Santa Clara County
Community Advisory Committee Meeting
Q4 2024 Agenda

DATE:	Tuesday, December 10, 2024
TIME:	2:00 PM – 3:00 PM
LOCATION:	Virtual via MicroSoft Teams

SUBJECT	NOTES
Welcome and Introductions	Anthem Team: Patricia Lacanfora, MA LMFT BH Case Manager II David Lavine Program Manager Timely Access to Care Alana Pfeffinger, RPM Maryiat Yeranosyian, Strategy and Pooject Support Dolores Dalke, Anthem LTSS RN Service Coordinator Amilcar Pina, LCSW Anthem Talin Hazarmalian, Anthem LTSS / LCSW Dolores Dalke, HCMS LTSS Tuere Redus, Anthem LTSS Manager Gustavo Lozano, Linh Casas, Whole Health Director Medicaid CAC: Rami Keisari, Joe Tansek, SCC BH Oanh Nguyen, 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 Natalie McKelvey, BHSD School Linked Services Charisse Feldman, MCAH Director/PHN Manager, Public Health Catherine Aspiras, BHSD, Division Director School-Based Services

	Anne Marie Santos, RNS PHNM, CLPPP Coordinator, Santa Clara County Jane Capili, PHN Manager, CalWORKs/Nurse Family Partnership Home visiting Duy Le, BHSD Elena Guzman, CHP Beverley White-Macklin, Senior program Manager Public Health Santa Clara County. Black Infant Health, CHDOP, Teen Parent Support Program and Perinatal Equity Initiative Program John Sum, MD. Santa Clara County CCS Emma Mendez, Public Health Nurse Manager II, California Children's Services Nishma Samat-Singh, FIRST 5 Santa Clara County Rachel Potens, BHSD-QI Numbiya Aziz, Men's Wellness Provider / Employee Wellness Provider Elizabeth Alavarez, Healthy Kids SF Samantha Lopez, SCC HHS Leatricia Nquyen, Conifer Health Veronica Marquez, SCC HHS Grace Meregillano, SCC DPH Kioni Williams, Roots Community Clinic Grace Abidog, SCC DPH Jaime Flores, SCC DPH Cecilia Taison, Bela Ferreira, Portuguese Center Palencia Dionisio, Thanh Le, Anna Aistrich,

Anthem Updates	**Anthem Health Plan Updates:**
	
	MOU Engagement:
	
	• Health Plans are actively working with other entities to execute MOU including:
	    o Regional Center - separately
	    o County Welfare
	    o 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: in discussion and engagement with County.
- DHCS MOU Webpage - https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx

PNA/CHA/CHIP Update: Linh Casas –

- **Introduction and Goals**:

 - Introducing the modified Population Needs Assessment (PNA) requirement.

 - Explaining Anthem's involvement in Santa Clara County's CHA/CHIP process.

 - Seeking feedback on how Anthem can support the county and utilize findings for strategy development.

- **PNA Overview**:

 - Part of Population Health Management (PHM) strategy under CalAIM.

 - Formerly used to identify priority community needs and health disparities.

 - Effective January 1, 2023, Anthem follows state-regulated modified guidance.

- **Past and Current PNA**:

 - Previous PNA involved evaluating member health outcomes, education, cultural needs, and service gaps.

 - Link to the last PNA (2022) provided for reference.

 - Current PNA met through participation in CHA/CHIP conducted by local health departments.

- **Anthem's Role and Goals**:

 - Strengthen engagement and collaboration with county and community stakeholders.

 - Create collective interventions for a more significant impact on member lives.

 - Maintain NCQA and HealthEquity accreditation by 2026.

 - Report progress of county collaboration in the annual PHM strategy deliverable.

- **CHA and CHIP**:

 - Community Health Assessment (CHA): Identifies key community health needs/issues through interviews, surveys, data collection, and analysis.

 - Community Health Improvement Plan (CHIP): Develops programs, policies, and priorities based on CHA findings.

 - CHA is the assessment; CHIP is the output and planned activities to address assessment findings.

- **Timeline and Participation**:

	- 2024-2027: Each county's CHA/CHIP cycle will vary. - 2028: All counties align on a three-year cycle; CHAs by December 2028 and CHIP by June 30, 2029. - Unified timelines improve management and state support. - **Meaningful Participation in CHA/CHIP**: - Anthem supports local health departments in governance meetings, steering committees, and workgroups. - Data sharing: Both Anthem and local health departments benefit from shared data to create a comprehensive picture of community health. - Sixteen counties where Anthem contracts and participates. - **Holistic Approach**: - Collaboration with local health departments provides a deeper understanding of community health factors. - A united effort in identifying and addressing health issues enhances overall community health outcomes. - **Data Sharing Benefits**: - **Local Health Department Benefits**: - Access to Anthem's data: claims utilization, encounter data, HEDIS data, and quality data. - **Anthem Benefits**: - Access to data from CHA/CHIP process: demographics, SDOH data (income, housing, homelessness, social environmental factors, transportation, and physical environment). - **Collaboration on Data and Resources**: - **Priority Areas**: - Anthem and local health departments identify priority areas for data sharing. - Agreement on content, format, and frequency for monitoring. - **Resource Contributions**: - Anthem to provide funding and in-kind staffing support starting January 1, 2025. - Activities could include administrative support, project support, data infrastructure, and incentives for community engagement. - Contributions from multiple managed care plans will be proportional to the number of Medi-Cal members served. - **Unified Planning Process**: - **Shared SMART Goals**: - Develop SMART goals (Specific, Measurable, Achievable, Realistic, Time-bound) that align with DHCS's bold goals. - Goals should support related County Health Department projects. - Progress reported through MCP annual DHCS deliverables and worksheets.

	- **Goal Areas**:
	  - Children preventative care
	  - Behavioral health integration
	  - Maternity care
	- **Community Advisory Member Involvement**:
	 - **Participation**:
	  - Invite county partners to share CHA/CHIP information.
	  - Encourage community members to participate in focus groups.
	 - **SMART Goal Achievement**:
	  - Objectives have a start date of January 2024 or earlier and should be achievable within 1-2 years.
	  - Must support locally driven County Health Department projects within that timeframe.
	- **Flexible Goals**:
	 - No strict requirement that county CHA/CHIP must align with DHCS bold goals.
	 - Shared projects can help support and align broader focus areas in maternal health, child health disparities, mental health, and substance use disorder.
	- **Ongoing Collaboration**:
	 - Collaboration among managed care plans, counties, and community organizations.
	 - Aim to improve quality and equity of care through collective efforts.
	- **Community Involvement**:
	 - Attend county-led work groups and committees.
	 - Complete surveys to provide input into community health priorities.
	- **Continued Engagement**:
	 - Attend CAC meetings for updates on county's childhood progress.
	 - Provide feedback on CHIP strategies and opportunities for Anthem to support.
	- **Feedback and Influence**:
	 - Provide input on using CHA/CHIP findings to influence Anthem's strategies.
	 - Focus on bold goals, wellness, prevention, health equity, and health education.
	- **Collaboration Overview**:
	 - Overview of Anthem's collaboration with Santa Clara Family Health Plan and Kaiser to support Santa Clara County.
	 - Finalizing the Latino Health Assessment to be published this year.
	 - Development of CHIP in 2025.
	- **Priority Areas**:

	- Chronic disease and health (including healthy eating and active living). - Community safety and violence prevention. - Behavioral health (mental health and substance use). - Economic security and housing. - Access to quality physical and oral health. - **Shared Goals**: - Improve child preventative care measures to support childhood lead poisoning prevention. - Expand lead awareness and outreach, provider education campaign. - Advance oral health strategic plan through training, promotion, outreach, and referrals. - **Alignment with DHCS Bold Goals**: - Focus on exceeding the 50th percentile for children preventative care measures. - **County Collaboration Focus**: - Collaborative meetings around Latino Health Assessment and Maternal Child Adolescent Health needs assessment. - Limited discussion on potential strategies to impact shared goals, identify measurable objectives. - **Potential Activities**: - Provide information on ZIP codes with high MCP membership, lead exposures, areas of high/no water fluoridation. - Establish and support equity-centered childhood lead prevention program. - Expand fluoride awareness events. - **Future Plans**: - County to complete assessment in 2025 and move forward with the next phase of collaborative work. - **Data Provided**: - Anthem provided HEDIS data (2019-2023) for Hispanic member population in Santa Clara County. - **Funding Support**: - Santa Clara County asked for $70,000 across three managed care plans for CHA/CHIP process support. - Anthem approved and provided $15,400 based on membership. - Funding used for community engagement, marketing, events, and coordination. - **Active Participation**: - Anthem participating in committees and work groups to support the county's efforts. - **Active Participation**: - Attending the Latino Health Assessment Steering Committee. - Collaborating with MCP, local health departments to discuss goals and provide support.

- **Presentation Conclusion**:

  - Presentation concluded with an open call for feedback.

- **Seeking Feedback**:

  - Requesting input on how Anthem can further support the county's CHA/CHIP and shared goals.

  - Seeking suggestions for additional opportunities to consider.

- **Latino Health Assessment Update**:

  - The assessment is expected to be released by the end of this year, 2024.

  - Acknowledgement of potential challenges the county may have experienced since the last meeting.

- **CHIP Development and Priorities**:

  - Based on the assessment, the county identifies priority areas and develops interventions.

  - Santa Clara County's priority areas include chronic diseases.

  - County develops and works on interventions for these priority areas.

- **Anthem's Contributions**:

  - Anthem's involvement in existing programs towards these priority areas:

    - **Weight Management Programs**:

      - Does Anthem have weight management or healthy eating programs?

    - **Chronic Conditions Programs**:

      - Disease Management Program provided by Anthem.

    - **Behavioral Health and Mental Health Issues**:

      - Programs addressing mental health and substance use issues.

- **Information Sharing**:

  - Anthem shares details of managed care plan interventions with the county.

  - County uses this information for developing and monitoring their CHA/CHIP.

  - The progress is monitored to determine the impact and assess the need for further interventions or collaboration with managed care plans.

- **Trends and Data Monitoring**:

  - Progress is monitored through trends and data analysis.

  - Reviews are established either quarterly or annually.

  - Data provided to the county based on their specific needs.

  - Flexibility to offer quarterly or annual data reviews.

Timely Access: David Lavine –

- **Network Adequacy Standards Review**:

  - Follow-up with reports on Santa Clara County's performance in various categories.

	- **Definition of Network Adequacy**: - Ensuring each health plan maintains a sufficient network of providers for contracted counties and members. - **Four Measures of Network Adequacy**: 1. **Geo Access**: - Minimum miles/minutes for a member to reach their nearest provider, based on actual driving directions. 2. **Provider Ratios**: - Ensuring providers can adequately service their patient load. - PCP to member ratio: Number of members assigned to a PCP. - PCP to midlevel ratios: Number of nurse practitioners, physician assistants, or certified nurse midwives supervised by a PCP. 3. **Mandatory Provider Types**: - Clinics that must be contracted within each service area. 4. **Timely Access to Care**: - Ensuring members can access appointments promptly once they have a nearby provider. - **Geo Access Standards for Santa Clara County**: - Santa Clara County is classified as a dense county (>600 people per square mile). - **Primary Care**: 10 miles or 30 minutes - **Specialty Care**: 15 miles or 30 minutes - **OB/GYN Primary Care**: 10 miles or 30 minutes - **OB/GYN Specialty Care**: 15 miles or 30 minutes - **Hospitals**: 15 miles or 30 minutes - **Dental Providers**: 10 miles or 30 minutes - **Non-Specialty Mental Health**: 15 miles or 30 minutes - **Heat Map Example**: - Illustrates the percentage of members who have access within the specified time or distance requirements for each provider type. - **Provider Access and Goals**: - Standards require 100% access or submission of alternative access standard to DHCS. - Goal to achieve at least 90% access. - Santa Clara performs better than Kern County; heat map for Santa Clara to be provided. - **Provider Ratios**: - One PCP for every 2000 members.

	- PCPs can add 1000 members per supervised mid-level, up to four mid-levels (max 6000 members). - Mid-levels: nurse practitioners, physician assistants, certified nurse midwives. - Combination limits: No more than three nurse midwives or two physician assistants. - Full-time equivalent (FTE) standard for physicians is one FTE per 1200 members, set by DHCS. - **Mandatory Provider Types**: - Required clinics in each contracted county: FQHCs, RHCs, FBCs, Indian health care providers, certified nurse midwives, licensed midwives. - **Timely Access to Care**: - Ensured through the provider appointment availability survey. - Standards: - Urgent appointment without preauthorization: 48 hours. - Urgent appointment with preauthorization: 96 hours. - Non-urgent primary care: 10 business days. - Non-urgent specialist: 15 business days. - Non-physician mental health follow-up: 10 business days. - Recent survey covered primary care specialties, psychiatry, non-physician mental health, and ancillary specialists. - **Survey Findings**: - Standard compliance: 70% for urgent and non-urgent appointments. - Specialists often bring overall scores down due to difficulty meeting urgent appointment standards. - **Improving Timely Access**: - Providers posting timely access flyers in their offices. - Training front office/scheduling staff with a newly released timely access training course. - Implementing a policy to keep appointments available for urgent/sick visits. - Introducing Advanced Access program to incentivize strategic appointment scheduling. - Encouraging use of telehealth for timely access. - Providers updating Anthem with demographic changes promptly. - **Resources**: - Timely access flyer to be sent out after the meeting, detailing all timely access standards. **Provider Manual:** Maryiat Yeranosyian – - **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.

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. 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. <u>Sharing and Exchange of Educational Resources</u> 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 **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 Heath Assessment:** • Housing and Neighborhood Conditions • Access to Care • Acute and Chronic Conditions • Maternal and Child Health We are currently collaborating on the 2024 Annual DHCS Strategy Deliverable Template for the CHA/CHIP. We just completed the LHJ/MCP Worksheet. CHIP Priorities: 1: Behavioral Health 2: Access to Care

	3: Economic Opportunity Funding Proposal: Total membership in Santa Clara is 417,837 members. SCFHP has 67% of membership with 280,606 members. Anthem has 22% of the membership with 92,487 members. Kaiser has 11% of the membership with 44,744 members The financial support from Anthem would be $15,400 based on the membership breakdown and our commitment based upon that membership breakdown. Let me know if you have any questions. **Alana Pfeffinger:** - **Updated Directory**: - A more updated directory will be released soon. - Monthly updates required for compliance, especially for the justice-involved population. - **Quarterly Updates**: - Managed care plans collaborate with Chapman Consulting. - Updates provided during the PAT CPI meetings. - These updates reflect the current provider network. - **Information Access**: - Directory serves as a one-stop-shop to view all contracted providers. - Information will be shared in the chat for easy access. South Bay County – Chapman Consulting LLC Under the Read Resources you should be able to see the provider networks for all Managed Care Plans. The resource is updated on a quarterly basis. Also, the next PATH CPI Meeting will be tomorrow, Wednesday, December 11, 1 – 3 pm. You can register for tomorrow's meeting here: Register in advance for this meeting: https://us02web.zoom.us/meeting/register/tZEvdeytrzIoGdAzBHsYD4FRDmQRH5K39bmz **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 & Estima 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_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

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. 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.

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12292504 1057170CAMSPABC Healthy Rewards BR MKT 02 24.pdf

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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

ACAPEC-2687-21 CA Medi-Cal Care Mgm

Updated Preservice Review Form

ACAPEC-3456-22 CA GBD PA Request For
Utilization Reports:
• Anthem membership
• Behavioral Health Utilization
• LiveHealth Online Utilization
• Modivcare Transportation Utilization

Q4 2024 Anthem Blue Cross _ Santa Clara CAC _Reports_12.10.2024.pdf
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<tr><td>Attendee Comments / Updates</td><td>1.</td></tr>
<tr><td>Closing Remarks & Adjournment</td><td>Quarter 1 CAC Meeting will be conducted on March, 2025 @ 2:00 pm</td></tr>
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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*

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