

# Achieving Initial Health Assessment (IHA) & Staying Healthy Assessment (SHA) Compliance

DHCS Policy Letter 08-003 (IHA)

DHCS Policy Letter 13-001 (SHA)



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Promise Health Plan

# Learning objectives

## **After completing this webinar, you will be able to:**

- State the key DHCS/Medi-Cal mandates for the IHA and SHA.
- Describe support Blue Shield Promise Health Plan provides in scheduling and administering the IHA.
- Explain the impact of COVID on IHA requirements.
- Define the purpose and benefits of the SHA.
- Explain the SHA implementation timetable and documentation requirements.
- List best practices for incorporating administration of the SHA into your clinical workflows.

This presentation and a link to the recording will be emailed to you within five (5) business days.

# Introducing Dr. Ang



**Eddy Ang, MD**  
Medical Director  
**Blue Shield Promise Health Plan**

# Initial Health Assessment (IHA) overview

- The Department of Health Care Services (DHCS) requires primary care providers to conduct an **Initial Health Assessment (IHA)** for all new Medi-Cal members within 120 days of enrollment.
  - The IHA includes a comprehensive history, complete physical and mental exam, prevention and treatment planning, and completion of an age-appropriate Individual Health Education Behavioral Assessment (IHEBA).
  - The DHCS-sponsored and approved IHEBA used is the **Staying Healthy Assessment (SHA)**.





# Today's goal is to help you...

- Complete timely and comprehensive IHAs, meeting contractual requirements
- Successfully complete and document attempts to schedule an IHA appointment
- Build workflows that support the completion of the SHA, according to established periodicity table
- Navigate IHA requirements during COVID/public health emergency (PHE)

# **DHCS/Medi-Cal mandates for the Initial Health Assessment (IHA)**

# DHCS policy letter no. 08-003

- Clarifies the IHA contractual requirements including:
  - Purpose and components of the assessment
  - Who can conduct the IHA
  - Timelines and settings
  - Plan responsibilities in training providers, informing members, and creating written procedures

 SANDRA SHERWIN Director	State of California—Health and Human Services Agency Department of Health Care Services	 ARNOLD SCHWARZENEGGER Governor
DATE: May 5, 2008		MMCD Policy Letter No. 08-003
TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS		
SUBJECT: INITIAL COMPREHENSIVE HEALTH ASSESSMENT		
<b>BACKGROUND</b>		
<p>This Policy Letter clarifies the Initial Comprehensive Health Assessment (IHA) contractual requirements. This letter delineates the purpose and components of the IHA, specifies who can perform them, gives timelines, indicates where they can be completed, and discusses exceptions from timeline requirements. Furthermore, it delineates plans' responsibilities in training providers, informing members, and creating written procedures.</p>		
<p>For Two-Plan Model and Geographic Managed Care (GMC) plans, the contractual requirements for IHAs are based on the California Code of Regulations, Title 22, Sections 53851(b)(1), 53902(m), and 53910.5(a)(1). For County Organized Health System (COHS) plans, the requirements for the IHA are based on applicable sections of the COHS contract.</p>		
<b>POLICY</b>		
<b>I. What is the IHA?</b>		
<p>The IHA is a comprehensive assessment that is completed during the member's initial encounter(s) with a selected or assigned primary care physician (PCP), appropriate medical specialist, or non-physician medical provider and must be documented in the member's medical record. The IHA enables the member's PCP to assess and manage the acute, chronic and preventive health needs of the member.</p>		
<hr/>		
<p>Med-Cal Managed Care Division 1501 Capitol Avenue, P.O. Box 997413, MS 4400 Sacramento, CA 95899-7413 Telephone (916) 449-5000 Fax (916) 449-5005 Internet Address: <a href="http://www.dhcs.ca.gov">www.dhcs.ca.gov</a></p>		

[DHCS policy letter no. 08-003](#)

# IHA coding for accuracy

CPT codes	ICD-10 codes
• 99203 - 99205	• Z00.8
• 99214 - 99215	• Z00.8
• 99381 - 99387	• Z00.00, Z00.01, Z00.110, Z00.121, Z00.129
• 99391 - 99397	• Z00.00, Z00.01, Z00.110, Z00.121, Z00.129
• Z1032, 59400, 59425, 59426, 59510, 59610, 59618	• Any pregnancy-related diagnosis code
• G0468 (FQHC)	



# IHA timeline and outreach guidelines

- **All new Medi-Cal program members\* must receive a timely and comprehensive IHA within 120 days of enrollment.**
  - Appointment must be available to member **within 30 calendar days** upon request.
  - Primary care providers must **make at least three documented attempts** to schedule a timely IHA – including one phone call and one letter.
    - See Policy Letter 08-003 for exception criteria.

Scenario	IHA required? Y/N	Exception Y/N
Member new to plan and new to primary care provider	<b>Y</b>	<b>N</b>
Member new to plan but established with a primary care provider	<b>N</b>	<b>Y</b>
Member enrolled with plan in previous 12 months and completed an IHA	<b>N</b>	<b>Y</b>
Member not continuously enrolled with the plan or disenrolled within 120 days of enrollment	<b>N</b>	<b>Y</b>

\* *New member status is based on plan criteria*

# Blue Shield Promise IHA incentive program

- To support your effort to be DHCS compliant, Blue Shield Promise Health Plan is introducing a new incentive program.
  - Beginning in Q2 2021, we will compensate **providers \$25 for each completed IHA**.
  - Blue Shield Promise **members will receive a \$25 gift card** once they complete their IHA appointment.
- The program will function in the same manner as our HEDIS incentive program.
  - Details will be distributed in March of 2021.
  - Questions? Email [IHAMonitoring@blueshieldca.com](mailto:IHAMonitoring@blueshieldca.com).

# Blue Shield Promise role and support

- **We endeavor to contact 100% of newly enrolled Medi-Cal members via phone and letter to assist in scheduling a timely IHA.**
  - Members meeting the “exception” criteria are not contacted.
- **IHA requirements and resources are shared on the Blue Shield Promise Health Plan website.**
  - See [Resources](#) slide in this presentation.
- **We utilize encounter data to evaluate IHA completion rates.**
  - Completion rates are rolled up to and shared with IPA/FQHC.
- **We conduct medical record reviews to evaluate content of IHA visit.**
  - Results and resources are shared directly with the primary care provider.
- **We can partner with you on member outreach by:**
  - Coordinating outreach efforts
  - Identifying exceptions
  - Exchanging outreach data
- **For more information, please contact [IHAMonitoring@blueshieldca.com](mailto:IHAMonitoring@blueshieldca.com).**

# COVID-19 considerations

In response to COVID, DHCS released All Plan Letter 20-004, which temporarily suspends the requirement to complete the IHA within 120 days for new members enrolled between December 1, 2019 until the PHE is rescinded.

- DHCS will require completion of the IHA once the PHE is lifted.
- IHA outreach suspended beginning with March 2020 membership.
- IHA outreach began in August 2020 for pediatric new members focusing on immunizations, blood lead testing and other preventative services.



## **What primary care providers can do:**

- Continue member outreach to schedule IHA visits.
- Complete telehealth IHA visits.
  - Add acceptable telehealth CPT codes.
- Schedule in-person visits for necessary physical exam, immunizations, testing, etc.

# **Staying Healthy Assessment (SHA) overview**

# DHCS Policy letter no. 13-001

- Notifies all Medi-Cal managed care plans of the release of the updated IHEBA: Staying Healthy Assessment (SHA):
  - Purpose and goals of the assessment
  - Periodicity
  - Primary care provider responsibilities, including documentation
  - Alternative IHEBA requirements, including Bright Futures Assessment

 TOBY DOUGLAS Director	State of California—Health and Human Services Agency Department of Health Care Services	 EDMUND G. BROWN JR. Governor
<b>DATE:</b> October 8, 2013		<b>POLICY LETTER 13-001 (REVISED)</b>
<b>TO:</b> All MEDI-CAL MANAGED CARE HEALTH PLANS		
<b>SUBJECT:</b> REQUIREMENTS FOR THE STAYING HEALTHY ASSESSMENT/INDIVIDUAL HEALTH EDUCATION BEHAVIORAL ASSESSMENT		
<b>PURPOSE:</b> The purpose of this Policy Letter (PL) is to notify all Medi-Cal Managed Care Health Plans (MCPs) of the release of the updated Staying Healthy Assessment (SHA) and to clarify state regulations regarding its use. <sup>1</sup> The SHA is the Individual Health Education Behavioral Assessment (IHEBA) developed by the Department of Health Care Services (DHCS). The IHEBA is a required component of the Initial Comprehensive Health Assessment (IHA), as explained in Medi-Cal Managed Care Division (MMCD) PL 08-003. <sup>2</sup> This new PL supersedes MMCD PL 99-007. <sup>3</sup>		
<b>BACKGROUND:</b> Within the Medi-Cal population, a higher incidence of chronic and/or preventable illnesses, injuries, and disabilities exists. Examples of these include cancer, heart disease, stroke, chronic obstructive pulmonary disease, and diabetes. Many modifiable health-risk behaviors, such as lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption can increase the risk for these illnesses and conditions. According to the Centers for Disease Control and Prevention (CDC), a small number of chronic diseases account for a disproportionately large share of the annual federal Medicaid budget. Overall, the CDC estimates that 75 percent of all health care dollars are used for the treatment of diseases that could otherwise be prevented.  The original SHA was developed in 1999 to establish a standardized IHEBA that could be used for all members across all MCPs. An IHA consists of a history and physical examination and an IHEBA. An IHEBA enables a provider of primary care services to comprehensively assess the member's current acute, chronic, and preventive health needs as well as identify those members whose health needs require coordination with		
<small><sup>1</sup> See Title 22, California Code of Regulations, Section 53851 and Section 53910.5. <sup>2</sup> MMCD Policy Letter 08-003 is available at: <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL%202008/PL08-003.PDF">http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL%202008/PL08-003.PDF</a> <sup>3</sup> MMCD Policy Letter 99-007 is available at: <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL1999/MMCDPL99007.pdf">http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL1999/MMCDPL99007.pdf</a></small>		
<small>Medi-Cal Managed Care Division 1501 Capitol Avenue, P.O. Box 997413, MS 4400 Sacramento, CA 95899-7413 Telephone (916) 449-5000 Fax (916) 449-5005 Internet Address: <a href="http://www.dhcs.ca.gov">www.dhcs.ca.gov</a></small>		

DHCS policy letter no. 13-001

# SHA overview

- **The SHA is administered as part of the initial IHA, and then on its own, following a cadence recommended by the DHCS.**
  - It is tailored by age group to more accurately document the educational needs for individuals at different life stages.
  - It must be conducted in a culturally and linguistically appropriate manner for all patients, including those with disabilities



# SHA purpose



- Identify and track high-risk behaviors
- Prioritize patient health education needs
- Initiate discussion and counseling regarding high-risk behaviors
  - Provide tailored health education counseling, interventions, referral, and follow up



# Benefits to you and your patient

## Administering the SHA as required helps:

- Build trust between you and your patients
- Create more personalized care plans
- Ensure your patients receive preventative health services and education
- Improve patient satisfaction
- Document patient counseling
- Streamline HEDIS documentation



# SHA periodicity table: When to administer

Questionnaire	Administer	Administer/Re-administer		Review
Age groups	Within 120 days of enrollment as part of IHA	1 <sup>st</sup> scheduled exam (after entering new age group)	Every 3-5 years	Annually (interval 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 recommendations



## Adolescents (12-17 yrs.)

- Annual re-administration is recommended for adolescents due to frequently changing behavioral risk factors for this age group.



## Adults & Seniors

- The primary care provider should select the assessment (Adult or Senior) best suited for the patient's health and medical status (e.g., biological age, chronic conditions, mobility).
- Annual re-administration is recommended for seniors due to frequently changing risk factors.

# Completing the SHA

# SHA completion best practices



**Explain the SHA's purpose** and how it will be used to support patient care.



Assure patient that SHA responses will be **kept confidential** in patient's medical record, and that patient has the right to skip any question.



**Provide SHA interpretation, and accommodation for a disability**, if needed.

- The SHA is available in English and in all Medi-Cal threshold languages: Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog, and Vietnamese, Farsi, Khmer

# SHA completion best practices



Have a **parent/guardian complete the SHA for children under 12.**



**Encourage self-completion for ages 12 and up**, when appropriate.

- Increases the likelihood of obtaining accurate responses to sensitive or embarrassing questions.



**Offer to verbally ask questions and record responses** on the questionnaire or in an electronic format, if preferred by the patient.



Explain to the patient that **they have the right to refuse** to complete the SHA.

# SHA sample\*

<h2>Staying Healthy Assessment</h2> <p>(Staying Healthy Assessment)</p> <h3>12 – 17 Years (12 – 17 Years)</h3>					
<b>Name (first &amp; last)</b> Jane Doe		<b>Date of Birth</b> 04-01-99		<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	<b>Today's Date</b> 9-10-13
<b>Grade in School:</b> 9		<b>Person Completing Form</b> Self		<input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify)	
<b>School Attendance Regular?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					<b>Need Interpreter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.</p>					<b>Clinic Use Only:</b> Nutrition
1	Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu? (Drinks/eats 3 servings of calcium-rich foods daily)	(Yes)	No	Skip	Nutrition
2	Do you eat fruits and vegetables at least 2 times per day? (Eats fruits and vegetables at least 2 times per day?)	Yes	(No)	Skip	
3	Do you eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week? (Eats high fat foods more than once per week?)	No	(Yes)	Skip	
4	Do you drink more than 12 oz. (1 soda can) per day of juice drink, sports drink, energy drink, or sweetened coffee drink? (Drinks more than 12 oz. per day of juice/sports/energy drink, or sweetened coffee drink?)	No	(Yes)	Skip	
5	Do you exercise or play sports most days of the week? (Exercises or plays sports most days of the week?)	(Yes)	No	Skip	Physical Activity

\* Example from Medi-Cal Managed Health Plans' Staying Healthy Assessment (SHA) Training



# SHA sample (continued)

30	Have you or your partner(s) had sex with other people in the past year?	No	Yes	Skip
31	Have you or your partner(s) had sex without using birth control in the past year?	No	Yes	Skip
32	The last time you had sex, did you use birth control?	Yes	No	Skip
33	Have you or your partner(s) had sex without a condom in the past year?	No	Yes	Skip
34	Did you or your partner use a condom the last time you had sex?	Yes	No	Skip
35	Do you have concerns about liking someone of the same sex?	No	Yes	Skip
36	Do you have any other questions or concerns about your health?	No	Yes	Skip

*If yes, please describe:*

1 →

2 ↑

21



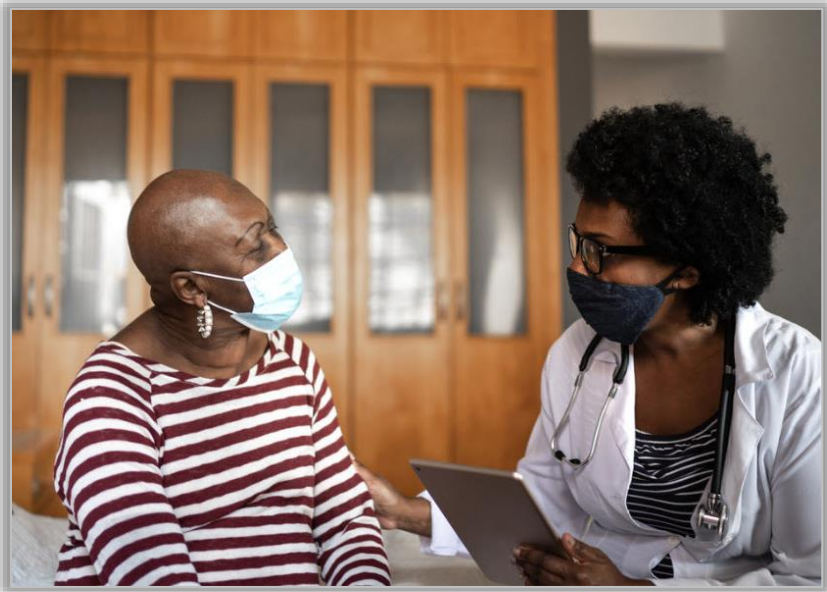
# SHA sample (continued)

The form is titled "SHA sample (continued)". It features a table with columns for "Clinic Use Only", "Counseled", "Referred", "Anticipatory Guidance", and "Follow-up Ordered". The "Clinic Use Only" column lists various health topics with checkboxes. The "Counseled" column has checkboxes for each topic. The "Referred" column has checkboxes for each topic. The "Anticipatory Guidance" column has checkboxes for each topic. The "Follow-up Ordered" column has checkboxes for each topic. A "Comments:" section is on the right. Below the table is a section for "Patient Declined the SHA" with a checkbox. At the bottom, there are four rows for "PCP's Signature:", "Print Name:", and "Date:". The first row is filled with handwritten text: "John Smith", "Dr. John Smith", and "9-10-13".

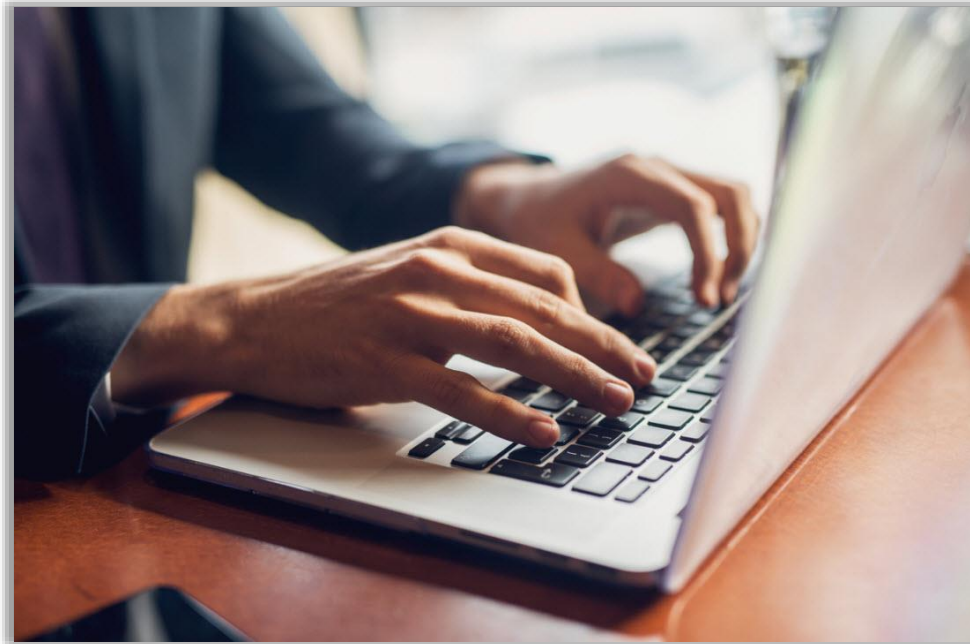
Clinic Use Only	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered	Comments:	
<input checked="" type="checkbox"/> Nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div>4</div> <input type="checkbox"/> Patient Declined the SHA	
<input checked="" type="checkbox"/> Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Dental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Alcohol, Tobacco, Drug Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Sexual Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
PCP's Signature: <i>John Smith</i> Print Name: <i>Dr. John Smith</i> Date: <i>9-10-13</i> <b>SHA ANNUAL REVIEW</b>						
PCP's Signature:					Print Name:	Date:
PCP's Signature:					Print Name:	Date:
PCP's Signature:					Print Name:	Date:
PCP's Signature:					Print Name:	Date:

**ALWAYS keep a signed SHA in patient's medical record.**

# SHA engagement

- **Review and discuss each newly completed SHA with patient.**
    - Other clinic staff may assist if under supervision of the primary care provider, and if medical issues are referred to the primary care provider.
  - **Review and discuss previously completed SHA with patient annually.**
    - Provide appropriate counseling and follow-up on patient's risk reduction plans, as needed.
- 
- **Prioritize patient's health education needs and willingness to make lifestyle changes.**
    - Provide tailored health education counseling, interventions, referral and follow-up, when patient's responses indicate risk factor(s), i.e., boxes checked in middle column.
    - Blue Shield Promise Health Plan provides an array of member-focused health education resources that you can use to augment your engagement. (See [Resources](#) slide in this presentation.)

# To complete the SHA electronically...



- Notify Blue Shield Promise Health Plan **at least two (2) months prior** to the intended implementation date by completing the [Electronic SHA Format Notification Form](#).
- Fax the completed form to **(323) 889-5407** or email to: [BlueShieldofCAHealthEducation@blueshieldca.com](mailto:BlueShieldofCAHealthEducation@blueshieldca.com).

# If a patient refuses to complete the SHA

- **Document the patient's refusal on the SHA:**

- Enter the patient's name and "date of refusal" on first page.
- Check the box "SHA Declined by Patient" (last page).
- Sign, print name and date the back page.

- **Patients who previously declined to complete the SHA should be encouraged to complete it each subsequent year during scheduled exams.**

- If patient continues to decline to complete the SHA, sign, print name and date an age-appropriate SHA each subsequent year verifying the patient's refusal.

The image shows a hand holding a SHA form. Four numbered arrows indicate the steps for documenting a refusal: 1. Enter patient name and date of refusal. 2. Sign and print name. 3. Check 'Patient Declined the SHA' box. 4. Sign, print name, and date the back page.

Clinic Use Only	Counselled	Referred	Anticipatory Guidance	Follow-up Ordered	Comments
<input checked="" type="checkbox"/> Nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Dental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Alcohol, Tobacco, Drug Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Sexual Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

PCP's Signature: *John Smith* Print Name: Dr. John Smith Date: 9-10-13

**SHA ANNUAL REVIEW**

PCP's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

PCP's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

PCP's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

PCP's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

PCP's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Patient Declined the SHA

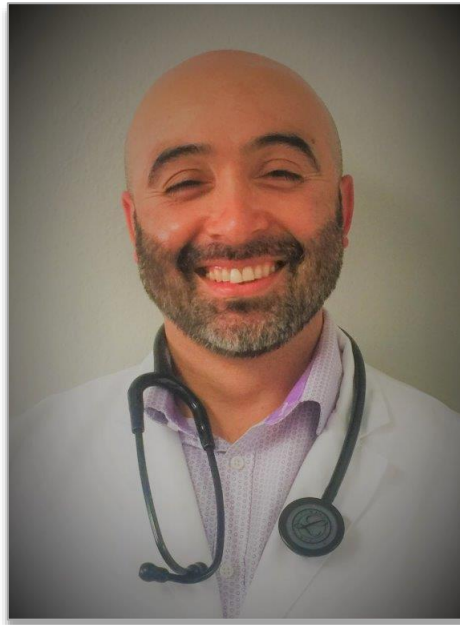
# **Examples from the field: Integrating the SHA into clinical workflows**

# Panel participants:

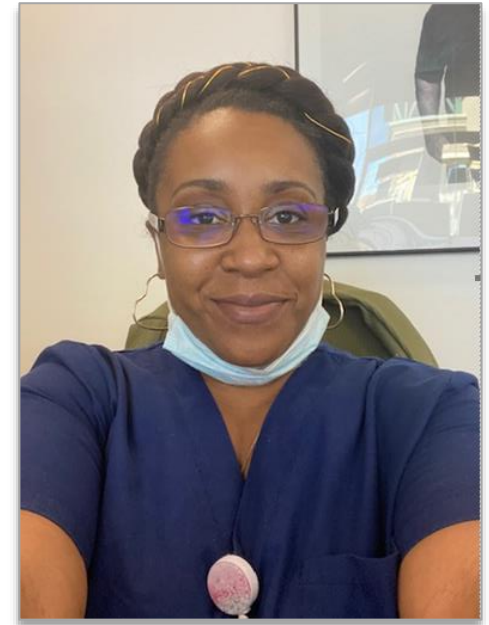
## Blue Shield Promise Health Plan clinic staff



**Manouchehr  
Khandadash, MD**  
Pediatrician



**Ramon Medina, PA**  
Certified Physician Assistant



**Miyoshi Jackson**  
Medical Assistant



**Resources to support you  
and your patients**

# Resources to support IHA/SHA administration

Resource	Description
<a href="#">DHCS Staying Health Assessment</a>	Links to forms, FAQs, training, etc., plus email address for questions: <a href="mailto:MMCDHealthEducationMailbox@dhcs.ca.gov">MMCDHealthEducationMailbox@dhcs.ca.gov</a>
<a href="#">Blue Shield Promise Medi-Cal Health Assessment Guidelines</a>	One-stop shop for IHA/SHA resources, including age-appropriate SHA forms in multiple languages.
<a href="#">Blue Shield Promise health member education resources</a>	Variety of health education materials in multiple languages, available from our member website.
Blue Shield Promise Health Education Department	<p>Staff available to consult regarding educational support and resources for your patients. Call the Health Education Coordinator at <b>(323) 827-6036</b> or email: <a href="mailto:Blueshieldofcahealtheducation@blueshieldofca.com">Blueshieldofcahealtheducation@blueshieldofca.com</a></p> <ul style="list-style-type: none"> <li>• If sending PHI, send secure email</li> <li>• If no ability to send secure email, Fax <b>(323) 889-5407</b></li> </ul>
<ul style="list-style-type: none"> <li>• Blue Shield Promise Health Plan: <ul style="list-style-type: none"> <li>• IHA/SHA support</li> <li>• Provider Customer Service</li> <li>• <a href="#">Complex Case Mgmt.</a></li> <li>• Social Services</li> </ul> </li> </ul>	<p><a href="mailto:IHAMonitoring@blueshieldca.com">IHAMonitoring@blueshieldca.com</a>  <b>(800) 468-9935</b>  <a href="#">Population Health Management Referral Form</a>  <b>(877) 221-0208</b> / <a href="#">Social Services Referral Form</a></p>
<a href="#">Electronic SHA Format Notification Form</a>	Fax completed form to <b>(323) 889-5407</b> or email to: <a href="mailto:BlueShieldofCAHealthEducation@blueshieldca.com">BlueShieldofCAHealthEducation@blueshieldca.com</a> .