

MCSHP ANNUAL IHA COMPLIANCE TRAINING – 2026

Ensuring understanding of key compliance standards

Quality Management Department

January 2026

INTRODUCTION AND OBJECTIVES



TRAINING OBJECTIVES

Compliance Standards Overview

Training ensures understanding of IHA compliance standards for pediatric and adult populations in 2026.

Timely Health Assessments

Emphasizes completing IHAs within the required 120-day timeframe with proper screenings and guidance.

Accurate Documentation

Highlights importance of detailed documentation including unsuccessful vaccination attempts and non-compliance reasons.

Best Practices and Resources

Focuses on identifying compliance checkpoints and using resources to improve

UNDERSTANDING IHA

WHAT IS AN INITIAL HEALTH ASSESSMENT?

Regulatory and Network Standards

Purpose of IHA

IHA identifies health conditions, risk factors, and preventive care needs early in the patient-provider relationship.

Components of IHA

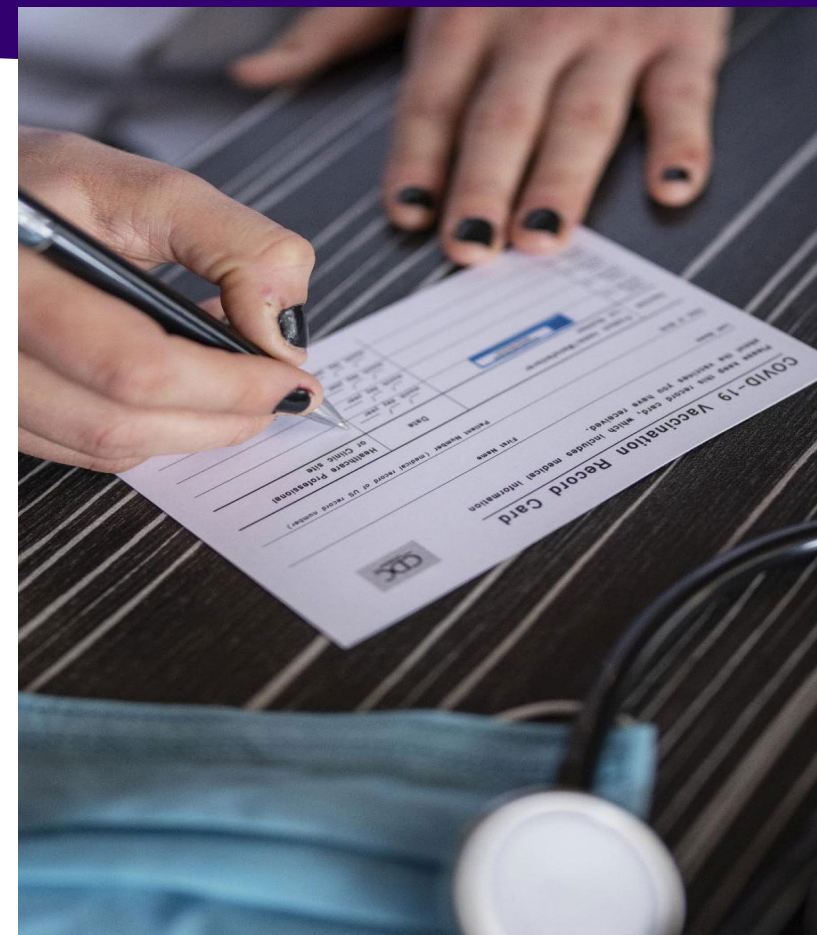
IHA includes history, physical exam, and age-appropriate screenings following AAP and USPSTF guidelines.

Pediatric vs Adult Focus

Pediatric IHA covers developmental and immunization reviews; adult IHA screens for chronic diseases and cancers.

Documentation Importance

Proper documentation ensures compliance and continuity, including outreach if services are declined.



GENERAL COMPLIANCE STANDARDS

KEY COMPLIANCE REQUIREMENTS



Assessment Timelines

Assessments must be completed within 120 days of enrollment to meet compliance standards.

Mandatory Screenings

TB screening is mandatory for all residents due to high-risk status in Los Angeles County.

Immunization Documentation

Immunizations must follow ACIP schedules with documented efforts if vaccination is unsuccessful.

Preventive Screenings and Guidance

Preventive screenings follow age-specific guidelines with anticipatory guidance per Bright Futures Schedule.

PEDIATRIC REQUIREMENTS

ESSENTIAL PEDIATRIC COMPONENTS



Screenings and Immunizations

Pediatric care includes TB screening, age-appropriate immunizations, and anticipatory guidance following Bright Futures schedules.

Growth and Dental Monitoring

Growth charts must be documented; dental screenings and referrals start by age three or earlier as needed.

Preventive Lab Testing

Lab tests for anemia, diabetes, UTI, HIV, STIs, lead testing at specific months ensure early detection and care.

Referrals and Compliance

Sickle cell trait testing as needed and referrals to WIC support comprehensive pediatric care and regulatory compliance.

PEDIATRIC FOLLOW-UP AND SPECIAL TESTS

FOLLOW-UP PROTOCOLS

Lead Level Monitoring

Re-check lead levels within three months for 10-14 $\mu\text{g}/\text{dL}$ and confirm venous testing for 15-19 $\mu\text{g}/\text{dL}$ within 1-2 months.

Referral and Guidance

Refer patients with lead levels above 15 $\mu\text{g}/\text{dL}$ to specialized lead programs and provide anticipatory guidance for young children.

Additional Testing and Referrals

Document sickle cell trait testing and refer pregnant or postpartum women and children under five to WIC services.



ADULT MALE REQUIREMENTS

SCREENINGS AND PREVENTIVE CARE



Guideline-Based Health Assessments

Adult male health assessments follow USPSTF guidelines involving history, physical exams, and organ system reviews.

Mandatory TB Screening and Immunizations

TB screening is required and immunizations must align with ACIP recommendations to ensure patient safety.

Preventive Screening Tests

Screenings include HIV testing, fecal occult blood tests, colonoscopy, PSA, and TSH to detect health issues early.

Informed Consent Documentation

SPD members must receive information and consent to treatment plans, ensuring informed healthcare decisions.

ADULT FEMALE REQUIREMENTS

SCREENINGS AND PREVENTIVE CARE

TB Screening and Immunizations

Adult female initial health assessments must include tuberculosis screening and immunizations following official ACIP guidelines.

Preventive Cancer Screenings

Mammograms are recommended for women aged 40 to 74 and Pap smears for cervical cancer screening between ages 21 and 65.

STD Testing and Risk Factors

Testing for Chlamydia and Gonorrhea is advised for sexually active women under 24, or high-risk older women with multiple partners or prior STDs.

Patient Referrals and Documentation

Referrals to WIC for pregnant or postpartum women should be documented, along with informed consent for SPD members' treatment plans.



DOCUMENTATION AND OUTREACH

BEST PRACTICES FOR COMPLIANCE



Accurate Documentation

Maintain precise records of screenings, immunizations, and follow-up actions to ensure compliance and care continuity.

Documenting Refusals

Record outreach (telephone, text and/or mail) efforts and reasons when services are refused to maintain transparency and accountability. Three (3) outreach attempts **MUST** be documented in the member's medical record

Health Risk Assessments

Include comprehensive health risk assessments with evidence of patient agreement to treatment plans for SPD members.

Supporting Audits and Quality

Proper documentation supports audits and quality improvement initiatives, ensuring regulatory compliance and transparency.

COMPLIANCE TIPS AND BEST PRACTICES

STRATEGIES FOR SUCCESS



Systematic Workflow Implementation

Establish workflows to complete Individual Health Assessments (IHAs) on time ensuring compliance.

Electronic Health Record Alerts

Use EHR alerts to monitor pending assessments and prompt timely follow-up actions.

Patient Engagement and Education

Engage patients proactively to educate about screenings and immunizations importance.

Staff Training and Audits

Train staff on documentation standards and conduct audits to identify gaps and improve outcomes.

RESOURCES AND REFERENCES

GUIDELINES AND TOOLS



Immunization Schedules

ACIP and AAP provide standardized immunization schedules essential for preventive healthcare compliance.

Screening Guidelines

Local health department protocols guide TB and lead screening practices to ensure early detection and prevention.

Community Support Programs

Programs like WIC offer nutritional support, aiding comprehensive preventive care for communities.

CLOSING AND Q&A

SUMMARY AND DISCUSSION



Importance of Compliance

IHA compliance is essential for delivering preventive healthcare to both pediatric and adult patients effectively.

Key Compliance Actions

Timely screenings, thorough documentation, and adherence to regulations ensure meeting healthcare standards.

Use of Resources and Best Practices

Providers should implement best practices and leverage resources to enhance compliance and patient outcomes.

Engagement and Clarifications

The session ends with Q&A to clarify doubts and reinforce understanding of compliance requirements.

CONCLUSION

Thank you for your continued efforts in providing our members with the highest level of quality care by providing timely access.

MSCHP Quality Management Department

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