



CalOptima Health OneCare Complete 식료품 및 농산물 자격 양식

CalOptima Health OneCare Complete Food and Produce Eligibility Form

귀하의 의료 제공자(의사, 간호실무원 또는 의사 보조원)에게 이 양식을 작성하여 OneCare &More Flex Card (플렉스 카드)에 식료품 및 농산물 혜택을 받을 자격이 있는지 확인하십시오. CalOptima Health OneCare Flex Plus (HMO D-SNP), a Medicare Medi-Cal Plan 에 이미 가입되어 있어야 합니다. 의료 제공자가 이 양식을 작성하고 필요한 서류를 보내면 CalOptima Health 에서 요청을 처리하고 2 주 이내에 귀하에게 자격이 되는지 여부를 알려드립니다.

Please have your provider (doctor, nurse practitioner or physician assistant) fill out this form to find out if you are eligible for the food and produce benefit on your OneCare &more Flex Card. You must already be enrolled in CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan. After your provider fills out this form and your provider sends the needed documents, CalOptima Health will process the request and let you know if you are eligible within 2 weeks.

1 단계: 아래 모든 정보를 작성하시고 담당 제공자 (의사, 간호사 또는 의사 보조사)을 방문하여 2 단계와 3 단계를 완료해 주십시오.

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

회원 정보 (인쇄체로 쓰기) / Member Information (please print)			
성/ Last Name:	이름/ First Name:	생년월일/ Date of Birth:	
우편주소/ Mailing Address:		시/City:	우편번호/ZIP:
회원 CIN 번호/ Client Index #(CIN):		전화번호#/Phone #:	

2 단계: 의료 제공자(의사, 간호사 또는 의사 보조자)에게 양식을 작성하여 CalOptima Health 에 제출하도록 요청하십시오.

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2026 OneCare Complete Food and Produce Eligibility Form_E
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CalOptima Health, A Public Agency

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

<i>Provider to complete all sections below.</i>		
Provider Information (please print)		
Last Name:		First Name:
Address:		City: ZIP Code:
NPI #:	TIN:	Phone #:
Office Contact:		Visit Date:
<i>Provider Instructions:</i> 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: <i>Patient must have one or more complex chronic conditions. Please check all active diagnoses.</i>
<input type="checkbox"/> 1. Chronic alcohol and other drug dependence (G312, F10-F19, excluding F17)
<input type="checkbox"/> 2. Autoimmune disorders limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Polyarteritis nodosa (M30) <input type="checkbox"/> Polymyalgia rheumatica (M353) <input type="checkbox"/> Polymyositis (M33) <input type="checkbox"/> Rheumatoid arthritis (M05, M06) <input type="checkbox"/> Systemic lupus erythematosus (M32)
<input type="checkbox"/> 3. Cancer, excluding pre-cancer conditions or in-situ status (C00-C96, excluding C12, C13, C27, C28, C29, C35, C36, C42, C59, C87)
<input type="checkbox"/> 4. Cardiovascular disorders limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Cardiac arrhythmias (I48, I49) <input type="checkbox"/> Coronary artery disease (I25) <input type="checkbox"/> Peripheral vascular disease (E0851, E0852, E0951, E0952, E1051, E1052, E1151, E1152, E1351, E1352, I700, I701, I7381, I7389, I739, I791, I798) <input type="checkbox"/> Chronic venous thromboembolic disorder (I8291, I82729)
<input type="checkbox"/> 5. Chronic heart failure (I5022, I5023, I5032, I5033, I5042, I5043, I50812, I50813)
<input type="checkbox"/> 6. Dementia (F01, F02, F03)
<input type="checkbox"/> 7. Diabetes mellitus (E08, E09, E10, E11, E13)
<input type="checkbox"/> 8. End-stage liver disease (K703, K704, K711, K717, K721, K729, K743, K744, K745, 746)
<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 (D61) <input type="checkbox"/> Hemophilia (D66, D67, D68) <input type="checkbox"/> Immune thrombocytopenic purpura (D693) <input type="checkbox"/> Myelodysplastic syndrome (D46) <input type="checkbox"/> Sickle-cell disease (excluding sickle-cell trait) (D57) <input type="checkbox"/> Chronic venous thromboembolic disorder (I82211, I82221, I82291, I825, I827, I82891, I8291, I82A2, I82B2, I82C2, I825, I827, I82891, I8291, I82A2, I82B2, I82C2)

Diagnoses/Conditions:	
<i>Patient must have one or more complex chronic conditions. Please check all active diagnoses.</i>	
<input type="checkbox"/> 11. HIV/AIDS (B20, O987, Z21)	
<input type="checkbox"/> 12. Chronic lung disorders limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Asthma (J45) <input type="checkbox"/> Chronic bronchitis (J41, J42) <input type="checkbox"/> Emphysema (J43) <input type="checkbox"/> Pulmonary fibrosis (J841) <input type="checkbox"/> Pulmonary hypertension (I270, I272) 	
<input type="checkbox"/> 13. Chronic and disabling mental health conditions limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Bipolar disorders (F31) <input type="checkbox"/> Major depressive disorders (F33) <input type="checkbox"/> Paranoid disorder (F600) <input type="checkbox"/> Schizophrenia (F20) <input type="checkbox"/> Schizoaffective disorder (F25) 	
<input type="checkbox"/> 14. Neurologic disorders limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Amyotrophic lateral sclerosis (ALS) (G1221) <input type="checkbox"/> Epilepsy (G40) <input type="checkbox"/> Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia) (G81, G82, G83) <input type="checkbox"/> Huntington's disease (G10) <input type="checkbox"/> Multiple sclerosis (G35) <input type="checkbox"/> Parkinson's disease (G20) <input type="checkbox"/> Polyneuropathy (G61, G62, G63) <input type="checkbox"/> Spinal stenosis (M480) <input type="checkbox"/> Stroke-related neurologic deficit (I693) 	
<input type="checkbox"/> 15. Stroke (I63)	
<input type="checkbox"/> 16. Post-organ transplantation (Z94)	
<input type="checkbox"/> 17. Immunodeficiency and immunosuppressive disorders (B20)	
<input type="checkbox"/> 18. Conditions associated with cognitive impairment (G20, F01, F02, F03)	
<input type="checkbox"/> 19. Conditions with functional challenges (G1221, G81, G82, G83, G10, G35, I693)	
<input type="checkbox"/> 20. Chronic conditions that impair vision, hearing (deafness), taste, touch and smell (H9190, H9193, H913)	
<input type="checkbox"/> 21. Conditions that require continued therapy services in order for individuals to maintain or retain functioning (I693, G35, M480, G62, G81, G82, G83, G1221)	

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
Hospitalization in past 12 months?	<input type="checkbox"/> Yes Dates:	<input type="checkbox"/> No
Emergency room visit 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 food and produce)

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

CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal Plan 은 Medicare 및 Medi-Cal 와 계약을 맺은 Medicare Advantage 조직입니다. CalOptima Health OneCare 가입은 계약 갱신에 따라 달라집니다. CalOptima Health OneCare 민권에 해당되는 연방정부 법률에 준수하며, 인종, 피부색, 출신 국가, 나이, 장애 또는 성별때문에 사람들을 차별대우하지 않습니다. CalOptima Health OneCare 고객 서비스 무료번호 **1-877-412-2734**(TTY **711**)번으로 주 7 일, 24 시간 연락하십시오. 저희 웹사이트 **www.caloptima.org/OneCare** 를 방문하십시오.

2026 년 CalOptima Health OneCare Complete 식료품 및 농산물 혜택은 만성 질병 환자를 위한 특별 보충 프로그램의 일부입니다. 모든 회원이 자격이 있는 것은 아닙니다. 식료품 및 농산물 혜택을 이용하려면, OneCare Complete 회원은 생명을 위협하거나 가입자의 전반적인 건강이나 기능을 크게 제한하는 하나 이상의 합병증이 있거나 의학적으로 복잡한 만성 질환을 앓고 있어야 합니다. 자격이 되는 질환에는 심혈관 질환, 당뇨병, 만성 심부전, 만성 폐 질환 또는 말기 신장 질환이 포함되지만 이에 국한되지 않습니다. 회원이 만성 질환이 있어도 반드시 식료품 및 농산물 혜택을 받는 것은 아닙니다. 식료품 및 농산물 혜택을 받는 것은 회원이 입원 또는 기타 건강 문제에 대한 높은 위험과 집중 치료 조정이 필요한지에 따라 달라집니다. OneCare Complete 회원은 식료품점까지 이동하는 교통편을 이용할 수 없습니다.

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