blue california
Promise Health Plan

POLICY & PROCEDURE
Utilization Management

Policy Title: Initial Health Assessment		
Policy No: 70.2.66	**Original Date: 01/2002**	
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Department Head: Date:	**Medical Services/P&T Committee: Date:**	
P&P Committee: Date:	**Scope of Coverage:** UM	

PURPOSE:

To ensure and promote timely access to an initial health assessment (IHA) consisting of a comprehensive health history and physical examination, an individual age appropriate health education behavioral assessment (IHEBA), which enables a primary care provider to comprehensively assess the member's current acute, chronic and preventive health needs, and specific evaluations, tests immunizations, counseling, follow-up, and treatment.

POLICY:

Care 1st Members are entitled to and should receive timely access to an Initial Health Assessment as outlined below or, alternatively, should have documentation in the patient's medical record that a comparable assessment has recently been performed. Care 1st will assist providers in identifying members who need an Initial Health Assessment and educate members and providers about the importance of an initial health assessment.

I. Initial Health Assessments consists of a complete history and physical examination that includes:

A. Comprehensive History

1. History of present illness
2. Past Medical History
    a. Prior operations
    b. Prior hospitalizations
    c. Current Medications
    d. Allergies
    e. Age-appropriate immunization status
    f. Age-appropriate feeding and dietary status
3. Social History

a. Marital status and living
b. Marital status and living arrangements
c. Current employment
d. Occupational history
e. Use of alcohol, drugs, and tobacco
f. Level of education
g. Sexual history
h. Any other relevant social factors

B. Comprehensive Physical examination and Mental Status Exam

1. Sufficient to assess and diagnose acute and chronic conditions.
2. Review of organ systems
    a. Blood Pressure
    b. Height & Weight
    c. Vision & Hearing

C. Diagnosis

D. Plan of Care

E. Preventive Services - Blue Shield Promise shall ensure the provision of preventive screening, testing and counseling services:

1. Adults over 21 years of age– Blue Shield Promise shall follow the current edition of the Guide to Clinical Preventive Services of the US Preventive Services Task Force (USPSTF) to determine the provision of clinical preventive services to asymptomatic, healthy adult members.

a. Discovery of the presence of risk factors or disease conditions will determine the need for further follow-up, diagnostic, and/or treatment services.
b. In the absence of the need for immediate follow-up, the core preventive services identified in the requirements for the IHA for asymptomatic, healthy adult members 21 years of age and older shall be provided in the frequency specified by the USPSTF Guidelines for Preventive Services, as documented by a history and physical review of organ systems.

2. <u>Examples of adult preventive services include:</u>

a. TB testing for identified high risk, including Mantoux skin test
b. Total Serum Cholesterol measurement for men ages 35 and over and women ages 45 and over.
c. Dental screening and referral to appropriate dental provider, when necessary
d. Counseling as applicable for nutrition, exercise, injury prevention, substance avoidance, dental, mental, and sexual health.
e. Screening for prostate cancer in 45 years of age for men with high risk and 50-70 for men with average risk
f. Clinical breast exam for women over 40 years of age
g. Mammogram for women age 50 and over

3. **Immunizations**
    a. Blue Shield Promise Health Plan will cover and ensure timely provision of vaccines, in accordance with the most current California Adult Immunization recommendations, based on the current edition of the Guide to Clinical Preventive Services, published by SUPSTF.
    b. Blue Shield Promise shall cover and ensure the provision of age and risk appropriate immunizations, as per IHA finding, other preventive screening and/or the presence of risk factors identified in the health education behavioral assessment.
    c. Documentation shall reflect attempts to provide immunizations. If the Member refuses the immunization, proof of voluntary refusal of vaccines in the form of a signed statement by the Member or guardian of the Member shall be documented in the medical record.
    d. If the responsible party refuses to sign this statement, the refusal shall be noted in the Member's medical record along with documented attempts that demonstrate unsuccessful efforts to provide immunization.
4. **Vision Benefits - limited to retinal screening exam for adults who have been diagnosed with diabetes.**
5. **Pregnancy Care Guidelines**
    a. Pre-natalCare- Blue Shield Promise Health Plan shall provide perinatal services for pregnant members according to the most current standards or guidelines of the American College of Obstetrics and Gynecology (AGOG).
    b. Risk Assessment- Blue Shield Promise shall implement a comprehensive assessment tool for all pregnant female members comparable to AGOG standards and Comprehensive Perinatal Services Program (CPSP) standards, per Title22, CCR, Section 51348.
        (1) The risk assessment tool is administered at the initial prenatal visit, once each trimester thereafter, and at the postpartum visit.
        (2) Risks identified will be followed up with appropriate interventions and documented in the medical record.
        (3) Results of the risk assessment shall include medical/obstetrical, nutritional, psychosocial, and health education needs.
    c. Referral to Specialists- Blue Shield Promise and its delegates shall ensure pregnant women at high risk of a poor pregnancy outcome are referred to appropriate specialists including perinatologists and have access to genetic screening with appropriate referrals. Hospitals are available within Blue Shield Promise network to provide necessary high-risk pregnancy services.
    d. All pregnant members shall be offered pregnancy services in the CPSP Program.
6. **Cervical Cancer Screening** - Blue Shield Promise and its delegates shall provide for cervical cancer screening, which include the following and ensure that routine referral processes are followed when these services are requested:

a. Pap test
b. Human Papillovirus (HPV) screening test approved by FDA
c. Any cervical cancer screening test approved by the federal FDA upon the referral of the member's health care provider.
d. Blue Shield Promise shall ensure that routine referral processes are followed when the member, in addition to Pap test, requests an HPV test that is approved by the FDA, and the option of any cervical cancer screening test approved by the federal FDA.

7. **Screening for Alcohol Misuse - The United States Preventive Services Task force (USPSTF) recommends that clinicians screen adults 18 years old and older for alcohol misuse.**
   a. When the member answers "yes" to the alcohol pre-screen question on the SHA, the provider shall offer the member an expanded screening using a validated alcohol screening questionnaire.
   b. Trained providers shall offer brief interventions to members they identify as having risky or hazardous alcohol use when they responded affirmatively to the alcohol question on the SHA.
   c. Providers shall refer patients who screen positively for potential alcohol use disorder, as medically necessary.
8. **Preventative Services – Children and members less than 21 years of age –** Care 1st shall ensure the provision o f screening, preventative and medically necessary diagnostic and treatment services for members less than 21 years of age.
   a. Blue Shield Promise shall ensure that appropriate diagnostic and treatment services are initiated as soon as possible, but no later than 60 calendar days following either a preventive screening or other visits that identifies a need for follow-up.
   b. When examinations occur more frequently using the AAP periodicity schedule rather than on the CHDP examination schedule, Blue Shield Promise Health Plan will ensure that the AAP scheduled examination schedule includes all assessment components required by the CHDP for the lower age nearest to the current age of the child, including age-specific health education for behavioral assessment, as necessary.
   c. Where a request is made for children's preventive services by the member, the member's parents or guardian or through a referral from the local CHOP program, an appointment shall be made for the member to be examined within 2 weeks of the request.
   d. At each non-emergency Primary Care encounter with a Member under the age of 21, the Member (if an emancipated minor) or the parent(s)/guardian(s) shall be advised of preventive services that are due, in accordance with CHOP preventive standards for children of the Member's age, if such services have not already been received.
   e. Documentation shall be entered in the Member's medical record, which shall include the receipt of preventive services in accordance with the CHOP standards or proof of voluntary refusal of these services in the form

of a signed statement by the Member (if an emancipated minor) or the parent(s) or guardian of the Member.

f. If the responsible party refuses to sign this statement, the refusal shall be noted in the Member's medical record.

g. The PM-160 form is to be used to document all children's preventive service's encounters. This form is to be submitted to DHS and the local children's preventive services program within 30 days from the end of the month for all encounters during that month.

9. <u>Examples of child preventive services include:</u>

a. Immunizations

(1) Blue Shield Promise shall ensure that all children receive necessary immunizations at the time of the health care visit.

(2) Blue Shield Promise shall ensure that the child is up-to-date for its age.

(3) Blue Shield Promise and its delegates shall cover and ensure the timely provision of vaccines, in accordance with the most recent childhood immunization schedule and immunizations published by the Advisory Committee on Immunization Practices (ACIP).

(4) If immunization cannot be given at the time of the visit, the member shall be instructed as to how to obtain necessary immunizations or a scheduled and documented appointment shall be made.

(5) Appropriate documentation shall be entered in the member's medical record that indicates all attempts to provide immunization: receipt of vaccines or proof of prior immunizations; or proof of voluntary refusal of vaccines in the form of a signed statement by the member (if an anticipated minor) or the parents or guardian of the member. If the responsible party refuses to sign this statement, the refusal shall be noted in the medical record.

(6) Documented attempts that demonstrate Blue Shield Promise's unsuccessful efforts to provide the immunization shall be considered sufficient in meeting this requirement.

(7) Upon the Federal Food and Drug Administration (FDA) approval of any vaccine for childhood immunization purposes, Blue Shield Promise shall develop policies and procedures for the provision and administration of vaccine within 60 calendar days of the vaccine's approval date. Blue Shield Promise shall cover and ensure the provision of the vaccine from the date of its approval regardless of whether or not the vaccine has been incorporated into the Vaccines for Children (VFC) Program. Policies and procedures shall be in accordance with any FFS guidelines issued prior to the

final ACIP recommendations.

(8) Blue Shield Promise shall provide information to all network providers regarding the VFC Program.

(9) All practitioners that see children below 21 years of age are provided information about the VFC Program.

b. Vision Care and Lenses

(1) Blue Shield Promise and its delegates shall cover and ensure provision of eye examinations and prescriptions for corrective lenses as appropriate for members up to age 21.

(2) Arrangement shall be made for the fabrication of optical lenses through Prison Industry Authority (PIA) optical laboratories.

(3) DHCS shall reimburse PIA for the fabrication of the optical lenses to members up to age 21, in accordance with the contract between DHCS and PIA.

c. Dental Screening

(1) Dental screening/oral health assessment shall be performed as part of every periodic assessment.

(2) Annual dental referrals shall commence at age 3 or earlier, if conditions warrant.

(3) Blue Shield Promise shall ensure that members are referred to appropriate Medi-Cal dental provider.

d. TB Screening

e. Lab testing for anemia, diabetes, and/or urinary tract infection.

f. Blood Lead Screens

(1) Testing for lead poisoning at ages 12 months and 24 months, in accordance with Title 17, Division 1, Chapter 9, Articles 1 and 2, commencing with Section 37000. New recommended guidelines for additional lead screening for older children is described in CHOP Program Letter No. 08-10 Updated Recommendations on Childhood Lead Poisoning Prevention.

(2) Blue Shield Promise shall make reasonable attempts to ensure the blood lead screen test is provided and shall document attempts to provide test.

(3) If blood lead screen test is refused by the member, proof of voluntary refusal of the test in the form of a signed statement by the member (if emancipated minor) or the Parent(s) or guardian of the member shall be documented in the member's medical record.

(4) If the responsible party refuses to sign this statement, the refusal shall be noted in the member's medical record.

(5) Documented attempts that demonstrate Blue Shield Promise's unsuccessful efforts to provide blood lead screen test shall be considered evidence in meeting this requirement.

g. Testing for Sickle Cell (SCA) trait

h. Chlamydia Screening (for Sexually Active Females under 21 years of age)
   (1) Blue Shield Promise shall provide screening for all sexually active females less than 21 years of age who are determined to be at high-risk for Chlamydia infection. Follow-up of positive results shall be documented in the medical record.
   (2) Reasonable attempts to contact the identified members and provide Chlamydia screening shall be made. All attempts shall be documented and these attempts demonstrating unsuccessful efforts shall be considered evidence in meeting this requirement.
   (3) If Chlamydia screen test is refused by the member, proof of voluntary refusal of the test in the form of a signed statement by the member (if emancipated minor) or the Parent(s) or guardian of the member shall be documented in the member's medical record.
   (4) If the responsible party refuses to sign this statement, the refusal shall be noted in the member's medical record.

i. Early and Periodic Screening, Diagnosis and Treatment(EPSDT) Supplemental Services for Members
   (1) Blue Shield Promise shall provide or arrange and pay for EPSDT supplemental services, including case management and supplemental nursing services, as defined in Title 22, CCR, Section
   (2) 51184, except when EPSDT supplemental services are provided as CCS services, or as mental health services.

j. Coordination of Care in School-Linked CHOP Services: Blue Shield Promise shall maintain a "medical home" and ensure the overall coordination of care and case management of members who obtain CHOP services through the local districts or school sites.

II. Services for All Members

A. Hospice Care

1. Blue Shield Promiseand its delegates shall cover the cost and ensure the provision of hospice care services.
2. Blue Shield Promise shall ensure that members and their families are fully informed of the availability of hospice care as a covered service and the methods by which they may elect to receive these services.
3. Blue Shield Promise shall arrange for continuity of medical care, including maintaining established patient- provider relationships to the greatest extent possible.
4. Blue Shield Promise shall be responsible for all medical care not related to the

terminal conditions.

5. Admission to a nursing facility of a member who has elected hospice services does not affect the member's eligibility for enrollment.
6. Requests for authorization for inpatient hospice services require a 24-hour response.

B. Hospice Coverage

1. Hospice services are covered services and are not long-term care services regardless of the member's expected or actual length of stay in a nursing facility.
2. Members with a terminal condition covered by CCS shall be clearly informed that election of hospice will terminate the child's eligibility for CCS services.
3. Admission to a nursing facility of a member who has an elected hospice services, as described in Title 22, CCR, Section 51349 does not affect the member's eligibility for enrollment.

Ill. Diagnosis and Plan of Care

A. Discovery of the presence of risk factors or disease conditions will determine the need for any medically appropriate diagnostic, treatment, and follow-up services identified during the IHA or other health care visits and shall be initiated as soon as possible, but no later than 60 calendar days following either a preventive screening or other visit that identifies a need for follow up.

IV. Individual Health Education Behavioral Assessment

A. Individual health education behavioral risk assessment (IHEBA) is conducted using the standardized DHS "Staying Healthy" assessment tools, or alternative approved tools that comply with DHS approval criteria for the IHEBA. The IHEBA tool is administered and reviewed by the PCP during an office visit, reviewed at least annually by the PCP with members who present for a scheduled visit, and re-administered by the PCP at the appropriate age-intervals).

1. The IHEBA requirement for members transferring from an outside group may be met if the medical record indicates that an IHEBA
   Tool or a behavioral risk assessment has been completed within the last 12 months. The age-specific and age-appropriate behavior risk assessment addresses the following areas:

a. Diet and Weight issues
b. Dental Care
c. Domestic Violence
d. Drugs and Alcohol
e. Exercise and Sun Exposure
f. Medical Care from Other Sources

g. Mental Health
h. Pregnancy
i. Birth Control
j. STIs/STDs
k. Sexuality
l. Safety Prevention
m. Tobacco Use and Exposure

V. Timelines for the Provision of IHA

A. New Members: All new members will have a complete IHA within 120 calendar days of enrollment. Effective date of enrollment is the first day of the month following notification by the Medi Cal Eligibility Data System (MEDS) that a member is eligible to receive services from Blue Shield Promise.

B. Current Members: Current members who have not completed an updated Staying Healthy Assessment (SHA) must complete it during the preventive care office visit, according to the SHA periodicity table.

C. Pediatric Members: Members 0-17 years of age shall complete the SHA during the first scheduled preventive care office visit upon reaching a new SHA age group. PCPs shall review the SHA annually with the patient (parent/guardian or adolescent) in the intervening years before the patient reaches the next age group.

1. Adolescents 12-17 years shall complete the SHA without parental/guardian assistance beginning at 12 years of age, or at the earliest age possible to increase the likelihood of obtaining accurate responses to sensitive questions. The PCP will determine the most appropriate age, based on discussion with the parent/guardian and the family's ethnic/cultural background.

D. Adult and Senior Members

There are no designated age ranges for adult and senior assessments. The age at which the PCP should begin administering the senior assessment to a member shall be based on the patient's health and medical status, and not exclusively on the patient's age.

The adult or senior assessment shall be re-administered every 3-5 years. The PCP shall review previously completed SHA questionnaires with the patient every year, except years when the assessment is re-administered.

E. Members Changing their PCPs

If member requests or Blue Shield Promise initiates a change in their PCP within the first 120 days of enrollment and IHA has not been completed, the IHA must be completed by the newly assigned PCP within the established

timeline for new members.

F. Newly-born Infants to Members
Date of birth is the date of enrollment.

G. Retroactively Enrolled Members
Date that Blue Shield Promise is notified of the retroactive enrollment is the effective date of enrollment.

VI. Exceptions to 120-day IHA Timeframe

All elements of IHA have been completed within 12 months prior to member's effective date of enrollment; if the new PCP did not complete this IHA, the PCP must document that the previous IHA was reviewed and updated accordingly:

1. Member was not continuously enrolled:
2. Member disenrolled before the IHA could be performed;
3. Member refusing an IHA Adults emancipated minor, member's parents or guardians.

	Periodicity	Administer	Administer/Re-administer		Review
DHCS Form Numbers	Age Groups	Within 120 Days of Enrollment	1st Scheduled Exam (after entering new age group)	Every 3-5 years	Annually (intervening years)
DHCS 7098 A	0-6 mos	√	√		
DHCS 7098 B	7-12 mos	√	√		
DHCS 7098 C	1-2 years	√	√		√
DHCS 7098 D	3-4 years	√	√		√
DHCS 7098 E	5-8 years	√	√		√
DHCS 7098 F	9-11 years	√	√		√
DHCS 7098 G	12-17 years	√	√		√
DHCS 7098 H	Adult	√		√	√
DHCS 7098	Senior	√		√	√

SHA Completion by Member:
Members shall be provided with information and guidance on completing the SHA questionnaire.

PROCEDURE:

1. PCPs' Responsibilities for Counseling, Assistance, and Follow-up:

- The PCP must review the completed SHA with the member and initiate a discussion with the member regarding behavioral risks the member identified in the assessment. Clinic staff members may assist a PCP in providing counseling and following up if the PCP supervises the clinical staff members and directly addresses medical issues.
- The PCP must prioritize each member's health education needs and initiate discussion and counseling regarding high-risk behaviors.
- Based on the member's behavioral risks and willingness to make lifestyle changes, the PCP should provide tailored health education, counseling, intervention, referral and follow-up.
- The PCP must review the SHA with the member during the years between re-administration of a new SHA assessment. The review should include discussion, appropriate patient counseling, and regular follow-up regarding risk reduction plans.

2. SHA Documentation by PCP

- The PCP must sign, print his/her name, and date the "clinic use only" section of a newly administered SHA to verify that it was reviewed and discussed with the member.
- The PCP must document specific behavioral-risk topics and patient counseling, referral, anticipatory guidance, and follow-up provided, by checking the appropriate boxes in the "clinical use only" section.
- The PCP must sign, print his/her name, and date the "SHA Annual Review" section of the questionnaire to document that an annual review was completed and discussed with the member.

3. The Member Handbook

- The Member Handbook, distributed at the time of enrollment, contains both basic information about PCP services, and specific information describing the importance of the Initial Health Assessment. It encourages members to access this service. Members are specifically directed, in their Blue Shield Promise new member packet, to contact their PCP's office to schedule an Initial Health Assessment.

4. Member Education

- Care 1st Provider Relations Representatives educate contracted providers about the Initial Health Assessment requirements, which are included in the Provider Manual. Provider bulletins and newsletters are used to reinforce awareness of the

compliance and tracking process.

5. New Member Identification

- New members are identified monthly to PCPs on their eligibility list and a separate notification is faxed to the providers on a monthly basis. Providers are required to fax back a status report to the UM Department. The UM Department reviews these reports and forwards any incomplete IHA's to the Member Services Department for follow-up with the member.

6. Member Services/QM Department

- The Department staff sends out a reminder to schedule the Initial Health Assessment to all new members on a monthly basis.

7. Attempts to Contact Member to Schedule an IHA

- Upon receiving updated eligibility lists, PCP offices should contact new members by mail and/or telephone to assess the current need for an Initial Health Assessment and to schedule an appointment, if necessary. If a

8. Member Refusal

- A member's refusal to complete the SHA must be documented on the age-appropriate SHA questionnaire by:
  - ✓ Entering the member's name (or person completing the form), date of birth, and date of refusal in the header question of the questionnaire.
  - ✓ Checking the box "SHA Declined by Patient"
  - ✓ Having the PCP sign, print his or her name, and date the "Clinic Use Only" section of the SHA.
  - ✓ Keeping the SHA refusal record in the medical record.

9. Inability to contact member to schedule an IHA

Blue Shield Promise shall make reasonable attempts to contact a member and schedule an IHA. All attempts shall be documented. Documented attempts that demonstrate Blue Shield Promise's unsuccessful efforts to contact a member and schedule an IHA shall be considered evidence in meeting the IHA requirement.

10. Missed Scheduled IHA Appointment

- At least 2 documented attempts are made to reschedule a missed appointment and should include:
  - ✓ One attempt to contact the member by phone with the telephone provided by Blue Shield Promise;
  - ✓ One attempt to contact the member by letter or postcard sent to the address provided by Blue Shield Promise;
- The Plan or the PCP has made good faith effort to update the member's contact

information, including updating information received by the Post Office for any change in address and from dialing directory assistance for any new telephone number; and

- There's an attempt to perform the IHA at any subsequent office visit(s) even if the deadline for IHA completion has elapsed, until the IHA is completed, or the member is disenrolled from Blue Shield Promise.

11. Provider Training

- **Provider Training includes:**
  - ✓ IHEBA contract requirements
  - ✓ Instructions on how to use the SHA
  - ✓ Documentation requirements
  - ✓ Timelines for administration, review and re-administration
  - ✓ Specific information and resources for providing culturally and linguistically appropriate patient health education services/interventions
  - ✓ Care 1st specific information regarding SHA resources and referral.

EFFECTIVENESS MONITORING:

Provider compliance with this policy will be monitored through the medical record review process.

REFERENCES/AUTHORITIES:

- Title 22, CCR, Section 51348. CPSP
- Guide to Clinical Preventive Services, US Preventive Services Task Force Age-Specific Guideline and Periodicity Schedule, American Academy of Pediatrics
- Child Health and Disability Prevention Program (CHOP)
- AAP Periodicity Schedule
- Title 22, CCR, Section 51349
- LA Care Audit Tool, 2013
- DHCS' Policy Letter 13-001
- All Plan Letter 14-004
- SHA Questionnaires and Resources:
  http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx

  http://www.dhcs.ca.gov/formsandpubs/forms/Documents/MMCD_SHA/GenDocs/SHABehavioralRiskTopicsAt-A-Glance.pdf