

2024 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 and send it back to our rewards team. Instructions at the end of the form.

All Passport members who meet the criteria and complete the screening(s) below can earn gift cards. These important health screenings are covered by Passport at no cost to you.

PEDIATRIC

What visit did you have? Check it below!

Well-Child Visits (ages 0-2)

Complete up to 6 well-child visits on time and earn a \$10 gift card per visit (up to \$60).

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift card choice: Walmart Kroger CVS Target Dollar General

Annual Well-Child Visit: Ages 3-17. Complete annual well-child visit and earn a \$25 gift card.

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift card choice: Walmart Kroger CVS Target Dollar General

Immunizations (Shots)

Childhood Immunizations: Members who complete the following vaccine series by their 2nd birthday can earn up to \$140 in gift cards.

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift card choice: Walmart Kroger CVS Target Dollar General

Rotavirus (\$10) Hep A (\$10) Hep B (\$10) DTAP (\$10) Hib (\$10)

Influenza (\$50) PCV (\$10) MMR (\$10) Polio (\$10) Varicella (\$10)

Immunizations (HPV)

- HPV Vaccines: Members who complete the HPV vaccine series between their 9th and 13th birthdays can earn up to \$50 in gift cards.

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift card choice: Walmart Kroger CVS Target Dollar General

1st HPV Vaccine (\$20) 2nd HPV Vaccine (ages 9 to 13) (\$30)

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 Kroger CVS Target Dollar General

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 Kroger CVS Target Dollar General

Inpatient Hospital Follow-Up (ages 6 and up)

- All members who complete a PCP/ Behavioral Health follow-up within 7 days of discharge from a related inpatient hospital stay can earn a \$50 gift card.

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift card choice: Walmart Kroger CVS Target Dollar General

TO RECEIVE YOUR REWARD:

Please COMPLETE this form. 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 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 at both the time of service that earned the reward and at the time the reward is requested. 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.

2024 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 and send it back to our rewards team. Instructions are at the end of the form.

All Passport members who meet the criteria and complete the screening(s) below can earn gift cards. These important health screenings are covered by Passport at no cost to you.

ADULT/PEDIATRIC

What visit did you have? Check it below!

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 Kroger CVS Target Dollar General

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 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 Kroger CVS Target Dollar General

Cancer Screenings (Cont.)

Colon Cancer Screening:

Members between the ages of 45-75 who get a colon cancer screening test can earn a \$25 gift card.

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift card choice: Walmart Kroger CVS Target Dollar General

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 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 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 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 Kroger CVS Target Dollar General

Diabetes Screenings (Cont.)

- Diabetic 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 Kroger CVS Target Dollar General

Inpatient Hospital Follow-Up (ages 6 and up)

- All members who complete a PCP/ Behavioral Health follow-up within 7 days of discharge from a related inpatient hospital stay can earn a \$50 gift card.

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift card choice: Walmart Kroger CVS Target Dollar General

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 \$25 gift card.

Date of Visit: _____ Provider Name/Clinic: _____

Weeks Pregnant at Visit: _____ Number of babies: _____

Physician Signature: _____ Provider NPI: _____

Gift card choice: Walmart Kroger CVS Target Dollar General

- 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 Name/Clinic: _____

Physician Signature: _____ Provider NPI: _____

Gift card choice: Walmart Kroger CVS Target Dollar General

Immunizations (Shots)

- Childhood Immunizations:** Members who complete the following vaccine series by their 2nd birthday can earn up to \$140 in gift cards.

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift card choice: Walmart Kroger CVS Target Dollar General

Rotavirus (\$10) Hep A (\$10) Hep B (\$10) DTAP (\$10) Hib (\$10)

Influenza (\$50) PCV (\$10) MMR (\$10) Polio (\$10) Varicella (\$10)

Immunizations (HPV)

- HPV Vaccines:** Members who complete the HPV vaccine series between their 9th and 13th birthdays can earn up to \$50 in gift cards.

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift card choice: Walmart Kroger CVS Target Dollar General

1st HPV Vaccine (\$20) 2nd HPV Vaccine (ages 9 to 13) (\$30)

Well-Child Visits (ages 0-2)

- Complete up to 6 well-child visits on time and earn a \$10 gift card per visit (up to \$60).

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift card choice: Walmart Kroger CVS Target Dollar General

- Annual Well-Child Visit:** Ages 3-17. Complete annual well-child visit and earn a \$25 gift card.

Date of Visit: _____ Provider/Clinic Name: _____

Physician Signature: _____ Provider NPI: _____

Gift card choice: Walmart Kroger CVS Target Dollar General

TO RECEIVE YOUR REWARD:

Please COMPLETE this form. 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 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 at both the time of service that earned the reward and at the time the reward is requested. 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.