



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Initial Health Appointment (IHA)			POLICY #: 19.20-P		
DEPARTMENT: Population Health Management					
Effective Date: 01/2023	Review/Revised Date: 7/22/20224	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____	Date _____
Emily Duran	
Chief Executive Officer	
_____	Date _____
Chief Medical Officer	
_____	Date _____
Chief Operating Officer	
_____	Date _____
Senior Director of Provider Network	
_____	Date _____
Medical Director, Population Health Management	
_____	Date _____
Medical Director, Quality of Improvement	
_____	Date _____
Medical Director, Utilization of Management	
_____	Date _____
Director of Population Health Management	
_____	Date _____
Director of Quality Improvement	
_____	Date _____
Senior Director of Member Services	

PURPOSE

To describe Kern Health Systems (KHS) process and ensure that all members receive an Initial Health Appointment (IHA) as required by the California Code of Regulations (CCR), the PHM Policy Guide, and the MCP Contract.

POLICY

1. Kern Health Systems (KHS) members are entitled to and should receive timely access to an Initial Health Appointment (IHA). The IHA occurs during a member's encounter with a Provider within the primary care medical setting.
2. During the IHA, the Provider assesses and manages the acute, chronic, and preventative health needs of the Member.
3. All new members 21 years and older will receive an IHA within 120 days of enrollment.
4. All members under 21 will receive an IHA within 120 calendar days of enrollment or within the AAP Bright Futures periodicity timeline for children ages 18 months and younger, whichever is sooner.
5. An IHA will be completed for all Members and periodically re-administered when member's condition changes according to requirements in the PHM Policy Guide and MCP Contract requirements.
6. An IHA:
 - a. Will be performed by a Provider within the primary care medical setting.
 - b. Is not necessary if the Member's Primary Care Physician (PCP) determines that the Member's medical record contains complete information that was updated within the previous 12 months.
 - c. Will be provided in a way that is culturally and linguistically appropriate for the Member.
 - d. Will be documented in the Member's medical record.
7. An IHA must include all of the following:
 - a. A history of the Member's physical and mental health, and psychosocial
 - b. An identification of risks
 - i. This includes identification of social determinants of health and gaps in services.
 - c. An assessment of need for preventive screens or services
 - i. 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.
 - ii. 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.
 - d. The diagnosis and plan for treatment of any diseases
 - i. Providers will refer members to KHS Utilization Management and Population Health Management Department for services as indicated.
 - e. Health education
 - i. Providers will refer members to KHS Health Education Department for services as indicated.

DEFINITIONS

Initial Health Appointment (IHA)	A comprehensive assessment that is completed during the member's initial encounter(s) with a selected or assigned primary care physician (PCP), appropriate medical specialist, or non-physician medical provider and must be documented in the member's medical record.
Effective Date of Enrollment	On the first of the month following notification from the DHCS that: <ul style="list-style-type: none">1.1 The member is eligible to receive services from the plan, and capitation will be paid; and1.2 The member is not on "hold" status.1.3 For infants born to plan members, the effective date of enrollment is the date of birth. Such infants are the responsibility of the plan under the mother's reenrollment and are covered for all medically appropriate plan services from date of birth through the last day of the following month. Thereafter, the infant is identified by his/her own member number.1.4 In the case of retroactive enrollment, the effective date, for purposes of determining the timeframe for performing the IHA, is the date the plan receives notification of the member's enrollment.

PROCEDURES

1. Primary Care Physicians (PCPs), Nurse Practitioner (NP), or Physician Assistant (PA) must perform the IHA within the primary care medical setting.
 - a. Is not necessary if the Member's Primary Care Physician (PCP) determines that the Member's medical record contains complete information that was updated within the previous 12 months.
 - b. Must be provided in a way that is culturally and linguistically appropriate for the Member.
 - c. Must be documented in the Member's medical record.
2. All KHS members are assigned to PCP upon enrollment.
3. KHS has an IHA completion report that must be shared with PCP via Provider Portal. This includes list of members who have not completed their IHA and their enrollment date.
4. PCP will outreach and schedule an IHA to members.
5. If a comprehensive health assessment has recently been performed elsewhere, the PCP obtains the appropriate records and documents in the member's the medical record that the findings have been reviewed and updated accordingly.
6. Appropriate, timely and confidential exchange of clinical information among provider network components will be documented in the member's medical record.

PROVIDER EDUCATION

1. KHS will train network providers and their staff according to KHS policy and procedure.
2. KHS educates contracted providers about the Initial Health Assessment and Preventative services requirements, which are included in the KHS Provider Manual and Newsletters.
3. KHS will encourage providers to check Provider Portal for eligible members and identify members who did not keep their IHA.
 - a. PCPs will have a Provider Representative assigned to them.

- b. Each KHS Provider Representative will visit PCPs quarterly, or as needed, and educate PCPs to schedule noncompliant members who did not receive their IHA.

MEMBER EDUCATION

1. KHS members are informed of the availability of the IHA through member materials.
2. The materials provided to the member contain information in a language and literacy level that is understandable to the member, how to arrange for an IHA appointment, within the appropriate timeliness, the importance of keeping the IHA appointments, member rights, including providing the member the results of the IHA.
3. KHS will make good faith efforts to annually notify members about Wellness Visits and Preventative Services.

CONTINUOUS QUALITY ASSURANCE AND MONITORING

1. KHS will monitor compliance with the requirements of this policy.
2. KHS will leverage Managed Care Accountability Sets (MCAS) measures specific to infant and child/adolescent well-child visits and adult preventive visits.
3. For children, KHS will measure both primary care visits and childhood screenings, including but not limited to screenings for ACEs, developmental, depression, autism, vision, hearing, lead, and SUD.

REFERENCES

Revision 2024-07: Per CEO, the CMO will be included as a signatory for this policy. **Revision 2024-02:** Per CMO, updates made to signatories to include Medical Directors and the removal of the CMO. **Revision 2023-12:** Minor updates made by PNM and PHM teams. **Revision 2023-03:** Policy revised by Director of Population Management to comply with All Plan Letter 22-030, approval received by the DHCS on 8/2/2023.

1. All Plan Letter 13-017 at <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL%202008/PL08-003.PDF>
2. All Plan Letter 13-001 at [DHS Letter](https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2013/PL13-001.pdf) <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2013/PL13-001.pdf> and 08-003 at [DHCSDOC-003.PDF](https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL%202008/PL08-003.PDF) [1752074943-741.PDF \(ca.gov\)](https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL%202008/PL08-003.PDF)
3. PL 08-003 Information regarding the PHM Initiative is available at: <https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx>
4. Title 22 CCR section 53851(b)(1). The CCR is searchable at: https://govt.westlaw.com/calregs/index?__lrTS=20210423013246097&transitionType=Default&contextData=%28sc.Default%29.
5. PHM Policy Guide 2022 is available at <https://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Program-Guide-11y.pdf>.