



2026 Chronic Care Special Needs Plan (C-SNP)

Deep Dive for Providers

- Only includes information for plan year **2026**
- **For Providers and Provider Groups only**

Objectives

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- What is C-SNP plan?
 - C-SNP Plan Special Election Period (SEP)
 - C-SNP Eligibility & Qualifying Conditions
 - Enrollment Process & Timeline Example
 - C-SNPs and Dual Eligibles
 - Care Management/Model of Care

What is C-SNP plan?

What is a C-SNP Plan

- A Chronic Care Special Needs Plan (C-SNP) is a type of Medicare Advantage Plan Prescription Drug Plan (MAPD) designed to provide specialized care and tailored benefits for individuals with severe or disabling chronic conditions/diagnosis.
- Medicare Advantage Plans are restricted to only enroll individuals who have a provider confirm their condition
- Medicare Advantage Plans can choose which conditions to include under their C-SNP; there are 15 total; multiple conditions can be covered under a single plan
- Requires Health Risk Assessment at time of enrollment and at least annually thereafter

C-SNP Plan Special Election Period (SEP)

Special Election Period (SEP) for Chronic Care SNPs 42 CFR 422.62(b)(13)

Enrollment

- SEP is available while the beneficiary has a chronic condition which qualifies them for the specific C-SNP
- Once the beneficiary has joined the C-SNP, the election period is “used” and no longer available*

Disenrollment

- Applies only to individuals who enrolled in a C-SNP but did not get confirmation of having a qualifying condition from provider
- Begins when the plan notifies the member, through the end of that month and extends for 2 months
- Ends either when the beneficiary makes an election to another plan or the SEP expires

*Unless beneficiary has a severe/disabling chronic condition which is not a focus of their current SNP. If so, they are eligible for another SEP to enroll in a Chronic Care SNP that focuses on this other condition.

C-SNP Eligibility & Qualifying Conditions

C-SNP Qualifying Conditions

To enroll in the C-SNP, members must have one or more qualifying chronic conditions verified by a health care provider:

- Diabetes
- Chronic Heart Failure
- Cardiovascular Disease

Provider verification is required following enrollment to confirm the member's qualifying chronic condition

Wellcare by Health Net (HMO C-SNP)
Chronic Condition Verification Form



Provider Name

One of your patients has elected to enroll in a Wellcare Chronic Special Needs Plan (C-SNP). In order to qualify for continued enrollment in this plan, CMS requires verification from a health care provider that the individual has been diagnosed with one or more of the plan-qualifying chronic conditions.

Patient information

Last name First name MI

Medicare ID Date of birth
M M D D Y Y Y Y

Please verify the patient's qualifying conditions (check all that apply)

☐ Diabetes ☐ Congestive Heart Failure
☐ Cardiovascular Disease ☐ Patient does not have any of the above chronic conditions documented in his or her chart.

Health Care Provider Attestation (can be completed by provider or office staff). I hereby attest that the above information is correct and noted in the patient's medical record.

Printed name Title

Signature Date
M M D D Y Y Y Y

Please complete verbal or written verification within 48 hours of receipt.
You or your office staff may complete this verification by:

Phone: To provide verbal verification, please contact the Wellcare Membership Attestation Unit toll-free at **1-888-926-2156** (TTY: **711**). Monday through Friday, 8:00 a.m. to 5:00 p.m. except holidays.

Fax: To provide written verification, please fax completed and signed verification form to **1-866-660-0465**.

Provider's Role in Enrollment Process & Timeline

Application Process

Eligible beneficiary completes a “Pre-Enrollment Qualification Assessment Tool” as part of the enrollment process, which accompanies the Enrollment Form.

Provider’s information is collected in the form so that the eligible beneficiary’s chronic condition can be verified. The provider does not have to a PCP.

IMPORTANT: Prompt response will help validate eligibility for C-SNP enrolment and avoid delays in enrollment processing.

Wellcare by Health Net (HMO C-SNP)
Pre-enrollment Qualification
Assessment Tool

wellcare

By healthnet

Wellcare by Health Net is a Medicare Advantage Chronic Condition Special Needs Plan (C-SNP) designed for people with chronic conditions such as diabetes, chronic heart failure and/or certain cardiovascular disorders.

Enrollee information

Last name:

First name:

MI:

Medicare number:

Phone number:

Birth date:

Please complete and submit this form with your enrollment application. If you can answer “Yes” or “Not sure” to any of the following questions, you may be eligible to join our C-SNP. When this form is completed and submitted along with an enrollment application, you will be enrolled into Wellcare. We will attempt to verify your chronic condition(s) with your provider during the first month of enrollment. If we are unable to verify your chronic condition(s), we are required to disenroll you from the Special Needs Plan.

Chronic condition questions

Have you been diagnosed with diabetes?

Yes

No

Not sure

Have you had problems with high blood sugar?

Yes

No

Not sure

Do you take medication and/or have you been put on a special diet to control your blood sugar?

Yes

No

Not sure

Have you been diagnosed with chronic (or congestive) heart failure (CHF)?

Yes

No

Not sure

Have you had problems with fluid retention in your lungs or swelling in your legs due to a heart problem?

Yes

No

Not sure

Do you take medication to prevent fluid retention?

Yes

No

Not sure

Have you been diagnosed with any of the following cardiovascular disorders?

Cardiac arrhythmia

Chronic venous thromboembolic disorder

Coronary artery disease

Peripheral vascular disease

Have you had problems with rapid, erratic heartbeats?

Yes

No

Not sure

Have you had problems with chest pain or tightness, shortness of breath, heart attack, or stroke?

Yes

No

Not sure

Has a physician ever told you that you have a blood clot?

Yes

No

Not sure

Health care provider(s) who can verify your chronic condition(s)

PROVIDER #1

PROVIDER #2

Provider name:

Provider name:

Provider address:

Provider address:

Provider phone:

Provider phone:

Provider fax:

Provider fax:

Authorization for Disclosure of Health Information to Verify Chronic Condition(s):

I hereby authorize the disclosure of my health information by the providers listed above to Wellcare in order to verify that I have been diagnosed with a chronic condition which qualifies me for enrollment in a Wellcare Special Needs Plan. This authorization applies to all health information maintained by the provider concerning my medical history for the chronic condition(s) indicated above.

Note: Information disclosed as a result of this authorization will be protected by Wellcare in accordance with applicable state and federal laws and requirements.

Signature

Enrollee signature:

Date:

Broker/Agent name (if applicable):

Date:

For more information or for assistance with this form, please call Member Services at 1-800-275-4737 (TTY: 711).

Hours of operation: Between October 1 and March 31, representatives are available 7 days a week, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. However, please note during weekends and holidays from April 1 to September 30 our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day.

This plan is available to anyone with Medicare who has been diagnosed with cardiovascular disorder, chronic heart failure and/or diabetes.

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Confidential and Proprietary Information

Enrollment Processing

Once application and Pre-Enrollment Qualification Assessment Tool is received by The Enrollment Team, an outbound call to the listed provider(s) is made to get attestation of chronic condition

Next steps depends on the Provider/Physician:

Provider/Physician gives *verbal* Attestation of conditions

- Application moves forward

Provider/Physician requests *form* to complete

- Elig Rep faxes form requesting reply within 3 business days
- Provider sends medical records in lieu of completing form/attestation
- Attestation Unit Lead attempts to locate diagnosis codes

Provider/Physician does NOT give verbal attestation, requires member to have an appointment

- Eligibility Rep contacts member and advises need to have appointment with PCP/Provider

OR

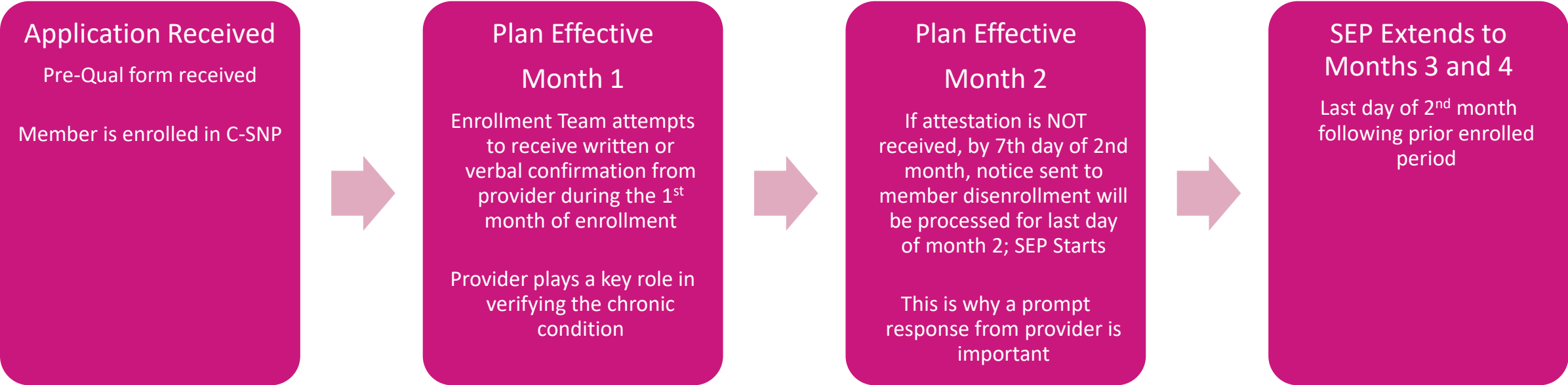
OR

OR...

Enrollment Processing Continued

- If attestation is received from provider and applicant does not qualify
 - Outbound call made to applicant to advise
 - If alternate Provider is identified, the verification process will start over

Timeline



Example:



Provider's Role in Post C-SNP Enrollment

Provider Role After C-SNP Enrollment

Even after C-SNP enrollment, providers are key partners in the C-SNP care delivery model and may be asked to the following:

Participate in C-SNP Member Care Coordination

- Collaborate with the health plan's Care Management team
- Contribute clinical information to support the member's Individualized Care Plan (ICP)
- Participate in Interdisciplinary Care Team (ICT) activities when requested

Support Health Risk Assessments (HRA)

- Review or provide input on annual HRA completion, which C-SNP member needs to complete every year

Complete Annual Model of Care (MOC) Training

- Required for providers participating in the C-SNP network
- Reinforces best practices for managing members with chronic conditions

C-SNPs and Dual Eligibles

C-SNP and Medi-Cal (for Dual Eligibles)

Kern, Orange, San Bernardino, Riverside, San Diego, San Francisco

Enrollment into the Wellcare Specialty Simple C-SNP Plan will NOT impact the beneficiary's Medi-Cal Plan

Los Angeles

Enrollment into the Wellcare Specialty Simple C-SNP Plan WILL impact the beneficiary's Medi-Cal Plan due to the DHCS Matching Plan Policy

The beneficiary will be moved to Health Net Medi-Cal for their Medi-Cal coverage

This is done to ease care coordination between both plans

Wellcare C-SNP Program + Medi-Cal Care Coordination



100% coordination of all Medicare (and Medi-Cal, if dual) covered benefits & services

- Delivered by our internal Population Health Management Team ~100 employees (not delegated to provider groups)
- Clinical (RN) and non-clinical support
- Most Program Coordinators are bi-lingual (Spanish)
- On-shore resources
- Can do Zoom with member if they want face to face
- **1-833-340-0083** Caller ID is “Wellcare”
- After hours calls will be returned the next business day
- This support is IN ADDITION Member Services

Care Management/Model of Care

Wellcare Specialty Simple & Simple Focus C-SNP vs TMA

Our C-SNPs are specifically designed to support the following Chronic Diseases

Diabetes

Chronic Heart Failure (CHF)

Cardiovascular Disease

Wellcare Specialty Simple (HMO C-SNP)

Plan ID: H0562-092

Counties include Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego

Wellcare Specialty Simple Focus (HMO C-SNP)

Plan ID: H0562-138

County: San Francisco

Confidential and Proprietary Information

Support Dimension	Wellcare Specialty Simple and Specialty Simple Focus C-SNP	TMA
Chronic Disease Care Management	Dedicated Team of RNs and non-clinical team members to support the Model of Care, member education, caregiver support, etc.	N/A - No chronic disease management outside of PCP engagement
Care Coordination for Duals, if applicable	Provides care coordination for both Medicare AND Medi-Cal covered benefits . [Dental, incontinence supplies, CBAS/adult day health care, IHSS, & Community Supports (Housing navigation, medically tailored meals, etc.)] ³	<u>Not</u> coordinated!!!!
Transportation Access	Plan specific benefits If dual, Unlimited non-emergency medical transportation on the Medi-Cal Plan is coordinated, when needed .	
Behavioral Health	Behavioral health services are included in the care plan where required.	



UNIQUE Coordination for Duals on Wellcare Specialty Simple & Simple Focus C-SNP

Did you know- Wellcare Case Management Team will coordinate care & services for members enrolled on both our C-SNP plan and Medi-Cal!!

Wellcare Specialty Simple (HMO C-SNP)

Plan ID: H0562-092

Counties include Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego

Wellcare Specialty Simple Focus (HMO C-SNP)

Plan ID: H0562-138

County: San Francisco

Confidential and Proprietary Information

Support Dimension	Wellcare Specialty Simple and Specialty Simple Focus C-SNP	OTHER C-SNPs
Chronic Disease Care Management	Dedicated Team of RNs and non-clinical team members to support the Model of Care, member education, caregiver support, etc.	Has a Model of Care (MOC)
Care Coordination for Duals, if applicable	Provides care coordination for both Medicare AND Medi-Cal covered benefits . [Dental, incontinence supplies, CBAS/adult day health care, & Community Supports (Housing navigation, medically tailored meals, etc.)] ³	
Transportation Access	Unlimited non-emergency medical transportation on the Medi-Cal Plan is coordinated, when needed .	Likely <u>not</u> coordinated!!!!
Personal Care / LTSS / Caregiver Support	Long-term services and supports (LTSS) and IHSS are within scope of coordination with C-SNP care team.	
Behavioral Health	Behavioral health services are included in the coordinated care plan where required.	

Care Management & Coordination- what about other Wellcare plans?

All **traditional Medicare Advantage (MA/MAPD)** members can request Case Management or support with coordination by calling Member Services or our Case Management line below

Once enrollment is confirmed, contact the Wellcare Case Management/Care Coordination Team
directly

1-833-340-0083