



**Agenda/Meeting Notes**

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

**Meeting Title:** Q4-2024 Behavioral Health MOU Meeting  
**Date/Time of Meeting:** 12/9/2024 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)	Y
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	
Patricia Lacanfora, BH Case Manager	Y	Heather Weisbrod, (DPH)	
		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	
		Angelica Almeida, (DPH)	
		Kali Cheung, (DPH)	
		Joe Turner, (DPH)	Y
		Alecia Martin, (DPH)	
		Nancy Yu, (DPH)	
		Alexander Jackson, deputy director for the adult and older adult system of care at behavioral health	Y

I. **Introductions** All

**Behavioral Health Program Updates:**

- Recent Election: New mayor-elect
- Local Efforts: Assisting with the transition and briefing the new mayor's team
- MOU Update:
  - Feedback from the state requiring language about MCP oversight
  - Recently included the necessary language
  - Status check: Confirm if the amended MOU is fully executed or awaiting Anthem's signature
  - Still waiting for Anthem's signatory.
- Request for Team Action
  - Nudge for Anthem team to help sign the MOU
- Current Coordination with Anthem
  - Things are going okay
  - Interest in exploring the use of Epic for the Transition of Care and Screening Tool
- Previous Meeting Feedback
  - Initial meeting showed some reluctance
  - Seeking Anthem's response to perform a demo of Epic's functionalities
- II. - Potential Benefits
  - Real-time information on beneficiaries to improve care coordination
  - Current method (fax) causes delays in obtaining client information
  - Enhanced care coordination through live data sharing
- Data Access Agreements (DAA)
  - Revising DAA with Anthem
  - Collaboration with DPH Office of Managed Care (Stella, Kathleen, Hannah)
- DAA Draft Review
  - Including language around inventory holds
  - Compliance with SB 929 requiring reporting of beneficial information on holds
  - Aim to automate data sharing using EHR systems for better information flow
- Seeking Feedback
  - Interest from Anthem in participating in a demo and using Epic for care coordination
  - Progress on current data access agreement discussions
- Kalil:
  - Advocacy for Epic CareLink Access

- Approval required at a larger organizational level
- Concerns and Considerations
  - Concern: Anthem may lack the staff and bandwidth to pull reports daily
  - Importance of demo: Essential to see the functionality before deciding
- Internal Conversations
  - Internal discussions have led to increased support
  - Proposed demo dates sent by Mimi, awaiting internal approval
- Data Access Agreement (DAA) History
  - Initial focus on adult expansion
  - DAA discussed since 2021 due to limited Epic CareLink access for certain Anthem staff
  - Original DAA provisioned under the expectation of future execution
- Current DAA Status
  - Now tied to Epic CareLink access
  - Public Health Department's proposed DAA language approved by Anthem
  - Plan to sign the current language and later amend with additional language
- Coordination Efforts
  - Aim to avoid delays by signing approved language first
  - Adding new language could delay further approvals by Anthem legal
- Moving Forward
  - Importance of seamless coordination and timely agreement execution
  - Continual internal efforts to finalize and streamline processes
- DAA Status and Next Steps
  - Current DAA language approved by Anthem Legal
  - Effort ongoing for the past three years to push it through
- Immediate Actions
  - Plan to get the DAA signed in the next week or two
  - Behavioral Health Service departments will add their language later
- Goal
  - Prioritize getting as many agreements signed as possible
  - Amend the DAA afterwards with additional language from Behavioral Health Service departments
- Proposed Meeting Dates
  - Received from Mimi to discuss the demo

	<ul style="list-style-type: none"> <li>- Importance of understanding it's specifically for behavioral health services</li> <li>- Differences in Demo <ul style="list-style-type: none"> <li>- Demo for behavioral health services may vary from what current managers access</li> <li>- Behavioral health services differ from non-mental health services</li> </ul> </li> </ul> <p>SFDPH BH Services:</p> <ul style="list-style-type: none"> <li>- Objective <ul style="list-style-type: none"> <li>- Clarify the specifics and variations unique to behavioral health services during the demo</li> </ul> </li> <li>- Demo Focus <ul style="list-style-type: none"> <li>- Screening Tool</li> <li>- Transition of Care Tool</li> </ul> </li> <li>- Upcoming Audit <ul style="list-style-type: none"> <li>- Scheduled for January 8th to 10th (or 8th to 9th)</li> <li>- Focus: SU DS, DMC-ODS, and Substance Block Grants</li> </ul> </li> <li>- Potential Impact <ul style="list-style-type: none"> <li>- Audits may raise questions or findings related to MCPS due to serving the same Medi-Cal beneficiaries</li> </ul> </li> <li>- Communication <ul style="list-style-type: none"> <li>- Advance notice to Kalil if there are any needs or relevant information that could benefit the team</li> </ul> </li> </ul>	
<p>III.</p>	<p><b>Anthem Health Plan Updates:</b></p> <p><b>MOU Engagement:</b></p> <ul style="list-style-type: none"> <li>• The MHP/DMC_ODS MOU has been signed by San Francisco City Attorney, San Francisco County Director of Health, and Anthem Plan President. The document is now being amended. The only change being made to the MOU is to include the title of the MCP Responsible Person into the body of the MOU (as described in Exhibit A) to fulfill MCP Obligations.</li> </ul> <ul style="list-style-type: none"> <li>- MOU Update <ul style="list-style-type: none"> <li>- The MOU has been completely signed and executed</li> <li>- Amendment Details <ul style="list-style-type: none"> <li>- As mentioned by Imo, the title for MCP was initially in Exhibit A</li> <li>- Per DHCS, the title needed to be included in the body of the MOU as well</li> <li>- Amended to include the title in the body</li> </ul> </li> </ul> </li> <li>- Internal Coordination <ul style="list-style-type: none"> <li>- All pertinent parties involved at Anthem are aware of the amendment</li> <li>- Reached out to the internal team for the planned President's signature date/time</li> </ul> </li> </ul>	<p>Kalil</p>

- Status and Follow-Up
  - Everything internally approved and spoken about
  - Signature is forthcoming and not an issue
  - Will keep everyone posted on the signature status
- Appreciation
  - Thank you to the team for assisting with the process

**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. DHCS is no longer mandating the MCPs report back on their activities for adult expansion.

- DAA Update
  - Originally tied to adult expansion
  - Now tied to Epic CareLink access
- Discussions and Approvals
  - Current discussions pertain to the DAA language, which has been approved
  - Awaiting next steps for signature
  - Plan to amend the DAA language to include behavioral health service specifics
- Transition Details
  - Transitioning focus from adult expansion to Epic CareLink access
- Future Changes
  - Next quarter, the title will be updated to reflect Epic CareLink Access DAA instead of adult expansion



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

### **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

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

### **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



CA\_CAID\_PU\_HealthyRewardsProgram.pdf

Provider Flier only.

### **LiveHealth Online:**

[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](#)
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](#)



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:**

When providers are fully contracted they are posted on our website under “Find Care.” [Find Care & Estimate Costs for Doctors Near You | Anthem.com](#) Type ECM Field-Based in the search bar. That is the most real time update as required by DHCS.



[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

**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 Mgmt

**Updated Preservice Review Form**



ACAPEC-3456-22 CA  
GBD PA Request For

IV.

**Data Exchange:**

- Coordination Efforts

Patricia

- Coordination process involves emailing and responding to received communications
- Ensuring members are connected and managing their needs
- Screener Management
  - Many members are under management, and screeners are handled by a specific department
  - Unable to speak to the coordination from your side to that department
- Planning and Improvement
  - Ongoing planning to ensure effective coordination
  - Efforts to improve the coordination process are in progress

## Transition of Care Tool: San Francisco Q3 2024

Month/Year	Referrals Received	Members Linked	Members Refused	Members Unable to Locate	Referrals Made to County/MHP
July 2024	3	2	1	0	1
Aug 2024	11	8	0	3	1
Sept 2024	7	4	1	2	0
<b>Totals</b>	21	14	2	5	2

Screening Tools Completed by Anthem					
				2024 Q3 Total	YTD Grand Total
Screening Tool Type	July	Aug	Sept		
<b>Adult</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>21</b>
MCP (NSMHS)	2	2	2	6	16
MHP (SMHS)	0	0	0	0	5

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>2</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>21</b>

**Screening Tools Received by Anthem**

				2024 Q3 Total	YTD Grand Total
Screening Tool Type	July	Aug	Sept		
<b>Adult</b>	<b>3</b>	<b>4</b>	<b>7</b>	<b>14</b>	<b>47</b>
Warm Transfer	0	0	0	0	0
Fax Only	3	4	7	14	47
<b>Youth</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>5</b>
Warm Transfer	0	0	0	0	0
Fax Only	0	2	1	3	5
<b>Grand Total</b>	<b>3</b>	<b>6</b>	<b>8</b>	<b>17</b>	<b>52</b>

**Utilization Reports:**

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



Q4 2024 Anthem Blue Cross \_ San Francisco County BH MOU \_Reports\_12.9.24.pdf

**Follow-Up Items:**

- Two Key Questions
- 1. Recurring Users:
  - Do we know if the same individuals are using the transportation benefit repeatedly?
- 2. Appointment Types:
  - Do we have any insight into the types of appointments these users are attending?

V.

All

	- For example, are users dealing with serious conditions like cancer particularly reliant on this service?	
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**Next Meeting: 3//2025 @ 9:00 am**