



Meeting Agenda/Notes

**Anthem & San Andreas Regional Center**

**Meeting Title:** Q2-2024 San Andreas Regional Center MOU Meeting  
**Date/Time of Meeting:** 6/6/2024 – 9:30 a.m. – 10:30 a.m.  
**Location:** MS Teams  
**Frequency:** Quarterly  
**Dial in:**

**Meeting Leader:**

**Kalil Macklin, Anthem**

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

<b>I.</b>	<b>Introductions</b>	All 5MIN
<b>II.</b>	<p><b>Regional Center Updates:</b></p> <ul style="list-style-type: none"> <li>We have three members of Anthem Blue Cross that are at an ICF since January, and we have not been able to bill them somehow. They have not been paid since January.</li> <li>Whoever oversees the ICF's at Anthem have been not involved, or not helping they call.</li> <li>Problems right now that I'm having is with Tupaz. She has 13 homes with six clients at each of them.</li> <li>There's one client in three of her homes, so three different homes, and they're still not able to bill since January.</li> <li>At one point, the helpline was saying to the homes "you're an ICF, you need to Bill Medicare 1st and then we can you can bill an MCP".</li> <li>SARC had to inform them "they don't bill Medicare; they are not a provider of Medicare".</li> <li>Helpline is saying, "as a skilled nursing, you should be billing Medicare 1st and then the MCP".</li> <li>They don't know what a ICF really is at the service member registration call.</li> <li>We had to teach them that they were, yes, seen in your system.</li> <li>I'm guessing an ICF is seen exactly as the same coding as a skilled nursing.</li> <li>They are a provider that can't bill Medicare and that clients specifically had Medicare and then medical.</li> <li>For the ICF part, it should have been Anthem directly that paid for.</li> <li>It just showed my employees and my social worker that there's a lot of education to do.</li> <li>You need to bill Medicare. Those homes don't bill Medicare, they're not Medicare Licensed, they are Medi-Cal.</li> </ul>	SARC 20MIN
<b>III.</b>	<b>Anthem Health Plan Updates:</b>	Kalil

**MOU:** We sent the MOU, signed by Plan President, on April 4, 2024, ready for signature from the SARC. We received word from Javier on April 22, 2024, that the MOU was at the legal counsel for further review. Please provide update. See MOU below, signed by Anthem's Plan President.

20MIN



SARC Regional Center MOU Template Anthem CLEAN-SHAYLA.pdf

Julie:

- SARC received your copy.
- We submitted it to our team and our leaders and our lawyers.
- There's a census right now with all the regional centers that are pushing back on some of the language that the HCS is imposing and there's a lot of changes that they want to do and to the core of the text that we were told not to change.
- And so that will affect not only us, but it may also affect a lot of your ongoing contract.

Kalil:

- Anything we add basically or take away that's not supposed to be deviated from will have to go to DHCS for review.
- If the team leaders and lawyers understand that deviating from the unbracketed and unitalicized language, it will need to go back to DHCS for review.
- The regional centers may all be aligned in that sense.
- Send us the updated template whenever you have that, and we can compare that to the other regional centers and see if it's pretty much aligned with the changes that the other regional centers are making as well.

Julie:

- SARC is having a meeting on 6/14 with the lawyers and everybody else will review their version.
- We'll try to do a quick version as possible.
- We'll strike out what they wanted to us to remove and that what we feel is OK.
- We don't have to match everybody else in the regional centers, but it was brought to our attention that there's a lot of activities in the MOU's that are added to our side of it but not compensated.
- We're still trying to figure out how we could cover and not remove so much because basically they're rewriting the whole MOU and cutting down a lot of things.
- We're trying to minimize our input and minimize our effort in this, because really, we're not a provider of services.
- We're just going to be the doing same thing as you guys are doing.
- We're offering resources that we contract with just like you are.
- This is more written in the language as if we were a direct contractor.
- How does it change anything if Anthem Blue Cross understands or not how the regional functions?
- It is important to have the MCP understanding criteria for admission for clients under our services.
- I have never had a MCP referring people to us.
- DHCS rolled that MOU specifically for regional center, but I don't think they know any clue of how we function or who we are on the reality.
- It's written more like if we were a Regional skilled nursing facility or a that directly sends reports and medical information, which we don't have.

- We have no physician on board.
- We are depending on physician attached to Anthem or other insurance to give us those reports.
- Once I have the word from our Lawyer, I will just type next to it slash and put the comments into it and then I will forward that back to you, and you can bring it back to your team.
- That's basically where we're at with the MOU.

**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 Health Assessment:**

- Housing and Neighborhood Conditions
- Access to Care
- Acute and Chronic Conditions
- Maternal and Child Health

**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 SCC HSS. SFTP Site is set up. Test files have successfully been exchanged. Data will be exchanged once BAA is established.

**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

**CalAIM:**

- 1. Anthem is continuing to implement CalAIM in Santa Clara County with regular meetings occurring with key organizations.

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

**Community Health Worker:**

- 1. 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.
- 2. 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.
- 3. CHWs are also known as promotors, community health representatives, or community health advisors.

**Primary roles:**

- Health navigator
- Health educator



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:**



CA\_CalAIMCSmemberreferralform.pdf



CABC-CD-049197-24 CalAIM CS Flyer\_FINAL 1.pdf



ENGLISH CalAIM CS One-Pager FINAL.pdf

**Enhanced Care Management:**



CA\_CAID\_ECMProviderDirectory.pdf



CaAIM ECM Referral Form\_FINAL\_Fillable.pdf



CaAIM-ECM Referral Form with Checklist\_CABC-CD-047080-23 \_V3\_fillable.pdf



CABC-CD-049193-24 EXPRESS CaAIM ECM Flier\_FINAL (1) 2.pdf



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

[Keep Your Medi-Cal \(socialpresskit.com\)](https://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**

	 <p>ACAPEC-2687-21 CA Medi-Cal Care Mgm</p> <p><b>Updated Preservice Review Form</b></p>  <p>ACAPEC-3456-22 CA GBD PA Request For</p>	
<p><b>VI.</b></p>	<p><b>Data: Utilization Reports</b></p> <ul style="list-style-type: none"> <li>• Anthem membership</li> <li>• Behavioral Health Utilization</li> <li>• LiveHealth Online Utilization</li> <li>• Modivcare Transportation Utilization</li> </ul>  <p>Q2 2024 Anthem Blue Cross _ San Andreas Regional Center MOU _Reports_6.13.2024.pdf</p>	<p>Kalil &amp; Patricia 10MIN</p>
<p><b>VII.</b></p>	<p><b>Follow-Up Items:</b></p>	<p>All 5MIN</p>

**Next Meeting: 9/5/2024 @ 9:30 am**