



JEB BUSH
GOVERNOR

CHRISTA CALAMAS
SECRETARY

November 6, 2006

Dear Medicaid Reform Provider:

A new program to encourage Medicaid beneficiaries to engage in healthy behaviors has been established as part of Medicaid Reform, and is known as the Enhanced Benefits Account (EBA) Program. Medicaid beneficiaries enrolled in Reform Health Plans in Broward and Duval Counties will be eligible to earn credits for engaging in Agency-approved healthy behaviors. The Agency will credit a specific dollar amount to a beneficiary's Enhanced Benefits Account for each healthy behavior documented, with a maximum accumulation of \$125 per individual for the period of September 1, 2006, through June 30, 2007. The credits may be used to purchase certain health related products and supplies.

As a provider of Medical Services to an enrollee in a Reform Health Plan, you have a valuable role in the operations of the Enhanced Benefits Program. Claims submitted by your office are processed using CPT codes to identify beneficiaries who participate in the approved healthy behaviors. Therefore, it is important that you submit the appropriate CPT for the visit or screening in a timely manner to the health plans.

If you are a capitated provider, please remember to submit your encounters on a timely basis. As previously stated, your claims data will support the beneficiary in accumulating credits towards healthy behaviors. Any delay in claims reporting will have an adverse effect on the beneficiary. It is important for you to communicate and work with the health plans to ensure that members receive credits available to them for participating in approved healthy behaviors. Please see the attached list of CPT and EB codes for a complete list of Agency approved healthy behaviors.

Also enclosed for your reference is an Enhanced Benefits brochure and EB Universal Form. For additional information, including complete listings of the healthy behaviors or health related products and supplies, please visit our Medicaid website at:

http://ahca.myflorida.com/Medicaid/medicaid_reform/enhab_ben/enhanced_benefits.shtml

We appreciate your participation and support of this incentive program to improve the health of Florida's Medicaid beneficiaries. If you have any questions, please contact the provider relations center of the health plans of which you participate.

Sincerely,

Thomas W. Arnold
Deputy Secretary for Medicaid

Current Procedural Terminology and Enhanced Benefits CODES

No.	Procedure Code Number	Procedure	Occurrence Limit	Credit Amount Adult	Credit Amount Child
1	45330	CR	1	\$25.00	\$25.00
2	45378	CR	1	\$25.00	\$25.00
3	76090	MAMMO	1	\$25.00	\$0.00
4	76091	MAMMO	1	\$25.00	\$0.00
5	76092	MAMMO	1	\$25.00	\$0.00
6	88141	PAP	1	\$25.00	\$0.00
7	88142	PAP	1	\$25.00	\$0.00
8	88143	PAP	1	\$25.00	\$0.00
9	88150	PAP	1	\$25.00	\$0.00
10	88155	PAP	1	\$25.00	\$0.00
11	88164	PAP	1	\$25.00	\$0.00
12	88174	PAP	1	\$25.00	\$0.00
13	88175	PAP	1	\$25.00	\$0.00
14	92002	EYE Adult/Child	1	\$25.00	\$25.00
15	92004	EYE Adult/Child	1	\$25.00	\$25.00
16	92012	EYE Adult/Child	1	\$25.00	\$25.00
17	92014	EYE Adult/Child	1	\$25.00	\$25.00
18	92015	EYE Adult/Child	1	\$25.00	\$25.00
19	92018	EYE Adult/Child	1	\$25.00	\$25.00
20	92020	EYE Adult/Child	1	\$25.00	\$25.00
21	99201	OV Initial-Adult/Child	2	\$15.00	\$25.00
22	99202	OV Initial-Adult/Child	2	\$15.00	\$25.00
23	99203	OV Initial-Adult/Child	2	\$15.00	\$25.00
24	99204	OV Initial-Adult/Child	2	\$15.00	\$25.00
25	99205	OV Initial-Adult/Child	2	\$15.00	\$25.00
26	99211	OV Initial-Adult/Child	2	\$15.00	\$25.00
27	99212	OV Initial-Adult/Child	2	\$15.00	\$25.00
28	99213	OV Initial-Adult/Child	2	\$15.00	\$25.00
29	99214	OV Initial-Adult/Child	2	\$15.00	\$25.00
30	99215	OV Initial-Adult/Child	2	\$15.00	\$25.00
31	99381	PREV Child	5	\$0.00	\$25.00
32	99382	PREV Child	5	\$0.00	\$25.00
33	99383	PREV Child	5	\$0.00	\$25.00
34	99384	PREV Child	5	\$0.00	\$25.00
35	99385	PREV Child	5	\$0.00	\$25.00
36	99386	PREV Child	5	\$0.00	\$25.00
37	99387	PREV Child	5	\$0.00	\$25.00
38	99391	PREV Child	5	\$0.00	\$25.00
39	99392	PREV Child	5	\$0.00	\$25.00
40	99393	PREV Child	5	\$0.00	\$25.00
41	99394	PREV Child	5	\$0.00	\$25.00
42	99395	PREV Child	5	\$0.00	\$15.00
43	99396	PREV Child	5	\$0.00	\$15.00
44	99397	PREV Child	5	\$0.00	\$15.00

Current Procedural Terminology and Enhanced Benefits CODES

No.	Procedure Code Number	Procedure	Occurrence Limit	Credit Amount Adult	Credit Amount Child
45	99403	PREV Child	5	\$0.00	\$25.00
46	99431	PREV Child	5	\$0.00	\$25.00
47	99432	PREV Child	5	\$0.00	\$25.00
48	99435	PREV Child	5	\$0.00	\$25.00
49	D1110	Dental	2	\$15.00	\$25.00
50	D1120	Dental	2	\$15.00	\$25.00
51	D1203	Dental	2	\$15.00	\$25.00
52	D1330	Dental	2	\$15.00	\$25.00
53	D1351	Dental	2	\$15.00	\$25.00
54	EB001	Congestive Heart Failure Disease Management Program	1	\$25.00	
55	EB002	Diabetes Disease Management Program	1	\$25.00	
56	EB003	Asthma Disease Management Program	1	\$25.00	
57	EB004	HIV/AIDS Disease Management Program	1	\$25.00	
58	EB005	Hypertension Disease Management Program	1	\$25.00	
59	EB006	Other Disease Management Program	1	\$25.00	
60	EB007	Flu Shot	1	\$25.00	
61	EB008	Adult Dental Cleaning (preventative services)	1	\$15.00	
62	EB009	Alcoholics Anonymous Program	1	\$25.00	
63	EB109	Alcoholic Treatment 6 months success	2	\$15.00	
64	EB010	Narcotics Anonymous Program	1	\$25.00	
65	EB110	Narcotics Treatment 6 months success	2	\$15.00	
66	EB011	Smoking Cessation Program	1	\$25.00	
67	EB111	Smoking Cess. 6 months Success	2	\$15.00	
68	EB012	Exercise Program	1	\$25.00	
69	EB112	Exercise Program 6 Months Success	2	\$15.00	
70	EB013	Weight Management	1	\$25.00	
71	EB113	Weight Management 6 month success	2	\$15.00	

Florida Medicaid Reform Enhanced Benefits Universal Form

Instructions

- Step 1: Participate in an approved healthy behavior listed below.
Step 2: Fill in all areas of this form and sign.
Step 3: If the healthy behavior has a line under it, write the name of the behavior that has taken place.
Step 4: Have this form signed by the provider/sponsor of the healthy behavior.
Step 5: Mail or fax the completed and signed form to your health plan. See contact list on page 2.

Bene ciary's Florida Medicaid ID#	or	Bene ciary's Health Plan ID#
_____		_____
Bene ciary's Last Name		Date of Birth (mm/dd/yyyy)
_____		____/____/____
Bene ciary's First Name		

Bene ciary's Address	City	State Zip
_____	_____	____

Healthy Behavior Participation: *(please check single behavior)* **Only one "Behavior" will be processed for each form completed.**

- | | |
|---|---|
| <input type="checkbox"/> Congestive Heart Failure Disease Management Program (EB 001) | <input type="checkbox"/> Alcoholic Treatment Program 6 Month Success (EB 109) |
| <input type="checkbox"/> Diabetes Disease Management Program (EB 002) | <input type="checkbox"/> Narcotic Treatment Program (EB 010) |
| <input type="checkbox"/> Asthma Disease Management Program (EB 003) | <input type="checkbox"/> Narcotic Treatment Program 6 Month Success (EB 110) |
| <input type="checkbox"/> HIV/AIDS Disease Management Program (EB 004) | <input type="checkbox"/> Smoking Cessation (EB 011) |
| <input type="checkbox"/> Hypertension Disease Management Program (EB 005) | <input type="checkbox"/> Smoking Cessation 6 Month Success (EB 111) |
| <input type="checkbox"/> Other Disease Management Program (EB 006)
_____ | <input type="checkbox"/> Exercise Program (EB 012) |
| <input type="checkbox"/> Flu Shot (EB 007) | <input type="checkbox"/> Exercise Program 6 Month Success (EB 112) |
| <input type="checkbox"/> Adult Dental Cleaning (preventive services) (EB 008) | <input type="checkbox"/> Weight Management (EB 013) |
| <input type="checkbox"/> Alcoholic Treatment Program (EB 009) | <input type="checkbox"/> Weight Management 6 Month Success (EB 113) |
-

Medicaid Bene ciary Signature _____ Date _____

Provider/Sponsor Information

Date(s) of Participation: Start Date _____	End Date _____
Name _____ <i>(Please Print)</i>	Organization Name _____
Phone # _____	Address _____
Signature _____	_____

Provider/Sponsor and Bene ciary Certi cation:

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that if I give information that is not true or if I withhold information I can be lawfully punished for fraud. I understand that the information will be kept confidential in accordance with Florida and federal law.

For Plan Use Only

Date Received: _____	Complete Form: _____
Incomplete Form: _____	Noti ed if Incomplete: _____

Information about the form

- This form may be completed by the beneficiary or the provider/sponsor of the qualifying behavior on behalf of the beneficiary.
- This form must be completed in full in order to be processed (signatures from the provider and beneficiary are required for processing).
- The beneficiary should make and keep a copy of the completed and signed form for their records.
- Participation of a healthy behavior is determined by the provider/sponsor of the healthy behavior.
- Only one healthy behavior, up to the set limit for each behavior, is allowed for each form.
- If you have any questions or concerns about the form or the Enhanced Benefit program, please visit the Florida Medicaid Reform website at http://ahca.myflorida.com/Medicaid/medicaid_reform/index.shtml. You may also contact the Enhanced Benefits Call Center at 1-866-421-8474.

Florida Medicaid Health Plan Contact Information

Broward

AMERIGROUP FLORIDA, INC.
Attention: Healthy Behaviors
4200 W Cypress Street Suite 900
Tampa, Florida 33607
1-800-827-4221
1-866-588-4761 Fax
www.myamerigroup.com

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www.wellcare.com

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www.vistahealthplan.com

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North Broward Hospital District
954-767-5604 Fax
Memorial Healthcare System
954-602-2810 Fax
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Duval

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580 West 8th Street, T-20
Jacksonville, FL 32209
904-244-9016
904-244-9409 Fax
www.rstcoastadvantage.com

Who is eligible?

If you are enrolled in a Florida Medicaid Reform Health Plan, you are eligible to earn and use credits in the Enhanced Benefits Account Program.

How do you earn credits?

You earn credits by taking part in a healthy behavior. Healthy behaviors may be offered by your health plan, community center, or other not-for-profit organizations. The program records your participation in two ways:

- Your health plan reports when you visit the doctor or have a procedure that is an approved healthy behavior to earn credit; or
- You submit an Enhanced Benefits Universal Form to your health plan that shows you participated in an approved healthy behavior outside of your health plan.

See the list of healthy behaviors in this brochure and how they are reported.

How many times can you earn credit for each healthy behavior?

You may earn credit for each healthy behavior up to the limit for each behavior until you reach the \$125.00 credit limit per year.

See the list of healthy behaviors in this brochure for the behavior limits.

How much can you earn?

You may earn credits worth up to \$125.00 per year (**September 1, 2006 through June 30th**).

How will you know when you have credits in your account?

When you earn a credit, you will get a letter from the Agency. Deposits will occur on the first day of each month. It may take up to 90 days after you complete a healthy behavior before the credits show up in your account.

How do you buy items using your credits?

You must provide your Florida Medicaid ID number and a picture ID. Take the item or items to the **pharmacy counter** to check out.

What can you buy with the credits you earn?

Credits in your account may be used to buy certain health-related items. Items include first aid supplies, cough and cold medication, dental supplies, and many other over-the-counter items. **See the list of health related products and supplies provided on the Florida Medicaid web site at http://ahca.myflorida.com/Medicaid/medicaid_reform/index.shtml. You may call the Enhanced Benefits Call Center @ 1-866-421-8474.**

Where can you use your credits?

You may use your credits at any Florida Medicaid participating pharmacy.

What is the Enhanced Benefits Universal Form?

The Enhanced Benefits Universal Form is used to record an approved healthy behavior that is not provided by your health plan.

How do you get the Enhanced Benefits Universal Form?

The Enhanced Benefits Universal Form is available:

- On the Florida Medicaid Reform web site at http://ahca.myflorida.com/Medicaid/medicaid_reform/index.shtml; and
- From your health plan web site or through the health plan customer service number listed in this brochure.

Can the Enhanced Benefits Universal Form be submitted for healthy behaviors not listed on the Form?

No. Only behaviors listed on Universal Form will be processed for credit when the Universal Form is used. **See the list of healthy behaviors in the brochure to find those approved for submission using the Enhanced Benefits Universal Form.**

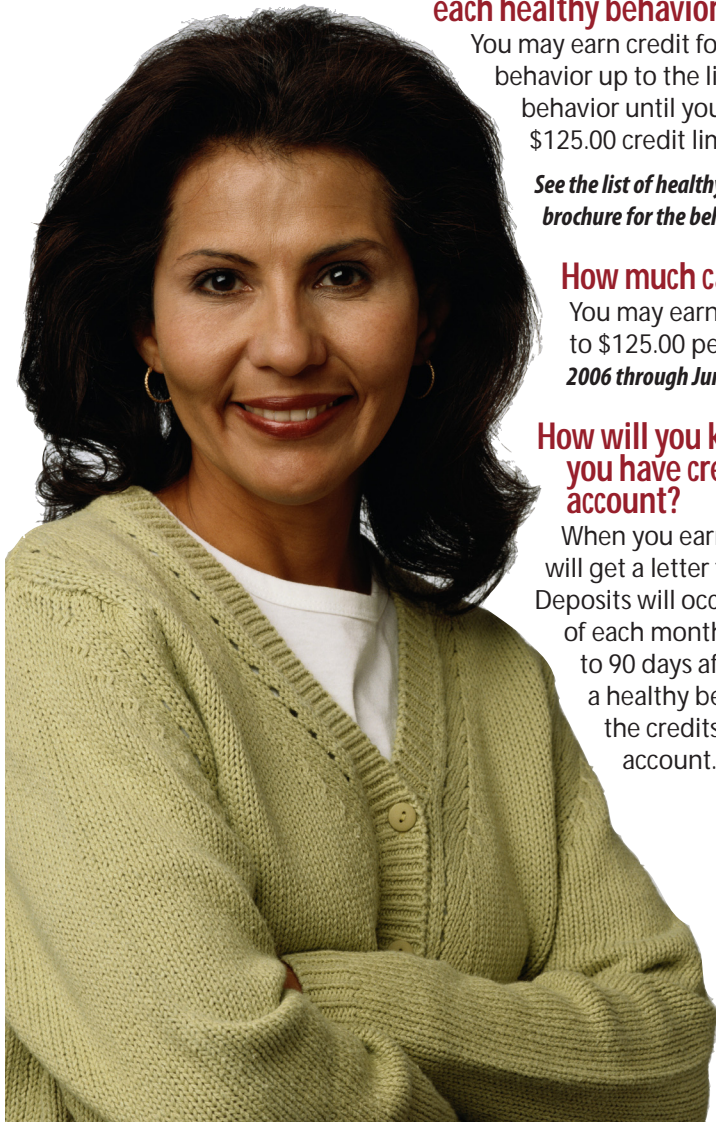
How will credits be earned for behaviors not listed or submitted on the Enhanced Benefits Universal Form?

Approved healthy behaviors that are not listed on the Universal Form will be reported by your health plan.

How do you get more information?

Go to the Agency's web site at http://ahca.myflorida.com/Medicaid/medicaid_reform/index.shtml. You may call the Enhanced Benefits Call Center @ 1-866-421-8474.

Beneficiaries with disabilities can receive these materials in alternative formats upon request at no additional charge. These formats include, but are not limited to: Braille, large print, CD-ROMs, and audiotapes. To receive these services contact the Enhanced Benefits Call Center @ 1-866-421-8474.



Participate – GET HEALTHY – Earn Credit

List of approved healthy behaviors that can earn credits

	Behavior Name	Enhanced Benefits Universal Form Needed?	Credit Amount Per Behavior	Behavior Limit Per Year
Children	Childhood dental exam	NO NEED*	\$25.00	2
	Childhood vision exam	NO NEED*	\$25.00	1
	Childhood preventive care (age-appropriate screenings and immunizations)	NO NEED*	\$25.00	Any combination, up to 5
	Childhood wellness visit	NO NEED*	\$25.00	
	Keeps all primary care appointments	NO NEED*	\$25.00	
Adults	Keeps all primary care appointments	NO NEED*	\$15.00	2
	Mammogram	NO NEED*	\$25.00	1
	PAP Smear	NO NEED*	\$25.00	1
	Colorectal Screening	NO NEED*	\$25.00	1
	Adult Vision Exam	NO NEED*	\$25.00	1
	Adult Dental Cleaning (Preventive Services)	YES	\$15.00	2
Additional Behaviors	Disease management participation	YES	\$25.00	1
	Alcohol and/or drug treatment program participation	YES	\$25.00	1
	Alcohol and/or drug treatment program 6 month success	YES	\$15.00	2
	Smoking cessation program participation	YES	\$25.00	1
	Smoking cessation program 6 month success	YES	\$15.00	2
	Weight loss program participation	YES	\$25.00	1
	Weight loss program 6 month success	YES	\$15.00	2
	Exercise program participation	YES	\$25.00	1
	Exercise program 6 month success	YES	\$15.00	2
	Flu Shot when recommended by physician	YES	\$25.00	1
	Compliance with prescribed maintenance medications	NO NEED*	\$7.50	4

* No need to complete an Enhanced Benefits Universal Form, your Health Plan will report this activity.

Example: If you have a vision exam, you earn \$25.

List of examples of items for purchase

Category	Examples
Pain/anti-swelling medications	Advil, Aspirin
Cough and Cold Over the Counter	Cough and Cold Medications that do not require a prescription
Cough and Cold by prescription only	Cough and Cold Medications that require a prescription and are not covered by Florida Medicaid
Ear	Debrox, Ear drops, Murine ear drops
Eye	Visine, Refresh, Tears Naturale
First Aid Products	Bandages, braces, ointments
Stomach	Antacids, Pepto-Bismol, Prilosec OTC
Laxatives	Phillip's Milk of Magnesia, Metamucil Fiber Wafer
Nose	Simple Saline, Sinus Nasal Spray
Arthritis aids	Arthritis Relief Gloves, Arch Supports, Heating Pad
Topical	Sunscreens, medicated shampoos, lotion
Topical Anti Fungal	Clotrimazole, Desenex, Lamisil
Topical Vaginal	Summers Eve Cream, Vagasil
Vitamin	Vitamin A, Vitamin B, Vitamin C, Multi-vitamin tablet(s), Stress B tablet(s)
Dental Supplies	Toothpaste, Tooth brushes, Mouthwash, Floss, etc.

Five Easy steps to earn credits

- 1** You participate in an approved healthy behavior.
- 2** You submit a completed Enhanced Benefits Universal Form or your provider submits a claim to your health plan.
- 3** Your health plan reports the behavior to the Agency.
- 4** The Agency approves the credits, updates your account and mails you a statement.
- 5** You may begin using the credits you have earned.

If you want to use your credits to buy an approved health product or supply, you must wait until the program sends you an account balance letter stating that credits are in your account. It may take up to **90 days** after you complete a healthy behavior before the credits show up in your account.

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