



Serving Hoosier Healthwise, Healthy Indiana Plan  
and Hoosier Care Connect

## ***[2021] Health Needs Screening (HNS) Provider Incentive Program (HNSPIP) Description***

### **[www.anthem.com/inmedicaidoc](http://www.anthem.com/inmedicaidoc)**

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc., independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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Anthem Blue Cross and Blue Shield (Anthem) attempts to complete the Indiana Family and Social Services Administration Health Needs Screening (HNS) with individuals enrolled in Indiana’s Hoosier Healthwise, Hoosier Care Connect, or Healthy Indiana Plan (Medicaid Members) during the first 90 days of a Medicaid Member’s enrollment with Anthem to identify Medicaid Members for outreach and engagement in care coordination. Anthem has designed HNSPIP to encourage providers to assist Medicaid Members in completing the HNS during an office visit. HNSPIP offers an incentive to providers who have Medicaid Members complete the HNS at an office visit during the first 90 days of a Medicaid Member’s enrollment. Members are eligible to complete the HNS once during their first 90 days of enrollment. The HNS is completed online at <https://hns.anthem.com>.

**Performance Indicator Incentive Payment Amount and Incentive Eligibility Frequency:**

The table below shows the Incentive Payment amount for each eligible occurrence and the Incentive Eligibility Frequency for each Performance Indicator.

Performance Indicator	Incentive Payment (for each eligible occurrence)	Incentive Eligibility Frequency
HNS completions will be tracked by obtaining the number of HNS completed with provider online at <a href="https://hns.anthem.com">https://hns.anthem.com</a> . During completion of the HNS: The provider or designee must choose that the HNS was completed by an Anthem representative <b>and</b> the provider or designee must choose the Anthem unit represented is Provider/Provider Office. Please see below for more detailed instructions	[\$20]	Providers are eligible for the Incentive Payment once per unique Eligible Member upon completion of the HNS in the provider’s office.

**Detailed HNS instructions**

After the member look up screen the provider will be taken to a screen that requires two choices. Under the first section “\*Please select from the choices below:” The provider should choose one of two options. Choose either: I am an Anthem representative completing the screening on behalf of a child member (ages 0 through 20) or I am an Anthem representative completing the screening on behalf of an adult member (ages 21 and over)  
 Then for the second section “What Anthem unit do you represent?” Choose Provider/Provider Office

**Definitions:**

**HNS:** Health Needs Screening is a 13 question survey that all new Medicaid Members are asked to complete in order to identify members for outreach and engagement in care coordination. The HNS can be completed at <https://hns.anthem.com>.

**Incentive Payment:** the total dollar amount earned for the Performance Period is the number of HNS completed in the provider office multiplied by [\$20].

**Performance Period (PP):** the 12-month period during which performance will be measured for calculating the Incentive Payment; for 2021, January 1, 2021, to December 31, 2021.

**Eligibility Requirements:** To be eligible for participation in the HNSPIP, throughout the entire PP, the provider must be, and continuously remain:

- Contracted with Anthem on all lines of business including Hoosier Care Connect, Hoosier Healthwise and Healthy Indiana Plan
- Remain in Good Standing, as defined above

**HNS Incentive Payment:**

- HNSPIP payments will be paid annually to providers at the group TIN level.
- To determine which provider completed the HNS with a Eligible Member, Anthem will match the HNS completion date with provider claims date of service. If the Eligible Member completes the HNS on a day with more than one provider claims for that Eligible Member, Anthem will use provider type to determine which provider receives the incentive.
- HNSPIP payment will be paid approximately 180 days after the end of the PP to allow for the claims run out period.
- Anthem strives to produce the most accurate and timely reports possible. In the event that any errors are identified in a report, information will be reviewed and restated if applicable. As a condition of participation in HNSPIP, the provider accepts the limitations that are inherent in our systems, data processing, and time constraints. For example, if data is incomplete due to the need to reprocess a set of claims, reports will be processed using the information available at the time the reports are generated and will only be restated if determined by Anthem to be administratively feasible within technical processing schedule constraints.

**Program Changes:**

Anthem reviews program components on an annual basis and updates them as necessary to ensure industrywide, evidence-based information is used to measure and incentivize providers. Anthem reserves the right to modify or amend the program at any time at its discretion.

Anthem may terminate this program at any time. If Anthem terminates this program, Anthem is responsible for payment of eligible HNSPIP incentives earned by the provider up to the date of termination of the program.