

Highmark Wholecare
PO Box 890032
Camp Hill, PA 17089-0032

Dear Provider,

To ensure Highmark Wholecare 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 Wholecare 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.

Highmark Wholecare 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.

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.

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.

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

☐ Yes

☐ No

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

- | | |
|---|--|
| ☐ Autoimmune disorders | ☐ Conditions with functional challenges |
| ☐ Cancer | ☐ Dementia |
| ☐ Cardiovascular disorders | ☐ Diabetes mellitus |
| ☐ Chronic alcohol use disorder and other substance use disorders (SUDs) | ☐ HIV/AIDS |
| ☐ Chronic and disabling mental health conditions | ☐ Immunodeficiency and Immunosuppressive disorders |
| ☐ Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell | ☐ Neurologic disorders |
| ☐ Chronic gastrointestinal disease | ☐ Overweight, obesity, and metabolic syndrome |
| ☐ Chronic heart failure | ☐ Post-organ transplantation |
| ☐ Chronic kidney disease (CKD) | ☐ Severe hematologic disorders |
| ☐ Chronic lung disorders | ☐ Stroke |
| ☐ Conditions associated with cognitive impairment | ☐ Therapy services required for individuals to maintain or retain functioning |