

#### **Chronic Disease Management Reward Program**

Date of Birth:

Demograp	hics:
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Beneficiary Name:

, , , , , , , , , , , , , , , , , , , ,	
Enrollment Date for Care Management Services:	Care Plan Date:
Verification of beneficiary eligibility:	
Date of Verification:	Process of Verification Use:
NGACO Representative completing verification:	Title:

# **Chronic Disease Management Program Enrolled in:**

Check the box of the 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.

	Start Date	Completion	Brief Description of Goal
		Date	
Goal #1			
Goal #2			

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 60 days
- 2 additional gift cards for achievement of care plan goals

Award Criteria	Gift Card Type	Date Achieved	Date Sent	Verification of Receipt	Initials	Date
Enrollment						
for 60 days						
Goal #1						
Goal #2						

**Description on Clients Preference for Receiving Gift Cards:** 

#### **Complex Care Management Program Enrollment -**

Enrollme Date	ollment ate	Reason for Disenrollment	Client is still enrolled	Length of Time on Services at time gift all cards provided

## Plan of Care included Enrollment into RPM Program

YES NO

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

Clinical Operations Manager	Date