

Initial Health Appointment (IHA) Training Guide

What is an Initial Health Appointment?

Previously known as the Initial Health *Assessment* (IHA), the **Initial Health Appointment (IHA)** is requirement for all new Medi-Cal members enrolled with the Health Plan of San Mateo. An IHA is a comprehensive assessment completed during a [new] member's initial encounter(s) with his/her primary care provider (PCP). During the IHA, the PCP assesses and manages the acute, chronic, and preventative health needs of the Member. The IHA must be completed within 120 days of enrollment into HPSM and documented in the medical record (an exception is made if member's record contains complete information updated within the previous 12 months as determined by the PCP).

As part of the Population Health Program (PHM), the Department of Health Care Services (DHCS) has updated their policies to streamline the initial screening process for members. DHCS released APL 22-030 -Initial Health Appointment (IHA), which details the new screening guidelines. The following changes went into effect on

January 1, 2023:

- The Initial Health Assessment is now known as the **Initial Health Appointment (IHA)**
- The Staying Healthy Assessment (SHA) is no longer required and has been retired
- All preventive screenings for adults per Grade A and B recommendations from the United States Preventive Services Task Force (USPSTF) will still be required but will no longer require all of these elements to be completed during the IHA as long as members receive all required screenings throughout the course of their care in a timely manner consistent with USPSTF guidelines.
- DHCS will be measuring primary care visits as a proxy for the IHA via Managed Care Accountability Sets (MCAS) measures (infant and child/adolescent well-child visits and adult preventive visits)
- For children enrolled in Medi-Cal Managed Care (MCMC) plans, primary care visits and childhood screenings will be the proxy for the IHA, including but not limited to screenings for ACEs, developmental, depression, autism, vision, hearing, lead, SUD

In addition:

- DHCS still requires all new Medi-Cal members complete the IHA with their primary care provider within 120 days from plan enrollment
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screenings will still be required in accordance with the American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule, as referenced in APL 19-010.
- IHA must continue to include a history of member's present illness, past medical history, social & behavioral health history and review of organ systems (ROS) including oral assessment. The IHA must also include an identification of risks, an assessment of need for preventative screens or services and health education, and the diagnosis and plan for treatment of any disease.

The IHA policy is built on the requirements in the California Code of Regulations (CCR), the PHM Policy Guide, and the MCP Contract. DHCS requires participation in completing the IHA and is required from ALL providers. We encourage you to review and use the DHCS Provider All Plan Letter (APL) 22-030 as a guide for implementing the requirements as mandated. The APL can be found at [APL 22-030 \(ca.gov\)](#).

Scheduling IHAs

Health Plan of San Mateo requires its contracted providers to schedule an IHA visit with all new members on your panel list. This office visit helps establish care with your patient and to understand the patient's medical history to assess for any specific needs.

PCPs are required to make at least three attempts and document in the medical record, and/or in an accessible documentation system/platform that demonstrates efforts conducted to contact a Member to schedule an IHA, including at least one telephone contact and one written contact. If the provider is unable to reach the member or the member refuses an appointment, in addition to documenting this information, HPSM Member Services should be contacted for assistance. The PCP should attempt to perform the IHA at subsequent member office visits, even if the 120-day period has lapsed.

Billing and Service Codes:

HPSM uses a set of codes to identify when an IHA was conducted. It is important that your claims submission contains the appropriate codes for identifying IHA.

Additionally, the completion of an IHA is recognized in HPSM's Pay for Performance ("Benchmark P4P") program, which offers performance bonus payments to in-network Medi-Cal providers in efforts to improve population health outcomes for HPSM members.

More information on the Benchmark P4P program, as well as the list of IHA codes (page 45-49) can be found in our Benchmark Pay for Performance Medi-Cal Program Guidelines available on [our website](#).

Find out who your newly assigned members are:

HPSM publishes a monthly Excel file to the [eReports Portal](#) called the "Active Engagement Report" that includes a list of all actively assigned members. This report allows PCPs to identify which empaneled members are due for an IHA based on their assignment date.