

Initial Health Appointment (IHA) Overview & Medical Record Review Information

Molina Quality Improvement Team – May 2026

Understanding the Initial Health Appointment

What is an Initial Health Appointment?

- An Initial Health Appointment (IHA) is a comprehensive assessment of a newly enrolled member in a Medi-Cal managed care plan, which is conducted by primary care providers.
- The IHA is **designed** to establish care, identify risks and address preventive service needs.
- More information about the IHA can be found in the [DHCS All Plan Letter \(APL\) 22-030](#).



Why is it important?

- Ensures newly enrolled members are seen timely for preventive care and risk assessments.
- Helps providers identify existing or emerging health issues early.
- Many health plans tie completion of IHA to quality/performance measures and sometimes incentives.

Who needs an IHA, When & Where



Who should have an IHA?

All newly enrolled members of a Medi-Cal managed care plan (or other plan where the requirement applies) who have not been actively enrolled with the plan in the prior 12 months.

Provider types: The IHA must be completed by a primary care provider (PCP) or equivalent in primary care medical setting (e.g., physician, nurse practitioner, physician assistant).



Where should an IHA be done?

In a primary care medical setting. The IHA may be done in one or multiple visits (depending on the member's condition) but must cover all required components.

Must be provided in a culturally and linguistically appropriate manner.



When must an IHA be completed?

The IHA must be completed **within 120 calendar days** of enrollment.

Note: Some older documents referenced 90 days or mention "updated within previous 12 months if record is complete" but current guidance under APL 22-030 uses the 120-day benchmark.

If the member's medical record already contains complete information updated within the prior 12 months, then a full IHA may *not* be required.

Outreach & documentation requirements

Outreach & scheduling attempts

- When a new member is assigned, the PCP's office must reach out to schedule the IHA.
- If member misses a scheduled appointment or declines, the provider must document at least **one attempt** to schedule/ reschedule (by phone, text, email, letter/mail) and evidence of updating contact information.
- If the member refuses the IHA, the refusal must be documented in the medical record.

Medical record documentation

- All components of the IHA must be documented in the member's medical record. This includes: history & physical exam, risk assessment, status of preventive screenings, health education/ anticipatory guidance, diagnoses/ plan and follow up instructions.
- If an exception applies (e.g., prior adequate exam within 12 months), documentation supporting that must exist.
- Documentation must be legible, signed/dated. Electronic records acceptable.

Exceptions

01

If the patient is an established patient and the medical record already contains complete and current information from an exam within the prior 12 months, a full IHA may be unnecessary.

02

Perinatal/pregnant members: The initial prenatal visit may satisfy the IHA if done within the timeframe.

03

Missed appointments or non-response: After documented scheduling attempts, this may be considered an exception if documented.

Initial Health Appointment codes

- For billing of services associated with the completion of the Comprehensive IHA, please note the following CPT codes:
 - '99381', '99382', '99383', '99384', '99385', '99386', '99387', '99391', '99392', '99393', '99394', '99395', '99396', '99397', '99204', '99205', '99214', '59400', '59425', '59426', '59510', '59610', '59618', '96160', '96161', '99211', '99212', '99213', '99241', '99242', '99243', '99244', '99245', '99354', '99355', '99401', '99402', '99403', '99404', '99411', '99412', '99429', '99444', '99446', '99447', '99448', '99449', '99450', '99455', '99456', '99222', '99223', '99341', '99421', '99422', '99423', '99441', '99442', '99423', '99441', '99442', '99443', '99460', '99463', '99201', 'G0465', 'G0402', 'G0438', 'G0439', 'G0463', 'T1015', 'G0468', 'Z1034', 'Z1038', 'Z1032', 'Z6500'
- If it is an established patient, you must use the 99215 CPT code plus a diagnosis code (during the 120 day IHA timeframe).
 - '99215' and primarydiagnosiscode in ('Z00.00', 'Z00.01', 'Z00.110', 'Z00.111', 'Z00.121', 'Z00.129', 'Z01.401', 'Z01.419', 'Z00.9', 'Z02.1', 'Z02.3', 'Z02.8', 'Z02.5', 'Z02.89')

Site best practices & operational workflow



Identify new members: At the beginning of each month, generate a list of newly enrolled members assigned to your practice. (Availity or IPA Member List)



Outreach: Contact by phone and letter/mail within first 30 days of enrollment.



Schedule IHA: Ensure appointment is within 120 days. Encourage in-person component (if virtual used, ensure at least one in-person component).



Conduct IHA: Use a checklist to cover all required components (history & physical, risks, preventive assessment, education, diagnoses/plan).



Document thoroughly: Ensure all required items are in the medical record, signed/dated; document outreach attempts and scheduling.



Coding & claim submission: Use proper CPT/ICD-10 codes and submit claims accordingly.



Track compliance: Monitor completion reports; use dashboards or scorecards from health plan to track overdue IHAs.



Quality improvement: Review misses, outreach failures, reasons for delay—set internal targets for IHA completion rates.

How to access your IHA Score Card on Availity

The IHA Score Card gives providers a glimpse of their compliance with the IHA requirement. The scorecard shows the percentage of newly enrolled Molina members who require an IHA and where the provider has submitted their claim or encounter for the IHA visit.

To access you IHA Score Card, log in to the [Availity Essentials portal](#) and follow these steps:

- 1) From the Availity home page > Click on “Payer Spaces”
- 2) Click the Molina Healthcare logo
- 3) Select the “Patient Care” tile
- 4) From the Patient Care Portal home page > Click on the dropdown under “Access Provider Profile”
- 5) Select one of the two options (Individual PCP or Group PCP):
 - a) **IHA score care for Individual PCP Provider** – Tax ID & NPI required
 - b) **IHA score card for Pay to Group Provider** – Tax ID (Direct Tax ID or IPA Group) required
- 6) In the Access Provider Profile box > Select the appropriate Organization > Type in TIN & NPI if required > Ensure “State” says California > Click Submit
- 7) Select by clicking the radio button under the “Select” column
- 8) Click “Next” to see the IHA Score Card
- 9) View the IHA Score Card (3 sections – IHA Members, IHA Compliant & IHA Compliant %)
- 10) Click the arrows to expand or collapse sections if needed
- 11) Click the “Print” or “Export” button to print to PDF or export to Excel if needed

Note: IHA Score Card Reminders are also shown in the Care Coordination Portal (CCP) & Patient Care Portal (PCP) in Member details

How to view Member IHA due date on Availity

To view a Member's IHA due date, log in to the [Availity Essentials portal](#) and follow these steps:

1. From the Availity home page, click on "Payer Spaces"
2. Click the Molina Healthcare logo
3. Select the "Patient Care" tile
4. From the Patient Care Portal home page, click on the dropdown under "Access Provider Profile"
5. Select one of the two options: Individual PCP or Group Provider PCP
 - a. **Individual PCP Provider** – Tax ID (Direct Tax ID or IPA Group) & NPI required
 - b. **Pay to Group Provider Roster** – Tax ID (Direct Tax ID or IPA Group) required
6. Use the "Search By" feature to find Members with IHA Due Dates if needed
7. View the Members with IHA Due Date in the "Status" column
8. From the "Member Details" page, the days IHA due will show in the "Alerts" section of the Patient Care Portal (PCP)

Note: IHA Score Card reminders are also shown in the Care Coordination Portal (CCP) in Member Details



Initial Health Appointment (IHA) for Children, Adults and Seniors

Effective 1/1/2023, the completion of the IHEBA/SHA is no longer a required component of the Initial Health Appointment.

In accordance with regulatory requirements and increased focus from the California Department of Health Care Services, **new members must receive a comprehensive Initial Health Appointment (IHA) within the first 120 days of enrollment** with Molina, or within periodicity timelines established by the American Academy of Pediatrics for ages two and younger whichever is less.



A compliant Initial Health Appointment consists of:

- **Comprehensive History** must be sufficiently comprehensive to assess and diagnose acute and chronic conditions which includes, but is not limited to the following:
 - **History of Present Illness**
 - **Past Medical History** (Physical & Mental Health)
 - **Social History**
 - **Review of Organ Systems** (Physical Systems) and Mental Systems
 - **Identification of risks**
 - **Assessment of need for preventive screens or services**
 - **Health Education**
 - **Diagnosis and plan for treatment of any diseases**
- **Comprehensive Physical and Mental Exam.** The exam must be sufficient to assess and diagnose acute and chronic conditions and develop a plan of care. The plan of care must include follow-up activities. Include all exams that the member received.
- **Dental Exam in Initial Health Assessment** (all ages)
- **Dental Referral** (for age 3 to < 21 only)

ABC Doctor's Office – IHA Compliance

Compliance YTD (Members Enrolled 7/1/2024-12/1/2024)

Members	IHAs Compliant	% Compliance
1033	287	27.78%

Due within the last 6 months

Members	IHAs Compliant	% Compliance	Member Enrollment Month	Timeframe IHAs Due
162	52	32.10%	7/1/2024	10/29/2024
181	43	23.76%	8/1/2024	11/29/2024
169	52	30.77%	9/1/2024	12/30/2024
182	57	31.32%	10/1/2024	1/29/2025
122	36	29.51%	11/1/2024	3/1/2025
217	47	21.66%	12/1/2024	3/31/2025

Data listed in tables above are based on administrative data as of 4/21/2025

IHA Medical Record Review

- Molina will randomly select a PCP site for the IHA MRR
- The Molina Quality Improvement team will reach out to schedule the IHA MRR. Typically a 3-4 hour appointment.
- There are 3 types of reviews possible
 - Onsite review – reserved for paper charts only
 - Virtual review – live review using a share screen platform
 - Desktop review – access to EHR system (no appt needed)
- On average 10-20 Molina members/charts will be selected, with a mix per patient population (adult/peds).
- Records will be reviewed to determine if all IHA components are included, including outreach attempts.
- Findings/trends will be documented, and a corrective action plan may be required. A follow up meeting may be required.

This review does NOT replace the Facility Site Review/Medical Record Review.

Molina contact information

For general IHA related questions please reach out to:
MolinaCAQualityOutreach@MolinaHealthcare.com

For questions related to the medical record review process please reach out to: MHC_QI_ClinicalPrograms@MolinaHealthcare.com

