



Hamaspik Choice: MLTC

Hamaspik Medicare Choice: MAP

Hamaspik Medicare Select: D-SNP

SERVICES	PLANS	CONTACT INFO	NOTES
Member Eligibility Verification	MLTC	Tel (855) 552-4642 Option 4 then 3 After Hours (855) 552-4643	Mon 8am-6pm Tues 9am-5pm
	MEDICARE	Tel (888) 426-2774 Option 1 TTY users should call 711	Oct 1 – Mar 31: Mon-Fri 8am-8pm April 1 – Sept 30: 7 days per week
Member Service	MLTC	Tel (855) 552-4642 Option 4 then 3 After Hours (855) 552-4643	Mon 8am-6pm Tues 9am-5pm
	MEDICARE	Tel (888) 426-2774 Option 3 TTY users should call 711	Oct 1 – Mar 31: Mon-Fri 8am-8pm April 1 – Sept 30: 7 days per week
Care Management Care Coordination	MLTC	Tel (855) 552-4642 Option 1 then 1 Request to speak with member's care manager	Speak to the member's care manager
	MEDICARE	Tel (888) 426-2774 Option 1 (as if you are a member), then Option 1 to be connected to Member Services to identify the Care Manager and connect you	Mon-Fri 9am-5pm
Home Care	MLTC	LHCSA and CDPAP service inquiries Tel (855) 552-4642 x 606	LHCSA, CDPAP
	MEDICARE	Email Homecare@hamaspikchoice.org	
Durable Medical Equipment (DME) & Medical Supply	MLTC	Tel (855) 552-4642 x 612 Fax (845) 503-1511 Email DME@hamaspikchoice.org	
	MEDICARE	Tel (888) 426-2774 x 612 Fax (845) 503-1511 Email DME@hamaspikchoice.org	
Authorizations Department	MLTC	Tel (855) 552-4642 x 610 Fax (845) 503-1950	Inquiries regarding existing authorizations or requests for resumption of services.
	MEDICARE	Email Authorizations@hamaspikchoice.org	
Nursing Home/SNF	MLTC	Tel (855) 552-4642 x 610 Fax (845) 503-1950	Inquiries regarding existing authorizations or requests for resumption of services.
	MEDICARE	Email Authorizations@hamaspikchoice.org	

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Outpatient Rehab	MLTC	Tel (855) 552-4642 Option 1 then 1 Request to speak with member's care manager	PT/OT/ST (if MLTC is the primary payer)
	MEDICARE	Tel (888) 426-2774 x 608 Fax (845) 503-1911 Email MedicareRequests@hamaspikchoice.org	PT/OT/ST (if Medicare is the primary payer)
Dental	MLTC	Providers (855) 343-4277 Members (855) 343-4277	Benefit managed by DentaQuest
	MEDICARE		
Vision/ Optometry	MLTC	Providers (844) 824-2014 Members (855) 343-4277	Benefit managed by DentaQuest
	MEDICARE		
All Other Services	MLTC	Tel (855) 552-4642 Option 1 then 1 Request to speak with member's care manager	Audiology, Home Delivered Meals, Podiatry, Social Day Care, Adult Day Health Care, etc.
	MEDICARE	Tel (888) 426-2774 x 608 Fax (845) 503-1911 Email MedicareRequests@hamaspikchoice.org	
Behavioral Health Services <small>(Includes pre- authorizations for mental health and substance abuse services)</small>	MLTC		Not a covered MLTC benefit
	MEDICARE	Carelon Behavioral Health (866) 201-1401	24 hours 7 day per week
Pharmacy Services	MLTC		Not a covered MLTC benefit
	MEDICARE	Prime Therapeutics (800) 424-4437 Option 1	
Utilization Management <ul style="list-style-type: none">• Service requests• Admissions	MLTC	Tel (855) 552-4642 Option 1 then 1 Request to speak with member's care manager	
	MEDICARE	Tel (888) 426-2774 x 608 Fax (845) 503-1911 Email MedicareRequests@hamaspikchoice.org	Please refer to the authorization request form on the providers page at www.hamaspik.com
Laboratory Services	MLTC		Not a covered MLTC benefit
	MEDICARE	Any laboratory services that are not performed in the provider office must be referred to a participating laboratory or labs in participating hospitals. Participating labs include: BioReference Labs, Centers Lab, Empire City, LabCorp, Lenco, Northwell Health Labs, Ritter, Scarlet (home draws), Sherman Abrams, and Sunrise.	Check our provider directory at www.hamaspik.com for updates to our lab network

SERVICES	PLANS	CONTACT INFO	NOTES
Claims	MLTC	Hamaspik Claims Department Tel (855) 552-4642 Option 4 then 2 Email ClaimsProcessing@hamaspikchoice.org	Mail Paper Claims (CMS1500 or UB04 only) Hamaspik Managed Care P.O. Box 20408 Tampa, FL 33622-0408 Electronic Submissions Availity (clearinghouse) Tel (800) 282-4548 Hamaspik payer ID #47738
	MEDICARE	Tel (888) 426-2774 Option 2 then 2 Email ClaimsProcessing@hamaspikchoice.org	
Appeals	MLTC	Tel (888) 426-2774 x 618 Email MLTCAppeals@hamaspikchoice.org Hamaspik Managed Care Attn: MLTC Appeals 775 North Main St. Spring Valley, NY 10977	
	MEDICARE	Tel (888) 426-2774 x 619 Email MedicareAppeals@hamaspikchoice.org Hamaspik Managed Care Attn: Medicare Appeals 775 North Main St. Spring Valley, NY 10977	
Explanations of Payment (EOP) Copies	MLTC	Hamaspik Finance Department Email Remittances@hamaspikchoice.org	Remittance Advice
	MEDICARE		
Electronic Payments (ACH) (required for MLTC providers)	MLTC	Hamaspik Finance Department Email Remittances@hamaspikchoice.org	ACH form available online www.hamaspik.com/providers
	MEDICARE		
Referring Prospective Members for Enrollment	MLTC	Tel (855) 552-4642 Option 2 Email (MLTC) Intake@hamaspikchoice.org Email (MAP) Enroll@hamaspikchoice.org	Intake Contacts
	MEDICARE		
Provider Relations	MLTC	Tel (855) 552-4642 Option 4 then 4 Email ProviderRelations@hamaspikchoice.org	Provider manual and notices posted at www.hamaspik.com/providers
	MEDICARE		
Hamaspik Office Info	MLTC	Hamaspik Managed Care 775 North Main St. Spring Valley, NY 10977 Website www.hamaspik.com	Business hours for most departments are Mon-Fri 9am-5pm
	MEDICARE		

MLTC and MAP Medicaid Services Requiring Prior Authorization (subject to change)

- ✔ Personal Care Assistant (PCA) and Consumer Directed Personal Assistance Services (CDPAS)
- ✔ Rehabilitative Services- Physical, Occupational and Speech Therapy (PT/OT/ST)
- ✔ Inpatient Skilled Nursing Facility or Nursing Home (SNF)
- ✔ Respite
- ✔ Durable Medical Equipment (DME)
- ✔ Hearing Aids
- ✔ Home/Environmental Modifications
- ✔ Social Adult Day Care (SADC)
- ✔ Adult Day Health Care (ADHC)
- ✔ Dental (through DentaQuest)
- ✔ Vision (through EyeQuest)
- ✔ Transportation (through New York's designated transportation benefit manager "MAS")

Medicare Services Requiring Prior Authorization (subject to change)

The following timeframe standards apply to all services requiring prior authorization (for a more detailed list of services that require prior authorization, please see the Provider Manual):

- **Standard/Prior Authorization** Standard requests for prior authorization can take up to 14 days to process and should be submitted no less than 14 days prior to date of service.
- **Expedited Services** Expedited requests for prior authorization can take up to 72 hours to process and should be submitted no less than 72 hours prior to date and time of service.
- **Emergency/Urgent Care Services** When prior authorization was not able to be obtained due to emergent need, request/notification should be made to the plan within one business day of rendering services.

Contact Utilization Management/Submit completed authorization request form to obtain prior authorization for the following service categories:

- ✔ Diagnostic Tests Procedures: Authorization is required for certain diagnostic procedures, non-lab tests and genetic testing procedures, MRA, MRI, PET Scans. Routine lab tests do not require prior authorization.
- ✔ All Inpatient Admissions, including Hospital, Skilled Nursing Facility, LTACH, Sub-Acute and Acute Rehab.
- ✔ Hospital Observation Stays
- ✔ Inpatient Hospital Psychiatric/Mental Health (Carelton)
- ✔ Outpatient Physical, Occupational or Speech Therapy
- ✔ Dental Services (DentaQuest)
- ✔ Cardiac Rehabilitation, Pulmonary Rehabilitation and Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services
- ✔ Ground and Air Ambulance for non-emergencies
- ✔ Organ Transplants/Transplant Services
- ✔ Elective procedures such as reconstructive/plastic surgeries
- ✔ Selected DME
- ✔ All Home Health Care
- ✔ All Out of Network Referrals
- ✔ Experimental/Investigational Services
- ✔ Medical Nutritional Therapy
- ✔ Radiation Therapy
- ✔ Nuclear Medicine
- ✔ Sleep Studies
- ✔ Diabetic Therapeutic Shoes/Inserts
- ✔ Chiropractic Services
- ✔ Adjunctive General Services