



FACT SHEET (rev. 2-2024)

Initial Health Appointment (IHA)

Requirement

Per California Department of Healthcare Services (DHCS) Title 22, CCR, Section 53851 (b) (1), complete Initial Health Appointment (IHA) within 120 days of enrollment and annually thereafter. Effective January 1, 2023, the Initial Health Assessment name has been changed to Initial Health Appointment (IHA). The completion of an Individual Health Education Behavioral Assessment (IHEBA), also known as an SHA (Staying Healthy Assessment form), will no longer be required as part of the IHA visit.

Medical Group/Primary Care Physician Responsibilities

How do you know which patient need an IHA?

1. Upon receipt of eligibility lists from the contracted health plan, Groups will identify a PCP's new members who potentially require an IHA.
 2. RMG sends out an information letter to all new Medi-Cal members to notify them of their required IHA appointment.
 3. Primary Care Physicians should also receive faxed letters for each new Medi-Cal members
 - Schedule IHA or annual comprehensive visit with patient
 - Complete with patient, and document the review in medical records (EMR or hard copy chart)
 4. A tracking system will be employed to identify members who need an IHA and to document all outreach attempts to complete the IHA (and related outcome of the attempt).
- ❖ For more information, please contact your RMG/LMG/ADOC/GCMG Network Manager at (866) 654-3471



The IHA includes, but is not limited to:

- A Comprehensive health history (medical, social, family)
- Present and past illness/injury/hospitalizations
- Physical exam, including a systems review
- Height, Weight, Blood Pressure
- Assessment of Risk Factors (e.g. use of alcohol/drugs/tobacco/falls)
- Total serum cholesterol measurement for men ages 35 and over and women ages 45 and over
- Clinical breast examination for women ages 40 and over
- Mammogram for women ages 50 and over
- Pap smear (or arrangement made for performance) on all women determined to be sexually active
- Chlamydia screen for all sexually active females ages 21 and older who are determined to be at high risk for chlamydia infection using the most current Centers for Disease Control (CDC) guidelines
- Screening for tuberculosis (TB) risk factors including a Mantoux skin test on all persons determined to be at high risk
- Mental status exam
- Health Education
- The diagnosis and plan for treatment of any diseases



PROVIDER EDUCATION

SUBJECT: Initial Health Appointment (IHA)

Updated: 02/15/2024

No.102

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

DEFINITION:

IHA 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 (eg. Medi-Cal) to receive an Initial Health Appointment (IHA) within 120 days of becoming RMG/LMG/ADOC/GCMG members and annually thereafter.

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 that you missed your 120 days Initial Health Appointment in order to schedule a priority appointment.

What is the PCPs responsibility?

The assigned PCP must provide an Initial Health Appointment for each new Medi-Cal members within 120 days and annually thereafter who are enrolled in our Medical Groups.

1. What should the initial history and physician exam include?

- A Comprehensive health history (medical, social, family)
- Present and past illness/injury/hospitalizations
- Physical exam, including a systems review
- Blood Pressure, Height and weight
- Assessment of Risk Factors (e.g. use of alcohol/drugs/tobacco/falls)
- Total serum cholesterol measurement for men ages 35 and over and women ages 45 and over
- Clinical breast examination for women ages 40 and over
- Mammogram for women ages 50 and over

- Pap smear (or arrangement made for performance) on all women determined to be sexually active
 - Chlamydia screen for all sexually active females ages 21 and older who are determined to be at high risk for chlamydia infection using the most current Centers for Disease Control (CDC) guidelines
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 - Mental status exam
 - Health Education
 - The diagnosis and plan for treatment of any diseases
2. **What tool should be used for the Health Education Behavioral Assessment (IHEBA)/Staying Healthy Assessment (SHA) for Adults?**
- PCP can use the IHEBA/SHA tool provided by DHCS as their preferred tool to identify behaviors that place members at risk. The Staying Healthy 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 (IHEBA) / Staying Healthy Assessment (SHA) for Children?**
- For children and youth (for example, individuals under age 21), Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings will continue to be covered in accordance with the American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule. PCP must perform an assessment using the California Child Health and Disability Prevention (CHDP) program's age appropriate assessment. Visit: <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/

5. **What is required after the IHA visit?**

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

6. **How should the assessment be documented?**

PCP must document the member's completed IHA 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?**

- a. RMG sends out an information letter to all new Medi-Cal members to notify them of their required IHA appointment.
- b. PCP offices will be responsible for contacting new members (via mail and/or telephone) to assess the current need for an IHA, if necessary.
 - If the member cannot be reached by telephone, a new member letter will be completed.
 - If a qualifying assessment has recently been performed elsewhere, the PCP will obtain the appropriate records and will document such in the member's medical record.
- c. On a monthly basis, PCP offices will check whether new members have completed an IHA.
 - If the member has not completed an IHA, at least two additional attempts to schedule and complete the IHA will be performed and documented
- d. 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
 - i. **First Attempt** – Phone call to member (or written letter if no telephone). If member does not respond, then;
 - ii. **Second Attempt** – Phone call to member (or written letter if not telephone). If member does not respond then;
 - iii. **Third Attempt** – Written letter
- e. All attempts to complete the IHAs will be documented in the member's medical record, including instances where the member misses a scheduled PCP appointment or refuses to complete an IHA.
 - Members may not complete an IHA if they disenrolled before 120 days, they refused IHA