

Please circulate to others and file in your *Provider Manual* for future reference.

December 2018

Initial Health Assessment (IHA) REMINDER

Our on-line tools make the work of your staff more efficient when identifying ***new members***. Identification of new members enrolled in your site will assist you with complying with CHG's Initial Health Assessments (IHA) requirements. The IHA is mandated by the State (DHCS) and in your contract with CHG.

It is the PCP's responsibility to schedule and provide an IHA within **120 calendar days for Medi-Cal members** and **90 days for Medicare members** from the date of program eligibility and annually thereafter. If no IHA was completed, clear documentation must be present in the medical record that at least **three** attempts were made to connect with the member.

To receive credit (compliance), your encounter requires the codes listed below.

New Patient: 99381 – 99387 or Established Patient: 99391 – 99397 (IHA)

—————→ **AND** ←————

96160 for IHEBA (**SHA Form**)

Z71.82 (Counseling for Physical Activity) and

Z71.3 (Counseling for Nutrition)

In addition, please save in the patient's medical record the completed age appropriate Staying Health Assessment (SHA) form. The SHA form can be downloaded from the following website:

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



Below are instructions to obtain your list of NEW patients!

STEP ONE:

Log on to www.chgsd.com

Select

Providers

Select

Provider Access

STEP TWO:

Type

Assigned Login and Password

Click

Login

Select

Providers

(Drop down menu will appear)

STEP THREE:

Select

Member Eligibility Status
(From Drop down Menu)

Click

View Reports

Select Tab

New Members


Select

Month (from dropdown menu)

Click

View report



Your office has the option to view the new member eligibility report on-line or export information into the following formats: Word, Excel, PDF, XML, and CSV (click on the export icon ).

If your office does not have an on-line account to verify eligibility, authorization or claims status, please contact the Claims Liaison Department at (619) 240-8933.

