

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

Last Name _____ First Name _____ MI _____
Medicare Claim Number _____ Date of Birth _____
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-qualifies for SNPs targeting enrollees with diabetes.

1. Have you ever been told that you have high blood sugar or diabetes? ☐ Yes ☐ No ☐ Not Sure
2. Have you ever or do you currently measure/monitor your blood sugar? ☐ Yes ☐ No ☐ Not Sure
3. Have you been prescribed or do you take insulin or an oral medication that's supposed to lower your blood sugar? ☐ Yes ☐ 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-qualifies for SNPs targeting enrollees with cardiovascular disorders (CVD).

1. Do you have a problem with your heart, had a heart attack, or have you been told that you had a heart attack? ☐ Yes ☐ No ☐ Not Sure
2. Do you have a problem with your circulation or have you been told that you have problems with your circulation? ☐ Yes ☐ No ☐ Not Sure
3. Do you have pain in your legs when you walk that gets better when you stop and rest? ☐ Yes ☐ No ☐ Not Sure

MEDICATION QUESTION What medicines do you take for CVD? _____

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 congestive heart failure? ☐ Yes ☐ No ☐ Not Sure
2. Have you ever been told you have fluid in your lungs? ☐ Yes ☐ No ☐ Not Sure
3. Have you ever been told you have swelling in your legs due to your heart? ☐ Yes ☐ No ☐ Not Sure

MEDICATION QUESTION What medicines do you take for CHF? _____

CLINICAL QUALIFYING QUESTIONS FOR CHRONIC LUNG DISORDER

If the applicant answers "Yes" to any of the following questions, then he or she pre-qualifies for SNPs targeting enrollees with chronic lung disorders (Asthma, Chronic Bronchitis, Emphysema, Pulmonary Fibrosis, and Pulmonary Hypertension).

1. Do you have any chronic breathing problems? ☐ Yes ☐ No ☐ Not Sure
2. 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? ☐ Yes ☐ No ☐ Not Sure
3. Do you use inhalers or other medicines for your breathing more than 3 times per week? ☐ Yes ☐ No ☐ Not Sure

MEDICATION QUESTION What medicines do you take for chronic lung disorder? _____

PLEASE LIST YOUR PRIMARY CARE PHYSICIAN

Primary Care Physician _____ Telephone Number _____
Address _____ City _____ St _____ Zip _____

Please list any specialist physicians you see regularly:

Specialist Physician Name _____ Telephone Number _____

Patient Signature _____ 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 disenrolled.

Humana

Humana Medicare Enrollment – Please return with application

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