

ATRIO Health Plans
ATRIO Support Rx (PPO C-SNP)
Pre-enrollment Qualification Assessment Tool



ATRIO Health Plans Medicare Advantage (PPO C-SNP) is designed for people with chronic conditions such as diabetes, chronic heart failure and certain cardiovascular disorders.

Enrollee Information (print in boxes below)

Last Name: First Name: MI:

Medicare ID Number (HICN): Phone Number:

Birthdate:
MM DD YYYY

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 Special Needs Plan. When this form is completed and submitted along with an enrollment application, you will be enrolled into ATRIO Health Plans. 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 Chronic Special Needs Plan. If you do not qualify for this plan, ATRIO Health Plans has other plan options in this county.

Chronic Condition Questions (mark an “x” in the box that applies)

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

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 ATRIO Health Plans in order to verify that I have been diagnosed with a chronic condition which qualifies me for enrollment in ATRIO Health Plans Chronic Special Needs Plan. This authorization applies to all health information maintained by the provider concerning my medical history for the chronic condition(s) indicated on the first page.

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

Signature

Enrollee Signature:

Date

MM

DD

YYYY

Print Broker/ Agent Name (if applicable):

Broker/ Agent Signature (if applicable):

MM

DD

YYYY

For more information or for help filling out this form, please call Member Services at 1-877-672-8620 (TTY 711) daily, from 8 am – 8 pm.

ATRIO Health Plans is a PPO, HMO, PPO C-SNP and HMO D-SNP with Medicare and Oregon Health Plan contracts. Enrollment in ATRIO Health Plans depends on contract renewal. ATRIO Health Plans has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Chronic Special Needs Plan (C-SNP) through **12/31/2025** based on a review of ATRIO Health Plans SNP Model of Care.