

THIS FORM MUST BE COMPLETED AND SIGNED BY THE TREATING PROVIDER.

MEMBER: Please give this form to the provider treating your chronic health condition.

If you have one or more of the chronic health conditions listed below, and your treating provider is able to sign the attestation below, you may be able to use your flex card to buy healthy foods.¹ **Your provider must fill out this form to show which of the conditions you have, if any.** You or your provider should send the signed form to us in the envelope that came with this form.

TO BE COMPLETED BY MEMBER

FIRST Name	MIDDLE Initial (optional)	LAST Name
Medicare ID Number (MBI) or VIVA MEDICARE ID Number	Phone Number	Birthdate

TO BE COMPLETED BY PROVIDER | To determine whether the member qualifies for the Healthy Food Benefit:

Step 1: Review eligibility requirements.

Step 2: Select at least one qualifying chronic condition.

Step 3: Complete your provider information and sign the form.

STEP 1: REVIEW ELIGIBILITY REQUIREMENTS

Patient is at high risk for hospitalization or other negative health outcomes

Patient requires intensive care coordination

Patient is likely to improve or maintain their health or functioning through access to healthy foods or prepared meals

STEP 2: SELECT AT LEAST ONE QUALIFYING CHRONIC CONDITION, IF APPLICABLE, OR INDICATE IF NO CHRONIC CONDITIONS ARE PRESENT

☐ Autoimmune disorders

- ☐ Addison's Disease
- ☐ Autoimmune Vasculitis
- ☐ Celiac Disease
- ☐ Dermatomyositis
- ☐ Inflammatory Bowel Disease
- ☐ Lupus
- ☐ Myasthenia Gravis
- ☐ Polyarteritis Nodosa
- ☐ Polymyalgia Rheumatica
- ☐ Polymyositis
- ☐ Psoriasis/Psoriatic Arthritis
- ☐ Rheumatoid Arthritis
- ☐ Scleroderma
- ☐ Sjogren's Disease
- ☐ Systemic Lupus Erythematosus

☐ Cancer

☐ Cardiovascular disorders

- ☐ Abnormal Heart Rhythms, or Arrhythmias
- ☐ Aorta Disease and Marfan Syndrome
- ☐ Cardiac Arrhythmias
- ☐ Cardiomyopathy
- ☐ Congenital Heart Disease
- ☐ Coronary Artery Disease
- ☐ Deep Vein Thrombosis and Pulmonary Embolism
- ☐ Essential (Primary) Hypertension
- ☐ Gestational Hypertension
- ☐ Heart Attack
- ☐ Heart Failure
- ☐ Heart Muscle Disease (Cardiomyopathy)
- ☐ Heart Valve Disease
- ☐ Hyperlipidemia
- ☐ Hypertension
- ☐ Hypertensive Heart Disease
- ☐ Pericardial Disease
- ☐ Peripheral Vascular Disease

- ☐ Portal Hypertension
- ☐ Pre-existing Hypertension in Pregnancy
- ☐ Primary Pulmonary Hypertension
- ☐ Rheumatic Heart Disease
- ☐ Secondary Hypertension
- ☐ Secondary Pulmonary Hypertension
- ☐ Severe Pre-eclampsia, Eclampsia, Unspecified Maternal Hypertension, HELLP Syndrome
- ☐ Stroke
- ☐ Valvular Heart Disease

☐ Chronic alcohol use disorder and other substance use disorders (SUDs)

- ☐ Alcohol Abuse and Dependence
- ☐ Cannabis Abuse and Dependence
- ☐ Cocaine Abuse and Dependence
- ☐ Hallucinogen Abuse and Dependence
- ☐ Inhalant Abuse and Dependence
- ☐ Nicotine Dependence
- ☐ Opioid Abuse and Dependence
- ☐ Other Psychoactive Substance Use Disorder and Dependence
- ☐ Other Stimulant Abuse and Dependence
- ☐ Sedative, Hypnotic or Anxiolytic Abuse and Dependence

☐ Chronic and Disabling Mental Health Conditions

- ☐ Anorexia - Eating Disorders
- ☐ Anxiety Disorders
- ☐ Bipolar Disorders
- ☐ Eating Disorders
- ☐ Major Depressive Disorders
- ☐ Paranoid Disorder
- ☐ Post-traumatic Stress Disorder (PTSD)
- ☐ Schizoaffective Disorder
- ☐ Schizophrenia
- ☐ Severe Mood Disorders

☐ Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell

☐ Chronic Gastrointestinal Disease (CGD)

- ☐ Chronic Liver Disease
- ☐ Chronic Liver Disease Including Transplant
- ☐ End-stage Liver Disease
- ☐ Fatty Liver, Chronic Hepatitis
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Inflammatory Bowel Disease
- ☐ Irritable Bowel Syndrome (IBS)
- ☐ Non-alcoholic Fatty Liver Disease (NAFLD)
- ☐ Pancreatitis

☐ Chronic heart failure

☐ Chronic kidney disease (CKD)

- ☐ CKD Not Requiring Dialysis
- ☐ CKD Requiring Dialysis/End-stage Renal Disease (ESRD)
- ☐ Cystic Kidney Disease
- ☐ Hypertensive Heart Disease and Chronic Kidney Disease
- ☐ Kidney Transplant
- ☐ Kidney Transplant Complications

☐ Chronic lung disorders

- ☐ Asbestosis
- ☐ Asthma, Chronic Bronchitis
- ☐ Bronchiectasis
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Cystic Fibrosis
- ☐ Emphysema
- ☐ Pulmonary Fibrosis
- ☐ Pulmonary Hypertension
- ☐ Restrictive Lung Disease
- ☐ Sarcoidosis
- ☐ Tuberculosis (TB)



VIVA MEDICARE Chronic Condition Verification Form

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| <ul style="list-style-type: none">☐ Chronic Malnutrition/Under Nutrition<ul style="list-style-type: none">☐ Protein Calorie Malnutrition☐ Chronic musculoskeletal disorders<ul style="list-style-type: none">☐ Gout☐ Juvenile Arthritis☐ Osteoarthritis☐ Osteomalacia☐ Osteopenia☐ Osteoporosis☐ Scoliosis☐ Conditions associated with cognitive impairment<ul style="list-style-type: none">☐ Alzheimer's Disease☐ Disabling Mental Illness associated with Cognitive Impairment☐ Intellectual and Developmental Disabilities☐ Mild Cognitive Impairment☐ Traumatic Brain Injuries☐ Conditions that require continued therapy services in order for individuals to maintain or retain functioning☐ Conditions with functional challenges<ul style="list-style-type: none">☐ Arthritis☐ Limb Loss☐ Paralysis☐ Spinal Cord Injuries☐ Stroke☐ Dementia<ul style="list-style-type: none">☐ Unspecified Dementia (Mild, Moderate, Severe) | <ul style="list-style-type: none">☐ Vascular Dementia, Dementia in other diseases classified elsewhere☐ Diabetes Mellitus<ul style="list-style-type: none">☐ Diabetes Mellitus due to underlying condition☐ Drug or Chemical Induced Diabetes Mellitus☐ Gestational Diabetes☐ Other specified Diabetes Mellitus☐ Prediabetes☐ Pre-existing Diabetes in pregnancy, childbirth, and the puerperium☐ Type 1 Diabetes Mellitus☐ Type 2 Diabetes Mellitus☐ HIV/AIDS☐ Immunodeficiency and Immunosuppressive Disorders☐ Neurologic Disorders<ul style="list-style-type: none">☐ Acute Spinal Cord Injury☐ Amyotrophic Lateral Sclerosis (ALS)☐ Ataxia☐ Brain Tumors☐ Cerebral Aneurysm☐ Chronic Fatigue Syndrome☐ Cluster Headaches☐ Epilepsy☐ Extensive Paralysis (that is, Hemiplegia, Quadriplegia, Paraplegia, Monoplegia)☐ Fibromyalgia☐ Guillain-Barré Syndrome☐ Head Injury | <ul style="list-style-type: none">☐ Huntington's Disease☐ Hydrocephalus☐ Lumbar Disk Disease (Herniated Disk)☐ Multiple Sclerosis☐ Muscular Dystrophy☐ Neurocutaneous Syndromes☐ Parkinson's Disease☐ Peripheral Neuropathy☐ Polyneuropathy☐ Seizures☐ Spinal Cord Injuries☐ Spinal Stenosis☐ Stroke (Brain Attack)☐ Stroke-related Neurologic Deficit☐ Overweight, obesity and metabolic syndrome☐ Post-organ Transplantation☐ Severe hematologic disorders<ul style="list-style-type: none">☐ Aplastic Anemia☐ Chronic Venous Thromboembolic Disorder☐ Hemolytic Anemia☐ Hemophilia☐ Immune Thrombocytopenic Purpura☐ Myelodysplastic Syndrome☐ Sickle-cell Disease (excluding Sickle-Cell Trait)☐ Thalassemia. Alpha Thalassemia, Beta Thalassemia (Cooley's Anemia)☐ Stroke☐ Member does NOT have any of the above chronic conditions |
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STEP 3: COMPLETE YOUR PROVIDER INFORMATION AND SIGN THE FORM

PROVIDER (Full name, NPI, address, and phone number required)

First and Last Name: _____ NPI: _____

Address: _____ City: _____ ZIP: _____ State: _____

Phone Number: _____ Provider Fax: _____

By signing below, I attest the patient meets the 3 eligibility requirements in Step 1 and has the condition(s) marked in Step 2.

Provider Signature: _____	Today's Date: _____ (M M / D D / Y Y Y Y)
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You may call VIVA MEDICARE to provide confirmation at the phone number on the back of this form, fax the completed form to 205-449-7049, or mail to ATTN: Medical Management, VIVA MEDICARE, Inc., 417 20th Street North, Suite 1100, Birmingham, AL 35203

***For more information or help with this form, members or providers
may call VIVA MEDICARE at the numbers shown below:***

Members call 1-800-633-1542 (toll-free) | TTY users: 711

We can take your call 8am - 8pm, Monday - Friday. October 1 - March 31, we are open 8am - 8pm, 7 days a week.

Providers call Provider Services at 205-558-7474 or 1-800-294-7780

Regular office hours are 8am - 5pm, Monday - Friday.

¹The healthy food benefit is available only to eligible chronically ill enrollees as a Special Supplemental Benefit for the Chronically Ill (SSBCI). Not all members qualify. Eligibility is based on CMS requirements and the plan's objective SSBCI eligibility criteria. Members may qualify if they have certain chronic health conditions and meet all applicable eligibility requirements. Examples of qualifying conditions include Diabetes, Cardiovascular Disorders, Chronic Musculoskeletal Disorders, Overweight/Obesity, or Chronic Kidney Disease. For a complete list of qualifying conditions and all eligibility requirements, please refer to Chapter 4 in the plan's Evidence of Coverage or contact VIVA MEDICARE for more information. H0154_mcdoc4591r1A_C_09/10/2026