

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. See the All Plan Letter link at DHCS APL 22-030.

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

Reasonable attempts must be made to contact members to schedule a timely IHA. If the member has been contacted but has missed a scheduled IHA, additional efforts must be made to reschedule the appointment. All efforts to contact the members must be documented.

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, and 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 entries in the medical chart must be legible.

- · All Plan Letter 22-030 (DHCS APL 22-030)
- 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:

blueshieldca.com/promise

INITIAL HEALTH APPOINTMENT AUDIT TOOL

Medical Records Review Audit

Attachment 70.29.2.14



ENROLLMENT QUARTER			ENROL	LMENT YEAR:		
COUNTY:				AUDITOR:		
IPA/Medical Group:			•			
PROVIDER NAME:						
SPECIALTY:						
	Score Crite	eria: Met = 90	% - 100% No	t Met = ≤ 899	%	
	(Value	Score: Yes=1,	No=0, N/A=1,	Refused=1)		
ALL MEMBERS	Yes	No	N/A	Refused	Total	Source
			147	Relosed	Responses	500144

	(Value Score: Yes=1, No=0, N/A=1, Refused=1)						
	ALL MEMBERS	Yes	No	N/A	Refused	Total Responses	Source
1	The IHA was performed within 120 days of enrollment.	0	0	0	0	0	<u>APL22-030</u>
2	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	0	0	DHCS MMCDBoilerplate Contracts
3	The medical record reflects TB assessments for all members: TB Screen/Test or CXR results for positive skin tests results.	0	0	0	0	0	AAP Periodicity Schedule
4	If IHA has not been completed, the medical record reflects attempts to schedule IHA per Health Plan policy.	0	0	0	0	0	APL22-030
5	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	0	0	APL22-030
6	Immunization information is reported to the California Immunization Registry (CAIR) within 14 days of the immunization.	0	0	0	0	0	APL18-004
7	The medical record reflects that the HPV immunization was offered to age appropriate males and females (ages 9 - 26 years).	0	0	0	0	0	MMCD Policy Letter PL 07-015
8	Initial and annual assessment of tobacco use for each adolescent and adult member.	0	0	0	0	0	APL16-014
9	The medical record reflects an assessment of alcohol use.	0	0	0	0	0	APL21-014
9a	For positive alcohol use, a validated screening tool is used to screen for misuse or abuse. The name of the validated screening tool and score are documented in the medical record for members ages 11 years and older.	0	0	0	0	0	
9b	When a screening is positive, validated assessment tools should be used to determine if unhealthy alcohol use or SUD is present. Validated alcohol and drug assessment tools may be used without first using validated screening tools. Validated assessment tools include)	0	0	0	0	0	
10	The medical record reflects an assessment of drug use.	0	0	0	0	0	
10a	For positive drug use, a validated screening tool is used to screen for misuse or abuse. The name of the validated screening tool and score are documented in the medical record for members ages 11 years and older.	0	0	0	0	0	APL21-014
10b	When a screening is positive, validated assessment tools should be used to determine if unhealthy alcohol use or SUD is present. Validated alcohol and drug assessment tools may be used without first using validated screening tools. Validated assessment tools include.	0	0	0	0	0	
11	Vital signs completed per guidelines (including BP, head circumference, BMI)	0	0	0	0	0	AAP Periodicity Schedule
12	Dyslipidemia Risk Assessment / Screening completed (starting at 24 mos). Lab orders starting the age of 9 yrs-11yrs	0	0	0	0	0	AAP Periodicity Schedule

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13	Hepatitis B Risk Assessment/Screening completed. (starting	0	0	0	0	0	AAP Periodicity Schedule
14	as a newborn) Hepatitis C Risk Assessment/Screening completed.	0	0	0	0	0	AAP Periodicity Schedule
15	(starting at 18 yrs) The HIV screening recommendation has been updated to extend the upper age limit from 18 to 21 years (to account for the range in which the screening can take place) to align with recommendations of the US Preventive Services Task Force and AAP policy ("Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis").	0	0	0	0	0	USPSTF HIV Infection Screening
16	Assessment or member referral to WIC (newborn - 5 years)	0	0	0	0	0	Women's, Infants & Children (WIC) - Health Care Providers
	ALL MEMBER SECTION SCORE (20 questions) :	0	0	0	0	0	
	PEDIATRIC MEMBERS (Ages 0 - 20 yrs)	Yes	No	N/A	Refused	Total Responses	Source
17	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	0	0	AAP Periodicity Schedule
18	The Psychosocial/Behavioral Assessment recommendation has been updated to Behavioral/Social/Emotional Screening (annually from newborn to 21 years)	0	0	0	0	0	AAP Periodicity Schedule
19	The medical record reflects a dental screening/oral assessment and dental referral starting at age 3 or earlier, if warranted	0	0	0	0	0	APL18-007 Oral Health Practice Tools (aap.org)
19a.	Fluoride Varnish, fluoride supplementation starting at 6 months	0	0	0	0	0	AAP Periodicity Schedule
20	The medical record includes a risk assessment or lab 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.	0	0	0	0	0	AAP Periodicity Schedule
21	The medical record includes identification, treatment and follow-up on obese members.	0	0	0	0	0	USPSTF Screening for Obesity Children & Adolescents
22	Assessing risk for sudden cardiac arrest and sudden cardiac death has been added to occur from 11 to 21 years.	0	0	0	0	0	AAP Periodicity Schedule
23	The medical record includes documented age- appropriate immunization(s).	0	0	0	0	0	USPSTF Immunization Guidelines for children CDC Recommended Child & Adolescent Immunization Schedule
24	The medical record includes documented age-appropriate administration of an IPV vaccine (#1: 2 mos, #2: 4 mos, #3: 6 - 15 mos, #4: 4-6 years).	0	0	0	0	0	USPSTF Immunization Guidelines for children CDC Recommended Child & Adolescent Immunization Schedule
25	The medical record includes a documented testing for lead poisoning in IHA (if appropriate). (Lead level checks at ages 12 mo, 24 mo, and 72 mo).	0	0	0	0	0	APL20-016
26	Follow-up lead re-check done on lead levels 10 to 14 in 3 months.	0	0	0	0	0	APL20-016
27	Follow-up lead confirmatory (venous) re-check is performed on level levels 15 to 19 within 1-2 months.	0	0	0	0	0	APL20-016
28	Referred to County Lead Program for lead levels above 15.	0	0	0	0	0	APL20-016
29	The medical record includes documented testing for Sickle Cell (SCA) trait in the IHA (if appropriate).	0	0	0	0	0	PL98-06
30	Maternal depression screening completed. [by 1 month, 2 mos, 4 mos, 6 mos]	0	0	0	0	0	AAP Periodicity Schedule
31	Autism Spectrum Disorder screening and/or Developmental Surveillance completed [starting at 18 months]	0	0	0	0	0	AAP Periodicity Schedule
32	Vision screening completed. (starting with risk assessment as a newborn and screening starting at 3 years old)	0	0	0	0	0	AAP Periodicity Schedule
33	Hearing screening completed. (starting as a newborn and audiometry starting at 4 years)	0	0	0	0	0	AAP Periodicity Schedule
	SECTION SCORE PEDIATRICS (18 questions) :	0	0	0	0	O Total	

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Compliance Score:		NA			CAP Required:		No
	TOTAL COMBINED POINTS of ALL SECTIONS:	0	0	0	0	0	
	SCORE SPD MEMBERS (3 questions):	0	0	0	0	0	
36	The medical record reflects that the SPD member agrees with the plan for treatment and services.	0	0	0	0	0	MMCD Policy Letter PL 12-004
35	The SPD member has received all necessary information regarding their treatment and services so that they can make an informed choice.	0	0	0	0	0	MMCD Policy Letter PL 12-004
34	The Health Risk Assessment for the SPD member is present in the medical record.	0	0	0	0	0	MMCD Policy Letter PL 12-004

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INITIAL HEALTH APPOINTMENT AUDIT TOOL

Medical Records Review Audit

Attachment 70.29.2.14



Attaci	milent 70.25.2.14						
	ENROLLMENT QUARTER			ENROL	LMENT YEAR	:	
	COUNTY:				AUDITOR	:	
	IPA/Medical Group:						
	PROVIDER NAME:						
	SPECIALTY:						
					Not Met = \leq 8 =1, Refused=1		
	ALL MEMBERS						
	ALL MEMBERS	Yes	No	N/A	Refused	Total Responses	
1	The IHA was performed within 120 days of enrollment.	0	0	0	0	0	DHCS APL 22-030
2	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	0	0	DHCS MMCDBoilerplate Contracts
3	The medical record reflects TB assessments for all members: TB Screen/Test or CXR results for positive skin tests results.	0	0	0	0	0	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	0	0	DHCS APL 22-030
5	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	0	0	DHCS APL 22-030
6	Immunization information is reported to the California Immunization Registry (CAIR) within 14 days of the immunization	0	0	0	0	0	APL18-004
7	The medical record reflects that the HPV immunization was offered to age appropriate males and females (ages 9 - 26 years).	0	0	0	0	0	MMCD Policy Letter PL 07-015
8	Initial and annual assessment of tobacco use for each adolescent and adult member.	0	0	0	0	0	APL16-014
9	The medical record reflects an assessment of alcohol use.	0	0	0	0	0	APL21-014
9a	For positive alcohol use, a validated screening tool is used to screen for misuse or abuse. The name of the validated screening tool and score are documented in the medical record for members ages 11 years and older.	0	0	0	0	0	
9b	When a screening is positive, validated assessment tools should be used to determine if unhealthy alcohol use or SUD is present. Validated alcohol and drug assessment tools may be used without first using validated screening tools. Validated assessment tools include)	0	0	0	0	0	
10	The medical record reflects an assessment of drug use.	0	0	0	0	0	APL21-014
10a	For positive drug use, a validated screening tool is used to screen for misuse or abuse. The name of the validated screening tool and score are documented in the medical record for members ages 11 years and older.	0	0	0	0	0	
10b	When a screening is positive, validated assessment tools should be used to determine if unhealthy alcohol use or SUD is present. Validated alcohol and drug assessment tools may be used without first using validated screening tools. Validated assessment tools include.	0	0	0	0	0	
11	Vital signs completed per guidelines (including BP and BMI)	0	0	0	0	0	USPSTF Recommendations
12	Dyslipidemia Risk Assessment / Screening completed as part of cardiovascular disease (CVD) risk assessment.	0	0	0	0	0	USPSTF Recommendations
13	Hepatitis B Risk Assessment/Screening completed. (Once in lifetime starting at 18 yrs)	0	0	0	0	0	USPSTF Recommendations Hep B
14	Hepatitis C Risk Assessment/Screening completed. (Starting at 18 yrs)	0	0	0	0	0	USPSTF Recommendations Hep C
15	Assessment or member referral to WIC (if appropriate)	0	0	0	0	0	Women's, Infants & Children (WIC) - Health <u>Care Providers</u>

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	ALL MEMBER SECTION SCORE				1 0	1 0	
	ALL MEMBER SECTION SCORE (19 questions):	0	0	0	0	0	
	ADULT MEMBERS	Yes	No	N/A	Refused	Total Responses	Source
16	For Asymptomatic Adults the medical record reflects completion of an age appropriate IHA according to the most current edition of the Guide to Clinical Preventive Services published by the U.S. Preventive Services Task Force (USPSTF) as documented by a history & physical & review of organ systems.	0	0	0	O	0	A and B Recommendations United States Preventative Taskforce
17	The medical record includes colon and rectal cancer screening for adults 50 years to 75 years old.	0	0	0	0	0	USPSTF Colorectal Screening
18	The medical record includes documented immunizations for adults as required. Flu yearly	0	0	0	0	0	CDC Vaccine Schedules for Adults
19	The medical record includes documented immunizations for adults as required. (TDAP every 10 years)	0	0	0	0	0	CDC Vaccine Schedules for Adults
20	The medical record includes documented immunizations for adults as required. (age 65 + Pneumovax).	0	0	0	0	0	CDC Vaccine Schedules for Adults
	ADULT SECTION SCORE (5 questions):	0	0	0	0	0	
	FEMALE MEMBERS	Yes	No	N/A	Refused	Total Responses	Source
21	The medical record includes a documented Mammogram every 2 years for adults 50 years to 75 years old.	0	0	0	0	0	USPSTF Mammogram - Breast Cancer Screening
22	The medical record includes documented Osteoporosis screening for females 65 years and older.	0	0	0	0	0	USPSTF Osteoporosis screening
23	The medical record includes documented Chlamydia screen for all sexually active females through 26 (high risksuch as but not limited to, new or multiple sex partners, prior hx of STD, not using condoms consistently & correctly).	0	0	0	0	0	USPSTF Chlamydia & Gonococcal Infection Sc reening
24	Screening for cervical cancer in women ages 21 to 65 years with cytology (Pap Smear) every 3 years.	0	0	0	0	0	USPSTF Cervical Cancer Screening
	FEMALE SECTION SCORE (4 questions):	0	0	0	0	0	
	MALE MEMBERS	Yes	No	N/A	Refused	Total Responses	Source
25	Prostate Specific Antigen (PSA) testing for men annually 45 years of age with high risk and ages 50-70 for men with average risk.	0	0	0	0	0	USPSTF Prostate Cancer Screening
	MALE SECTION SCORE (1 question):	0	0	0	0	0	
	SPD MEMBERS	Yes	No	N/A	Refused	Total Responses	Source
26	The Health Risk Assessment for the SPD member is present in the medical record.	0	0	0	0	0	MMCD Policy Letter PL 12-004
27	The SPD member has received all necessary information regarding their treatment and services so that they can make an informed choice.	0	0	0	0	0	MMCD Policy Letter PL 12-004
28	The medical record reflects that the SPD member agrees with the plan for treatment and services.	0	0	0	0	0	MMCD Policy Letter PL 12-004
	SCORE SPD MEMBERS (3 questions):	0	0	0	0	0	
	TOTAL COMBINED POINTS of ALL SECTIONS:	0	0	0	0	0	
	Compliance Score:		NA				
	CAP Required:		No				

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