

New History and Physical (H & P) Form

FREQUENTLY ASKED QUESTIONS

Q-1: Can the new H&P form be modified?

A: No, it has been carefully designed to meet all regulatory requirements and be consistent with other state mandated forms such as the Individual Plan of Care (IPC) and the Patient Characteristics form. A standardized form allows data to be collected and reported uniformly across the industry. This tool was designed by providers in collaboration with the California Department of Aging (CDA) and builds upon prior versions of the H&P form.

- Note, however, that the “Standing Orders” page is available in Word format and is designed to be customized by each center.
-

Q-2: Can I recreate the H&P form in a Word document so I can add my letterhead?

A: No.

- Note, however, the H&P form has been modified to provide a space on page 1 for adding a label with the center’s name and address.
 - Alternatively, the H&P form can be copied onto the center letterhead.
-

Q-3: Will the H&P form and Instructions be revised based on feedback from the 10/25/18 Webinar?

A: Yes, some modifications have been made to the H&P form and Instructions based on feedback. The revised H&P form and Instructions have been posted on the CAADS’ website. The CDA has sent out a notice to all providers with instructions on how to access the H&P order form, Standing Orders (which can be customized), Instructions and CAADS Webinar.

Q-4: How do I obtain a copy of the H&P form, Standing Orders page and Instructions?

A: The H&P form, Standing Orders page, Instructions, and Webinar recording are provided at no charge to CAADS Members as a benefit of membership. Non-members may purchase the forms and recording from CAADS by going to www.caads.org and downloading the H&P order form.

Q-5: Is the form required by the State?

A: The H&P form is not mandatory, however, it is highly recommended by the CDA.

Q-6: Starting in Section A, can more space be provided for ICD-10 codes?

A: Centers that have been using the prior version of the H&P form have not reported problems with the spacing. The goal is to keep the form at no more than four pages.

Q-7: Where do the primary care physicians (PCP) write the ICD-10 codes for the Secondary Diagnosis on this form?

A: The ICD code for secondary diagnosis should be listed on the Secondary Diagnosis line.

Q-8: For billing, we typically need two ICD-10 codes. I don't see where the ICD-10 codes are entered except on the Primary Diagnosis line?

A: A line was added for Secondary Diagnosis on the new H&P form. Similar to above, the ICD code for the secondary diagnosis should be listed on the Secondary Diagnosis line.

Q-9: Where do we add additional ICD-10 codes in Section A?

A: Each box in Section A has an "other" section, where an additional ICD-10 code can be added, or use the "Other Conditions" box to write in the additional codes.

Q-10: When does the new H&P form go into effect?

A: There is no specific start date for its use, however, it is strongly recommended that each center begin incorporating the new H&P form into its internal processes well in advance of the revised IPC release (which is expected to be implemented on May 1, 2019). The H&P form should be implemented on a flow basis as new participants come into the program.

Q-11: If an electronic health record (EHR) is attached, can the PCP bypass writing in the primary diagnosis if it is already listed on the EHR?

A: Yes, if the primary diagnosis is clearly identifiable in the EHR.

Q-12: If a patient's most recent exam date was four months ago, do they need to return to their PCP and get a new exam before admission?

A: Not necessarily. Section 78303 (e) of the California Code of Regulations requires "...a written health assessment of the participant which has been completed within 90 days by the participant's physician or staff physician." This means that the H&P form must be completed within 90 days of admission to the center. The physician must complete the H&P form, attesting to the participant's current health status. What "current health status" means, with respect to the date and timing of the physical exam, is determined by the physician. Regulations do not explicitly require that a physical examination by the physician be conducted within 90-days prior to admission.

Q-13: Can you clarify the “last exam date?”

A: The “last exam date” is a space for the PCP to write in the last time they saw this patient, for any reason. It is not required to have been within 90 days of admission to the ADHC/CBAS program.

Q-14: Is there ever a time that the H&P form needs to be completed again by the PCP?

A: The regulations state that the H&P form needs to be completed only upon admission. There is no requirement for subsequent H&P forms to be completed by the PCP, unless the participant has been disenrolled and later is readmitted. They then would be considered a new admission and a new H&P would be needed.

Q-15: What if there are more than 12 medications?

A: The previous H&P form listed 12 boxes for medications, and nothing has changed on this new H&P form. If an EHR is attached, then section B can be left blank. If no EHR, then a separate list can be attached to the H& P form.

Q-16: Should we send this H&P form to every specialist the participant is seeing?

A: The H&P form should be sent to the physician most familiar with the participant.

Q-17: Is the Standing Order page intended to apply to the entire center population?

A: Yes.

- Each center should customize the Standing Orders to suit the center’s needs in addressing the population served. The PCP can strike-out any order that does not apply to their patient.
-