



Weight Management Program Evaluation Form for Healthy Indiana Plan Plus Members

Anthem Blue Cross and Blue Shield (Anthem) providers can refer Healthy Indiana Plan Plus members 19 years of age or older with a BMI greater than 30% for the benefits listed below in either one of the following ways:

- Complete this form and fax it to Anthem Case Management at **1-866-387-2959**.
- Call Anthem Case Management at **1-866-902-1690, option 2**.

Benefits for referral	
<input type="checkbox"/> Weight Watchers® program	<input type="checkbox"/> Gym membership

Member information			
Name (first, last):		<input type="checkbox"/> Female	<input type="checkbox"/> Male
Medicaid recipient ID:			
DOB:		Phone number:	
Street address:			
City:		State:	ZIP:
Preferred language:			
Has the patient been enrolled in a weight management/exercise program before or made previous attempts at weight loss? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, where or what type(s):			
How ready is the patient to make a lifestyle change? (1 = Not ready, 5 = Ready)			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5
Comments:			
Age:	Height:	Weight:	BMI:

Complication(s) and/or comorbidities <input type="checkbox"/> Yes <input type="checkbox"/> No (Please check all that apply.)		
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Back pain
<input type="checkbox"/> Bladder incontinence	<input type="checkbox"/> Circulatory problems	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Gall bladder disease	<input type="checkbox"/> Gastric reflux
<input type="checkbox"/> Gastric reflux	<input type="checkbox"/> Hepatic steatosis	<input type="checkbox"/> Hyperlipidemia
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sleep apnea
<input type="checkbox"/> Depression/mental disorder(s)	<input type="checkbox"/> Elevated cholesterol or triglycerides	
<input type="checkbox"/> Pain in weight-bearing joints		
<input type="checkbox"/> Other (please specify):		

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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.

Printed name of referring provider:	
Signature:	
Date:	Provider phone number:

Program qualification (completed by Anthem health care management):

- Based on qualification criteria, patient does not qualify for enrollment in weight management program.
- Based on qualification criteria, patient qualifies for enrollment in weight management program.