









## **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.
- **\$20** Notification of Pregnancy Form. **Must complete** within first trimester.
- **\$15** Notification of Pregnancy Form. **Must complete** within second trimester.
- **\$40** First Trimester Prenatal Visit. Must complete appointment with a provider within first 12 weeks of pregnancy.
- \$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® 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! Learn more at IowaTotalCare.com or call toll-free 1-833-404-1061 (TTY: 711).

Check your reward balance and more on Iowa Total Care's

© secure member portal and 🗐 mobile app

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       | 59430   | Female members who had a    |
| Doctor Visit     |   | postpartum visit 1–12 weeks |
|                  |   | after delivery              |
| Annual Breast    | 77061, 77062, 77063, 77065, 77066, 77067, G0202,        | Female members              |
| Cancer Screening | G0204, G0206  | ages 40–74                  |
| Diabetic Care:   | 83036, 83037, 3044F, 3046F, 3051F, 3052F                | Members ages 18–75 years    |
| HgbA1c Test      |   | diagnosed with diabetes in  |
|                  |   | their past medical history  |
| Diabetic         | 67028, 67030, 67031, 67036, 67039, 67040, 67041,        | Members ages 18–75 years    |
| Eye Exam         | 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, | diagnosed with diabetes in  |
|                  | 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, | their past medical history  |
|                  | 67227, 67228, 92002, 92004, 92012, 92014, 92018,        |                             |
|                  | 92019, 92134, 92201, 92202, 92225, 92226, 92227, 92228, |                             |
|                  | 92229, 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, 3072F, 2022F, 2024F,       |                             |
|                  | 2026F, 2023F, 2025F, 2033F, 65091, 65093, 65101,        |                             |
|                  | 65103, 65105, 65110, 65112, 65114 WITH a bilateral      |                             |
|                  | modifer   |                             |
| Infant           | 99381, 99382, 99391, 99392, 99461, S0302, Z00.110,      | Members ages                |
| Well-Care Visit  | Z00.111, Z00.121, Z00.129, Z00.2, Z76.1, Z76.2          | 0-30 months                 |
| Early Child      | 99382, 99392, S0302, Z00.121, Z00.129, Z00.2, Z76.1,    | Members ages                |
| Well-Care Visit  | Z76.2   | 15–30 months                |
| Annual Child     | 99382, 99383, 99384, 99385, 99392, 99393, 99394,        | Members ages                |
| Well-Care Visit  | 99395, 99461, S0302, S0610, S0612, S0613, Z00.121,      | 3-21 years                  |
|                  | Z00.129, Z00.2, Z00.3, Z01.129, Z00.2, Z00.3, Z01.411,  | (36-252 months)             |
|                  | Z01.419, Z02.5, Z76.1, Z76.2                            |                             |
| Annual Adult     | 99385, 99395, G0438, G0439, S0610, S0612, S0613,        | Members ages                |
| Well-Care Visit  | Z00.00, Z00.01, Z01.411, Z01.419                        | 21 years or older           |
| Annual           | 90655,90657, 90661, 90673, 90685, 90686, 90687,         | Members ages                |
| Flu Vaccine      | 90688, 90689 G008, 90660, 90672                         | 18 years or older           |