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| **Title** | SSBCI (Special Supplemental Benefits for the Chronically Ill) |
| **Department or Area** | PM - Sales & Marketing |
| **Policy Reference #** | **29A.033** |
| **Policy Owner Name, Title, and Signature** | Sue Radice, VP of Plan Management<br> <br>_____<br>***Signature*** |
| **Policy Origination Date** | June 2026 |
| **Recertification Date** | |
| **Next Recertification Date** | September 15, 2026 |

## 1.0 PURPOSE

**1.1** The purpose of this policy is to define the requirements an enrollee must meet to qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI).

**1.2** This policy establishes eligibility criteria, prohibited items and services as well as documentation requirements associated with SSBCI benefits.

**1.3** This policy ensures compliance with applicable Centers for Medicare & Medicaid Services (CMS) requirements governing Special Supplemental Benefits for the Chronically Ill.

## 2.0 POLICY

**2.1** Provider Partners will offer SSBCI benefits only to eligible enrollees who meet all CMS established eligibility requirements.

**2.2** The Provider Partners Care Management Team is responsible for assessing newly enrolled members during the onboarding Health Risk Assessment (HRA) process to determine eligibility for SSBCI benefits.

**2.1.1** Documentation supporting the eligibility determination, including applicable qualifying criteria, assessment findings and related clinical information will be recorded and retained within the organization's clinical care management systems.

**2.1.2** The process for determining SSBCI eligibility may require up to 90 days before a final eligibility decision is confirmed in the member's record.

**2.3** All eligibility determinations will be documented in the member's record.

**2.4** SSBCI benefits shall not be offered for items or services explicitly prohibited by any regulatory guidance or CMS.

## 3.0 SCOPE & APPLICABILITY

**3.1** All Provider Partners personnel responsible for oversight of SSBCI programs

**3.2** Eligible Provider Partners members

## 4.0 DEFINITIONS

**4.1** CMS – Centers for Medicare & Medicaid Services

**4.2** SSBCI – Special Supplemental Benefits for the Chronically Ill – Extra non-uniform benefits that Medicate Advantage, Part C, plans can offer to enrollees with severe or complex chronic conditions.

**4.3** HRA – Health Risk Assessment – A screening tool and questionnaire used to collect information about a newly enrolled member's medical history, lifestyle habits and overall health status.

**4.4** EMR - Electronic Medical Records – A digital version of a patient's paper chart that stores medical and treatment history within a single healthcare practice or organization.

## 5.0. SANCTIONS

5.1 Failure to comply with this policy may result in disciplinary action up to and including termination.

5.2 Failure to adhere to CMS requirements governing SSBCI benefits may subject Provider Partners and/or delegated entities to regulatory oversight or corrective action.

## 6.0 EXCEPTIONS

6.1 Any deviations from this policy must be approved by the Chief Executive Officer (CEO) and documented in writing.

## 7.0 REGULATORY REFERENCE

**7.1** 42 CFR 422.102(f)

**7.2** 42 CFR§422.102(f)(4)(iii)(C)

**7.3** 42 CFR§422.2267(34)(i)(ii)(iii)(v)

## 8.0 PROCEDURE

**8.1** Provider Partners will evaluate all members enrolled in the plan for SSBCI eligibility during the HRA process. To qualify for an SSBCI benefit, the enrollee must meet **ALL** of the following criteria (in bold 8.1.1-8.1.3):

**8.1.1 Has one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits the overall health or function of the enrollee.**

8.1.1.1 Chronic alcohol use disorder and other substance use disorders (SUDs)

8.1.1.2 Autoimmune disorders

8.1.1.3 Cancer

8.1.1.4 Cardiovascular disorders
8.1.1.5 Chronic heart failure
8.1.1.6 Dementia
8.1.1.7 Diabetes mellitus
8.1.1.8 Overweight, obesity and metabolic syndrome
8.1.1.9 Chronic gastrointestinal disease
8.1.1.10 Chronic kidney disease (CKD)
8.1.1.11 HIV/AIDS
8.1.1.12 Chronic lung disorders
8.1.1.13 Chronic and disabling mental health conditions
8.1.1.14 Neurologic disorders
8.1.1.15 Stroke
8.1.1.16 Post-organ transplantation
8.1.1.17 Immunodeficiency and immunosuppressive disorders
8.1.1.18 Conditions associated with cognitive impairment
8.1.1.19 Conditions with functional challenges
8.1.1.20 Chronic conditions that impair vision, hearing (deafness), taste, touch and smell
8.1.1.21 Conditions that require continued therapy services in order for individuals to maintain or retain functioning

**8.1.2 Has a high risk of hospitalization or other adverse health outcomes.**

**8.1.3 Requires intensive care coordination.**

**8.2** Provider Partners Care Management will document the SSBCI eligibility results in the member record in accordance with Provider Partners record retention requirements.

**8.2.2** A member is not considered eligible until a HRA has been completed and submitted in the Plan's EMR.

**8.2.3** SSBCI benefit coverage will not begin until eligibility is received into the Plan's EMR and transmitted to the Plan's contracted SSBCI vendor.

**8.3** Items/Services that may not be offered as SSBCI due to being classified as "non-allowable SSBCI" include all the following:

8.3.1 Procedures that are solely cosmetic in nature and do not extend upon Traditional Medicare coverage (for example, cosmetic surgery, such as facelifts, or cosmetic treatments for facial lines, atrophy of collagen and fat, and bone loss due to aging).
8.3.2 Hospital indemnity insurance.
8.3.3 Funeral planning and expenses.
8.3.4 Life insurance.
8.3.5 Alcohol.
8.3.6 Tobacco.

8.3.7 Cannabis products that are illegal under applicable State or Federal law.
8.3.8 Broad membership programs inclusive of multiple unrelated services and discounts.
8.3.9 Non-healthy food.

**8.4** The Plan will publicly post and communicate SSBCI eligibility requirements through member materials. These materials will be made available to members and prospective members through CMS approved distribution methods including:
8.4.1 Evidence of Coverage
8.4.2 Summary of Benefits
8.4.3 Annual Notice of Change (when applicable)
8.4.4 Plan Website
8.4.4.1 pphealthplan.com/members/indiana-community-plan/
8.4.4.2 pphealthplan.com/members/missouri-community-plan/
8.4.4.3 pphealthplan.com/members/north-carolina-community-plan/
8.4.4.4 pphealthplan.com/members/pennsylvania-community/
8.4.4.1.1 Downloadable Evidence of Coverage
8.4.4.1.2 Downloadable Annual Notice of Change
8.4.4.1.3 Downloadable Summary of Benefits

**8.5** If a Member disenrolls from Provider Partners Health Plans, any SSBCI benefit(s) will terminate effective on the Member's last day of enrollment in the Plan. Unused SSBCI benefits do not roll over, carry forward or remain available after the Member's coverage termination date.

**8.5.1** A member with a disenrollment effective date of August 31, 2027 will retain access to eligible benefits through the end of the day local time on August 31,2027. All SSBCI benefits will terminate immediately thereafter.
Example: Member disenrollment date: 8/31/2027
SSBCI benefit(s) termination date: 8/31/2027, EOD local time

## 9.0 ASSOCIATED POLICY DOCUMENT(s)

9.1 29A.030 Benefit Support Specialists
9.2 29A.031 Benefit Support Specialists, Room to Room Visits