2027 SSBCI CHEAT SHEET

WHAT AGENTS NEED TO KNOW

A chronic diagnosis alone does not automatically qualify a member for SSBCI benefits. SCAN must determine that the member meets all applicable eligibility requirements based on CMS guidance of using medical records, claims data, or a health assessment.

EXISTING MEMBERS

SCAN will use the member's claims data to determine eligibility. Current members who qualify will receive an approval letter by the end of October confirming their SSBCI benefits. If they do not qualify, their provider must complete & submit the SSBCI Questionnaire form for further review. SCAN will fax the form to the member's provider on file.

NOT ALL MEMBERS QUALIFY

NEW MEMBERS

New members can have the qualification form completed by their provider and submitted to SCAN. Members **cannot self-attest**, and **SCAN will not send the form** to the provider. The form will be available by the end of October at www.scanhealthplan.com/SSBCI, and a fillable PDF will be available by the end of November. In some cases, certain Health Risk Assessment (HRA) responses may help identify SSBCI eligibility, however, an HRA alone does not qualify a member. Members can call Member Services for assistance.

ROLES & RESPONSIBILITIES

AGENT RESPONSIBILITIES	MEMBER RESPONSIBILITIES	PROVIDER RESPONSIBILITIES
Describe the benefits, eligibility criteria, and how to access the form.	Get the form from broker. ***Note:*** *2027 SSBCI form is in development. The link will remain the same when updated.*	Access form through Provider Portal or directly from member
Set expectations: No self-attestation and eligibility isn't guaranteed	Take form to provider for completion. **Note:** Claims data alone may not verify eligibility.	Determine whether qualification criteria are met& complete qualification form accurately and fully
Complete HRA to help support SSBCI qualification	Submit completed form to SCAN as instructed	Submit form to SCAN. Fax: (562) 290-0507 or Email: SSBCI@SCANHealthplan.com

SSBCI ELIGIBILITY CRITERIA

Note: *See How can I explain the SSBCI eligibility requirements to a member?* for a member-friendly explanation.

Members may qualify when they meet all plan-specific criteria:

Diagnosed with one or more qualifying, eligible chronic conditions **AND** At high risk of hospitalizations or other adverse health outcomes **AND** In need of intensive care coordination

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DOS AND DON'TS

DON'T SAY	SAY INSTEAD
"You will get the grocery benefit.“	"This benefit is available to members who meet the plan’s eligibility criteria.“
"You have diabetes, so you qualify."	"Your condition may be relevant, but the plan determines whether you meet the applicable criteria."
"Just answer yes here and you’ll get it."	"Please answer the approved questions accurately. The plan determines eligibility."
"Everyone gets this benefit."	"Eligibility varies by member and benefit."
“Why is SCAN making me jump through hoops for these benefits?”	“Don’t blame us, CMS clarified their expectations!”

5 RULES TO TAKE INTO AEP

1. **NEVER PROMISE ELIGIBILITY** Not every member on the plan will qualify.
2. **USE APPROVED LANGUAGE & BENEFIT DESCRIPTIONS**
3. **DON’T MAKE CLINICAL OR ELIGIBILITY DECISIONS.** Eligibility can change over time.
4. When members focus on card, allowance, or $ amount, **SET REALIST EXPECTATIONS**
5. **WHEN IN DOUBT: VERIFY, DOCUMENT, & ESCALATE**

BROKER SCRIPT (15-SECOND EXPLANATION)



“Some plans offer extra benefits for members with certain health conditions. Having the condition does not automatically qualify you. SCAN reviews specific requirements mandated by CMS to determine eligibility, so I can’t guarantee this benefit until SCAN confirms you qualify.”

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2027 SSBCI BENEFITS BY PLAN

Core Qualifying Chronic Cond.	Plan	NonMed Transp	Grocery	Util.	Legal Serv.	Air Qual	Pest Con.	OTC	Meals	Transp
Any condition on SSBCI Form	**Connections/ At Home**	✓	✓	✓		✓	✓			
Chronic heart failure Cardio. Disorders Diabetes	**Balance**	✓	✓							
	Strive	✓	✓	✓						
Any condition listed on SSBCI Form	**Embrace/Tog. Springs/ Advan.**	✓	✓							
	Inclusive	✓			✓					
	Allied		✓							
	Costco Walmart Comp. Ansim	✓	✓					✓		
	Baekse		✓							
CKD 1-5, ESRD, Post Transplant *Note: only ESRD and post transplant can get SSBCI.*	**DaVita**	✓	✓	✓				✓	✓	✓
	DaVita Care Com	✓	✓	✓				✓	✓	✓

27 SSBCI QUALIFYING CHRONIC CONDITIONS

1. Chronic alcohol and other drug dependence
2. Autoimmune disorders i.e. Rheumatoid Arthritis, Psoriatic arthritis, lupus
3. Cancer
4. Cardiovascular disorders
5. Chronic heart failure
6. Dementia
7. Diabetes
8. Overweight, obesity, and metabolic syndrome
9. Chronic gastrointestinal disease such as Inflammatory bowel disease (Crohn's disease, Ulcerative Colitis), chronic liver disease
10. Chronic kidney disease (CKD)
11. Severe hematologic disorders such as sickle cell disease, Hemophilia
12. HIV/AIDS
13. Chronic lung disorders such as asthma, chronic obstructive pulmonary disease (COPD)
14. Chronic and disabling mental health conditions such as major depressive disorder, bipolar disorder
15. Neurologic disorders such as Parkinson's disease, Multiple sclerosis
16. Stroke
17. Post-organ transplantation care
18. Immunodeficiency and Immunosuppressive disorders
19. Conditions associated with cognitive impairment such as Alzheimer's disease, Traumatic brain injuries
20. Conditions with functional challenges such as spinal cord injuries, paralysis
21. Chronic conditions that impair vision, hearing, taste, touch, and smell
22. Conditions that require continued therapy services to retain functioning
23. Chronic hypertension (high blood pressure)
24. Chronic hyperlipidemia (high cholesterol)
25. Chronic disorders of bones, joints and muscles such as osteoporosis, low back pain
26. Chronic disorders of prostate, kidney and ureters
27. Chronic endocrine system disorders such as thyroid disorders

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2027 SSBCI CHEAT SHEET

SCAN'S SSBCI PROCESS

1. **Agent Provides SSBCI form to Member**
2. **Member takes form to provider for completion**
3. **Provider follows instructions to complete & submit form**
4. **SCAN receives form and determines SSBCI status within 10 business days**
5. **SCAN notifies members of their eligibility determination by mail or email (if enrolled in electronic communications)**
6. **Members can start using their SSBCI benefits immediately**

SCAN'S SSBCI PLANS & SERVICE AREAS

Plan Name	Service Area(s)
SCAN Connections (HMO D-SNP)	Los Angeles / Riverside / San Bernardino / San Diego
SCAN Connections at Home (HMO D-SNP)	Los Angeles / Riverside / San Bernardino / San Diego
SCAN Balance (HMO C-SNP)	Clark / Nye
SCAN Strive (HMO C-SNP)	Clark / Nye
SCAN Costco Medicare Advantage (HMO)	Clark / Nye
SCAN Balance (HMO C-SNP)	Maricopa / Pima / Pinal
SCAN Embrace (HMO-POS I-SNP)	Maricopa / Pima
SCAN Embrace Together (HMO-POS I-SNP)	Maricopa / Pima
SCAN Walmart Health Advantage (HMO)	Maricopa / Pima / Pinal
SCAN Walmart Medicare Complete (HMO C-SNP)	Maricopa / Pima / Pinal
SCAN DaVita Dialysis Care Complete (HMO-POS C-SNP)	Maricopa / Pima
Springs Advantage, a SCAN Medicare Plan (HMO-POS I-SNP)	Clackamas / Washington
Springs Together, a SCAN Medicare Plan (HMO-POS I-SNP)	Clackamas / Washington
SCAN Balance (HMO C-SNP)	Los Angeles / Orange
SCAN Balance (HMO C-SNP)	Santa Clara / Stanislaus
SCAN Balance (HMO C-SNP)	Alameda / San Mateo
SCAN Embrace (HMO I-SNP)	Los Angeles

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SCAN'S SSBCI PLANS & SERVICE AREAS CONTINUED

Plan Name	Service Area(s)
SCAN Embrace (HMO I-SNP)	Orange
SCAN Embrace (HMO-POS I-SNP)	San Bernardino
SCAN Strive (HMO C-SNP)	Los Angeles / Orange / Riverside / San Bernardino / San Diego / Ventura
SCAN Strive (HMO C-SNP)	Alameda / Fresno / Kings / Madera / Placer / Sacramento / San Francisco / San Joaquin / San Mateo / Santa Clara / Sonoma / Stanislaus / Tulare / Yolo
SCAN Balance (HMO C-SNP)	Fresno / Kings / Madera / Tulare
SCAN Balance (HMO C-SNP)	Riverside / San Bernardino
SCAN Balance (HMO C-SNP)	San Diego
SCAN Balance (HMO C-SNP)	San Francisco
SCAN Balance (HMO C-SNP)	Placer / Sacramento / San Joaquin / Yolo
SCAN Embrace Together (HMO I-SNP)	Los Angeles / Orange
SCAN Embrace Together (HMO-POS I-SNP)	San Bernardino
SCAN Costco Medicare Advantage (HMO)	Santa Clara / Stanislaus
SCAN Costco Medicare Advantage (HMO)	Placer / Sacramento / San Joaquin / Yolo
SCAN Costco Medicare Advantage (HMO)	San Francisco
SCAN Costco Medicare Advantage (HMO)	Orange
SCAN Costco Medicare Advantage (HMO)	Los Angeles
SCAN Costco Medicare Advantage (HMO)	Riverside
SCAN Costco Medicare Advantage (HMO)	San Bernardino
SCAN Costco Medicare Advantage (HMO)	Ventura
SCAN Inclusive (HMO)	San Francisco
SCAN Balance (HMO C-SNP)	Sonoma
SCAN Balance (HMO C-SNP)	Ventura
SCAN Ansim Care (HMO C-SNP)	Los Angeles / Orange
SCAN Inclusive (HMO)	Los Angeles / Orange / Riverside / San Bernardino
SCAN DaVita Dialysis Care Complete (HMO-POS C-SNP)	Los Angeles / Orange / Riverside / San Bernardino
SCAN DaVita Dialysis Care (HMO-POS C-SNP)	Orange / Riverside / San Bernardino
SCAN Balance Texas (HMO C-SNP)	Bexar / Chambers / Fort Bend / Harris / Liberty / Montgomery
SCAN Walmart Health Advantage (HMO)	Bexar / Chambers / Fort Bend / Harris / Liberty / Montgomery
SCAN Walmart Medicare Complete (HMO C-SNP)	Bexar / Chambers / Fort Bend / Harris / Liberty / Montgomery
SCAN Costco Medicare Advantage (HMO)	Fresno / Kings
SCAN Costco Medicare Advantage (HMO)	Alameda / San Mateo
SCAN Costco Medicare Advantage (HMO)	San Diego
SCAN Allied (HMO)	San Francisco / San Mateo
SCAN Allied (HMO)	Los Angeles
SCAN Baeske (HMO)	Los Angeles / Orange

SSBCI FAQ

QUESTION	ANSWER
When will members know that they qualified for SSBCI?	Within 10 days + approximately 7 days mailing period; or if opted in to email within that initial 10-day period; and in the member portal within that initial 10-day period.
How will members be notified of their SSBCI status?	Existing members will be notified via written letter sent by the end of October 2026, of status. New members will receive written notice once SSBCI eligibility is determined within 10 business days of processing.
Will members lose benefits for prior months?	No. To be eligible effective 1/1, SCAN must receive all required information by 12/15. If the information is received after 12/15, the member's eligibility and benefits will begin once the qualification criteria have been met and approved.
Can members use portions of their flex benefits before SSBCI approval? i.e. Access to Health Foods and other SSBCI-required supplemental benefits	It depends on the Plan. For DaVita plans, no; they will need to have SSCBI before they can use OTC or Groceries. For all other plans, they can use the Flex for OTC allowances without SSBCI.
What if the member's provider never responds?	It's up to the member to drive the submission.
Where can the SSBCI attestation form be found?	Brokers can retrieve the appropriate SSBCI form from the Producer Portal →Enrollment Tab → Special Supplemental Benefits For The Chronically Ill Questionnaire header.
Can a broker submit the form to the member's provider on their behalf?	No. The members are responsible for getting the form to their provider.
Are any plans auto-qualifying for SSBCI like in previous years?	No plans are auto-qualifying. See SSBCI Plans for complete list of SSBCI-eligible plans.
Are there any changes to the requirements to qualify for SSBCI?	No, the requirements to qualify have not changed. The member must meet all three of the following: 1. Diagnosed with one or more qualifying, eligible chronic conditions. 2. At high risk of hospitalizations or other adverse health outcomes. 3. In need of intensive care coordination. However, there are changes to how Plans can confirm eligibility. Members are no longer able to self-attest to the above, instead members will ask their providers to complete the SSBCI eligibility form and submit to SCAN.
Will the form need to be completed by the provider, or will self-attestation be allowed?	No, self-attestation is not allowed. The member's provider must complete the form and submit to SCAN except for current SCAN members, claims data may be used instead.
For members new to SCAN, can the form be completed by a physician before the effective date?	Yes

SSBCI FAQ

QUESTION	ANSWER
Can Health Risk Assessment (HRA) responses identify SSBCI eligibility?	Yes., in some cases. Certain HRA responses can help identify potential eligibility, but provider confirmation of the qualifying diagnosis is also required.
Is claims data used to identify SSBCI eligibility?	Yes.
Can existing Chronic Special Needs Plan (C-SNP) verification be used to verify SSBCI eligibility?	Yes, in the same way that claims data and HRAs identify eligibility. HRA data will be processed on an ongoing basis along with the other claims data. Existing HRA data will be leveraged to determine eligibility for existing members.
Will current members need to requalify, and will there be a simplified version for doing so?	Yes, you can reference the above 3 answers to capture how members will requalify. If they don't meet all 3 criteria with the above methods, the provider attestation will provide the final requirement. Requalification is required annually.
When should brokers say a member is eligible for a specific SSBCI benefit versus **may** qualify for SSBCI?	It is never appropriate for a broker to state a member is eligible. They can state the member may qualify and list the requirements for qualification. SCAN will notify members of their SSBCI status via written notification.
Talking points that help agents avoid unintentionally overpromising benefits before qualification has been confirmed, reducing the risk of future sales allegations.	"This benefit is available to members who meet the plan's eligibility criteria. Your condition may be relevant, but the plan determines whether you meet the applicable criteria. Please take this form to your provider to complete and submit to SCAN."
Who can members call for assistance with this process or to check status?	Member Services
What is a typical timeline as to when members will find out if they qualify for the SSBCI benefits?	Existing members who requalify via HRA and claims-based data will be notified in writing by the end of October. Existing members who don't requalify, will be sent a provider attestation and will need to ensure their providers return the form. Once SCAN receives the form, they will process internally in approximately 10 business days. They will also receive a written letter informing them of their status.
Will there be a way for providers to fill out the form electronically?	Yes, in provider portal if SCAN identifies them as the patient's provider
Can members lose SSBCI eligibility during the year if their situation changes, or does it remain in effect for the full plan year?	Once a member qualifies for SSBCI, SCAN will not automatically remove their eligibility during the plan year. Because CMS requires annual validation, members must requalify for SSBCI benefits each plan year.

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SSBCI FAQ

QUESTION	ANSWER
Provide clear instructions or guidance to providers on how to handle new patient attestations.	Brokers shouldn't be interacting with the providers per internal decision on 9/11. The attestation form will have instructions for how to return it to SCAN
What instructions can agents provide to providers for returning the form to SCAN?	Providers must submit form to SCAN. Via fax: (562) 290-0507 or Email: SSBCI@SCANHealthplan.com
My client has diabetes. Do they automatically qualify?	No. A diagnosis alone does not automatically qualify someone. The member must meet SCAN's complete SSBCI eligibility criteria.
What conditions can qualify?	Examples include diabetes, cardiovascular disorders, chronic heart failure, cancer, chronic lung disorders, and other conditions. Always verify against the specific 2027 Chronic Conditions.
How does SCAN determine eligibility?	SCAN used medical records and/or health assessment information from the provider and other data to determine eligibility.
Can the member just tell us they have the condition?	No. Self-attesting is no longer used to qualify for SSBCI. Never promise eligibility based solely on what the member reports.
Can I tell me client they'll get groceries/ utilities?	No. Say: "This plan offers an additional benefit for members who meet the plan's chronic-condition eligibility requirements. SCAN will determine whether you qualify."
Can two people with the same diagnosis have different eligibility results?	Yes. A diagnosis alone doesn't establish eligibility. Their overall clinical situation and the plan's criteria can result in different outcomes.
Is SSBCI the same as qualifying for a C-SNP?	No. C-SNP determines plan enrollment eligibility. SSBCI determines eligibility for an additional benefit(s).
How can I explain the SSBCI eligibility requirements to a member?	Think of SSBCI eligibility as answering 3 questions: 1. **Does the member have a serious ongoing health condition?** E.g. diabetes, heart disease, or another qualifying chronic condition that affects their health. 2. **Does that condition put the member at greater risk?** E.g. they've been hospitalized, visited the ER, experienced falls, need help with daily activities, or have other health concerns that could lead to worsening health? 3. **Does the member need extra help managing their care?** E.g. they see multiple providers, have difficulty managing their condition, need care coordination, or face challenges such as transportation, housing, food access, memory issues, or limited caregiver support.