



Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

Health Needs Screening provider tutorial

Indiana Medicaid 2021



Purpose — Why are we here?

To educate Anthem Blue Cross and Blue Shield (Anthem) provider partners in assisting members with filling out the Health Needs Screening (HNS).

What is the HNS?

HNS — Health Needs Screening:

- A 13-question survey for all newly eligible members, required by the state for each new member within 90 days of enrollment.
- Anthem uses HNS answers to trigger case management engagement when appropriate.
- The answers to the initial 13 questions may trigger secondary screening questions; the secondary answers will further stratify members to the appropriate level of care management services.
- Members are given \$10 in Anthem incentives via a digital barcode that can be used at Wal-Mart, CVS, Dollar General, and Family Dollar.



How to complete the HNS

How to complete the HNS — Getting started


Go to <https://anthem.com/hns>.



The HNS can be completed in English or Spanish.

Select a language to take your survey in: (Selecciona un lenguaje para tomar el encuesta:)

English Spanish

Anthem 
Health. Join In.

Welcome to the Anthem Indiana Medicaid Health Needs Screening (HNS). Please log in using the member's information this HNS is being completed for.

As an Anthem Blue Cross and Blue Shield Hoosier Healthwise, Healthy Indiana Plan or Hoosier Care Connect member, we want to learn more about you so we can help you stay healthy. Please complete a screening for each of the Anthem members in your family. Upon completion of the screening, \$10 will be added to your Anthem Rewards Card. Your answers will be kept private.

This screening is only for new Anthem members. Thank you!

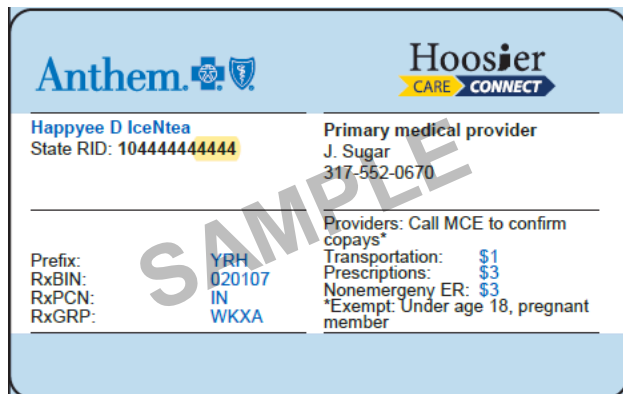
For more information, please visit Anthem's website at: www.anthem.com/inmedicaid

Begin English Screening Tool

How to complete the HNS — Getting started (cont.)

Member Lookup

- To begin the screening, you must enter the member's information.
- Any question/section with the red asterisk (*) must be answered in order to move to the next section.



MEMBER LOOKUP

*Please choose the Medicaid program the member is enrolled in:

- Healthy Indiana Plan "HIP" Hoosier Healthwise HHW
 Hoosier Care Connect HCC

*First Name

KASSANDRA

*Last Name

FakeMember

*Date of Birth

03/25/1980

* First 4 Digits of the RID (State Medicaid ID) Number:

(See example location on the ID card above)

1064

How to complete the HNS — Getting started (cont.)

Completer's Identification

- One of the last two Anthem representative options must be selected for reporting purposes, located in the rectangle.
- The Anthem unit you represent is circled. You'll select these options for **all** screenings you complete. Then click **NEXT**.

*Please select from the choices below:

- I am an adult member (ages 21 and over) completing the survey on behalf of myself
- I am a child member (ages 20 and under) completing the survey on behalf of myself
- I am a member completing the survey on behalf of a child (ages 0 through 20)
- I am a member completing the survey on behalf of another adult in my household (ages 21 and over)
- I am a non-member adult completing the screening on behalf of a child member (ages 0 through 20)
- I am a non-member adult completing the screening on behalf of an adult member (ages 21 and over)
- I am an Anthem representative completing the screening on behalf of a child member (ages 0 through 20)
- I am an Anthem representative completing the screening on behalf of an adult member (ages 21 and over)

*What Anthem unit do you represent?

- Vendor Call Center
- Anthem Customer Care Center
- Anthem Clinical Solutions Team
- QMORE Vendor Field Staff Outreach
- Provider/Provider Office
- Other

Next ►►

HNS initial questions

- These 11 questions are standard for each member, regardless of age or sex.
- Female members over 12 years of age are asked two additional questions.



* Are you currently pregnant?

Yes No

* Have you had a baby in the last twelve months?

Yes No

◀ Back

Submit ▶

Anthem BlueCross BlueShield

FEEDBACK BASIC QUESTIONNAIRE

BRUCE FakeMember

Basic

* Do you have any health concerns?
 Yes No

* Do you need help with any of your health concerns?
 Yes No

* Do you take any medications?
 Yes No

* Have you been seen by a doctor in the last six months?
 Yes No

* Have you been seen by a doctor in the emergency room in the last six months?
 Yes No

* Have you been a patient in the hospital in the last six months?
 Yes No

* Do you use or need anything to help you walk, talk, hear, see, bathe, toilet or eat?
 Yes No

* Do you feel down, anxious or have little interest in doing things?
 Yes No

* Do you use tobacco or vaping products of any kind?
 Yes No

* Do you worry about things like where you live? Getting food every day? Getting to the grocery or doctor appointments? Feeling safe?
 Yes No

* Have all children in the home been tested for lead poisoning?
 Yes No

◀ Back Submit ▶

HNS initial questions — Completion

- Once you have answered all the initial questions, you must confirm that you want to submit the responses.
- If you need to make changes, click **Cancel**.

Are you sure you are ready to submit your survey? Once you Submit you cannot make changes.

OK

Cancel

HNS initial questions — Completion (cont.)

Completion Prompt

For reporting purposes, select the last option, *Other*, and type **Provider Office** in the box. Then click **SAVE**.

*What prompted you to complete the screening today? Did you receive

- Letter in mail
- Phone call
- E-mail
- Text message
- Door hanger
- Home Visit
- Other, Please specify:

Save 

HNS secondary screeners

Health conditions

If the member's condition/diagnosis isn't an available option, use the *Other Condition* boxes to type in.

* What are your current medical and behavioral health conditions/diagnoses? (Please select all that apply)

- Chronic Obstructed Pulmonary Disease
- Congested Heart Failure
- Diabetes Mellitus
- End Stage Renal Disease
- Sepsis
- Pneumonia
- Gastro-intestinal Hemorrhage
- Inflammatory Bowel Disease
- Pulmonary Embolus
- Asthma
- Cellulitis
- Urinary Tract Infection
- Liver Failure
- Substance Abuse
- Bipolar Disorder
- Schizophrenia
- Depression
- Disorganized Thinking
- Psychosis

Other Condition(s):

Condition 1:

Condition 2:

Condition 3:

Condition 4:

Condition 5:

Condition 6:

Condition 7:

Condition 8:

Condition 9:

Condition 10:

HNS secondary screeners (cont.)

Help with health conditions

If you use a translator for the screening, be sure to select *Language barrier/communication*.

* Do any of the following things block or hinder your care? (Please select all that apply)

- Lack of transportation
- Language barrier/communication
- Unable to get an appointment
- Distance to doctors office
- Lack of family or community support
- Unable to fill prescriptions as ordered
- Inability to read or write
- Do not understand my medical problem
- Lack of motivation
- Fear of doctor/dentist
- Unable to take medications as prescribed
- Weakness/medical condition
- Other

HNS secondary screeners (cont.)

Do you take any medications?

- Medications include any illegal substances. However, this information is *not* documented on the screening.
- There's no need for the member to list their medications, only the number they currently take.

* How many medications are you currently taking (including over the counter vitamins and herbal medications)?

1 - 2 Medications 3 - 5 Medications 6 or more Medications

* Are you currently taking any medications containing opioids?

Yes No

* Are you currently taking any medication to control an opioid addiction?

Yes No

HNS secondary screeners (cont.)

Doctor visits

- Doctor refers to any licensed professional involved in a member's care.
- Specialists include psychologists, therapists, and any practitioner like an OB-GYN or cardiologist.

* How many times have you been seen by a doctor in the last 6 months?

1 - 2 3 - 4 5 or more

* How many doctors and (or) specialists are involved in your care?

1 - 2 3 - 4 5 or more

* Have you been seen by a dentist in the last 6 months?

Yes No

HNS secondary screeners (cont.)

ED visits

- Once
- Two or more

* How many times have you visited the Emergency room in the last 6 months?

One time Two or more times

HNS secondary screeners (cont.)

Inpatient hospital stay

- Once
- Two or more

* How many times have you been a patient in the hospital in the last 6 months?

- One time Two or more times

HNS secondary screeners (cont.)

Do you need anything to help you walk, talk, see, bathe, toilet, or eat?

* For each activity, check the description that applies:

Bathing:

- Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremely
- Needs help with bathing more than one part of the body, getting in or out of the tub or shower. Require total bathing.

Dressing:

- Gets clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes
- Needs help with dressing self or has to be completely dressed

Toileting:

- Goes to toilet, gets on and off, arranges clothes, cleans genital area without help
- Needs help transferring to the toilet, cleaning self, uses bedpan or commode

Transferring:

- Moves in and out of bed or chair assisted. Mechanical transferring aides are acceptable
- Needs help in moving from bed to chair or requires a complete transfer

Continence:

- Exercises complete self control over urination and defecation
- Is partially or totally incontinent of bowel or bladder

Feeding:

- Gets food from plate into mouth without help. Preparation of food may be done by another person
- Needs partial or total help with feeding requires parental feeding

HNS secondary screeners (cont.)

Do you feel down, anxious, or have little interest in doing things?

* Over the last 2 weeks, have you been bothered by any of the following problems? If so, how often. (Please select all that apply)

- Little interest or pleasure in doing things
- Feeling down, depressed or hopeless
- Trouble falling or staying asleep or sleeping too much
- Feeling tired of having little energy
- Poor appetite or overeating
- Feeling bad about yourself, or that you are a failure or have let yourself or your family down
- Trouble concentrating on things, such as reading the newspaper or watching television
- Moving or speaking so slowly that other people could have noticed, or being so fidgety or restless that you have been moving around a lot more than usual
- Thoughts that you would be better off dead, or hurting yourself in some way

HNS secondary screeners (cont.)

Do you use tobacco or vaping products of any kind?

If you need help to quit using tobacco products, please call 1-800-QUIT-NOW (1-877-784-8669)

HNS secondary screeners (cont.)

Do you worry about things like where you live? Getting food everyday? Getting to the grocery or doctor appointments? Feeling safe?

* If you worry about things, please select all that apply:

- Clothing
- Finances
- Legal Issues
- Sexual Abuse
- Employment
- Food
- Pharmacy
- Transportation
- Family/Marital
- Housing
- Safety
- Violence/Abuse
- Other

HNS secondary screeners (cont.)

Have all the children in the home been tested for lead poisoning?

- This question will populate for all Members who answer **NO** on the initial question.
- If the answer is **NO** due to no children in the household, you can make the appropriate selection here; otherwise select the first option

* Lead Testing Education

- For more information go to www.leadpoisoningtesting.com
- No children in the home

HNS secondary screeners (cont.)

These questions will populate for female members over 12 who answer **YES** on the *Are you currently pregnant* question.

* When is your baby due?

mm/dd/yyyy

* Are you going to have twins or more than one baby?

Yes No

* Is this your first pregnancy?

Yes No

* Have you had preterm labor during this pregnancy?

Yes No

* Have you had preterm labor during any previous pregnancies?

Yes No

* Have you ever given birth to a baby more than 3 weeks before your due date?

Yes No

* Have you ever given birth to a baby that weighed less than 5 pounds?

Yes No

* Have you ever had a C-Section?

Yes No

* Emergency room during this pregnancy for a pregnancy related concern?

Yes No

* Admitted to the hospital during this pregnancy for a pregnancy-related conditions?

Yes No

* Have you ever been told that you had any type of diabetes?

Yes No

* Do you have Asthma now?

Yes No

* Do you have high blood pressure now?

Yes No

* Would you tell me the race you classify yourself as?

Yes No

* During the past month, have you often been bothered by feeling down, depressed or hopeless?

Yes No

* During the past month, have you often been bothered by little interest or pleasure in doing things?

Yes No

* Have you seen a dentist in the last 6 months?

Yes No

* Have you enrolled in Women, Infants and Children, or WIC?

Yes No

* Have you had a sexually transmitted disease in the past year?

Yes No

* Have you been told that you are HIV Positive?

Yes No

* Have you received HIV counseling?

Yes No

* Have you ever been emotionally or physically abused by your partner or someone close to you?

Yes No

* During the past year, have you used cigarettes or other tobacco products?

Yes No

* Have you ever experimented with illegal drugs?

Yes No

HNS secondary screeners (cont.)

These questions will populate for female members over 12 who answer **YES** on the *Have you had a baby in the past year* question.

* Have you had your post partum visit with your doctor?

Yes No

* Has your child been seen regularly by a doctor since birth?

Yes No

HNS secondary screeners (cont.)

Secondary screener submission

- Once you have answered **all** secondary screener questions, click **Submit**.
- Then you must confirm that you want to submit the responses.
- If all questions have been answered and you do not wish to make any changes, click **OK**.
- If you need to make changes, click **Cancel**.

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Submit ▶

Are you sure you are ready to submit your survey? Once you Submit you cannot make changes.

OK

Cancel

HNS final completion



Congratulations!

You have completed the Health Needs Screening requirements! Upon confirming your eligibility, your Anthem Rewards Card will be loaded with \$10 within the next 10 business days.

Please visit www.anthem.com/inmedicaid if you have any questions.

Your confirmation code is

5AE3C7474718B86F5B8DA0EEFC0D8BBC

✕ Complete Survey for another Member

Questions?



Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

www.anthem.com/inmedicaiddoc

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