	<b>POLICIES AND PROCEDURES</b>
<b>Policy #: HS-3.410</b>	<b>Lead Department: Health Services</b>
<b>Title: Initial Comprehensive Health Assessment</b>	
<b>Original Date: May 1998</b>	<b>Last Revision Date: March 2009</b>
<b>Approved by: Barbara Flynn, RN</b>	
<b>Applies to: Medi-Cal, Healthy Families</b>	

**Purpose:**

To describe the specific requirements, timeline, and provider compliance plan for the member Initial Comprehensive Health Assessment (IHA), including administration of the Staying Healthy Assessment (SHA) or other DHCS-approved Individual Health Education Behavioral Assessment (IHEBA).

**Policy:**

Performance of the IHA for new members is part of the contractual obligation as specified in the Case Management section of the Primary Care Physician contract. All contracted PCPs must complete and document all components of the IHA within 120 days of member’s enrollment. The IHA must consist of at least the measures listed in Attachment A “Guidelines for Completing the Initial Comprehensive Health Assessment.”

**Definitions:**


IHA – Initial Comprehensive Health Assessment  
IHEBA – Individual Health Education Behavioral Assessment  
SHA – Staying Healthy Assessment

**Procedures:**

- a) The Alliance will generate a monthly list of linked members for each PCP. Providers can access the list through their online provider web account. Providers who do not have a web account can request a printed list. The list will include, if possible:
  - o Member name
  - o Enrollment date
  - o Date of birth
  - o Language preference
  - o Address and telephone number

Members linked within the last 120 days will appear in the list of all linked members, and will also be listed separately under the “120 Day IHA” tab. The lists of newly linked members are for the express purpose of assisting providers in completing IHAs in a timely fashion.

- b) All members receive a Member Handbook/Evidence of Coverage, which informs members about the importance of calling their PCP right away to schedule a new member exam or IHA.

	<b>POLICIES AND PROCEDURES</b>
<b>Policy #: HS-3.410</b>	<b>Lead Department: Health Services</b>
<b>Title: Initial Comprehensive Health Assessment</b>	
<b>Original Date: May 1998</b>	<b>Last Revision Date: March 2009</b>
<b>Approved by: Barbara Flynn, RN</b>	
<b>Applies to: Medi-Cal, Healthy Families</b>	

- c) Providers are educated about performing the IHA through provider workshops, information available on the Alliance website, and/or individual education by Provider Services Representatives, Facility Site Review Nurses, or the Senior Health Educator.
- d) Providers must administer an Individual Health Education Behavioral Assessment (IHEBA) as part of the IHA, and re-administer at appropriate age intervals thereafter. The Alliance encourages the use of the DHCS-approved Staying Healthy Assessment (SHA) for this purpose (see Attachment A for more information and resources to assist providers). If providers intend to use an alternative tool, it must include all components of the SHA and be approved by DHCS prior to its use. The IHEBA must incorporate educational interventions (such as counseling and referral) for any identified risk behaviors, and providers must document as such in the patient's chart.
- e) Providers are required to make at least three documented attempts that demonstrate unsuccessful efforts 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, 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 elapsed.
- f) Providers must submit claims and encounter data for each IHA. The Alliance tracks and monitors IHAs via HEDIS studies and Facility Site Reviews.

**References:**

Regulatory:

Contractual: Medi-Cal Contract Exhibit A, Attachment 10; Healthy Families Contract

Legislative:

MMCD Policy Letter: No. 08-003 May 5, 2008; No. 99-07 September 1999



**POLICIES AND PROCEDURES**

<b>Policy #: HS-3.410</b>	<b>Lead Department: Health Services</b>
<b>Title: Initial Comprehensive Health Assessment</b>	
<b>Original Date: May 1998</b>	<b>Last Revision Date: March 2009</b>
<b>Approved by: Barbara Flynn, RN</b>	
<b>Applies to: Medi-Cal, Healthy Families</b>	

**Revision History:**

<b>Review Date</b>	<b>Revised Date</b>	<b>Approved By</b>
January 1999	January 1999	Barbara Flynn, RN
October 2001	October 2001	Barbara Flynn, RN
October 2002	October 2002	Barbara Flynn, RN
September 2003	September 2003	Barbara Flynn, RN
October 2004	October 2004	Barbara Flynn, RN
October 2005	October 2005	Barbara Flynn, RN
September 2008	September 2008	Barbara Flynn, RN
March 2009	March 2009	Barbara Flynn, RN



## Guidelines for Completing the Initial Comprehensive Health Assessment (IHA)

HS-3.410 Attachment A  
Revised Sep 2008

The Department of Health Care Services and Managed Risk Medical Insurance Board require providers to perform an Initial Comprehensive Health Assessment (IHA) on new members within 120 days of enrollment. The IHA allows the Primary Care Provider and member to meet, identify and address current care needs, and form a working partnership toward managing the member's health. This chart outlines requirements and billing codes for each age group. Per state regulations, the IHA must include an "Individual Health Education Behavioral Assessment," using the Staying Healthy Assessment (SHA) tool, or an alternative tool that has been pre-approved by the state.

### How the Alliance Can Help

Each month the Alliance sends you a list of your linked members due for an IHA. To help you use the SHA, the Alliance offers a *Provider Resource Guide*. The Guide includes forms, counseling strategies, and local referral resources for a variety of behavioral health topics. Additional resources are available on our website at <http://www.ccah-alliance.org/risk.html>.

The Alliance also supports your efforts with many outreach programs.

- We encourage all members to schedule their Initial Health Assessment when they join the plan.
- We mail preventive care reminders for childhood immunizations, breast and cervical cancer screening, adolescent well-care, flu shots, and others.
- We have outreach and incentive programs for immunization, adolescent well-care, prenatal and postpartum care, asthma, and diabetes.
- We offer special Alliance benefits for breastfeeding support and diabetes and asthma self-management. We also provide smoking cessation scholarships.
- We educate members on many health topics in our quarterly newsletter, and refer members to community resources on request.
- We assist members and providers with easy-to-read health education materials. For more information on the IHA and Clinical Health Education programs, please call the Senior Health Educator at 831-430-5570. For more information on other Health Education programs, please call the Health Programs Coordinator at 831-430-5580.

### Important notes on IHA:

- Providers are required to make at least three documented attempts that demonstrate unsuccessful efforts 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, 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 elapsed.
- Members who change their PCP within 120 days of enrollment must receive an IHA within the initial 120-day period.
- For Medi-Cal members 0-21 years, bill for the IHA on a CHDP (PM160) claim form with appropriate CHDP procedure codes.

Member Age	Initial Health Assessment Criteria	Timeline	Billing Codes
0 – 18 months	<ul style="list-style-type: none"> <li>➢ All elements of a periodic health assessment:               <ul style="list-style-type: none"> <li>• Health and Developmental History and Language Needs</li> <li>• Comprehensive physical exam</li> <li>• Anticipatory guidance and health education</li> </ul> </li> <li>➢ Behavioral Health Assessment with <i>Staying Healthy Assessment</i> tool</li> </ul>	For members < 18 months at the time of enrollment, the IHA will be due at the next American Academy of Pediatrics (AAP) recommended periodic health assessment, which in all cases will be less than 120 days.	<b>Medi-Cal</b> <i>Must use CHDP (PM160) form</i> <b>ICD-9 Codes</b> V20.2 and appropriate CHDP procedure code(s)
			<b>Healthy Families</b> <b>ICD-9 Codes</b> V20.2 <b>CPT-4 Codes</b> 99203-99205 99213-99215 99381, 99391 (0-11 mos) 99382, 99392 (12-18 mos)

## Guidelines for Completing the Initial Comprehensive Health Assessment (IHA), *continued*

Member Age	Initial Health Assessment Criteria	Timeline	Billing Codes
<p style="text-align: center;"><b>19 months – 20 years</b></p>	<ul style="list-style-type: none"> <li>➤ All elements of a periodic health assessment:               <ul style="list-style-type: none"> <li>• Health and Developmental History and Language Needs</li> <li>• Comprehensive physical exam</li> <li>• Anticipatory guidance and health education</li> </ul> </li> <li>➤ Behavioral Health Assessment with <i>Staying Healthy Assessment</i> tool</li> </ul>	<p>For members &gt; 19 months, the IHA should be performed within 120 days of enrollment.</p>	<p style="text-align: center;"><b>Medi-Cal</b> <i>Must use CHDP (PM160) form</i></p> <p><b>ICD-9 Codes</b> V20.2 and appropriate CHDP procedure code(s)</p> <p style="text-align: center;"><b>Healthy Families</b></p> <p><b>ICD-9 Codes</b> V20.2</p> <p><b>CPT-4 Codes</b> 99203-99205 99213-99215 99382, 99392 (19 mos–4 yr) 99383, 99393 (5-11 yr) 99384, 99394 (12-17 yr) 99385, 99395 (18-21 yr)</p>
<p style="text-align: center;"><b>21 years and older</b></p>	<ul style="list-style-type: none"> <li>➤ A comprehensive history and physical examination, including an initial preventive medicine evaluation</li> <li>➤ Behavioral Health Assessment with <i>Staying Healthy Assessment</i> tool</li> </ul>	<p>For members &gt; 21 years, the IHA should be performed within 120 days of enrollment.</p>	<p><b>ICD-9 Codes</b> V70.0</p> <p><b>CPT-4 Codes</b> 99203-99205 99213-99215 99385, 99395 (21-39 yr) 99386, 99396 (40-64 yr) 99387, 99397 (65+ yr)</p>
<p style="text-align: center;"><b>Pregnant Women</b></p>	<ul style="list-style-type: none"> <li>➤ A comprehensive initial prenatal visit must be initiated as soon as possible after enrollment or discovery that the member is pregnant.</li> <li>➤ Providers are encouraged to follow ACOG and CPSP preventive care screening guidelines.</li> </ul>	<p>The initial prenatal visit will also serve as the IHA for these members, if performed within 120 days of enrollment.</p> <p><i>Note: Prior authorization is not required for basic obstetrical services.</i></p>	<p><b>CPT-4 Codes</b> 59400, 59425, 59426, 59510, 59618</p> <p><b>Medi-Cal Codes</b> Z1000, Z1006, Z1008, Z1014, Z1016, Z1020, Z1022, Z1032, Z1034, Z1036, Z1038, Z6500</p>
<p style="text-align: center;"><b>Members Hospitalized during the initial 120-day enrollment period</b></p>	<ul style="list-style-type: none"> <li>➤ The admitting history and physical <u>combined</u> with the post-discharge office visit will meet IHA requirements, if <u>all</u> IHA content requirements, including the provision of all necessary preventive services, are provided or arranged for during hospitalization and post-discharge visit.</li> </ul>	<p>The IHA should be performed within 120 days of enrollment.</p>	<p><b>CPT-4 Codes</b> 99221, 99222, 99223 <i>and one of the following</i> 99201-99205, 99211-99215 <i>following the discharge from a hospital.</i></p> <p><i>Note: 99221-99223 cannot be used alone to count IHA.</i></p>