



CalOptima Health OneCare Flex Plus 雜貨福利資格表

CalOptima Health OneCare Flex Plus Grocery Eligibility Form

請讓您的醫療服務者（醫生、執業護士或醫生助理）填寫此表格，以確認您是否符合 Flex 卡的雜貨福利資格。您必須已加入 CalOptima Health OneCare Flex Plus (HMO D-SNP) ， a Medicare Medi-Cal Plan。填寫完此表格並由您的醫療服務者提交相關文件後，CalOptima Health 將在兩週內處理您的申請並通知您是否符合資格。

步驟 1：請填寫以下所有資訊，然後去看您的醫療服務者（醫生、執業護士或醫生助理）完成步驟 2 和步驟 3。

Please have your provider (doctor, nurse practitioner or physician assistant) fill out this form to find out if you are eligible for the grocery benefit on your Flex Card. You must already be enrolled in CalOptima Health OneCare Flex Plus (HMO D-SNP), a Medicare Medi-Cal. Once this form is filled out and supporting documents submitted by your provider, CalOptima Health will process the request and inform you of your eligibility within 2 weeks.

Step 1: Please fill out all information below and visit your provider (doctor, nurse practitioner or physician assistant) to complete Steps 2 and 3.

步驟 2：請您的醫療服務者（醫生、執業護士或醫生助理）填寫表格並提交給 CalOptima Health。

Step 2: Ask your provider (doctor, nurse practitioner or physician assistant) to fill out the form and submit it to CalOptima Health.

Member Information <i>(please print)</i>		
姓氏/Last Name:	名字/First Name:	出生日期/Date of Birth:
郵寄地址 Mailing Address:	城市/City:	郵政編碼/ZIP:
客戶索引號碼# (CIN)/Client Index # (CIN):	電話 #/Phone #:	

Provider to complete all sections below.

Provider Information (please print)

Last Name:		First Name:	
Address:		City:	ZIP:
NPI #:	TIN:	Phone #:	
Office Contact:		Visit Date:	

Provider Instructions: Check all conditions that apply. Please complete all required checkboxes and attach any supporting documents such as office visit summary, progress notes or medical history for your patient before submission.

Diagnoses/Conditions:

Patient must have one or more complex chronic condition. Please check all active diagnoses.

<input type="checkbox"/> 1. Chronic alcohol and other drug dependence (F1520, F1920)
<input type="checkbox"/> 2. Autoimmune disorders limited to: <ul style="list-style-type: none"><input type="checkbox"/> Polyarteritis nodosa (M300)<input type="checkbox"/> Polymyalgia rheumatica (M353)<input type="checkbox"/> Polymyositis (M3320)<input type="checkbox"/> Rheumatoid arthritis (M069)<input type="checkbox"/> Systemic lupus erythematosus (M329)
<input type="checkbox"/> 3. Cancer, excluding pre-cancer conditions or in-situ status (C801, C96Z)
<input type="checkbox"/> 4. Cardiovascular disorders limited to: <ul style="list-style-type: none"><input type="checkbox"/> Cardiac arrhythmias (I499)<input type="checkbox"/> Coronary artery disease (I259)<input type="checkbox"/> Peripheral vascular disease (I739)<input type="checkbox"/> Chronic venous thromboembolic disorder (I8291, I82729)
<input type="checkbox"/> 5. Chronic heart failure (I5022, I5032)
<input type="checkbox"/> 6. Dementia (F0930)
<input type="checkbox"/> 7. Diabetes mellitus (E108, E138, E139)
<input type="checkbox"/> 8. End-stage liver disease (K7210, K7211)
<input type="checkbox"/> 9. End-stage renal disease (ESRD) requiring dialysis (N186)
<input type="checkbox"/> 10. Severe hematologic disorders limited to: <ul style="list-style-type: none"><input type="checkbox"/> Aplastic anemia (D6109)<input type="checkbox"/> Hemophilia (D68311)<input type="checkbox"/> Immune thrombocytopenic purpura (D693)<input type="checkbox"/> Myelodysplastic syndrome (D469)<input type="checkbox"/> Sickle-cell disease (excluding sickle-cell trait) (D571, D57819)<input type="checkbox"/> Chronic venous thromboembolic disorder (I82509)
<input type="checkbox"/> 11. HIV/AIDS (B20)

Diagnoses/Conditions:

Patient must have one or more complex chronic condition. Please check all active diagnoses.

12. Chronic lung disorders limited to:

- Asthma (J45909)
- Chronic bronchitis (J42)
- Emphysema (J439)
- Pulmonary fibrosis (J8410)
- Pulmonary hypertension (I2720)

13. Chronic and disabling mental health conditions limited to:

- Bipolar disorders (F319)
- Major depressive disorders (F339)
- Paranoid disorder (F600)
- Schizophrenia (F209)
- Schizoaffective disorder (F259)

14. Neurologic disorders limited to:

- Amyotrophic lateral sclerosis (ALS) (G1221)
- Epilepsy (G40909)
- Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia) (G8190)
- Huntington's disease (G10)
- Multiple sclerosis (G35)
- Parkinson's disease (G20)
- Polyneuropathy (G629)
- Spinal stenosis (M4800)
- Stroke-related neurologic deficit (I6930)

15. Stroke (I639)

Risk Level or Care Coordination Needs

Patient is at high risk for hospitalization or adverse health outcomes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hospitalizations in past 12 months?	<input type="checkbox"/> Yes Dates:	<input type="checkbox"/> No
ER visits in past 12 months?	<input type="checkbox"/> Yes Dates:	<input type="checkbox"/> No

Patient does not have any of the conditions listed above (not eligible for groceries).

Provider Signature: _____ Date: _____

Step 3: Provider to send completed eligibility form and supporting documents such as office visit summary, progress notes or medical history to CalOptima Health via:

1. CalOptima Health Provider Portal; OR
2. Fax to (714) 246-8579; OR
3. Mail to P.O. Box 11033, Orange, CA 92856

CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, 是一個有 Medicare 和 Medi-Cal 合約的 Medicare Advantage 的組織。CalOptima Health OneCare 的投保取決於合約的續簽。CalOptima Health OneCare 遵守適用的聯邦民權法，不因種族、膚色、原國籍、年齡、殘疾或性別而歧視別人。請致電 CalOptima Health OneCare 客戶服務部免費電話 **1-877-412-2734 (TTY 711)**，服務時間為每週 7 天，每天 24 小時。請瀏覽我們的網站 **www.caloptima.org/OneCare**。

CalOptima Health OneCare Flex Plus 的雜貨福利是針對慢性病患者的特殊補充計劃的一部分。並非所有會員都符合資格。要使用雜貨福利，CalOptima Health OneCare Flex Plus 會員必須有一種或多種併發症和醫療上複雜的慢性病，且危及生命或嚴重限制投保人的整體健康或功能。符合條件的疾病包括但不限於心血管疾病、糖尿病、慢性心力衰竭、慢性肺病或末期腎臟病。即使會員有慢性病，會員也不一定獲得雜貨福利。獲得雜貨福利取決於會員是否有住院的高風險或其他不良健康結果，以及是否需要重症的照護協調。