

2025 Agent Quick Reference Guide

Chronic Condition Special Needs Plans



UnitedHealthcare Chronic Condition Special Needs plans (C-SNP) are designed for consumers with three specific qualifying chronic conditions:

- Diabetes
- Cardiovascular Disorders
- Chronic Heart Failure

Benefits and services tailored to support the qualifying conditions:

- Lower copays and prescription drug costs
- Ancillary benefits, such as OTC & Healthy Food credits
- Care Management

UnitedHealthcare C-SNP Features:



Expanded coverage. UnitedHealthcare C-SNPs will expand to reach 70% of Medicare eligibles in 2025 with 33 new plans. Use the [Medicare Product Portal](#) to find C-SNPs available in your area.



Year-round enrollment. C-SNP eligible consumers are entitled to a Special Election Period (SEP) that is available anytime during the year. Consumers can use this SEP to enroll in a C-SNP for the first time based on their qualifying condition. In addition, C-SNP members with a different qualifying condition that their current C-SNP is not focused on can also use this SEP to switch to another C-SNP that serves the different condition.



Most C-SNPs will offer over-the-counter (OTC) & Healthy Foods credit to help pay for thousands of covered healthy foods like fruits and vegetables, meat, seafood, dairy products, bread, cereals and OTC products.



Drug & Insulin coverage. Includes Medicare Part D prescription drug coverage and a unique C-SNP drug formulary that has lower tiering for commonly used drugs to treat the qualifying conditions. Members have access to \$25 or less covered insulin and \$0 diabetic supplies when using Optum Home Delivery Pharmacy®.



Care Management. Plans include access to clinical management programs for qualifying members, which includes a telephonic nurse, health education and care reminders.





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UnitedHealthcare C-SNP Design

There are three plan designs for UnitedHealthcare C-SNPs: Standard, Extra Help/LIS and Dual Eligible. They all are designed to meet the needs of members with Diabetes, Heart Failure or Cardiovascular Disease. Standard C-SNPs can be identified by “Complete Care” in the plan name, and Dual Eligible and Extra Help C-SNP names utilize the term “Complete Care Support.”

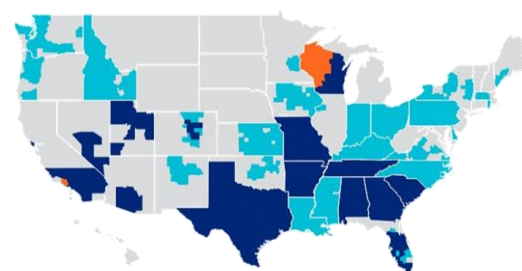
Map Key

- Renewal
- New
- Exit

Standard C-SNP

Markets: AL, AR, AZ, CA, CO, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MN, MO, MS, NC, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA and WI.

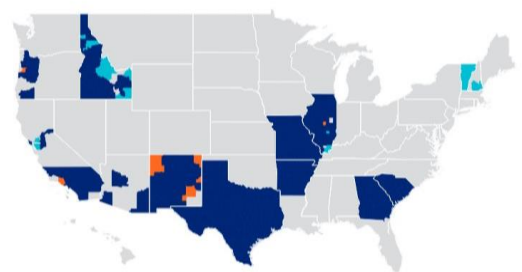
- \$0 premiums with cost sharing designed to help members pay less out-of-pocket compared to non-SNPs (excluding C-SNP RPPOs)
- Richer ancillary benefits compared to a non-SNP, including Healthy Food + OTC benefit
- Access to a broad local network of providers, with some plans offering a national network
- Includes HMO, HMO-POS, LPPO and RPPO plan types



C-SNP for Dual Eligible

Markets: AR, AZ, CA, GA, ID, IL, MO, NH, NM, OR, SC, TX, and VT.

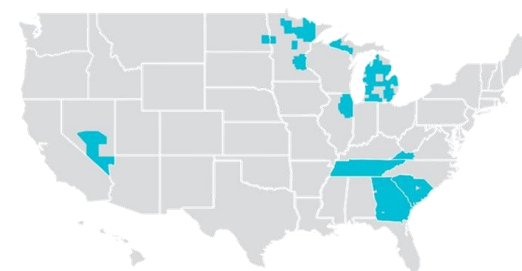
- Designed for consumers with a qualifying chronic condition AND Full Medicaid. However, Medicaid is not required to enroll in the plan.
- Offers rich ancillary benefits compared to a non-SNP
- Plan benefits designed around medical benefits and Rx copays covered in full by the member's Medicaid and Low Income Subsidy (LIS)
- Includes HMO, HMO-POS, LPPO and RPPO plan types



C-SNP for Extra Help/LIS

Markets: GA, IL, MI, MN, ND, NV, SC, TN, and VA.

- Designed for consumers with a qualifying chronic condition AND receiving Extra Help (Low Income Subsidy) for their prescription drug costs
- Offers rich ancillary benefits similar compared to a non-SNP
- Offered in a select markets with a high-volume of LIS members. Generally, offered as a side-by-side to a Standard C-SNP.





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C-SNP Formulary

All UnitedHealthcare C-SNPs have a custom C-SNP formulary with lower tiering for commonly used drugs that treat cardiovascular disease and heart failure, two of the UnitedHealthcare C-SNP qualifying conditions.

Drug Name	Chronic Condition	2025 C-SNP Tier	2025 Non-SNP Tier
bisoprolol fumarate (generic Zebeta)	Cardiovascular Disease	1	2
bisoprolol fumarate/ hydrochlorothiazide (generic Ziac)	Cardiovascular Disease	1	2
chlorthalidone (generic Thalitone)	Heart Failure	1	2
digoxin (generic Lanoxin)	Cardiovascular Disease	1	2
diltiazem HCL (generic Cardizem)	Cardiovascular Disease	1	2
eplerenone (generic Inspra)	Heart Failure	2	3
felodipine ER (generic Plendil)	Cardiovascular Disease	1	2
fenofibrate (50mg capsule; 48mg & 145 mg tablet) (generic Tricor)	Cardiovascular Disease	1	2
fenofibrate micronized (generic Antara)	Cardiovascular Disease	1	2
fenofibric acid DR (generic Fibracor)	Cardiovascular Disease	1	3
gemfibrozil (generic Lopid)	Cardiovascular Disease	1	2
isosorbide dinitrate (generic Isordil)	Heart Failure	1	2
nitroglycerin (generic Nitrostat)	Cardiovascular Disease	1	2
prasugrel hydrochloride (generic Effient)	Cardiovascular Disease	1	3
ranolazine ER (generic Ranexa)	Cardiovascular Disease	2	3
sotalol HCL (generic Betapace)	Cardiovascular Disease	1	2
spironolactone/hydrochlorothiazide (generic Aldactazide)	Heart Failure	1	2
toremide (generic Demadex)	Heart Failure	1	2
verapamil HCL ER Tab (generic Calan SR)	Cardiovascular Disease	1	2





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How is Eligibility Determined?

A member's chronic condition of diabetes*, cardiovascular disorder and/or chronic heart failure must be verified by a provider after enrollment. UnitedHealthcare will make several attempts to verify the chronic condition within 60 days after the plan's effective date. Agents will also receive status emails as a courtesy for awareness of the notification sent to the member throughout the process.

**Note: Pre-diabetes is not a qualifying condition*

Identifying an Eligible Member

Often when an agent looks up a consumer's providers or medications, they see signs the consumer may have a qualifying chronic condition, or they may hear statements like those listed below. Agents may ask probing questions to learn more about a consumer's condition to help determine eligibility.



It is estimated that

50%

of UnitedHealthcare
MA members have an
eligible
C-SNP condition

Based on UnitedHealthcare internal analysis



Statements Agents Might Hear

"I take insulin for my high blood sugar."

"I need test strips."

"I have an endocrinologist."

"I have a cardiologist."

"I have blood pressure problems."

"I had a heart attack."

"I have poor circulation in my legs."

"I have Afib."

"I have an irregular heart rate."



Questions Agents Might Ask

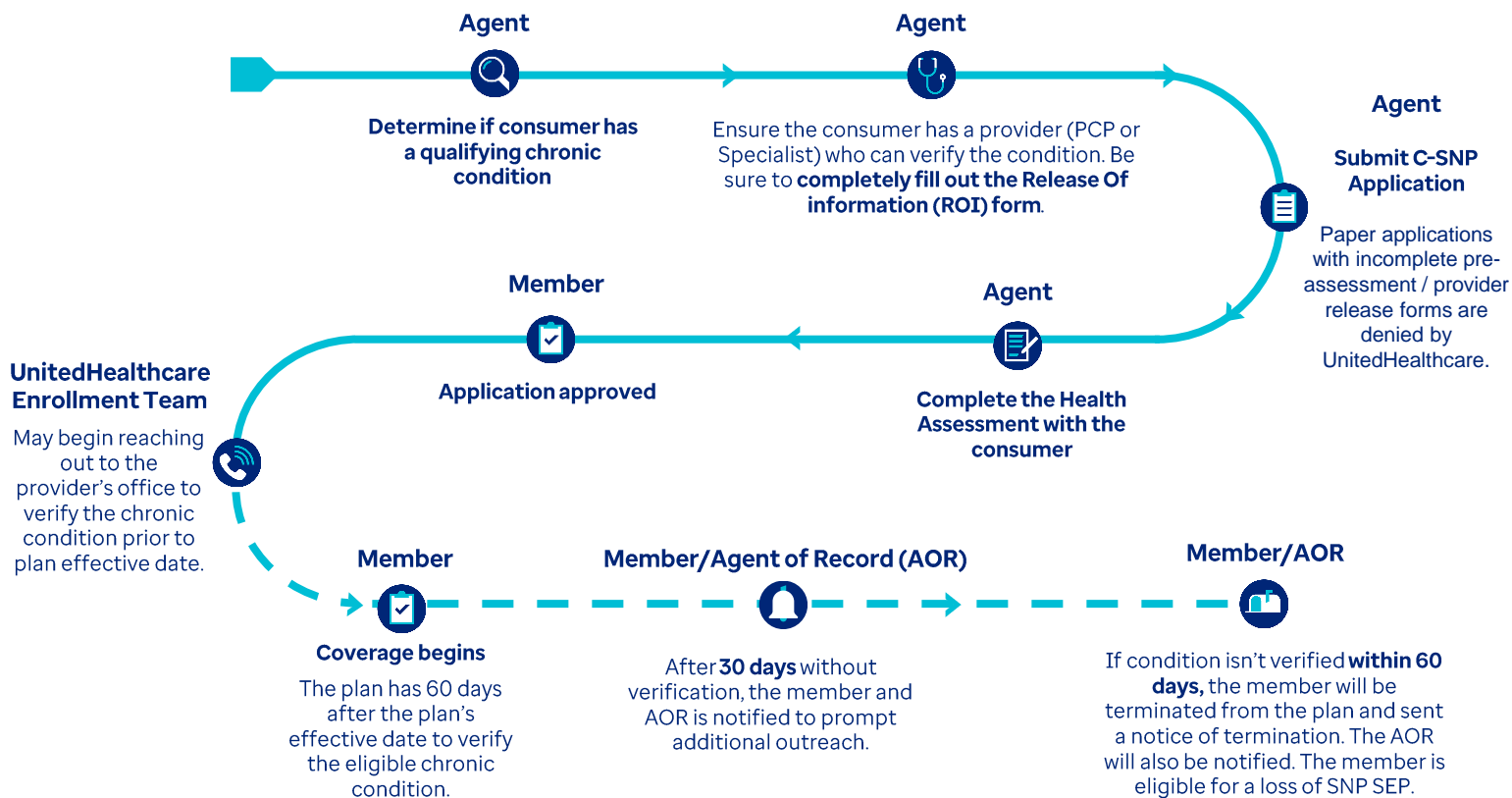
"Are you watching your blood sugar on a regular basis?"

"Do you see a cardiologist on a regular basis?"

"What is the name of the doctor who can verify your chronic condition? Do you have their phone number?"



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Chronic Condition Special Needs Plans**C-SNP Application and Verification Process****Best Practices for Successful C-SNP Enrollments**

- C-SNPs are designed with network specific providers. It is very important that you check all the consumer's providers to see if they are in the network.
- There are two ways to submit the C-SNP application: JarvisEnroll and paper. Make sure you completely fill out the Release of Information (ROI) form.
- C-SNP verification is a post-enrollment process and can take up to 60 days.
- The Provider Verification team will reach out to the provider when applications are fully submitted. Your members will receive notifications through the process. You will also receive notifications after 30 days giving you an opportunity to connect with the member and check the application status through Jarvis.
- Trust the verification process. There is no need to reach out to the member's provider for verification. Members can reach out to their provider to make them aware the verification team will contact them.
- If verification is not accepted, the member is eligible for a "Loss of SNP" special election period to select a new plan.
- When a member is already in a UnitedHealthcare C-SNP and they want to switch to another UnitedHealthcare C-SNP, we will not require any additional enrollment verification for the plan switch.





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Chronic Condition Special Needs Plans**C-SNP Verification Process Continued**

UnitedHealthcare's Verification Team will reach out to the provider to verify the consumer's chronic condition. The Chronic Verification Team will attempt telephonic outreach efforts to the provider listed on the Release of Information. UnitedHealthcare will make multiple attempts to verify the chronic condition within the allotted timeframe. UnitedHealthcare has 60 days, from plan effective date, to verify if the member has a chronic condition.

Agents receive chronic condition verification status emails as a courtesy for awareness of the notification sent to the member.

Providers can:

- Call the 1-800 number on the provider verification form to validate. A doctor or nurse can leave a message. **Remember: this line is ONLY for providers. You and the member cannot call the Provider Verification Line.**
- Email form to mandrenrollment@uhc.com.
- Fax form in using the chronic verification form.

The member could reach out to you with concerns. This is an opportunity for you and the member to connect with their provider to make sure verification is completed. The member can alert the provider that UnitedHealthcare has been trying to reach them to verify the conditions.

**Verification accepted**

- ✓ Verification obtained by end of 2nd month

**Verification not accepted**

- X Final letter to member if eligibility is not confirmed by end of 2nd month
- X Member termed after 2nd month and returned to Original Medicare (not returned to previous plan)
- X Member has "Loss of SNP" special election period to select a new plan

