

Overview

- Consumers may determine that a Chronic Special Needs Plan (C-SNP) is the best fit due to a qualifying condition
- A C-SNP application is submitted with a completed Chronic Condition Pre-Assessment Form and Release of Information
- After coverage begins, UnitedHealthcare has until the end of the 1st month of enrollment to verify the chronic condition, including outreach to the member and provider
- If unable to verify a chronic condition after 30 days, UnitedHealthcare sends an **Initial Notice of Disenrollment Letter** (see page 2)
- If UnitedHealthcare still cannot confirm that the member has the qualifying condition within the second month of enrollment, UnitedHealthcare will send the member a **Final Notice of Disenrollment Letter** (see page 2) at the end of the month

Key Objectives

- Inform members that they will be disenrolled from their current plan if they are unable to verify their chronic conditions in the allotted time
- Encourage members to work with their provider to send proof of their condition by the determined date

Timing

- If UnitedHealthcare cannot confirm that the member has a qualifying condition within the first month of enrollment, the **Initial Notice of Disenrollment Letter** will be sent by mail within the first seven calendar days of the following month
- If UnitedHealthcare cannot confirm that the member has a qualifying condition within the second month of enrollment, the **Final Notice of Disenrollment Letter** will be sent by mail at the end of that month



Initial Notice of Disenrollment Letter



PO Box 30770

Salt Lake City, UT 841300770

Member ID: <>

- <Member Name> <Member Address>
- <City, State, Zip code>



<Date>

Dear < Member Name>

We have not been able to confirm that you qualify for <Plan Name>. For you to keep the plan, your doctor must confirm that you have Cardiovascular Disease, Chronic Heart Failure And/Or Diabetes.

What does this mean to me?

If we don't get confirmation that you qualify for the plan, Medicare will end your MedicareMax Chronic (HMO C-SNP) coverage on Dates If you owe us anything for health services, we'll send you

Starting <Date>, you'll be covered by Original Medicare (Part A & Part B).

I think I qualify for this plan. What can I do?

When you sign up for the plan, Medicare gives us two months to confirm that you qualify. We couldn't confirm that you qualified. However, there's still time. You may be able to keep the plan if your doctor sends proof of your condition by <Date>. You may want to talk to your doctor. Ask them if they need anything from you to send proof.

If you have any questions, please call Customer Service toll-free at 1-800-407-9069, TTY 711, 8 a.m. to 8 p.m. local time and 7 days a week.

The UnitedHealthcare Team

More Information

Y0066 MAPD3062E 0003 Approved

<MRAMR2741EN> NGS_3074302 Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意:如果您說中文(Chinese),我們免費為您提供語言協助服務。請撥打會員卡所列的免付費 會員電話號碼。



Chronic Condition Release of Information Form

Complete this form to authorize the disclosure and/or use of individually identifiable health information (IIHI). IIHI is a subset of health information that identifies, or can reasonably be used to identify an individual. It is protected by HIPAA. Completion of this form also allows us to contact your provider to make a Chronic Condition Verification

Applicant information ___State ____Zip code _ Applicant date of birth Applicant/authorized representative signature Provider/specialist information __ (Provider/specialist name), hereby certify that _ (applicant name) has the following health condition(s): Y0066 MAPD3062E 0003 Approved <MRAMR2741EN> NGS 3074302

Final Notice of Disenrollment Letter

[2224_MAPD3063E_0002 Final Notice of DN NonEligible for C SNP]



PO Box 30770 Salt Lake City, UT 841300770

<Member Name> <Member Address> <City, State, Zip code>

Member ID: < : [<Questions? We're here to help.> Toll-Free 1-800-407-9069 <TTY> 711 8 a.m. to 8 p.m. local time and 7 days a week]

We wrote to you on <Date> about your application to enroll in <Plan Name>. This plan is designed specifically for people with Cardiovascular Disease, Chronic Heart Failure And/Or Diabetes.

We couldn't confirm you have one of these conditions. As a result, Medicare will end your plan <Date> and you will return to Original Medicare <Date>

You can choose another plan.

Medicare will give you time to switch to a different Medicare Advantage plan or Medicare Prescription Drug plan . You can switch now, but no later than <Date>.

What if I choose another plan, but want to change it later?

In general, once you join a plan, Medicare limits when and how often you can change plans.

You can switch, drop or join a Medicare plan from <October 15 to December 7>. This includes adding or dropping Medicare Prescription Drug coverage.

You may drop a Medicare Advantage plan and return to Original Medicare from January 1 through February 14>. (The rules are different for Medical Savings plans.) If you drop a Medicare Advantage plan during this time, you can join a stand-alone Medicare Prescription Drug plan.

You can only change plans once from <January 1 through February 14>. If you want to change plans again, you can do so <October 15 to December 7>.

You can make changes at other times in certain cases. For example, you may be able to make changes if

- Move out of your plan's service area
- Want to join a plan in your area with a 5-star rating
- Qualify for Extra Help with your prescription drug costs from Medicare

Y0066 MAPD3063E 0002 Approved

<MRAMR2224EN>

NGS 3030787

Need help paying for your prescription drug costs?

If you have a limited income you may qualify for Extra Help from Medicare. This program helps pay your prescription drug costs.

If you qualify:

- Medicare could pay for 75% or more of your monthly premiums, annual deductibles and prescription co-pays or co-insurance.
- You won't have a coverage gap or a Late Enrollment Penalty (LEP).
- You can change plans at any time. If you lose Extra Help during the year, you can change plans, but there's a deadline. You have two months from the date that Medicare tells you that you no longer qualify.

Many people qualify for Extra Help and don't know it. You can visit socialsecurity.gov/medicare/prescriptionhelp for more information or to sign up. Or, call 1-800-7721213, TTY 1-800-325-0778. You can also call or visit your local Social Security office.

If you leave a plan with prescription drug coverage and then sign up for a prescription drug plan later on, 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."

If you have any questions, please call Customer Service toll-free at 1-800-407-9069, TTY 711, 8 a.m. to 8 p.m. local time and 7 days a week.

Sincerely

The UnitedHealthcare Team

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