

Ithaca City School District 12.28.2020 Aetna MAPD Zoom Meeting
Questions and Answers

Q: Will the Power Point Slides be available after the presentation today?

A: Today's presentation consisted of slides taken from previous presentations that are listed on the district website.

Q: Will this recording be available on the district website?

A: Today's recording will not be available however the recording from 12/18/2020 and previous town hall meeting are available on the website.

Q: Is it correct if you leave traditional Medicare for a Medicare Advantage plan you are never able to return to traditional Medicare if you so desire?

A: You are not leaving traditional Medicare. In order to be part of a Medicare Advantage plan, participants must have Medicare Part A and Part B.

Q: Does the new plan replace Medicare Parts A, B and D?

A: Yes, the District's Medicare Advantage Plan encompasses Medicare Parts A, B and D.

Q: Please explain why we won't use our Medicare cards and why do you mean keeping Parts A and B in the background.

A: While you need Medicare Part A and Part B to have a Medicare Advantage Plan, you only need to show providers and pharmacies your Aetna card. Medicare pays Aetna to administer the Advantage Plan based on Medicare's rules. Please store your Medicare card in a safe place.

Q: Do we need to notify Social Security?

A: No, you do not.

Q: What is the Appointed Representative form?

A: The appointment of representation form would be used if a member has someone, they would like to appoint to call Aetna on their behalf and discuss HIPAA protected information without having to obtain verbal authorization on every call. Aetna can share limited information regarding coverage and benefits if a caller verifies certain identifying information such as Name, DOB, ID, etc. but would need either verbal consent or the authorization on file to discuss specifics related to claims, diagnosis, services provided, etc.

Q: Who is ENV?

A: ENV is the consultant for the District. ENV also has a Call Center for district employees and retirees to ask any questions on the plans serviced by ENV.

Q: How do you call ENV?

A: ENV's phone number is 800-887-9146. Our email address is callcenter@insurewithenv.com.

Q: Who can we call besides Aetna with our questions?

A: Retirees can call ENV at 800-887-9146.

Q: How do I differentiate my Aetna plan from others when calling my doctor to see if they will accept it?

A: It is important to advise providers you have a group Medicare Advantage Plan with Aetna. If the provider still has questions, they can contact Aetna or ENV and we will be glad to advise them of the benefits on the plan.

Q: Is there a network?

A: The Aetna plan pays the same regardless if a provider is participating with them. An in-network provider will submit the claim. An out of network provider may require the retiree to submit the claim.

Q: Does the provider submit claims or do I have to?

A: A participating provider will submit claims to Aetna. A non-participating provider may submit claims. If a non-participating provider does not submit a claim, the retiree will be required to do so. The claim form is on the District website.

Q: Do providers need to sign a new contract? With the Cornell plan, providers had to sign new contracts.

A: Aetna has confirmed no new contracts need to be signed. The Cornell plan was brought on several years ago. Additional outreach may have been necessary to sign up new providers at that time.

Q: Is there any dental coverage?

A: There is no dental coverage with the Aetna Medicare Advantage Plan.

Q: Is coverage available in Canada and other countries?

A: Yes, there is urgent and emergency coverage available in countries outside of the US. Participants can submit an itemized bill, translated into English to Aetna for reimbursement. If a member can't get a translated bill, Aetna can assist, but the process may take slightly longer.

Q: Is there a deductible for out of network benefits?

A: No, there is not.

Q: What is my deductible for single coverage?

A: There is no deductible on the Aetna Medicare Advantage Plan.

Q: Can I continue to get my drugs at Walmart?

A: Yes. If using a new pharmacy, double check to ensure the pharmacy is participating with Aetna.

Q: Is there a list of participating pharmacies?

A: Yes, they can be located in the following website or by calling Aetna or ENV.

http://www.aetna.com/docfind/home.do?site_id=MDCRRX&langpref=en&tabKey=tab2

Q: Are there additional discounts available with CVS?

A: Yes, retirees can save 20% on thousands of CVS Health Brand health-related items at CVS stores. Examples of the items you can save on are vitamins, eye drops, pain relievers and cold medicines. The district website has instructions on how to obtain the 20% discount card. If you already have a CVS ExtraCare membership card, you will provide the number to activate the additional savings by having an Aetna Medicare Advantage Plan. If you do not have a CVS ExtraCare membership card, the instructions will advise you can request one. Retirees can also contact CVS directly at 1-800-SHOP-CVS (1-800-746-7287) for assistance.

Q: Do I have to register with CVS Mail Order?

A: Yes, there is an instruction document on the district website labeled “Aetna MAPD Mail Order Rx Instructions”. Aetna can also be contacted at 888-267-2637 and they will assist with setting up mail order prescriptions.

Q: What do I do if I need more than the quantity limits listed on the formulary?

A: Your doctor can submit the medical information to Aetna that supports the need for the additional quantities. Approval is generally granted if a medical reason is provided.

Q: Please provide details on how to obtain the information, such as the Aetna formulary on the district website. As more information becomes available, it will be posted to the website.

A: There are several ways to access the retiree information on the district website.

- <https://www.ithacacityschools.org/>
 - Hover over “DISTRICT” at the top of the page where it indicates DISTRICT SCHOOLS DEPARTMENTS LEARNING REOPEN ICSD
 - Under Family/Community Resources, click on “Retiree Benefits”
 - Links are available in this spot for the following
 - 2021 Prescription Formulary
 - Prescription mail order form
 - Aetna Appeals process
 - Aetna Medicare Advantage Plan Handbook
 - Reimbursement form for vision and acupuncture services
 - The same information can be located under “Retiree Resources” category under “DISTRICT” or
- <https://www.ithacacityschools.org/retirees>

Q: Are prescriptions covered overseas?

A: They will be covered if related to the covered urgent or emergent care that is received overseas. If a member is traveling extensively, they can obtain more than a 90-day supply of their medications by contacting Aetna in advance and they will put an override in the system to allow for this.

Q: Is there a benefit for eye glasses and hearing aids?

A: Yes, there is a vision eyewear \$100 reimbursement once every 24 months. The hearing aid reimbursement is \$1,000 once every 36 months.

Q: Please provide a list of documents that have been sent out by Aetna.

- Acknowledgement letter – Confirms enrollment into the plan and includes new plan ID; Considered proof of coverage until ID card arrives
- Schedule of Cost Sharing (SOC) – Contains plan specific benefit details, cost sharing and covered services
- ID card – New plan ID card and letter advising how to register online, advising PCP selection is not required but is optional along with an indication the SOC will provide detailed benefit information
- Welcome Kit – the “By Your Side” brochure with information on the Aetna Medicare ESA PPO plan, the Summary of Benefits (SOB) which is a quick reference for covered services and cost sharing. The SOC is included with the welcome kit
- Evidence of Coverage (EOC) – **Mailed by request only**, includes Medicare specific rules and details for coverage and enrollment, not benefit specific
- Formulary – **Mailed by request only**, includes list of all covered prescriptions as well as additional requirements such as preauthorization’s, quantity limits and if a medication can be ordered through mail order, not benefit specific.

Q: What can ENV do with a signed HIPAA form?

A: Excellus BlueCross BlueShield requires a HIPAA form in order to provide information on anyone’s former plan. This form will be posted to the District website.

Q: How quickly is the preauthorization process?

A: If it is an urgent request, 72 hours is the typical timeframe. Normally, non-urgent requests only take a few days as long as the provider has submitted all of the necessary documentation. A non-urgent request can take up to 14 days.

Q: I received an IRMAA letter. What should I do?

A: IRMAA (Income-related Monthly Adjustment Amount) is a surcharge that could be added to Medicare Part B and Part D premiums based on income. If you receive this letter, please contact Marta Costa Potter at the District as the District will reimburse retirees for this surcharge.

Marta.costapott@icsd.k12.ny.us

Q: What is the appeals process?

A: Appeals will be rare. The district website has a link to the Aetna appeals process. The website will also include appeal forms for claim denials as well as preauthorization denials.

Q: What is the process if Aetna denies a claim that would have been covered by BlueCross BlueShield?

A: Claim denials are usually for one of the following three reasons.

1. Most Common – Provider never submitted the claim or submitted the claim to the incorrect carrier.
 - a. Solution – Provider submits claim to correct carrier.
2. Very Common – Doctor didn't send in the medical necessity notes.
 - a. Solution – Doctor submits necessary information and claim is reprocessed.
3. Rare Occurrence – Aetna denies a claim for a benefit covered by Excellus BlueCross BlueShield.
 - a. Solution – ENV will work with the member and Excellus to confirm the service was covered previously. If it was, ENV will go to the District to seek reimbursement for the member.