



**San Francisco County  
Community Advisory Committee Meeting  
Q2 2024 Agenda**

<b>DATE:</b>	Friday, November 15, 2024
<b>TIME:</b>	1:00 PM – 2:00 PM
<b>LOCATION:</b>	Virtual via MicroSoft Teams

SUBJECT	NOTES
<p><b>Welcome and Introductions</b></p>	<p>Kalil Macklin: Program Manager            Rodolfo Garcia: Community Outreach Manager            Rachel Gandt: Community Relations Rep            Alana Pfeffinger: Regional Program Manager Cal-AIM            Patricia Lacanfora: BH Case Manager            Maryiat Yeranossyan: Medicaid Strategy and Support Team            Jessica Soriano: Mgr II Medical Mgmt CA Medicaid HCMS UM            Gustavo Ochoa: Program Manager Timely Access            Linh Casas: Whole Health Dir (US) CA Medicaid Executive</p> <p>Alexis Cobbins: DEI Belonging and Accessibility Manager SFHSA            Wilma Batiste: UCSF Helen Diller Family Comprehensive Cancer Center. Abundant life Faith in health community ministries network            Terri Thomas: Revenue Cycle Manager HealthRight 360</p>
<p><b>Anthem Updates</b></p>	<p><b>Anthem Health Plan Updates:</b></p> <p><b>Linh Casa:</b>            PNA Update</p> <ul style="list-style-type: none"> <li>- Introduction and Purpose</li> <li>- Whole Health Director at Anthem</li> <li>- Introducing modified Population Needs Assessment (PNA) requirement</li> <li>- Update on Anthem's involvement with San Francisco County CHIP process</li> <li>- Seeking feedback on supporting the county and developing Anthem's strategies</li> </ul> <ul style="list-style-type: none"> <li>- Population Needs Assessment (PNA)</li> <li>- Embedded within Population Health Management (PHM) strategy</li> <li>- Identifies priority needs and health disparities in local communities and members</li> <li>- Previously focused on health outcomes, health education, cultural and linguistic needs, and addressing service gaps</li> <li>- As of January 1, 2023, following new state guidelines, not completing traditional PNA</li> </ul> <ul style="list-style-type: none"> <li>- New PNA Process</li> <li>- Anthem to engage in Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) by local health departments</li> <li>- Goal: Strengthen engagement and collaboration with county and community stakeholders</li> </ul> <ul style="list-style-type: none"> <li>- Objectives</li> <li>- Create less siloed approach</li> <li>- Develop impactful interventions</li> <li>- Report progress of county collaboration in annual PHM strategy to the state</li> </ul>

	<ul style="list-style-type: none"> <li>- CHA and CHIP <ul style="list-style-type: none"> <li>- CHA identifies and evaluates community health needs and issues</li> <li>- Data shared with public, stakeholders, and policymakers to develop programs, set policies, and allocate resources</li> <li>- CHIP developed and implemented to meet community needs</li> </ul> </li>   <li>- Anthem's Accreditation <ul style="list-style-type: none"> <li>- Must obtain and maintain NCQA accreditation and Health Equity accreditation by 2026</li> <li>- Report collaboration progress annually to inform state about advancements</li> </ul> </li> <li>- Importance of CHA and CHIP <ul style="list-style-type: none"> <li>- CHA involves community engagement to share experiences and perspectives on priority health issues</li> <li>- CHA provides a framework for community partners to address health-related issues collaboratively</li> <li>- CHA (assessment) leads to CHIP (output and activities to address findings)</li> </ul> </li>   <li>- Timeline and Cycles <ul style="list-style-type: none"> <li>- 2024-2027: Each county's CHA will be on different cycles</li> <li>- Managed care plans (MCPs) required to work with local health departments within their respective cycles</li> <li>- Starting 2028: All counties to be on the same three-year cycle <ul style="list-style-type: none"> <li>- CHA completed by December 2028</li> <li>- CHIP completed by June 30, 2029</li> </ul> </li> <li>- Aligned timelines will improve management and state support for CHA and CHIP processes</li> </ul> </li>   <li>- Anthem's Participation <ul style="list-style-type: none"> <li>- Meaningful collaboration with CHAs and CHIPs in 16 counties where Anthem has contracts</li> <li>- Supporting local health departments in various roles: <ul style="list-style-type: none"> <li>- Participating in governance meetings, steering committees, and workgroups</li> <li>- Sharing and analyzing data to create a holistic picture of community health</li> </ul> </li> </ul> </li>   <li>- Data Collaboration <ul style="list-style-type: none"> <li>- Managed care plans (MCPs) and local health departments share beneficial data: <ul style="list-style-type: none"> <li>- MCP data: Claims, utilization, encounters, quality metrics, demographics, HEDIS data</li> <li>- County data: Social determinants of health (income, housing, homelessness), education, social, environmental, and physical data</li> </ul> </li> <li>- Identify priority areas for data sharing and agree on format, content, and frequency for monitoring</li> </ul> </li>   <li>- Resource Contribution <ul style="list-style-type: none"> <li>- MCPs required to contribute resources to support county CHAs/CHIPs <ul style="list-style-type: none"> <li>- Funding and in-kind staffing</li> <li>- Effective from January 1, 2025</li> </ul> </li> </ul> </li> <li>- Activities for Local Health Departments <ul style="list-style-type: none"> <li>- Administrative support</li> <li>- Project support</li> <li>- Data infrastructure</li> <li>- Incentives for community engagement</li> <li>- Gather robust community information</li> </ul> </li>   <li>- Funding and Staffing <ul style="list-style-type: none"> <li>- Collaborating with local health departments to determine appropriate staffing and funding</li> <li>- Contributions proportional to the number of Medicaid members served in each county</li> </ul> </li>   <li>- Collaborative Planning <ul style="list-style-type: none"> <li>- Anthem collaborates with other health plans and local health departments</li> <li>- Unified planning process to develop shared SMART goals</li> <li>- Align with DHCS's bold goals</li> <li>- Provide progress updates in managed care plan annual DHCS deliverable and collaboration workshops</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"><li>- SMART Goals<ul style="list-style-type: none"><li>- Specific, Measurable, Achievable, Realistic, Time-bound objectives</li><li>- Start date by January 2024 and achievable within 1-2 years</li><li>- Align with DHCS's bold goals and support local health department projects</li></ul></li><li>- Community Advisory Members (CAC)<ul style="list-style-type: none"><li>- Engage with county local health departments on CHA/CHIP</li><li>- Participate in focus groups, work groups, committees, and surveys</li><li>- Provide input on community health priorities</li></ul></li><li>- Involvement in CAC<ul style="list-style-type: none"><li>- Attend CAC meetings for updates on county CHA/CHIP progress</li><li>- Provide feedback on CHIP strategies and opportunities for Anthem support</li><li>- Influence Anthem's strategies and workstreams through input and advice</li></ul></li><li>- Anthem Collaboration with San Francisco County<ul style="list-style-type: none"><li>- An overview of partnership with San Francisco Health Plan and Kaiser</li><li>- Support for San Francisco County initiatives</li></ul></li><li>- Objectives<ul style="list-style-type: none"><li>- Ensure member and community-centric interventions</li><li>- Utilize community input for effective health strategies</li><li>- Emphasize Wellness, Prevention, Health Equity, Health Education, and other identified needs</li></ul></li><li>- San Francisco County CHA/CHIP Timeline<ul style="list-style-type: none"><li>- Published CHA in 2019</li><li>- Finalizing 2024 CHA by end of this year</li><li>- CHIP development begins in 2025, covering 2025-2028</li></ul></li><li>- Priority Areas from 2019 CHA<ul style="list-style-type: none"><li>- Access to care</li><li>- Healthy eating and physical activity</li><li>- Behavioral health</li></ul></li><li>- Shared Goal with San Francisco County<ul style="list-style-type: none"><li>- Improve percentage of children (0-30 months) receiving well-child visits</li><li>- Meet or exceed DHCS's minimum performance level benchmark</li><li>- Reduce disparities for Black, African American, and Latino children by 20%</li><li>- Aligns with DHCS's goal to close racial and ethnic disparities in well-child visits and immunizations</li></ul></li><li>- Current Progress<ul style="list-style-type: none"><li>- Limited to collaborative meetings and discussions</li><li>- Establish agreed-upon shared goal and SMART objective</li><li>- Next phase: Begin progressing towards shared goal and milestone outcomes</li></ul></li><li>- Leveraging Home Visitation Program<ul style="list-style-type: none"><li>- Educate on importance of well-child visits, immunizations</li><li>- Assess potential gaps and address through Anthem and county partnership</li></ul></li><li>- Data Analysis<ul style="list-style-type: none"><li>- Working with San Francisco County on data requests for baseline data (2021-2023)</li><li>- Focus on HEDIS measures (diabetes control, high blood pressure, weight assessment, ER visit follow-up, mental health, depression screening and follow-up)</li><li>- Identify disparities and develop strategies</li><li>- County gains insights for CHA and CHIP activity development</li></ul></li><li>- Funding Contributions<ul style="list-style-type: none"><li>- San Francisco County requested total contribution of \$61,750 across three managed care plans</li></ul></li></ul>
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	<ul style="list-style-type: none"><li>- Anthem contributed \$8,645 based on county membership</li><li>- Funds used for graphic designer, focus groups, community meetings, and food for key meetings</li> <li>- Anthem Participation<ul style="list-style-type: none"><li>- Biweekly health plan and county collaboration meetings</li><li>- Attending focus groups to gain insights from community members</li></ul></li> <li>- Anthem Overview for Support<ul style="list-style-type: none"><li>- Ensure community-centric interventions</li><li>- Utilize community input for developing health strategies</li><li>- Emphasize wellness, prevention, health equity, and education</li></ul></li><li>- Request for Feedback<ul style="list-style-type: none"><li>- Seeking input on how Anthem can further support the county's CHA and CHIP processes</li><li>- Interested in suggestions for advancing the shared goal developed with the county</li><li>- Looking for opportunities to consider for improvement and collaboration</li></ul></li> <li>- Open for Comments<ul style="list-style-type: none"><li>- Encouraging anyone willing to share their thoughts</li><li>- Inviting feedback on actions taken so far</li></ul></li> <li>- Contact Information<ul style="list-style-type: none"><li>- Reach out to Kalil or the speaker with questions or feedback</li></ul></li> <li><b>Maryiat Yeranossian:</b> Updated Provider Manual<ul style="list-style-type: none"><li>- Purpose of Discussion<ul style="list-style-type: none"><li>- To discuss the provider manual and the most recent update released today</li></ul></li> <li>- Provider Manual Overview<ul style="list-style-type: none"><li>- Comprehensive guide for contracted medical providers in California</li><li>- Details on eligibility benefits, medical appointment standards, pharmacy services, claim submissions, behavioral health services, community health programs, and more</li></ul></li> <li>- Recent Update (Effective 11/15/2024)<ul style="list-style-type: none"><li>- Small update requested by legal team and various departments</li><li>- Document contains section names, subsections, and brief descriptions of updates</li></ul></li> <li>- Key Updates<ul style="list-style-type: none"><li>- 4.1 MR MEP: Added language indicating it's an ending program, along with 25 footnotes for compliance with APL 24.8</li><li>- Expanded language on immunization</li><li>- New subsections created for:<ul style="list-style-type: none"><li>- EVV (Electronic Visit Verification)</li><li>- APM (Alternative Payment Methodology)</li><li>- IRO (Independent Review Organization)</li></ul></li><li>- New section on TRI (Targeted Rate Increase)</li><li>- Added new subdivisions in 18.1 for Disease Surveillance and DXF</li></ul></li> <li>- Questions and Contact Information<ul style="list-style-type: none"><li>- Open floor for questions about the provider manual or update</li><li>- Contact via email (provided in chat) or reach out to Khalil for forwarding</li></ul></li></ul></li> <li>Feel free to reach out with any questions or comments.</li> <li><b>Gustavo Ochoa:</b> Network Adequacy<ul style="list-style-type: none"><li>- Review Focus</li></ul></li></ul>
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	<ul style="list-style-type: none"> <li>- Network adequacy standards</li> <li>- Timely access to care</li> <li>- San Francisco County's performance in these categories</li>   <li>- Network Adequacy Standards</li> <li>- Adequate network: Providers reasonably available to service members in contracted counties</li>   <li>- Four Key Categories             <ol style="list-style-type: none"> <li>1. <b>Geo Access</b>:                 <ul style="list-style-type: none"> <li>- Measures minimum miles or minutes for a member to reach a provider</li> <li>- Based on actual driving distance, not straight-line distance</li> </ul> </li> <li>2. <b>Provider Ratios</b>:                 <ul style="list-style-type: none"> <li>- Assignment of members and mid-levels (nurse practitioners, physician assistants, nurse midwives) each provider can handle</li> <li>- Ensures enough time for patient care</li> <li>- PCP to member ratio: How many members can be assigned to one PCP</li> <li>- PCP to mid-level ratio: How many mid-levels can be supervised by a PCP</li> </ul> </li> <li>3. <b>Mandatory Provider Types</b>:                 <ul style="list-style-type: none"> <li>- Required provider and facility types within the network for any contracted service area</li> </ul> </li> <li>4. <b>Timely Access to Care</b>:                 <ul style="list-style-type: none"> <li>- Appointment availability and after-hours access within timely standards</li> </ul> </li> </ol> </li>   <li>- Geo Access Standard             <ul style="list-style-type: none"> <li>- Minimum miles or minutes for a member to reach a provider</li> <li>- Accounts for geographic characteristics of a county</li> <li>- San Francisco classified as a dense county (600+ people per square mile)</li> </ul> </li>   <li>- Details on Geo Access for San Francisco County             <ul style="list-style-type: none"> <li>- Heat maps show percentage of members with access to a provider within DHCS time or distance standards</li> </ul> </li>   <li>- Next Steps             <ul style="list-style-type: none"> <li>- Further breakdown of each category in subsequent slides</li> <li>- Reference Geo Access standards for context</li> </ul> </li> <li>- Geo Access Improvement             <ul style="list-style-type: none"> <li>- Use of Adam to pinpoint specific zip codes lacking certain provider types</li> <li>- Essential for enhancing network adequacy</li> </ul> </li>   <li>- State Requirements in California             <ul style="list-style-type: none"> <li>- Health plans must have 100% access or request alternative access standards</li> <li>- Example: Nearest provider outside the set standards</li> </ul> </li>   <li>- San Francisco County Performance             <ul style="list-style-type: none"> <li>- ~100% access in most categories</li> <li>- Exceptions: MRI providers (50%) and rheumatology (50%)</li> <li>- Note: MRI providers are not part of DHSS core specialties</li> <li>- Core specialties meet 100% access</li> </ul> </li>   <li>- Provider Ratios             <ul style="list-style-type: none"> <li>- Ensures providers have adequate time for each patient</li> <li>- Standard: 1 PCP for every 2000 members</li> <li>- PCP can add 1000 members per mid-level, up to 4 mid-levels (max 6000 members capacity)</li> <li>- Requirement limits: No more than 3 certified nurse midwives or 2 physician assistants supervised by one PCP</li> </ul> </li>   <li>- FTE Standard             <ul style="list-style-type: none"> <li>- Minimum of 1 full-time equivalent (FTE) provider for every 1200 members</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>- Set by DHCS</li> <li>- Mandatory Provider Types <ul style="list-style-type: none"> <li>- Ensures well-rounded care availability</li> <li>- Health plans must have at least one of each less common provider type in the contracted county</li> <li>- Types include: Federally qualified health centers, rural health centers, freestanding birth centers, Indian health care providers, certified nurse midwives, and licensed midwives</li> </ul> </li> <li>- Timely Access to Care Survey (Appointment Availability Survey) <ul style="list-style-type: none"> <li>- Ensures adequate appointment availability and access to after-hours care within timely standards</li> <li>- Standards set by California Department of Managed Health Care (DMHC)</li> </ul> </li> <li>- DMHC Standards <ul style="list-style-type: none"> <li>- 2 days for urgent appointments without pre-authorization (e.g., PCP or PPO specialists)</li> <li>- 4 days for urgent appointments requiring pre-authorization (e.g., HMO specialists)</li> <li>- 10 business days for non-urgent primary care</li> <li>- 15 business days for non-urgent specialist appointments</li> <li>- 10 business days for non-physician mental health follow-up appointments</li> </ul> </li> <li>- 2024 Provider Appointment Availability Survey in San Francisco County <ul style="list-style-type: none"> <li>- Call campaign to assess performance against these metrics</li> <li>- Random sample of primary care, specialists, psychiatry, non-physician mental health, and ancillary specialists</li> </ul> </li> <li>- Survey Results <ul style="list-style-type: none"> <li>- DMHC standard for appointment availability: 70% for urgent and non-urgent appointments, 80% for non-physician mental health follow-up</li> <li>- San Francisco County overall compliance: 63.04%, slightly below target</li> <li>- Specialist scores tend to lower overall compliance rates</li> <li>- San Francisco scoring relatively well compared to other counties</li> </ul> </li> <li>- Improving Timely Access <ul style="list-style-type: none"> <li>- Providers to post timely access flyer (to be shared with Khalil)</li> <li>- Training front office and scheduling staff on timely access standards</li> <li>- Implementing policies or procedures to leave appointments available for last-minute urgent care</li> </ul> </li> <li>- Call for Feedback <ul style="list-style-type: none"> <li>- Invite questions and suggestions on improving timely access requirements and standards</li> </ul> </li> <li>- Use of Telehealth <ul style="list-style-type: none"> <li>- Providers can use telehealth to facilitate timely access appointments</li> <li>- Convenient for both members and providers</li> <li>- Effective tool to leverage for meeting standards</li> </ul> </li> <li>- Updating Information <ul style="list-style-type: none"> <li>- Community partners and providers should update Anthem with any demographic changes (e.g., phone numbers, addresses)</li> <li>- Helps maintain access and network adequacy</li> </ul> </li> <li>- Timely Access Flyer <ul style="list-style-type: none"> <li>- Flyer will be made available to everyone on the call</li> <li>- Tool to share information with the community</li> </ul> </li> <li>- Conclusion <ul style="list-style-type: none"> <li>- Open floor for questions and feedback</li> <li>- Emphasize the importance of leveraging tools and updating information for better access</li> </ul> </li> </ul> <p><b>CAC Policies &amp; Procedures:</b></p>
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Anthem recently hired a CAC Coordinator.

**MOU Engagement:**

- Kathleen Abanilla-Huynh is leading MOU for LHD
- SFHP, Anthem & Kaiser have a standing weekly meeting with Kathleen
- Currently being reviewed by SFDPH and can send a draft to City Attorney to review soon
- Health Plans are also actively working with other entities to execute MOU including:
  - GGRC Regional Center - separately
  - County Welfare
  - Native America Health Center/WIC
  - County Behavioral Health
  - In-Home Supportive Services (IHSS)
  - SSA Data Sharing
- For some entities, MCPs are meeting together and other entities, MCPs are meeting separately. It depends on the entity's preference.
- All executed MOUs will be posted on MCPs website
- DHCS is currently working on First 5 MOU.
  
- MHP/DMC\_ODS MOU has been executed.

**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 DAA with SFDPH. SFTP Site is set up. Test files have successfully been exchanged. Data will be exchanged once DAA is established. We met with SFDPH on 8/8 to further discuss the DAA.



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 diersity equity inclusion.pdf



**UCSF Termination:**

*Good News & Extension* UC Health System

- agreement reached.
- All the UC Health contracts were fully executed in the beginning of April.
- Anthem’s Public Relations microsite: [anthem.com/ca/uhealth/](https://anthem.com/ca/uhealth/)

**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), Suzanne Samuel (SFHP), and Gretchen Shanof (Kaiser Permanente) to initiate conversations on meaningful participation in CHA/CHIP processes and 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.

By December 2025, San Francisco County and San Francisco, CalAIM Managed Care Providers (MCP) Anthem, Kaiser and the San Francisco Health Plan will work collaboratively to develop targeted MCP-specific interventions to improve the percentage of children aged 0 to 30 months who receive well-child visits to meet or exceed the DHCS 2023 MPL benchmarks and decrease disparities in rates for Black/African American and LatinX children by 20% when compared with the overall rates for these measures.

Confirmed on 1/30/24

We just completed the LHJ/MCP Worksheet.

- CHIP Priorities:
- 1: Behavioral Health
  - 2: Access to Care
  - 3: Economic Opportunity

Funding Proposal (\$61,750)

- Member data for May 1:
  - Anthem 34,311, 14% = \$8,645;
  - Kaiser, 19,543, 8% = \$4,940;
  - SFHP, 186,100, 78% = \$48,165. =
  - 239,954 Total Members in SF County

We are currently collaborating on the 2024 Annual DHCS Strategy Deliverable Template for the CHA/CHIP

**CavityFreeSF:**

- Collaborative that meets monthly to discuss integrating oral health into the overall health care system of San Francisco.
- Ages 0-10 and pregnant women. Low-Income, Communities of Color, Children with Special Needs and Recent Immigrants.
- Coordinated city-wide efforts, Policy and Systems Levels Change.
- Increase access to Oral Health Care services for San Francisco children and pregnant women.

**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:**

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.

**CalAIM:**

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

1. [CalAIM Overview](#)
2. [Community Health Workers \(ca.gov\)](#)
3. [ECM Overview](#)
4. [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:**

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](#)



CA\_CAID\_ECMProviderDirectory.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

**Healthy Rewards Program:**

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 claim timely so the members can receive their awards.



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12292504 1057170CAMENABC Healthy Rewards BR MKT 02 24.pdf



CA\_CAID\_PU\_HealthyRewardsProgram.pdf

Provider Flier only.



CABC-CD-053882-24 EXPRESS Hlthy Rwrds Prg Flier\_FINAL.pdf

**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 Mgm



	<p><b>Updated Preservice Review Form</b></p>  <p>ACAPEC-3456-22 CA GBD PA Request For</p> <p><b>Utilization Reports:</b></p> <ul style="list-style-type: none"> <li>• Membership</li> <li>• LiveHealth Online</li> <li>• Modivcare Transportation</li> </ul>  <p>Q4 2024 Anthem Blue Cross _ San Francisco CAC _Reports_11.15.2024.pdf</p>
<b>Attendee Comments / Updates</b>	1.
<b>Closing Remarks &amp; Adjournment</b>	1.

**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.

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