CalOptima Health OneCare Complete Food and Produce Eligibility Form

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.

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

Member Information *(please print)*		
Last Name:	First Name:	Date of Birth:
Mailing Address:	City:	ZIP Code:
Client Index # (CIN):	Phone #:	

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

Provider to complete all sections below.		
Provider Information *(please print)*		
Last Name:	First Name:	
Address:	City:	ZIP Code:
NPI #:	TIN:	Phone #:
Office Contact:	Visit Date:	
Provider Instructions: 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:

Patient must have one or more complex chronic conditions. Please check all active diagnoses.

☐ 1. Chronic alcohol and other drug dependence (G312, F10-F19, excluding F17)

☐ 2. Autoimmune disorders limited to:
- ☐ Polyarteritis nodosa (M30)
- ☐ Polymyalgia rheumatica (M353)
- ☐ Polymyositis (M33)
- ☐ Rheumatoid arthritis (M05, M06)
- ☐ Systemic lupus erythematosus (M32)

☐ 3. Cancer, excluding pre-cancer conditions or in-situ status (C00-C96, excluding C12, C13, C27, C28, C29, C35, C36, C42, C59, C87)

☐ 4. Cardiovascular disorders limited to:
- ☐ Cardiac arrhythmias (I48, I49)
- ☐ Coronary artery disease (I25)
- ☐ Peripheral vascular disease (E0851, E0852, E0951, E0952, E1051, E1052, E1151, E1152, E1351, E1352, I700, I701, I7381, I7389, I739, I791, I798)
- ☐ Chronic venous thromboembolic disorder (I8291, I82729)

☐ 5. Chronic heart failure (I5022, I5023, I5032, I5033, I5042, I5043, I50812, I50813)

☐ 6. Dementia (F01, F02, F03)

☐ 7. Diabetes mellitus (E08, E09, E10, E11, E13)

☐ 8. End-stage liver disease (K703, K704, K711, K717, K721, K729, K743, K744, K745, 746)

☐ 9. End-stage renal disease (ESRD) requiring dialysis (N186)

☐ 10. Severe hematologic disorders limited to:
- ☐ Aplastic anemia (D61)
- ☐ Hemophilia (D66, D67, D68)
- ☐ Immune thrombocytopenic purpura (D693)
- ☐ Myelodysplatic syndrome (D46)
- ☐ Sickle-cell disease (excluding sickle-cell trait) (D57)
- ☐ Chronic venous thromboembolic disorder (I82211, I82221, I82291, I825, I827, I82891, I8291, I82A2, I82B2, I82C2, I825, I827, I82891, I8291, I82A2, I82B2, I82C2)

☐ 11. HIV/AIDS (B20, O987, Z21)

☐ 12. Chronic lung disorders limited to:
- ☐ Asthma (J45)
- ☐ Chronic bronchitis (J41, J42)
- ☐ Emphysema (J43)
- ☐ Pulmonary fibrosis (J841)
- ☐ Pulmonary hypertension (I270, I272)

☐ 13. Chronic and disabling mental health conditions limited to:
- ☐ Bipolar disorders (F31)
- ☐ Major depressive disorders (F33)
- ☐ Paranoid disorder (F600)
- ☐ Schizophrenia (F20)
- ☐ Schizoaffective disorder (F25)

Diagnoses/Conditions:
Patient must have one or more complex chronic conditions. Please check all active diagnoses.

☐ 14. Neurologic disorders limited to:

    ☐ Amyotrophic lateral sclerosis (ALS) (G1221)
    ☐ Epilepsy (G40)
    ☐ Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia) (G81, G82, G83)
    ☐ Huntington's disease (G10)
    ☐ Multiple sclerosis (G35)
    ☐ Parkinson's disease (G20)
    ☐ Polyneuropathy (G61, G62, G63)
    ☐ Spinal stenosis (M480)
    ☐ Stroke-related neurologic deficit (I693)

☐ 15. Stroke (I63)

☐ 16. Post-organ transplantation (Z94)

☐ 17. Immunodeficiency and immunosuppressive disorders (B20)

☐ 18. Conditions associated with cognitive impairment (G20, F01, F02, F03)

☐ 19. Conditions with functional challenges (G1221, G81, G82, G83, G10, G35, I693)

☐ 20. Chronic conditions that impair vision, hearing (deafness), taste, touch and smell (H9190, H9193, H913)

☐ 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	☐ Yes	☐ No
Hospitalization in past 12 months? ☐ Yes Dates:		☐ No
Emergency room visit in past 12 months? ☐ Yes Dates:		☐ 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, is a Medicare Advantage organization with Medicare and Medi-Cal contracts. Enrollment in CalOptima Health OneCare depends on contract renewal. CalOptima Health OneCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Call CalOptima Health OneCare Customer Service toll-free at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. Visit us at **www.caloptima.org/OneCare**.

The 2026 CalOptima Health OneCare Complete food and produce benefit is part of a special supplemental program for the chronically ill. Not all members qualify. To use the food and produce benefit, OneCare Complete members must have one or more comorbid and medically complex chronic conditions that are life-threatening or significantly limit the overall health or function of the enrollee. Eligible conditions include, but are not limited to, cardiovascular disorder, diabetes mellitus, chronic heart failure, chronic lung disease or end-stage renal disease. Even if the member has a chronic condition, the member will not necessarily receive the food and produce benefit. Receiving the food and produce benefit depends on the member having a high risk of hospitalization or other adverse health outcomes and a need for intense care coordination. Transportation to the grocery store is not available to OneCare Complete members.

&more Benefits Prepaid Mastercard® is issued by Avidia Bank, pursuant to a license from Mastercard Incorporated. Use of this card is subject to the terms and conditions of the Cardholder Agreement.