

REPORTING ON



HOME CARE ADVOCACY PROGRAM

There's no place like home, especially when you have health issues. But sometimes after being discharged from the hospital, you still need skilled nursing care at home. Or, you or a loved one have a medical condition that calls for having special supplies at home.

When you require skilled nursing care or equipment, The Empire Plan Home Care Advocacy Program (HCAP) can help provide you with the services and support you need.



**The Empire
Plan**

For Empire Plan enrollees and for their enrolled dependents, COBRA enrollees with their Empire Plan benefits and Young Adult Option enrollees

TABLE OF CONTENTS

The Empire Plan Home Care
Advocacy Program..... 2

What HCAP Covers..... 3

Diabetic and Ostomy Supplies 4

Three Easy Steps to Home Care;
Understanding HCAP Coverage 5

If You Don't Use HCAP.....7

HCAP and the Specialty
Pharmacy Program 8

THE EMPIRE PLAN HOME
CARE ADVOCACY PROGRAM

The Home Care Advocacy Program (HCAP) is The Empire Plan program for home care services, durable medical equipment and related medical supplies. Home care services include skilled nursing services in your home. Durable medical equipment includes nebulizers, wheelchairs, walkers and hospital beds. Medical supplies include diabetic and ostomy supplies, diabetic shoes and enteral formulas. 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/Surgical Program, which is administered by UnitedHealthcare.

Calling HCAP

As soon as your doctor prescribes home care services, durable medical equipment or medical supplies, call HCAP toll free at 1-877-7-NYSHIP (1-877-769-7447). Press or say 1 for the Medical/Surgical Program, then 3 for 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 what home care services or durable medical equipment will be covered.

The HCAP team will then arrange or help you arrange for your care with approved providers in your area and, for ongoing care, 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. You have no out-of-pocket expenses for approved covered services and supplies if you follow HCAP requirements. And, there are no claim forms to fill out or other paperwork.

You can call HCAP from anywhere in the United States and representatives are available Monday through Friday, 8:00 a.m. to 4:30 p.m. Eastern time. HCAP voicemail 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.

In an emergency, get the care or equipment/supplies you need right away, 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. If it is after business hours (8:00 a.m. to 4:30 p.m., Eastern time), leave a message for an HCAP representative.



WHAT HCAP COVERS

HCAP covers six main types of equipment and services when they are medically necessary:

1. Durable medical equipment and related supplies

Durable Medical Equipment covered under HCAP is medical equipment that is for repeated use (not a consumable or disposable item), is used primarily for a medical purpose, is appropriate for use in the home and is generally not useful to a person in the absence of a sickness or injury.

Durable medical equipment that HCAP covers includes, but is not limited to:

- Air-fluidized beds and other support surfaces
- Canes
- Continuous passive motion (CPM) machines
- Continuous Positive Airway Pressure (CPAP) devices and accessories
- Crutches
- Hospital beds
- Manual wheelchairs and power mobility devices
- Nebulizers and supplies*
- Oxygen equipment and supplies
- Transcutaneous Electrical Nerve Stimulation (TENS) devices and supplies
- Walkers

Medical supplies covered under HCAP include diabetic supplies, including diabetic shoes,**

** The medications used with nebulizers are covered under the Empire Plan Prescription Drug Program.*

*** 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. This limit does not apply to prescription orthotics, which are covered under the Empire Plan Participating Provider Program or Basic Medical Program.*

ostomy supplies and supplies used with covered durable medical equipment, such as oxygen tubing and oxygen masks. HCAP covers rental or purchase of durable medical equipment and related supplies, 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 call HCAP to receive paid-in-full network benefits.

2. Diabetic and ostomy supplies

These include 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

HCAP covers nursing in the home when they provide skilled care. Care must be ordered and supervised by a physician.

HCAP does not cover custodial care, companionship or assistance with daily living, which entails such tasks as help with walking, bathing and dressing. This includes care or services provided by a home health aide.

4. Home infusion therapy services

These services include the administration of chemotherapy and pain management by a nurse when prescribed and supervised by a physician. Applicable copayments apply for medications that are covered under the Empire Plan Prescription Drug Program.

5. Communication devices

The rental or purchase of assistive communication devices ordered or prescribed by a physician are covered if a speech-language pathologist determines you are unable to communicate through typical means (i.e., speech or writing). Assistive communication devices include communication boards and speech generating devices. You are covered for software and/or applications that enable a laptop, desktop or tablet to function as a speech-generating device.

6. Enteral formulas

These formulas are nutritional replacements taken by mouth or through a feeding tube. They provide basic nutrition when food in its usual form is not appropriate or adequate to meet the individual's nutritional needs. HCAP covers nonprescription 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.

DIABETIC AND OSTOMY SUPPLIES

Call the HCAP network provider directly for authorization before receiving diabetic supplies (except insulin pumps and Medi-Jectors) 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 1-800-321-0591.

For insulin pumps and Medi-Jectors, you must call The Empire Plan for authorization. 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 when you receive authorization.



THREE EASY STEPS TO HOME CARE

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

1. Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**.

Press or say 1 on the main menu for the Medical/Surgical Program, then **press or say 3** for HCAP, the Home Care Advocacy Program.

2. The Medical/Surgical Program certifies covered home care, equipment or supplies.
3. The Medical/Surgical 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.

**Not including your medications that are covered under the Empire Plan Prescription Drug Program at the applicable copayments.*

Medicare Competitive Bidding Program

Medicare has a Competitive Bidding Program in most areas of the country, including New York State. 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 must use a Medicare contracted supplier if you want Medicare to help you pay for the items. If you don't use a Medicare contracted 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 are affected by this Medicare Program. For more information, contact Medicare at 1-800-MEDICARE (1-800-633-4227) or go to www.medicare.gov. If you need additional assistance locating a Medicare contracted supplier, contact HCAP.

UNDERSTANDING HCAP COVERAGE

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. (**Note:** This 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 these 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 to certify your stay by pressing or saying 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, such as 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.

Medical Necessity

When HCAP makes, or helps you make, the arrangements for home care, you are 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.

Appeals

All HCAP appeals are handled directly through HCAP. You may submit your Level 1 appeal within 180 days of the denial of benefits. If, as a result of the Level 1 appeal review, the original determination of benefits is upheld, in whole or in part, you can request a Level 2 appeal within 60 days after you receive notice of the Level 1 appeal determination. Internal appeals can be filed by either calling The Empire Plan and pressing or saying 1 on the main menu for the Medical/Surgical Program, or by writing to:

UnitedHealthcare
Empire Plan/Home Care Advocacy Program/
HCAP Appeals
P.O. Box 1600
Kingston, NY 12402
Fax: 1-877-742-1403

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 appeals, see your *Empire Plan Certificate* and *Empire Plan Reports*.

IF YOU DON'T USE HCAP

If you do not 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
- Receive partial reimbursement only if you have met your combined annual deductible, resulting in your paying a higher share of the cost

You pay for the first 48 hours of nursing services per calendar year; this 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.

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.

- Durable medical equipment and supplies over \$100 dispensed by your doctor during a visit will be reimbursed up to 50 percent of the HCAP network allowance after satisfying your annual combined deductible.
- If you do not use an HCAP-approved provider for medically necessary diabetic shoes, benefits will be considered under the Basic Medical Program. These benefits are 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.

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.



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. When the Specialty Pharmacy dispenses a specialty medication, the applicable retail or 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 anemia, cancer, hepatitis C, human growth hormone deficiency, multiple sclerosis and rheumatoid arthritis. **(Note:** Medications used to treat diabetes are not considered specialty medications.) Whether they are administered by a health care professional, self-injected or taken orally, specialty medications require an enhanced level of service.

When HCAP is contacted regarding arranging skilled nursing services in the home for a specialty medication, HCAP works with the Specialty Pharmacy 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 NYSHIP Online at www.cs.ny.gov/employee-benefits. Choose your group and plan, if prompted.



From the homepage, select Using Your Benefits and then Specialty Pharmacy Drug List.

To get started with the Specialty Pharmacy, to request refills or to speak to a specialty-trained pharmacist or nurse, please call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) Monday through Friday, between 7:30 a.m. and 9:00 p.m. Eastern time. Choose the Prescription Drug Program, and ask to speak with Specialty Customer Care. If you have a question or situation that requires immediate attention, or, if you're traveling in the United States, on-call pharmacists are available 24 hours a day, seven days a week. Please follow the steps above and let the pharmacist or nurse know the urgent nature of your call.

** Specialty Pharmacy Program requirements do not apply outside the United States nor to Empire Plan Medicare Rx enrollees.*

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.

New York State Department of Civil Service, Employee Benefits Division, Albany, New York 12239 • www.cs.ny.gov

It is the policy of the New York State 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 NYSHIP Online at www.cs.ny.gov/employee-benefits. Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency websites. If you need an auxiliary aid or service to make benefits information available to you, please contact your Health Benefits Administrator. NYS and PE Retirees, NYS and PE COBRA Enrollees and Young Adult Option enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).