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

CommuniCare Advantage Chronic Condition Special Needs Plan (CSNP) is a type of Medicare Advantage coordinated plan focused on individuals with special needs. It is a plan designed for people with certain chronic or disabling conditions.

You may be eligible to join our CSNP if you can answer YES to any of the questions below. CommuniCare Advantage will need to obtain verification of the chronic condition from your provider's office 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 provider's office know that we will require their verification and that you provide us with accurate contact information for your provider's office at the bottom of this form.

CHF/CVD/Diabetes

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

Congestive Heart Failure (CHF) ☐ Yes ☐ No **Cardiovascular Disease (CVD)** ☐ Yes ☐ No **Diabetes** ☐ Yes ☐ No

CHF:	
Do you have fluid in your lungs?	☐ Yes ☐ No
Do you have swelling in your feet and legs almost every day because of too much fluid in your body?	☐ Yes ☐ No
Do you take medication for the fluid in your lungs or to help your heart beat stronger?	☐ Yes ☐ No
CVD:	
Have you had a heart attack or been told by your doctor you are at risk to have one?	☐ Yes ☐ No
Do you have heart pain (angina) or leg pain (Claudication) brought on when you are active?	☐ Yes ☐ No
Do you take medication for your heart or circulation?	☐ Yes ☐ No
Diabetes:	
Do you check your blood sugar at home?	☐ Yes ☐ No
Do you have high blood sugar?	☐ Yes ☐ No
Do you take medicine to control your blood sugar?	☐ Yes ☐ No

Doctor/Healthcare Provider Contact Information:

Name of your Doctor or Health Care Provider:

LAST Name:_____ FIRST Name:_____

Telephone #:_____ Fax #_____

Beneficiary Information:

Beneficiary's Signature:_____ Date:_____

LAST Name:_____ FIRST Name:_____