

## Eligibility Attestation Form for the SSBCI Food & Produce Benefit on BlueMedicare Independence (HMO)



Arkansas Blue Medicare's Food & Produce Benefit on the Walmart Wellness Benefits Card is an SSBCI (Special Supplemental Benefit for the Chronically Ill) benefit offered on our BlueMedicare Independence (HMO) plan. SSBCI benefits are only available to members who've been diagnosed with certain chronic illnesses. Not all members qualify for them.

We will use claims information to verify a member's qualifying chronic illness for our Food & Produce benefit. If you are a new member and we don't have claims information immediately available, you can complete the attestation form on the next page. We'll contact your healthcare provider to confirm your diagnosis. Or to help expedite the process, you can submit a summary of your diagnosis from your most recent provider visit for approval. Following this, you will receive a letter confirming the Food & Produce allowance on your Walmart Wellness Benefits Card has been activated.

If we do not receive claims information confirming your diagnosis of a qualifying chronic illness within six months of your BlueMedicare Independence (HMO) membership effective date, we'll send a letter to let you know your eligibility for the Food & Produce benefit is at risk of ending.

You can email, fax, or mail your completed attestation form along with your provider's summary of your diagnosis to the following.

**Email to:** [ArkansasBlueMedicare@arkbluecross.com](mailto:ArkansasBlueMedicare@arkbluecross.com)

**Fax to:** 501-379-1222

**Mail to:** Arkansas Blue Medicare Food & Produce Benefit  
P.O. Box 3648  
Little Rock, AR 72203

If you have any questions about BlueMedicare Independence (HMO) and/or this attestation form, please call Customer Service at **1-844-463-1088** (TTY: **711**). From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. Central, Monday through Friday. From October 1 through March 31, our hours are 8:00 a.m. to 8:00 p.m. Central, seven days a week.

## Eligibility Attestation Form for the SSBCI

# Food & Produce Benefit on BlueMedicare Independence (HMO)

To qualify for the Walmart Wellness Benefits Card for Food & Produce, you must be diagnosed with one or more of the following chronic illnesses. Please complete, sign, and return this attestation (as noted on the first page).

I attest that I have been medically diagnosed with the following chronic illness(es) by a licensed healthcare provider.

Autoimmune disorder	Chronic heart failure (CHF)	HIV/AIDS
Cancer	Chronic lung disorder	Neurologic disorder
Cardiovascular disorder (e.g., hypertension)	Dementia	Osteoarthritis
Chronic and disabling mental health condition	Diabetes	Osteoporosis
Chronic alcohol and other drug dependence	End-stage liver disease	Severe hematologic disorder
	End-stage renal disease (ESRD)	Stroke

The information on this attestation form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, my eligibility for this benefit may be revoked. I also understand that my signature (or the signature of the person legally authorized to act on my behalf) on this form means that I have read and understand the contents of this form.

<b>Member Name</b>	<b>Member ID</b>
<b>Signature</b>	<b>Date</b>

**If an authorized representative, please sign above and provide the following information.**

<b>Name</b>	<b>Address</b>
<b>Phone</b>	<b>Relationship to Member</b>

### Licensed Healthcare Provider Information

<b>Provider Name</b>	<b>Phone</b>
----------------------	--------------