	Anthem & San Andreas Regional Center	
![Anthem logo] **Meeting Agenda/Notes**	**Meeting Title:** Q3-2024 San Andreas Regional Center MOU Meeting **Date/Time of Meeting:** 9/13/2024 – 1:00 p.m. – 2:00 p.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
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			

I.	**Introductions**	All 5MIN
II.	**Regional Center Updates:** At this moment there is no changes on our side or new development.	SARC 20MIN
III.	**Anthem Health Plan Updates:** **MOU:** MOU needs further discussion and review. 📄 PDF SARC Regional Center MOU Template Anthem CLEAN-SHAYLA.pdf **Julie:** • SARC still wants to have the January 24 date as effective date, and everything else that needs to go in the opening paragraph. • we would keep the same expiration date 12/31/2028. • the major changes are mostly little worlds here and there. i.e. instead of must we added shall. • Took out this meeting at least quarterly obligation. Meet as needed. • We do not need to have an eligibility determination for unauthorized services to be arranged...SARC already does that, and they are not covered by Anthem anyway. • this Regional Center MOU Template by DHCS is the same MOU that you would send to a skilled nurse in a hospital. • The layers of what SARC holds in our offices versus what a SNF does is totally different, and they should have thought about a version with more flexibility for Regional Centers. they wrote it from a skilled nursing facility perspective instead of a regional center perspective.	Kalil 20MIN

- There is no need to do closed loop referrals because Anthem doesn't deal with referrals with SARC.

- We're not going to be an ECM either, so that that changes the capacity on doing so.
- We do not receive that list and that's the problem because we don't know who in our clients are receiving ECM, were referred to ECM and may have received it.
- it may affect if they're not accepting to be removed and that they may not receive ECM on their side because the regulations, apparently, that we cannot doubled up.
- So instead of having the plan telling us that this is it then can you remove them. What happened is that they turned off the program of ECM and they couldn't be helped, so that was we're still in conversation with them trying to figure it out, but since there's no mechanism for sharing in place, we were thinking that the MOU, which is a broader general and it already talks about ECM and community. We thought that maybe that Appendix C at the back, regrading documents that could be shared, might be an appropriate place to add that list into it.
- Exhibit data element MCP and regional center may share the following data:
We could add a point into this because this is what we've created. we could add in the language that Anthem is OK with, but something of the source of adding ECM shares or something.

- Our Lawyer says dispute resolutions is not a problem.

- disaster preparedness is optional language so it's OK to delete it, but I do know that as of 2025 this is going to be mandatory.
- instead of amending any language that's going to be mandatory in 2025, we might as well include in this MOU now. (Kalil)

- The disaster preparedness., We already have our own, so I don't know why we would develop a policy and procedure to mitigate the effect of nature. We're not sharing any list. We're not.
- Let's say tomorrow this entire area here becomes flooded, you would not have any of my documents anyway.
- How would the disaster be centralized with a regional center program?
- I would understand if it would be a hospital because then they would have to figure out a way of communication even though the system is down.
- SARC functions as a silo and Anthem has no connection to our clients or to our list.
- that's why they don't see how that would function
- How would we be disputing? we don't offer services, and you're not paying us.
- If Anthem wants to dispute, it would be with a member that is requesting a services and Anthem is denying the member.
- But it's not the SARC that you're denying. It's not the regional center. You're not paying us for any services.
- Dispute resolution is more based on if you were a hospital, a skilled nursing.
- Having requesting payments and Anthem says, member is no longer in need of medical needs and now he can be discharged. We're not going to pay for this, and they keep the member because of whatever logistic. We have no ties to any of this.
- If we ever, for any reasons, would refer a client to be a member of, that would not become a dispute anyway.
- If Anthem is refusing the member to be an Anthem member, then we would switch them to something else, which I don't see why Anthem would say no to a client to become a new member.
What are you missing in your report that we can help address or something?

That's done on a regular basis, but that doesn't turns into a dispute.
You know, it's more like a support and advocacy to a client.
With your agency.

- Julie will bring back that point and the language, regarding disaster preparedness, that Anthem feels like should still be there, since it's coming back as an obligation in 2025, might as well leave it in the MOU. SARC will return it to our lawyers to review or inquire if we have any language that they are thinking that we could utilize to reverse the MOU reading more like a hospital's cases or skilled nursing.

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 Heath 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.

<u>Sharing and Exchange of Educational Resources</u>
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.

PDF APL23-025 diersity equity inclusion.pdf

CalAIM:

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

1. CalAIM Overview
1. Community Health Workers (ca.gov)
2. ECM Overview
3. CS Overview

Community Health Worker:

California Advancing and Innovating Medi-Cal (CalAIM) | Anthem Blue Cross

PDF CABC-CD-015396-22 Community Health Worker Overview_FINAL.pdf

PDF CABC-CD-014756-22 EXPRESS CHW Certification Tool_FINAL.pdf

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

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

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

Community Supports:

California Advancing and Innovating Medi-Cal (CalAIM) | Anthem Blue Cross

PDF CA_CalAIMCSmemberreferralform.pdf   **PDF** CABC-CD-049197-24 CalAIM CS Flyer_FINAL 1.pdf

PDF ENGLISH CalAIM CS One-Pager FINAL.pdf

PDF CA_CalAIMILOSFlier.
pdf

Enhanced Care Management:

California Advancing and Innovating Medi-Cal (CalAIM) | Anthem Blue Cross

[Care Management | California Medicaid Anthem](#)

PDF CA_CAID_ECMProviderDirectory.pdf

PDF CalAIM ECM Referral Form_FINAL_Fillable.pdf

PDF CalAIM-ECM Referral Form with Checklist_CABC-CD-047080-23 _V3_fillable.pdf

PDF CABC-CD-049193-24 EXPRESS CalAIM ECM Flier_FINAL (1) 2.pdf

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.

PDF 12292504 1057170CAMSPABC Healthy Rewards BR MKT 02 24.pdf

PDF 12292504 1057170CAMENABC Healthy Rewards BR MKT 02 24.pdf

PDF CA_CAID_PU_HealthyRewardsProgram.pdf   Provider Flier only.

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](#)

PDF Live Health Online Flyer FINALv6.pdf   **PDF** LHO User Instructions Flier.pdf

PDF LHO Overview FINAL.pdf   **PDF** LHO SP.pdf

	Transportation/ModivCare Services: [Non-emergency medical transportation — provider certification statements - Provider News (anthem.com)](#) 📄 PDF 📄 PDF Transportation BR FINAL 12 21 (2).pdf Transportation BR Flier Spanish HR 12 21.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)](#) **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** 📄 W ACAPEC-2687-21 CA Medi-Cal Care Mgmt **Updated Preservice Review Form** 📄 W ACAPEC-3456-22 CA GBD PA Request For	
VI.	**Data: Utilization Reports** - Anthem membership - Behavioral Health Utilization - LiveHealth Online Utilization - Modivcare Transportation Utilization 📄 PDF Q3 2024 Anthem Blue Cross _ San Andreas Regional Center MOU _Reports_9.13.2024.pdf	Kalil & Patricia 10MIN
VII.	**Follow-Up Items:**	All 5MIN

Next Meeting: @ 9:30 am