



PROVIDER Bulletin

November 13, 2020

This Provider Bulletin applies to the lines of business and provider types checked below:

- PHP (Medicare)
 Primary Care Physicians
 Specialists
 PHC (Medicaid)
 Hospitals
 Ancillary
 AHF Grants

Staying Healthy Assessment (SHA) Requirements

PHC California would like to take this opportunity to remind in network Primary Care Physicians of the Department of Health Care Services (DHCS) Staying Healthy Assessment (SHA) requirements. This initiative is required for primary care physicians (PCPs), non-physicians including nurse practitioners and physicians assistants for all patients including enrollees with disabilities.

Please see the following excerpt from the DHCS *Policy letter 13-001* below concerning SHA timelines for compliance.

	Periodicity	Administer	Administer/Re-Administer	Review
DHCS Form #	Age Group	Within 120 Days of Enrollment	Every 3-5 Years	Annually (intervening years)
DHCS 7098 H	Adult	✓	✓	✓
DHCS 7098 I	Senior	✓	✓	✓

The SHA is an assessment tool established to ensure PCP assessment of members current acute, chronic and preventive health needs.

- New Members must complete the SHA within 120 days of the effective date of enrollment.
- Current Members who have not completed an updated SHA must complete it during the next preventive care office visits.
- Adult and Senior Members, per DHCS there is no designated age ranges for the adult and senior assessments, although the adult assessment is intended for members ages 18--55 years of age. DHCS also requires PCP's to administer an SHA to existing enrollees based upon the patient's health and medical status and not exclusively based upon the age of the patient. The adult/senior assessment must be re-administered every 3 to 5 years at a minimum. The PCP must review previously completed SHA questionnaires with the patient every year, except years when the assessment is re-administered.

A members refusal to complete the SHA must be documented in the SHA questionnaire and include the members name, and a notation that the "SHA has been declined by patient". PCP must sign and print his or her name, include the date and identify "Clinic Use Only" on the form.

Please retain the SHA refusal in the member's medical record.

Please returned all completed forms to PHC California's Utilization Management Department via umcminhousegroup@aidshhealth.org or via fax 1-888-272-7656.

If you have any questions regarding this process, please contact the Provider Relations Department for further assistance 888-726-5411 or capr@aidshhealth.org.

Thank you for your cooperation.

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF or PHP. If you have any questions contact the Provider Relations Department. Florida providers please email Provider Relations Department FLPR@phcplans.org. California providers please email the California Provider Relations Department at CAPR@aidshhealth.org. Georgia providers please email GAPR@positivehealthcare.org.

Staying Healthy Assessment

Please provide appropriate intervention code(s)* as applicable.

DO YOU:

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. Receive healthcare from anyone besides a medical doctor?
Such as an acupuncturist, herbalist, curandero, or other healer) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. See the dentist once a year? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. Drink milk or eat yogurt or cheese at least three (3) times each day? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. Eat at least five (5) servings of fruits or vegetables each day? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. Try to limit the amount of fried or fast foods that you eat? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 6. Exercise or do moderate physical activity,
such as walking or gardening, five (5) days a week? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 7. Think you need to lose or gain weight? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 8. Often feel sad, down or hopeless? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 9. Have friends or family members that smoke in your home? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 10. Often spend time out doors without sunscreen or other protection? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 11. Use any drugs or medicines to go to sleep, relax, calm down,
feel better or lose weight? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 12. Think you(r) partner could be pregnant? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 13. Think you(r) partner could have a sexually transmitted disease? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

Have You

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. Or your partner(s) had sex without using birth control in the last year? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
|---|--------------------------|-----|--------------------------|----|

Staying Healthy Assessment: Internal AHF Primary Care Physicians must complete the Staying Healthy Assessment (SHA) utilizing internal systems (i.e. CPS).

External AHF Primary Care Physicians must complete this SHA form and return the completed form to PHC's Utilization Mgmt Dept (email: umcminhousegroup@aidhealth.org or via fax 888-272-7656).

All completed SHA forms must be completed within 120 days from the enrollees initial PCP visit with the PCP.

2. Or your partner(s) had sex with other people in the last year? YES NO
3. Or your partner(s) had sex without a condom in the last year? YES NO
4. Do you have other questions or concerns about your health? YES NO

COMMENTS:

MEMBER NAME: _____

PROVIDER NAME: _____

DATE OF COMPLETION: _____

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External AHF Primary Care Physicians must complete this SHA form and return the completed form to PHC's Utilization Mgmt Dept (email: umcminhousegroup@aidshhealth.org or via fax 888-272-7656).

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