



Chronic Special Needs Plan (CSNP) and Supplemental Benefits for the Chronically Ill (SSBCI) Pre-Qualification Form

Ultimate Health Plans offers Chronic Condition Special Needs Plans (CSNP) for people with certain chronic or disabling conditions. You may qualify if you answer "Yes" to any question below. We must verify your qualifying condition with your health care provider within 30 days of enrollment. If we cannot verify it, we must disenroll you from the CSNP.

To qualify for SSBCI benefits, you must also be at high risk for hospitalization or another serious health outcome and require intensive care coordination. Check all diagnosed conditions and provide accurate provider contact information so we can complete the required verification.

Once confirmed, SSBCI benefits will be added to your Ultimate Benefit Card within seven business days.

Do You Have a Chronic Condition?

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

Cardiovascular Disease (CVD): ☐ Yes ☐ No

Chronic Heart Failure (CHF): ☐ Yes ☐ No

Chronic Lung Disorder/COPD: ☐ Yes ☐ No

Diabetes Mellitus (DM): ☐ Yes ☐ No

Cardiovascular Disease (CVD)

Plans 021, 026, 029, 033, 050, 051, 052

1. Have you had or been told you're at risk of having a heart attack? ☐ Yes ☐ No
2. Have you received a stent in your heart? ☐ Yes ☐ No
3. Do you have a pacemaker, or do you take any medications for abnormal heart rhythm? ☐ Yes ☐ No
4. Has your doctor told you that you have reduced blood flow to your legs or feet? ☐ Yes ☐ No
5. Have you ever had a procedure to improve blood supply to your legs or feet? ☐ Yes ☐ No
6. Have you been diagnosed with abnormal heart sounds (murmur), leaky or very tight valves, or have you had surgery to replace valves? ☐ Yes ☐ No

Chronic Heart Failure (CHF)

Plans 021, 026, 029, 033, 050, 051, 052

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 due to 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
4. Do you take medication for the fluid in your lungs or to help your heart beat stronger? ☐ Yes ☐ No

Chronic Lung Disorder/COPD

Plans 023, 053

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 (DM)

Plans 021, 026, 029, 033, 050, 051, 052

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:

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PROVIDER FIRST NAME:

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PHONE NUMBER:

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FAX NUMBER:

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Beneficiary Information

LAST NAME:

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FIRST NAME:

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SIGNATURE:

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

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