Provider Attestation of Patient Characteristics for SSBCI Eligibility

Dear Provider,

Your patient may be eligible to receive additional benefits through their Aetna® Medicare plan to support their overall health and well-being. These benefits are offered as Special Supplemental Benefits for the Chronically Ill (SSBCI).

To be considered for SSBCI, the patient must meet **all** applicable eligibility requirements as defined by Centers for Medicare & Medicaid Services (CMS) guidelines. The individual must:

1. Live with one or more comorbid and medically complex conditions that are life threatening or significantly limit their overall health or ability to function; **and**
2. Have a high risk of hospitalization or other adverse health outcomes; **and**
3. Require intensive support with the coordination of their medical care.

Aetna will review this form along with any already collected verifiable sources of health information – like claims data, for example – to confirm that all eligibility criteria are met before any SSBCI benefit is approved or provided to a member.

Please note:

- Submission of this form **does not guarantee benefit eligibility or benefit approval**
- Benefits cannot be applied retroactively to any period prior to eligibility determination

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

Provider Attestation of Patient Characteristics for SSBCI Eligibility

As part of the SSBCI eligibility determination process, CMS requires the plan to obtain confirmation from a licensed health care provider managing the patient's diagnosed condition(s). **By completing this form, you are attesting that your patient has been diagnosed with one or more of the conditions indicated above and that you've assessed the patient's overall health status, clinical conditions, functional needs and/or care requirements.**

Please complete, sign, and return this form as soon as possible to support the eligibility review process. 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:*		
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**

aetna®

Provider Attestation of Patient Characteristics for SSBCI Eligibility

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

aetna®

Provider Attestation of Patient Characteristics for SSBCI Eligibility

Clinical conditions and diagnoses

- ☐ Yes ☐ No — Patient demonstrates impairment in memory and decision-making capacity
- ☐ Yes ☐ No — Patient has a behavioral health condition that significantly affects their clinical stability
- ☐ Yes ☐ No — Patient has Medicare eligibility based on disability status

Health status and functional needs

- ☐ Yes ☐ No — Patient requires assistance with one or more daily activities (e.g., bathing, dressing, eating, mobility)
- ☐ Yes ☐ No — Patient is unable to safely perform all tasks necessary for independent living without assistance or support
- ☐ Yes ☐ No — Patient has physical limitations that impact mobility, balance or endurance putting them at risk for falls

Patterns of care and service use

- ☐ Yes ☐ No — In the past 12 months, a hospital stay, ER visit, skilled nursing stay, or other serious health events left the patient needing support to recover, manage their health, or remain safely at home
- ☐ Yes ☐ No — In the past 12 months, the patient demonstrates frequent use of healthcare services (e.g., office visits, procedures, labs)
- ☐ Yes ☐ No — Patient receives care from multiple providers or specialists

Medication and treatment complexity

- ☐ Yes ☐ No — Patient has difficulty managing medications, appointments, or care instructions independently
- ☐ Yes ☐ No — Patient is prescribed multiple medications that require ongoing monitoring, adjustment or coordination

Changes in health or disease progression

- ☐ Yes ☐ No — Patient has experienced a recent decline in health status or worsening of one or more chronic conditions
- ☐ Yes ☐ No — Patient has developed new symptoms, complications, or functional limitations related to their condition(s)

Care management or clinical evaluation

- ☐ Yes ☐ No — Patient has difficulty adhering to treatment recommendations, medications, or follow-up care

Health-related social needs and access barriers

- ☐ Yes ☐ No — Patient lacks reliable access to one or more resources necessary to support health and safety, such as transportation, food, housing, or caregiver