Humana MCA 2022-2023

Member Demographic Screen Changes:

* Add email field to this screen, after Date of Birth field.

Icario configuration note: Text in green font should not be read aloud. They are notes for agents during the survey with the member.

Welcome

Reminder: This survey may only be conducted with members post-enrollment. It is optional for the member to complete. If the member states no, or expresses any hesitation or discomfort with participating in the survey at any time do not proceed with the survey.

Script: [**Please read to the member**] “Next, we’ll complete a short survey about your health, access to food, and other needs. Your responses will be used to identify additional resources that may be available to you. Your responses will not have any impact on your coverage, benefits, or premium. Completing this survey is optional and not required. It has a big impact in helping Humana to better serve you. You may choose to begin the survey but stop at any time if you feel uncomfortable. Are you ready to proceed with the short survey?”

**Q1.** Please tell me about your current health status. Which of the following conditions do you currently take medication, receive treatment, or see a physician for? Choose all that apply.

* Diabetes
* Pre-Diabetes/Obesity
* Thyroid Disease
* Asthma
* COPD
* Emphysema/Other Lung Condition
* Cardiovascular Disease
* Coronary Heart Disease
* Previous Heart Attack or Acute Myocardial Infarction (AMI)
* Atrial Fibrillation
* Heart Failure
* High Blood Pressure
* Cholesterol
* Stroke
* Cancer
* Kidney Disease
* Kidney Failure on dialysis
* Liver Disease
* Allergies
* Arthritis
* Back Pain
* Osteoporosis
* Chronic Pain
* Migraines
* Sleep Disorder
* Substance Abuse
* HIV/AIDS
* None/Prefer Not to Answer
* Other Health Conditions Not Listed

**Q1b.** Do you have memory problems?

* Yes
* No

If no, skip to Q1d.

**Q1c.** If yes, have you spoken to your doctor about this?

* Yes
* No

**Q1d.** Do you have mental health challenges?

* Yes
* No

If no, skip to Q2.

**Q1e.** If yes, please select each mental health challenge you have. Choose all that apply.

* Depression
* Anxiety
* Bipolar Disorder
* Schizophrenia
* Other
* Does Not Apply

**Q2**. What is your living situation today? (SDOH Domain: Housing instability)

* 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 place to live.

Script: Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 30 days. (SDOH Domain: Food Insecurity)

**Q3**. Within the past 30 days, you were worried that your food would run out before you got money to buy more.

* Often true
* Sometimes true
* Never true

**Q4**. Within the past 30 days, the food you bought just didn’t last and you didn’t have money to get more.

* Often true
* Sometimes true
* Never true

**Q5**. Within the last 30 days, has lack of reliable transportation kept you from getting to the pharmacy, medical appointments, your meetings, work, or from getting things needed for daily living? (SDOH Domain: Transportation Problems)

* Yes
* No

If no, skip to Q6.

**Q5b.** Do you have transportation challenges specifically accessing Pharmacy services?

* Yes
* No

**Q6.** How hard is it for you to pay for very basic things like food, housing, prescriptions, medical care, and heating? (SDOH Domain: Financial Security)

* Very hard
* Somewhat hard
* Not hard at all

If Not hard at all, skip to Q7.

**Q6b**. Is it specifically difficult for you to pay for pharmacy services?

* Yes
* No

**Q7**. How often do you feel lonely or isolated from those around you? (SDOH Domain: Loneliness/Family & Community Support)

* Never
* Rarely
* Sometimes
* Often
* Always

Icario configuration note: Add links to the following resources at the end of question 7, along with this text:

Agent: If the beneficiary has indicated that they experience any SDOH challenges (questions 2-7), you can leverage these resources to offer support and referrals to the member (where applicable):

[Bold Goal Whole Health Toolkit](file:///C:\Users\kel2941\AppData\Local\Microsoft\Windows\INetCache\IE\U2UP7S91\docushare-app-6_27_2022%206_37_46%20PM.pdf)

[Humana Community Navigator (HCN)](https://humana.findhelp.com/)

**Q8.** Thinking about limitations that may make it difficult for you to do everyday tasks, which of the following describes your situation?

* I have been concerned about falling or have fallen in the past 6 months.
* I have trouble doing tasks such as bathing, dressing, cooking, and/or cleaning.
* I do not have someone to assist/support me with help at home.
* I have help at this time and/or I do not need help at this time because I can confidently and safely do tasks on my own.

**Q9**. Reflecting on improving and/or maintaining your health, which of the following do you agree with? (Choose all that apply.)

* I have physical limitations that keep me from being active.
* I know I should eat healthier but I’m not sure how to do it.
* I know what healthy behaviors I should do as I age.
* I think it’s important to get physical activity at my age.
* I need help getting and staying connected with others.
* I believe I can improve my physical health.
* I believe I can improve my mental health.

Agent Questions:

**Q10**. In which language did you administer the MCA?

* English
* Spanish
* Korean
* Traditional Chinese

**Q11.** If the beneficiary screened positive for ANY social determinant of health (SDOH) risk in questions 2-7, did you offer support resources to the beneficiary?

* Resources were offered and the beneficiary accepted.
* Resources were offered and the beneficiary declined.
* Resources were not offered to the beneficiary because resources are not available.
* Not Applicable – Beneficiary did NOT screen positive for SDOH.

Script: Thank you for completing the survey! We appreciate your time and responses. Thank you for taking the time to share your information with us. You’ll be receiving additional communications from Humana shortly, and you should have your ID card within 10 days. If you have any additional questions, you can contact Humana: 1-800-457-4708 (TTY: 711), daily, 8 a.m. – 8 p.m.