



CalOptima Health OneCare Flex Plus Grocery 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 grocery benefit on your 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.

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 <i>(please print)</i>			
Last Name:	First Name:	Date of Birth:	
Mailing Address:	City:	ZIP:	
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.

<i>Provider to complete all sections below.</i>			
Provider Information <i>(please print)</i>			
Last Name:	First Name:		
Address:	City:	ZIP:	
NPI #:	TIN:	Phone #:	
Office Contact:	Visit Date:		
<p><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.</p>			

Diagnoses/Conditions:
<i>Patient must have one or more complex chronic condition. Please check all active diagnoses.</i>
<input type="checkbox"/> 1. Chronic alcohol and other drug dependence (F1520, F1920)
<input type="checkbox"/> 2. Autoimmune disorders limited to:
<input type="checkbox"/> Polyarteritis nodosa (M300)
<input type="checkbox"/> Polymyalgia rheumatica (M353)
<input type="checkbox"/> Polymyositis (M3320)
<input type="checkbox"/> Rheumatoid arthritis (M069)
<input type="checkbox"/> Systemic lupus erythematosus (M329)

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MMA 3584 10-08-24 OM

Diagnoses/Conditions:

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

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)

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)

Diagnoses/Conditions:

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

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 groceries).

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 (714) 246-8579; 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 CalOptima Health OneCare Flex Plus grocery benefit is part of a special supplemental program for the chronically ill. Not all members qualify. To use the grocery benefit, CalOptima Health OneCare Flex Plus members must have one or more comorbid and medically complex chronic conditions that are life threatening or significantly limits 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 grocery benefit. Receiving the grocery benefit depends on the member having a high risk of hospitalization or other adverse health outcomes and a need for intensive care coordination.