



## **Helping HAP Empowered Medicaid Members Stay Healthy**

We have a program to help HAP Empowered Medicaid members stay healthy. The Empower Your Health Rewards Program rewards HAP Empowered Medicaid members for certain checkups and screenings they may need.

For the member to be eligible for the rewards, services must be:

- Recommended by the member's doctor
- Supported by medical guidelines
- Documented in member's medical record
- Completed between Jan. 1 and Dec. 31, 2021

The member's doctor must complete the form and mail or fax it to us. We will review medical records or claims before sending gift card rewards to the member.

The list of eligible services and the form are attached. This information can also be found at [\*\*hap.org/empoweryourhealth\*\*](http://hap.org/empoweryourhealth).

# Empower Your Health Rewards Program

Your health and well-being are vital to us. To help you stay healthy, we'll reward you for checkups and screenings. You must be a HAP Empowered Medicaid member on the date of service to get rewards. This chart shows which ones are included. Ask your doctor which ones you need. To get rewards, services must be:

- Recommended by your doctor
- Documented in your medical record
- Supported by medical guidelines
- Done between Jan. 1 and Dec. 31, 2021

Service	Requirements for reward	Gift card amount
<b>Well-child services</b>		
Well-child exams for children 31 days - 15 months	Children between the ages of 31 days and 15 months must get 6 well-child visits with their primary care doctor. The completion of visits 1-6 will be awarded individually	Visit 1= \$50
		Visit 2= \$50
		Visit 3= \$50
		Visit 4= \$50
		Visit 5= \$50
		Visit 6 = \$100
Well-child exams for children 15 days - 30 months	Children between the ages of 15 months and 30 months must get 2 well-child visits with their primary care doctor. The completion of visits 1-2 will be awarded individually	Visit 1 = \$50
		Visit 2 = \$50
Childhood immunizations – Combo 3	Get these immunizations by age 2: DTaP, IPV, MMR, HiB, HepB, VZV, PCV	\$50
Childhood immunizations – Combo 10	Get these immunizations by age 2: DTaP, IPV, MMR, HiB, HepB, VZV, PCV, Hep A, RV, Flu	\$50
Lead screening for children	Lead screening test done by age 2	\$25
<b>Women's health screenings</b>		
Cervical cancer screening (PAP smear)	Women ages 21-64 years have a pap smear at least once every 3 years	\$50
Chlamydia	Sexually active women ages 16-24 years tested for chlamydia once a year	\$25
Breast cancer screening (Mammogram screening)	Women ages 50-64 years have a mammogram at least once every 2 years	\$50

Service	Requirements for reward	Gift card amount
<b>If you're pregnant</b>		
Prenatal exams	Pregnant women have a prenatal exam in their first three months or within 42 days of joining HAP Empowered	\$50
Postpartum exam	Women who recently had a baby have a postpartum exam 7 to 84 days after birth	\$50
<b>Adult medical services</b>		
Adult yearly exam	Adults ages 21-64 years old complete their annual exam	\$25
<b>Diabetes</b>		
A1c test	Members ages 18-64 years old with diabetes get their A1c checked each year	\$25
Diabetic eye exam	Members ages 18-64 years old with diabetes have a diabetic eye exam once every 2 years	\$25

For members under age 18, rewards are sent to the parent or legal guardian. For questions or more information, call (888) 654-2200 (TTY: 711), seven days a week, 24 hours a day.

# Gift card rewards form

To get your reward, have your doctor fill out this form. You or your doctor can mail or fax it to:

HAP Empower Your Health Rewards Program

PO Box 2578, Detroit, MI 48202

Fax: **(313) 664-5090**

Member Name: \_\_\_\_\_ Member date of birth \_\_\_\_\_

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

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

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

Member Phone: \_\_\_\_\_ Member Cell Phone: \_\_\_\_\_

Can we text you program information?  Yes  No

## Services

### Well-child services

#### Through age 15 months

Doctors Signature: \_\_\_\_\_

Dates of Service Visit 1 \_\_\_\_\_ Visit 2 \_\_\_\_\_ Visit 3 \_\_\_\_\_ Visit 4 \_\_\_\_\_ Visit 5 \_\_\_\_\_ Visit 6 \_\_\_\_\_

#### Age 15-30 months

Doctors Signature: \_\_\_\_\_

Dates of Service Visit 1 \_\_\_\_\_ Visit 2 \_\_\_\_\_

#### Child immunizations – combo 2 (age 0-2 years)

Doctors Signature: \_\_\_\_\_

Dates of Service Visit 1 \_\_\_\_\_ Visit 2 \_\_\_\_\_ Visit 3 \_\_\_\_\_ Visit 4 \_\_\_\_\_

#### Child immunizations – combo 10 (age 0-2 years)

Doctors Signature: \_\_\_\_\_

Dates of Service Visit 1 \_\_\_\_\_ Visit 2 \_\_\_\_\_ Visit 3 \_\_\_\_\_ Visit 4 \_\_\_\_\_ Visit 5 \_\_\_\_\_ Visit 6 \_\_\_\_\_

#### Lead screening in children (age 0-2 years)

Doctors Signature: \_\_\_\_\_ Date of Service: \_\_\_\_\_

## Women's health screenings

### PAP screening (age 21-64)

Doctors Signature: \_\_\_\_\_ Date of Service: \_\_\_\_\_

### Chlamydia test (sexually active, age 16-24)

Doctors Signature: \_\_\_\_\_ Date of Service: \_\_\_\_\_

### Mammogram screening (age 50-74)

Doctors Signature: \_\_\_\_\_ Date of Service: \_\_\_\_\_

## Pregnancy exams

### Prenatal exam (within first trimester or for new HAP Empowered members, within 42 days of enrollment)

Doctors Signature: \_\_\_\_\_ Date of Service: \_\_\_\_\_

### Postpartum exam (7 -84 days after delivery)

Date of Delivery: \_\_\_\_\_

Doctors Signature: \_\_\_\_\_ Date of Service: \_\_\_\_\_

## Adult medical services

### Annual visit (age 20-64)

Doctors Signature: \_\_\_\_\_ Date of Service: \_\_\_\_\_

## If member has diabetes

### A1c test

Doctors Signature: \_\_\_\_\_ Date of Service: \_\_\_\_\_

### Diabetic eye exam

Doctors Signature: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Note: HAP will verify medical records or claims before sending gift card rewards.

**P.O.Box 2578, Detroit, Michigan 48202 | [hap.org/Medicaid](http://hap.org/Medicaid)**

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