

Chronic Condition Special Needs Plan (SNP) Pre-Qualification Assessment

Last Name _____ First Name _____ MI _____

Medicare Number _____ Date of Birth _____

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
2. Have you ever or do you currently measure/monitor your blood sugar? Yes No
3. Have you been prescribed or do you take insulin or an oral medication that’s supposed to lower your blood sugar? Yes No

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
2. Do you have a problem with your circulation or have you been told that you have problems with your circulation? Yes No
3. Do you have pain in your legs when you walk that gets better when you stop and rest? Yes No

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
2. Have you ever been told you have fluid in your lungs? Yes No
3. Have you ever been told you have swelling in your legs due to your heart? Yes No

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
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
3. Do you use inhalers or other medicines for your breathing more than 3 times per week? Yes No

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

Primary Care Physician/
Specialist Name _____ Telephone Number _____

Applicant Signature _____ Date _____

This plan is available to individuals with certain chronic conditions. To qualify for a Chronic Condition Special Needs Plan, physician diagnosis of the condition must be verified. Enrollees who do not have the condition will be disenrolled.

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Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude individuals because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-877-320-1235** or if you use a TTY, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. **1-877-320-1235 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to individuals with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. **1-877-320-1235 (TTY: 711)**

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowól.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك