

نموذج CalOptima Health OneCare لمزود الرعاية للتحقق من

المزايا التكميلية الخاصة لذوي الأمراض المزمنة (Special Supplemental Benefits for the Chronically III, SSBCI)

CalOptima Health OneCare Provider Verification Form Special Supplemental Benefits for the Chronically III (SSBCI)

تقدم CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan ، بدلاً لشراء الأطعمة والمنتجات الزراعية، بالإضافة إلى خدمة توصيل إلى متاجر البقالة والصالات الرياضية، كمزايا إضافية خاصة للمرضى المؤهلين لـ SSBCI. للتأهل، يجب أن يكون لديك حالة مرضية مزمنة مؤهلة، مثل أمراض القلب، أو السكري، أو السرطان، أو أمراض الرئة، أو الخرف. لن يكون جميع الأعضاء المصابين بحالة مرضية مزمنة مؤهلين.

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan, offers an allowance to buy healthy food and produce and provides rides to grocery stores and gyms as special supplemental benefits for patients who qualify for SSBCI. To qualify, you must have a qualifying chronic condition such as heart disease, diabetes, cancer, lung disease or dementia. Not all members with a chronic condition will qualify.

تعليمات للمريض:

يُرجى من مزود الرعاية الصحية الخاص بك (طبيب، أو ممرض ممارس، أو مساعد طبيب) تعبئة هذا النموذج لمعرفة ما إذا كنت مؤهلاً لشراء الأطعمة والمنتجات الزراعية باستخدام بطاقة OneCare المرنة الخاصة بك، وللحصول على خدمة توصيل إلى متاجر البقالة والصالات الرياضية.

Patient instructions:

Please have your provider (doctor, nurse practitioner or physician assistant) fill out this form to find out if you are eligible to buy healthy food and produce with your OneCare flex card and get rides to grocery stores and gyms.

For provider use only:

To qualify for SSBCI, your patient must meet criteria in Section 1 and Section 2.

Patient Information		
Last Name:	First Name:	Date of Birth:
OneCare Client Index # (CIN):	Phone #:	

Section 1: Patient has one or more comorbid and medically complex chronic conditions			
SSBCI Qualifying Chronic Conditions: <i>Select all that apply:</i>			
☐ Diabetes mellitus	☐ Stroke	☐ Chronic heart failure	☐ HIV/AIDS
☐ Chronic hyperlipidemia	☐ Dementia	☐ Chronic kidney disease	☐ Chronic hypertension

☐ Neurologic disorders	☐ Autoimmune disorders	☐ Cardiovascular disorders	☐ Chronic lung disorders
☐ Overweight, obesity, and metabolic syndrome	☐ Conditions with functional challenges	☐ Chronic and disabling mental health conditions	☐ Chronic alcohol and other drug dependence
☐ Severe hematologic disorders	☐ Chronic gastrointestinal disease	☐ Post-organ transplantation	☐ Conditions associated with cognitive impairment
☐ Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell	☐ Cancer, excluding pre-cancer conditions or in-situ status	☐ Conditions that require continued therapy services in order for individuals to maintain or retain functioning	☐ Immunodeficiency and Immunosuppressive disorders

Section 2: Patient has a high risk of hospitalization¹ or other adverse health outcomes²

- ☐ **Yes, my patient has a high risk of** hospitalization or other adverse health outcomes
- ☐ **No, my patient does not have a high risk of** hospitalization or other adverse health outcomes

Provider Information

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

☐ **I hereby attest that I am the patient's current provider and that the above information is correct.**

Provider
Signature: _____ Date: _____

Submit 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 (657)-900-1671; OR
3. Mail to P.O. Box 11033, Orange, CA 92856

Definitions

¹High risk for hospitalization

One or more emergency department visits or inpatient admissions in the past 12 months

²High risk of adverse health outcomes. May include:

- Multiple prescriptions
- Requiring help with Activities of Daily Living or Instrumental Activities of Daily Living
- Presence of adverse social determinants of health

CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal Plan CalOptima Health OneCare هي منظمة Medicare Advantage مع عقد Medicare و Medi-Cal. يعتمد التسجيل في CalOptima Health OneCare على تجديد العقد. اتصل بخدمة عملاء CalOptima Health OneCare مجانًا على الرقم (TTY 711) 1-877-412-2734، من 8 صباحًا إلى 8 مساءً، 7 أيام في الأسبوع (من 1 أكتوبر إلى 31 مارس)، ومن 8 صباحًا إلى 8 مساءً، من الاثنين إلى الجمعة (1 أبريل إلى 30 سبتمبر). قم بزيارتنا على www.caloptima.org/OneCare.