



Policy and Procedures for Coordination of Benefits for Treatment Costs for Non-Work-Related, Certified WTC-Related Health Conditions: Coordination with Health Insurance

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I. Authority and Effective Dates

The authority for *Policy and Procedures for Coordination of Benefits for Treatment Costs for Non-Work-Related, Certified WTC-Related Health Conditions: Coordination with Health Insurance* is based on the James Zadroga 9/11 Health and Compensation Act of 2010 (“Act”);¹ the Social Security Act (SSA);² and the Internal Revenue Code.³ These *Policy and Procedures* are effective on March 31, 2014, except Section IV, pertaining to the maintenance of minimum essential health insurance coverage, which is effective on July 1, 2014.

II. Payment for Treatment Benefits

As provided in the Act, the World Trade Center (WTC) Health Program will provide payment for the cost of treatment benefits for a certified WTC-related health condition.⁴

A. Recoupment of Payments for Treatment Costs for a Work-Related, Certified WTC-Related Health Condition

¹ 42 U.S.C. § 300mm et seq.

² 42 U.S.C. § 301 et seq.

³ 26 U.S.C. § 5000A—Requirement to Maintain Minimum Essential Coverage.

⁴ 42 U.S.C. § 300mm-41(a) states, “In general—Except as provided in subsections (b) and (c), the cost of monitoring and treatment benefits and initial health evaluation benefits provided under subparts 1 and 2 of this part shall be paid for by the WTC Program from the World Trade Center Health Program Fund.”

In the case of a claim for treatment for an individual for a certified WTC-related health condition that is work-related,⁵ the WTC Health Program will engage in recoupment of treatment costs to the extent that the Administrator determines that payment has been made, or can reasonably be expected to be made, under a workers' compensation law or plan.⁶

Note: For information about payment for claims pertaining to treatment for a certified WTC-related health condition⁷ for which workers' compensation payment has been made or can reasonably be expected to be paid, refer to the WTC Health Program's *Policy and Procedures for Recoupment & Coordination of Benefits: Workers' Compensation Payment*.⁸

B. Coordination of Benefits for Treatment⁹ Costs for Non-Work-Related, Certified WTC-Related Health Conditions

In the case of a claim for payment for an individual who has a certified WTC-related health condition that is not work-related and who has coverage for treatment of such

⁵ 42 U.S.C. § 300mm-41(e).

⁶ 42 U.S.C. § 300mm-41(b)(1). "Subject to paragraph (2), payment for treatment under subparts 1 and 2 of this part of a WTC-related health condition of an individual that is work-related shall be reduced or recouped to the extent that the WTC Program Administrator determines that payment has been made, or can reasonably expected to be made, under a workers' compensation law or plan of the United States, a State, or a locality, or other work-related injury or illness benefit plan of the employer of such individual, for such treatment. The provisions of clauses (iii), (iv), (v) and (vi) of paragraph (2)(B) of section 1862(b) of the Social Security Act [42 U.S.C. 1395y(b)] and paragraphs (3) and (4) of such section shall apply to the recoupment under this subsection of a payment to the WTC Program (with respect to a workers' compensation law or plan, or other work-related injury or illness plan of the employer involved, and such individual) in the same manner as such provisions apply to the reimbursement of a payment under section 1862(b)(2) of such Act [42 U.S.C. 1395y(b)(2)] to the Secretary (with respect to such a law or plan and an individual entitled to benefits under title XVIII of such Act [42 U.S.C. 1395 et seq.] except that any reference in such paragraph (4) to payment rates under XVIII of the Social Security Act shall be deemed a reference to payment rates under this subchapter."

⁷ For purposes of this Policy, the term "WTC-related health conditions" also includes a health condition medically associated with a certified WTC-related health condition. 42 U.S.C. § 300mm-22(b)(2).

⁸ The WTC Health Program's *Policy and Procedures for Recoupment & Coordination of Benefits: Workers' Compensation Payment* can be found on the WTC Health Program website at: <http://www.cdc.gov/wtc/policies.html#2>

⁹ The obligation to coordinate health insurance benefits pursuant to 42 U.S.C. § 300mm-41(c)(1) applies to WTC-related health conditions that are not work-related. Since a "WTC-related health condition" is a statutorily-defined term which requires certain exposure findings by a physician or licensed mental health provider, the WTC Health Program has determined that coordination of benefits applies to a health condition after it has been certified by the Administrator. Initial health evaluations and monitoring, including health surveillance activities, such as cancer screening and diagnostic assessment, are not subject to coordination of benefits.

condition through any public or private health insurance plan,¹⁰ the WTC Health Program will seek to coordinate benefits among all appropriate entities¹¹ in the same manner and to the same extent as required by Section 1862(b) of the Social Security Act (*Medicare as Secondary Payer*).¹²

Note: Any claim for payment for treatment of a certified WTC-related health condition that is not work-related is subject to this Policy, regardless of whether the individual for whose benefit the claim has been incurred is categorized, or referred to, by the WTC Health Program as a “responder” or a “survivor.”

Any costs for treatment benefits not reimbursed by a private or public health insurance plan due to the application of deductibles, copayments, coinsurance, other cost sharing or payment caps will be paid by the WTC Health Program¹³ up to the amount authorized for payment by the Act.¹⁴

III. Procedures for Coordination of Benefits for Treatment Costs for Non-Work-Related, Certified WTC-Related Health Conditions: Coordination with Health Insurance

A. General WTC Health Program Requirements

The WTC Health Program will engage in coordination of benefits with an individual member’s public or private health insurance plan for all treatment costs (to the extent the individual’s health insurance plan provides coverage for such services) for a certified WTC-related health condition.

B. Payment of Claims for Medical Services Rendered as Treatment Benefits

1. General

¹⁰ Public plans include health benefits under title XVIII (“Health Insurance for the Aged and Disabled or Medicare”), XIX (“Grants to States for Medical Assistance Program or Medicaid”), or XXI (“State Children’s Health Insurance Plan”) of the Social Security Act. See 42 U.S.C. § 300mm-41(c)(1).

¹¹ 42 U.S.C. § 1395y(b)(2)(B)(iii) authorizes recovery actions against “any or all entities that are or were required or responsible (directly, as an insurer or self-insurer, as a third party administrator, as an employer that sponsors or contributes to a group health plan, or large group health plan, or otherwise) to make payment . . . under a primary plan.”

¹² 42 U.S.C. § 300mm-41(c)(1) and 42 U.S.C. § 1395y(b)(2)(Medicare as Secondary Payer).

¹³ 42 U.S.C. § 300mm-41(c)(1). “Any costs for items and services covered under such plan that are not reimbursed by such health plan, due to the application of deductibles, copayments, coinsurance, other cost sharing, or otherwise, are reimbursable under this subchapter to the extent that they are covered under the WTC Program.”

¹⁴ 42 U.S.C. § 300mm-22(c)(1)(A).

The Clinical Centers for Excellence (CCEs) and the Nationwide Provider Network (NPN) are required by contract to coordinate payment of treatment benefits from any public or private health insurance plan for a certified WTC-related health condition that is not work-related for each member who meets appropriate criteria.

Note: A CCE or the NPN providing treatment is not required to seek reimbursement from a public or private health plan with which the CCE or NPN has not established a contract for reimbursement.¹⁵

2. Reimbursement Residual

If a member's health insurance plan does not make payment for the entire amount of the claim, the CCE or the NPN may seek reimbursement for the remainder from the WTC Health Program, up to the amount authorized by the Act.

3. Coordination of Benefits

Medical benefits for treatment are to be coordinated among all applicable public and private health insurance plans, and reimbursement payments to the provider must not exceed either 100% of the costs for the covered services or the amount authorized by the Act, whichever is lower.

C. Payment of Claims for Pharmacy Benefits

1. Claims from a Participating Retail Pharmacy

Note: Retail pharmacies participating in the WTC Health Program-sponsored pharmacy benefit network are authorized to submit to the Program requests for payment for medications prescribed by authorized providers. Payment for medications is to be coordinated with a member's personal health insurance plan, if available. The dispensing pharmacy will be reimbursed at the exact amount specified by the applicable pharmacy benefit insurance carrier. When coordinating such benefits, the co-pay from a member's personal health insurance plan may be billed to the WTC Health Program.

- a. The retail pharmacist determines if the member has coverage from another health insurance plan other than the WTC Health Program.
- b. When a member has pharmacy benefits from another health insurance

¹⁵ 42 U.S.C. § 300mm-41(c)(2). "Nothing in paragraph (1) shall be construed as requiring an entity providing monitoring and treatment under this subchapter to seek reimbursement under a health plan with which the entity has no contract for reimbursement."

plan, the retail pharmacist submits the reimbursement claim to the identified health insurance plan. If the identified health insurance plan imposes a co-pay charge, the pharmacist submits the amount of the co-pay to the WTC Health Program.

Note: When the prescribed medication is not covered by the member's personal health insurance plan, the retail pharmacist submits the medication claim to the WTC Health Program for payment at the Program's contracted price.

- c. If there is no applicable personal health insurance plan, then the retail pharmacist submits the medication claim to the WTC Health Program for payment at the Program's contract price.

2. Claims from a Non-Participating Pharmacy

The WTC Health Program will not reimburse pharmacies that are not participating in the Program-sponsored pharmacy benefit network.

3. Claims from the Program-Sponsored Commercial Mail Order Vendor

The commercial mail order vendor sponsored by the WTC Health Program is authorized to submit medication claims prescribed by authorized providers for payment at the contract price. Payment for medication is to be coordinated with a member's personal health insurance account with the mail order vendor, as available. When a member is using the Program-sponsored mail order vendor, the following procedures apply:

- a. If the member has no other pharmacy insurance coverage, the WTC Health Program will pay the full amount of the medication, as per vendor contract price.
- b. If another insurance plan is the primary payer, but the medication is not covered by that insurance plan, the WTC Health Program will pay the full contracted amount of the medication.
- c. If the other primary payer covers the medication (but not the co-pay), the WTC Health Program will reimburse the mail order vendor the amount of the co-pay for the medication.

4. Claims from Other Mail Order Vendors

When a member is using a commercial mail order pharmacy other than the Program-sponsored mail order vendor for their medications, the following procedures apply:

- a. Member uses private health insurance as the payer and is entirely

responsible for any co-pay, as per their private plan.

- b. Member will not be reimbursed by the WTC Health Program for these types of pharmacy claims.

Note: To maximize member satisfaction and fiscal responsibility, the WTC Health Program advises members to use their private *retail* pharmacy benefit in lieu of their private *mail order* pharmacy benefit unless they also subscribe to the same commercial mail order vendor that is used by the WTC Health Program.

IV. Maintenance of Minimum Essential Coverage for Individuals Receiving Treatment Services That Are Not Work-Related

Beginning on July 1, 2014, the WTC Health Program will not adjudicate any claim for treatment benefits for certified, WTC-related health conditions that are not work-related, unless the Program has determined that the member had minimum essential health insurance coverage at the time the claimed treatment services were rendered or that the member is exempt from having minimum essential coverage.¹⁶

V. Coordination of Benefits and Minimum Essential Coverage: CCEs and NPN Contract Responsibilities¹⁷

A. Coordination of Benefits: Health Insurance

The WTC Health Program and CCEs and the NPN will develop appropriate administrative procedures to ensure compliance with the claim adjudication requirement pertaining to coordination of benefits for health insurance.

B. Ensuring Minimum Essential Coverage

¹⁶ 42 U.S.C. § 300mm-41(c)(3). "MAINTENANCE OF REQUIRED MINIMUM ESSENTIAL COVERAGE. —No payment may be made for monitoring and treatment under this subchapter for an individual for a month (beginning with July 2014) if with respect to such month the individual—(A) is an applicable individual (as defined in subsection (d) of section 5000A of Internal Revenue Code of 1986) for whom the exemption under subsection (e) of such section does not apply; and (B) is not covered under minimum essential coverage, as required under subsection (a) of such section." See also 42 U.S.C. § 300mm-41(c)(3) and 26 U.S.C. § 5000A(a). For further information about minimum essential coverage, see "Patient Protection and Affordable Care Act: Exchange Functions: Eligibility for Exemptions: Miscellaneous Minimum Essential Coverage Provisions." Final Rule, 78 Fed. Reg. 39494 (July 1, 2013). See <https://www.federalregister.gov/articles/2013/07/01/2013-15530/patient-protection-and-affordable-care-act-exchange-functions-eligibility-for-exemptions>

¹⁷ See WTC Health Program Clinical Center of Excellence (CCE) Contracts, Statement of Work, section C.3.3.8—Assistance with Workers' Compensation and other Healthcare Benefits.

1. Prior to Providing Treatment Benefits

By July 1, 2014, CCEs and the NPN should have coordination of benefits procedures in place to verify that each applicable individual with a certified, WTC-related health condition that is not work-related has minimum essential coverage *prior to* providing any treatment benefits for that condition.

2. Implementation of Procedures Ensuring Minimum Essential Coverage

The WTC Health Program and CCEs and the NPN will develop appropriate administrative procedures to ensure compliance with the claim adjudication requirement pertaining to ensuring minimum essential coverage.

Note: Procedures may include requiring WTC Health Program members to show a current valid health identification card from their health insurer before each health services appointment that is expected to generate a non-work-related treatment claim.

3. Reporting Required Health Insurance Information

- a. Each CCE and the NPN must place a record of the required health insurance information for each member receiving treatment for a WTC-related health condition that is not work-related in the member's CCE or NPN medical record or an approved administrative tracking system.
- b. Each CCE and the NPN must transmit required health insurance information to the WTC Health Program in a format provided by the Program. Such transmission shall occur within 30 days of receiving such information, including changes to the information.