Anthem & San Andreas Regional Center

Meeting Title: Q4-2024 San Andreas Regional Center MOU Meeting
Date/Time of Meeting: 12/5/2024 – 9:30 a.m. – 10:30 a.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	Y	Azelin Ellis	
Karen Olivares, Provider Experience			
Fargol Riahi, BH Case Manager			
Mary Crandall,	Y		
Alana Pfeffinger, RPM			
Mina Farag, GBD Specialty Programs			

I.	**Introductions**	All 5MIN

II.	**Regional Center Updates:**
	- San Andreas Regional Center Update
	  - No significant changes reported
	  - Lisa Rund has retired as of the end of November
	  - New contact: Lior, who is still getting familiarized and will not be handling MOUs or insurance information immediately
	- Staffing Needs
	  - Continuing to face shortages in BCBAs (Board Certified Behavior Analysts)
	  - Lost a few BCBAs, need new ones for the children's units
	  - Looking for psychologists to assist with Early Start referrals
	  - Two new hires, but still short on required staff
	- Overall Status
	  - Hiring and staffing adjustments in progress
	  - Awaiting further developments as new staff get onboarded
		SARC 20MIN

III.	**Anthem Health Plan Updates:**
	
	MOU: MOU needs further discussion and review.
	- MOU Effective Date Clarification
	  - It's impractical to backdate the MOU to be effective from January 1, 2024, considering it's almost January 2025. Going through December 31, 2028.
	  - Standard practice for other MOUs: The effective date is the date of the last signature.
	  - If the regional center signs last, that date becomes the effective date.
	  - If the plan president signs last, that date becomes the effective date.
	  - Backdating a year is not feasible.
	- Operationalization Concerns
	  - Notes indicate the issue isn't operational and can't be operationalized due to lack of bandwidth
	  - Not within the scope of regional center activities
	- Suggested Action
	  - Agreement to remove the non-operational item
	  - Send the revised document to DHCS for their approval
	- Final Note
	  - Agreement to clean up and streamline the document
	- Next Steps
		Kalil 20MIN

- Send the revised document to DHCS for approval
- Await DHCS decision: approval or request for restructuring

Julie:
- Considerations for Future Impact
  - Acknowledgement that current understanding doesn't guarantee future compliance
  - Concern: Future personnel might enforce the signed agreement despite its impracticality
- Potential Issues
  - Risk of being forced to comply with unworkable terms
  - Trying to avoid Future disagreements arising from signing an unfeasible agreement
- Suggested Action
  - Return the document to the original language
  - Clarify that the misunderstanding occurred when it was initially thought to be the regional center's responsibility
  - Specify that it's the other party's responsibility to provide training or program updates
- Messaging Update
  - Include notes stating that the regional center agrees it's not within their scope
- Referral Process
  - Still needs to be figured out, particularly how information will be transitioned
  - Coordination required between your IT and our IT teams to resolve this issue
- **Regional Center Coverage**:
  - The regional center is mandated to cover services, hence the recommendation to remove E, F, & G.
  - Suggestion to streamline the language, adding "shall" for clarity.
- **Service Coordination Issues**:
  - Enhanced Care Management (ECM) and Complex Case Management (CCM) changes causing disruptions.
  - Lack of communication when new groups get involved, leading to client limbo.
  - MOU absence with these groups complicates coordination.
- **Communication Breakdown**:
  - Anthem's ECM and CCM teams engage without awareness of existing regional center involvement.
  - Miscommunication and lack of awareness between entities causing service overlap and confusion.
- **Waiver Conflict**:
  - Clients cannot be on two waivers simultaneously (1915-B and 1915-C).
  - Resulting in unpaid services due to waiver conflicts.
- **Solution Focus**:
  - Need for improved communication and coordination between ECM, CCM, and regional centers.
  - Establish clear lines of communication and collaborative MOUs to prevent overlapping services and ensure efficient client care.
- **Payment Issues**:
  - Mutual non-payment situation: "You're not paying us, and we're not paying you."
  - Involvement level discrepancy: Skilled nursing services are provided without regional center involvement.
- **Dispute Resolution**:
  - Not currently viable due to the lack of payment and involvement coordination.
- **Institutional Waiver Provision**:
  - Regional center focus on institutional waiver provision.
  - Highlighting the need for clear delineation and coordination of services to avoid disputes and overlap.
- **Exhibit C**:
  - Continue to reference Exhibit A in documentation.
- **Data Element Addition**:
  - Request to add ECM list data element.
- **ECM List Sharing**:
  - Share ECM list detailing services on both sides for improved coordination.
  - Example: Implementing this with Santa Clara Family Health Plan to address current issues.
- **Current Issues**:
  - ECM clients eligible for services but not on the correct waivers, resulting in non-payment.
  - Ongoing problems with waiver misalignment.
- **Escalation**:
  - Escalating the issue to DHCS for resolution.

SARC Regional
Center MOU Template

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.

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.

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](#)

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](#)

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:

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.

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 standardized referral language as set by the DHCS. You may continue using the current ECM referral forms until Jan 2025.

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

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.

[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] Transportation BR FINAL 12 21 (2).pdf   [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) [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 Q4 2024 Anthem Blue Cross _ San Andreas Regional Center MOU _Reports_12.5.2024.pdf	Kalil 10MIN
VII.	**Follow-Up Items:** • Julie to send me a list of what data she needs for ECM • - ECM List Sharing • - Sharing an ECM list that includes services from both sides • - SARC is currently doing this with Santa Clara Family Health Plan • - Issues Encountered • - Significant problems with ECM clients who qualify for ECM services but are not on the correct waivers • - Resulting in payment issues	All 5MIN

Next Meeting: 3//2025 @ 9:30 am