2027 SSBCI Frequently Asked Questions (FAQ)

Q: What are the changes for the 2027 SSBCI program?

- Self-attestation is no longer sufficient to receive SSBCI funds.
- Verda is required by CMS to verify member eligibility **BEFORE** receiving SSBCI benefits. Members cannot receive SSBCI benefits until they have been verified by the plan via the 2027 Verda SSBCI Health Condition Questionnaire.
- Members must meet the statutory definition of "Chronically Ill".
    - 2027 final-rule summary explains these changes

Q: What is the "2027 Verda SSBCI Health Condition Questionnaire"?

A: This form is required to be completed by a qualified, licensed physician with an established clinical relationship with the member, including sufficient knowledge of the member's medical condition(s), treatment history, and functional status. The information provided will be used to assess and verify whether the member meets the criteria for being "Chronically Ill" for eligibility consideration of 2027 SSBCI benefits.

Q: Who can qualify for SSBCI benefits?

A: To qualify, a member must meet the Medicare definition of being "Chronically Ill," which generally requires that the member:

- Having one or more medically complex chronic conditions.
- Being at high-risk hospitalization or other adverse health outcomes.
- Requiring intensive care coordination.

Q: If I qualified for SSBCI benefits in previous years, do I automatically qualify in 2027?

A: No. Eligibility for SSBCI benefits in 2027 is not automatic, even if you qualified in a previous program year. Beginning January 1, 2027, members must complete the SSBCI verification process before benefits can be approved. To do so, a qualified healthcare provider must complete and submit the 2027 Verda SSBCI Health

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Condition Questionnaire on the members' behalf. Once the completed questionnaire is received, Verda will review the information and determine whether the member meets the eligibility requirements for SSBCI benefits.

Q: Does having a chronic condition automatically qualify me for SSBCI benefits?

A: No. Having a chronic condition alone does not guarantee eligibility. Members must satisfy the plan's specific eligibility criteria and meet the applicable CMS requirements for SSBCI benefits.

Q: Are SSBCI benefits available to all members?

A: No. SSBCI benefits are only available to members who meet the eligibility requirements established by the plan and permitted by CMS.

Q: Why do I need a physician validation form?

A: CMS requires plans to verify that members meet applicable SSBCI eligibility requirements. The physician validation form helps the plan determine whether a member meets the criteria for being considered chronically ill

Q: Who can complete the validation form?

A: The form must be completed by a qualified, licensed physician who has an established treatment relationship with the member and is familiar with the member's medical history, current condition, and ongoing care needs.

Q: Can a physician who has never treated me complete the form?

A: No. The physician should have firsthand knowledge of your medical condition and treatment history to accurately attest to the information requested.

Q: Where can I find the eligibility criteria?

A: 2027 SSBCI eligibility criteria can be found on the Verda websites under "Current Members" in the "SSBCI" page.

Q: Can I request for a reconsideration if I am deemed not to meet SSBCI qualifying criteria?

A: Yes. Members can submit an updated physician attestation for review by the plan that includes correction of incomplete or inaccurate information on the original submission of the 2027 Verda SSBCI Health Condition Questionnaire OR a

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completed and signed 2027 Verda SSBCI Health Condition Questionnaire by a different qualifying physician.

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