

Provider Alert



Starting Jan. 1, 2024, Healthfirst will begin covering members in Healthfirst Connection Plan (HMO D-SNP), our newest Medicare Advantage Dual-Eligible Special Needs Plan.

This plan participates in New York State's Integrated Benefits for Dual-Eligible Enrollees (IB-Dual) Program. It allows for default enrollment in the Connection Plan when existing mainstream New York Medicaid Managed Care plan (MMC)—or Personal Wellness Plan (PWP)—members become Medicare eligible.

What makes this plan different?

- Healthfirst MMC—or PWP members who become Medicare-eligible and have their Medicare in place 90 days before their effective date—will be seamlessly enrolled in the Connection Plan for their Medicare coverage.
- Connection Plan members will be enrolled simultaneously in Medicare and Medicaid through Healthfirst.

We expect first-year membership to be small (approximately 3,000 members maximum), since most MMC and PWP members do not have all parts of Medicare so far in advance of their effective date.

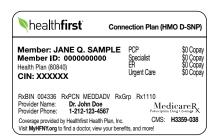
How will the IB-Dual program work at Healthfirst?

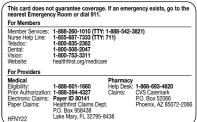
Healthfirst will be responsible for coordination of benefits and there is no need to bill separately for cost-sharing. Claims will be processed as follows:

- 1. All claims will be processed against the member's Medicare benefits first.
- 2. Once the Medicare benefits and cost-sharing have been applied, the claim will be processed against the Medicaid benefits.
- 3. Providers will receive two Explanations of Payment (EOP) for each claim, one showing the Medicare claim detail and one showing the Medicaid claim detail.

Member ID Cards

All IB-Dual program members will have a Healthfirst Connection Plan Member ID card.





The Member ID card will contain both the Healthfirst Member ID and the Client Identification Number (CIN).

Provider Portal

To check a member's eligibility status, please log in to <u>HFproviderportal.org</u> and click Eligibility Search.

How will authorizations be handled?

All authorization requests should be submitted using the Healthfirst Member ID.

EXCEPTION: Authorization requests for Medicaid-only or PWP-only services such as Personal Care Assistant (PCA), Medical Social Services, Crisis Intervention Services, etc., must be requested using the member's CIN.

How will payments be made?

All claims must be submitted using the Healthfirst Member ID.

- Services that are covered under both Medicare and Medicaid will be paid based on the Medicare fee schedule.
 - Medicare pays first (primary payer).
 - Medicare cost-sharing (deductible, copays, or coinsurance) will be paid under the Medicaid plan, in accordance with New York State regulatory requirements.
- Services that are covered under Medicaid or PWP only will be paid based on the Medicaid fee schedule.

How will prescription drug coverage be handled?

Prescription drug coverage is provided by Medicare Part D through Healthfirst Connection Plan.

Coverage is provided by Healthfirst Health Plan, Inc. and Healthfirst PHSP, Inc.