



## Quarter 2 2025 San Francisco County Behavioral Health/Anthem Quarterly MOU Meeting

**Date & Time** June 9, 2025  
**Frequency** Quarterly  
**Location** Virtual  
**Meeting Leader** Kalil Macklin

### Attendees


Organization	Name & Title	Attended
San Francisco County Behavioral Health Department	Alecia Martin	<input checked="" type="checkbox"/>
	Nancy Yu	<input checked="" type="checkbox"/>
	Ivanna Chavez	<input checked="" type="checkbox"/>
	Heather Weisbrod	<input checked="" type="checkbox"/>
	Jormel Christian-Tabayoyong	<input checked="" type="checkbox"/>
Anthem	Kalil Macklin	<input checked="" type="checkbox"/>
	Sarah Paulsen	<input checked="" type="checkbox"/>
	Patricia Lacanfora	<input checked="" type="checkbox"/>
	Fargol Riahi	<input checked="" type="checkbox"/>
		<input type="checkbox"/>

### Agenda

Topics	Presenters
<b>I. Welcome &amp; Introductions</b>	All
<b>II. Follow-up Items</b> <ul style="list-style-type: none"><li>Alecia, Chet, Kalil, and Karime to meet to discuss Data Sharing in DAA</li><li>Imo, Rebecca, Kris, and Kalil to meet to discuss transitional rent.</li></ul>	All
<b>III. MOU Updates</b> <b>1) BH MOU: MHP/DMC_ODS MOU</b> (Executed and Amended Language for Responsible Party) Mandate: Closed loop referral required by MCP starting July 1 <sup>st</sup> . 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



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<p><b>IV. County BH Program Updates</b></p> <ul style="list-style-type: none"><li>• We've been informed that we need to revise our Data Sharing Agreement to allow for this. We currently have a draft.</li><li>• Sarah Paulsen</li></ul> <p>- Emphasized updates needed for closed loop referrals, now aimed for mid-2026 implementation.</p> <p>- Stressed the importance of attending meetings to support coordination efforts and outlined differences in MCO processes.</p> <p>- Highlighted excitement over EPIC system integration and the necessity for standardized transition of care tools required since early 2023.</p> <ul style="list-style-type: none"><li>•</li></ul>	San Francisco County Team
<p><b>V. Health Plan Updates</b></p> <p><b>1. Anthem</b></p> <ul style="list-style-type: none"><li>• <b>Membership– 36,868 (May 1<sup>st</sup>)</b></li><li>• <b>Utilization Report</b></li></ul> <div><p>Q2 2025 Anthem Blue Cross _ San Francisco Behavioral Health MOU _Reports_6.9.2025.pdf</p></div> <ul style="list-style-type: none"><li>• <b>Transportation Benefits (NMT and NEMT)</b> <a href="#">Non-emergency medical transportation — provider certification statements - Provider News (anthem.com)</a></li><li>• <b>LiveHealth Online</b> Live Health Online can be used by everyone. Encourage our members to use this platform. <a href="#">Urgent Care - See a Doctor 24/7 - LiveHealth Online</a></li><li>• <b>Screening Tools &amp; Transition of Care Tools Referrals</b></li></ul>	Anthem



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<b>Transition of Care Tool: San Francisco County Q1 2025</b>						
Month/Year	Referrals Received	Members Linked	Members Refused	Members Unable to Locate	Referrals Made to County/MHP	
Jan 2025	9	6	1	2	1	
Feb 2025	6	5	0	1	0	
Mar 2025	11	8	0	3	0	
<b>Totals</b>	26	19	1	6	1	
<b>Screening Tools Completed by Anthem</b>						
	Q1 2025			Q1 2025 Total	YTD Grand Total	
Screening Tool Type	Jan	Feb	Mar			
<b>Adult</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>7</b>	<b>7</b>	
MCP (NSMHS)	3	2	0	5	5	
MHP (SMHS)	1	0	1	2	2	
MHP (SUD ONLY)	0	0	0	0	0	
<b>Youth</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
MCP (NSMHS)	0	0	0	0	0	
MHP (SMHS)	0	0	0	0	0	
MHP (SUD ONLY)	0	0	0	0	0	
<b>Grand Total</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>14</b>	<b>14</b>	





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<p><b>Enhanced Care Management:</b></p> <p>When providers are fully contracted they are posted on our website under “Find Care.” <a href="#">Find Care &amp; Estimate Costs for Doctors Near You   Anthem.com</a> Type ECM Field-Based in the search bar. That is the most real time update as required by DHCS.</p> <p><a href="#">California Advancing and Innovating Medi-Cal (CalAIM)   Anthem Blue Cross</a></p> <p><a href="#">Care Management   California Medicaid Anthem</a></p> <p><b>ECM Referral Form Updates:</b></p> <ul style="list-style-type: none"><li>ECM referral forms (for both adults and children &amp; youth) will be revised and become available in Jan 2025 to include <a href="#">standardized referral language as set by the DHCS</a>. You may continue using the current ECM referral forms until Jan 2025.</li></ul>	
<p><b>VI. Care Coordination</b></p> <ul style="list-style-type: none"><li>Data Sharing Agreement (DAA): Urgent update of the DAA was discussed to align with 2026 mandates and support quality improvement metrics.</li><li>Care Tools and Coordination: The use of Epic Care Link for transitions of care was discussed, with Heather Weisbrod suggesting meetings on care coordination and client-level discussions.</li><li>Next Steps: Involves revising the DAA and setting up meetings for care coordination to ensure aligned objectives.</li><li>Office of Coordinated Care (Heather Weisbrod):</li><li>Focused on care coordination and the importance of Epic Care Link access.</li><li>Emphasized the need for regular communication to improve transition of care processes and increase the efficiency of warm transfers.</li><li>Underlined the urgency to update the data sharing agreement (DAA) by year's end in accordance with live reporting needs.</li><li>Initiated talks about the necessities for enhanced coordination on access and eligibility processes.</li></ul>	All
<p><b>VII. Referrals</b></p> <ul style="list-style-type: none"><li>Close Loop Referrals: This is an MCP mandate as of 7/1/2025. We will need to amend the MOU to include this language.</li><li>Discussed the complexity of the referral process and the need for clear communication in closing cases. Mentioned confusion over screening tools being treated as case management referrals, highlighting a need for clarity in processes.</li></ul>	All







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<ul style="list-style-type: none"><li>• Closed Loop Referral Updates: highlighted the need to update MOU language, with the project now expected to start in mid-2026. Sarah Paulsen confirmed this timeline adjustment.</li><li>•</li></ul>	
<b>VIII. Strategies to Avoid Duplication of Services</b>	All
<b>IX. Dispute Resolutions</b>	All
<b>X. Collaboration</b>  <b>CHA/CHIP PHM/PNA: Community Health Assessment/ Community Health Improvement Plan Population Health Management/Population Needs Assessment</b> 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 Francisco 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. CHIP Priorities: 1: Behavioral Health 2: Access to Care 3: Economic Opportunity Funding Proposal (\$61,750) <ul style="list-style-type: none"><li>• 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</li></ul> We collaborated on the 2024 Annual DHCS Strategy Deliverable Template for the CHA/CHIP.  Currently Reviewing, Revising, and Finalizing 2024 CHA Draft.	All









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Potential Collaboration for Community Baby Shower.	
<p><b>XI. Member Engagement</b></p> <p><b>Benefits, Programs, and Services:</b></p> <p><a href="#">Medi-Cal Plan Benefits and Programs   California Medicaid Anthem</a></p> <p><b>Healthy Rewards Program:</b></p> <p>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.</p> <p> 12292504 1057170CAMSPABC Healthy Rewards BR MKT 02 24.pdf</p> <p> 12292504 1057170CAMENABC Healthy Rewards BR MKT 02 24.pdf</p> <p> CA_CAID_PU_HealthyRewardsProgram.pdf      Provider Flier only.</p> <p> CABC-CD-053882-24 EXPRESS Hlthy Rwrds Prg Flier_FINAL.pdf</p> <p><b><u>Anthem Resources for Maternal Mental Health</u></b></p> <p><b>Member Brochures on New Baby, New Life:</b></p> <p>English <a href="#">ca_caid_pregnancyandbeyond_eng.pdf</a></p> <p>Spanish: <a href="#">ca_caid_pregnancyandbeyond_spa.pdf</a></p> <p><b>Info found under "Get Help" Health and Wellness- "Pregnancy and Women's Health" section:</b></p>	All



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<p><a href="https://mss.anthem.com/california-medicaid/get-help/health-wellness/pregnancy-womens-health.htm">https://mss.anthem.com/california-medicaid/get-help/health-wellness/pregnancy-womens-health.htm</a></p> <p><b>Healthy Rewards Program includes New Baby New Life Incentives:</b></p> <p><a href="#">Medi-Cal Plan Benefits and Programs   California Medicaid Anthem</a> Medi-Cal Plan Benefits and Programs   California Medicaid Anthem. Our OB CM's always educate our members on Post Partum depression and resources.</p> <p><b>Live Health Online Maternal Menal Health Service:</b></p> <p><a href="#">ca_caid_pregnancyandbeyond_eng.pdf (anthem.com)</a></p> <p><a href="http://www.bemomaware.com">www.bemomaware.com</a></p> <p><a href="https://www.postpartum.net">https://www.postpartum.net</a></p> <p><a href="#">CA_CAID_PostpartumMoodDisorderFlier.pdf (anthem.com)</a></p> <div><div> Live Health Online Flyer FINALv6.pdf</div><div> LHO User Instructions Flier.pdf</div><div> LHO Overview FINAL.pdf</div><div> LHO SP.pdf</div><div> Transportation BR FINAL 12 21 (2).pdf</div><div> Transportation BR Flier Spanish HR 12 21.pdf</div></div>	
<p><b>XII. Action Items</b></p> <p>1) Emphasized communication, shared responsibility, and regular updates to agreements. Sarah Paulsen expressed eagerness to support initial meetings and highlighted the importance of collaboration between MCOs. Confusion between screening tools versus case management referrals was noted, along with the need for improved outreach efforts, education, and awareness regarding available services.</p>	All
<p><b>XIII. Open Forum Discussion</b></p>	All





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XIV. Next Meeting: September 8, 2025 @ 9:00 am	All