

Pre-Enrollment Qualification Assessment Tool

Submit this form with the enrollment application for:

BlueAdvantage Total Heart and Diabetes (PPO C-SNP)SM

BlueAdvantage Total Heart and Diabetes Plus (PPO C-SNP)SM

Applicant to Complete

First Name:	Middle Initial: (Optional)	Last Name:
Medicare Beneficiary Number:	Date of Birth:	Phone:
Address:		
City:	State:	ZIP Code:

Clinical Qualifying Question

You may be eligible to join BlueAdvantage Total or BlueAdvantage Total Plus if you have been diagnosed with diabetes, cardiovascular disorders and/or chronic heart failure. Before the end of the first month of enrollment, we'll attempt to confirm with the provider(s) listed below that you have one of the conditions necessary for enrollment. If we can't verify the chronic condition(s) with your provider(s), you will no longer be eligible for this plan. We'll have to disenroll you.

Your Medical Conditions

Diabetes

Have you ever been told by a doctor or clinic that you have diabetes (too much sugar in the blood or urine) or have you been prescribed insulin or an oral medication that is supposed to lower the sugar in your blood?

☐ Yes ☐ No

Chronic Heart Failure

Have you ever been told by a doctor or clinic that you have any of these conditions?

- › Heart failure or congestive heart failure (weak heart or weak heart pump)
- › Problems with fluid in your lungs, swelling in your legs and shortness of breath, due to a heart problem
- › During the past 12 months, have you been counseled or educated about weighing yourself daily due to a heart problem?

☐ Yes ☐ No

Cardiovascular Disorders

Have you ever been told by a doctor or clinic that you have any of these conditions?

- › A cardiovascular disorder such as cardiac arrhythmia, coronary artery disease, peripheral vascular disease, or chronic venous thromboembolic disorder
- › An irregular or abnormal heartbeat, poor circulation in your legs, clogged arteries or a heart attack
- › Multiple episodes of chest pain, pain in your legs or blood clots requiring medical attention
- › Have you been prescribed medications to thin your blood, including Warfarin or Clopidogrel?
- › Do you have a pacemaker or internal defibrillator?
- › Have you had an angioplasty, stents or bypass on your heart or legs?

☐ Yes ☐ No

Applicant's Authorization to Disclose Health Information to Verify Chronic Condition(s)

I authorize the provider(s) listed below to share my health information with BlueAdvantage or BlueAdvantage Total Plus to verify that I have a chronic condition that makes me eligible for enrollment in this plan. This authorization applies to health information maintained by the provider(s) about my medical history for the chronic condition(s) identified above. Information shared by this provider will be protected by BlueAdvantage by applicable state and federal laws and requirements.

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

Provider Name:	Provider Phone:	Provider Fax: (Optional)
Provider Address:		

Use if needed

Provider Name:	Provider Phone:	Provider Fax: (Optional)
Provider Address:		

Printed Applicant Name	Applicant Initials	Initial Date
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1 Cameron Hill Circle | Chattanooga, TN 37402

If you should have any questions about this form, please contact Sales Support at **1-800-292-5146, TTY 711**. From **Oct. 1 to March 31**, you can call us from 8:00 a.m. to 9:00 p.m. ET seven days a week. From **April 1 to Sept. 30**, we're available from 8:00 a.m. to 9:00 p.m. ET Monday through Friday. If you call us outside these hours or on a holiday, our automated system will answer your call. You can leave a message for us, and we will call you back the next business day.

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ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-888-851-2583، TTY 711.

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