



Chronic SNP (C-SNP) Verification Communications

Overview

- Consumers may choose a Chronic Special Needs Plan (C-SNP) if they have a qualifying chronic condition. To learn more, check out our [C-SNP Quick Reference Guide](#).
- After enrollment, UnitedHealthcare must verify the chronic condition within 60 days of the plan's effective date. To obtain verification, outreach is conducted to the member's provider and, if necessary, to the member.

Key Objectives

- Clearly inform members about the verification process and required actions if provider verification has not been obtained.
- Encourage prompt communication between members and their providers.
- Ensure members understand their options and next steps at each stage.

Member Communication Process

• Initial Notice (see [page 2](#)):

If UnitedHealthcare cannot confirm the qualifying condition during the first month of coverage, an initial notice is sent within the first seven calendar days of the following month.

- The member is instructed to contact their provider and have them complete the Chronic Condition Verification Form.
- The form is included with the letter for convenience.
- The member is informed that failure to verify may result in disenrollment.

• Final Notice (see [page 2](#)):

A final notice is sent at the end of the second month if the member's qualifying condition has not been verified.

- The member is notified that their coverage will end 60 days after the plan's effective date unless eligibility is confirmed or a new plan is selected.
- Information is provided about enrolling in another Medicare Advantage plan and the consequences of not doing so (e.g., coverage under Original Medicare, potential Late Enrollment Penalty).

• Disregard Notice (see [page 3](#)):

If eligibility is confirmed after either an initial or final notice is sent, a follow-up letter is sent as soon as possible instructing the member to disregard the previous notice and confirming continued C-SNP coverage.

United
Healthcare

Initial Notice & Verification Form

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<SECURE_DESTROY_ADDRESS>

<MAIL_TO_FIRST_NAME1> <MAIL_TO_MIDDLE_NAM Questions?
<MAIL_TO_ADDRESS_LINE_1> We're here to help.
<MAIL_TO_ADDRESS_LINE_2> Toll-Free <TOLL_FREE_NUMBER>
<MAIL_TO_CITY> <MAIL_TO_STATE_CD> <MAIL_TO TTY <TTY_NUMBER_1>
<OPERATING_HOURS>
<OPERATING_HOURS>

[<PLAN_DESC>]
Member ID: <MEMBERSHIP_NUMBER>

<GENERATION_DATE>

Dear <FIRST_NAME>,

You recently enrolled in <PLAN_DESC>, a Chronic Special Needs Plan with benefits designed to help manage diabetes, cardiovascular disease, and/or chronic heart failure. To stay enrolled in this plan, Medicare requires that we verify your chronic condition within 60 days after your coverage starts. We've contacted your provider, but as of today, we have not received the confirmation we need to keep you enrolled in the plan.

What do I need to do?
Please contact your provider's office and ask them to complete the Chronic Condition Verification Form we sent them. We have also included the form with this letter in case your provider needs it.

If we can't verify your eligibility by <LAST_DAY_M2_EFFECTIVE>, your coverage will end. You'll be covered by Original Medicare (Part A and B) starting <FIRST_DAY_M3_EFFECTIVE>, unless you enroll in a new Medicare Advantage plan before then. We'll send you a letter with more information about how you can find another Medicare Advantage plan.

Questions? We're here to help.
If you have any questions, please call us toll-free at <TOLL_FREE_NUMBER>, TTY <TTY_NUMBER>, <OPERATING_HOURS>.

Thank you for helping us get the confirmation we need to keep you enrolled in <PLAN_DESC>. We'll watch for confirmation from your provider to make sure you continue to get the extra care available with this plan.

Sincerely,

The UnitedHealthcare Team

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Chronic condition verification form

This form authorizes the disclosure and/or use of individually identifiable health information, which is consistent with federal laws about the privacy of such information.

Use and disclosure authorization

Provider/Specialist/Representative

I, _____ (Provider/Specialist/Representative)

hereby certify that _____ (Applicant)

has the following health condition(s):

Diabetes Chronic heart failure Cardiovascular disorders

Reason why no condition selected:

Provider/Specialist/Representative signature: _____ Date: _____

Applicant

Applicant name: _____

Medicare ID number: _____ Date of birth: _____

Signature of applicant: _____ Date: _____

 Fax this form to:
1-877-389-1802

United Healthcare

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Final Notice

<PLAN_LOGO> <CO_LOGO>
<SECURE_DESTROY_ADDRESS>

<MAIL_TO_FIRST_NAME1> <MAIL_TO_MIDDLE_NAM Questions?
<MAIL_TO_ADDRESS_LINE_1> We're here to help.
<MAIL_TO_ADDRESS_LINE_2> Toll-Free <TOLL_FREE_NUMBER>
<MAIL_TO_CITY> <MAIL_TO_STATE_CD> <MAIL_TO TTY <TTY_NUMBER_1>
<OPERATING_HOURS>
<OPERATING_HOURS>

[<PLAN_DESC>]
Member ID: <MEMBERSHIP_NUMBER>

<GENERATION_DATE>

Dear <FIRST_NAME>,

We sent you a letter on <PRVS_INIT_NOTICE_SHIPPED_DT>, letting you know we needed your provider to confirm your eligibility for your <PLAN_DESC>. Unfortunately, we have not been able to verify that you have one or more of the chronic conditions that make you eligible for the plan.

If we can't verify your eligibility by <LAST_DAY_M2_EFFECTIVE>, your coverage will end. Unless you select another Medicare plan, you will be covered by Original Medicare (Part A and B) starting <FIRST_DAY_M3_EFFECTIVE>. If you owe anything for care or services you received while covered by this plan, we'll send you a bill.

Can I choose another plan?
Yes! We encourage you to enroll in another Medicare Advantage plan soon. Please call us so we can help you find a plan that fits your needs. You have until <LAST_DAY_M4_EFFECTIVE> to enroll in a new plan.

If you've already signed up for another Medicare plan, you'll get a letter with helpful information about your new plan.

What if I choose another plan, but want to change it later?
Once you join a plan, Medicare limits when and how often you can change plans.

- From <LKPUP_AEP>, anyone with Medicare can switch plans or return to Original Medicare. This includes adding or dropping Medicare prescription drug coverage for the following year.
- From <LKPUP_OEP>, anyone enrolled in a Medicare Advantage plan (except a Medicare Medical Savings Account (MSA) plan) can switch plans or return to Original Medicare.

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Medicare (and join a stand-alone Medicare prescription drug plan.)

You can change plans at other times, but only in certain cases. For example, you move out of your plan's service area or you qualify for (or lose) Extra Help paying for your prescription drug costs.

What is Extra Help?
Extra Help is a Medicare program that helps pay for prescription drug costs. People with limited income and resources may qualify for Extra Help.

If you qualify:

- Medicare could help pay for your monthly premiums, annual deductibles, and prescription copays or coinsurance
- You won't have a Late Enrollment Penalty (LEP)
- If you lose Extra Help during the year, you can change plans up to 3 months after you lose it or after you're notified that you no longer qualify (whichever is later)

Many people are not aware they qualify for Medicare's Extra Help program. If you'd like to apply or want more information, contact your local Social Security office or call toll-free at <LKPUP_SSN_TTY>. TTY users should call <LKPUP_SSN_TTY>, <LKPUP_SSN_HOOD>. You can also visit <LKPUP_SSN_URL2>.

Avoid a late fee in the future
If you leave a plan with prescription drug coverage and then sign up for a prescription drug plan later, you may pay more. Medicare may charge you a Late Enrollment Penalty (LEP). You won't have to pay an LEP if you:

- Sign up for a prescription drug plan within 63 days (so you don't have a break in coverage)
- Choose a prescription drug plan that meets Medicare's minimum standards. This is called "creditable coverage."

Questions? We're here to help.
If you have any questions or need help finding a new plan, please call us toll-free at <TOLL_FREE_NUMBER>, TTY <TTY_NUMBER>, <OPERATING_HOURS>.

We're here to support you every step of the way.

Sincerely,

The UnitedHealthcare Team

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Disregard Notice

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<SECURE_DESTROY_ADDRESS>

<MAIL_TO_FIRST_NAME1> <MAIL_TO_MIDDLE_NA Questions?
<MAIL_TO_ADDRESS_LINE_1> We're here to help.
<MAIL_TO_ADDRESS_LINE_2> Toll-Free <TOLL_FREE_NUMBER>
<MAIL_TO_CITY> <MAIL_TO_STATE_CD> <MAIL_TO TTY <TTY_NUMBER>[1]
<OPERATING_HOURS>
<OPERATING_HOURS>

<GENERATION_DATE> [PLAN_DESC]
Member ID: <MEMBERSHIP_NUMBER>

Dear <FIRST_NAME>,

Good news! We were able to confirm with your provider that you're eligible for the <PLAN_DESC> plan. This plan is a Chronic Special Needs Plan with benefits designed to help manage diabetes, cardiovascular disease, and/or chronic heart failure.

This means your <PLAN_DESC> plan coverage will continue, and you can keep seeing the network providers you were using.

You can ignore the letter we sent you on <PRVS_FNL_NOTICE_SHIPPED_DT>, that said your <PLAN_DESC> plan was ending.

Questions? We're here to help.
If you have any questions, please call us toll-free at <TOLL_FREE_NUMBER>, TTY <TTY_NUMBER>, <OPERATING_HOURS>.

Thank you for being a UnitedHealthcare member.

Sincerely,
The UnitedHealthcare Team

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