Facility Site Review Provider Pearls
March 2026

IHA Excellence: Essential Strategies for Your Clinic

The Initial Health Appointment (IHA) is more than a regulatory requirement; it is the foundation of the provider-patient relationship. For new members, particularly those in complex programs like Medi-Cal and D-SNP, this first encounter is a vital opportunity to assess health risks, address immediate needs, and establish a medical home. By streamlining IHA workflows, clinics can ensure that every new patient receives the comprehensive care they need within the critical first 120 days of enrollment.

The IHA is an essential driver of clinic success and patient safety through early patient interventions, optimal quality metrics and reimbursement, patient retention, and solid regulatory standing. Clinics must establish a rigorous process using monthly rosters—sourced via the Delegated Group or Provider Portal—to identify new members requiring an IHA. This report streamlines your internal workflow by flagging members for outreach and documentation review. (Provider Portal User Guide, page 15).

Compliance components include the following:

1. A workflow to identify all newly enrolled (eligible) members and designated staff that ensure actionable operational tools that support timely outreach, scheduling, and compliance monitoring.
2. Maintain "Outreach and Refusal" Logs or standardized documentation fields in the Electronic Medical Record (EMR)
    a. Within 5–7 business days, staff must document at least two phone attempts and one written attempt to schedule the member's IHA.
    b. If a member refuses an IHA, document the refusal in their medical record.
    c. If an appointment is missed, staff must conduct and document one phone and one written follow-up attempt in the medical record.
3. Complete IHAs within 120 days of enrollment
    a. Medical records must contain detailed IHA documentation that supports the diagnosis, treatment, and billing.
4. Pending IHAs
    a. IHAs may span multiple visits, provided the PCP's final assessment is documented in the medical record.
5. Exceptions
    a. Not required if the PCP determines the member's medical record has been updated with complete information in the last 12 months and is documented in the medical record.
6. All documentation will be maintained and made available for audit purposes.

While this article focuses on the **Initial Health Appointment (IHA)** as the primary clinical encounter between a provider and member, it is important to note that Managed Care Plans must also complete separate administrative screenings. These include the **Health Information Form (HIF)/Member Evaluation Tool (MET)** and the **Health Risk Assessment (HRA)**. These tools are used by the health plan for risk stratification and are governed by different regulatory timelines (90 days vs. 120 days for the IHA) and cannot be substituted for the clinical IHA visit.

SFHP is dedicated to supporting your clinic's success. Through this new article series, we provide actionable best practices and resources to help you streamline the Initial Health Appointment (IHA) process and ensure seamless compliance.

If you have questions about the IHA or accessing the New Member Monthly Roster or navigating the Provider Portal, SFHP's Provider Relation's team is ready to assist.

- Contact us:
    - Portal questions, submit a request via providerportal@sfhp.org
    - General questions, email Provider Relations or call 1(415) 547-7818 ext. 7084
    - Questions about the Medical Record Review IHA criteria (Search IHA), email fsr@sfhp.org

Streamline Your Workflow: An IHA Oversight Snapshot

Monitoring Action	Frequency	Goal
New Member Review & Scheduling	Weekly	All new members added to workflow; no members unscheduled past 30 days.
Red-Zone Member Prioritization	Weekly	Zero members reaching **60+ days** without a scheduled IHA.
Outreach Attempt Documentation	Monthly	Minimum **2 phone + 1 written** outreach attempts documented for all members without a complete IHA.
Refusal / Unable to Reach (UTR) Log Maintenance	Monthly	100% of refusals documented (signed or verbal note) and UTR attempts logged.
IHA Documentation Accuracy Check	Monthly	100% of completed IHAs contain required elements (SDOH, BH screening, Physical Exam) completed within **120 days** of enrollment.
Missed Appointment Follow-up	Monthly	Two additional outreach attempts (phone + written) documented for all missed appointments.
Claims-to-Chart Reconciliation	Quarterly	100% match between preventive claims (99381–99397) and chart documentation.
Model of Care (MOC) Gap Analysis-D-SNP	Quarterly	100% of high-risk IHA findings added to Care Plans within **30 days**.
IHA Coding Review	Semi-Annually	Proper use of **Z00-series codes;** reduced improper E&M coding for IHAs.

References

SFHP Provider Manual
Provider Portal User Guide**,** page 15
Population Health Management (PHM) Policy Guide, CalAIM Policy Guide, January 2026
DHCS All Plan Letter (APL) 26-001: Initial Health Appointment**:** The primary authority. Mandates the 120-day completion requirement and defines the shift from "Assessment" to "Appointment."
DHCS APL 24-004: Quality Improvement And Health Equity Transformation Requirement**: O**utlines the performance measures and quality indicators that the IHA data supports.
DHCS APL 24-016: Diversity, Equity, And Inclusion Training Program**:** Ensures the IHA is conducted in the member's preferred language and that translated materials are provided.
National Committee for Quality Assurance (NCQA) Standards, Standard PHM 2 (Population Identification), Standard MBS 1 (Medicaid Benefits and Services), and Standard QI 1 (Quality Management and Improvement)
USPSTF A and B Recommendations, AAP/Bright Futures Periodicity Schedule, and CDC/ACIP Immunization Schedules

"Provider Pearls" are monthly articles written with the intent to help you prepare for the California Department of Health Care Services (DHCS) FSR review processes.
For any questions about the Facility Site Review or Medical Record Review processes or tools, please contact fsr@sfhp.org.