

فرم تأیید ارائه دهنده CalOptima Health OneCare مزایای تکمیلی ویژه برای بیماران مزمن (Special Supplemental Benefits for the Chronically III, SSBCII)

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

طرح CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan، به عنوان مزایای تکمیلی ویژه برای بیمارانی که واجد شرایط SSBCI هستند، کمک هزینه خرید مواد غذایی سالم و تره بار و سرویس رفت و آمد به فروشگاههای مواد غذایی و باشگاههای ورزشی را ارائه می‌دهد. برای واجد شرایط بودن، باید یک بیماری مزمن واجد شرایط مانند بیماری قلبی، دیابت، سرطان، بیماری ریوی یا زوال عقل داشته باشید. همه اعضایی که بیماری مزمن دارند واجد شرایط نیستند.

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.

دستورالعمل‌های بیمار:

لطفاً از ارائه دهنده خدمات درمانی خود (پزشک، پرستار متخصص یا دستیار پزشک) درخواست کنید این فرم را پر کنند تا مشخص شود که آیا واجد شرایط خرید مواد غذایی سالم و تره بار با کارت OneCare flex خود و دریافت خدمات حمل و نقل برای رفتن به فروشگاههای مواد غذایی و باشگاههای ورزشی هستید یا خیر.

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.

فقط برای استفاده ارائه دهنده / For provider use only:

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

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

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

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

Section 2 :Patient has a high risk of hospitalization ¹or other adverse health outcomes ²

☐ **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/ اطلاعات ارائه دهنده			
First Name:		Last Name:	
ZIP:	City:	Address:	
Phone:#	TIN:	NPI:#	
Visit Date:		Office Contact:	

☐ **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
Medicare Advantage تحت قرارداد با Medicare و Medi-Cal است. ثبت نام در برنامه CalOptima
Health OneCare به تمدید قرار بستگی دارد. با خدمات مشتریان CalOptima Health OneCare با شماره
رایگان 1-877-412-2734 (TTY 711)، از ساعت 8 صبح تا 8 شب، 7 روز هفته (از 1 اکتبر تا 31 مارس)، و از
ساعت 8 صبح تا 8 شب، دوشنبه تا جمعه (1 آوریل تا 30 سپتامبر) تماس بگیرید. به وبسایت ما
در www.caloptima.org/OneCare مراجعه نمایید.