

VCC Forms at the Time of Sale

Medicare Advantage Chronic
Condition Special Needs Plans

Medicare Enrollment SNP

September 2022



Humana



VCC Forms at the Time of Sale

- Agents are allowed to leave VCC forms with CC SNP enrollees at the point of sale, when it makes sense to do so.
 - Members will still receive a pre-populated VCC form with their acknowledgement letter.
 - The form only needs to be completed once.
- The form should NOT be returned with the application.
- Agents should NOT reach out to the provider on a member's behalf.

VCC Form Required Information

- Agents are responsible for completing the top portion of the form with the member's information.
- If the member has no prior Humana coverage, they may not have a Humana ID.
- All other fields are required to ensure the form is processed.
 - Benefit Number = Plan BSN
 - Medicare ID: **CRITICAL** for accurate and timely processing of the VCC form

Verification of Chronic Condition (VCC)

The individual listed below has elected to enroll in a Humana Medicare Chronic Condition Special Needs Plan (C-SNP). To qualify for this Special Needs Plan, member diagnosis of the qualifying condition(s) must be verified by a physician or physician's office.

Please review the information below, and send the completed verification to Humana right away. ~~Members whose condition(s) cannot be verified are disenrolled from the plan.~~

Member's Name: _____ Date of Birth: _____

Address: _____

Humana ID: _____ Medicare ID: _____

Group Number: _____ Benefit Number: _____

Proposed Effective Date: _____

My signature below authorizes information about my chronic condition to be shared with Humana. Note: While Humana does not require your signature, your physician may require this in order to release your personal information to us.

Member Signature _____ Date _____

To Be Completed by the Physician/Physician's Office

Please check all the boxes that apply. By signing this form, you confirm the patient has been diagnosed with one or more of the following severe or disabling chronic conditions.

<input type="checkbox"/> None	<input type="checkbox"/> Chronic Heart Failure	<input type="checkbox"/> Cardiovascular Disease: Cardiac Arrhythmias, Coronary Artery Disease, Peripheral Vascular Disease, Chronic Venous Thromboembolic Disorder
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chronic Lung Disease: Asthma, Emphysema, Chronic Bronchitis, Pulmonary Fibrosis, Pulmonary Hypertension	

Confirmation provided by:

Signature _____ Date _____

Printed Name or Stamp _____ Phone _____

There are four convenient ways to send the Verification of Chronic Condition to Humana:

- Via the Availity provider portal, or
- Fax this completed form to 1-877-889-9936, or
- Scan this completed form and email to VCC@humana.com, or
- Call us at 1-877-271-5776 to provide a verbal verification (Monday – Friday, 8:00 a.m. to 6:00 p.m., Eastern time)