## Pre-Qualification Assessment for Chronic Conditions Special Needs Plans (SNP)

| Last Name  | First Name   |                   | ,               | МІ  |  |
|--|--|-------------------|-----------------|---|--|
| Medicare Claim Number  | Date of Birth  |                   |                 | *11   |  |
| Address  | City   | State             | •               | Zip   |  |
| CLINICAL QUALIFYING QUESTIONS FOR DIABETES  If the applicant answers "Yes" to any of the following question with diabetes.   | •  |                   |                 | •   |  |
| <ol> <li>Have you ever been told that you have high blood sugar of</li> <li>Have you ever or do you currently measure/monitor your</li> <li>Have you been prescribed or do you take insulin or an oro supposed to lower your blood sugar?</li> </ol>   | blood sugar?<br>Il medication that's   | Yes               | No              | Not Sure Not Sure Not Sure                          |  |
| MEDICATION QUESTION What medicines do you take for d   |  |                   |                 |   |  |
| CLINICAL QUALIFYING QUESTIONS FOR CARDIOVASCULAR DI If the applicant answers "Yes" to any of the following question with cardiovascular disorders (CVD).  1. Do you have a problem with your heart, had a heart attaction.   | ons, then he or she pre-   | d that you had c  | a heart att     |   |  |
| <ol> <li>Do you have a problem with your circulation or have you be</li> <li>Do you have pain in your legs when you walk that gets better we medicated QUESTION What medicines do you take for C</li> </ol>  | when you stop and rest?  | Yes               |                 | lation?  Not Sure  Not Sure                         |  |
| CLINICAL QUALIFYING QUESTIONS FOR CHRONIC HEART FAILURE  If the applicant answers "Yes" to any of the following questions, then he or she pre-qualifies for SNPs targeting enrollees with  |  |                   |                 |   |  |
| chronic heart failure (CHF).  1. Have you ever been told you have heart failure or congest  2. Have you ever been told you have fluid in your lungs?  3. Have you ever been told you have swelling in your legs du   | e to your heart?   | Yes<br>Yes<br>Yes | <b>○No</b>      | Not Sure Not Sure Not Sure                          |  |
| <b>MEDICATION QUESTION</b> What medicines do you take for C  | .HF:/  |                   |                 |   |  |
| If the applicant answers "Yes" to any of the following questic with chronic lung disorders (Asthma, Chronic Bronchitis, Emp 1. Do you have any chronic breathing problems?  Have you ever been told you have a lung problem such as asthma, chronic bronchitis, scarring in the lung, or high pr 3. Do you use inhalers or other medicines for your breathing more | ons, then he or she pre-<br>physema, Pulmonary Fi<br>COPD, emphysema,<br>ressure in the lungs? |                   | ○No             | g enrollees<br>pertension).<br>Not Sure<br>Not Sure |  |
| <b>MEDICATION QUESTION</b> What medicines do you take for o  | '  |                   |                 | O Not Suite   |  |
| PLEASE LIST YOUR PRIMARY CARE PHYSICIAN  |  |                   |                 |   |  |
| Primary Care Physician   | Telephone Number   |                   |                 |   |  |
| Address  | City   | _                 | Zi <sub>l</sub> |   |  |
| Please list any specialist physicians you see regularly:   | •  |                   |                 | •   |  |
| Specialist Physician Name  | Telephone Number   |                   |                 |   |  |
| Patient Signature  | -  | Date              |                 |   |  |
| Humana is a Coordinated Caro plan with a Medicare contract   | Enrollment in this Liv   | mana plan dana    | ands on so      | ntract  |  |

Humana is a Coordinated Care plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This plan is available to individuals with certain chronic diseases. To qualify for a Chronic Disease Special Needs Plan, physician diagnosis of the disease must be verified. Enrollees who do not have the condition will be diseasely.



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| Last Name  | First Name   |   |                       | MI  |  |  |
|--|--|---|-----------------------|---|--|--|
| Medicare Claim Number  | Date of Birth  |   |                       |   |  |  |
| Address  | CityS  | tate                                    |                       | Zip                                       |  |  |
| <b>CLINICAL QUALIFYING QUESTIONS FOR DIABETES</b> If the applicant answers "Yes" to any of the following questions, then he or she pre-qualifies for SNPs targeting enrollees with diabetes.   |  |   |                       |   |  |  |
| <ol> <li>Have you ever been told that you have high blood sugar c</li> <li>Have you ever or do you currently measure/monitor your</li> <li>Have you been prescribed or do you take insulin or an ora</li> </ol>  | blood sugar?   |   | No<br>No              | Not Sure                                  |  |  |
| supposed to lower your blood sugar?  | The diedelon that 5  | ○Yes                                    | <b>○No</b>            | Not Sure                                  |  |  |
| <b>MEDICATION QUESTION</b> What medicines do you take for d  | iabetes?   |   |                       |   |  |  |
| If the applicant answers "Yes" to any of the following question with cardiovascular disorders (CVD).  Do you have a problem with your heart, had a heart attack.  Do you have a problem with your circulation or have you be to you have pain in your legs when you walk that gets better with medicines do you take for CCLINICAL QUALIFYING QUESTIONS FOR CHRONIC HEART FAIL of the applicant answers "Yes" to any of the following questions.                                 | ns, then he or she pre-qu  | nat you had a Yes oblems with y Yes Yes | heart att             | tack? Not Sure ilation? Not Sure Not Sure |  |  |
| chronic heart failure (CHF).  1. Have you ever been told you have heart failure or congest  2. Have you ever been told you have fluid in your lungs?  3. Have you ever been told you have swelling in your legs due  MEDICATION QUESTION What medicines do you take for C  | ive heart failure?<br>e to your heart?   | Yes<br>Yes                              | No No                 | Not Sure Not Sure Not Sure                |  |  |
| CLINICAL QUALIFYING QUESTIONS FOR CHRONIC LUNG DISOR If the applicant answers "Yes" to any of the following questio with chronic lung disorders (Asthma, Chronic Bronchitis, Emp 1. Do you have any chronic breathing problems? 2. Have you ever been told you have a lung problem such as asthma, chronic bronchitis, scarring in the lung, or high pro 3. Do you use inhalers or other medicines for your breathing more MEDICATION QUESTION What medicines do you take for ch | ns, then he or she pre-qu<br>hysema, Pulmonary Fibro<br>COPD, emphysema,<br>essure in the lungs?<br>e than 3 times per week? | rsis, and Pulm<br><b>Yes Yes</b>        | onary Hy<br><b>No</b> | Not Sure                                  |  |  |
| PLEASE LIST YOUR PRIMARY CARE PHYSICIAN  |  |   |                       |   |  |  |
| Primary Care Physician   | •  |   |                       |   |  |  |
|  | City   | St                                      | <b>Z</b> i            | ip  |  |  |
| Please list any specialist physicians you see regularly:   |  |   |                       |   |  |  |
| Specialist Physician Name  | Telephon   | e Number                                |                       |   |  |  |
| Patient Signature Humana is a Coordinated Care plan with a Medicare contract. renewal. This plan is available to individuals with certain chro Plan, physician diagnosis of the disease must be verified. Enro   | nic diseases. To qualify fo  | r a Chronic Di                          | sease Spe             | ecial Needs                               |  |  |

Humana.

## Pre-Qualification Assessment for Chronic Conditions Special Needs Plans (SNP)

| Last Name First Name  |                             | MI  |  |  |
|---|-----------------------------|---|--|--|
| Medicare Claim Number Date of Birth   |                             | 1417  |  |  |
| Address City  | State                       | Zip   |  |  |
| CLINICAL QUALIFYING QUESTIONS FOR DIABETES  If the applicant answers "Yes" to any of the following questions, then he or she pre with diabetes.   |                             | •   |  |  |
| <ol> <li>Have you ever been told that you have high blood sugar or diabetes?</li> <li>Have you ever or do you currently measure/monitor your blood sugar?</li> <li>Have you been prescribed or do you take insulin or an oral medication that's supposed to lower your blood sugar?</li> </ol>  | Yes                         | No Not Sure No Not Sure No Not Sure   |  |  |
| MEDICATION QUESTION What medicines do you take for diabetes?  |                             |   |  |  |
| CLINICAL QUALIFYING QUESTIONS FOR CARDIOVASCULAR DISORDER  If the applicant answers "Yes" to any of the following questions, then he or she pre with cardiovascular disorders (CVD).  1. Do you have a problem with your heart, had a heart attack, or have you been to   | old that you had o          |   |  |  |
| <ol> <li>Do you have a problem with your circulation or have you been told that you have</li> <li>Do you have pain in your legs when you walk that gets better when you stop and rest?</li> <li>MEDICATION QUESTION What medicines do you take for CVD?</li> </ol>  | ve problems with <b>Yes</b> |   |  |  |
| CLINICAL QUALIFYING QUESTIONS FOR CHRONIC HEART FAILURE  If the applicant answers "Yes" to any of the following questions, then he or she pre-q chronic heart failure (CHF).  1. Have you ever been told you have heart failure or congestive heart failure?  2. Have you ever been told you have fluid in your lungs?  3. Have you ever been told you have swelling in your legs due to your heart?  MEDICATION QUESTION What medicines do you take for CHF?   | Yes<br>Yes                  | No Not Sure No Not Sure No Not Sure No Not Sure                                     |  |  |
| <ul> <li>CLINICAL QUALIFYING QUESTIONS FOR CHRONIC LUNG DISORDER</li> <li>If the applicant answers "Yes" to any of the following questions, then he or she pre with chronic lung disorders (Asthma, Chronic Bronchitis, Emphysema, Pulmonary F1. Do you have any chronic breathing problems?</li> <li>Have you ever been told you have a lung problem such as COPD, emphysema, asthma, chronic bronchitis, scarring in the lung, or high pressure in the lungs?</li> <li>Do you use inhalers or other medicines for your breathing more than 3 times per week</li> <li>MEDICATION QUESTION What medicines do you take for chronic lung disorder?</li> </ul> | ○ Yes                       | Ps targeting enrollees nonary Hypertension).  No Not Sure  No Not Sure  No Not Sure |  |  |
| PLEASE LIST YOUR PRIMARY CARE PHYSICIAN   |                             |   |  |  |
| Primary Care Physician Telep  | Telephone Number            |   |  |  |
| Address City  | St                          | Zip   |  |  |
| Please list any specialist physicians you see regularly:  |                             |   |  |  |
| Specialist Physician Name Telep   | Telephone Number            |   |  |  |
| Patient Signature  Humana is a Coordinated Care plan with a Medicare contract. Enrollment in this Hu  | Date                        |   |  |  |

Humana is a Coordinated Care plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This plan is available to individuals with certain chronic diseases. To qualify for a Chronic Disease Special Needs Plan, physician diagnosis of the disease must be verified. Enrollees who do not have the condition will be diseasely.

