



PHC PROVIDER DELEGATED ENTITY COMPLIANCE PROGRAM

About Partnership HealthPlan of California

Mission: *“To help our members, and the communities we serve, be healthy”*

Vision: *“To be the most highly regarded managed care plan in California.”*

Partnership HealthPlan of California (PHC) is a non-profit community based health care organization that contracts with the State to administer Medi-Cal benefits through local care providers to ensure Medi-Cal recipients have access to high-quality comprehensive cost-effective health care.

Members

Primary Care Provider (PCP) Assignment

We assign most PHC members to a unique PCP clinic or medical group. The PCP has responsibility for primary and preventive care, and referral to specialty care. New members select their PCP from a list of available practices.

Special Members

A small percentage of our members do not have an assigned PCP. This is generally due to a specific medical or other condition. We refer to these members as being in “Special Member” status. We work with Special Members to ensure they have identified a PCP site as their “medical home.”

Any Medi-Cal provider can see a PHC Special Member. We reimburse services to Special Members on a fee-for-service basis.

Verify PHC eligibility and PCP assignment via the online eEligibility module on our website. We also have an automated telephone service (Integrated Voice Response – IVR).

Member eligibility can change; verify PCP assignment at each visit.

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Authorization

Electronic Referral Authorization Form (eRAF)

The member's PCP submits an eRAF for Specialty consultation and treatment via our online services portal. Our system electronically transmits the eRAF to the specialist's office.

View contracted specialists in PHC Provider Directory.

If the patient needs referral to an additional Specialist (e.g., from cardiology to thoracic surgery), the PCP issues an eRAF to the additional specialist.

Electronic Treatment Authorization Request (eTAR)

The following services require an eTAR:

- All inpatient and long term care admissions
- CT Scans, PET/CT scans, and MRIs performed on an outpatient basis
- Physical Therapy, Occupational Therapy, Speech Therapy
- Certain chemotherapies and other medications
- Specific outpatient procedures

The above list is not all-inclusive; the provider manual on our website has detailed TAR policies.

The provider of service submits the eTAR electronically via our online services portal.

The specialist physician submits a TAR for a scheduled service that requires an inpatient admission (excluding obstetrical delivery).

Our formulary lists TAR requirements for pharmacy services. It is available on our website. MedImpact is our pharmacy benefits manager.

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Care Coordination Programs

Growing Together Perinatal Program (GTPP)
Complex Case Management
General Case Management

Liaison to Special Programs

Designated PHC employees help connect agencies for members with special healthcare needs.

- California Children's Services (CCS)
- Regional Centers for the developmentally delayed
- Genetically Handicapped Persons Program (GHPP)

Claims and Billing

Electronic Claims Submission

PHC strongly encourages the electronic submission of claims. Contact our EDI unit to initiate the process:

PHC EDI Enrollment & Testing, Information Technology Department

Email: EDI-Enrollment-Testing@partnershiphp.org

PHC Provider Payment Documentation

Providers can receive the Remittance Advice (RA) electronically or on paper. If electronic RA (835), provider will not receive a paper copy. If paper RA, provider will receive through the US Postal System:

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Electronic Claims Inquiry System

The eClaims Module of our provider online services system enables you to submit corrections to claims and attachments electronically.

Resources

Our Public Web Page:	Partnership HealthPlan of California
PHC Provider Directory:	Provider Directory
PHC Provider Manual:	Provider Manual
Provider Online Services	eSystemsSupport@PartnershipHP.org
Formulary	Formulary

Contact Us

Main Phone Number	(707) 863-4100
Member Services Department:	(800) 863-4155
Automated Eligibility Verification:	(800) 557-5471
Fax PCP Selection Form:	(707) 863-4415
Health Services Department	(707) 863-4133
Care Coordination Department	(707) 863-4276
Claims Customer Service	(707) 863-4130
<u>Our Address:</u>	4665 Business Center Drive Fairfield CA 94534-1675

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Cultural & Linguistic Resources

Partnership HealthPlan of California (PHC) Cultural and Linguistic Committee has coordinated a toolkit to educate providers about documenting patient language needs in medical charts, accessing interpreter services, and referring patients to culturally and linguistically appropriate community service programs.

The following items are located on the PHC website at

<http://www.partnershiphp.org/Providers/HealthServices/Pages/Health%20Education/Cultural-and- Linguistic-Toolkit.aspx>

- Industry Collaborative Efforts (ICE) “Better Communication, Better Care: Provider Tools for Diverse Populations”.
- Highlights from the American Medical Association Foundation “Removing Barriers to better, safer care: Manual for Clinicians”.
- An English/Spanish Human Anatomy Illustrated Guide.
- Interpreter Services Quick Reference Guide.
- Summary of relevant federal and state regulations.
- Why Relying on Family Members, Friends, and Children is Not Advisable.
- “Interpretation Services Available” Language Card – useful for identifying patient’s native language.
- Notice for PHC Members card in 3 languages
- Tips for documenting Interpretive Services
- Request/Refusal Form for Interpretive Services
- Documenting Interpretive Services: labels for patient charts
- Why Culturally Competent Care? Pamphlet with details on free online resources for cultural competency including CME/CEU credits.
- Language testing for practice sites
- Healthcare Interpreter Certification Information
- Promoting Better Health: Ask Me 3 Campaign
- Spanish/English Glossary of Medical Terms

For more information, please visit the Language Assistance - Cultural Competence & Health Literacy Resources page of our website at

<http://www.partnershiphp.org/Members/Medi-Cal/Pages/Translation%20and%20Interpretation%20Services.aspx>

For questions regarding the Cultural and Linguistic Provider Toolkit, please contact your Provider Relations Representative or our Health Educator, at (707) 863-4256.



Fraud, Waste & Abuse Defined

Fraud:

An intentional act of deception, misrepresentation, or concealment in order to gain something of value.

Waste:

Over-utilization of services (not caused by negligent actions) and the misuse of resources.

Abuse:

Excessive or improper use of services, or actions that are inconsistent with acceptable business or medical practice. Refers to incidents that, although not fraudulent, may directly or indirectly cause financial loss.

Examples include:

- Charging in excess for services or supplies
- Providing medically unnecessary services
- Billing for items or services that would not be paid for by Medicare
- Billing for services that were never rendered
- Billing for services at a higher rate than is actually justified
- Misrepresenting services, resulting in unnecessary cost to the Medicare program, improper payments to providers, or overpayments.

There are differences between fraud, waste, and abuse. One of the primary differences is intent and knowledge. Fraud requires the person to have an intent to obtain payment and the knowledge that their actions are wrong. Waste and abuse may involve obtaining an improper payment, but does not require the same intent and knowledge.



Important Information about the Staying Healthy Assessment (SHA) Questionnaire

The Staying Healthy Assessment (SHA) is the Department of Health Care Services' (DHCS's) Individual Health Education Behavior Assessment (IHEBA).

Partnership Health Plan providers are required by the California Department of Health Care Services (DHCS) to use and administer – and periodically re-administer - the SHA to all Medi- Cal beneficiaries as part of the Initial Health Assessment (IHA).

There is a different assessment form for 8 unique age groups. These forms are available on the PHC Website at

<http://www.partnershiphp.org/Providers/HealthServices/Pages/Health%20Education/Providers-Health-Info.aspx>

in English, Spanish, and Russian. They are also available on the DHCS Website at

<http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx>

in Arabic, Armenian, Chinese, Hmong, Korean, Russian, Spanish, Tagalog, and Vietnamese. **These forms are to administered by the practitioner within 120 days of enrollment for all new Medi-Cal Managed Care patients** as part of their Initial Health Assessment and also at their next age interval and/or well care visit.

Partnership HealthPlan of California offers two Staying Healthy Assessment recorded webinar trainings located on our website at

www.partnershiphp.org/Providers/HealthServices/Pages/Health%20Education/Providers-Health-Info.aspx

We encourage all staff to view one of the recorded webinars. Other resources include Behavioral Risk Topics At-a-Glance, Staying Healthy Assessment FAQs, and an instruction sheet for provider offices to assist in completing the SHA forms.

Also available on our website is an IHEBA/SHA attestation form that may be used to document that all staff has been trained to use the SHA form. Please keep the completed attestation forms in your files, as PHC or DHCS staff may request proof of staff training during their visits to your facility. PHC staff may also request examples of completed Staying Healthy Assessment forms from your patient files as part of your facility site review.

For more information on the Staying Healthy Assessment, please contact our Health Educator, at (707) 863-4256.

Interpretive Services

Quick Reference Guide



INTERPRETIVE SERVICES

➤ Language Line

Partnership HealthPlan of California (PHC) provides telephone interpretive services for PHC members with limited English proficiency. Providers may access Language Line Services 24 hours a day. For PHC members:

1. Log on to PHC e-Systems at www.partnershiphp.org
2. Click on the link to obtain the telephone number to call, Client ID number, and 4-digit access code.
3. An interpreter will be connected to the call. Brief the interpreter about the type of visit/service. Summarize what you wish to accomplish and any special instructions.

If you have questions, or need a PHC e-Systems logon, contact the PHC Provider Relations Department at **(707) 863-4100**.

➤ Member/Provider Face-To-Face Interpretive Services

PHC will only pay for face-to-face interpreters for special situations:

- Services for hearing impaired members
- Complex courses of therapy or procedures

Prior authorization via phone is required. To request a face-to-face interpreter, contact the PHC Member Services Department at **(707) 863-4120** or **(800) 863-4155**.

Please Avoid Using Family Members or Friends as Interpreters

PHC strongly discourages the use of family members or friends, especially minors, as interpreters for PHC members. Using an untrained interpreter may result in miscommunication of medical information and compromise quality of care. It may also cause embarrassment when discussing sensitive topics. **If a member declines interpreter services, the State requires providers to document such in the medical record.**

Services for the Hearing Impaired

- **Members** who are hearing impaired may contact the free **California Relay Service** at **(800) 735-2929**.
- **Providers** may use the free **California Relay Service** at **(800) 735-2929** to communicate with a hearing impaired member via phone. For office visits, follow the instructions above to request a sign language interpreter.



Partners in Fighting Fraud: Doing Your Part as a Provider

Fraud related losses in healthcare programs numbers in the billions of dollars each year. All programs, such as Medi-Cal and Medicare are susceptible.

PHC asks that providers and their employees join the fight against fraud by referring suspicious and fraudulent activity to the resources listed below. The California Department of Health Care Services (DHCS), the California Department of Managed Health Care (DMHC), and the Centers for Medicare and Medicaid Services (CMS) require that PHC maintain a robust anti-fraud plan and share that with its providers, members, and employees.

*Keep an eye out for articles in the **Provider Newsletter** on doing your part in fighting fraud!*

Resources:

PHC's Anonymous Fraud Hotline

Members, providers, and employees may call this line 24 hours a day, 7 days a week to report suspicious and fraudulent activity anonymously. Reports are forwarded to PHC for review.

Call (800) 601-2146

For Medi-Cal Fraud Issues

Providers and Members should call the Bureau of Medi-Cal Fraud and Elder Abuse. Providers and members may also call PHC to report the suspicious and fraudulent activity, but members and providers will also be referred to the State for complete reporting.

For the Bureau of Medi-Cal Fraud and Elder Abuse, **Call (800) 822-6222**

For Medicare Fraud Issues

Medicare members have several resources in reporting fraud, other than PHC. Members can call HICAP to speak to specialists in fraud before speaking to CMS or the Office of the Inspector General (OIG). Providers can call CMS, PHC, or HICAP on behalf of a member.

For **CMS** Call: **(800) 633-4221**

For **HICAP** Call: **(800) 434-0222**

For the **OIG** Call: **(800) 447-8477**

For Healthy Kids and Healthy Families Issues

Healthy Kids and Healthy Families members and providers should call either the Fraud Hotline or PHC to report suspicious activities and fraudulent activity.

For Providers, Call PHC's Provider Relations Department **(707) 863-4100**

For Members, Call PHC's Member Services Department **(800) 863-4155**



Provider Bulletin

A Shared Responsibility: Protecting Member/Patient Information

Volume 17-19 - December 2017

PHC and its contracted providers share a responsibility to protect member/patient information, in oral, written and electronic formats. As a Covered Entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have an obligation and responsibility to protect your patient's and our member's Protected Health Information (PHI). If there is a situation where an individual or organization has suspicion or reason to believe protected health information (PHI) may have been lost, sent in an unencrypted format, or otherwise provided to an individual or organization that does not have a right to review or receive the PHI, this is considered a breach and must be reported to PHC.

Here are some Questions and Answers to help you understand HIPAA and your responsibilities as a PHC provider.

Questions regarding this article should be sent to PHC's Privacy Officer.

What is HIPAA?

HIPAA (or the Health Insurance Portability and Accountability Act) is a Federal law that protects "PHI", or Protected Health Information. PHI includes any information that can be used to identify a member/patient.

What is a "Breach"?

A Breach, also known as a Privacy incident, may be accidental or intentional. The release of PHI in a privacy incident may be in a variety of formats: oral, written and electronic. The list below are examples of potential privacy incidents that should always be reported to PHC.

PHI sent to the wrong individual/organization

An example of this may include sending a fax to the wrong number or mailing PHI to the wrong address/individual.

PHI left unencrypted

An example of this may include PHI that is accessed electronically or sent to an unauthorized individual by email, and the PHI is not encrypted or otherwise unreadable.

Theft

An example of this may include PHI that is stolen due to the theft of an unencrypted or unprotected laptop or desktop; theft of hard drives or other media with PHI that is not encrypted, or theft of paper PHI.

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What kind of information is protected?

PHI includes any data that can identify a member/patient, including but not limited to:

- Names
- Dates of Birth
- Addresses
- Social Security Numbers (SSN)
- Client Identification Numbers (CIN)
- Bank Account Numbers

If I already notified another agency, do I still have to notify PHC?

Yes. PHC is required to notify the proper regulatory agency, regardless of any reports your office may have made to another agency.

How soon after a loss or theft must the report be made to PHC?

Reports should be filed with PHC immediately (within 24 hours); as soon as the incident is identified.

How do I report a HIPAA breach to PHC?

Providers should contact PHC's Privacy Officer as soon as your office is aware a potential privacy breach occurred.

To Report an incident you can:

- Call PHC's Privacy Officer by phone at (707) 419-7972,
- Fax: (707) 833-4364
- E-mail: RAC_Reporting@partnershiphp.org
- Call our Compliance Hotline: (800) 601-2146

For those who prefer to may remain anonymous please call the Compliance Hotline.

For more information, please refer to PHC policy CMP-19 [Contracted Provider & Business Associate Privacy Reporting Requirements](#).

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Staying Healthy Assessment FAQs

August 2014
Updated January 2018

The Staying Healthy Assessment (SHA) and IHEBA (Individual Health Education Behavioral Assessment) requirements are included in Medi-Cal Managed Care Division (MMCD) Policy Letter 13-001 (Revised)

<http://www.dhcs.ca.gov/formsandpubs/Pages/PolicyLetters.aspx>

SHA Frequently Asked Questions (FAQs) include questions from Medi-Cal Managed Care Plans (MCPs) and their providers/provider groups. Responses to these questions are intended to provide additional clarification regarding SHA and IHEBA.

SHA IMPLEMENTATION

1. Notification - SHA Electronic and Alternate Format

Are MCPs still required to notify MMCD one month in advance if a provider/provider group is planning the use the SHA (questions) in an electronic or alternate format?

No. MCPs are no longer required to notify MMCD when a provider/provider group plans to use the SHA in an alternate format (electronic or other paper based format), as long as the provider/provider group:

- Uses all SHA questions for the specific age group,
- Uses the most current version available on the SHA Webpage, and
- Informs their contracted health plan at least one month before they plan to implement the SHA in an electronic or alternative format.

*Publication in the SHA FAQs serves as official notification of the change in this requirement.

2. SHA Documentation

Does an “MD” need to sign the SHA form for documentation purposes or can a Nurse Practitioner and/or Physician Assistant sign if they were the one who saw the patient and reviewed the questionnaire?

Since Nurse Practitioners and Physician Assistants are Primary Care Providers (PCPs), they can also sign the form.

3. SHA Documentation

Some providers are reluctant to sign the SHA if they are unable to thoroughly discuss/counsel and provide anticipatory guidance, referral, or follow up on each behavioral risk identified during the administration of the SHA. Many patients have multiple behavioral risks that require follow up. We suggested making a follow up visit, but it is difficult for these members to return for a follow up appointment. How should I advise our providers?

Providers will not be out of compliance if they prioritize and address the most urgent behavioral risk(s) during the administration of the SHA. On the SHA form, providers should note which risks they were able to address during the SHA administration, and note that other behavioral risks will be addressed during subsequent office visits. Even if it is difficult for these members to return for a follow up appointment, providers will not be out of compliance if they prioritize and address the most urgent issues first.

Staying Healthy Assessment FAQs

4. Additional SHA Languages Needed

Some providers treat patients who speak non-threshold languages which makes administering the SHA very time consuming. Are there plans to add more languages?

Currently, the SHA questionnaires are available in the State's threshold languages, as well as Somali. With the expansion of the Affordable Care Act, there may be more threshold languages in the future. In the meantime, MCPs may translate the SHA into other languages which we will make available. Please check the website from time-to-time to see if more languages have been added or check with your MCP (some languages are not immediately available online due to accessibility requirements).

5. Billing for the SHA

Pediatricians have asked about the CPT code for the SHA on the PM160? Is there a specific place in the form?

For providers who are not paid a capitated rate by the MCP, the SHA would be included in the billing for the Initial Health Assessment and/or annual wellness care. Providers should contact their MCP for information about billing.

6. SHA Review/Re-Assessment

If a member makes a lot of changes to their previous responses on the SHA form, should the member be asked to complete a new form?

It is up to each provider to determine what would work best to keep track of the member's behavioral risks. Completing a new SHA is not a requirement unless the member has entered a new age group.

7. DUAL ELIGIBLE SPECIAL NEEDS PLANS (D-SNP) Medi-Cal Fee For Service (FFS) Eligibles

Do the policy letter SHA requirements for MCPs apply to Medicare Advantage plans offering a D-SNP under contract to Department of Health Care Services (DHCS) if the plan does not offer a Medi-Cal Managed Care Plan (i.e., the member's Medi-Cal coverage is FFS & not through an HMO)?

The SHA requirements do not apply to their D-SNP members. It only applies to those enrolled in Medi-Cal MCPs.

8. Tracking SHA Administration

What does the State expect the MCPs to do regarding tracking and ensuring members complete the SHA, as required? Is it through audits or some means of actually tracking every SHA?

The goal should be to find out if providers are implementing the SHA as required; MMCD is not expecting the MCPs or Independent Physician Association (IPA) to track individual members to verify the SHA was completed. After providers are trained on the SHA, MCPs should provide follow up and assistance to providers that are not implementing the SHA or having difficulty implementing the SHA as required. MCPs should promote the use of the SHA and work with providers to identify and address barriers in complying with SHA/IHEBAS requirements.

Staying Healthy Assessment FAQs

9. SHA Compliance

How does the State determine if the MCP's are in compliance with SHA requirements? Are the SHA requirements included in the MCPs contract with the State? Does the State audit for this requirement?

During the medical record review portion of Facility Site Reviews (FSRs), nurses review medical records for evidence that the IHA and SHA/IHEBA were completed according to guidelines. FSRs are conducted by the MCP and by MMCD.

10. SHA Questions and Health Literacy

Have the pediatric SHA questions been validated as a screening tool for issues in nutrition, safety, mental health, development, etc., with culturally and linguistically diverse populations, including those with relatively low health literacy and low literacy?

The SHA was developed by a committee of about 50 health plan representatives, including doctors, nurses, and health educators. The questions/topics were taken from recommendations from a various professional sources, such as the United States Preventive Services Task Force Recommendations, American Academy of Pediatrics, etc. The committee made sure that each question was stated in the simplest way possible to accommodate members with low literacy skills. MMCD surveyed providers and interviewed members to ensure that the questions were understood in English and Spanish. We did not have the resources to pilot test the questions with any of the other language groups.

11. SHA Resources/References

What resources/references were used in the development of SHA questions?

Many professional and governmental sources were used in the development of the SHA questions. MMCD will be adding the references that were used for all SHA questions to the webpage.

12. Availability of SHA Electronic Format

Are the SHA questions available in an electronic format that could be used in an electronic health record system such as EPIC?

They are not currently available in an electronic medical record system. DHCS is exploring the possibility of making the SHA and other DHCS required forms available in an electronic medical record system.

13. Using the SHA Instead of Validated Screening Tools

Many providers currently use a variety of validated screening questionnaires (e.g., ASQ, PHQ-9, SEEK, CEASE Tobacco Exposure questionnaire) and want to know if they should consider discontinue using them in lieu of SHA requirements. How sensitive is the SHA in screening for the morbidities affecting the Medi-Cal population?

All questions about the use of the SHA versus other assessment tools should be discussed between the provider and the MCP. The SHA is a behavioral assessment and is not intended to replace clinical screenings or assessments. The SHA meets Title 22 requirements regarding the use of a behavior risk assessment to identify and address health education needs for MCP members.

Staying Healthy Assessment FAQs

14. Confusion Regarding SHA and Other Screening Tools

We are a new provider and we are confused about all the SHA requirements, CHDP requirements, the Initial Health Assessment, and other Screening tools/questionnaires that we should be using. Can you please help us?

Please contact your MCP for assistance and clarification on Medi-Cal managed care requirements. The MCP is responsible to providing training and assistance on these requirements.

Only PCPs are required to administer the SHA, as part of the IHA and during regular ongoing wellness care visits. Providers who are not PCPs are not required to administer the SHA.

15. SHA documentation

Is it okay to stamp, “See Chart” in the “Clinic Use Only” section at the end of the form, instead of checking the boxes (topics and services provided)? What about when the provider is planning to scan the SHA into the medical record after it is completed by the member?

If the provider is going to scan the completed SHA form, we recommend checking the boxes in the Clinic Use Only section and adding the PCP’s signature before it is scanned. Additional progress notes are not required on the form, and can be kept in the medical record.

16. Reviewing/Re-Administering the SHA Electronically

Is there a way to complete the SHA form electronically after first administration so it doesn’t have to be printed, signed, and re-scanned?

Without the appropriate software, it is difficult to update a scanned form electronically. An alternative would be to use the PDF fillable/writable form. All SHA forms are available in a PDF fillable/writable version from your MCP.

17. SHA Provider Training Requirements

What are the MCP requirements regarding SHA provider training?

It is the responsibility of the MCP to ensure that their providers are trained on how to use the SHA. MCPs must keep documentation identifying names and dates of when their providers were trained. The narrated SHA PowerPoint training can be viewed by individual providers or used by MCPs for training. The training is available on the SHA web page: <http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx#>

The narrated PowerPoint takes about 20 minutes to complete.

18. SHA Provider Training Attestation

Does the State have specific requirements or forms the MCPs should use for providers to attest they have completed the SHA training?

No. Each MCP should develop a process that works best for their system and their providers. MCPs can create a log, sign-in sheet, or certificate to ensure they have the data required during an audit (usually date, time, name, etc.). MCPs can use the same process they use for other provider trainings.

Staying Healthy Assessment FAQs

19. SHA Periodicity

How often should the SHA be administered?

The SHA Periodicity is available on the Provider Office Instruction Sheet on the SHA web page:

<http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx>

All providers should complete the Provider Training, a narrated PowerPoint, also available on the web page. For additional assistance, contact your MCP.

20. Provider Training Reimbursement

Does Medi-Cal reimburse providers for completing the SHA training?

No. Provider training is part of the capitated rate with their contracted health plan.

21. Anticipatory Guidance

Please define "anticipatory guidance" and "follow-up ordered," which are both used in Policy Letter 13-001.

"Anticipatory guidance" refers to discussing and providing age-appropriate educational materials, such as the

Growing-Up Healthy series or the California Staying Healthy tip sheets. "Follow-up ordered" refers to scheduling a follow up appointment, ordering lab tests, etc. The provider should determine what, if any, follow up is needed for each patient.

22. SHA Tip Sheets

Will DHCS be updating the SHA tip sheets to correlate with the new forms? If not, are there other educational handouts available that are associated with the new/revised SHA?

MMCD, in collaboration with staff from the MCPs, has begun to work on updating the SHA tip sheets. After they are completed and translated, they will be posted on the SHA webpage. For now, MMCD and the MCPs suggest using Child Health and Disability Prevention's (CHDP's) Growing Up Healthy brochures. The CHDP brochures are available in some threshold languages on the CHDP website:

<http://www.dhcs.ca.gov/formsandpubs/publications/Pages/CHDPPubs.aspx>

23. SHA Provider Counseling Resource Guide

Is DHCS planning to update the Provider Counseling Resource Guide that was available on the DHCS web site many years ago? If not, does DHCS have other resources that providers can use for counseling members about specific risk factors?

No. The Provider Counseling Resource Guide will not be updated. Instead, MMCD is planning to post links to provider resources that will include: United States Preventive Services Task Force (USPSTF) A and B Recommendations, health education and SHA topic specific resources, cultural and linguistic resources, provider training resources/webinars, etc.

Staying Healthy Assessment FAQs

SHA FORMS/QUESTIONNAIRES

24. SHA Questionnaire Corrections

We have received emails regarding updated/corrected versions of the SHA form, but all the forms on the SHA web page have the same date, “Rev 12/13.” How can I determine which are the correct revised forms?

Because the content of the SHA questionnaires has not changed, the revision date was kept the same. The revision date on the questionnaires will be updated when there is an update to the content. We do not anticipate making any other changes to the questionnaires until the SHA content is updated. MMCD will always notify the MCPs when any updates are made to the SHA.

25. SHA Questionnaire Updates

How often and how will the SHA questionnaires be updated to ensure that they do not become outdated again?

MMCD is developing a process to regularly update the SHA questionnaires. A SHA committee will be created to advise the department on this process. Due to the challenges in updating the SHA in all threshold languages, we do not anticipate making changes or updating the questionnaires more than once per year. MCPs and providers can send emails regarding updates/changes to MMCDHealthEducationMailbox@dhcs.ca.gov MMCD will compile all recommendations for the SHA committee to review. DHCS and the SHA committee will be responsible for regularly updating the SHA questionnaires to ensure that they reflect preventive care guidelines.

26. SHA 7-12 months-Question #2

Since cow’s milk is not recommended for children under 1 year of age, should the question about 3 servings of calcium-rich foods include the term ‘milk’ for the 7-12 month age group?

All comments and feedback about the content of the questions will be shared with the SHA committee, who will be tasked with making recommendations regarding changing/updating SHA questions.

27. SHA 12-17 years, Question #35

As a pediatrician and an advocate for LGBT youth, I find question #35, "Do you have concerns about liking someone of the same sex." inappropriate. While I believe it is important to identify LGBT youth who may be at risk for adverse health outcomes, and applaud the effort, the phrasing of the question may imply there is something wrong with like someone of the same sex. Would it be possible to substitute the current wording with the following? "Do you have any concerns about your sexuality or sexual orientation?"

Thank you for your suggestion. We have shared your concern and suggestion with the SHA Committee and they have decided to pilot test various versions of this question. In the meantime, you can replace the current wording for question #35 with your suggestion, "Do you have any concerns about your sexuality or sexual orientation?" Please contact your contracted health plan for assistance in making this specific change. If you decide to replace question #35 (SHA 12-17 years) you will need to revise and update any SHA translations that you administer to your members.

Staying Healthy Assessment FAQs

SBIRT

28. SHA and Screening, Brief Intervention, and Referral to Treatment (SBIRT) Assessment Requirements

If an adult member answers “Yes” to the SHA alcohol question, and if after reviewing the questionnaire and providing additional counseling with the member, the provider’s professional opinion is that the additional assessment may not be warranted, are they still required to deliver the assessment?

No. If after discussing with the patient, the provider does not think the member is misusing alcohol, they do not have to administer the additional assessment; they should document it on the SHA or medical record. However, a validated screening tool, such as the Alcohol Use Disorders Identification Test (AUDIT-C), can be a more effective way to determine and document the need for brief intervention or referral. With few exceptions, most patients who answer “yes” to the alcohol question on the SHA should receive the screening tool. DHCS will be monitoring these services

29. Alcohol Question and Alternative IHEBA

If a provider uses Bright Futures or another approved IHEBA, how should the alcohol question/SBIRT benefits be handled?

The provider should incorporate the SHA alcohol question (adult or senior) into the administration process for the alternate assessment to ensure that the member is asked about his/her alcohol use. The member’s response should be documented on the alternate IHEBA form or in the medical record. An additional validated screening tool should be administered if the member’s response was “yes.”

30. SBIRT Provider Training

In order to do the SBIRT training, do you have to do 4 hours of training or just 1 hour? Our MCP is saying only 1 hour is required. Also, will reading through the PowerPoint be sufficient in doing the training? If the PowerPoint won’t do, is the training free or does it cost? And can the employee do the training in 2 hour increments?

Our Medical Director has a question regarding the SBIRT Provider Training Requirement per practice. How broad is the definition of practice? Is it restricted to an individual site, or could it include a provider group practice at different locations in a region?

DHCS has an SBIRT webpage (<http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx>) that includes a New SBIRT Training section. Webinars and trainings for PCPs and non-PCPs are available and will count towards the 4-hour SBIRT training requirement. DHCS is offering half-day in-person trainings throughout the State. Training dates and locations are listed on the SBIRT webpage

(<http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRTTrainingDatesandLocations.aspx>)
or check with your MCP to find out when training is available in your area.

For more information, here is a link to the DHCS All Plan Letter on SBIRT requirements:
<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2014/APL14-004.pdf>
The PowerPoint on the SHA webpage does not count towards the SBIRT training requirements.

DHCS policy is that the non-licensed providers and at least one supervising clinician per clinic location need to take 4 hours of SBIRT training. Providers are required to attest to having taken the training; attestations should be kept in the primary care clinic and made available on request during facility site reviews.

Staying Healthy Assessment FAQs

31. Monitoring SBIRT Services

How will the state monitor the provision SBIRT services (per APL 14-004)?

DHCS will be working with MCPs and stakeholders to develop a process for monitoring the implementation of these new requirements. DHCS will communicate these reporting and monitoring requirements separately. However, MCPs are responsible for monitoring and ensuring that providers are offering SBIRT services as required.

32. Information Regarding Alcohol Misuse

Where can providers obtain the AUDIT-C form and information regarding alcohol misuse?

The forms and information are available on the DHCS SBIRT webpage:
<http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx>

BRIGHT FUTURES NOTIFICATION

33. Notification Requirement

Our clinic would like to use American Academy of Pediatrics (AAP's) Bright Futures instead of the SHA. How should we notify DHCS of our intent to use Bright Futures?

When a provider/provider group wants to use Bright Futures instead of the SHA, the MCP is responsible for notifying MMCD one month in advance. The notification must include information about the method/process to document its use, administration, annual review, and follow-up. Notification must also include the age groups and questionnaires that will be used. If Bright Futures is used for 18-21 year olds, the alcohol question on the Adult SHA must be added to Bright Futures, or other form, that will be administered on a yearly basis. MMCD and some MCPs have developed a Bright Futures notification form. Please contact your MCP to get instructions on what you need to submit to your MCP to begin the process.

34. Bright Futures/Required Questionnaires

We are planning to use Bright Futures, instead of the SHA. There are so many questionnaires for Bright Futures; we want to know which forms are required to satisfy the IHEBA requirement?

If you plan to use Bright Futures to satisfy the IHEBA requirement, you must administer the following forms:

- Age specific pre-visit questionnaires
- Age specific supplemental questionnaires
- For adolescents (11-21 years), the provider must administer new pre-visit and supplemental questionnaires every year (even if the member has not changed age groups).

If Bright Futures is used for 18-21 year olds, the SBIRT question on the Adult SHA must be added to one of the questionnaires, or other form, that is administered annually. Otherwise, the SHA should be administered to members ages 18-21.

Staying Healthy Assessment FAQs

35. Adolescent Age Range Discrepancy

Why does Bright Futures and CHDP age range for adolescents include 18 to 21 year olds, while the SHA defines 18 to 21 year olds as adults?

The USPSTF defines “Adults” as 18 years and older. MCPs are required to offer/cover all USPSTF, A and B recommended services to all their members, so the SHA is consistent with the USPSTF definition/age range for adolescent and adults.

36. Alternative IHEBA Requests

Instead of the SHA, our clinic providers would like to use an alternative IHEBA they developed for their patients. What is the process for getting approval to use an alternative IHEBA?

You should contact your MCP to let them know that your clinic would like to use an alternative IHEBA. Your MCP will review your clinic’s alternative IHEBA to determine if it meets the minimum requirements for MMCD approval. The MCP will ask you for specific information so they can submit the required documentation request form to the State. An alternative IHEBA, at a minimum, must be comparable to the SHA with respect to risk factors and periodicity. The MCP must submit the following information to MMCD for approval of an alternative IHEBA:

- Providers/provider groups who will be using the alternative IHEBA
- Name of the IHEBA/organization who developed the alternative IHEBA
- The purpose or intent of the development of the IHEBA
- Age groups that will use the alternative IHEBA (with a copy of each age specific assessment)
- A crosswalk comparing the SHA questions/risk factors with the alternative IHEBA
- Explanation of the administration and documentation process for administering the assessment, including the annual review, if appropriate.

STAYING HEALTHY ASSESSMENT (SHA)
Instruction Sheet for the Provider Office

SHA PERIODICITY TABLE				
Questionnaire Age Groups	Administer Within 120 Days of Enrollment	Administer /Re-Administer 1 st Scheduled Exam (after entering new age group)	Every 3-5 Years	Review Annually (Intervening Years)
0 - 6 Mo	√			
7 - 12 Mo	√	√		
1 - 2 Yrs	√	√		√
3 - 4 Yrs	√	√		√
5 - 8 Yrs	√	√		√
9 - 11 Yrs	√	√		√
12 - 17 Yrs	√	√		√
Adult	√		√	√
Senior	√		√	√

SHA COMPLETION BY MEMBER

- ❖ Explain the SHA’s purpose and how it will be used by the PCP.
- ❖ Offer SHA translation, interpretation, and accommodation for any disability if needed.
- ❖ Assure patient that SHA responses will be kept confidential in patient’s medical record, and that patient’s has the right to skip any question.
- ❖ A parent/guardian must complete the SHA for children under 12.
- ❖ Self-completion is the preferred method of administering the SHA because it increases the likely hood of obtaining accurate responses to sensitive or embarrassing questions.
- ❖ If preferred by the patients or PCP, the PCP or other clinic staff may verbally asked questions and record responses on the questionnaire or electronic format.

PATIENT REFUSAL TO COMPLETE THE SHA

- ❖ How to document the refusal on the SHA:
 - 1) Enter the patient’s name and “date of refusal” on first page
 - 2) Check the box “SHA Declined by Patient” (last page page)
 - 3) PCP must sign, print name and date the back page
- ❖ Patients who previously refused/declined to complete the SHA should be encouraged to complete an age appropriate SHA questionnaire each subsequent year during scheduled exams.
- ❖ PCP must sign, print name and date an age appropriate SHA each subsequent year verifying the patient’s continued refusal to complete the SHA.

SHA RECOMMENDATIONS

Adolescents (12-17 Years)

- ❑ Annual re-administration is highly recommended for adolescents due to frequently changing behavioral risk factors for this age group.
- ❑ Adolescents should begin completing the SHA on their own at the age of 12 (without parent/guardian assistance) or at the earliest age possible. The PCP will determine the most appropriate age, based on discussion with the family and the family’s ethnic/cultural/community background.

Adults and Seniors

- ❑ The PCP should select the assessment (Adult or Senior) best suited for the patient’s health & medical status, e.g., biological age, existing chronic conditions, mobility limitations, etc.
- ❑ Annual re-administration is highly recommended for seniors due to frequently changing risk factors that occur in the senior years.

PCP RESPONSIBILITIES TO PROVIDE ASSISTANCE AND FOLLOW-UP

- ❖ PCP must review and discuss newly completed SHA with patient. Other clinic staff may assist if under supervision of the PCP, and if medical issues are referred to the PCP.
- ❖ If responses indicate risk factor(s) (boxes checked in the middle column), the PCP should prioritize patient’s health education needs and willingness to make life style changes, provide tailored health education counseling, interventions, referral and follow-up.
- ❖ Annually, PCP must review & discuss previously completed SHA with patient (intervening years) and provide appropriate counseling and follow-up on patient’s risk reduction plans, as needed.

REQUIRED PCP DOCUMENTATION

- ❖ PCP must sign, print name and date the newly administered SHA to verify it was reviewed with patient and assistance/follow-up was provided as needed.
- ❖ PCP must check appropriate boxes in “Clinical Use Only” section to indicate topics and type of assistance provided to patient (last page).
- ❖ For subsequent annual reviews, PCP must sign, print name and date “SHA Annual Review” section (last page) to verify the annual review was conducted and discussed with the patient.
- ❖ Signed SHA must be kept in patient’s medical record.

OPTIONAL CLINIC USE DOCUMENTATION

- ❖ Shaded “Clinic Use Only” sections (right column next to questions) and “Comments” section (last page) may be used by PCP/clinic staff for notation of patient discussion and recommendations.

SHA Instruction Sheet for the Provider Office June 2013