KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Initial Health Appointment(s)	**Policy #**	2.73-P
Policy Owner	Quality Improvement	**Original Effective Date**	03/2022
Revision Effective Date		**Approval Date**	06/26/2024
Line of Business	☒ Medi-Cal ☐ Medicare		

I. PURPOSE

To describe the Initial Health Appointment(s) (IHAs) requirements and associated activities of Kern Health Systems (KHS) and its contracted primary care providers (PCPs) via oversight and monitoring by the Quality Improvement (QI) Department. This policy is in alignment with KHS' Population Health Management (PHM) Policy, 19.20-P.

II. POLICY

Contracted PCPs are responsible for the completion and documentation of IHAs within 120 calendar days of member's enrollment with the Plan, pursuant to the standards outlined in All Plan Letter (APL) 22-030 Initial Health Appointment (IHA). All newly enrolled members must receive an IHA within 120 days of enrollment. A minimum of three documented attempts must be made to schedule the IHA, including at least one phone call and one letter.

A. The IHA consists of but is not limited to:

1. A history of the Member's physical and mental health, and psychosocial

2. An identification of risks
   a. This includes identification of social determinants of health and gaps in services.

3. An assessment of need for preventive screens or services
   a. For children and youth (i.e., individuals under age 21), Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings will continue to be covered in accordance with the American Academy of Pediatrics (AAP) /Bright Futures periodicity schedule, as referenced in APL 19-010.
   b. KHS will ensure provisions of preventative screenings for adults as recommended by United States Preventive Services Taskforce (USPSTF) but will no longer require all of these elements to be completed during the initial appointment, so long as members receive all required screenings in a timely manner consistent with USPSTF guidelines.

4. The diagnosis and plan for treatment of any diseases
    a. Providers will refer members to KHS Utilization Management and Population Health Management Department for services as indicated.

5. Health education
    a. Providers will refer members to KHS Health Education Department for services as indicated.

Although there is no specific form, documentation of this visit and assessment must be made in the patient's medical record and include all age-appropriate physical evaluation elements.

III. DEFINITIONS

TERMS	DEFINITIONS
N/A	

IV. PROCEDURES

A. IHA Awareness

1. All members have access to a Member Handbook / Evidence of Coverage, which informs members about the importance of contacting their PCP right away to schedule a "new member exam" or IHA.

2. Providers may reference KHS' Population Health Management (PHM) IHA Policy

3. PCPs are educated about performing the IHA, through provider trainings, Provider Bulletins, information, and training module available on the KHS' website, and/or individual education by Provider Network Management Representatives, Quality Improvement Nurses, or the Health Education team.

4. IHA Member Identification: PCPs can access a list of members needing an IHA completed through the Provider Portal. The listing is updated monthly. The list includes:
    a. Member name.
    b. Enrollment date,
    c. Date of birth,
    d. Gender
    e. IHA Due Date
    f. Address and telephone number, and
    g. PCP name and Provider Identity Document (ID).

B. IHA Monitoring

1. KHS utilizes three mechanisms for tracking and monitoring timely completion of IHAs.
    a. Completeness of the IHA documentation will be monitored through Provider Site Reviews and the medical record review portion of that process. When non-compliance with the requirements

for administering the IHA are identified, the KHS Certified Site Review nurse educates the provider on the requirements and issues a corrective action plan.

b. KHS runs a monthly report, IHA Members Report, listing all members who are compliant and non-compliant with the requirement for receiving an IHA and sends an educational and information letter to both the member and their assigned PCP.
c. Twice per year, a designated QI nurse completes an audit of PCPs by sampling a selection of members identified through the IHA Members Report listed above as compliant. See Attachment A, IHA Audit Tool. The goal is to ensure that all components of the IHA have been completed and documented in accordance with Department of Healthcare Services (DHCS) regulatory requirements, KHS policies, and KHS Medi-Cal contract requirements. A minimum of one hundred newly enrolled members will be reviewed from the report for IHA compliance. Providers who are not compliant with all aspects of completing the IHA receive an informational and educational letter advising them of the deficiencies and what the expectations are for the assessment. Informational references to DHCS' website and training for the Staying Health Assessment are included in the provider communication along with citations for DHCS' applicable policy letters.

2. Corrective Action for Non-Compliance
   a. Providers who are identified as non-compliant with all aspects of completing the IHA and receive an audit score of 75% or less twice in a given year will be contacted by a KHS Medical Director to discuss the findings and determine a plan of action.
   b. Providers who are repeatedly non-compliant after contacted by a KHS Medical Director will be required to submit a Corrective Action Plan (CAP) within 30 days of the findings. The CAP must be reviewed and approved by a KHS Medical Director (MD).
   c. Providers who are placed on a CAP will be included in both audits following the CAP or until corrective action is maintained.

B. ATTACHMENTS

Attachment A: IHA Bi-Annual Audit Tool
Attachment B: Educational Letter for IHA - Preventive Services Audit

C. REFERENCES

Reference Type	Specific Reference
DHCS Contract (Specify Section)	APL 22-030, Initial Health Appointment
DHCS Contract (Specify Section)	Exhibit A, Attachment 10
DHCS Contract (Specify Section)	Exhibit A, Attachment 18, Provision 10.A 1 & 2

D. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	2024-05	Per CEO, the CMO will be included as a signatory for this policy.	A.H. - Compliance
Revised	2024-02	Per CMO, signatories to include all QP and QI Directors and the removal of CMO.	Compliance
Revised	2023-12	Revised per DHCS AIR received on 12/28/23	QI/ M. Hugais
Revision	2023-05	Revised per 2022 DHCS Medical Audit CAP	QI
Effective	2022-03	Developed to comply with 2021 DHCS Medical Audit CAP	QI/ J. Daughenbaugh

E. APPROVALS

Committees | Board (if applicable)	**Date Reviewed**	**Date Approved**
Quality Improvement/Utilization Management (QI/UM)	06/22/2023	06/22/2023
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	**Date Reviewed**	**Date Approved**
Department of Health Care Services (DHCS)	07/14/2024	01/24/2024

Chief Executive Leadership Approval *		
Title	**Signature**	**Date Approved**
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
Chief Compliance and Fraud Prevention Officer		
*Signatures are kept on file for reference but will not be on the published copy		

KERN HEALTH SYSTEMS

Policy and Procedure Review

KHS Policy & Procedure: Initial Health Appointment(s)

Reason for revision: 2022 DHCS Medical Audit CAP

Director Approval		
Title	**Signature**	**Date Approved**
Jake Hall Senior Director of Contracting and Quality Performance		
Dr. John Miller Medical Director, Quality Improvement		
Magdee Hugais Director of Quality Improvement		
Kailey Collier Director of Quality Performance		

Date posted to public drive: _____

Date posted to website ("P" policies only) : _____

KERN HEALTH SYSTEMS

Initial Health Appointment (IHA) Audit Tool

Audit Score: Pass = 90%+ Fail = Less than 90%

Scoring:
1 = Compliant
0 = Non-Compliant
NA = Not Applicable and does not count in the total score

Audit Date:	**Total Possible Points**										
CIN #											
MR #		**MR #1**	**MR #2**	**MR #3**	**MR #4**	**MR #5**	**MR #6**	**MR #7**	**MR #8**	**MR #9**	**MR #10**
PCP											
Clinic Affiliation (e.g. CSV; KM; Omni; etc.)											
Age Group (Adult or Peds)											
Birth Gender (Male or Female)											
ALL MEMBERS											
Initial Health Appointment (IHA) was performed within 120 days of enrollment	1										
Performed by a Provider within the Primary Care Setting	1										
Documented is not necessary ff PCP determines the Member's medical record contains complete information that was updated within the previous 12 months	1										
Provided in a way that is culturaly and linguistically appropriate for the member	1										
Included in Member's medical record	1										
History of the Member's physical and mental health	1										
Identification of risks	1										
An assessment of need for preventive screens or services (mammogram, immunizations, etc..)	1										
Health Education	1										
Diagnoses and Plan of Care was documented	1										
Total NA items		0	0	0	0	0	0	0	0	0	0
Total Compliant Items		0	0	0	0	0	0	0	0	0	0
Total Non-Compliant Items		0	0	0	0	0	0	0	0	0	0
Total POSSIBLE POINTS minus total N/A for this medical record	**10**	10	10	10	10	10	10	10	10	10	10
SCORE: TOTAL divided by TOTAL POSSIBLE POINTS (%)		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

KERN HEALTH SYSTEMS

Initial Health Appointment (IHA) Audit Tool

Audit Score: Pass = 90%+ Fail = Less than 90%

Audit Date:											
CIN #											
MR #	**MR #11**	**MR #12**	**MR #13**	**MR #14**	**MR #15**	**MR #16**	**MR #17**	**MR #18**	**MR #19**	**MR #20**	**MR #21**
PCP											
Clinic Affiliation (e.g. CSV; KM; Omni; etc.)											
Age Group (Adult or Peds)											
Birth Gender (Male or Female)											
ALL MEMBERS											
Initial Health Appointment (IHA) was performed within 120 days of enrollment							1	1	1		1
Performed by a Provider within the Primary Care Setting							1	0	0		1
Documented is not necessary ff PCP determines the Member's medical record contains complete information that was updated within the previous 12 months							1	1	1		1
Provided in a way that is culturaly and linguistically appropriate for the member							1	1	1		1
Included in Member's medical record							1	1	1		1
History of the Member's physical and mental health							1	1	1		1
Identification of risks							1	1	1		1
An assessment of need for preventive screens or services (mammogram, immunizations, etc..)							1	1	1		1
Health Education							1	1	1		1
Diagnoses and Plan of Care was documented							1	1	1		1
Total NA items	0	0	0	0	0	0	0	0	0	0	0
Total Compliant Items	0	0	0	0	0	0	10	9	9	0	10
Total Non-Compliant Items	0	0	0	0	0	0	0	1	1	0	0
Total POSSIBLE POINTS minus total N/A for this medical record	10	10	10	10	10	10	10	10	10	10	10
SCORE: TOTAL divided by TOTAL POSSIBLE POINTS (%)	0%	0%	0%	0%	0%	0%	100%	90%	90%	0%	100%

KERN HEALTH SYSTEMS

Initial Health Appointment (IHA) Audit Tool

Audit Score: Pass = 90%+ Fail = Less than 90%

Audit Date:											
CIN #											
MR #	**MR #22**	**MR #23**	**MR #24**	**MR #25**	**MR #26**	**MR #27**	**MR #28**	**MR #29**	**MR #30**	**MR #31**	**MR #32**
PCP											
Clinic Affiliation (e.g. CSV; KM; Omni; etc.)											
Age Group (Adult or Peds)											
Birth Gender (Male or Female)											
ALL MEMBERS											
Initial Health Appointment (IHA) was performed within 120 days of enrollment	1	1	1	1							
Performed by a Provider within the Primary Care Setting	1	1	1	1							
Documented is not necessary ff PCP determines the Member's medical record contains complete information that was updated within the previous 12 months	1	1	1	1							
Provided in a way that is culturaly and linguistically appropriate for the member	1	1	1	1							
Included in Member's medical record	1	1	1	1							
History of the Member's physical and mental health	1	1	1	1							
Identification of risks	1	1	1	1							
An assessment of need for preventive screens or services (mammogram, immunizations, etc..)	1	1	1	1							
Health Education	1	1	1	1							
Diagnoses and Plan of Care was documented	1	1	1	1							
Total NA items	0	0	0	0	0	0	0	0	0	0	0
Total Compliant Items	10	10	10	10	0	0	0	0	0	0	0
Total Non-Compliant Items	0	0	0	0	0	0	0	0	0	0	0
Total POSSIBLE POINTS minus total N/A for this medical record	10	10	10	10	10	10	10	10	10	10	10
SCORE: TOTAL divided by TOTAL POSSIBLE POINTS (%)	100%	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%

KERN HEALTH SYSTEMS

Initial Health Appointment (IHA) Audit Tool

Audit Score: Pass = 90%+ Fail = Less than 90%

Audit Date:											
CIN #											
MR #	**MR #33**	**MR #34**	**MR #35**	**MR #36**	**MR #37**	**MR #38**	**MR #39**	**MR #40**	**MR #41**	**MR #42**	**MR #43**
PCP											
Clinic Affiliation (e.g. CSV; KM; Omni; etc.)											
Age Group (Adult or Peds)											
Birth Gender (Male or Female)											
ALL MEMBERS											
Initial Health Appointment (IHA) was performed within 120 days of enrollment											
Performed by a Provider within the Primary Care Setting											
Documented is not necessary ff PCP determines the Member's medical record contains complete information that was updated within the previous 12 months											
Provided in a way that is culturaly and linguistically appropriate for the member											
Included in Member's medical record											
History of the Member's physical and mental health											
Identification of risks											
An assessment of need for preventive screens or services (mammogram, immunizations, etc..)											
Health Education											
Diagnoses and Plan of Care was documented											
Total NA items	0	0	0	0	0	0	0	0	0	0	0
Total Compliant Items	0	0	0	0	0	0	0	0	0	0	0
Total Non-Compliant Items	0	0	0	0	0	0	0	0	0	0	0
Total POSSIBLE POINTS minus total N/A for this medical record	10	10	10	10	10	10	10	10	10	10	10
SCORE: TOTAL divided by TOTAL POSSIBLE POINTS (%)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

KERN HEALTH SYSTEMS

Initial Health Appointment (IHA) Audit Tool

Audit Score: Pass = 90%+ Fail = Less than 90%

Audit Date:							
CIN #							
MR #	**MR #44**	**MR #45**	**MR #46**	**MR #47**	**MR #48**	**MR #49**	**MR #50**
PCP							
Clinic Affiliation (e.g. CSV; KM; Omni; etc.)							
Age Group (Adult or Peds)							
Birth Gender (Male or Female)							
ALL MEMBERS							
Initial Health Appointment (IHA) was performed within 120 days of enrollment							
Performed by a Provider within the Primary Care Setting							
Documented is not necessary ff PCP determines the Member's medical record contains complete information that was updated within the previous 12 months							
Provided in a way that is culturaly and linguistically appropriate for the member							
Included in Member's medical record							
History of the Member's physical and mental health							
Identification of risks							
An assessment of need for preventive screens or services (mammogram, immunizations, etc..)							
Health Education							
Diagnoses and Plan of Care was documented							
Total NA items	0	0	0	0	0	0	0
Total Compliant Items	0	0	0	0	0	0	0
Total Non-Compliant Items	0	0	0	0	0	0	0
Total POSSIBLE POINTS minus total N/A for this medical record	10	10	10	10	10	10	10
SCORE: TOTAL divided by TOTAL POSSIBLE POINTS (%)	0%	0%	0%	0%	0%	0%	0%

KERN HEALTH SYSTEMS

[Date]

[Provider First Name, Last Name, Credentials]

[Street Address1]

[Street Address2]

Dear [Provider],

This is a follow-up letter regarding the outcomes of Kern Health Systems' (KHS) audit for completion of an Initial Health Appointment (IHA). [insert # of members selected] of your patients' records were selected for the audit. We have included a summary of the outcomes below for your review:

out of records reviewed, had an IHA completed within 120 days of enrollment.

out of records reviewed for completion of an IHA had one or more deficiencies.

Your overall audit score: % Compliance

Summary of non-compliance:

[Insert either a statement of what was not compliant]:

- ☐ IHA was not completed,
- ☐ At least 3 attempts to get the member to schedule an appointment for an IHA were not documented
- ☐ LIST OTHER ASPECTS NOT MET IF IHA WAS DONE BUT NOT IN IT'S ENTIRETY

The California Department of Health Care Services (DHCS) All Plan Letter 22-030 requires PCPs to administer an IHA to new members within 120 days of enrollment. The IHA is comprised of a history and physical and mental assessment, identification of risks, assessment of need for preventive services, health education, and diagnosis and plan for treatment of any diseases. A minimum of three documented attempts must be made to schedule the IHA, including at least one phone call and one letter.

A list of the elements of the IHA audited are listed at the end of this letter. If an IHA was completed, but certain elements were not compliant, those elements will be identified with a check mark in the far left column.

Going forward, please ensure you are adhering to the DHCS requirements regarding timely completion of IHAs. We have included multiple resources, including links to the age-specific SHA forms, and other helpful resources related to the IHA requirements.

Guidelines:

KERN HEALTH SYSTEMS

APL 22-030 (ca.gov)

DHCS APL 18-004 Immunization Requirements at https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-004.pdf

DHCS APL 20-016 Blood Lead Screening of Young Children at https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-016.pdf

USPSTF 2021 Guidelines at https://www.ahrq.gov/cpi/about/otherwebsites/uspstf/index.html

Bright Futures Website at https://brightfutures.aap.org/states-and-communities/Pages/California.aspx

Please do not hesitate to reach out to your Provider Representative at (661) 664-5000 or (800) 391-2000 with any questions or concerns related to the IHA requirements and/or the IHA and Preventive Health Services Audit.

Sincerely,

Kern Health Systems - Quality Improvement Team

KERN HEALTH SYSTEMS

Items Not Met	ALL MEMBERS
☐	1. The IHA was performed within 120 days of enrollment
☐	2. The medical records includes an age-specific Staying Healthy Assessment (SHA) tool
☐	3. The member's age at time of IHA visit is appropriate for utilized Staying Healthy Assessment (SHA).
☐	4. The medical records reflects diagnostic, treatment, and follow-up services for symptomatic findings or risk factors identified in the IHA within 60 days following discovery
☐	5. The medical record reflects TB assessments for all members: TB screening or CXR results for positive skin test results.
☐	6. If IHA has not been completed, the medical record reflects attempts and member's refusal to complete.
☐	7. If the IHA has not been completed due to missed appointments, the medical record reflects documented missed appointments and at least (2) attempts for follow-up, as appropriate, including one attempt by telephone and one by letter or postcard.
☐	8. Completed IHAs have been signed, printed, and dated by the PCP to verify the IHA was reviewed with the member.
☐	9. Immunization information is reported to the California Immunization Registry (CAIR) within 14 days of the immunization.
☐	10. Initial and annual assessment of tobacco use for each adolescent and adult member.
	PEDIATRICS (AGES 0-21)
☐	11. For Members under 21 Years of age the medical record reflects completion of an age appropriate H&P according to the most recent edition of the American Academy of Pediatrics (AAP) age specific guidelines and periodicity schedule.
☐	12. The medical record reflects a dental screening/oral assessment and dental referral starting at age 3 or earlier, if warranted.
☐	13. The medical record includes documented lab testing for anemia. (Screening for anemia only for age 12 months - heel stick).
☐	14. The medical record includes identification, treatment and follow up on obese members.
☐	14. The medical record includes documented age- appropriate immunization(s).
☐	15. The medical record includes documented age-appropriate administration of an IPV vaccine
☐	16. The medical record includes a documented testing for lead poisoning in IHA (if appropriate). (Lead level checks at ages 12 mos, 24 mos, and 72 mos).
☐	17. Follow-up lead re-check done on lead levels 10 to 14 within 3 months
☐	18. Follow-up lead confirmatory (venous) re-check is performed on lead evels 15 to 19 within 1-2 months.
	ADULT MEMBERS

☐	19. The medical record reflects completion of an age appropriate an H&P according to the most current edition of the Guide to Clinical Preventive Services published by the U.S. Preventive Services Task Force.
☐	20. The medical record includes colon and rectal cancer screening for adults 50 years to 75 years old.
☐	21. The medical record includes documented immunizations for adults as required. (Tdap, Flu, pneumovax).
	FEMALE MEMBERS
☐	22. The medical record includes a documented Mammogram every 2 years for adults 50 years to 75 years old.
☐	23. The medical record includes documented Osteoporosis screening for females 65 years and older.
Items Not Met	**FEMALE MEMBERS (Continued)**
☐	24. 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).
☐	25. Screening for cervical cancer in women ages 21 to 65 years with cytology (Pap Smear) every 3 years
☐	26. The medical record reflects that the HPV immunization was offered to age appropriate females (ages 9-26 years).
	MALE MEMBERS
☐	27. Prostate Specific Antigen (PSA) testing for men annually 45 years of age with high risk and ages 50-70 for men with average risk.
	SPD MEMBERS
☐	28. The Health Risk Assessment for the SPD member is present in the medical record.
☐	29. The SPD member has received all necessary information regarding their treatment and services so that they can make an informed choice.
☐	30. The medical record reflects that the SPD member agrees with the plan for treatment and services.