

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.

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.

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. 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 the 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 people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugues: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-320-1235 (TTY: 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。