



Let the rewards begin!

Fill out your wellness verification to receive your annual rewards

A few Q & As before you get started

What's the wellness verification form?

Proof that you have earned an eligible wellness activity reward.

When should I complete the wellness verification form?

The wellness verification form can be completed anytime during the benefit year. The Wellness Verification Form will not be accepted after December 9th. Wellness Verification Forms received between December 10 – December 31 will not earn a reward.

How does the program work?

Simply bring the attached form to your wellness activity appointment for your doctor to attest and sign. Once the form is completed and signed by your doctor, you can mail, fax, or email it to Gold Kidney Health Plan.

**Mail: Gold Kidney Health Plan
Attn: Quality Department
P.O. Box 285, Portsmouth, NH 03802**

**Fax: 1 (866) 537-0536
Email: quality@goldkidney.com**

Questions or concerns?

If you have questions or need help regarding the Gold Kidney Rewards and Incentives Program including eligibility, please contact Member Services by phone **(844) 294-6535** or email **quality@goldkidney.com**.

Our hours of operation are October 1 to March 31, 8 am - 8 pm, local time, 7 days a week (except holidays) and April 1 to September 31, 8 am - 8 pm, local time, Monday through Friday (except holidays).

Wellness Verification Form Terms and Conditions

The form must be completed and signed by your doctor for the reward to be approved and awarded. Members can complete more than one wellness activity at an office visit with your doctor.

Any Wellness Verification Forms received between December 10th - 31st will not earn a reward.

All wellness activities must be performed during the current benefit year to qualify for the reward. Member must be eligible with Gold Kidney on the date that the service was performed. Rewards must be redeemed by December 31. Rewards do not roll over; therefore, rewards not redeemed by December 31 will be forfeited.

Rewards will be added to your Gold Kidney Benefit Card Rewards Program wallet within 6 - 8 weeks of the date of receipt at Gold Kidney Health Plan and receipt of confirmation.

Gold Kidney Health Plan, Inc.®, is an HMO-POS and HMO-POS C-SNP with a Medicare contract. Enrollment in Gold Kidney Health Plan depends on contract renewal.

Gold Kidney Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, or sex (including pregnancy, sexual orientation, and gender identity).



Rewards Program Benefit Card FAQs

Who is eligible to earn rewards?

Any member enrolled in Gold Kidney Health Plan is eligible to participate.

When can I start earning rewards?

Rewards can be earned by completing wellness activities on or after January 1, 2025.

How do I earn rewards?

Simply bring the attached form to your wellness activity appointment for your doctor to attest and sign. Once the form is completed and signed by your doctor, you can mail, fax, or email it to Gold Kidney Health Plan. The final date for submission of the Wellness Verification Form is December 9 of the reward year. Wellness Verification Forms received between December 10 - December 31 will not earn a reward.

When will I receive my Alivi Gold Kidney Prepaid Visa® Card?

Any member enrolled in Gold Kidney Health Plan prior to January 1 will receive their card in the mail during the month of January. New enrollees will receive their cards within 30 days of plan enrollment.

When do my rewards expire?

Rewards you earn within a calendar year will expire on December 31 and do not roll over to the following year. For members who disenroll, your rewards will expire immediately on the date of disenrollment.

I forgot to use my card. Can I be reimbursed?

You must use your Gold Kidney prepaid benefit card to pay for an eligible purchase. There is no option to submit for reimbursement with this rewards program.

What is the maximum reward amount I can earn?

A maximum of \$300 dollars in Gold Kidney debit card credits can be earned each year.

If my card is lost, stolen, or damaged and needs to be replaced, what should I do?

If your card is misplaced, stolen, or damaged, please call 1 (833) 690-0182 (TTY 711), visit www.goldkidney.alivi.com, or report the issue through the Gold Kidney benefits mobile app as soon as possible.



**If you still have
questions, please call
Alivi Member Services:**

1 (888) 991-0040

**Monday through Friday
between the hours of 8
a.m. and 7 p.m., EST.**

**If you call after hours,
you may leave a
message, and a Benefit
Support Representative
will return your call the
following business day.**

Wellness Verification Form

Complete the form below and send a copy of the completed form to Gold Kidney Health Plan. You can only get rewards for services completed while you were eligible with Gold Kidney.

Mail: **Gold Kidney Health Plan**
Attn: Quality Department
P.O. Box 285, Portsmouth, NH 03802

Fax: **1 (866) 537-0536**
 Email: **quality@goldkidney.com**

Member Name:		Member ID:
DOB:	Email:	Phone:

☐ **Flu Shot / Vaccine or COVID Vaccine or Booster**

Date of Visit:	Doctor Name or Location:
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☐ **Controlling Blood Pressure Exam (2 times per year)***

Date (Visit #1):	Doctor Name:	Value:
Date (Visit #2):	Doctor Name:	Value:

**You can complete this activity if you have a diabetes diagnosis. Readings must be completed at least 4 months apart.*

☐ **Preventive Cancer Screening**

Type of Screening (<i>circle one</i>): Cervical Colon Mammogram Prostate	
Date of Screening:	Doctor Name:

☐ **Fall Risk or Bladder Control Assessment**

Date of Assessment:	Doctor Name:
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☐ **Health Optimization Visit (*this is a home visit provided by a Gold Kidney partner*)**

Date of Assessment:	Assessment Location:
Provider Name:	

☐ **Annual Wellness Visit (AWV)**

Date of Visit:	Doctor Name:
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**Must be one year since last AWV and billed G0402, G0438, or G0439.*

☐ **Diabetic Retinal Eye Exam**

Date of Service:	Eye Doctor Name:
Eye Doctor Location:	

**You can complete this activity if you have a diabetes diagnosis. Must be completed by an optometrist or ophthalmologist.*

☐ **Hemoglobin A1c Exam two times per year**

Date (Visit #1):	Doctor Name:	Value:
Date (Visit #2):	Doctor Name:	Value:

**You can complete this activity if you have a diabetes diagnosis. Readings must be completed at least 4 months apart.*

☐ **Diabetes Kidney Health Evaluation**

Date of Visit:	Doctor Name:
Blood - Metabolic Panel:	Urine - Albumin and Creatinine:

**You can complete this activity if you have a diabetes diagnosis*

☐ **PCP within 7 days of an ER visit**

Date of ER Visit:	ER Location:
Date of PCP Follow Up Visit:	PCP Name:

☐ **Medication Reconciliation Visit with your PCP within 14 days of inpatient discharge**

Date of Inpatient Hospitalization Visit:	Hospital Name/Location:
Date of PCP Follow Up Visit:	PCP Name:

I, the patient's provider, hereby attest and verify that I performed the completed wellness activities noted on this form:

Print name

Date

Provider signature

As a Gold Kidney Health Plan member, I hereby attest and verify that I have completed the requirements for the wellness activities noted on this form:

Member signature

Date