



### Medical Meals Referral Form

Thank you for your interest and referral to the Medical Meals program offered by Anthem Blue Cross (Anthem). The goal of this program is to provide medically tailored meals to people living with chronic conditions in order to improve their health and well-being and reduce medical costs.

If you would like to refer a member into the program, please fill out the following form to the best of your ability. **Space is limited, so please do not delay.**

Member name:
Member ID:
Member DOB:
Member meal delivery address (include city, state, ZIP code, and apt/unit #):
Member phone number:
Member caregiver or secondary contact if recipient unreachable:
Secondary contact relationship to member:
Member PCP/specialist name and phone number:
Does the member consent to participating in this 13-week, medically tailored meals pilot? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the member food insecure? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the member have:    Microwave <input type="checkbox"/> Refrigerator <input type="checkbox"/>
<b>For a member to become eligible for the Medical Meals program, they must meet the following criteria:</b>
Member has Anthem as their primary insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>

<https://providers.anthem.com/ca>

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County.

ACAPEC-2938-21 July 2021

Member must have **one of the following**:

Chronic or disabling mental health/behavioral health condition

Please specify mental/behavioral health condition(s): \_\_\_\_\_

Congestive heart failure (ICD code: I50.9)

End-stage renal disease (ICD code: N18.6)

Gestational diabetes (ICD code: 024.4)

**Hypertension (ICD code: I10) AND one or more of the following:**

Diabetes (ICD code: 250.00)

Coronary artery disease (CAD) (ICD code: 414.01)

Cardiovascular disease (CVD) (ICD code: I51.9)

Chronic obstructive pulmonary disease (COPD) (ICD code: J44.9)

**OR**

Hypertension\* (ICD code: I10)

**\* If hypertension is the *sole qualifying condition*, the member must also have one or more of the following acuity factors *within the last six months*:**

An inpatient or ER admission

Newly diagnosed with hypertension

Addition of a new hypertension medication

**Referring party organization**

Hospital

Skilled nursing facility (SNF)

PCP

Specialty

Community organization

Participating medical group (PMG)

County/public agency

Whole-person care or Health Homes provider

Organization name:

Name of person submitting referral:

Contact info (phone number and/or email of person submitting referral):

**Desired menu type**

If specific health condition meals or food preferences are needed, check the appropriate box below (if applicable):

- Lower sodium
- Heart friendly
- Vegetarian
- Diabetes friendly (carbs < 65 grams/entrée < 110 grams/meal, sodium average 570 mg/entrée 810 mg/meal)
- Renal friendly (sodium < 700 mg, potassium < 833 mg, phosphorus < 300 mg)
- Gluten-free (tested less than 20 ppm, not a dedicated kitchen)
- Pureed (for dysphagia patients and those with difficulty swallowing)

Menu comments/special delivery instructions:

Please forward referral form securely to either:

- Email to: [CASpecialPrograms@anthem.com](mailto:CASpecialPrograms@anthem.com)
- Fax to: **844-429-9626**

**Provider Customer Care Centers:**

Medi-Cal Customer Care Center (outside L.A. County):..... **800-407-4627**

Medi-Cal Customer Care Center (inside L.A. County):..... **888-285-7801**