



# Empower Your Health Rewards Program

Your health and well-being are important 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 services are included. Ask your doctor which ones you need. To get rewards, services must be:

- Recommended by your doctor
- Documented in member's medical record
- Supported by medical guidelines
- Completed by Dec. 31, 2019

Service	Number of visits that can get reward	Requirements for reward	Gift card amount
<b>Well-child visits:</b>			
Through age 15 months	6 visits within the first 15 months	Must get all pertinent immunizations.	\$15 per visit, up to \$90
Age 16 months-11 years	1 visit per year	Must measure body mass index, get all pertinent immunizations and discuss activity and eating habits.	\$30 per visit
Age 12-20 years	1 visit per year	Must measure BMI, get all pertinent immunizations and discuss activity and eating habits.	\$30 per visit
Lead screening for children	1 screening per year	By age 2	\$25
<b>Women's health screenings:</b>			
Cervical cancer	1 screening per year	Age 21-64	\$25
Chlamydia	1 screening per year	Sexually active, ages 16-24	\$25
Breast cancer	1 screening per year	Age 50-74	\$25
<b>Pregnancy exams:</b>			
Prenatal exams	One per trimester	If member is new to HAP Empowered, it should be within 42 days of enrollment.	\$15 per visit
Postpartum exam		21 to 56 days after delivery	\$30
<b>Adult medical services:</b>			
Adult well exam	1 visit per year	Age 21 and above. Must measure BMI, review all medications and check blood pressure. For members with diabetes, must do HbA1c and nephropathy tests and HbA1c education.	\$30 per visit
Retinal eye exam by eye doctor	1 visit per year	Members with diabetes	\$25 per visit

For members under age 18, rewards are sent to the parent or legal guardian. For questions or more information, call us at **(888) 654-2200**.

# Gift card reward form

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

HAP Empowered Medicaid

Attention: **HAP Empower Your Health Rewards Program**

PO Box 2578, Detroit, MI 48202

Fax: **(313) 664-5090** ATTN: **HAP Empower Your Health Rewards Program**

Member name \_\_\_\_\_ Member date of birth \_\_\_\_\_

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

Member address \_\_\_\_\_

Email address \_\_\_\_\_

Member phone \_\_\_\_\_ Member cell phone \_\_\_\_\_

Can we text you about important program information?  Yes  No

## Services

### Well-child visits

#### Through age 15 months

Doctor's signature \_\_\_\_\_

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

#### Age 16 months-11 years

Doctor's signature \_\_\_\_\_ Date of service \_\_\_\_\_

#### Age 12-20 years

Doctor's signature \_\_\_\_\_ Date of service \_\_\_\_\_

### Lead screening in children

Date of service \_\_\_\_\_

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

### Women's health screenings

**Cervical cancer** (age 21-64)

Date of service \_\_\_\_\_

**Chlamydia** (sexually active, ages 16-24)

Date of service \_\_\_\_\_

**Breast cancer** (age 50-74)

Date of service \_\_\_\_\_

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

## Pregnancy exams

**Exam for each trimester** (For new HAP Empowered members, it should be within 42 days of enrollment.)

Doctor's signature \_\_\_\_\_ Dates of service Visit 1 \_\_\_\_\_ Visit 2 \_\_\_\_\_ Visit 3 \_\_\_\_\_

**Postpartum exam** (21 to 56 days after delivery)

Date of service \_\_\_\_\_ Date of delivery \_\_\_\_\_

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

## Adult medical services

**Well visit** (age 21 and above)

Date of service \_\_\_\_\_

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

## If member has diabetes

**Retinal eye exam by eye doctor**

Date of service \_\_\_\_\_

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

Office contact name, address and phone number \_\_\_\_\_

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

HAP Empowered is a Medicaid plan offered by HAP Midwest Health Plan, Inc. a wholly owned subsidiary of Health Alliance Plan (HAP).

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