



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0009

Dear Medicaid Participant:

We are excited to tell you about a benefit called **Preventive Health Assistance (PHA)** for Medicaid eligible participants. It is designed to help you and your family live a healthy lifestyle. The benefit's behavioral component has two (2) parts, Weight Management and Tobacco Cessation.

To qualify for a **Weight Management PHA** you (or your child) must:

Be over the age of 5  
Have a Body Mass Index (BMI) in the obese or underweight range.  
Want to improve health through weight management.

To qualify for a **Tobacco Cessation PHA** you (or your child) must indicate you want to quit using tobacco.

If you qualify for PHA benefits, you can earn points to buy items that will help you live a healthy lifestyle. You earn the points simply by participating in either a monitored weight management program or a tobacco cessation program. After you earn PHA points, you can exchange them (one point = \$1) for an authorization. An authorization can be used at PHA approved businesses to help pay for things like fitness and weight management program fees or tobacco cessation products.

You may only be enrolled in one (1) behavioral PHA benefit at a time and the maximum benefit is two hundred (200) PHA points, per person, per year.

**To see if you qualify for PHA benefits**, fill out the enclosed **Health Questionnaire** for your family's Medicaid participants who are interested. Return it to the PHA Unit. You may also call us at (877) 364-1843 to complete the health questionnaire over the phone.

Sincerely,

PHA Administrators  
Phone: (877) 364-1843 (toll-free)  
Fax: (877) 845-3956  
Email: [medicaidphaprogram@dhw.idaho.gov](mailto:medicaidphaprogram@dhw.idaho.gov)  
Website: [www.medicaid.idaho.gov](http://www.medicaid.idaho.gov) and then click on Preventive Health Assistance



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- Please fill in the height and weight for each Medicaid eligible person interested in improving their health by losing or gaining weight
- If interested in quitting smoking please indicate in the box provided
- Children must be age 5 or older to participate in the Behavior PHA benefit

Person #1

Name	Medicaid #	Male/Female	Date of Birth	Weight in Pounds	Height in Inches

Does this person want to stop smoking or using tobacco products? \_\_\_\_Yes \_\_\_\_No

Does this person want to manage their weight? \_\_\_\_Yes \_\_\_\_No

Person #2

Name	Medicaid #	Male/Female	Date of Birth	Weight in Pounds	Height in Inches

Does this person want to stop smoking or using tobacco products? \_\_\_\_Yes \_\_\_\_No

Does this person want to manage their weight? \_\_\_\_Yes \_\_\_\_No

If more than 2 people, please list same information as above, in the blank space below.

Complete and return this form to:

**PHA Unit**

**3232 Elder St.**

**Boise, ID 83705**

**Fax (877) 845-3956**

Or call us toll free at (877) 364-1843 with questions. We can also accept your answers to the questions over the phone. We will notify you if you or your family members qualify for the Behavior PHA benefit.