

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.

Beneficiary's Florida Medicaid ID#

Beneficiary's Health Plan ID#

or

Beneficiary's Last Name

Date of Birth (mm/dd/yyyy)

Beneficiary's First Name

Beneficiary'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 Beneficiary 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 Beneficiary Certification:

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: _____ | Notified 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/Enhanced_Benefits. You may also contact the Enhanced Benefits Call Center at 1-866-421-8474.

Florida Medicaid Health Plan Contact Information

Broward Only

AMERIGROUP COMMUNITY CARE
Attention: Healthy Behaviors
 4200 West Cypress Street, Suite 900
 Tampa, FL 33607
 1-800-827-4221
 1-866-588-4761 Fax
www.myamerigroup.com

VISTA HEALTHPLAN, INC.
(BUENA VISTA)
 P.O. Box 95-9011 MS SR1115
 Sunrise FL, 33345-9011
 1-800-977-6865
 954-858-3200 Fax
www.vistahealthplan.com

HUMANA FAMILY
 3501 SW 160th Avenue
 Miramar, FL 33027
 1-800-897-9823
 1-877-258-5904 Fax

VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.
 P.O. Box 95-9011 MS SR1115
 Sunrise, FL 33345-9011
 1-800-977-7338
 954-858-3200 Fax
www.vistahealthplan.com

PREFERRED MEDICAL PLAN, INC.
 4950 SW 8th Street
 Coral Gables, FL 33134
 1-800-767-5551 or 305-447-8373
 305-648-4094 Fax
www.pmphmo.com

CMSN-BROWARD
 1525 NW 167th Street,
 Suite 103
 Miami, FL 33169
 1-866-209-5022

SOUTH FLORIDA COMMUNITY CARE NETWORK
 1525 NW 167th Street, Suite 103
 Miami, FL 33169
 1-866-899-4828
 North Broward Hospital District
 954-767-5604 Fax
 Memorial Healthcare System
 954-602-2810 Fax
www.sfccn.org

FLORIDA NETPASS, LLC
 801 East Hallandale Beach Boulevard,
 Suite 200
 Hallandale, FL 33009
 1-877-372-1273
 1-800-615-0148 Fax
www.floridanetpass.com

PEDIATRIC ASSOCIATES HEALTH PLAN
 2700 West Cypress Creek Road,
 Suite D-116
 Fort Lauderdale, FL 33309
 954-302-6100
 954-302-6140 Fax
www.pediatricassociates.com

TOTAL HEALTH CHOICE
 8701 SW 137 Avenue, Suite 200
 Miami, FL 33183
 1-800-213-1133
 305-408-5861 Fax
www.totalhealthchoiceonline.com

FREEDOM HEALTH PLAN
 P.O. Box 152697
 Tampa, FL 33684
 1-888-796-0946
 727-471-2108 Fax
www.freedomhealth.com

Duval Only

CMS DUVAL/PED-I-CARE
 1701 SW 16th Avenue, Building A
 Gainesville, FL 32608
 1-866-376-2456
 352-955-6518 Fax
<http://pedicare.peds.ufl.edu>

SHANDS JAX D/B/A FIRST COAST ADVANTAGE
 580 West 8th Street, T-20
 Jacksonville, FL 32209
 904-244-9016
 904-244-9409 Fax
www.firstcoastadvantage.com

Broward/Duval/Baker/Clay/Nassau

UNITED HEALTHCARE OF FLORIDA, INC.
 495 North Keller Road, Suite 200
 Maitland, FL 32751
 1-888-216-0015
 407-659-7150 Fax
www.uhcmedicaid.com

ACCESS HEALTH SOLUTIONS
 400 Sawgrass Corporate Parkway,
 Suite 100
 Sunrise, FL 33325
 1-866-291-6171
 1-866-851-4330 Fax
www.accessmpn.com

Broward/Duval

HEALTHSEASE
 P.O. Box 31370
 Tampa FL 33631-3370
 1-800-278-0656
 813-262-2802 Fax
www.wellcare.com

STAYWELL
 P.O. Box 31370
 Tampa, FL 33631-3370
 1-866-334-7927
 813-262-2802 Fax
www.wellcare.com

UNIVERSAL HEALTH CARE
 150 2nd Avenue North, Suite 400
 St. Petersburg, FL 33701
 1-866-690-4842
 727-822-3556 Fax
www.univhc.com