Medicare Advantage

Attestation *Verification* Form

Health Net Jade (HMO SNP)

Provider name: ____

One of your patients has elected to enroll in a Health Net Medicare Advantage Chronic Special Needs Plan (C-SNP). In order to qualify, they need to have been diagnosed with one of the below conditions.

Patient name: ____

Date of birth: (MM/ DD/ YYYY) HICN/Health Net ID #: __ __ __ __ __ __ __ __ __ __ __ __

Please check ALL that apply. (We are not requesting medical records.)

For California and Oregon residents	*For Arizona residents*
☐ Diabetes Mellitus	☐ Diabetes Mellitus
☐ Chronic Heart Failure (CHF)	☐ Chronic Heart Failure (CHF)
Cardiovascular Disorders ☐ Cardiac Arrhythmia ☐ Coronary Artery Disease ☐ Peripheral Vascular Disease ☐ Chronic Venous Thromboembolic Disorder	
☐ Patient does not have any of the above illnesses documented in his/her patient chart.	

You or your office staff may complete this verification by:

1. Faxing this Attestation Form to Health Net's confidential number for Arizona at 1-866-660-0462, California at 1-866-660-0465 or Oregon at 1-800-544-0224.
2. Contacting Health Net's Member Services Department by telephone to give verbal confirmation at 1-800-289-2818 (TTY/TDD users call 1-800-977-6757), Monday through Friday, 7:00 a.m. to 5:00 p.m., except holidays.

(continued)

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CMS requires that all health plans offering a Chronic Special Needs Plan (C-SNP) verify that all applicants enrolling in this type of plan meet the qualifying chronic condition(s). This is not a process specific to Health Net. In order to assist Health Net in complying with Medicare guidelines, please respond to this verification request as indicated on the cover sheet. If the provider or office staff does not confirm the member's chronic condition(s), the member will be involuntarily disenrolled from the plan per CMS guidelines.

I hereby attest that the above information for ______________________________
(Patient name)
is correct and noted in the patient's medical record.

Signature: ______________________ Print name: ______________________

Date: (MM/ DD/ YYYY) Title: ______________________

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