



## Policy and Procedure

Policy Name:	Initial Health Appointment (IHA)		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.)  Department of Health Care Services (DHCS) All Plan Letter 22-017, Site Reviews: Facility Site Review and Medical Record Review or any superseding APL  Department of Health Care Services (DHCS) All Plan Letter 22-030 or any superseding APL		

**Purpose:**

The Initial Health Appointment (IHA) occurs during the Member's encounter with a provider in the primary care setting where the provider assesses and manages acute, chronic, and preventive health needs and to identify those members whose health needs require coordinated services with appropriate community resources/other agencies not covered by the health plan. The IHA must be completed within 120 days of plan enrollment or documented within the 12 months prior to health plan enrollment.

**Definition:**

Initial Health Appointment (IHA): Initial health encounter(s) that occurs within 120 days of plan enrollment where the primary care provider assesses and manages acute, chronic, and preventive health needs.

**Policy:**

1. A new member must be given an IHA within 120 days of plan enrollment or evidence of a previous IHA must be documented within the 12 months prior to plan enrollment
2. An IHA includes the following:
  - a. A history of the Member's physical and mental health;
  - b. An identification of risks;
  - c. An assessment of need for preventive screens or services;
  - d. Health education; and
  - e. The diagnosis and plan for treatment of any diseases.

**Resources:**

- Resource 1: [Population Health Management \(PHM\) Strategy and Roadmap](#)
- Resource 2: [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\)](#)

- Resource 3: [Academy of Pediatrics \(AAP\) / Bright Futures periodicity schedule](#)

_____	_____
First Name Last Name – Title	Date
_____	_____
First Name Last Name – Title	Date

The material in this document is a knowledge-sharing tool provided by the FSR team to enhance compliance with Facility Site Review requirements. All content is for informational purposes and may be used and/or modified according to site-specific practices. Ensure appropriate review and approval by site management prior to adoption.