

2022 Healthy Rewards Program

Multi Service Member Form



Now it's easier than ever to get your Passport Health Plan 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 Health Plan at no cost to you.

What visit did you have? ☒ **Check it below!**

ADULT

Annual Preventative Screening

- ☐ All members 18+ who get an annual preventative screening visit can earn a **\$25 Gift Card**.

Date of Visit: _____ **Provider/Clinic Name:** _____

Physician Signature: _____ **Provider NPI:** _____

Gift Card Choice: ☐ Walmart ☐ Amazon ☐ Kroger ☐ CVS ☐ Target ☐ Dollar General

Blood Pressure Cuff

- ☐ All members with a diagnosis of diabetes or high blood pressure can receive a **free blood pressure cuff**.

Date of Visit: _____ **Provider/Clinic Name:** _____

Physician Signature: _____ **Provider NPI:** _____

Cancer Screenings

- ☐ **Breast Cancer Screening:** Women between the ages of 50-74 who get a mammogram can earn a **\$25 Gift Card**.

Date of Visit: _____ **Provider/Clinic Name:** _____

Physician Signature: _____ **Provider NPI:** _____

Gift Card Choice: ☐ Walmart ☐ Amazon ☐ Kroger ☐ CVS ☐ Target ☐ Dollar General

- ☐ **Cervical Cancer Screening:** Women between the ages of 21-64 who get a Pap smear or HPV test can earn a **\$25 Gift Card**.

Date of Visit: _____ **Provider/Clinic Name:** _____

Physician Signature: _____ **Provider NPI:** _____

Gift Card Choice: ☐ Walmart ☐ Amazon ☐ Kroger ☐ CVS ☐ Target ☐ Dollar General

Please turn over to complete the form →

Chlamydia Screening

- ☐ Women between the ages of 16-24 who get a chlamydia screening can earn a **\$25 Gift Card**.

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift Card Choice: ☐ Walmart ☐ Amazon ☐ Kroger ☐ CVS ☐ Target ☐ Dollar General

Dental Screenings

- ☐ **Dental Exam:** All members who get an annual dental exam can earn a **\$50 Gift Card**.

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift Card Choice: ☐ Walmart ☐ Amazon ☐ Kroger ☐ CVS ☐ Target ☐ Dollar General

Diabetes Screenings

- ☐ **Diabetic Eye Exam:** Diabetic members between the ages of 18-75 who get a diabetic eye exam can earn a **\$50 Gift Card**.

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift Card Choice: ☐ Walmart ☐ Amazon ☐ Kroger ☐ CVS ☐ Target ☐ Dollar General

- ☐ **Diabetic HbA1c Test:** Diabetic members between the ages of 18-75 who get a HbA1c test can earn a **\$50 Gift Card**.

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift Card Choice: ☐ Walmart ☐ Amazon ☐ Kroger ☐ CVS ☐ Target ☐ Dollar General

- ☐ **Diabetes Self Management Education and Support (DSMES) classes:** All members with Type I or Type II diabetes who complete all classes can earn a **\$25 Gift Card**.

Date of Completion: _____ Class location: _____

Instructor Signature: _____ Provider NPI: _____

Gift Card Choice: ☐ Walmart ☐ Amazon ☐ Kroger ☐ CVS ☐ Target ☐ Dollar General

Inpatient Hospital Follow-Up

- ☐ All members who follow up with their PCP within 7 days following an inpatient hospital stay, including behavioral health stays, can earn a **\$50 Gift Card**.

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift Card Choice: ☐ Walmart ☐ Amazon ☐ Kroger ☐ CVS ☐ Target ☐ Dollar General

Please turn over to complete the form →

Maternity Screenings

- ☐ **Prenatal Visit:** Visit your provider during the first 3 months of your pregnancy or within 42 days of joining Molina and earn a **convertible car seat or booster seat**.*

Date of Visit: _____ **Provider Name:** _____

Weeks Pregnant at Visit: _____ **Clinic Name:** _____

Number of babies: _____ **Booster seat or car 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 ☐ Amazon ☐ Kroger ☐ CVS ☐ Target ☐ Dollar General

PEDIATRIC

Annual Preventative Screenings

- ☐ **Annual Well-Child Visit:** Ages 4-17. Complete annual well-child visit and earn a **\$10 Gift Card**.

Date of Visit: _____ **Provider/Clinic Name:** _____

Provider Signature: _____ **Provider NPI:** _____

Gift Card Choice: ☐ Walmart ☐ Amazon ☐ Kroger ☐ CVS ☐ Target ☐ Dollar General

- ☐ **Well-Child Visit:** Ages birth to 3 years old. Complete up to 6 well-child visits on time and earn a **\$10 Gift Card** per visit (up to **\$60** value).

Date of Visit: _____ **Provider/Clinic Name:** _____

Provider Signature: _____ **Provider NPI:** _____

Gift Card Choice: ☐ Walmart ☐ Amazon ☐ Kroger ☐ CVS ☐ Target ☐ Dollar General

Dental Screenings

- ☐ **Dental Exam:** All members who get an annual dental exam can earn a **\$50 Gift Card**.

Date of Visit: _____ **Provider/Clinic Name:** _____

Provider Signature: _____ **Provider NPI:** _____

Gift Card Choice: ☐ Walmart ☐ Amazon ☐ Kroger ☐ CVS ☐ Target ☐ Dollar General

Please turn over to complete the form →

Inpatient Hospital Follow-Up

- ☐ All members who follow up with their PCP within 7 days following an inpatient hospital stay, including behavioral health stays, can earn a **\$50 Gift Card**.

Date of Visit: _____ **Provider/Clinic Name:** _____

Provider Signature: _____ **Provider NPI:** _____

Gift Card Choice: ☐ Walmart ☐ Amazon ☐ Kroger ☐ CVS ☐ Target ☐ Dollar General

TO RECEIVE YOUR REWARD:

Please COMPLETE the ENTIRE FORM (both sides). Print clearly and send it back to Molina in any of the following ways:

Email

MEInquiries@MolinaHealthcare.com

Fax

(833) 858-0430

Mail

Attn: Healthy Rewards and VAB Program
300 Oceangate
6th Floor
Long Beach, CA 90802

Member Name: _____ **Member ID:** _____

Mailing Address: _____ **Unit:** _____

City: _____ **State:** _____ **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 <https://www.molinahealthcare.com/members/ky/en-us/mem/medicaid/hra.aspx>.

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

Passport Health Plan by Molina Healthcare
Attn: Care Management Dept.
5100 Commerce Crossing Drive, Louisville, KY 40229

If you need help filling out your HRA, call us at **(833) 959-2398**.

All Extra Benefits and Rewards may have additional exclusions or supply limits. Benefits are subject to change. Members must be active with Passport Health Plan by Molina Healthcare Medicaid as their primary insurance at the time of service.

**Picture of car or booster seat available online at:*

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