

Provider Bulletin

December 2020

HEALTHSUN HEALTH PLANS' HEALTH REWARDS PROGRAM

The HealthSun Health Plans "Health Rewards Program" incentive program is back for the second year. Offered to all active members, the goal of the program is to engage members in completing important healthcare services and screenings while working with member's PCP and/or specialist. Beginning January 1, 2021, members can earn up to \$80 in Health Rewards by completing the healthcare services indicated below. Health Rewards will be sent to members' home addresses in Visa® Prepaid Cards for a maximum of \$80 annually.


- Annual Maximum: **\$80**
- **No** quarterly CAP
- Only deadline is January 31st, 2022
- ADDED: Health Risk Assessment (HRA)
 - Needs only a date for member to receive reward
- REMOVED: Diabetes Care – HgbA1c Test

HEALTHCARE SERVICES	HEALTH REWARDS VALUE	CONDITIONS
Annual Wellness Exam with PCP	\$10	1 annual well-exam with PCP must be completed 1/1/2021 through 12/31/2021
Annual Flu Vaccine	\$20	Must be completed 1/1/2021 through 12/31/2021 when flu vaccine available
Breast Cancer Screening -Mammography	\$20	Must be completed 1/1/2021 through 12/31/2021
Colorectal Cancer Screening - FOBTs or Fit Test	\$10	Must be completed 1/1/2021 through 12/31/2021
Colorectal Cancer Screening - Colonoscopy	\$20	Must be completed 1/1/2021 through 12/31/2021
Diabetes Care – Eye Exam	\$10	Must be completed 1/1/2021 through 12/31/2021
Depression Screening	\$10	Must be completed 1/1/2021 through 12/31/2021
Fall Risk Screening	\$10	Must be completed 1/1/2021 through 12/31/2021
Health Risk Assessment (HRA)	\$10	Complete first HRA within 90 days of enrollment or within 365 days of previous HRA

HOW ARE MEMBERS NOTIFIED?

Beginning January 2021, Health Rewards Program Introduction Kits will be sent by mail consisting of:

- **Offer letter** – Explaining the 3-Steps on how to earn Health Rewards. **1)** Select healthcare services from coupon book. **2)** Complete eligible healthcare services and get corresponding coupons signed or stamped.
- **Pre-Paid, Self-Addressed Envelopes** – **3)** Mail timely and completed coupon in the Pre-Paid & Self-Addressed Envelope. Allow 6-8 weeks for processing.
- **Book of coupons** – Indicating Health Rewards amount for eligible healthcare services with member's name pre-printed and Member ID embedded in 2D barcode.

 <p>HEALTH REWARDS</p> <p>We have rewards just for you. To help you live a healthy, happy and independent life, we offer rewards you can easily get. Here are the steps: (1) between January 1 and December 31, 2021, finish the health services listed in this pamphlet, (2) mail your completed coupons in the prepaid envelopes provided, and (3) receive up to \$80 worth of Visa® prepaid cards during the calendar year! Screenings may need prior authorization. Please contact your PCP or specialist for help completing the prior authorization requirements.</p>	<p>\$10 HEALTH REWARDS</p> <p>FOBT or FIT in 2021 I attest that the patient completed a FOBT or FIT on (date): _____ Provider Signature or Stamp: _____ Provider Name (printed): _____ NPI Number: _____</p>	<p>\$10 HEALTH REWARDS</p> <p>Depression Screening in 2021 I attest that I conducted a depression screening (PHQ-2, PHQ-9) for the patient on (date): _____ Provider Signature or Stamp: _____ Provider Name (printed): _____ NPI Number: _____</p>	<p>\$10 HEALTH REWARDS</p> <p>Annual Wellness Exam in 2021 I attest that I conducted a comprehensive wellness checkup for this patient on (date): _____ Provider Signature or Stamp: _____ Provider Name (printed): _____ NPI Number: _____</p>
	<p>\$10 HEALTH REWARDS</p> <p>Health Risk Assessment (HRA) in 2021 HRA Survey response date (mailed or telephone): _____</p>	<p>\$10 HEALTH REWARDS</p> <p>Diabetes Care – Eye Exam in 2021 I attest that the patient completed an eye exam for diabetes care on (date): _____ Provider Signature or Stamp: _____ Provider Name (printed): _____ NPI Number: _____</p>	<p>\$20 HEALTH REWARDS</p> <p>Colonoscopy or Sigmoidoscopy in 2021 I attest that the patient completed a colonoscopy or sigmoidoscopy on (date): _____ Provider Signature or Stamp: _____ Provider Name (printed): _____ NPI Number: _____</p>

PROVIDER MUST FILL OUT

- Provider Signature
- Provider Name (printed)
- Provider NPI Number
- Date of Healthcare Service
- **DO NOT PUT FUTURE DATES OF SERVICE**



\$20 HEALTH REWARDS

Mammogram Screening in 2021
I attest that the patient completed a mammogram screening on (date): _____
Provider Signature or Stamp: _____
Provider Name (printed): _____
NPI Number: _____

- ⊘ Health Rewards are for completed healthcare services. Coupons with a future date of service will be denied.
- ⊘ Health Rewards will be denied to members if **any** of the four above items above are missing. (EXCEPT: For Health Risk Assessment Coupon)

MEMBER FORGETS COUPON

Keep an eye out for generic versions of the 2021 Health Rewards coupon to be placed on the Provider Portal for printing at office setting. ****Generic coupons will need to have the Member's Name and ID Number filled in.****

For any questions, please call either your Provider Operations representative or the QI Department at (305) 448-8100 x 10308. Member may call Member Services toll-free at 1-877-336-2069.

Thank you