Preferred IPA of California
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PROVIDER BULLETIN

Preferred IPA recently performed an internal medical records review of random providers that included compliance with audit guidelines for Initial Health Assessment, Standing Referrals, Comprehensive Perinatal Services Programs (CPSP) and Early Intervention, Early Start, Developmental Disabilities Services (EI, ES, DDS). Please see below the audit tools that were used for the review.

Providers, Specialists, OB and CPSP providers: Please read the audit tool guidelines and ensure that these are met. Preferred IPA will randomly audit providers for compliance with these guidelines on an annual basis.

INITIAL HEALTH ASSESSMENT AUDIT REVIEW AND CORRECTIVE ACTION REQUIRED

The Initial Health Assessment consists of a history, review of systems, physical exam, preventive services and the Individual Health Education and Behavioral Assessment (IHEBA). For Medi-Cal members, this must be completed within 120 days of enrollment.

#	AUDIT TOOL GUIDELINES	SCORE
	ALL MEMBERS	
1	The IHA was performed within 120 days from the date of enrollment (measurement of 120-day timeliness standard only)	
2	The medical record reflects diagnostic, treatment and follow-up services for symptomatic findings or risk factors identified in the IHA within 60 days following discovery.	
3	The medical record reflects TB screening for all members (as all residents of LA County are considered at high risk)	
4	If IHA has not been completed, the medical record reflects attempts to schedule IHA per Health Plan policy.	
5	If the IHA has not been completed due to Missed appointments, the medical record reflects documented missed appointments and attempts for follow-up, as appropriate.	
	PEDIATRIC MEMBERS (ages 0-21)	
1	For Members under 21 years of age, the medical record reflects completion of an age appropriate IHA according to the most recent edition of the American Academy of Pediatrics (AAP) age specific guidelines and periodicity schedule. The IHA must also include an age specific assessment and services required by the Child Health and Disability Prevention Program (CHDP).	
2	The medical record reflects a dental screening/oral assessment and dental referral, starting at age 3 or earlier, if warranted	
3	The medical record includes documented lab testing for anemia, diabetes and/or urinary tract infection.	
4	The medical record includes identification, treatment and follow-up on obese members.	
5	The medical record includes documented age- appropriate immunizations	
6	a. The medical record includes a documented testing for lead poisoning in IHA (if appropriate). (Lead level checks at ages 12 mos, 24 mos, or 72 mos). Lead level range-above 15 should be	

	referred to Los Angeles Lead Program.	
	b. Follow-up lead re-check done on lead levels 10 to 14 in 3 months	
	c. Follow-up lead confirmatory (venous) re-check is performed on level levels 15 to 19 within 1-2 months	
	d. Referred to Los Angeles County Lead Program for lead levels above 15	
7	The medical record includes documented testing for Sickle Cell (SCA) trait in the IHA (if appropriate)	
	ADULT MEMBERS	
1	For Asymptotic Adults the medical record reflects completion of an age appropriate IHA according to the most current edition of the Guide to Clinical Preventive Services, published by the U.S. Preventive Services Task Force (USPSTF), as documented by a history & physical & review of organ systems.	
2	The medical record includes immunizations for adults as required.	
	FEMALE MEMBERS	
1	The medical record includes a documented breast examination over the age of 40 years of age.	
2	The medical record includes a documented Mammogram at age 50 and over	
3	The medical record includes documented Chlamydia screen for all sexually active females through AGE 26 (high risk-such as but not limited to, new or multiple sex partners, prior hx of STD, not using condoms consistently & correctly).	
4	The medical record includes a documented cervical screening test for all sexually active women.	
5	The medical record reflects that the HPV immunization was offered to age appropriate females (9-26).	
6	The Health Risk Assessment for the SPD member is present in the medical record	
7	The SPD member has received all necessary information regarding their treatment and services so that they can make an informed choice.	
8	The medical record reflects that the SPD member agrees with the plan for treatment and services	

STANDING REFERRALS AUDIT REVIEW AND CORRECTIVE ACTION REQUIRED

A standing referral allows a member to see a specialist without needing new referrals for each visit. A member, PCP or specialist provider may request authorization for a standing referral for a member with a chronic, disabling, life-threatening or degenerative condition, including HIV and AIDS, if the condition requires coordination of specialty care to such a degree that it involves one or more of the following:

- **A treatment regimen that is complex**
- **The care of the condition has become the principle care for the member**
- **The condition requires on-going monitoring**
- **Members with HIV and AIDS will be referred to a physician with specialized knowledge of HIV medicine meeting the California Health and Safety Code criteria (CA Health & Safety Code 1374.16)**

#	AUDIT TOOL GUIDELINES	SCORE
1	There is evidence that the treatment plan was developed in collaboration with the PCP and specialist or specialty center and approved according to the PPG Referral Management Process.	
2	There is evidence that the standing referral determination was made within three business days of the date of the request and all appropriate medical records and other items of information necessary to make the determination were provided	
3	There is evidence that the referral was made within four business days of the date the proposed treatment plan, if any, is submitted to the plan medical director or his/her designee	

4	The medical record reflects the member receiving all medically necessary covered diagnostic, preventive and treatment service through their PCP.	

COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP) AUDIT REVIEW AND CORRECTIVE ACTION REQUIRED

All pregnant members must be offered CPSP services. CPSP screening and services will only be given by an approved certified CPSP provider.

#	AUDIT TOOL GUIDELINES	SCORE
1	Evidence that risk assessment tool and corresponding risk intervention protocols comply with CPSP requirements	
2	A comprehensive obstetrical record and initial risk assessment tool is completed at the initiation of pregnancy related services.	
3	Evidence that risk assessment covers medical/obstetrical issues, nutritional advice, psychosocial counseling, and health education.	
4	Evidence that an evaluation of the patient's risk status was done at each trimester and at the postpartum visit.	
5	Evidence that identified risk conditions were followed up with interventions appropriate to remedy the condition/problem in a prioritized manner.	
6	The medical record reflects documented missed appointments and attempts for follow-up, if applicable.	

EARLY INTERVENTION, EARLY START, DEVELOMENTAL DISABILITIES SERVICES (EI-ES-DDS) AUDIT REVIEW AND CORRECTIVE ACTION REQUIRED

#	AUDIT TOOL GUIDELINES	SCORE
1	The medical record reflects collaboration between the Regional Center/Early Start/Early Intervention program with the PCP (i.e. MD notes [DDS or ES/EI provider], referral from or to the Regional Center and/or Early Start program for ages 0-3	
2	The medical record reflects coordination of specialist services with the Health Plan network.	
3	The medical record reflects those members with developmental disabilities, eligible for Home and Community-Based Services (HCBS) Waiver have been referred.	
4	The medical record reflects the member receiving all medically necessary covered diagnostic, preventive and treatment service through their PCP.	

If you have any questions, please contact Ali Shirazi at ashirazi@preferredipa.com or call (818) 844-8067.