



ORGANIZATION POLICY AND PROCEDURE		
 		Product Line:
		<input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal Addendum <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Commercial <input type="checkbox"/> Other
Title: 08-01-16-51-00131- Initial Health Assessment – Medicare Advantage Members		
Division(s): Health Care Services		
Department(s): UTILIZATION MANAGEMENT		
CMS:	CMS MLN Guide to Medicare Preventive Services, Chapters 8 through 10. Section 4103 of the Affordable Care Act of 2010, the Centers for Medicare & Medicaid Services (CMS) amended sections 411.15(a)(1) and 411.15 (k) (15) of 42 CFR 42 C.F.R. § 422.112(b)(4)(i); Manual Ch. 4 - Section 110.6; TITLE 22, CCR, § 53851(b)(1); DHCS SCAN Contract A.10.3.A, B and D	
DMHC		
NCQA-HP		
NCQA-WHP		
Approved by:		Approval date:08/01/2016
DHCS	President/Chief Medical Officer/Medical Director	08/11/2022 Reviewed date: 01/15/2019 01/10/2022 08/09/2022

SCOPE

The Elite Care Health Organization (ECHO) Staff /IPA/Medical Group and their FDR's (First-tier Downstream Related Entities) shall follow the procedures set forth in this policy.

PURPOSE

To outline the process for communicating the need for an Initial Health Assessment for Medicare Advantage members to the Primary Care Provider Offices.

POLICY

ECHO complies with the CMS requirement for an Initial Health Assessment (IHA) / Annual Wellness Visit (AWV)

- a. Medicare requires an IHA) / AWV providing Personalized Prevention Plan Services (PPPS) for members within ninety (90) days of enrollment and annually thereafter and follow up on unsuccessful attempts to contact member.
- b. PCP make a good faith effort to annually notify members about the Annual visit wellness.
- c. Members are informed of specific health care needs that require follow up and receive, as appropriate, information to support and promote their own health

The initial IHA /AWV provides for the following services to an eligible member by a health professional:

- Establishment of an individual's medical/family history.
- Establishment of a list of current providers and suppliers that are regularly involved in providing medical care to the individual.
- Measurement of an individual's height, weight, BMI (or waist circumference, if appropriate), BP, and other routine measurements as deemed appropriate, based on the beneficiary's medical/family history.
- Detection of any cognitive impairment that the individual may have
- Review of the individual's potential (risk factors) for depression, including current or past experiences with depression or other mood disorders, based on the use of an appropriate screening instrument for persons without a current diagnosis of depression, which the health professional may select from various available standardized screening tests designed for this purpose and recognized by national medical professional organizations.
- Review of the member's current opioid prescription screening for potential substance use disorders, including a referral for treatment as appropriate must be documented as part of the IHA screening.
- Review of the individual's functional ability and level of safety based on direct observation, or the use of appropriate screening questions or a screening questionnaire, which the health professional may select from various available screening questions or standardized questionnaires designed for this purpose and recognized by national professional medical organizations.
- Establishment of a written screening schedule for the individual, such as a checklist for the next 5 to 10 years, as appropriate, based on recommendations of the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP), as well as the individual's health status, screening history, and age-appropriate preventive services covered by Medicare. The latest edition of the Guide to Clinical Preventive Services is used to determine the provision of clinical preventive services to asymptomatic, healthy adult Members. The USPSTF guidelines are made available to practitioners (information provided in provider manual).
- Sensitive and preventive services are exempt from prior authorization
- Establishment of a list of risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or are underway for the individual, including any mental health conditions or any such risk factors or conditions that have been identified and a list of treatment options and their associated risks and benefits.
- Furnishing of personalized health advice to the individual and a referral, as appropriate, to health education or preventive counseling services or programs aimed at reducing identified risk factors and improving self-management, or community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including weight loss, physical activity, smoking cessation, fall prevention, and nutrition

- Systems are employed to identify and address barriers to member compliance with prescribed treatments or regimens; and (CMS). Such as med adherence reports provided by the health plans.
- There is appropriate, timely, and confidential exchange of clinical information among provider network components.
- PCP 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.

Subsequent HAs / AWWs

- In subsequent AWWs, the following services would be provided to an eligible member by a health professional:
 - An update of the individual's medical/family history.
 - An update of the list of current providers and suppliers that are regularly involved in providing medical care to the individual, as that list was developed for the first AWW.
 - Measurement of an individual's weight (or waist circumference), BP, and other routine measurements as deemed appropriate, based on the individual's medical/family history.
 - Detection of any cognitive impairment that the individual may have
 - An update to the written screening schedule for the individual that was developed at the first AWW
 - An update to the list of risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or are under way for the individual, as that list was developed at the first AWW
 - Furnishing of personalized health advice to the individual and a referral, as appropriate, to health education or preventive counseling services or programs.

PROCEDURE

1. Primary Care Providers (PCPs) are oriented to the requirement for IHA / AWW during the initial orientation by the Provider Services Department staff.
2. ECHO recommends that the PCPs use the American College of Physicians (ACP) tools:
 - a. ACP Annual Wellness Letter
 - b. ACP Annual Wellness Checklist
3. Throughout the year, reminders are sent to the PCPs via:
 - a. The ECHO Provider Newsletter
 - b. Fax Blasts

Reference(s)

CMS MLN Guide to Medicare Preventive Services, Chapters 8 through 10.
 Section 4103 of the Affordable Care Act of 2010 , the Centers for Medicare & Medicaid Services (CMS) amended sections 411.15(a)(1) and 411.15 (k)(15) of 42 CFR

Attachment(s)

ACP Annual Wellness Letter



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ACP Annual Wellness Checklist



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