



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity

# Initial Health Appointment

September 26, 2023

**Integrity**

**Accountability**

**Collaboration**

**Trust**

**Respect**

# Initial Health Appointment

Effective January 1, 2023, the Initial Health Assessment has been changed to Initial Health Appointment (IHA)



To ensure that all Members have access to a comprehensive set of services based on their needs and preferences across the continuum of care, the IHA must include all the following:

A history of the Member's physical and mental health

An identification of risks

An assessment of need for preventive screens or services

Health education

The diagnosis and plan for treatment of any diseases

# Purpose of the Initial Health Appointment



Ensure timely patient visits that comprehensively assess and provide preventive and needed care



Document patient outreach



Provide an opportunity for patients to establish a relationship with their primary care provider



This contributes to Members leading to improved outcomes, health equity, longer, healthier, and happier lives.

# Who completes an IHA?

- The IHA must be completed by one of the following providers within a primary care setting:
  - Primary care physician
  - Nurse practitioner
  - Physician assistant
  - Obstetrician/gynecologist
  - Certified nurse midwife



# IHA Time Frame

- All newly enrolled Medi-Cal Members must receive a comprehensive IHA within 120 days of enrollment
- Appointments must be available to members within 10 business days of request
- Primary care providers must take at least 3 documented attempts to schedule a timely IHA, including one phone call and one letter



# IHA Provider Responsibilities



The Provider must document the IHA, and all outreach attempts, in the patient's medical record. This includes appointment scheduling or the patient's refusal to schedule an appointment



The IHA must be provided in a way that is culturally and linguistically appropriate for the Member

# PHM Monitoring Approach



GCHP will track primary care visits as a proxy for the IHA leveraging Managed Care Accountability Set (MCAS) measures specific to infant and child/adolescent well-child visits and adult preventive visits



CPT or HCPCS codes within the PCP visit claims that specify an IHA was conducted will also be monitored



Primary care visits and screenings will also be assessed including, but not limited to ACEs, developmental, depression, vision, hearing, lead, and substance use disorder (SUD).



GCHP Quality Improvement (QI) department distributes monthly lists of newly assigned members



IHA monthly reports are used to as an outreach tool for provider sites to outreach and establish IHA with GCHP members



GCHP QI nurses will conduct quarterly IHA medical record reviews to monitor compliance and provide additional support



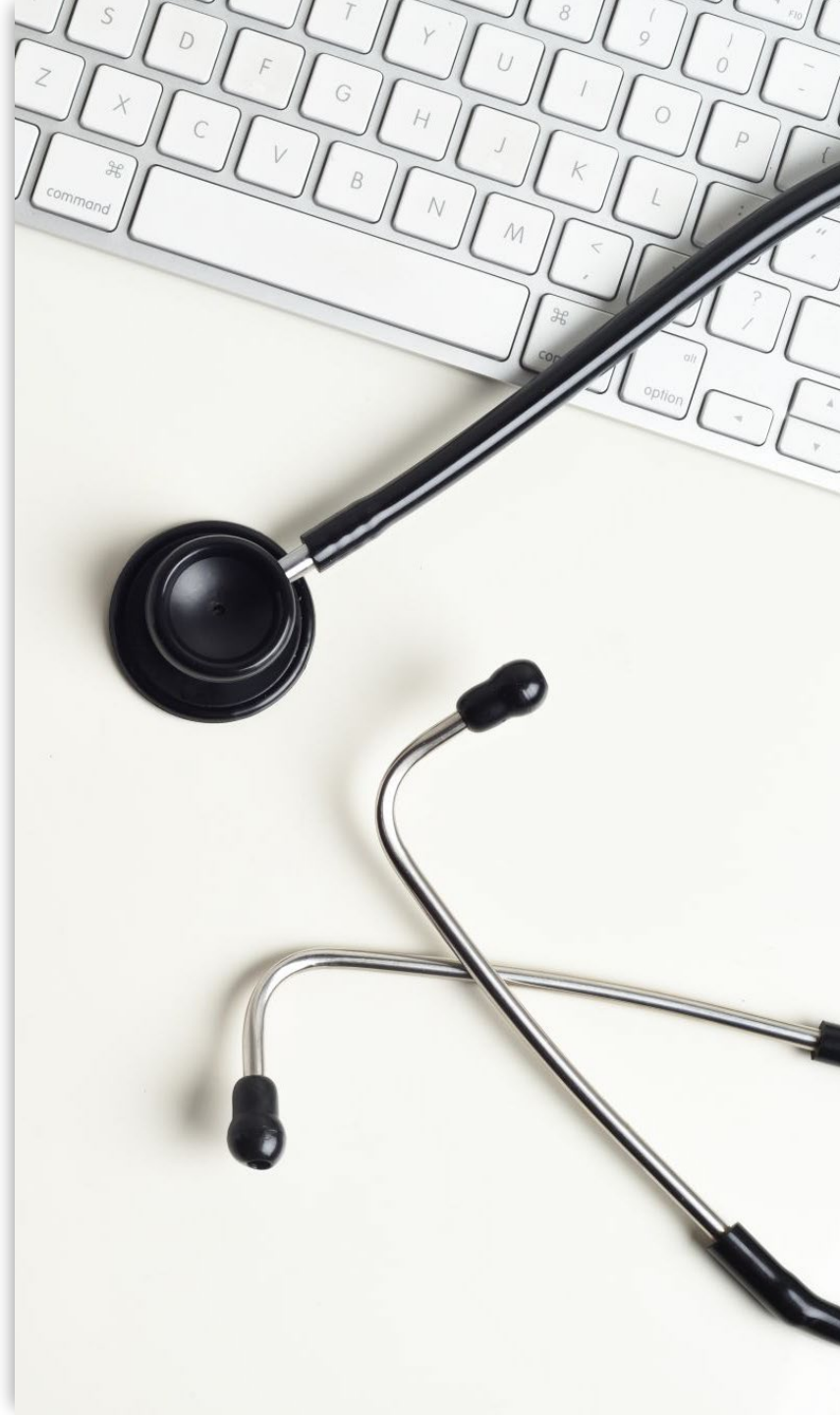
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## IHA Monthly Reports



# IHA Resources

- While the Staying Healthy Assessment (SHA) forms are no longer required, GCHP recommends utilizing SHA forms as a tool to assist in meeting IHA requirements.
- SHA forms and IHA resources can be found on the GCHP website
- [Staying Healthy Assessment Forms](#)
- [Bright Futures Periodicity Table](#)
- [United States Preventative Services Task Force](#)
- at [QualityImprovement@goldchp.org](mailto:QualityImprovement@goldchp.org)
- [DHCS PHM Policy Guide](#)
- For more information regarding translation, interpretation and accommodations for disability, staff can contact GCHP's Cultural and Linguistic Department at [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org)



# IHA Billing Code List



**Gold Coast Health Plan**  
A Kaiser Family Foundation

## IHA BILLING CODE LIST

Initial Health Appointments (IHAs) are comprehensive visits for newly enrolled Medi-Cal members. Gold Coast Health Plan (GCHP) primary care providers (PCPs) must complete an IHA for all newly linked members within 120 days of enrollment. Please see below for a complete list of IHA billing codes.

Member Population	Member Age	CPT Billing Codes	ICD-10 Reporting Codes
Pediatric New Patient	Newborn to 12 Months	99381	No Restriction
Pediatric New Patient	Child 1-4 Years	99382	No Restriction
Pediatric New Patient	Child 5-11 Years	99383	No Restriction
Pediatric New Patient	Child 12-17 Years	99384	No Restriction
Pediatric Established Patient	Newborn to 12 Months	99391	No Restriction
Pediatric Established Patient	Child 1-4 Years	99392	No Restriction
Pediatric Established Patient	Child 5-11 Years	99393	No Restriction
Pediatric Established Patient	Child 12-17 Years	99394	No Restriction
Adult Preventative Office Visit New Patient	18-39 Years	99385	No Restriction
Adult Preventative Office Visit Established Patient	18-39 Years	99395	No Restriction
Adult Preventative Office Visit New Patient	40-64 Years	99386	No Restriction
Adult Preventative Office Visit Established Patient	40-64 Years	99396	No Restriction
Adult Preventative Office Visit New Patient	65+ Years	99387	No Restriction
Adult Preventative Office Visit Established Patient	65+ Years	99397	No Restriction
Office Visit New Patient	Any Age	99202-99205	No Restriction
Office Visit Established Patient	Any Age	99212-99215, 99242-99245	CPT and an appropriate dx code: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z01.411, Z01.419 Z00.8, Z02.1 Z02.3, Z02.89
Hospital Care Initial	Any Age	99222-99223 Include Office Visit (99202-99205, 99211-99215) Within 30 Days of Discharge	No Restriction
Pregnant Women	Any Age	Any Age	Pregnancy Related Diagnosis
Pregnant or Postpartum Women	Any Age	Any Age	Pregnancy or Postpartum Related Diagnosis

### Reporting unsuccessful attempts to schedule members for an IHA

Members will be compliant for an IHA if the provider has documented the following:

- Three unsuccessful scheduling attempts.
  - » At least one telephone attempt.
  - » At least one written attempt (e.g., postcard, letter).
- Documentation of attempts must be maintained in the patient's medical record.

Coding combination required: **Procedure code:** 99499 **Modifier:** KX **ICD-10 Code:** Z00.00

No payment will be made for the claim as no services were rendered.

Providers and their staff can contact GCHP's Quality Improvement (QI) Department for continuing education and training at [QualityImprovement@goldchp.org](mailto:QualityImprovement@goldchp.org).

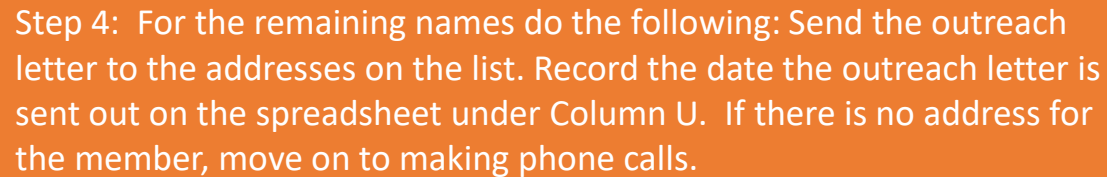
# Steps for IHA Outreach and Outreach Logs

- Step 1: The Gold Coast Health Plan medical provider office/clinic receives the IHA\_SHA New Member List Report on day 11 of each month sent from GCHP Reports [GCHP-Reports@goldchp.org](mailto:GCHP-Reports@goldchp.org)
- Step 2: Note four (4) new columns added to the spread sheet.
  - Column U: Date Letter Sent.
  - Column V: Date 1st phone call.
  - Column W: Date 2nd phone call.
  - Column X: Outcome Status Code, i.e., S, N, T, M, O, R, E
- Step 3: Look through the names on the list and determine if they are already established patients in your clinic/office. If they are, check for a physical exam in the past 12 months. If no exam in the last 12 months, send them an outreach letter (We have approved templates in English and Spanish, available upon request.) Record the date the letter is sent on the spread sheet and mark in the last column with the Outcome status Code “E” indicating the patient is already established. The outreach for those names is done.

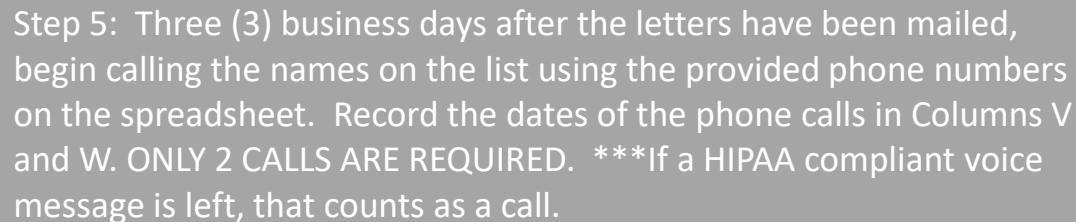


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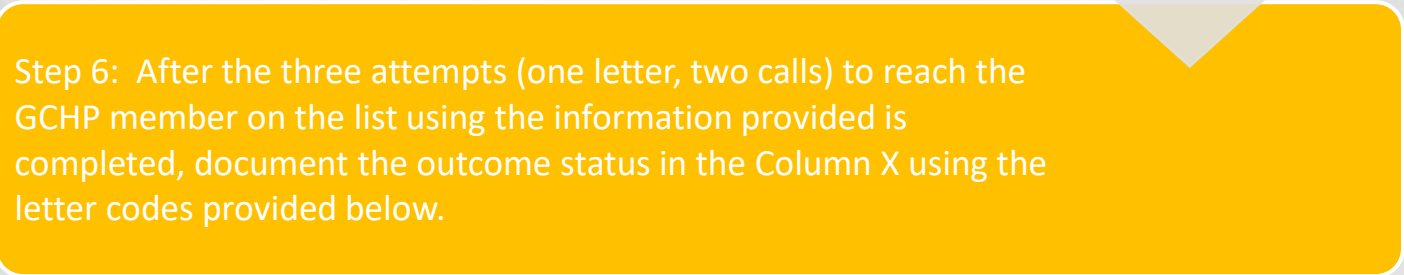
Step 4: For the remaining names do the following: Send the outreach letter to the addresses on the list. Record the date the outreach letter is sent out on the spreadsheet under Column U. If there is no address for the member, move on to making phone calls.



Step 5: Three (3) business days after the letters have been mailed, begin calling the names on the list using the provided phone numbers on the spreadsheet. Record the dates of the phone calls in Columns V and W. ONLY 2 CALLS ARE REQUIRED. \*\*\*If a HIPAA compliant voice message is left, that counts as a call.




Step 6: After the three attempts (one letter, two calls) to reach the GCHP member on the list using the information provided is completed, document the outcome status in the Column X using the letter codes provided below.



# Steps for IHA Outreach and Outreach Logs

Step: 7 When the IHA/SHA due date has passed (see Column R), finish completing the GCHP Outreach log form by entering the code "N" to all the names that do not have an outcome code entered in Column X. These members did not respond to your efforts.



Send the whole outreach log to Gold Coast Health Plan Quality Improvement by fax: **805-248-7616** OR e-mail: [QualityImprovement@goldchp.org](mailto:QualityImprovement@goldchp.org)

## Outcome Status Code and Legend:

**S** = Patient scheduled and kept appointment for IHA

**N** = No response from letter or calls

**T** = Patient reports they are receiving services at a clinic outside of network

**M** = Patient moved to another clinic in the same network or clinic system

**O** = Other: no longer on Medi-Cal, moved out of the county, etc.

**R** = Refused the offer of an IHA or is not interested at this time

**E** = Already an established patient at your clinic

# Outreach Log Sample

Member Name	Address	Phone Number	EFFECTIVE DATE	IHA_DUE-BY	REPORT_DATE	Date letter sent	Date of 1 <sup>st</sup> call	Date of 2 <sup>nd</sup> call	Status Outcome code

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# Contact Us



Providers and their staff can contact GCHP's quality improvement department for continuing education and training questions related to the IHA, e-mail us at [qualityimprovement@goldchp.org](mailto:qualityimprovement@goldchp.org)



If sending PHI that you are unable to send via secure e-mail, please fax us at (805) 248-7616