

## Substance Abuse Questionnaire

Thank you for being an Anthem Blue Cross and Blue Shield (Anthem) provider. Anthem members enrolled in the Healthy Indiana Plan (HIP) who may have a complex medical or behavioral health condition may qualify as *medically frail* and be eligible for continued access to HIP State Plan benefits. The state benefit package is available to existing members enrolled in HIP who meet *medically frail* determinations. Comprehensive benefits provided under HIP State Plan include:

- Vision
- Dental services
- Nonemergency transportation to appointments related to the patient's health care
- No additional costs for doctor visits, filling prescriptions or nonemergency transportation with monthly POWER Account contributions based on the patient's income under HIP State Plan Plus
- Doctor visits and prescriptions require \$4 to \$8 copay per service; and up to \$75 per hospital stay without monthly POWER Account contributions under HIP State Plan Basic

For information on the additional benefits under HIP State Plan, please go online to [www.in.gov/fssa/hip](http://www.in.gov/fssa/hip). We are temporarily offering additional benefits to all members enrolled in HIP with initial indications of medical frailty. Medical information is required in order to confirm if the patient is medically frail and eligible to receive HIP State Plan benefits going forward.

**Providers should complete, sign and fax this questionnaire to 1-855-325-5441.**

Patient name:	Patient RID #:
Patient date of birth:	Effective date:
1. History of past treatment:	
2. History of operating a motor vehicle while intoxicated:	
3. Is drug use causing social or economic difficulties?	
4. Is/was the patient willing to accept counseling?	
5. Any associated medical or mental/emotional problems?	
6. Type of drug:	
7. Multiple drug usage?	
8. Route of consumption (oral, IV or inhalation):	
9. Length of abstinence:	

Provider signature:	Date:
---------------------	-------

If you have any questions, please call the Transitions Unit at **1-844-276-3509**.

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

**Important note:** You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.