PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MCQP1021 (previously QP100121)</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Initial Health Appointment</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 10/18/2000</td><td colspan="4">Next Review Date: 01/08/2026
Last Review Date: 01/08/2025</td></tr>
<tr><td>Applies to:</td><td colspan="2">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 01/08/2025</td></tr>
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I. RELATED POLICIES:

A. MPQG1005 – Adult Preventive Health Guidelines
B. MPQG1015 – Pediatric Preventive Health Guidelines
C. MCUP3101 – Screening and Treatment for Substance Use Disorders
D. MCUG3118 – Prenatal and Perinatal Care
E. MPQP1022 – Site Review Requirements and Guidelines
F. CMP36 – Delegation Oversight and Monitoring
G. MCUP3039 – Direct Members
H. MCCP2021 – Women, Infants and Children (WIC) Supplemental Food Program

II. IMPACTED DEPTS:

A. Member Services
B. Provider Relations
C. Health Services

III. DEFINITIONS:

A. An Initial Health Appointment (IHA) is defined as a member's visit to his or her Primary Care Provider (PCP) or other provider of primary care services, within stipulated timelines for an evaluation that consists of a history and physical examination sufficient to assess and manage the acute, chronic and preventive health needs of the member. The IHA must be documented in the member's medical record.
B. Partnership HealthPlan of California (Partnership) defines newly assigned members as those individuals never before enrolled to the health plan or a previously enrolled member's first month back to the plan, who was not continuously enrolled for 120 days in the past eight months, prior to the new member month.
C. Direct Members are those whose service needs are such that PCP assignment would be inappropriate. Assignment to Direct Member status is based on the member's aid code, prime insurance, demographics, or administrative approval based on qualified circumstances. A Referral Authorization Form (RAF) is not required for Direct Members to see Partnership network providers and/or certified Medi-Cal providers willing to bill Partnership for covered services. However, many specialists will still request a RAF from the PCP to communicate background patient information to the specialist and to maintain good communication with the PCP.

IV. ATTACHMENTS:

A. PCP New Member Letter MC
B. IHA Applicable Visit Codes
C. Two- Attempt Outreach Tracker Template

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V. PURPOSE:

To describe the Policy & Procedure for conducting an Initial Health Appointment (IHA) for Medi-Cal members.

VI. POLICY / PROCEDURE:

A. To meet the Department of Health Care Services (DHCS) contractual requirements, an IHA is to be performed:
   1. Within 120 days of a member's enrollment in Partnership HealthPlan of California (Partnership) or within 120 days of a member's assignment to a PCP (whichever is most recent).
      a. Refer to Medi-Cal Managed Care Division policy letter APL 22-030 (Dec. 22, 2022 supersedes APL 13-017 and Policy Letters 13-001 and 08-003).
      b. Exceptions to this requirement are specified in Section E of this policy.

B. An IHA must be performed by a Provider within the primary care medical setting and must be provided in a way that is culturally and linguistically appropriate for the member.

C. An IHA must include all of the following:
   1. A history of the member's physical and mental health;
      a. History of present illness
      b. Past medical history
      c. Social history
      d. Review of organ systems (ROS) including dental assessment
   2. An identification of risks;
   3. An assessment of need for preventive screens or services; see Section D
   4. Health education
      a. The provider should assure documentation, at initial and subsequent visits, of health education interventions including risk factors addressed, intervention codes, date and PCP's signature or initials. More extensive documentation in the progress notes is encouraged.
   5. The diagnosis and plan for treatment of any diseases.
   6. A Member Risk Assessment

D. Preventive Services
   1. The IHA must bring members up to date with all currently recommended preventive services, including immunizations, or arrange to have the member brought up-to-date if, for any reason, this objective cannot be fully accomplished at the time of the IHA.
   2. The IHA shall follow the United States Preventive Services Task Force (USPSTF) / Advisory Committee on Immunization Practices (ACIP) immunization protocols as set forth in DHCS' APL 24-008.
      a. If the Medi-Cal provider manual outlines less restrictive criteria than ACIP, immunizations are provided according to the less restrictive guidelines.
   3. For members under the age of 21 years, the IHA shall follow these requirements:
      a. The IHA shall follow the requirements of Health and Safety Code (H&S), Sections 124025, et seq., and Title 17, CCR, Sections 6l842 through l6852, except that the PCP shall follow the most recent periodicity schedule (*aka* Bright Futures Recommendations for Periodic Preventive Health Care) recommended by the American Academy of Pediatrics (AAP) as noted in Reference D of this document and in MPQG1015, the Pediatric Preventative Health Guidelines.
         1) All active CHDP providers as of June 30, 2024 were automatically enrolled as CPE (Children's Presumptive Eligibility Program) providers on July 1, 2024.
      b. For asymptomatic members 21 years and older, the IHA shall follow these guidelines:
         1) The IHA shall include a history and physical examination sufficient to assess and manage the acute, chronic, behavioral, and preventive health needs of the member.

2) The PCP shall provide the core set of preventive services for adult screening of asymptomatic health members over the age of 21years consistent with MCQG1005, Adult Preventive Health Guidelines and the Guide to Clinical Preventive Services of the U.S. Preventive Services Task Force (USPSTF).

4. Perinatal Services
   a. Perinatal services for pregnant members will be provided according to the most current standards or guidelines of the American College of Obstetrics and Gynecology (ACOG). Refer to the policy MCUG3118, Prenatal and Perinatal Care. For members who are pregnant upon enrollment or who are discovered to be pregnant before an IHA has been performed, an IHA must be performed by the member's PCP, or other provider of primary care services (i.e., OB/GYN). The pregnancy must be noted and the Initial Prenatal Assessment for pregnant women completed, or referral made to another Partnership provider for initiation of pregnancy-related services, including the required prenatal assessment. The assessment must be administered at the initial prenatal visit, once each trimester thereafter, and at the postpartum visit. Risks identified must be followed up with appropriate interventions and documented in the medical record.
   b. Pregnant and breastfeeding members must be referred to the Women, Infants, and Children (WIC) program. Infant feeding plans should be documented during the prenatal period, and infant/breastfeeding status is documented during the postpartum period. See MCCP2021 – Women, Infants and Children (WIC) Supplemental Food Program.
5. Members with Chronic and/or Complex Conditions
   a. For members who have been receiving services for chronic and/or complex conditions prior to enrollment in Partnership, the clinician conducting the IHA must ask specific questions to identify services being provided to members by Local Education Agencies, Regional Centers, early intervention programs, the Whole Child Model (WCM) and other special programs outside of the Partnership network, including those serving aged and/or disabled members, to allow the PCP and Partnership to most effectively accomplish necessary coordination, continuity of care and case management functions.

E. Excluded Members
1. Individual members may be excluded from the IHA requirement under the following circumstances:
   a. The medical records contain documentation of prior health assessments within the 12 months prior to enrollment, and which the member's primary care services provider determines meets the requirements for documentation of the IHA.
   b. Members who are not continuously enrolled in Partnership for 120 days.
   c. Members, including emancipated minors, or a member's parent(s) or guardian, who refuses an IHA. A declination should be documented in the member's medical record.
   d. Members with certain restricted aid codes, except pregnancy, which limit the services to which members are entitled, or to members who are share-of-cost (SOC) Medi-Cal beneficiaries are exempted from the IHA.
   e. The member was dis-enrolled from the plan before an IHA could be performed.
   f. The member missed a scheduled PCP appointment and two additional documented attempts to reschedule have been unsuccessful. If these efforts prove to be unsuccessful, the documentation must include at least two attempts to outreach to the member.

F. IHA Training
1. Site Review:
   a. Partnership will provide training for our network providers and staff during the Site Review (SR) and via the Providers' Newsletter on an annual basis. Information includes:
      1) Adequate documentation,
      2) Timelines for performing IHAs, and

3) Procedures to assure the visit(s) for the IHA are scheduled and that members are contacted for missed IHA appointments.

2. Provider Relations
   a. New member lists, with address labels, are distributed to providers. Providers may use these lists to document contact attempts. This documentation should be kept for three years.

G. Informing Members
1. Members will be informed of IHA requirements via the Member's Newsletter and Partnership's website regarding:
   a. Instructions on arranging IHA appointments with appropriate timelines
   b. Importance of scheduling and keeping the IHA appointment

H. IHA Monitoring
1. Partnership will monitor compliance to the timely provision of IHAs during the regularly scheduled Medical Record Review (MRR), as part of the Site Review. Reviewers provide PCPs with a list of members that claims data identifies as needing an IHA. Reviewers also provide templates for PCPs to document outreach attempts to bring members in for an IHA visit. PCPs or other providers of primary care services must document the performance of an IHA in the member's medical record or state that equivalent information is part of the medical record. All counseling, anticipatory guidance, risk factor reduction interventions and other follow-up treatment and/or referrals for problems noted during the IHA should be documented in the medical record. Exemptions from the IHA requirement must be appropriately documented in the medical record or on the PCP member list.
2. On an annual basis, Partnership pulls claims and encounters with specific visit codes (Attachment B – IHA Applicable Visit Codes) for primary care providers to identify the potential percentage of their newly assigned members who had a visit within 120 days of being newly assigned. Due to limitations and the lack of a singular IHA billing code, this report is only able to show potential IHA's completed.

I. Direct Members: Since Direct Members are not generally assigned to a PCP, providers primarily responsible for their care should perform the IHA per the requirements outlined in this policy. For more information on Direct Members, see MCUP3039 – Direct Members.

J. Delegation of IHA monitoring functions
1. Organizations or groups who have one or more DHCS Certified Site Reviewers may be determined eligible, at Partnership discretion, to perform IHA monitoring functions as part of the Site Review Process. An organization or groups will perform these functions under a formal delegation agreement.
2. A formal delegation agreement is inclusive of a detailed grid outlining key functions and responsibilities of both Partnership and the delegated entity.
3. Delegated entities will perform IHA monitoring functions for all Primary Care Physician (PCP) sites no less than every three years.
4. Partnership conducts an audit not less than annually to ensure the appropriate policy and procedures are in place.
5. Results from Oversight and Monitoring activities shall be presented to the Delegation Oversight Review Sub-Committee (DORS) for review and approval.

VII. REFERENCES:

A. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-008 Immunization Requirements (June 21, 2024) supersedes APL 18-004
B. DHCSAPL 22-030 Initial Health Appointment (Dec. 22, 2022 supersedes APL 13-017 and Policy Letters 13-001 and 08-003)
C. DHCS APL 21-014 Alcohol and Drug Screening, Assessment, Brief Intervention and Referral to

Treatment (Oct. 11, 2021)

D. American Academy of Pediatrics: Recommendations for Preventive Pediatric Health Care https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf (June 2024)
E. DHCS APL 23-005 Requirements For Coverage Of Early And Periodic Screening, Diagnostic, And Treatment Services For Medi-Cal Members Under The Age Of 21 (March 16, 2023 supersedes 19-010)
F. DHCS CHDP Provider Notice 22-06 Child Health and Disability Prevention Program Discontinuance (Oct. 21, 2022)
G. DHCS CHDP Transition Plan (March 2024)

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer (CMO)

X. REVISION DATES: 05/15/02; 04/20/05; 06/21/06; 06/20/07; 07/16/08; 10/21/09 11/17/10; 10/16/13; 02/19/14; 02/17/16; 02/15/17; *03/14/18; 06/13/18; 06/12/19; 06/10/20; 06/09/21; 03/09/22; 03/08/23; 03/13/24; 06/12/24; 01/08/25

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:
N/A