

## **Initial Health Assessment (IHA) Requirements for Members**

### **Requirement**

Per Title XVII, the United States Preventive Services Task Force (USPSTF) , MMCD Policy Letters PL08-003: Initial Comprehensive Health Assessment, American Academy of Pediatrics (AAP), California Department of Healthcare Services (DHCS) Title 22, CCR, Section 53851 (b) (1), Initial Health Assessment (IHA) must be completed for new members within 90 days of enrollment. Once IHA is completed the primary care provider shall document and submit all pertinent information to the member's medical group in accordance with the Encounter data capture and reporting process requirements. All pertinent information shall be included in the member's primary medical record.

### **Medical Group/Primary Care Physician Responsibilities**

- Conduct a comprehensive Initial Health Assessment (IHA) within 90 days of enrollment by following the requirements for IHA. Please see the detailed requirements of IHA in Provider Education for Initial Health Assessment at: [https://www.regalmed.com/Regal-en-us/assets/File/Initial\\_Health\\_Assessment-IHA-Staying\\_Healthy-SHA-TrainingFAQ-5-2019.pdf](https://www.regalmed.com/Regal-en-us/assets/File/Initial_Health_Assessment-IHA-Staying_Healthy-SHA-TrainingFAQ-5-2019.pdf)

### **How do you know which patient need an IHA?**

- Access IHA ASAP reports monthly from each of health plan Provider Portals (e.g. Scan Health Plan Provider Portal)
  - Look for applicable Report that lists all that health plan's members and whether they have had an IHA based on encounter data;
- Primary Care Physicians should also receive faxed letters for each new health plan member
  - Schedule IHA visit with patient
  - For Medi-Cal and Dual Member, conjunct the SHA with IHA
  - Complete with member, and document the review in medical records (EMR or hart copy chart)

### **Procedures for IHA**

- Providers may follow the detailed requirements of IHA in Provider Education for Initial Health Assessment at: [https://www.regalmed.com/Regal-en-us/assets/File/Initial\\_Health\\_Assessment-IHA-Staying\\_Healthy-SHA-TrainingFAQ-5-2019.pdf](https://www.regalmed.com/Regal-en-us/assets/File/Initial_Health_Assessment-IHA-Staying_Healthy-SHA-TrainingFAQ-5-2019.pdf)
- For More information, please contact your Regal-Lakeside-ADOC Network Manager at : (866) 654-3471

**PURPOSE:** To provide a detailed requirements and procedure to primary care physicians for completion of IHA as well as answers to frequently asked question as it pertains to the IHA.

**DEFINITION:**

IHA is a required comprehensive assessment that is completed during a member's initial encounter with his/her Primary Care Physician (PCP). RMG/LMG/ADOC as a contracted managed care provider organization is required by our health plans and regulations to ensure that new members (e.g. Medi-Cal) 18 months or older receive an Initial Health Assessment (IHA) within 120 days and members less than 18 months old receive IHA within 90 days of becoming RMG/LMG/ADOC members. The IHA consists of a comprehensive health history, assessment of health education needs, physical assessment, and specific evaluations, tests, immunizations, counseling, follow-up, and treatments. This includes Staying Healthy Assessment for Medi-Cal and Cal-MediConnect beneficiaries to determine health practices, values, behaviors, knowledge, attitudes, cultural practices, beliefs, literacy levels, and health education needs.

**What is the PCPs responsibility?**

The assigned PCP must provide an Initial Health Assessment/Individual Health Education Behavioral Assessment for each new members within 90 days, including for children 18months or younger who are enrolled in our Medical Groups.

**What should the IHA include?**

**1. For New Members**

- a. Members should schedule an Initial Health Assessment (IHA) within the first three (3) months of becoming a health plan member.
- b. Many health plans cover preventive care services; periodic health exams include all routine diagnostic testing and laboratory services. These include, but are not limited to:
  - i. Periodic health maintenance exams, including well-woman exams.
  - ii. Immunizations, consistent with the most current version of the Recommended Childhood Immunization Schedule/United States adopted by the Advisory Committee on Immunization Practices (ACIP).
  - iii. Sexually Transmitted Disease (STD) tests.
  - iv. Cytology exams on a reasonable periodic basis
  - v. Immunizations required for travel
  - vi. Other age appropriate immunizations
  - vii. Acquired Immune Deficiency Syndrome (AIDS) vaccine
  - ii. Osteoporosis Services
  - iii. Eye examinations:
    1. Routine exam
    2. Eye refractions to determine the need for corrective lenses

3. Dilated retinal eye exams
- iv. Health education
- v. All generally medically accepted cancer screening tests including, but not limited to:
  1. Breast Cancer Screening
  2. Prostate Cancer Screening
  3. General Cancer Screening
  4. Mammography Services
  5. Cervical Cancer Screening
  6. Diethylstilbestrol Services
- vi. Well baby care during the first two years of life, including:
  1. Newborn hospital visits newborn screenings
  2. Newborn health examinations, and other office visits, consistent with the most current recommendations for Preventative Pediatric Health Care as adopted by the American Academy of Pediatrics; and consistent with the most current version of the recommended childhood Immunization Schedule/United States, adopted by the Advisory Committee on Immunization Practices (ACIP).

**2. Health Assessments for members 21 years and older must include, at minimum:**

- a. Completion of a Staying Healthy Assessment form/SHA before or during initial visit for Medi-Cal and Cal-MediConnect Beneficiaries;
- b. Complete history and physical examination that includes inspection of ears, nose, mouth, throat, teeth and gums;
- c. Blood Pressure;
- d. Cholesterol;
- e. Clinical breast exam for women over 40 years of age;
- f. Mammogram within 2 years for women over 40 years of age and within 1 year for women 50 and above;
- g. Pap smear for women beginning at the age of first sexual intercourse and once every 1-3 years depending on the presence or absence of risk factors and the results of previous pap smears;
- h. PPD;
- i. Health education and anticipatory guidance appropriate to age and health statistics;
- j. Fecal Occult Blood testing every year after age 50;
- k. Sigmoidoscopy at least once at age 50;
- l. Rectal exam at least once every 5 years after age 50;
- m. Prostate Specific Antigen (PSA) testing for men annually after age 50;
- n. Exam of testes for men;
- o. Rubella Antibody screening for women of childbearing age at least once prior to first pregnancy;
- p. Immunization for Diphtheria/Tetanus (Td) at least every 10 years;
- q. Influenza vaccine every year after age 65.

- 3. Health assessments for members under 21 years of age must include, at minimum (Pediatric patients should receive CHDP Health Assessments per the CHDP periodicity schedule.):**
- a. Completion of a Staying Healthy Assessment form/ SHA before or during initial visit for Medi-Cal and Cal-MediConnect Beneficiaries;
  - b. Health and developmental history;
  - c. Unclothed physical examination, including assessment of physical growth;
  - d. Inspection of ears nose, mouth throat, teeth and gums;
  - e. Assessment of nutritional and dental status;
  - f. Hearing and Vision screening, as appropriate;
  - g. Immunizations and Tuberculosis testing appropriate to age and health history necessary to make status current;
  - h. Lab tests appropriate to age sex, including anemia, diabetes, lead levels, sickle cell trait and urinary tract infections;
  - i. Health education and anticipatory guidance appropriate to age and health status.

**What procedure should be followed for IHA?**

1. New members are identified monthly to PCPs on their eligibility list.
2. Upon receiving the members eligibility lists, the Primary Care Physician (PCP) offices need to contact the new members by mail and/or telephone to schedule an appointment for IHA. Follow the requirements listed above in “What should the IHA include?” to complete the IHA. If a comprehensive health assessment has recently been performed elsewhere within 12 months, the PCP obtains the appropriate records and documents this in the medical record. Group and/or PCP may send a copy of the SHA form to the members in advance of their first or routine visits. Forms and periodicity tables may be located at <http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx>
3. The PCP need to make a good faith effort to update the Member’s contact information, including updating information received from the Post Office for any change in address and from dialing Directory Assistance for any new telephone number.
4. When a significant health problem, requiring further evaluation or referral, is identified, the PCP is responsible for scheduling an appointment date for follow-up within 60 days.
5. The patient is logged on the Tracking Log for Initial Health Assessment.
6. On a monthly basis, the Appointment/Message Desk Receptionist will check the computer system and determine if the member has been to the Clinic for a CPX (initial assessment). If the patient has been seen, that information is noted on the log.
7. If the patient has not been seen, a second and third call or letter will be generated approximately 20-30 days from the previous attempt. The second and third notification attempts will be noted on the Tracking log.
8. If the member had a missed scheduled PCP appointment and/or member had unsuccessful re-scheduled appointments, it should be documented in the medical record.
9. In the member’s medical records, there should be documentation of the attempts to perform the IHA at any subsequent member’s office visits even if the deadline for IHA completion has elapsed.
10. If a member refuses an IHA, the refusal is documented in the medical record.

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11. The Member Service Guide must contain information in a language and literacy level that is understandable to the member on the following: (Applicable ONLY as Delegated and Contracted)
  - a. The availability of the IHA for all members
  - b. Instructions on how to arrange for an IHA appointment, within the appropriate timelines
  - c. The importance of keeping the IHA and other appointments.
  - d. Member rights, including providing the member the results of the IHA.
12. As per Delegation, the timeline requirements for completion of a member's IHA shall be exempt only if documented in the member's primary medical record and in the following situations:
  - e. All elements of the IHA have been completed within twelve (12) months prior to the member's effective date of enrollment and the current member's PCP has reviewed and updated the member's medical record;
  - f. A new member chooses his or her existing PCP as his or her new PCP, and the member's PCP incorporates relevant member information from the member's existing medical record to complete the IHA elements. If the Member has not received a physical exam within twelve (12) months prior to the effective date of enrollment, the member's PCP shall conduct and update the member's physical exam;
  - g. A member is not continuously enrolled during the initial one hundred twenty (120) calendar day period;
  - h. A member loses eligibility prior to an IHA being performed;
  - i. A member declines an IHA.

#### **What tool should be used for the Health Education Behavioral Assessment for Adults?**

PCP can use the Staying Healthy Assessment tool provided by DHCS to perform this assessment. The Staying Health Assessment comes in different languages, please visit: <http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx> for detailed information on the assessment.

#### **What tool should be used for the Health Education Behavioral Assessment for children?**

PCP must perform an assessment using the California Child Health and Disability Prevention (CHDP) program's age appropriate assessment. This is due for each child at the time of enrollment during their IHA visit. Visit: <http://www.dhcs.ca.gov/services/chdp/Pages/Pub156.aspx> for CHDP health assessment guidelines

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### **What is required after the IHA/IHEBA visit?**

PCP must make arrangements for any needed follow-up services that reflect the findings or risk factors discovered during the IHA and health education behavioral assessment.

### **How should the assessment be documented?**

PCP must document the member's completed IHA and health education behavioral assessment tool in the member's medical record and is referenced during subsequent preventive health visits.

If a member refuses an IHA, the refusal is documented in the medical record.

### **Do we notify members and if so what is the PCP's responsibility?**

RMG sends out an information letter to all new Medi-Cal members to notify them of their required IHA appointment. The PCP must make reasonable attempts to contact a member and schedule an IHA. All attempts shall be documented. A Tracking Log for Initial Health Assessment needs to be maintained by PCP's office.

Documented attempts that demonstrate unsuccessful efforts to contact a member and schedule an IHA shall be considered evidence in meeting this requirement.

- Requirements for Missed or broken appointments are as follows
  - **First Attempt** – Phone call to member (or written letter if no telephone). If member does not respond, then;
  - **Second Attempt** – Phone call to member (or written letter if no telephone). If member does not respond then;
  - **Third Attempt** – Written letter.

### **What if the member's health does not indicate any urgency for IHA?**

- If a comprehensive health assessment has recently been performed elsewhere within 12 months, the PCP obtains the appropriate records and documents this in the medical record. Group and/or PCP may send a copy of the SHA form to the members in advance of their first or routine visits. Forms and periodicity tables may be located at <http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx>
- For members whose health status does not indicate urgency, and if conducting the assessment as part of the first visit is not feasible, the PCP must contact the member within 90 days after the member's first medical visit to schedule an initial health assessment appointment.

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### What is Staying Healthy Assessment (SHA) and the requirements?

The Staying Healthy Assessment (SHA) is the Individual Health Education Behavioral Assessment (IHEBA) and will be administered to all Medi-Cal and Dual plan members during the Initial Health Assessment and during subsequent periodic health assessments as required. The PCP administers the SHA to new members in conjunction with the IHA.

The Staying Healthy Assessment is an age-appropriate questionnaire designed to be self-administered by the patient or parent. Alternatively, the patient or parent may be asked SHA questions verbally and responses recorded directly in the patient's electronic medical record. Current members who have not completed an updated SHA must complete it during the next preventive care office visit (e.g. well-baby, well-child, well-woman exam), according to the SHA periodicity table.

The SHA Periodicity Table and SHA administration policy is summarized in the below table:

**Table 1: SHA Periodicity**

DHCS Form Numbers	Periodicity	Administer	Administer/Re-Administer		Review
	Age Groups	Within 120 Days of Enrollment	1 <sup>st</sup> Scheduled Exam (after entering new age group)	Every 3–5 Years	Annually (intervening years)
DHCS 7098 A	0–6 Months	√	√		
DHCS 7098 B	7–12 Months	√	√		
DHCS 7098 C	1–2 Years	√	√		√
DHCS 7098 D	3–4 Years	√	√		√
DHCS 7098 E	5–8 Years	√	√		√
DHCS 7098 F	9–11 Years	√	√		√
DHCS 7098 G	12–17 Years	√	√		√
DHCS 7098 H	Adult	√		√	√
DHCS 7098 I	Senior	√		√	√