

2. Healthfirst Programs and Benefits

2.1 Healthfirst PHSP Programs

Healthfirst Medicaid Managed Care Plan

Since 1994, Healthfirst has delivered managed healthcare services to the Medicaid-eligible population of New York City and Long Island. Healthfirst Medicaid offers the full range of New York State Medicaid benefits to individuals and families eligible to receive services under the following government programs: Temporary Assistance to Needy Families (TANF), Safety Net Assistance (SNA), Medicaid Only (MA-HR and MA-ADC) and Supplemental Security Income (SSI).

Healthfirst Child Health Plus (CHPlus)

In March of 1999, Healthfirst implemented the CHPlus Program to provide quality healthcare coverage for the children of uninsured and underinsured families. This program was developed in response to New York State's CHPlus initiative. The CHPlus Program offers health care to children under age 19 who are above the Medicaid income levels or who are ineligible for Medicaid because of their immigration status.

CHPlus provides children with a comprehensive benefit package. The family must be income eligible for membership and may be responsible for contributing to a premium based on its income category. If the member is eligible for Medicaid upon recertification, the applicant's application is referred to the appropriate district for an eligibility determination and he/she may be temporarily enrolled in the CHPlus plan while pending a Medicaid determination from the district.

Healthfirst Personal Wellness Plan (HARP)

Starting October 1, 2015 for NYC, Healthfirst implemented the Healthfirst Personal Wellness Plan - which is our version of the Health And Recovery Plan.

The Healthfirst Personal Wellness Plan is for Medicaid Managed Care members who may benefit from extra behavioral health or substance abuse services. It offers all the same Medicaid Managed Care coverage and benefits, plus extra services like community support programs, mental health treatment, substance abuse programs, and other behavioral health services to help the member live life to the fullest.

2.2 Healthfirst Medicare Plans

Healthfirst offers several Medicare Advantage Plans under contract with the Centers for Medicare & Medicaid Services (CMS). The Healthfirst Medicare Plan falls under the Healthfirst Health Plan, Inc. license within the family of Healthfirst companies.

To meet the eligibility requirements for Healthfirst Medicare Plan beneficiaries must have both Part A and Part B Medicare, live in the Healthfirst Medicare Plan service area and not have end-stage renal disease (ESRD). An individual who receives a kidney transplant and who no longer requires a regular course of dialysis to maintain life is not considered to have ESRD for purposes of MA eligibility. If a beneficiary no longer requires regular dialysis or has had a successful transplant, the beneficiary should obtain a note or records from the beneficiary's physician showing that the ESRD status has changed and the beneficiary is in fact eligible to enroll in the MA plan. Generally, the benefits for Medicare plans change on a yearly basis and providers are informed of these changes through our provider news magazine, The Source, through a direct mailing to provider offices, and through updates on the Provider Secure Services web site (www.healthfirst.org/providerservices). Most Medicare plans include Standard Medicare Prescription Drug Coverage (Part D) unless otherwise noted.

Healthfirst Medicare Plan currently offers the following Medicare Advantage HMO plans and Special Needs Plans (SNP):

Healthfirst 65 Plus Plan

Our 65 Plus Plan is designed to be the preferred plan for Medicare beneficiaries who do not qualify for “Extra Help,” either in the form of Low Income Subsidy (LIS) for Part D or Medicare Savings Programs (MSP) for Medical benefits. As such, this plan offers a comprehensive benefit package, including additional benefits not covered by Original Medicare, but at a \$0 monthly premium, making it a high-value, yet affordable choice.

Healthfirst Mount Sinai Select

Healthfirst Mount Sinai Select is designed exclusively for Manhattan residents and offers affordable access to Mount Sinai’s network of top-rated primary care doctors, specialists, and hospitals. The plan provides incentives to access care through the preferred Mount Sinai Health System in the form of lower out of pocket costs for Tier one (1) MSHS preferred providers.

Healthfirst Increased Benefits Plan

Increased Benefits Plan is designed for Medicare beneficiaries who qualify for some level of Low Income Subsidy (LIS) for Part D and possibly some level of assistance in the form of Medicare Savings Programs (MSP) for Medical benefits, but are not fully dual eligible. While our IBP plan does charge the full Part D premium, members of this plan should qualify for “Extra Help” to cover the cost of the monthly premium, while also receiving a richer benefit package.

Healthfirst Coordinated Benefits Plan

Coordinated Benefits Plan is a Medicare Advantage (MA) Only plan, designed to be the preferred plan for Medicare beneficiaries who already receive creditable Prescription Drug Coverage from sources other than Medicare Part D (e.g., Veteran’s Administration).

Healthfirst Life Improvement Plan

Life Improvement Plan is a Dual Eligible Special Needs Plan (SNP), designed specifically for those Medicare beneficiaries who are eligible for both Medicare and some level of assistance through New York State Medicaid (“dual eligible”). Through our Model of Care, this Special Needs Plan provides the basic Medicare benefit package for members, but coordinates the additional Medicaid benefits the member may be eligible to receive through New York State.

Healthfirst AssuredCare

Healthfirst AssuredCare is an Institutional Special Needs Plan (ISNP), designed specifically for frail, Medicare beneficiaries who, for 90 days or more, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), or a SNF/NF. In partnership with Skilled Nursing Facilities, Healthfirst applies a Model of Care to address the specific needs of its institutionalized members.

Healthfirst CompleteCare

Healthfirst CompleteCare is a Medicaid Advantage Plus (MAP) Special Needs Plan (SNP) that combines Medicare and Medicaid benefits with added long-term care services like medical social services and adult day health care. CompleteCare is designed specifically for beneficiaries who require nursing home level of care but can safely stay at home.

Healthfirst AbsoluteCare FIDA Plan

Healthfirst AbsoluteCare FIDA Plan is a Fully Integrated Dual Advantage (FIDA) demonstration Medicare-Medicaid Plan (MMP) for full benefit Medicare-Medicaid beneficiaries age 21 or over who require community based long term care services or reside in a nursing home. AbsoluteCare provides benefits of both Medicaid and Medicare to Participants in the FIDA Demonstration.

Plan Name	Counties of Service
65 Plus Plan	Bronx, Kings, New York, Queens, Richmond, Nassau
Mount Sinai Select	New York
Increased Benefits Plan	Bronx, Kings, New York, Queens, Richmond, Nassau
Coordinated Benefits Plan	Bronx, Kings, New York, Queens, Richmond, Nassau
Life Improvement Plan	Bronx, Kings, New York, Queens, Richmond, Nassau, Westchester
AssuredCare	Bronx, Kings, New York, Queens, Richmond, Nassau
CompleteCare	Bronx, Kings, New York, Queens, Richmond, Nassau
AbsoluteCare FIDA Plan	Bronx, Kings, New York, Queens, Richmond, Nassau, Westchester

2.3 Healthfirst Commercial Programs

Healthfirst offers a range of commercial products. Qualified Health Plans (QHP) are offered via the NY State of Health (New York State's health benefit exchange) and are marketed as Healthfirst Leaf Plans. These plans are available for eligible individuals and families. Healthfirst also offers individual and family health plans off the NY State of Health. The benefits and cost-sharing of these off-Exchange plans mirror those of the on-Exchange Leaf Plans, but are marketed as Healthfirst HMO A, B, C, and D plans ("HMO Plans").

Healthfirst Leaf and HMO Plans are comprehensive health insurance plans that meet all state and federal QHP requirements. These plans are offered at a range of premium and coverage levels to meet the needs of a wide variety of consumers:

- Healthfirst Platinum Leaf Plan/Healthfirst Premier Platinum Leaf Plan/HMO A:** Highest premiums, with \$0 annual deductible, low copays, and an annual out-of-pocket limit of \$2,000. Adult dental and vision coverage is available with Platinum Leaf Premier plans.
- Healthfirst Gold Leaf Plan/ Healthfirst Premier Gold Leaf Plan/HMO B:** \$600 annual deductible, modest copays, and an annual out-of-pocket limit of \$4,000. Adult dental and vision coverage is available with Gold Leaf Premier plans.
- Healthfirst Silver Leaf Plans/Healthfirst Premier Silver Leaf Plans/HMO C:** Modest premiums, with \$2,000 annual deductible, modest copays, and an annual out-of-pocket limit of \$5,500. Subsidies are available that can help reduce the Silver Leaf copays and deductibles. Adult dental and vision coverage is available with Healthfirst Leaf Premier plans.

- **Healthfirst Bronze Leaf Plan/Healthfirst Premier Bronze Leaf Plan/HMO D:** Lowest premiums, with \$3,500 annual deductible, 50% coinsurance, and an annual out-of-pocket limit of \$6,850. Adult dental and vision coverage is available with Healthfirst Leaf Premier plans.
- **Healthfirst Green Leaf Plan/HMO E:** Catastrophic coverage for individuals under 30 years of age

These plans offer the following essential health benefits:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness and chronic-disease management
- Pediatric services, including oral and vision care

Healthfirst's Healthy NY program plan is offered by Managed Health, Inc., a subsidiary company of Healthfirst, Inc. The Healthy NY program is coverage available to eligible small employer groups. This program was discontinued for individuals and sole proprietors on December 31, 2013.

2.4 Benefits/Covered Services

Members who participate under a government-sponsored program (Medicaid, Child Health Plus, and Medicare) are entitled to receive all services covered by that program. Benefits among the programs vary. For example, Medicaid members are entitled to receive all of the services covered under the Medicaid program, but some services, such as prescription drugs, are covered directly by Medicaid Fee-for-Service. Medicare members are entitled to receive all of the services under the Medicare program. Further, for Medicare members, the Healthfirst Medicare Plan offers a variety of products that not only cover the services available under Original Medicare, but also offer additional benefits such as dental and vision. Commercial health plan members are entitled to receive all services covered by their plan.

To view a detailed summary of the benefits offered by the Medicaid and CHPlus programs please refer to the Health Provider Portal or to our member handbooks located on our website, www.healthfirst.org. For the Medicare programs, please refer to the applicable Summary of Benefits. Any changes to a particular benefit package will be noted in The Source, our provider newsletter, or in other mailings. Copies of these materials are located on our website at www.healthfirst.org/providerservices.

To view a detailed summary of the benefits offered by the Healthfirst Leaf or HMO A–D plans, please refer to the Summary of Benefits available on our website at www.healthfirst.org/health-insurance/healthfirst-leaf-plans.

Consent to Receive Noncovered Services

If you believe that a given service is not covered by Healthfirst, you must do the following:

- Determine if the member is covered by one of the Healthfirst Medicare programs. If they are, refer to Section 15 for instructions
- For non-Medicare programs, inform the member that you believe that their Healthfirst program does

not cover the service. You should contact Member Services directly in order to determine whether the service is covered. You should explain to the member that they may also contact Member Services.

- If Member Services confirms that the service is not covered, you should advise the member that if they disagree with Healthfirst's determination, they may file a grievance or an appeal if dissatisfied. Information on the process for filing grievances and appeals may be obtained by calling Member Services
- If Member Services confirms that the service is not covered, and the member elects for you to provide the noncovered service, you must tell the member how much the non-covered service will cost, explain to the member that they will be billed directly for and be responsible for paying for the noncovered services and that Healthfirst will not be in any way financially responsible.
- You must also receive the members written consent to indicating that they were advised of the cost and agree to be financially responsible for the noncovered services. A general consent signed by the member indicating the member is financially responsible for any services not paid for by Healthfirst is not sufficient. The written consent must be indicate the specific services and costs for the noncovered services that will be provided.