

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

**When am I eligible for incentives and reimbursements?**

1. Members must utilize their EHP Medical and Pharmacy benefit for the supplies and medications in order for these items to be eligible for Coordinated Care program copay reimbursement.

2. The Employee Health Plan (EHP) must be the member's primary insurance.

3. The EHP card holder (insured), spouse and all eligible dependents on the plan must be actively employed at CCHS, or active on the policy, or be on COBRA at the time receipts are submitted for payment to receive any copay reimbursement.

4. Once you enroll in a specific program, the copays for 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 the **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).
- One (1) upper arm blood pressure monitor if enrolled in the **Hypertension program**, up to \$55.00. No finger or wrist blood pressure monitors will be reimbursed.
- One (1) Bathroom scale (up to \$40.00) **and** one (1) upper arm blood pressure monitor (up to \$55.00) if enrolled in the **Congestive Heart Failure program**. No finger or wrist blood pressure monitors will be reimbursed.
- Reimbursement for peak flow meters, bathroom scales and blood pressure monitors occurs once every 5 years.

5. If you are enrolled in the Diabetes program and you have received prior-authorization approval, your insulin pump will be covered at 100%.

6. Up to five (5) Tier 1 physician or Tier 1 physician assistant condition related office visit copayments per calendar year are reimbursable AFTER you have met **all** the program goals. *The member becomes eligible from the date you meet all goals forward and must keep meeting all goals to continue to be eligible for the copay reimbursement.*

- EHP Members enrolled in the Diabetes program who have met all the program goals are also eligible for reimbursement of additional copayments for one (1) dilated 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.

7. 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.** Receipts must be submitted within six (6) months of the fill date.

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Coordinated Care Incentive FAQ**

**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, Health Aid of Ohio, or JMR Medical Inc., a Solara Healthcare company, 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 prior-authorization according to the EHP Summary Plan Description.***
- These items must be obtained through a Tier 1 provider, such as Edgepark, Health Aid of Ohio, or JMR Medical Inc., a Solara Healthcare company.
- Copays for continuous glucose monitors, transmitter and/or receivers are reimbursable upon meeting all the goals of the Diabetes program.
- Copays for some of your insulin pump **supplies** and continuous glucose monitor (device and parts) are reimbursable if you have met all the program goals.
- The coinsurance is NOT reimbursable for glucometers.
- *The member becomes eligible for copay reimbursement from the date they meet all the goals and going forward. You must continue to meet all the goals to continue to be eligible for the copay reimbursement.*
- Not all supplies are reimbursable (e.g. batteries).
- Receipts must be submitted within six (6) months of the medication or DME prescription fill date.

**NOTE: If you do not stay active and participate in the Diabetes Coordinated Care program, you will no longer be eligible for copay reimbursement.**

**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. Your Care Coordinator can discuss which medications are eligible or you may check the [Coordinated Care Medication Reimbursement Information](#) that tells you which are eligible.

You will receive a letter from your EHP Care Coordinator when you are meeting all the goals of the program 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 only if they are filled by [Cleveland Clinic/Akron General Pharmacies and/or Cleveland Clinic Home Delivery](#). Brand name medications are subject to the annual deductible. If a generic medication is available, only the generic medication will be eligible for copay/coinsurance reimbursement, unless you have a prior authorization from the EHP Pharmacy Management department on file. Please refer to your current Prescription Drug Benefit and Formulary Handbook for lists of brand name and generic medications.

***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 Coordinated Care 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 Coordinated Care program.

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Appropriate documentation must be submitted with the request, which includes both the tax receipt and cash register receipt. ***Please talk 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 or an itemized statement showing 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.

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. We do not accept the pharmacy printouts.

3. For DME qualifying medical supplies related to a program, purchased through Tier 1 providers Edgepark, Health Aid of Ohio, or JMR Medical Inc., a Solara Healthcare company, you must submit the shipping ticket, invoice, or itemized statement from the DME provider that shows the **patient name, date of service, and amount paid** along with **proof of the type of payment** (canceled check or payment receipt for a credit card statement). 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 address as listed in Workday from Mutual Health Services (MHS), or UMR if you belong to the Florida or Out of State group. Please review any mailings received from MHS 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:

**Scan and Email:** [EHPpharmacyreimbursement@ccf.org](mailto:EHPpharmacyreimbursement@ccf.org)

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

**Mail to:** Cleveland Clinic Employee Health Plan  
Attn: Reimbursements  
3050 Science Park Drive / AC332B  
Beachwood, Ohio 44122

**How long does it take to get my reimbursement check?**

Qualifying receipts may take up to 60 days for processing. The claim must be submitted by your provider and paid by MHS or UMR before any copay reimbursement can be processed. Please contact your Care Coordinator if you have any questions. If your receipt does not qualify for reimbursement, you will be notified.

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Coordinated Care Incentive FAQ**

**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 lost or didn't receive my reimbursement check, or I find an old, uncashed one?**

The EHP Medical Management department will process member requests to replace never received, lost or misplaced reimbursement checks totaling \$20.00 or larger. For checks that are reissued, a replacement fee of \$10.00 will be deducted for the original reimbursement.

Checks totaling less than \$20.00 will not be re-issued.

Lost, misplaced or never received checks will not be replaced if it has been more than 180 days\* from the date of the original check being issued.

The member is responsible for ensuring that their correct mailing address is on file with the Human Resources Department in Workday.

**\* Note:** Requests for check reissue that are over 180 days from the date the original check was issued will be declined due to the amount of time that has passed, regardless of the original check amount.

Disclaimer: This information and related materials may be subject to change without notice.