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THE EMPIRE PLAN

REPORTING ON

HCAP

What do you do when your child needs a nebulizer for his asthma medication? What if you need a wheelchair or a walker? How do you find home care services when you are discharged from the hospital?

The Empire Plan Home Care Advocacy Program, or HCAP, has the answers for you.

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP) for Empire Plan enrollees and their enrolled dependents, COBRA enrollees with their Empire Plan benefits and Young Adult enrollees

The Empire Plan Home Care Advocacy Program

The Empire Plan Home Care Advocacy Program (HCAP) is The Empire Plan program for home care services, durable medical equipment and certain supplies. This includes nebulizers, wheelchairs, walkers and skilled nursing services in your home. Covered services are paid in full if you call HCAP before receiving services and choose an HCAP-approved provider. HCAP is a part of The Empire Plan Medical Program, which is administered by UnitedHealthcare.

When to Call HCAP

As soon as your doctor prescribes home care services, durable medical equipment or supplies, call HCAP toll free at 1-877-7-NYSHIP (1-877-769-7447). Press 1 for the Medical Program, then 3 for HCAP. Call to receive maximum benefits, even if Medicare or another plan is your primary coverage. (A plan is primary to The Empire Plan when it pays for health benefits first, before any other plan.) Have your Empire Plan Benefit Card handy when you make the call to HCAP.

WHAT'S INSIDE

2 Nationwide Coverage
3 What's Covered
4 Three Easy Steps to Home Care; Diabetic and Ostomy Supplies
5 How HCAP Works and How HCAP Helps
6 If You Don't Use HCAP
7 More about HCAP
8 HCAP and the Specialty Pharmacy Program

NYSHIP
New York State Health Insurance Program

This issue of *Reporting On* is for information purposes only. Please see your doctor for diagnosis and treatment. Read your plan materials for complete information about coverage.

Nationwide Coverage

You can call HCAP from anywhere in the United States. HCAP representatives are available Monday through Friday, 8:00 a.m. to 4:30 p.m. Eastern time. HCAP voice mail is available 24 hours a day, seven days a week, so you can leave a message at any time.

If you aren't able to call HCAP yourself, someone else, such as a family member, doctor or hospital discharge planner, can make the call for you.

When You Call HCAP

An HCAP representative can help you get covered services quickly with paid-in-full benefits. The representative will work with you and your doctor to determine to what extent home care services or durable medical equipment will be covered.

The HCAP team will then arrange for your care with providers in your area who are approved for covered services and equipment. HCAP will send you a letter of confirmation.

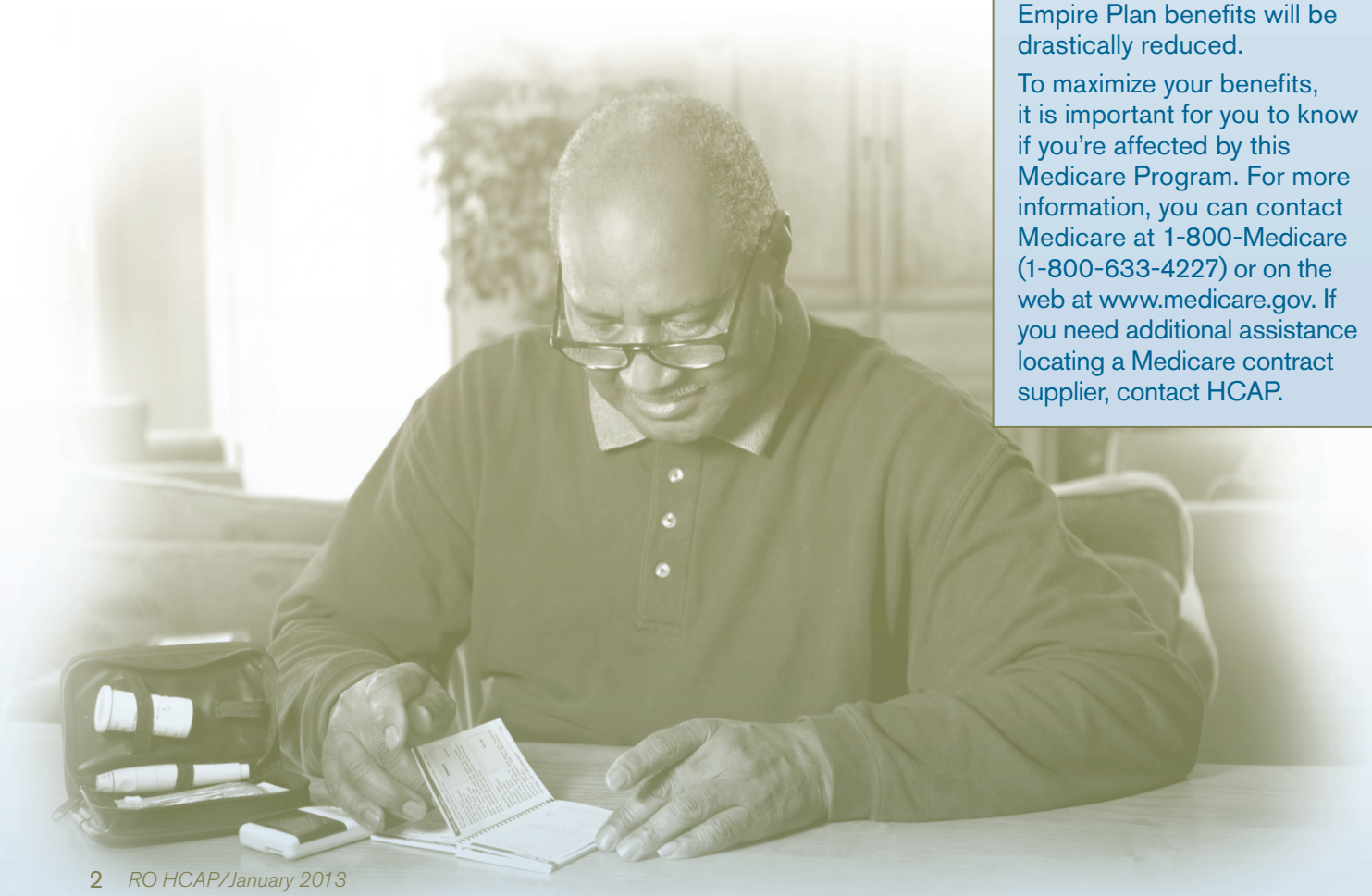
You are guaranteed network benefits nationwide if you call before receiving services and choose an HCAP-approved provider.

Medicare Competitive Bidding Program

Medicare has implemented a Competitive Bidding Program in some areas of the country. This Program determines how Medicare pays suppliers for certain durable medical equipment, prosthetics, orthotics and supplies (DMEPOS).

If Medicare is your primary coverage before The Empire Plan and you live in one of these areas and use equipment or supplies included in the Program (or get the items while visiting one of these areas), you will have to use a Medicare contract supplier if you want Medicare to help you pay for the items. If you don't use a Medicare contract supplier, Medicare will not pay for the items and your Empire Plan benefits will be drastically reduced.

To maximize your benefits, it is important for you to know if you're affected by this Medicare Program. For more information, you can contact Medicare at 1-800-Medicare (1-800-633-4227) or on the web at www.medicare.gov. If you need additional assistance locating a Medicare contract supplier, contact HCAP.



What's Covered If You Use HCAP

HCAP covers six main types of equipment and services:

1. **Durable medical equipment and related supplies**

   For example, nebulizers (note: the medications used with nebulizers are covered under The Empire Plan Prescription Drug Program), oxygen equipment, walkers, wheelchairs, crutches, hospital beds, diabetic shoes,* supplies used with covered durable medical equipment such as oxygen tubing and oxygen masks.

   Covered durable medical equipment is equipment for repeated use and not consumable or disposable; it is prescribed by a physician for a medical reason and is necessary because of an illness or injury. HCAP covers rental or purchase, as appropriate, as well as repairs and necessary maintenance not provided for under a manufacturer's warranty or purchase agreement. Call HCAP for an approved provider. You must make a pre-notification call to HCAP to receive paid-in-full network benefits.

2. **Diabetic and ostomy supplies**

   For example, glucometers, test strips, lancets, ostomy baseplates and pouches. Supplies must be prescribed by a physician and determined to be medically necessary.

3. **Skilled nursing services in the home**

   For example, private duty nurses and visiting nurses when they provide skilled care. Care must be ordered by and supervised by a physician.

   HCAP does not cover assistance with daily living, companionship or other services that can be provided by a less skilled person, such as a home health aide. Assistance with daily living is called custodial care and includes help with walking, bathing and dressing.

4. **Home infusion therapy services**

   For example, the administration of chemotherapy and pain management by a nurse when prescribed by a physician. Applicable copayments apply for medications, which are covered under The Empire Plan Prescription Drug Program.

5. **Certain medically necessary health care services are provided in the home when the home care takes the place of hospitalization or care in a skilled nursing facility.**

   For example, physical, occupational and speech therapy. HCAP also covers laboratory services provided by, or on behalf of, the home care agency providing such services.

The Bottom Line

You have no out-of-pocket expense for approved covered services if you follow HCAP requirements. You know from the beginning what The Empire Plan will cover. There are no claim forms to fill out or other paperwork. So if your doctor prescribes home care services or durable medical equipment or supplies, call 1-877-7-NYSHIP (1-877-769-7447) to learn about the benefits available to you under HCAP.

6. **Enteral formulas**

   Nutritional replacements taken by mouth or through a feeding tube. These formulas provide basic nutrition when food in its usual form is not appropriate or adequate to meet the individual's nutritional needs. HCAP covers enteral formulas for home use when your doctor gives you a written order that identifies medical necessity. The prescribed enteral formula must be proven safe and effective for the diagnosis.

* You are covered for one pair of medically necessary custom molded or depth shoes per calendar year if you have a diagnosis of diabetes and diabetic foot disease; diabetic shoes have been prescribed by your provider; and the shoes are fitted and furnished by a qualified pedorthist, orthotist, prosthetist or podiatrist. Shoes ordered by mail or from the internet are not eligible for benefits. **Note:** There is a $500 limit per calendar year for diabetic shoes, inserts and/or modifications.

Three Easy Steps to Home Care

It's easy to receive paid-in-full benefits for covered services under HCAP:

1. You call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Press 1 on the main menu for the Medical Program. Then press 3 for HCAP, the Home Care Advocacy Program.
2. The Medical Program certifies covered home care, equipment or supplies.
3. The Medical Program makes or helps you make arrangements with an HCAP-approved provider.

When you follow these steps, you will have no claim forms, no out-of-pocket costs or copayments,* no deductible, and no unexpected bills.

In an Emergency

In an emergency, get the care or equipment/supplies you need. Then call HCAP within 48 hours or as soon as possible. If HCAP determines that the urgent or emergency services were medically necessary, covered services and items will be certified.

* Except for your medications, which are covered under The Empire Plan Prescription Drug Program at the applicable copayments.

Diabetic and Ostomy Supplies

You may call the HCAP network provider directly before receiving diabetic supplies (except insulin pumps and Medijectors) or ostomy supplies. You can reach these providers directly at their toll-free numbers. For most diabetic supplies, call The Empire Plan Diabetic Supplies Pharmacy at 1-888-306-7337. For insulin pumps and Medijectors, you must call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) for authorization. Press 1 on the main menu for the Medical Program. Then press 3 for HCAP, The Empire Plan Home Care Advocacy Program. For ostomy supplies, call Byram Healthcare Centers at 1-800-354-4054.

Tell the network supplier that you are an Empire Plan enrollee and provide the prescribing doctor's name and phone number. The supplier will confirm your need for the diabetic or ostomy supplies with the doctor. Your diabetic or ostomy supplies received from an HCAP network provider are covered in full.

Cathy and HCAP

Cathy has just learned she has sleep apnea – she stops breathing for short periods while she sleeps. Cathy also has heart problems, which concern her doctor. Her doctor prescribes a CPAP (continuous positive airway pressure) machine, special equipment to help Cathy continue to breathe while she sleeps.

Cathy calls HCAP and talks with an HCAP representative. Cathy is given names of network providers for her to contact in her area that can provide the equipment her doctor has prescribed. The network provider makes the arrangements for Cathy to get the equipment and supplies she needs for her sleep apnea. HCAP also puts this information in a letter to Cathy.

Cathy's out-of-pocket cost for these services is $0.00.

HCAP: 1-877-7-NYSHIP (1-877-769-7447). Press 1 on the main menu for the Medical Program. Then press 3 for HCAP, The Empire Plan Home Care Advocacy Program.

Fred and HCAP

Fred has a sore on his leg that becomes badly infected. The infection requires special cleansing and sterile dressing changes. Fred's doctor calls HCAP and asks for skilled nursing visits once a day for two weeks.

Fred's doctor is given names of network providers to contact that can provide the skilled nursing services prescribed for him.

The network provider makes the arrangements with Fred for the nurse to make a home visit. HCAP provides a paid-in-full benefit for the visiting nurse. Fred's infection clears up by the end of the month. He no longer needs the care of the HCAP visiting nurse.

Fred's out-of-pocket cost for services received is $0.00.

HCAP: 1-877-7-NYSHIP (1-877-769-7447). Press 1 on the main menu for the Medical Program. Then press 3 for HCAP, The Empire Plan Home Care Advocacy Program.

What's Covered If You Don't Use HCAP

If you don't call HCAP, and/or you use a non-network provider, you will:

- receive non-network benefits,
- pay the provider directly,
- have to file a claim form and then will receive partial reimbursement, resulting in you paying a higher share of the cost.
- The first 48 hours of nursing services per calendar year is not a covered expense.
- You must satisfy your combined annual deductible before your Basic Medical Program and non-network expenses under HCAP can be reimbursed.
- After you meet the combined annual deductible, The Empire Plan pays up to 50 percent of the HCAP network allowance. There is no coinsurance maximum.

Items Not Covered under HCAP

Items not covered under HCAP such as prosthetics, braces (except cervical collars) and splints will be considered under the Participating Provider Program or the Basic Medical Program.

Other Non-network Benefits

- Basic Medical benefits apply to durable medical equipment and supplies under $100 in total and dispensed by your doctor during an office visit.
- If you do not use an HCAP-approved provider for medically necessary diabetic shoes, benefits will be considered under the Basic Medical Program subject to the annual deductible with any remaining covered charges paid at 75 percent of the network allowance with a maximum annual benefit of $500.

See your *Empire Plan Certificate* and *Empire Plan Reports* for details.

- **Prescription drugs**

  In most cases, prescription medications used in therapies such as chemotherapy and pain management are covered by The Empire Plan Prescription Drug Program. (Does not apply if your prescription drug coverage is through a union Employee Benefit Fund.)

  The HCAP network provider will submit prescription drug claims to The Empire Plan Prescription Drug Program for reimbursement and will bill you for copayments due.

  You also have access to The Empire Plan Prescription Drug Program's Specialty Pharmacy Program. This Program offers enhanced services to individuals using specialty drugs and changes how enrollees obtain those drugs under the Prescription Drug Program. See "HCAP and the Specialty Pharmacy Program" on page 8 for details on how to get your specialty medications.

- **Hospital admission**

  If you are admitted to the hospital or a skilled nursing facility while receiving home care, you must call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) to certify your stay. Press 2 on the main menu for the Hospital Program. It is your responsibility to call or have someone else call, such as a doctor or a family member. This requirement applies when The Empire Plan is your primary health insurance coverage. Call before your scheduled admission or within 48 hours after an emergency or an urgent hospital admission as soon as it is reasonably possible.

- **Hospital discharge**

  If your doctor prescribes home care when you are discharged from the hospital or a skilled nursing facility, be sure to call HCAP. It is your responsibility to call or have someone else, like the hospital discharge planner, call. Have your Empire Plan identification number available.

  Also, tell the discharge planner that your Empire Plan home care benefits are provided through UnitedHealthcare.

- **External mastectomy prosthesis**

  Any single external mastectomy prosthesis costing $1,000 or more requires approval through HCAP before purchase. Refer to your *Empire Plan Certificate* and *Empire Plan Reports* for more information.

- **Hospice care**

  HCAP requirements do not apply to hospice care. Refer to your *Empire Plan Certificate* for hospice care information.

- **Appeals**

  All HCAP appeals are handled directly through HCAP. You may submit your appeal within 180 days of denial of benefits by writing to:

  UnitedHealthcare
  Home Care Advocacy Program
  P.O. Box 5400
  Kingston, NY 12402-5400

  or

  Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 1 on the main menu for the Medical Program.

Medical Necessity

When HCAP makes, or helps you make, the arrangements for home care, you're assured that the services, equipment and supplies you receive have been certified as medically necessary. If you obtain home care services, durable medical equipment or supplies without having them precertified by HCAP, and UnitedHealthcare then determines they were not medically necessary, you must pay the full cost.

If you appeal and receive a denial of coverage on the basis that a service is not medically necessary or is an experimental or investigational treatment, or if you and UnitedHealthcare agree in writing to waive any internal appeal, you have four months from the receipt of such denial or waiver to file a written request for an external appeal. Contact the New York State Department of Financial Services at 1-800-400-8882 for an external appeal application.

For more information on HCAP, see your *Empire Plan Certificate*.

HCAP and the Specialty Pharmacy Program

The Specialty Pharmacy Program is part of your Empire Plan Prescription Drug Program coverage.* Most specialty drugs are only covered if obtained through The Empire Plan's designated specialty pharmacy, Accredo Health Group, Inc, a subsidiary of Medco. When Accredo dispenses a specialty medication, the applicable mail service copayment is charged.

Specialty drugs are used to treat complex conditions and usually require special handling, special administration or intensive patient monitoring. The major drug categories covered under the Program include, but are not limited to, drugs for the treatment of rheumatoid arthritis, cancer, multiple sclerosis, human growth hormone deficiency, deep vein thrombosis and anemia (medications used to treat diabetes are not considered specialty medications). Whether they are administered by a health care professional, self-injected or taken by mouth, specialty medications require an enhanced level of service.

When HCAP is contacted regarding arranging nursing services for a specialty medication, HCAP works with Accredo to coordinate both the delivery of your drug and nursing services. HCAP arranges your care through the designated Specialty Pharmacy and a participating nursing agency to maximize your benefits under the Program.

The complete list of specialty drugs included in the Specialty Pharmacy Program is available on the New York State Department of Civil Service web site at https://www.cs.ny.gov. Each of these drugs can be ordered through the Specialty Pharmacy Program by completing the Medco mail order form (also available on the Department web site) and sending it to:

Medco Pharmacy
P.O. Box 6500
Cincinnati, OH 45201-6500.

To speak to a specialty-trained pharmacist or nurse regarding the Specialty Pharmacy Program, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Press 4 on the main menu for The Empire Plan Prescription Drug Program, and ask to speak with Accredo, 24 hours a day, seven days a week.

* Does not apply outside the United States.

New York State Department of Civil Service, Employee Benefits Division, Albany, New York 12239 ▪ https://www.cs.ny.gov

It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (https://www.cs.ny.gov). Check the web site for timely information that meets universal accessibility standards adopted by New York State for NYS Agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. NYS and PE Retirees, NYS and PE COBRA Enrollees and Young Adult Enrollees: Contact the Employee Benefits Division at (518) 457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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