

Policy: GG.1211

Title: Health Appraisals and Self-

Management Tools

Department: Equity and Community Health

Section: Not Applicable

CEO Approval: /s/ Michael Hunn 10/31/2024

Effective Date: 07/01/2017 Revised Date: 10/01/2024

☑ OneCare☐ PACE

☐ Administrative

I. PURPOSE

This policy establishes a process for Members to manage their health through Health Appraisals and Self-Management Tools.

II. POLICY

- A. CalOptima Health shall offer a Health Appraisal to Adult Members at least annually, to help determine risk factors, recommend ways to improve health or support reducing risks and maintaining health and wellness for the Member.
- B. The Health Appraisal shall include questions regarding, or to assist in identifying, the following information:
 - 1. Member demographics (e.g., age, gender, ethnicity);
 - 2. Personal health history, including chronic illness(es) and current treatment(s);
 - 3. Self-perceived health status;
 - 4. Personal health characteristics and behaviors (based on body mass index (BMI), smoking status, physical activity frequency, stress levels, preventive screenings, healthy eating habits, etc.):
 - 5. Behavioral change strategies; and
 - 6. Special needs in the areas of hearing, vision impairment and language preference.
- C. CalOptima Health shall comply with all state and federal requirements to maintain confidentiality of all types of Member information and shall inform the Member how their information shall be used through the Notice of Privacy Practices.
 - 1. CalOptima Health shall notify the Member of any updates to the Notice of Privacy Practices in accordance with CalOptima Health Policy HH.3000: Notice of Privacy Practices.

- 2. CalOptima Health shall not distribute information obtained from the Health Appraisal(s) outside of the organization. Such information obtained shall only be used within the organization to support future care coordination activities, as outlined in CalOptima Health Policy HH.3011: Uses and Disclosures of Protected Health Information (PHI) for Treatment, Payment, and Health Care Operations.
- 3. Members may consent or decline to have information they provide to CalOptima Health shared in accordance with CalOptima Health Policies HH.3007: Member Rights to Request Restrictions on Use and Disclosure of Protected Health Information (PHI), and HH.3015: Member Authorization for the Use and Disclosure of Protected Health Information (PHI).
- D. CalOptima Health shall ensure that all documents and disclosures are available in all Threshold Languages to allow Members to understand the Health Appraisal and its results in their preferred language.
- E. CalOptima Health Members have the right to decline to complete the voluntary Health Appraisal.

III. PROCEDURE

- A. CalOptima Health shall provide the Health Appraisal(s) in various formats in order to ensure accessibility for Members. The following formats shall be available:
 - 1. CalOptima Health website;
 - 2. Mail; and/or
 - 3. Telephone.
- B. Upon completion of the Health Appraisal, CalOptima Health Members shall receive a summary score and risk assessment to assist the Member in understanding their Health Appraisal results.
 - 1. Health Appraisal results shall be automatically generated for the Member in an electronic format and made available regardless of the format used.
 - 2. CalOptima Health shall provide Health Appraisal results in a language that is easy to understand and shall offer the results in the Member's requested Threshold Languages.
- C. Based on the Health Appraisal results, CalOptima Health shall offer Members Self-Management Tools to support healthy behavior and reduce individual risk factors.
 - 1. Health Appraisal results shall include:
 - a. An overall summary, including clinical summary of risk or wellness profile;
 - b. Information on how to reduce individual risk by changing health behaviors;
 - c. Reference information to help Members understand their Health Appraisal results; and
 - d. A comparison to previous Health Appraisal results, if applicable.

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- D. CalOptima Health shall offer evidence-based Self-Management Tools to help Members manage their health. Self-Management Tools, derived from available evidence, shall provide Members with information on at least the following wellness and health promotion areas:
 - 1. Healthy weight (BMI) maintenance;
 - 2. Smoking and tobacco use cessation;
 - 3. Encouraging physical activity;
 - 4. Healthy eating;
 - 5. Managing stress;
 - 6. Avoiding at-risk drinking;
 - 7. Identifying depressive symptoms; and
 - 8. Social Drivers of Health (SDOH).
- E. Based on information obtained from the Health Appraisal or at the request of a Member, additional outreach and care coordination activities may occur, in accordance with CalOptima Health Policy GG.1301: Comprehensive Care Management Process.
- F. CalOptima Health 's Quality Improvement Health Equity Committee (QIHEC) adopts evidence-based clinical practice guidelines and Self-Management Tools, relevant to Members for the provision of preventive, acute, or chronic, medical services and behavioral healthcare services standards and requirements.
- G. CalOptima Health shall review Health Appraisals and Self-Management Tools every two (2) years or more frequently if new evidence is available.
- H. CalOptima Health shall review its Self-Management Tools every thirty-six (36) months for effectiveness and compliance with CalOptima Health Policies DD.2002: Cultural and Linguistic Services.
 - 1. CalOptima Health shall conduct usability testing through focus groups (i.e., an external audience, or internal staff not involved in the development of the Self-Management Tools) representative of the Member population, including Members with special needs.
 - a. Usability testing shall include a review of language to ensure information is presented clearly and utilizes words with common meanings. Self-Management Tools shall also be assessed for vision and hearing limitations.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage

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- B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health Policy DD.2002: Cultural and Linguistic Services
- D. CalOptima Health Policy GG.1301: Comprehensive Care Management Process
- E. CalOptima Health Policy HH.3000: Notice of Privacy Practices
- F. CalOptima Health Policy HH.3007: Member Rights to Request Restrictions on Use and Disclosure of Protected Health Information (PHI)
- G. CalOptima Health Policy HH.3011: Uses and Disclosures of Protected Health Information (PHI) for Treatment, Payment, and Health Care Operations
- H. CalOptima Health Policy HH.3015: Member Authorization for the Use and Disclosure of Protected Health Information (PHI)
- I. 2024 National Committee of Quality Assurance (NCQA) Health Plan Standards

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

BOARD ACTION(S)

None to Date

VII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	07/01/2017	GG.1211	Health Appraisals and Self-Management	Medi-Cal
			Tools	OneCare
				OneCare Connect
Revised	09/01/2018	GG.1211	Health Appraisals and Self-Management	Medi-Cal
			Tools	OneCare
				OneCare Connect
Revised	12/01/2018	GG.1211	Health Appraisals and Self-Management	Medi-Cal
			Tools	OneCare
				OneCare Connect
Revised	10/01/2019	GG.1211	Health Appraisals and Self-Management	Medi-Cal
			Tools	OneCare
				OneCare Connect
Revised	12/01/2020	GG.1211	Health Appraisals and Self-Management	Medi-Cal
			Tools	OneCare
				OneCare Connect
Revised	08/01/2021	GG.1211	Health Appraisals and Self-Management	Medi-Cal
			Tools	OneCare
				OneCare Connect
Revised	12/31/2022	GG.1211	Health Appraisals and Self-Management	Medi-Cal
			Tools	OneCare
Revised	04/01/2023	GG.1211	Health Appraisals and Self-Management	Medi-Cal
			Tools	OneCare
Revised	10/01/2024	GG.1211	Health Appraisals and Self-Management	Medi-Cal
			Tools	OneCare

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VIII. GLOSSARY

Term	Definition
CalOptima Health	For the purposes of this policy, CalOptima Health shall include CalOptima Health Direct, CalOptima Health Direct-Administrative, CalOptima Health Community Network, and its delegated Health Networks.
Health Appraisal	For purposes of this policy, Health Appraisals help identify at-risk and high- risk individuals, determine focus areas for timely intervention and prevention efforts and monitor risk change over time. They are an educational tool that can engage Members in making healthy behavior changes.
Member	A beneficiary enrolled in a CalOptima Health program.
Notice of Privacy Practices (NPP)	Notice provided to a Member that describes CalOptima Health's practices in the use and disclosure of Protected Health Information, Member rights, and CalOptima Health legal duties with respect to Protected Health Information.
Quality Improvement Health Equity Committee (QIHEC)	A committee facilitated by CalOptima Health's medical director, or the medical director's designee, in collaboration with the Health Equity officer, that meets at least quarterly to direct all Quality Improvement and Health Equity Transformation Program (QIHETP) findings and required actions.
Self-Management Tools	For purposes of this policy, Self-Management Tools help Members determine risk factors, provide guidance on health issues, recommend ways to improve health or support reducing risk or maintaining low risk. They are interactive resources that allow Members to enter specific personal information and provide immediate, individual results based on the information.
Social Drivers of Health	The environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning and quality-of-life outcomes and risk. Also known as Health-Related Social Needs.
Threshold Languages	Medi-Cal: The non-English threshold and concentration standard languages in which Contractor is required to provide written translations of Member Information, as determined by DHCS.
	OneCare: A threshold language is defined by CMS as the native language of a group who compromises five percent (5%) or more of the people served by the CMS Program.

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