Geisinger
HEALTH PLAN

Geisinger Gold Secure Rx (HMO D-SNP)
Special Supplemental Benefits for the Chronically Ill (SSBCI)
Provider Attestation Form

Geisinger Gold Secure Rx (HMO D-SNP) members with certain chronic conditions **may** qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) based on the requirements found on the next page of this form.

As a Geisinger Gold Secure Rx (HMO D-SNP) member, you need to follow these steps:

1. Complete the **Member information** section below.
2. Take this form to your healthcare provider to fill out the **Provider information** section.

Your provider is responsible for submitting the completed form to Geisinger Gold by faxing it to 570-214-1384 or by mailing it to 100 N. Academy Ave., Attn: SSBCI 32-20, Danville, PA 17822.

Member information:	
Member first name:	Member last name:
Date of birth:	
Medicare beneficiary ID	
Member ID (if available):	

The benefits mentioned are a part of the Special Supplemental Program for the Chronically Ill (SSBCI). Not all members qualify. Qualifying conditions include but are not limited to diabetes, dementia, behavioral health conditions, cancer, and neurologic disorders. For more information, please review your Evidence of Coverage (EOC). Eligibility for these benefits cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided.

Your provider should complete the following section.

Provider information:

Providers: By completing and signing this form, you attest that the above-referenced patient meets the defined eligibility requirements for Supplemental Benefits for the Chronically Ill (SSBCI) based on the criteria outlined in the SSBCI Qualifying Conditions Criteria document included with this form.

Submit the completed form to Geisinger Gold by faxing it to 570-214-1384 or by mailing it to 100 N. Academy Ave., Attn: SSBCI 32-20, Danville, PA 17822.

Provider first name:	Provider last name:
Street address:	City:
State:	Zip:
Phone:	Fax:
NPI:	

☐ I certify that the above member **does not** have a qualifying chronic condition and/or **does not** have a high-risk of adverse health outcomes/risk of hospitalization and does not qualify for Geisinger Gold Secure Rx (HMO D-SNP) SSBCI benefits.

☐ I certify that the above-referenced patient meets the defined criteria to receive SSBCI as outlined on the following page of this form. **(Check all conditions below that apply.)**

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

Provider signature:

Date:

Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. are part of Geisinger, an integrated health care delivery and coverage organization. Risant Health is the parent organization of Geisinger.

Supplemental Benefits for the Chronically Ill (SSBCI) qualifying conditions criteria

Per CMS guidelines, members must have at least one of the eligible chronic conditions listed under the “eligible conditions” section of this page **and** have a condition that:

- Is life-threatening or significantly limits overall health or function
- Has a high risk of hospitalization or other adverse health outcomes and
- Requires intensive care coordination

Meeting these conditions must be demonstrated by one or more of the following:

- One or more inpatient admissions (including behavioral health) related to the chronic condition within the last 36 months
- Two or more outpatient visits (primary care or specialty care) related to the chronic condition in the last 36 months
- One or more urgent care or emergency room visits related to the chronic condition in the last 36 months
- Patient requires home health visits related to the chronic condition
- Impairments in activities of daily living (e.g., bathing, dressing, toileting, transferring, eating) or cognitive impairments
- Requires one or more DME in the outpatient setting, including:
    - Group 3 power/manual wheelchair
    - Non-invasive ventilation (NIV), BiPAP, wound vacuums
    - Mechanical in-exsufflation devices
    - Group 2 or Group 3 mattresses

Eligible chronic conditions include:

- Autoimmune disorders
    - Retinal disorders
    - Diseases of the inner ear
    - Isolated myocarditis
    - Ophiasis
    - Orchitis
    - Oophoritis
- Cancer
    - Also includes diagnosis in relapse or remission
    - Benign neoplasm
    - Benign carcinoid
    - Neurofibromatosis
- Cardiovascular disorders
- Chronic alcohol use disorder and other substance use disorders (SUDs)
    - Also includes diagnosis in remission
- Chronic and disabling mental health conditions
- Chronic conditions that impair vision, hearing (deafness), taste, touch and smell
- Chronic gastrointestinal disease
- Chronic heart failure
- Chronic kidney disease (CKD)
- Chronic lung disorders
- Conditions associated with cognitive impairment
    - Mathematics disorder
- Conditions that require continued therapy services to maintain or retain functioning
    - After-care
- Conditions with functional challenges
- Dementia
- Diabetes mellitus
- HIV/AIDS, immunodeficiency and immunosuppressive disorders
- Neurologic disorders
- Overweight, obesity and metabolic syndrome
- Post-organ transplantation
- Severe hematologic disorders
- Stroke