

# You can earn My health pays<sup>®</sup> REWARDS from Iowa Total Care when you complete healthy activities!

### **START EARNING TODAY!**

- **\$30** For Completing Initial Health Risk Screening. Must complete within 90 days of initial enrollment.
- \$30 Annual Health Risk Screening. Must complete yearly after being an Iowa Total Care member for 9 months. Once per enrollment year.
- **\$50** Notification of Pregnancy Form. Must complete within first trimester.
- **\$25** Notification of Pregnancy Form. Must complete within second trimester.
- \$20 Postpartum Doctor Visit.1-12 weeks after delivery.
- \$20 Annual Breast Cancer Screening.Females ages 40 74. Once per calendar year.
- \$15 Diabetes Care HbA1c Test.
  Ages 18-75 with diagnoses of diabetes. May earn 2 times per calendar year.
- \$15 Diabetes Care Retinopathy Screening/ Dilated Eye Exam.
   Ages 18-75 with diagnoses of diabetes. Must be completed with eye doctor. Once per calendar year.



- **\$30** Tobacco Cessation Coaching. Enroll with Iowa Quitline and complete all 5 coaching sessions. Once per calendar year.
- \$30 Tobacco Cessation Quit Aid. Must fill a prescription for one quit aid such as nicotine gum, lozenges or patches. Once per calendar year.
- \$25 Stakeholder Advisory Board (SAB) Meeting. SAB meetings are held four times per year/once per quarter with Iowa Total Care. May earn reward four times per calendar year, by attending each meeting.
- \$20 Infant Well Care Visit. Must complete all six visits with assigned Primary Care Provider (PCP).
  2,4,6,9,12 and 15 month infant well care visits.
- \$20 Early Child Well Care Visit. Ages 15 30 months. Must complete two visits with Primary Care Provider (PCP) during this age range to earn one reward.
- **\$20** Annual Child Well Care Visit. Ages 3-20. Once per year.
- **\$20** Annual Adult Well Care Visit. Ages 21 and up. Once per year.
- **\$10** Annual Flu Vaccine. Ages 18 and up. Once per flu season. September-April.

For questions about rewards impacting Medicaid eligibility or client participation, please contact your Medicaid Income Maintenance Worker.

## IT PAYS TO STAY HEALTHY.

You will receive your My Health Pays Visa<sup>®</sup> Prepaid Card when you earn your first reward from Iowa Total Care. Each time you complete a qualifying healthy activity, we are notified, and your reward dollars will be added to your existing card. It's that simple!

#### DON'T FORGET TO KEEP YOUR CARD!

#### Learn more at IowaTotalCare.com or call Toll-Free 1-833-404-1061 (TTY: 711)

This card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. Card cannot be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions.

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Incentive	Codes	Eligible Members
Postpartum Doctor Visit	59430	Female member who had a postpartum visit 1–12 weeks after delivery
Annual Breast Cancer Screening	77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067, G0202, G0204, G0206	Females 40–74 years of age
Diabetic Care – HbA1c Test	83036, 83037, 3044F, 3046F, 3051F, 3052F	Members 18–75 years of age diagnosed with diabetes in their past medical history
Diabetic Eye Exam	67028 67030 67031 67036 67039 67040 67041 67042 67043 67101 67105 67107 67108 67110 67113 67121 67141 67145 67208 67210 67218 67220 67221 67227 67228 92002 92004 92012 92014 92018 92019 92134 92225 92226 92227 92228 92230 92235 92240 92250 92260 S0620 S0621 S3000 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245 WITH provider specialty code SP18 or SP41	Members 18–75 years of age diagnosed with diabetes in their past medical history
Infant Well Care Visit	99381, 99382, 99391, 99392, 99461, G0438, G0439,99461 Z0283, Z0271, Z0282, Z0281, Z024, Z025, Z022, Z005, Z023, Z029, Z00111 Z008, Z026, Z00110, Z00121, Z020, Z021, Z00129, Z0001, Z0000, Z0279, Z0289	Members 0–15 months of age
Early Child Well Care Visit	99382, 99383, 99384, 99385, 99392, 99393, 99394, 99395, G0438, G0439,99461 Z0283, Z0271, Z0282, Z0281, Z024, Z025, Z022, Z005, Z023, Z029, Z00111 Z008, Z026, Z00110, Z00121, Z020, Z021, Z00129, Z0001, Z0000, Z0279, Z0289,Z762,Z761	Members 15–30 months of age
Annual Child Well Care Visit	99382, 99383, 99384, 99385, 99392, 99393, 99394, 99395, G0438, G0439,99461 Z0283, Z0271, Z0282, Z0281, Z024, Z025, Z022, Z005, Z023, Z029, Z00111 Z008, Z026, Z00110, Z00121, Z020, Z021, Z00129, Z0001, Z0000, Z0279, Z0289	Members 3–20 years of age (36–240 months)
Annual Adult Well Care Visit	99385, 99386, 99387, 99395, 99396, 99397, G0344, G0402,G0438, G0439 Z0283, Z0271, Z0282, Z0281, Z024, Z025, Z022, Z005, Z023, Z029, Z00111 Z008, Z026, Z00110, Z00121, Z020, Z021, Z00129, Z0001, Z0000, Z0279, Z0289	Members 21 years of age or older
Annual Flu Vaccine	90630, 90653, 90654, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90664, 90666, 90667, 90668, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90689, 90694, 90756, G0008, J3530, Q2034, Q2035, Q2036, Q2037,Q2038, Q2039	Members 18 years of age or older



