

## City of New York: Frequently Asked Questions about the NYC Medicare Advantage Plus PPO Plan

Over the course of the last few months, there has been confusion about what the proposed New York City Advantage Plus PPO Plan **is** and **is not**. There have also been claims made about the Plan that are not true. We wanted to use this document to clear up some of the most common misconceptions or false claims about the proposed, new plan and share information on its benefits with you.

### **Q: Why were new copays added to the plans in 2022?**

**A:** Back in 2019, the City and the Municipal Labor Committee decided to increase GHI Senior Care copays to meet the increasing costs of insurance for City of New York retirees. These changes helped support the continuation of premium free coverage. New copayments were scheduled to begin on January 1, 2021, however due to COVID, the copay increase was delayed. The NYC Medicare Advantage Plus PPO Plan was designed to provide better coverage than the GHI Senior Care plan at no premium cost, with lower copays and quality benefits.

### **Q: What is the purpose of the new cap on out-of-pocket expenses?**

**A:** The out-of-pocket maximum provision was included to provide financial protection to members with significant medical needs throughout the year. Under the 2022 Traditional Medicare plan with GHI, there was no protection on a member's copay spend. This maximum is inclusive of all member cost share components (e.g., deductible, in-patient copay), meaning a member may reach this cap quickly. Keep in mind, it does not only apply to doctor visits, but also includes hospital copays of \$300 per admissions, emergency room copays, urgent care copays, etc. It is especially important for individuals with heightened healthcare needs. Additionally, it is important to note that many services that are not covered under Traditional Medicare are covered under the NYC Medicare Advantage Plus PPO Plan and apply to the out-of-pocket maximum.

### **Q: Are there additional costs with the stepped care living communities benefit?**

**A:** Simply put, there is no additional cost to the member, and the living community will be paid the same way as under Traditional Medicare. It is up to the living communities to determine if they will accept Medicare Advantage plans, including the NYC Medicare Advantage Plus PPO Plan. We reach out to these centers on an ongoing basis to educate them on the NYC Medicare Advantage Plus PPO Plan and encourage them to accept the plan. Once outreach and education are complete, many of these communities do accept Medicare Advantage and the NYC Medicare Advantage Plus PPO Plan.

**Q: Does the new provider network offer in-network and out-of-network coverage options, and do members have to pay for services upfront if their provider is out-of-network?**

**A:** If a provider is out-of-network, providers should submit their claims directly to the NYC Medicare Advantage Plus PPO Plan and members should not have to pay anything upfront. If a member is requested to do so, the provider will be contacted to educate them on the appropriate processes, and the member will always be reimbursed as long as it is a CMS covered service.

Also, all emergency care will be covered, and Empire can confirm if non-emergency services will be considered medically necessary at the member's request. Additionally, there are over one million providers in New York and other states that are "in-network" under the NYC Medicare Advantage Plus PPO Plan. Members can still see any doctor that accepts Medicare (whether they are in or out of network). Note, the new plan includes more providers in the network than any other Medicare plan.

Getting access to healthcare with the proposed NYC Medicare Advantage Plus PPO Plan will be easy, as the plan is a Preferred Provider Organization (PPO) Plan. A PPO plan is a Medicare Advantage Plan that allows you to see providers that are both in-network and out-of-network without referrals.

**Q: Will providers accept the new NYC Medicare Advantage Plus PPO Plan?**

**A:** Our provider network is extremely broad. 92% of providers that retirees already see as part of GHI Senior Care are in the contracted NYC Medicare Advantage Plus PPO Plan network(s) that includes:

- EmblemHealth's Medicare Choice PPO
- Empire MediBlue PPO
- BlueCross BlueShield (BCBS) Medicare Advantage PPO Network

Also, the approximately 8% of your current doctors that may be out-of-network can still see you at no additional cost to you. They will be paid at the same rate that Medicare pays them now. If you have any issues seeing providers that are considered out-of-network, please reach out to the NYC Medicare Advantage Plus Customer Service line at **1-833-325-1190** and we will help you resolve this. We will also cover services provided by these out-of-network providers at no additional cost sharing for the retirees.

**Q: What should retirees know about prior authorization and the new plan?**

**A:** You may have been told prior authorization, or medical review of a service, is essentially the same as being denied medical care, but nothing could be further from the truth. In most cases, you won't even know prior authorization exists, and it is nearly identical to the prior authorization program for active members under the City's GHI Comprehensive Benefits Plan (GHI CBP Plan). Prior authorization requirements for certain medical services are in place to ensure the services being rendered are a medical necessity.

Traditional Medicare also requires authorization for most medical procedures, which sometimes causes individuals to be charged after the fact for services that have already been provided. The NYC Medicare Advantage Plus PPO Plan will work with providers in advance of the service being provided to find clinically appropriate options without fear the retiree may be charged for the service after receiving it.

Claims about the impacts of prior authorization on patient care are simply not true. Prior authorization allows doctors and health plans to work together to ensure patients are receiving the right care in the right place at the right time.

Additionally, emergency care does not require prior authorization. In other instances, federal rules require these decisions to be made quickly, between 24-72 hours for cases requiring urgent approval.

**Q: Can providers drop out of the new NYC Medicare Advantage Plus PPO Plan?**

**A:** Providers cannot drop from the NYC Medicare Advantage Plus PPO Plan at any time. Providers must provide advance notice to health insurers typically within 60-90 days. We are also required by CMS to notify members at least 30 days prior to when a provider is leaving our network. More importantly, as indicated above, 92% of the providers utilized by retirees as part of GHI Senior Care are contractually bound to be in the NYC Medicare Advantage Plus PPO Plan.

For individual provider exceptions, if a provider does not accept a retiree's health insurance, the retiree should call the NYC Medicare Advantage Plus PPO Plan Call Center and we will work with the provider to resolve the issue. We will also continue to partner with providers to educate them on why they should accept the NYC Medicare Advantage Plus PPO Plan.

**Q: Could retirees lose their status on a transplant list, for example, if they move to the new NYC Medicare Advantage Plus PPO Plan? Could retirees lose benefits from Traditional Medicare by joining the new plan?**

**A:** Joining the NYC Medicare Advantage Plus PPO Plan will have no impact to a retiree's status on a transplant list because the listing status of a transplant patient is managed by the transplanting facility, and not the Medicare Advantage plan.

Also, retirees will not lose benefits covered by Traditional Medicare. Federal laws require plans like the NYC Medicare Advantage Plus PPO Plan to provide coverage for all the services offered under the Traditional program, including transplants. All benefits of the plan will be available to retirees online via the enrollment guide. If you have questions, please contact the NYC Medicare Advantage Plus PPO Plan Call Center at **1-833-325-1190**.

**Q: Will the new plan make decisions on rehab and skilled nursing facility admissions and length of stay?**

**A:** The patients' providers make the decisions about coverage, just as they do in the active plan, which are still subject to prior authorization discussions with the NYC Medicare Advantage Plus PPO Plan Care Management doctors. In Traditional Medicare, these decisions can be second guessed after the stay so there's a possibility that the retiree would have to cover and pay for all the services they received.

We work with retirees to ensure they receive the best quality and most affordable care. The NYC Medicare Advantage Plus PPO Plan puts the decision making about your health in your hands. The plan has hundreds of doctors and nurses who support retirees and their families in making decisions on rehab, skilled nursing facilities, and length of stay based on our robust care management programs, which also partner with the retirees' actual doctors.

**Q: Can retirees carry another insurance plan, which includes a spouse's plan or Private Part D?**

**A:** Retirees may continue to keep their spouse's group-sponsored Medicare Part D coverage in addition to the NYC Medicare Advantage Plus PPO Plan.

CMS prohibits dual enrollment in an Individual Part D Plan and a Group Medicare Advantage plan at the same time (which is what the NYC Medicare Advantage Plus PPO Plan is). If a retiree has a cap on their union plan, they always have the option to purchase the high-option Group Part D rider if needed.

**Q: What are some of the new supplemental benefits that retirees can use with the NYC Medicare Advantage Plus PPO Plan?**

**A:** The NYC Medicare Advantage Plus PPO Plan includes supplemental benefits that will help meet the varying needs of the City's retirees. We do so based on feedback from Medicare beneficiaries. The supplemental benefits will provide retirees with many possibilities such as healthy meals, fitness support, and transportation to receive medical services, all at no cost to retirees. **A few benefit highlights included with the new plan:**

- Non-emergency transportation: all City retirees are eligible for non-emergency transportation (up to 24 one-way trips each year), including trips to covered medical visits, pharmacies, and even a SilverSneakers fitness facility through our partner vendor, Access2Care. Retirees can also stop at a pharmacy after a physician's appointment to pick up prescribed medications without having to use an additional one-way trip. In our experience, we find that most retirees see providers for non-emergency appointments within a 30-mile radius and schedule out more than 48 hours in advance. In areas where Access2Care is not readily available, Access2Care will coordinate on behalf of the

- retirees to make Uber and/or Lyft or other local transportation options available to retirees so they can access this benefit. We have structured our benefit to allow us to provide non-emergency transportation to as many retirees as possible while maintaining the high-quality service they deserve.
- Live Health Online: our telemedicine / telehealth benefit, where you can get access to a doctor 24/7 online.
- Healthy Meals: our Healthy Meals benefit provides nutritionally sound prepared meals delivered directly to the retiree's home post-discharge or for qualifying chronic conditions.
- Health and fitness tracking device: all City retirees are eligible for a health and fitness tracking device, which can be used on its own or with an online account to track, access, and participate in physical activities. There are no clinical or prior authorization requirements for a health and fitness tracker.
- Social Drivers of Health programs: in addition to this referral-based benefit, we offer robust programs where we help connect retirees to community resources including, but not limited to, food insecurity, financial instability, and lack of personal/community engagement.

The NYC Medicare Advantage Plus plan is offered through an alliance between Empire BlueCross BlueShield Retiree Solutions and EmblemHealth. Empire and EmblemHealth have come together to create a new, customized, fully insured Group Medicare Advantage program for the City of New York. Empire BlueCross BlueShield Retiree Solutions is an LPPO plan with a Medicare contract. Enrollment in Empire BlueCross BlueShield Retiree Solutions depends on contract renewal. Empire BlueCross BlueShield Retiree Solutions is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Blue Shield Association.

EmblemHealth insurance plans are underwritten by EmblemHealth Plan, Inc., EmblemHealth Insurance Company, and Health Insurance Plan of Greater New York (HIP). EmblemHealth Services Company, LLC provides administrative services to EmblemHealth companies.

The EmblemHealth companies are separate companies from Empire BlueCross BlueShield.

As mentioned throughout the answers above, out of network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. We will work with you to ensure that you receive access to care regardless of the doctor you choose to see.

## **FAQ Updated 6/15/2022**