All About Coordination of Benefits For Survivors in the WTC Health Program



Medically necessary treatment and pharmacy services for certified WTC-related health conditions are provided at no cost to Survivors in the World Trade Center (WTC) Health Program through a process called "coordination of benefits". The Program is required by law to follow this process.

What is Coordination of Benefits?

Coordination of Benefits is the process required to pay medical and pharmacy claims for WTC-certified Survivors with an eligible condition. To fully cover any medical and/or pharmacy costs for Survivors, the WTC provider must bill your primary insurance first, including any public insurance such as Medicare or Medicaid, and then bill the Program the remaining amount. This leaves no out-of-pocket cost to you. Coordination of Benefits is a requirement for Survivors according to the James Zadroga 9/11 Health and Compensation Act of 2010.

How does this apply to my WTC-related care?

As a Survivor, your primary health insurance first pays its share of the cost for all treatment and pharmacy services received through the Program for a certified WTC-related health condition. Your primary insurance may be a type of private insurance, group health, or public health insurance such as Medicare or Medicaid.

The Program bills private insurance first, then public insurance. Once your health insurance providers have paid, the WTC Health Program pays any remaining amount. This includes any co-insurance charges, copayments, or deductibles for care of your certified WTC-related health conditions if that care is from a Program provider. This leaves no out-of-pocket cost to you.

Note: For initial health evaluations and annual monitoring exams, the Program pays in full. If your certified condition is work-related and you have a workers' compensation claim for the condition, the Program will pay initially and then seek recoupment from either the workers' compensation carrier or the settlement, where applicable.

What do I need to do?

You must provide your primary health insurance information when receiving services from the WTC Health Program. This means you need to give it to:

- Your Clinical Center of Excellence (CCE) or the Nationwide Provider Network (NPN).
- Any specialist or external provider you see for your certified WTC-related health condition.
 Tell the provider's staff your visit is for a WTCrelated condition. This will help make sure that they bill your visit properly.
- A retail, community, or Program-affiliated home delivery pharmacy when filling a WTCrelated prescription. Also give them your WTC Health Program Prescription ID card and tell them to bill the WTC Health Program last.

What if I don't have health insurance?

The WTC Health Program is not an insurance plan. The Zadroga Act requires that Program members have primary health insurance in order to coordinate benefits and to cover costs for conditions that are not certified by the Program.

If you do not have health insurance, you might be eligible for public or private health insurance, such as Medicaid, Medicare, health insurance offered through the Marketplace at **www.healthcare.gov**, or other options.

Your benefits counselor or case manager at your CCE or the NPN can help you find and apply for health insurance.

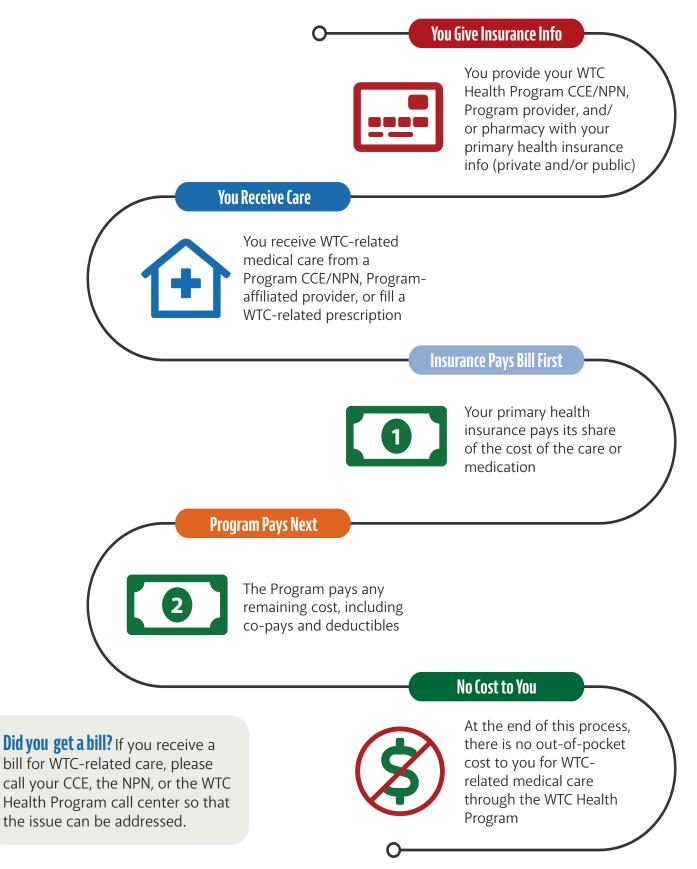


What if I have additional questions?

Visit **www.cdc.gov/wtc/cob.html** or call the WTC Health Program call center at 1-888-982-4748.



How Coordination of Benefits Works in the WTC Health Program



Note: If your certified condition is work-related and you have a workers' compensation claim for the condition, the Program will pay initially and then seek recoupment from either the workers' compensation carrier or the settlement, where applicable.

World Trade Center Health Program