



Welcome!

To a better way of taking care of your health. **Our health plan believes that preventive care plays an important role in helping you stay as healthy as possible.** So to promote that, we encourage you to participate in the **Better Health 4 You Rewards Program.**

It's offered to all our health plan members at no cost. It's easy, and members can take advantage of the program at any time of the year.

Earn a \$10 cash card for each preventive screening, exam or vaccination you complete.



- ✓ **Annual Flu Shot**
(Influenza and Pneumococcal Vaccines)
- ✓ **Colorectal Cancer Screening**
(iFOBT, FIT DNA test, Cologuard test, Colonoscopy, Flexible Sigmoidoscopy or CT Colonography)
- ✓ **Breast Cancer Screening**
(Mammography)
- ✓ **Osteoporosis Screening**
(Bone Mineral Density exam)
- ✓ **Diabetic Retinopathy Screening**
(Dilated Eye exam, for diabetic members only)
- ✓ **Annual Wellness Exam**



Earning your gift card is easy.



1 Call your Primary Care Physician to schedule the preventive screening, exam or vaccination you want. Or if you prefer, we can assist you in scheduling your visit. For help just call the Clear Spring Health Quality Improvement Department at 1-844-895-9047



2 Print the form(s) from this pamphlet (pages 3-8) and bring them with you to your appointment.



3 During your appointment, ask the doctor or office staff to fill out, sign, and date the form(s) for the screening, exam or vaccination that you received.



4 Be sure to fill out your full name and health plan member identification number (located on your membership card) on each form you want to submit.



5 Ask the office staff to send the completed form back to us by fax, email or regular mail.

- ▶ FAX: 1-800-903-5827
- ▶ Scan and email to:
qualityimprovement@clearspringhealthcare.com
- ▶ Mail to: Attention - Quality Department
Better Health 4 You Rewards Program
3601 SW 160th Avenue, Suite 450
Miramar, Florida
33027-9876

- ✓ Annual Flu Shot
(Influenza and Pneumococcal Vaccines)
- ✓ Colorectal Cancer Screening
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- ✓ Breast Cancer Screening
(Mammography)
- ✓ Osteoporosis Screening
(Bone Mineral Density exam)
- ✓ Diabetic Retinopathy Screening
(Dilated Eye exam, for diabetic members only)
- ✓ Annual Wellness Exam

QUESTIONS?

Call the Quality Improvement Department at:
1-844-895-9047 TTY 711
8:00 am–5:00 pm EST
Monday–Friday



There are 6 preventive screenings that may be completed and submitted to the Plan and you will be awarded a \$10 gift card for each. The 2022 maximum total a member may receive for completed preventive screenings is \$60. Your card will arrive in the mail within eight to ten weeks after we receive the completed form from your doctor.

- Gift cards cannot be used to buy tobacco or alcohol
- Gift cards cannot be redeemed for cash
- All preventive measures must be completed during the 2022 calendar year
- You can only receive one gift card per test

2022 Annual Flu Shot

The Influenza Vaccination is offered at no cost to all health plan members. Vaccinations must be received during 2022 to be eligible for the Rewards Program.

According to the Centers for Disease Control and Prevention (CDC), it is not possible to predict what any flu season will be like. The timing, severity and length of the flu season usually varies year to year.

Our health plan encourages members to get a flu shot. Human immune defenses become weaker with age, and the flu, or influenza, can be very serious for people age 65 and older.

Call your doctor today to schedule your flu shot. Some pharmacies can also give our health plan members a flu shot at no cost to the member. **Be sure to ask if your pharmacy can give you a shot at no cost.**

✂ Cut Here if mailing form



All fields must be completed for your patient to receive a gift card

2022 Annual Flu Shot

Healthcare Professional:

Please sign and date this form, and have the patient sign below then FAX to 1-800-903-5827 OR

Scan and email to: qualityimprovement@clearspringhealthcare.com OR

Mail to: Attention - Quality Department

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3601 SW 160th Avenue, Suite 450

Miramar, Florida 33027-9876

Provider Name: _____

Provider NPI: _____

Signature of Provider: _____ Date: _____

Date Flu Vaccine was administered: _____

Lot Number:	Expiration Date:

I confirm that I administered a flu shot to:

Member Name: _____

Member ID: _____

Provider Use Only: Please see Provider Office Use Code List on page 10 and add code below

Code: _____

2022 Diabetic Retinopathy Screening

The Diabetic Retinopathy Screening is an eye exam offered to all health plan members who need to be screened. The screening must be completed during 2022 to be eligible for the Rewards Program.

Regular screening is the key to preventing Diabetic Retinopathy. This eye exam screening is done with a dilated fundus or retinal photography. It must be done by an eye care professional such as an ophthalmologist or optometrist, and should take place every 12 months. This diabetic eye exam can detect problems before any symptoms occur and help take care of your eyesight.

You may receive only one gift card for one Diabetic Retinopathy screening, and will not be eligible to receive another card through the Better Health 4 You Rewards Program for any additional Diabetic Retinopathy screenings you may get during 2022.

✂ Cut Here if mailing form



All fields must be completed for your patient to receive a gift card

2022 Diabetic Retinopathy Screening

Healthcare Professional:

Please sign and date this form, and have the patient sign below then FAX to 1-800-903-5827 OR

Scan and email to: qualityimprovement@clearspringhealthcare.com OR

Mail to: Attention - Quality Department

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Provider Name: _____

Provider NPI: _____

Signature of Provider: _____ Date: _____

Please indicate which test you administered and the date it was done

Test Name:	Date of test:	Test Result:

Member Name: _____

Member ID: _____

Provider Use Only: Please see Provider Office Use Code List on page 10 and add code below

Code: _____

2022 Colorectal Cancer Screening

The Colorectal Cancer Screening is offered to all health plan members who need to be screened. The screening must be completed during 2022 to be eligible for the Rewards Program.

According to the Centers for Disease Control and Prevention (CDC), regular screening is the key to preventing colorectal cancer.

Our health plans encourage you to talk with your physician about when to begin screening for colorectal cancer, what tests to have and how often to test. Colorectal cancer screenings can detect problems before any symptoms occur. The decision to have a certain test should consider your age, medical history, family medical history and your general health. This screening is recommended every 12 months if you have a history of colorectal cancer

There are many ways to be screened for colorectal cancer. You may receive only one gift card for one colorectal screening during 2022, and will not be eligible for another gift card for any additional colorectal screenings you may get during 2022.

✂ Cut Here if mailing form



All fields must be completed for your patient to receive a gift card

2022 Colorectal Cancer Screenings (iFOBT, FIT DNA test, Cologuard, Colonoscopy, Flex Sigmoidoscopy, or CT Colonography)

Healthcare Professional:

Please sign and date this form, and have the patient sign below then FAX to 1-800-903-5827 OR

Scan and email to: qualityimprovement@clearspringhealthcare.com OR

Mail to: Attention - Quality Department

Better Health 4 You Rewards Program

3601 SW 160th Avenue, Suite 450

Miramar, Florida 33027-9876

Provider Name: _____

Provider NPI: _____

Signature Provider: _____ Date: _____

Please indicate which test was completed and the date it was done

iFOBT	Date of test:
FIT DNA	Date of test:
Cologuard	Date of test:
Colonoscopy	Date of test:
Flex Sigmoidoscopy	Date of test:
CT Colonography	Date of test:

Member Name: _____

Member ID: _____

Provider Use Only: Please see Provider Office Use Code List on page 10 and add code below

Code: _____

2022 Bone Mineral Density Exam

The Bone Mineral Density Exam is offered to all health plan members who need to be screened for osteoporosis. The screening must be completed during 2022 to be eligible for the Rewards Program. Our health plan encourages you to talk with your doctor about when to begin screening for osteoporosis, what test to have and how often to test.

A Bone Mineral Density Exam can detect osteoporosis before any bone fractures occur. This may help your provider make recommendations to help protect your bone health.

You may receive only one gift card for one Bone Mineral Density Exam during 2022, and will not be eligible for another gift card through the Better Health 4 You Rewards Program for any additional Bone Mineral Density Exams during 2022.

✂ Cut Here if mailing form



All fields must be completed for your patient to receive a gift card

2022 Bone Mineral Density Exam

Healthcare Professional:

Please sign and date this form, and have the patient sign below then FAX to 1-800-903-5827 OR

Scan and email to: qualityimprovement@clearspringhealthcare.com OR

Mail to: Attention - Quality Department

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Miramar, Florida 33027-9876

Provider Name: _____

Provider NPI: _____

Signature of Provider: _____ Date: _____

Please indicate which test you administered and the date of the test:

Test Name:	Date of test:

Member Name: _____

Member ID: _____

Provider Use Only: Please see Provider Office Use Code List on page 10 and add code below

Code: _____

2022 Breast Cancer Screening

Mammograms are offered at no cost to health plan members who need them. This screening must be completed during 2022 to be eligible for the Rewards Program.

Screening mammograms check for breast cancer when a woman does not have symptoms. During the screening usually two x-ray images are taken of each breast. The x-ray can show lumps or tumors that cannot be felt. Screening mammograms can also detect other problems that may indicate breast problems.

Our health plan members **do not need a referral** from a doctor to schedule a mammogram. We encourage you to talk to your doctor if you have any questions.

You may receive only one gift card for one Screening Mammogram during 2022, and will not be eligible for another gift card through the Better Health 4 You Rewards Program for any additional mammograms during 2022.

✂ Cut Here if mailing form



All fields must be completed for your patient to receive a gift card

2022 Mammogram

Healthcare Professional:

Please sign and date this form, and have the patient sign below then FAX to 1-800-903-5827 OR

Scan and email to: qualityimprovement@clearspringhealthcare.com OR

Mail to: Attention - Quality Department

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Date of Mammogram: _____

Name of Mammogram Center _____

Name of office staff member / Provider completing this form: _____

Provider NPI: _____

Signature of Provider: _____ Date: _____

Member Name: _____

Member ID: _____

Provider Use Only: Please see Provider Office Use Code List on page 10 and add code below

Code: _____

2022 Annual Wellness Visit

Annual Wellness Visits are offered at no cost to health plan members. This screening must be completed during 2022 to be eligible for the Rewards Program.

The purpose of the Annual Wellness Visit is to evaluate your current health and determine your risk factors. Using this information, your provider can develop a personalized care plan for you to help prevent disease and disability.

During the visit your provider will ask you to fill out a questionnaire called a Health Risk Assessment. This assessment will give your provider the information needed to create your individualized plan of care. Please call your provider if you have any questions about the Annual Wellness Visit.

You may receive only one gift card for one Annual Wellness Visit during 2022, and will not be eligible for another gift card through the Better Health 4 You Rewards Program for any additional Annual Wellness Visits during 2022.

✂ Cut Here if mailing form



All fields must be completed for your patient to receive a gift card

2022 Annual Wellness Visit

Healthcare Professional:

Please sign and date this form, and have the patient sign below then **FAX to 1-800-903-5827** OR

Scan and email to: qualityimprovement@clearspringhealthcare.com OR

Mail to: Attention - Quality Department

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Date of Annual Wellness Visit: _____

Name of office staff member/Provider completing this form: _____

Name of Provider: _____

Provider NPI: _____

Member Name: _____

Member ID: _____

Provider Use Only: Please see Provider Office Use Code List on page 10 and add code below

Code: _____



2022 Medical Information

To be filled out by member. *If you have any changes to the following information, please provide Clear Spring Health Quality Improvement Department with those updates.*

Member Name: _____

Pharmacy

Date of Birth: _____

Name: _____

Phone #: _____

Phone #: _____

Primary Care Physician

Other Doctors

Name: _____

Name: _____

Phone #: _____

Specialty: _____

Phone #: _____

Emergency Contact

Name: _____

Name: _____

Relationship to you: _____

Specialty: _____

Phone #: _____

Phone #: _____

Name: _____

Specialty: _____

Phone #: _____

2022 PROVIDER OFFICE USE

Influenza Vaccine	CPT: 90630, 90644, 90645, 90646, 90647, 90648, 90653, 90654, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90672, 90673, 90674, 90682, 90686, 90687, 90688, 90689, 90698, 90721, 90748, 90756 HCPCS: G0008
Diabetic Retinopathy Screening	CPT: 67028, 67030-67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220-67221, 67227-67228, 92002, 92004, 92012, 92014, 92018, 92019, HCPCS: S0620, S0621, S0625, S3000
Colorectal Cancer Screening	Fecal Occult Blood Testing (FOBT) CPT: 82270, 82274 HCPCS: G0328
	Colonoscopy CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45398 HCPCS: G0105, G0121
	Flexible Sigmoidoscopy CPT: 45330-45335, 45337-45342, 45345-45350 HCPCS: G0104
	CT Colonoscopy CPT: 74261-74263
	FIT-DNA CPT: 81528 HCPCS: G0464
	Cologuard CPT: 81528
Mammogram Screening	CPT: 77055-77057, 77061-77063, 77065-77067 HCPCS: G0202, G0204, G0206
Bone Density Screening	CPT: 76977, 77078, 77080-77082, 77085-77086 HCPCS: G0202, G0204, G0206
Annual Wellness Visit	HCPCS: G0438, G0439, G0468

Provider Office Use:

- Review the patient's medical record and complete the form.
- Make sure the form is signed and dated. By signing the form, you are attesting to the accuracy of the information.
- Make sure the patient's name and health plan Member Identification Number is included.
- Fax, email or mail the completed form to our health plan (details listed on each form).
- **Please file a copy of the completed form in the patient's medical record.**



Contact Us

Quality Improvement Department: 1-844-895-9047

Hours of Operation:

Monday–Friday: 8:00 am–5:00 pm EST
(You may leave a voicemail Saturday, Sunday, and Federal Holidays.)

Clear Spring Health Member Services: 1-877-384-1241

Hours of Operation:

From October 1–March 31: 7 days a week: 8:00 am–8:00 pm EST
From April 1–September 30: Monday–Friday: 8:00 am–8:00 pm EST
(You may leave a voicemail Saturday, Sunday, and Federal Holidays.)

The **Better Health 4 You Rewards Program** is offered to all health plan members at no cost. For assistance in scheduling a screening or test, or if you have questions about the Program, please call a Quality Improvement Department representative for help.