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THE EMPIRE PLAN

Reporting On

Home Care Advocacy Program

The Empire Plan provides coverage for skilled nursing services, infusion therapy, certain durable medical equipment and other supplies at home through the Home Care Advocacy Program (HCAP).

For Empire Plan enrollees and their covered dependents, COBRA enrollees with Empire Plan benefits and Young Adult Option enrollees. SEHP enrollees may not be eligible for some of the benefits described in this publication. Contact your health benefits administrator (HBA) for more information.

NEW YORK STATE | Department of Civil Service
The Empire Plan

Home Care Advocacy Program

Home care is often part of a care plan to manage ongoing health needs—for example, after a hospital stay or when a medical condition calls for having special supplies at home.

The Empire Plan covers skilled nursing services, infusion therapy, certain durable medical equipment and other supplies at home through the Home Care Advocacy Program (HCAP), allowing you to receive medical care right where you live.

HCAP can:

- Arrange skilled nursing services and infusion therapy at home
- Obtain certain durable medical equipment (e.g., nebulizers, wheelchairs) and supplies
- Cover diabetic and ostomy supplies

PRIOR APPROVAL REQUIRED

To receive covered services in your home **at no cost to you**, call HCAP for prior approval.

If you don't call HCAP for prior approval, or if you use a non-approved provider:

- Your provider may require payment in full upfront
- You may need to submit your own claim
- Your benefits are reduced to a non-network level (50% of the HCAP network allowed amount, subject to deductible)

How To Use HCAP

After a provider prescribes skilled nursing services, medical equipment or supplies at home:

1. Call The Empire Plan at 1-877-769-7447. Press or say 1 for the Medical/Surgical Program, then 3 for HCAP. Representatives are available weekdays, 8 a.m. to 4:30 p.m., ET. Voicemail is available 24/7.
2. An HCAP representative will work with you and your provider to determine coverage and medical necessity.
3. HCAP will arrange care with an approved provider.

What HCAP Covers

HCAP covers the following services, equipment and supplies when medically necessary. See your *Empire Plan Certificate* for more details.

SKILLED NURSING SERVICES AT HOME

HCAP covers medically necessary skilled nursing services in the home when ordered and supervised by a health care professional. These services must require skilled nursing care to manage the medical needs of an acutely ill patient at home.

This includes home infusion therapy, which is the administration of drugs or nutritional therapies in the home by a nurse. However, the drugs and therapies themselves are generally covered under the Prescription Drug Program and may have a copayment applied.

DURABLE MEDICAL EQUIPMENT AND RELATED SUPPLIES

- Durable medical equipment (suitable for repeated use at home)
- Medical supplies used with durable medical equipment, such as oxygen tubing and oxygen masks

HCAP may cover rental or purchase of durable medical equipment as well as repairs and maintenance if not provided for under a manufacturer's warranty or purchase agreement.

If you are Medicare-primary, see *Special Situations* on the next page for requirements when obtaining durable medical equipment and related supplies.

DIABETIC AND OSTOMY SUPPLIES

- Diabetic supplies, including glucometers, test strips and lancets.
  - For blood testing supplies, or if you have type 1 diabetes and need a continuous glucose monitor (CGM) or insulin pump, call the Empire Plan Diabetic Supplies Pharmacy directly at 1-800-321-0591.
  - If you have type 2 diabetes or gestational diabetes and need a CGM or insulin pump, call HCAP first to determine coverage.
  - Some diabetic supplies may also be obtained through the Prescription Drug Program at a network pharmacy. Prior authorization is required. For more information, call The Empire Plan at 1-877-769-7447 and press or say 4.
- Ostomy supplies, including ostomy baseplates and pouches. To place an order, call Byram Healthcare Centers directly at 1-800-354-4054.

OTHER EQUIPMENT AND SERVICES

- Assistive communication devices (e.g., communication boards and speech-generating devices or software)
- Enteral formulas used as nutritional replacements (by mouth or feeding tube)
- External mastectomy prostheses

What Is Not Covered

- The first 48 hours of skilled nursing services per calendar year if you use a non-approved provider
- Services that do not require skilled nursing care, including but not limited to:
  - Care provided by a home health aide or personal care attendant
  - Help with daily activities such as bathing, dressing or walking
  - Custodial care or companionship

What Is Covered Separately

HOSPICE CARE

Hospice care is covered under the Hospital Program, not HCAP. Refer to your *Empire Plan Certificate* for hospice care information or call The Empire Plan at 1-877-769-7447 (press or say 2).

PRESCRIPTION MEDICATIONS USED WITH HCAP-COVERED SERVICES

When HCAP-covered services involve prescription medications, HCAP works with pharmacies and providers to coordinate care. Prescription medications are generally covered under the Prescription Drug Program, and applicable copayments apply.

Special Situations

WHEN LEAVING A HOSPITAL FACILITY

When skilled nursing care at home is prescribed at discharge from a hospital, rehabilitation facility or skilled nursing facility, contact HCAP as soon as possible. A hospital discharge planner may call on your behalf.

IN AN EMERGENCY

In urgent or emergency situations, obtain needed care, equipment or supplies right away. You must contact HCAP within 48 hours or as soon as possible after services are received. If HCAP determines that the urgent or emergency care was medically necessary, covered services will be authorized.

IF YOU ARE MEDICARE-PRIMARY

If you are Medicare-primary and need durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) while in an area that participates in the DMEPOS Competitive Bidding Program, you must use a Medicare-approved supplier. If you don't, Medicare will not pay for the items and your Empire Plan benefits will be drastically reduced. Refer to your *Certificate* to understand your out-of-pocket costs.

Find an approved supplier at medicare.gov/medical-equipment-suppliers. For more information, contact Medicare at 1-800-633-4227.

Appeals

If any HCAP services are denied, you may appeal by calling The Empire Plan at 1-877-769-7447 (press or say 1) or writing to:

UnitedHealthcare
Empire Plan/Home Care Advocacy Program/
HCAP Appeals
P.O. Box 1600
Kingston, NY 12402

You must submit your appeal within 180 days of the denial. If the original determination is upheld, you have 60 days to escalate the appeal.

In some cases, you can go straight to an external appeal. If coverage is denied because HCAP determines a service is medically unnecessary, experimental or investigational—or if you and UnitedHealthcare agree in writing to waive any internal appeal—you have four months to request an external appeal. To request an external appeal application, contact the New York State Department of Financial Services at 1-800-400-8882.

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

This issue of *Reporting On* is for information purposes only.
Please see a health care professional 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 • nyship.ny.gov

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