



# Prospecting and Selling C-SNPs

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# Chronic Special Needs Plans

Have you ever thought about how to keep up your momentum during the lock-in period? Chronic Special Needs Plans (C-SNPs) enable health insurance agents to continue selling Medicare Advantage plans during this time, but they are one of the lesser-known and less marketed products in the Medicare landscape.

In this guide, we're going to explore what C-SNPs are, how to identify potential clients, and strategies for converting those clients into sales opportunities. Whether you already include these plans in your portfolio or are just beginning to consider offering them, understanding how to navigate them could be the key to helping clients who have extra need. Keep reading to discover how adding C-SNPs to your portfolio can benefit you!



# WHAT IS A CHRONIC SPECIAL NEEDS PLAN?

A Chronic Condition Special Needs Plan, or C-SNP, is a specific type of Medicare Advantage plan designed for beneficiaries with continuing disabilities. These Coordinated Care Plans (CCP) are required to provide the same Medicare benefits as all other Medicare Advantage plans within the same service area.

**These benefits may include:**

- *No or lower beneficiary cost sharing*
- *Longer benefit coverage periods for inpatient services*
- *Longer benefit coverage periods for specialty medical services*
- *Parity between medical and mental health benefits and services*
- *Additional preventive health benefits (dental screening, vision screening, hearing screening, age-appropriate cancer screening, risk-based cardiac screening)*
- *Social services (connection to community resources for economic assistance) and transportation services*
- *Wellness programs to prevent the progression of chronic conditions*



To qualify, a beneficiary must have a chronic condition (details to follow). Chronic Special Needs Plans don't require medical underwriting, meaning insurers must accept applicants who fulfill the eligibility requirements.

## What Are the Different Types of C-SNPs?

C-SNPs are one of three types of special needs plans within Medicare Part C (Medicare Advantage).



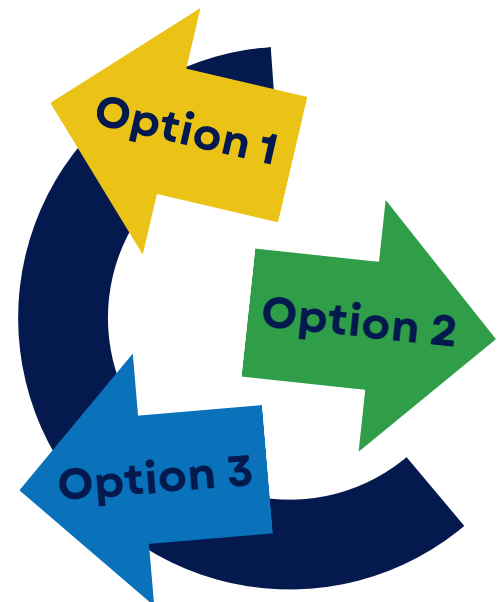
**Chronic Special Needs  
Plan (C-SNP)**

**Dual Eligible Special  
Needs Plan (D-SNP)**

**Institutional Special  
Needs Plan (I-SNP)**

The Centers for Medicare and Medicaid Services (CMS) permits Medicare Advantage Organizations (MAO) to provide three distinct types of Chronic Special Needs Plans (C-SNPs). These types include:

1. A single approved condition where all members in the plan are diagnosed with the eligible condition.
2. An MAO-defined grouping of multiple chronic conditions selected from a CMS-approved list where all the members in the plan must be diagnosed with ALL of the eligible conditions.
3. A CMS-defined group of multiple conditions where all members in the plan must be diagnosed with at least one of the defined eligible conditions.





CMS identified these five combinations of commonly co-existing chronic conditions:

<b>Group 1</b>	Diabetes mellitus and chronic heart failure
<b>Group 2</b>	Chronic heart failure and cardiovascular disorders
<b>Group 3</b>	Diabetes mellitus and cardiovascular disorders
<b>Group 4</b>	Diabetes mellitus, chronic heart failure, and cardiovascular disorders
<b>Group 5</b>	Stroke and cardiovascular disorders

To enroll in a C-SNP plan that caters to one of these CMS-defined groups, beneficiaries are required to meet just one of the qualifying conditions.



## How Are C-SNPs Different From Medicare Advantage Plans?

C-SNPs offer coverage to beneficiaries with one or more chronic conditions through specially designed plan benefit packages (PBPs), aiming to assist members in managing their conditions more effectively than traditional Medicare Parts A and B services or standard Medicare Advantage plans. They are doing this by customizing benefits, networks, and drug formularies.

According to CMS, these specially-designed PBPs should include, but are not limited to:

- Supplemental health benefits tailored for the specific chronic condition
- Specialized provider networks focused on the designated chronic conditions
- Suitable cost sharing for enrollees designed around the identified chronic conditions and comorbidities for all Medicare-covered and supplemental benefits.

For instance, a diabetes Chronic Special Needs Plan (C-SNP) might provide a tailored prescription benefit for diabetic medications, along with minimal to no copays for some specialists involved in treating the condition. These plans focus heavily on enhanced care coordination and typically provide members with access to a care manager or clinical advisors, along with specialized programs designed to help them manage their condition.



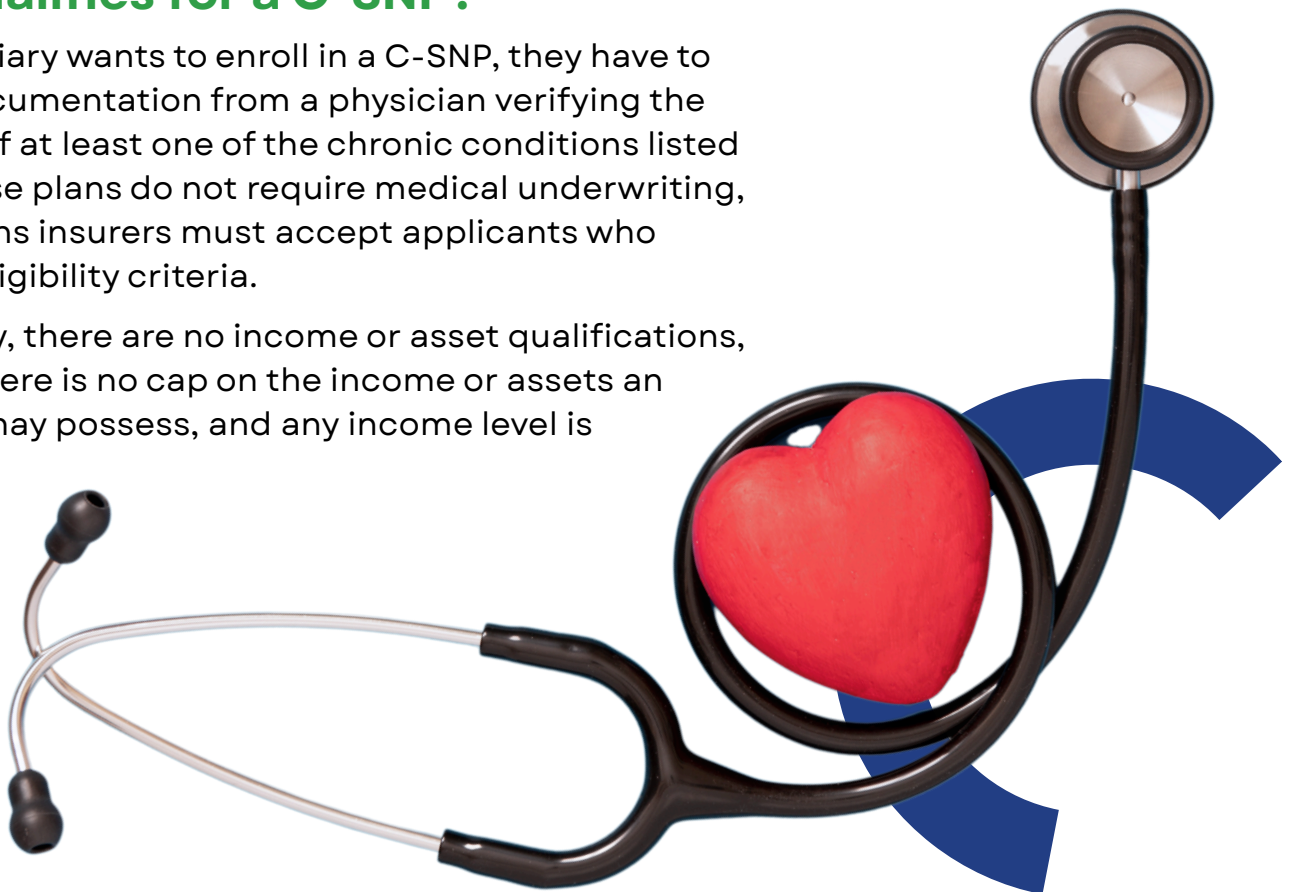
## IDEAL BENEFICIARIES FOR C-SNPS

CMS states that about two-thirds of Medicare enrollees face multiple chronic conditions that require coordinated care between multiple primary providers, medical and mental health services, inpatient and outpatient facilities, as well as extensive ancillary services.

### Who Qualifies for a C-SNP?

If a beneficiary wants to enroll in a C-SNP, they have to provide documentation from a physician verifying the diagnosis of at least one of the chronic conditions listed below. These plans do not require medical underwriting, which means insurers must accept applicants who meet the eligibility criteria.

Additionally, there are no income or asset qualifications, meaning there is no cap on the income or assets an applicant may possess, and any income level is qualifies.





Here are the qualifying chronic conditions as stated by CMS:

## Qualifying Chronic Conditions

### Alcohol and drug dependence

Autoimmune disorders limited to:

- Polyarteritis nodosa
- Polymyalgia rheumatica
- Polymyositis
- Rheumatoid arthritis

Cardiovascular disorders limited to:

- Cardiac arrhythmias
- Coronary artery disease
- Peripheral vascular disease
- Chronic venous thromboembolic disorder

Chronic heart failure

Dementia

Diabetes mellitus

End-stage liver disease

End-stage renal disease (ESRD) requiring dialysis

Severe hematologic disorders limited to:

- Aplastic anemia
- Hemophilia
- Immune thrombocytopenic purpura
- Myelodysplastic syndrome
- Sickle-cell disease (excluding sickle-cell trait)

HIV/AIDS

Cancer, excluding pre-cancer conditions or in situ status

Chronic lung disorders limited to:

- Asthma
- Chronic bronchitis
- Emphysema
- Pulmonary fibrosis
- Pulmonary hypertension

Chronic and disabling mental health conditions limited to:

- Bipolar disorders
- Major depressive disorders
- Paranoid disorder
- Schizophrenia
- Schizoaffective disorder

Neurological disorders limited to:

- Amyotrophic lateral sclerosis (ALS)
- Epilepsy
- Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia)
- Huntington's disease
- Multiple sclerosis
- Parkinson's disease
- Polyneuropathy
- Spinal stenosis
- Stroke-related neurologic deficit

Stroke

These 15 conditions may be regularly reassessed as new evidence on care coordination through the SNP and healthcare research advances.

Source: <https://www.cms.gov/medicare/enrollment-renewal/special-needs-plans/chronic-conditions>

## How is C-SNP Eligibility Verified?

To qualify for a C-SNP, clients must have Medicare Parts A and B, reside within the plan's service area, and possess one or more qualifying chronic conditions outlined in the plan.

Carriers also require a prequalification assessment, which may be part of the application or submitted as a separate form alongside it. Typically, clients are required to provide the name of at least one provider who can verify their condition, along with the provider's contact information. If the carrier cannot verify that the member has a qualifying condition, they may be disenrolled from the plan.

C-SNPs restrict eligibility to individuals with either a single condition or those with multiple conditions. If the C-SNP allows for multiple conditions, an individual only needs to have one of the qualifying conditions to be eligible for enrollment.

To confirm which conditions are covered, it's essential to look at the Summary of Benefits for the C-SNPs available in your market. Gaining insight into what these plans cover will help you to ask targeted questions, ensuring eligibility and revealing additional opportunities for your clients and prospects!



## FINDING C-SNP PROSPECTS

Figuring out who would be a good fit for C-SNPs can be tricky at times. After all, health conditions can span different incomes, locations, and demographics.

To help narrow it down, you'll want to focus on organizations or businesses that would regularly interact with individuals with qualified conditions.

### Fact Finding

You should avoid seeking C-SNP clients through methods that may be seen as "cherry picking," such as at health screenings, health fairs, or by utilizing genetic testing results.

Since C-SNP plans are designed to cover specific conditions, asking about these conditions during your sales appointments is an effective way to identify potential C-SNP clients. If a client has the qualifying condition, you can review benefits with them to find the right match for their needs.

Agents who work with Agent Pipeline can utilize the Fact Finder sheet at the end of this booklet, along with the MedicareCENTER customer relationship manager. The Fact Finder can help you organize and monitor personal, insurance, investment, and health information efficiently.

CMS rules allow an agent to ask their client if they have one of the chronic conditions corresponding to available C-SNPs in their market. If the client's answer is yes, a presentation on the C-SNP plan may be appropriate.



By securely documenting and analyzing the health records of your current clients, you can quickly identify whether a client has a chronic condition or is receiving specialized care. Here are some questions you can ask to assess if a client qualifies for a C-SNP:



- *“Have you been diagnosed with a chronic condition?”*
- *“[Carrier name] offers a plan that is specifically designed for people with [insert chronic condition]. Would you like to learn more about this plan?”*

After establishing a few C-SNP clients, share some of your business cards with them and express your willingness to assist anyone they know dealing with the same condition. Aim to exceed expectations by providing additional support resources! This approach will allow you to move beyond a typical insurance agent and become a friend who they can trust to genuinely care about their health and well-being.

## Affinity Partnerships

Collaborating with specialty providers or support organizations can be an excellent strategy for prospecting. Adding compliant provider-based marketing could be a way you find success in this market. Distributing flyers for your business and C-SNPs in areas frequented by people with chronic conditions is a great starting point!

Here are some potential partnership opportunities to explore:

- Pharmacy
- Doctor’s office
- Specialty hospitals and clinics

While there is no guarantee that you will encounter a C-SNP prospect, potential clients will be able to inquire if you are offering the coverage they need and put a face to a name.

### AP Networking Resources



[Networking in a Box – Pharmacies](#)



[Networking in a Box – Doctors](#)

# SELLING C-SNPS: TIPS & OPPORTUNITIES

## The Enrollment Process

Normal enrollment for a Chronic Special Needs Plan (C-SNP) happens during the Initial Election Period (IEP) or the Annual Enrollment Period (AEP). However, a client may qualify for a Special Enrollment Period (SEP) if they have a doctor's documentation confirming a newly diagnosed chronic condition.

This SEP remains available for as long as the individual has the qualifying condition and will end once they enroll in a C-SNP using this option. Their coverage will take effect on the first day of the month following their enrollment.

Once this Special Enrollment Period (SEP) is used, the beneficiary would have to rely on other relevant Medicare election periods to make changes to their plan. Understanding this SEP helps you to better assist your clients by providing them with coverage that meets their specific needs.

Also, if a client relocates outside the service area of their Chronic Special Needs Plan (C-SNP) or if the plan exits the Medicare program, all members of that plan will receive an SEP to enroll in an alternative plan.



An SEP for a newly acquired chronic condition will be accessible as long as the individual has the qualifying condition. This special enrollment period will conclude once the individual enrolls in a C-SNP utilizing it.

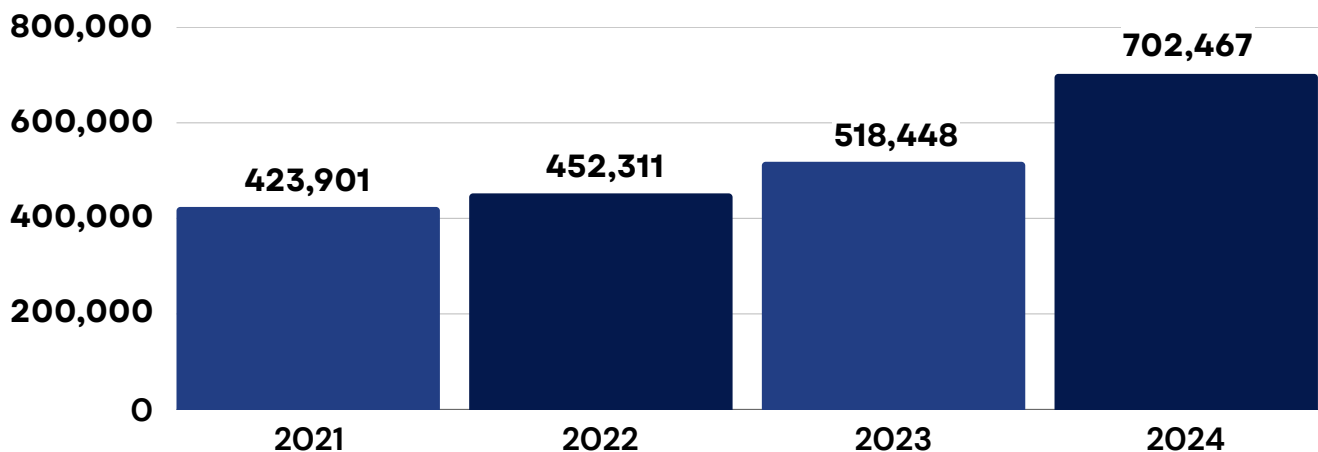


## C-SNP Enrollment Stats

As reported by KFF, there will be 675,000 Medicare beneficiaries enrolled in C-SNPs in 2024. This marks a significant increase in enrollment, with 2024 figures showing a 45% rise—approximately 210,000 more enrollees compared to 2023.

Here's a look at how C-SNP enrollment has surged since 2021:

### Beneficiaries Enrolled in C-SNPs: From 2021 to 2024



With enrollments seeing substantial growth in recent years, the opportunity to consider incorporating C-SNP products into your portfolio or enhancing the marketing of those you already provide is here.

Source: <https://www.milliman.com/en/insight/chronic-condition-special-needs-plans-2024-market-landscape>





# GETTING READY TO SELL C-SNPS

## Exploring the Basics of Getting Contracted

When insurance agents get contracted and appointed with a carrier, they are then able offer its products. To finalize this process, you need to sign an official document that indicates your acceptance of the carrier's terms and conditions, as well as any requirements from the field marketing organization (FMO) you are working with.

A carrier appointment means the carrier has completed your contracting paperwork and assigned you a writing number. This will allow you to begin selling their plans! A good starting point when entering the C-SNP space is to research popular C-SNPs in your area, as this will help you identify which carriers you may want to contract with. Keep in mind that if you're not ready to provide C-SNPs to your clients, another agent will be.



The contracting and appointment processes can vary between carriers. Some might request additional documentation alongside the contract. Commonly required documents include proof of Errors and Omissions insurance, your license to sell, and a W-9 for tax purposes. Additionally, certification is often required to get an appointment with carriers. For more insight, reach out to your regional marketer at Agent Pipeline to talk about which C-SNPs are popular in your area.

Offering C-SNPs presents an opportunity for agents to expand their Medicare business while positively influencing their clients' lives. As enrollment in C-SNPs increases and the demand for plans focusing on specialized benefits grows, it's a great time for agents to incorporate these plans into their portfolios.



## Why Partner With Agent Pipeline?

Agent Pipeline is a Field Marketing Organization (FMO) specializing in Medicare, Individual Health, Life Insurance, and Ancillary & Supplemental Products. We are always developing new products to meet the changing needs of insurance agents and demands of beneficiaries. With a robust employee family of over 130 individuals, Agent Pipeline is dedicated to providing best-in-class service on everything from contracting to marketing.

**Contact us for more information on adding C-SNPs to your portfolio!**

**800.962.4693**

**agentpipeline.com**

Check us out on social media



@agentpipeline\_

# Personal & Confidential Client Profile

## Personal Information

Today's Date:

	Client	Spouse/Significant Other
Full Legal Name		
Preferred Name		
Home Street Address		
City		
State		
Zip code		
Home Phone Number		
Cell Phone		
Email Address		
Date of Birth		
SSN		
Medicare Part A Date		
Medicare Part B Date		
Medicare Number		
PACE, PACENET, or Extra Help?		
Marital Status		
Do you Smoke? If former smoker, how long since you quit?		
Grandchild information	(1) Name: Age: Parents:  (2) Name: Age: Parents:	(1) Name: Age: Parents:  (2) Name: Age: Parents:



# Personal & Confidential Client Profile

## Insurance Information

Today's Date:

Health Insurance						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary

Prescription Drug Coverage						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary

Dental/Vision/Hearing						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary

Life Insurance (Permanent, Term, UL, Final Expense, Etc.)						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary

Other types of Insurance (Long-Term Care, Hospital Indemnity, Short-Term Care)						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary

## Investment Information

Today's Date:

	Institution	Current Value	Current Interest Rate	Beneficiary	Policy Number
401(4)/403(b)/Keogh/SEP					
Traditional/Roth IRA					
Pension					
Annuities					
Mutual Funds					
Savings/CDs					
Checking/Money Market					

## Health Profile

	Client	Spouse/Significant Other
Do you have any health conditions? If yes, please specify and include additional information below.	(1) Health Condition: Age of Onset: Additional Details: Prognosis:  (2) Health Condition: Age of Onset: Additional Details: Prognosis:	(1) Health Condition: Age of Onset: Additional Details: Prognosis:  (2) Health Condition: Age of Onset: Additional Details: Prognosis:
Medications—Please list all medications and dosages you are currently taking.		

## Additional Comments:

Remember to transfer any info from this form into your clients' digital records in MedicareCENTER.