Tips for Completing the New Member IHA

Patient office visits offer the chance for providers to complete the Initial Comprehensive Health Assessment (IHA) and deliver needed preventive care and services to new patients. Use this guide for helpful tips to complete IHA requirements.

Requirements	All newly enrolled California Health & Wellness Plan (CHWP) members must have an IHA completed within 120 days of enrollment by a primary care physician (PCP), qualified medical specialist, or non-physician medical provider, including nurse practitioners, certified nurse wives or physician assistants. The IHA must include the following: • Physical, social or mental health histories. • Preventive care services. • Physical examination. • Completion of the age-appropriate Staying Healthy Assessment (SHA) form,[1] also known as the Department of Health Care Services (DHCS) approved Individual Health Education Behavioral Assessment (IHEBA). The initial and subsequent age appropriate SHA forms need to be completed in accordance to the SHA Periodicity Table.[2]
Exceptions	**The exceptions below must be documented in the patient's medical record, including all contacts, outreach attempts, appointment scheduling or the member's refusal to schedule an appointment.** • All elements of the IHA were completed within 12 months prior to the effective date of enrollment. • Providers of an established patient can add existing physical and mental health history to the IHA, but must conduct an updated physical exam if one was not completed within the last 12 months. • Member refuses an IHA. • Evidence of: – Two call attempts and one written attempt to reach member, – Provider attempts to update member's contact information, and – Provider attempts to perform the IHA past the 120 day requirement until the IHA is completed. Evidence of timely and accurate completion of IHA and SHA is determined during the facility site review and medical record review periodic audits.

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Service codes

Use the recommended service codes for an IHA.

Patient visit	• 99203-99205 with diagnosis code: Z00.8 • 99214-99215 with diagnosis code: Z00.8	• 99381-99387 with a diagnosis code: Z00.00, Z00.01, Z00.110, Z00.121, Z00.129 • 99391-99397 with a diagnosis code: Z00.00, Z00.01, Z00.110, Z00.121, Z00.129	• Z1032, 59400, 59425, 59426, 59510, 59610, 59618 with any pregnancy-related diagnosis code • G0468
Preventative Care Services	Providers should follow the most current Current Procedural Terminology (CPT)® Evaluation & Management coding guidelines for billing preventive medicine services. Also refer to the American Academy of Pediatrics (AAP) coding guidelines for billing pediatric preventative care services available at www.aap.org/en-us/documents/coding_preventive_care.pdf.		

Preventive services

These preventative services may be ordered or performed during an IHA visit:

- Alcohol and substance abuse screenings
- Blood pressure monitoring
- Body mass index (BMI) testing
- Bone density testing
- Chlamydia screening
- Cholesterol screening
- Colorectal screening
- Dental assessment
- Depression screening
- Diabetes testing
- Flu shots
- Health education counseling
- Immunizations
- Lead screening for children at ages 12 and 24 months
- Mammograms
- Nutritional assessment
- Pap smears
- Perinatal care
- Physical exams
- Smoking and tobacco cessation counseling
- Tuberculosis (TB) testing
- Vision and hearing screening

Best practices

Follow these recommendations to adhere to IHA requirements:

- Schedule appointments and reminders with your patients.
- Follow the American Academy of Pediatrics (AAP), Child Health and Disability Prevention (CHDP) Program and U.S. Preventive Services Task Force (USPSTF) preventive care standards and guidelines during patient visits. The guidelines are available at downloads.aap.org/AAP/PDF/periodicity_schedule.pdf, www.dhcs.ca.gov/services/chdp/Pages/HAG.aspx and www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations.
- Use the DHCS approved SHA tool and follow the SHA Periodicity Table.[2]
- Bill the proper codes for the IHA.
- Follow medical record standards on documentation of all preventive care services, physical and behavioral health assessments, health education and counseling, referrals, and follow up care and treatment provided to patients.
- Use the online provider eligibility lists to identify new members who need an IHA. This report is generated monthly and can be found online by registering and logging onto **provider.cahealthwellness.com**, then select Patients to access and download the lists. Providers can use the filter feature to identify new members.
- If an established patient has changed plans, conduct an IHA with the SHA and perform an updated physical exam.
- Administer the SHA when members enter a new age group. Refer to the SHA questionnaire for age appropriate forms available at www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx. The adult and senior SHA must be re-administered every 3 to 5 years at a minimum, and should be reviewed annually.
- Follow up with identified high-risk behaviors and needed care.
- Review patient records to fill care gaps before the appointment with patient.
- To request approval to use an electronic version of the SHA or an alternate tool, contact our Health Education Department at **1-800-804-6074**.

[1]SHA Forms: www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx

[2]SHA Periodicity Table: www.dhcs.ca.gov/formsandpubs/forms/documents/mmcd_sha/gendocs/shainstructionsheetforprovideroffice.pdf

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