

Effective January 1, 2021, the following change was made to the post-discharge meals benefit of some Healthfirst Medicare Advantage plans. The benefit provides eligible members with nutritious meals after an inpatient hospitalization or a stay in a skilled nursing facility.

The benefit will increase to three (3) meals per day (84 meals total) over a 28-day period for eligible members after an inpatient hospitalization or skilled nursing stay of more than two (2) days for the following: Increased Benefits Plan (HMO), 65 Plus Plan (HMO), Life Improvement Plan (HMO D-SNP), Signature (HMO)

The benefit will remain three (3) meals per day (42 meals total) over a 14-day period for eligible members after an inpatient hospitalization stay of more than two (2) days for the Coordinated Benefits Plan (HMO)

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 located 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 (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 review and complete the form and send it to Mom's Meals. Once Mom's Meals receives the form, they will request authorization of the benefit from Healthfirst.

Providers:



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



Email the form to Mom's Meals at ctinake@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 EST

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: Meals must be requested within 14 (fourteen) days of discharge to home after an inpatient hospital (or skilled nursing facility, depending on member's plan) stay of more than two (2) 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	
If unsure of member's plan/number of units, please leave this section blank.	
Coordinated Benefits Plan (HMO) (42 units—Three (3) meals a day for 14 days after an inpatient hospitalization stay of more than two (2) days)	Life Improvement Plan (HMO D-SNP), 65 Plus Plan (HMO), Increased Benefits Plan (HMO), Signature (HMO) (84 units—Three (3) meals a day for 28 days after an inpatient hospitalization or skilled nursing facility stay of more than two (2) days)
Patient's Discharge Date (if available)	Diagnosis Code (ICD10)
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 Signature (MD/PA/NP)	
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)。