



Policy and Procedure No: CM 33.5		Revision No: 5
Division: Care Management		
Department: Care Management		
Title: PHC-CA Initial Health Appointment		
Effective Date: 6/1/2008		
Supersedes Policy No: 93010, CM 33.0, CM 33.1, CM 33.2, CM 33.3, CM 33.4		
Reviewed/Revised by: Tiffany Jarrett		Review/Revision Date: 7/14/2025
Approving Committee: Utilization Management Committee		Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025		

Purpose:

To document the requirements and methodology of PHC California (the Health Plan) for the timely completion of Initial Health Appointments (IHA) in accordance with the plan's Department of Health Care Services (DHCS) Contract, DHCS All Plan Letter (APL) 22-030, and the CalAIM Population Health Management (PHM) Policy Guide.

Policy:

1. The Health Plan requires its contracted primary care providers (PCPs) to conduct an IHA for new plan enrollees within one-hundred and twenty (120) calendar days of enrollment. During the IHA, the provider assesses and manages the acute, chronic, and preventative health needs of the enrollee. The IHA must include:
 - a. A history of the enrollee's physical and behavioral health
 - b. An identification of risks
 - c. Assessment of need for preventative screens or services and health education
 - d. A physical examination
 - e. Diagnosis and plan for treatment of any diseases
2. The Health Plan requires IHAs to be performed by providers within the primary care medical setting.
3. The Health Plan deems an IHA to be not necessary if the enrollee's PCP determines that the enrollee's medical record contains complete information that was updated within the previous twelve (12) months. Other reasons an enrollee may not complete the IHA include:
 - i. Enrollee disenrolled from the Health Plan before 120 days
 - ii. Enrollee refuses IHA completion
 - iii. Reasonable attempts by the Health Plan or provider to contact the enrollee were unsuccessful, with attempts documented in enrollee's medical record
4. In accordance with the CalAIM PHM Policy Guide, the Health Plan encourages PCPs to complete and share IHA results with the plan within ninety (90) days of enrollment to fulfill the Health Information Form (HIF)/Member Evaluation Tool (MET) requirement, and thus the federal initial

screening requirement.

5. In accordance with the CalAIM PHM Policy Guide, the Health Plan allows the IHA requirement to be completed over the course of multiple visits. Telehealth visits may be used as an option for completing one or more components of the IHA requirement, but not all of the requirement.
6. The Health Plan requires contracted PCPs to provide all preventive screenings as recommended by the United States Preventive Services Taskforce (USPSTF) and as described in PHC California Policy and Procedure CM 44, Adult Preventive Services. PCPs may complete USPSTF required preventive screenings during the IHA and/or over subsequent visits so long as enrollees receive all required screenings in a timely manner consistent with USPSTF guidelines.
7. The Health Plan requires the IHA to be documented in the enrollee's medical record.
8. The Health Plan makes reasonable attempts to contact an enrollee within thirty (30) days of enrollment to complete the Welcome Call and to engage and encourage enrollees to make a PCP appointment for an IHA. The plan requires attempts by the PCP and/or the Health Plan to contact an enrollee for an IHA to be documented in the enrollee's medical record, and if applicable, an enrollee's refusal of an IHA.
9. In accordance with PHC California Policy and Procedure QM 20, Cultural and Linguistic Services Program, the Health Plan ensures PCPs conduct IHAs in a way that is culturally and linguistically appropriate for the enrollees.
10. In accordance with DHCS APL 22-030, the Health Plan no longer requires PCPs to conduct an Individual Health Education Behavioral Assessment (IHEBA) or a Staying Healthy Assessment (SHA) as part of the IHA.
11. The Health Plan ensures that care for pregnant women is initiated at the earliest time possible.
12. The Health Plan ensures that the IHA includes but is not limited to:
 - a. Blood pressure.
 - b. Height and weight.
 - c. Total serum cholesterol measurement for men ages thirty-five (35) and over and women ages forty-five (45) and over.
 - d. Colorectal cancer screening for men and women beginning at age 45
 - e. Clinical breast examination for women over forty (40).
 - f. Mammogram for women ages fifty (50) and over.
 - g. Pap smear (or arrangements made for performance) on all women determined to be sexually active.
 - h. Chlamydia screen for all sexually active females aged twenty-one (21) and older who are determined to be at high-risk for chlamydia infection using the most current Centers

for Disease Control and Prevention (CDC) guidelines. These guidelines include the annual screening of all sexually active females younger than twenty-five (25) years of age as well as older women with risk factors (i.e. new or multiple sex partners).

- i. TB screening with QuantiFERON TB test, the preferred over Mantoux test, since persons with HIV immune suppression may frequently not register a skin test reaction.

Procedure

1. The Care Coordination staff document date, time and method of attempts to contact an enrollee for an IHA in the electronic care management system. The contact methods must include at least three (3) telephone and one (1) mail notification.
 - a. If initial attempts to schedule an IHA are unsuccessful, the Care Coordination staff member will:
 - i. Document all contact attempts in the electronic care coordination software, including date and method of attempted contact.
 - ii. For the enrollee whose telephone is not working, send a letter of notification to the residence of record to remind the enrollee to contact the PCP and/or PHC for an initial health appointment.
 - iii. Document all attempts to perform an IHA at subsequent office visits until all components of the IHA are completed.
2. The National Director of Contracted and Provider Relations or designee ensures contracted PCPs receive education regarding IHA requirements, including:
 - i. How to document completion or refusal to complete the IHA.
 - ii. Health education resources for follow-up on risk factors.

Definitions:

1. Initial Health Appointment: An IHA consists of a history and physical examination and a health education behavioral assessment conducted by the primary care provider which enables the health care team including the PHC RNCTM to comprehensively assess the Member's current acute, chronic and preventive health needs.
2. Monitoring or follow-up call/visit: Member is contacted by the Care Coordination Team (RNCTM, LVN Care Partner, r Care Coordinator, or Community Health Worker) for specific follow up issues or monitoring needs by the program staff.
3. Registered Nurse Care Team Manager (RNCTM): RN is responsible for a population of Members with one or more specific diseases and who establishes, with the member, short and long term health and personal goals, coaches the Member to become more involved in their care and coordinates community resources to assist the Member in living with their condition. The RNCTM is responsible for educating the Member on how to navigate the health system or actively

navigating for the Member in order to obtain or coordinate medical services needed for the treatment of an episode of care, acute need, or continuing care needs.

Monitoring:

This policy and procedure is reviewed annually and updated as often as required by the Utilization Management Committee (UMC).

The rate of successful, timely IHA completion is documented and presented to the UMC at least two (2) times per year.

Reference(s):

1. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-030, [Initial Health Appointment \(Supersedes APL 13-017 and Policy Letters 13-001 and 8-003\)](#), dated December 27, 2022.
2. [CalAIM: Population Health Management Policy Guide, May 2024](#)
3. 22 C.C.R. § 53851(b)(1).
4. [PHC California Policy and Procedure](#) Policy and Procedure PR 3, Provider Training and Education
5. PHC California Policy and Procedure CM 44, Adult Preventive Services
6. PHC California Policy and Procedure QM 20, Cultural and Linguistic Services Program

Regulatory Agency Approval(s):

Date	Version	Regulatory Agency	Purpose	Response
5/27/2023	33.4	Department of Health Care Services (DHCS)	APL 22-030	Approved
10/5/2023	33.4	DHCS	2024 Operational Readiness R.0115	Approved
TBD	33.5	DHCS	Managed Care Oversight Div. (MCO) Portal D.0330.19	

