

SSBCI Verification Form

Please complete this Special Supplemental Benefits for the Chronically Ill (SSBCI) verification form to confirm that a Dual Eligible Special Needs Plan (D-SNP) member has been diagnosed with at least one of the qualifying chronic conditions listed below.

To qualify as a chronically ill enrollee, the member must have one or more of the chronic conditions listed below and meet all of the following criteria established by CMS:

- 1. Has one or more medically complex, comorbid chronic conditions that are life-threatening or significantly impair the enrollee's overall health or daily functioning;**
- 2. Is at high risk for hospitalization or other adverse health outcomes; and**
- 3. Requires intensive care coordination.**

This verification is required to determine the members' eligibility for healthy food and utility assistance benefits. Peak Health requires a completed attestation form from the treating provider to authorize the administration of specific member benefits.

Instructions

- 1. Complete and sign the provider information section below.**
- 2. Please fill in all checkboxes completely or with an X. Do NOT checkmark.**



- 3. Submit the completed form by fax to 304-974-3064**



Member Information

Member name:

Medicare ID number (MBI/HICN):

Date of Birth:

Use and disclosure authorization**To be completed by the Primary Care Provider/Treating Physician/Specialist**

I, (Primary Care Provider/Specialist/Care Provider Representative), hereby certify that the member has the following health condition(s):

- | | | |
|--|--|--|
| ☐ Autoimmune disorders | ☐ Chronic hyperlipidemia | ☐ Dementia |
| ☐ Cancer | ☐ Chronic kidney disease | ☐ Diabetes mellitus |
| ☐ Cardiovascular disorders | ☐ Chronic lung disorders | ☐ Immunodeficiency or immunosuppressive disorders |
| ☐ Chronic alcohol use disorder or other substance use disorders | ☐ Conditions associated with cognitive impairment (e.g., Alzheimer's disease, intellectual disability and developmental disabilities, traumatic brain injuries, disabling mental illness associated with cognitive impairment or mild cognitive impairment) | ☐ Myasthenia gravis/ myoneural disorders, Guillain-Barre Syndrome, or inflammatory/toxic neuropathy |
| ☐ Chronic and disabling mental health conditions | ☐ Conditions that require continued therapy services in order for individuals to maintain or retain functioning. | ☐ Neurologic disorders |
| ☐ Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell. | ☐ Conditions with functional challenges (e.g., spinal cord injuries, paralysis, limb loss, stroke and arthritis) that may require similar services | ☐ Overweight, obesity or metabolic syndrome |
| ☐ Chronic gastrointestinal disease | | ☐ Post-organ transplantation care |
| ☐ Chronic heart failure | | ☐ Severe hematologic disorders |
| | | ☐ Stroke |

None - ☐ Patient not seen ☐ No chronic conditions

Provider Information

- ☐ Yes, the member's health situation puts the patient at high risk of adverse health outcomes/risk of hospitalization and requires care coordination.

OR

- ☐ No, this member does not have a qualifying chronic disease and/or does not have a high risk of adverse health outcomes/risk of hospitalization and does not qualify for Peak Health's SSBCI benefits.

Printed Name of Primary Care Provider/Treating Physician/Specialist:

Signature of Primary Care Provider/Treating Physician/Specialist:

Date:

Phone: