

Initial Health Assessment

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Continuing education

- Applications have been filed with the American Academy of Family Physicians (AAFP) for approval to grant one unit of continuing education.
- Approval to grant continuing education credit does not constitute an endorsement by the approving agency.
- Continuing Medical Education is acceptable for meeting California RN continuing education requirements. Further information can be found on the California Board of Registered Nursing website.
- Each attendee will be eligible to claim the continuing education units once the approvals are received and participation in this activity has been verified. Continuing education certificate will be distributed within two weeks.
- Email questions about continuing education to continuing-education@anthem.com.

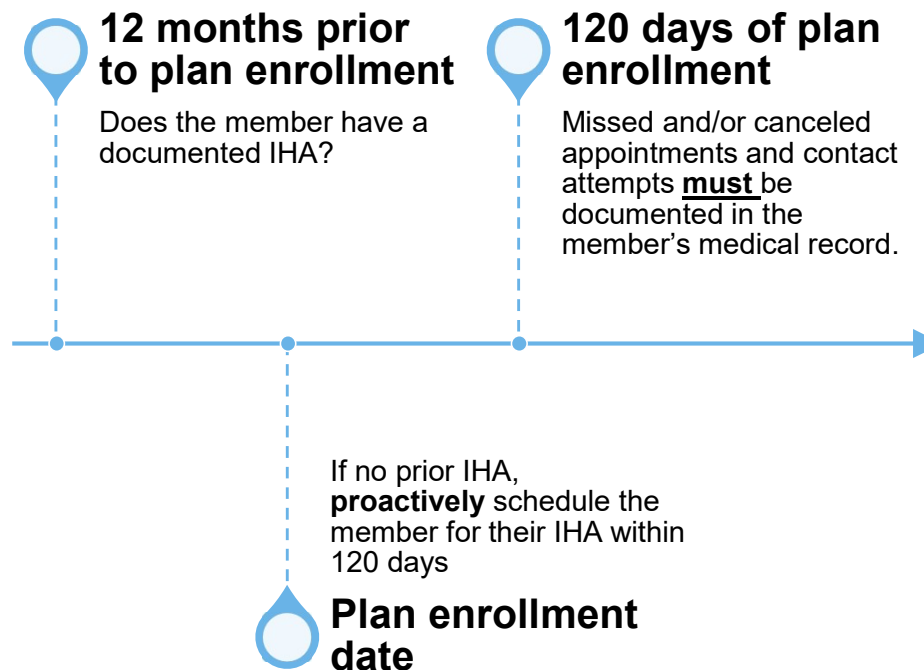
Agenda

- Initial Health Assessment (IHA) timeframes
- When an IHA is necessary
- IHA history and physical
- Preventive criteria
- Required quality measures
- Blood lead screening/anticipatory guidance
- Staying Healthy Assessment (SHA)
- Scheduling new members
- Coding
- Telehealth allowance
- Q&A



Initial Health Assessment timeframe

- All new members enrolled in Medi-Cal Managed Care (Medi-Cal) are required to have an **Initial Health Assessment (IHA) completed within 120 days** of plan enrollment, PCP effective date, or documented within the 12 months prior to plan enrollment.



Pediatric Initial Health Assessment timeframe

Children under 18 months of age need to have an IHA within the 120 days or by the periodicity established by the Academy of Pediatrics (AAP) for children 2 years and under (whichever is less).

Example:

Plan enrollment date

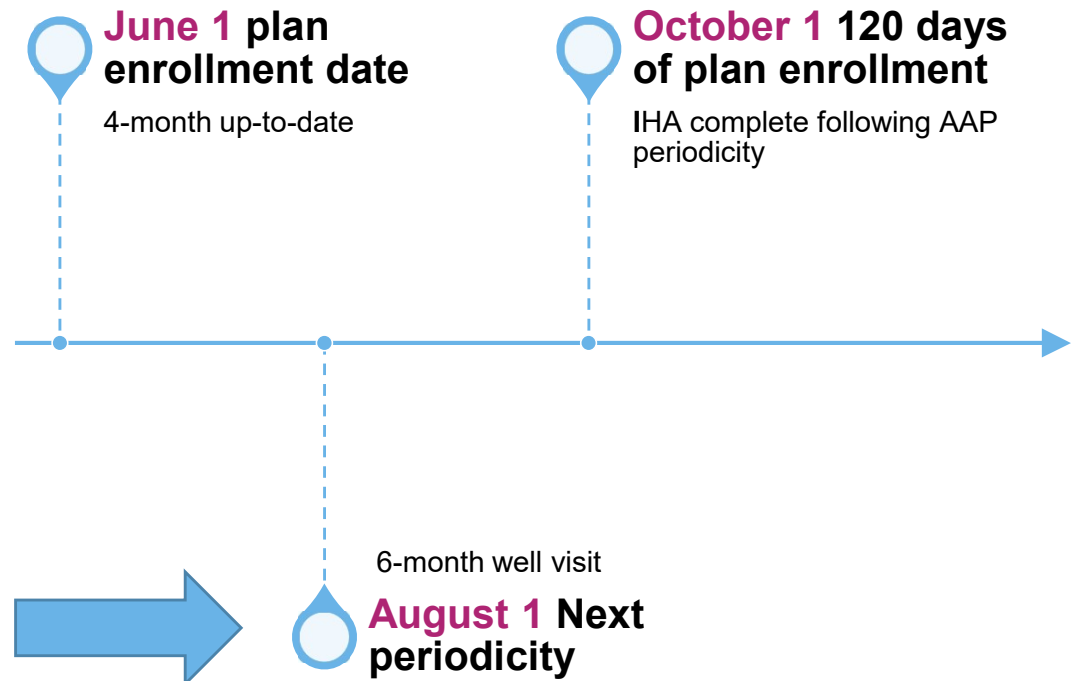
Four-month-old is enrolled in the plan **June 1.**

Next periodicity

He is up-to-date and is next due for his 6-month well visit **August 1.**

120 days of plan enrollment

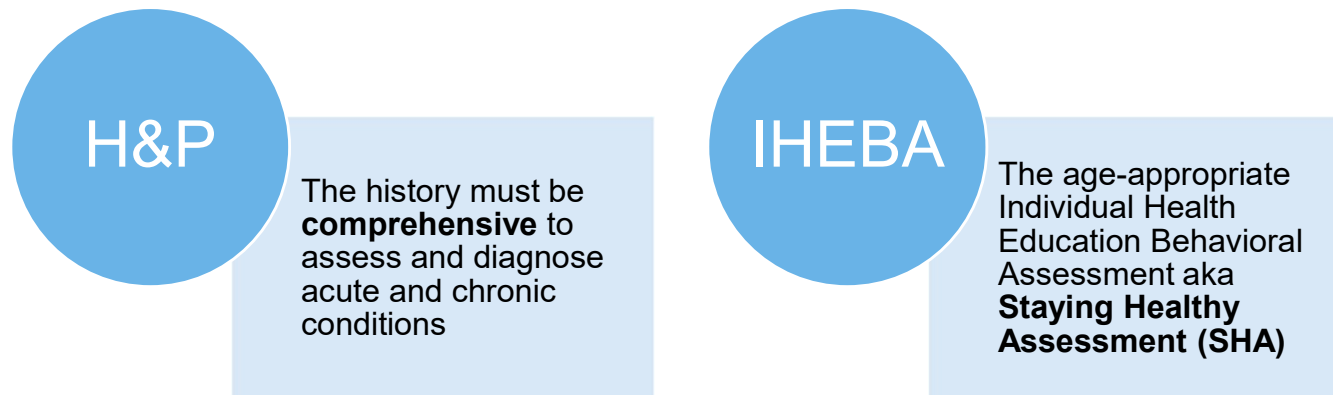
Member has had **IHA completed within 120 days (October 1)** following AAP periodicity.



The complete Initial Health Assessment

A complete IHA enables the assigned PCP to assess current **acute, chronic, and preventive needs** and to identify members whose health needs require **coordinated services** with appropriate community resources/other agencies not covered by the plan. The IHA must be conducted in a **culturally and linguistically appropriate** manner for all members, including **those with disabilities**.

The IHA has two main components



Comprehensive history and physical

- **History of present illness**

- **Past medical history:**

- Prior major illnesses and injuries
- Prior operations
- Prior hospitalizations
- Current medications
- Allergies
- Age-appropriate immunization status
- Age-appropriate feeding and nutrition status
- Family medical history



- **Social history:**

- Marital status
 - Current employment
 - Occupational history
 - Use of alcohol, drugs, and tobacco
 - Level of education
 - Sexual history
 - Any other relevant social factors
- **Review of Organ Systems**

Reminder: Document refusals, missed appointments, and contact attempts to reschedule.

IHA adult preventive criteria

Based on the most recent "A" and "B" recommendations of the United States Preventive Services Task Force (USPSTF).

Referrals for abnormal findings must be documented.

Periodic health evaluations are scheduled as indicated by the member's **needs, risk factors**, and according to the **clinical judgment** of the practitioner.



Identifying needs/risk factors

- Look for **eligible conditions** like obesity and post-menopausal.
- Consider **age** and **gender parameters**.
- The **SHA screening tool** may assist in identifying **risk factors** like alcohol misuse, sexually transmitted infections, tobacco use.
- Offer and **document follow-up intervention(s)** for positive risk factors.
- Document the **presence or absence of risk factors**

Adult recommendations and quality*

Adult preventive criteria:

- Alcohol and Drug Misuse Screening
- Colorectal Cancer Screening
- Depression Screening
- Diabetes Screening and Comprehensive Diabetic Care
- Intimate Partner Violence Screening
- Obesity Screening and Counseling
- Osteoporosis Screening
- Sexually Transmitted Infection (STI) Screening
- Tuberculosis Screening
- Adult Immunizations per ACIP

Required quality measures

Breast Cancer Screening	BCS
Cervical Cancer Screening	CCS
Chlamydia Screening in Women	CHL
Follow-Up After ED Visit for Mental Illness-30 days	FUM
Follow-Up After ED Visit for Substance Abuse-30 days	FUA
Hemoglobin A1c Control for Patients With Diabetes-HbA1c Poor Control > 9%	HBD
Controlling High Blood Pressure	CBP

* This is **not** an all-inclusive list of criteria and measures. Please consult with provider representative for more information

IHA Pediatric Preventive Criteria

Members under 21 years of age must be assessed according to the most recent American AAP periodicity schedule:

- Assessments must be age-appropriate.
- Identified problems are documented in the medical record.
- Follow-up care is scheduled as appropriate.
- Referral is provided for identified physical health problems as appropriate.

Identifying needs/risk factors

- Look for **positive** for risk factors like obesity and menstrual status.
- Consider **age** and **gender** parameters.
- The **SHA screening tool** provides evidence of **risk assessments** and **screenings**
- Consider the **developmental phase**.
- Offer and document appropriate **diagnostic testing, counseling, referral to specialist, including patient refusal**.
- Document the **presence or absence of risk factors**

Pediatric Recommendations and Quality*

Pediatric preventive criteria:

- Alcohol, Drug, and Tobacco Use Disorder Screening and Behavioral Counseling
- Sudden Cardiac Arrest and Sudden Cardiac Death Screening
- Dental/Oral Health Assessment
- Depression Screening
 - Suicide Risk Screening
- Dyslipidemia Screening
- Fluoride Varnish
- Maternal Depression Screening

Required quality measures

Child and Adolescent Well-Care Visits	WCV
Childhood Immunization Status	CIS
Chlamydia Screening in Women	CHL
Immunization for Adolescents	IMA
Lead Screening in Children	LSC
Well-Child Visits in the First 30 months of Life	W30

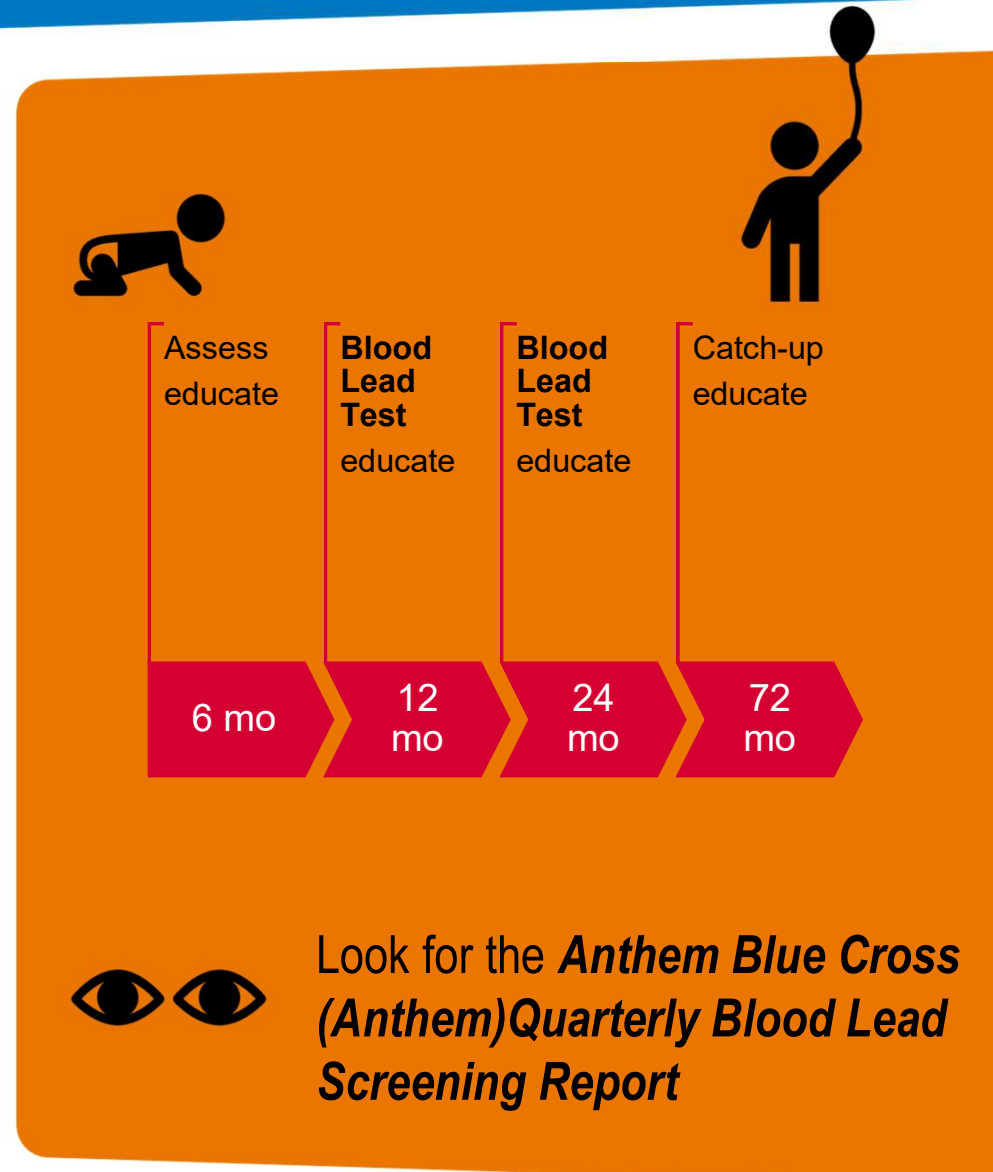
* This is **not** an all-inclusive list of criteria and measures. Please consult with provider representative for more information.

Blood Lead Screening

Blood Lead Screening applies to all children in Medi-Cal aged 6 months to 72 months of age

Assessment includes:

- Identification of any **risk factors** for lead exposure
- Inform and **educate** parents/guardians about lead poisoning risks and effects
- **Blood lead testing that occurs at 12 months and 24 months**
- **Catch-up blood test** between 24 months and 72 months if there is no evidence of a prior test
- CDC has **updated the blood lead reference value to ≥ 3 mcg/dL**- requires a confirmatory test with a venous sample



Anticipatory guidance on Blood Lead Screening



California law:

Primary care providers are required to inform and educate parents/guardians about lead poisoning risks and effects at each periodic health assessment, starting at 6 months of age and continuing until 72 months of age.

Documentation requirements:

- Sources of lead exposure
- Health risks of lead poisoning
- At most risk of lead poisoning from the time the child begins to crawl until 72 months of age.
- Child will need a blood test for lead level at 12 months and again at 24 months of age or between 24 months and 72 months of age if the 24-month test was not done

IHA for new members who are pregnant

Perinatal assessments are provided according to the American College of Obstetrics and Gynecologists (ACOG) standards and Comprehensive Perinatal Services Program (CPSP) guidelines.

A risk assessment tool is to be administered at the initial prenatal visit, at each trimester, and the postpartum visit

Identified risks must be documented and followed up with appropriate interventions.

There must be an individualized care plan.

Required quality measures

Prenatal and Postpartum Care

Timeliness of Prenatal Care	PPC-Pre
Postpartum Care	PPC-Post





Individual Health and Behavioral Assessment

The Staying Healthy Assessment

The IHEBA for new members

An age-appropriate IHEBA (“Staying Healthy” or SHA) is completed by the member as part of the IHA.

The SHA allows the provider to identify:

- High-risk behaviors
- Need for education related to lifestyle, behavior, environment
- Cultural and linguistic needs

The provider uses the tool to address high-risk behaviors by:

- Initiating discussion
- Providing counseling
- Planning interventions
- Making referrals
- Appropriate follow-up

The Staying Healthy Assessment (SHA) was developed by DHCS for use as an IHEBA

State of California — Health and Human Services Agency Department of Health Care Services

Staying Healthy Assessment

1 – 2 Years

Child's Name (first & last)	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male	Today's Date	In Child/Day Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Person Completing Form		<input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify)	Need Help with Form? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

				Need Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				<i>Clinic Use Only:</i>	
				Nutrition	
1	Do you breastfeed your child?	Yes	No	Skip	
2	Does your child drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?	Yes	No	Skip	
3	Does your child eat fruits and vegetables at least two times per day?	Yes	No	Skip	
4	Does your child eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week?	No	Yes	Skip	
5	Does your child drink more than one small cup (4 – 6 oz.) of juice per day?	No	Yes	Skip	
6	Does your child drink soda, juice drinks, sports drinks, energy drinks, or other sweetened drinks more than once per week?	No	Yes	Skip	
				Physical Activity	
7	Does your child play actively most days of the week?	Yes	No	Skip	
8	Are you concerned about your child's weight?	No	Yes	Skip	
9	Does your child watch TV or play video games?	No	Yes	Skip	
				Safety	
10	Does your home have a working smoke detector?	Yes	No	Skip	
11	Have you turned your water temperature down to low-warm (less than 120 degrees)?	Yes	No	Skip	

Using the SHA

SHA periodicity table



Age groups

0 to 6 months

7 to 12 months

1 to 2 years

3 to 4 years

5 to 8 years

9 to 11 years

12 to 17 years

Adult

Senior



Instructions for provider office staff

- Allow the member to fill out the form
- Parents/guardians must complete for < 12 years old
- Explain how it will be used by PCP
- The SHA comes in other languages
- Assist with filling out the form when needed
- The member has the right to skip questions
- Assure the member that responses are confidential

SHA responsibilities and documentation



Staff responsibilities:

- Make sure the top section is complete
- Notice if the member needs help with the form
- Notice if the member needs an interpreter

PCP responsibilities:

- Must review and discuss risk factors
- The middle column can help identify member's needs

SHA page 1 of 2

State of California — Health and Human Services Agency Department of Health Care Services

Staying Healthy Assessment

1 – 2 Years

Child's Name (first & last) New Member	Date of Birth 05/11/21	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Today's Date 06/01/22	In Child/Day Care? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Person Completing Form		<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify)	Need Help with Form? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

		Need Interpreter? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>Clinic Use Only: Nutrition</small>		
1	Do you breastfeed your child?	Yes	No	Skip
2	Does your child drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?	Yes	No	Skip
3	Does your child eat fruits and vegetables at least two times per day?	Yes	No	Skip
4	Does your child eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week?	No	Yes	Skip
5	Does your child drink more than one small cup (4 – 6 oz.) of juice per day?	No	Yes	Skip
6	Does your child drink soda, juice drinks, sports drinks, energy drinks, or other sweetened drinks more than once per week?	No	Yes	Skip
7	Does your child play actively most days of the week?	Yes	No	Skip
8	Are you concerned about your child's weight?	No	Yes	Skip
9	Does your child watch TV or play video games?	No	Yes	Skip

Physical Activity

SHA Documentation by the Provider

Required PCP documentation:

- Must indicate topics discussed
- Prioritize health education needs
- Counsel regarding high-risk behaviors
- Make appropriate referrals
- Order necessary follow-up
- Provide anticipatory guidance
- PCP must sign and date
- Signed SHA is kept in medical record

Member refuses SHA:

- Use **page 2 Clinic Use Only** section to indicate refusal

SHA page 2 of 2

19	Does your child spend time near a swimming pool, river, or lake?	<input checked="" type="radio"/> No	Yes	Skip		
20	Does your child spend time in a home where a gun is kept?	<input checked="" type="radio"/> No	Yes	Skip		
21	Does your child always wear a helmet when riding a bike, skateboard, or scooter?	Yes	<input checked="" type="radio"/> No	Skip		
22	Do you help your child brush and floss her/his teeth daily?	Yes	<input checked="" type="radio"/> No	Skip	Dental Health	
23	Does your child spend time with anyone who smokes?	No	<input checked="" type="radio"/> Yes	Skip	Tobacco Exposure	
24	Do you have any other questions or concerns about your child's health, development or behavior?	<input checked="" type="radio"/> No	Yes	Skip	Other Questions	
<i>If yes, please describe:</i>						
Clinic Use Only		Counseled	Referred	Anticipatory Guidance	Follow-up Ordered	Comments:
<input checked="" type="checkbox"/> Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Dental Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Tobacco Exposure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/> Patient Declined the SHA
PCP's Signature Provider Signature, MD			Print Name: Don't forget to print name		Date: Must date	
SHA ANNUAL REVIEW						
PCP's Signature			Print Name:		Date:	

Scheduling members For IHA

Based on enrollment date:

- **First of the month following notification from DHCS that the member is eligible** to receive services from the health plan.
- For **infants born to plan members**, the effective date is the **date of birth**.

Truly new:

- Members who have **never established with the PCP** office.

Based on PCP effective date:

- Members who have **previously established care with the PCP** office

No record of IHA:

- Members who **do not have a complete IHA 12 months prior to plan enrollment**.

Be proactive!

Ask your PMG or IPA for a **list of new members**.*

FFS Providers can locate new member lists on **Availity**^{1,*}

Don't rely on the member to schedule their first visit.

Keep trying even if past 120-day requirement.

Refusal by the member must be documented.

* Questions/concerns regarding new member lists?

Contact your Anthem Provider Experience representative with concerns or questions.

IHA response to COVID-19

For members enrolled between 12.1.2019 and 9.30.2021

DHCS temporarily deferred the requirement that the IHA be completed within 120 days of enrollment

For members enrolled on and after 10.1.21

This **deferment is no longer in place** and the 120-day requirement applies

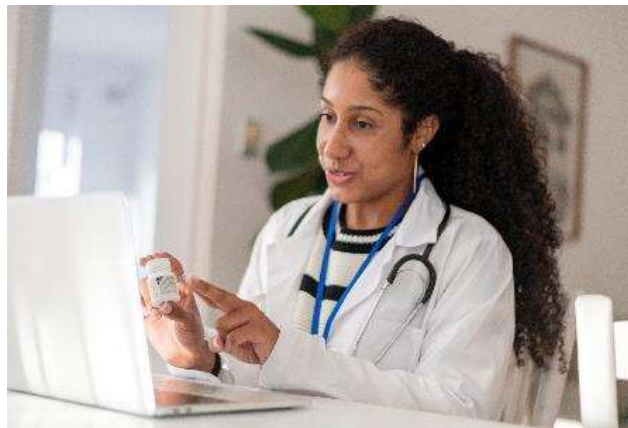
Anthem plans additional outreach for identified members **who deferred their IHA and haven't established care.**

Providers are advised to **proactively identify members who did not have an IHA completed between 12.1.2019 and 9.30.2021** and schedule them for an IHA.

Other IHA service information

Use the following diagnosis and procedure codes to document IHA

CPT	ICD-10
96160, 99202-99205, 99212-99215, 99381-99387, 99391-99397	Z0000, Z0001, Z00121, Z00129



Telehealth allowance:

- Components of IHA that may be offered via telehealth **need an in-person visit to complete the visit.**
- Providers **should not bill for both the telehealth and in-person visit** parts of the IHA

Resources

AAP/Bright Futures Recommendations for Preventive Pediatric Health Care:

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

CDC Guidance on Childhood Lead Poisoning Prevention:

<https://www.cdc.gov/nceh/lead>

CDPH webpage on CPSP:

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx>

Emergency Guidance For Medi-Cal Managed Care Health Plans In Response To COVID-19:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-004-Revised.pdf>

Requirements For The Staying Healthy Assessment/Individual Health Education Behavioral Assessment:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2013/PL13-001.pdf>

SHA questionnaires:

<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx#forma>

SHA provider training PowerPoint:

<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx>

Staying Healthy Assessment:

<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx>



Questions?



1 Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross.

<https://providers.anthem.com/ca>

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