



**Formulario de verificación del proveedor de
CalOptima Health OneCare
Beneficios complementarios especiales para personas con
enfermedades crónicas (SSBCI)**

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

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan, ofrece una asignación de gastos para comprar alimentos saludables, frutas y verduras frescas, así como para el transporte a supermercados y gimnasios, como parte de los beneficios complementarios especiales para personas con enfermedades crónicas (Special Supplemental Benefits for the Chronically Ill, SSBCI). Para calificar, debe tener una enfermedad crónica, como problemas del corazón, diabetes, cáncer, enfermedad pulmonar o demencia. No todos los miembros con una enfermedad crónica calificarán.

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.

Instrucciones para el paciente:

Pídale a su proveedor (médico, especialista de enfermería o auxiliar médico) que llene este formulario para saber si usted califica para el beneficio de alimentos saludables, frutas y verduras frescas con su tarjeta Flex de OneCare y para obtener transporte a supermercados y gimnasios.

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/Para uso exclusivo de los proveedores:

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/Información del proveedor

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, es una organización de Medicare Advantage con contratos de Medicare y Medi-Cal. La inscripción en CalOptima Health OneCare depende de la renovación de los contratos. Llame a Servicios para Miembros de CalOptima Health OneCare gratuitamente al **1-877-412-2734 (TTY 711)**, de 8 a. m. a 8 p. m., los 7 días de la semana (del 1.º de octubre al 31 de marzo), y de 8 a. m. a 8 p. m., de lunes a viernes (del 1.º de abril al 30 de septiembre). Visítenos en www.caloptima.org/OneCare.