

Date:	December 2, 2015
To:	CHOC Health Alliance Primary Care Providers
Subject:	Initial Health Assessments (IHA) & New Billable Codes for Staying Healthy Assessment (SHA)

The Staying Healthy Assessment (SHA) is the Department of Health Care Services' (DHCS's) Individual Health Education Behavior Assessment (IHEBA). The SHA consists of seven (7) age-specific questionnaires and two adult questionnaires, which are available in English and in all Medi-Cal threshold languages. These questionnaires can be found on our website at www.chochealthalliance.com, and will assist Primary Care Physicians (PCPs) in:

- Identifying and tracking individual health risks and behaviors,
- Targeting health education counseling interventions, and
- Providing referrals and follow-up.

CHOC Health Alliance (CHA) PCPs are required to use and administer the SHA to all Medi-Cal beneficiaries as part of the Initial Health Assessment (IHA) within **120 calendar days** of enrollment into the CalOptima Program and periodically re-administer it according to contract requirements. PCPs must also make three (3) documented attempts to complete the IHA/SHA. The Initial Health Assessment consists of:

- A comprehensive health history
- An assessment of health education needs
- A Physical assessment, and specific evaluation including
 - Tests
 - Immunizations
 - Counseling
 - Follow-up and treatments

The SHA should become a permanent part of the member's medical record and be referred to annually. When potentially high-risk behaviors are identified, PCPs are expected to ask appropriate follow-up assessment questions to identify member's health education needs and facilitate focused education counseling that addresses health behavior changes.

The following Staying Healthy Assessment (SHA) codes are now billable, effective March 1, 2015:

- **96150** SHA Coding within the first 120 days of enrollment (initial visit)
- **96151** SHA Coding at required age intervals (subsequent visits)

For any questions or inquiries about this provider notification, please contact your Provider Relations Representative directly or via email at ProviderRelations@CHOCHHealthAlliance.Com.

We look forward to working collaboratively with you and your office staff, and appreciate the quality care you provide to our Members.

Staying Healthy Assessment Periodicity Chart

Periodicity	Administer	Administer/Re-Administer		Review
		Within 120 Days of Enrollment	1 st Scheduled Exam (after entering new age group)	
0–6 Months	√	√		
7–12 Months	√	√		
1–2 Years	√	√		√
3–4 Years	√	√		√
5–8 Years	√	√		√
9–11 Years	√	√		√
12–17 Years	√	√		√
Adult	√		√	√

All PCPs must ensure that each member completes a SHA in accordance with the following guidelines and timeframes prescribed below (a member’s refusal to complete the SHA must be documented on the appropriate age-specific form and kept in the member’s medical record).

- **New Members:** new members must complete the SHA within 120 days of the effective date of enrollment as part of the IHA.
- **Current Members:** current members who have not completed an updated SHA must complete it during the next preventive care office visit (e.g. well-baby, well-child, well-woman exam), according to the SHA periodicity table.
- **Pediatric Members:** members 0–17 years of age must complete the SHA during the first scheduled preventive care office visit upon reaching a new SHA age group. PCPs must review the SHA annually with the patient (parent/guardian or adolescent) in the intervening years before the patient reaches the next age group. Adolescents (12–17 years) should complete the SHA without parental/guardian assistance beginning at 12 years of age, or at the earliest age possible to increase the likelihood of obtaining accurate responses to sensitive questions. The PCP will determine the most appropriate age, based on discussion with the parent/guardian and the family’s ethnic/cultural background.
- **Adult Members:** there are no designated age ranges for the adult assessments, although the adult assessment is intended for use by members 18 years and older. The adult 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.

Although not required, annual administration of the SHA is highly recommended for the adolescent and senior groups because behavioral risk factors change frequently during these years.

- **SHA Completion by Member:** members should be provided with the following information and guidance on completing the SHA questionnaire:
 - The PCP will use the information to identify behavior risks and to assist the member in adopting healthy behaviors.
 - SHA translations, interpretation services, and accommodations for any disability are available, if needed. The PCP or clinic staff, as appropriate, can also assist the member in completing the SHA. The completed SHA will be kept in the member's confidential medical record.
 - Each member has the right to not answer any assessment question and to refuse, decline, or skip the entire assessment.
 - Each member should be encouraged, when appropriate, to complete the SHA without assistance because this may increase the likelihood of obtaining accurate responses to sensitive or embarrassing questions.
 - If preferred by the member or PCP, the PCP or clinic staff, as appropriate, may verbally ask the assessment questions and record responses on the questionnaire or directly into an electronic health record or other electronic format.

- **PCP's Responsibility to Provide Counseling, Assistance, and Follow-Up:** the PCP must review the completed SHA with the member and initiate a discussion with the member regarding behavioral risks the member identified in the assessment. Clinic staff members, as appropriate, may assist a PCP in providing counseling and following up if the PCP supervises the clinical staff members and directly addresses medical issues.
 - The PCP must prioritize each member's health education needs and initiate discussion and counseling regarding high-risk behaviors.
 - Based on the member's behavioral risks and willingness to make lifestyle changes, the PCP should provide tailored health education counseling, intervention, referral, and follow-up. Whenever possible, the PCP and the member should develop a mutually agreed-upon risk reduction plan.
 - The PCP must review the SHA with the member during the years between re-administration of a new SHA assessment. The review should include discussion, appropriate patient counseling, and regular follow-up regarding risk reduction plans.

- **SHA Documentation by PCP:** the PCP must sign, print his/her name, and date the "Clinic Use Only" section of a newly administered SHA to verify that it was reviewed and discussed with the member.
 - The PCP must document specific behavioral-risk topics and patient counseling, referral, anticipatory guidance, and follow-up provided, by checking the appropriate boxes in the "Clinical Use Only" section.
 - The PCP must sign, print his/her name, and date the "SHA Annual Review" section of the questionnaire to document that an annual review was completed and discussed with the member. A member's refusal to complete the SHA must be documented on the age-appropriate SHA questionnaire by:
 - Entering the member's name (or person completing the form), date of birth, and date of refusal in the header section of the questionnaire.
 - Checking the box "SHA Declined by Patient."
 - Having the PCP sign, print his or her name, and date the "Clinic Use Only" section of the SHA.
 - Keeping the SHA refusal in the member's medical record.
 - The PCP may make notations in the "Clinic Use Only" column to the right of the questions, but this is not required.