March 2023

Attention: All Primary Care Practitioners (Medi-Cal LOB)

RE: INITIAL HEALTH APPOINTMENT (IHA)

Completing a timely Initial Health Appointment (IHA) provides an opportunity for members to establish a relationship with their PCP and obtain necessary health care and preventative services, which can lead to positive health outcomes and improvement in their overall health status. All newly enrolled members must receive an Initial Health Appointment (IHA) within 120 days of enrollment (DHCS APL 22-030) See All Plan Letters link.

Starting January 1st, 2023, the completion of an Individual Health Education Behavioral Assessment (IHEBA) also known as an SHA (Staying Healthy Assessment form) will no longer be required at the IHA visit.

A minimum of three documented attempts must be made to schedule the timely IHA, with at least one phone call and one letter. If the member has been contacted but has missed a scheduled IHA appointment, please evidence the mandated three additional documented attempts to reschedule the appointment; at least one attempt to contact the member by telephone and at least one attempt to contact the member by letter.

The IHA consists of a comprehensive health history (medical, social, family, etc), physical exam, including a review of systems.. This visit should include, but is not limited to, immunizations (ACIP Guidelines), medical testing and treatment, review of Preventative Services and screenings (USPSTF). Although there is no specific form, complete documentation of this visit is required to be kept in the patient's medical record (age-appropriate physical evaluation templates). Provision of the assessment or that of a comparable comprehensive assessment needs to be documented in the patient's medical chart.

- All Plan Letter 22-030 (DHCS APL 22-030) See All Plan Letters link.
- AAP/Bright Futures Periodicity Schedule
- Advisory Committee on Immunization Practices ACIP Guidelines
- USPSTF Recommendations
- Age-appropriate physical evaluation templates

You may use the following standards to complete documentation of the IHA in the medical record:



INITIAL HEALTH APPOINTMENT AUDIT TOOL

Medical Records Review Audit

Attachment 70.29.1.14



	ENROLLMENT QUARTER	ENROLLMENT						
					YEAR:			
	COUNTY:				AUDITOR:			
	IPA/Medical Group:							
	PROVIDER NAME:				SPECIALTY:			
	Sco	re C	riter	ia: M	et = 90% - 100% No	ot Met = ≤ 89%		
					ore: Yes=1, No=0, N			
1	ALL MEMBERS The IHA was performed within 120 days of enrollment.	Yes 0	No O	N/A O	Comment	Source		
						<u>APL22-030</u>		
	The medical record reflects diagnostic, treatment and follow-up services for symptomatic findings or risk factors identified in the IHA within 60 days following discovery.	0	0	0		<u>APL22-030</u>		
3	The medical record reflects TB assessments for all	0	0	0		AAP Periodicity Schedule		
	members: TB Screen/Test or CXR results for positive skin							
	tests results.					TB Screening in Adults		
4	If IHA has not been completed, the medical record reflects attempts to schedule IHA per Health Plan policy.	0	0	0		<u>APL22-030</u>		
	If the IHA has not been completed due to missed appointments, the medical record reflects documented missed appointments and at least (2) attempts for follow-up, as appropriate, including one attempt by telephone and one by letter or postcard.	0	0	0		APL22-030		
6	Immunization information is reported to the California Immunization Registry (CAIR) within 14 days of the immunization.	0	0	0		<u>APL18-004</u>		
	The medical record reflects that the HPV immunization was offered to age appropriate males and females (ages 9 - 26 years).	0	0	0		MMCD Policy Letter PL 07-015		
	Initial and annual assessment of tobacco use for each adolescent and adult member.	0	0	0		APL16-014		
9	The medical record reflects an assessment of alcohol/drug misuse, using a validated screening tool, for members ages 11 years and older. The name of the screening tool and score are documented in the medical record.	0	0	0		<u>APL21-014</u>		
10	For positive alcohol/drug misuse screening results, the medical record reflects assessment using a validated assessement tool, and documentation that brief misuse counseling has been offered and/or referral for additional evaluation and treatment.	0	0	0		APL21-014		
11	Vital signs completed per guidelines (including BP, head circumference, BMI)	0	0	0		AAP Periodicity Schedule		
12	Dyslipidemia Risk Assessment / Screening completed.	0	0	0		AAP Periodicity Schedule		
13	Hepatitis B Risk Assessment/Screening completed.	0	0	0		AAP Periodicity Schedule		
14	Hepatitis C Risk Assessment/Screening completed.	0	0	0		AAP Periodicity Schedule		
	ALL MEMBER SECTION SCORE (14 questions):	0	0	0				
	PEDIATRIC MEMBERS (Ages 0 - 20 yrs)	Yes	No	N/A				
	For Members under 21 Years of age the medical record reflects completion of an age appropriate IHA according to the most recent edition of the American Academy of Pediatrics (AAP) age specific guidelines and periodicity schedule.	0	0	0		AAP Periodicity Schedule		

					•	
16	The medical record reflects a dental screening/oral	0	0	0		<u>APL18-007</u>
	assessment and dental referral starting at age 3 or earlier					
	, if warranted.					
17	12. The medical record includes a risk assessment or lab	0	0	0		AAP Periodicity Schedule
	screening for anemia according to the most recent edition					
	of the USPSTF periodicity table. Screening by lab testing					
	should be performed at age 12 months.					
18	The medical record includes identification, treatment and	0	0	0		USPSTF Screening for Obesity Children & Adolescents
1	follow-up on obese members.		Ü			on or occorning to occorry
19	The medical record includes documented age-	0	0	0		
13	appropriate immunization(s).	0	U	0		<u>USPSTF Immunization Guidelines for children</u>
	appropriate minumentation(o).					CDC Recommended Child & Adolescent Immunization Schedule
20	The medical record includes documented age-appropriate	0	0	0		USPSTF Immunization Guidelines for children
	administration of an IPV vaccine (#1: 2 mos, #2: 4 mos, #3:					CDC Recommended Child & Adolescent Immunization Schedule
	6 - 15 mos, #4: 4-6 years).					CDC Recommended Crina & Adolescent Infindinzation Schedule
21	The medical record includes a documented testing for	0	0	0		<u>APL20-016</u>
	lead poisoning in IHA (if appropriate). (Lead level checks					
	at ages 12 mo, 24 mo, and 72 mo).					
-	Falley, ye lood to shook done at least levels 40 to 44 to 2		Ļ			ADI 20.04C
22	Follow-up lead re-check done on lead levels 10 to 14 in 3 months.	0	0	0		<u>APL20-016</u>
23	Follow-up lead confirmatory (venous) re-check is	0	0	0		APL20-016
23	performed on level levels 15 to 19 within 1-2 months.	U	U	U		<u>AT 120-010</u>
	performed on lever levels 13 to 13 within 1 2 months.					
24	Referred to County Lead Program for lead levels above	0	0	0		APL20-016
	15.					
25	The medical record includes documented testing for Sickle	0	0	0		PL98-06
	Cell (SCA) trait in the IHA (if appropriate).					
26	Maternal depression screening completed.	0	0	0		AAP Periodicity Schedule
	[by 1 month, 2 mos, 4 mos, 6 mos]					
27	Autism Spectrum Disorder screening and/or	0	0	0		AAP Periodicity Schedule
	Developmental Surveillance completed					
28	Vision screening completed.	0	0	0		AAP Periodicity Schedule
	(starting with risk assessment as a newborn)					
29	Hearing screening completed.	0	0	0		AAP Periodicity Schedule
23	(starting as a newborn)	U	J	U		
	SECTION SCORE PEDIATRICS (15 questions):	0	0	0		
	SPD MEMBERS	Yes	No	N/A		
30	The Health Risk Assessment for the SPD member is	0	0	0		MMCD Policy Letter PL 12-004
L	present in the medical record.					
31	The SPD member has received all necessary information	0	0	0		MMCD Policy Letter PL 12-004
1	regarding their treatment and services so that they can					
	make an informed choice.					
<u>_</u>			L_			
32	The medical record reflects that the SPD member agrees	0	0	0		MMCD Policy Letter PL 12-004
	with the plan for treatment and services.					
	SCORE SED MEMBERS (2 guartians):	0	0	0		
	SCORE SPD MEMBERS (3 questions): TOTAL COMBINED POINTS of ALL SECTIONS:	0	0	0	Final Score:	0
		J				
	Compliance Score:		NA		CAP Required:	No

INITIAL HEALTH APPOINTMENT AUDIT TOOL

ENROLLMENT QUARTER

Medical Records Review Audit

Attachment 70.29.1.14



	COUNTY:				AUDITOR:					
	IPA/Medical Group:									
	PROVIDER NAME:		SPECIALTY:							
	Scor	e Crite	eria: I	Met =	90% - 100% Not Met	= ≤ 89%				
		(V	alue	Score:	Yes=1, No=0, N/A=1)					
	ALL MEMBERS	Yes	No	N/A	Comment	Source				
1	The IHA was performed within 120 days of enrollment.	0	0	0		<u>APL22-030</u>				
2	The medical record reflects diagnostic, treatment and follow-up services for symptomatic findings or risk factors	0	0	0		APL22-030				
	identified in the IHA within 60 days following discovery.									
3	The medical record reflects TB assessments for all members: TB Screen/Test or CXR results for positive skin	0	0	0		TD Secondary in Adults				
	tests results.					TB Screening in Adults				
4	If IHA has not been completed, the medical record reflects	0	0	0		APL22-030				
	attempts to schedule IHA per Health Plan policy.									
5	If the IHA has not been completed due to missed appointments, the medical record reflects documented	0	0	0		APL22-030				
	missed appointments and at least (2) attempts for follow-									
	up, as appropriate, including one attempt by telephone and one by letter or postcard.									
6	Immunization information is reported to the California	0	0	0		APL18-004				
	Immunization Registry (CAIR) within 14 days of the immunization.									
7	The medical record reflects that the HPV immunization was	0	0	0		MMCD Policy Letter PL 07-015				
	offered to age appropriate males and females (ages 9 - 26									
	years).									
8	Initial and annual assessment of tobacco use for each adolescent and adult member.	0	0	0		<u>APL16-014</u>				
9	The medical record reflects an assessment of alcohol/drug misuse, using a validated screening tool, for members ages	0	0	0		APL21-014				
	11 years and older. The name of the screening tool and									
	score are documented in the medical record.									
10	For positive alcohol/drug misuse screening results, the	0	0	0		APL21-014				
	medical record reflects assessment using a validated									
	assessement tool, and documentation that brief misuse counseling has been offered and/or referral for additional									
	evaluation and treatment.									
	Vital signs completed per guidelines (including BP, head	0	0	0		AAP Periodicity Schedule				
	circumference, BMI) Dyslipidemia Risk Assessment / Screening completed.	0	0	0		AAP Periodicity Schedule				
	Hepatitis B Risk Assessment/Screening completed. Hepatitis C Risk Assessment/Screening completed.	0	0	0		AAP Periodicity Schedule AAP Periodicity Schedule				
	ALL MEMBER SECTION SCORE (14 questions):	0 0	0 0	0 0		AAP Periodicity Scriedule				
	ALL MEMBER SECTION SCORE (14 questions):	Yes	No	N/A						
15	For Asymptomatic Adults the medical record reflects	0	0	0						
	completion of an age appropriate IHA according to the	Ü								
	most current edition of the Guide to Clinical Preventive					A and B Recommendations United States Preventative Taskfo				
	Services published by the U.S. Preventive Services Task					(uspreventativetaskforce.org)				
	Force (USPSTF) as documented by a history & physical &									
16	review of organ systems. The medical record includes colon and rectal cancer	0	0	0		USPFTF Colorectal Screening				
10	screening for adults 50 years to 75 years old.	U	U	U		SSEE TO COLORECTAL SCIENTING				
17	The medical record includes documented immunizations for	0	0	0		CDC Vaccine Schedules for Adults				
	adults as required. (Tdap, Flu, pneumovax).									
	ADULT SECTION SCORE (3 questions):	0	0	0						
	· · · · · ·									

ENROLLMENT YEAR:

FEMALE M	EMBERS	Yes	No	N/A		
18 The medical record includes a every 2 years for adults 50 ye	Ü	0	0	0		USPSTF Mammogram - Breast Cancer Screening
19 The medical record includes screening for females 65 year	•	0	0	0		USPSTF Osteoporosis screening
1	through 26 (high risk-such as Iltiple sex partners, prior hx of	0	0	0		USPSTF Chlamydia & Gonococcal Infection Screening
21 Screening for cervical cancer with cytology (Pap Smear) evo	,	0	0	0		USPSTF Cervical Cancer Screening
FEMALE SECTION SCORE (4 q	uestions):	0	0	0		
MALE ME	MBERS	Yes	No	N/A		
22 Prostate Specific Antigen (PSA years of age with high risk an average risk.	, ,	0	0	0		USPSTF Prostate Cancer Screening
MALE SECTION SCORE (1 que	estion) :	0	0	0		
SPD MEN	MBERS	Yes	No	N/A		
23 The Health Risk Assessment f in the medical record.	or the SPD member is present	0	0	0		MMCD Policy Letter PL 12-004
24 The SPD member has receive regarding their treatment and make an informed choice.	,	0	0	0		MMCD Policy Letter PL 12-004
25 The medical record reflects the with the plan for treatment a	•	0	0	0		MMCD Policy Letter PL 12-004
SCORE SPD MEMBERS (3 o	questions):	0	0	0		
TOTAL COMBINED	POINTS of ALL SECTIONS:	0	0	0	Final Score:	0
	Compliance Score:	e: NA			CAP Required:	No