2027 Agent Quick Reference Guide

Chronic Special Needs Plans

UnitedHealthcare Chronic Special Needs plans (C-SNPs) are designed for consumers with one or more of the following qualifying chronic conditions:

- **Diabetes**
- **Cardiovascular Disorders**
- **Chronic Heart Failure**

What's new for 2027?

CMS has clarified the eligibility requirements for Special Supplemental Benefits for the Chronically Ill (SSBCI), including access to healthy food. For new and renewing C-SNP members, SSBCI eligibility must be met to access healthy food in 2027. C-SNP members must meet all three SSBCI criteria to access healthy food, including diagnosis of a qualifying chronic condition, being identified as high risk of hospitalization or adverse health and being identified as requiring intensive care coordination. While most UnitedHealthcare C-SNPs continue to offer healthy food, only members who meet SSBCI eligibility requirements will be able to access the healthy food benefit.

C-SNP Plan Features:

Drug and Insulin coverage

- Medicare Part D prescription drug coverage included
- Select medications may be available on lower cost-sharing tiers than non-C-SNP plans
- Covered insulin is often available for $25 or less
- $0 diabetic supplies at in-network pharmacies*

Year-round enrollment

- Special Election Period (SEP) available year-round for eligible consumers
- Allows enrollment into a C-SNP based on a qualifying chronic condition
- Can be used for first-time enrollment into a C-SNP
- Not available to switch between UnitedHealthcare C-SNPs with the same qualifying conditions

Care Management

- Clinical care management programs for qualifying members
- Access to a telephonic nurse
- Health education resources
- Care reminders and ongoing health support programs

OTC and Healthy Food**

- Available with most C-SNP plans
- Monthly credit for covered OTC products, including pain relievers, cold and allergy medications, first aid supplies, vitamins, and personal care items
- SSBCI qualifying members can also use their OTC credits for healthy foods

*$0 copay for diabetic supplies may be restricted to preferred brands.
**OTC and food benefits have expiration timeframes.

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UnitedHealthcare C-SNP Plan Designs:

- 3 plan designs: Standard C-SNP, Dual Eligible-focused C-SNP, and Extra Help/Low-Income Subsidy (LIS)-focused C-SNP
- Plan enrollment for all 3 plan designs restricted to those with one or more specific qualifying chronic conditions: Diabetes, Heart Failure, and/or Cardiovascular Disorders
- Provides specialized benefits and support tailored to eligible C-SNP members

Standard C-SNP

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

- Designed for consumers with a qualifying chronic condition
- $0 to low monthly premiums with cost sharing designed to help members pay less out-of-pocket compared to non-SNPs (excluding C-SNP RPPOs)
- Most standard C-SNPs offer richer ancillary benefits compared to a non-SNP - Monthly OTC credit plus healthy food for SSBCI qualifying members
- Access to a broad local network of providers
- Includes HMO-POS, LPPO and RPPO plan types
- Plan Identifier: Complete Care (e.g., UHC Complete Care CO-2P)

C-SNP for Dual Eligible

Markets: AZ, CA, DE, GA, IA, ID, IL, LA, NH, NM, OH, OR, PA, SC, TX and WA

- Designed for consumers with a qualifying chronic condition AND Full Medicaid. However, Medicaid is not required to enroll in the plan.
- Offers richer ancillary benefits compared to a non-SNP - Monthly OTC credit plus healthy food for SSBCI qualifying members
- Plan features designed around medical coverage and Rx copays covered by the member's Medicaid and Extra Help/Low Income Subsidy (LIS)
- Includes HMO and HMO-POS plan types
- Plan Identifier: Complete Care Support with an "A" at the end of plan SKU (e.g., UHC Complete Care Support CA-1AP)

C-SNP for Extra Help/LIS

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

- Designed for consumers with a qualifying chronic condition who also receive Extra Help (LIS), which helps with premium and prescription costs
- Offers richer ancillary benefits compared to a non-SNP - Monthly OTC credit plus healthy food for SSBCI qualifying members
- Offered in select markets with a high volume of LIS members. Generally, offered as a side-by-side to a Standard C-SNP.
- Includes HMO-POS and LPPO plan types
- Plan Identifier: Complete Care Support (e.g., UHC Complete Care Support MI-3)

*UHC MedicareMax Complete Care FL-30, which is filed as a Standard C-SNP, does not include SSBCI benefits

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Customized C-SNP Drug Formulary

Lower-tier coverage for many medications used to treat cardiovascular disorders and heart failure, two qualifying conditions for UnitedHealthcare C-SNPs.

Drug Name	Chronic Condition	2027 C-SNP Tier	2027 Non-SNP Tier
bisoprolol fumarate (generic Zebeta)	Cardiovascular Disorders	1	2
bisoprolol fumarate/ hydrochlorothiazide (generic Ziac)	Cardiovascular Disorders	1	2
chlorthalidone (generic Thalitone)	Heart Failure	1	2
digoxin (0.125mg, 0.25mg tablet) (generic Lanoxin)	Cardiovascular Disorders	1	2
diltiazem HCL (generic Cardizem)	Cardiovascular Disorders	1	2
eplerenone (generic Inspra)	Heart Failure	2	3
felodipine ER (generic Plendil)	Cardiovascular Disorders	1	2
fenofibrate (50mg capsule; 48mg & 145mg tablet) (generic Tricor)	Cardiovascular Disorders	1	2
fenofibrate micronized (43mg, 67mg, 134mg, and 200mg) (generic Antara)	Cardiovascular Disorders	1	2
fenofibric acid DR (generic Fibricor)	Cardiovascular Disorders	1	3
gemfibrozil (generic Lopid)	Cardiovascular Disorders	1	2
isosorbide dinitrate (5mg, 10mg, 20mg, 30mg) (generic Isordil)	Heart Failure	1	2
nitroglycerin (generic Nitrostat)	Cardiovascular Disorders	1	2
prasugrel hydrochloride (generic Effient)	Cardiovascular Disorders	1	3
ranolazine ER (generic Ranexa)	Cardiovascular Disorders	2	3
sotalol HCL (generic Betapace)	Cardiovascular Disorders	1	2
spironolactone/hydrochlorothiazide (generic Aldactazide)	Heart Failure	1	2
torsemide (generic Demadex)	Heart Failure	1	2
verapamil HCL ER Tab (generic Calan SR)	Cardiovascular Disorders	1	2

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How is Plan Eligibility Determined?

A member's chronic condition of diabetes*, cardiovascular disorders 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. **Note: Pre-diabetes is not a qualifying condition*

C-SNP enrollment and verification process:

✓ **Step 1: Confirm Eligibility**
Determine whether the consumer has a qualifying C-SNP chronic condition and a provider who can verify the condition.

✓ **Step 2: Submit Enrollment**
Complete the C-SNP application and Health Assessment electronically.

✓ **Step 3: Application Approval**
The member's enrollment application is approved.

✓ **Step 4: Provider Verification Begins**
UnitedHealthcare operations teams contact the provider's office to verify the qualifying chronic condition. Outreach may begin before the effective date.

✓ **Step 5: Coverage Starts**
The member's C-SNP coverage becomes effective. UnitedHealthcare has 60 days from the effective date to verify the chronic condition.

✓ **Step 6: Verification Outreach Continues**
If the condition has not been verified after 30 days, the member receives a notification letter explaining that verification is still needed.

✓ **Step 7: Verification Outcome**
One of the following outcomes will occur:

Condition Verified Within 60 Days
Member remains enrolled in the C-SNP plan.

Condition Not Verified Within 60 Days
Member is disenrolled from the C-SNP and returned to Original Medicare (not their prior plan). The member may enroll in another plan using the **SEP for Loss of SNP Status**.

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Best Practices for C-SNP Enrollment:

- **Support Timely Verification:** Providers can verify qualifying conditions by submitting an attestation through the provider portal or by faxing the completed verification form. If a member contacts you about the verification process, encourage them to let their provider know that UnitedHealthcare may be reaching out for condition verification. Timely provider response can help prevent delays and support continued enrollment in the C-SNP plan.
- **Trust the Verification Process:** Chronic condition verification can take up to 60 days. Once the application is submitted, UnitedHealthcare may begin outreach to the provider's office. Members receive notifications throughout the C-SNP verification process and can track their status in their member portal. Agents can also monitor verification status through Jarvis Book of Business.
- **Verify Provider Participation:** Consumers considering a C-SNP often have multiple providers involved in managing their care. Before enrolling a consumer, confirm that all providers involved in their care participate in the plan's network and provide complete and accurate provider information to support a smooth enrollment process.
- **Know the Member's Options:** If a qualifying chronic condition cannot be verified within the required timeframe, the member will be disenrolled from the C-SNP and returned to Original Medicare. However, the member will then have a **Special Election Period - Loss of SNP Status** that gives them 3 months to choose a new Medicare Advantage plan.

Additional Resources and Support:

- **Book of Business (BoB) User Guide**
  Learn more about C-SNP chronic condition verification and SSBCI status tracking in:
  Jarvis > Knowledge Center > Reference Guides > Sales Tools Guides
- **SSBCI Quick Reference Guide**
  For additional information on SSBCI eligibility, verification and member qualification, access:
  Jarvis > Knowledge Center > Reference Guides > Product Guides
- **National Webinars (C-SNP & SSBCI)**
  Explore C-SNP and SSBCI topics in greater detail. Register in:
  Jarvis > Knowledge Center > Agent Training
- **Public-Facing SSBCI Website**
  Visit the public-facing website for a member-friendly overview of:
  - SSBCI eligibility requirements
  - The eligibility verification process
  - How SSBCI qualification is determined