

**Cleveland Clinic / Akron General Employee Health Plan(s)
Coordinated Care Incentive FAQ**

When am I eligible for reimbursements?

1. Members must utilize their EHP Medical and Pharmacy benefits for all supplies and medications in order for these items to be eligible for reimbursement.
2. The EHP must be the primary insurance.
3. The member must be actively employed or be on COBRA at the time of payment to receive any reimbursement.
4. Once you enroll in a specific program, some screening supplies required for you to manage the chronic condition can be reimbursed. These items may include:
 - Diabetic testing supplies and Glucagon, if enrolled in Diabetes program. (This does not include alcohol wipes or calibrator/control solution.) Not all items are reimbursable. **This applies to adults (18 and up).**
 - Peak flow meter and aero chamber (up to \$20.00 for each) and Epinephrine pen if enrolled in the Asthma program. (The disposable mouthpiece for the peak flow meter and the coinsurance for a nebulizer are not reimbursable).
 - Upper arm blood pressure monitor if enrolled in the Hypertension program, up to \$55.00. No finger or wrist monitors will be reimbursed.
 - Bathroom scale (up to \$40.00) and blood pressure monitor (up to \$55.00) if enrolled in the Congestive Heart Failure program. No finger or wrist monitors will be reimbursed.

Reimbursement for peak flow meters, bathroom scales and blood pressure monitors occurs once every 5 years.

5. Up to five (5) Tier 1 physician condition related office visit co-payments per calendar year are reimbursable if you have met **all** the program goals.
 - EHP Members enrolled in the Diabetes program who have met all the program goals are also eligible for reimbursement of copayments for one (1) eye exam and one (1) foot exam from a Tier 1 provider per year.
 - EHP Members enrolled in the Depression program who have met all the program goals are also eligible for copayment reimbursement for up to 15 office visits with a Tier 1 licensed clinical counselor, licensed independent social worker, and/or psychologist.

Receipts must be submitted within six (6) months of the date of service. The receipt should include the patient name and date of service. No hand written receipts will be accepted. Release of reimbursement funds is dependent on confirmation that a claim has been paid by the Third Party Administrator, Mutual Health Services or UMR.

6. Medication copays for qualifying condition-related prescriptions, syringes, pen tips and needles can be reimbursed 6 months from the date all program goals have been met. This incentive can only be extended if you continue to meet the goals. **Your annual EHP Pharmacy deductible must be met each year prior to any reimbursement being released. Drug manufacturer coupons used to pay deductible will not be applicable for this reimbursement program; if you used one the first \$200.00 of your medication actually paid by you will be considered non-reimbursable.**

May I submit testing supply receipts?

Only testing supplies (i.e. test strips and lancets) purchased from Cleveland Clinic/Akron General pharmacies, Cleveland Clinic Home Delivery, Edgepark, or Health Aid of Ohio will be reimbursed. No receipts will be processed for any supplies filled by other pharmacies or providers. CVS Caremark mail order approved medications or testing supplies are NOT reimbursable unless the policy holder resides in a state that is not serviced by Cleveland Clinic Home Delivery Pharmacy. **Receipts must be submitted within six (6) months of the date of purchase.**

Supplies for Insulin Pumps and Continuous Glucose Monitors

- Insulin pumps and continuous glucose monitors require precertification according to the EHP Summary

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Plan Description.

- These items must be obtained through a Tier 1 provider – Edgepark or Health Aid of Ohio.
- Copays for continuous glucose monitors, transmitter and/or receivers are reimbursable if you have met all the program goals.
- Copays for some of your insulin pump supplies and continuous glucose monitor supplies are reimbursable if you have met all the program goals. The coinsurance is NOT reimbursable for glucometers, or insulin pumps.
- Not all supplies are reimbursable.
- Supply authorizations are only extended if you stay in contact with your Care Coordinator.

NOTE: If you are dis-enrolled from the Diabetes Coordinated Care program, your authorization for these supplies will end and you will be financially responsible for the entire cost.

Will all of my medications be reimbursed?

No, only medications that are related to the program that you are enrolled in may be eligible for reimbursement. Please be aware that not all medications are on the reimbursable medication list.

You will receive a letter from your EHP Care Coordinator when you reach compliance that will tell you which medications you are currently taking that can be reimbursed. If new medications are ordered or if you have questions about whether a medication is eligible for reimbursement, please review with your EHP Care Coordinator to find out if that medication can also be reimbursed.

Your annual pharmacy deductible is waived for generic prescriptions if they are filled by a Cleveland Clinic / Akron General Pharmacy. Brand name medications are subject to the annual deductible. Please refer to your current Prescription Drug Benefit and Formulary Handbook.

Receipts must be submitted within 6 months of the prescription fill date.

May I submit medication receipts from any pharmacy?

No, only medications that are filled at one of the Cleveland Clinic/Akron General Pharmacies/Cleveland Clinic Home Delivery. **No receipts will be processed for any prescriptions filled at any other pharmacy.** CVS Caremark mail order approved medications are NOT reimbursable *unless the policy holder resides in a state that is not serviced by Cleveland Clinic Home Delivery Pharmacy.*

If the EHP member is enrolled in the Healthy Choice program and is eligible for medication and/or testing supplies reimbursement, the member must utilize a Cleveland Clinic/Akron General Pharmacy or Cleveland Clinic Home Delivery to qualify for medication and/or testing supplies reimbursement. Prescriptions obtained from a non-Cleveland Clinic/non-Akron General Pharmacy are not eligible for reimbursement through the Healthy Choice program.

Appropriate documentation must be submitted with the request, which includes both the tax receipt and cash register receipt.

Please communicate with your EHP Care Coordinator to learn if your medication qualifies for reimbursement.

What documents do I need to send in for reimbursements?

Acceptable forms of documentation required include:

1. Office copay receipts should include the Date of Service. The patient name on the receipts and the Tier 1 provider's name and are preferred but not required. Receipts such as (but not limited to) Epic and Core receipts are acceptable as proof of payment.

No hand written receipts will be accepted. The Date of Service must be included on the documentation submitted if the member paid after the visit.

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2. Individual tax receipts/bar code receipts, along with the register receipts from the Cleveland Clinic/Akron General pharmacies or Cleveland Clinic Home Delivery Both must be submitted in order to request reimbursement. Effective 4/01/15, we no longer accept the pharmacy printouts.

3. For DME qualifying medical supplies related to program through Tier 1 providers Edgepark, and Health Aid of Ohio, you must submit the Shipping Ticket/Invoice/Statement that shows the **patient name and date of service** along with **proof of the type of payment** (canceled check or credit card receipt). Both must be present to request reimbursement.

WE CANNOT ACCEPT THE FOLLOWING AS PROOF OF PAYMENT:

- a. Explanation of benefits received from Mutual Health Services or UMR (Florida members).
- b. Cash register receipts by themselves with no identifying information (date of service, and patient name). You must submit the individual tax receipt with the cash register receipt.
- c. We do not accept hand written receipts or pharmacy printouts.

We encourage you to keep a copy of all documentation submitted for your records.

How do I get my reimbursement check?

Reimbursement checks will be mailed to the policy holder's home from Mutual Health Services or UMR if you belong to the Florida or Out of State group. Please review any information received from Mutual Health Services or UMR. ***Your reimbursement check will be on the bottom of a form that looks very similar to the Explanation of Benefits.***

Where do I send my receipts for reimbursement?

Documentation needs to be sent to Cleveland Clinic / Akron General EHP Medical Management. ***Please remember to include on your cover sheet: the patient's name and one other individual identifier such as date of birth, and/or the Member ID number or EHP number.***

You have three submission options:

Fax: 216-442-5795 to the Attention of Reimbursements

Mail to: Employee Health Plan Medical Management
Attn: Reimbursements
6000 West Creek Rd, Suite 20
Independence, Ohio 44131

Scan and Email: EHPpharmacyreimbursement@ccf.org

How long does it take to get my reimbursement check?

Qualifying receipts may take up to 60 days for processing. Please contact your Care Coordinator if you have any questions.

Who is the reimbursement check made out to?

Reimbursement check is made out to the **policy holder of the health plan coverage.**

What happens if I lose my reimbursement check?

Any reimbursement check over \$100 that has been lost can be reprocessed if it is less than 180 days from the date the original check was issued; however, there will be a \$40 processing fee deducted from total amount.

Any lost reimbursement check under \$100 cannot be reprocessed.