

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#	or	Beneficiary's Health Plan ID#
_____		_____
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 _____ (Please Print)	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

HUMANA FAMILY
1525 SW 160th Avenue
Miramar, FL 33027
1-800-477-6931
1-877-258-5904 Fax

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

CMSN-BROWARD
1525 NW 167th Street, Suite 103
Miami, FL 33169
Telephone number: 1-866-209-5022
North fax: 1-954-767-5604
South fax: 1-954-602-2810
www.sfccn.org

FREEDOM HEALTH, INC.
5403 N Church Ave.
Tampa, FL 33614
Phone: 1-877-655-2424
Fax: 1-813-506-6151
www.freedomhealth.com

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

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

MEDICA HEALTH PLANS OF FLORIDA, INC.
4000 Ponce De Leon Blvd., Suite 750
Coral Gables, FL 33166
Telephone number: 1-888-871-9624
Fax: 1-305-448-5102

MOLINA HEALTH CARE 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
www.pedicare.peds.ufl.edu

FIRST COAST ADVANTAGE
580 West 8th Street, T-20
Jacksonville, FL 32209
1-866-270-2422
904-244-9409 Fax
www.firstcoastadvantage.com

Broward/Duval

UNIVERSAL HEALTH CARE
100 Central Ave, Suite 200
St. Petersburg, FL 33701
phone 1-866-690-4842
www.univhc.com

Broward/Duval/Baker/ Clay/Nassau

SUNSHINE STATE HEALTH PLAN, INC.
400 Sawgrass Corporate Parkway,
Suite 100
Sunrise, FL 33325
1-866-796-0530
www.sunshinestatehealth.com

Duval/Baker/ Clay Nassau

UNITED HEALTHCARE OF FLORIDA, INC.
13621 NW 12th. Street
Sunrise, FL 33323
Telephone number:
1-888-216-0015
www.uhcmedicaid.com