



Agenda/Meeting Notes

**Anthem & San Francisco County
Behavioral Health Department**

Meeting Title: Q3-2024 Behavioral Health MOU Meeting
Date/Time of Meeting: 9/9/2024 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)	
Sarah Paulsen, BH Director		Imo Momoh, Director MCP (DPH)	
Fargol Riahi, BH Case Management		Mimi Hiraki, analyst with the Office of Managed Care	Y
David Lavine, Program Manager Timely Access	Y	Craig Murdock, behavioral vaccines for San Francisco Behavior health services	Y
Patricia Lacanfora, BH Case Manager	Y	Heather Weisbrod, (DPH)	Y
		Gloria Frederico, director of the private provider network and I work on the AOA leadership team	Y
		Farahnaz Farahmand, director of the Children Youth Family System of care and behavioral health	Y
		Angelica Almeida, (DPH)	
		Kali Cheung, (DPH)	
		Joe Turner, (DPH)	
		Alecia Martin, (DPH)	
		Nancy Yu, (DPH)	Y
		Alexander Jackson, deputy director for the adult and older adult system of care at behavioral health	Y

I.	Introductions	All
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Behavioral Health Program Updates:

BH Dept.

Heather:

- first major update that we wanted to share was that BH just went live in Epic and May 22nd
- behavioral health services mental health services are now fully live in epic ours Gustavo services remain in Avatar.
- some change in our in our access flow which doesn't affect our access from Anthem.
- our processors remain the same for the transition of care tool in the screening tool exchange, but we did make some changes in terms of and of larger community access
- trying to centralize access as much as possible and standardized access, and centralized access to our access points and then standardize our access processes.
- now that we're live in Epic, we want to start talking about or continuing conversation that we started earlier this year about the possibility of exchanging transition of care and screening tools via epic care link.
- We know that there's an exchange already of information with Anthem via Caroline, with the larger system DPH
- thinking through whether that might be a possibility for the transition of care and screening tools both for its ease of ease of transmission and then also data tracking.
- staffing updates:
 - 1st staffing update is that Marlo Simmons, who was the deputy director of BHS, left in July
 - Angelical Meda, who was the director of the adult and Older Adult System of Care, is has now moved out of her role. and is with Zuckerberg service Cool General Hospital. She's now the chief integrative officer there.
- II. • we'll be able to remain in close partnership with her as the SFG.
- We have hired a new director of Central Access and eligibility.
- this is a new position for the system sits under the Office of Coordinated Care, and we'll be providing oversight of our central access programs as well as our central eligibility team, and then these new centralized access procedures that I mentioned earlier, her name is Ivana Chavez.
- we'll want to start introducing her
- we're working on the justice involved populations and with the October 1st launch of the behavioral health linkages component
- we've been actively engaged and work with Jill Health and with the Sheriff's Office and the justice involved planning which I know Anthem is a part of UM to prep and launch behavioral health coaches
- GAIL Health is part of the jail already and we have some established pathways and so we're working on fine tuning those and getting ready for the volume increase that we are likely to see.
- that's a major project

Gloria:

- January: our private provider network panelists will be on EPIC as well.
- it's a whole different situation trying to figure this one out because we do all the claims that come in outside claims and things.
- it's a little bit different than rolling out in the system of care, but I have faith we will figure it out.
- we recently introduced a new increase to our panelists, a 5% increase.
- coding changes that DHCS announced in July as well

Mimi:

- I have a copy of the final signed version of the MOU
- I also just wanted to say a huge thanks to you to helping along the process and helping get both of our LEGALS into finally get the MOU signed and executed
- I can share it with you...the signed copy

Anthem Health Plan Updates:

MOU Engagement:

- The MHP/DMC_ODS MOU has been reviewed by San Francisco City Attorney and Anthem Legal. The document has been agreed upon and sent to the appropriate parties for signatures.

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 stand-alone DAA with SFDPH. SFTP Site is set up. Test files have successfully been exchanged. Data will be exchanged once DAA is established. We are meeting with SFDPH in September to finalize the DAA.



III. APL 23-031 Adult Expansion Final_Clean.pdf

DEI: Participating in a workgroup that consists of San 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 diversity equity inclusion.pdf

Kalil

UCSF Termination:

Good News & Extension UC Health System

- agreement reached.
- All the UC Health contracts were fully executed in the beginning of April.
- Anthem's Public Relations microsite: anthem.com/ca/uhealth/

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), 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. **Confirmed on 1/30/24**

We just completed the LHJ/MCP Worksheet.

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

LiveHealth Online:

Kalil: Live Health Online can be used by everyone. Encourage our members to use this platform. Will continue to talk about it until our utilization increases.

[Urgent Care - See a Doctor 24/7 - LiveHealth Online](#)



Live Health Online Flyer FINALv6.pdf



LHO User Instructions Flier.pdf



LHO Overview FINAL.pdf



LHO SP.pdf

Transportation/ModivCare Services:

[Non-emergency medical transportation — provider certification statements - Provider News \(anthem.com\)](#)



CA-ANTHEM-NEMT-PCS-Form-FINALv4.pdf



Transportation BR FINAL 12 21 (2).pdf



Transportation BR Flier Spanish HR 12 21.pdf

CalAIM:

Anthem is continuing to implement CalAIM in San Francisco County with regular meetings occurring with key organizations.

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

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:

[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:

[California Advancing and Innovating Medi-Cal \(CalAIM\) | Anthem Blue Cross](#)

[Care Management | California Medicaid Anthem](#)



CA_CAID_ECMProviderDirectory.pdf



CalAIM ECM Referral Form_FINAL_Fillable.pdf



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



CABC-CD-053882-24 EXPRESS Hlthy Rwrds Prg Flier_FINAL.pdf

Healthy Rewards Program:

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.

David Lavine: Timely Access Presentation

- two main components of access and availability are Geo access.
- the time and distance it takes to get to the nearest in network provider and timely access and they're related because if you have, if your network is sufficient within Geo access, you're more likely to have enough providers to meet the timely access requirements as well.
- we report we report to a few different regulators for Geo access.
- We primarily report to the Department of Health Care Services and then for timely access, we report primarily to the Department of Managed Healthcare.
- This is the standards for DHCS. They have the timely access standards, which for behavioral health or the same for DHCS and DMHC.
- I'm just going to work off this APL.
- San Francisco is a dense county and because of that it has more stringent Geo access standards.
- PSYCHIATRY falls within the specialty care. It's one of the core specialists so that the time or distance standard, and it is within time or distance based off Google Maps.
- the distance to the nearest psychiatrist must be within 15 miles for each member or 30 minutes, so it can be either or.
- For non-physician mental health, the standard is also 15 miles or 30 minutes.
- I want to show you we just got some new Geo access network adequacy software at the enterprise level that we're using, it's called Quest QES.

- Basically, it has a lot of different functionalities, but I wanted to show you a zip code level Geo Access report for San Francisco County.
- this is each zip code for the mental health outpatient roll up.
- it has all the mental outpatient providers you can see down the line.
- You guys are at 100% access, which is great.
- It looks like every single member in San Francisco County, at least with Anthem Medical, has access within the time or distance standards.
- survey is from mid-July to mid-November. Started July 10th this year, we are trying to complete our survey before the holidays.
- 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 PCP's, 96 hours for specialists this year.
- Urgent appointment waiting times will include weekends on holidays.
- The routine appointment standards have not changed.
- It is ten business days for a primary care appointment and fifteen business days for a specialty care appointment.
- then there is a new metric that started last year, that is ten business days for a non-physician.
- Mental health follow-up appointment practitioners must also maintain compliance with the 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.
- We provide incentives for compliance.
- We recently implemented the medical value payment program, or MVP or provider groups can earn a monetary award in two domains, HEDIS and improvement activities.
- Providers can earn a per capita award if they meet or exceed the 50th percentile for specific HEDIS measures, such as timely access to care or if they complete anthem designated improvement activities. An example would be achieving 85% compliance on the posts for urgent care appointments.
- Groups can be paid up to \$1.50 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 at Test stations indicating they're taking the steps to meet timely access requirements.
- Provider groups with less than a 70% compliance rate for urgent or non-urgent appointments receive a cap.
- what can you do to help me timely access requirements? Well, for one, you can post the timely access flyer in or have providers post the timely access flyer and their front office.
- Train your front office scheduling staff in timely access.
- Many times, providers will be aware of the timely access standards, but they're schedulers are not, and since they're the ones who do the scheduling, that's a problem.
- Have a policy and procedure in place to leave appointments available for last minute, urgent or sick appointments.
- Our urgent appointment rate of compliance is a problem area.
- This year, many providers don't know that they can use telehealth appointments for timely access because telehealth is more convenient.
- utilizing telehealth can make the difference.
- And finally, make sure you update Anthem immediately with any demographic changes, such as a change in phone number, email.
- A big problem for us is our low response rates and having the correct contact information will make a big difference.
- we have the scores by provider type.
- Non-physician mental health, it looks like they've surveyed and you're at 100%.
- 67% for psychiatry
- what's pulling down your scores are child and adolescent psychiatry and San Francisco, so that's where we really need help, the child and adolescence psychiatry scores.

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

Data Exchange:

Referrals:

IV.

<u>Transition of Care</u> Month, Year	TOC Tools Received	Members Linked	Members Refused	Members Unable to Locate	TOC Tools Sent to the County
April 2024	7	4	0	3	0
May 2024	16	8	0	8	0
June 2024	4	4	0	0	0
Totals	27	16	0	11	0

Screening Tools Completed by Anthem

				2024 Q2 Total	YTD Grand Total
Screening Tool Type	April	May	June		
Adult	1	4	2	7	15

MCP (NSMHS)	1	2	1	4	10
MHP (SMHS)	0	2	1	3	5
MHP (SUD ONLY)	0	0	0	0	0
Youth	0	0	0	0	0
MCP (NSMHS)	0	0	0	0	0
MHP (SMHS)	0	0	0	0	0
MHP (SUD ONLY)	0	0	0	0	0
Grand Total	1	4	2	7	15

Screening Tools Received by Anthem

				2024 Q2 Total	YTD Grand Total
Screening Tool Type	April	May	June		
Adult	9	10	1	20	33
Warm Transfer	0	0	0	0	0
Fax Only	9	10	1	20	33
Youth	0	0	0	0	2
Warm Transfer	0	0	0	0	0
Fax Only	0	0	0	0	2
Grand Total	9	10	1	20	35

Utilization Reports:

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



Q3 2024 Anthem Blue Cross _ San Francisco County BH MOU _Reports_9.9.24.pdf

Follow-Up Items:

V.

- San Francisco health plan helped clean up SFDPH provider list. I'm wondering if we can plan for next year to also review the provider list with you next here so that we are capturing the correct people to send the survey (Nancy Yu)
- requesting the full provider list for clean-up efforts might be something Anthem can consider, at least you're not providing them with the exact providers that you know are going to be surveyed. (David Lavine)

All

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|--|---|--|
| | <ul style="list-style-type: none">• I would have to talk to our provider Communications department and my supervisor to make sure, but that sounds like something we might be able to do. (David Lavine)• I would have to talk to our provider Communications department and my supervisor to make sure (David Lavine) | |
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Next Meeting: 12//2024 @ 9:00 am