

# Special Supplemental Benefits for the Chronically III (SSBCI) Provider Confirmation

Your provider confirmation is used to make sure the member(s) meet eligibility requirements for Special Supplemental Benefits for the Chronically III (SSBCI) as required by CMS.

You may access the online confirmation form in the HealthSun provider portal (<https://provider.healthsun.com>) to attest if each member who has not yet been qualified has a qualifying chronic condition and meets or does not meet specific clinical requirements to be eligible for benefits outlined as SSBCI.

## Primary Care Physician:

1. After login click the *SSBCI Confirmation* tab.



2. The grid will populate up to 50 members at a time on the page.

[SEARCH MEMBERS](#)

Member Number	PBP Code	First Name	Last Name	DOB	PCP ID	PCP	Member Effective Date	Meets SSBCI Criteria?
1000000001	01	John	Apple	10/10/1987	10001	Dr. Michael Hall (MD) (10001)	01/01/2012	Select
1000000019	19	Samuel	Adams	08/01/1988	10004	Dr. Michael Hall (MD) (10004)	05/01/2022	Select
1000000019	19	Grace	Adams	08/01/1988	10004	Dr. Michael Hall (MD) (10004)	07/01/2023	Select
1000000006	06	John	Apple	10/10/1987	10001	Dr. Michael Hall (MD) (10001)	01/01/2023	Select
1000000018	18	Benjamin	Alvarez	11/01/1987	10002	Dr. Michael Hall (MD) (10002)	09/01/2023	Select
1000000019	19	Samuel	Adams	08/01/1988	10004	Dr. Michael Hall (MD) (10004)	07/01/2022	Select
1000000019	19	Alfred	Alvarez	11/01/1987	10001	Dr. Michael Hall (MD) (10001)	01/01/2023	Select
1000000019	19	John	Apple	10/10/1987	10001	Dr. Michael Hall (MD) (10001)	01/01/2023	Select
1000000019	19	Alfred	Alvarez	11/01/1987	10001	Dr. Michael Hall (MD) (10001)	05/01/2022	Select
1000000006	06	John	Apple	10/10/1987	10001	Dr. Michael Hall (MD) (10001)	01/01/2023	Select
1000000019	19	Samuel	Adams	08/01/1988	10004	Dr. Michael Hall (MD) (10004)	12/01/2023	Select

- To the right of the grid, click dropdown for “Meets SSBCI Criteria?” to select if member meets *or* does not meet criteria. If you are unsure about selection, you may leave the default “Select” option and the record will remain on the grid.

SEARCH MEMBERS

Member Number	PBP Code	First Name	Last Name	DOB	PCP ID	PCP	Member Effective Date	Meets SSBCI Criteria?
00000000	01	Yolani	Araya	11/04/1987	00000	Benjamin/Alvarez (PCP/PA)	01/01/2012	Select
00000000	19	Benito	Alarango	06/01/1988	00000	Benjamin/Alvarez (PCP/PA)	05/01/2022	Select
00000000	19	Giada	Adams	06/05/1988	00000	Celia/Alvarez (PCP/PA)	07/01/2023	Select
00000000	06	Joselyn	Alto	08/03/1987	00000	Benjamin/Alvarez (PCP/PA)	01/01/2023	Select
00000000	18	Benjamin	Alvarez	11/02/1987	00000	Benjamin/Alvarez (PCP/PA)	09/01/2023	Select
00000000	19	Benjamin	Alvarez	04/25/1946	00000	Benjamin/Alvarez (PCP/PA)	07/01/2022	Select
00000000	19	Alfredo	Alvarez	11/02/1982	00000	Benjamin/Alvarez (PCP/PA)	01/01/2023	Select
00000000	19	Yolani	Alvarez	11/04/1987	00000	Benjamin/Alvarez (PCP/PA)	01/01/2023	Select
00000000	19	Alfredo	Alvarez	04/05/1946	00000	Benjamin/Alvarez (PCP/PA)	05/01/2022	Select
00000000	06	Yolani	Alvarez	08/03/1987	00000	Benjamin/Alvarez (PCP/PA)	01/01/2023	Select
00000000	19	Benjamin	Alvarez	04/25/1946	00000	Benjamin/Alvarez (PCP/PA)	12/01/2023	Select

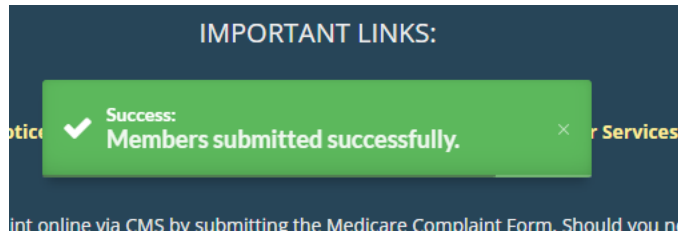
- After selection(s) has been made, enter the attesting physician’s name as signature and click “Submit”.

#### Agreement

By typing in the physician's name below you certify that the above reference patient(s) is under the above referenced provider's care, and the above selection(s) is correct.

Attesting Physician Name:

5. Once submitted, a green prompt will appear indicating that submissions were successful. A new list of any remaining members will populate.



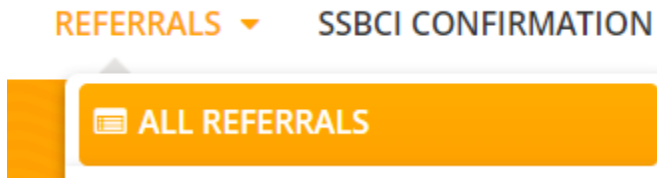
6. If a member is not listed in results grid, you may search for member using the 3 search fields. Then, continue to submit attestation.

If you need to search for a member not already displayed below, please fill in the 3 fields below and click the Search Members button:

Member Number:	Member Last Name:	Member DOB:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="SEARCH MEMBERS"/>		

## Viewing Submission

1. To view the submission, use the *Referrals* tab and select “All Referrals”.



2. Select the date of the submission by clicking the calendar image, choose date and click “Search Referrals” to view results.

The image shows a search interface for referrals. It includes a 'Date From' field with a calendar icon, a 'Date To' field with a calendar icon, and a 'By Status' dropdown menu. A calendar for October 2024 is displayed, with the date 17 highlighted. A 'SEARCH REFERRALS' button is located at the bottom.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
40	29	30	01	02	03	04
41	06	07	08	09	10	11
42	13	14	15	16	17	18
43	20	21	22	23	24	25

3. When results load, click the green pencil icon to view submission(s).

Referral Number	Type	Member	Specialist	PCP #	Date Created	Status	Last Modified by	Last Modified	
10172024	SSBC ELIGIBILITY	Member 1	Specialist 1		10/17/2024	New Referral		10/17/2024	
10172024	SSBC ELIGIBILITY	Member 2	Specialist 2		10/17/2024	New Referral		10/17/2024	
10172024	SSBC ELIGIBILITY	Member 3	Specialist 3		10/17/2024	New Referral		10/17/2024	
10172024	SSBC ELIGIBILITY	Member 4	Specialist 4		10/17/2024	New Referral		10/17/2024	
10172024	SSBC ELIGIBILITY	Member 5	Specialist 5		10/17/2024	New Referral		10/17/2024	
10172024	SSBC ELIGIBILITY	Member 6	Specialist 6		10/17/2024	New Referral		10/17/2024	
10172024	SSBC ELIGIBILITY	Member 7	Specialist 7		10/17/2024	New Referral		10/17/2024	
10172024	SSBC ELIGIBILITY	Member 8	Specialist 8		10/17/2024	New Referral		10/17/2024	
10172024	SSBC ELIGIBILITY	Member 9	Specialist 9		10/17/2024	New Referral		10/17/2024	
10172024	SSBC ELIGIBILITY	Member 10	Specialist 10		10/17/2024	New Referral		10/17/2024	

4. You will view the submission information including a PDF version of the signed attestation.

#### MEMBER INFORMATION

Member ID: [Redacted] Member: [Redacted]  
 Phone: [Redacted] Date of birth: [Redacted]

#### MEMBER'S PCP

PCP: [Redacted]  
 Phone: [Redacted]  
 Referral Valid: [Redacted]

#### REFERRAL INFORMATION

Discontinued/Cancelled Treatment: No  
 Status: New Referral Expedited: No  
 Specialist: [Redacted] Specialist ID: [Redacted]  
 Date of Service: [01/01/2025] UPDATE  
 Specialist Address: [Redacted]  
 Phone: [Redacted]  
 Fax: [Redacted]  
 Email: [Redacted]  
 Facility: [Redacted]

#### Diagnosis Codes

Code	Description
R69	Illness, unspecified

#### CPT Codes

Code	Description	Visits Approved
SSBC	Supplemental Benefits for Chronically Ill	3

#### Files

File Name
SSBC Form_H5764168_20241017120059.pdf

**Provider Confirmation Form  
Special Supplemental Benefits for the Chronically Ill (SSBCI)**

This form is used to make sure the member meets eligibility requirements for Special Supplemental Benefits for the Chronically Ill (SSBCI) as required by CMS. Full eligibility requirements can be found on the next page.

The member listed below has requested access to one or more Special Supplemental Benefits for the Chronically Ill, which by CMS guidelines, requires them to have a qualifying chronic condition and meet specific clinical requirements as outlined on the following pages.

**Member Information**

**Member First and Last Name:** [REDACTED]  
**Date of Birth:** [REDACTED]  
**Medicare Beneficiary ID:** [REDACTED]  
**Member ID:** [REDACTED]

By typing in your name below representing your electronic signature, you certify that the above referenced patient is under the below referenced provider's care and:

- Meets the Defined Criteria  
 Does Not Meet the Defined Criteria

**Provider Information**

**Provider First and Last Name:** [REDACTED]  
**Address:** [REDACTED]  
**Phone Number:** [REDACTED]  
**Fax Number:** [REDACTED]  
**NPI:** [REDACTED]  
**Electronic Signature:** Jorge C

**Date:** 10/17/2024