



Policy and Procedures for World Trade Center (WTC) Health Program Identification and Payer Order Guidance for Medicare and Medicaid

John Howard, M.D., Administrator
World Trade Center Health Program

November 21, 2023

I. Authority

The *Policy and Procedures for World Trade Center (WTC) Health Program Identification and Payer Order Guidance for Medicare and Medicaid* is based on the James Zadroga 9/11 Health and Compensation Act of 2010 (“Zadroga Act”)¹ and the World Trade Center (WTC) Health Program administrative regulations.²

II. Purpose

The purpose of this *Policy and Procedure* is to define the payer order for treatment services, including pharmaceuticals, for members of the WTC Health Program in accordance with the Zadroga Act, and to provide Medicare Part D sponsors and state Medicaid plans guidance for coordinating benefits.

While Medicaid acts as the payer of last resort for most services, certain exceptions may apply resulting in Medicaid paying for services that might otherwise be covered by other public agencies or programs. Such exceptions include a small number of programs that have been statutorily designated as payers of last resort after Medicaid, including the WTC Health Program.

III. WTC Health Program Overview

The WTC Health Program is a limited federal health benefit program administered by the National Institute for Occupational Safety and Health (NIOSH), part of the Centers for Disease Control and Prevention (CDC) in the U.S. Department of Health and Human Services (HHS), and is authorized through fiscal year (FY) 2090. The Program provides no-cost medical monitoring and treatment for certified WTC-related health conditions to responders and survivors of the September 11, 2001, terrorist attacks in New York City (NYC), and to responders at the Pentagon in Arlington, Virginia, and in Shanksville, Pennsylvania.

¹ Title I of Pub. L. 111-347, as amended by Pub. L. 114-113, Pub. L. 116-59, and Pub. L. 117-328, adding Title XXXIII to the Public Health Service (PHS) Act (codified at 42 U.S.C. §§ 300mm to 300mm-62.)

² 42 C.F.R. Part 88.

The WTC Health Program is not a comprehensive health insurance plan – it only covers a limited set of health conditions established by statute and regulation (see 42 C.F.R. § 88.15). For a member’s health condition to be eligible for treatment (including pharmaceutical) coverage, the health condition must meet all WTC Health Program requirements for certification or treatment.

For treatment to be covered by the WTC Health Program, the member’s health condition MUST be certified by the Program as a WTC-related health condition or medically associated with a certified WTC-related health condition. The WTC Health Program pays for medically necessary treatment of a certified health condition if the treatment aligns with Program requirements and is provided by a WTC Health Program-affiliated provider or pharmacy. Once the health condition is certified by the WTC Health Program and all requirements are met, the member is not responsible for paying any co-payments, deductibles, or other out-of-pocket expenses.

The WTC Health Program covers the cost of treatment for certified WTC-related health conditions only. For prescriptions related to any health condition not certified by the WTC Health Program, members must use primary prescription drug coverage or pay out of pocket.

IV. WTC Health Program Member Populations

There are two member categories covered under the WTC Health Program: WTC Responders and Survivors. WTC Responders are those members who worked or volunteered and performed rescue, recovery, debris cleanup, and related support services on or in the aftermath of the September 11, 2001, attacks in New York City, at the Pentagon, or in Shanksville, Pennsylvania for certain amounts of time from September 11, 2001, until no later than July 31, 2002. WTC Survivors include individuals who were present in the New York City Disaster Area in the dust or dust cloud on September 11, 2001; who worked, resided, or attended school, childcare, or adult daycare in the NYC Disaster Area for specified durations between September 11, 2001, through July 31, 2002; who were eligible for certain residential grants; or whose place of employment was eligible for certain grants following the September 11, 2001, attacks.

The Zadroga Act requires both WTC Responders and Survivors to have other health insurance (OHI), which must align with the Minimum Essential Coverage requirements under the Affordable Care Act (ACA). The WTC Responder and Survivor member categories, however, have different statutory requirements regarding payer order and Coordination of Benefits (COB). Pursuant to the Zadroga Act, WTC Survivors must follow the COB process.³

A. Coverage of Pharmaceuticals for WTC Responders

For WTC Responders, the Program provides primary prescription drug coverage for medically necessary treatment of certified WTC-related health conditions. The WTC Health Program does not cover prescriptions for health conditions that are not certified as WTC-related.

WTC Responders may be identified by their WTC Health Program member ID number, which is a nine-digit, numerical-only number beginning with 911 (e.g., 911#####). If a

³ See 42 U.S.C. § 300mm-41(c)(1). When coverage is available for a certified WTC-related health condition from a Workers’ Compensation plan or another work-related illness or injury benefit plan of an employer, those plans are deemed “primary plans,” and must pay for treatment services rendered by the WTC Health Program consistent with applicable laws. See 42 U.S.C. § 300mm-41(b). For more information, please see the *Policy and Procedures for Recoupment & Coordination of Benefits: Workers’ Compensation Payment*, available at <https://www.cdc.gov/wtc/pdfs/policies/WTCHP-PP-Work-Comp-Payment-rev20160803-508.pdf>.

WTC Responder's prescription includes their WTC Health Program member ID, that indicates that the prescription is WTC-related. When a WTC Responder's prescription is WTC-related, the WTC Health Program must be billed as the primary payer. The WTC Health Program covers the full cost of Responders' prescriptions that are in the Program's formulary and prescribed by a Program-affiliated provider; COB is not conducted for Responders.

In the event the pharmacist is aware the prescription is WTC-related (i.e., the WTC Health Program member ID is provided on the prescription), then the WTC Health Program must be billed exclusively. If the pharmacist is aware that the individual is a WTC Responder but is unsure whether the prescription is WTC-related, the pharmacist should attempt to consult with the prescriber or member to ascertain whether the prescription is WTC-related and ensure the claims are processed in the correct payer order.

The WTC Health Program is the primary payer for WTC Responders ONLY if all the following requirements are met:

- The drug is being used to treat a health condition certified as WTC-related by the WTC Health Program;
- The drug is included in the WTC Health Program formulary; and
- The drug is prescribed by a WTC Health Program-affiliated provider.

The Program does not pay any portion of claims for medications used to treat conditions that are not certified as WTC-related; all members must use their OHI for medications that are not WTC-related.

B. Coverage of Pharmaceuticals for WTC Survivors

The WTC Health Program provides supplemental coverage of medications for WTC Survivors when the prescription is for a certified WTC-related health condition. For Survivors, the WTC Health Program requires COB and pays after ALL other health insurance or programs, including Medicare, Medicaid, and TRICARE.

WTC Survivors may be identified by their WTC Health Program member ID number, which is a nine-character number beginning with 911 **and the letter S** (indicating the beneficiary is a Survivor) followed by five digits (e.g., 911S#####). If a Survivor's prescription includes their WTC Health Program member ID number, that indicates that the prescription is WTC-related. When a WTC Survivor's prescription is WTC-related, COB is required, and the WTC Health Program must be billed as the payer of last resort. The WTC Health Program covers any remaining costs after the application of any OHI coverage for WTC Survivors' prescriptions that are in the Program's formulary and prescribed by a Program-affiliated provider.

In the event the pharmacist is aware the prescription is WTC-related (i.e., the WTC Health Program member ID is provided on the prescription), then the WTC Health Program must be billed last. If the pharmacist is aware that the prescription is not WTC-related, the prescription should not be processed through the WTC Health Program; if the prescription is incorrectly processed through the WTC Health Program it will result in a rejected claim (e.g., provider not in network, prior authorization required for

coverage, drug not covered). If the pharmacist is unsure whether the prescription is WTC-related, the pharmacist should attempt to consult with the prescriber or member to ascertain whether the prescription is WTC-related and ensure the claims are processed in the correct payer order.

The WTC Health Program is the payer of last resort for Survivors, behind private health insurance, Medicare, Medicaid, and TRICARE. The WTC Health Program can ONLY pay for drugs where all the following requirements are met:

- The drug is being used to treat a health condition certified as WTC-related by the WTC Health Program;
- The drug is included in the WTC Health Program formulary; and
- The drug is being prescribed by a WTC Health Program-affiliated provider.

The Program does not pay any portion of claims for medications used to treat conditions that are not certified as WTC-related; all members must use their OHI for medications to treat health conditions that are not WTC-related.

V. How to Recognize Plan and Eligibility Category

Currently, WTC Responders and Survivors can be recognized by the following member ID information:

A. WTC Responders

- ID Number: 911***** (911 + six digits)
- Group Numbers: WTCRESP

B. WTC Survivors

- ID Number: 911S***** (911 + S + five digits)
- Group Numbers: WTCSURV

Other prescription information will need to be gathered by requesting the member's WTC Health Program Prescription ID card.

VI. Payer Order Requirements for Health Plans

A. WTC Responders

The WTC Health Program is the primary payer for Responder members for drugs used to treat certified WTC-related health conditions meeting all requirements described above.⁴

⁴ See 42 U.S.C. § 300mm-41(c)(1). When coverage is available for a certified WTC-related health condition from a Workers' Compensation plan or another work-related illness or injury benefit plan of an employer, those plans are deemed "primary plans," and must pay for treatment services rendered by the WTC Health Program consistent with applicable laws. See 42 U.S.C. § 300mm-41(b). For more information, please see the *Policy and Procedures for Recoupment & Coordination of Benefits: Workers' Compensation Payment*, available at <https://www.cdc.gov/wtc/pdfs/policies/WTCHP-PP-Work-Comp-Payment-rev20160803-508.pdf>.

B. WTC Survivors

For Survivors, the WTC Health Program is the payer of last resort for “non-work-related” health conditions. Other payers that pay prior to the Program for Survivors may include, but are not limited to, the following:

- Private Health Insurance
- Medicare
- Medicaid
- TRICARE

If the Survivor’s WTC-related health condition is considered work-related, then workers’ compensation becomes the first payer.

If a pharmacy receives a response to an E1 inquiry (a pharmacy eligibility check) indicating the beneficiary has coverage with the WTC Health Program, the payer order rules as described below apply. When a medication is an approved product for the certified WTC-related health condition, and all formulary requirements have been met, the prescription can be billed to the WTC Health Program only after billing any other available payers. Once all Program requirements are met and all payers billed in the correct order, the WTC Health Program member should receive the product at no cost.

- **Private Health Insurance**

A WTC Survivor’s private health insurance is always primary to the WTC Health Program. The WTC Health Program will only cover medications related to a certified WTC condition when the prescription meets Program requirements.

- **Medicare**

A WTC Survivor’s Medicare coverage is always primary to the WTC Health Program. To avoid applying an incorrect order of payers, when a Medicare Part D sponsor becomes aware that a Medicare beneficiary is enrolled in the WTC Health Program as a Responder or a Survivor, that information should not be reported via the Electronic Correspondence Referral System (ECRS) to the Benefits Coordination and Recovery Center (BCRC). Reporting will result in the WTC Health Program being seen as a primary health plan and cause Medicare to reject prescription claims. When a Medicare Part D sponsor receives information via COB-OHI files identifying the WTC Health Program as OHI, the Medicare Part D sponsor should request deletion of that information via ECRS.

- **Medicaid**

A WTC Survivor’s Medicaid coverage is always primary to the WTC Health Program. The WTC Health Program is the payer of last resort, even after Medicaid. Therefore, State Medicaid agencies and Medicaid Managed Care Organizations (MCOs) should not identify the WTC Health Program coverage as primary coverage. When a State Medicaid agency or MCO receives WTC Health

Program information via a third-party liability (TPL) file, these groups should contact their State Medicaid agency to update the member's WTC Health Program coverage to reflect that it is secondary to Medicaid.

- **TRICARE**

A WTC Survivor's TRICARE coverage is always primary to the WTC Health Program. Since the WTC Health Program is always the payer of last resort, when a TRICARE sponsor becomes aware that a TRICARE beneficiary is enrolled in the WTC Health Program as a Responder or a Survivor, that information should not be reported via the Defense Enrollment Eligibility Reporting System (DEERS) or to the beneficiary's Pharmacy Benefit Manager (PBM). When a TRICARE sponsor receives a COB transaction identifying the WTC Health Program as OHI, the TRICARE sponsor should contact DEERS or the beneficiary's PBM to request deletion of that data.

VII. Payer Order Guidance for Pharmacies

A. WTC Responders

When a Responder presents a WTC Health Program Prescription ID card, the member ID will be exclusively numerical, beginning with 911, and will have a group number WTCRESP. Not all prescriptions for the member will be covered by the WTC Health Program. When the pharmacist receives a prescription, there may be some identifying information on the prescription to suggest it is for a certified WTC-related health condition. If the identifying information is not found on the prescription, the pharmacist will request that the member confirm whether the prescription should be billed to the WTC Health Program. If a medication is deemed eligible for the WTC Health Program, the prescription should be billed exclusively to the Program and result in no copay for the member. If the pharmacist is not aware whether the prescription is for a certified WTC-related health condition, the pharmacist should attempt to consult with the prescriber or member to ensure the claims are processed in the correct payer order.

B. WTC Survivors

When a Survivor presents a WTC Health Program Prescription ID card, the member ID begins with 911S (indicating the individual is a WTC Health Program Survivor member) and will have a group number WTCSURV. The pharmacist should ask if they have other coverage in addition to the WTC Health Program. WTC Survivors are required to have other primary prescription coverage, with some limited exceptions. The WTC Health Program is payer of last resort in the event the beneficiary has more than one other prescription drug plan.

To perform COB for Survivor pharmacy claims, the pharmacy must have both the Survivor's primary health insurance billing information and their WTC Health Program billing information on file. Any primary payers must be identified and billed first, and any point-of-sale rules and restrictions that are applicable to the primary payer's plan will be activated.

- If the primary insurance claim is rejected by the primary plan indicating there is other primary coverage, the member should contact their primary insurer to

verify the OHI on file. WTC Health Program may have been mistakenly identified as primary.

- If a member has OHI on file with the WTC Health Program, claims submitted to the WTC Health Program as primary will reject at the pharmacy. The claim will reject as a “reject 41,” indicating the member has other primary coverage.
- Medications for a certified WTC-related health condition should be filled at no out-of-pocket cost to the member. If any errors are encountered, they must be resolved prior to billing the member.

Additional information will be published as it becomes available. If questions arise, please email wtc@cdc.gov or visit <https://www.cdc.gov/wtc/contact.html>.