

# Initial Health Assessment/Staying Healthy Assessment 2018



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# Agenda

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**Importance of initial and annual health risk assessments**

**Regulatory requirements**

**Medical group responsibilities**

**Components of comprehensive health assessment/SHA**

**Partnering with SCAN**

**Delegation Oversight**

**Preparing for the DHCS Audit**

**Additional Resources**

# Benefits of Comprehensive Assessments

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- ▶ Americans can avoid 100,000 death annually, if 90% of adults receive annual wellness visit/age-appropriate screenings- Mark Ryan, M.D., Doctors Articles, Primary Care
- ▶ Increases the members likelihood in attaining timely age-specific preventive services
- ▶ Establishes a baseline, especially for older or more chronically ill patients whose function can change drastically from year to year
- ▶ Increases the likelihood of physician visits
- ▶ Helps to improve preventative and care coordination metrics, and identifies detrimental social determinants of health
- ▶ Encourages trust and mutual respect in the patient-PCP relationship

# Benefits of Comprehensive Assessments

## Providers

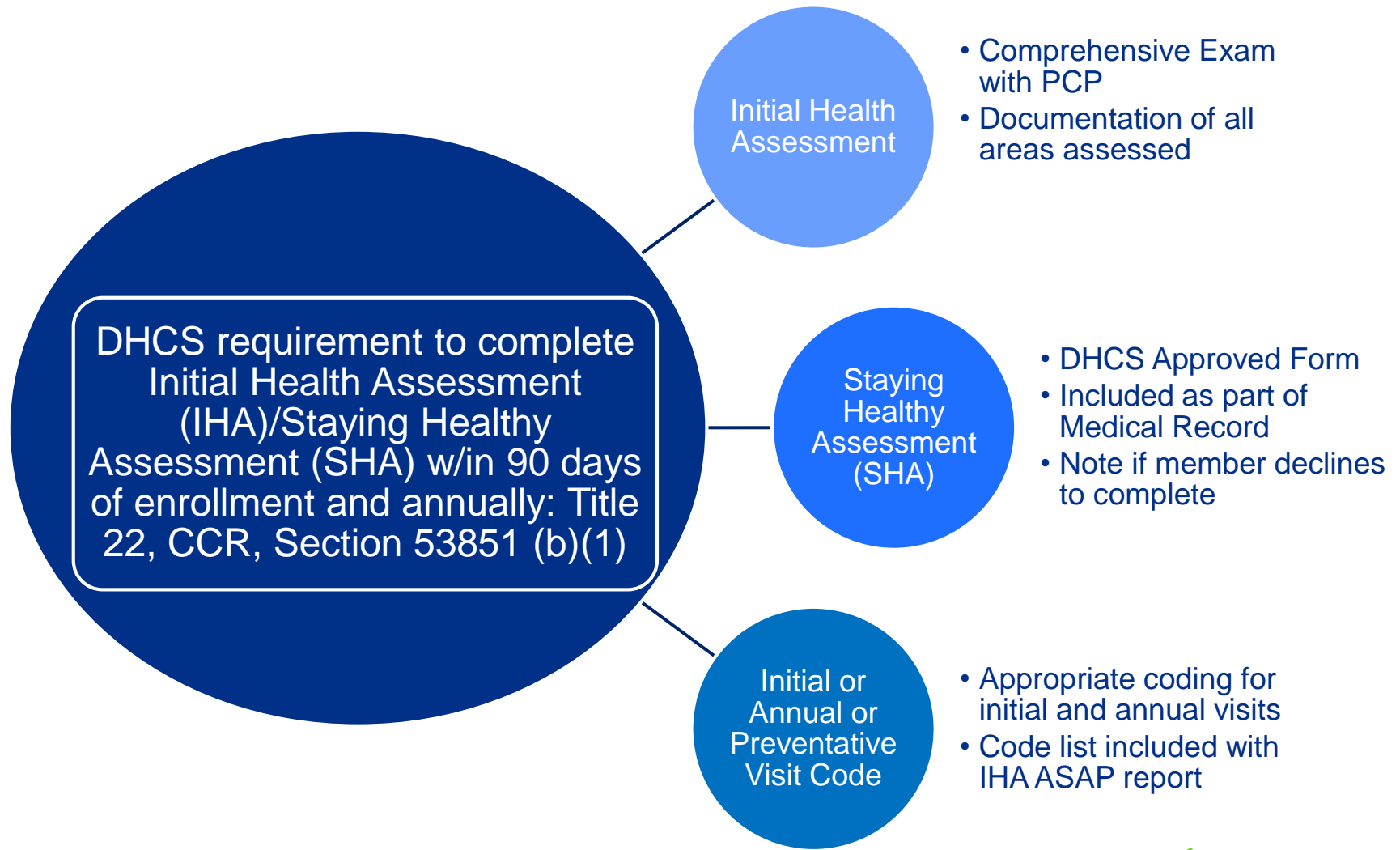
- Comprehensive assessments help identification of patient care needs
- More accurate patient coding
- Greater ability to promote preventative care
- Decreased acute utilization



## Patients

- Increased engagement – connect behavior to health outcomes
- Building patient condition awareness
- Greater patient accountability and improved health literacy
- Increase patient ability to self manage

# Regulatory Requirements-Medi-Medi Members



# Medical Group Responsibilities

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**Required to have policies to indicate how you educate providers and help to facilitate the IHA/SHA**

**Train all PCPs and provide SCAN attestation within 90 days of webinar**

**Help PCPs with IHA facilitation**

- IHA ASAP report on Provider Portal-access by the 20<sup>th</sup> of each month- do you know who is accessing report?
- Monthly Member enrollment list

# Components of a Comprehensive Assessment

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- ▶ Complete history and physical (includes, but not limited to):
  - Present and past illness(es) with hospitalizations, operations, meds
  - Physical exam including review of all organ systems
  - Height, weight, BMI, BP, cholesterol screening
  - Preventative services per USPSTF A and B Guidelines for 65-year old (age appropriate assessments such as TB screening, clinical breast exam, allergy, chlamydia, mammogram, pap smear)
    - **See supplemental material called “Preventive Services\_Medicare\_Medi-Cal Compare”**
    - Social history
  - Current living situation/marital status
  - Work history/education level
  - Sexual history/use of alcohol, tobacco and drugs

## Components of Comprehensive Assessment (continued)

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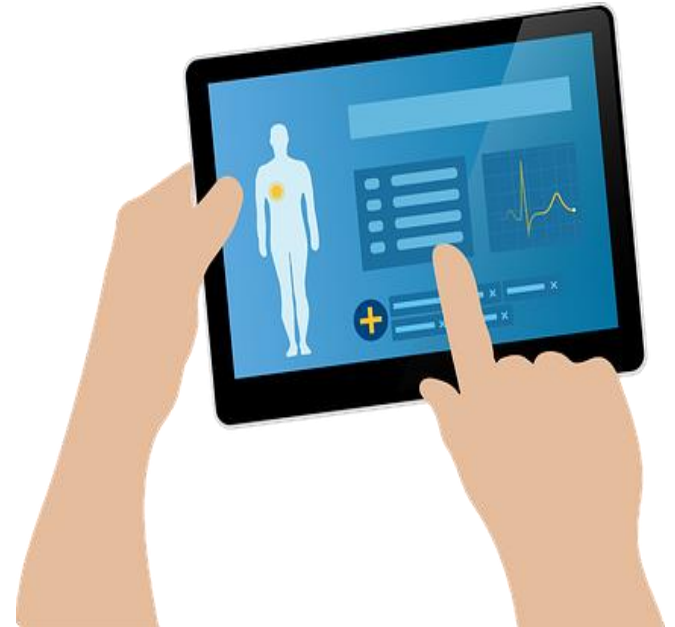
- ▶ Mental health and status evaluation
- ▶ Assessment of risk factors- using the Staying Healthy Assessment (SHA)
  - REQUIRED for all Dually Enrolled Medi-Cal/Medicare members
  - Development of behavioral risk health education – to include assessment of:
    - Nutrition
    - Functional status (including ADL/IADLs)
    - Physical Activity
    - Environmental Safety
    - Dental/Oral Health
- ▶ Diagnoses and plan of care
- ▶ Clinical Based guidelines as best practice in development of plan of care



# Documentation Standards

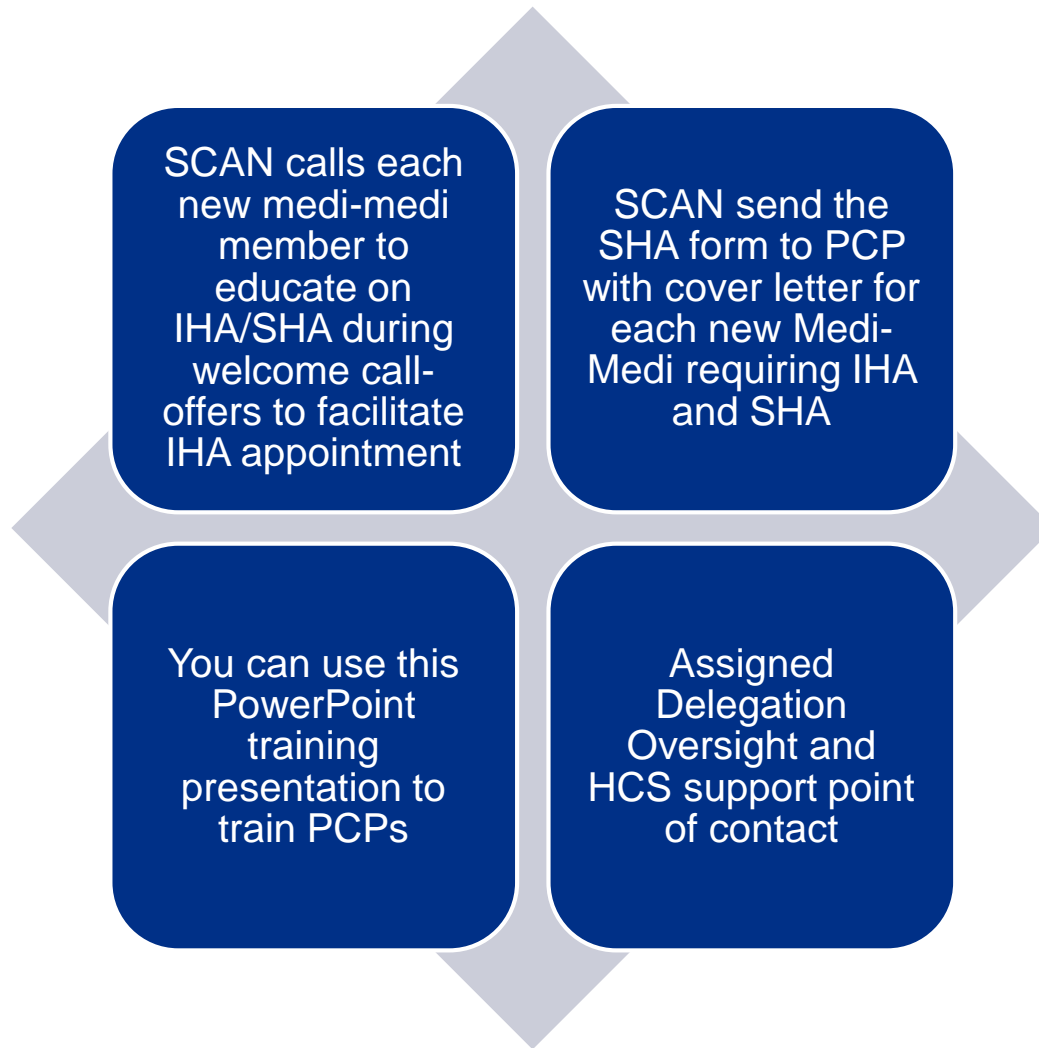
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- ▶ Staying Healthy Assessment (SHA) form completed and signed by PCP in patient chart
- ▶ Documentation of Comprehensive Health Assessment components in chart (risk assessed)
- ▶ Include new patient health history forms
- ▶ Accurate coding for initial and annual health exams



# Partnering with SCAN

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# How to identify who needs IHA/SHA

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- ▶ SCAN provides list of new members on monthly basis
- ▶ SCAN provides detailed patient-level data through IHA ASAP Report
  - To access the report on the SCAN provider portal:
    - Access the SCAN Provider Portal
    - Click on SCAN Documents
    - Click on Network
    - Access the IHA\_ASAP folder
- ▶ Providers are required to make reasonable attempts to contact members and schedule IHA. SCAN recognizes best practice of three good-faith attempts. Documented attempts that demonstrate unsuccessful efforts to contact members to schedule IHA will be considered evidence in meeting requirement.

# Delegation Oversight

## IHA/ Welcome to Medicare Assessment and Annual Exams



**Annual Audit** - Delegation Oversight will audit at least annually

**Process** – The process for Medical Group training their PCP/IPA regarding requirements

- Training Materials
- Policies and Procedures

**Timeliness** - Timeliness of completion of Assessments: 90 days from enrollment and annually thereafter.

**Staying Healthy Assessment** - Use of Staying Healthy Assessments (SHA) for SCAN Dual Members

**File Review** - A File review will be conducted.

- Complete history and physical.
- Exam to include preventative services per USTSPF guidelines for 65 and older population

**Documentation** - Ability to provide required audit documentation by deadlines

# Policy and Procedure Review to Include (at least, but not limited to the following)

- ✓ The PO makes its best effort to conduct an IHA of all new enrollees within 90 days of the effective date of enrollment and annually and follows up on unsuccessful attempts to contact an enrollee
- ✓ The PO makes a good faith effort to annually notify enrollees about the Annual Wellness Visit; (CMS)
- ✓ Enrollees are informed of specific health care needs that require follow up and receive, as appropriate, information to support and promote their own health. (CMS)
- ✓ PO is responsible for assuring that arrangements are made for follow-up services that reflect the findings or risk factors discovered during the IHA and health education behavioral assessment. (Medi-Cal)
- ✓ Systems are employed to identify and address barriers to enrollee compliance with prescribed treatments or regimens; and (CMS)
- ✓ There is appropriate, timely, and confidential exchange of clinical information among provider network components. (CMS)

# Preparing for the DHCS Audit

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Medical record request will include checklist for all required components

Prepare to show attestations that all PCPs were trained on the IHA and SHA requirements

Webinar audit will include review of patient's EMR/ Medical Record- live in system

# Supplemental Documents

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Attached  
to this  
training,  
you will  
receive

- One page Fact Sheet
- Medical Records Request Checklist
- Crosswalk of USPSTF

# Additional Resources

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## DHCS fact sheet/FAQ:

[http://www.dhcs.ca.gov/formsandpubs/forms/Documents/MMCD\\_SHA/GenDocs/SHA\\_FAQs.pdf](http://www.dhcs.ca.gov/formsandpubs/forms/Documents/MMCD_SHA/GenDocs/SHA_FAQs.pdf)

## SHA forms:

<http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx>

## Policy Letter 13-001 (Revised):

<http://www.dhcs.ca.gov/formsandpubs/Pages/PolicyLetters.aspx>

## United States Preventative Services Task Force:

<https://www.uspreventiveservicestaskforce.org/BrowseRec/Index>





## **Initial Health Assessment (IHA) Attestation of Completed Training**

I hereby attest that all contracted Primary Care Physicians, Practitioners and Staff performing Initial Health Assessments (IHA's) and Staying Healthy Assessments (SHA) in my organization has completed the training requirements as outlined by SCAN Health Plan in the Provider Operations Manual.

Upon request, I will furnish training logs and/or individual certifications to validate that the initial and ongoing training was completed as outlined. I understand that failure to meet the training requirements is a failure to meet regulatory requirements, which could result in corrective action plan being issued.

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Print Organization Name

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Print Name

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Title

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Signature