



**Sacramento County
Community Advisory Committee Meeting
Q4 2024 Agenda**

DATE:	Friday, December 13, 2024
TIME:	1:00 PM – 2:00 PM
LOCATION:	Virtual via MicroSoft Teams

SUBJECT	NOTES
Welcome and Introductions	<p>Anthem Team: Maryiat Yeranosyan, Strategy and Project Support</p> <p>Linh Casas, Whole Health Director Medicaid</p> <p>Samantha Slaughter, Sac County PH</p> <p>Rondale Holloway. SCDD</p> <p>Michael Amenyro, Sac County PH</p> <p>Kelli Weaver, Sac County PH</p> <p>Brenna, Be Mom Aware</p>
Anthem Updates	<p>Anthem Health Plan Updates:</p> <p>MOU Engagement:</p> <ul style="list-style-type: none">• Health Plans are actively working with other entities to execute MOU including:<ul style="list-style-type: none">○ 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 recently released First 5 MOU.• MHP/DMC_ODS MOU:• DHCS MOU Webpage - https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx <p>PNA/CHA/CHIP Update: Linh Casas –</p> <p>- **Introduction and Goals**:</p> <ul style="list-style-type: none">- Introduction to the modified Population Needs Assessment (PNA) requirement.- Explanation of Anthem's involvement in Sacramento County's CHA/CHIP process.- Seeking feedback on supporting the county and developing Anthem's own strategies related to the CHA/CHIP.

- **Population Needs Assessment (PNA)**:
 - Requirement under the Population Health Management (PHM) strategy within CalAIM.
 - Previously, Anthem conducted a PNA to identify health outcomes, education, cultural linguistic needs, and gaps in services.
 - As of January 1, 2023, Anthem follows state regulators' modified PNA guidance.
- **Current Approach**:
 - Anthem fulfills PNA requirements by participating in the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) conducted by the local health department.
 - Goal: Strengthen engagement and collaboration with the county and community stakeholders.
- **Impact and Accreditation**:
 - Aim to create interventions with a profound impact on members' lives.
 - Maintain NCQA and HealthEquity accreditation by 2026.
 - Report progress of county collaboration in the annual PHM strategy deliverable to DHCS.
- **Community Health Assessment (CHA)**:
 - Identifies key health needs/issues through interviews, surveys, data collection, and analysis.
 - Data shared with the public, stakeholders, and policymakers to develop programs, set policies, and allocate resources.
- **Community Health Improvement Plan (CHIP)**:
 - Developed based on CHA findings to meet community needs.
 - Engages the community to share experiences and perspectives on priority health issues.
 - Provides a framework for how community partners work together to address health-related issues.
- **CHA and CHIP Overview**:
 - CHA: The assessment phase where key health needs and issues are identified.
 - CHIP: The outcome phase where activities are planned to address assessment findings.
 - Easy way to remember: CHA is the assessment, CHIP is the outcome and planned activities.
- **Cycle Alignment**:
 - 2024-2027: Each county's CHA/CHIP will remain on different cycles.
 - Starting in 2028: All counties will align on a three-year cycle.
 - CHA completed by December 2028.
 - CHIP completed by June 30, 2029.
 - Alignment helps counties and managed care plans manage CHA/CHIP processes more effectively and allows for better state technical support.
 - Anthem's participation in the CHA/CHIP process led by local health departments in 16 contracted counties.

- Examples of participation:
 - Governance meetings, steering meetings, and workgroups.
 - Providing and sharing data.
- **Data Sharing**:
 - Local health departments benefit from Anthem's data (claims utilization, encounter data, HEDIS data, quality data).
 - Anthem benefits from CHA/CHIP data (demographics, SDOH data like income, housing, homelessness, education, public safety, transportation, physical environment).
 - Collaborative effort to identify priority areas and agree on data sharing format, content, and frequency.
- **Resource Contribution**:
 - Anthem required to contribute resources (funding and in-kind staffing).
 - Support for local health department's CHA/CHIP starting on or before January 1, 2025.
- **Funding Activities**:
 - Possible funding areas: administrative support, project support, data infrastructure, community engagement incentives.
 - Aim: Enable local health departments to gather robust community information.
- **Collaborative Contributions**:
 - Anthem collaborates with other managed care plans to ensure contributions are proportional to the Medi-Cal members served in the county.
 - Unified planning process to develop a shared SMART goal aligned with DHCS's goals.
- **Shared Goals**:
 - Co-develop a shared goal with local health departments and managed care plans.
 - Align with DHCS's 50 by 2025 initiative launched in 2022, targeting:
 - Children preventive care
 - Behavioral health integration
 - Maternity care
 - Goals must be SMART: Specific, Measurable, Achievable, Realistic, Time-bound.
 - Objectives to start by or before January 1, 2024, and be achievable within 1-2 years.
- **Project Support and Alignment**:
 - Support should be for projects already happening or starting soon to ensure feasibility within the 1-2-year timeframe.
 - No strict requirement for the county's CHA/CHIP to align with DHCS goals, but shared projects can support broader focus areas like maternal and child health disparities, mental health, and substance use disorder.
- **Implications for County Advisory Members**:

- County advisory members play a crucial role in the collaborative efforts.
- Involvement in supporting and working towards the shared goals and broader health initiatives.
- **County Partner Involvement**:
 - Invite county partners to calls to share information and progress on their CHA/CHIP.
 - Encourage participation in focus groups, county-led work groups, and committees.
- **Community Input**:
 - Advisory members to provide input on community health priorities through attendance and completing surveys.
 - Represent the voices of Sacramento County in these discussions.
 - Regularly attend Community Advisory Committees (CACs) for updates on CHA/CHIP progress.
 - Provide feedback on CHIP strategies and opportunities for Anthem's support.
- **Utilizing Findings**:
 - Encourage input on how findings from CHA/CHIP can influence Anthem's strategies.
 - Focus on bold goals related to health, wellness, health equity, health education, and cultural linguistic needs.
- **Community-Centric Approach**:
 - Ensure community input is heard to provide member and community-centric interventions and support.
 - Anthem collaborates with Health Net, Kaiser, and Molina to support Sacramento County.
 - County completed their CHA in 2023 and published their CHIP early this year.
 - Top three priority areas identified: housing insecurity, food access, and mental health.
- **Shared Goals**:
 - Increase the number of members receiving housing services by 5%.
 - Improve follow-up with adult mental health ER visits by 5%.
 - Enhance pediatric screenings by 5%, with a focus on Census Tract 44.01 and ZIP code 95820.
- **Objectives and Timeline**:
 - By December 2024: Managed care plans to participate in quarterly homeless sub-workgroups to understand community resource gaps.
 - By April 2025: Define activities to increase the utilization of housing and homelessness services by 5%.
 - By September 2025: Implement activities recommended by the Sacramento Chip Coalition sub-workgroup.
- **Progress and Collaboration**:
 - Progress so far limited to collaborative meetings and discussions around CHIP coalition and alignment of SMART goals.
 - Engagement started in the housing security sub-workgroup in Sacramento County.

- Further updates and goals will be shared as they develop.
- ****Alignment with DHCS Bold Goals****:
 - Exceed the 50th percentile in children preventive care measures.
 - Improve follow-up for mental health and substance use disorders by 50%.
- ****Data Sharing****:
 - Data provided to Sacramento County based on their needs.
 - Potential data sharing areas include:
 - Enhanced Care Management (ECM) data.
 - Housing and homelessness service data.
 - ER visit data.
 - Follow-up after SUD and mental health disorder data (HEDIS).
 - Children immunization data and well-child visit data.
- ****Data Selection****:
 - Providing deidentified data based on the county's needs to support their CHA/CHIP efforts.
 - County has not yet requested specific data.
 - Ongoing discussions have mentioned potential data needs such as:
 - Enhanced Care Management (ECM) data
 - Housing and homelessness service data
 - ER visit data
 - Follow-up after SUD and mental health disorder data (HEDIS)
 - Children immunization data and well-child visit data
- ****Funding****:
 - Sacramento County requested \$800,000 across four managed care plans to support CHIP efforts.
 - Anthem approved \$332,550 based on county membership to support local health department CHIP activities.
- ****Funding Utilization****:
 - Establish an eviction dashboard.
 - Hire a planner for CHA and CHIP.
 - Employ an epidemiologist for data collection.
 - Develop a food action plan.
 - Conduct grants and policy acceleration.
- ****Updates and Accountability****:
 - Anthem requested regular updates on the usage of the provided funding from the county.

- More information on how the county uses the funding to follow.
 - **Active Participation**:
 - Anthem's involvement in various committees and workgroups at the county's request.
 - Monthly MCP and LHD collaboration meetings to discuss goals and provide support.
 - Participation in CHIP coalition and subcommittee meetings focused on food systems, housing, mental health, and data evaluation.
 - **Summary**:
 - Collaboration with the county includes significant efforts across multiple areas to support the CHA/CHIP initiatives.
 - Active engagement in discussions and planning to align with county goals and improve community health outcomes.
- Brenna: (Question)
- **Pediatric Goal**:
 - Aim to improve pediatric screenings by 5%?
 - Seeking clarification on the specific type of pediatric screening.
 - Inquiry about where the pediatric screenings are taking place.
- Linh:
- **Pediatric Goal Specifics**:
 - Screening aspect not clearly defined yet.
 - Likely related to well child visits typically conducted in primary care offices.
 - **Three Aspects of the Goal**:
 1. Increase the number of members receiving housing services by 5%.
 2. Improve follow-up after adult mental health ER visits by 5%.
 3. Increase pediatric screenings by 5%.
- Provider Manual:** Maryiat Yeranosyan –
- **Provider Manual Overview**: For Providers only. Medi-Cal only, not for commercial line of business.
 - Comprehensive guide for contracted providers in California.
 - Covers eligibility, benefits, medical appointment standards, pharmacy services, claim submissions, behavioral health services, and community health programs.
 - Details required procedures, emergency protocols, and available resources.
 - **Recent Update**:
 - Latest update went live on 11/15/2024, less than a month ago.
 - Quick and small update primarily requested by legal.

- Third and final update for 2024, preceded by updates on 1/11/2024 and 7/15/2024.
- **Update Details**:
 - Document includes all subsections and brief descriptions of changes.
- **General Benefits**:
 - Added language to section 4.1 about Mr. MIP ending on 12/31/2024.
 - Included 25 footnotes about Mr. MIP.
- **Preventive Health Care**:
 - Expanded language on immunization to comply with APL 24/8.
- **New Subsections**:
 - Added on topics: EVV (Electronic Visit Verification), APM (Alternative Payment Methodology), and IRO (Independent Review Organization).
- **New Section**:
 - TRI (Targeted Rate Increase).
- **Compliance and Regulatory Requirements**:
 - Two new subdivisions: Disease Surveillance and DXF (California Health and Human Services Data Exchange Framework).
- **Future Updates**:
 - Plan for two updates per year moving forward.
 - Next update anticipated mid-2025.
- **Feedback and Access**:
 - Link to the manual shared in the chat.
 - Open to feedback and suggestions for future changes.
 - There is also a member handbook.

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. DHCS has informed MCPs that reporting on adult-expansion activities is no longer mandatory.



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

**Cal-AIM:
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_CalAIMILOSlier.pdf

Enhanced Care Management:

When providers are fully contracted they are posted on our website under “Find Care.” [Find Care & Estimate Costs for Doctors Near You | Anthem.com](#) Type ECM Field-Based in the search bar. That is the most real time update as required by DHCS.

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

[Care Management | California Medicaid Anthem](#)

ECM Referral Form Updates:

- ECM referral forms (for both adults and children & youth) will be revised and become available in Jan 2025 to include [standardized referral language as set by the DHCS](#). You may continue using the current ECM referral forms until Jan 2025.



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

Benefits, Programs, and Services:

[Medi-Cal Plan Benefits and Programs | California Medicaid Anthem](#)

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 1057170CAMSPABC Healthy Rewards BR MKT 02 24.pdf



12292504 1057170CAMENABC Healthy Rewards BR MKT 02 24.pdf



CA_CAID_PU_HealthyRewardsProgram.pdf




Provider Flier only.

**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

	 <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>Q4 2024 Anthem Blue Cross _ Sacramento CAC _Reports_12.13.2024.pdf</p>
<p>Attendee Comments / Updates</p>	<p>Rondale Holloway:</p> <ul style="list-style-type: none"> - **Commendation**: - I would like to commend you guys for creating putting your CC meetings finally on your website. - Contacted Janet to commend the team for updating the website. - Noticed constant improvements on the site. - **Appreciation**: - Expressed gratitude and satisfaction for achieving one of the set goals. - Highlighted the importance of making the information available online. - Acknowledged the team's efforts and success in this area. <p>Brenna:</p> <ul style="list-style-type: none"> - **Live Health Online Feedback**: - Members had trouble rebooking with the same provider in a timely manner for mental health services. - **Inquiry**: - Seeking clarification on whether this issue has been addressed by Anthem Blue Cross. - Questioning if Anthem is aware of this issue impacting consumers. - **Behavioral Health Feedback**: - Initial visits were scheduled successfully, but rebooking with the same clinician often faced three-week plus waits. - Clinicians reported to consumers that they did not have control over their schedules, impacting timely follow-up care. - **Inquiry**: - Questioning whether this issue has been resolved since the new law in early 2024. - Noting that no recent complaints have been heard, but in 2023, many referrals were unhappy due to th issue. - **Same-Day Trip Accessibility**: - Never experienced success in arranging same-day trips for patients over seven years. - Interested in understanding how some people are getting same-day trips through Motor Care.

- Seeks information on achieving same-day trip success as it would be useful.

Maryiat:

- **Same-Day Trip Policy**:

- No advance notice required for members with urgent appointments related to:

- Dialysis
- Chemotherapy
- Radiation therapy
- Urgent care
- Wound care
- Facility discharges

- These are the situations where same-day trips are facilitated.

- **Advance Notice Recommendations**:

- 5 days' notice recommended for standard trips.
- 10 days' notice recommended for long-distance trips.

- **Additional Uses for Transportation Services**:

- Dialysis: Highest usage.
- Substance abuse treatment.
- Doctor visits.
- Mental health appointments.
- Physical therapy (PT) visits.
- Occupational therapy (OT) visits.
- Adult day care.
- Specialist visits.
- Dental appointments.
- Chemotherapy and radiation therapy.
- Radiology appointments.
- Facility discharges.
- Food insecurities: Transportation to pick up food.

- **Internal Training**:

- Information sourced from a recent internal "Lunch and Learn" presentation for California Medicaid.

- **Key Ride Services**:

- Rides available for:
 - Urgent care appointments.
 - Dialysis.
 - Chemotherapy.
 - Radiation therapy.

- **Membership Ride Schedule**:

- Exceptions for urgent care, dialysis, chemotherapy, radiation, and similar services.

Samantha:

- **Request for Simplified Resource Document**:

- Sacramento has multiple managed care plans with similar resources.
- WIC staff often help connect participants to their managed healthcare plans.
- Participants might have one of any four managed healthcare plans in Sacramento County.

- **Suggested Document Format**:

	<ul style="list-style-type: none"> - A one or two-page document. - Include a chart with benefits, corresponding websites, and QR codes for easy access to the websites. - Aimed at allowing WIC staff to quickly reference and provide information during short appointments. - **Usage Scenario**: <ul style="list-style-type: none"> - WIC staff can quickly identify the participant's health plan (e.g., Anthem). - Provide the phone number for transportation or text the relevant link. - **Current Materials Evaluation**: <ul style="list-style-type: none"> - Existing handouts for each benefit are comprehensive but cumbersome to track. - A one-pager would facilitate quicker reference and support for clients. - **Benefits of the Proposed Document**: <ul style="list-style-type: none"> - Helps WIC staff more efficiently refer participants to health plan benefits. - Addresses barriers to accessing services, like transportation issues. - Facilitates smoother connections between clients and their health plan benefits, reducing the burden on participants to navigate multiple resources.
Closing Remarks & Adjournment	<p>Quarter 1 CAC Meeting will be conducted on March , 2025 @ 1:00 pm – 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