

The Post-Discharge Meals Benefit provides eligible members with nutritious meals after an inpatient hospitalization or stay in a skilled nursing facility of more than two days.

This benefit provides up to three meals per day (84 meals total) over a 28-day period for eligible members after each discharge to home from a hospital or skilled nursing facility with a stay of more than two days for the following: **65 Plus Plan (HMO), Connection Plan (HMO D-SNP), Coordinated Benefits Plan (HMO), Increased Benefits Plan (HMO), Life Improvement Plan (HMO D-SNP), Signature (HMO).**

There is no limit to the number of times an eligible member may use this benefit in a calendar year, as long as each new request follows a new hospital or skilled nursing facility discharge to home and is received by Healthfirst Utilization Management within 14 calendar days of discharge to home.

How to request this benefit:

Step 1 | Download forms

Qualifying members or their primary care provider (PCP) can download the Post-Discharge Meals Benefit Packet at:

Website: **HFMedicareMaterials.org**

Member Portal: **MyHFNY.org**

Provider Portal: **hfproviderportal.org**


Step 2 | Submit forms

NOTE: A PCP must complete the Request/Prescription form and include NPI number (see page 2) before the member can receive this benefit.

Members can bring the Request/Prescription form to their PCP to fill out at a follow-up appointment.

The PCP will complete the form and email or fax it to Mom's Meals. Once Mom's Meals receives the form, they will request authorization of the benefit from Healthfirst. (Alternatively, the PCP can also send the request directly to Healthfirst from the Provider Portal.)

Providers (choose one):

 Submit Prior Authorization request via the Online Authorization Request tool on the Provider Portal (**hfproviderportal.org**). Attach the completed Post-Discharge Meals Request form with submission.

 Fax the Request/Prescription form to Mom's Meals at **1-866-942-7873**.


 Email the form to Mom's Meals at **ctintake@momsmeals.com**.

 If providers have questions about filling out the form, please contact Mom's Meals at **1-866-224-9485**.

Mom's Meals Hours of Operation:
8am–6pm

Providers can also contact Healthfirst Provider Services with questions at **1-888-394-4327**.

Members:

 For questions related to benefits, please call Healthfirst Member Services 7 days a week, 8am–8pm (October 15 through March 31), and Monday to Friday, 8am–8pm (April 1 through October 14).

■ **1-888-260-1010** (TTY 1-888-542-3821) for Increased Benefits Plan, 65 Plus Plan, Life Improvement Plan, and Coordinated Benefits Plan.

■ **1-855-771-1081** (TTY 1-888-542-3821) for Signature.

Post-Discharge Meals Benefit Request/Prescription Form

(Provider must complete to request benefit)

Important: Healthfirst must receive the Post-Discharge Meals Prior Authorization request within 14 calendar days of discharge to home after an inpatient hospital or a skilled nursing facility stay of more than two days.

Member Information				
Healthfirst Member ID Number			Date of Birth	
Last Name	First Name		Initial	
Address	Apt. #	City	State	Zip Code
Primary Phone Number () -		Alternate Phone Number () -		

Please provide the above patient with home-delivered meals/S5170	
65 Plus Plan (HMO), Connection Plan (HMO D-SNP), Coordinated Benefits Plan (HMO), Increased Benefits Plan (HMO), Life Improvement Plan (HMO D-SNP), Signature (HMO)	
84 units—Three meals a day for 28 days	
Patient Admission Date (if known):	Diagnosis Code (ICD-10)
Patient Discharge Date (if known):	
Diet Request	
General Wellness Lower Sodium Heart Friendly Cancer Support Diabetes Friendly Pureed Renal Friendly Vegetarian Gluten Free Delivery Instructions/Food Allergies or Intolerances/Cultural Preferences: _____	

Provider Information				
Provider Signature				(MD/PA/NP)
NPI				
Last Name		Initial	First Name	
Address	Suite #	City	State	Zip Code
Phone Number		Date		

Provider: please see instruction page for submission information.

Coverage is provided by Healthfirst Health Plan, Inc. Plans contain exclusions and limitations. Healthfirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. 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)。