Post-Acute Care Program Frequently Asked Questions

Effective **August 1, 2020**, Healthfirst will manage authorization requests for Post-Acute Care (PAC) services for all Healthfirst members. eviCore healthcare (eviCore) will no longer manage PAC authorizations through the eviCore PAC Program.

1. When can I start submitting authorization requests to Healthfirst?

You can submit authorization requests to Healthfirst starting on July 31, 2020 for dates of service beginning August 1, 2020.

2. What should I do if a member was being managed by the eviCore PAC Program before August 1, 2020 and is still in care?

eviCore will continue to manage the case until the member is discharged. Please continue to work with eviCore.

3. Which PAC services require authorization?

The following PAC services require authorization:

- Skilled nursing facility admissions
- Inpatient rehabilitation facility admissions
- Long-term acute care admissions
- Home Healthcare following discharge from a PAC facility
- Length-of-stay extension requests

4. How do I check the eligibility and benefits of a member?

Member eligibility can be verified on the Healthfirst Provider Portal at **hfproviderportal.org** using your login.

5. How do I initiate a prior authorization request or a length-of-stay extension?

- SNF-Hospitals should send the Patient Review Instrument (PRI) and necessary clinical documentation to:
  - SNF secure email at **PRISubmit@healthfirst.org**
  - SNF secure fax line at **212-601-6950**

- Home Health may email or call in requests to:
  - Secure email at **Homecaresubmit@healthfirst.org**
  - **1-888-394-4327**

6. How do I check the authorization status for a member?

You have 24/7 access to check on the status of your authorization request via the Provider Portal at **hfproviderportal.org**.

7. How do I get access to the provider portal?

To begin the registration process, visit **hfproviderportal.org**. If you have any questions, contact your account manager or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

8. Who is responsible for submitting PAC authorization requests?

The hospital is responsible for submitting PAC authorization requests. Failure to secure an authorization before rendering services may result in a denial of payment.

9. What are the prior authorization requirements?

The following additional supporting documents are required for an SNF request:

- Patient Review Instrument (PRI)
- PT/OT/ST progress notes – include prior and current level of function, including initial evaluation
- H&P (History and Physical)
- Consult Notes
- Medications

10. What criteria does Healthfirst use to authorize PAC admissions?

Healthfirst uses initial UM Nurse Review — MCG- Milliman guidelines to authorize PAC admissions.

11. When will I receive the authorization number once Healthfirst approves the prior authorization request?

Healthfirst verbally notifies the requesting provider and member of the determination and authorization letters that are sent. You can also visit the Provider Portal at **hfproviderportal.org** to check the status.

12. How many days does Healthfirst authorize for each level of service requested?

Healthfirst will provide authorizations by facility type in the following ways:

Authorization	Skilled Nursing Facility	Inpatient Rehab
Initial	5 calendar days	5 calendar days
Concurrent	7 calendar days	7 calendar days

13. How will I be informed about the number of days being authorized?

The number of days being authorized will be communicated at the same time as the authorization determination, or you can visit the Provider Portal at **hfproviderportal.org**. In addition, one of our clinical support specialists may place a call.

14. What is the process if an admission to a PAC facility or an extension of days doesn't meet clinical criteria?

If a PAC admission does not meet clinical criteria for an initial authorization, it will be sent to a Healthfirst Medical Director for review.

15. How do I file an appeal if I disagree with the decision to deny?

All appeals should continue to be filed directly to Healthfirst. Appeals need to be submitted in writing to:

> Healthfirst Medicare Plan
> Appeals Unit
> P.O. Box 5166
> New York, NY 10274

An expedited 72-hour appeal (does not apply to denials of payment) can be requested via:

Phone	Fax	Mail
1-877-779-2959	1-646-313-4618	Healthfirst Appeals Unit P.O. Box 5166 New York, NY 10274

16. Who should request prior authorization for PAC admissions for patients needing placement after being discharged to home from the acute care setting?

Requests should be made to Healthfirst within 14 days of hospital discharge. Requests should be sent to the SNF fax line or via email at **PRIsubmit@healthfirst.org**. Home Health: the SNF or the CHAA.

17. What if an authorization is issued to a facility and the patient or family wants to change the facility at the last minute?

Call Healthfirst at **1-888-394-4327** or the case manager who provided the authorization.

18. If a patient is in a PAC facility and is transferred to the hospital for observation, does the facility have to get a new authorization in order for the patient to return?

In this situation, the PAC facility should notify Healthfirst that a patient has been sent for observation. A new authorization will be required if the patient is out of the facility for more than 24 hours.

19. If I am an out-of-network facility or Home Health agency located in New York State, how do I obtain an authorization?

Out-of-network providers in New York State are required to go through Healthfirst for precertification on PAC requests.