

# Initial Health Appointment (IHA)

## Provider Guide

Alameda Alliance for Health (Alliance) values our dedicated provider partner community, and we are here for you. We are sharing the Alliance Initial Health Appointment Provider Guide to share an overview of the requirements and best practices. An initial health appointment (IHA) is a comprehensive assessment completed during a patient's initial encounter(s) with their primary care provider (PCP). The IHA is part of the Alliance's Population Needs Assessment to ensure that we determine and address the health needs of our members by providing access to preventive health care, timely screenings, and referrals. The California Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid require new members to receive an Initial Health Appointment (IHA) within 120 days of becoming an Alliance member.

For more information, please email the Alliance Quality Improvement (QI) Department at [deptQIteam@alamedaalliance.org](mailto:deptQIteam@alamedaalliance.org).

## IHA Requirements

<p><u>Exam</u></p> <p>The IHA consists of a complete health exam including (see page 2 for a detailed outline):</p> <ul style="list-style-type: none"> <li>• History of present illness</li> <li>• Physical and mental health exam</li> <li>• Identification of risks per PCP assessment</li> <li>• Age-appropriate preventive screens or services</li> <li>• Health Education</li> <li>• Diagnoses and plan of treatment for any disease</li> </ul>	<p><u>Practitioners who can administer the IHA:</u></p> <ul style="list-style-type: none"> <li>• PCPs: General practice, internal medicine, pediatrics, obstetrics/gynecology, family practice</li> <li>• Non-physician mid-level providers: Nurse practitioner, certified nurse midwife, physician assistant, clinical nurse specialist, PCPs in training</li> </ul>
<p><u>Timeline for completing the IHA:</u></p> <ul style="list-style-type: none"> <li>• The IHA should be completed within 120 days of the member's enrollment with the Alliance unless it's determined the member's medical record contains complete and current information that meets all IHA requirements updated within the previous 12 months: <ul style="list-style-type: none"> <li>○ Documentation of previously completed IHA components must be included in the member's medical record.</li> <li>○ <u>For members under 18 months of age, the IHA should be completed within 120 days following the date of enrollment or within the periodicity timeline established by the American Academy of Pediatrics (AAP) for ages two (2) and younger, whichever is less.</u></li> </ul> </li> <li>• The effective date of enrollment is defined as: <ul style="list-style-type: none"> <li>○ The first of the month following the notification from DHCS the member is eligible to be an Alliance member.</li> <li>○ For infants born to Alliance members, the effective date of enrollment is the date of birth.</li> </ul> </li> </ul>	<p><u>Medical record documentation requirements:</u></p> <ul style="list-style-type: none"> <li>• If you cannot reach a member, document <u>at least two (2) additional attempts</u> to schedule/reschedule the appointment.</li> <li>• For a missed scheduled PCP appointment, documentation must include all the following: <ul style="list-style-type: none"> <li>○ One (1) attempt to contact the member by phone.</li> <li>○ One (1) attempt to contact the member by letter or postcard sent to the address in the Alliance's records.</li> <li>○ Good faith effort to update the member's contact information.</li> <li>○ Attempts to perform the IHA at subsequent member office visit(s)</li> </ul> </li> <li>• Document the status of preventive services recommended by the USPSTF Guide to Clinical Preventive Services for adults, or the AAP/Bright Futures age-specific guidelines for children. Offer any preventive services that are due based on age and periodicity.</li> <li>• If a member or a member's parent/guardian refuses an IHA, a statement signed by the member must be documented in the medical record. If the member refuses to sign a statement, the verbal refusal of services can be documented.</li> </ul>

## Best Practices

- Document all outreach attempts in the medical record. Outreach attempts can include a combination of outreach calls and mailings.
- Utilize gap-in-care reports for an updated list of assigned members who require an IHA.
  - The Alliance identifies all members with no record of completing an IHA monthly. The reports are available to providers through the provider portal or Secure File Transfer Protocol (SFTP).
- When responding to an IHA audit, submit documentation for all visits that pertain to IHA completion.

- Use CPT codes in the chart on page 2 to code visits where the IHA was completed.
- Include procedures for follow-up on missed appointments, no-shows, and referrals within 60 days based on risk factors.

## Resources

American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care: [www.aap.org/periodicityschedule](http://www.aap.org/periodicityschedule)

US Preventive Services Task Force Guide to Clinical Preventive Services:

[www.uspreventiveservicestaskforce.org/uspstf/topic\\_search\\_results?topic\\_status=P](http://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P)

CDC STI Screening Recommendations: [www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm](http://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm)

## CPT Codes that qualify for IHA

Provider	CPT Codes	Z Codes	Description
Behavioral Health	96156		Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)
OB/Gyn	59400, 59425, 59426, 59430, 59510, 59610, 59618	Z1000, Z1008, Z1020, Z1032, Z1034, Z1036, Z1038	Under vaginal delivery, antepartum and postpartum care procedures, under cesarean delivery procedures, under delivery procedures after previous cesarean delivery, under delivery procedures after previous cesarean delivery
PCP	99202-99205, 99461	Z1016	Office or other outpatient visit for the evaluation and management of new patient
PCP	99211-99215	Z00.01, Z00.110, Z00.111, Z00.8, Z02.1, Z02.3, Z02.5	Office or other outpatient visit for the evaluation and management of an established patient with PCP but new to the Alliance
PCP	99381-99387		Comprehensive preventive visit and management of a new patient
PCP	99391-99397		Comprehensive preventive visit and management of an established patient with PCP but new to the Alliance

## Detailed Outline: IHA Components

1. Comprehensive Physical and Mental Status Exam – This exam is conducted to assess and diagnose both acute and chronic conditions.
  - a. History of Present Illness
  - b. Past Medical History
    - Prior major illness and injuries
    - Current medications
    - Allergies
  - c. Social History
    - Marital status and living arrangement
    - Current employment
    - Occupational history
    - Use of alcohol, drugs, and tobacco
    - Level of education
    - Sexual history
    - Any other relevant social factors
2. Identification of risks – The Alliance adheres to the provision of all medically necessary diagnostic, treatment, and follow-up services which are necessary given the findings or risk factors identified in the IHA. The Alliance ensures that these services are initiated as soon as possible but not later than 60 days.
  - a. This may include items including family history contributing to member disease, lifestyle that contributes to disease, and/or primary medical disease that may contribute to worsening secondary disease.
3. Preventive Services
  - a. Asymptomatic Healthy Adults
    - Document the status of current USPSTF Grade A and B recommended services.
  - b. Members under 21 years of age
    - Document the status of current AAP/Bright Futures age-specific assessments and recommended services.
4. Health Education
5. Diagnoses and Plan of Care