

Initial health assessment

Due to the COVID-19 Public Health Emergency (PHE), Department of Health Care Services (DHCS) temporarily suspended requirements for Medical Care Plans (MCPs) to complete initial health assessments (IHA) within the required timeframes outlined in the MCP contract (120 days for most members) and allowed MCPs to defer completion of these IHAs until further notice. Effective as of October 1, 2021, MCPs must begin resumption of IHA activities that they temporarily suspended during the period of December 1, 2019, to September 30, 2021.

Important update: Members enrolled between December 1, 2019, to September 30, 2021

Anthem Blue Cross (Anthem) is notifying our network groups and providers of their requirement to use available data sources to identify all members who were: newly enrolled between December 1, 2019, to September 30, 2021; have not received an IHA and do not meet exclusion criteria as detailed in contract and *Policy Letter 08-003*; have not engaged in primary care or perinatal services since enrollment; and, for whom an IHA or portions of an IHA are currently appropriate. Groups and providers should outreach to these members identified and coordinate access to IHA appointments as needed to facilitate primary care or engagement. For all members who are newly enrolled as of October 1, 2021, groups and providers are required to complete this process and coordinate care engagement within the required 120 day contractual timeframes.

Members enrolled since October 1, 2021

Primary care physicians (PCPs) are required to review their monthly eligibility list provided by their primary medical group/independent practice association, or via Availity* for certain PCPs, to proactively contact their assigned members to encourage them to make an IHA appointment within the following time frames:

- Adults and children over 18 months — within 120 days of health plan enrollment date (whichever is less).
- For members under the age of 21 years old, the IHA should occur within 120 days of enrollment or according to the American Academy of Pediatrics (AAP) age-specific guidelines on the Bright Futures Periodicity Schedule, whichever is the closest to the enrollment date.
- Children under 18 months — within 120 days of health plan enrollment date or within periodicity established by the American Academy of Pediatrics for ages 2 and younger (whichever is less).

Failure to comply with IHA requirements may result in a request for corrective action plan or formal contractual sanctions.



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To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/3ILgko8>).

* Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross.