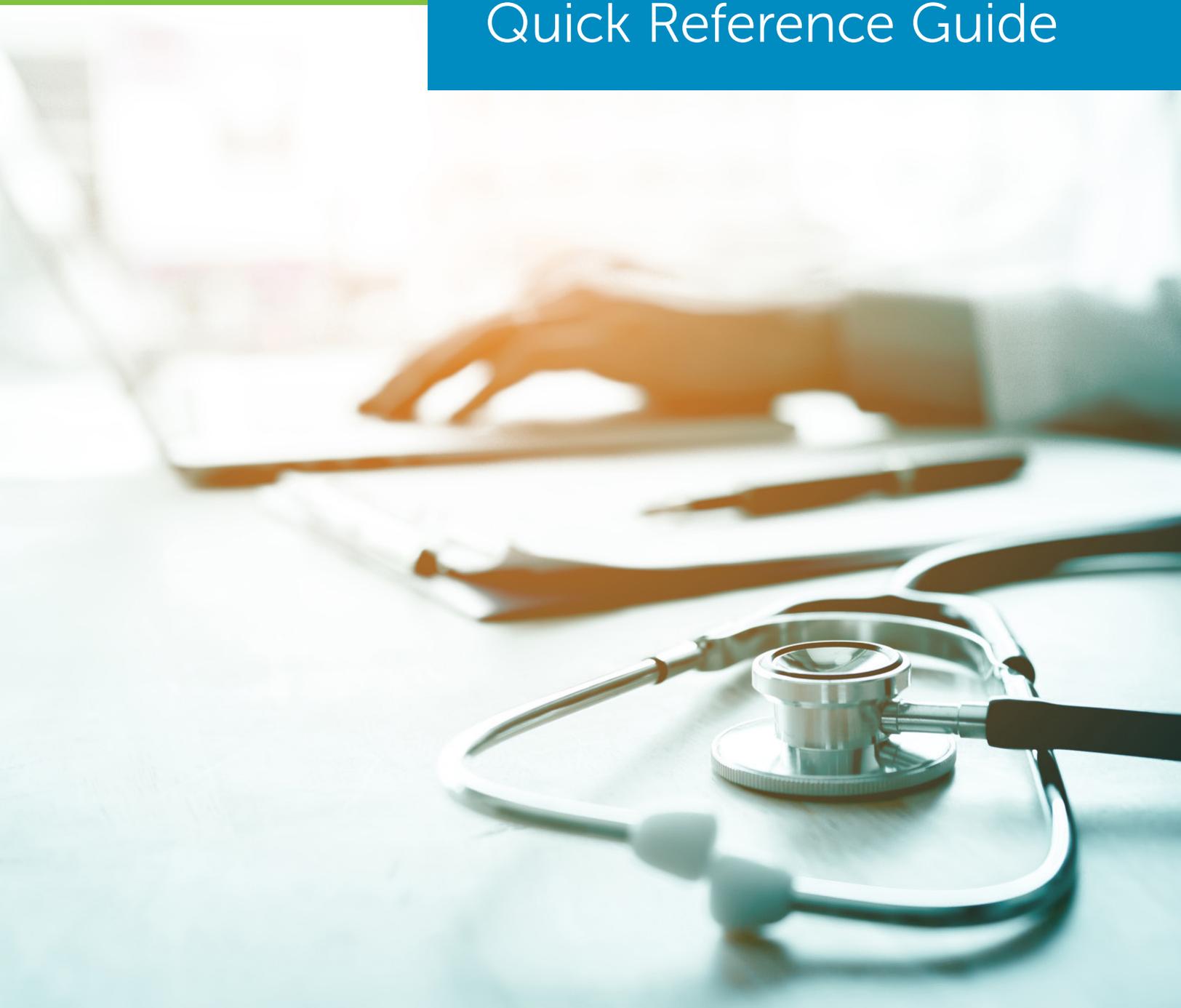




Healthfirst Provider Portal

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

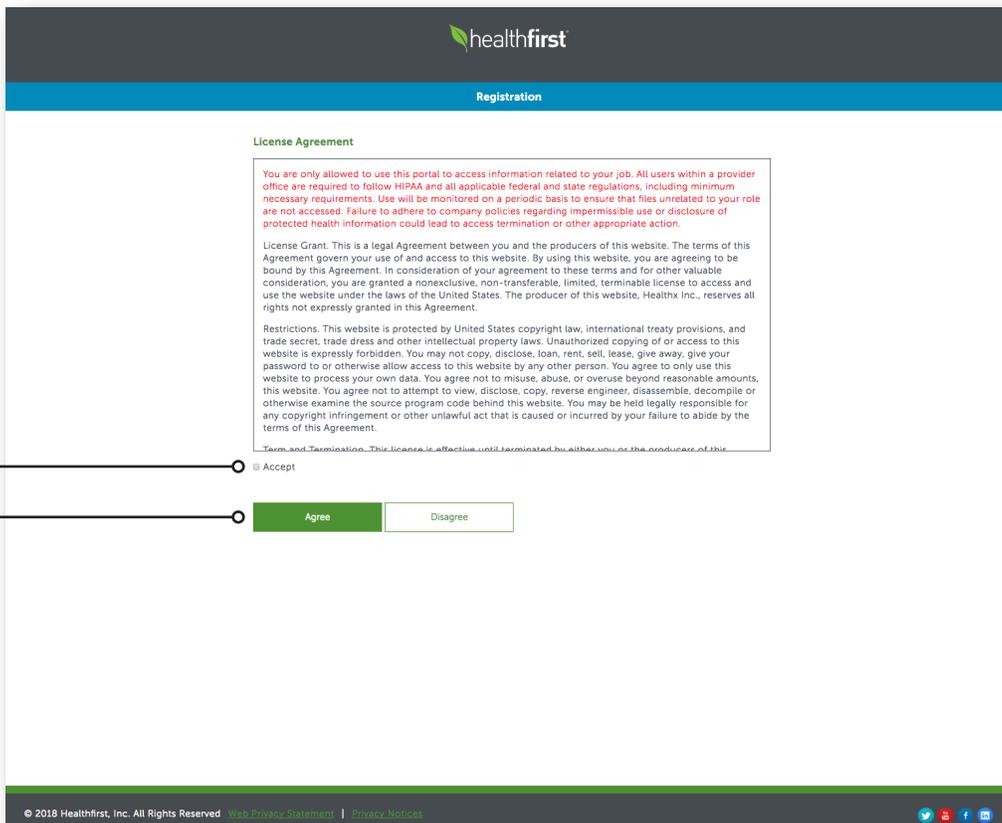
Access the Healthfirst Provider Portal 24/7 at HFProviderPortal.org.

Registration

New User Registration

The screenshot shows the Healthfirst Provider Portal login and registration interface. At the top, the Healthfirst logo is displayed. Below it, a blue bar contains the text "Provider Secure Login". The main content area is white and features a welcome message: "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." A green button labeled "New User Registration" is highlighted with a white circle and a line pointing to the "New User Registration" text in the left margin. Below this, a "Returning User Login" section contains input fields for "Username" and "Password", a "Forgot Username/Password? Please click here." link, and a green "Login" button. At the bottom, there is a "Privacy Restrictions" notice and a footer with copyright information and social media icons.

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



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

Registration (Continued)

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)*

xxxxxxx

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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Twitter Facebook LinkedIn

Continue

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

- 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.

healthfirst

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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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:

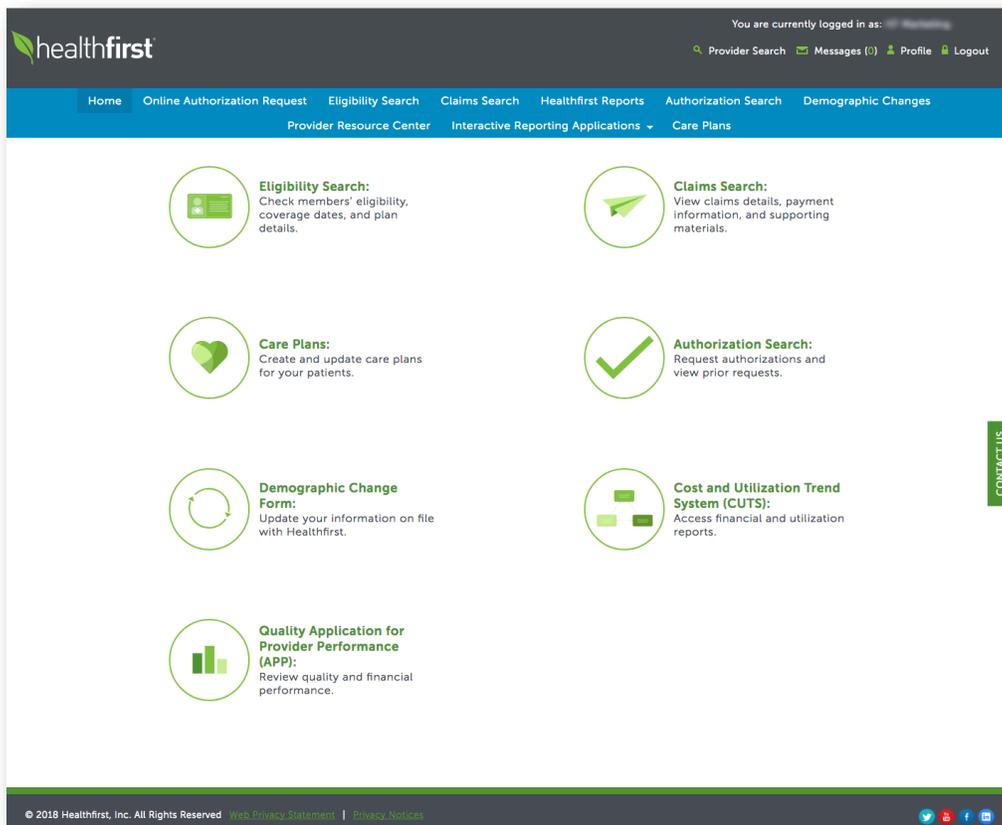
Continue [Cancel](#)

Everything looking good?

Continue



Core Functions



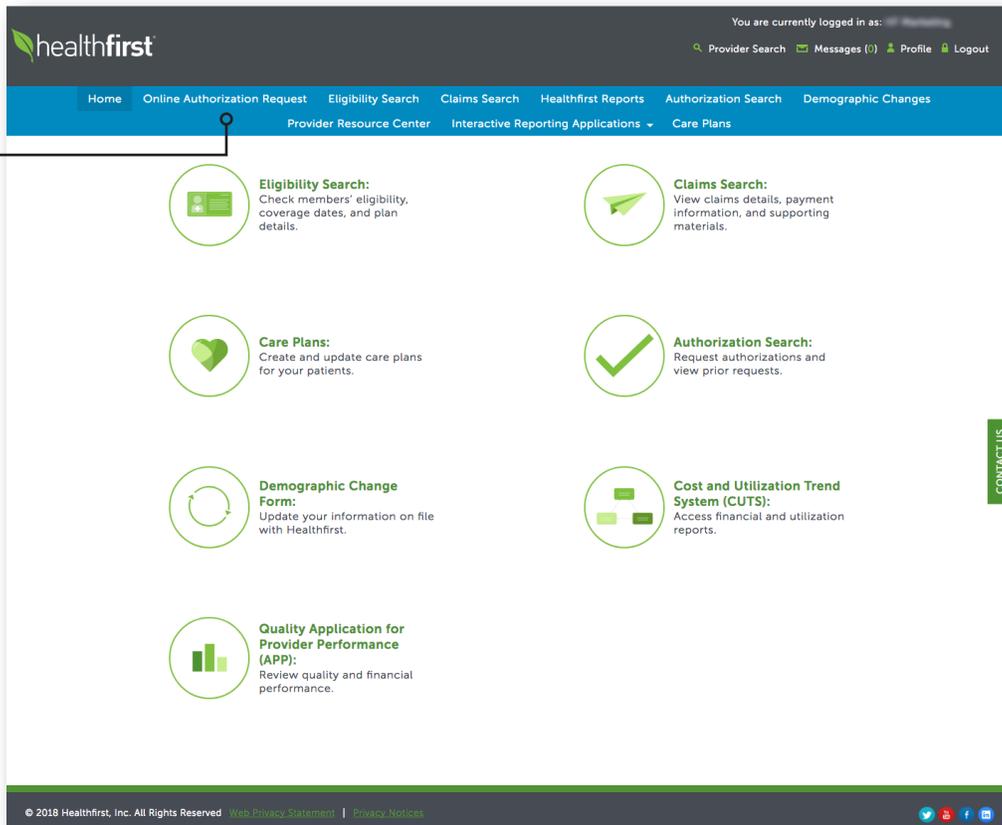
CORE FUNCTIONS ON NAVIGATION BAR:

- 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)

healthfirst

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.

CONTACT US

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

healthfirst

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

CONTACT US

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

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 [Redacted] Member name [Redacted]

1 Member 2 Request type 3 Rendering provider 4 Referring provider 5 Facility 6 Details 7 Prescreen 8 Documentation 9 Review

IS THIS AN EXPEDITED REQUEST? [Need help? Click here.](#)

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.

YES, this is an expedited request.

NO, this is a standard request.

<< Back Next >> Cancel

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**NO,
this is a
standard
request**

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)

healthfirst

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

CONTACT US

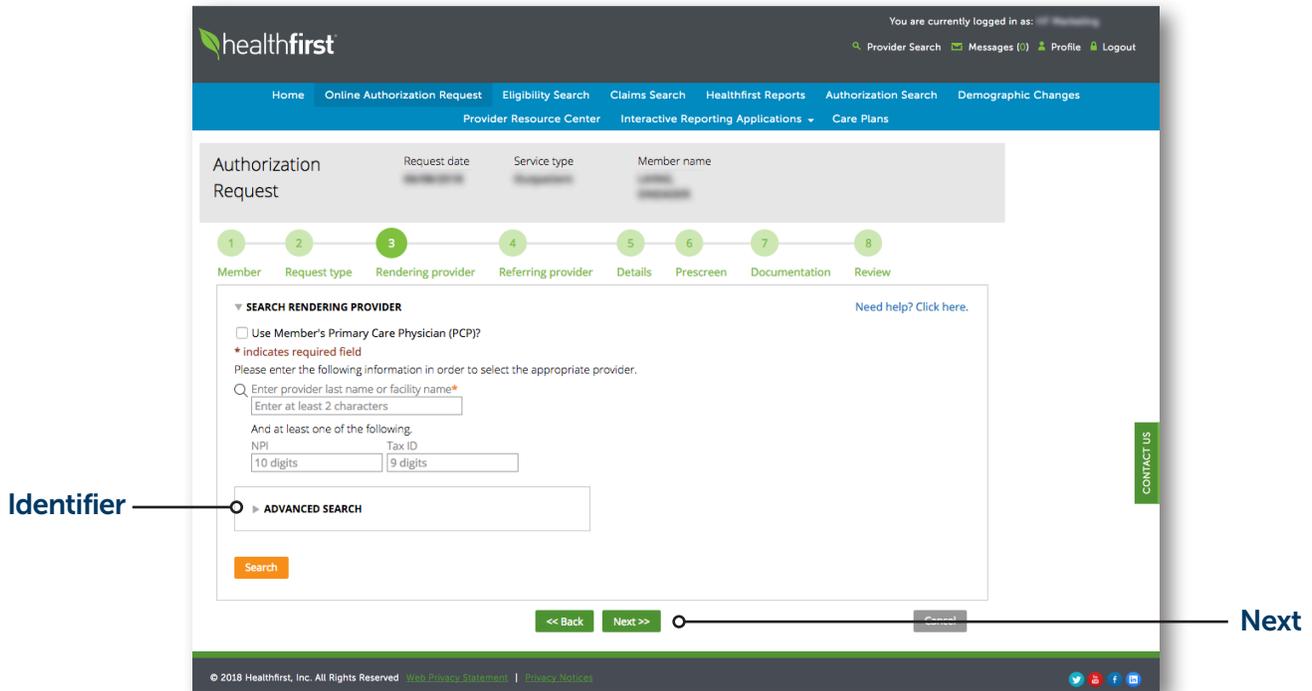
<< Back Next >> **Next**

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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.**

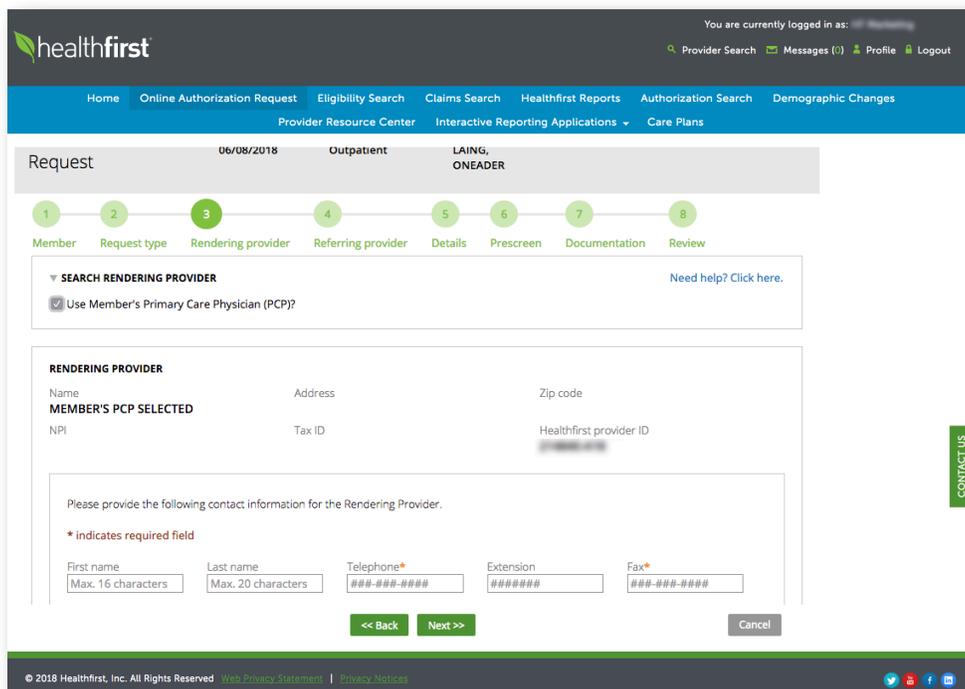


6 RENDERING PROVIDER

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:

- i. Healthfirst Provider ID
- ii. Zip Code

Click **Next** to proceed.



7 Telephone and fax numbers are required fields.

Online Authorization Requests (Continued)

The screenshot shows the Healthfirst online authorization request interface. At the top, the user is logged in as 'Member'. The navigation bar includes links for Home, Online Authorization Request, Eligibility Search, Claims Search, Healthfirst Reports, Authorization Search, and Demographic Changes. Below the navigation bar, there are links for Provider Resource Center, Interactive Reporting Applications, and Care Plans. The main content area is titled 'Authorization Request' and features a progress bar with eight steps: 1. Member, 2. Request type, 3. Rendering provider, 4. Referring provider (highlighted), 5. Facility, 6. Details, 7. Documentation, and 8. Review. The current step, 'SELECT REFERRING PROVIDER', includes two checkboxes: 'Same as Rendering Provider?' (unchecked) and 'Use Member's Primary Care Physician (PCP)?' (unchecked). A red asterisk indicates that the search criteria are required. Below the checkboxes, there is a search field for the provider's last name or facility name, with a note to enter at least 2 characters. There are also input fields for NPI (10 digits) and Tax ID (9 digits). An 'ADVANCED SEARCH' button is located below the search field. At the bottom of the form, there are navigation buttons: '<< Back', 'Next >>', and 'Cancel'. A 'CONTACT US' button is visible on the right side of the form.

Next

This screenshot shows the same Healthfirst online authorization request interface as the previous one, but with the 'Use Member's Primary Care Physician (PCP)?' checkbox selected. Below the checkboxes, there is a section titled 'REFERRING PROVIDER' which 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 is also visible on the right side of the form.

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.

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 Service type Member name Rendering 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 Tax ID
10 digits 9 digits

ADVANCED SEARCH

<< Back Next >> Cancel

CONTACT US

Next

9 FACILITY (IF REQUIRED)

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

Online Authorization Requests (Continued)

The screenshot shows the Healthfirst online authorization request interface. At the top, the user is logged in as 'Member'. The navigation bar includes links for Home, Online Authorization Request, Eligibility Search, Claims Search, Healthfirst Reports, Authorization Search, and Demographic Changes. Below the navigation bar, the current request details are displayed: Request date: 06/08/2018, Service type: Outpatient, Member name: AHERN, PERRY, and Rendering provider: MEMBER'S PCP SELECTED. A progress bar shows 8 steps: 1. Member, 2. Request type, 3. Rendering provider, 4. Referring provider, 5. Facility, 6. Details (current step), 7. Documentation, and 8. Review. The 'DIAGNOSIS INFORMATION' section has a search bar for ICD-10 codes or descriptions and an 'Add to list' button. Below it is a table with columns 'CODE' and 'DESCRIPTION', currently showing 'No items'. The 'PROCEDURE INFORMATION' section has a search bar for procedure codes or descriptions and an 'Add to list' button. Below it is a table with columns 'CODE' and 'DESCRIPTION', currently showing 'No items'. A vertical 'CONTACT US' button is on the right side of the page. Two callouts labeled 'Add to List' point to the 'Add to list' buttons in the diagnosis and procedure sections. The footer contains copyright information for Healthfirst, Inc. and social media icons.

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).

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

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 and 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 and Description]	1	Units
2	[Code and Description]	1	Units

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

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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)

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: 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

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Next

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.

healthfirst

You are currently logged in as: [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 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

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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Edit this information

Submit

healthfirst

You are currently logged in as: [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

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

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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Edit this information

Submit

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)

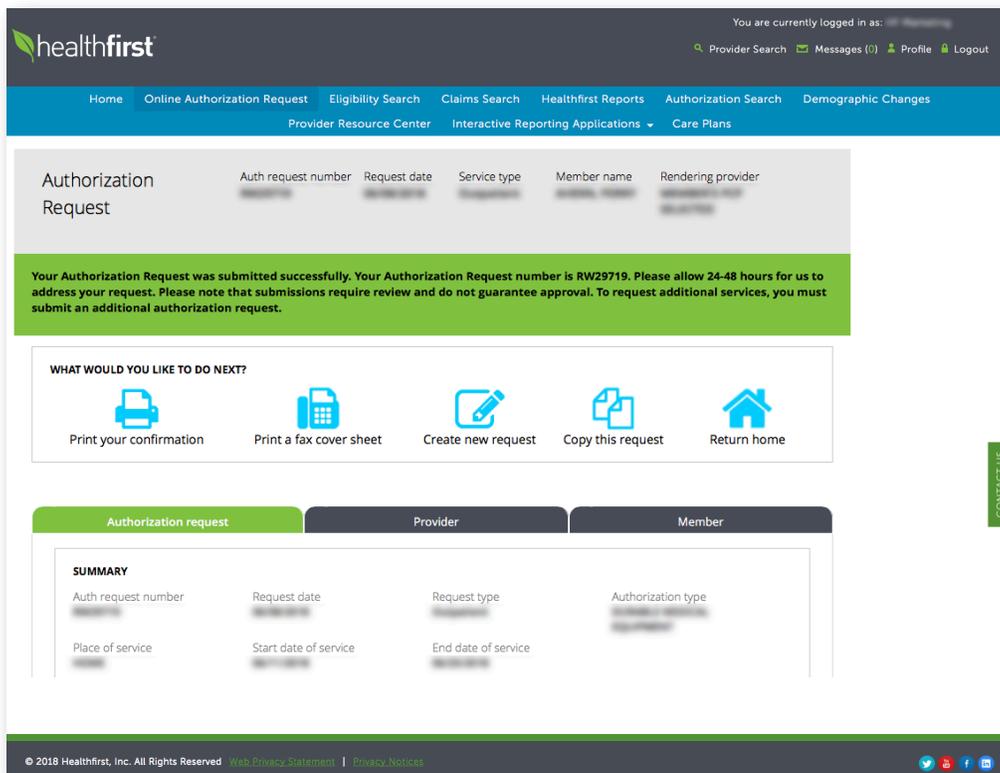
The screenshot shows the Healthfirst online authorization request form at step 8, 'Review'. The form is titled 'Authorization Request' and includes a progress bar with 8 steps: 1. Member, 2. Request type, 3. Rendering provider, 4. Referring provider, 5. Facility, 6. Details, 7. Documentation, and 8. Review. The 'Member' section is currently active and contains the following fields: Healthfirst member ID, Date of birth, Last name, and First name. A blue link labeled 'Edit this information' is positioned to the right of the member information fields. Below the member information is the 'COVERAGE INFORMATION' section. At the bottom of the form, there is a disclaimer: '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 green button labeled 'CONTACT US' is located on the right side of the form. Two callouts with arrows point to the 'Edit this information' link and the 'Submit' button, with labels 'Edit this information' and 'Submit' respectively.

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**

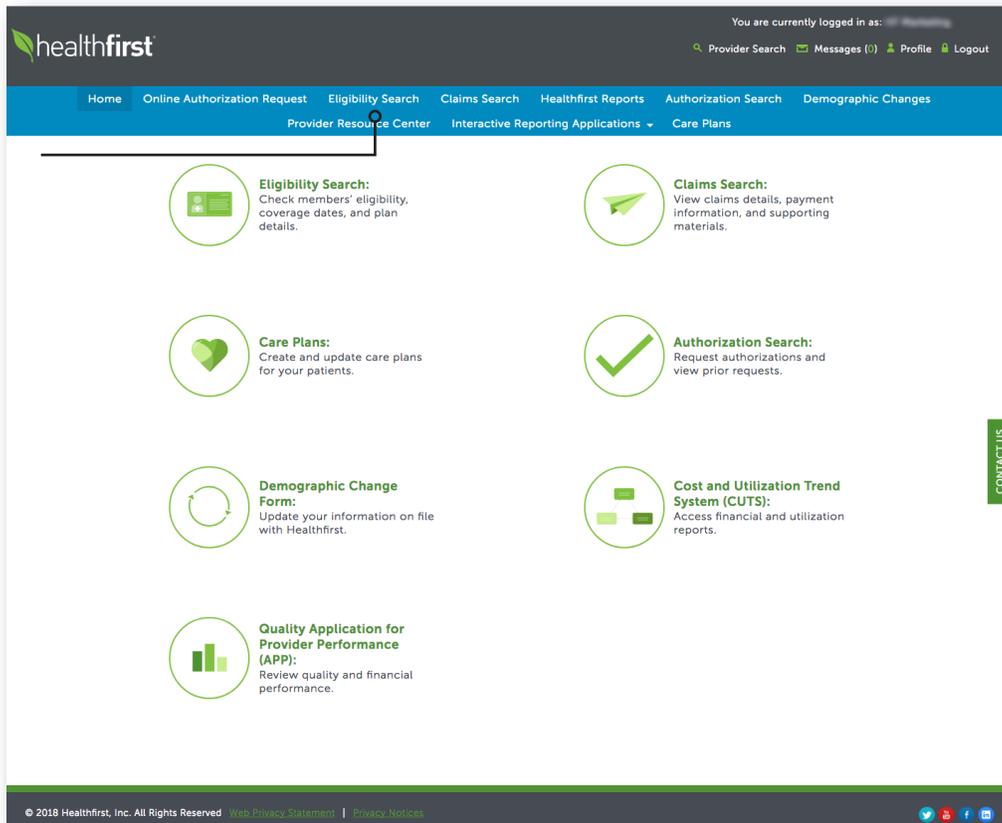
NOTE:

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.

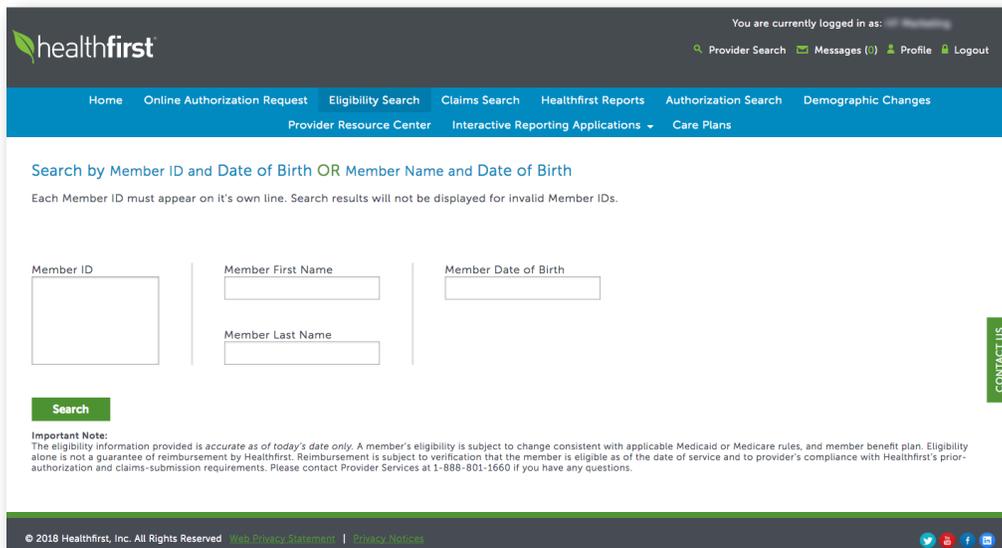
- **Return home**

Eligibility Search

Eligibility Search



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



- 2 Use the search criteria to identify the member.

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

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
[Redacted]	[Redacted]	[Redacted]	F	Active	[Redacted]	[Redacted]	HEALTHFIRST-MEDICARE

Page 1 of 1

Member ID:

Member First Name:

Member Last Name:

Member Date of Birth:

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.

CONTACT US

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

Eligibility Search (Continued)

The screenshot displays the Healthfirst Provider Portal interface. At the top, the user is logged in as 'Manning'. The navigation bar includes links for Home, Online Authorization Request, Eligibility Search, Claims Search, Healthfirst Reports, Authorization Search, and Demographic Changes. Below the navigation bar, there are links for Provider Search, Messages (1), Profile, and Logout.

The main content area shows information for a member named 'WELTON CARROLL'. The page is divided into several sections:

- Member Details:** Includes Member ID, Name, Gender, Date of Birth, Age, SSI Member status, Phone Number, and Address.
- Current Coverage and Benefit Details:** Includes Medical Plan Description, Medical Plan (HEALTHFIRST-MEDICARE), Coverage Status (ACTIVE), Effective Date, Termination Date, Recertification Date, Is Member Currently in Grace Period?, and Restricted Recipient.
- Primary Care Physician:** Includes Name, Effective Date, Provider ID, Phone Number, Address, and Fax Number.
- Payment Information:** Includes Office Copay, Specialist Copay, Emergency Room Copay, Individual Deductible, Individual Max Out of Pocket, Individual Out of Pocket YTD, Family Deductible, Family Max Out of Pocket, and Family Out of Pocket YTD.

At the bottom of the page, there is a section asking: 'Does your information differ from what we have on file? If so, submit a Discrepancy Request.' A button labeled 'Discrepancy Request' is highlighted with a green box.

Annotations with arrows point to the 'Discrepancy Request' link at the top right of the member details section and the 'Discrepancy Request' button at the bottom of the page.

Discrepancy Request

Discrepancy Request

- 4 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.

healthfirst

You are currently logged in as: [username]

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

Enrollment Discrepancy Attachments (0)

Enrollment Discrepancy

Member ID: [redacted]

Member First Name: [redacted]

Member Last Name: [redacted]

Member Date of Birth: [redacted]

Member SSN:

Member Gender:*
Select One

Member Effective Date: [redacted]

Member HIX ID Number:

Date of Discrepancy:*

Issue: Discrepancy Between Epaces and the Provider Portal

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

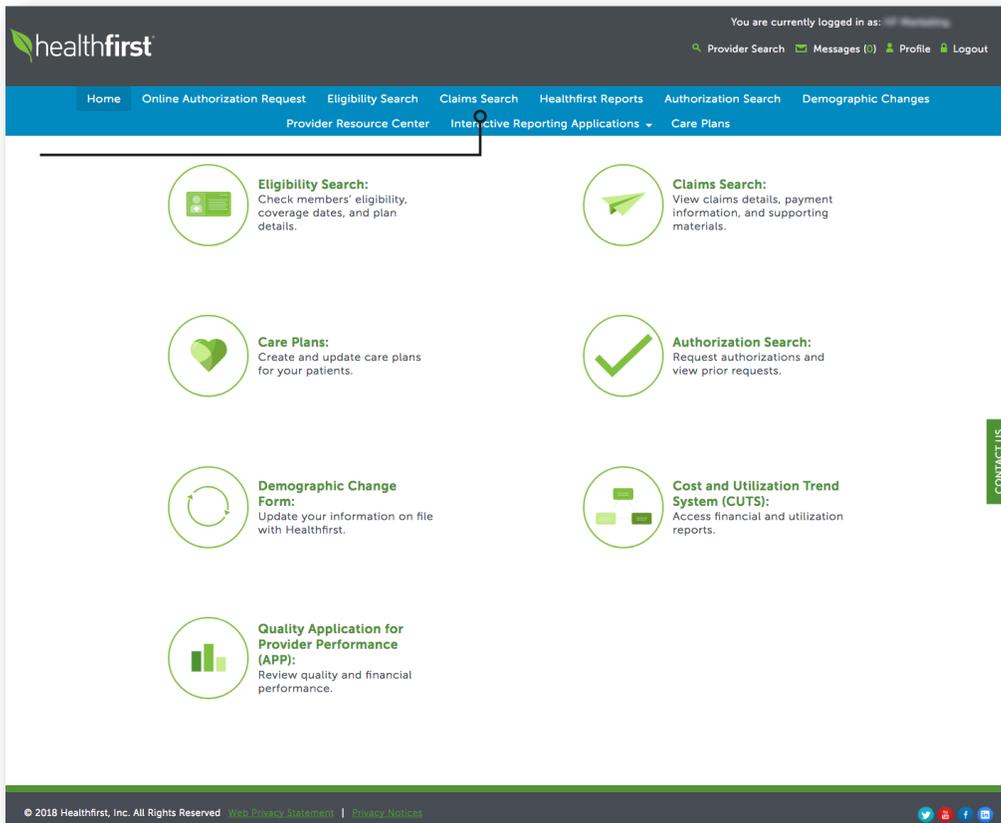
CONTACT US

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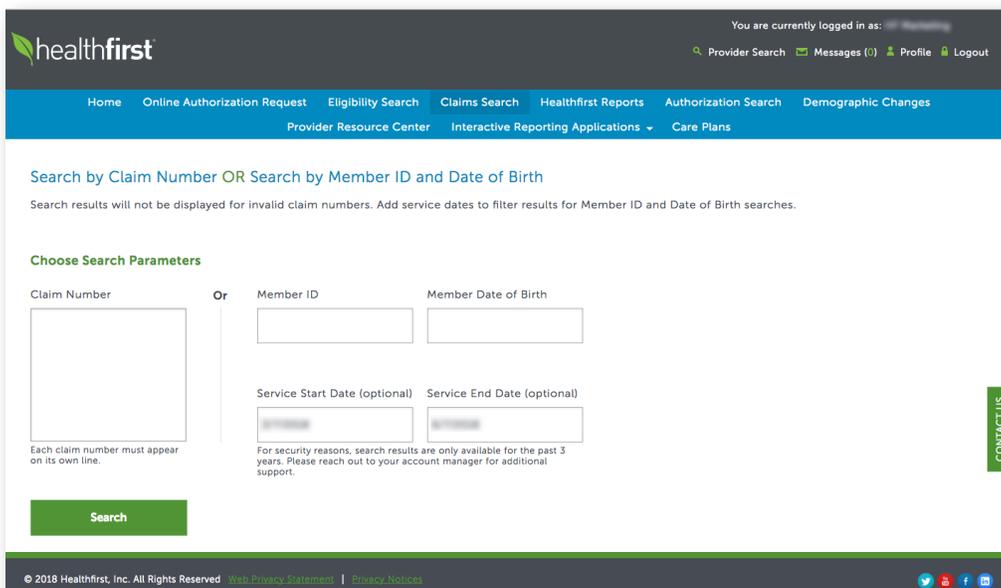
5 To submit the discrepancy request, fill out the requested information and click **Submit**.

Claims Search

Claims Search



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



2 Use the search criteria to search claims.

healthfirst

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

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	MemberID	Service Date	Total Charge	Paid Amount	Check/EFT Number	Processed Date	Claim Status	Medical Plan
000000000000	XXXXXXXXXXXX1234	01/01/2017	\$200.00	\$0.00	0		PAID	Healthfirst Expense Plan 1 Plan Vision and Dental

Page 1 of 1

Choose Search Parameters

Claim Number

Member ID

Member Date of Birth

Service Start Date (optional)

Service End Date (optional)

Search

CONTACT US

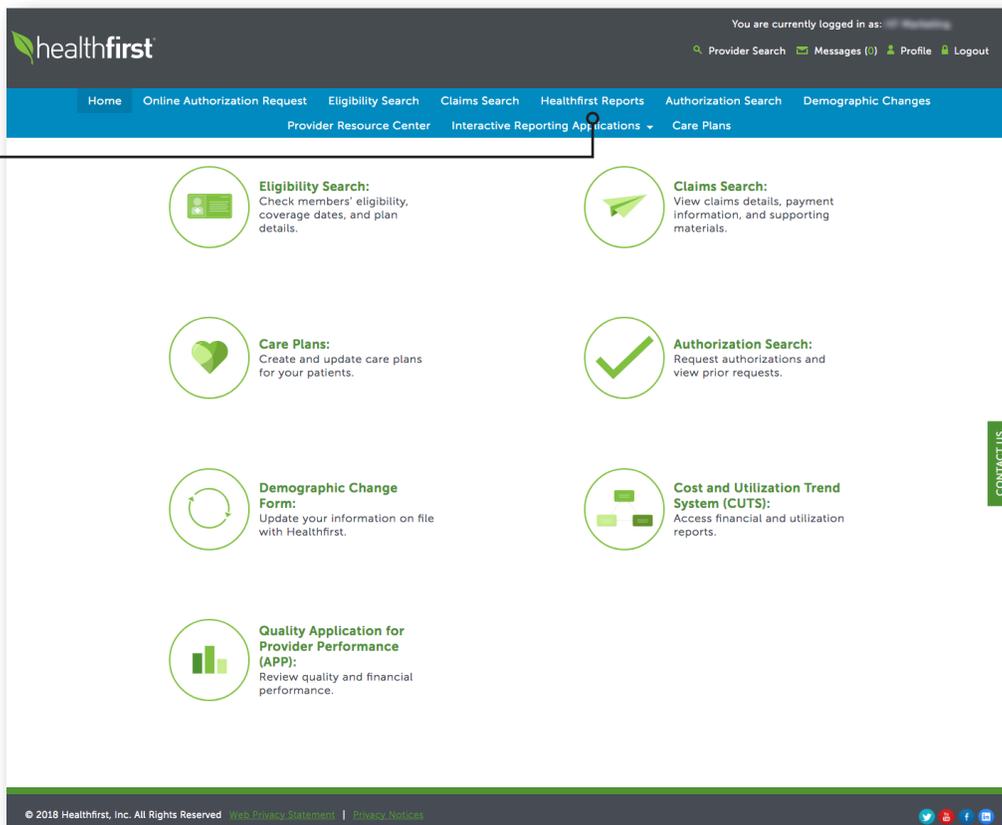
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Claim Number

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

Healthfirst Reports

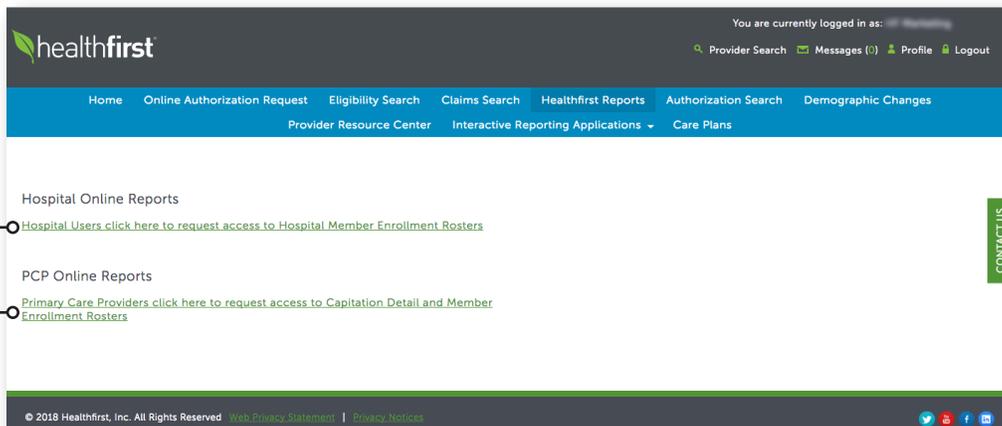
Healthfirst Reports



- 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

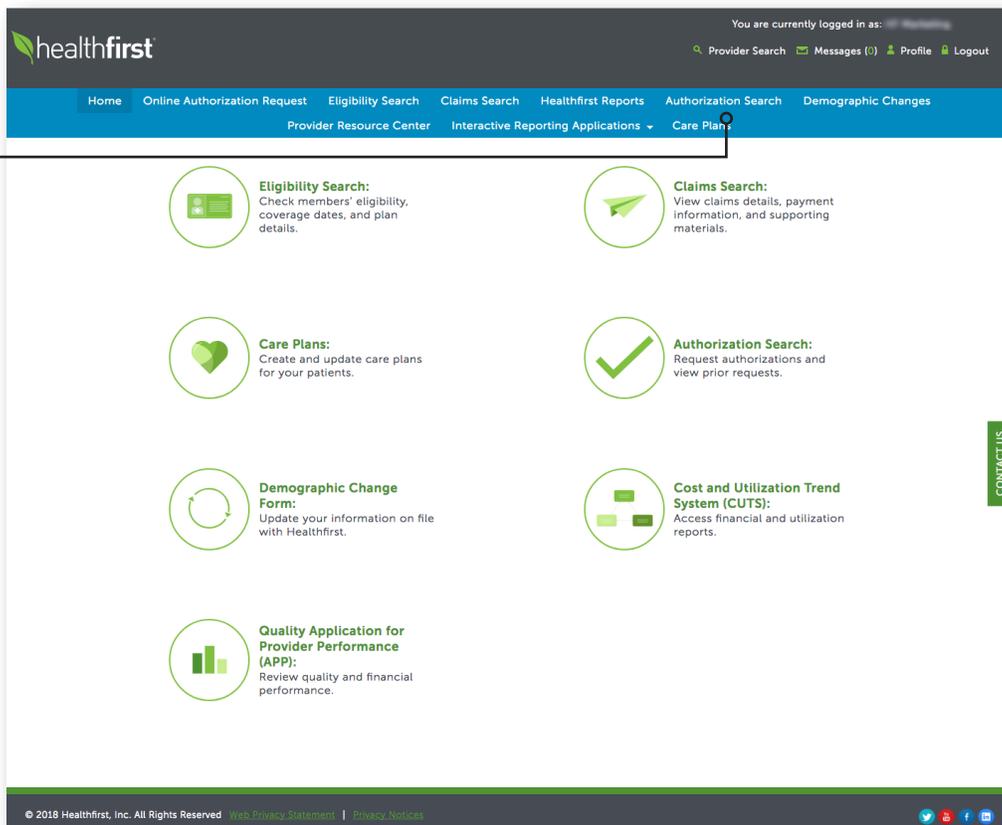


- 2 To request access to hospital reports, click the link under **Hospital Online Reports**.

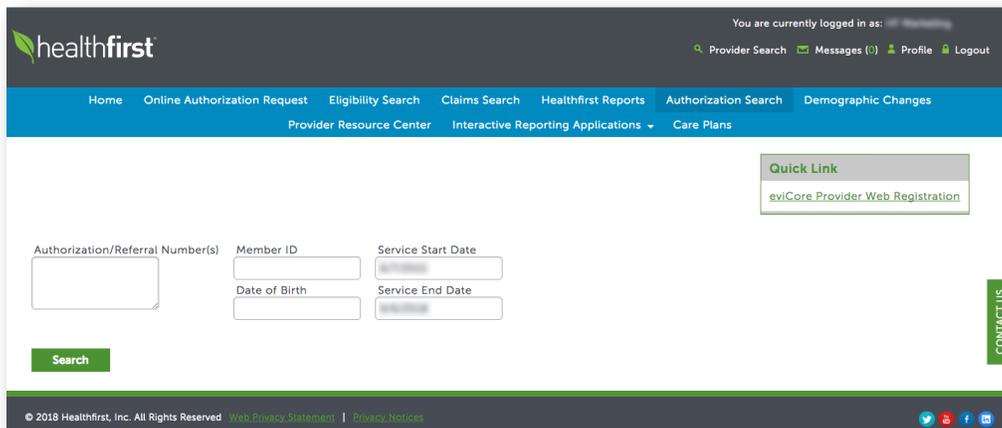
To request access to PCP reports, click the link under **PCP Online Reports**.

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)

Authorization/
Referral
Number

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You are currently logged in as: [username]

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

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
[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]

Page 1 of 1

Show/Hide Search

Authorization/Referral Number(s) Member ID Service Start Date

Date of Birth Service End Date

Search

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

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Authorization for [blurred]

[Back to Search Results](#) | [Print View](#)

Authorization Overview

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

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

[Home](#)
[Online Authorization Request](#)
[Eligibility Search](#)
[Claims Search](#)
[Healthfirst Reports](#)
[Authorization Search](#)
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[Interactive Reporting Applications](#)
[Care Plans](#)

Member Details

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

Name: [Redacted] Benefit 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):
 Member ID:
 Service Start Date:
 Date of Birth:
 Service End Date:

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[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]

Service Type: [Redacted] Units Requested: [Redacted] Level of Care: [Redacted]

Place of Service: [Redacted] Units Approved: [Redacted]

Type: [Redacted]

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

[Show/Hide Search](#)

Authorization/Referral Number(s):
 Member ID:
 Service Start Date:
 Date of Birth:
 Service End Date:

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[Demographic Changes](#)

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

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]

Service Type: [Redacted] Units Requested: [Redacted] Level of Care: [Redacted]

Place of Service: [Redacted] Units Approved: [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]

Service Type: [Redacted] Units Requested: [Redacted] Level of Care: [Redacted]

Place of Service: [Redacted] Units Approved: [Redacted]

Type: [Redacted]

[Show/Hide Search](#)

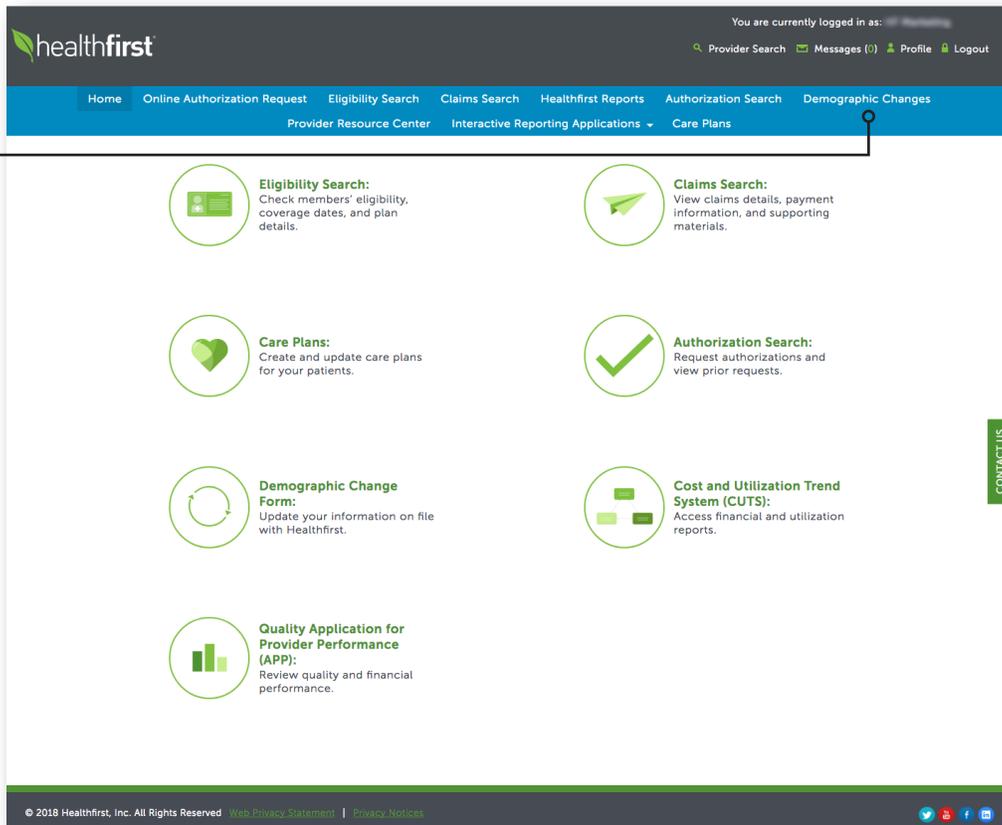
Authorization/Referral Number(s):
 Member ID:
 Service Start Date:
 Date of Birth:
 Service End Date:

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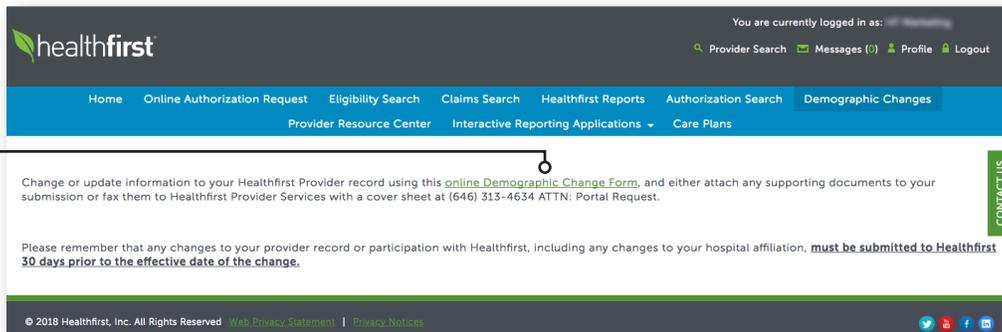
Demographic Changes

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: [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

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.

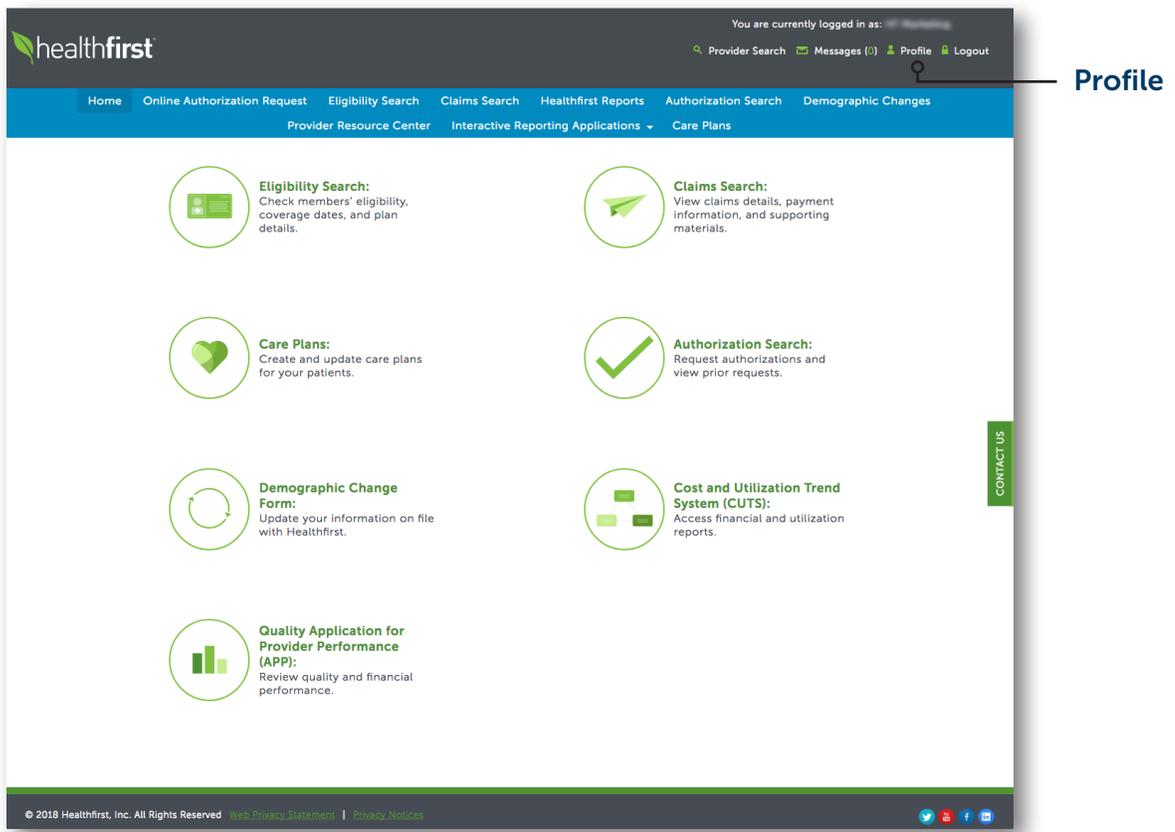
Submit

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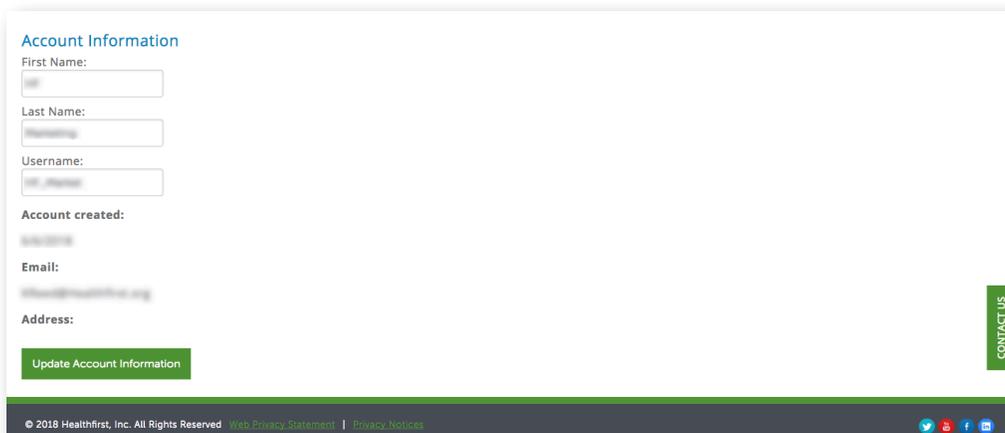
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3 To submit the demographic change, fill out the requested information and click **Submit**.

Update Profile



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



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

Add TIN

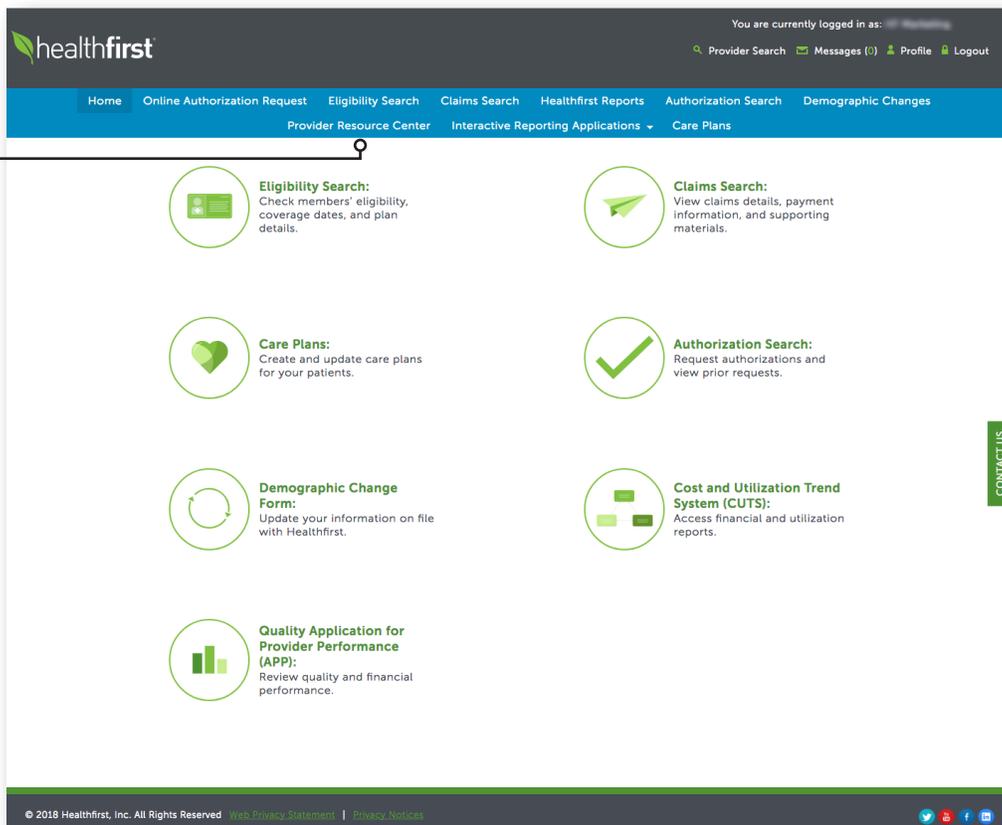
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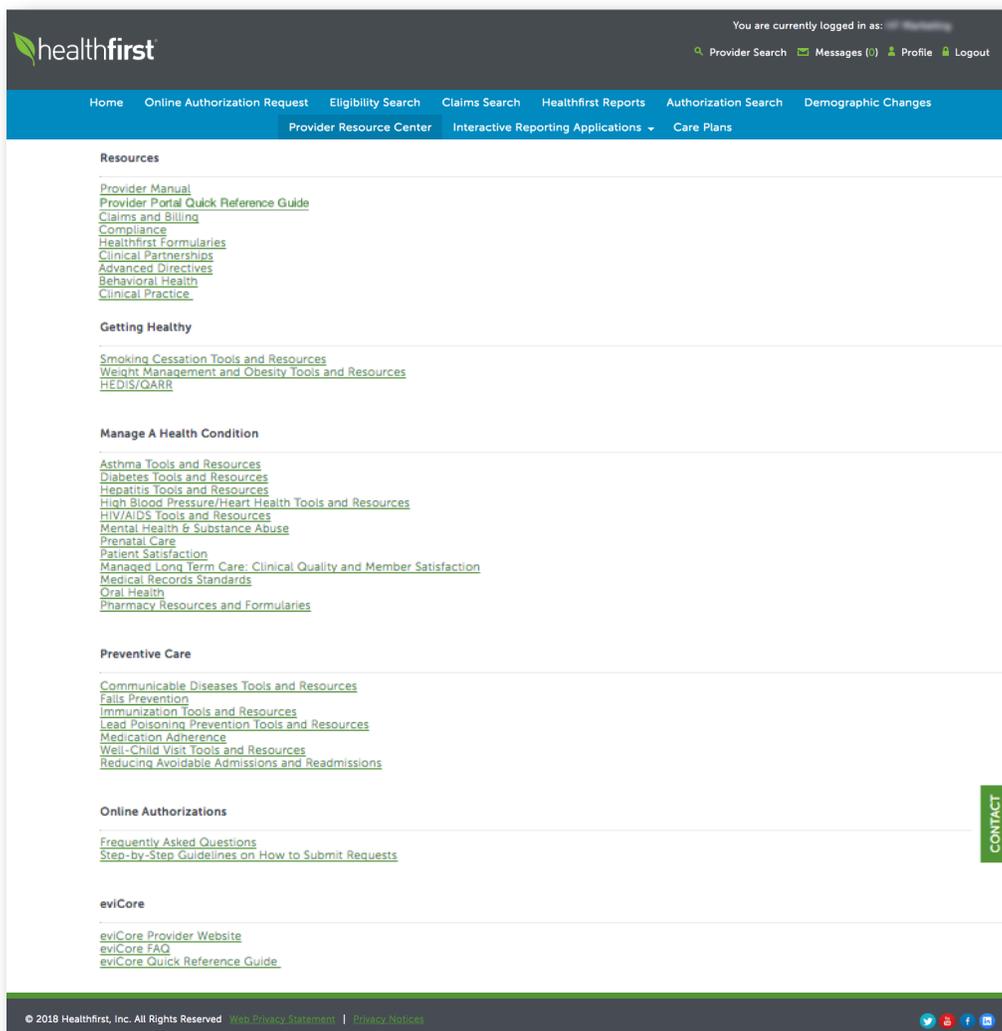
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Provider Resource Center

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)

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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

Superior Vision

[Superior Vision Authorization Requirements and Request Form](#)

Orthonet

[Orthonet Code Requirements](#)

Quality Improvement Center

[Quality Improvement Corner](#) +

Forms

[Adult Behavioral Health \(BH\) Home and Community Based Services \(HCBS\) - Initial Service Notification Form](#)

[New PCP Change Form English / Español / 中文 / ਪੰਜਾਬੀ / 한국어 / Kreybi avisyen](#)

[HARP Level of Care Form](#)

[Behavior Health Providers' Areas of Expertise Form](#)

[External Appeal Application Instructions](#)

[External Appeal Application](#)

[M11Q \(MD order\) for Personal Care Services for Medicaid only](#)

[NYS Medicaid Prior Authorization Request Form For Prescriptions](#)

[Wage Parity Form for Licensed Care Agencies](#)

[Wage Parity Form for Home Care Workers](#)

[Medical Request for Home Care \(M-11Q Form\)](#)

[Healthfirst Care Management Referral Form](#)

[EFT/ERA Form](#)

News & Bulletins

[Provider Alerts and Communications](#)

[Recent health alerts and advisories](#)

[Provider Annual Updates](#)

[Spectrum of Health](#)

[The Source](#)

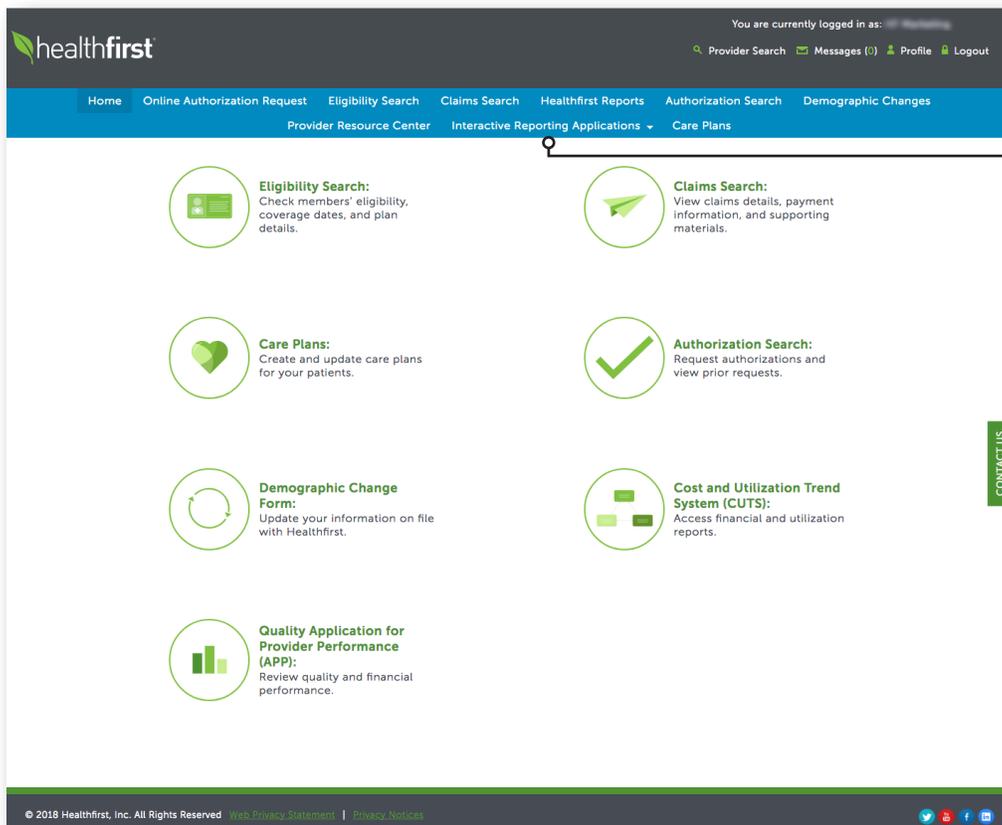
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Twitter Facebook LinkedIn

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)

The screenshot shows the Healthfirst Provider Portal interface. At the top, the Healthfirst logo is on the left, and user information (logged in as [username]) and navigation links (Provider Search, Messages, Profile, Logout) are on the right. A main navigation bar includes Home, Online Authorization Request, Eligibility Search, Claims Search, Healthfirst Reports, Authorization Search, and Demographic Changes. Below this, a secondary navigation bar contains Provider Resource Center, Interactive Reporting Applications (with a dropdown arrow), and Care Plans. The main content area features a section for 'Healthfirst Cost and Utilization Trend System (CUTS)' with a description and a 'Go to CUTS Application' button. Below this is a video player titled 'How to Use the Healthfirst CUTS Application' with a 'Download Video' and 'Download PDF' button. A red arrow points to the 'Interactive Reporting Applications' dropdown menu, which is open to show 'Healthfirst Cost and Utilization Trend System (CUTS)' and 'Healthfirst Quality APP'. The footer contains copyright information and social media icons.

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

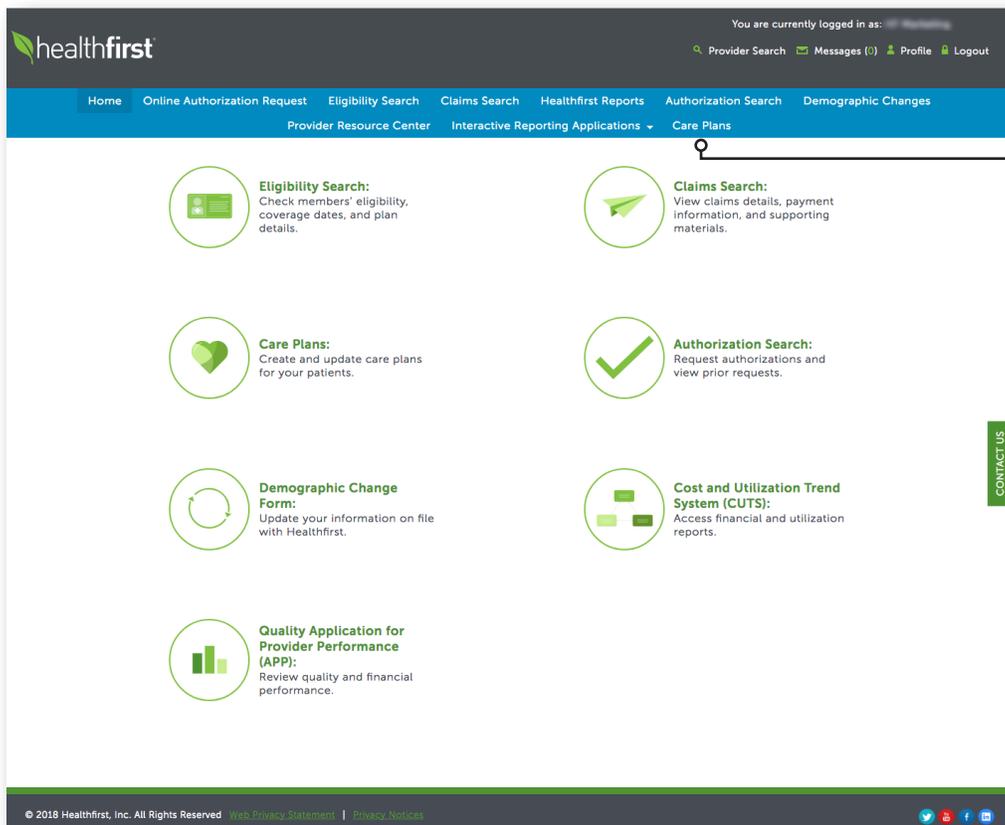
If you don't have access to this application, you can request it by contacting your Network Account Manager.

The screenshot displays the Healthfirst Provider Portal interface. At the top, the Healthfirst logo is on the left, and user information including 'You are currently logged in as: [username]' and links for 'Provider Search', 'Messages (0)', 'Profile', and 'Logout' are on the right. A blue navigation bar contains the following items: Home, Online Authorization Request, Eligibility Search, Claims Search, Healthfirst Reports, Authorization Search, Demographic Changes, Provider Resource Center, Interactive Reporting Applications (with a dropdown arrow), and Care Plans. Below this bar, the main content area features a section titled 'Healthfirst Quality Application for Provider Performance (APP)'. This section includes a brief description: 'The Healthfirst Quality APP is a web-based tool that gives providers access to all of their quality data in a central location. It allows providers to analyze their member- and PCP-level data and better focus on opportunities for performance improvement.' Below the text is a green button labeled 'Go to Quality APP'. Further down, there is a video player titled 'How to Use the Healthfirst Quality APP' with a duration of approximately 35 minutes. A red arrow points from the 'Interactive Reporting Applications' dropdown menu to the 'Healthfirst Quality APP' option. The dropdown menu also lists 'Healthfirst Cost and Utilization Trend System (CUTS)'. At the bottom of the page, there is a footer with copyright information: '© 2018 Healthfirst, Inc. All Rights Reserved' and links for 'Web Privacy Statement' and 'Privacy Notices'. Social media icons for Twitter, Facebook, and LinkedIn are also present.

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.



