Facility Site Review Provider Pearls
April 2026

INITIAL HEALTH APPOINTMENT (IHA): New Resource & Workflow Tips for Your Practice

This month's Provider Pearl is about Initial Health Appointment (IHA). This is an important requirement for both DHCS Medical Record Review and Medicare. To support you, soon there will be a new resource for you on the SFHP website with several IHA resources to support best practices for complying with IHA requirements.

What is the IHA?

The IHA is a comprehensive first visit designed to assess a patient's overall health, identify risks, and establish a care plan. It can be completed through multiple visits but must be completed within 120 calendar days of enrollment with SFHP. Telehealth visits can be used as an option for completing one or more components of the Initial Health Appointment(s) requirement, but not all the requirements. The PCP's assessment must be documented in the medical record, including outcome of referrals, if any, and all outreach attempts. Proper IHA documentation ensures regulatory compliance and supports effective care planning.

Key Components to Include

During the IHA, providers should ensure that required screenings and risk assessments are completed and documented in the medical record. These include:

- History of member's physical and mental health
  - Behavioral Health Assessment such as PHQ-2, PHQ-9, GAD-7, etc.
- Identification of risks
  - Health Plan's Health Risk Assessment, AAFP Social Needs Screening Tool, PEARLS ACE, Cognitive Health Assessment 65+, etc.
- Assessment of need for preventive screens or services
- Health Education and anticipatory guidance
- Diagnosis and plan for treatment of any diseases
- Referrals, if any, and follow-up

Identify Members Who Need an IHA

- Practices can also identify patients who need an IHA through the SFHP Provider Portal. You will need to create an account if you do not have one already, instructions can be found on the Provider Portal User Guide, page 15. We encourage practices to regularly review the list monthly and conduct outreach to schedule appointments. A minimum of two documented telephone attempts and one written attempt will be made to schedule the IHA and must be documented in the member's medical record. If a member refuses, the refusal must be noted in the chart. If the member misses a scheduled PCP appointment, two additional documented attempts including by phone and written must be conducted.

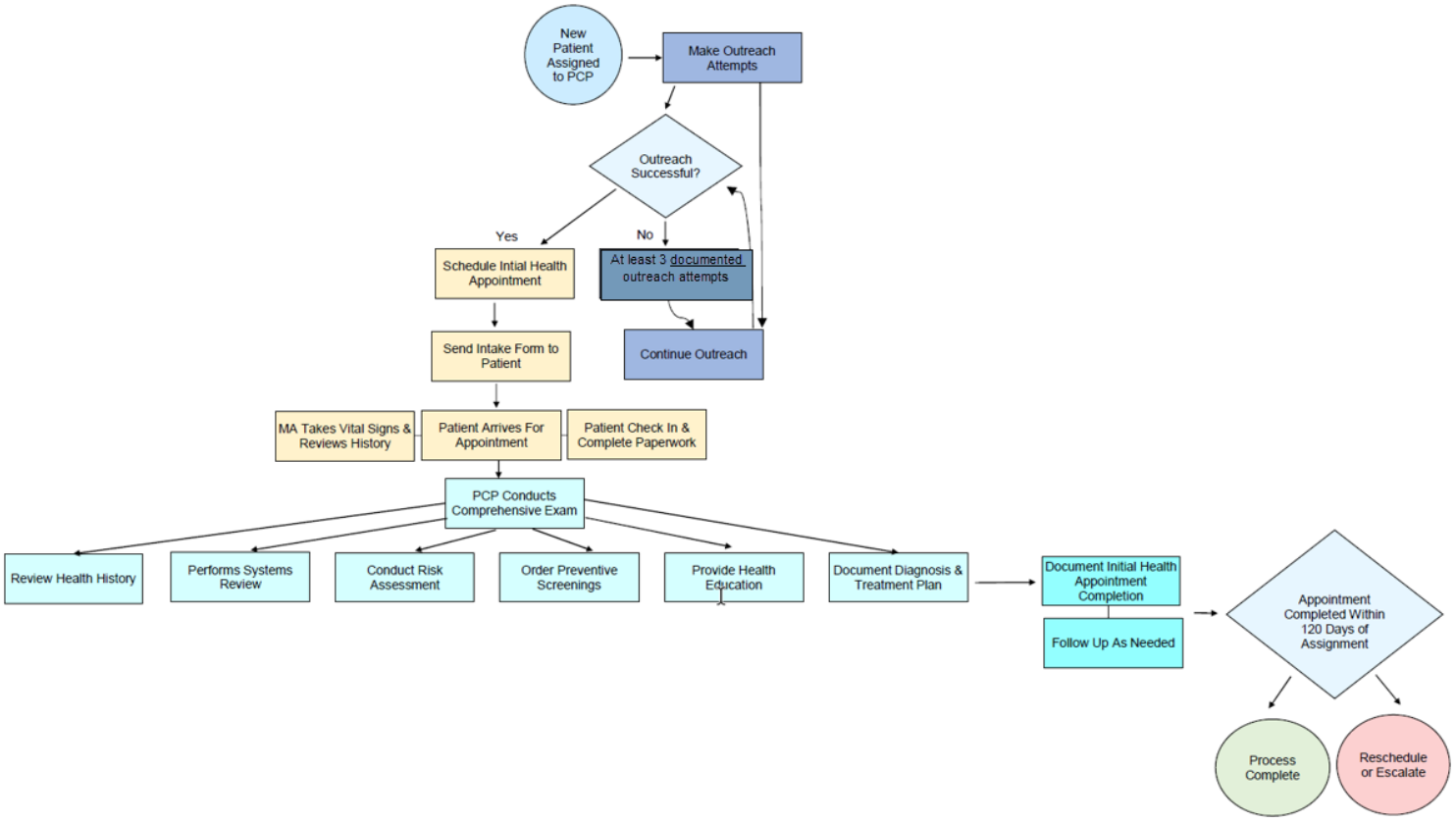
Improving Workflow: How Office Staff Can Help

The IHA can be more efficient when key steps are completed before the provider enters the room. Clinic staff play an important role in preparing patients and gathering information.

- Before the visit provide IHA questionnaires to patients during check-in or through the patient portal prior to the appointment.
- During Rooming:
    - Review completed questionnaires with the patient
    - Enter responses into the Electronic Health Records or intake forms
    - Flag any positive Social Determinants of Health (SDOH) needs or cognitive concerns for the provider
    - Update vitals, medication reconciliation, and preventive screening history
- Before the provider enters:
    - Ensure all questionnaires are scanned or documented in the chart
    - Highlight any risk factors or care gaps identified during intake

This team-based approach helps providers focus on clinical decision-making and care planning, while ensuring the IHA documentation requirements are met.

Another Sample IHA Clinic Workflow



If you have questions about the IHA, 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

References

- California Department of Health Care Services (DHCS)- Medi-Cal Managed Care Medical Record Review (MRR) Guidelines
- California Department of Health Care Services (DHCS)- Medi-Cal Managed Care Policy and Procedure Letter (PPLs)
- Centers for Medicare & Medicaid Services (CMS). Preventive Services and Health Risk Assessment Guidelines.
- 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**:** Outlines 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. If a clinic manager, office manager, nurse manager, or operations person, can take the time to independently self-monitor clinic practices with the aid of SFHP checklists and DHCS guidelines at least annually, we can all work together to strive toward improved quality standards in office practice operations.