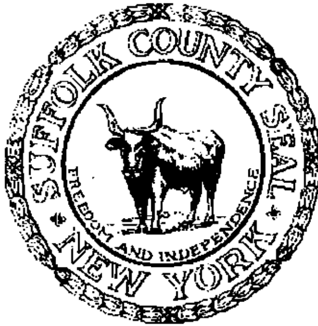

04-06

OFFICE OF THE COUNTY EXECUTIVE
ALL-EMPLOYEES MEMORANDUM

DATE: February, 2006

IMPORTANT HEALTH BENEFITS UPDATES FOR THE EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY

As part of our continuing effort to provide our members with important updates regarding the Employee Medical Health Plan of Suffolk County (EMHP), the Labor/Management Committee, which oversees the EMHP, is pleased to provide you with the following information, which is a clarification of the current benefit program. For more specific details on plan coverage, you should consult the comprehensive benefits booklet, April 2002 4th Edition, and any subsequent All Employee Memoranda or newsletters which may have amended same.

Physical Therapy, Occupational Therapy, Vision Therapy and Speech Therapy

A prior authorization is not required to begin physical, occupational, vision and speech therapies. The treatment must be medically necessary and a written order from the physician is required. Coverage is during the active phase of therapy only.

Benefits are available in-network and out-of-network as defined in the April 2002 EMHP Benefit Booklet, 4TH Edition. Out-of-network benefits are subject to the deductible, co-insurance and charges above reasonable and customary.

- If the physical therapy treatment was ordered and treatment starts within six months from the date of surgery or six months from discharge from a hospital, an in-hospital physical therapy facility can treat you as an outpatient.
- If the physical therapy was ordered and it is not related to surgery, benefits are available at a stand-alone facility only. The facility must not be connected with a hospital. This is true even if the facility bills under a hospital or is in any way associated with a hospital. Contact the provider directly to ascertain if they are associated in any way with a hospital.

Coordination of Benefits Questionnaire

You may receive a questionnaire from Empire Blue Cross Blue Shield asking if you or your eligible dependents have other coverage with another carrier. You must return the questionnaire to Empire Blue Cross Blue Shield within 30 days of receipt of the questionnaire. Failure to respond may impact all future claims processing.

Copayments

Only one copayment should be charged at the time of an office visit unless a diagnostic x-ray is taken. When an x-ray is taken, the provider may charge a second copayment, but not more than two copayments can be charged during any one office visit.

Coordination of Benefit Issues

Coordination of benefits will be handled in the same manner as prior to the transition on November 1, 2005 for members with other coverage excluding Medicare.

If Medicare is your primary insurance, please note that these copayments will be sent directly to your provider. Your provider will be alerted that if they collected a co-payment from you, that it should be refunded to you.

The eligible claims that have already been received will be processed by Empire Blue Cross Blue Shield as a secondary payor under the EMHP. Those refunds will be generated automatically. This will take place after Empire Blue Cross Blue Shield reprograms its system, which could take up to 60 days.

We suggest that you retain the Explanation of Benefits forms from the other insurance carrier so that when Empire Blue Cross Blue Shield reprograms its system, you can send that Explanation of Benefits form along with a claim form to be properly reimbursed through the EMHP as a secondary payor under your coordination of benefits provision. You may send multiple Explanation of Benefits forms along with a completed claim form.

Dual coverage through the EMHP will automatically be reimbursed.

Medicare Part D – Prescription Drug Coverage

If a member or their dependent enrolls in Medicare Part D, the County will **not** offer secondary prescription drug coverage. In addition, the County will **not** reimburse any part of the Medicare Part D self-pay premium. If a member enrolls in Medicare Part D and no longer wishes to have Part D, they may re-enroll in the EMHP prescription plan **on a going forward basis only.**

We are pleased to continue to provide comprehensive health benefits for all employees, retirees and their eligible dependents. Additional information will be communicated in the future, as the need arises.

JEFFREY W. SZABO
Deputy County Executive & Chief of Staff

Distribution
One copy per employee

Frequently Asked Questions

Can I go to an outpatient department of a hospital for Physical Therapy?

If you have a written doctor's order and it is medically necessary, benefits are available for in-hospital physical therapy on an out-patient basis if the following conditions are met:

- Treatments are in connection with the same illness for which you had previously been hospitalized or related to inpatient or outpatient surgery; **and**
- Treatments must start within six months from your discharge from the hospital or within six months from the date of the surgery;

The above is true even if the facility bills under a hospital or is in any way associated with a hospital. Contact the provider directly to ascertain if they are associated with a hospital.

My spouse and I both have EMHP coverage, will I be reimbursed for my copayments for doctor visits?

Yes, Empire Blue Cross Blue Shield will automatically reprocess the claims they have received so that the copayments that you incurred will be reimbursed to you. It is anticipated that you will receive the reimbursements in April.

I received a questionnaire from Empire Blue Cross Blue Shield asking for other benefit information. Do I have to return this?

Yes, you must fill out the questionnaire and return it to the address printed on the form. If you do not return this form to Empire Blue Cross Blue Shield within 30 days, processing of your claims may be interrupted.

I was charged two copayments when I went to the doctor/chiropractor, is this correct?

If you had an x-ray taken, the provider can charge a second copayment. If you did not have an x-ray taken, you should have been charged only one copayment at the time of the visit. If you did not have an x-ray taken and you already paid the second copayment, contact the provider for a refund or a credit. If you did not have an x-ray taken and you did not pay the second copayment at the time of the visit and received a bill from the provider for the second copayment, do not pay the bill and contact the provider for correction.

I paid the doctor two copayments for a flu shot. How do I get reimbursement for the extra copay?

If you did not have an x-ray taken and only received the influenza vaccine, you should have been charged only one copayment. Contact the doctor directly for a credit or refund.

I was charged two copayments at a network provider for a mammography- one for the mammogram and the other for the reading of the mammogram. Is this correct?

No, you should have been charged only one copayment at the time of service. Contact the provider directly for a credit or refund

Does the EMHP require a prior authorization for an MRI?

A prior authorization is not required for an MRI, however, it must be medically necessary and requires a doctor's written order.

How do I obtain a Provider Directory?

To request a local or out-of-state provider directory, call Empire Blue Cross Blue Shield at 1-800-939-7515.

Is Quest Diagnostics still a participating Lab?

Yes, Quest is a participating lab in the local Empire Blue Cross Blue Shield network. However, not all Quest Labs across the country participate in the network. In addition, there are other participating laboratories nationwide. Please call Empire Blue Cross Blue Shield directly at 1-800-810 BLUE or refer to the website (www.empireblue.com/emhp) for a listing of participating laboratories.

What should I do if I receive a laboratory bill for blood tests?

If you receive a bill from Quest or another in network Lab, contact Empire Blue Cross Blue Shield at 1-800-939-7515 to ensure that your claim has been received and processed by Empire Blue Cross Blue Shield.

If prior authorization is required for a particular prescription, what should I do?

A letter of medical necessity must be submitted to Express Scripts for prior authorization.