



**Santa Clara County
Community Advisory Committee Meeting
Q2 2024 Agenda**

DATE:	Tuesday, June 11, 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 Anthem Blue Cross
	David Lavine, Anthem Blue Cross Medi-Cal Timely Access to Care
	Alana Pfeffinger, Regional Program Manager Anthem Blue Cross
	Maryiat Yeranosyan, Anthem Blue Cross
	Oanh Nguyen, Anthem Blue Cross
	Dolores Dalke, Anthem Blue Cross LTSS RN Service Coordinator
	Amilcar Pina, LCSW Anthem Blue Cross
	Talin Hazarmalian, Anthem Blue Cross, LTSS / LCSW
	Hung Nguyen, BHSD QI Division Director
	Sarah Kim, Licensed Clinical Supervisor Central Wellness & Benefits Center, Santa Clara County HHS
	Gustavo Lozano, PM II, BHSD QI Santa Clara County HHS
	Judy De Leon- Program Manager II- BHSD/CWBC, Santa Clara County HHS
	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, Santa Clara County PHD
	Duy Le, BHSD, Santa Clara County HHS
	Elena Guzman, CHP
Beverly 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, Santa Clara County PHD	

	<p>Emma Mendez, Public Health Nurse Manager II, California Children's Services, Santa Clara County PHD</p> <p>Nishma Samat-Singh, FIRST 5 Santa Clara County</p> <p>Rachel Potens, BHSD-QI</p> <p>Numbiya Aziz, Men's Wellness Provider / Employee Wellness Provider</p> <p>Samantha Lopez, Santa Clara County HHS</p> <p>Suzanne Chiu, Santa Clara County HHS</p> <p>Rami Keisari, Santa Clara County PHD</p> <p>Thanh Le, Santa Clara County PHD</p> <p>Sanjay Kamyra, Quantified Ventures</p> <p>Charise Feldman, Santa Clara County PHD</p> <p>Angela Chen, Santa Clara Family Health Plan</p> <p>Grace Meregillano, Santa Clara County PHD</p> <p>Tyler Haskell, Santa Clara Family Health Plan</p> <p>Jaime Flores, Santa Clara County PHD</p> <p>Kioni Williams, Santa Clara County Roots Clinic</p> <p>Anna Aistrich, Santa Clara County PHD</p> <p>Lilly Vu, Santa Clara County PHD</p> <p>LouMeshia Brown, Santa Clara County HHS</p> <p>Shilpa Joshi, Santa Clara County PHD</p> <p>Rondal Holloway, Concerned Member with Issues and Concerns</p>
<p>Anthem Updates</p>	<p>Anthem Health Plan Updates:</p> <p>David Lavone: Timely Access –</p> <ul style="list-style-type: none"> • 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. • We will be surveying for mid-July to mid-November this year. • This year's urgent appointment waiting times will include weekends and holidays. • The standard appointments are the same as last year, so it's 10 business days for primary care appointment and 15 business days for routine specialty care appointment. • The new metric that was added last year and is still in effect this year is 10 business days for a non-physician mental health follow up appointment practitioners must also maintain compliance with the 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. • The survey is conducted at the clinic level. • The results are compiled, and each PMG IPA will be scored based on their rate of compliance with each of the timely access standards.

- Groups of rates of compliance of over 70% for urgent and nonurgent appointments are compliant, less than 70% are noncompliant.
- Our problem area is scheduling specialist appointments where we had a rate of compliance of 59%, which is far below the 70% DMHC threshold.
- We provide incentives for compliance.
- Survey groups can be paid up to \$1.50 per member per month for meeting timely access schools.
- 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 attestations indicating they're taking the steps to meet timely access requirements.
- A big problem for us is our low response rates and having the correct contact information will make a difference.
- Santa Clara County and how you guys did it looks like your overall rate of compliance was 66.99. So that short of the 70% threshold.
- There are some problem areas.
- Specifically urgent care compliance. 63.31%. That's well below the 70% threshold and non-urgent is about 70%.
- The breakdown by provider type and specialists, you guys aced and NPMH is still very good. It's about 80% primary care as it's 70, which is right at the threshold. That could be improved a little bit more.
- It looks like your urgent appointments were the driver of that get only 66%.
- Psychiatry looks good.
- You're 80%, but what's really hurting your scores, and this is a problem across the board.
- We're going to start contracting with specialists in your county to help fill out that network.
- And finally, towards the end of the year, we're going to be rolling out a timely access training course.

Aalan Pfeffinger: CalAIM –

- As of January 1st, we've launched all populations of focus, but we're still growing our network and community support.
- We will be live with all 14 services on 7/1 the last population of our blast community support we're launching is short term post hospitalization housing.
- In the past couple of years CALAIM has been focusing on building this network. Now we're looking to shift our focus to building out that referral network.
- If you are working with an organization and you are interested in learning more about how to make a referral to enhanced care management, community supports, or community health worker, or Dula, feel free to reach out to either myself or Kalil,
- In addition to Anthem, there is also Kaiser and Santa Clara Family health plan.
- All of us are required to provide enhanced care management, so we've also been trying to be collaborative and providing those educational opportunities for our provider network.

Kamya Sanjay: Quantified Ventures –

- Increasing access of ECM and CS services to some of the more under resource populations in the county.
- I'm from a social impact advisory organization in DC called Quantified Ventures.
- We're working with Anthem to increase engagement with specific populations of focus, namely children and youth and birth equity stakeholder groups, where to promote access to ECM and CS services for these organizations and Members that need it most.
- As a part of this engagement, we're going to be reaching out to all your organizations in the county lists on this call to meet one on one with you all that regularly interface with these key population focus.
- We want to introduce and address questions related to CalAIM services that are available to these populations and help you develop a plan for promoting these services to your Members.

- This is a great move forward in terms of improving health outcomes and HealthEquity for children and youth for birth equity stakeholders, as a lot of people aren't aware of these benefits.
- We're trying to do everything that we can to make sure that we're filling gaps by meeting people where they are and helping organizations that interface with Members regularly.
- I will be reaching out on behalf of Anthem from Quantified Ventures to schedule meetings with each stakeholder organization individually.

Adult Expansion:

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 stand-alone BAA with SCC HSS. SFTP Site is set up. Test files have successfully been exchanged. Data will be exchanged once BAA is established.



APL 23-031 Adult Expansion Final_Clean.pdf

DEI: Participating in a workgroup that consists of San Francisco Health Plan, Santa Clara Family Health Plan, Kaiser, and Anthem to discuss how we will collaborate to fulfill the DEI APL requirements below.

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.



APL23-025 diversity equity inclusion.pdf

CHA/CHIP PHM/PNA: Community Health Assessment/ Community Health Improvement Plan Population 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 participation 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 our 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 Health 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 education 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 members ages 1-20. **Confirmed 1/30/24**

MCAH Population Needs Assessment:

Latino Health assessment:

- Housing and Neighborhood Conditions
- Access to Care
- Acute and Chronic Conditions
- Maternal and Child Health

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/A029.pdf> (APL)

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

<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-Memorandum-of-Understanding-Templates.pdf>

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/Regional-Center-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 Health 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/QBcaf6zgr_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 \(socialpresskit.com\)](#)

CalAIM:

- [CalAIM Overview](#)
- [Community Health Workers \(ca.gov\)](#)
- [ECM Overview](#)
- [CS Overview](#)

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 promoters, 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

Enhanced Care Management:



CABC-CD-049193-24
EXPRESS CalAIM ECM



ENGLISH CalAIM ECM One-Pager FINAL.pdf



CaAIM-ECM Rfrral form chklists_V2_CABC-CD-035582-23.pdf



CA_CAID_ECMPProviderDirectory.pdf

Community Supports:



CABC-CD-049197-24
CalAIM CS Flyer_FINAL



ENGLISH CalAIM CS One-Pager FINAL.pdf



CA_CalAIMILOSmemberreferralform.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 program.



E-Consult Patient Flyer FINAL.pdf

Provider Relations -

	<p>Community Relations -</p> <p>Quality:</p> <p>Care Coordination:</p> <p>Health Care Services Management:</p> <p>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:</p> <ol style="list-style-type: none"> 1) Case Management referral form 2) Pre-Service Review form <p>Updated Case Management Form</p> <p> ACAPEC-2687-21 CA Medi-Cal Care Mgm</p> <p>Updated Preservice Review Form</p> <p> ACAPEC-3456-22 CA GBD PA Request For</p> <p>Utilization Reports:</p> <ul style="list-style-type: none"> • Anthem membership • Behavioral Health Utilization • LiveHealth Online Utilization • Modivcare Transportation Utilization <p style="text-align: center;"></p> <p style="text-align: center;">Q2 2024 Anthem Blue Cross _ Santa Clara CAC _Reports_6.11.2024.pdf</p>
<p>Attendee Comments / Updates</p>	<ol style="list-style-type: none"> 1. Rondale Holloway: <ul style="list-style-type: none"> • I think it's your duty to post these meetings on your actual website. • People are not going to look on social media to find out when meetings are occurring. • They're going to look on your website and if your website is more accessible, whereas they go on your website and they can see in that in the community you have these CAC meetings. • Then they will click on that, and it will be something to gain their interest to • Furthermore, another way that you could address the lack of their knowledge of the services that you provide is handing out brochures, sending them mailing, just mailing letters, focusing primarily on these services, that they're lacking transportation in home care. • It could be colorful, something that that that catches their eye, but it just straight to the p not transportation. 2. Kioni Williams: <ul style="list-style-type: none"> • Paper mail and all of that seem to be a waste of money. • Boots on the ground seemed to work the best from for our organization only because we're able to get face to face and they can connect the services with a face.

	<ul style="list-style-type: none"> We're going to the black churches, and we're going to the Barber shops. We're going to the DFCS, and we're going to the Sheriff's Office. We're going to the reentry recovery café, and we're going to the Board of Education. That's what has been most beneficial for us, especially Black Kitchen cabinet or other organizations that cater to the population of focus those roots does. <p>3. Rondale Holloway:</p> <ul style="list-style-type: none"> Called Anthem several times. I record phone calls because I'm legally allowed to. I asked for my designated record set, and no one there knew what that was. I find it very concerning and that's why I called myself concerned citizen. I'm very concerned that no one knows at the entire organization how to give me my records. A complaint has been filed with the Department of Managed Healthcare. They even tried to play with me regarding the time frame that you must respond. I went there with my body camera on and then the next thing I know they changed their tune. I'm still waiting for my designated record set till this day. I will definitely make sure that everyone knows about their rights to get their designated record set as well.
Closing Remarks & Adjournment	<p>Quarter 3 CAC Meeting will be conducted on September 10, 2024 @ 2:00 pm</p>

www.anthem.com/ca/medi-cal

Anthem Blue Cross is the trade name for Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

<p>We can translate this at no cost. Call the customer service number on your member ID card.</p>	<p><i>English</i></p>
<p>Podemos traducir esto gratuitamente. Llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación (ID Card).</p>	<p><i>Spanish</i></p>
<p>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。</p>	<p><i>Chinese</i></p>
<p>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.</p>	<p><i>Hmong</i></p>
<p>Мы можем перевести это бесплатно. Позвоните в отдел обслуживания участников плана по номеру, указанному в вашей карточке участника плана (ID Card).</p>	<p><i>Russian</i></p>
<p>Maaari namin itong isalin-wika nang walang bayad. Paki tawagan ang numero ng customer service sa inyong ID card na pang miyembro.</p>	<p><i>Tagalog</i></p>
<p>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.</p>	<p><i>Vietnamese</i></p>