



Implementing the Initial Health Appointment (IHA) for Med-Cal Patients

2024 Compliance Training
Quality Improvement



Training Objectives

- Understand the state requirements and your role in identifying newly enrolled Medi-Cal (including patients with both Medicare and MediCal) patients requiring an Initial Health Appointment (IHA).
- Identify the necessary components, required timelines and exceptions to completing the IHA.
- Demonstrate appropriate documentation of IHA-related services, assessments and tests

Importance of completing an IHA for your patients

Engagement

- Builds trust between provider and patient
- Improves patient-provider relationships and patient satisfaction
- Initiates important health discussions by providing tailored health education, counseling, interventions, referrals and follow-up

Patient-Centered Prioritizing

- Personalized care planning.
- Prioritize patient health education needs related to lifestyle, behavior, environment and cultural & linguistic needs.
- Allows provider to document patient counseling

Monitoring

- Identify and monitor high-risk behaviors
- Track interventions and behavior modification across time, *ie.* Smoking cessation.
- Streamlines HEDIS documentation for providers, ensures members get preventative health services.
- Identify detrimental social determinants of health (SDOH)

Regulatory

- Mandated by CA Department of Health Care Services (DHCS Requirement)
- Annual Health Plan compliance audits

Overview of Initial Health Appointment (IHA)

What is IHA?

The Initial Health Assessment (IHA) is a comprehensive assessment that is completed during the member's initial encounter(s) with a selected or assigned primary care physician (PCP) to assess and manage the acute, chronic and preventive health needs of the member.

- **Required 1x upon initial enrollment with the Medi-Cal Health Plan.**
- Must be completed within 90-days (Medicare SCAN)
- 120-days (Medi-Cal Managed Care Health Plans) of enrollment depending on Medi-Cal Health Plan.
- This also means your established patients who become newly enrolled with a Medi-Cal Health Plan.

Health Plan Eligibility

Completion of the Initial Health Appointment (IHA) is a state requirement that applies to **all Medi-Cal beneficiaries** and patients enrolled in specific health plan lines of business.

Optum patients who are members of these health plans require an IHA:

- CalOptima – Medi-Cal
- Santa Clara Valley Family Health Plan (SCFHP)
- LA Care – Dual Eligible Special Needs Plan (D-SNP)
- Inland Empire Health Plan (IEHP)
- SCAN - Dual Eligible Special Needs Plan (D-SNP)

DHCS Updates

Effective January 1st 2023, the Department of Health Care Services (DHCS) made the following changes to this initial member screening process:

1. The Initial Health Assessment is now called the ***Initial Health Appointment (IHA)***.
2. Age-appropriate Individual Health Education Behavioral Assessment (IHEBA) or **a Staying Healthy Assessment (SHA) form is no longer required.**

Required Elements of the IHA

These elements should be documented in the patient's medical record.

Comprehensive Patient History

History of Present Illness

- Occupational history
- Screening & counseling to reduce alcohol, tobacco and drug misuse

Past Medical History

- Prior major illness/injury
- Prior operations
- Prior hospitalizations
- Current medications
- Allergies
- Immunization status
- Dietary status

- Level of education
- Sexual history – activity status,

Review of organ systems

Social history

- Marital status
- Living arrangements
- Current employment

Preventive Services

Asymptomatic Health Adults

USPSTF Grade A & B recommendations are offered based on age, sex, and risk factors for providing preventive screening, testing and counseling services.

Members Under 21 Years of Age

Offer preventive services as specified by the American Academy of Pediatrics (AAP) age specific guidelines and periodicity schedule. Must include age specific assessments and services required by the Child Health and Disability Prevention Program (CHDP).

Perinatal Services

Offer perinatal services for pregnant members according to standards/guidelines of the American College of Obstetrics and Gynecology (ACOG)

Comprehensive Physical and Mental Status Exam

- Sufficient to assess and diagnose acute and chronic conditions
- Mental Health & status evaluations
- Documented Fall History & Fall Prevention efforts

Diagnoses and Plan of Care

- Must include all recommended orders and follow-up activities

Preventive Services SPOTLIGHT

Clinicians should refer to the latest edition of the USPSTF Guide to Clinical Preventative Services to determine which preventative care screenings to administer to asymptomatic, healthy adults.

<https://www.uspreventiveservicestaskforce.org/uspstf/>

Use the Initial Health Appointment (IHA) appointment to identify risk factors or disease conditions, order diagnostic and treatment services and document a plan for follow-up.

The patient's medical record must contain documentation of:

- **Orders** for preventative screens and tests in the IHA visit note
- **Results** of screen/tests in the patient chart
- **A clear Follow-up plan of care** in the patient chart

THERE'S AN APP!!! Check out AHRQ's Electronic Preventive Service Selector (ePSS) - a free tool designed to help primary care clinicians identify USPSTF recommendations and clinical preventive services that are appropriate for their patients. (<https://epss.ahrq.gov/PDA/index.jsp>)

Medi-Cal Preventive Requirements SPOTLIGHT

Clinical Breast Exam

- Order biennial screening mammography for women aged 50 to 74 years. Document any exceptions, such as mastectomy.
- Make sure to document any manual breast exams performed during the visit

TB Screening

- Documented assessment of TB risk factors (high, low); such as the risk/need for testing and/or that actual testing was completed.
- Any chest x-ray results within the IHA enrollment window will meet the IHA requirement.

Radiography: AAA Ultrasonography & Lung CA (LDCT)

- Consider a one-time screening for Abdominal Aortic Aneurysm (AAA) in men ages 65 to 75 who have ever smoked.
- Evaluate annual screening for lung cancer with low dose computed tomography (LDCT) for adults ages 50 to 80 who currently smoke or have quit within the past 15 years.

Hep B Screening

- If no previous Hep B vaccination series is documented, initiate the series or confirm immunity with HBC serology.

Sexually Transmitted Infections (STI) Screening

- Obtaining a sexual health history from your patient is important to assessing risk and tests
- Document that STI counseling that was provided or offered

Medi-Cal Pediatric BLS SPOTLIGHT

Blood Lead Screening (BLS) Requirements

For pediatric patients in publicly supported programs Medi-Cal Managed Care Plans, the Department of Health Care Services (DHCS) requires that clinicians provide both:

Education about Lead Exposure Risks & Prevention at every visit (anticipatory guidance)

- Document BLS anticipatory guidance (verbal or written) at every periodic assessment from age 6 months to 72 months (6 years) of age.
- Written anticipatory guidance.
- **Two blood lead level tests at ages 12 and 24 months (finger stick or venous blood draw)**
- 12-month test provides early identification and intervention for children with lead exposure.
- 24-month test is important because blood lead levels can be high at 24 months even if not elevated at 12 months of age.
- Parent refusals for BLS testing or clinical contraindications **MUST** be clearly documented in the medical record. Anticipatory Guidance must still be provided and documented for parents who decline BLS lab testing.

Medi-Cal Pediatric BLS SPOTLIGHT

Should BLS results be abnormal, there must be documentation of Provider follow up activity such as:

Referral to specialty care services, possible services that fall within EPSDT benefits as medically necessary

Referral to Case Management

Reporting as set forth by Childhood Lead Poisoning Prevention Branch (CLPPB)

IHA Exceptions

Exceptions for the IHA Requirement occur in the following situations:

- The IHA was already completed 12 months prior to enrollment.
- A **documented Patient Refusal** for an IHA in the medical record.
- If the patient misses their scheduled IHA appointment, at least **three (3) good faith attempts to reschedule** have been unsuccessful.

Documentation of exception must include:

1. One attempt to contact patient by telephone
2. One attempt to contact the patient by letter or postcard
3. A good faith effort to update patients contact information
4. Attempts to perform the IHA at *any* subsequent patient office visit, even if deadline for IHA has elapsed, until the IHA is completed or the member is dis-enrolled.

Documentation & Coding for the IHA

Document all elements of the IHA or reasons for exemption in the patient's medical record.

Submit appropriate CPT II codes to capture completion of IHA elements, such as pain screening, medication review, fall risk assessment, advanced care planning, etc.

When submitting claims or encounter data:

Use **96156** as primary CPT code

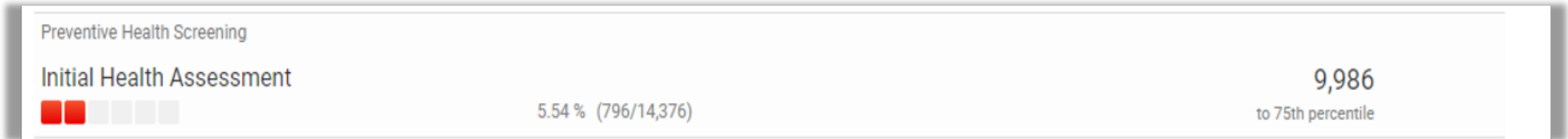
- Include appropriate office visit/consult CPT code(s)
- Use ICD-10 diagnosis code from the Z00 or Z02 series

Measure	CPT Code	Description
Preventive Care		
Tobacco Use Assessment & Cessation Intervention	1036F	Current tobacco non-user
	99406* (3-10 min)	Tobacco user AND received tobacco cessation counseling
	99407* (>10 min)	
Initial Health Assessment (MediCal members)	96156*	Initial PCP visit completed within 120 days for newly enrolled patients
Advanced Care Planning	99497*	Advance care planning was discussed with the patient during the visit
Medication Review	1159F AND 1160F	Current medication list and medication review documented, or notated no active medications
Functional Status Assessment	1170F	Documentation of functional independence or loss of independent performance
Pain Screening	1125F	Pain assessment completed: no pain present
	1126F	Pain assessment completed: pain present
Influenza Vaccine	4274F G8482*	Flu vaccine administered or previously received
Pneumonia Vaccine	4040F	Pneumococcal vaccine administered or previously received
Screening for Clinical Depression	G8431*	Positive screen for clinical depression and a follow-up plan documented
	G8510*	Negative screen for clinical depression
Blood Pressure	3077F	Systolic blood pressure \geq 140 mm Hg
	3074F	Systolic blood pressure < 130 mm Hg
	3075F	Systolic blood pressure between 130-139 mm Hg
	3078F	Diastolic blood pressure < 80 mm Hg
	3079F	Diastolic blood pressure between 80-89 mm Hg
	3080F	Diastolic blood pressure \geq 90 mm Hg
Care Coordination / Patient Safety		
Urinary Incontinence	1090F	Screened for urinary incontinence
Falls Risk Assessment	3288F	Falls risk assessment documented
Medication Reconciliation Post Discharge	1111F 99495* 99496*	Within 30 days of discharge, reconciled the discharge medication list with the patient's current medication list
Chronic Condition Management (At Risk Populations)		
Diabetic Retinal Eye Exam	2022F	Dilated retinal eye exam interpreted by an eye care specialist, documented and reviewed; <u>WITH</u> evidence of retinopathy
	2023F	Dilated retinal eye exam interpreted by an eye care specialist, documented and reviewed; <u>WITHOUT</u> evidence of retinopathy
HbA1c Screening/Results	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)
	3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)
	3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)
	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)

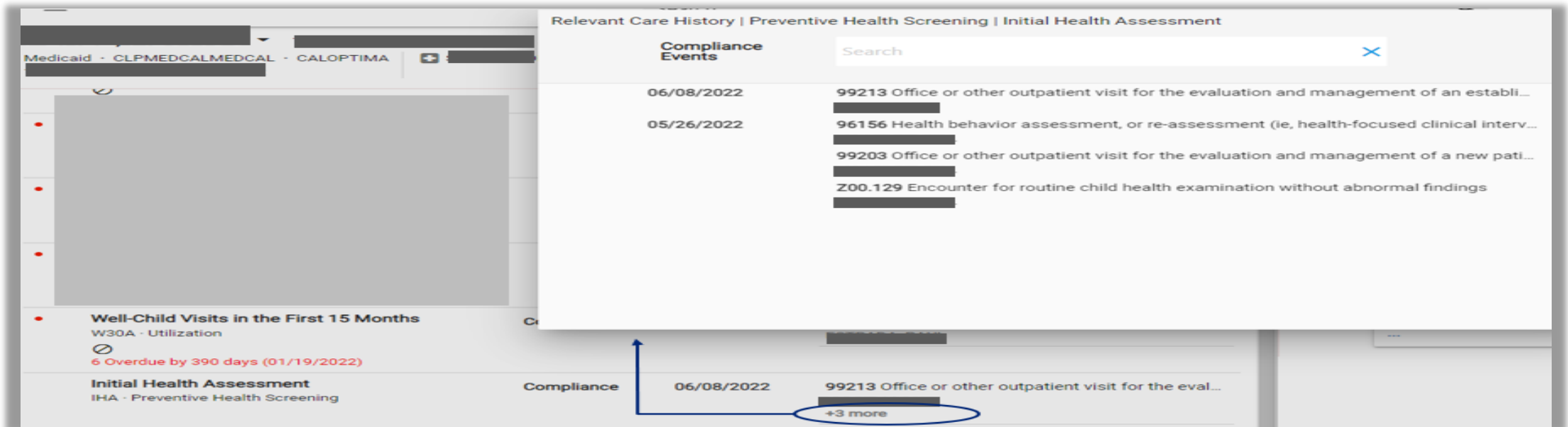
Managing IHA opportunities in Applied Research Works, Inc. COZEVA®

Use Cozeva, Optum's population health and quality management system, to:

1. Generate a pursuit list of your Medi-Cal patients who are eligible for, past due or compliant with the IHA.



2. View IHA completion status for individual patients in the patient profile:



Relevant Care History | Preventive Health Screening | Initial Health Assessment

Compliance Events

Date	Event
06/08/2022	99213 Office or other outpatient visit for the evaluation and management of an establi...
05/26/2022	96156 Health behavior assessment, or re-assessment (ie, health-focused clinical interv...
	99203 Office or other outpatient visit for the evaluation and management of a new pati...
	Z00.129 Encounter for routine child health examination without abnormal findings

Well-Child Visits in the First 15 Months
W30A - Utilization
6 Overdue by 390 days (01/19/2022)

Initial Health Assessment
IHA - Preventive Health Screening

Compliance 06/08/2022 99213 Office or other outpatient visit for the eval...
+3 more

A screenshot of a patient profile in the Cozeva system. The main area shows a list of 'Relevant Care History' for 'Preventive Health Screening | Initial Health Assessment'. The list includes four events with dates and codes. A blue arrow points from the '+3 more' link in the bottom row to the 'Compliance Events' header. The bottom row also shows a 'Compliance' status for the 06/08/2022 event.

Initial Health Appointment (IHA) Summary

- The IHA only needs to be **completed ONCE** for patients who are newly enrolled with a Medi-Cal Health Plan
- **Complete the IHA within the first 90 (SCAN) – 120 (Medi-Cal Managed Care Plans) days of member enrollment**
- Patient pursuit lists can be pulled directly from Cozeva
- Supplemental data for IHA services can be entered in Cozeva to close gaps and meet compliance.
- The IHA is a comprehensive evaluation + USPSTF recommended services
- Ensure that you are documenting orders and plans of care in the patient medical record.
- Code and bill for the IHA visit and any supporting preventative screens/tests



Thank you for completing the 2024 Initial Health Assessment Compliance Training.

For Questions: OptumCAQIMO@optum.mhealth.com

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