## 135Anthem Blue Cross RGB black Blue logo_10-11Care1st-Logo-wTag_4C14BFC2

## electronic SHA Format Notification Form

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| **L.A. Care / Anthem / Care1st Providers: Fax completed form to 1-213-438-5042.**If you have questions email HealthEducation@lacare.org or call 1-855-856-6943. |
| Clinic/Organization Name: |
| Provider’s First Name: | Last Name:  |
| Street Address: |
| City:  | State: CA | Zip Code:  |
| Phone No:  | Fax No:  | Email:  |
| Electronic SHA Format Notification |
| Today’s date: |
| 1. Expected date of implementation (must be at least two months after today’s date): |
| 2. Check the age groups the electronic SHA format will be used for: | ❑ 0-6 months❑ 7-12 months❑ 1-2 years❑ 3-4 years❑ 5-8 years | ❑ 9-11 years❑ 12-17 years ❑Adult❑ Senior |
| 3. Indicate how you will be implementing the electronic SHA format: | ❑ Add the exact SHA questions into an electronic medical record❑ Scan the SHA to use it as an electronic medical record❑ Use the SHA in different electronic or paper-based format |
| 4. Electronic SHA format must include a way for the provider to document a signature. Describe how you will be documenting this on your system: |
| 5. Electronic SHA format must include all updated SHA questions and questions should not be altered from their original form. Will your electronic format abide by these rules? | ❑ Yes❑ No |
| Signature |
| **Provider Signature:**  | **Date:**  |
| **HEALTH PLAN USE ONLY** |
| **Approver Signature:**  | **Date:**  |