



Provider Attestation of Patient Diagnosis for SSBCI Eligibility

Dear Provider,

Your patient may be eligible to receive additional benefits on their Aetna® Medicare plan to help manage their overall health and wellness. Eligibility for Special Supplemental Benefits for the Chronically Ill (SSBCI) is based on the member's health condition. To be considered for these benefits, your patient must be a chronically ill individual who has one or more of the qualifying chronic conditions listed on page 3 of this form.

Eligibility for SSBCI benefits may include other criteria. All applicable eligibility requirements must be met before the benefit is provided, and the patient will not receive benefits for any time period before their eligibility was determined.

WHO MAY COMPLETE THIS FORM:

- Member's licensed health care providers, including: physician, nurse practitioner (NP), nurse (LPN, RN), physician assistant, clinical psychologist, licensed clinical social worker (LCSW), licensed marriage and family therapist, and licensed mental health counselor (LMHC)

Fax form to 1-844-773-1644
or email to SSBCIBenefits@Aetna.com



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For the patient to qualify for these benefits, CMS requires the plan to verify with a health care provider that the patient on this form has been diagnosed with one or more of the chronic conditions listed below.

Without verification, the member will not be eligible for the special supplemental benefits offered by the plan. Please sign and return as soon as possible. By completing this form and providing the information below, you are attesting that your patient has the selected condition(s).

Please complete the fields below. All required fields have an asterisk (*).

1. Patient demographic information

Patient's first name:*		Patient's last name:*	
Date of birth (MM/DD/YYYY):*			
Patient phone number (including area code):*		Aetna® member ID: (only add if available)	
Address:*			
City:*	State:*	ZIP:*	

2. Provider information (Provider to complete)

Provider name:*			
Office phone number (including area code):*		Fax number (including area code):*	
Address:*			
City:*	State:*	ZIP:*	
NPI:*		Today's date (MM/DD/YYYY):*	
Signature:*			Date:*

You may print this form and complete one of the following actions:

**Use cover sheet without any protected
health information (PHI) and fax to:**

1-844-773-1644

**Attention: Supplemental Benefits
Department**

**Only if you can send secure email
should you scan completed form,
then email securely to:**

SSBCIBenefits@Aetna.com

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☐ Anemia	☐ Chronic pain
☐ Autoimmune disorders limited to:	☐ Conditions associated with cognitive impairment
☐ Dermatomyositis	☐ Alzheimer's disease
☐ Polyarteritis nodosa	☐ Disabling dental illness associated with cognitive impairment
☐ Polymyalgia rheumatica	☐ Intellectual disabilities and development disabilities
☐ Polymyositis	☐ Mild cognitive impairment
☐ Psoriasis	☐ Traumatic brain injuries
☐ Psoriatic arthritis	☐ Conditions that require continued therapy services in order for individual to maintain or retain functioning
☐ Rheumatoid arthritis	☐ Conditions with functional challenges and require similar services, including the following:
☐ Scleroderma	☐ Arthritis
☐ Systemic lupus erythematosus	☐ Limb loss
☐ Cancer	☐ Paralysis
☐ Cardiovascular disorders limited to:	☐ Spinal cord injuries
☐ Cardiac arrhythmias – irregular heartbeat	☐ Stroke
☐ Coronary artery disease	☐ Dementia
☐ Peripheral vascular disease – circulation problem	☐ Diabetes mellitus – high sugar
☐ Valvular heart disease	☐ HIV/AIDS
☐ Chronic alcohol use disorder and other substance abuse disorders (SUDS)	☐ Immunodeficiency and immunosuppressive disorders
☐ Chronic and disabling mental health conditions limited to:	☐ Neurologic disorders limited to:
☐ Anxiety disorders	☐ Amyotrophic lateral sclerosis (ALS)
☐ Bipolar disorders	☐ Chronic fatigue syndrome
☐ Eating disorders	☐ Epilepsy – seizure problem
☐ Major depressive disorders	☐ Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia)
☐ Paranoid disorder	☐ Fibromyalgia
☐ Post-traumatic stress disorder (PTSD)	☐ Huntington's disease
☐ Schizoaffective disorder	☐ Multiple sclerosis (MS)
☐ Schizophrenia	☐ Parkinson's disease
☐ Chronic conditions that impair vision, hearing (deafness), taste, touch and smell	☐ Polyneuropathy
☐ Chronic gastrointestinal disease	☐ Spinal cord injuries
☐ Chronic liver disease	☐ Spinal stenosis
☐ Hepatitis B	☐ Stroke-related neurologic deficit
☐ Hepatitis C	☐ Overweight, obesity and metabolic syndrome
☐ Inflammatory bowel disease	☐ Post-organ transplantation care
☐ Irritable bowel syndrome	☐ Severe hematologic disorders limited to:
☐ Non-alcoholic fatty liver disease (NAFLD)	☐ Aplastic anemia
☐ Pancreatitis	☐ Chronic venous thromboembolic disorder
☐ Chronic heart failure	☐ Hemophilia
☐ Chronic hyperlipidemia (high cholesterol)	☐ Immune thrombocytopenic purpura
☐ Chronic hypertension (high blood pressure)	☐ Myelodysplastic syndrome
☐ Chronic kidney disease (CKD)	☐ Sickle cell disease (excluding sickle cell trait)
☐ CKD not requiring dialysis	☐ Stroke
☐ CKD requiring dialysis/end-stage renal disease (ESRD)	
☐ Chronic lung disorders limited to:	
☐ Asthma, chronic bronchitis	
☐ Chronic obstructive pulmonary disease (COPD)	
☐ Emphysema	
☐ Pulmonary fibrosis	
☐ Pulmonary hypertension	