2027 Special Supplemental Benefits for the Chronically Ill (SSBCI)

Health Condition Verification Form Instructions

What is this form?

If you are interested in receiving one or more Special Supplemental Benefits for the Chronically Ill (SSBCI) offered by Verda Health Plan.

Federal Medicare rules (CMS-4208-F3 and CMS-4212-F) require Verda Health Plan to verify that members meet the health-related eligibility requirements before SSBCI benefits can be provided. To determine whether you qualify, Verda may require confirmation of your health condition(s) from a qualified healthcare provider.

What do I need to do?

Take this form to a healthcare provider who currently treats you or has previously treated you for medical condition(s) listed on the Health Condition Verification Form.

Ask the provider to complete, sign, and date the form.

Ensure the provider returns the completed form to Verda Health Plan using the submission instructions listed on the form.

Who can complete this form?

This form must be completed by a qualified healthcare provider who:

-Has an active National Provider Identifier (NPI).

-Has an established treatment relationship with you and has provided care for your condition(s).

-Can accurately verify your health condition(s) and related clinical criteria.

Examples of qualified healthcare providers may include:

Physicians (MD or DO)

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Verda Health Plan is an HMO/CSNP with a Medicare contract. Enrollment in Verda Health Plan depends on contract renewal.

Nurse Practitioners (NP)

Physician Assistants (PA)

The provider does not need to participate in Verda Health Plan's network to complete this form.

Important:

Do not complete the medical questions yourself. The medical sections of this form must be completed by your healthcare provider. Any information completed by someone other than a qualified healthcare provider may delay processing your request or result in the form being rejected.

What happens after the form is submitted?

Verda Health Plan will review the information provided by your healthcare provider to determine whether you meet the eligibility requirements for available SSBCI benefits.

Submission of this form does not guarantee eligibility or approval of any SSBCI benefit. Eligibility is determined based on applicable Medicare requirements and Verda Health Plan's SSBCI qualification criteria.

Need Help?

If you have questions or need help, please call the Verda Member Experience Department at: 1-888-256-5123 (TTY 711). Hours are: 8:00 a.m. to 8:00 p.m. 7 days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8:00 a.m. to 8:00 p.m. Monday through Friday (except holidays) from April 1 to September 30.

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2027 SSBCI Health Condition Questionnaire

Provider: Please complete all sections below and return with signature to the Verda SSBCI department at Fax # 714-360-0168, by email at SSBCI@verdahealthcare.com, or by mail to 7755 Center Avenue, Suite 1200 Huntington Beach, CA 92647.

**The provider completing this form does not have to be in Verda's network but needs to have provided care to the patient below previously and must have a National Provider Identifier (NPI). Nurse Practitioners and Physician Assistants acceptable.*

*** This form must be completed by a qualified healthcare provider with an active National Provider Identifier (NPI). This form is not to be completed by the member.*

Member Information:

Patient Name:	
DOB:	
Patient MBI:	

Section 1: Complex Chronic Conditions

Check if: Patient has condition and meets the specific condition criteria	2027 SSBCI Qualifying Conditions	2027 SSBCI Condition Specific Criteria
☐	Chronic alcohol use disorder and other substance use disorders (SUDs)	Have you been enrolled in an alcohol or substance use treatment program in the last 3 months?
☐	Conditions that require continued therapy services in order for individuals to maintain or retain functioning	Have you received physical, occupational, or speech therapy within the past 3 months and will continue to do so?
☐	Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell	Are you legally blind or do you have total hearing loss?

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☐	Conditions associated with cognitive impairment	Do you have a full-time caregiver?
☐	Immunodeficiency and Immunosuppressive disorders	Do you currently receive antibody infusions?
☐	Autoimmune disorders	
☐	Post-organ transplantation	Have you had an organ transplant?
☐	Stroke	Are you currently disabled from a stroke?
☐	Neurologic disorders	
☐	Chronic and disabling mental health conditions,	Have you been hospitalized within the last 3 months for a mental health condition?
☐	Chronic lung disorders	Are you being treated by a pulmonologist for serious, chronic lung condition?
☐	Severe hematologic disorders	Are you being treated by a hematologist for a serious, chronic blood disorder?
☐	Chronic kidney disease (CKD)	Are you currently receiving dialysis?
☐	Chronic gastrointestinal disease	Are receiving any medication for inflammatory bowel disease (Crohn's Disease or Ulcerative Colitis)?
☐	Overweight, obesity, and metabolic syndrome	Are you currently taking any prescription weight loss medication?
☐	Diabetes mellitus	Are you being treated for diabetes?
☐	Dementia	Are you currently taking medications to treat dementia?
☐	Chronic heart failure	Are you currently being treated for congestive heart failure?
☐	Cardiovascular disorders	Are you currently being treated for coronary artery disease (blocked heart arteries), a heart rhythm disorder, or blood clots.
☐	Cancer	Are you currently being treated for cancer?
☐	Chronic Hypertension	Are you currently taking any high blood pressure medication?

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Section 2: Hospitalization Risk/Adverse Health Outcomes

Is the patient at an elevated risk of hospitalization or any other adverse health outcomes?

☐ Yes

☐ No

Section 3: Care Coordination

Does the patient require intensive care coordination to manage their health conditions effectively?

☐ Yes

☐ No

Validating Physician Information:

- **Physician Name (Print):** _____
- **Physician Signature:** _____
- **NPI:** _____
- **Date:** _____

Once completed, please return to Verda's SSBCI department via fax at 714-360-0168, by email at SSBCI@verdahealthcare.com, or by mail to 7755 Center Avenue, Suite 1200 Huntington Beach, CA 92647.

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