



1110 Main Street, Wheeling, WV 26003

1.800.624.6961 • healthplan.org

Provider Confirmation for Special Supplemental Benefits for the Chronically Ill

Please complete this form to verify the member listed below meets eligibility requirements for Special Supplemental Benefits for the Chronically Ill (SSBCI) as required by CMS.

The following criteria is defined by CMS as a chronically ill enrollee and must be met along with any of the Chronic Conditions listed below (please check all that apply):

- 1. has one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits the overall health or function of the enrollee; and**
- 2. has a high risk of hospitalization or other adverse health outcomes; and**
- 3. requires intensive care coordination.**

Plans are required to verify chronic conditions for members to receive a flexible spending card. Approval will give members a flex card for access to healthy foods, utilities and OTC benefits.

Instructions

1. Complete and sign the provider information section below.
2. Submit this form by faxing it to 740.699.6164

Member Information

Member First & Last Name:

Date of Birth:

The Health Plan Beneficiary ID:

I certify that the above-referenced patient is under my care and:

- ☐ Meets all three criteria defined above in one or more conditions noted on the second page of this form.
☐ Does not meet all three criteria defined above.

Provider Information

Provider First & Last Name:

Address:

Phone Number:

NPI Number:

Signature:

Date:



Please complete the next page of this form

SSBCI Provider Form – 08.10.2026 | Y0038_27_108_C

Chronic Conditions Include:

1. ☐ **Chronic alcohol and other drug dependence**
2. **Autoimmune Disorders Limited to:**
 - ☐ Polyarteritis nodosa
 - ☐ Polymyalgia rheumatica
 - ☐ Polymyositis
 - ☐ Rheumatoid arthritis
 - ☐ Systemic lupus erythematosus
3. ☐ **Cancer, excluding pre-cancer conditions or in-situ status**
4. **Cardiovascular Disorders Limited to:**
 - ☐ Cardiac arrhythmias
 - ☐ Coronary artery disease
 - ☐ Peripheral vascular disease
 - ☐ Chronic venous thromboembolic disorder
5. ☐ **Chronic heart failure**
6. ☐ **Dementia**
7. ☐ **Diabetes mellitus**
8. ☐ **Overweight, obesity & metabolic syndrome**
9. ☐ **Chronic gastrointestinal disease**
10. ☐ **Chronic kidney disease (CKD)**
11. ☐ **End-stage liver disease**
12. ☐ **End-stage renal disease (ESRD) requiring dialysis**
13. **Severe Hematologic Disorders Limited to:**
 - ☐ Aplastic anemia
 - ☐ Hemophilia
 - ☐ Immune thrombocytopenic purpura
 - ☐ Myelodysplastic syndrome
 - ☐ Sickle-cell disease (excluding sickle-cell trait)
14. ☐ **HIV/AIDS**
15. **Chronic Lung Disorders Limited to:**
 - ☐ Asthma
 - ☐ Chronic bronchitis
 - ☐ Emphysema
 - ☐ Pulmonary fibrosis
 - ☐ Pulmonary hypertension
16. **Chronic and Disabling Mental Health Conditions Limited to:**
 - ☐ Bipolar disorders
 - ☐ Major depressive disorders
 - ☐ Paranoid disorder
 - ☐ Schizophrenia
 - ☐ Schizoaffective disorder
17. **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
 - ☐ Stroke-related neurologic deficit
18. ☐ **Stroke**
19. ☐ **Post-organ transplantation**
20. ☐ **Immunodeficiency & immunosuppressive disorders**
21. ☐ **Conditions associated with cognitive impairment**
22. ☐ **Conditions with functional challenges**
23. ☐ **Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell**
24. ☐ **Conditions that require continued therapy services in order for individuals to maintain or retain functioning**