

Members enrolled in Healthfirst Medicare Advantage plans require authorization for the following inpatient post-acute care services and dates:

- Admission dates with start of service beginning on September 1, 2017
- Members who live in New York and receive services in Brooklyn, Queens, and Nassau post-acute care facilities
 - Skilled nursing facility admissions
 - Inpatient rehabilitation facility admissions
 - Home Health services immediately following a post-acute facility stay
- Length of stay extension requests for above facilities with start-of-service dates beginning on September 1, 2017

Authorization Requests

- **SNF Secure Email:** PRISubmit@healthfirst.org
- **Fax:** Clinical documentation can be faxed to 1-212-601-6950
- **Telephone: 1-888-394-4327**
- **Hours of Operation:** 8am–7pm EST weekdays

Authorization Requirements

Please complete the information requirements found on the authorization request fax forms. Authorization forms can be found on the eviCore implementation site at evicore.com/healthplan/healthfirst.

Additional Supporting Documents Required

- Patient Review Instrument (PRI)
- H & P (History and Physical)
- Consult notes
- PT/OT/ST progress notes—include prior and current level of function
- Medications
- Diagnostic testing
- Lab results

If available, please include:

- Social work/Psychosocial consult
- Discharge summary

Once your request is reviewed, eviCore will communicate the authorization status in one of the three following ways:

- Approval of preauthorization for level-of-care request
- Request for additional clinical information
- Notification of intent to deny

The facility is responsible for confirming that the approval process is complete. For approval verification, providers may log into our web portal at evicore.com or call 1-877-773-6964.

Intent to Deny • Denials

Initial Preauthorization Request

- Medical necessity not met on initial UM nurse review
- Case sent to second-level MD for review and determination
- Communication made to provider, and peer-to-peer review scheduled if requested within one business day

Concurrent Authorization Request

- Medical necessity not met by UM nurse reviewer
- OMNC will be issued, with denial rationale

Initial Authorization Denial

If the peer-to-peer process results in the determination being upheld, the member has appeal rights

Appeals Process

Contact Healthfirst at healthfirst.org and follow the QIO program. Submissions need to be in writing and should be sent to the following address:

Healthfirst Medicare Plan
Appeals Unit
P.O. Box 5166
New York, NY 10274

To request an expedited 72-hour appeal (does not apply to denials of payment):

Telephone	Mail to	Visit
1-877-779-2959 Fax: 1-646-313-4618	Healthfirst Appeals Unit P.O. Box 5166 New York, NY 10274	Healthfirst 100 Church Street New York, NY 10007

Important!

Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by the health plan and the member must be eligible at the time services are rendered. **Claims submitted for services may be subject to benefit denial.** Please verify the member's benefits and eligibility with the health plan.

Need Clinical Support?

We welcome requests for clinical discussions from referring physicians. One of eviCore healthcare's physicians can assist in a consideration of treatment options. To request a clinical discussion, call eviCore healthcare at **1-877-773-6964** and request a peer-to-peer discussion.