



Cleveland Clinic Cardiac Care Program

The **Cleveland Clinic Cardiac Care Program** is a new benefit offering access to world class heart care at Cleveland Clinic, rated as the number one heart and heart surgery program in the U.S. each year since 1995.* This benefit is available to eligible employees and covered dependents in need of non-emergency heart surgery with primary healthcare coverage provided under The Railroad Employees National Health and Welfare Plan or The National Railway Carriers/United Transportation Union Health and Welfare Plan (The Plans).

Covered cardiac procedures for the Cleveland Clinic Cardiac Care Program include:

- Coronary Artery Bypass Grafting (CABG)
- Aortic Valve Replacement
- Mitral Valve Repair/Replacement
- Hypertrophic Obstructive Cardiomyopathy (HOCM)
- Atrial Fibrillation/Ablation
- Thoracic Aorta Repairs (Ascending only)
- Cardiac Congenital
- Complex Valve

Since every case is unique, members should contact the Cleveland Clinic Cardiac Care Program at 866.441.5691 to discuss their individual needs.

If a member chooses to have their inpatient surgery at Cleveland Clinic, The Plans cover all deductibles, co-pays, travel and lodging for the patient and companion while in Cleveland, Ohio.

**To learn more about the
Cleveland Clinic Cardiac Care Program,
plan members should call
866.441.5691**

*U.S. News & World Report 2020-2021

Frequently Asked Questions

What is the *Cleveland Clinic Cardiac Care Program*?

*This enhanced benefit program offers eligible employees and their covered dependents access to the nation's top heart care at Cleveland Clinic. Those needing non-emergency heart surgical procedures, who meet the program's clinical requirements, have the option to receive care from at Cleveland Clinic, the nation's top ranked heart and heart surgery program for 26 consecutive years.**

Participation/Administration

1. Who is eligible for this benefit?

The Cleveland Clinic Cardiac Care Program will verify eligibility. The Program is open to employees and covered dependents with primary healthcare coverage provided under The Railroad Employees National Health and Welfare Plan or The National Railway Carriers/United Transportation Union Health and Welfare Plan (The Plans).

2. What surgical procedures are included in the Cleveland Clinic Cardiac Care Program?

The Program includes the following non-emergency procedures:

- Coronary Artery Bypass Surgery (CABG)
- Aortic Valve Replacement
- Mitral Valve Repair
- Hypertrophic Obstructive Cardiomyopathy (HOCM)
- Atrial Fibrillation/Ablation
- Thoracic Aorta Repairs (Ascending only)

Since every case is unique, members should contact the Cleveland Clinic Cardiac Care Program at 866.441.5691 to discuss their individual needs.

3. Who ensures the member is eligible for the program?

A member's benefit eligibility is confirmed administratively by the Cleveland Clinic Cardiac Care Program at various checkpoints throughout the entire service process. A member's eligibility is also clinically determined based on a medical records review by Cleveland Clinic. The Cleveland Clinic Cardiac Care Program is the member's point of contact for information regarding eligibility for the program.

4. How does a member begin participation in the program?

Participation in the Program begins by calling the Cleveland Clinic Cardiac Care Program at 866.441.5691.

After a representative qualifies the member for the program, they will connect with a Cleveland Clinic Care Coordinator to discuss their medical needs.

5. What initial criteria qualify a member for these services?

- The member has seen a local physician for a heart-related condition in the past year, and has been recommended for a covered program procedure
- The member meets clinical requirements evaluated by Cleveland Clinic surgeons through a medical record review process
- The member's local physician agrees to assume care for the member upon returning home

6. What does a member need to provide Cleveland Clinic in order to obtain services?

Members need to provide Cleveland Clinic with copies of their medical records and the contact information for their current physician(s). In addition, when the member registers at Cleveland Clinic, they must present their program-specific ID card, which is supplied by the Cleveland Clinic Cardiac Care Program in the Welcome Packet.

7. What forms does a member need to complete?

Members will receive an Information Packet including the following:

- Clinical Documentation List: Member will work with Cleveland Clinic care coordinator to gather medical records and the information listed
- Authorization for Release of Medical Information from Other Facilities
- Program Authorization Form
- Physician Letter of Intent to Provide Post-Surgery Care
- Travel Guidelines
- Travel Companion Medical Necessity Form

8. Is a Member ID card provided?

Who provides the Member ID card and when will a member receive it?

Yes, the Cleveland Clinic Cardiac Care Program will provide an ID card to use with the Program. Patients will receive a Welcome Packet after qualifying for this benefit program, which will include their Program-specific member ID card. This card is only valid for Program services and pre-surgery supplied medications. For post-discharge medications, patients may use their pharmacy card at any affiliated pharmacy.

9. Does a member need to provide medical records?

Yes, a member will need to provide all medical records as requested by Cleveland Clinic. The medical records are needed by Cleveland Clinic's Heart, Vascular and Thoracic team so that they can build an individualized treatment plan to ensure the best clinical outcomes. Surgeries cannot be scheduled without the proper medical records submitted.

10. Does a patient need to arrange for follow-up healthcare, once they return home after surgery?

Yes, before the patient is accepted into the program they must obtain a physician letter of intent to confirm the home community physician's acceptance of the follow-up care. The scheduling of such follow-up care is coordinated by Cleveland Clinic prior to the patient traveling home.

Coverage (All determinations shall be subject to the Program benefit design.)

1. What services/benefits are covered under the Program?

- All services and pre-surgery supplied medications while a patient is at Cleveland Clinic, except convenience items (services not related to heart care are not covered under the program; telephone, etc.)
- Travel expenses for patient and a companion (including travel and hotel)
- Medically necessary services related to the Program provided at Cleveland Clinic, post-discharge (excluding outpatient pharmacy)

2. What services/benefits are NOT covered under this program?

- Any elective outpatient services not related to the covered Program services
- Convenience items (services not related to heart care are not covered under the program; telephone, etc.)
- Outpatient pharmacy for prescriptions post-discharge and follow-up care after returning home are covered under a patient's current health insurance plan

3. What travel expenses are covered for a member and their companion?

The following expenses are covered for the member and one companion:

- Airfare, lodging and travel allowance for patient and one companion
- Concierge service to arrange travel and lodging
- Round-trip transportation between the airport and the hotel

Once a member's surgery is scheduled, they will receive detailed travel information from the Program's travel specialists regarding covered travel expenses and reimbursement methods pertaining to their chosen method of travel.

4. Can a member choose their own doctors/hospital to use these services?

No. Cleveland Clinic is the only hospital available in the Program.

Cost

1. Is a member charged for services?

A member will be charged for services not covered by the program. Examples of items not covered include hotel incidentals, and inpatient convenience items such as telephone service.

2. What, if any, services need to be reported to the IRS?

The member will receive a report of taxable dollars paid by their employer. Any other expenses paid by the member that may be taxable should be discussed by the associate with their tax professional. Please see the travel guidelines located in the Information Packet for a general description of the deductible amounts.

Travel

1. Who handles a member's travel itinerary?

After surgery is scheduled, travel will be coordinated by the Program's travel specialists.

2. Can a member's family travel with him/her?

Yes. A member can choose one travel companion (over 18 years of age) for which air and lodging expenses will be covered. See travel guidelines for covered expenses.

3. Can a member choose their hotel/airline without using the Cleveland Clinic Cardiac Care Program?

No. In order to receive travel benefits under this program, a member must use the Program's travel specialists, which are the member's first point of contact to arrange air and lodging accommodations. Any airline reservation changes must be made through the travel specialists.

After Services are Completed

1. How is the discharge process handled?

Cleveland Clinic develops a patient's non-emergent care plan and discharge plan. The plan includes the expected time a patient will remain in the treatment location and what, if any, travel modifications will be necessary.

Patients receive written instructions for self-care and contact information (including after hours) for their surgical team and/or a nurse coordinator for questions. Cleveland Clinic works with the patient to schedule their first follow-up appointment with the physician in the patient's home community.

2. Does a patient need to submit claims to their current health insurance provider?

No. For services covered under this program, claims do not need to be submitted. For services not covered under this program, claims would need to be submitted to the Medical Plan Provider.

3. What happens if a member experiences emergent medical health issues once they are discharged and return home?

A member should contact 911 for any medical emergencies that may occur after they have returned home.

4. Does a member need to have an established relationship with a doctor(s) as part of the follow-up process?

Yes, in order to be eligible for the program, a member must have an established relationship with a physician in their home community. The member's doctor must be willing to assume future and ongoing care once the member returns home. The home physician signs a letter of intent to care for the patient after surgery as part of the eligibility process.

5. What physician should a member use for follow-up? Their own, or a Cleveland Clinic physician?

Upon return home, members should use their home community physician(s). However, if a member chooses to use Cleveland Clinic physician(s) for their follow-up care, the charges will apply towards the member's Medical Plan.

General

1. How many times can a member use this program?

Members can use the Program as many times as needed so long as they are enrolled in a participating plan and meet the clinical criteria for the specific covered services.

2. How can a member receive more information about the Cleveland Clinic Cardiac Care Program?

Members can receive more information about this benefit by calling the Cleveland Clinic Cardiac Care Program at 866.441.5691.

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