

UnitedHealthcare Chronic Illness Special Needs Plan (SNP) Agent Verification Job Aid

What Agents Should Know

Centers for Medicare & Medicaid Services (CMS) Verification Rules

- Illness must be verified by consumer's physician office within the required timeframe: 21 calendar days of notice of receipt of application or the end of the month received (whichever is longer) or application must be denied
- Claims information cannot be used to verify chronic illness

UnitedHealthcare Chronic Illness SNP Verification Process

- The Authorization for Use or Disclosure of Health Information form :
 - Must be submitted with all Chronic Illness SNP applications.
 - If not submitted initially, Enrollment will mail a form to the consumer to be completed and faxed or mailed to UnitedHealthcare
 - Required by many provider offices to release personal health information
- Agents have three options to ensure applicant's chronic illness is verified

Options for Obtaining Verification

Option A: UnitedHealthcare verification unit verifies illness

Option B: Agent delivers forms to physician office after application submission

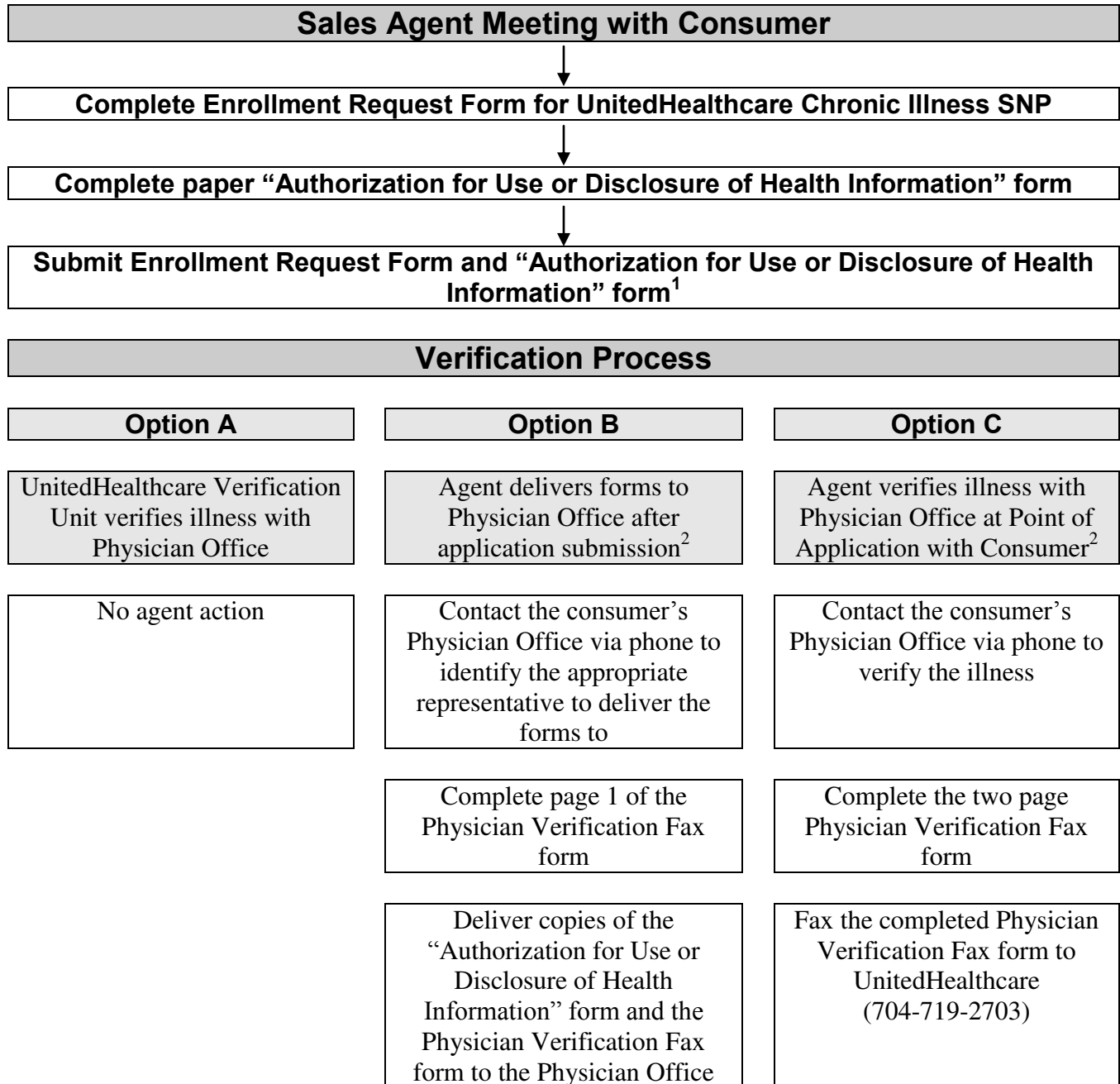
Option C: Agent verifies illness with physician office at point of application with consumer

Chronic Illness Verification Tools

- Agent Verification Job Aid
- Authorization for Use or Disclosure of Health Information form
- Physician Verification Fax form

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Application and Verification Process



¹ Submit via iEnroll, eModel or paper. Paper forms can be faxed to 704-719-2703. If done by telephone, online or offline, a paper copy will be sent to the consumer approximately 1 week after submission.

² Use Agent Talking Points for contacting Provider Office.

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Guidance and Talking Points

Option A: UnitedHealthcare Verification Unit verifies illness with Physician Office

- Ensure application and Authorization for Use or Disclosure of Health Information are properly submitted
- The status of the verification can be viewed on the **Agent Portal** following this path:
 - *Applications & Enrollments → Locate the Application → Click the Applicants Name for details → Locate the Application Notes for verification status*

Option B: Agent delivers forms to Physician Office after application submission

- Place the following in a single envelope for delivery to the Physician Office
 - Authorization for Use or Disclosure of Health Information form (Completed and signed by member)
 - Physician Verification Fax Form (Page 1 (Physician Verification Fax form) completed)
- Deliver envelope to Physician Office by mail, fax, or hand delivery
 - Contact the physician office if the point of contact for verification is not known.
 - Physician not required. Can be physician's assistant or other staff with access to patient's chart.
- When contacting the Physician Office in person, indicate:
 - This is NOT a request for Medical Records
 - Completion is requested within 3 business days
 - Provider can verify illness by calling 877-685-2385 OR
 - Verification can be faxed to UnitedHealthcare using Physician Fax Verification form (704-719-2703)
 - For questions on the verification process they may contact UnitedHealthcare at 1-877-685-2385.

Option C: Agent Verifies Illness with Physician Office

- Calls to the Physician Office should only be made at the point of application with the consumer present.
- If you receive no answer or voicemail proceed to Option B or C.
- Ask to speak with the physician's assistant OR staff that can access a patient's chart. Physician is not required.

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Option C: Agent Verifies Illness with Physician Office (continued)

- Identify yourself as an agent representing UnitedHealthcare and are with their patient [Consumer Name].
- Indicate that [Consumer Name] is applying for a Chronic Illness special needs plan that requires verification of condition [LIST CONDITIONS(s)] to be enrolled in the plan.
 - CMS requires verification from the Physician office of diagnoses of qualifying condition.
 - Need verbal confirmation of you patient's illness diagnosis. Medical records are **not** required.
 - Patient will be denied enrollment if their illness is not verified.
 - [Consumer Name] can provide consent needed to disclose the illness verification.
- Ask the representative to verify that [Consumer Name] has been diagnosed with [LIST CONDITIONS(s)]:
 - If Physician Office provides verification :
 - Request the information required on the Physician Verification Fax form:
 - Verified illness, person verifying illness, clinic name, clinic tax ID, clinic phone #, clinic fax #, physician name
 - Document details on the Physician Verification Fax form, sign the Agent attestation, and submit via fax to UnitedHealthcare using Physician Fax Verification form (704-719-2703)
 - If Physician Office requires written authorization from consumer, proceed to Option B.
 - If Physician Office refuses to verify, proceed to Option B.
- Advise consumer of the call outcome.