

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've 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. If you are disenrolled, you'll be given the opportunity to enroll in a different plan.

Your Medical Conditions

Diabetes

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

☐ Yes ☐ No

Chronic Heart Failure

Has a doctor or clinic ever told you:

- › You have heart failure or congestive heart failure (weak heart or weak heart pump)?
- › You have fluid in your lungs, swelling in your legs and shortness of breath, due to a heart problem?
- › You should weigh yourself daily due to a heart problem?

☐ Yes ☐ No

Cardiovascular Disorders

Has a doctor or clinic ever told you that you have or had:

- › 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?
- › A prescription for medications to thin your blood, including Warfarin or Clopidogrel?
- › A pacemaker or internal defibrillator?
- › 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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Member Service: 8 a.m. to 9 p.m. ET, 7 days a week
(Oct. 1–March 31); 8 a.m. to 9 p.m. ET, M–F (April 1–Sept. 30).

BlueCross BlueShield of Tennessee, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex¹.

¹ Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2)



ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 800-831-2583 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 800-831-2583 (TTY: 711) o hable con su proveedor.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 800-831-2583 (الهاتف النصي: 711) أو تحدث إلى مقدم الخدمة.