

## Chronic Condition Verification Form Special Supplemental Benefits for the Chronically Ill (SSBCI)

If you have a chronic health condition, and think that you qualify for Special Supplemental Benefits for the Chronically III (SSBCI) based on the requirements found on the next page of this form, please follow the instructions below:

- 1. Fill out the **Member Information** section.
- 2. Take this form to your healthcare provider to fill out the **Provider Information** section.
- 3. Submit the completed form by faxing it to **800-833-8554**, uploading it to your secure online account at **www.wellpoint.com**, or mailing it to P.O. Box 659403, San Antonio, TX 78265-9714.

| Member Information  |                     |       |
|---|---------------------|-------|
| Member first name:  | Member last name:   |       |
| Date of birth:  |                     |       |
| Medicare beneficiary ID:  |                     |       |
| Member ID:  |                     |       |
| Provider Information  |                     |       |
| By signing below, I certify that the above referenced patient meets the defined criteria to receive Special Supplemental Benefits for the Chronically Ill as outlined on the following page of this form. |                     |       |
| Provider first name:  | Provider last name: |       |
| Street address:   | City:               |       |
| State:  | ZIP:                |       |
| Phone number:   |                     |       |
| Fax number:   |                     |       |
| NPI:  |                     |       |
| I certify that the patient meets the defined criteria.  |                     |       |
| Signature:  |                     | Date: |



## Supplemental Benefits for the Chronically Ill Qualifying Conditions

Per CMS guidelines, members must have one of the eligible chronic conditions listed and have a condition that:

- Is life-threatening or significantly limits overall health or function,
- Has a high risk of hospitalization or other adverse health outcomes,
- And requires intensive care coordination.

Meeting these conditions must be demonstrated by one or more of the following:

- One or more inpatient admissions (inclusive of behavioral health) related to the chronic condition in the last 12 months, OR
- One or more urgent care or emergency room visits related to the chronic condition in the last 12 months, OR
- Two or more outpatient visits related to the chronic condition (including primary care or specialty care visits) in the last 12 months, OR
- Is a patient who requires home health visits related to the chronic condition, OR
- Is a patient who has an impairment in daily living activities related to the chronic condition (bathing, dressing, toileting, transferring, and eating) or cognitive impairments, OR
- Is a patient with a chronic condition and a need for one or more durable medical equipment (DME) in the outpatient setting (including but not limited to): group 3 power / manual wheelchair, non-invasive ventilation (NIV), wound vacuums, bipap machines, mechanical in-exsufflation devices, group 2 or group 3 mattresses.

## Eligible conditions include:

- Chronic alcohol use disorder and other substance use disorders
- Autoimmune disorders:
  - Polyarteritis nodosa
  - Polymyalgia rheumatica
  - Polymyositis
  - Dermatomyositis
  - Rheumatoid arthritis
  - Systemic lupus erythematosus
  - Psoriatic arthritis
  - Scleroderma

- Cancer
- Cardiovascular disorders:
  - Cardiac arrhythmias
  - Coronary artery disease
  - Peripheral vascular disease
  - Valvular heart disease
- Chronic heart failure
- Dementia
- Diabetes mellitus:
  - Pre-diabetes (Fasting blood glucose: 100-125 mg/dl or Hgb A1C:5.7-6.4%)

- Overweight, obesity, and metabolic syndrome
- Chronic gastrointestinal disease:
  - Chronic liver disease
  - Non-alcoholic fatty liver disease (NAFLD)
  - Hepatitis B
  - Hepatitis C
  - Pancreatitis
  - Irritable bowel syndrome
  - Inflammatory bowel disease

- Chronic kidney disease (CKD):
  - CKD requiring dialysis/ End-stage renal disease (ESRD)
  - CKD not requiring dialysis
- Severe hematologic disorders:
  - Aplastic anemia
  - Hemophilia
  - Immune thrombocytopenic purpura
  - Myelodysplastic syndrome
  - Sickle-cell disease (excluding sickle-cell trait)
  - Chronic venous thromboembolic disorder
- HIV/AIDS
- Chronic lung disorders:
  - Asthma
  - Chronic bronchitis
  - Cystic fibrosis
  - Emphysema
  - Pulmonary fibrosis
  - Pulmonary hypertension
  - Chronic obstructive Pulmonary disease (COPD)
- Chronic and disabling mental health conditions:
  - Bipolar disorders
  - Major depressive disorders
  - Paranoid disorder

- Schizophrenia
- Schizoaffective disorder
- Post-traumatic stress disorder (PTSD)
- Eating disorders
- Anxiety disorders
- Neurologic disorders:
  - Amyotrophic lateral sclerosis (ALS)
  - Cerebral palsy
  - Epilepsy
  - Extensive paralysis
     (hemiplegia, quadriplegia, paraplegia, monoplegia)
  - Huntington's disease
  - Multiple sclerosis
  - Parkinson's disease
  - Polyneuropathy
  - Fibromyalgia
  - Chronic fatigue syndrome
  - Spinal cord injuries
  - Spinal stenosis
  - Stroke-related neurologic deficit
  - Traumatic brain injury
- Stroke
- Post-organ transplantation care
- Immunodeficiency and immunosuppressive disorders

- Conditions that may cause cognitive impairment:
  - Alzheimer's disease
  - Intellectual and developmental disabilities
  - Traumatic brain injuries
  - Disabling mental illness associated with cognitive impairment
  - Mild cognitive impairment
- Conditions that may cause similar functional challenges and require similar services:
  - Spinal cord injuries
  - Paralysis
  - Limb loss
  - Stroke
  - Arthritis
- Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell
- Conditions that require continued therapy services in order for individuals to maintain or retain functioning
- · Other:
  - Hypertension
  - Osteoporosis
  - Chronic back pain

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