Special Supplemental Benefits for the Chronically Ill (SSBCI)

What Are SSBCI Benefits?

Special Supplemental Benefits for the Chronically Ill (SSBCI) are supplemental benefits available to eligible Peak Plus D-SNP members with qualifying chronic conditions and identified health-related needs.

What benefits may be available?

- Healthy Food & Nutritional Support
- Utility Assistance
- Internet Service Assistance
- Cell Phone Assistance
- Meal Support
- Home Safety Modifications
- Bathroom Safety Modifications.

Who May Qualify?

Members enrolled in Peak Plus D-SNP who have qualifying chronic conditions and meet applicable plan requirements.

What is the Provider Attestation Form?

The form allows providers to document qualifying chronic conditions and clinical factors supporting eligibility review.

Where can I obtain the form?

From the D-SNP Care Management Team, Medicare.Peakhealth.org, or the Provider Portal.

What factors may support eligibility?

- Frequent hospitalizations or ED visits
- Worsening chronic conditions
- Readmission risk
- Functional decline
- Cognitive concerns
- Complex treatment needs
- Multiple chronic conditions or specialists
- Transportation or social barriers
- Intensive care coordination needs.

What are the eligibility requirements?

1. The member must have a qualifying chronic condition, that you will check on the form.

2. The member must be at high risk for unplanned hospitalization/ adverse health outcomes.
   - History of frequent hospitalizations or ED visits in the last 12 months
   - Worsening or exacerbation of chronic conditions in the last 12 months
   - Recent significant change in health status
   - Increased risk for disease related complications
   - Complex medical treatment needs
   - Recent functional decline
   - Increased risk for readmission
   - Significant cognitive concerns affecting healthcare management
   - Recurrent exacerbations
   - Uncontrolled chronic conditions
   - Frequent provider utilization

3. The member must require intensive care management.
   - History of frequent outpatient services or specialty care
   - Evidence of poor disease control or medication adherence and/or, social or behavioral factors impacting health outcomes.
   - Multiple specialists/providers requiring coordination
   - Multiple chronic conditions requiring coordination
   - Worsening or exacerbation of chronic conditions in last 12 months
   - Multiple or recurrent hospitalizations in the last 12 months
   - Multiple or recent ED visits in the last 12 months
   - Complex medication management
   - Frequent monitoring or follow-up
   - Complex Care transitions
   - Difficulty navigating the healthcare system
   - Transportation/access barriers affecting care
   - Significant social or functional barriers
   - Repeated missed appointments
   - Need for coordination among medical, behavioral, pharmacy, and community services
   - HRA findings indicating substantial care-coordination needs

How do I submit the form?

Complete all applicable sections and fax using the number listed on the form

Does submission guarantee approval?

No. All requests are subject to applicable plan requirements, clinical criteria review, plan guidelines, and verification by Peak Health.

Questions?

Contact Peak Health D-SNP Care Management Team

M-F, 8am-5pm

1-800-440-5417