

Health Net (HMO SNP) Pre-enrollment Qualification Assessment Tool



Health Net is a Medicare Advantage Special Needs Plan (SNP) designed for people with chronic conditions such as diabetes, chronic heart failure and certain cardiovascular disorders.

Enrollee information

Last name: First name: MI:

Medicare ID number (HICN): Phone number: - -

Birth date:

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Please complete and submit this form with your enrollment application. If you can answer “Yes” or “Not sure” to any of the following questions, you may be eligible to join our chronic care SNP. When this form is completed and submitted along with an enrollment application, you will be enrolled into Health Net. We will attempt to verify your chronic condition(s) with your provider during the first month of enrollment. If we are unable to verify your chronic condition(s), we are required to disenroll you from the Special Needs Plan.

Chronic condition questions

- Have you been diagnosed with diabetes? Yes No Not sure
- Have you had problems with high blood sugar? Yes No Not sure
- Do you take medication and/or have you been put on a special diet to control your blood sugar? Yes No Not sure
- Have you been diagnosed with chronic (or congestive) heart failure (CHF)? Yes No Not sure
- Have you had problems with fluid retention in your lungs or swelling in your legs due to a heart problem? Yes No Not sure
- Do you take medication to prevent fluid retention? Yes No Not sure
- Have you been diagnosed with any of the following cardiovascular disorders? Yes No Not sure
 - Cardiac arrhythmia
 - Chronic venous thromboembolic disorder
 - Coronary artery disease
 - Peripheral vascular disease
- Have you had problems with rapid, erratic heartbeats? Yes No Not sure
- Have you had problems with chest pain or tightness, shortness of breath, heart attack, or stroke? Yes No Not sure
- Has a physician ever told you that you have a blood clot? Yes No Not sure

(continued)

Health care provider(s) who can verify your chronic condition(s)

PROVIDER #1

Provider name:

Provider address:

Provider phone:

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Provider fax:

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PROVIDER #2

Provider name:

Provider address:

Provider phone:

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Provider fax:

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Authorization for Disclosure of Health Information to Verify Chronic Condition(s):

I hereby authorize the disclosure of my health information by the providers listed above to Health Net in order to verify that I have been diagnosed with a chronic condition which qualifies me for enrollment in Health Net Special Needs Plan. This authorization applies to all health information maintained by the provider concerning my medical history for the chronic condition(s) indicated above.

Note: Information disclosed as a result of this authorization will be protected by Health Net in accordance with applicable state and federal laws and requirements.

Signature

Enrollee signature:

Date:

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Broker/Agent name (if applicable):

Broker/Agent signature (if applicable):

Date:

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For more information or for assistance with this form, please call Member Services at the following toll-free number:

California: 1-800-431-9007 (TTY: 711)

Hours of operation: From October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week, excluding certain holidays. However, after February 14, your call will be handled by our automated phone system on weekends and certain holidays.

Health Net has a contract with Medicare to offer HMO SNP plans. Enrollment in a Health Net Medicare Advantage plan depends on the renewal of this contract.

