

2019 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 1-855-236-9281, or you may mail the form to:
Prestige Health Choice, P.O. Box 7181, London, KY 40742.

Step 3: After this form is received by Prestige Health Choice, we will confirm your appointments.

Step 4: When your appointments have been confirmed, you will receive your gift card in the mail.

Member information (please print)

Member first name: _____ Member last name: _____

Member ID number: _____

Date of birth: _____ Phone number: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Provider information (please print)

Provider name: _____

Organization name: _____ Phone number: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Date 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, 2020:

- 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 November 6, 2018, and November 5, 2019.)

- At least 10 out of 13 prenatal visits.
- One postpartum visit completed 21 to 42 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 November 6, 2018, and November 5, 2019.)

- One postpartum visit completed 21 to 42 days after birth.

Members who complete the Maternity program will not get rewards for the Postpartum program as well.

- Diabetes eye exam:** Members 18 to 75 years old with diabetes can earn a \$20 reward. The member must have a retinal eye exam in 2019.

- Diabetes testing:** Members 18 to 75 years old with diabetes can earn a \$30 reward. The member must have both of the following tests in 2019:

- Diabetes blood sugar level control (HbA1C).
- Diabetes microalbumin urine test (kidney disease screening).

- Behavioral health follow-up:** Members 6 years old and older can earn a \$20 reward.

Discharge date: _____

- One visit within seven days of discharge from an acute behavioral/mental health inpatient setting in 2019.

- Breast cancer screening:** Female members 50 to 74 years old can earn a \$10 reward. The member must complete one mammogram screening in 2019.

- Cervical cancer screening:** Female members 21 to 64 years old can earn a \$10 reward. The member must complete one cervical cytology screening in 2019.

- Well-child visits:** Members 31 days to 15 months old can earn a \$50 reward. The member must complete at least six out of eight well-child visits in 2019.

- Well-child visits:** Members 3 to 6 years old can receive up to \$20 in rewards. The member must complete at least one well-child visit in 2019.

- Adolescent well-care visits:** Members 12 to 21 years old can receive up to \$20 in rewards. The member must complete at least one well-care visit in 2019.

- Adult access to preventive or ambulatory services:** Members 20 years old and older can receive up to \$20 in rewards. The member must complete at least one well-care visit in 2019.


- Lead screening:** Members 2 years old can earn a \$10 reward. The member must have one or more capillary or venous lead blood tests for lead poisoning in 2019.

Provider and member certification

You may choose to sign this form to enroll in the 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 above. 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/TDD 1-855-358-5856)**.

For Healthy Behaviors programs that have a form deadline, services must be completed by December 31, 2019. Services are verified before gift cards are mailed. Claims are not always filed at the time of service. Once the services have been verified, a gift card will be mailed to the member (or to the minor **member's** parents or guardians). 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), drug (except over-the-counter drug), firearm, or ammunition purchases.



Discrimination is against the law

Prestige Health Choice complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Prestige does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Prestige:

- Provides free 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 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 Prestige at **1-855-355-9800 (TTY 1-855-358-5856)**. We are available 24-hours, 7 days a week.

If you believe that Prestige has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Grievance and Appeals, PO Box 7368, London, KY 40742. **1-855-371-8078 (TTY 1-855-371-8079)**, Fax: **1-855-358-5847**.
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, Prestige 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 (TDD 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/TDD 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/TDD 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 (1-855-358-5856 pou moun ki pa tande byen yo)**, 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.

French: Ces informations sont disponibles gratuitement dans d'autres langues. Veuillez contacter notre équipe service clientèle au **1-855-355-9800 (1-855-358-5856 pour les malentendants)**, 24 heures sur 24, sept jours sur sept. Si l'anglais n'est pas votre langue maternelle ou si vous souhaitez demander une aide auxiliaire, des services d'aide sont gratuitement mis à votre disposition.

Russian: Эта информация доступна бесплатно на других языках и в других форматах. Звоните в Отдел обслуживания клиентов по тел. **1-855-355-9800 (TTY/TDD 1-855-358-5856)** — круглосуточно и без выходных. Если ваш родной язык не английский или вы хотели бы запросить дополнительную помощь, вы можете воспользоваться бесплатными услугами перевода.

Italian: Queste informazioni sono disponibili gratuitamente in altre lingue. Chiamate il nostro servizio clienti al numero **1-855-355-9800 (non udenti 1-855-358-5856)** 24 ore al giorno, sette giorni su sette. Se la vostra prima lingua non è l'inglese, o per richiedere attrezzature di supporto sensoriale, sono disponibili servizi d'assistenza, gratuitamente.

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/TDD 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.

Portuguese: Estas informações estão disponíveis gratuitamente em outros idiomas. Por favor, entre em contato com o nosso serviço de atendimento ao cliente pelo número **1-855-355-9800 (TTY/TDD 1-855-358-5856)**, 24 horas por dia, sete dias por semana. Se o seu idioma principal não for o inglês, ou se você precisar solicitar recursos auxiliares para deficientes, os serviços de assistência estão disponíveis gratuitamente para você.

Chinese Mandarin: 这些信息还免费以其他语言提供。请随时联系我们的客户服务电话 **1-855-355-9800 (TTY/TDD 1-855-358-5856)**，该电话每周 7 天、每天 24 小时全天候提供服务。如果您的母语不是英语，或者需要请求辅助设备，您可以免费获得援助服务。

Chinese Cantonese: 這份資訊還免費以其他語言提供。請隨時聯絡我們的客戶服務電話 **1-855-355-9800 (TTY/TDD 1-855-358-5856)**，該電話每周 7 天、每天 24 小時全天候提供服務。如果您的母語不是英語，或者需要請求輔助設備，您可以免費獲得援助服務。

Tagalog: Makukuha nang libre ang impormasyong ito sa mga iba pang wika. Mangyaring makipag-ugnay sa numero ng customer service sa **1-855-355-9800 (TTY/TDD 1-855-358-5856)**, 24 na oras sa isang araw, pitong araw sa isang linggo. Kung hindi Ingles ang inyong pangunahing wika, o upang humiling ng mga kagamitang pantulong, may matatanggap kayong libreng serbisyo sa pagsasalain sa wika.

Arabic:

يمكنك الحصول على هذه المعلومات بلغات أخرى مجانًا. لطلب مساعدات وخدمات إضافية يُرجى الاتصال بخدمة العملاء على الرقم **1-855-355-9800 (الهاتف النصي/للصم 1-855-358-5856)**، على مدار 24 ساعة في اليوم، سبعة أيام في الأسبوع. تتوفر لك خدمات لغوية مجانية إذا كانت لغتك الأساسية ليست الإنجليزية أو إذا طلبت مساعدات إضافية.

German: Diese Information wird kostenlos in anderen Sprachen angeboten. Bitte setzen Sie sich unter der Rufnummer **1-855-355-9800** (für TeleTypewriter/Telekommunikationsgeräte **[TTY/TTD] 1-855-358-5856**) mit unserem Kundendienst in Verbindung, der Ihnen an sieben Tagen der Woche 24 Stunden lang zur Verfügung steht. Falls Englisch nicht Ihre Muttersprache ist, können Sie eine kostenlose Sprachhilfe nutzen.

Korean: 본 정보는 다른 언어로도 무료로 제공됩니다. 주 7일 하루 24시간 운영되는 고객 서비스 **1-855-355-9800 (TTY/TDD 1-855-358-5856)** 번으로 연락하시기 바랍니다. 영어가 모국어가 아니거나 장애인 보조 장치 및 서비스가 필요하신 경우, 무료로 지원 서비스가 제공됩니다.

Polish: Poniższa informacja jest dostępna bezpłatnie w innych językach i formatach. Prosimy o kontakt z Działem obsługi klienta pod numerem telefonu **1-855-355-9800 (TTY/TDD 1-855-358-5856)**, 24 godziny na dobę, siedem dni w tygodniu. Jeśli angielski nie jest Twoim pierwszym językiem lub w celu uzyskania dodatkowej pomocy, możesz korzystać z bezpłatnej obsługi w tym zakresie.

Gujarati: આ માહિતી મફતમાં અન્ય ભાષાઓમાં ઉપલબ્ધ છે. કૃપા કરીને અમારી ગ્રાહક સેવાના નંબર **1-855-355-9800** (ટીટીઆઈ/ટીડીટી **1-855-358-5856**), દિવસમાં 24 કલાક, અઠવાડિયાના સાત દિવસો નો સંપર્ક કરો. જો તમારી પ્રથમિક ભાષા અંગ્રેજી નથી, અથવા ઉપયોગીસાધનોની વિનંતી કરવા માટે, તમારા માટે સહાયક સેવાઓ નિઃશુલ્ક ઉપલબ્ધ છે.

Thai: ข้อมูลนี้สามารถใช้ได้ฟรีในภาษาอื่นโปรดติดต่อหมายเลขบริการลูกค้าของเราที่หมายเลข**1-855-355-9800(TTY/TDD 1-855-358-5856)**ได้ตลอด24ชั่วโมงทุกวันสัปดาห์ละ7วันหากภาษาหลักของคุณไม่ใช่ภาษาอังกฤษหรือต้องการติดต่อับบริการเสริมคุณสมารถแจ้งกับตัวแทนเพื่อได้โดยไม่มีค่าใช้จ่าย

Japanese: この情報は他の言語でも無料でご利用いただけます。年中無休で対応しておりますので、弊社カスタマーサービスのフリーダイヤル **1-855-355-9800 (TTY/TDD 1-855-358-5856)** までお問い合わせください。母国語が英語でない場合は、無料のサービスをご利用いただけます。

