Elite Health Plan **POLICY AND PROCEDURE**	Elite Health
Name: Elite Health Plan Policy for Special Supplemental Benefits for Chronically Ill (SSBCI)	Policy Number: **UM-MED-25**
Department: Utilization Management Department	Effective Date: 01/01/2027 Date Revised: 10/05/2026 Date Reviewed:
Reviewed and Accepted By: Sunil Shivaram, M.D. Sri Gorty, M.D., Kristina Fletcher UM Manager	**Chief Medical Officer Signature:**  Page **1** of 5

PURPOSE:

The purpose of this policy is to establish a standardized process for identifying, verifying, documenting, and approving eligibility for Special Supplemental Benefits for the Chronically Ill (SSBCI) offered to eligible members. Verification ensures that members meet applicable eligibility requirements and have one or more qualifying chronic conditions documented by a licensed healthcare provider.

SCOPE:

This policy applies to:

- Utilization Management Department
- Care Management Department
- Member Services Department
- Quality Management Department
- Participating Providers
- Eligible Health Plan Members

DEFINITIONS:

Term	Description
CMS	Centers for Medicare and Medicaid Services – The agency within the US Federal Government that is charged with the execution and maintenance of

	the law definingthe prescription drug program for senior citizens, the disabled, and the infirm.
MA	Medicare Advantage
Concurrent review decision	Extension of previously approved ongoing treatment, typically inpatient or ambulatory care.
Contracted Provider	A healthcare provider or vendor with an active agreement with Elite Health Plan.
Supplemental Benefit	A benefit offered by Elite Health Plan that is not covered under Original Medicare.
EOC	Evidence of Coverage
Medically Necessary	Services or supplies that are reasonable and necessary for the diagnosis or treatment of illness or injury and meet accepted standards of medical practice.
SSBCI	Special Supplemental Benefits for the Chronically Ill (SSBCI) Benefits that are not primarily health related but are designed to maintain or improve the health or overall function of chronically ill members.
Chronically Ill Member	A member who: • Has one or more medically complex chronic conditions that are life-threatening or significantly limit overall health or function. • Has a high risk of hospitalization or adverse health outcomes. • Requires intensive care coordination or management.

POLICY:

Elite Health Plan will provide Special Supplemental Benefits for the Chronically Ill (SSBCI) to eligible members who meet plan eligibility requirements and whose qualifying chronic condition has been verified by a treating healthcare provider.
The plan will maintain documentation supporting eligibility determinations and ensure compliance with applicable Medicare Advantage requirements.

Verification Form
The provider attestation document used to verify the presence of a qualifying chronic condition for SSBCI eligibility.

Qualifying Chronic Conditions
A licensed healthcare provider must verify that the member has one or more of the following conditions.

Cardiovascular Disorders
- Cardiac Arrhythmias
- Chronic Heart Failure
- Coronary Artery Disease
- Peripheral Vascular Disease
- Chronic Venous Thromboembolic Disorder

Chronic Lung Disorders
- Asthma
- Chronic Bronchitis
- Emphysema
- Chronic Obstructive Pulmonary Disease (COPD)

Substance Use Disorders
- Chronic Alcohol Use Disorder
- Other Substance Use Disorders (SUDs)

Sensory Impairment Conditions
- Chronic conditions that impair:
    - Vision
    - Hearing (including deafness)
    - Taste
    - Touch
    - Smell

Metabolic Conditions
- Diabetes
- Overweight
- Obesity
- Metabolic Syndrome

Procedures
Verification Process
1. A SSBCI Verification Form shall be sent to the member's treating provider.
2. The provider must:
    - Complete the form.
    - Identify applicable chronic condition(s).
    - Sign and date the form.
3. Completed forms may be submitted by:
    - Fax: 909-972-0515
    - Email: EHPCAUMQMDepartment@elitehealthplan.com
4. Utilization Management staff shall review the form for completeness.
5. Eligibility determination shall be documented in the member record in Healthsuite under Insured Maintenance.

Incomplete Documentation
If the verification form is incomplete, staff will:

- Contact the provider for clarification.
- Request missing information.

Benefit Authorization
Once eligibility has been verified:

1. Appropriate benefits shall be authorized within the members flex card according to benefit guidelines for the groceries.
2. The effective date will be applied within Healthsuite under Insured maintenance once verification is completed.

**The verification Documentation shall be retained within Healthsuite under Single Medicare View customer attachments.

Member Notification
Members will receive written notification regarding:

- Approval of SSBCI benefits by mail.

Regulatory Compliance
Elite Health Plan shall administer SSBCI benefits in accordance with:

- Centers for Medicare & Medicaid Services (CMS) Medicare Advantage requirements.
- Applicable federal and state regulations.
- Health Plan policies and procedures.

Appendix Attachment A: See Below

References: Provider | Elite Health Plan

Date of Revision:	Revised by:	General Revision Notes
10/05/2026	Kristina Fletcher	Implementation

Appendix Attachment A: SSBCI Provider Verification Attestation

Elite Health
MEDICARE ADVANTAGE

SSBCI Verification Form

Dear Doctor, _____

Member Name	**Member DOB**	**Health Plan ID Number**

is requesting Special Supplemental Benefit(s) for the Chronically Ill (SSBCI) benefit. To receive this benefit, the member must have at least one of the chronic conditions listed below verified by a healthcare provider. **Please check the appropriate box(es) below, complete the form, and fax back to 909-972-0515 ASAP**. You may also email the form to: EHPCAUMQMDepartment@elitehealthplan.com.

☐ **CARDIOVASCULAR DISORDERS**
- ☐ Cardiac Arrythmias
- ☐ Chronic Heart Failure
- ☐ Coronary Artery Disease
- ☐ Peripheral Vascular Disease
- ☐ Chronic Venous Thromboembolic Disorder

☐ **CHRONIC LUNG DISORDERS**
- ☐ Asthma
- ☐ Chronic Bronchitis
- ☐ Emphysema
- ☐ Chronic Obstructive Pulmonary Disease (COPD)

☐ **CHRONIC ALCOHOL USE DISORDER AND/ OR OTHER SUBSTANCE USE DISORDER (SUDs)**

☐ **CHRONIC CONDITIONS THAT IMPAIR VISION, HEARING (DEAFNESS), TASTE, TOUCH AND SMELL**

☐ **DIABETES**

☐ **OVERWEIGHT, OBESITY AND METABOLIC SYNDROME**

By signing, you verify that the above noted member has the condition(s) checked.

Provider Name	Signature	Date

H6368_SSBCI Verification Form