

Jasmine Chronic Condition Verification Message

Dear Agency Partners,

I want to thank you and your agents again for enrolling your new members into our Jasmine - Chronic Special Needs - Plan and completing the required HRA form. As part of the CMS Chronic Plan new member enrollment approval process, we are required to obtain confirmation from the member's provider or office staff verifying that they do in fact have at least one of the qualifying conditions identified on their completed HRA form.

CMS requires that we work with our provider partners to obtain all Chronic Condition confirmations in the initial 30-days following the member's enrollment. However, in the event we are unable to secure confirmation within that period we are required to send out a letter to the member letting them know that although we do have an additional 30 days to obtain provider confirmation, after that time CMS will require that we disenroll the member from the Jasmine Plan. If this happens, we will work with the members directly or with you, the agent, to help them fill out another enrollment application into one of our other 3 plans. Our goal is to make this process, in the event it becomes necessary, as easy for the members and the agent as possible.

We are confident that our multi-pronged approach to securing these HRA confirmations from providers will allow us to capture the vast majority before disenrollment is required. To ensure success our team will engage in the following activities:

- Member Services and Care Management teams will make multiple telephone outreach calls to the provider and his/her office staff throughout the 60-day period if necessary.
- Provider Relations team members will make multiple personal visits to provider offices with 5 or more patients requiring Chronic Condition Confirmations
- E-mails providing detailed information related to the patients requiring confirmations will be sent to each provider's office.

Although it is not required, if either the agent or the member would like to reach out the provider's office as well, they can call them to encourage completion of the required documentation.

Once again thank you for your continued support. We want to make sure you are aware of this process in the event you or your agents get a call from a client who receives a letter, which for those impacted are scheduled to go out February 6th.

Sincerely

Britt Travis

Vice President

Clever Care Health Plan