

Thank you for choosing Healthy Blue. We are committed to helping you stay healthy. This health assessment will help us learn about your health and coordinate your care in a way that meets your personal needs.

Please take the time to answer the questions as best as you can. After you've finished the assessment, please mail or fax the completed health assessment to us at:

Healthy Blue
Attn: HCM/HRA
Mail Stop: AX-E13; Phase 3 Floor 4
P.O. Box 6170
Columbia, SC 29260-6170
Fax: 855-580-2810

The information you share with us will not be shared with anyone who does not need to know about it. If you have questions about the assessment, please call us toll free at 1-866-781-5094 (TTY 1-866-773-9634).

Member information

First name: _____

Last name: _____

Healthy Blue member ID number: _____

Date of birth: _____ Phone number: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Health assessment

Read each question and check the answer that best describes you. If the question asks you to fill in the blank, please write your answer in the space provided.

Health status

1. How would you describe your overall health?

____ Excellent: rarely sick, able to participate fully in everyday activities

____ Very good: occasional illness but able to participate in everyday activities most of the time

___ Good: have managed health issues well, able to participate in everyday activities when conditions allow

___ Fair: have frequent illnesses, not able to participate in everyday activities some of the time due to health conditions. Have difficulty controlling health conditions at times.

___ Poor: not able to participate in everyday activities most of the time due to health conditions, which are not well controlled.

2. Do you have a primary care physician (PCP) you work well with?

___ Yes

___ No

3. Are you being treated by a specialist?

___ Yes

___ No

4. Over the past two weeks, how often have you been bothered by having little interest or pleasure doing things?

___ Not at all

___ Several days

___ More than half the days

___ Nearly every day

5. Over the past two weeks, how often have you been bothered by feeling down, depressed or hopeless?

___ Not at all

___ Several days

___ More than half the days

___ Nearly every day

Health conditions

6. Are you pregnant?

___ Yes

No

7. Do you have any physical or behavioral health conditions you are being treated for?

Yes

No

If yes, please list the conditions: _____

Health needs

8. Do you take medicines for any chronic conditions?

Yes

No

9. Do you use four or more prescription medications?

Yes

No

10. Are you able to take your medicines as prescribed by your doctor?

Yes

No

11. Do you have any concerns about your medicines?

Yes

No

12. Do you have allergies to medicines or anything else?

Yes

No

If yes, please list all allergies: _____

13. With the exceptions of canes, walkers, crutches, nebulizers or diabetic supplies, do you use any medical equipment?

Yes

No

If yes, please list the medical equipment you are using: _____

14. Do you need help with daily living activities such as bathing, taking medication or eating?

Yes

No

Health results

Tell us about the following tests and the results if you know them.

15. Total cholesterol (TC):

I never had this test.

I had the test but don't know the result.

My doctor said it was normal.

My doctor said it was low.

My doctor said it was high.

I know the exact result. My TC result is _____.

16. HDL (high density lipoprotein, also known as "good" cholesterol):

I never had this test.

I had the test but don't know the result.

My doctor said it was normal.

My doctor said it was low.

My doctor said it was high.

I know the exact result. My HDL result is _____.

17. LDL (low density lipoprotein, also known as “bad” cholesterol):

I never had this test.

I had the test but don't know the result.

My doctor said it was normal.

My doctor said it was low.

My doctor said it was high.

I know the exact result. My LDL result is _____.

18. TC/HDL ratio (total cholesterol to high density lipoprotein ratio):

I never had this test.

I had the test but don't know the result.

My doctor said it was normal.

My doctor said it was low.

My doctor said it was high.

I know the exact result. My TC/HDL result is _____.

19. Triglycerides:

I never had this test.

I had the test but don't know the result.

My doctor said it was normal.

My doctor said it was low.

My doctor said it was high.

I know the exact result. My triglycerides result is _____.

20. Glucose (blood sugar):

I never had this test.

I had the test but don't know the result.

My doctor said it was normal.

My doctor said it was low.

My doctor said it was high.

I know the exact result. My glucose result is _____.

21. What was the result of your last blood pressure check?

I never had this test.

I had the test but don't know the result.

My doctor said it was normal.

My doctor said it was low.

My doctor said it was high.

I know the exact result. My blood pressure check result is _____.

22. What is your waist circumference (the distance measured around your waist)?

I'm not sure.

I know my exact waist circumference. My waist circumference is _____.

23. What is your weight? _____

24. What is your height? _____

25. What is your body mass index (BMI) if known? _____

Healthy lifestyles

26. Do you use tobacco?

Yes

No

Health activities

27. Have you had a flu shot in the last 12 months?

Yes

No

I am not sure

28. Are you up-to-date on your immunizations (shots)?

Yes

No

I am not sure

29. Have you had an eye exam in the last 12 months?

Yes

No

I am not sure

30. Have you had a colorectal cancer screening?

Yes

No

I am not sure

Health activities — questions for women

31. Have you had a breast cancer screening?

Yes

No

I am not sure

If yes, the date of my last breast cancer screening was _____.

32. Have you had a cervical cancer screening?

Yes

No

I am not sure

If yes, the date of my last cervical cancer screening was _____.

Again, thank you for choosing Healthy Blue. We look forward to working with you to help meet your personal needs. To help you get the care you need, we'll also share your health assessment with your doctor(s). By sending us your completed health assessment, you agree to allow us to share this information with your doctor(s).

If you have questions, would like to change your PCP or speak to a case manager, call our Customer Care Center toll free at 1-866-781-5094 (TTY 1-866-773-9634). This number can also be found on your Healthy Blue member ID card and in your Evidence of Coverage. You can also visit our website at www.HealthyBlueSC.com for benefit information or to search for local providers.

For general Medicaid questions, contact Healthy Connections at 1-877-552-4642 or TTY 1-877-552-4670.

Notice of Non-Discrimination

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

Language Services

Do you need help with your health care, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 1-866-781-5094 (TTY 1-866-773-9634).

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos sin costo alguno para usted. Llámenos a la línea gratuita al 1-866-781-5094 (TTY 1-866-773-9634).

هل تحتاج إلى مساعدة في رعايتك الصحية أو في التحدث معنا أو قراءة ما نقوم بإرساله إليك؟ نحن نقدم المواد الخاصة بنا بلغات وتنسيقات أخرى بدون تكلفة عليك. اتصل بنا على الرقم المجاني 1-866-781-5094 (TTY 1-866-773-9634).

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