

# 2024 Healthy Behaviors Program Completion Form



**Step 1:** Fill in all applicable areas of this form and sign. Your provider can help show you which programs you may qualify for.

**Step 2:** Fax this completed and signed form to **1-855-358-5854**, or you may mail the form to:  
AmeriHealth Caritas Florida, P.O. Box 7181, London, KY 40742.

**Step 3:** After this form is received by AmeriHealth Caritas Florida, we will confirm your appointments.

**Step 4:** Once we confirm your appointments, we will send your gift card(s).\*

**Step 5:** Please select how you would like to receive your gift card:

Email  Text  Mail

## Member information (please print)

---

Member first name: \_\_\_\_\_ Member last name: \_\_\_\_\_

Member ID number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

## Provider information (please print)

---

Provider name: \_\_\_\_\_

Organization name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Dates of appointments: \_\_\_\_\_

## Let us know which programs you would like to join by checking the box for each below:

---

**Weight loss:** If you have a documented body mass index (BMI) of 35 or above, you can earn up to \$50 in rewards. You must first reach certain health milestones with your primary care provider (PCP) or treating provider. You must show a reduction in BMI to earn rewards. **(Your provider must sign this form for the weight loss program.)**

**Smoking cessation:** We can help members quit smoking. If you reach certain health milestones for quitting tobacco, you can earn up to \$50 in rewards.

**Alcohol and substance use recovery:** This program helps members with alcohol and substance use issues. It can connect you to recovery services such as community support groups. These can help you stay sober. If you reach certain health milestones, you can earn up to \$50 in rewards.

The following programs have a completion form return deadline of January 31, 2025:



- Maternity (prenatal visits and a postpartum visit):** Members who have had a baby can earn a \$50 reward.  
Delivery date: \_\_\_\_\_ (Member must have delivered on or between October 8, 2023, and October 7, 2024.)
  - At least 10 out of 13 prenatal visits.
  - One postpartum visit completed 7 to 84 days after giving birth.
- Postpartum:** Members who have had a baby can earn a \$20 reward.  
Delivery date: \_\_\_\_\_ (Member must have delivered on or between October 8, 2023, and October 7, 2024.)
  - One postpartum visit completed 7 to 84 days after giving birth.Members who complete the Maternity program cannot earn rewards for the Postpartum program as well.
- Diabetes eye exam:** Members ages 18 to 75 with diabetes can earn a \$20 reward for having a retinal or dilated annual eye exam in 2024.
- Diabetes testing:** Members ages 18 to 75 with diabetes can earn a \$20 reward for the following test in 2024:
  - Diabetes blood sugar level control (HbA1c).
- Behavioral health follow-up:** Members ages 6 and older can earn a \$20 reward.  
Discharge date: \_\_\_\_\_
  - Complete one follow-up visit within seven days of discharge from an acute behavioral/mental health inpatient setting or emergency department in 2024.
- Breast cancer screening:** Members ages 50 to 74 can earn a \$20 reward by completing one mammogram screening in 2024.
- Cervical cancer screening:** Members ages 21 to 64 can earn a \$20 reward by completing one cervical cytology screening in 2024.
- Well-child visits:** Members 31 days to 15 months old can earn a \$50 reward by completing at least six out of eight well-child visits in 2024.
- Well-child visits:** Members who turn 30 months old can earn a \$30 reward by completing two or more well-child visits in 2024.
- Child and adolescent well-care visits:** Members ages 3 to 21 can receive \$20 in rewards by completing at least one well-care visit in 2024.
- Adult access to preventive or ambulatory services:** Members age 20 and older can receive \$20 in rewards by completing at least one well-care visit in 2024.
- Lead screening:** Members age 2 can earn a \$20 reward by having one or more capillary or venous lead blood tests for lead poisoning in 2024.



You may choose to enroll in these programs. This choice will not affect your ability to get medical treatment, payment for medical treatment, health insurance enrollment, or eligibility for benefits. However, your signature and consent are needed to enroll in the programs listed. If you participate in some of the Healthy Behaviors programs, you will be enrolled in case management. We will assign you a Care Manager. By signing this form, you are agreeing to case management services. You may also need to sign a Health Insurance Portability and Accountability Act of 1996 (HIPAA) release form to join some of the Healthy Behaviors programs.

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or parent, guardian, or legal representative)

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(required for weight loss program)

For more information about joining, call Member Services at **1-855-355-9800 (TTY 1-855-358-5856)**.

For Healthy Behaviors programs that have a form deadline, services must be completed by December 31, 2024. Services are verified before gift cards are issued. Claims are not always filed at the time of service. Once the services have been verified, a gift card will be issued to the member (or to the minor member's parent/guardian). If the services cannot be verified, the member must provide documentation that the services were received.

\*Members may enroll in more than one Healthy Behaviors program (if they qualify), and can receive a reward of up to \$50 per program, per year. Members may only join each Healthy Behaviors program once per year. Member rewards cannot be used for certain products. These include alcohol, tobacco, gambling (including lottery), drugs (except over-the-counter drugs), firearms, or ammunition purchases. If the member is a minor, the gift card will be issued to the parent/guardian.



### **Discrimination is against the law**

AmeriHealth Caritas Florida complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation.

AmeriHealth Caritas Florida:

- Provides free (no-cost) aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free (no-cost) language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact AmeriHealth Caritas Florida at **1-855-355-9800 (TTY 1-855-358-5856)**. We are available 24 hours a day, seven days a week.

If you believe that AmeriHealth Caritas Florida has failed to provide these services or has discriminated against you in another way, you or your authorized representative (if we have your written authorization on file) can file a grievance with:

- Grievances and Appeals, P.O. Box 7368, London, KY 40742. Phone: **1-855-371-8078 (TTY 1-855-371-8079)**, or Fax: **1-855-358-5847**.
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, AmeriHealth Caritas Florida Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019 (TTY 1-800-537-7697)**

Complaint forms are available at:  
**<http://www.hhs.gov/ocr/office/file/index.html>**.

English: This information is available for free in other languages. Please contact our customer service number at **1-855-355-9800 (TTY 1-855-358-5856)**, 24 hours a day, seven days a week. If your primary language is not English, or to request auxiliary aids, assistance services are available to you, free of charge.

Spanish: Esta información está disponible en otros idiomas de forma gratuita. Póngase en contacto con nuestro número de servicios al cliente al **1-855-355-9800 (TTY 1-855-358-5856)**, las 24 horas del día, los siete días de la semana. Si su idioma principal no es el inglés, o necesita solicitar ayudas auxiliares, hay servicios de asistencia a su disposición de forma gratuita.

Haitian Creole: Enfòmasyon sa yo disponib gratis nan lòt lang. Tanpri kontakte ekip sèvis kliyan nou an nan **1-855-355-9800 (TTY 1-855-358-5856)**, 24 è sou 24, sèt jou sou sèt. Si anglè pa lang manman w oswa si w ta renmen mande yon èd konplemantè, ou ka resevwa sèvis ki gratis pou ede w.

Vietnamese: Thông tin này có sẵn miễn phí ở các ngôn ngữ khác. Vui lòng liên lạc bộ phận dịch vụ khách hàng của chúng tôi theo số **1-855-355-9800 (TTY 1-855-358-5856)**, 24 giờ một ngày, bảy ngày trong tuần. Nếu ngôn ngữ chính của quý vị không phải là tiếng Anh, hoặc để yêu cầu các thiết bị trợ giúp bổ sung, thì quý vị có thể sử dụng miễn phí các dịch vụ hỗ trợ.