## **2023 Healthy Rewards Program**

## **Member Form**



Now it's easier than ever to get your Passport by Molina Healthcare healthy rewards! Simply fill out this form (both sides) and send it to back to our rewards team. Instructions are on the back side.

All Passport members who meet the criteria and complete the screening(s) below can earn a \$10-\$50 Gift Card! These important health screenings are covered by Passport at no cost to you.

## **ADULT**

Annual Preventative Screening							
$\square$ All members 18+ who get an annual preventative screening visit can earn a <b>\$25 Gift Card</b> .							
Date of Visit: P	Date of Visit: Provider/Clinic Name:						
Physician Signature:	Provider NPI:						
Gift Card Choice: UValmart	☐ Kroger ☐ CVS ☐ Target ☐ Dollar General						
Blood Pressure Cuff							
All members with a diagnosis of d pressure cuff (up to \$30 value).	liabetes or high blood pressure can receive a <b>free blood</b>						
Date of Visit: P	Provider/Clinic Name:						
Physician Signature:	Provider NPI:						
Cancer Screenings							
□ Breast Cancer Screening: Women earn a \$25 Gift Card.	** between the ages of 50-74 who get a mammogram can						
Date of Visit: P	Date of Visit: Provider/Clinic Name:						
Physician Signature:	Provider NPI:						
Gift Card Choice: $\square$ Walmart	$\square$ Kroger $\square$ CVS $\square$ Target $\square$ Dollar General						
☐ Cervical Cancer Screening: Women HPV test can earn a \$25 Gift Care	en** between the ages of 21-64 who get a Pap smear or rd.						
Date of Visit:F	Date of Visit:Provider/Clinic Name:						
Physician Signature:	Provider NPI:						
Gift Card Choice: $\square$ Walmart	$\square$ Kroger $\square$ CVS $\square$ Target $\square$ Dollar General						
☐ Colon Cancer Screening: Members screening test can earn a \$25 Giff	rs between the ages of 45-75 who get a colon cancer <b>t Card.</b>						
Date of Visit:F	Date of Visit: Provider/Clinic Name:						
Physician Signature:	Provider NPI:						
Gift Card Choice: UValmart	☐ Kroger ☐ CVS ☐ Target ☐ Dollar General						

Chlar	nydia Screening					
	Women** between t	the ages of 16	-24 who ge	t a chlam	nydia scree	ening can earn a <b>\$25 Gift Card</b> .
	Date of Visit:		Provider/Cli	nic Name	e:	
	Physician Signature	e:			Provider N	NPI:
	Gift Card Choice:	$\square$ Walmart	$\square$ Kroger	□cvs	$\Box$ Target	$\square$ Dollar General
Dento	al Screenings					
	Dental Exam: All me	embers who g	et an annuc	ıl dental e	exam can e	earn a <b>\$50 Gift Card</b> .
	Date of Visit:		Provider/Cli	nic Name	e:	
	Physician Signature	e:			Provider N	NPI:
	Gift Card Choice:	$\square$ Walmart	$\square$ Kroger	□cvs	$\Box$ Target	☐ Dollar General
Diabe	tes Screenings					
	Diabetic Eye Exam: exam can earn a \$5		nbers betwe	een the a	ges of 18-7	75 who get a diabetic eye
	Date of Visit:		Provider/Cli	nic Name	e:	
						NPI:
	Gift Card Choice:					
	Diabetic HbA1c Tes		embers betv	ween the	ages of 18	-75 who get a HbA1c test can
	Date of Visit:		Provider/Cli	nic Name	e:	
	Physician Signature	e:			Provider N	NPI:
	Gift Card Choice:		☐Kroger	□cvs	$\Box$ Target	☐ Dollar General
	<b>Diabetes Self Mano</b> Type I or Type II dial					usses: All members with 25 <b>Gift Card</b> .
	Date of Completion	<b>:</b>	Clas	s location	n:	
	Instructor Signatur	e:			Provider N	NPI:
	Gift Card Choice:	$\square$ Walmart	$\square$ Kroger	□cvs	$\Box$ Target	☐ Dollar General
Inpat	ient Hospital Follow-	Up				
	All members who for including behaviora	'		,	_	g an inpatient hospital stay,
	Date of Visit:		Provider/Cli	nic Name	e:	
	Physician Signature	e:			Provider N	NPI:
	Gift Card Choice:	$\square$ Walmart	$\square$ Kroger	□cvs	$\Box$ Target	☐ Dollar General

Please turn over to complete the form  $\rightarrow$ 

Maternity Screenings							
Prenatal Visit: Visit your provider during the first 3 months of your pregnancy or within 42 day							
of joining Molina and earn a <b>infant, car or booster seat.*</b>							
Date of Visit: Provider Name:							
Weeks Pregnant at Visit: Clinic Name:							
Number of babies: Infant carrier, Car seat, or Booster seat:							
Physician Signature: Provider NPI:							
Postpartum Visit: Visit your provider between 7 and 84 days after you have your baby and earn a \$25 Gift Card							
Date of Visit: Delivery Date:							
Provider/Clinic Name:							
Physician Signature: Provider NPI:							
Gift Card Choice:  Walmart  Kroger  CVS  Target  Dollar General							
PEDIATRIC							
Annual Preventative Screenings							
☐ Annual Well-Child Visit: Ages 3-17. Complete annual well-child visit and earn a \$25 Gift Card							
Date of Visit: Provider/Clinic Name:							
Provider Signature: Provider NPI:							
Gift Card Choice: $\square$ Walmart $\square$ Kroger $\square$ CVS $\square$ Target $\square$ Dollar General							
☐ <b>Well-Child Visit:</b> Ages birth to 30 months old. Complete up to 6 well-child visits on time and earn a <b>\$10 Gift Card</b> per visit (up to <b>\$60</b> value).							
Date of Visit: Provider/Clinic Name:							
Provider Signature: Provider NPI:							
Gift Card Choice: $\square$ Walmart $\square$ Kroger $\square$ CVS $\square$ Target $\square$ Dollar General							
Dental Screenings							
☐ <b>Dental Exam:</b> All members who get an annual dental exam can earn a <b>\$50 Gift Card</b> .							
Date of Visit: Provider/Clinic Name:							
Provider Signature: Provider NPI:							
Gift Card Choice: $\square$ Walmart $\square$ Kroger $\square$ CVS $\square$ Target $\square$ Dollar General							

inpatient Hospital Follow-	Jþ					
<ul><li>All members who fo including behavioral</li></ul>	•			ays following an inpatient hospital stay, <b>ft Card</b> .		
Date of Visit:		Provider/Clinic Name:				
Provider Signature:	Provider NPI:					
Gift Card Choice:	$\square$ Walmart	☐Kroger	□ cvs	$\square$ Target $\square$ Dollar General		
TO RECEIVE YOUR REWAR	D:					
Please COMPLETE the ENT	TRE FORM (b	oth sides). I	Print clea	arly and send it back to Molina in any of		
Email		Mail				
MEllnquiries@MolinaHealtl	,					
Fax	300 Oceangate					
(833) 858-0430	6th Floor Long Beach, CA 90802					
Member Name:				Member ID:		
Mailing Address:						
City:	Stat	e:		Zip Code:		
Home Phone:		Cell Phone:				

## **HEALTH RISK ASSESSMENT (HRA)**

All members who complete a HRA form can earn a \$25 Gift Card.

Completing your HRA allows us to better understand your unique needs so we can connect you with additional supports and services you might need. HRAs are located on our website at <a href="https://www.molinahealthcare.com/members/ky/en-us/mem/medicaid/hra.aspx">https://www.molinahealthcare.com/members/ky/en-us/mem/medicaid/hra.aspx</a>.

Send us your completed Health Risk Assessment Form (HRA) to Passport at kycaremanagement@molinahealthcare.com or mail to:

Passport by Molina Healthcare

Attn: Care Management Dept.

5100 Commerce Crossing Drive, Louisville, KY 40229

After submitting your HRA, please call Passport Healthy Rewards at (833) 986-0072 to request your gift card.

Some exclusions apply. While supplies last. Benefits subject to change. To qualify, members must have Passport by Molina Healthcare Medicaid. If reward is offered for both Molina Medicaid and Medicare, it can only be claimed once and will be provided by member's primary insurance.

\*Rewards must be claimed within 90 calendar days of receiving the qualifying service and member must be currently enrolled with Passport Medicaid at the time of claiming the reward.

\*\*Members assigned female at birth.

https://www.molinahealthcare.com/members/ky/en-us/mem/medicaid/overvw/coverd/benefits.aspx

<sup>\*</sup>Picture of car or booster seat available online at: