Wellcare by Health Net (HMO C-SNP)

Pre-enrollment Qualification Assessment Tool

Wellcare by Health Net is a Medicare Advantage Chronic Condition Special Needs Plan (C-SNP) designed for people with chronic conditions such as diabetes, chronic heart failure and/or certain cardiovascular disorders.

Enrollee information

Last name: First name: MI:

Medicare number: Phone number: – –

Birth date:

M M D D Y Y Y Y

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 C-SNP. When this form is completed and submitted along with an enrollment application, you will be enrolled into Wellcare. 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: – –

Provider fax: – –

PROVIDER #2

Provider name:

Provider address:

Provider phone: – –

Provider fax: – –

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 Wellcare in order to verify that I have been diagnosed with a chronic condition which qualifies me for enrollment in a Wellcare 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 Wellcare in accordance with applicable state and federal laws and requirements.

Signature

Enrollee signature:

Date: M M D D Y Y Y Y

Broker/Agent name (if applicable):

Broker/Agent signature (if applicable):

Date: M M D D Y Y Y Y

For more information or for assistance with this form, please call Member Services at **1-800-275-4737** (TTY: **711**).

Hours of operation: Between October 1 and March 31, representatives are available 7 days a week, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. However, please note during weekends and holidays from April 1 to September 30 our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day.

This plan is available to anyone with Medicare who has been diagnosed with cardiovascular disorder, chronic heart failure and/or diabetes.

ATTENTION: If you need help in your language, call 1-844-428-2224 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-844-428-2224 (TTY: 711). These services are free.

انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على 1-844-428-2224 (TTY: 711).
تتوفر أيضًا مساعدات وخدمات للأشخاص ذوي الإعاقات مثل المستندات بطريقة برايل وبطباعة كبيرة. اتصل على 1-844-428-2224 (TTY: 711). هذه الخدمات مجانية.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ցանկանում եք օգնություն ստանալ ձեր լեզվով, զանգահարեք 1-844-428-2224 (TTY՝ 711): Հասանելի են նաև հաշմանդամություն ունեցող անձանց համար նախատեսված օժանդակ միջոցներ և ծառայություններ, օրինակ՝ բրայլյան գրատեսակով և խոշոր տառաչափով փաստաթղթեր: Զանգահարեք 1-844-428-2224 (TTY՝ 711): Այս ծառայություններն անվճար են:

注意：如果您需要以您的语言提供的帮助，请致电 1-844-428-2224（TTY：711）。此外，还为残疾人提供辅助和相关服务，如盲文文件和大字体文件。请致电 1-844-428-2224（TTY：711）。这些服务均免费提供。

注意：如果您需要以您母語提供的協助，請致電 1-844-428-2224 (TTY：711)。我們也為殘疾人士提供輔助和服務，例如點字和大字體印刷的文件。請致電 1-844-428-2224 (TTY：711)。這些服務均為免費。

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 1-844-428-2224 (TTY: 711) **'ਤੇ ਕਾਲ ਕਰੋ। ਬਰੇਲ ਲਿਪੀ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ਾਂ ਵਰਗੀਆਂ ਅਸਮਰੱਥਾ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ।** 1-844-428-2224 (TTY: 711) **'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਮੁਫ਼ਤ ਸੇਵਾਵਾਂ ਹਨ।**

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है, तो 1-844-428-2224 (TTY: 711) पर कॉल करें. विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज जैसी सहायताएं और सेवाएं भी उपलब्ध हैं. 1-844-428-2224 (TTY: 711) पर कॉल करें. ये सेवाएं निःशुल्क हैं.

THOV MUAB SIAB RAU: Yog tias koj xav tau kev pab ua koj hom lus, ces hu rau 1-844-428-2224 (TTY: 711). Tsis tas i ntawd, peb tseem muaj cov neeg pab thiab cov kev pab cuam rau cov neeg uas muaj cov kev xiam oob qhab, xws li cov ntaub ntawv ua ntawv su rau neeg dig muag thiab ntawv luam loj. Hu rau 1-844-428-2224 (TTY: 711). Cov kev pab cuam no pab dawb xwb.

注意：言語のヘルプが必要な場合は 1-844-428-2224（TTY：711）**までお電話ください。障害をお持ちの方には、点字や大判プリントなどの補助機能やサービスもご利用になれます。** 1-844-428-2224（TTY：711）**にお電話ください。これらのサービスは無料です。**

주의: 귀하의 구사 언어로 도움을 받으셔야 한다면 1-844-428-2224(TTY: 711)번으로 연락해 주십시오. 점자 및 큰 활자 인쇄 형식으로 된 문서 등 장애인을 위한 도움 및 서비스도 제공됩니다. 1-844-428-2224(TTY: 711)번으로 연락해 주십시오. 이러한 서비스는 무료입니다.

ຂໍ້ຄວນເອົາໃຈໃສ່: ຫາກທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາ 1-844-428-2224 (TTY: 711). ນອກຈາກນີ້ ຍັງມີຄວາມຊ່ວຍເຫຼືອສຳລັບຜູ້ພິການ ເຊັ່ນ: ເອກະສານເປັນອັກສອນນູນ ແລະ ຕົວພິມໃຫຍ່ອີກດ້ວຍ. ໃຫ້ໂທຫາ 1-844-428-2224 (TTY: 711). ບໍລິການເຫຼົ່ານີ້ຟຣີ.

LIOUH EIX: Oix se nongc zuqc meih nyei wac jouh mienh bong zouc, cingv mboqv 1-844-428-2224 (TTY: 711). Hac haih weic waic fangx mienh zoux sic taengx qaqv, hnangv mangh wenh souh nzangc caux domh nzangc yenx benx nyei souh nzangc. Mboqv 1-844-428-2224 (TTY: 711). Naiv deix bong taengx meih se mv siou zinh.

ចំណាំ៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ 1-844-428-2224 (TTY: 711) **ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្មាបសម្រាប់ជនពិការភ្នែក និងពុម្ពអក្សរធំ ក៏មានផងដែរ។ សូមទូរសព្ទទៅលេខ** 1-844-428-2224 (TTY: 711)**។ សេវាទាំងនេះមិនគិតថ្លៃនោះទេ។**

توجه: اگر به زبان خودتان نیاز به کمک دارید با شماره 1-844-428-2224 (TTY: 711) تماس بگیرید. پشتیبانی و خدمات برای افراد دارای معلولیت، مانند اسناد با خط بریل و چاپ درشت، نیز موجود است. با شماره 1-844-428-2224 (TTY: 711) تماس بگیرید. این خدمات رایگان است.

ВНИМАНИЕ: если вам требуется помощь на родном языке, позвоните по номеру 1-844-428-2224 (TTY: 711). Также доступны сопутствующая помощь и услуги для людей с ограниченными возможностями, такие как материалы, напечатанные крупным шрифтом и шрифтом Брайля. Позвоните по номеру 1-844-428-2224 (TTY: 711). Эти услуги предоставляются бесплатно.

ATENCIÓN: Si necesita ayuda en su idioma llame al 1-844-428-2224 (TTY: 711). También están disponibles ayudas y servicios para personas con discapacidades, como documentos en Braille y letra grande. Llame al 1-844-428-2224 (TTY: 711). Estos servicios son gratuitos.

ATENSYON: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa 1-844-428-2224 (TTY: 711). Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, gaya ng mga dokumento sa braille at malaking print. Tumawag sa 1-844-428-2224 (TTY: 711). Libre ang mga serbisyong ito.

โปรดทราบ: **หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ โปรดโทร** 1-844-428-2224 (TTY: 711) **นอกจากนี ยังมีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารทีเป็นอักษรเบรลล์และเอกสารทีใช้ตัวอักษรขนาดใหญ่ โปรดโทร** 1-844-428-2224 (TTY: 711) **บริการเหล่านีไม่มีค่าใช้จ่าย**

УВАГА! Якщо ви потребуєте підтримки своєю мовою, телефонуйте за номером 1-844-428-2224 (TTY: 711). Також доступні засоби та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля та великим шрифтом. Телефонуйте за номером 1-844-428-2224 (TTY: 711). Ці послуги безкоштовні.

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi số 1-844-428-2224 (TTY: 711). Các hỗ trợ và dịch vụ dành cho người khuyết tật, chẳng hạn như tài liệu bằng chữ nổi và bản in cỡ chữ lớn cũng được cung cấp. Gọi số 1-844-428-2224 (TTY: 711). Các dịch vụ này miễn phí.