



ATTESTATION FOR SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL (SSBCI)

DEAR PROVIDER,

Our members with certain health conditions or adverse health outcomes may be eligible for additional benefits as part of the Special Supplemental Benefits for the Chronically Ill (SSBCI). One of your patients has elected to enroll in an SSBCI benefit.

To determine your patient's eligibility, we need some information from you. Please complete the attached attestation form and return it via one of the following methods. Supporting medical records should be submitted via the standard claims process.



FAX: 323-728-1460



MAIL: P.O. Box 14010
Orange, CA 92863
ATTN: Member Services

We appreciate your support and are committed to helping you promote good health for our members. If you have any questions, please contact our Provider Services team at **(844) 361-4712**.

Sincerely,

Alignment Health Plan

SUBMISSION INSTRUCTIONS

To qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI), the member must meet all four (4) criteria below:

1. Maintain active coverage within an eligible Alignment Health Plan that offers a SSBCI benefit
2. Have a documented and active qualifying chronic condition, within the past 12 months
3. Require intensive care management and
4. Be at high risk for hospitalization.

Please complete the attestation below verifying which of the one or more listed qualifying conditions the member has obtained a diagnosis within the past 12 months. Medical records should be submitted via the standard claims process.

MEMBER INFORMATION

Member Identification Number:		Date of Birth (MM/DD/YYYY):	
First Name:	Last Name:		Middle Initial:
Phone Number: ()	Email Address:		
Street Address:			
City:		State:	ZIP Code:

ATTESTATION

Please check all qualifying chronic conditions that apply. Note: Alignment Health Balance (PPO) and Alignment Health Freedom (PPO) members only qualify for SSBCI benefits if they are diagnosed with End Stage Renal Disease. Alignment Health Balance (HMO C-SNP) members only qualify for SSBCI benefits if they are diagnosed with Chronic Kidney Disease.

☐ **Cancer**

Autoimmune Disorders

- ☐ Dermatomyositis
- ☐ Polyarteritis nodosa
- ☐ Polymyalgia rheumatica
- ☐ Polymyositis
- ☐ Rheumatoid arthritis
- ☐ Systemic lupus erythematosus
- ☐ Psoriatic arthritis
- ☐ Scleroderma

Cardiovascular Disorders

- ☐ Cardiac arrhythmias
- ☐ Valvular heart disease
- ☐ Coronary artery disease
- ☐ Peripheral vascular disease

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

☐ **Chronic Heart Failure**

Chronic Lung Disorders / COPD

- ☐ Asthma
- ☐ Chronic bronchitis
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Emphysema
- ☐ Pulmonary fibrosis
- ☐ Pulmonary hypertension
- ☐ Cystic Fibrosis

☐ **Dementia**☐ **Diabetes Mellitus**☐ **End Stage Renal Disease (ESRD)****Mental Health Conditions**

- ☐ Bipolar disorders
- ☐ Major depressive disorders
- ☐ Paranoid disorder
- ☐ Schizoaffective disorder
- ☐ Schizophrenia
- ☐ Post-traumatic stress disorder (PTSD)
- ☐ Eating disorders
- ☐ Anxiety disorders

Neurologic Disorders

- ☐ Amyotrophic lateral sclerosis (ALS)
- ☐ Epilepsy
- ☐ Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia)
- ☐ Huntington's disease
- ☐ Multiple sclerosis
- ☐ Parkinson's disease
- ☐ Polyneuropathy
- ☐ Spinal stenosis
- ☐ Stroke-related neurologic deficit
- ☐ Fibromyalgia
- ☐ Chronic fatigue syndrome
- ☐ Spinal cord injuries

☐ **Stroke**☐ **Overweight, obesity, and metabolic syndrome**☐ **Immunodeficiency and Immunosuppressive disorders**☐ **Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell**

- ☐ None of the above. Records for this patient do not indicate a diagnosis of any of the above qualifying conditions, require intensive care management, and is not at high risk of hospitalization.

- ☐ **Conditions that require continued therapy services in order for individuals to maintain or retain functioning**

Chronic Gastrointestinal Disease

- ☐ Chronic liver disease
- ☐ Non-alcoholic fatty liver disease (NAFLD)
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Pancreatitis
- ☐ Irritable bowel syndrome
- ☐ Inflammatory bowel disease

Chronic Kidney Disease (CKD)

- ☐ CKD requiring dialysis
- ☐ CKD not requiring dialysis

Conditions Associated with Cognitive Impairment

- ☐ Alzheimer's disease
- ☐ Intellectual disabilities and developmental disabilities
- ☐ Traumatic brain injuries
- ☐ Disabling mental illness associated with cognitive impairment
- ☐ Mild cognitive impairment

Other Chronic Conditions

- ☐ Post-organ transplantation care
- ☐ HIV/AIDS

Severe Hematologic Disorders

- ☐ Aplastic anemia
- ☐ Hemophilia
- ☐ Immune thrombocytopenic purpura
- ☐ Myelodysplastic syndrome
- ☐ Sickle-cell disease (excluding sickle-cell trait)
- ☐ Chronic venous thromboembolic disorder

Conditions with Functional Challenges and Require Similar Services Including the Following

- ☐ Paralysis
- ☐ Limb loss
- ☐ Stroke
- ☐ Arthritis

Special supplemental benefits for the chronically ill (SSBCI)-qualifying chronic conditions include congestive heart failure (CHF), chronic lung disorders, dementia, diabetes, and stroke. For plans H4961-006 & H8832-003, the qualifying condition is end-stage renal disease (ESRD). For plan H3815-033, the qualifying condition is chronic kidney disease (CKD). Other chronic conditions may apply. Medical records will be used to establish the member qualification. The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify because other eligibility and coverage criteria also apply.

PROVIDER INFORMATION

Provider NPI:		
First Name:	Last Name:	Middle Initial:
Phone Number: ()	Fax Number: ()	
Street Address:		
City:	State:	ZIP Code:

PROVIDER CERTIFICATION AND AUTHORIZATION

I certify that the information provided is complete and noted in the patients' medical records.

Provider Signature_____ Date:_____

MAIL THIS FORM TO:

Please submit the SSBCI Attestation Form to one of the following:



BY MAIL:

PO. Box 14010
Orange, CA 92863
ATTN: Member Services



BY FAX:

Fax Number: **323-728-1460**
ATTN: Member Services

Please allow 30 days for processing.

CONTACT INFORMATION

Members can call their ACCESS On-Demand Concierge Team at:

1-833-242-2223 (TTY 711)

Available 24 hours a day,
7 days a week.



Alignment Health Plan®