



Post-Discharge Meals Benefit - 2021 Frequently Asked Questions

What is the Post-Discharge Meals Benefit?

The Post-Discharge Meals program is a benefit designed to provide home-delivered meals to eligible members who are recovering from an inpatient hospital stay or skilled nursing facility stay of more than two days.

Who is Eligible for the Post-Discharge Meals Benefit?

Medicare Advantage Plans

- Inpatient hospital stay or skilled nursing facility stay of more than two days
 - Life Improvement Plan (HMO D-SNP) (LIP)
 - 65 Plus Plan (HMO) (65+)
 - Increased Benefits Plan (HMO) (IBP)
 - Signature (HMO)

- Inpatient hospital stay of more than two days
 - Coordinated Benefits Plan (HMO) (CBP)

Does this Benefit Require Prior Authorization?

Yes. After our Utilization Management department reviews your submission, you will receive notification if you were approved.

All prior-authorization requests must be submitted to Mom's Meals with the Post-Discharge Meal Packet, which includes instructions on how to fill out the form, as well as the Request/Prescription form, which a primary care provider (physician, physician's assistant, or nurse practitioner) must fill out prior to review. The provider can also submit discharge paperwork in place of the doctor's prescription form. Missing documentation that is not received within 10 days from request of authorization can result in an adverse determination or a delay in processing.

Frequently Asked Questions

Who Can Request this Benefit?

- Members or Member Designees
- Providers

Note: The Post-Discharge Meals benefit must be requested within 14 days of discharge from hospital to home or from skilled nursing facility to home.

How Is Preauthorization Requested?

- Members or Member Designees
 - Bring the Post-Discharge Meal Benefit Packet to your primary care provider (PCP). Packet is available at:
 - Website: [HFMedicareMaterials.org](https://www.HFMedicareMaterials.org)
 - Member Portal: [MyHFNY.org](https://www.MyHFNY.org)
 - Provider Portal: [hfproviderportal.org](https://www.hfproviderportal.org)
 - Fax Post-Discharge Meal Benefit Packet with a provider's signature or discharge paperwork to **1-866-942-7873**
- Providers
 - Via the Provider Portal: [hfproviderportal.org](https://www.hfproviderportal.org)
 - Fax the Post-Discharge Meal Benefit Packet with a prescription or order to **1-866-942-7873**
 - Complete Web Authorization Tool
 - Email form to Mom's Meals at ctinake@momsmeals.com
 - Providers can contact Healthfirst Provider Services with questions at **1-888-394-4327**

Note: A primary care provider's signature on the request form, prescription, or discharge paperwork is required before the benefit can be reviewed.

Which Vendors Can Provide Post-Discharge Meals?

- Mom's Meals (all five boroughs and Westchester, Nassau, Orange, Rockland, and Sullivan counties)
 - Customer Service: **1-866-224-9485**

The vendor provides all meals throughout the benefit period of 28 days (14 days for CBP). Vendor will reach out to member if the prior authorization is approved.

Frequently Asked Questions

What Meals Are Available?

- The vendor will reach out to the member to discuss nutritional needs. The following are examples of the type of meal plans available:
 - Diabetes Friendly
 - Heart Friendly
 - Lower Sodium
 - Renal Friendly
 - Cancer Support
 - Gluten Free
 - Vegetarian (not vegan)
 - Pureed
 - General Wellness

IMPORTANT: If member has food allergies/intolerances or cultural preferences, please note on Request Form.

Are the Meals Delivered Hot or Cold?

The meals will arrive refrigerated. No meals come hot, but they can be microwaved.

How Many Meals Are Included?

For the plans below, a total of **84 meals (3 meals per day)** during the benefit period of **28 days**:

- Life Improvement Plan (HMO D-SNP) (LIP)
- 65 Plus Plan (HMO) (65+)
- Increased Benefits Plan (HMO) (IBP)
- Signature (HMO)

For the plan below, a total of **42 meals (3 meals per day)** during the benefit period of **14 days**:

- Coordinated Benefits Plan (HMO) (CBP)

Note: This benefit is available with each admission that lasts longer than two days. However, the beneficiary must go through the preauthorization process for every discharge.