| Anthem Agenda/Meeting Notes | **Anthem & San Francisco County Behavioral Health Department**

Meeting Title: Q1-2024 Behavioral Health MOU Meeting
Date/Time of Meeting: 3/11/2024 9:00 a.m. – 10:00 a.m.
Location: MS Teams
Frequency: Quarterly
Dial in: |

Meeting Leader:	**Kalil Macklin, Anthem**

Anthem	Yes/No	San Francisco County Behavioral Health Department	Yes/No
Kalil Macklin, Program Manager	Y	Maximilian Rocha, (DPH)	Y
Sarah Paulsen, BH Director	Y	Imo Momoh, Director MCP (DPH)	Y
Fargol Riahi, BH Case Management	Y	Mimi Hiraki, (DPH)	Y
Carissa Avalos	N	Craig Murdock, (DPH)	Y
Patricia Lacanfora, BH Case Manager	Y	Heather Weisbrod, (DPH)	N
David Lavine, Program Manager Timely Access	Y	Gloria Frederico, (DPH)	N
		Farahnaz Farahmand, (DPH)	Y
		Angelica Almeida, (DPH)	Y
		Kali Cheung, (DPH)	
		Joe Turner, (DPH)	Y
		Alecia Martin, (DPH)	Y
		Nancy Yu, (DPH)	Y

I.	**Introductions**	All

II.	**Behavioral Health Program Updates:**
	
	Imo:
	Focus on two items.
	  1. One is epic and
	  2. Secondly, our MOU with the MCP is managed care plans also for EPIC.
	  3. We still plan on going live May 22nd of this year. Everyone on this call from BHS has a stake in the project
		BH Dept.

4. One thing we decided initially was to transition from our Avatar EHR to EPIC and it was for mental health and substance use. However, after months of assessment and research and just seeing what Epic was capable of doing, we came to the conclusion that for SUD there were no privacy features, tools, and/or modules for those that refuse to consent
5. We decided as a system to exclude or descope SUD from the EPIC project.
6. May 22, 2024, the plan is to transition our mental health services from Avatar, our current EHR, to Epic.
7. We're on track and things are moving forward in that transition.
8. What also happens is the centralization of various functions, including eligibility and central access.
9. In other words, we are building standard and comprehensive tools across our systems in which we use to screen and bring people into our system and tracking mechanisms for closed loop referrals.
10. I'm hoping in the future, after we go live in May, that we can have conversations with Anthem about automating some of our information exchange and other ways Epic can support we do around member care including care coordination.
11. With CalAIM, we're required to share member information for coordination of care.

Kalil:
What will happen with the Sud process? will that still stay with Avatar or what platform will that go to moving forward?

Imo:
SUD will remain with Avatar for now. We continue to explore if Avatar can meet all new SUD EHR requirements or if we need to explore other options. But for now, as you can imagine, most of our resources are really invested in the implementation of Epic

Kalil:
To Confirm: As of May, the MHP is going over to epic, Sud staying at avatar. Heather sent an email to us as well talking about the closed loop referrals, meeting is set for 4/10 at 9:00 am.
We can discuss those closed loop referrals and what that process looks like that transition to epic in May.
So yes, we are more than willing and open to partnering and having those conversations for a seamless transition email.

Imo:
Next is the MOU.
1. We're required to enter into an MOU agreement with our managed care plans.
2. This is a statewide requirement for all counties and MHP, DMC, ODS, and MCP.
3. The go live dates or what was expected of the MCP's, and County BH was to enter into these agreements in January of 2024.
4. The state did recognize that it takes a while to execute such agreements because we must go through our legal entities, et cetera.
5. I have been working closely with Anthem in addition to our other two managed care plans.
6. We have a solid draft and it's moving into the next phase of having our legal review and give feedback.

	7. I want to extend much gratitude to the Anthem Team for working closely with me in developing the content and reaching an agreement on the program side, hoping that when it gets to the legal department, we don't have many revisions to do. 8. I'm hoping by the end of this month to fully execute these agreements - the ball is in Anthem's court. **Kalil:** 1. Jared and I sent a follow up email on Friday to our Anthem legal because as you just mentioned, we're pretty much in agreement. 2. Jared and I went through the MCP DMC ODS MOU. 3. DHCS allows the combination of MOUs in certain instances, and we've gone through everything, and we are in complete agreement, it's just a matter of now as Imo mentioned, the ball is in our court. 4. We are having our Anthem legal review, but the ball is in the court of the Anthem legal department to let us know where things stand. 5. We're just as hopeful, and mindful of these time frames and trying to get it done. Hopefully by the end of March. 6. Once we get that reply from Anthem legal, Jared and I will definitely be replying to you email for us to set up that next meeting or the next correspondence that we have going on.	
III.	**Anthem Health Plan Updates:** **Timely Access:** David Lavine – • Preventative medicine leads to better outcomes and lower cos. • Providing timely healthcare can prevent health problems from becoming worse and more expensive. • Providing timely access to care builds patient loyalty patients are likely to stay with providers who schedule appointments in a timely manner. • Providing timely access to healthcare is a key contributor to income class stratification patients with adequate healthcare are more likely to pursue education and skills to succeed in their careers and live the American dream. • Anthem assesses and reports timely access to the Department of Managed Health Care through the provider appointment availability survey, the PAAS, and the afterhours survey. • 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 primary care, 96 hours for specialist, not including weekends and holidays, 10 business days for routine primary care appointment and 15 business days for routine specialty care appointment and new metric that they added last year and will be in effect this year is A10 business days for a non-physician. • Mental health follow-up appointment the provider types or surveying for the posts are primary care specialists across 10 different specialties. • Psychiatry, non-physician, mental health, and Ancillary specialists' providers will be surveyed based on a random sample for the afterhours survey. • Practitioners must also maintain compliance with 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.	Kalil

- With rates of compliance, over 70% are compliant, less than 70% are noncompliant.
- We provide incentives for compliance.
- Our biggest problem with the post last year was scheduling specialist appointments where we had a rate of compliance of 59%, which is below the 70% DMHC threshold.
- We recently implemented the Medi Cal value payment program or MVP, where provider groups can earn a monetary award in two domains, HEDIS and improvement activities.
- Survey groups can be paid 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 stations indicating their taking steps to meet timely access requirements.
- Provider groups with less than a 70% compliance rate for urgent or non-urgent appointments receive a CAP.
- We recently issued caps to 28 PMGs across California for noncompliance scores in last year's provider appointment availability survey.
- these are the provider appointment availability survey statistics.
- This is a survey that's done by our vendor, Sutherland for the Department of Managed Healthcare.
- I filtered this to San Francisco County.
- This is San Francisco County did for the provider appointment availability survey. These are providers that were surveyed for all of San Francisco County.
- It's a snapshot in time and it is done through Sutherland.
- They do it by a phone, email, or fax.
- The general threshold for DMHC for each one of these categories here is 70% rate of compliance, the standards are for non-physician mental health.
- The initial appointment must be within 10 business days and then also the follow up appointment must be within 10 business days.
- The standard for psychiatrists is 15 business days, so they must get that appointment within 15 business days.
- San Francisco's overall scores are below the 70% threshold, in comparison to other counties, it's low.
- Most counties are around 70% and so the behavioral health side of this, like psychiatrists, should be around 70%.
- Specialists are the core specialties, and that really doesn't have anything to do with BH., but that is really bringing down San Francisco's scores.
- Across the board with all counties and all PMG, we struggle with our core specialties.
- BH is struggling with psychiatrist appointments.
- Urgent care appointment for psychiatrist has a 96-business hour threshold.
- San Francisco is at 58.89%, that's something that we could work on for non-urgent.
- County is compliant for psychiatrist. it's not your strongest score, but it it's compliant.
- NPMH is very good for nonurgent, you have 80.49%.
- 1,100 providers were surveyed, so they attempted to reach 1,100 providers in wave one.
- Wave one was in the first half of the survey from mid-July to September, October. The total amount surveyed was 182, the target was 205.
- It's not every provider, and then the total surveyed here was 153, the target was 307.
- These 1,100 providers are all contracted with Anthem, the ones that we attempted to reach.

- Another big part of the survey is or of ineligible providers.
- A big problem for us this year was there the providers that were refused the survey.
- 42.27% of the providers refused to take the survey last year, so that really hurts our scores as well.
- These ineligible reason codes could be cleared up with our data, we need to clean our data.
- If the providers could get back to us with their most up-to-date data, that would help them as well.
- The non-physician mental health follow-up appointment is a new metric that DHCS added to the PAAS.
- A new metric that DMHC is looking at is the follow up appointment for NPMH.
- The target is 80% for that, which is 10% above the other thresholds and it looks like for San Francisco, the follow up Compliance was 70%. It's hurting a little bit.
- Their initial appointment to target for NPMH was 70%.
- There's a 44% compliance here and then a 73% compliance for non-urgent.
- We're working with our fee-for-service CAPs at Zuckerberg San Francisco General Hospital.
- As a response to the CAP, the corrective action plan, Zuckerberg has implemented a full-scale training program for timely access.
- Zuckerberg General sent us all the materials and they're training all their providers on onboarding and as an ongoing basis.
- As far as contracting goes, these are all fee for service providers, so they're individually contracted providers.
- We just rolled them up into a clinic system to increase their capacity to respond to the CAP.
- The question is: Are they contracted as a group or individual? My impression just looking at these clinics is that they're individually contracted providers.

MOU:

- DHCS MOU Webpage - https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx (Homepage for all MOUs, released Oct 27th, 2023)

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-029.pdf (APL)
https://www.dhcs.ca.gov/Documents/BHIN-23-056-MOU-Requirements-for-MHP-MCP.pdf   (BHIN)
https://www.dhcs.ca.gov/Documents/BHIN-23-057-MOU-Requirements-for-MCP-DMC-ODS-Counties.pdf (BHIN)

- DHCS released final MOUs: https://www.dhcs.ca.gov/Documents/MCQMD/Specialty-Mental-Health-Services-Memorandum-of-Understanding-Templates.pdf

https://www.dhcs.ca.gov/Documents/MCQMD/Substance-Use-Disorder-Treatment-Services-Memorandum-of-Understanding-Templates.pdf

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/Base-MOU-Template.pdf

📄 MHP MOU + DMC_ODS Combo Te

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 BAA with SFDPH SFTP Site is set up. Test files have successfully been exchanged. Data will be exchanged once BAA is established.

PDF

APL 23-031 Adult Expansion Final_Clean.pdf

DEI: MCPs, San Francisco Health Plan, and Santa Clara Family Health Plan started a workgroup 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.

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APL23-025 diersity equity inclusion.pdf

UCSF Termination:

1. The contract was due to end 3/1/2024. Anthem and UC Health Systems have reached an agreement in principle, Friday evening (2/2). Both parties agreed to extend the contract to April 15th 2024, allowing time to finalize the new contract and allow Anthem members uninterrupted in-network care at UC Health.
2. DMHC and DHCS have been notified of the agreement and extension.
3. The member communication, regarding termination, began February 1st.
4. Good News member letter submitted to DHCS, were mailed out.
5. Both parties engaged and making progress towards agreement.

CHA/CHIP PHM/PNA: Community Health Assessment/ Community Health Improvement Plan Population Health Management/Population Needs Assessment

Met with Priscilla Chu (SFDPH), Bernadette Gates (SFDPH), Hilary Gillette-Walch (SFHP), Suzanne Samuel (SFHP), and Gretchen Shanofsky (Kaiser Permanente) to initiate conversations on meaningful participation in CHA/CHIP processes and co-developing SMART Goals that align with DHCS overall BOLD GOALS. We met the DHCS requirement and can attest to having engaged in conversation and started to develop our first SMART Goal.

By December 2025, San Francisco County and San Francisco, CalAIM Managed Care Providers (MCP) Anthem, Kaiser and the San Francsico 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

***Planning For the End of the Continuous Coverage Requirement when the Medi-Cal* COVID-19 Public Health Emergency (PHE) Ends:**

<u>Anthem</u>**:**

- 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/QBcqf6zgr_default/index.html?videoId=6325324769112

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6155712 1033874CAMENABS Ready Set Renew Buckslip UPD 08 22.pdf

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6155712 1033874CAMSPABS Ready Set Renew Buckslip UPD 08 22.pdf

Keep Your Medi-Cal (socialpresskit.com)

CalAIM:

- CalAIM Overview
- Community Health Workers (ca.gov)
- ECM Overview
- CS Overview

Community Supports:

PDF

ENGLISH CalAIM CS One-Pager FINAL.pdf

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CABC-CD-046785-23 CalAIM Com Supports-Mbr Refrl Frm FINALv2.pdf

Enhanced Care Management:

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ENGLISH CalAIM ECM One-Pager FINAL.pdf

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CalAIM-ECM Rfral form chklsts_V2_CABC-CD-035582-23.pdf

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CA_CAID_ECMProviderDirectory.pdf

Community Health Worker:

- CHWs are skilled and trained health educators who work directly with individuals who may have difficulty understanding and/or interacting with providers due to cultural and/or language barriers.
- A CHW is a trusted member of the community they serve and is a link between health, social services, and
the community to facilitate access to services and improve the quality and cultural competence of service delivered.
- CHWs are also known as promotors, community health representatives, or community health advisors.

  Primary roles:
  • Health navigator
  • Health educator

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

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

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CABC-CD-022089-23 CHW Flyer FINAL.pdf

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

ModivCare/Transportation:

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Transportation BR FINAL 12 21 (2).pdf

PDF

Transportation BR Flier Spanish HR 12 21.pdf

LiveHealth OnLine:

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Live Health Online Flyer.pdf

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LHO SP.pdf

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Live Health Online Flyer FINALv6.pdf

E-Consult Program:

- Anthem implemented an E-Consult program in the bay area counties whereby a PCP can refer a member for an E-Consult. We will be working with health centers and PCP to roll out the

📄 **PDF**
ACA-NU-0432-22
E-Consult Patient Flye

📄 **PDF**
E-Consult Patient Flyer FINAL.pdf

  program.

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

📄 **W**
ACAPEC-2687-21 CA
Medi-Cal Care Mgm

Updated Preservice Review Form

📄 **W**
ACAPEC-3456-22 CA
GBD PA Request For

Data Exchange:

Referrals:

Sarah and Patricia:

IV.

Transition of Care Tools					
				2023 Q4 Total	**YTD Grand Total**
TOC Referral Type	**October**	**November**	**December**		
Anthem to County (SMHS)	0	0	0	0	5
County to Anthem (NSMHS)	2	1	1	4	31
Grand Total	2	1	1	4	36

Screening Tools Completed by Anthem					
				2023 Q4 Total	**YTD Grand Total**

Screening Tool Type	202310	202311	202312		
Adult	**7**	**3**	**4**	**14**	**47**
MCP (NSMHS)	6	3	3	**12**	**40**
MHP (SMHS)	1	0	1	**2**	**5**
MHP (SUD ONLY)	0	0	0	**0**	**2**
Youth	**0**	**0**	**0**	**0**	**5**
MCP (NSMHS)	0	0	0	**0**	**5**
MHP (SMHS)	0	0	0	**0**	**0**
MHP (SUD ONLY)	0	0	0	**0**	**0**
Grand Total	**7**	**3**	**4**	**14**	**52**

Screening Tools Received by Anthem					
				2023 Q4 Total	**YTD Grand Total**
Screening Tool Type	**202310**	**202311**	**202312**		
Adult	**5**	**5**	**15**	**25**	**56**
Warm Transfer	0	0	0	**0**	**0**
Fax Only	5	5	15	**25**	**56**
Youth	**0**	**1**	**1**	**2**	**6**
Warm Transfer	0	0	0	**0**	**0**
Fax Only	0	1	1	**2**	**6**
Grand Total	**5**	**6**	**16**	**27**	**62**

Utilization Reports:
1.   Enrollment
2.   Behavioral Health Utilization
3.   LiveHealth Online
4.   Modivcare Transportation

Q1 2024 Anthem Blue Cross _ San Francisco County BH MOU _Reports_3.11.24.pdf

V.	**Follow-Up Items:**	All

1. Next month's agenda: What's the universe of providers from which the timely access survey report is based upon? How do you obtain that list of providers? Can we bring this topic up again including this dashboard?
2. What level of services are provided at UCSF?
3. Set meeting with Heather, Sarah, Imo, and me to compare TOC and screening tools metrics for discrepancies. Meeting is set for 4/10.

Next Meeting: 6/10/2024 @ 9:00 am