

Allina Health | Aetna Medicare Prequalification Assessment Tool

IMPORTANT: You are enrolling in an Allina Health | Aetna Medicare Chronic Condition Special Needs Plan (C-SNP). Our C-SNPs are for people who have diabetes, chronic heart failure and certain cardiovascular disorders. Before we can enroll you in a C-SNP, we are required by the Centers for Medicare & Medicaid Services (CMS) to confirm with your provider that you have one of these conditions. **This is a two-step process.**

Step 1: Please fill out this form. Return it with your completed enrollment application. If you check the box for at least one condition, you may qualify for an Allina Health | Aetna Medicare C-SNP.

Step 2: We will confirm your condition within 30 days of your enrollment with your provider.

Note: Without provider verification of chronic condition(s) within 60 days of enrollment, you will be involuntarily disenrolled from the plan.

Read the following statements carefully and check the box that applies to you.

By checking a box, you certify that you have one of the chronic conditions required to join this type of plan. If we later determine that this information is incorrect, you may be disenrolled.

Applicant's chronic condition diagnosis (Check at least one box below.)

Has a provider ever diagnosed you with one or more of the following conditions?

☐ Diabetes Mellitus: (high blood sugar)	☐ Chronic Heart Failure (CHF): (heart is unable to pump blood as it should)	Cardiovascular disorder: ☐ Cardiac Arrhythmias (irregular heartbeats) ☐ Coronary Artery Disease (blocked blood vessels in the heart) ☐ Peripheral Vascular Disease (poor circulation in the arms and legs) ☐ Valvular Heart Disease (damage of flaps in the heart that control blood flow)
☐ I do not have any of these conditions.		

Use and disclosure authorization

Completion of this form authorizes the disclosure of individually identifiable health information in accordance with federal laws concerning the privacy of such information.

By providing your signature below, you certify that you have been diagnosed with one or more of the chronic conditions necessary for enrollment in an Allina Health | Aetna Medicare Chronic Condition Special Needs Plan.

Applicant/Authorized representative — please complete all fields as applicable.

Applicant name (required):	Date of birth (required):
Medicare number (required):	Phone number (required):
Signature (required):	Today's date:

If you are an authorized representative helping someone to fill out this form, you must sign above and provide the information below.

Name:	Relationship to applicant:
Address:	Phone number:

Provider #1 who can verify your chronic condition — (required)

Physician/Nurse Practitioner/Physician Assistant name:

Office phone number:	Office fax number:
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National Provider Identifier (NPI) (located in the provider directory):

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Address line 1:

Address line 2:

City:

State:

ZIP code:

Office email address):

Provider #2 who can verify your chronic condition — (optional)

Physician/Nurse Practitioner/Physician Assistant name:

Office phone number:	Office fax number:
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National Provider Identifier (NPI) (located in the provider directory):

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Address line 1:

Address line 2:

City:

State:

ZIP code:

Office email address :

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

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