

Section Two

THIRD-PARTY ADMINISTRATOR — ANTARES

Cleveland Clinic Employee Health Plan Total Care Third-Party Administrator (TPA) Antares Management Solutions (Antares)

Antares Management Solutions (Antares) functions as the Third-Party Administrator (TPA) for Cleveland Clinic Employee Health Plan (EHP) Total Care. In this role, they are responsible for:

1. Member eligibility verification
2. Benefit coverage determinations
3. Processing claims and claims appeals
4. Issuing statements of Explanation of Benefits (EOB)
5. Coordinating benefits if a member is covered by more than one health plan
6. Subrogation processing
7. Workers' Compensation coordination

Information regarding contacting Antares is available in the Quick Reference Guide on page 57.

Effectively Using Your Health Plan

Registration Process

It is important that your provider has your and your dependents' correct address and telephone number, as well as any information about your spouse's employer and medical insurer. Correct registration information helps to ensure that your claim will be paid correctly and in a timely manner. **Therefore, please bring all applicable insurance cards with you when you receive medical services. The registrar will verify that the correct demographic and insurance information is accurate.**

Members with a workers' compensation case should advise the appointment scheduler at the time the visit is being scheduled that the visit is related to a work injury. This notification helps ensure proper claim payment through the Bureau of Workers' Compensation.

Coordination of Benefits (COB)

Coordination of Benefits (COB) is the process used to pay healthcare expenses when you or an eligible dependent is covered by more than one healthcare insurance policy, including Medicare. Annual healthcare expenses for EHP Total Care exceeds \$204 million per year. Coordination of Benefits helps achieve cost savings for members.

If you/your dependents are covered by more than one healthcare insurance policy, the TPA follows rules established by Ohio law to decide which healthcare insurance policy pays first (primary plan) and the obligations of the other healthcare insurance policy (secondary plan). The combined payments of all healthcare insurance policies will not exceed the actual amount of your bills.

COB Process

All members are required to complete the COB process upon enrollment and in January of each year thereafter. The following three options are available for submitting your COB information to the TPA:

1. Complete the online COB form via the Antares website. You can access the website via the Cleveland Clinic HRConnect Portal or log in as follows:

<https://chnservices.antaressolutions.com/membersnt/SiteNavigation/HomePage.aspx>

2. Complete the form where applicable, sign the bottom of the form, and return to the TPA at the address included on the form.
3. Call the TPA Customer Service at 1-800-451-7929 to update your COB information.

Note: This option is only available if you have *no other insurance* in the plan year being updated or the prior plan year.

If the COB process is not completed, the TPA will send the form again when the first claim for a dependent is submitted. The form will be sent for each dependent's initial claim until the COB process is complete. If no response is received within 45 days, the TPA will send an Explanation of Benefits (EOB) form notifying the member that all claims will deny for the employee's dependents until the form is completed. Employees have one year to complete the COB process. After one year, claim payment will become the responsibility of the member.

COB Form

PLAN YEAR 2011		ID Card	
Cleveland Clinic EHP		EHP No.: _____	
Total Care Employee (Print) _____		_____	
SSN: _____		Date of Birth: ____/____/____	

Do (did) you or your participating dependents have other Medical, Pharmacy, Dental, Vision, Medicare or Medicaid coverage in **2010 and/or 2011**?
 YES NO
 Please complete the form and refer to the letter for submission instructions.

OTHER INSURANCE INFORMATION (NON MEDICARE) *Please enclose a copy of the other insurance ID cards.*

Policyholder's Name _____ Relationship to Cleveland Clinic Employee _____
 Policyholder's Date of Birth ____/____/____ ID No. _____ Group No. _____
 Original Effective Date ____/____/____ Policy Term Date (if applicable*) ____/____/____
 *Please provide a copy of Creditable Coverage Letter(s).

Policy Obtained Through: Group Employment Individual Purchase School Medicaid Other _____

Policy Status: Active Benefits Retiree Benefits COBRA **Policy Covers:** Medical Pharmacy Dental Vision

Policy Type: Employee Only Employee + Child/Children Employee + Spouse Family Other _____

Name of Other Insurance Company _____ Customer Service Telephone No. _____
 Name of Employer _____

Please complete columns below for those covered under the other insurance policy listed above. Use additional COB forms if necessary.

Last Name	First Name	Date of Birth	Relationship	Effective Date	Term Date
_____	_____	____/____/____	_____	____/____/____	____/____/____
_____	_____	____/____/____	_____	____/____/____	____/____/____
_____	_____	____/____/____	_____	____/____/____	____/____/____
_____	_____	____/____/____	_____	____/____/____	____/____/____

Is there legal documentation stating who is responsible for carrying the healthcare coverage for you or your dependents?
 YES NO *If yes, legal documents must accompany the form stating who is responsible for carrying healthcare coverage.*
 Name of Custodial Parent _____

MEDICARE INFORMATION *Please enclose a copy of your Medicare card.*

Medicare ID No. _____ Medicare ID No. _____
 Medicare Recipient Name _____ Medicare Recipient Name _____
 Effective Date: Part A ____/____/____ Part B ____/____/____ Effective Date: Part A ____/____/____ Part B ____/____/____

Medicare Coverage is the result of:
 Age (65 years) Age (65 years)
 Disability Disability
 Date Approved for Medicare Benefits _____ Date Approved for Medicare Benefits _____
 End-Stage Renal Disease End-Stage Renal Disease
If yes, please check one of the following: *If yes, please check one of the following:*
 Transplant Transplant
 Date of Transplant _____ Date of Transplant _____
 Dialysis Dialysis
 Date of First Dialysis _____ Date of First Dialysis _____
 Please check one: Home Dialysis Facility Dialysis Please check one: Home Dialysis Facility Dialysis

Cleveland Clinic EHP Total Care Employee Signature _____ **Date** ____/____/____
 Ohio Revised Code Section 3999.21 — Insurance Fraud Warning "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

Rev. 1/11

Process for Determining Which Health Plan Is Primary

To determine which health plan is primary, the TPA has to consider both the coordination of benefit provision of the other health plan and which member of your family is involved in a claim. The primary health plan will be determined by the **first** of the following that applies:

1. **Non-Coordinating Plan:** If you have another group plan that does not coordinate benefits, it will always be primary.
2. **Employee:** The plan that covers you as an active employee is always primary and pays before a plan covering the person as a dependent, laid-off employee or retiree.
3. **Children:**
 - **Birthday Rule** — When your children’s healthcare expenses are involved, the TPA follows the “birthday rule.” The birthday rule states that the health plan of the parent with the first birthday in the calendar year is always primary for the children. For example, if your birthday is in January and your spouse’s birthday is in March, your health plan will be primary for all of your children.
 - **Gender Rule and other Health Plan Rules** — Sometimes a spouse’s health plan has some other coordination of benefits rule, such as a gender rule, which states that the father’s health plan is always primary. In cases of the gender rule or other specific health plan coordination of benefits rules for children, the TPA will follow the rules of that health plan.
4. **Children (Parents Divorced or Separated):**
 - If the court decree makes one parent responsible for healthcare expenses, that parent’s plan is primary.
Note: Cleveland Clinic Employee Health Plan Total Care reimburses claims according to its plan rules (*i.e.*, network requirements must be adhered to even if a court decree dictates the Cleveland Clinic employee’s health insurance is primary for children living outside of the Network of Providers).
 - If the court decree gives joint custody and does not mention healthcare, the TPA follows the birthday rule.
 - If neither of those rules applies, the order will be determined in accordance with the Ohio Department of Insurance rule on coordination of benefits.
5. **Other Situations:** For all other situations not described previously, the order of benefits will be determined in accordance with the Ohio Department of Insurance rule on coordination of benefits.

How the TPA Pays as Primary

As primary, the TPA will pay the full benefit provided by your health plan as if you had no other coverage, provided it is a covered benefit under EHP Total Care and all Network Provider and EHP Medical Management Department rules have been followed.

How the TPA Pays as Secondary

Based on Coordination of Benefits (COB), if EHP Total Care is secondary, it will pay only if the services are provided by an EHP Total Care network provider — Tier 1 or Tier 2 (refer to Section Three). As secondary, the TPA’s payments will be based on the balance left after the primary health plan has paid. A copy of the Explanation of Benefits (EOB) from the primary health plan must be submitted to the TPA. The TPA will pay no more than that balance. In no event will the TPA pay more than it would have paid had the TPA been primary. The TPA will pay no more than the “allowable expense” for the healthcare involved. If the TPA’s allowable expense is lower than the primary plan’s, the TPA will use the primary health plan’s allowable expense. The primary health plan’s allowable expense may be less than the actual bill.

- **The TPA will NOT pay any co-payments required by the primary health plan. The TPA will pay only for services covered under your primary health plan only if you followed all of their procedural requirements including prior authorization and network provider rules.**
- **If a member seeks services from a Tier 2 provider, before Cleveland Clinic Employee Health Plan Total Care will reimburse as secondary, the deductible must be met.**

When the member becomes Medicare eligible at age 65, Cleveland Clinic Employee Health Plan Total Care will pay as secondary, as if the member has Medicare Part B, whether or not the member has enrolled in Medicare Part B. This means Cleveland Clinic Employee Health Plan Total Care will only reimburse 20% of the Allowed Amount. This does not apply to actively working age 65 or older employees.

Enforcement of Coordination of Benefits (COB) Provision

The TPA will coordinate benefits provided that the TPA is informed by you, or some other person or organization, of your coverage under any other health plan.

In order to apply and enforce this provision or any provision of similar purpose of any other healthcare plan, it is agreed that:

- Any person claiming benefits described under this Plan will furnish the TPA with any information the TPA needs; and
- The TPA may, without the consent of or notice to any person, release or obtain from any source any necessary information needed to complete the claims adjudication process.

Facility of Payment

If payment is made under any other health plan that the TPA should have made under this provision, then the TPA has the right to pay whoever paid under the health plan; the TPA will determine the necessary amount under this provision. Amounts so paid are benefits under this health plan and the TPA is discharged from liability to the extent of such amounts paid for covered services.

Right of Recovery

If the TPA pays more for covered services than this provision requires, the TPA has the right to recover the excess from anyone to or for whom the payment was made. The member agrees to do whatever is necessary to secure the TPA's right to recover the excess payment.

Coordination Disputes

If you disagree with the way the TPA has paid a claim, your first attempt to resolve the problem should be by contacting the TPA. You must follow the TPA appeal process (see page 58). If you are still not satisfied, you may call the Ohio Department of Insurance for instructions on filing a consumer complaint at 614-644-2673 or toll-free at 1-800-686-1526.

Workers' Compensation

If a Cleveland Clinic employee has an accident or injury at work, the employee must file a claim through the Bureau of Workers' Compensation. The employee is required to:

- Complete and file an Incident Report immediately.
- Visit their Primary Care Provider, a Cleveland Clinic or Regional hospital Occupational Safety Department, or a Cleveland Clinic or Regional hospital Emergency Department immediately and forward the report to the applicable Department so that workers' compensation can be processed.

Services related to the injury or accident should be registered as workers' compensation. The claims for these services should be submitted to the Bureau of Workers' Compensation for reimbursement.

Cleveland Clinic Employee Health Plan Total Care will not reimburse work-related claims until all workers' compensation procedural requirements have been completed and the Bureau of Workers' Compensation has determined that it will not cover the submitted claim.

