



**Santa Clara County
Community Advisory Committee Meeting
Q3 2024 Agenda**

DATE:	Tuesday, September 10, 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 Timely Access to Care
	Alana Pfeffinger, RPM
	Maryiat Yeranosyan
	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
	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	

	<p>Emma Mendez, Public Health Nurse Manager II, California Children's Services</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>Elizabeth Alavarez, Healthy Kids SF</p> <p>Samantha Lopez, SCC HHS</p> <p>Leatrice Nguyen, Conifer Health</p> <p>Veronica Marquez, SCC HHS</p> <p>Grace Meregillano, SCC DPH</p> <p>Kioni Williams, Roots Community Clinic</p> <p>Grace Abidog, SCC DPH</p> <p>Joe Tansek, SCC BH</p> <p>Jaime Flores, SCC DPH</p> <p>Cecilia Taison,</p> <p>Bela Ferreira, Portuguese Center</p> <p>Palencia Dionisio,</p>
<p>Anthem Updates</p>	<p>Anthem Health Plan Updates:</p> <p>David Lavine: Timely Access Presentation</p> <ul style="list-style-type: none"> • survey is from mid-July to mid-November. Started July 10th this year, we are trying to complete our survey before the holidays. • 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 PCP's, 96 hours for specialists this year. • Urgent appointment waiting times will include weekends on holidays. • The routine appointment standards have not changed. • It is ten business days for a primary care appointment and fifteen business days for a specialty care appointment. • then there is a new metric that started last year, that is ten 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 and connecting a caller with a medical provider within 30 minutes for an urgent medical condition. • We provide incentives for compliance. • We recently implemented the medical value payment program, or MVP or provider groups can earn a monetary award in two domains, HEDIS and improvement activities. • Providers can earn a per capita award if they meet or exceed the 50th percentile for specific HEDIS measures, such as timely access to care or if they complete anthem designated improvement activities. An example would be achieving 85% compliance on the posts for urgent care appointments. • Groups can be paid up to \$1.50 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 at Test stations indicating they're taking the steps to meet timely access requirements. • Provider groups with less than a 70% compliance rate for urgent or non-urgent appointments receive a cap. • what can you do to help me timely access requirements? Well, for one, you can post the timely access flyer in or have providers post the timely access flyer and their front office. • Train your front office scheduling staff in timely access. • Many times, providers will be aware of the timely access standards, but they're schedulers are not, and since they're the ones who do the scheduling, that's a problem. • Have a policy and procedure in place to leave appointments available for last minute, urgent or sick appointments.

- Our urgent appointment rate of compliance is a problem area.
- This year, many providers don't know that they can use telehealth appointments for timely access because telehealth is more convenient.
- utilizing telehealth can make the difference.
- And finally, make sure you update Anthem immediately with any demographic changes, such as change in phone number, email.
- A big problem for us is our low response rates and having the correct contact information will make a big difference.
- this is how we're doing in Santa Clara County in the past.
- It looks like you got a 59% compliance rate, so that's far below the 70% standard that DMHC is looking for.
- non urgent is below the 70%, but it's doing OK at 63%, 64% it was really bringing down your score or the urgent care compliance.
- It looks like your specialist scores and your psychiatry scores are really bringing down your total score.
- Looks like ancillary services NPMH primary care is OK
- it's still below the standard, but 68% is not bad.
- It's really your PSYCHIATRIC and your specialists that are bringing down the score, and I can even drill it down a little bit farther.
- it looks like substance use disorder is low.
- PSYCHIATRY is at 46% for overall.
- urgent care is only 36%
- specialty scores are low.
- Pediatrics, like cardiology, is at 0 % pediatric, ophthalmology is at 0% Psychiatry's at 46%.
- Pulmonology is at 43%, gastroenterologists at 32%, and cardiovascular disease is at 33%.
- So those are just some of the problem areas, but really, it's specialists across the board.
- It looks like all your specialists besides interventional cardiology and pediatric urology are struggling.

Maryiat Yeranosyian

- we recently did a provider manual update that went live 7/15/2024
- This document has all the updates that went into our last provider manual update.
- It's broken down into section, subsection, and then a brief explanation of the change that went into that sub section and or subdivision.
- we updated our Member ID cards about a year ago.
- Anthem changed their logo or updated their logo, so this is just reflecting the new logo is now in the provider manual that for Los Angeles members and non-Los Angeles members.
- we made a new subsection called Children's Benefit, which brings all the different types of benefits that are set for children.
- Previously it was scattered throughout the manual. Now it's just going to be in one spot.
- It covers CCS, medical for teens and kids and teens, and then childhood lead exposure.
- And we're going to continue adding to it as time goes on.
- Telehealth, we added a new language to reflect APL 23007 for providers.
- they are required to offer in person care or arrange a referral for in person care if the member does not want to proceed with a telehealth visit or the provider does not see this issue can be addressed through telehealth.
- They must arrange a way for the member to see, to get in person, care, transportation.

- We wanted to add more language members should schedule ride services at least five days in advance, 10 days for long distance. But there's always exceptions that apply like dialysis, chemotherapy, radiation therapy, urgent care, wound care or facility.
- This charger and all transportation is done through modivcare.
- We added a subdivision on ICFDD to reflect APL 2323
- we added a new subsection on Street Medicine to reflect APL 24001
- we also added one other last one I want to review is Assembly Bill 1740.
- This was a comment that came up in one of the CAC meetings where one of the people that Join had requested this language to get added.
- This new assembly bill came out and they think this language should also get added in the provider manual.
- Every single request that's made by people or from organizations we do review it and we did review this one and we concluded that it should get added.
- We added language for providers to post a human trafficking notice in their office.
- I sent the link now to the provider manual so you guys can go ahead and review.

Alana Pfeffinger, RPM

- I just want to give folks a quick update the new opportunity that we currently are live with enhanced care management for those that have transitioned from a carceral or Correctional Facility within the past 12 months.
- we're currently servicing those members, but starting 10/1, there's a new set of services 90 days prior to release that will now be available to individuals transitioning from the correctional setting into the community and the promise of making sure that those individuals are really set up for success.
- we will be supporting communications between the jail settings as well as correctional settings and our enhanced care management providers.
- make sure that they can receive those individuals and work comprehensively together on a plan for transitioning back into the community.
- those individuals are really supported and there's other services that the county will be providing to individuals prior to release.
- that is happening on 10/1 go live date in preparation for those efforts as I encourage many folks on this call to attend
- we had an in person path CPI meeting which included representation from the county the reentry services and also pretrial as well as juvenile pervade pretrial as well as juvenile probation.
- the landscape in Sanford and in Santa Clara as a release to the correctional facilities and demographics of individuals that are in there really to help inform care coordination efforts and to simply start to create some of those linkages between our ECM providers and some of the individuals that may also be providing supportive services upon reentry.
- we are also supporting our lead care managers with an upcoming training on October 1st that will be led by the Transitions Clinic network to make sure care managers feel comfortable in working with these members transitioning from the correctional facilities, and make sure that they feel comfortable and understanding how to best work with them to understand the resources that are available.

- Kalil has provided information about different ways to make referrals to enhanced care management and community supports.
- I wanted to highlight to community supports that we're seeing a little bit of underutilization right now in Santa Clara County, one is around the asthma remediation services.
- for those that are not aware, remediation is physical modifications to the home environment that are necessary to ensure the health, welfare and safety of the Member to ensure they can stay in the home while we're deciding their asthma acute episodes.
- And those are modifications eligible up to \$7500, lifetime cap.
- as well as medically tailored meals is another one that we've seen lower utilization. this can be meals, these can be groceries, these can also be vouchers that are available to individuals and not necessary.
- Is not to meet food insecurity issues, but rather to support those individuals, whether they're exiting from their discharging from a hospital, or they have chronic care management needs
- there's upwards of 12 weeks of authorization, or 12 weeks of meals or groceries that are available for those individuals.

MOU Engagement:

- Health Plans are actively working with other entities to execute MOU including:
 - Regional Center - separately
 - County Welfare
 - WIC
 - County Behavioral Health
 - In-Home Supportive Services (IHSS)
- For some entities, MCPs are meeting together and other entities, MCPs are meeting separately.
- All executed MOUs will be posted on MCPs website
- DHCS is currently working on First 5 MOU.
- MHP/DMC_ODS MOU: in discussion and engagement with County.
- DHCS MOU Webpage - <https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx>

Timely Access: David Lavine –

Provider Manual: Maryiat Yeranosyan –

Justice Involved Go-Live: Alana Pfeffinger –

CAC Policies & Procedures:

Adult Expansion:

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 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 :

Conducting regular meetings to discuss our Goals, Deliverables, Time Frames, Measurables, Budget, Funding Proposals, etc.

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. **Confirmed 1/30/24**

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**

Latino Health Assessment:

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

MCAH Needs Assessment:

CalAIM:

Anthem is continuing to implement CalAIM in San Francisco County with regular meetings occurring with key organizations.

1. [CalAIM Overview](#)
1. [Community Health Workers \(ca.gov\)](#)
2. [ECM Overview](#)

3. [CS Overview](#)

Community Health Worker:

[California Advancing and Innovating Medi-Cal \(CalAIM\) | Anthem Blue Cross](#)



CABC-CD-015396-22 Community Health Worker Overview_FINAL.pdf



CABC-CD-014756-22 EXPRESS CHW Certification Tool_FINAL.pdf



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



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



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

Community Supports:

[California Advancing and Innovating Medi-Cal \(CalAIM\) | Anthem Blue Cross](#)



CA_CalAIMCSmemberreferralform.pdf



CABC-CD-049197-24 CalAIM CS Flyer_FINAL 1.pdf



ENGLISH CalAIM CS One-Pager_FINAL.pdf



CA_CalAIMILOSFlier.pdf

Enhanced Care Management:

[California Advancing and Innovating Medi-Cal \(CalAIM\) | Anthem Blue Cross](#)

[Care Management | California Medicaid Anthem](#)



CA_CAID_ECMPProviderDirectory.pdf



CalAIM ECM Referral Form_FINAL_Fillable.pdf



CalAIM-ECM Referral Form with Checklist_CABC-CD-047080-23 _V3_fillable.pdf



CABC-CD-049193-24 EXPRESS CalAIM ECM Flier_FINAL (1) 2.pdf



CABC-CD-053882-24 EXPRESS Hlthy Rwrds Prg Flier_FINAL.pdf

LiveHealth Online:

Kalil: Live Health Online can be used by everyone. Encourage our members to use this platform. Will continue to talk about it until our utilization increases.

[Urgent Care - See a Doctor 24/7 - LiveHealth Online](#)



Live Health Online Flyer FINALv6.pdf



LHO User Instructions Flier.pdf



LHO Overview FINAL.pdf



LHO SP.pdf

Transportation/ModivCare Services:

[Non-emergency medical transportation — provider certification statements - Provider News \(anthem.com\)](#)



Transportation BR FINAL 12 21 (2).pdf



Transportation BR Flier Spanish HR 12 21.pdf

Healthy Rewards Program:

[Value-Added Benefits | California Medicaid Anthem](#)

Through our Healthy Rewards Program, members can earn \$10 to \$80 for getting certain health services. At the same time, you increase your practice's quality scores by providing members with the vaccinations, screening visits, and medications they need. When an Anthem member meets the eligibility criteria for the activities listed below and completes the service, they will earn the corresponding reward amount after the service is confirmed by the Claims department. The reward dollars are loaded into the member's Healthy Rewards account and can be redeemed for a variety of retail gift cards. Please ensure you file your claims timely so the members can receive their awards.



12292504 1057170CAMENABC Healthy Rewards BR MKT 02 24.pdf



CA_CAID_PU_HealthyRewardsProgram.pdf

Provider Flier only.

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 \(socialpresskit.com\)](#)

**Provider Relations -
Community Relations -
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:



- [Case Management referral form](#)
- [Pre-Service Review form](#)

Updated Case Management Form



ACAPEC-2687-21 CA
Medi-Cal Care Mgm

Updated Preservice Review Form

	 <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>Q3 2024 Anthem Blue Cross _ Santa Clara CAC _Reports_9.10.2024.pdf</p>
<p>Attendee Comments / Updates</p>	<p>1.</p>
<p>Closing Remarks & Adjournment</p>	<p>Quarter 3 CAC Meeting will be conducted on December , 2024 @ 2:00 pm</p>



www.anthem.com/ca/medi-cal

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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