SCAN's IHA Requirements

An IHA consists of a history and physical examination and a health education behavioral assessment that enables a provider of primary care services to comprehensively assess the Member's current acute, chronic and preventive health needs.

- 1. IHA is performed within 90 days of enrollment or within the past 12-months for annual assessments
- 2. PO shall make reasonable attempts to contact a member and schedule an IHA. All attempts shall be documented. (*Documented attempts that demonstrate PO's unsuccessful efforts to contact a member and schedule an IHA shall be considered evidence in meeting this requirement*)
- 3. The IHA, at a minimum, must include a physical and mental health history, and completion of the age-appropriate Staying Healthy Assessment (SHA) form

 The PO shall ensure that the Initial Health Assessment (IHA) includes a staying healthy/health education behavioral assessment using an age appropriate DHCS approved assessment tool.
- 4. Assessment tool (SHA) is completely filled out with all elements addressed (ensure that assessment includes all required elements)

The initial and annual complete physical and mental health history exam includes, but is not limited to: (*Must be completed within 90 days of enrollment*)

- 1. Present and past illness(es) with hospitalizations, operations and medications
- 2. Physical exam including review of all organ systems including but not limited to:
 - a. Height and weight
 - b. Blood pressure
 - c. General appearance
 - d. BMI
- 3. Total serum cholesterol
- 4. Clinical breast exam
- 5. Pap smear on all women determined to be sexually active, regular screening may be discontinued after age 65 on those participants who have had regular screening with consistent normal results
- 6. Tuberculosis Screening: All Members will receive TB testing upon enrollment and annual screening will be part of the annual history and physical (this can be screening but there needs to be documentation of risks, high, low, etc.)

Preventative services per the USPSTF A and B Guidelines for ages 65 and older, where clinically indicated: (ensure that the latest edition of the Guide to Clinical Preventive Services published by the U.S. Preventive Services Task Force (USPSTF) is used to determine the provision of clinical preventive services to asymptomatic, healthy adult Members).

(To be provided in the frequency required by the USPSTF Guide to Clinical Preventive Services)

- 1. Abdominal Aortic Aneurysm Screening
- 2. Bone mass measurement
- 3. Breast Cancer Screening (mammograms)
- 4. Cardiovascular Disease Testing/Risk Reduction Visit (therapy for cardiovascular disease)
- 5. Cervical and Vaginal Cancer Screening
- 6. Colorectal Cancer Screening
- 7. Depression Screening
- 8. Diabetes Screening
- 9. HIV Screening
- 10. Immunizations (per CDC guidelines)
- 11. Trichomonas
- 12. Herpes
- 13. Intimate Partner Violence Screening
- 14. Folic Acid Supplementation
- 15. Obesity Screening and Counseling/Therapy to Promote Sustained Weight Loss
- 16. Screening and Counseling to reduce alcohol misuse
- 17. Screening for lung cancer with low dose computed tomography (LDCT)
- 18. Chlamydia screen for all sexually active females who are determined to be at high-risk for chlamydia infection using the most current CDC guidelines
- 19. Gonorrhea screening: women
- 20. Sexually Transmitted Infections Counseling
- 21. Hepatitis B screening
- 22. Hepatitis C screening
- 23. Syphilis screening
- 24. Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- 25. Skin Cancer Behavioral Counseling
- 26. Blood pressure screening: adults
- 27. BRCA risk assessment and genetic counseling/testing
- 28. Breast cancer preventive medications
- 29. Fall prevention: older adults
- 30. Statin preventive medication: adults ages 40–75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater
- 31. Mental health and status evaluation
- 32. Social history
- 33. Sexual history
- 34. Use of alcohol, tobacco and drugs
- 35. Diagnosis and plan of care