

Verification of Chronic Condition (VCC)

The member listed below has elected to enroll in a Humana Medicare Chronic Condition Special Needs Plan (C-SNP). To qualify for this Special Needs Plan, member diagnosis of the qualifying condition(s) must be verified by a physician or physician's office.

Please review the information below, and send the completed verification to Humana right away. Members whose condition(s) cannot be verified are disenrolled from the plan.

Member's Name: _____ Date of Birth: _____

Address: _____

Humana ID: _____ Medicare ID: _____

Proposed Effective Date: _____

My signature below authorizes information about my chronic condition to be shared with Humana. Note: While Humana does not require your signature, your physician may require this in order to release your personal information to us.

Member Signature

Date

To Be Completed by the Physician/Physician's Office

Please check all the boxes that apply. By signing this form, you confirm the patient has been diagnosed with one or more of the following severe or disabling chronic conditions.

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Chronic Lung Disease:
Asthma, Emphysema,
Chronic Bronchitis,
Pulmonary Fibrosis,
Pulmonary Hypertension | <input type="checkbox"/> Cardiovascular Disease:
Cardiac Arrhythmias,
Coronary Artery Disease,
Peripheral Vascular
Disease, Chronic Venous
Thromboembolic
Disorder |
| <input type="checkbox"/> Diabetes | | |
| <input type="checkbox"/> Chronic Heart Failure | | |

Confirmation provided by:

Physician/Office Staff Signature

Date

Printed Name or Stamp

Phone

There are four convenient ways for physicians and office staff to send the Verification of Chronic Condition to Humana:

- Via the **Availity** provider portal, or
- Fax this completed form to **1-877-889-9936**, or
- Scan this completed form and email to **VCC@humana.com**, or
- Call us at **1-877-271-5776** to provide a verbal verification
(Monday – Friday, 8:00 a.m. to 6:00 p.m., Eastern time)