



Meeting Agenda/Notes

Anthem & San Andreas Regional Center

Meeting Title: Q1-2024 San Andreas Regional Center MOU Meeting
Date/Time of Meeting: 3/15/2024 – 10:30 a.m. – 11:30 a.m.
Location: MS Teams
Frequency: Quarterly
Dial in:

Meeting Leader:

Kalil Macklin, Anthem

Anthem	Yes/No	San Andreas Regional Center	Yes/No
Kalil Macklin, County Account Manager	Y	Julie Lussier	Y
Sheila Freeman, BH Case Manager	N	Azelin Ellis	Y
Karen Olivares, Provider Experience	N		
Fargol Riahi, BH Case Manager	N		
Karen Henry, Quality Management	N		
Alana Pfeffinger, RPM	N		
Mina Farag, GBD Specialty Programs	Y		
Patricia Lacanfora, BH Case Manager	Y		

I.	Introductions	All 5MIN
II.	<p>Regional Center Updates:</p> <ul style="list-style-type: none"> We have a few ICF that have realized that some of our consumers were requesting to be under Santa Clara Family Health plan, but somehow transitioned to Anthem Blue Cross. We don't have any contract with Anthem Blue Cross at this moment. The care home is having difficulty reaching out and starting the process. For them to be able to bill, there needs to be a contract with anthem moving forward. We're focusing on the facilities that have clients that are under Anthem, but all of our homes are mandated by the state to be contracted with every plan on their territory. That means at one point we need to have Anthem in there and we need to have Kaiser in there as well. <p>Mina Farag:</p> <ul style="list-style-type: none"> I was never under the understanding that the state mandated the home is to contract with anyone. That's why they have continuity of care protections. Whether your member homes or contracting with Anthem or not, we must treat them the same way as they were a contracted one. Over the next 12 months, they are enjoying all the continuity of care protections as a contract at Homewood. For those homes who have Anthem members, it's very simple. First thing we need from them is to get their TAR information sent over to us. The state sent US 8 TARS in November. 	SARC 20MIN

- We don't only have 8 ICF members under Anthem.
- The first thing we want to do is have your homes send over your clients tar information and I can give you our shared email address.

Julie Lussier:

- The other problems that we're also facing in, it's not only with Anthem, but it's always with the other plan, is the fact that they had providers of DMS and supply that we are not contracted with any of your companies.
- That becomes a difficulty for them since there's no way for them to have access to these types of listing.
- That's where the contracting part was needed because they would receive a pamphlet, they would receive information, and resources, but they have no connection with any of those providers.
- They want to have their providers that have been working for them with years, continuing with them and that's where they need to have a letter the plan so that you guys can continue doing services with them.

Mina Farag:

- A couple different things.
1. DME vendors are also protected under continuity of care for the first six months, so that shouldn't be happening.
 2. If anyone ever needs a connection to Anthem in any way, shape, or form, whether it's your homes, whether it's the clients in the Homes, whether it's vendors or other providers that service your clients in their homes, Anthem's Liaison is at anthem.com.
- Typically, DME supplies are carved out.
 - Anthem is not responsible for them.
 - They usually under 99% of other stresses.
 - They fall to the delegated group, when your clients switch over to Anthem, they were given a PMG or an IPA.
 - That's who would be responsible for those DMS, but upon research it shows we saw that long term care members are excluded from that, so anything has to do with long term care like ICF or excluded from being delegated.
 - Anthem actually is responsible for that.
 - One of two things can happen in the short term:
 1. Your homes can send us the rejected claims from the DME for our, for our Members and we'll get those reprocessed and paid so they can continue getting the supplies.
 2. We can connect with the provider, long term wise, on how we can share that information and make sure that they build correctly so they can get reimbursed for those materials.

Julie Lussier:

- Recapping: If there were some clients in an ICF right now under Anthem and even though they don't have a contract with Anthem at this moment, they would be able, by sending their TAR to directly at the address I Anthem Liaison anthem.com to get them covered, or at least process so that they don't lose 5 funding. Correct.

Mina Farag:

- Correct.
- Let me add one more thing.

- When they send us their tars, we're going to need their W-9's because we need to upload their W-9's to ensure payments and get their provider information loaded into our system.

Julie Lussier:

- DDS had requested for all the ICF to be contracted with all plans that are on their territory, so when we do an admission, we would not have to go through all that process.
- It would be already in place and all they would have to do is the new admission.
- You review the case, and we start at the billing process.
- That's one of the reasons why DDS and the requested for the Santa Clara County to have Anthem, Santa Clara Family Health Plan, and Kaiser to be all at one point contracted with each, so that there is no delay.
- As of now, DDS required to cover any homes that has not been paid for the 30 days at since they started.
- That's a lot of paperwork on our side and a lot of paperwork for the care home because they will have to be reimbursed once they get retroactively paid and once all the contracting is done. (Lag Funding).

Mina Farag:

- You might have to provide them the Lag Funding for January or February.
- Ideally in these next couple weeks specifically because we made a lot of great movement in this area that we are cleaning up the provider and loading information, cleaning up the billing system for contracted and non-contracted providers.

Julie Lussier:

- They may be admitted later, and we don't want to be running backward that way.
- It's good if the home is already having other clients and they're already in the system.
- Most of our homes are not having anybody.
- Except four or five clients right now within five homes.
- I would say that have Anthem clients that I am aware of and then that might be what you said that you received eight or something from the FCH.
- I want to make sure that we don't get too backed up later on because we do have beds open and we do have clients that are at home with parents and we left them there until the switch was done.

Anthem Health Plan Updates:

MOU:

- Update Regional Center MOU with Progress.
- 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:

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III.

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/Regional-Center-MOU-Template.pdf>

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



SARC Regional
Center MOU Templat

Adult Expansion:



APL 23-031 Adult Expansion Final_Clean.pdf

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.

DEI: I am looking to start a workgroup to discuss how we will collaborate to fulfill the DEI APL requirements below. San Francisco Health Plan and Santa Clara Family Health Plan

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

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.

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.

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**

Enhanced Care Management (ECM):

Enhanced Care Management.

- ECM is comprised of seven core services. So based off DHCS population of focus for enhanced care management, we focus on specific populations that would be eligible for enhanced care management.
- The last two populations to launch were on January 1st.
- Those included are individuals transitioning from incarceration, both adults and children, youth. As well as the birth equity population of focus.
- For those that are wondering about the birth equity population of focus...previously pregnant postpartum individuals were covered under other populations of focus and now DHCS has specific policies and that specific call out for the birth EQUITY.
- The definition of who's eligible under pregnant, postpartum, and then subsequently for equity. Those are individuals, children, youth who are pregnant or postpartum through a 12-month period.
- The birth equity, which again launched on January 1st.
- Those are characterized by individuals who are subject to racial and ethnic disparities as defined by the California Department of Public Health on maternal morbidity and mortality outcomes.
- What does that mean though? The specific individuals that are eligible under this population of focus are individuals in the following groups, Black, American Indian, Alaska Native, and Pacific Islander individuals. These are based off individuals who have a pregnancy related mortality or morbidity outcomes.
- It's a specific focus on those individuals with justice involved that also launched January 1st.
- Those are defined by individuals who are transitioning from a Correctional Facility within the past 12 months.
- For adults, these are individuals who have a concurring condition. This is only for the adult population where the requirement is for this concurring condition for the children youth population, they just need to have been transitioned within the past 12 months. That's that area distinction.
- With the populations of focus heretofore to date, we're launched with all the populations.
- The focus is looking at our network, ensuring that we have a good provider makeup.
- Focusing in on local providers so that we can increase utilization of services.
- Community Supports: Anthem is currently launched with all Community supports except short term post hospitalization housing, which we are aiming to launch on 7/1/24.

CalAIM:

- [CalAIM Overview](#)
- [Community Health Workers \(ca.gov\)](#)
- [ECM Overview](#)
- [CS Overview](#)

Community Supports:



CABC-CD-049197-24
CalAIM CS Flyer_FINA



ENGLISH CalAIM CS One-Pager FINAL.pdf



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

Enhanced Care Management:



CABC-CD-049193-24
EXPRESS CalAIM ECM



ENGLISH CalAIM ECM One-Pager FINAL.pdf



CalAIM-ECM Rfral form chklists_V2_CABC-CD-035582-23.pdf



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



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



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



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



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

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

Anthem:

- States **began** the redetermination process by **April 30, 2023**; and,
- States will have up to 14 months to complete all redeterminations (i.e., no later than May 31, 2024).

[Medicaid Renewal & Disenrollment Coverage Options | Anthem](#)

[Check Your Health Benefits Eligibility | Anthem \(myhealthbenefitfinder.com\)](#)

<https://www.readyrenew.com/835/index.html?m=ca&c=4&e=e>

https://players.brightcove.net/3639471564001/QBcqf6zqr_default/index.html?videoid=6325324769112



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



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

[Keep Your Medi-Cal \(socialpresskit.com\)](#)

ModivCare/Transportation:



Transportation BR FINAL 12 21 (2).pdf



Transportation BR Flier Spanish HR 12 21.pdf

LiveHealth OnLine:



Live Health Online Flyer.pdf



LHO SP.pdf



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 program.



E-Consult Patient Flyer 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

Updated Preservice Review Form



ACAPEC-3456-22 CA
GBD PA Request For

Referrals:
Transition of Care Tool and Screening Tool Metrics

Kalil &
Patricia
10MIN

Transition of Care Tools				
	2023Q4			2023 Q4 Total
TOC Referral Type	Oct	Nov	Dec	
Anthem to County (SMHS)	0	0	0	0
County to Anthem (NSMHS)	12	10	11	33
Grand Total	12	10	11	33

Screening Tools Completed by Anthem				
	2023Q4			2023Q4 Total
Screening Tool Type	Oct	Nov	Dec	
Adult	6	8	11	25
MCP (NSMHS)	5	7	11	23
MHP (SMHS)	1	1	0	2
MHP (SUD ONLY)	0	0	0	0
Youth	0	3	1	4
MCP (NSMHS)	0	3	0	3
MHP (SMHS)	0	0	1	1
MHP (SUD ONLY)	0	0	0	0
Grand Total	6	11	12	29

VI.

Data: Utilization Reports

- Anthem membership
- Behavioral Health Utilization
- LiveHealth Online Utilization
- Modivcare Transportation Utilization



Q1 2024 Anthem Blue Cross _ San Andreas Regional Center MOU _Reports_3.15.2024.pdf

Follow-Up Items:

VII.

1. One question: Some of our clients that do have a lot of psychiatric issues, law and homelessness and drug and all of that. We're trying to get them to have access to biogenetic medication, testing to see if they are on the right track or not. I was wondering, because it's not in any of your policy at Anthem that I could find that it would be covered, if a client was a member of Anthem and require the utilization of emergency psychiatric system, e.g. 5150's. Would that be something that Anthem may at one point review and consider

All
5MIN

	taking on? Although most psychiatrists won't want to do that because they feel threatened by it, it has shown that most of the medication tracked that the clients were on were so disruptive to the person that if we switched the track and get to the medication that there more responsive. We had a lot less server issue.	
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2. Invite Julie to Santa Clara CHA/CHIP Meetings

Next Meeting: June 6, 2024 @ 9:30 am