Health Risk Assessment

INSTRUCTIONS

The Healthy Michigan Plan is very interested in helping you get healthy and stay healthy. We want to ask you a few questions about your current health. Your doctor and your health plan will use this information to better meet your health needs. The information you provide in this form is personal health information protected by federal and state law and will be kept confidential. It CANNOT be used to deny health care coverage.

We also encourage you to see your doctor for a check-up as soon as possible after you enroll with a health plan, and at least once a year after that. An annual check-up appointment is a covered benefit of the Healthy Michigan Plan. Contact your health plan if you need transportation assistance to get to and from this appointment.

If you need assistance with completing this form, contact your health plan. You can also call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656 if you have questions.

You can also learn more at this website: www.healthymichiganplan.org.

Instructions for completing this Health Risk Assessment for Healthy Michigan Plan:

- Answer the questions in sections 1-3 as best you can. You are not required to answer all of the questions.
- Call your doctor's office to schedule an annual check-up appointment. Take this form with you to your appointment.
- Your doctor or other primary care provider will complete section 4. He or she will send your results to your health plan.
- There is a Healthy Behavior Reward for agreeing to address or maintain healthy behaviors on your health risk assessment. This reward can be a gift card or a reduction in monthly MI Health Account payments, depending on your income.
- Don't forget to complete a new health risk assessment each year.

After your appointment, keep a copy or printout of this form that has your doctor's signature on it. This is your record that you completed your annual Health Risk Assessment.

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656

Arabic: TTY 1-866-501-5656

إذا كان لديكم أيّ سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥

Health Risk Assessment

First Name, Middle Name, Last Name, and Suffix				Date of Birth (mm/dd/yyyy)
Mailing Address		Apartment or Lot Number		**mihealth** Card Number
City	State	Zip Code	Phone Number	Other Phone Number

SECTION 1 - Initial assessment questions (check one for each question)

1. **In general, how would you rate your health?** ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. **Has a doctor told you that you have hearing loss or are deaf?** ☐ Yes ☐ No

3. **(For women only) Are you currently pregnant?** ☐ Yes ☐ No ☐ Not applicable (men only)

4. **In the last 7 days, how often did you exercise for at least 20 minutes in a day?**
   ☐ Every day ☐ 3-6 days ☐ 1-2 days ☐ 0 days
   Exercise includes walking, housekeeping, jogging, weights, a sport or playing with your kids. It can be done on the job, around the house, just for fun or as a work-out.

5. **In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day?**
   ☐ Every day ☐ 3-6 days ☐ 1-2 days ☐ 0 days
   Each time you ate a fruit or vegetable counts as one serving. It can be fresh, frozen, canned, cooked or mixed with other foods.

6. **In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time?** ☐ Never ☐ Once a week ☐ 2-3 times a week ☐ More than 3 times during the week
   1 drink is 1 beer, 1 glass of wine, or 1 shot.

7. **In the last 30 days have you smoked or used tobacco?** ☐ Yes ☐ No
   If YES, Do you want to quit smoking or using tobacco?
   ☐ Yes ☐ I am working on quitting or cutting back right now ☐ No

8. **How often is stress a problem for you in handling everyday things such as your health, money, work, or relationships with family and friends?**
   ☐ Almost every day ☐ Sometimes ☐ Rarely ☐ Never

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9. Do you use drugs or medications (other than exactly as prescribed for you) which affect your mood or help you to relax? ☐ Almost every day ☐ Sometimes ☐ Rarely ☐ Never

This includes illegal or street drugs and medications from a doctor or drug store if you are taking them differently than exactly how your doctor told you to take them.

10. Have you had a flu shot in the last year? ☐ Yes ☐ No

11. How long has it been since you last visited a dentist or dental clinic for any reason?

☐ Never ☐ Within the last year ☐ Between 1-2 years ☐ Between 3-5 years ☐ More than 5 years

12. Do you have access to transportation for medical appointments?

☐ Yes ☐ No ☐ Sometimes, but it is not reliable

Transportation could be your own car, a friend who drives you, a bus pass, or taxi. Your health plan can help you with a ride to and from medical appointments.

13. Do you need help with food, clothing, utilities, or housing? ☐ Yes ☐ No

This could be trouble paying your heating bill, no working refrigerator, or no permanent place to live.

14. A checkup is a visit to a doctor's office that is NOT for a specific problem. How long has it been since your last checkup? ☐ Within the last year ☐ Between 1-3 years ☐ More than 3 years

SECTION 2 - Annual appointment

A routine checkup is an important part of taking care of your health. An annual check-up appointment is a covered benefit of the Healthy Michigan Plan and your health plan can help you with a ride to and from this appointment.

Date of appointment: _____
(mm/dd/yyyy)

At my appointment, I would most like to talk with my doctor about:

_____

An annual appointment gives you a chance to talk to your doctor and ask any questions you may have about your health including questions about medications or tests you might need.

Take this form to your check-up and complete the rest of the form with your doctor at this appointment.

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Section 3 - Readiness to change

Your Healthy Behavior

Small everyday changes can have a big impact on your health. Think about the changes you would be most interested in making over the next year**.** It is also important to get any health screenings recommended by your doctor.

Now that you have thought about your healthy behavior, answer questions 1 - 3. For each question, use the scale provided and pick a number from 0 through 5.

1.	**Thinking about your healthy behavior, do you want to make some small lifestyle changes in this area to improve your health?**	☐ **0** I don't want to make changes now	☐ **1**	☐ **2** I want to learn more about changes I can make	☐ **3**	☐ **4** Yes, I know the changes I want to start making	☐ **5**
2.	**How much support do you think you would get from family or friends if they knew you were trying to make some changes?**	☐ **0** I don't think family or friends would help me	☐ **1**	☐ **2** I think I have some support	☐ **3**	☐ **4** Yes, I think family or friends would help me	☐ **5**
3.	**How much support would you like from your doctor or your health plan to make these changes?**	☐ **0** I do not want to be contacted	☐ **1**	☐ **2** I want to learn more about programs that can help me	☐ **3**	☐ **4** Yes, I am interested in signing up for programs that can help me	☐ **5**

Section 4 – To be completed by your primary care provider

Primary care providers should fill out this form for Healthy Michigan Plan beneficiaries enrolled in Managed Care Plans only. Fill in the "Healthy Behaviors Goals Progress" question and select a "Healthy Behavior Goals" statement in discussion with your patient. Sign the Primary Care Provider Attestation, including the date of the appointment. Both parts of Section 4 must be filled in for the attestation to be considered complete.

Healthy Behaviors Goals Progress

Did the patient maintain or achieve/make significant progress towards their selected health behavior goal(s) over the last year?

- ☐ Not applicable – this is the first known Healthy Michigan Plan Health Risk Assessment for this patient.
- ☐ Yes
- ☐ No
- ☐ Patient had a serious medical, behavioral, or social condition or conditions which precluded addressing unhealthy behaviors.

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Healthy Behavior Goals

Choose one of the following for the next year:

☐ 1. Patient does not have health risk behaviors that need to be addressed at this time.

☐ 2. Patient has identified at least one behavior to address over the next year to improve their health (choose one or more below):

- ☐ *Increase physical activity, learn more about nutrition and improve diet, and/or weight loss*
- ☐ *Reduce/quit tobacco use*
- ☐ *Annual influenza vaccine*
- ☐ *Follow-up appointment for screening or management (if necessary) of hypertension, cholesterol and/or diabetes*
- ☐ *Follow-up appointment for recommended cancer or other preventative screening(s)*
- ☐ *Other: explain* _____
- ☐ *Reduce/quit alcohol consumption*
- ☐ *Treatment for substance use disorder*
- ☐ *Dental visit*
- ☐ *Follow-up appointment for maternity care/reproductive health*
- ☐ *Follow-up appointment for mental health/behavioral health*

☐ 3. Patient has a serious medical, behavioral or social condition(s) which precludes addressing unhealthy behaviors at this time.

☐ 4. Unhealthy behaviors have been identified, patient's readiness to change has been assessed, and patient is not ready to make changes at this time.

☐ 5. Patient has committed to maintain their previously achieved Healthy Behavior Goal(s).

Primary Care Provider Attestation

I certify that I have examined the patient named above and the information is complete and accurate to the best of my knowledge. I have provided a copy of this Health Risk Assessment to the member listed above.

Provider Last Name	Provider First Name	National Provider Identifier (NPI)
Provider Telephone Number (269)965-8866		Date of Appointment
Signature		Date

Submit form by fax or via CHAMPS:

Fax to: 517-763-0200

CHAMPS: The Health Risk Assessment form can be submitted and viewed in the CHAMPS system via the Health Risk Assessment Questionnaire Web Page.

AUTHORITY: MCL 400.105(d)(1)(e)

COMPLETION: Is voluntary, but required for participation in certain Healthy Michigan Plan programs.