

SSBCI Attestation Form

Highmark requires an attestation form from a treating provider to administer specific and valuable benefits to this member.

PROVIDER INSTRUCTIONS:

- Complete the information on page 1 and make your selections on page 2 by completely filling in the boxes. (Select all diagnosed conditions.)
 - If completing an electronic form, click on the box in front of your selections.
 - If completing a printed form, fully fill in the boxes in front of your selections. (☐ correct ☒ incorrect)
- Fax the completed pages 1 and 2 within three to five business days to **844-246-1353**.
- Refer to the Condition Qualification List on page 3 for additional clarifying information.

Provider NPI:

Provider Name:

Provider Address:

Provider Signature:

Member ID:

Member Full Name (Last, First, MI):

Member Date of Birth (MM/DD/YYYY):

Member Home Address:

FILL ALL STATEMENTS & CONDITIONS THAT APPLY TO THE MEMBER:

- ☐ **Yes, this member has been diagnosed with a qualifying chronic condition from Highmark's approved list to receive SSBCI benefits. If yes, please fill all conditions that apply:**
- ☐ 1. Therapy services required for individuals to maintain or retain functioning
 - ☐ 2. Overweight, Obesity, and/or Metabolic Syndrome
 - ☐ 3. Immunodeficiency and Immunosuppressive Disorders
 - ☐ 4. Conditions with Functional Challenges
 - ☐ 5. Chronic Gastrointestinal Disease
 - ☐ 6. Cardiovascular Disorders
 - ☐ 7. Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell
 - ☐ 8. Conditions associated with cognitive impairment
 - ☐ 9. Severe Hematologic Disorders
 - ☐ 10. Neurologic Disorders
 - ☐ 11. HIV/AIDS
 - ☐ 12. Diabetes
 - ☐ 13. Post-Organ Transplant
 - ☐ 14. Dementia
 - ☐ 15. Autoimmune Disorders
 - ☐ 16. Chronic Alcohol and other drug dependencies
 - ☐ 17. End-Stage Liver Disease
 - ☐ 18. End-Stage Renal Disease
 - ☐ 19. Chronic and disabling Mental Health conditions
 - ☐ 20. Chronic Lung Disorders
 - ☐ 21. Stroke
 - ☐ 22. Chronic Heart Failure
 - ☐ 23. Cancer, excluding pre-cancer conditions or in-situ status
 - ☐ 24. Chronic Kidney Disease
- ☐ **Yes, the member's health situation puts the patient at high risk of adverse health outcomes/risk of hospitalization.**
- ☐ **No, this member does not have a qualifying chronic disease and/or does not have a high risk of adverse health outcomes/risk of hospitalization and does not qualify for Highmark's SSBCI benefits.**

Highmark D-SNP 2026 SSBCI Condition Qualification List

1. Conditions that require continued therapy services for individuals to maintain or retain functioning
2. Overweight, Obesity, and/or Metabolic Syndrome
3. Immunodeficiency and Immunosuppressive Disorders
4. Conditions with Functional Challenges
5. Chronic Gastrointestinal Disease
6. Cardiovascular Disorders limited to: Cardiac Arrhythmias, Coronary Artery Disease, Elevated Lipid Profile, Peripheral Vascular Disease, Hypertension, and Chronic Venous Thromboembolic Disorder
7. Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell
8. Conditions associated with cognitive impairment
9. Severe Hematologic Disorders limited to: Aplastic Anemia, Hemophilia, Immune Thrombocytopenic Purpura, Myelodysplastic Syndrome, Sickle-Cell Disease (excluding Sickle-Cell Trait), and Chronic Venous Thromboembolic Disorder
10. Neurologic Disorders limited to: Amyotrophic Lateral Sclerosis (ALS), Epilepsy, Extensive Paralysis (i.e., Hemiplegia, Quadriplegia, Paraplegia, Monoplegia), Huntington's Disease, Multiple Sclerosis, Parkinson's Disease, Polyneuropathy, Spinal Stenosis, and Stroke-related Neurologic Deficit
11. HIV/AIDS
12. Diabetes Mellitus
13. Post-Organ Transplantation
14. Dementia
15. Autoimmune Disorders limited to: Polyarteritis Nodosa, Polymyalgia Rheumatica, Polymyositis, Rheumatoid Arthritis, and Systemic Lupus Erythematosus
16. Chronic Alcohol and other drug dependence
17. End-Stage Liver Disease
18. End-Stage Renal Disease
19. Chronic and disabling Mental Health conditions limited to: Bipolar Disorders, Major Depressive Disorders, Paranoid Disorder, Schizophrenia, and Schizoaffective Disorder
20. Chronic Lung Disorders limited to: Asthma, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease, Emphysema, Pulmonary Fibrosis, and Pulmonary Hypertension
21. Stroke
22. Chronic Heart Failure
23. Cancer, excluding pre-cancer conditions or in-situ status
24. Chronic Kidney Disease



All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Benefits and/or benefit administration may be provided by or through the following entities which are independent licensees of the Blue Cross Blue Shield Association:

Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield.

West Virginia: Highmark Health Options West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield.

Highmark Health Options Duals is offered by Highmark Blue Cross Blue Shield. Highmark Blue Cross Blue Shield offers HMO plans with a Medicare Contract. Enrollment in these plans depends on contract renewal.