

Agenda/Meeting Notes

Anthem & Santa Clara County Public Health Department

Meeting Title: Q4-2024 Public Health MOU Meeting Date/Time of Meeting: 11/19/2024 – 11:00 a.m. – 12:00 p.m. Location: MS Teams

Frequency: MS Teams

Frequency: Quarterly

Dial in:

Meeting Leader: Kalil Macklin, Anthem

Anthem	Yes/No	o Santa Clara County Public Health Department		
Kalil Macklin, Program Manager	Υ	Amy Gunnarson, PHNM FIRST 5 Home visiting		
Anne Reiss, CCS Manager		Jane Capili - NFP/CalWORKs		
Jaime Kong	Υ	Anne Marie Santos, PHNM/CLPPP Coordinator		
Patrica Lacanfora, BH Case Manager		Beverly White-Macklin, Program Manager Blac Infant Health	:k Y	
Rudy Garcia, Community Outreach Manager	Υ	Bonnie Broderick		
Liz Tullis, FSR Manager	Υ	Charadine Dore, PHN Manager I for NFP Program Team I		
Minashki Sharma,		Charisse Feldman, MCAH Director & PHN Manager	Υ	
Rachel Gandt, Community Relations	Υ	John Sum,		
		Emma Mendez, RN BSN Public Health Nurse Manager II/CCS Administrator		
		Vivian Wong, WIC Director, WIC Program		
		Louise Hill- Black Infant Health		
		Grace Meregillano - Director of Nursing and maternal child and Family Health branch director for the Public health department	Υ	
		Dr. John Sum, CCS Medical Consultant		
		Arianne Mine, MCAH Health Planning Specialis III,	t Y	
		Lilly Vu, CCS		
		Allison Aguilar, Public health nurse with Santa Clara County public health, sexual health and home reduction program	Y	
		Dr. Rami Keisari, Medical Dir. CCS		
		Dyessie Demayo, WIC		
		Ann Ky, public health nursing manager for the	<u>,</u>	
		TV convention control program.	Y	
		Tonya Robinson, program manager for Black Infant health	Y	
Introductions		Α	.ll	
l.				
Public Health Program Updates II. CCS -			anta Clara 'H Team	
- Referrals				

- On time with all referrals
- New cases adjudicated within 5 business days
- Transportation Requests
- Referring transportation requests back to Health Plans
- Social workers assisting families with transportation requests
- CCS Posters
- Mailing posters to approximately 100 clinics in Santa Clara County serving patients aged 0-

21

- Aim to increase referrals from PCPs instead of waiting for specialist visits

CCHP -

NFP -

IZ -

MCAH/CPSP-

- MCH Updates
- Received presentation from Dr. Marks (DHCS) about birthing care pathway report, release expected in December
- Ongoing discussions about the future of Comprehensive Perinatal Services Program (CPSP)
- Auditing and quality of care conversations at the state with CDPH and DHCS
- Local health no longer oversees CPSP, now state and medical managed care plan level

Black Maternal Health Outcomes:

- Perinatal Resource Directory
- Updating directory for CPSP providers
- Directory available in electronic or paper format
- Will share finalized directory with providers
- Perinatal Mental Health Collaborative
- Recent in-person meeting attended by Rachel, led by Ming
- Ongoing discussions on partnerships

CPSP:

Black Infant Health: - Black Infant Health (BIH)

- Started in-person health education group classes in late August 2024
- Classes for both prenatal and postpartum
- Working on Board of Supervisors agenda report
- Includes quantitative and qualitative data
- Beverly will provide more details
- Board of Supervisors report nearly finished
- Wonderful outcomes to report
- Will share the final report soon
- Positive impact on clients and community
- Highlights the success of the program
- Community Advisory Board Meeting
- Next meeting in December
- Invitation extended to Rachel if not already on the list

SIDS -

Chronic Disease -

STD:

TB: No Update

HIV: COVID:

WIC-

- Rachel and Rudy from Anthem visited the WIC program
- Provided an overview of Anthem services
- Presentation highlighted many previously unknown benefits offered by Anthem
- Encouragement to invite them for a program presentation

- Valuable information and amazing benefits shared
- Outreach on doulas and doula benefits
- Evaluating effectiveness and progress
- Discussions with Anthem Blue Cross
- Focus on expanding outreach
- Addressing perinatal mental health

Foster Care -

- Continuing to provide home visiting services for children in foster care
- Includes service for Anthem Blue Cross members
- Strong team addressing foster care children's needs in medical, dental, and behavioral health
- Collaboration with social workers at MDSCS
- Addressing children on psychotropic medications
- Team includes a couple of nurses handling the work

Home Visiting -

- Waitlist for Nurse Family Partnership (NFP)
- Continue to refer high-risk clients to NFP
- Triage waitlist to address most high-risk clients
- Plans to serve more clients in NFP
- General Home Visiting
- Seeing clients in the community
- Updated flyers for regional nursing home visiting program

ASHA (Adolescent Sexual Health Advocates) -

- Network of youth-serving providers
- Finalizing safety plan toolkit for youth to address relationships, disasters, friendships, etc.
- Toolkit to be shared widely once finalized

Picpic? (Hicpic?) Update -

Charisse Feldman -

- Recently observed presenting to nursing students
- Picpic now a standalone program, no longer tied to CHDP
- Tammy, the manager, and the team are developing standard operating procedures and forms
- Focus on creating independent processes from CHDP

Air Filters Initiative -

- Collaboration with PD Power pediatricians, Valley Medical System to provide air filters for eligible families
 - Address climate change, wildfires, smoke, and polluted air
 - Free air filters for families in need
- Few updates or information on Sharp
- Biggest update: Since July 1, took over case management for Ryan White
- Ryan White case management transferred from ACBO to Public Health
- Services now provided by Public Health
- Two teams: one for medical case management, one for non-medical
- Staff includes two nurses and seven social workers
- Biggest update for the group

Anthem Health Plan Updates:

Kalil Macklin

MOU Engagement:

III.

- We are actively working with other entities to execute MOU including:
 - o Regional Center separately
 - o County Welfare
 - o LHD/WIC
 - o County Behavioral Health
 - o In-Home Supportive Services (IHSS)/CWDA Version
- For some entities, MCPs are meeting together and other entities, MCPs are meeting separately. It depends on the entity's preference.
- All executed MOUs will be posted on MCPs website

DHCS is currently working on First 5 MOU.

MOU:

DHCS MOU Webpage - https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx
(Homepage for all MOUs, released Oct 27th, 2023)

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

We are currently collaborating on the 2024 Annual DHCS Strategy Deliverable Template for the CHA/CHIP.

We just completed the LHJ/MCP Worksheet.

CHIP Priorities: 1: Behavioral Health

2: Access to Care

3: Economic Opportunity

Funding Proposal:

Total membership in Santa Clara is 417,837 members.

SCFHP has 67% of membership with 280,606 members.

Anthem has 22% of the membership with 92,487 members.

Kaiser has 11% of the membership with 44,744 members

The financial support from Anthem would be \$15,400 based on the membership breakdown and our commitment based upon that membership breakdown. Let me know if you have any questions.

Newborn Checklist:

- Infant Well Child Affinity Group developed non-branded Newborn Checklist
 - o Elements of checklist
 - o Newborn enrollment
 - o Periodicity schedule
 - o What to expect in well care visits
 - o Transportation and Interpreter services
- Health Plan of San Joaquin and HealthNet advised checklist and phone call after delivery resulted in 2+ well visits by 6 months.
- https://www.childrennow.org/wp-content/uploads/2023/12/newborn-checklist-talking-points-final-6.13.2022-affinity.pdf
- https://www.childrennow.org/wp-content/uploads/2023/12/hpsj-and-health-net-ppt-newborn-checklist.pdf

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



APL 23-031 Adult Expansion Final Clean.pdf

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:

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

- 1. <u>CalAIM Overview</u>
- 1. Community Health Workers (ca.gov)
- 2. <u>ECM Overview</u>
- 3. 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.



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



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.

Enhanced Care Management:

When providers are fully contracted they are posted on our website under "Find Care." <u>Find Care & Estimate Costs for Doctors Near You | Anthem.com</u> 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 <u>standardized referral language as set by the DHCS</u>. You may continue using the current ECM referral forms until Jan 2025.



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 HIthy Rwrds Prg Flier_FINAL.pdf

Benefits, Programs, and Services:

Medi-Cal Plan Benefits and Programs | California Medicaid Anthem

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



 ${\sf CA_CAID_PU_HealthyRewardsProgram.pdf}$

Provider Flier only.

LiveHealth Online:

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:

<u>Non-emergency medical transportation — provider certification statements - Provider News</u> (anthem.com)





Transportation BR FINAL 12 21 (2).pdf

Transportation BR Flier Spanish HR 12 21.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) <u>Case Management referral form</u>
- 2) Pre-Service Review form

Updated Case Management Form

	ACAPEC-2687-21 CA Medi-Cal Care Mgm	
	Updated Preservice Review Form	
	W	
	ACAPEC-3456-22 CA	
	GBD PA Request For	IZ adil Marabdia
	Utilization Report:	Kalil Macklin
	• Enrollment	
	Modivcare Transportation UtilizationLiveHealth Online Utilization	
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	PDE	
	Q4 2024 Anthem Blue Cross _ Santa Clara PH MOU _Reports_11.19.2024.pdf	
	Q4 2024 Anthem blue Closs _ Santa Clara FTT WOO _Neports_11.19.2024.pdf	
	Follow-Up Items:	All
	- Charisse Feldman	,
	- Mentioned underutilization of services and benefits	
	 Discussions on efforts like San Jose's Children and Youth Services Master Plan Inquiring about familiarity with the master plan 	
	- Mentioned children and youth fair related to the master plan	
	- Discussion on system's work with social services and creating a no wrong door approach	
	- Participation in city workgroup focusing on health, mental health, and wellness	
	- Medical managed care plan and benefits awareness	
	- Research indicates lack of awareness about benefits provided by Anthem and other medical managed	
	care plans - Fear of accessing services could be a potential barrier in the future	
	- Importance of ensuring people understand their benefits	
	- Managed care plans, public health, and other service providers can play a role	
V	- Allison and the SHARP team could help increase awareness about Anthem Blue Cross benefits	
	- Encouraging utilization of available benefits	
	- Potential for more awareness initiatives to support beneficiaries	
	- Tonya Robinson	
	- Reflection on Khalil's suggestion	
	- Noting that BIH participants often feel overwhelmed by excessive information	
	- Concerns with large packets of information - Suggestion to provide more personalized assistance	
	- One-on-one sessions with checklists to break down the information	
	- Discussing each service in detail and answering questions	
	- Observation during home visits	
	- Participants inundated by various programs and calls	
	 - Many don't know where to start or how to access services - Emphasis on breaking down information to be more digestible 	
	- Tailoring approach to readiness levels of new mothers	
	- Circling back due to other priorities	
	Link to Recording:	
	https://teams.microsoft.com/l/meetup- join/19%3ameeting_OWYwZGU1NTktYWQzMS00ODk1LWFjOGQtZTIwYTlmODQ2Y2U3%40t	
	hread.v2/0?context=%7b%22Tid%22%3a%22be8c08f2-ac07-442c-9a46-	
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