

Hamaspik Quick Reference Guide for MLTC

A word about Hamaspik Choice (a Managed Long Term Care plan)...

Hamaspik Choice Managed Long Term Care (MLTC) benefits do not include medical coverage for physician and hospital services. Members of Hamaspik Choice MLTC all have Medicaid and may have other primary coverage such as Traditional Medicare or a Medicare Advantage plan such as Hamaspik Medicare Select. A small number of MLTC members have only fee-for-service Medicaid as their health insurance. This information is pertinent to Hamaspik CHOICE (Managed Long Term Care) Plan only.

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SERVICE	NOTES	CONTACT INFO		
Member Eligibility Verification	Hours of Operation: Monday 8 am- 6 pm Tuesday- Friday 9 am-5 pm	Tel (855) 552-4642, select option 4 then option 3 After Hours: (855) 552-4643		
Member Services				
Care Management	Speak to the member's care manager	Tel. (855) 552-4642, select option 1 then option 1 request to speak with member's care manager.		
AUTHORIZATIONS: Please Note: All claims must Include the applicable Authorization Number				
Home Care	LHCSA, CDPAP	LHCSA and CDPAP service inquiries Tel (855) 552-4642 Dial extension 606 Homecare@hamaspikchoice.org		
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DME & Medical Supply		Tel. (855) 552-4642, select option 1 then option 2 Fax @ 845-503-1511 DME@hamaspikchoice.org
Authorizations Dept.	Inquiries regarding existing authorizations or requests for resumption of services.	Tel. (855) 552-4642 Dial extension 610 authorizations@hamaspikchoice.org
Transportation		Contact MAS

Transportation Transportation is managed by New York State's contracted vendor, MAS.

Nursing Home/SNF

New York State's contracted covendor, MAS.

Inquiries regarding existing authorizations or requests for new authorizations.

Members residing in New York City, Nassau, Suffolk, Putnam, and Westchester counties should dial 1-844-666-6270. Members in all other counties should dial

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Tel. (855) 552-4642,

Dial extension 610 authorizations@hamaspikchoice.or

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Outpatient Rehab	PT/OT/ST (if MLTC is primary payer)	Tel. (855) 552-4642 , select option 1 then option 1 request to speak with member's care manager.
Dental	Benefit managed by DentaQuest	(855) 343-4277 Providers (855) 343-4277 Members
Vision/Optometry	Benefit managed by EyeQuest	(844) 824-2014 Providers (855) 343-4277 Members
All Other Services	Audiology, Home Delivered Meals, Podiatry, Social Day Care, Adult Day Health Care, and more	(855) 552-4642, select option 1 then option 1 request to speak with member's care manager.
INQUIRIES	NOTES	CONTACT INFO
Claims	Mail Paper Claims (CMS 1500 or UB 04 only) to: Hamaspik Managed Care P.O. Box 20408 Tampa, FL 33622 Electronic Submissions: Availity (Clearinghouse) Tel. (800) 282-4548 Hamaspik payer ID #47738	Hamaspik Claims Dept. Tel. (855) 552-4642, select option 4 then option 2 Email: ClaimsProcessing@hamaspikchoice.org
Explanations of Payment (EOP) Copies	Remittance Advice	Hamaspik Finance Dept. Email: Remittances@hamaspikchoice.org
Electronic Payments (required for MLTC providers)	ACH form available online www.hamaspik.com/providers	Email: Remittances@hamaspikchoice.org
Referring Prospective Members for Enrollment	Intake Contacts	Tel. (855) 552-4642, select option 2 Email: MLTC: Intake@hamaspikchoice.org MAP: enroll@hamaspikchoice.org
Provider Relations	Provider Manual and notices posted at www.hamaspik.com/providers	Tel. (855) 552-4642, select option 4 then option 4 Email: ProviderRelations@hamaspikchoice.org
Hamaspik Office Info	Business Hours for most departments are Mon. – Fri. 9 a.m. to 5 p.m.	Corporate mailing address: 58 Route 59, Suite 1 Monsey, NY 10952 Business office address: 775 North Main St. Spring Valley, NY 10977 Website: www.Hamaspik.com