

Health Risk Assessment

To ensure you (or someone you care about) are getting the best care, we'd like to ask you some questions. This should take about five minutes. All your answers will be private and won't affect health plan benefits

Member name _____

Member address _____

Member phone _____ Member cell phone _____

Member email _____

Do you agree to receive email and text communications from Humana (e.g., reminders, letters and educational materials)? (Check all that apply.) Text Email

Member date of birth _____ Age _____

Member ID number _____

Emergency contact name _____ Phone _____

Date completed _____

1. Complete the following statement. I am answering this survey about...

Myself

A person I provide care for under 21

A person I provide care for 21 and over

Other

For the rest of the survey, please think about the person you selected in question 1 when answering all questions. Please select the option that best describes that person.

2. Which one or more of the following would you say is your race? (Choose all that apply)

American Indian or Alaska Native

Asian

Black or African American

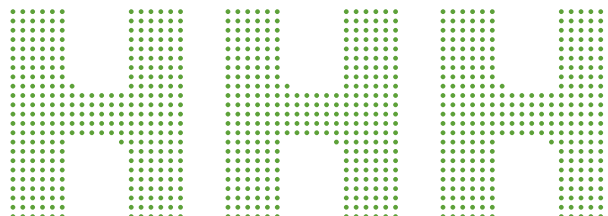
Native Hawaiian or other Pacific Islander

White

Other race

Continued →

Humana
Healthy Horizons®
in Ohio



Health Risk Assessment—continued

3. Are you of Hispanic, Latino/a, or Spanish origin? (Choose all that apply)

No, not of Hispanic, Latino/a, or Spanish origin	Yes, Puerto Rican
Yes, Mexican, Mexican American, Chicano/a	Yes, Cuban
	Yes, another Hispanic, Latino/a, or Spanish origin

4. Do you have serious difficulty seeing, even when wearing glasses?

Yes No

4a. If you have difficulty seeing, do you use any of the following to help your sight? (Choose all that apply)

Qualified readers	Magnification software
Taped texts	Optical readers
Audio recordings	Secondary auditory programs (SAP)
Braille materials and displays	Large print materials
Screen reader software	Other

5. Do you have serious difficulty hearing?

Yes No

5a. If you have difficulty hearing, do you use any of the following to help your hearing?

Language interpreter	Voice, text, and video-based telecommunications products and systems, including text telephones
Assistive listening devices and systems	Teletypewriter (TTY), videophones, and captioned telephones or equally effective telecommunications device
Telephone compatible with hearing aids	Videotext displays
Closed caption decoders	Other
Open and closed captioning, including real-time captioning	

Health Risk Assessment—continued

6. What is the highest level of school you have completed, or the highest degree received?

Less than high school
Some high school, but no diploma
High school graduate or equivalent
(GED/vocational/trade school graduate)
Some college, but no degree

Associate degree (1- to 2-year occupational,
technical or academic program)
Four-year college graduate/
bachelor's degree
Advanced degree (including master's,
professional degree or doctorate)

7. Describe your current living situation.

I have a steady place to live.
I have a place to live today, but I am
worried about losing it in the future.

I do not have a steady place to live (I am
temporarily staying with others, in a hotel,
in a shelter, living outside on the street, on
a beach, in a car, abandoned building, bus
or train station, or in a park).

7a. Does your current living situation have any of the following problems? (Choose all that apply)

Pests such as bugs or rodents
Mold
Lead paint or pipes
Lack of heat

Oven or stove not working
Smoke detectors missing or not working
Water leaks
Other safety concerns
None of the above

8. At any time in the past year, have you run out of food before you got money to buy more?

Yes No

9. In the past year, have you had trouble getting to medical appointments or getting things you need because of transportation?

Yes No

10. In the past year, have you been told that the electric, gas, oil or water may be shut off in your home?

Yes No

Health Risk Assessment—continued

11. Do you currently have internet access?

Yes No

11a. How do you access the internet? (Choose all that apply)

Home	Work/school
Cell phone	Public location
Borrowed device	Other

12. Do you need help finding or keeping work?

Yes No I am unable to work due to a disability

13. Are you or could you currently be pregnant?

Yes No Not applicable

14. What gender do you (member) identify with?

Male	Genderqueer/non-binary, neither exclusively male or female
Female	Other
Female-to-male/transgender male/trans man	Decline to answer
Male-to-female/transgender female/trans woman	

15. What are your (member's) pronouns?

He/him/his	Other
She/her/hers	Decline to answer
They/them/theirs	

16. What is your (member's) sexual orientation?

Straight or heterosexual	Something else
Lesbian, gay or homosexual	Don't know
Bisexual	Decline to answer

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **877-856-5702 (TTY: 711)**. We are available Monday through Friday, from 7 a.m. to 8 p.m., Eastern time. We can help you at no cost to you. We can explain the document in English or in your preferred language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
If you need help filing a grievance, call **877-856-5702** or if you use a **TTY**, call **711**.
You can also file a civil rights complaint with the:
 - **Ohio Department of Medicaid (ODM), Office of Civil Rights** by emailing ODM_EEO_EmployeeRelations@medicaid.ohio.gov, faxing **614-644-1434**, or mailing to P.O. Box 182709, Columbus, Ohio 43218-2709; or
 - **U.S. Department of Health and Human Services, Office for Civil Rights** electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you. **877-856-5702 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

Language assistance services, free of charge, are available to you.

877-856-5702 (TTY: 711)

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

नेपाली (Nepali): निःशुल्क भाषासम्बन्धी सहयोग सेवाहरू प्राप्त गर्नका लागि माथिको नम्बरमा फोन गर्नुहोस्।

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Soomaali (Somali): Wac lambarka kore si aad u hesho adeegyada caawimaada luuqada oo bilaash ah.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

Kiswahili (Swahili): Piga simu kwa nambari iliyo hapo juu ili upate huduma za usaidizi wa lugha bila malipo.

Українська (Ukrainian): Зателефонуйте за вказаним вище номером для отримання безкоштовної мовної підтримки.

繁體中文 (Traditional Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Ikinyarwanda (Kinyarwanda): Hamagara numero iri haruguru uhabwe serivisi z'ubufasha bw'ururimi ku buntu.

简体中文 (Simplified Chinese): 您可以拨打上面的电话号码以获得免费的语言协助服务。

دري (Dari): برای دریافت خدمات رایگان کمک زبانی با شماره بالا تماس بگیرید.

پشتو (Pashto): د وړيا ژبې ملاتړ ترلاسه کولو لپاره پورته شميرې ته زنگ ووهئ.

አማርኛ (Amharic): ነፃ የቋንቋ ድጋፍ አገልግሎቶችን ለማግኘት ከላይ ባለው ስልክ ቁጥር ይደውሉ።

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.