

Frequently Asked Questions

Post-Hospitalization Meals Program

What is the Post-Hospitalization Meals Program?

The Post-Hospitalization Meals Program provides home-delivered meals to eligible members recovering from an inpatient hospital stay longer than two days.

Who is eligible for the Post-Hospitalization Meals Program?

Healthfirst Medicare Advantage Plan members in the plans below:

- Life Improvement Plan (LIP)
- 65 Plus Plan (65+)
- Increased Benefits Plan (IBP)
- Coordinated Benefits Plan (CBP)

Members must have had an inpatient hospital stay that exceeded two days.

Note: Healthfirst CompleteCare, AbsoluteCare FIDA Plan, or Senior Health Partners members may have a home-delivered meal benefit with their respective plan. They should be referred to their Healthfirst Care Manager.

Who can request post-hospitalization meals?

Healthcare providers and members or member designees (caretakers) can request post-hospitalization meals.

Does the Post-Hospitalization Meals Program require prior authorization?

Yes. All prior authorization requests must be submitted with the Post-Hospitalization Meals Request Form and prescription prior to review. Missing documentation may result in a delay in processing that can take up to 14 days from request for authorization.

How do I request prior authorization?

A healthcare provider's prescription is required to request the benefit. Please call your provider for a prescription, then:

Member or caretaker

- Download and complete the online Post-Hospitalization Meals Request Form and upload the prescription

Frequently Asked Questions

- Email the Post-Hospitalization Meals Request Form and prescription to **PHM@healthfirst.org**
- Contact Healthfirst Member Services for assistance to fill out the form: **1-888-260-1010** (TTY 1-888-542-3821), 7 days a week, 8am–8pm. You will need to email the script to complete this request

Which vendors can provide post-hospitalization meals?

The vendors who provide post-hospitalization meals are:

- **Mom's Meals** (serves all NYC boroughs, Westchester, Nassau, and Suffolk)
Customer Service: **1-866-204-6111**
- **Meals on Wheels of Staten Island** (serves Staten Island)
Customer Service: **1-718-727-4435**
- **Homestyle Direct** (serves all NYC boroughs, Westchester, Nassau, and Suffolk)
Customer Service: **1-866-735-0921**

The vendor selected provides all meals throughout the 14-day benefit period. Vendor will reach out to member if the prior authorization is approved.

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:

- Diabetic
- Heart Healthy (low sodium)
- Kosher
- Allergies
- Renal Friendly
- Cancer Support
- Gluten Free
- Vegetarian (not vegan)
- Pureed

After initial consult, the vendor will provide menus to the member and arrange for delivery.

Are the meals delivered hot or cold?

The meals will arrive refrigerated or frozen.

How many meals are included?

- Forty-two (42) meals—three meals per day—are included
- Meals are delivered 1–2 times per week for the benefit period of 14 days

Can eligible Healthfirst members receive post-hospitalization meals if they have another hospital admission?

Yes. Post-hospitalization meals are available with each admission longer than two days. However, prior authorization is required after every hospital stay.

Meals must be requested within 14 days of hospital discharge.
 Prior authorization, in the form of a prescription, is required by your doctor.

Member Information

Healthfirst Member ID	
Member Name (First, Last)	
Member Date of Birth	
Did you have an inpatient hospital stay greater than two days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Discharge from the Hospital	
Requested Start Date Actual start date will be determined when vendor can start delivery of meals.	
Home-Delivered Meal Service (Choose 1)	<input type="checkbox"/> Mom's Meals (all NYC boroughs, Westchester, Nassau, and Suffolk) <input type="checkbox"/> Meals on Wheels of Staten Island (Staten Island only) <input type="checkbox"/> Homestyle Direct (all NYC boroughs, Westchester, Nassau, and Suffolk)
Description of Services/CPT Code	Home-Delivered Meals/S5170
Number of Units	42 units
Do you receive managed long-term care services or benefits outside of Healthfirst?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check your managed long-term care benefit provider from the list below) <ul style="list-style-type: none"> <input type="checkbox"/> Centers Plan for Healthy Living <input type="checkbox"/> Elderplan Homefirst <input type="checkbox"/> Senior Whole Health <input type="checkbox"/> VNS Choice <input type="checkbox"/> Other provider: _____

Member Information (continued)

<p>Are you already receiving home-delivered meals?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have a personal care attendant?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered “Yes,” does the personal care attendant (PCA) make or prepare your meals?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have a home attendant (CHHA)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

How to submit form

If member, choose from one of the ways below:

- **Online** – Members can download the form online by visiting **Healthfirst.org/members/plan-materials** or through **MyHFNY.org**
- **Email** the completed Post-Hospitalization Meals Request Form, along with the prescription received from your doctor, to **PHM@healthfirst.org**
- **Call** Healthfirst Member Services at **1-888-260-1010** (TTY 1-888-542-3821), 7 days a week, 8am–8pm
- **Fax** the completed Post-Hospitalization Meals Request Form, along with the prescription received from your doctor, to **1-212-497-8970**

If provider, choose from one of the ways below:

- Log in to the secure Healthfirst Provider Portal at **HFProviderPortal.org**. If you do not have an account, you must create one to access the secure portal
- Once logged in, click on the “Online Authorization Request” tab. A prescription must be submitted along with the authorization request
- Email the completed Post-Hospitalization Meals Request Form to **PHM@healthfirst.org**



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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-305-0408 (TTY 1-888-867-4132).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-305-0408 (TTY 1-888-542-3821)。