

## 2025 Total+ Chronic Special Needs Plan (C-SNP) Frequently Asked Questions (FAQ)

### Background Information

This plan is for members entitled to Medicare Part A & Part B and diagnosed with a qualifying chronic cardiovascular disorder and/or diabetes and reside in Los Angeles, Orange, San Bernardino, Riverside or San Diego County.

**Important:** Any beneficiary with Medicare Parts A and B and Diabetes or a Cardiovascular disorder can enroll on our Total+ plan, however, it is important to note that any dual eligible prospect who enrolls in Total+ will also be able to use their Medi-Cal assistance to help cover the costs of deductibles, copays and coinsurance under this plan. In addition, beneficiaries with LIS will be eligible for more benefits through our VBD program.

- **What are the qualifying chronic conditions to enroll in the Total+ plan?**
  - **Diabetes** – Beneficiaries with Type 1 or 2 diabetes.
  - **Cardiac Arrhythmia** - The most common conditions are atrial and ventricular fibrillation or (Afib) or have had problems with rapid, irregular heartbeat.
  - **Coronary Artery Disease** - Beneficiaries will have a narrowing of the blood vessels that supply the heart or had a heart attack.
  - **Peripheral Vascular Disease** - With this condition, members have a narrowing of blood vessels, had a heart attack, or experienced poor circulation due to hardening of the arteries or veins.
  - **Chronic Venous Thromboembolic Disorder** - Beneficiaries will report getting multiple blood clots in the veins more than once.
- **Unacceptable conditions**
  - Pre-diabetes, hypertension, Stroke, Rheumatic heart disease, or Congenital heart disease.

- **How many conditions are needed to qualify for the Total+ plan?**
  - Only one qualifying chronic condition is required to enroll in the Total+ plan.
- **How does Clever Care verify a chronic condition?**
  - A clinician from the member's treating team must verify the qualifying conditions.
  - The enrollment form must have the Physician's name and phone number so Clever Care can call the physician and receive a verbal confirmation of the chronic condition.
  - The Physician's verification must be received no later than the end of the first month of enrollment.
  - If the verification is not received, the member is notified within 7 calendar days of the 2nd month of enrollment and will be disenrolled at the end of the month if no verification can be made.
- **Health Risk Assessment (HRA) Information**
  - An HRA is offered initially upon enrollment and can be done annually.
  - Upon completion of an HRA a care plan is created to identify member needs, preferences, goals, interventions, and team members.