

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Initial Health Appointment (IHA)	Policy No.: PS-CR08
Department: Provider Services	
Cross Functional Departments: Member Services, Quality	
Effective Date: 04/2014	Last Revised Date: 05/2024
P&P Require DHCS Approval? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Director Signature: Luis Somoza Director of Provider Services	Officer Signature: Jordan Turetsky, MPH Chief Operations Officer

I. Purpose:

To ensure that Primary Care Providers (PCPs) assess and manage the acute, chronic, and preventive health needs of Members.

II. Policy:

- A. CenCal Health ensures that PCPs in CenCal Health's Provider network complete an Initial Health Appointment (IHA) for new Members within 120 days of their enrollment. Documentation must include a history of the member's physical and mental health, identification of risks, an assessment of need for preventive screens or services, health education, and the diagnosis and plan for treatment of diseases.
- B. For Members less than 18 months of age, CenCal Health promotes and ensures the provision of an initial health appointment within 120 calendar days following the date of enrollment or within periodicity timelines established by the American Academy of Pediatrics (AAP) Bright Futures for ages two and younger, whichever is sooner.
- C. For Members ages 18 months and older, CenCal Health promotes and ensures an initial health appointment is performed within 120 calendar days of enrollment.
- D. For Members under age 21, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings will be covered in accordance with the American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule.

III. Procedure:

- A. Conducting the Initial Health Appointment
 - 1. PCPs administer the IHA within the primary care medical setting.
 - 2. At the IHA the PCP must provide, or arrange for provision of, all immunizations necessary to ensure that the Member is up to date for their age, Adverse Childhood Experiences (ACEs) screening, and any required age-specific screenings including developmental screenings.

3. If the provisions of the IHA are not met, then CenCal Health ensures case management and Care Coordination are working directly with the Member to receive appropriate services that include but are not limited to health screenings, immunizations, and risk assessments.
4. PCPs must provide the IHA in a way that is culturally and linguistically appropriate for the Member.
5. The Member's PCP can determine that an IHA is not necessary should the Member's medical record contain complete information that was updated within the previous 12 months.
6. PCPs must document the information in the Member's medical record.
7. If the services are refused, documentation must be entered into the Member's Medical Record which indicates the services were advised, and the Member's (if an emancipated minor), or the parent(s) or guardian of the Member's voluntary refusal of those services.

B. Provider Education

1. Providers will be informed of their obligations around conducting IHAs via Network Provider training, the Provider Manual, as well as other notifications including CenCal Health's Provider Bulletin and other ad hoc communications to the Provider Network.

C. Member Education

1. Upon enrollment, new Members are provided information about the importance of having an IHA within 120 days of their enrollment with CenCal Health.
2. Information is provided to Members via the New Member Welcome Packet as well as during New Member Welcome Calls.
3. When ID Cards are mailed to Members upon Member selection or upon auto-assignment, Members are provided with information in the mailing about the importance of establishing care with their new PCP within the next 60 days.
4. Annually, all Members receive information regarding recommendations for preventive health guidelines to aid in the scheduling of periodic health assessments.

IV. Definitions:

Member: means any Eligible Beneficiary who is enrolled with CenCal Health.

Network: means PCPs, specialists, hospitals, ancillary Providers, facilities, and other Providers with whom Contractor enters into a Network Provider agreement

Primary Care Provider: means a physician responsible for supervising, coordinating, and providing initial Primary Care to patients and serves as the medical home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN). For Seniors and Persons with Disabilities (SPD) beneficiaries, a PCP may also be a Specialist or a clinic in accordance with W & I Code 14182(b)11.

Provider: means any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.

- V. **References:** N/A
- VI. **Cross Reference:** N/A
- VII. **Attachments:** N/A

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date	DHCS P&P Approval Date
05/2024	Luis Somoza, Director of Provider Services; Jordan Turetsky, Chief Operations Officer; Carlos Hernandez, Executive Quality & Population Health Officer	Annual P&P Review	01/2024	N/A
12/2023	Jordan Turetsky, Chief Operating Officer	2024 Template Migration	01/2024	N/A
03/2023	Robert Janeway, Director of Provider Services	APL 22-024 Update	01/2023	05/2023
04/2014	Director of Provider Services	P&P Established	04/2014	N/A