CHAMPION
HEALTH PLAN

Chronic Condition Verification & SSBCI Clinical Assessment

For C-SNP eligibility verification and Special Supplemental Benefits for the Chronically Ill (SSBCI)
Please return within 10 calendar days of receipt. Phone: 1-800-514-6355 | Fax: 1-562-647-5764

Provider name: _____ Practice: _____

1 Patient information

Last name: _____ First name: _____ M.I.: _____

Medicare ID (MBI): _____ Date of birth: _____

2 Verify documented chronic conditions (check all that apply)

★ = May qualify for a Champion C-SNP, subject to the specific plan's approved diagnoses and eligibility verification. Unstarred conditions may support SSBCI evaluation but do not independently qualify for a Champion C-SNP.

Cardiovascular and metabolic

- ☐ ★ Diabetes mellitus (Type 1 or Type 2)
- ☐ ★ Coronary artery disease
- ☐ ★Peripheral vascular disease
- ☐ ★ Hypertensive heart disease
- ☐ Hyperlipidemia
- ☐ ★ Chronic heart failure
- ☐ ★ Cardiac arrhythmia (including atrial fibrillation)
- ☐ ★ Chronic venous thromboembolic disorder
- ☐ Chronic hypertension
- ☐ Obesity / metabolic syndrome

Kidney and liver

- ☐ Chronic kidney disease, Stage 3
- ☐ ★ Chronic kidney disease, Stage 5
- ☐ ★ Kidney transplant recipient (within applicable 36-month period)
- ☐ Other chronic liver disease
- ☐ ★ Chronic kidney disease, Stage 4
- ☐ ★ End-stage renal disease requiring dialysis
- ☐ End-stage liver disease

Pulmonary

- ☐ COPD
- ☐ Chronic bronchitis / emphysema
- ☐ Asthma
- ☐ Pulmonary fibrosis / pulmonary hypertension

Neurologic and cognitive

- ☐ Alzheimer's disease / other dementia
- ☐ Parkinson's disease
- ☐ ALS / Huntington's disease
- ☐ Stroke / residual neurological deficits
- ☐ Multiple sclerosis / epilepsy
- ☐ Polyneuropathy / spinal stenosis / extensive paralysis

CHAMPION HEALTH PLAN

Chronic Condition Verification & SSBCI Clinical Assessment (Cont.)

Mental health and substance use

- ☐ ★ Schizophrenia
- ☐ ★ Bipolar disorder
- ☐ ★ Paranoid disorder (only if approved for Champion Plus)
- ☐ ★ Schizoaffective disorder
- ☐ ★ Major depressive disorder (with applicable serious functional limitations)
- ☐ Alcohol use disorder / other substance use disorder

Cancer, autoimmune, hematologic and other

- ☐ Active cancer
- ☐ Polyarteritis nodosa / polymyalgia rheumatica / polymyositis
- ☐ Immune thrombocytopenic purpura / myelodysplastic syndrome
- ☐ Other medically complex chronic condition: _____
- ☐ Rheumatoid arthritis / systemic lupus erythematosus
- ☐ Sickle-cell disease / hemophilia / aplastic anemia
- ☐ HIV/AIDS
- ☐ No listed conditions documented.

Primary diagnosis / ICD-10: _____

3 SSBCI clinical assessment (complete when SSBCI is being evaluated)

A. Does the patient have one or more medically complex chronic conditions that are life-threatening or significantly limit overall health or function? ☐ Yes ☐ No ☐ Unable to determine

B. Is the patient at high risk of hospitalization or other adverse health outcomes? ☐ Yes ☐ No ☐ Unable to determine

Supporting factors: ☐ Recent hospitalization/ED use ☐ Recurrent exacerbations ☐ Functional decline ☐ Multiple significant conditions ☐ Other: _____

C. Does the patient require intensive care coordination? ☐ Yes ☐ No ☐ Unable to determine

Supporting needs: ☐ Multiple treating providers ☐ Frequent monitoring ☐ Complex medication management ☐ Specialty/behavioral care coordination ☐ Dialysis/transplant coordination

D. Could the following benefits reasonably be expected to improve or maintain health or function?

Healthy Foods / nutritional support: ☐ Yes ☐ No ☐ Unable to determine

Utilities assistance: ☐ Yes ☐ No ☐ Unable to determine

Clinical explanation (optional): _____

4 Treating clinician attestation

I attest that checked diagnoses are documented in the patient's medical record and the information supplied is accurate to the best of my knowledge. Champion Health Plan makes the final eligibility determinations.

Printed name / credentials: _____ Title: _____

Signature: _____ Date: _____

CHAMPION
HEALTH PLAN

Chronic Condition Verification & SSBCI Clinical Assessment (Cont.)

5 Champion Health Plan office use only

Date received: _____ Associate: _____ C-SNP / PBP: _____

C-SNP: ☐ Verified ☐ Not verified ☐ More information needed ☐ Not applicable

SSBCI criteria: ☐ Complex chronic condition ☐ High risk ☐ Intensive care coordination ☐ Benefit clinically appropriate

Determination: ☐ Healthy Foods ☐ Utilities ☐ Both ☐ Not approved ☐ Pending

Basis / objective criteria: _____

Reviewer: _____ Determination date: _____ Review date: _____

A chronic condition alone does not establish SSBCI eligibility. The Plan applies its objective criteria and approved benefit design. C-SNP markers require confirmation against the applicable approved PBP.

Champion Health Plan is an HMO, HMO-POS and HMO C-SNP with a Medicare contract. Enrollment depends on contract renewal. Champion Health Plan complies with applicable federal civil rights laws.