



## Healthy Indiana Plan (HIP) Plus Welcome Script Above 100% FPL

**Introduction:** Good morning/afternoon/evening. This is Anthem Blue Cross and Blue Shield, your health coverage provider for Healthy Indiana Plan, or HIP. May I speak to [Member Name/the parent or guardian of Member Name]?

**If wrong number:** We're sorry. We have called the wrong number. We will update our records. Goodbye. *End call.*

**If no answer, leave voicemail:**

“This is Anthem Blue Cross and Blue Shield, your health care provider. If you haven't completed your Health Needs Screening, we're happy to help you complete it. Please call us at 1-866-408-6131 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

Note: Please repeat the number, so they have an opportunity to write it down.

**If yes:** *Record name of person if not member. Note type of contact: Connected Family Member (CFC), Parent/Caretaker (PC), Other HIPAA Verified Rep).*

Before we continue, can you please confirm [your/Member Name's] full name, date of birth and Medicaid/Subscriber ID number?

*If the person cannot provide an ID number, we may request two of the following:*

1. *Address*
2. *ZIP code*
3. *Prior date of service*
4. *Name of provider*

**If info can't be verified:** We are not able to talk about this person's information with you due to privacy laws. When would be a good time to reach [Member Name/the parent or guardian of Member Name]? *Note call back time.* Thank you for passing this message along and have a nice day/evening. Goodbye. *End call.*

Welcome to the Anthem Family! As an Anthem HIP Plus Plan member, you have access to and coverage for:

- Preventive care
- Doctor visits

- Prescriptions
- Dental care
- Vision care
- Transportation
- Pregnancy care
- Hospitalization
- And many other health services

*Begin Questions.*

Have you received your welcome packet, which includes items like your member handbook, a Primary Medical Provider Selection form and a flier telling you about the Health Needs Screening? *Note response.*

Have you received [your/your child's] Anthem ID card yet? *Note response.*

**If Yes to All Questions:** Make sure you take a few minutes to review your welcome packet and be sure to take [your/your child's] ID card with you whenever [you get/your child gets] any health care services. *Go to Payment/PMP Information.*

**If No to One or More Questions:** You should be receiving it/them soon. Please call Member Services at 1-866-408-6131 (TTY 711) if you do not get your welcome packet/ID card] within a week or if your address has changed since you signed up. *Go to Payment/PMP Information.*

**Payment/PMP Information:** I want to thank you for making your initial payment that allowed you to be enrolled in the HIP Plus Plan. Your payments are contributions to your POWER Account, so don't forget to continue to make your monthly payments for your part of the POWER Account.

You can pay by:

- Automatic draft withdrawal from a bank account – call Member Services at 1-866-408-6131 (TTY 711) for a form.
- Logging on to [www.anthem.com/inmedicaid](http://www.anthem.com/inmedicaid) or online through your bank.
- Mailing the payment to the address on your monthly statement.

- MoneyGram – use the Company Name **Anthem Healthy Indiana** or the 5-digit Receive Code **15204**. You can find MoneyGram at Walmart, CVS or online at [www.moneygram.com](http://www.moneygram.com).
- Calling Member Services at 1-866-408-6131 (TTY 711).
- Employer/nonprofit contributions. It's important for you to know that employers or non-profit organizations can choose to contribute some or all of your annual contribution of the POWER Account. This would reduce the monthly amount you are required to pay.

If your payment is more than 60 days late, your coverage will end, and you won't be able to reapply for HIP for six months.

If you have any money left in your POWER Account at the end of your benefit period, part of the remaining balance will roll over to reduce the amount you have to pay next year. Also, if you get certain preventive services, the amount that rolls over doubles.

Remember to get your recommended preventive services. There is no cost to you, and your POWER Account won't be charged. You can find a list of the preventive services that qualify for rollover credit in your member handbook or by visiting our website at [www.anthem.com/inmedicaid](http://www.anthem.com/inmedicaid). To find out which preventive services are right for you, talk to your primary medical provider, or PMP.

Your PMP is [your/your child's] medical home, meaning you should contact your PMP for important annual checkups and when [you need/your child needs] any services. If you haven't already, call and make an appointment with your PMP so he/she gets to know you and your health history. Your PMP will be better able to help you when you're sick if they've met you when you're healthy.

If it's an emergency, you should call 911, or go to the emergency room, or ER. If you're not sure it is a true emergency, call or visit [your/your child's] PMP for advice before going to the ER. You can also call Anthem's 24/7 NurseLine at 1-866-408-6131 (TTY 711) to talk to one of our nurses. The nurse can give you advice and also find urgent care centers to help you/your child get the care [you/your child needs]. If you call our 24/7 NurseLine before going to the ER and the nurse tells you to go to the ER, you may not have a copay.

If you need a ride to a doctor's appointment, you can schedule free transportation by calling LCP Transportation at 1-800-508-7230 (TTY 1-877-224-5785) two business days ahead of your scheduled appointment. Or call Anthem at [1-866-408-6131 (TTY 711)] to schedule a free ride.

Is it OK if we contact you by email if we can't reach you by phone?

**If No:** *Go to Additional Help.*

**If Yes** What is your email address? *Note email address. Go to Additional Help.*

**Additional Help:** Is there anything else I can help you with at this time?

**If no:** *Go to Health Needs Screening.*

**If yes:** *Address member's need, then go to Health Needs Screening.*

**Health Needs Screening:** *Unless member specifically states he or she has already completed the HNS, the member is requested to complete the HNS. If member has completed the HNS, go to Thank you Message*

OK. I'm going to go over some health-related questions with you called the Health Needs Screening. Your answers will help us get you/your child access to the right health care. We need to ask everyone the same questions, so some of them may not apply to [you/your child]. It won't take long, and you'll earn \$10 on your Anthem Rewards Card. You should have received your Anthem Rewards Card in the mail. If not, it should be coming soon. Anthem will load \$10 right on to your card to use at Walmart. Be sure to hold on to your card – you may be able to earn more rewards.

So let's begin the Health Needs Screening.

*Begin Health Needs Screening. When screening is complete, go to Thank-you Message.*

**If member refuses HNS at this time:** I understand you don't want to do the Health Needs Screening right now. But remember, the screening is important for [your/your child's] health. And you'll earn \$10. So please complete the screening as soon as you can. Take your Anthem Rewards Card to the Pursuant Health kiosk in a Walmart Pharmacy near you to complete the screening and earn your rewards. You can also do the screening online at [www.anthem.com/hns](http://www.anthem.com/hns). Once again, welcome to the Anthem family. Have a great day! *End call.*

**Thank-you Message:** That's all I needed. Thank you for taking the time to speak with me today. Once again, welcome to the Anthem family. Have a great day! *End call.*