

**Chronic Disease Management Reward Program**

**Demographics:**

<b>Beneficiary Name:</b>		<b>Date of Birth:</b>	
<b>Enrollment Date for Care Management Services:</b>		<b>Care Plan Date:</b>	

**Verification of beneficiary eligibility:**

<b>Date of Verification:</b>		<b>Process of Verification Use:</b>	
<b>NGACO Representative completing verification:</b>		<b>Title:</b>	

**Chronic Disease Management Program Enrolled in:**

*Circle chronic disease focus for participation in reward program:*

**COPD          CHF          DIABETES          DEPRESSION          PARKINSON'S**

**Care Management Goals:**

Goals are to target management of the qualifying diagnosis to be eligible for gift card.

	<b>Start Date</b>	<b>Completion Date</b>	<b>Brief Description of Goal</b>
<b>Goal #1</b>			
<b>Goal #2</b>			

*If beneficiary has not completed mutually agreed upon care plan goals and has discontinued care management services document "Goal not met" in completion date box.*

**Gift Card Section for Reward Program and Documentation of Receipt:**

Identify upon enrollment to care management program gift cards. Each gift card earned will be valued at \$25 with the maximum of \$75 total value available.

*(Gift cards are to be recorded separately even if are to the same vendor and provided on the same date)*

Eligibility for gift cards:

- Completion of Care Management enrollment, development of care plan goals, and participation for 90 days
- 2 additional gift cards for achievement of care plan goals

Gift Card Type	Date Achieved	Date Received	Beneficiary Signature

*I certify that the above named NGACO beneficiary has enrolled and completed the requirements for eligibility of the Chronic Disease Management Reward program and has been provided the above stated gift card(s).*

Care Manager Signature	Date
------------------------	------

**Complex Care Management Program Enrollment**

Enrollment Date	Disenrollment Date	Reason for Disenrollment	Length of Time on Services

**Plan of Care included Enrollment into RPM Program**

YES                      NO