Provider Bulletin
October 2025

Special supplemental benefits for the chronically ill eligibility requirements

HealthSun Health Plans, Inc. (HealthSun) must approve members for special supplemental benefits for the chronically ill (SSBCI), such as groceries, utilities, chronic meals (for more than 90 days), and non-emergency transportation to non-health-related destinations.

Per CMS guidelines, to be eligible for SSBCI benefits, a member must have a qualifying chronic condition and meet **all** the criteria below:

1. Has one or more comorbid and medically complex chronic conditions that are life threatening or significantly limit the overall health or function of the enrollee
2. Has a high risk of hospitalization or other adverse health outcomes
3. Requires intensive care coordination

To ensure that members, care providers, and other clinical teams have a clear understanding of eligibility requirements, HealthSun has established a set of *Clinical Guidelines* that we believe equate to the above criteria. In short, a member would be deemed eligible for an SSBCI benefit if they:

- Have a valid chronic condition as listed in their *Evidence of Coverage (EOC)*
- And **any** of the following are true:
    - Had one or more inpatient admissions (inclusive of behavioral health) related to the chronic condition in the last 12 months
    - Had one or more urgent care or emergency room visits related to the chronic condition in the last 12 months
    - Had two or more outpatient visits related to the chronic condition (including primary care or specialty care visits) in the last 12 months
    - Are a patient who requires home health visits related to the chronic condition
    - Are a patient who has an impairment in daily living activities related to the chronic condition (bathing, dressing, toileting, transferring, and eating) or cognitive impairments
    - Are a patient with one or more chronic conditions and a need for one or more pieces of durable medical equipment (DME) in the outpatient setting, including but not limited to: group 3 power/manual wheelchair, noninvasive ventilation (NIV), wound vacuums, bipap machines, mechanical in-exsufflation devices, or group 2 or group 3 mattresses
    - Are successfully enrolled in a chronic special needs plan (CSNP)

HealthSun must ensure that both newly enrolled members and those already approved continue to meet the criteria outlined above.

HealthSun Health Plans, Inc. is a Medicare contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in HealthSun Health Plans, Inc. depends on contract renewal.
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Use of care provider confirmations to support eligibility

When insufficient evidence is available for HealthSun to render an organizational determination on a member's eligibility, HealthSun will request a medical review by its participating care providers that a member meets the clinical guidelines listed above.

Electronic requests will be made through our Provider Portal. Upon logging in, you can access a list of members needing an SSBCI Provider Confirmation Form. Detailed instructions, summaries of eligible conditions, and applicable Clinical Guidelines will also be provided to facilitate referral requests. Since these requests affect members' access to benefits, please handle them as you would any organizational determination request and aim to return them within three to five days of receipt. The SSBCI Provider Confirmation Form is available on our website and can be submitted via fax at (305) 448-4148 if necessary.

Members will be granted a 180-day deeming period from the date of enrollment to confirm eligibility. If eligibility is not verified within this timeframe, supplemental benefits will be discontinued.

Additional notes for care providers delegated for utilization management by HealthSun

For care providers delegated by HealthSun for utilization management, this process is being retained by HealthSun as it applies to supplemental benefits, which generally are not included in such delegation. Consequently, we ask that these care providers please follow the guidance provided above and work directly with HealthSun to establish member eligibility for SSBCI benefits.

For answers to other questions, contact Provider Services at **1-877-999-7776** or your provider representative.