CalOptima Health OneCare Flex Plus
食品和農產品資格申請表
CalOptima Health OneCare Flex Plus
Food and Produce Eligibility Form

請讓您的醫療服務者（醫生、執業護士或醫生助理）填寫此表格，以了解您是否有資格透過 OneCare &more card™ (flex 卡)獲得食品和農產品的福利。您必須已加入 CalOptima Health OneCare Flex Plus (HMO D-SNP), a Medicare Medi-Cal Plan。您的醫療服務者填寫此表格並提交支持文件後，CalOptima Health 將處理您的請求，並在 2 週內通知您是否符合資格。

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 card™ (flex card). You must already be enrolled in CalOptima Health OneCare Flex Plus (HMO D-SNP), a Medicare Medi-Cal Plan. Once this form is filled out and supporting documents submitted by your provider, CalOptima Health will process the request and inform you of your eligibility within 2 weeks.

步驟 1： 請填寫以下所有信息，並去看您的醫療服務者（醫生、執業護士或醫生助理），完成步驟 2 和步驟 3。

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

會員信息 *(請用正楷填寫)* /Member Information *(please print)*		
姓氏/Last Name:	名字/First Name:	出生日期/Date of Birth:
郵寄地址/Mailing Address：	城市/City:	郵政編碼/ZIP：
客戶索引號碼)/Client Index # (CIN):	電話號碼/Phone #：	

步驟 2： 請您的醫療服務者（醫生、執業護士或醫生助理）填寫表格並提交給 CalOptima Health。

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:
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 (F1520, F1920)
☐ 2. Autoimmune disorders limited to: ☐ Polyarteritis nodosa (M300) ☐ Polymyalgia rheumatica (M353) ☐ Polymyositis (M3320) ☐ Rheumatoid arthritis (M069) ☐ Systemic lupus erythematosus (M329)
☐ 3. Cancer, excluding pre-cancer conditions or in-situ status (C801, C96Z)
☐ 4. Cardiovascular disorders limited to: ☐ Cardiac arrhythmias (I499) ☐ Coronary artery disease (I259) ☐ Peripheral vascular disease (I739) ☐ Chronic venous thromboembolic disorder (I8291, I82729)
☐ 5. Chronic heart failure (I5022, I5032)
☐ 6. Dementia (F0930)
☐ 7. Diabetes mellitus (E108, E138, E139)
☐ 8. End-stage liver disease (K7210, K7211)
☐ 9. End-stage renal disease (ESRD) requiring dialysis (N186)
☐ 10. Severe hematologic disorders limited to: ☐ Aplastic anemia (D6109) ☐ Hemophilia (D68311) ☐ Immune thrombocytopenic purpura (D693) ☐ Myelodysplastic syndrome (D469) ☐ Sickle-cell disease (excluding sickle-cell trait) (D571, D57819) ☐ Chronic venous thromboembolic disorder (I82509)
☐ 11. HIV/AIDS (B20)

Diagnoses/Conditions: *Patient must have one or more complex chronic conditions. Please check all active diagnoses.*
☐ 12. Chronic lung disorders limited to: ☐ Asthma (J45909) ☐ Chronic bronchitis (J42) ☐ Emphysema (J439) ☐ Pulmonary fibrosis (J8410) ☐ Pulmonary hypertension (I2720)
☐ 13. Chronic and disabling mental health conditions limited to: ☐ Bipolar disorders (F319) ☐ Major depressive disorders (F339) ☐ Paranoid disorder (F600) ☐ Schizophrenia (F209) ☐ Schizoaffective disorder (F259)
☐ 14. Neurologic disorders limited to: ☐ Amyotrophic lateral sclerosis (ALS) (G1221) ☐ Epilepsy (G40909) ☐ Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia) (G8190) ☐ Huntington's disease (G10) ☐ Multiple sclerosis (G35) ☐ Parkinson's disease (G20) ☐ Polyneuropathy (G629) ☐ Spinal stenosis (M4800) ☐ Stroke-related neurologic deficit (I6930)
☐ 15. Stroke (I639)

Risk Level or Care Coordination Needs		
Patient is at high risk for hospitalization or adverse health outcomes.	☐ Yes	☐ No
Hospitalizations in past 12 months?	☐ Yes Dates:	☐ No
ER visits 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, 是一個有 Medicare 和 Medi-Cal 合約的 Medicare Advantage 的組織。CalOptima Health OneCare 的投保取決於合約的續簽情

況。CalOptima Health OneCare 遵守適用的聯邦民權法，不因種族、膚色、原國籍、年齡、殘疾或性別而歧視別人。請致電 CalOptima Health OneCare 客戶服務部免付費電話 **1-877-412-2734** (TTY **711**)，服務時間為每週 7 天，每天 24 小時。請瀏覽我們的網站 **<www.caloptima.org/OneCare>**。

免責聲明：所有 CalOptima Health OneCare Complete 會員皆可享有 2025 食品和農產品福利。CalOptima Health OneCare Flex Plus 食物和農產品福利是針對慢性病患者的特殊補充計劃的一部分。並非所有會員都有資格取得。要使用食物和農產品福利，OneCare Flex Plus 的會員必須患有一種或多種危及生命或嚴重限制參保人的整體健康或功能的合併症和醫學上複雜的慢性病。符合條件的病症包括但不限於心血管疾病、糖尿病、慢性心臟衰竭、慢性肺病或末期腎病。即使會員患有慢性病，該會員也不一定會獲得食物和農產品福利。能否獲得食物和農產品取決於是否有較高的住院風險或其他不良好的健康結果的以及需要重症護理安排。OneCare Flex Plus 會員無法享受前往雜貨店的交通服務。