

# Iowa 2024 Healthy Rewards Member Claim Form

## Now it's easier than ever to claim your Molina Healthy Rewards!

Within 90 days of completing an eligible visit or screening, complete one of the following steps to receive your reward. All Molina Healthcare of Iowa members who meet the conditions and complete any of the eligible visits or screenings (based on recommendations from your provider) listed below between January 2024 – December 2024 can earn a **\$10 - \$100 gift card!** These important health screenings are covered by Molina Healthy Rewards at no cost to you.

**Log into** the Member Portal from [MolinaHealthcare.com/IA](https://MolinaHealthcare.com/IA), complete the fillable form and submit it electronically.

**Call** Member Services at (844) 236-0894 (TTY: 711) and let them know you'd like to claim a healthy reward. The agent will ask you which reward, the date and location you received the service, and your reward choice.

**You may also send your completed form by:**

**Mail:** Attn: Healthy Rewards and VAB Program  
PO Box 93653  
Des Moines IA 50393

**Fax:** (833) 671-3988

**Email:** Upload this completed form and email it through your member portal to the Molina Fulfillment Team.

**Member name:** \_\_\_\_\_ **Member ID:** \_\_\_\_\_

**Mailing address\*\*:** \_\_\_\_\_ **Apt/Unit:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone\*\*** \_\_\_\_\_ I'd like to receive text messages about my health **Yes**

**Email:** \_\_\_\_\_

\*\*Contact Iowa Medicaid Member Services at (855) 889-7985 to update your mailing address or phone.

# Iowa 2024 Healthy Rewards Member Claim Form

How do you want to spend this reward? ✓ Check it below!

<input type="checkbox"/>	<b>Healthy Rewards:</b> Use at approved stores for food and over-the-counter health and wellness products	<b>If no choice is selected, rewards will be added to Healthy Rewards.</b>
<input type="checkbox"/>	<b>Gas:</b> Use your rewards to pay at the pump!	

What visit did you have?  Check it below!

Adult Preventative Visits and Screenings		
<input type="checkbox"/>	<b>Annual routine physical exam</b> (members 18 years and older) <b>\$25 gift card</b> once per year	Provider/Clinic name: Date visit completed:  <input type="checkbox"/> <b>I would also like to claim the 3-month YMCA family membership for completing the annual physical.</b>
<input type="checkbox"/>	Pass <b>High School Equivalency Diploma (HSED)</b> test. <b>\$25 gift card</b> (once per lifetime)	Educational Institute: Date passed: <i>*Copy of passing test results must be submitted with form</i> <i>**Test must be passed while enrolled with Molina</i>
<input type="checkbox"/>	<b>Diabetic Eye Exam</b> (members ages 18-75 years diagnosed with diabetes) <b>\$25 gift card</b> once per year	Provider/Clinic name: Date visit completed:  *Completed with Eye Doctor
<input type="checkbox"/>	<b>A1c Blood Sugar Screening</b> (members ages 18-75 years diagnosed with diabetes) <b>\$25 gift card</b> once per year	Provider/Clinic name: Date completed:
<input type="checkbox"/>	<b>Smoking Cessation Program Completion*</b> (members 18 years and older) <b>\$60 gift card** upon completion of program</b> once per year	*Member <b>does not</b> need to claim reward; Gift card/Reward will <b>automatically be issued</b> by Molina within 30 business days of notification from Quitline the member has completed program. <b>**Rewards will automatically be issued to the Over-the-Counter (OTC)/Food benefit</b>

Women's Health Preventative Screenings		
<input type="checkbox"/>	<b>Cervical cancer screening</b> (pap test) (Females* 21-64 years) <b>\$25 gift card</b> once per year	Provider/Clinic name: Date visit completed:

# Iowa 2024 Healthy Rewards Member Claim Form

<input type="checkbox"/>	<b>Mammogram</b> (Females* 40-74 years) <b>\$25 gift card</b> once per year	Provider/Clinic name: Date visit completed:
<input type="checkbox"/>	<b>Chlamydia Screening</b> (Females* 16- 24 years) <b>\$25 gift card</b> once per year	Provider/Clinic name: Date visit completed:

## Pediatric (Child) Preventative Visits

<input type="checkbox"/>	<b>Well-child visit</b> (Birth to 30 months) <b>\$10 gift card</b> after each well-child visit <b>maximum 8 visits</b>	Provider/Clinic name: Dates visits completed: <input type="checkbox"/> <b>I would also like to claim the 3-month YMCA family membership for completing the well child visit.</b>
<input type="checkbox"/>	<b>Well-child visit</b> (3-21 years old) <b>\$25 gift card</b> after well visit completed once per year	Provider/Clinic name: Date visit completed:

## In-patient hospital follow-up

<input type="checkbox"/>	<b>Hospital follow up for medical condition</b> (all members) <b>\$50 gift card</b> after completing a virtual or in-person visit <b>with primary care provider</b> within 7 days of discharge from an inpatient medical or surgical hospital stay.	Provider/Clinic name: Date visit completed:
<input type="checkbox"/>	<b>Hospital follow up for mental health condition</b> (all members) <b>\$50 gift card</b> after completing a virtual or in-person visit <b>with behavioral health provider</b> within 7 days of discharge from an in-patient behavioral health hospital stay	Provider/Clinic name: Date visit completed:

# Iowa 2024 Healthy Rewards Member Claim Form

## Caregiver Reward for LTSS Member

	<p><b>Caregiver Reward for LTSS Member</b> (family member/friend who is primary caregiver – one caregiver per LTSS member) <b>\$50 gift card</b> for taking member to complete a preventative exam (annual physical; well child visit) or screening (A1c, diabetic eye exam, mammogram, cervical cancer, or chlamydia screening) once per year</p>	<p><b>Contact the member's Molina Case Manager or your IHH Case Manager to claim this reward.</b></p>
--	--	---

## Pregnancy Care (Earned rewards will be automatically loaded to Pregnancy bucket.)

<input type="checkbox"/>	<p><b>Pregnancy Notification*</b> (members who are pregnant and notify Molina of their pregnancy) <b>Notification during 1<sup>st</sup> Trimester: \$50 gift card</b> <b>Notification during 2<sup>nd</sup> or 3<sup>rd</sup> Trimester: \$25 gift card</b> once per pregnancy.</p>	<p>Date of notification:</p> <p><i>*Rewards will automatically be issued to the Over-the-Counter (OTC)/Food benefit</i></p>
--------------------------	---	---

# Iowa 2024 Healthy Rewards Member Claim Form

<input type="checkbox"/>	<p><b>Prenatal Visit</b> (members who are pregnant and complete a prenatal visit within the first trimester or within 42 days after joining Molina) <b>\$75 gift card* to apply towards purchase car seat (or other needed baby items)</b> once per pregnancy. <i>Car seat and pack-n-play can only be purchased at Walmart or Walmart.com</i></p>	<p>Provider/Clinic name: Date visit completed:</p> <p>*Members can select to have a car seat shipped directly instead of the \$75 gift card. Please indicate the choice of car seat below and shipping address, if different than above. Molina may contact you to complete the request.</p> <p><input type="checkbox"/> Infant Carrier with base</p> <p><input type="checkbox"/> Convertible (Rear-to-Forward facing)</p> <p>Gender: <input type="checkbox"/> Girl <input type="checkbox"/> Boy <input type="checkbox"/> Unknown</p> <p>Alternate Shipping Address, City, State, Zip:</p>
<input type="checkbox"/>	<p><b>Postpartum Visit</b> (complete postpartum visit 7 to 84 days after delivery) <b>\$25 gift card</b> once per pregnancy</p>	<p>Provider/Clinic name: Date visit completed:</p>
	<p><b>Molina-hosted Baby Shower*</b> (members who are pregnant or delivered within the last 6 months and attended a Molina baby shower) <b>\$100 gift card</b> once per pregnancy</p>	<p>*Member <b>does not need to claim</b> reward; Gift card/Reward is <b>automatically issued</b> by Molina within 30 business days of the event to members who attended (based on the attendance list).</p>
	<p><b>Smoking Cessation Program Completion*</b> (members of any age who are pregnant) <b>\$60 gift card** upon completion of program</b> once per pregnancy</p>	<p>*Member <b>does not need to claim</b> reward; Gift card/Reward is <b>automatically issued</b> by Molina within 30 business days of notification from Quitline stating member has completed program.</p> <p><b>** Rewards will automatically be issued to the Over-the-Counter (OTC)/Food benefit</b></p>

# Iowa 2024 Healthy Rewards Member Claim Form

## Health Risk Assessment (HRA) Reward

Completing your HRA allows us to better understand your unique needs so we can connect you with additional supports and services to improve your overall health.

Earn a **\$25 reward** for completing your HRA.

### How to complete your HRA?

Log into the Member Portal from MolinaHealthcare.com/IA, complete the fillable form and submit it electronically.

**Call** Member Services at (844) 236-0894 (TTY: 711) and let them know you need to complete your Health Risk Assessment. They will connect you with a team member to assist you.

**Complete** with your Case Manager.

### You may also send your completed HRA form by:

**Mail:** Attn: HRA

PO Box 93044

Des Moines IA 50393

**Fax:** (833) 671-3988

**Email:** Upload the completed HRA form and email it through your member portal to the Molina Fulfillment Team.

<input type="checkbox"/>	<p><b>Health Risk Assessment</b> (ALL members) Receive a <b>\$25 gift card</b> if you complete the HRA. <b><i>Remember to submit this form to claim your reward in addition to your completed HRA form. See instructions at top of form.</i></b></p>	<p>HRA Completed: How Completed:</p>
--------------------------	--	--

Healthy Rewards cards can only be used at participating stores to purchase eligible items.

Some exclusions apply. Benefits subject to change. To qualify, members must be enrolled in Molina Healthcare of Iowa at the time of visit or screening completion and at the time of claiming the reward.

Rewards **must** be claimed within 90 calendar days of receiving the qualifying service. Rewards will **expire 18 months** after date they were issued.

\*Member assigned female at birth.

# Iowa 2024 Healthy Rewards Member Claim Form

