



# Chronic Special Needs Plan (CSNP) Pre-Qualification Form

Ultimate Health Plans offers Special Needs Plans (SNPs) designed for people with certain chronic or disabling conditions: Diabetes Mellitus, Cardiovascular Disease (CVD), Chronic Heart Failure (CHF), and Chronic Lung Disorder/COPD. You may be eligible to join one of our chronic-care SNPs if you can answer YES to any of the questions below. We will verify the presence of the chronic condition with your health care provider within 30 days of enrollment. We are required to disenroll you from the special needs plan if we are unable to verify your chronic condition. It is very important, therefore, that you let your doctor know that we will require their verification of the information below and that you provide us with accurate contact information for your doctor or other health care provider on this form.

## Do You Have a Chronic Condition?

Has your doctor or other licensed health-care professional diagnosed you with any of the following medical conditions? *(Check all that apply)*

**Cardiovascular Disease (CVD):**  Yes  No  
**Chronic Lung Disorder:**  Yes  No

**Chronic Heart Failure (CHF):**  Yes  No  
**Diabetes Mellitus:**  Yes  No

### Cardiovascular Disease (CVD) Plans 019, 021, 026, 029, 033

1. Have you had a heart attack or have you received a stent in your heart?  Yes  No
2. Do you have a pacemaker or do you take any medications for abnormal heart rhythm?  Yes  No
3. Has your doctor told you that you have reduced blood flow to your legs?  Yes  No
4. Have you ever had a procedure to improve blood supply to your legs or feet?  Yes  No
5. Have you suffered any complications due to lack of blood supply to your legs (such as infection or amputation)?  Yes  No
6. Do you suffer from blood clots or are you taking any long-term medications for blood clots?  Yes  No

### Chronic Heart Failure (CHF) Plans 022, 024, 026, 029, 033

1. Has your doctor told you that your heart is not pumping as well as it should?  Yes  No
2. Do you have swelling in your feet and legs almost every day because of too much fluid in your body?  Yes  No
3. Do you take a water pill due to a heart related condition (such as heart failure)?  Yes  No

### Chronic Lung Disorder Plans 023, 025, 027, 030, 034

1. Do you suffer from breathing problems due to lung disease (emphysema, chronic bronchitis, asthma, or fibrosis of lungs)?  Yes  No
2. Has your doctor told you that you have permanent lung damage due to smoking or inhalation of toxins?  Yes  No
3. Has your doctor prescribed you any medications (such as a breathing pump, steroids) or extra oxygen to help you breathe better?  Yes  No

### Diabetes Mellitus Plans 019, 021, 026, 029, 033

1. Do you regularly check your blood sugar at home?  Yes  No
2. Have you been diagnosed with high blood sugar (diabetes)?  Yes  No
3. Do you take any medications to control your blood sugar?  Yes  No

## Health Care Provider Contact Information

PROVIDER LAST NAME:

PROVIDER FIRST NAME:

PHONE NUMBER:

FAX NUMBER:

## Beneficiary Information

LAST NAME:

FIRST NAME:

MI:

SIGNATURE:

TODAY'S DATE: (MM/DD/YYYY)