CarePlus HEALTH PLANS

CarePlus Chronic Condition Care Assistance Eligibility Policy

Key point	Chronic Condition Care Assistance is a Special Supplemental Benefit for the Chronically Ill (SSBCI). That means you must have one or more of the long-term health conditions listed below and meet all of the rules in this policy to get the benefit.

Benefit overview

This benefit is available through a CarePlus approved care manager. They may allocate the benefit to help pay for covered items and services that are needed to address barriers and gaps in a member's care needs. Funding amounts are different for each plan. Not all plans offer Chronic Condition Care Assistance.

Want to know more about what your plan covers? Check out the Additional Resources section in this policy.

Benefit eligibility requirements

To get the CarePlus Chronic Condition Care Assistance benefit, you must have a plan that offers it. You also must meet all of these requirements:

1	**Have eligible chronic condition(s)** You must have one or more of the eligible chronic conditions from the list below. See more details below.
2	**Be at high risk of hospitalization or other health outcomes** Based on clinical research, members with one or more of the eligible chronic conditions listed below are at high risk for hospitalization or other health outcomes.
3	**Require intensive care coordination** Based on clinical research, members with one or more of the eligible chronic conditions listed below need ongoing management and coordination of healthcare services.
4	**Have barriers and/or gaps in care needs** As part of your care management, the CarePlus approved care manager must identify barriers and/or gaps in care that cannot be fixed with other available resources.

Eligible chronic conditions

CarePlus has determined, through clinical research, that the following chronic conditions are medically complex, may threaten the life or limit the health or function of our members, and put our members at high risk of hospitalization or adverse health outcomes and require intensive care coordination.

Eligible chronic conditions include:

• **Autoimmune disorders**
• **Cancer**
• **Cardiovascular disorders**
• **Chronic alcohol use and other substance use disorders**
• **Chronic and disabling mental health conditions**
• **Chronic heart failure**
• **Chronic kidney disease**
• **Chronic lung disorders**
• **Dementia**
• **Diabetes mellitus**
• **HIV/AIDS**
• **Neurologic disorders**
• **Post-organ transplant**
• **Severe hematologic disorders**
• **Stroke**

How we determine eligibility

Having an eligible chronic condition does not mean you will get the Chronic Condition Care Assistance benefit. CarePlus uses one or both methods below to check if you have an eligible chronic condition:

1. ### Medical claims

   You have a medical claim in the CarePlus system that shows a diagnosis for an eligible chronic condition. The service date must be on or after January 1, 2022.

2. ### Health Risk Assessment

   You reported an eligible condition on the CarePlus Health Risk Assessment, completed on or after January 1, 2022.

In addition to one of the above, you will also need:

Care management participation

You must be actively working with a CarePlus approved care manager. Assessments and discussions with you and/or your caregiver will help the care manager develop your unique plan of care.

Additional resources

Learn more about Chronic Condition Care Assistance in CarePlus plan documents at www.CarePlusHealthPlans.com/medicare/medicare-advantage-plans. Or call Member Services using the phone number on the back of your CarePlus Member ID card. You can also sign into MyCarePlus at account.careplushealthplans.com.

Disclaimer

Chronic Condition Care Assistance is a special supplemental benefit for members with specific chronic conditions who require intensive care coordination and are at a high risk for hospitalization or other adverse health outcomes. Qualifying conditions may include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. Some plans require at least two conditions. See the plan's Evidence of Coverage/Member Handbook for details. If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income. Contact your local HUD office with questions.

Benefits, eligibility requirements, and qualifying conditions may change from year to year.

This policy does not replace, modify, or supplement your plan's Evidence of Coverage (EOC). In the event of a conflict between this policy and the EOC, the EOC will govern. CarePlus reserves the right to update this policy.