

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

BETTER HEALTH, LLC
12905 S.W. 42nd Street, Suite 211
Miami, Florida 33175
(800) 514-4561
(877) 915-0553 Fax
www.betterhealthflorida.com

MOLINA HEALTHCARE OF FLORIDA, INC.
8300 NW 33rd Street, Suite 400
Doral, FL 33122
1-866-472-4585
Fax 1-866-422-6445
www.molinahealthcare.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

HEALTHLEASE
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
100 Central Ave, Suite 200
St. Petersburg, FL 33701
phone 1-866-690-4842
fax 727-821-1894
www.univhc.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