

PROVIDER Update



Health Net®

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Manage Your Patients' Health Care Needs with an IHA

Complete the initial health assessment (IHA) within 120 days for new Medi-Cal members

The Initial Health Assessment (IHA) can be completed by a primary care physician (PCP), nurse practitioner, certified nurse midwife, or physician assistant. At a minimum, it must include:

- Physical, social or mental health histories.
- Preventive care services.
- Physical examination.
- Completion of the age-appropriate Staying Healthy Assessment (SHA) form or Department of Health Care Services (DHCS) approved Individual Health Education Behavioral Assessment (IHEBA).

The IHA is required by DHCS for all newly enrolled members, including those with disabilities. Providers must follow DHCS requirements for completing the IHA, in accordance with DHCS plan letters 08-003 and 13-001.

Age	Additional IHA requirements for Medi-Cal patients
21 and older	<ul style="list-style-type: none">• Follow DHCS guidelines and Health Net preventive care services guidelines• The U.S. Preventive Services Task Force (USPSTF) A and B Recommendations are considered the minimum acceptable standards for adult preventive care services. These are online at www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations
Under 21	<ul style="list-style-type: none">• Follow the Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care, also known as the Periodicity Schedule, for all new pediatric members for wellness examinations. These are online at www.aap.org/en-us/Documents/periodicity_schedule.pdf

Use the SHA to assess acute, chronic and preventive health needs

An age-appropriate SHA can help PCPs:

- Identify high-risk behaviors of individual members.
- Assign priority to individual health education needs of members related to lifestyle, behavior, environment, culture, and language.
- Begin discussions and counseling regarding high-risk behaviors.
- Provide tailored health education counseling, interventions, referrals, and follow-up care for members.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

Conduct the age-appropriate SHA to new members and existing members as part of the 120-day IHA. Remember to:

- Administer the SHA when members enter a new age group.
- Check with members on an annual basis to determine any changes and provide needed health education counseling, intervention, referral, and follow-up.
- Sign, date and document topics discussed and assistance provided, and keep the SHA as part of the patient's medical record.

Find the SHA online or by calling Health Education

Find the SHA online in English and other languages at www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx. An instruction sheet for the SHA is also online at www.dhcs.ca.gov/formsandpubs/forms/Documents/MMCD_SHA/GenDocs/SHAInstructionSheetforProviderOffice.pdf.

To request approval to use an electronic version of the SHA or to request copies, contact the Health Net Health Education Department at 1-800-804-6074.

Remember to keep documentation

All exceptions for not completing the IHA requirement must be documented in the member's medical record. Record all notes on member contacts, outreach attempts, appointment scheduling, or the member's refusal to schedule an appointment or receive care.

Exceptions for completing the IHA timely include:

- Existing physical and mental health history can be added into the IHA requirement.
- All other IHA elements were completed within 12 months prior to the effective date of enrollment.
- Missed scheduled appointments with evidence of:
 - Two additional attempts to reschedule via mail or by telephone,
 - Provider attempts to update members contact information, and
 - Provider attempts to perform the IHA past the 120-day requirement until the IHA is completed.

Evidence of timely completion of the IHA and SHA is determined during the facility site and medical record review periodic audits.

Online reports help you identify members who need an IHA

Health Net* members who have not yet had an IHA according to encounter data are listed on the 120-Day Initial Health Assessment Report. This report is generated monthly and can be found online at provider.healthnet.com > *Provider Reports* > *Initial Health Assessment (IHA)* under Available Reports.

Outreach activities help remind members to make appointments with you

Health Net conducts the following IHA outreach activities to remind members to schedule appointments with their physicians.

- **Welcome packet** – Includes an IHA notification, an identification (ID) card, appropriate provider directory, and information on how to schedule an appointment with their PCP. The IHA notification instructs new members to schedule an appointment with their PCPs and provides education and contact information.
- **Welcome telephone call** – After the new member packet has been sent out, automated recorded calls are made to welcome members to the plan. The call is to remind members to have their IHA completed within 120 days of enrollment. The Member Services telephone number is provided for questions or help.
- **Reminder postcard** – Sent to new members if IHAs have not been scheduled within 45 days of enrollment.

Additional information

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.