IHA Workflow/Medical Assistant Worksheet

Establishing robust Initial Health Appointment (IHA) workflows for both providers and medical assistants is critical for Medi-Cal and Medicare Advantage plans to ensure regulatory compliance and high-quality member care. For Medi-Cal, the Department of Health Care Services (DHCS) mandates the completion of an IHA within 120 days of enrollment to identify undiagnosed conditions and social determinants of health.

Standardized workflows ensure that medical assistants can proactively identify new members, huddle with providers to flag specific risks, and utilize age-appropriate screening tools. This coordination allows the care team to address each member's unique health needs—such as chronic disease management for D-SNP members or prenatal needs for pregnant members—immediately upon entry into the plan. Without these structured clinical pathways, plans risk missing federal and state timeliness benchmarks, which can lead to corrective action plans and poor health outcomes for the most vulnerable populations.

Phase	Medical Assistant (MA) Tasks	Provider (Clinician) Tasks
Pre-Visit	Identify new members via Plan eligibility lists; flag D-SNP/High-Risk status in the EMR.	Review transferred medical records and "new member" risk flags.
Intake	According to the members' unique needs, provide health education tools.	Depending on the preventive services screening tool method, portal, smart phone, tablet, paper, etc., note immediate health or social risks.
Clinical Prep	Perform vitals and screenings (e.g., PHQ-9 for behavioral health, fall risk for D-SNP).	Conduct a comprehensive physical exam and medical/behavioral history review.
The Visit	Document immunizations and ensure all preventive gap-filling (HEDIS) is initiated.	Address unique needs: chronic disease stabilization, specialist referrals, and medication reconciliation.
Post-Visit	Provide member with health education materials; follow-up schedule or specialist appts.	Finalize IHA documentation to ensure the specific "IHA completed" billing code is captured for Plan reporting.

MA Rooming Guide: The 5-Minute Compliance Checklist

☐ **Identify the "New Member" Status**

- Check the member's Plan Effective Date.
- If today is within 120 days of that date, mark the encounter as an "IHA Visit" in the rooming notes. (D-SNP members' timeline is within 90 days of plan effective date).
- *Why?* This ensures the plan captures the data to meet DHCS/CMS timeliness requirements.

☐ **Initiate Appropriate Preventive Screening Tools**

- Hand the member the age-appropriate questionnaire immediately.
- Ask the member to complete all sections.
- Pro-Tip: If the member has literacy or vision issues, offer to read the questions to them.

☐ **Screen for "Health Access" Barriers**

- Ask: *"Did you have any trouble getting to your appointment today?"*
- If they answer "Yes," flag this for the Provider and remind the member about the Plan's Transportation Benefit.

☐ **Prep for Medication Reconciliation (D-SNP/High Risk)**

- Ask the member to show their pill bottles or list.
- Update the Medication List in the EMR before the provider enters.
- *Why?* This is a core Medicare Advantage quality measure and a critical safety step for complex members.

☐ **Close HEDIS/Care Gaps**

- Check the EMR for "Care Gap" alerts (e.g., Mammogram, Colorectal Screening, A1c).
- Standardize the Prep: For example, if a Colorectal Cancer Screening is due, have the FIT kit ready to hand to the member at the end of the visit.

MA Standard Work Instruction Sheet

Initial Health Appointment and Subsequent Annual Visits

Commit to a process but be flexible if something isn't working. If after adhering to a clear workflow your team runs into issues, regroup and rework the workflow. Here are some questions to evaluate your process:

A Checklist for Reviewing Your Implementation Progress:

- Questions for your practice or team Yes No
- If, "No," how can you improve this part of the assessment process?
- In general, are patients completing the health assessments as expected?
- In general, are patients responding positively to the assessment?
- Are you reaching all or most of the patients you wanted to with the assessment?
- Can most patients complete the assessment in a timely manner?
- Do patients routinely complete all the questions on the assessment?
- Are staff members able to review the completed assessments as expected?
- Are clinicians able to review the completed assessments as expected?
- Are the clinicians in the practice providing acknowledgment and feedback to patients as expected?
- Are assessments being entered into patient charts correctly?
- Are you able to respond to "positives" as expected?
- Do you have data to show how the practice has improved screening/assessment rates?

Before your team rolls out the plan, work together to determine a process and commit to it for a few weeks. Designate clear roles, asking each other who in your clinic should:

- Identify and become familiar with the questionnaire(s) to be used.
- Explain the questionnaire to the patient in culturally sensitive manner.
- Ensure the clinic has enough copies of the questionnaire
- Ensure material is in all the languages spoken by your patient population.
- Provide privacy for the patient to complete the questionnaire.
- Transfer the paper information into the medical record.
- Flag the "positive" responses for the provider.

Description		Patients coming for designated Initial Health Appointment, well-visit or annual physical (within timeframe)	
Tools		Initial Health Appointment Questionnaire and Health Risk Assessment Tool	
Method for Completing:		1. Mail to patient. 2. Schedule patient to arrive to IHA appt. 45 minutes early with MA assistance. 3. Instruct patient to complete questionnaire online (MyChart). 4. Other technology methods: smartphone, tablet, etc.	
Operator(s)		Administrative and Clinical Staff	**Estimated Avg Intake Time:**
Step	**Operator**	**Task Description**	**Why**
NO.	(Who)	(What)	
1	NA	Choose most appropriate method to administer questionnaire based on patient.	To ensure there is time to review the document prior to the visit with the provider.
2	MA	MA to collect the completed form from the patient/parent/guardian.	To ensure that the form is given to the provider.
3	MA	MA to give the completed form to the provider prior to seeing the patient.	To ensure the provider has time to review the form prior to the visit.
4	Provider	Reviews the form with the patient/parent/ guardian.	
5	MA	Scan the completed form into the medical record with the associated visit at the end of the visit.	To ensure that the form is documented in Epic.

Primary Care - IHA Office Flow Map (Example)