



c/o Member Services
P.O Box 3836
Scranton, PA 18505

Dear Member:

Blue Cross Community Health Plans is offered by Blue Cross and Blue Shield of Illinois. Included in this mailing is a Health Risk Screening. This can help us as we work with you to better understand:

- The type of health choices you make.
- If you have any health risks.
- If you are ready to change your health habits.

The Adult Health Risk Screening is for members 21-years-old and older.

Your health is important to us. Please take a few minutes to fill out the Health Risk Screenings. You can mail the form(s) back to us in the postage-paid envelope included in this member kit.

If you have any questions, our Care Coordinators can be reached at 1-877-723-7702; (TTY:711). We are open Monday through Friday between 8:00 a.m.- 6:00 p.m., (CST). The call is free.

If you have any further questions, please call Blue Cross Community MMAI Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

Sincerely,

Blue Cross Community MMAI
Phone Number: 1-877-723-7702
(TTY: 711)
Fax Number: 1-866-643-7069

Health Risk Screening (Adult)

Member First Name: _____ Member Last Name: _____

Member ID (on the front of the Member ID card):

Person completing form (if not member) and relationship:

Phone number: _____

Best time to call: Morning – Afternoon – Evening

Date of Completion (MM/DD/CCYY): _____

*Please choose “No” for questions that do not apply.

1. In general, would you say your health is excellent, very good, good, fair, or poor?
 - ☐ Excellent
 - ☐ Very good
 - ☐ Good
 - ☐ Fair
 - ☐ Poor

2. In the previous 12 months, how many times have you stayed overnight as a patient in the hospital?
 - ☐ Not at all
 - ☐ One time
 - ☐ Two or three times
 - ☐ More than three times

3. Have you been hospitalized in the last 3 months for a mental health or substance use problem?
 - ☐ Yes
 - ☐ No

- 4 In the previous 12 months, how many times did you visit a doctor or medical clinic?
- ☐ Not at all
 - ☐ One time
 - ☐ Two or three times
 - ☐ Four to six times
 - ☐ More than six times
5. If female, are you currently pregnant?
- ☐ Yes
 - ☐ No
 - ☐ Not applicable
6. If you are currently pregnant, what is your due date?
- ☐ Date _____
 - ☐ Unknown
7. Have you been diagnosed or are receiving treatment for any of the following: (check all that apply)
- ☐ Kidney Disease or Problems
 - ☐ Breathing Problems such as:
 - ☐ Asthma
 - ☐ COPD
 - ☐ Both
 - ☐ Other
 - ☐ Diabetes
 - ☐ Heart Problems such as:
 - ☐ Congestive Heart Failure
 - ☐ Coronary Artery Disease
 - ☐ Both
 - ☐ Cancer
 - ☐ Urinary problems
 - ☐ High Blood Pressure
 - ☐ Eyesight or Vision Problems
 - ☐ Hearing problems

- Other
- Behavioral Health Condition
 - Depression
 - Anxiety
 - Bipolar Disorder
 - Schizophrenia
 - Substance Use Disorder

8. Are you taking prescription medications for any of the conditions listed above?

- Yes
- No

9. Do you need assistance with any daily activities? (check all that apply)

- Bathing
- Dressing
- Toileting/Using Bathroom
- Eating/Preparing Food
- Taking Medication
- None

10. When thinking of your current living situation you would say:

- I have a steady place to live
- I have a steady place to live today, but worry about losing my housing in the future
- I do not have a steady place to live

11. Do you have access to the following? (check all that apply)

- Transportation
- Medication
- Food
- None

Blue Cross Community MMAI (Medicare-Medicaid Plan) is provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Enrollment in HCSC's plan depends on contract renewal.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-723-7702 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-723-7702 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-723-7702 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-723-7702 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-723-7702 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-723-7702 (TTY :711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-723-7702 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 1-877-723-7702 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-723-7702 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-723-7702 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-723-7702 (TTY:711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाकिया सेवाएँ उपलब्ध हैं. एक दुभाकिया प्राप्त करने के लिए, बस हमें 1-877-723-7702 (TTY: 711) पर फोन करें. कोई व्यक्ति जो कहन्दी बोिता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-723-7702 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-723-7702 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-723-7702 (TTY :711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-723-7702 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-723-7702 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。