



June 2018

Attention: All Primary Care Practitioners (Medi-Cal LOB)

Re: INITIAL HEALTH ASSESSMENT AUDIT (IHA)

Completing a timely Initial Health Assessment (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 Assessment (IHA) within 120 days of enrollment ([DHCS Policy Letter 08-003](#)), see **Policy Letters** link.

A minimum of three documented attempts must be made to schedule the timely IHA, with at least one phone call and one letter. If the member has been contacted **but has missed a scheduled IHA appointment**, please evidence the **mandated three additional documented attempts** to reschedule the appointment; at least one attempt to contact the member by telephone and at least one attempt to contact the member by letter.

The IHA consists of a comprehensive health history (medical, social, family, etc), physical exam, including a review of systems, and the completion of the Staying Healthy Assessment. This visit should include, but is not limited to, immunizations ([ACIP Guidelines](#)) counseling including Tobacco Cessation, medical testing and treatment, review of Preventative Services ([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.

You may use the following standards to complete documentation of the IHA in the medical record:

ALL MEMBERS	Response
1. The IHA was performed within 120 days of enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. The medical records includes an age-specific Staying Healthy Assessment tool (SHA) / Individual Health Education Behavioral Assessment (IHEBA) which is reviewed annually or re-administered, based on the SHA's periodicity schedule.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. The medical record reflects TB assessments for all members: TB Screen/Test or CXR results for positive skin tests results.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. If IHA has not been completed, the medical record reflects attempts to schedule IHA per Health Plan policy.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
6. The medical record has a "tobacco identification system" documented.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
PEDIATRIC MEMBERS	
7. If the IHA has not been completed due to Missed appointments, the medical record reflects documented missed appointments and at least two (2) attempts for follow-up, as appropriate.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
8. 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. The IHA must also include an age specific assessment and services required by the Child Health and Disability Prevention Program (CHDP).	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
9. The medical record reflects a dental screening/oral assessment and dental referral starting at age 3 or earlier , if warranted	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
10. The medical record includes documented lab testing for anemia, diabetes and/or urinary tract infection.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
11. The medical record includes identification, treatment and follow-up on obese members.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
12. The medical record includes documented age- appropriate immunization	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
13. The medical record includes a documented testing for lead poisoning in IHA (if appropriate). (Lead level checks at ages 12 mo, 24 mo, or 72 mo) Lead level range-above 15 should be referred to county Lead Program	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
14. Immunization information is reported to the California Immunization Registry (CAIR) or San Diego Immunization Registry (SDIR) within 14 days of the immunization. ***Must log into applicable registry***	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
15. Follow-up lead re-check done on lead levels 10 to 14 in 3 months	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
16. Follow-up lead confirmatory (venous) re-check is performed on level levels 15 to 19 within 1-2 months	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

17. Referred to County Lead Program for lead levels above 15	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
18. The medical record includes documented testing for Sickle Cell (SCA) trait in the IHA (if appropriate)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
19. Adolescent tobacco users are asked about their current tobacco use and is documented in their medical record at every visit.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
ADULT MEMBERS	
20. For Asymptotic 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
21. The medical record includes colon and rectal cancer screening for adults 50 years to 70 years old	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
22. The medical record includes documented immunizations for adults as required	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
23. Immunization information is reported to the California Immunization Registry (CIR) or San Diego Immunization Registry (SDIR) within 14 days of the immunization.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
24. Tobacco users are asked about their current tobacco use and is documented in their medical record at every visit.	
FEMALE MEMBERS	
25. The medical record includes a documented breast examination over the age of 40 years of age.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
26. The medical record includes a documented Mammogram at age 50 and over	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
27. The medical record includes documented Osteoporosis screening for females 65 years and older.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
28. The medical record includes documented Chlamydia screen for all sexually active females through 26 (high risk-such as but not limited to, new or multiple sex partners, prior hx of STD, not using condoms consistently & correctly)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
29. The medical record includes a documented cervical screening test for all sexually active women.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
30. The medical record reflects that the HPV immunization was offered to age appropriate females (9-26).	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
31. Immunization information is reported to the California Immunization Registry (CIR) or San Diego Immunization Registry (SDIR) within 14 days of the immunization.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
SPD MEMBERS	
32. The Health Risk Assessment for the SPD member is present in the medical record	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
33. The SPD member has received all necessary information regarding their treatment and services so that they can make an informed choice.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
34. The medical record reflects that the SPD member agrees with the plan for treatment and services	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Guidelines:

- DHCS Policy Letter 08-003 ([DHCS Policy Letter 08-003](#)) see **Policy Letters** link
- [DHCS APL16-014 Tobacco Prevention and Cessation Services for Medi-Cal Beneficiaries](#)
- [DHCS APL 18-004 Immunization Requirements](#)
- [Advisory Committee on Immunization Practices ACIP Guidelines](#)
- [USPSTF 2016 Guidelines](#)
- [Age appropriate physical evaluation templates](#)