



REPORTING *On*

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



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 (HCAP) has the answers for you.

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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 supplies, such as diabetic and ostomy supplies, diabetic shoes and enteral formulas. 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 or say 1 for the Medical Program, then 3 for HCAP. **Call to receive maximum benefits.** Have your Empire Plan Benefit Card handy when calling HCAP.

NATIONWIDE COVERAGE

You can call HCAP from anywhere in the United States at The Empire Plan's toll-free number, 1-877-7-NYSHIP (1-877-769-7447).



Press or say 1 for the Medical Program, then 3 for HCAP. 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.

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 what 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.

WHAT HCAP WILL COVER

HCAP covers six main types of equipment and services:

1. Durable medical equipment and related supplies

Examples include nebulizers, Continuous Positive Airway Pressure (CPAP) machines, oxygen equipment, walkers, wheelchairs, crutches, hospital beds, diabetic shoes* and supplies used with covered durable medical equipment, such as oxygen tubing and oxygen masks. (**Note:** The medications used with nebulizers are covered under the Empire Plan Prescription Drug Program.)

Durable Medical Equipment covered under HCAP is medical equipment that is for repeated use and is 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. 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 prenotification call to HCAP to receive paid-in-full network benefits.

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.*

Medicare Competitive Bidding Program

Medicare has implemented 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 will need 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 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 contract supplier, contact HCAP.



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

HCAP does not cover custodial care, or assistance with daily living, which entails such tasks as help with walking, bathing and dressing.

Custodial care, companionship or other services can be provided by a person who is less skilled, such as a home health aide.

4. Home infusion therapy services

These services include 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.

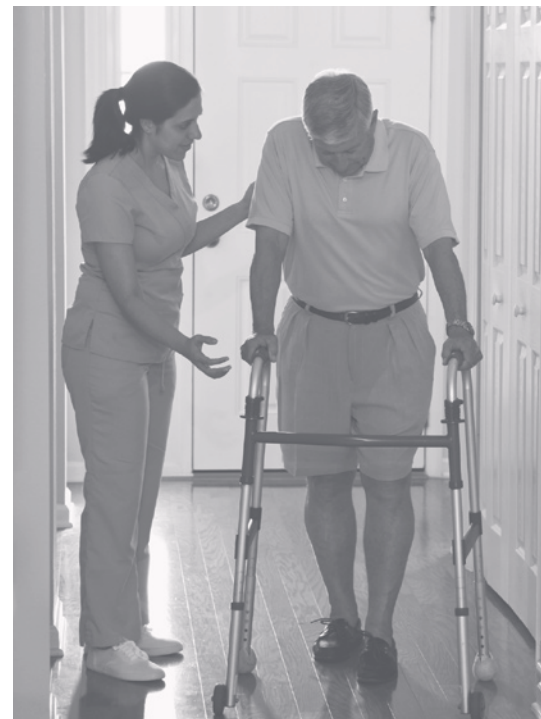
5. Health care services in the home

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.

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 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.



THE BOTTOM LINE

You have no out-of-pocket expense for approved covered services and supplies 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 The Empire Plan and press or say 1 for the Medical Program and then 3 for HCAP to learn about the benefits available.

DIABETIC AND OSTOMY SUPPLIES



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.

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 for authorization. For ostomy supplies, call Byram Healthcare Centers at 1-800-354-4054.



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 or say 1 on the main menu for the Medical Program, then **press or say 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.

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

HOW HCAP WORKS AND HOW HCAP HELPS



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 Continuous Positive Airway Pressure (CPAP) machine, special equipment to help her breathe while she sleeps.

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

Cathy has no out-of-pocket cost for these services.

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 that can provide the skilled nursing services prescribed for him. The network provider makes the arrangements with Fred for the skilled nursing home visits.

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 has no out-of-pocket cost for these services.

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. 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 IS COVERED IF YOU DO NOT 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 and then will receive partial reimbursement, resulting in you 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.

MORE ABOUT HCAP

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:** 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 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.

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 Program, or writing to:

UnitedHealthcare
Home Care Advocacy Program
505 Boices Lane
Kingston, NY 12402-5400

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* and *Empire Plan Reports*.

MEDICAL NECESSITY

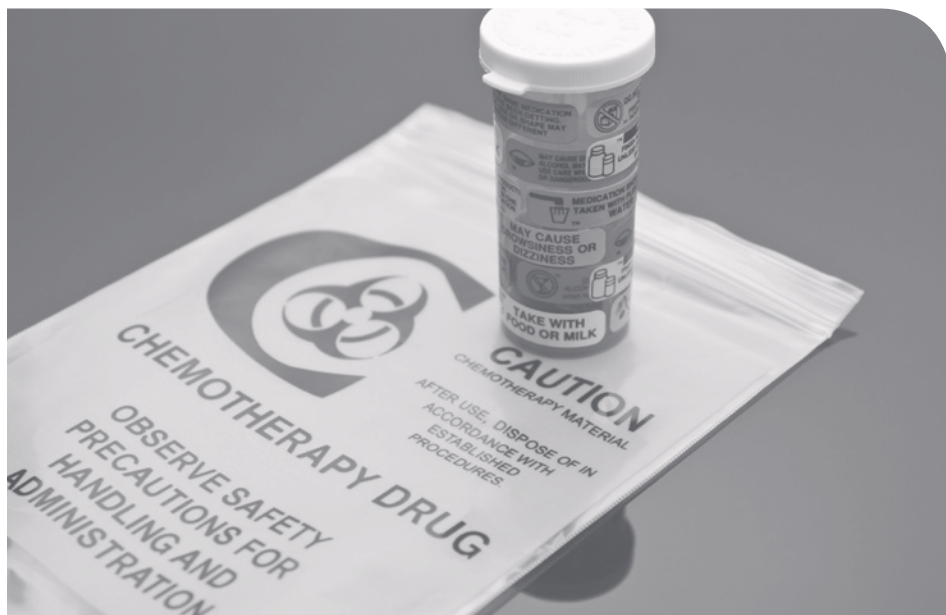
When HCAP makes, or helps you make, the arrangements for home care, you are assured that the services, equipment and supplies you receive have been certified as medically necessary. If you obtain home care services, durable medical equipment or supplies without having them precertified by HCAP, and UnitedHealthcare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

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, CVS/caremark Specialty Pharmacy.* When CVS/caremark 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 nursing services for a specialty medication, HCAP works with CVS/caremark 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 CVS/caremark 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) between 7:30 a.m. and 9 p.m., Monday through Friday, 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, 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.*

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. 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 Option 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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