

Initial Health Appointment (IHA)

Provider Guide

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are here for you. We are sharing our Alliance Initial Health Appointment (IHA) Provider Guide to give an overview of the requirements and share best practices.

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

An 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 and meets California Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid requirements ensuring that we determine and address the health needs of our members by providing access to preventive health care, timely screenings, and referrals.

IHA Requirements

- The IHA consists of a complete health exam that includes the following elements (see page 2 for a detailed outline):
 1. History of present illness
 2. Physical and mental health exam
 3. Identification of risks per PCP assessment
 4. Age-appropriate preventive screens or services
 5. Health education
 6. Diagnoses and plan of treatment for any disease.
- The IHA should be completed within 120 days of the member's enrollment with the Alliance or provider assignment.
 - 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.
- The effective date of enrollment is defined as the first of the month following the notification from the DHCS that the member is an eligible Alliance member. For infants born to Alliance members, the effective date of enrollment is the infant's date of birth.

Tips:

- Each element does not need to be addressed in a single visit.
- Elements do not need to be included in the visit note if there is evidence of a service elsewhere in the medical record.
- If all elements of an IHA were completed in the 12 months prior to the member's enrollment, evidence may be gathered and count toward completion.

Medical Record Documentation Requirements for Preventive Services

- Document the status of preventive services recommended by the U.S. Preventive Services Task Force's Guide (USPSTF) to Clinical Preventive Services for adults, or the American Academy of Pediatrics' (AAP) Bright Futures age-specific guidelines for children. Offer any preventive services that are due based on age and periodicity.

Practitioners who can administer the IHA:

- PCP: General practice, internal medicine, pediatrics, obstetrics/gynecology, family practice.
- Non-physician mid-level providers: Nurse practitioner, certified nurse midwife, physician assistant, clinical nurse specialist, PCPs in training.

Outreach and Scheduling

- Document at least two (2) attempts to schedule/reschedule an appointment in the medical record.
- Use the following codes as a pair to track attempts to schedule an appointment:
 - **CPT 99080:** Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.
 - **ICD-10 Z76.89:** Persons encountering health services in other specified circumstances.
- For a missed and/or canceled scheduled appointment, documentation must include the following:
 - Two (2) attempts to contact the member by phone, mail, text message, or email. Any combination of these methods will meet the requirements.
 - Good faith effort to update the member's contact information.
 - Attempts to perform the IHA at subsequent member office visit(s).
- IHA refusals must be signed and documented in the medical record.

CPT and Z Codes That Qualify for IHA

Provider	Code	Description
Telehealth (video) is acceptable when coded with modifier 95.		
Behavioral Health	96156	Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making).

Provider	Code	Description
OB/Gyn	59400, 59425, 59426, 59510, 59610, 59618 Z1000, Z1008, Z1020, Z1032, Z1034, Z1038	Under vaginal delivery, antepartum and postpartum care procedures, under cesarean delivery procedures, under delivery procedures after previous cesarean delivery, and under delivery procedures after previous cesarean delivery.
PCP (new patient)	99202-99205, 99461	Office or other outpatient visit for the evaluation and management of new patient.
	99381-99387	Comprehensive preventive visit and management of a new patient.
PCP (established patient)	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.
	99391-99397	Comprehensive preventive visit and management of an established patient with PCP but new to the Alliance.
*Alliance D-SNP Members Only		
FQHC: Use the codes below in combination with G0468		
PCP (new Medicare patient)	G0402	Welcome to Medicare/Initial Preventive Physical Exam
PCP (established patient – after 12 months of continuous coverage)	G0438, G0439	Initial Annual Wellness Visit Subsequent Annual Wellness Visit

***These codes will count towards IHA rates.**

Best Practices

- Provide appointments according to Alliance timely access standards:
 - Non-urgent primary care visit within 10 business days of request.
 - First Prenatal Visit within two (2) weeks of request.
- If an IHA is not present in the medical record, the member's refusal, missed appointments or other reason(s) must be documented in the medical record.
- 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 the page above 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.
- Members without a valid phone number should be contacted by mail.
- Develop a procedure to track outreach attempts. A template is available from the Alliance upon request.
- Members who are new to your practice but **not** to the Alliance do not need a new IHA if able to verify it was completed within the last 12 months.

Detailed Outline: IHA Components

- Comprehensive Physical and Mental Status Exam: This exam is conducted to assess and diagnose both acute and chronic conditions.
 - History of present illness
 - Social history: Marital status and living arrangement, current employment, occupational history, use of alcohol, drugs, and tobacco, education, sexual history, and any other relevant social factors.
- Past Medical History: Prior major illness and injuries, current medications, and allergies.
- Identification of Risks: Risk assessments related to health and social needs of members, including cultural, linguistic, and health education needs, health disparities and inequities, lack of coverage/access to care, and social drivers of health. This may also include family history contributing to member disease, lifestyle that contributes to disease, and/or primary medical disease that may contribute to worsening secondary disease.
 - An assessment of at least one (1) of the above risk factors within 120 days of the standard.
 - Examples of tools to identify risk: Social Needs Screening tool, Adverse Childhood Experiences (ACEs), and General Practitioner Assessment of Cognition (ages 65 and older).
- Preventive Services
 - Asymptomatic healthy adults: Document the status of current USPSTF Grade A and B recommended services.
 - Members under 21 years of age: Document the status of current AAP Bright Futures age-specific assessments and recommended services.
- Health education
- Diagnoses and plan of care