

MEDICARE ADVANTAGE EXEMPTION REQUEST

CO-xxxx REV. 9/2024



State of Connecticut
Office of the State Comptroller Healthcare
Policy & Benefit Services Division
165 Capitol Ave.
Hartford, CT 06106-1775
carecompass.ct.gov

TYPE OR PRINT AND FORWARD TO THE OSC RETIREE HEALTH UNIT.

RETIREE LAST NAME	RETIREE FIRST NAME, MI	EMPLOYEE ID
AFFECTED MEMBER LAST NAME	AFFECTED MEMBER FIRST NAME, MI	DATE OF BIRTH
HOME/CELL PHONE NUMBER (Required)	EMAIL ADDRESS	

Enrolled members of the Connecticut Retiree Health Plan are required to enroll in Medicare Parts A and B at the earliest time they are eligible to do so. The Connecticut Retiree Health Plan offers coverage through a group Medicare Advantage plan with a passive PPO network. In rare cases, Medicare providers may refuse to treat patients enrolled in the Medicare Advantage plan. Affected members may use this form to request exemption from enrollment in the Medicare Advantage plan and continue enrollment in the commercial Anthem retiree health plan with Medicare as primary.

By completing this form, you attest that you meet the criteria selected and you recognize that should your exemption be approved, the noted affected member will be transitioned to a Medicare wrap plan, with similar benefits. Additionally, you have confirmed that enrollment in the wrap plan will satisfy the need for coverage for required services. Eligibility is reviewed annually, and members no longer meeting criteria for exemption will be re-enrolled in Medicare Advantage at the start of the following plan year.

Select the appropriate criteria below and complete hospital and/or provider details.

☐	The only licensed hospital or tertiary hospital within a 25-mile radius refuses to accept the Connecticut Retiree Health Medicare Advantage Plan patients ¹ . Hospital Name: _____ Hospital Address: _____
☐	Member is being treated by a specialty provider for an advanced episodic health condition, such as cancer, HIV, or multiple sclerosis, who refuses to continue treatment due to Connecticut Retiree Health Plan Medicare Advantage Plan enrollment. ² Provider Name/Group and Specialty: _____ Provider Address: _____
☐	Member's provider ³ attests that _____ is the most appropriate provider to care for the member's condition. Provider Signature: _____ Recommended Provider Name and Specialty: Provider Address: _____
☐	Member has developed an episodic or chronic health condition and the only specialist group within 25 miles that treats this condition refuses to accept Connecticut Retiree Health Medicare Advantage Plan patients ⁴ . Provider Name/Group and Specialty: _____ Provider Address: _____

¹ Excluded from these criteria would be hospitals or providers that are willing to provide services to a member but simply unwilling to bill the Medicare Advantage plan. In this event, members must pay the hospital or provider directly and submit claims to the Medicare Advantage plan administrator for reimbursement.

² Provider must accept Medicare. Additionally, member must have received care from this specialty provider within the last six months and such care must be documented by a medical claim.

³ Absent exigent circumstances, the attesting provider should be a treater recommending the provider for which the exclusion is needed meaning a provider cannot self-attest to their own services.

⁴ Provider/Provider group must accept Medicare. Additionally, for continued exemption member must have a claim on record within six months at the time of annual review.

Retiree Signature	Date
THIS SECTION TO BE COMPLETED BY AUTHORIZED OSC PERSONNEL	
Confirmed Hospital, Provider, and/or Provider Group will not accept the Connecticut Retiree Health Plan Medicare Advantage Plan: ☐ YES ☐ NO	
Confirmed with medical carrier, member has received treatment from requested provider: ☐ YES ☐ NO	
Exemption Approved: ☐ YES ☐ NO	Date of Renewal Review
Reviewed by:	