AmeriHealth Caritas District of Columbia's I am healthy[™] Rewards Program



AmeriHealth Caritas District of Columbia (DC) is proud to partner with you — our providers — to improve member compliance through the I am healthy™ Rewards Program.

How does it work?

This program includes targeted outreach to members who are due for the following services or screenings:

- Adolescent well-care visit (for ages 12 21)
- Post-partum visit (within 21 56 days) after delivery
- HbA1C and nephropathy tests
- Retinal eye exam
- Prenatal visit (during the 1st trimester)

Members will receive an outreach letter from the health plan asking them to make an appointment with you for the needed services.

Members who schedule an appointment and receive the needed services will have the option to receive a **\$25 gift card** from one of the following retailers:

- Wal-Mart
- Chipotle
- H&M
- DTLR (Downtown Locker Room)

What do I need to do?

Once a member presents for their appointment and receives the needed services, you — the provider — can issue the member's reward gift card by either:

- E-scribing via electronic medical records to Stellar Rx, 302 Industrial Drive, Avondale, PA 19311 (telephone number: 1-800-910-2959)
- Completing and faxing the member's letter (or the attached form) to the Stellar Rx Pharmacy Care Rewards Program at 1-888-700-7150

Please remember, you must submit a claim to the health plan to be reimbursed for services rendered.

How quickly will members receive their reward gift cards?

Members who earn the reward will receive their gift card in one to two weeks.

Questions

We are excited to partner with you to improve our members' care! If you have questions about this program, please contact AmeriHealth Caritas DC Provider Services at 1-888-656-2383 or the Stellar Rx Pharmacy Care Rewards Program at 1-800-910-2959.







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Member Reward Fax Request Form

To issue a member's reward gift card:

- 1. Complete and sign the form below
- 2. Fax the form to the Stellar Rx Pharmacy Care Rewards Program at **1-888-700-7150**

If you have questions about the program, please contact AmeriHealth Caritas District of Columbia (DC) Provider Services at 1-888-656-2383 or the Stellar Rx Pharmacy Care Rewards Program at 1-800-910-2959. Please remember, you must submit a claim to the health plan to be reimbursed for services rendered.

Member Information						
Member name:						
Street address:						
City:	State:	ZIP:	Phone number:			
Birth date:	AmeriHealth Caritas DC member ID number:					
Complete the appropriate section for services rendered and provide your signature.						
Post-Partum Visit (within 21 – 56 days)						

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Post-Partum Visit (within 21 – 56 days)					
Date of post-partum check-	up:				
Clinic/provider name:					
Clinic/provider number:					
Clinic/provider signature or stamp:					
Choice of \$25 gift card:					
□ Wal-Mart	☐ Chipotle	□ H&M	\square Downtown Locker Room (DTLR)		

Adolescent Well-Care Visit (ages 12 – 21)						
Date of adolescent well-care visit:						
Tests/questions:						
☐ Health history	□P	hysical development hi	story Physical exam			
☐ Mental development histo	ory 🗆 H	☐ Health education/anticipatory guidance				
Clinic/office name:						
Clinic/office phone number	:					
Clinic/office signature or sta	amp:					
Choice of \$25 gift card:						
□ Wal-Mart	☐ Chipotle	□ H&M	☐ Downtown Locker Room (DTLR)			
	Compr	ehensive Diabete	s Check-Up			
Date of comprehensive diabetes check-up:						
Clinic/office name:			Clinic/office phone number:			
Tests completed:						
☐ Hemoglobin A1C	☐ Nephropathy		☐ Retinal eye exam			
Clinic/office signature or stamp:						
Choice of \$25 gift card:						
☐ Wal-Mart	☐ Chipotle	□ H&M	☐ Downtown Locker Room (DTLR)			
Prenatal Visit (during the 1st trimester)						
Estimated due date:		Date o	of prenatal appointment:			
Clinic or office name:		Clinic	or office phone number:			
Clinic or office signature or	stamp:					
Choice of \$25 gift card:						
☐ Wal-Mart	☐ Chipotle	□ H&M	☐ Downtown Locker Room (DTLR)			



