Quarter 1 2025 San Francisco County Behavioral Health/Anthem Quarterly MOU Meeting

Date & Time March 10, 2025
Frequency Quarterly
Location Virtual
Meeting Leader Kalil Macklin

Attendees

Organization	Name & Title	Attended
San Francisco County Behavioral Health Department	Imo Momoh, Director MCP	☒
	Maximillian Rocha	☒
	Alecia Martin	☒
	Alexander Jackson	☒
	Heather Weisbrod	
	Jormel Christian-Tabayoyong	
	Mimi Hiraki	☒
Anthem	Kalil Macklin	☒
	Patricia Lacanfora	☒
	Fargol Riahi, BH Program Manager	☒
	Sarah Paulsen, BH Director	☒
		☐

Agenda

Topics	Presenters
I. Welcome & Introductions	All
II. Follow-up Items **1)** **2)**	All
III. MOU Updates **1) BH MOU: MHP/DMC_ODS MOU** (Executed and Amended Language for Responsible Party) Mandate: Closed loop referral required by MCP starting July 1st. Purpose: For enhanced care management and community supports. Action Needed: Meeting required to update MOU with referral language: Mimi, Imo, and Heather to arrange a discussion on updates.	Anthem/SFDPH BH Services

Anthem

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IV. County BH Program Updates **1)** Upcoming EPIC tutorial for Anthem on 3/11 to discuss TOC and Screening Tools. (Sarah, Patricia, and Kalil to attend) **2)** New DPH Director: Sai Tsai, started March 1st, replacing Grant Colfax **3)** Peer Support Services Launch: Tentative date is April 1st on medical platform. Benefits of Peer support services. Participants: Individuals with lived experience in mental illness or substance use. Role: Integration into the workforce. Certification By Cal Mesa (California Mental Health Services Authority). Job Opportunities: In counties for certified individuals. Roles: Provide peer support services assist with case management, and help clients navigate and coordinate services to enhance service provision to beneficiaries. Benefit: Extra entitlement for beneficiaries from individuals with lived experience. https://www.capeercertification.org/ **4)** Current Focus: Collaborating with HR to modify systems. Objective: Enable viewing and claiming services by certified peer support specialists to the state. **5)** Anthem working with Office of Managed Care, Health Network to modify/revise the data sharing agreement (DSA) to possibly include BHS Needs, and address HEDIS measures. Team Involved: Alicia and Chad, with IT leadership. Action Required: Craft language for data exchange to support HEDIS requirements. Future Requirement: Need to include specific language in DSA benefiting Anthem as well. **6)** Transitional Rent benefit. Responsibility: MCPs for beneficiaries experiencing mental illness. Stakeholders, State, County Bureau Health, MCPs (e.g., Anthem). Current Discussions are ongoing between MCPs and state/County Bureau Health. Request to involve Anthem in planning conversations as soon as possible. **7)** Patricia's Role: Receiver of transition of care tools. Does not manage the screening tool part. Process: Emails referring party throughout the transition process. Outreaches when receiving a referral. Informs about initial contact attempt and connection status. Updates when member is ready and has a provider appointment. Maintains communication at each step. (Patricia) **8)** Correlate data points with new HR system. Analyze numbers behind the scenes and address discrepancies. Connect Ivana with Patricia for warm handoff. Previous advocacy by Sarah Paulsen for this service. Suggestion: Orient Ivana on the warm handoff process to evaluate fit.	San Francisco County Team

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V. Health Plan Updates **1. Anthem** • **Membership– 36,276 (February 1st)** • **Utilization Report** Q1 2025 Anthem Blue Cross _ San Francisco Behavioral Health MOU _Reports_3.10.2025.pdf • **Transportation Benefits (NMT and NEMT)** Non-emergency medical transportation — provider certification statements - Provider News (anthem.com) • **LiveHealth Online** Live Health Online can be used by everyone. Encourage our members to use this platform. Urgent Care - See a Doctor 24/7 - LiveHealth Online **LiveHealth Online:** SSCASF (San Fran) Jan 2024: 28 Feb: 31 Mar: 18 Apr: 19 May: 14 Jun: 18 Jul: 22 Aug: 25 Sep: 20	Anthem

Anthem

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Topics	Presenters

Oct	27
Nov	14
Dec	11

- **Screening Tools & Transition of Care Tools Referrals**

Transition of Care Tool: San Francisco County Q4 2024

Month/Year	Referrals Received	Members Linked	Members Refused	Members Unable to Locate	Referrals Made to County/MHP
Oct 2024	10	7	1	2	0
Nov 2024	8	7	1	0	0
Dec 2024	11	6	1	4	0
Totals	29	20	3	6	0

Screening Tools Completed by Anthem

				2024 Q4 Total	YTD Grand Total
Screening Tool Type	**Oct**	**Nov**	**Dec**		
Adult	**4**	**1**	**0**	**5**	**26**
MCP (NSMHS)	2	1	0	**3**	**19**
MHP (SMHS)	2	0	0	**2**	**7**
MHP (SUD ONLY)	0	0	0	**0**	**0**

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Youth	**2**	**2**	**0**	**4**	**4**	
MCP (NSMHS)	2	2	0	**4**	**4**	
MHP (SMHS)	0	0	0	**0**	**0**	
MHP (SUD ONLY)	0	0	0	**0**	**0**	
Grand Total	**6**	**3**	**0**	**9**	**30**	

Screening Tools Received by Anthem

				2024 Q4 Total	YTD Grand Total
Screening Tool Type	**Oct**	**Nov**	**Dec**		
Adult	**11**	**13**	**12**	**36**	**83**
Warm Transfer	0	0	0	**0**	**0**
Fax Only	11	13	12	**36**	**83**
Youth	**0**	**2**	**0**	**2**	**7**
Warm Transfer	0	0	0	**0**	**0**
Fax Only	0	2	0	**2**	**7**
Grand Total	**11**	**15**	**12**	**38**	**90**

Heather: Current Situation: People are connected to providers. Process: Providers facilitate warm handoffs to other health delivery systems. Issue: High number of individuals could not be located. Concern: Consideration of quality improvement or process adjustments needed.

Patricia: Workflow: Make 2 outreach calls. Send a letter. Wait 14 days for member response. Communication Keep the referral source updated throughout the process. Expectation: Referral source also reaches out to the member.

Sarah: Cold Call Success Rate: Current rate at 20% (low for cold calls). Typical success rate is 30-35%. Positive Insight: Team effectively prepares members for calls from Anthem. Not ideal, but good outcome for non-warm transfers. Patricia actively reaching out using letters and calls. Goal Maintain or improve connection rate further.
Referral Process: Direct referral from provider to team, bypasses an intermediary. Provider Role: Essential for active involvement in referrals. Reinforce messaging with providers about transition of care tools. Educate providers on continuity and knowledge transfer significance. Ensure members' stories are effectively communicated.

- **Encounter Data- Mild to Moderate BH Services (TBD)**

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• **Cal-AIM Programs** Anthem is continuing to implement CalAIM in Santa Clara County with regular meetings occurring with key organizations. 1. CalAIM Overview 1. Community Health Workers (ca.gov) 2. ECM Overview 3. CS Overview • **ECM and CS Enrollment Data (Utilization Report)** • **Flyers: CHW, CS, and ECM** **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:**	

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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 **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	

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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	
VI. Care Coordination	All
VII. Referrals • Close Loop Referrals: This is an MCP mandate as of 7/1/2025. We will need to amend the MOU to include this language.	All
VIII. Strategies to Avoid Duplication of Services	All
IX. Dispute Resolutions	All
X. Collaboration **CHA/CHIP PHM/PNA: Community Health Assessment/ Community Health Improvement Plan Population Health Management/Population Needs Assessment** Meet with Priscilla Chu (SFDPH), Bernadette Gates (SFDPH), 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. We completed the LHJ/MCP Worksheet.	All

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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 collaborated on the 2024 Annual DHCS Strategy Deliverable Template for the CHA/CHIP. Currently Reviewing, Revising, and Finalizing 2024 CHA Draft. Potential Collaboration for Community Baby Shower. **A. DEI:** Participating in a workgroup that consists of Santa 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	
XI. Member Engagement **Benefits, Programs, and Services:** Medi-Cal Plan Benefits and Programs | California Medicaid Anthem **Healthy Rewards Program:**	All

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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.  CABC-CD-053882-24 EXPRESS Hlthy Rwrds Prg Flier_FINAL.pdf **<u>Anthem Resources for Maternal Mental Health</u>** **Member Brochures on New Baby, New Life:** English ca_caid_pregnancyandbeyond_eng.pdf Spanish: ca_caid_pregnancyandbeyond_spa.pdf **Info found under "Get Help" Health and Wellness- "Pregnancy and Women's Health" section:** https://mss.anthem.com/california-medicaid/get-help/health-wellness/pregnancy-womens-health.htm **Healthy Rewards Program includes New Baby New Life Incentives:** Medi-Cal Plan Benefits and Programs | California Medicaid Anthem Medi-Cal Plan Benefits and Programs | California Medicaid Anthem. Our OB CM's always educate our members on Post Partum depression and resources. **Live Health Online Maternal Menal Health Service:** ca_caid_pregnancyandbeyond_eng.pdf (anthem.com) www.bemomaware.com	

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https://www.postpartum.net CA_CAID_PostpartumMoodDisorderFlier.pdf (anthem.com)  Live Health Online Flyer FINALv6.pdf  LHO User Instructions Flier.pdf  LHO Overview FINAL.pdf  LHO SP.pdf  Transportation BR FINAL 12 21 (2).pdf  Transportation BR Flier Spanish HR 12 21.pdf	
XII. Action Items 1) Alecia, Chet, Kalil, and Karime to meet to discuss Data Sharing in DAA 2) Imo, Rebecca, Kris, and Kalil to meet to discuss transitional rent. 3) Connect Ivana with Patricia for warm handoff .	All
XIII. Open Forum Discussion	All
XIV. Next Meeting: June 9, 2025 @ 9:00 am	All