Don’t miss out on extra benefits!

Ask your doctor to complete the Provider Attestation Form.

We’re missing information we need to automatically qualify you for more benefits through the Special Supplemental Benefits for the Chronically Ill (SSBCI) program.*

What are SSBCI benefits?

SSBCI is a program that provides support to members who have certain chronic health conditions and health risk factors. It’s designed to help you manage your health and well-being.

With your Dual Special Needs Plan (D-SNP), you already have money on your My Healthy Flex card for things like over-the-counter items and home and bathroom safety products.

SSBCI could add more funds for things like:

- Groceries
- Utility bills
- Gas (pay-at-the-pump)

You may be eligible if you:

1. Have a chronic health condition that is complex and affects your overall health.
2. Are at a high risk of needing to go to the hospital or experiencing other health issues.
3. Require intensive care coordination. As a D-SNP member you are automatically assigned to a case manager to help manage your chronic condition(s).

How do I qualify?

Your doctor will need to complete a Provider Attestation Form. This form confirms that you meet the eligibility requirements related to your health.

Your doctor can complete the form in one of two ways:

Online: Your doctor can visit Highmark Wholecare’s Provider Resource Center website and search “SSBCI” to complete the form.

Print: You can request a copy of the form by calling Member Services. Bring the printed form to your next appointment for your doctor to complete.

Have questions?

Call the number on the back of your member ID card **(TTY: 711)** and follow the case management prompt. Case management is available Monday–Friday, 8:30 a.m.–4:30 p.m.

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Because Life.™

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This information is issued on behalf of Highmark Wholecare, coverage by Gateway Health Plan, which is an independent licensee of the Blue Cross Blue Shield Association. Highmark Wholecare serves a Medicaid plan to Blue Shield members in 13 counties in central Pennsylvania, as well as, to Blue Cross Blue Shield members in 14 counties in Western Pennsylvania. Highmark Wholecare serves Medicare Dual Special Needs Plans (D-SNP) to Blue Cross Blue Shield members in 27 counties in Western Pennsylvania, and to Blue Shield members in 30 counties in Central and Northeastern Pennsylvania and 5 counties in Southeastern Pennsylvania.

*Special supplemental benefits are for people who are chronically ill with long-term conditions like diabetes, asthma, obesity, immunodeficiency, functional challenges, and behavioral health. You also need to be at risk of going to the hospital and need extra help from care management. There are other conditions that may qualify you for benefits. Highmark will help determine if you qualify for these benefits and may ask you for more information. Not all members will qualify.

Gateway Health Plan, Inc. d/b/a Highmark Wholecare is an independent licensee of the Blue Cross Blue Shield Association. Highmark Wholecare offers HMO plans with a Medicare Contract. Enrollment in these plans depends on contract renewal.

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SSBCI Attestation Form

Highmark Wholecare requires an attestation form from a treating provider to administer specific and valuable benefits to this member.

PROVIDER INSTRUCTIONS:

- Complete the information on page 1 and make your selections on page 2 by completely filling in the boxes. (Select all diagnosed conditions.)
  - If completing an electronic form, click on the box in front of your selections.
  - If completing a printed form, fully fill in the boxes in front of your selections. (■ correct ☑ ☒ incorrect)
- Fax the completed pages 1 and 2 within three to five business days to **844-246-1353**.
- Refer to the Condition Qualification List on page 3 for additional clarifying information.

Provider NPI:

Provider Name:

Provider Address:

Provider Signature:

Member ID:

Member Full Name (Last, First, MI):

Member Date of Birth (MM/DD/YYYY):

Member Home Address:

FILL ALL STATEMENTS & CONDITIONS THAT APPLY TO THE MEMBER:

☐ **Yes, this member has been diagnosed with a qualifying chronic condition from Highmark Wholecare's approved list to receive SSBCI benefits. If yes, please fill all conditions that apply:**

- ☐ 1. Therapy services required for individuals to maintain or retain functioning
- ☐ 2. Overweight, Obesity, and/or Metabolic Syndrome
- ☐ 3. Immunodeficiency and Immunosuppressive Disorders
- ☐ 4. Conditions with Functional Challenges
- ☐ 5. Chronic Gastrointestinal Disease
- ☐ 6. Cardiovascular Disorders
- ☐ 7. Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell
- ☐ 8. Conditions associated with cognitive impairment
- ☐ 9. Severe Hematologic Disorders
- ☐ 10. Neurologic Disorders
- ☐ 11. HIV/AIDS
- ☐ 12. Diabetes
- ☐ 13. Post-Organ Transplant
- ☐ 14. Dementia
- ☐ 15. Autoimmune Disorders
- ☐ 16. Chronic Alcohol and other drug dependencies
- ☐ 17. End-Stage Liver Disease
- ☐ 18. End-Stage Renal Disease
- ☐ 19. Chronic and disabling Mental Health conditions
- ☐ 20. Chronic Lung Disorders
- ☐ 21. Stroke
- ☐ 22. Chronic Heart Failure
- ☐ 23. Cancer, excluding pre-cancer conditions or in-situ status
- ☐ 24. Chronic Kidney Disease

☐ **Yes, the member's health situation puts the patient at high risk of adverse health outcomes/risk of hospitalization.**

☐ **No, this member <u>does not</u> have a qualifying chronic disease and/or <u>does not</u> have a high risk of adverse health outcomes/risk of hospitalization and does not qualify for Highmark Wholecare's SSBCI benefits.**

Highmark Wholecare D-SNP 2026 SSBCI Condition Qualification List

1. Conditions that require continued therapy services for individuals to maintain or retain functioning
2. Overweight, Obesity, and/or Metabolic Syndrome
3. Immunodeficiency and Immunosuppressive Disorders
4. Conditions with Functional Challenges
5. Chronic Gastrointestinal Disease
6. Cardiovascular Disorders limited to: Cardiac Arrhythmias, Coronary Artery Disease, Elevated Lipid Profile, Peripheral Vascular Disease, Hypertension, and Chronic Venous Thromboembolic Disorder
7. Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell
8. Conditions associated with cognitive impairment
9. Severe Hematologic Disorders limited to: Aplastic Anemia, Hemophilia, Immune Thrombocytopenic Purpura, Myelodysplastic Syndrome, Sickle-Cell Disease (excluding Sickle-Cell Trait), and Chronic Venous Thromboembolic Disorder
10. Neurologic Disorders limited to: Amyotrophic Lateral Sclerosis (ALS), Epilepsy, Extensive Paralysis (i.e., Hemiplegia, Quadriplegia, Paraplegia, Monoplegia), Huntington's Disease, Multiple Sclerosis, Parkinson's Disease, Polyneuropathy, Spinal Stenosis, and Stroke-related Neurologic Deficit
11. HIV/AIDS
12. Diabetes Mellitus
13. Post-Organ Transplantation
14. Dementia
15. Autoimmune Disorders limited to: Polyarteritis Nodosa, Polymyalgia Rheumatica, Polymyositis, Rheumatoid Arthritis, and Systemic Lupus Erythematosus
16. Chronic Alcohol and other drug dependence
17. End-Stage Liver Disease
18. End-Stage Renal Disease
19. Chronic and disabling Mental Health conditions limited to: Bipolar Disorders, Major Depressive Disorders, Paranoid Disorder, Schizophrenia, and Schizoaffective Disorder
20. Chronic Lung Disorders limited to: Asthma, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease, Emphysema, Pulmonary Fibrosis, and Pulmonary Hypertension
21. Stroke
22. Chronic Heart Failure
23. Cancer, excluding pre-cancer conditions or in-situ status
24. Chronic Kidney Disease

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