Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

# Member Health Screening

Member last name: _____
Member first name: _____
*Member Medicaid ID #: _____
Member ID # (plan): _____
Member contact/phone: _____
Member primary care provider: _____
Member primary care provider NPI: _____
*Date screening completed: _____

| | |
|---|---|
| Social Determinant Screening Only (Medallion 4) | ☐ |
| Unable to Contact Member | ☐ |
| Member Refused to Answer | ☐ |
| Member Complexity Attestation Completed | ☐ |

(*Fields will be validated and errors returned to plan for correction.)

**PART 1 - Medically Complex Classification Questions:**

**Question 1:** Has a doctor, nurse or health care provider told you that you had/have any of the following? (**Please check all applicable boxes**):

| | |
|---|---|
| ☐ | Cancer (active) |
| ☐ | COPD or emphysema |
| ☐ | Diabetes |
| ☐ | Heart disease, heart attack, heart failure (weak heart) |
| ☐ | HIV or AIDS |
| ☐ | Kidney failure or end stage renal disease (ESRD) |
| ☐ | Parkinson's disease |
| ☐ | Sickle cell disease |
| ☐ | Stroke, brain injury or spinal injury |
| ☐ | Transplant or on a transplant wait list |
| ☐ | Other chronic (long-term) disabling condition — **IF YES, Member Complexity Attestation must be completed** |

**Question 2:** Do any of the chronic conditions you checked above impact your ability to do everyday things **AND** require you to receive assistance with any of the following? (**Please check all applicable boxes**):

| | |
|---|---|
| ☐ | Bathing |
| ☐ | Dressing |
| ☐ | Eating |
| ☐ | Using the bathroom |

| | |
|---|---|
| ☐ | Walking |

**Question 3:** Has a doctor, nurse or health care provider told you that you had/have any of the following? (Please check all applicable boxes):

| | |
|---|---|
| ☐ | Alcoholism |
| ☐ | Bipolar disorder or mania |
| ☐ | Depression |
| ☐ | Panic disorder |
| ☐ | Post-traumatic stress disorder (PTSD) |
| ☐ | Psychotic disorder |
| ☐ | Schizophrenia or schizoaffective disorder |
| ☐ | Substance use disorder or addiction |
| ☐ | Other chronic (long term) mental health condition — **IF YES, Member Complexity Attestation must be completed** |

**Question 4:** Do any of the conditions you selected above keep you from doing everyday things?
☐ **Yes** ☐ **No**

**Question 5:** Do you have an intellectual or developmental disability and require help with any of the following? (**Please check all applicable boxes**):

| | |
|---|---|
| ☐ | Learning or problem-solving |
| ☐ | Listening or speaking |
| ☐ | Living on your own |
| ☐ | Making decisions about your health or well-being |
| ☐ | Self-care (bathing, grooming, eating) |
| ☐ | Travel/transportation (driving, taking the bus) |

**PART 2 - Social Determinants of Health and Health Risk Assessment Triage Questions:**

**QUESTION 1**: What is your housing situation today?

| | | | |
|---|---|---|---|
| ☐ | I have housing | | |
| | Yes | No | I am worried about losing my housing |
| ☐ | I do not have housing (**check all that apply**) | | |
| | | | Staying with others |
| | | | Living in a hotel |
| | | | Living in a shelter |
| | | | Living outside (on the street, on a beach, in a car, or in a park) |
| ☐ | I choose not to answer this question | | |

**QUESTION 2**

**(a):** In the past **3 months**, did you worry whether your food would run out before you got money to buy more?

| Yes | No |
|---|---|
| ☐ | ☐ |

**(b)**: In the past **30 days**, have you or any family members you live with been **unable** to get any of the following when it was **really needed**? **Select all that apply.**

| | | |
|---|---|---|
| Yes | No | Prescription drugs or medicine |
| Yes | No | Utilities |
| Yes | No | Clothing |
| Yes | No | Child care |
| Yes | No | Phone |
| Yes | No | Health care (doctor appointment, mental health services, addiction treatment) |
| ☐ | | I choose not to answer this question |

**QUESTION 3**: How many times have you been in the emergency room (ER) or a hospital in the last 90 days for one of the conditions you listed earlier? _____ (Enter number from 0-99).

**QUESTION 4**: How many times have you had a fall in the last 90 days and needed to visit a doctor, ER or hospital because of the fall? _____ (Enter number from 0-99). **(Adult Population Question)**

**QUESTION 5**: Has the lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? **Check all that apply.**

| | |
|---|---|
| ☐ | Yes, it has kept me from medical appointments or from getting my medications |
| ☐ | Yes, it has kept me from non-medical meetings, appointments, work or from getting things I need |
| ☐ | No |
| ☐ | I choose not to answer this question |

**QUESTION 6**: Caregiver Status (Adult Population Question)

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Do you live with at least one child under the age of 19 AND are you the main person taking care of this child? |
| ☐ | ☐ | Do you live with and are you the primary caretaker of an adult who requires assistance with bathing, dressing, walking, eating or using the bathroom? |

**QUESTION 7**: What is the highest level of school you have finished? **(Adult Population Question)**

| | |
|---|---|
| ☐ | Some high school but no diploma |
| ☐ | High school diploma or equivalency (GED) |
| ☐ | Some college but no degree |
| ☐ | Workforce credential or industry certification after high school |
| ☐ | Associate's degree |
| ☐ | Bachelor's degree or higher |
| ☐ | I choose not to answer this question |

**QUESTION 8**: Do you have a job? **(Adult Population Question)**

| | |
|---|---|
| ☐ | I have a part-time or temporary job |
| ☐ | I have a full-time job |
| ☐ | I do not have a job and am looking for one |
| ☐ | I do not have a job and I am not looking for one |
| ☐ | I choose not to answer this question |

**QUESTION 9**: Do you like your current job? **(Adult Population Question)**

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Yes, I like my job |
| ☐ | ☐ | I must work more than one job because I can't find a full-time job |
| ☐ | ☐ | I work more than 40 hours per week at two or more part-time jobs |
| ☐ | ☐ | I have been looking for a job for more than 3 months and I have not been offered a job |
| ☐ | ☐ | I would like help finding a job that I like more or pays more money |

**QUESTION 10**: In the past year, have you been afraid of your partner, ex-partner, family member or caregiver (paid or unpaid)?

| | |
|---|---|
| ☐ | Yes |
| ☐ | No |
| ☐ | Unsure |
| ☐ | I choose not to answer this question |

**QUESTION 11**: Do you have other important health issues or needs that you would like to discuss with someone?

| | |
|---|---|
| ☐ | Yes |
| ☐ | No |

**QUESTION 12**: How soon do you want to be contacted by someone to discuss your health issues or needs?

| | |
|---|---|
| ☐ | 1-30 days |
| ☐ | 31-60 days |
| ☐ | 61-90 days |
| ☐ | 91-120 days |
| ☐ | Do not contact me |