

Elderplan|HomeFirst Network News

VOL 7

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Welcome to our network

We are pleased to welcome The Mount Sinai Hospital and Mount Sinai Queens to the Elderplan provider network!



All Elderplan and HomeFirst members will receive new member ID cards reflecting the 2026 plan year and updated copays. Contact information for DentaQuest, our new dental provider, will be listed on the back of the card.

Partnering for a Stronger Future

Elderplan/HomeFirst and VillageCareMAX are excited about our planned merger and appreciate that our providers share this enthusiasm. Together, we'll serve approximately 100,000 members, bringing expanded opportunities for your practice and continued support to help ensure seamless care for your patients.

While we work with the New York State Department of Health to gain the necessary approvals, both organizations must continue to operate independently and collaborate with our providers as usual.

Important Dental Network Change

Effective January 1, 2026, DentaQuest will become the new dental provider for Elderplan/HomeFirst, replacing Healthplex. This change reflects our commitment to improving member experience and expanding access to care. Elderplan has selected DentaQuest because they offer double the number of dental providers and have a great reputation for customer service.

Key Takeaways for Providers:

- Members must continue using Healthplex through December 31, 2025.
- Continuity of care will be available in 2026 for members who are undergoing treatment. Dentists should contact DentaQuest for details starting January 1.
- Dentists are encouraged to request a Realtime Coverage Estimate from DentaQuest before initiating treatment in 2026.

For questions, contact Elderplan Provider Services at 800-353-3765, option 2.



Institutional Plan Changes: Vision and Hearing Services

Starting January 1, 2026, members enrolled in Elderplan Advantage for Nursing Home Residents and Elderplan Select will use their Flex Card to access routine vision and hearing services, including:

- Vision: Eye exams, eyeglasses, and related routine care
- Hearing: Hearing tests, hearing aids, and related routine care

Members may receive these services from the provider of their choice, and no prior authorization is required when using the Flex Card.

Providers are encouraged to remind eligible members about this benefit and support them in accessing care that will help enhance their quality of life.



Carelon Launches 24/7 Claims Self-Service for Providers



Carelon Behavioral Health, the behavioral health network for Elderplan MAP members, now offers 24/7 self-service for claims inquiries. Providers can check claim status without waiting in queue, saving time and improving efficiency. Key features include:

- Unlimited claim checks per call
- Real-time updates on claim status, payment details, and denial reasons
- Reduced wait times for complex inquiries
- Access to a live representative anytime

For claims assistance or to access the Claims Self-Service portal, please contact Carelon Behavioral Health at **1-833-918-0808**.

New Prior Authorization Form

As a reminder, prior authorization ensures that requested services meet Medicare's clinical criteria and are appropriate for a member's condition.

To enhance efficiency, Elderplan has created a streamlined form for submission to our Pre-Certification Team, available on the [Elderplan website](#). While using the form is optional, it helps capture requested information quickly. Please:

- Complete all required fields
- Attach medical documentation supporting medical necessity
- Submit via fax to 718-759-5155

We appreciate your partnership in delivering high-quality, medically necessary care. For questions regarding this form or the prior authorization process, contact Provider Services

MLTC Minimum Needs Requirement

Please be advised that the NYS DOH implemented new requirements for MLTC and MAP enrollments, that took effect on **September 1, 2025**. These changes do not impact members who are currently enrolled in MLTC and MAP plans ("Legacy" members).



Here's what you need to know:

- **Eligibility Assessments:** Potential enrollees will still be assessed for eligibility but must now also meet the new **Minimum Needs criteria**.
- **Minimum Needs Criteria:**
 1. Potential enrollee must require at least limited assistance with physical maneuvering in more than two Activities of Daily Living (ADLs), OR
 2. Potential enrollee must have a diagnosis of Alzheimer's or Dementia and require supervision with more than one ADL.
- **Reassessments:** The new criteria will apply to member reassessments unless the member qualifies as a Legacy enrollee by maintaining continuous MLTC enrollment.
- **Provider Role:** A physician (M.D. or D.O.), such as the member's PCP, must complete the DOH-5821 form to confirm an Alzheimer's or Dementia diagnosis. To avoid enrollment delays, please assist members in completing this form as soon as possible or during their annual reassessment.
- **Referrals:** MLTC and MAP providers, such as LHCSAs and SDCs should be aware of these requirements when referring individuals for enrollment.

Claim Reminders

a. Claim Reminder, a pre-authorization for services from Elderplan is not needed when Elderplan is the secondary payor (payor of member cost share). Providers should submit the EOB from the primary payor when submitting the claim to Elderplan for secondary coverage. Please keep in mind that an authorization would be required if the primary payor denied the service.

b. Elderplan Telehealth Coverage Update

Elderplan provides coverage for Telehealth services in accordance with guidelines established by CMS. Pre-authorization is not required for Elderplan contracted providers.

Place of Service (POS) Codes:

Use **POS 10** for Telehealth services provided within the patient's home (excluding facility-based residences).

Use **POS 02** for Telehealth services delivered outside the patient's home (including facility-based residences).

The list of covered Telehealth services has been revised from those previously authorized during the COVID-19 public health emergency. CMS continues to update this list annually, with changes typically taking effect annually on **January 1st**. For the most current list of covered Telehealth codes, physicians should refer to the official CMS resource found at:

<https://www.cms.gov/medicare/coverage/telehealth/list-services>.

c. For your convenience, please submit claims electronically, via **TransShuttle** or **iEDI**. And don't forget electronic payments via **Zelis**!



Credentialing Policy Reminders

a. LHCSA Providers: Per NYS DOH regulations, LHCSAs may only provide services to members in counties where they are licensed. Elderplan cannot credential LHCSAs for counties where they do not hold a license.

b. PCPs and dual providers in locations that are **new** to the Elderplan network must undergo a site inspection. Delegated groups who credential providers are expected to conduct inspections of PCP and dual provider offices as part of their contracted services.

Focus on Quality - Pneumonia Vaccines

Earlier this year, the Advisory Committee on Immunization Practices (ACIP) expanded its pneumonia vaccination guidelines. A single dose of PCV is now recommended not only for adults 65+, but also for PCV-naïve adults aged 50–64.

Vaccination is especially important for members at high risk of complications, including those with chronic conditions, compromised immune systems, or undergoing treatments that weaken immunity.

Elderplan covers all ACIP-recommended vaccines at no charge at network pharmacies. A full list of covered vaccines can be found [here](#).

We thank you for your past and continued collaboration in caring for our members and look forward to working together to ensure that their health and safety remain our primary objectives.

Provider Portal

The Elderplan Provider Portal is available 24/7, making it easy to check member eligibility, access detailed claims information, manage appeals, upload requested charts or documentation, and stay up-to-date with the latest Elderplan news. To register, simply visit elderplan.org and click “For Providers” followed by “Web Portal.”



Friendly Reminders

- **Provider Quality Incentive:**

Take advantage of Elderplan financial incentives by registering with Stellar Health today at stellarhealth.com! You'll earn rewards for the outstanding care you already provide to your patients.

- **Keep Your Information Updated:**

Ensure your provider data is current and submit all re-credentialing documents promptly, when requested.

- **Accurate Coding and Documentation:**

Complete and precise documentation is essential—if it's not documented, it didn't happen. Be sure to code chronic conditions annually, using the MEAT acronym as a helpful guide:

- Monitoring
- Evaluation
- Assessment
- Treatment

- **Annual Attestation:**

Complete your annual attestation of the Elderplan Model of Care in the provider portal.

Thank you for your attention to these important reminders. Your diligence in these areas contributes to the quality of care provided to your patients/our members. If you have any questions or need further assistance, please don't hesitate to reach out.

Provider Services is available to answer your questions
at **1-800-353-3765, option 2**. 9am – 5pm, Monday – Friday.

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