✓MetroPlusHealth

PROVIDER ATTESTATION OF PATIENT DIAGNOSIS FOR SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL (SSBCI) ELIGIBILITY

The Centers for Medicaid & Medicare (CMS) has important rules for offering supplemental flex benefits for the chronically ill who qualify. MetroPlusHealth wants you to know that certain flex benefits, documentation requirements to access flex benefits, and any limitations are based upon CMS rules.

Form Instructions

To qualify for SSBCI, your patient must be a chronically ill individual who has one or more of the active qualifying chronic conditions listed on the next page and **meet all of the following criteria**:

1. Has a condition that is life-threatening or significantly limits their overall health or function;
2. Has a high risk of hospitalization or other adverse health outcomes; and
3. Requires intensive care coordination.

Eligibility for SSBCI cannot be guaranteed based solely on your patient's conditions.

All applicable eligibility requirements must be met before the benefit is provided.

Please complete this **Provider Attestation of Patient Diagnosis for SSBCI Eligibility** attesting that the patient meets the listed criteria and documenting the qualifying conditions the patient has been diagnosed with in the past 12 months.

Then, **fax** the completed form to **212-908-3004 or mail it to**:

MetroPlusHealth
Attention: Quality Management Dept.
50 Water Street, 7th floor
New York, NY 10004

ALL FIELDS MUST BE COMPLETED

First name: _____ Last name: _____ MI: ____

Member ID or MBI: _____ Date of birth: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip code: _____

Provider attestation

My records for the above-named patient document diagnoses of one or more of the following conditions:

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

_____

☐ Additionally, I attest that this chronically ill patient:

1. Has a condition that is life threatening or significantly limits their overall health or function;
2. Has a high risk of hospitalization or other adverse health outcomes; and
3. Requires intensive care coordination.

I hereby attest that the information selected above is correct and is noted in the patient's medical record.

_____	_____	_____
Provider name (please print)	Provider credential (i.e., MD, PCP)	Provider NPI#

Provider signature: _____ Date: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____

All members receive a Flex Card; however, only members who qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use their Flex Card funds for food, utilities, pet supplies, and rent assistance. All members, even those that do not qualify, can use their Flex Card for OTC items, home and bathroom safety devices, chiropractic visits, and Personal Emergency Response System (PERS) services. To use your Flex Card for food, utilities, pet supplies, and rent assistance: 1) You must have a chronic condition, which includes but is not limited to: cardiovascular disorders, diabetes mellitus, kidney disease, cancer, or disabling mental health conditions, among other conditions not listed; 2) the plan must determine that you are "chronically ill;" and 3) these extra benefits must reasonably improve your health or function.

Please note that additional conditions, limitations, and requirements may apply based on CMS rules and regulations.