

CalOptima Health OneCare 의료 제공자 확인 양식

만성 질환자를 위한 특별 보조 혜택(SSBCI)

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 은 SSBCI(만성 질환자를 위한 특별 보조 혜택, Special Supplemental Benefits for the Chronically Ill) 자격을 갖춘 환자에게 건강식품 및 농산물 구입 비용을 지원하고, 식료품점 및 체육관 교통 편의를 제공하는 특별 보조 혜택을 운영합니다. 수혜 자격을 갖추려면 심장 질환, 당뇨병, 암, 폐 질환 또는 치매와 같은 만성 질환이 있어야 합니다. 만성 질환이 있는 모든 회원이 수혜 자격이 되는 것은 아닙니다.

환자 안내 사항:

귀하의 의료 제공자 (의사, 간호실무원 또는 의사 보조원)에게 이 양식 작성을 요청하여 OneCare 플렉스 카드 (flex card)로 건강식품 및 농산물을 구매하고 식료품점이나 체육관까지의 이동 서비스를 이용할 수 있는 자격이 되는지 확인하십시오.

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: Select all that apply:			
☐ 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 은 Medicare 및 Medi-Cal 계약을 갖춘 Medicare Advantage 기관입니다. CalOptima Health OneCare 가입은 계약 갱신 여부에 따라 달라질 수 있습니다. CalOptima Health OneCare 고객 서비스 무료번호 <1-877-412-2734> (TTY <711>)로< (10 월 1 일~ 3 월 31 일사이는) 주 7 일, 오전 8 시~오후 8 시사이 그리고 (4 월 1 일~ 9 월 30 일사이는) 월요일~금요일, 오전 8 시~오후 8 시사이> 연락하십시오. 저희 웹사이트 <www.caloptima.org/OneCare>를 방문하십시오.