

Hi everyone! Hope all is well. Here is some important information:

Informational Update Vol 13 #6

1. 2022 IRMAA Application

The 2022 IRMAA application is now available. For your convenience, I have attached the application to this email. You can also download the form from the CSA Welfare Fund website, www.csawf.org. This application may also be used for the years 2020 & 2021.

Please make sure to include the following with your 2022 IRMAA reimbursement request.

- 1) A completed reimbursement request application. Be sure to check off 2022 and sign and date the application. If your spouse/domestic partner is your dependent, be sure to complete the Eligible Spouse/Dependent section of the application. If your spouse/domestic partner is also a NYC retiree and has a separate NYC health plan, then she/he has to submit a separate reimbursement request application.
- 2) The **November 2021** Social Security Award letter. This is the annual letter that tells you how much Social Security you will be receiving the following year (in this case **2021**) & your Medicare Part B & D premiums.
- 3) The **2022 Social Security 1099** letter.

Please note that if you went on Medicare in **2022**, you are entitled to a pro-rated **2022** IRMAA reimbursement. Also, if you never applied for IRMAA reimbursement for 2020 and/or 2021, you may use the same **2022** IRMAA application but mark off the year in question and submit each year's request in a separate package.

So, for example, if you are applying for **2020, 2021 & 2022** IRMAA reimbursement, submit 3 separate packages. Each package will contain 3 documents; an application, appropriate SSA letter (for 2020, the November, 2019 letter and for 2021 the November 2020 letter), and appropriate SS 1099 letter (for 2020, the 2020 SS 1099 letter and for 2021, the 2021 SS 1099 letter).

2. Aetna's Continuity of Care Transmission Assistance & Authorization for Release of Protected Health Information (PHI) Forms

Two of the most important forms Aetna has sent to its Medicare-eligible members have been the Continuity of Care form and the Release of PHI form. If you (or your dependent) are planning an operation after September 1, 2023 (when Parts A & B of Aetna plan goes into effect) or you have an ongoing critical care situation, such as receiving chemotherapy or dialysis, it is important that you complete the Continuity of Care form. This form collects the data that will alert Aetna to your situation and will help keep your ongoing medical care uninterrupted, including maintaining ongoing prescription specialty medicine.

When you complete and submit this form in the envelope that Aetna provided, a nurse case manager should reach out to you to ease the transition to the new Aetna Medicare Advantage PPO plan. To help ensure this happens, check off the box on the form, Request to Speak to a Nurse Case Manager.

If you have not received the Continuity of Care form you can download one from the CSA Welfare Fund website and submit the completed form to:

Attn: City of NY F314
Aetna
P.O. Box 818013
Cleveland, OH 44181-9920

Or you can email to: CONYMailbox@aetna.com.

Aetna recently mailed out an **Authorization for Release of PHI** form to those members who had submitted a completed **Continuity of Care** form. If you received the PHI form, be sure you complete and submit it to Aetna.

Included with the PHI form was an outreach letter in which Aetna confirmed they will work with you and your physicians to ensure quality medical care and that you will be “covered for any upcoming care or

procedures.” The letter also included a support plan for your physical, emotional and social health.

If you have submitted a Continuity of Care form but did not receive the authorization form then either call Aetna, **855-648-0389** or email Aetna at CONYMailbox@aetna.com.

3. **Question of the Month**

Q. I recently received a bill of \$84 from my doctor who claims that was my deductible. However, I already paid my complete deductible previously. How could that discrepancy happen?

A. At the time you received service from the doctor, you still had not exhausted your deductible and so he charged you accordingly. However, the doctor apparently held on to the bill and by the time you received it, other doctors that you had gone to already used up your deductible. Consequently, you do not owe the \$84 and the doctor will have to re-file the bill with Medicare. Motto: Keep track of your deductibles.