

Highmark Health Options Duals
PO Box 890419
Camp Hill, PA 17089-0419

Dear Provider,

To ensure Highmark members receive the appropriate benefits, please review the Special Supplemental Benefits for the Chronically Ill (SSBCI) form attached and confirm whether the member has one or more qualifying chronic conditions from the approved list. Completion of this form is required before SSBCI benefits can be approved.

Provider Instructions

- Complete all required information on page 1 clearly and legibly. Then, make your selections on page 2 by completely filling in the boxes for all diagnosed conditions.

(☐ correct ☒ ☐ incorrect)

Missing, incomplete, or unclear information may delay processing or result in denial.

- If completing an electronic form, click on the box in front of your selections.
- If a member does not have a qualifying chronic condition, you are still required to accurately fill out the form and send it back.
- Fax the completed pages 1 and 2 of the form within three to five business days to **844-246-1353**. This page does not need to be submitted.

Please submit the completed form as soon as possible. Highmark will process the form and reach out to the member directly.

Thank you for your prompt attention to this matter and for your continued care of our members.

Sincerely,



Important:

Only conditions listed on page 2 of the form will be accepted. Do not add any conditions that are not shown.



SSBCI Attestation Form

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

Member ID:*

Member Full Name (Last, First, MI):*

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

Provider NPI:*

Provider Name:*

Provider Signature:

*Required field.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Benefits and/or benefit administration may be provided by or through the following entities which are independent licensees of the Blue Cross Blue Shield Association:

Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield.

West Virginia: Highmark Health Options West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield.

Highmark Health Options Duals is offered by Highmark Blue Cross Blue Shield. Highmark Blue Cross Blue Shield offers HMO plans with a Medicare Contract. Enrollment in these plans depends on contract renewal.

Has this member been diagnosed with a qualifying chronic condition to receive SSBCI benefits, as listed on Highmark's approved conditions list?

☐ Yes

☐ No

Select all conditions that apply from this list only. No others will be accepted.

☐ Autoimmune disorders

☐ Cancer

☐ Cardiovascular disorders

☐ Chronic alcohol use disorder and other substance use disorders (SUDs)

☐ Chronic and disabling mental health conditions

☐ Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell

☐ Chronic gastrointestinal disease

☐ Chronic heart failure

☐ Chronic kidney disease (CKD)

☐ Chronic lung disorders

☐ Conditions associated with cognitive impairment

☐ Conditions with functional challenges

☐ Dementia

☐ Diabetes mellitus

☐ HIV/AIDS

☐ Immunodeficiency and Immunosuppressive disorders

☐ Neurologic disorders

☐ Overweight, obesity, and metabolic syndrome

☐ Post-organ transplantation

☐ Severe hematologic disorders

☐ Stroke

☐ Therapy services required for individuals to maintain or retain functioning