



**Santa Clara Family
Health Plan™**

Initial Health Appointment (IHA)

SCFHP Provider Training

Agenda

1. What is the Initial Health Appointment?
2. IHA Requirements
3. Primary Care Physician's (PCP) Role
4. Documenting Outreach Attempts
5. IHA Member Visit(s)
6. SCFHP Responsibility

What is the Initial Health Appointment (IHA)?

Definition

- The IHA is a comprehensive assessment completed during the member's initial encounter(s) with their selected or assigned primary care physician (PCP) within the primary care medical setting.
- During the IHA, the provider assesses and manages the acute, chronic, and preventative health needs of the member.
- The IHA aims to provide both MCPs and providers with comprehensive and up-to-date member information upon a member enrolling in a new plan, so the plan and/or provider can help meet the member's needs.

IHA Requirements

Regulatory Background

- The IHA is a requirement outlined in the California Department of Health Care Services (DHCS) All Plan Letter (APL) 26-001(bit.ly/40QIIRn).
- The IHA must be completed within 120 days of enrollment for new members.
- It must be completed for all members and periodically re-administered according to requirements in the Population Health Management (PHM) Policy Guide (bit.ly/DHCS-PHM-Policy-Guide) and Managed Care Plan (MCP) Contract requirements.

IHA Requirements

DHCS Policy

- The IHA :
 - Must be performed by a provider within the primary care medical setting.
 - Must be provided in a way that is culturally and linguistically appropriate for the member.
 - Must be documented in the member's medical record.
 - 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.

Primary Care Physician's (PCP) Role

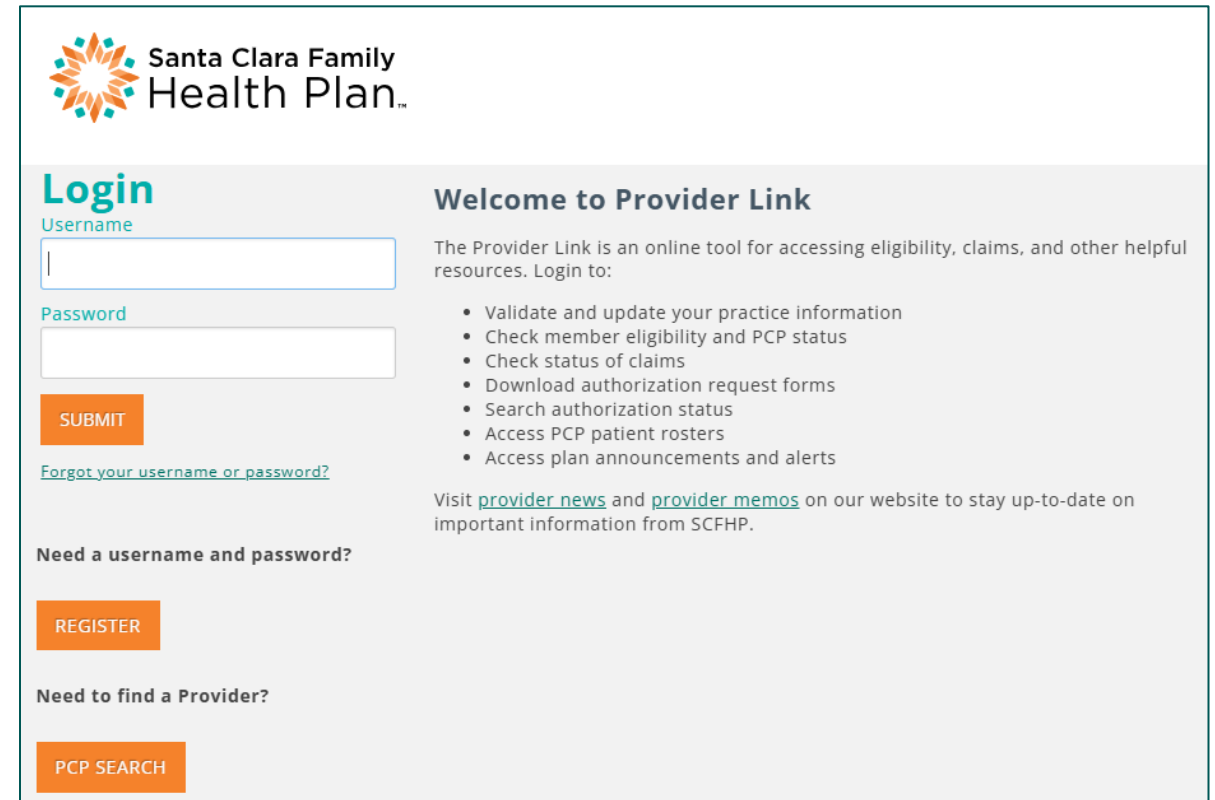
SCFHP Network PCPs

- DHCS requires PCPs to complete the IHA for all new plan members within 120 calendar days of enrollment into SCFHP.
- Providers are responsible for:
 1. Downloading their monthly list of newly assigned members.
 2. Conducting outreach to schedule and/or reschedule the IHA visit(s) within 120 days of enrollment.
 3. Completing the IHA within 120 days of member enrollment.

Primary Care Physician's (PCP) Role

Provider Link

- Log in to the Provider Link at providerportal.scfhp.com



The screenshot shows the login page for the Santa Clara Family Health Plan Provider Link. The page has a light blue header with the organization's logo and name. Below the header, there are two main sections: a login form on the left and a welcome message on the right. The login form includes fields for Username and Password, a SUBMIT button, and a link for 'Forgot your username or password?'. Below the login form, there is a 'Need a username and password?' section with a REGISTER button, and a 'Need to find a Provider?' section with a PCP SEARCH button. The welcome message on the right states that the Provider Link is an online tool for accessing eligibility, claims, and other helpful resources, and lists several functions available to providers, such as validating practice information, checking member eligibility, and downloading authorization forms. It also mentions visiting provider news and provider memos on the website for up-to-date information.

Santa Clara Family Health Plan™

Login

Username

Password

SUBMIT

[Forgot your username or password?](#)

Welcome to Provider Link

The Provider Link is an online tool for accessing eligibility, claims, and other helpful resources. Login to:

- Validate and update your practice information
- Check member eligibility and PCP status
- Check status of claims
- Download authorization request forms
- Search authorization status
- Access PCP patient rosters
- Access plan announcements and alerts

Visit [provider news](#) and [provider memos](#) on our website to stay up-to-date on important information from SCFHP.

Need a username and password?

REGISTER

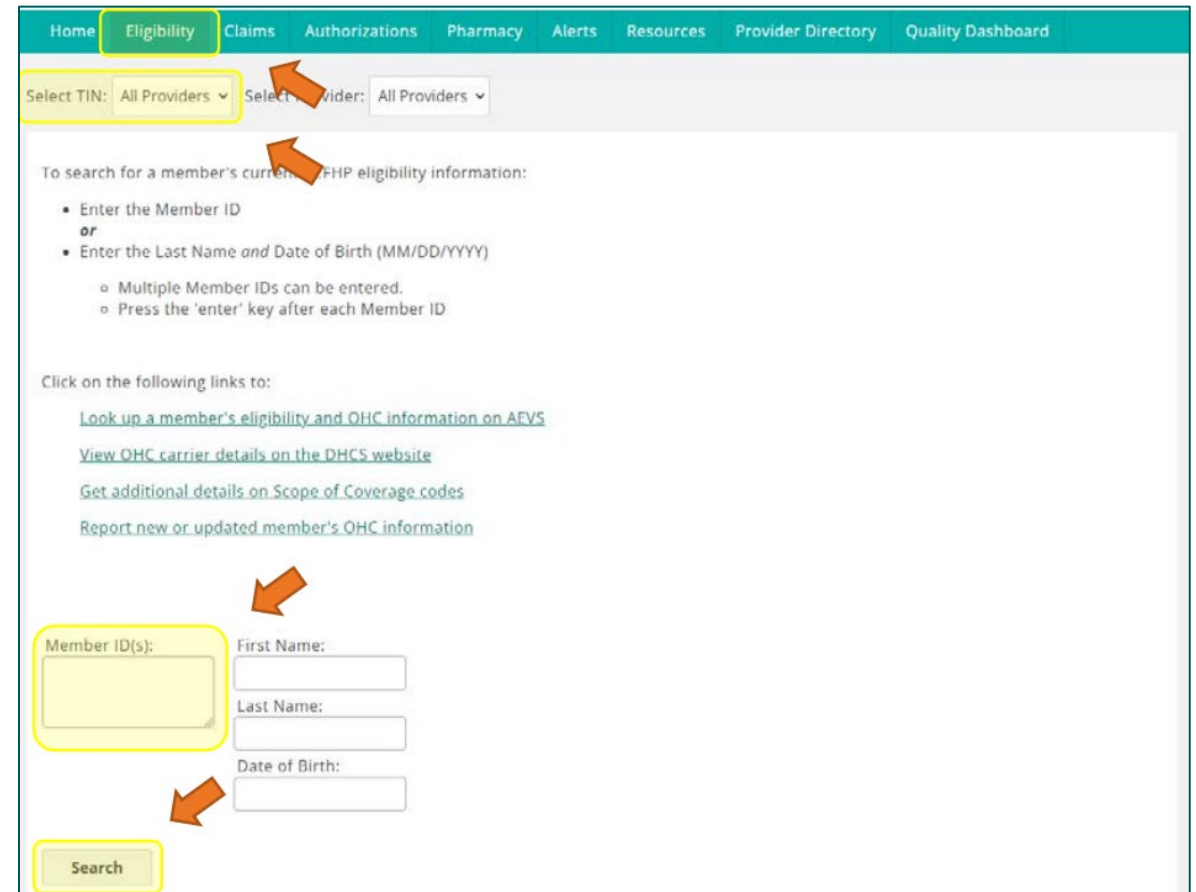
Need to find a Provider?

PCP SEARCH

Primary Care Physician's (PCP) Role

Instructions to Access Member Roster

- Navigate to Eligibility tab
- To look up member eligibility, select "TIN: All Providers"



The screenshot shows the 'Eligibility' tab selected in the top navigation bar. Below the navigation bar, there are two dropdown menus: 'Select TIN: All Providers' and 'Select Provider: All Providers'. Both are highlighted with yellow boxes and have orange arrows pointing to them. Below these, there is a section titled 'To search for a member's current FHP eligibility information:' with two options: 'Enter the Member ID' or 'Enter the Last Name and Date of Birth (MM/DD/YYYY)'. Below this, there are links to 'Look up a member's eligibility and OHC information on AFVS', 'View OHC carrier details on the DHCS website', 'Get additional details on Scope of Coverage codes', and 'Report new or updated member's OHC information'. At the bottom, there is a form with fields for 'Member ID(s)', 'First Name', 'Last Name', and 'Date of Birth'. The 'Member ID(s)' field is highlighted with a yellow box and has an orange arrow pointing to it. Below the form is a 'Search' button, also highlighted with a yellow box and an orange arrow pointing to it.

Primary Care Physician's (PCP) Role

Instructions to Access Member Roster

Member ID(s):

First Name:

Last Name:

Date of Birth:

<u>Name</u> 	<u>MemberID</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Benefit Plan</u>	<u>PCP</u>

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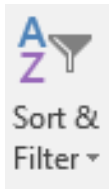
[Print Results](#) [Download Results](#)

Generating the results file may take several minutes depending on the number of records. Do not navigate away from this page after clicking the "Download Results" link.

Download and
open the
resulting file

Primary Care Physician's (PCP) Role

Instructions to Access Member Roster



- Click the **Sort & Filter** button and apply a filter to the first row
- To locate members with IHA due or overdue; filter all three columns below:
 - Enrollment Status (Column G) to Enrolled, New, and ReEnrolled
 - New to PCP Flag (Column H) to New and Existing
 - IHA Status (Column K) to Need IHA or IHA Over Due

A	B	C	D	E	F	G	H	I	J	K
FirstName	LastName	Member ID	Date of Birth	Gender	Benefit Pl	Enrollment Statu	New to PCP Flag	Aid Code	Most Rece	IHA Status
				M	Medi-Cal	Enrolled	Existing	M1		IHA Complete
				M	Medi-Cal	Enrolled	Existing	SPD		IHA Over Due
				F	Medi-Cal	Enrolled	Existing	33		IHA Complete
				F	Medi-Cal	Enrolled	Existing	M1		IHA Over Due
				M	Medi-Cal	Enrolled	Existing	M5		IHA Over Due
				M	Medi-Cal	Enrolled	Existing	2C		IHA Complete
				M	Medi-Cal	Enrolled	New	M1		Need IHA < 120 days (due by 06/01/2022)

Documenting Outreach Attempts

Attempts to contact the member

- IHA Outreach attempts must be documented in the member's medical record **AND** a claim should be submitted.
- Documentation must include **at least one (1) outreach attempt by a PCP by phone** to schedule and/or reschedule the IHA visit within the 120 day timeframe.
- If unable to schedule an IHA, there should be attempts to perform the IHA at subsequent member office visits within the 120 calendar days, including sick visits,
- As of the October 2025 enrollment period, SCFHP meets the requirement for written notification by including IHA outreach in the welcome letters sent to all newly enrolled SCFHP Medi-Cal members.

Documenting Outreach Attempts

IHA outreach submittal option #1: Claims

A claim should be submitted if there has been an inability to schedule AND/OR reschedule IHA

- Bill \$0 cost standalone claim utilizing custom IHA outreach attempt code:

Procedure Code	Definition	Code System
IHAOR	Outreach attempt to schedule member's IHA	Custom

- Please consult with your EMR, billing, and clearinghouse systems to configure and enable the custom procedure code

Documenting Outreach Attempts

IHA outreach submittal option #1: Claims

- When submitting the outreach attempt code, please use the **date of the attempt**
- Include an ICD-10 code such as **Z02.89** (Encounter for other administrative examinations), **Y93.9** (Activity, unspecified), or another appropriate administrative diagnosis code that does not impact the member's health status

Documenting Outreach Attempts

IHA outreach submittal option #2: Supplemental Data

As an alternative method, IHA outreach attempts can be submitted through a supplemental data file.

- Reach out to ProviderPerformance@scfhp.com to inquire about setting up a supplemental data feed with SCFHP
- A copy of the supplemental data file technical specifications will be provided
- Supplemental data files are due to SCFHP via Secure File Transfer Protocol (SFTP) by the 6th of each month

IHA Member Visit(s)

Visits qualified for IHA

- The IHA must be performed by a provider within the primary care medical setting.
- The IHA requirement can be completed over the course of multiple visits.
- Telehealth visits can be used as an option for completing one or more components of the IHA requirement, but not all of the requirement.

IHA Member Visit(s)

Visits not qualified for IHA

- Perinatal visits, other than the initial complete assessment of a pregnant woman according to American College of Obstetricians and Gynecologists (ACOG) guidelines
- Urgent-care and/or emergency visits or services
- Specialty visits

IHA Member Visit(s)

Exclusions

- Members who are not continuously enrolled or are dis-enrolled members within the 120 day timeframe.
- Members with documented outreach to schedule and/or reschedule the IHA
- Members with documented or refusal to complete the IHA
- Members who completed the IHA with a previous provider or insurance within the previous 12 months, with documentation of:
 - a. Provider determination that record contains a completed IHA within the previous 12 months; documentation must be within the 120 day period
 - b. Record of the of the previous IHA

IHA Member Visit(s)

Five Required Components

An IHA at a minimum must include:

1. A history of the member's physical and mental health;
2. An identification of risks;
3. An assessment of need for preventive screens or services;
4. Health education; and
5. The diagnosis and plan for treatment of any diseases.

IHA Member Visit(s)

A history of the member's physical and mental health

- History of Present Illness (HPI)
- Past medical history
- Social history
- History of member's mental health*

**Component is often not met during medical record reviews.*

IHA Member Visit(s)

An identification of risks

- Conduct screenings/assessments and identify risks including, but not limited to:
 - Health Risk Assessment
 - Social Needs Screening
 - Cognitive Health Assessment for 65 years and older (Mini-Cog, GPCOG)
 - Adverse Childhood Experiences (ACEs) up to 64 years old

IHA Member Visit(s)

An assessment of need for preventive screenings or services

- Members receive all required screenings in a timely manner consistent with USPSTF guidelines:
 - For adults: United States Preventive Services Task Force 'A' and 'B' recommendations: bit.ly/3L79ZP6
 - For members under 21 years of age: American Academy of Pediatrics (AAP): bit.ly/3D6Y8xM (AAP Bright Futures)

IHA Member Visit(s)

An assessment of need for preventive screenings or services

- Immunizations according to the most recent local (Santa Clara County Public Health Department, SCCPHD: bit.ly/4od12Zq) and state (California Department of Public Health, CDPH: bit.ly/43b18qL) public health guidelines for adults and pediatrics. Providers are required to use the California Immunization Registry (CAIR).

IHA Member Visit(s)

Health Education

- Provide health education and anticipatory guidance according to, but not limited to: age, risk factors, or acute/chronic continuous conditions to promote injury and disease prevention
- Health education materials for members can also be found on SCFHP website: bit.ly/43atJwi
- Anticipatory Guidance can be found on AAP Bright Futures website: bit.ly/3PJSoEV

IHA Member Visit(s)

The diagnosis and plan for treatment of any diseases.

- Diagnosis based on the evaluation; the PCP identifies any existing conditions or diseases.
- Plan of treatment for any disease or health condition identified, which may include medication, lifestyle changes, referrals to specialists, or other interventions.
- All medically necessary diagnostic, treatment, and follow-up services identified through findings from any visit must be initiated as soon as possible, **but no later than 60 calendar days** following the findings.

IHA Member Visit(s)

Additional Requirements

- Providers must ensure completion of:
 1. Blood lead screening
 2. Provision of blood lead anticipatory guidance
 3. Referrals for children with positive blood lead and developmental disorder screenings

IHA Member Visit(s)

Additional Requirements (Continued)

- Providers must ensure completion of:
 4. Referrals for adults and children with positive adverse childhood experiences (ACEs)
 5. Cognitive Health Assessments for members 65 years or older who do not have Medicare coverage

SCFHP Responsibility

SCFHP monitors compliance with IHA requirements

- DHCS requires SCFHP to monitor provider IHA compliance
- SCFHP routinely conducts audits on randomly selected providers
- Medical records are reviewed for the required compliance of IHA components and documentation of outreach attempts
- Corrective action plans are issued if failure continues after provider education is provided

Questions?

SCFHP Contacts

- Quality Improvement: IHA@scfhp.com
- Provider Performance Program (PPP): ProviderPerformance@scfhp.com
- Provider Services: ProviderServices@scfhp.com

Additional Questions

Resources

- All Plan Letter (APL) 26-001: bit.ly/40QlIRn
- CalAIM Population Health Management (PHM) Policy Guide: bit.ly/DHCS-PHM-Policy-Guide
- SCFHP IHA Resources: bit.ly/Providers_IHAs
- SCFHP IHA Technical Specifications: bit.ly/iha-tech-spec