UnitedHealthcare Community Plan of California
Initial Health Assessment Care Provider Training

Please review the following topics and links to help ensure you’re in compliance with California Department of Health Care Services (DHCS) requirements for completing Initial Health Assessments (IHAs) for Medi-Cal members.

**DHCS IHA Definition**
Per [DHCS Policy Letter 08003](#), an IHA is a comprehensive assessment that’s completed during the member’s initial encounter(s) with a selected or assigned primary care provider (PCP), appropriate medical specialist or non-physician medical provider (nurse practitioner, certified nurse midwife, physician assistant or PCP in training). The IHA enables the member’s PCP to assess and manage the member’s acute, chronic and/or preventive health care needs.

**IHA Requirements**
In accordance with DHCS guidelines, we require the care providers in our network to complete a member IHA and document it in the member’s medical record within 120 calendar days of enrollment in UnitedHealthcare Community Plan. Here’s what needs to be included in the IHA:

- **Comprehensive History:** The member’s medical history must be sufficiently comprehensive to assess and diagnose acute and chronic conditions, including – but not limited to – the following:
  - History of present illness
  - Past medical history
    - Age-appropriate immunization status
    - Age-appropriate feeding and dietary status
    - Allergies
    - Current medications
    - Prior hospitalizations
    - Prior major illnesses and injuries
    - Prior operations
  - Social history
    - Current employment
    - Level of education
    - Marital status and living arrangements
    - Occupational history
    - Sexual history
    - Use of alcohol, drugs and tobacco
- Any other relevant social factors
  - Review of systems

**Preventive Services**

- Adult preventive services:
  - Adhere to the current edition of the U.S. Preventive Services Task Force (USPSTF) Guide to Clinical Preventive Services - specifically, USPSTF “A” and “B” recommendations for providing preventive screening, testing and counseling services. The status of current recommended services must be documented in the IHA.
  - Adhere to the Centers for Disease Control and Prevention (CDC) Adult Immunization Schedule for members ages 19 and older.

- Pediatric preventive services for members ages 20 and younger:
  - Adhere to the current preventive services guidelines and periodicity schedule from the American Academy of Pediatrics Bright Futures program.
  - Adhere to the CDC Child and Adolescent Immunization Schedule for members ages 18 and younger.

- Perinatal preventive services
  - Adhere to current clinical guidelines from the American College of Obstetrics and Gynecology.

**Comprehensive Physical and Mental Status Exam**

- The exam must be sufficient to assess and diagnose acute and chronic conditions.

**Diagnoses and Plan of Care**

- The plan of care must include all follow-up care activities.

**Stay Healthy Assessment (SHA)**

- Per DHCS Policy Letter 13-001, care providers must administer an age-specific SHA form to each member as part of the IHA.
- SHA training, forms and additional resources are available on the DHCS website.
- If a member refuses the SHA, their refusal should be documented in their medical record.

**Additional Guidelines**

If the member refuses the IHA, please document their refusal in their medical record. Please note that, per DHCS requirements, you are responsible for scheduling IHA appointments with the member, as well as rescheduling their IHA appointments if they miss or cancel an appointment with you. Please document your initial outreach plus two additional outreach efforts to reschedule the member’s appointment.

**PCP Panel Roster**

You can use the PCP Panel Roster to see which UnitedHealthcare Community Plan members are assigned to you. PCP Roster reports are available through the UnitedHealthcare Reports tool, which can be accessed through the Link Document Vault.
To access the tool, sign in to Link by going to UHCprovider.com and clicking on the Link button in the top right corner. Next, click on the padlock icon in the top right corner of your Link dashboard to access Document Vault. Then, click on "UnitedHealthcare Reports" from inside Document Vault and select the available report you want to view.

**Coding Guidelines**
The following CPT codes are applicable for IHA visits:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>59400, 59510, 59610, 59618</td>
<td>Pregnant members</td>
</tr>
<tr>
<td>99203 - 99205</td>
<td>Office or other outpatient visit for the evaluation and management of a new or established patient</td>
</tr>
<tr>
<td>99213 - 99215</td>
<td>Comprehensive preventive visit (under age 1) – first well-baby visit</td>
</tr>
<tr>
<td>99381, 99391</td>
<td>Patient, early childhood (ages one to four) – well-baby visit</td>
</tr>
<tr>
<td>99382, 99392</td>
<td>Patient, late childhood (ages five to 11) – well-child visit</td>
</tr>
<tr>
<td>99383, 99393</td>
<td>Patient, adolescent (ages 12 to 17) – well-adolescent visit</td>
</tr>
<tr>
<td>99384, 99394</td>
<td>Patient, adult (ages 18 to 39) – well-adult visit</td>
</tr>
<tr>
<td>99386, 99396</td>
<td>Patient, adult (ages 40 to 64) – well-adult visit</td>
</tr>
<tr>
<td>99387, 99397</td>
<td>Patient, adult (ages 65 and older) – well-adult visit</td>
</tr>
</tbody>
</table>

**Quality Monitoring**
We conduct quarterly evaluations of care provider IHA s completed during that specific quarter. As part of the evaluation, we ask randomly selected care providers to submit medical records for evaluation. We then report these findings to DHCS. We may implement quality improvement activities to improve IHA completion rates, if necessary.

**We’re Here to Help**
If you have questions, please email the Quality Department at uhccscqualitydepartment_dl@ds.uhc.com. Thank you.