Healthy Behaviors Rewards Program

An Overview for Our Provider Network
ALCOHOL AND DRUG ABUSE
Healthy Behaviors Rewards Program

The Alcohol and Drug Abuse Healthy Behaviors Rewards Program (HBRP) is a one year program of treatment and rewards for success for Plan members who want to achieve sobriety.

The purpose of the Alcohol and Drug Abuse HBRP is to:

• Routinely screen all Plan members during regular PCP visits for risk of alcohol and/or substance abuse
• Refer Plan members who screen positive for alcohol and/or substance abuse to the PsychCare-based Encompass Program where they will be encouraged to take steps toward sobriety and provided with support through the process
• Assure that Plan members have the opportunity to work with a PsychCare case manager to develop a strategy for achieving sobriety
• Assure that Plan members have the medical and psychological support they need to achieve sobriety
• Offer incentives to Plan members for attending Alcoholics Anonymous and Narcotics Anonymous meetings

HOW IT WORKS:

All Plan PCPs, case managers, and hospital-based concurrent nurse reviewers will receive training with regard to how to screen for alcohol and substance abuse and how to interpret results in terms of which members should be referred to the Alcohol and Drug Abuse HBRP. Alcohol and substance abuse screening should be conducted during routine PCP visits, case manager home visits or phone consultations, or during a hospital stay. To refer members identified at risk, a special referral form will be completed by the screener and sent or faxed to: (1) PsychCare to initiate alcohol and substance abuse services and (2) the HBRP so that we can invite the member to participate in the incentive program.

When the HBRP receives a referral, an invitation to participate in the Alcohol and Drug Abuse HBRP, a program description, and a Promise Form (with pre-addressed, postage-paid envelope) will be mailed to the identified member. The purpose of the Promise Form is to engage the member in the contemplation phase of change. The member and the assigned PsychCare case manager or counselor will sign the Promise Form. It is the member’s responsibility to return the Promise Form to the HBRP. A pre-addressed, postage-paid envelope is provided.

Once members enroll in the HBRP, they have the opportunity to earn points with which they will be able to purchase a variety of personal or household items. Each point earned has the value of $1. Maximum number of points is 50. Five points are awarded when the member returns the Promise Form. The table below shows how a Plan member who is enrolled in the Alcohol and Drug Abuse HBRP can accumulate points.
## Alcohol and Drug Abuse (continued)

<table>
<thead>
<tr>
<th>Intervention/Milestone</th>
<th>Incentive Type*</th>
<th>Incentive Value*</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Make a commitment to program</strong></td>
<td>Point-based mail order rewards program</td>
<td>5 points</td>
<td>Member and case manager sign Promise Form and submit to the Healthy Behaviors Reward Program (HBRP). Member can participate in the Alcohol or Drug Abuse HBRP only one time within a 12 month period.</td>
</tr>
<tr>
<td><strong>1 Day Sobriety</strong></td>
<td>Point-based mail order rewards program</td>
<td>9 points</td>
<td>Member presents appropriate chip as evidence of compliance with attendance in AA/NA. Reward contingent on Case Manager and member signature on compliance verification form and submission to the HBRP.</td>
</tr>
<tr>
<td><strong>30 Day Sobriety</strong></td>
<td>Point-based mail order rewards program</td>
<td>9 points</td>
<td>Member presents appropriate chip as evidence of compliance with attendance in AA/NA. Reward contingent on Case Manager and member signature on compliance verification form and submission to the HBRP.</td>
</tr>
<tr>
<td><strong>90 Day Sobriety</strong></td>
<td>Point-based mail order rewards program</td>
<td>9 points</td>
<td>Member presents appropriate chip as evidence of compliance with attendance in AA/NA. Reward contingent on Case Manager and member signature on compliance verification form and submission to the HBRP.</td>
</tr>
<tr>
<td><strong>180 Day Sobriety</strong></td>
<td>Point-based mail order rewards program</td>
<td>9 points</td>
<td>Member presents appropriate chip as evidence of compliance with attendance in AA/NA. Reward contingent on Case Manager and member signature on compliance verification form and submission to the HBRP.</td>
</tr>
<tr>
<td><strong>365 Day Sobriety</strong></td>
<td>Point-based mail order rewards program</td>
<td>9 points</td>
<td>Member presents appropriate chip as evidence of compliance with attendance in AA/NA. Reward contingent on Case Manager and member signature on compliance verification form and submission to the HBRP.</td>
</tr>
</tbody>
</table>

The Plan manages the Healthy Behaviors Reward Programs through the Quality Management Department. If you have questions, concerns, recommendations, or other feedback, please contact us by telephone at 1-800-887-6888, or by e-mail at HealthyBehaviors@simplyhealthcareplans.com.
MATERNITY

Healthy Behaviors Rewards Program

The Maternity Healthy Behaviors Rewards Program (HBRP) continues during the entire prenatal period from the first trimester into the postpartum visit that occurs between three and eight weeks following delivery (per Medical Guidelines and HEDIS specifications).

The purpose of the Maternity HBRP is to:

- Identify pregnant Plan members early in their pregnancy
- Promote a healthy pregnancy and delivery for the member and the baby
- Encourage pregnant members to see the OB at least three times in each of the three pregnancy trimesters
- Follow the member in the initial postpartum period (three to eight weeks)
- Encourage the member to take advantage of the free dental cleaning available to them through the Plan benefits during their pregnancy
- Proactively identify potential risk of prenatal and/or postpartum complications with appropriate referral and intervention

HOW IT WORKS:

Pregnant Plan members are identified through claims/encounters, inpatient admissions, emergency room utilization, the AHCA Special Needs Report, and laboratory data. Additionally, members may be identified through internal referrals (e.g., through the Utilization Management and Member Services Departments), PCP or specialist referrals, and member self-referral. Enrollment in the Maternity Case Management Program is automatic for all members who are identified as pregnant.

Once a member is identified as pregnant and enrolled in the Maternity Case Management Program, an invitation to participate in the Maternity HBRP, a program description, and a Promise Form (with pre-addressed, postage-paid envelope) will be mailed to the identified member. The purpose of the Promise Form is to engage the member in the contemplation phase of change. The member will sign the Promise Form and return it to the HBRP. A pre-addressed, postage-paid envelope is provided.

When members enroll in the HBRP, they have the opportunity to earn points with which they will be able to purchase a variety of personal or household items. Each point earned has the value of $1. Maximum number of points is 50. Five points are awarded when the member returns the Promise Form. The table below shows how a Plan member who is enrolled in the Maternity HBRP can accumulate points.
### Interventions / Milestones

<table>
<thead>
<tr>
<th>Intervention / Milestone</th>
<th>Incentive Type*</th>
<th>Incentive Value*</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make a commitment to program</td>
<td>Point-based mail order rewards program</td>
<td>5 points</td>
<td>Member signs Promise Form and submits to the Healthy Behaviors Reward Program (HBRP)</td>
</tr>
<tr>
<td>Complete 1st trimester expected visits to assure a healthy delivery.</td>
<td>Point-based mail order rewards program</td>
<td>8 points</td>
<td>Attendance at three 1st trimester visits. Incentive contingent on PCP/OB attestation and progress note documentation submitted to the Plan and/or claims data.</td>
</tr>
<tr>
<td>Complete 2nd trimester expected visits to assure a healthy delivery.</td>
<td>Point-based mail order rewards program</td>
<td>8 points</td>
<td>Attendance at three 2nd trimester visits. Reward contingent on PCP/OB attestation and progress note documentation submitted to the Plan and/or claims data.</td>
</tr>
<tr>
<td>Complete 3rd trimester expected visits to assure a healthy delivery.</td>
<td>Point-based mail order rewards program</td>
<td>8 points</td>
<td>Attendance at all 3rd trimester visits recommended by OB. Incentive contingent on PCP/OB attestation and progress note documentation submitted to the Plan and/or claims data.</td>
</tr>
<tr>
<td>Attend one dental cleaning during the pregnancy.</td>
<td>Point-based mail order rewards program</td>
<td>8 points</td>
<td>Attendance at one dental cleaning. Incentive contingent on PCP/OB attestation and progress note documentation submitted to the Plan and/or claims data.</td>
</tr>
<tr>
<td>Attend postpartum visit to confirm no complications and plan for future birth control, if appropriate.</td>
<td>Point-based mail order rewards program</td>
<td>13 points</td>
<td>Attendance at one postpartum visit within 21-56 days after delivery. Incentive contingent on PCP/OB attestation and progress note documentation submitted to the Plan and/or claims data.</td>
</tr>
</tbody>
</table>

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QUIT SMOKING
Healthy Behaviors Rewards Program

The Quit Smoking Healthy Behaviors Rewards Program (HBRP) is a one-year program based on the evidence-based, physician-authored clinical decision support resource Up To Date (www.uptodate.com), which is associated with proven outcomes. The program hinges on an aggressive, systematic outreach and registration plan; is strengthened by a targeted, evidence-based approach to individual counseling/health coaching; and is bolstered by strong linkages with existing community resources. In addition, the program enables enrollees to gain access to the pharmaceutical support they need to improve their chances of quitting successfully.

The purpose of the Quit Smoking HBRP is to:

- Identify members who smoke or otherwise use tobacco products
- Introduce a dialogue regarding risks and the benefits of quitting
- Assure that members who want to quit smoking and using tobacco products have support that maximizes the probability of successful quitting
- Offer incentives for meeting important milestones

HOW IT WORKS:

Enrollees are identified and offered the option to register in the Plan’s Quit Smoking Healthy Behaviors Rewards Program via several routes. Any member identified as a smoker during the Health Risk Assessment will be sent information about the Quit Smoking HBRP and how to register. Providers are encouraged to refer their patients to the program by mailing, emailing, or faxing a special referral form. Plan providers will receive a copy of the U.S. Department of Health and Human Services Quick Reference Guide for clinicians, Treating Tobacco Use and Dependence, in order to assist in the identification and referral of tobacco users to the Stop Smoking HBRP.

When the HBRP receives an internal or provider-initiated referral, an invitation to participate in the Quit Smoking HBRP, a program description, and a Promise Form (with pre-addressed, postage-paid envelope) will be mailed to the identified member. The purpose of the Promise Form is to engage the member in the contemplation phase of change. Regardless of how members are referred, they are required to obtain their PCP’s signature on the Promise Form. It is the member’s responsibility to return the Promise Form to the HBRP. A pre-addressed, postage-paid envelope is provided.

Once members enroll in the HBRP, they have the opportunity to earn points with which they will be able to purchase a variety of personal or household items. Each point earned has the value of $1. Maximum number of points is 50. Five points are awarded when the member returns the Promise Form. The table below shows how a Plan member who is registered in the Quit Smoking HBRP can accumulate points.
## Quit Smoking (continued)

<table>
<thead>
<tr>
<th>Intervention/Milestone</th>
<th>Incentive Type*</th>
<th>Incentive Value*</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make a commitment to program</td>
<td>Point-based mail order rewards program</td>
<td>5 points</td>
<td>Member and PCP sign Promise Form and submit to the Healthy Behaviors Reward Program (HBRP). Member can participate in the Quit Smoking HBRP only one time within a 12 month period.</td>
</tr>
<tr>
<td>Member completes smoking and tobacco use cessation program selected from a pre-approved list</td>
<td>Point-based mail order rewards program</td>
<td>15 points</td>
<td>Completion of approved smoking/tobacco cessation program. Reward contingent on member submitting attendance certificate to the HBRP.</td>
</tr>
<tr>
<td>Member demonstrates learned skills and commitment by remaining tobacco free for one month</td>
<td>Point-based mail order rewards program</td>
<td>10 points</td>
<td>Member is one month tobacco free. Reward contingent on member submitting personal and PCP attestation that member did not smoke for one month.</td>
</tr>
<tr>
<td>Member remains tobacco free for three months</td>
<td>Point-based mail order rewards program</td>
<td>20 points</td>
<td>Member is three months tobacco free. Reward contingent on member submitting personal and PCP attestation that member did not smoke for three months.</td>
</tr>
</tbody>
</table>

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WEIGHT LOSS

Healthy Behaviors Rewards Program

The Weight Loss Healthy Behaviors Rewards Program (HBRP) is a one-year program that targets Plan members who have a BMI of 30 or higher. The program will include consultation with a nutritionist, participation in both weight management and exercise programs, and maintaining a food and exercise log. Participation in this program also requires that the member work with the PCP to develop a weight loss Plan of Care.

The purpose of the Weight Loss HBRP is to:

• Identify members who are obese, very obese, or morbidly obese
• Introduce a dialogue regarding the risks and benefits of improved nutrition, weight management, and regular exercise
• Assure that members who want to lose weight have support that maximizes the probability of success
• Offer incentives for meeting important milestones over a six month period

HOW IT WORKS:

Members are identified and offered the option to register in the Plan’s Weight Loss Healthy Behaviors Rewards Program via several routes. PCPs can refer their patients with a BMI of 30 or higher to the program by mailing, emailing, or faxing a special referral form. There is a similar internal referral process for Plan case managers or concurrent review nurses who identify members who meet the criterion. Members may also self-refer by calling the toll free HBRP telephone line or sending an email request for information.

When the HBRP receives an internal or provider-initiated referral or a self-referral, an invitation to participate in the Weight Loss HBRP, a program description, and a Promise Form (with pre-addressed, postage-paid envelope) will be mailed to the identified member. The purpose of the Promise Form is to engage the member in the contemplation phase of change. Regardless of how members are referred, they are required to obtain their PCP’s signature on the Promise Form. It is the member’s responsibility to return the Promise Form to the HBRP. A pre-addressed, postage-paid envelope is provided.

Once members enroll in the HBRP, they have the opportunity to earn points with which they will be able to purchase a variety of personal or household items. Each point earned has the value of $1. Maximum number of points is 50. Five points are awarded when the member returns the Promise Form. The table below shows how a Plan member who is registered in the Weight Loss HBRP can accumulate points.
<table>
<thead>
<tr>
<th>Intervention/Milestone</th>
<th>Incentive Type*</th>
<th>Incentive Value*</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make commitment to program and talk to PCP about Plan of Care.</td>
<td>Point-based mail order rewards program</td>
<td>5 points</td>
<td>Member and PCP sign Promise Form and submit to the Healthy Behaviors Reward Program (HBRP). Member can participate in the Weight Loss HBRP only one time within a 12 month period.</td>
</tr>
<tr>
<td>Member attends initial nutrition support session with a nutritionist and follow-up visit within two weeks.</td>
<td>Point-based mail order rewards program</td>
<td>10 points</td>
<td>Member must attend an initial visit and follow up visit approximately two weeks later with a nutritionist. <strong>PCP will need to make a referral.</strong></td>
</tr>
<tr>
<td>At one month after beginning their weight loss Plan of Care, the member demonstrates active participation in weight loss by keeping a daily food diary, an exercise log, and a diary of stress prevention/mediation strategies used and member loses at least 4 pounds.</td>
<td>Point-based mail order rewards program</td>
<td>15 points</td>
<td>Member and PCP attest to maintenance of the log/diary and loss of at least 4 pounds during initial month after implementation of weight loss Plan of Care.</td>
</tr>
<tr>
<td>Member maintains weight loss at six months after beginning weight loss Plan of Care.</td>
<td>Point-based mail order rewards program</td>
<td>20 points</td>
<td>Member and PCP attest that member has maintained weight loss of at least four pounds over the six months since member began their weight loss Plan of Care.</td>
</tr>
</tbody>
</table>

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WELL CHILD VISITS
Healthy Behaviors Rewards Program

The Well Child Visits Healthy Behaviors Rewards Program (HBRP) is a one year program that focuses on critical elements of the CHCUP. The program differs slightly, based on the age of the child, with one set of milestones for members between 0 and 23 months of age and another set of milestones for members between 2 and 21 years. The purpose of the Well Child Visits HBRP is to encourage parents and guardians to participate in critical Well Child Health Check-Up (CHCUP) components.

For children **ages 0 to 23 months of age** these include:

- Seeing the doctor six times for well child visits before the member turns 15 months
- Seeing the doctor for all recommended immunizations in the first 15 months
- Seeing the doctor for a lead screening blood test between 13 and 23 months

For children **ages 2 to 20 years of age** these include:

- Seeing the doctor for one well child visit within 12 months of date of Well Child Visits HBRP enrollment
- Seeing the dentist for one preventive dental visit within 12 months of date of Well Child Visits HBRP enrollment
- Getting all immunizations recommended for the member’s age, including an annual flu shot, within 12 months of date of Well Child Visits HBRP enrollment

**HOW IT WORKS:**

Parents/guardians of all members between 0 and 20 years of age will be provided with information about the Well Child Visit HBRP. Effective with implementation, currently enrolled Plan members who meet the age criterion (birth through 20 years of age) will receive information about the Well Child Visit HBRP. These members will be identified through a report generated from the Plan’s enrollment database. Thereafter, registration in the Well Child Visit HBRP will be offered as new members enroll in the Plan. Currently, all new enrollees receive two enrollment packages from the Plan: (1) a membership card and (2) member handbook and provider directory mailing. Information about the Well Child Visit HBRP will be included in the member information package for all new enrollees in the targeted age range, as identified by initial enrollment data received monthly from AHCA. With implementation of the HBRP, the new member card mailing will include: (1) a how to get started and get the most from Plan benefits and programs brochure, and (2) information about the Well Child Visits HBRP and instructions on how to register, including a Promise Form and postage-paid return envelope. The purpose of the Promise Form is to engage the parent/guardian in the contemplation phase of change regarding well child visits. The member and the pediatrician/PCP will sign the Promise Form. It is the member’s responsibility to return the Promise Form to the HBRP. A pre-addressed, postage-paid envelope is provided.

Once members enroll in the HBRP, they have the opportunity to earn points with which they will be able to purchase a variety of personal or household items. Each point earned has the value of $1. Maximum number of points is 50. Five points are awarded when the member returns the Promise Form. The table below shows how a Plan member who is enrolled in the Well Child Visit HBRP can accumulate points.
## Well Child (continued)

<table>
<thead>
<tr>
<th>Intervention/Milestone</th>
<th>Incentive Type*</th>
<th>Incentive Value*</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Members all ages</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make a commitment to program</td>
<td>Point-based mail order rewards program</td>
<td>5 points</td>
<td>Parents/guardians and doctor sign Promise Form and submit to the Healthy Behaviors Reward Program (HBRP). There must be a separate letter signed for each child [member] in the household. Parents/guardians can accumulate up to 50 points for each child who meets milestones.</td>
</tr>
<tr>
<td><strong>Members 0-23 months at time of Well Child Visit HBRP Registration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least six well child visits</td>
<td>Point-based mail order rewards program</td>
<td>15 points</td>
<td>Child must have six well child visits, that occur before the member turns 15 months of age.</td>
</tr>
<tr>
<td>Member receives all shots recommended in the first 15 months of life</td>
<td>Point-based mail order rewards program</td>
<td>15 points</td>
<td>Pediatrician/PCP must confirm that member received all shots recommended for the first 15 months of life.</td>
</tr>
<tr>
<td>Member receives lead screening blood test</td>
<td>Point-based mail order rewards program</td>
<td>15 points</td>
<td>Test should be done when child is between 13 and 15 months of age.</td>
</tr>
<tr>
<td><strong>Members 2-20 years at time of Well Child Visit HBRP Registration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One well child visit</td>
<td>Point-based mail order rewards program</td>
<td>15 points</td>
<td>Pediatrician/PCP must confirm that member had one complete well child visit. Visit must occur within 12 months of date of program registration.</td>
</tr>
<tr>
<td>One preventive dental visit</td>
<td>Point-based mail order rewards program</td>
<td>15 points</td>
<td>Dentist must confirm that member had preventive dental visit. Visit must occur within 12 months of date of program registration.</td>
</tr>
<tr>
<td>Member receives all shots recommended based on age, including annual flu shot</td>
<td>Point-based mail order rewards program</td>
<td>15 points</td>
<td>Pediatrician/PCP must confirm that member had all shots recommended for his/her age; pharmacist can confirm flu shot. Shots must occur within 12 months of date of program registration.</td>
</tr>
</tbody>
</table>

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PROVIDER REFERRAL FORM
Healthy Behaviors Rewards Program

I would like to refer the member named below to one or more of the Healthy Behaviors Rewards Programs. I have checked the name of the member I would like to refer.

Please print or type:

Provider Name: ____________________________
Provider Telephone: _________________________
Provider Fax: _______________________________
Provider E-Mail: _____________________________

Please check one or more programs that you believe will benefit the member listed below:

☐ Alcohol and Drug Abuse Healthy Behaviors Rewards Program
☐ Maternity Healthy Behaviors Rewards Program
☐ Quit Smoking and Using Tobacco Healthy Behaviors Rewards Program
☐ Weight Management Healthy Behaviors Rewards Program (BMI ≥ 30)
☐ Well Child Visits Healthy Behaviors Rewards Program

Member Information (Please print or type):

Member Name: ____________________________
Member Telephone: _________________________
Member Street Address: ______________________
Member City, State, Zip: _____________________

EMAIL TO: HEALTHYBEHAVIORS@SIMPLYHEALTHCAREPLANS.COM
OR FAX TO: 1-855-329-5289

Do you have questions? Phone 1-800-887-6888 Fax 1-855-329-5289
E-mail: HealthyBehaviors@simplyhealthcareplans.com
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