

IRMAA Electronic Submission Guide

Enrolling Online for the IRMAA HRA Program



Register and/or log in to **OptumRx.com** website and sign into the member portal.

Please note: If you have any questions about this process, you may contact the OptumRx AlaskaCare Call Center at (855) 409-6999.

If you are already registered, click **Sign In** and skip ahead to the **Submitting Your IRMAA** section. Otherwise, click **Register** and follow the instructions below.

Registering for the First Time

1. Fill out the required information and click **Continue**.
2. Create a **Health Safe ID** username and password, then log in.

Submitting Your IRMAA

You can access the **IRMAA Reimbursement** section in two ways: by submitting your request online or by downloading the paper form.

Option 1

Click on the top toolbar under **Member Resources** and choose **Forms and Information**.

Option 2

1. Scroll to the bottom of the home page shown above and choose **Forms**.

2. Navigate to **AlaskaCare Forms**, choose **AlaskaCare IRMAA Reimbursement**, and click on **IRMAA HRA Digital Enrollment Form**.

Important: If submitting for the upcoming plan year, prior to the start of the year: Optum Rx cannot process for payment until after January 1st of the new year. Claims are processed in the order received, therefore, initial payment may be delayed due to the volume of submissions and we are working diligently to get payment processed as soon as possible. If the submission received is accurate following processing after January 1st, you can expect your initial payment in February.

AlaskaCare Forms

AlaskaCare IRMAA HRA Form

Time to complete:

minutes

Important things to know before completing this form

- This form is the Income Related Monthly Adjustment Amount (IRMAA) Enrollment and Reimbursement Health Reimbursement Claim Form.
- Have your OptumRx ID and documents showing proof of the IRMAA surcharge readily available (Social Security Letter/Medicare Bill).
- If member is subject to the Medicare Part D (IRMAA) surcharge, the Division of Retirement and Benefits will reimburse you for the full amount through a tax-advantaged Health Reimbursement Account (HRA).
 - Please note: Member is defined as the individual who is being assessed the IRMAA surcharge.
- To help avoid claim processing delays, member must sign, date and complete this form. Please include your proof of IRMAA surcharge (Social Security Letter/Medicare Bill).



- Optum Rx ID number: This is the 14 digit number located on your ID card.
- The Social Security Number (SSN) of the cardholder and dependent (if applicable) without dashes.
- Date of Birth
- Enter your full address, including city, state, and zip code.
- Email, if applicable.
- Your phone number.

Helpful Hints:

- * As you are filling out the fields, you may see a green or red bar to the left side of the form. Green indicates the information is formatted correctly, red, incorrectly.
- * If you click the question mark (?) in the top corner of each field, it will show the correct format and helpful hints.

- Reimbursement Information:** Continue to the *IRMAA Reimbursement Information* section. The *Total Amount* will be calculated for you.

- Choose the appropriate reimbursement year from the drop down.

Is the reimbursement for the full calendar year?

- » If **Yes**: Choose the *Monthly Amount Requested* from the dropdown based on the eligible monthly surcharge amount for that year. Once you have chose the correct *Monthly Amount Requested*, the total will auto-populate.
- » If **No**: You will be required to enter the *Reimbursement Months* (From & To/Thru). Be sure you are entering the correct months in which you qualify.

IRMAA Reimbursement Information

Submit the reimbursement year *

2026

Is the reimbursement for the full calendar year?*

☒ Yes ☐ No

Monthly amount requested(in dollars \$)*

37.50

Total amount

\$450.00

- Once you have chosen the correct *Monthly Amount Requested*, then the total months and total amount will auto-populate. Click **Next**.

- Review the *Important Things To Know Before Completing This Form* and choose **Start the Form**.

Filling Out the AlaskaCare IRMAA HRA Form

- Member Information:** Complete all the fields indicated in the image below. When finished, click **Next**.

- Choose *Member* or *Dependent*:
 - » If you are the cardholder, choose **Member**.
 - » If you are a spouse or dependent to the cardholder, choose **Dependent**.

1 Member Information 2 IRMAA Reimbursement 3 Attach And Submit

Member Information

Please note: Member is defined as the individual who is being assessed the IRMAA surcharge. Dependent is defined as a child, disabled adult or spouse covered by your health plan. A person may need to be a certain age or meet other conditions to qualify as a dependent under your plan.*

☒ Member ☐ Dependent

OptumRx ID *

Social Security Number (SSN) *

Date of birth *

Note: The address information provided here will not update the address on file with the Division of Retirement and Benefits. To update member address, please contact the Division at (907) 621-2251.

Address *

City *

State *

ZIP Code *

Mail address *

Work email address *

Member phone number *

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Next

Helpful Hint:

- * If you do not see your surcharge amount listed, check the **Reimbursement Year Option** to ensure the correct year was chosen.

Please note: If you turn 65 within the eligible year, you will enter the start date of the first month you recieved your Medicare bill. The to/thru date would be through the end of the year in December of the same year.

Example: If you turn 65 in July 2023, and a Medicare bill is recieved and dated 07/01/2023 - 09/31/2023, you would enter 07/01/2023 - 12/31/23.

3. **Attach and Submit:** Click *Upload Attachment* to upload a copy or image of the Social Security Administration (SSA) letter you received, or a Medicare bill showing the amount of the 2022 or 2023 Part D surcharge.

✓ Member Information ✓ IRMAA Reimburse... **3 Attach And Submit**

Please attach your documents

Attach a clear and legible copy of your Social Security letter and/or Medicare bill

Upload Attachment

Maximum 25MB per attachment

- Upload your supporting documentation (SSA letter or Medicare Part D bill) using either method below.

Option 1

Scan your document and upload the file from your computer or laptop.

Option 2

Take a picture on your phone and send it via email to yourself. On your computer, open your email and save the file to your computer or laptop, then upload the attachment.

Please Note: Screenshots of your Medicare monthly amount from the SSA website are not acceptable supporting documentation. The supporting documentation must have the member or dependent identifiable information (name and address).

Helpful Hint:

- * Please review your documentation to ensure it is the correct year and it reflects your IRMAA Part D monthly surcharge amount.
- * Please see examples of supporting documents on page 4.

- Next, check the box in the verification section. **Verification**

☒ By checking this box, I verify that I'm submitting an Income Related Monthly Adjustment Amount (IRMAA) Enrollment and Reoccurring

- Enter your full name, date, and click **Submit**.

Optum cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions.

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Submit

What happens next?

For 2022 and 2023 calendar year submissions, please allow 7-10 business days for processing. If your submission is for the 2023 calendar year, the initial reimbursement will not occur until the end of January 2023.

Use the PDF button below to print, save, or download a copy of your submission for your records before closing the window.

PDF

- Once submitted, you will receive a confirmation number for your submission. If you click the **PDF** button, this will allow you to print, save, or download a copy of your submission for your records.

Upon receipt of an electronic submission, Optum Rx will confirm member eligibility.

If all information within the IRMAA submission is correct and appropriate supporting documentation is received, Optum Rx will set up the HRA with Optum Bank within seven to ten business days of processing of the submission and an additional seven to ten days for processing of the payment.

Once the HRA has been created, Optum Bank will send the member a welcome packet within seven to ten business days, which will include information on signing up for direct deposit. Welcome packets will only be sent to new members signing up for the first time.

1. Upon receipt of the Optum Bank welcome packet, members can register/log in to OptumBank.com to view their HRA status/balance or sign up for direct deposit.

Please Note: If direct deposit is currently set up with Optum Bank, submittal for direct deposit is not necessary.

If any information and/or supporting documentation is incorrect, the member will receive a correction letter advising of the information that needs to be corrected. Please allow seven to ten business days for receipt of this correction letter following the seven to ten business days for processing.

Please Note: Medicare premium screenshots from the SSA website is not appropriate supporting documentation, as there is no identifiable information such as name, address, etc.

Below are two examples of supporting documentation, other examples include:

- **Medicare.gov** screenshot
- Social Security partial year SSA qualifying
- SSA-1099

Social Security Administration

Important Information

Date: November 27, 2024
BNC#:

We review Social Security benefits each year to make sure they keep up with the cost of living. Your Social Security benefits will increase by _____ in 2025 because of living.

The law requires some people to pay higher premiums for their Medicare Part B (Medical Insurance) and Part D (Prescription Drug Plan) because of their income. These increases in the premiums are called the Income-Related Monthly Adjustment Amount (IRMAA). Based on your income, you are required to pay IRMAA information from the Internal Revenue Service (IRS) to decide if you will need to pay. The information in this letter is for one year only.

How Much You Will Get

This letter explains your benefit amount, your Medicare premiums, your IRMAA, and what you can do if you disagree with our decision or your situation has changed. The information below shows your monthly benefit amount before and after deductions.

- Your new 2025 monthly benefit amount before deductions is:
- Your 2025 monthly deduction for the Medicare Part B premium is:
 - \$ _____ for the standard Medicare premium, plus
 - \$ _____ for the Medicare Part B IRMAA based on your 2023 income tax return.
- Your 2025 deduction for Medicare Part D IRMAA based on your 2023 income tax return is:
- Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January 22, 2025 is:

If you still get a paper check, you must visit the Department of the Treasury at www.godirect.gov to request electronic payments.

Medicare Easy Pay Premium Statement

THIS IS NOT A BILL

Thank you for choosing Medicare Easy Pay. Your premium payment will be deducted on the 20th of the month (or the next business day).

Statement Date: **11/27/2024**

Your Medicare Number: _____

Last Payment Received: _____

Current Deduction Amount: _____

Summary Of Charges

Coverage Periods	Part A (Hospital Insurance)	Part B (Medical Insurance)	Part B IRMAA	Part D IRMAA	Total Amount
Current Premium Due 01/01/2025 - 01/31/2025				\$53.30	\$
Total Amount To Be Deducted This Month					\$

Make Sure There Are Funds In Your Account

- Deductions occur on the 20th of each month (or the next business day if the 20th falls on a weekend or holiday).
- Deductions will appear on your bank statement as an Automated Clearinghouse (ACH) transaction.
- If your payment is declined, you'll get a notification letter and a Medicare Premium Bill (CMS-500) the following month instead of a Medicare Easy Pay Statement. At that time, you must pay your Medicare Premium Bill in full using another payment method (see back).
- When a payment is declined, Easy Pay deductions are interrupted. You must pay the full amount due to resume Easy Pay deductions for the next month.

Prevent Overpayment

- Your Easy Pay premium payment will be deducted from your bank account on the 20th of every month.
- If you pay your premium by another method at any time during the month, this will result in an overpayment. Your regular premium amount will still be deducted.
- Any overpayment will be applied to the next month's premium payment.