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.

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

Have Questions? 1-800-440-5417
Email Us PeakDSNPCareManagement@peakhealth.org
Fax 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
- ☐ Cancer
- ☐ Cardiovascular disorders
- ☐ Chronic alcohol use disorder or other substance use disorders
- ☐ Chronic and disabling mental health conditions
- ☐ Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell.
- ☐ Chronic gastrointestinal disease
- ☐ Chronic heart failure
- ☐ Chronic hyperlipidemia
- ☐ Chronic kidney disease
- ☐ Chronic lung 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)
- ☐ Conditions that require continued therapy services in order for individuals to maintain or retain functioning.
- ☐ Conditions with functional challenges (e.g., spinal cord injuries, paralysis, limb loss, stroke and arthritis) that may require similar services
- ☐ Dementia
- ☐ Diabetes mellitus
- ☐ Immunodeficiency or immunosuppressive disorders
- ☐ Myasthenia gravis/ myoneural disorders, Guillain-Barre Syndrome, or inflammatory/toxic neuropathy
- ☐ Neurologic disorders
- ☐ Overweight, obesity or metabolic syndrome
- ☐ Post-organ transplantation care
- ☐ 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 intensive 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/intensive coordination 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:

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