



2022 Molina Rewards Program Apple Health (Medicaid) Provider Form For Adults

Provider Instructions

- Molina Healthcare gives Apple Health members Amazon.com Gift Cards for getting important health screenings. If your patient completed one or more of the screenings listed on page 2 in 2022, please fill out this form LEGIBLY and return to Molina via any of the following ways:
 - **Fax:** Attn: Molina Quality Team at (800) 461-3234
 - **Email:** MHW_QI_Interventions@MolinaHealthcare.com
 - **Mail:** Molina Healthcare
Attn: Quality Team
P.O. Box 4004
Bothell, WA 98041-4004
 - **Phone:** Call us at (800) 869-7175, Ext. 141428
- Please submit claims with appropriate codes after completing each service. If claims are not received, medical records may be requested.
- The deadline to submit forms for visits completed in 2022 is January 31, 2023.

Member Information

Member's Name: _____ DOB (MM/DD/YYYY): _____
 ProviderOne Medicaid ID Number: _____ Molina Member ID Number: _____
 Cell Phone Number: _____ Other Phone: _____

Email Address (Required): _____
Email address must be included for the member to obtain their reward(s).

Check the box if member prefers to receive their rewards in the mail. Please provide a valid mailing address.

Street Address: _____ Unit: _____
 City: _____ State: _____ Zip Code: _____

Provider/Clinician Information

Provider Name: _____ Clinic Location and City: _____
 Provider Phone Number: _____ NPI: _____

Provider/Clinician Signature: _____ **Date (MM/DD/YYYY):** _____

Turn form over for health screenings.

Prenatal Visit (PPC – Prenatal): For members who receive a prenatal visit during the first 3 months of their pregnancy, or within the first 42 days of joining Molina (*member may be eligible for a \$100 reward*).

Date of Visit (MM/DD/YYYY): _____ Weeks pregnant at time of visit: _____

Postpartum Visit (PPC - Postpartum): For members who receive a postpartum visit between 7-84 days after they deliver their baby (*member may be eligible for a \$50 reward*).

Date of Delivery (MM/DD/YYYY): _____ Date of Visit (MM/DD/YYYY): _____

Chlamydia Screening (CHL): For women ages 16-24 who receive an annual chlamydia screening (*member may be eligible for a \$25 reward*).

Date of Screening (MM/DD/YYYY): _____

Cervical Cancer Screening (CCS): For women ages 21-64 who receive a cervical cancer screening (Pap smear or HPV test) (*member may be eligible for a \$25 reward*).

Pap Smear Date of Visit (MM/DD/YYYY): _____

If applicable - HPV Test Date of Visit (MM/DD/YYYY): _____

Breast Cancer Screening (BCS): For women ages 50-74 who receive a mammogram (*member may be eligible for a \$25 reward*).

Date of Visit (MM/DD/YYYY): _____

Diabetes HbA1c Test (CDC – A1c <8): For diabetic members ages 18-75 who get tested for their HbA1c and have a result of less than 8 (*member may be eligible for a \$25 reward*).

Most recent HbA1c Test Performed: Date (MM/DD/YYYY): _____ Result: _____

Diabetes Eye Exam (CDC – Eye Exam): For diabetic members ages 18-75 who get their yearly eye exam (*member may be eligible for a \$25 reward*).

Date of exam (MM/DD/YYYY): _____

For questions, please call (800) 869-7175, ext. 141428, or email
MHW_QI_Interventions@MolinaHealthcare.com.