





FACT SHEET (rev. 5-2019)

Initial Health Assessment (IHA) / Staying Healthy Assessment (SHA) Requirements for Members with Medicare and Medi-Cal (Medi-Medi)

Requirement

Per California Department of Healthcare Services (DHCS) Title 22, CCR, Section 53851 (b) (1), complete Initial Health Assessment (IHA)/Staying Healthy Assessment (SHA) within 90 days of enrollment and annually thereafter.

Medical Group/Primary Care Physician Responsibilities

- Conduct a comprehensive Initial Health Assessment and Staying Healthy Assessment within 90 days of enrollment and annually which must include:
 - Present and past illness/injury/hospitalizations
 - o Height, weight, BP
 - Social history, medications, immunizations
 - Preventative services (age-appropriate assessments (including but not limited to, TB screening, clinical breast exam, allergies, chlamydia, mammogram, pap smear, etc.) - refer to USPSTF A/B guidelines for adults age 65 and older
 - Physical review/assessment of all organ systems
 - Assessment of Risk Factors (e.g. use of alcohol/drugs/tobacco, falls)
 - Mental status exam
 - Plan of care
 - Must also include Staying Health Assessment a specific form with questions to identity health risks and behaviors, for PCP to determine interventions
 - Must be part of medical record (or note that member declined)

How do you know which patient need an IHA/SHA?

- Access IHA ASAP reports monthly form each of health plan Provider Portals (e.g. Scan Health Plan Provider Portal)
 - o Look for applicable Report that lists all that health plan's Medi-Medi members and whether they have had an IHA based on encounter data;
- Primary Care Physicians should also receive faxed letters and copy of SHA for each new Medi-Medi health plan patient
 - Schedule IHA or annual comprehensive visit with patient
 - o Put paper SHA in medical chart or scan into EMR
 - Complete with patient, and document the review in medical records (EMR or hart copy chart)
- For More information, please contact your Regal-Lakeside-ADOC Network Manager at: (866) 654-3471







SUBJECT: Initial Health Assessment/Individual Health Education Behavior Assessment / Staying Healthy Assessment Updated 5/04/2019

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PURPOSE: To provide answers to frequently asked question as it pertains to the IHA/ IHEBA requirements and functions.

DEFINITION:

IHA/IHEBA is a required comprehensive assessment that is completed during a patient's initial encounter with his/her PCP. RMG as a contracted managed care provider organization is required by our health plans and ultimately California Department of Health Care Services (DHCS) 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, and Annually thereafter.

This is a reminder notification to our Medical Group Providers Staying Healthy Assessment (SHA)/Individual Health Education Behavioral Assessment (IHEBA) requirements for Low-Income Health Program enrollees. Since 2011, the State of California has been taking steps towards expanding Medicaid under the Affordable Care Act by implementing Low Income Health Programs (LIHPs) in most California counties. Effective January 1, 2014, LIHP beneficiaries were transitioned to Medi-Cal managed care, or into subsidized health coverage through California's health benefit exchange, Covered California, as authorized by the Affordable Care Act. In accordance with regulatory requirements, LIHP beneficiaries must receive a comprehensive Initial Health Assessment (IHA) within the first 90 days of enrollment with the plan, and then annually thereafter. An IHA consists of a history and physical examination and an Individual Health Education Behavioral Assessment (IHEBA). An IHEBA enables primary care providers to comprehensively assess the member's current acute, chronic, and preventive health needs, as well as identify those members whose health needs require coordination with appropriate community resources and other agencies for carve-out services.

If you have not had an IHA with your PCP within the allotted timeframe, it is never too late. Please call your PCP office, let them know you missed your 120day or 60 days Initial Health Assessment in order to schedule a priority appointment.

What is the PCPs responsibility?

Revised: 5/4/2019







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

- 1. What should the initial history and physician exam include?
- Blood pressure.
- Height and weight.
- Total serum cholesterol measurement for men ages 35 and over and women ages 45 and over
- Clinical breast examination for women over 40.
- Mammogram for women age 50 and over.
- Pap smear (or arrangements made for performance) on all women determined to be sexually active.
- Chlamydia screen for all sexually active females aged 21 and older who are determined to be at high-risk for Chlamydia infection using the most current CDC guidelines. These guidelines include the screening of all sexually active females aged 21 through 25 years of age,
- Screening for TB risk factors, including a Mantoux skin test on all persons determined to be at high risk.
- Health education behavioral risk assessment.

2. 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.

3. 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:







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http://www.dhcs.ca.gov/services/chdp/Pages/Pub156.aspx for CHDP health assessment guidelines

4. What are the immunization requirements?

The PCP must ensure that all children receive necessary immunizations at the time of any health care visit. PCP must ensure the timely provision of vaccines in accordance with the most recent childhood immunization schedule and recommendations published by the Advisory Committee on Immunization Practices (ACIP). Visit http://www2a.cdc.gov/nip/kidstuff/newscheduler_le/ for childhood immunization schedule

5. 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.

6. 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.

7. 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.

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
 - o **First Attempt** Phone call to member (or written letter if no telephone). If member does not respond, then;







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- Second Attempt Phone call to member (or written letter if no telephone). If member does not respond then;
- o **Third Attempt** Written letter.
- 8. What if the member's health does not indicate any urgency for IHA?
- If the PCP has access to a new member's medical records from a previous Plan or other PCP, and those records indicate that the member has had an IHA within the previous 12 months, and the examination provides evidence that there is no urgency for an IHA, then the visit can be waived until the next periodic visit is due.
- 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.

USING THE STAYING HEALTHY ASSESSMENT

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:

Periodicity	Initial SHA Administratio	Subsequent SHA Administration / Re-Administration		SHA Review
Age Group s	Within 120 Days of Enrollmen	1st Scheduled Exam (after entering	Ever y 3-5 year s	Annually (Intervening years between
0-6 mo.				
7-12 mo.				







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1-2 yrs.		
3-4 yrs.		
5-8 yrs.		
9-11 yrs.		
12-17 yrs.		