Anthem

Santa Clara County
Community Advisory Committee Meeting
Q1 2024 Agenda

DATE:	Tuesday, March 12, 2024
TIME:	2:00 PM – 3:00 PM
LOCATION:	Virtual via MicroSoft Teams

SUBJECT	NOTES
Welcome and Introductions	Patricia Lacanfora, MA LMFT BH Case Manager II David Lavine Program Manager Anthem Medi-Cal Timely Access to Care Dolores Dalke, Anthem LTSS RN Service Coordinator Amilcar Pina, LCSW Anthem Hung Nguyen, BHSD QI Division Director Sarah Kim, Licensed Clinical Supervisor Central Wellness & Benefits Center Gustavo Lozano, PM II, BHSD QI Judy De Leon- Program Manager II- BHSD/CWBC Talin Hazarmalian, Anthem LTSS / LCSW Natalie McKelvey, BHSD School Linked Services Tuere Redus, Anthem LTSS Manager Charisse Feldman, MCAH Director/PHN Manager, Public Health Catherine Aspiras, BHSD, Division Director School-Based Services Anne Marie Santos, RNS PHNM, CLPPP Coordinator, Santa Clara County Jane Capili, PHN Manager, CalWORKs/Nurse Family Partnership Home visiting Duy Le, BHSD Elena Guzman, CHP Beverley White-Macklin, Senior program Manager Public Health Santa Clara County. Black Infant Health CHDOP, Teen Parent Support Program and Perinatal Equity Initiative Program John Sum, MD. Santa Clara County CCS Emma Mendez, Public Health Nurse Manager II, California Children's Services Nishma Samat-Singh, FIRST 5 Santa Clara County

	Rachel Potens, BHSD-QI Numbiya Aziz, Men's Wellness Provider / Employee Wellness Provider
Anthem Updates	**Anthem Health Plan Updates:** **Timely Access:** David Lavine – • Preventative medicine leads to better outcomes and lower cos. • Providing timely healthcare can prevent health problems from becoming worse and more expensive. • Providing timely access to care builds patient loyalty patients are likely to stay with providers who schedule appointments in a timely manner. • Providing timely access to healthcare is a key contributor to income class stratification patients with adequate healthcare are more likely to pursue education and skills to succeed in their careers and live the American dream. • Anthem assesses and reports timely access to the Department of Managed Health Care through the provider appointment availability survey, the PAAS, and the afterhours survey. • Each provider group is scored based on their compliance with these timely access standards 2 days or 48 hours for an urgent or sick appointment for primary care, 96 hours for specialist, not including weekends and holidays, 10 business days for routine primary care appointment and 15 business days for routine specialty care appointment and new metric that they added last year and will be in effect this year is A10 business days for a non-physician. • Mental health follow up appointment the provider types or surveying for the posts are primary care specialists across 10 different specialties. • Psychiatry, non-physician, mental health, and Ancillary specialists' providers will be surveyed based on a random sample for the afterhours survey. • Practitioners must also maintain compliance with timely access standards for the afterhours survey by instructing a caller to hang up and dial 911 or go to the nearest ER in the event of an emergency and connecting a caller with a medical provider within 30 minutes for an urgent medical condition. • With rates of compliance, over 70% are compliant, less than 70% are noncompliant. • We provide incentives for compliance. • Our biggest problem with the post last year was scheduling specialist appointments where we had a rate of compliance of 59%, which is below the 70% DMHC threshold. • We recently implemented the Medi Cal value payment program or MVP, where provider groups can earn a monetary award in two domains, HEDIS and improvement activities. • Survey groups can be paid per member per month for Meeting timely access goals. • There are also penalties for noncompliance, such as corrective action plans or caps for non-compliant provider groups as part of the CAP. • Providers must include policies and procedures and training stations indicating their taking steps to meet timely access requirements.

- Provider groups with less than a 70% compliance rate for urgent or non-urgent appointments receive a CAP.
- We recently issued caps to 28 PMG's across California for noncompliance scores in last year's provider appointment availability survey.
- This is how Santa Clara County performed overall.

1. 67% rate of compliance.
2. Ancillary services are at 100% rate of compliance, which is great.
3. NPMH is at 79%, that's also great.
4. Primary care is at 70%, which is compliant, but it could be a little bit higher.
5. Psychiatry is at 82.69%
6. Specialist Physicians is it about 57% which is not near the 70% threshold for DMHC.
7. Several counties are having trouble with their specialist network.
8. Specialties have been a thin network speaking for the last couple years and we are working to assist groups with that.
9. Santa Clara, it looks like the target is 80% the DMHC threshold and you guys are at 72%. The County is below the DMHC threshold, so that would be an area for improvement.
10. One of the initiatives we're launching this year is a dashboard that assists our contracting department in improving our network in timely access problem areas.

Adult Expansion:

PDF

APL 23-031 Adult Expansion Final_Clean.pdf

Anthem: Adult Expansion A26-49 is to ensure individuals transitioning from restricted scope Medi-Cal or are otherwise uninsured to full-scope Medi-Cal maintain their existing Primary Care Provider (PCP) assignments to the maximum extent possible to minimize disruptions in services. As these individuals transition to full scope Medi-Cal, California has prioritized two goals: 1) Maintain PCP assignment to the maximum extent possible; and 2) Support and strengthen traditional county health providers who treat a high volume of uninsured and Medi-Cal patients. Working on establishing a BAA with SFDPH SFTP Site is set up. Test files have successfully been exchanged. Data will be exchanged once BAA is established.

DEI: I am looking to start a workgroup to discuss how we will collaborate to fulfill the DEI APL requirements below. San Francisco Health Plan and Santa Clara Family Health Plan

Sharing and Exchange of Educational Resources

MCPs located in the same county must coordinate DEI trainings that are reflective and encompassing of the criteria outlined in this APL so that if an MCP, Subcontractor, Downstream Subcontractor, or Network Provider completes the training for one MCP within the same county, then they will have met the obligation to complete the training for all other MCPs within the same county and can provide an attestation of training completion. All MCP HEOs within a similar geographical region or county must collaborate on DEI training criteria to ensure alignment and accurate training records.

PDF

APL23-025 diersity equity inclusion.pdf

Anthem

CHA/CHIP PHM/PNA: Community Health Assessment/ Community Health Improvement Plan Populatio Health Management/Population Needs Assessment
Met with Priscilla Chu (SFDPH), Bernadette Gates (SFDPH), Hilary Gillette-Walch (SFHP), Suzanne Samuel (SFHP), and Gretchen Shanofsky (Kaiser Permanente) to initiate conversations on meaningful participatio in CHA/CHIP processes and co-developing SMART Goals that align with DHCS overall BOLD GOALS. We met the DHCS requirement and can attest to having engaged in conversation and started to develop ou first SMART Goal.

GOAL 1: Lead: By the end of 2025, all health plans will achieve DHCS's Bold Goal of exceeding the 50th percentile for children's preventative care measures in partnership with Santa Clara County Public Healt Department (SCC PHD) by supporting the Childhood Lead Poisoning Prevention Program (CLPPP), through the expansion of the number of lead awareness and outreach events by xx%, through the contribution of resources, data sharing, and by assisting with the planning of targeted provider educatio campaigns and follow up services.
GOAL 2: Oral Health: By the end of 2025, all health plans will achieve DHCS's Bold Goal of exceeding the 50th percentile for children's preventive care measures, in Partnership with the County of Santa Clara Public Health Department (SCC PHD) to move forward the Oral Health Strategic Plan, through training, data sharing, promotion and outreach, and referrals to improve the oral-systemic health among membe ages 1-20. Confirmed 1/30/24

MOU:

- Update Regional Center MOU with Progress.
- DHCS MOU Webpage - https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx (Homepage for all MOUs, released Oct 27th, 2023)

  https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/A 029.pdf (APL)

  https://www.dhcs.ca.gov/Documents/BHIN-23-056-MOU-Requirements-for-MHP-MCP.pdf (BH

  https://www.dhcs.ca.gov/Documents/BHIN-23-057-MOU-Requirements-for-MCP-DMC-ODS-Counties.pdf (BHIN)

DHCS released final MOUs:
https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/Local-Health Department-MOU.pdf

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/IHSS-MOU-Template.pdf

https://www.dhcs.ca.gov/Documents/MCQMD/Specialty-Mental-Health-Services-Memorandum-of-Understanding-Templates.pdf

https://www.dhcs.ca.gov/Documents/MCQMD/Substance-Use-Disorder-Treatment-Services-Memorandu Understanding-Templates.pdf

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/Regional-Cen MOU-Template.pdf

https://www.dhcs.ca.gov/Documents/MCQMD/County-Child-Welfare-MOU.pdf

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/Base-MOU-Template.pdf

***Planning For the End of the Continuous Coverage Requirement when the Medi-Cal* COVID-19 Public Heal Emergency (PHE) Ends:**
Anthem**:**

- States **began** the redetermination process by **April 30, 2023**; and,
- States will have up to 14 months to complete all redeterminations (i.e., no later than May 31, 2024)

Medicaid Renewal & Disenrollment Coverage Options | Anthem

Check Your Health Benefits Eligibility | Anthem (myhealthbenefitfinder.com)

https://www.readyrenew.com/835/index.html?m=ca&c=4&e=e

https://players.brightcove.net/3639471564001/QBcqf6zgr_default/index.html?videoId=6325324769112

6155712 1033874CAMENABS Ready Set Renew Buckslip UPD 08 22.pdf

6155712 1033874CAMSPABS Ready Set Renew Buckslip UPD 08 22.pdf

Keep Your Medi-Cal (socialpresskit.com)

Enhanced Care Management (ECM):

Enhanced Care Management.

- ECM is comprised of seven core services. So based off DHCS population of focus for enhanced care management, we focus on specific populations that would be eligible for enhanced care management.
- The last two populations to launch were on January 1st.
- Those included are individuals transitioning from incarceration, both adults and children, youth. As well as the birth equity population of focus.
- For those that are wondering about the birth equity population of focus...previously pregnant postpartum individuals were covered under other populations of focus and now DHCS has specific policies and that specific call out for the birth EQUITY.
- The definition of who's eligible under pregnant, postpartum, and then subsequently for equity. Those are individuals, children, youth who are pregnant or postpartum through a 12-month perio
- The birth equity, which again launched on January 1st.
- Those are characterized by individuals who are subject to racial and ethnic disparities as define by the California Department of Public Health on maternal morbidity and mortality outcomes.
- What does that mean though? The specific individuals that are eligible under this population of focus are individuals in the following groups, Black, American Indian, Alaska Native, and Pacific Islander individuals. These are based off individuals who have a pregnancy related mortality or morbidity outcomes.
- It's a specific focus on those individuals with justice involved that also launched January 1st.
- Those are defined by individuals who are transitioning from a Correctional Facility within the pas 12 months.
- For adults, these are individuals who have a concurring condition. This is only for the adult population where the requirement is for this concurring condition for the children youth

population, they just need to have been transitioned within the past 12 months. That's that area distinction.

- With the populations of focus heretofore to date, we're launched with all the populations.
- The focus is looking at our network, ensuring that we have a good provider makeup.
- Focusing in on local providers so that we can increase utilization of services.
- Community Supports: Anthem is currently launched with all Community supports except short term post hospitalization housing, which we are aiming to launch on 7/1/24.

CalAIM:

- CalAIM Overview
- Community Health Workers (ca.gov)
- ECM Overview
- CS Overview

Community Supports:

CABC-CD-049197-24
CalAIM CS Flyer_FINA

ENGLISH CalAIM CS One-Pager FINAL.pdf

CABC-CD-046785-23 CalAIM Com Supports-Mbr Refrl Frm FINALv2.pdf

Enhanced Care Management:

CABC-CD-049193-24
EXPRESS CalAIM ECM

ENGLISH CalAIM ECM One-Pager FINAL.pdf

CalAIM-ECM Rfral form chklsts_V2_CABC-CD-035582-23.pdf

CA_CAID_ECMProviderDirectory.pdf

Community Health Worker:

- CHWs are skilled and trained health educators who work directly with individuals who may have difficulty understanding and/or interacting with providers due to cultural and/or language barriers.
- A CHW is a trusted member of the community they serve and is a link between health, social services, and the community to facilitate access to services and improve the quality and cultural competence of service delivered.
- CHWs are also known as promotors, community health representatives, or community health advisors.

Primary roles:
• Health navigator
• Health educator


2541329 1000712CAMENABC Community Health Worker Member Flier UPD CM 04 21.pdf


2541329 1000712CAMSPABC Community Health Worker Member Flier UPD CM 04 21.pdf


CABC-CD-022089-23 CHW Flyer FINAL.pdf


ACAPEC-2783-21 CA Community Health Referral Form FINAL FILLABLE.pdf

ModivCare/Transportation:


Transportation BR FINAL 12 21 (2).pdf


Transportation BR Flier Spanish HR 12 21.pdf

LiveHealth OnLine:


Live Health Online Flyer.pdf


LHO SP.pdf


Live Health Online Flyer FINALv6.pdf

E-Consult Program:
- Anthem implemented an E-Consult program in the bay area counties whereby a PCP can refer a member for an E-Consult. We will be working with health centers and PCP to roll out the progra


E-Consult Patient Flyer FINAL.pdf

Provider Relations -
Community Relations -

Referrals:
Transition of Care Tool and Screening Tool Metrics

Transition of Care Tools				
	2023Q4			2023 Q4 Total
TOC Referral Type	Oct	Nov	Dec	
Anthem to County (SMHS)	0	0	0	0
County to Anthem (NSMHS)	12	10	11	33
Grand Total	12	10	11	33

Screening Tools Completed by Anthem				
	2023Q4			2023Q4 Total
Screening Tool Type	Oct	Nov	Dec	
Adult	6	8	11	25
MCP (NSMHS)	5	7	11	23
MHP (SMHS)	1	1	0	2
MHP (SUD ONLY)	0	0	0	0
Youth	0	3	1	4
MCP (NSMHS)	0	3	0	3
MHP (SMHS)	0	0	1	1
MHP (SUD ONLY)	0	0	0	0
Grand Total	6	11	12	29

Quality:

Care Coordination:

Health Care Services Management:
Case Management
Case Management referral forms and our Preservice Review form (which was recently revised). Attaching both here, and both can be downloaded from our provider website:

1) Case Management referral form
2) Pre-Service Review form

Updated Case Management Form

ACAPEC-2687-21 CA Medi-Cal Care Mgmt

Updated Preservice Review Form

	ACAPEC-3456-22 CA GBD PA Request For **Utilization Reports:** • Anthem membership • Behavioral Health Utilization • LiveHealth Online Utilization • Modivcare Transportation Utilization Q1 2024 Anthem Blue Cross _ Santa Clara CAC _Reports_3.12.2024.pdf
Attendee Comments / Updates	1. How are we promoting ModivCare/Transportation and LiveHealth Online? How do we increase utilization? 2. Clinical Summary after LiveHealth Online Service is sent to the providers via the member. It is contingent if the member sends the Clinical Summary to their PCP for review. 3. What are our efforts to engage with members through Sydney app/LiveHealth Online?
Closing Remarks & Adjournment	Quarter 1 CAC Meeting will be conducted on June 11 , 2024 @ 2:00 pm

www.anthem.com/ca/medi-cal

We can translate this at no cost. Call the customer service number on your member ID card.	*English*
Podemos traducir esto gratuitamente. Llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación (ID Card).	*Spanish*
我們可以免費為您提供翻譯版本。請撥打您ID卡上所列的電話號碼洽詢客戶服務中心。	*Chinese*
Peb txhais tau qhov no pub dawb. Hu mus rau qhov chaw pab neeg tus naj npawb xov tooj nyob rau ntawm koj daim ID ua mej zeej.	*Hmong*
Мы можем перевести это бесплатно. Позвоните в отдел обслуживания участников плана по номеру, указанному в вашей карточке участника плана (ID Card).	*Russian*
Maaari namin itong isalin-wika nang walang bayad. Paki tawagan ang numero ng customer service sa inyong ID card na pang miyembro.	*Tagalog*
Chúng tôi có thể phiên dịch văn bản này miễn phí. Xin gọi văn phòng dịch vụ hội viên qua số điện thoại ghi trên thẻ ID (thẻ hội viên) của quý vị.	*Vietnamese*