

Alisa Chester:

Good morning. Thank you for joining us for DHCS of December, CCI stakeholder webinar. My name is Alisa Chester, and I'm with Aurrera Health Group. Real quickly. I'm just going to do a housekeeping sound check. If you can hear me – okay – please click the raised hand icon on the right-hand side of your menu. Looks pretty good. All right. If we run into any technical difficulties and are disconnected, please reconnect to the webinar.

Alisa Chester:

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Alisa Chester:

Thanks. So today we're going to be discussing updates from the Department of Health Care Services, briefly review the Cal MediConnect December Dashboard, and we're going to have a presentation from LA Care on addressing health disparities.

Alisa Chester:

At the end, we will go to questions. We will have the option to unmute before, but you are also more than welcome to submit your questions into the question box on the right hand side of the menu. Now I'm going to turn over to Anastasia Dodson.

Anastasia Dodson:

Thank you very much. Good morning everyone. Welcome. This is Anastasia Dodson, from the California Department of Health Care Services. I have a few updates for you today.

Anastasia Dodson:

So we can go to the next slide.

Anastasia Dodson:

So I want to start by recognizing, this is a very difficult time for everyone. For people who are older with disabilities, patients, healthcare providers, caregivers, families, it's a stressful time and it's a time where we need to keep following what we have been doing for quite some time, wearing masks, washing our hands,

keeping our distance physically, but certainly, keeping in touch as best we can via phone and internet.

Anastasia Dodson:

I also want to flag that we have a... the State of California, has launched a new way to find out about exposure notifications with an app called California Notify. There's more information on the web page listed there, [canotify.ca.gov](https://canotify.ca.gov), but it uses Apple and Google technology to notify participants when they've been exposed to a COVID-positive individual, it's 100% private and secure, and 100% opt-in, and it does not track your location. So again, this is an app that you can get on your phone. And it's actually launching today, with Apple phones is my understanding.

Anastasia Dodson:

So I would have flagged that and just reiterate what the State of California is doing as far as we have a regional stay-at-home order that is implemented in various parts of the state related to remaining ICU capacity. Depending on where you are, it may have already been implemented. And again, it's just, testifying to the importance of this time and the importance of maintaining capacity in our healthcare facilities in the midst of really a difficult time with a number of increased cases of COVID.

Anastasia Dodson:

And the governor has spoken in the last couple of weeks about the capacity that we have as far as equipment and supplies and personnel. So California is prepared, but we certainly want to recognize this is going to be a difficult time for the next couple of weeks at the very least, and perhaps longer, but the vaccine is coming. There are further updates on [covid 19.ca.gov](https://covid19.ca.gov).

Anastasia Dodson:

And we really just want to emphasize to everyone, please stay safe, seek medical care as appropriate and use telehealth, we've got all flexibilities in Medi-Cal, and our Medicare programs to use telehealth. And it is a very good way to make sure that you're getting the needed care, and also keeping yourself safe. So please contact your provider or your plan to keep in touch as needed and make sure you're getting your services that you need, even in this time of keeping distance.

We want to make sure that everyone, as much as possible is getting any other needed services for other conditions.

Anastasia Dodson:

Next slide.

Anastasia Dodson:

Flu vaccine, of course, that's another essential topic right now because of the impact from COVID on our health care delivery system. We want to make sure as much as possible that people get their flu vaccines, there's materials on the CalDuals website that are for consumers, for community organizers, and providers. Now more than ever, we really need to do our part to prevent the spread of flu as well, so that we can help mitigate the impact on our health care delivery system, and frail and vulnerable people.

Anastasia Dodson:

So please share that message with your networks, and again, there's materials there that are in different languages to use. And if you can tweet, blog, send newsletters, we'd appreciate it. And I should just flag that the National Influenza Vaccination Week is this week. So it's very timely.

Anastasia Dodson:

All right, next slide.

Anastasia Dodson:

And I'm going to spend a few minutes talking about the efforts that our Cal MediConnect plans and the department has made to address health disparities. This has been a long time issue for our Medi-Cal population and with COVID, it has emerged even more visibly as we look at some of the data. So we want to make sure that we are asking our health plans to take steps. They are taking steps, and we are sharing some of that information today as to what they are doing. And then we're going to have further information from LA Care later on.

Anastasia Dodson:

But in general, the Cal MediConnect plans, they're conducting targeted outreach to members using risk stratification and analysis. Not just medical condition diagnosis race and ethnicity, but they're also using data on test results,

hospitalizations, and deaths due to COVID to target outreach, to members based on medical condition and other factors. So that data analysis and targeted outreach is really essential.

Anastasia Dodson:

In addition, plans are updating care plans. They're coordinating with local authorities and partners to promote education around safety and self care, and working with members around preferences for caregivers in their homes. We know that's another important issue. Again, these challenging times where people have had to negotiate and make alternate arrangements depending on what the status is of their caregivers or other folks at home. So health plans are supporting those efforts.

Anastasia Dodson:

All right, next slide.

Anastasia Dodson:

The other types of work that health plans are doing is reminding members about those local community resources, because as we know, California has a great supply of partners that can help on the Home- and Community-Based Services side. And so making sure that, whether it's CBAS type services, In-Home Supportive Services, CCT programs, all the full range of services that are available in communities, MSSP programs that the plans are letting members know about those resources.

Anastasia Dodson:

And then doing outreach calls and in particular, targeting higher-risk members based on data analysis, based on race and ethnicity or underlying health conditions, so that we make sure that we don't... as much as possible, we try to mitigate those health disparities that have been part of our system for quite a while. We want to try to address those. And the health plans are working on that through information efforts. There's also, of course, nurse helpline that plans have for all members.

Anastasia Dodson:

So those are some of the activities that health plans are doing. There's certainly a lot more, and we're going to get into some of that detail later in the presentation.

But the last point I'll make is that, as far as telehealth, these are efforts that are in some ways, of course, something that would be important for all members, but they also address the underlying social determinants of health by making sure that there are internet connectivity equipment and support and resources at local community levels to help mitigate a digital divide that may exist in some communities. So that is part of, again, addressing social determinants of health, addressing inequities that we think can help, in some way, mitigate some of the health disparities and try to address those at this time.

Anastasia Dodson:

So that's it in a nutshell, again, this is a very complex and important topic. So we remain dedicated and passionate here at the department to address these issues and to work with all of you, our partners to identify even other strategies that can be used. But these information, data analysis, community partnerships, those are really fundamental. And so, we want to highlight that those activities are happening now and have been, particularly as things have happened with the pandemic.

Anastasia Dodson:

- All right. So with that I'm going to pass it over to, I think it's Jacqueline Lang, to walk through our Cal MediConnect Dashboard. Thank you.

Jacqueline Lang:

Thanks, Anastasia. Hi, good morning, everyone. I'll just quickly introduce myself. I'm Jacqueline Lang, data reporting unit chief in the data analytics branch of the managed care quality and monitoring division. I'm just going to briefly share out some updates to the summer release of the Cal MediConnect Dashboard. But most of the hard work was done by the program analysis unit, which is led by Eugene Stevenson. So for this slide, statewide enrollment in Cal MediConnect increased steadily from 107,100 members in July 2019 to 108,412 in December of 2019. And then we see enrollment then decreased to 106,188 in January 2020, before reaching 109,746 members in June of 2020.

Jacqueline Lang:

Next slide please.

Jacqueline Lang:

All right, thanks. So for our care coordination trends, this figure, figure eight, shows that the quarterly statewide percentage of members willing to participate in a health risk assessment and who the Plan was able to locate with an assessment completed within 90 days of enrollment. It did increase from 88% in quarter one of this year to 94% in quarter two of this year, 2020.

Jacqueline Lang:

Next slide please.

Jacqueline Lang:

So the last update I'll share out is regarding figure 10, which is indicating that the percentage of members with an individualized care plan completed within 90 days of enrollment. It did increase from 62% in quarter three of 2019 to 88% in quarter two of 2020. And so, I'll just quickly add that, in November of 2019, a number of plans were placed on a performance improvement plans, for core 2.1, and core 3.2 completion rates in unable to reach rates. So this may be considered to have had some impact on the increase performance rates observed in figures eight and 10 for quarter two in 2020.

Jacqueline Lang:

And then lastly, I'll just quickly call out what core 2.1, and core 3.2 refer to. So core 2.1 refers to members with an assessment completed within 90 days of enrollment and core 3.2 refers to members with a care plan completed within 90 days of enrollment. So that's it for our update. Thank you so much.

Alisa Chester:

Thank you. I'm going to now turn it over to Jessica and Alison from LA Care.

Alison Klurfeld:

Great. This is Alison Klurfed. Thank you so much for having us. So just wanted to introduce what we'll be talking about today. So LA Care Health Plan has done a variety of different things to address the needs of our members during the pandemic. And a lot of it is around what do they need? That's not quite about their healthcare per se, but also about addressing their housing and homelessness themes, health equity, and other social determinants of health. Just knowing that to really address someone's health. You also have to take into account their

overall wellbeing across the board. And for all of us that's been really challenged over the last year in lots of different ways and hit us in different ways.

Alison Klurfeld:

So can you go to the next slide, please.

Alison Klurfeld:

Just who we are at LA Care. We're a public health plan and we serve about 2.2 million people here in LA County, all across the county from Antelope Valley down Long Beach from Pomona out to the border. And we do have that Cal MediConnect program as well as serving many non-Cal MediConnect duals through our Medicaid line of business.

Alison Klurfeld:

So next slide please.

Alison Klurfeld:

So just the first thing we wanted to talk about today is some of our efforts to respond to our members housing needs, and especially to the vulnerabilities of members experiencing homelessness during the pandemic. I'm going to start that off. One thing I do want to say is you've got myself, you've got Jessica today, but we're representing a big team. It took lots of different people putting their creativity together to come up with all different efforts that we certainly cannot take credit for all of this it's real. And we were also inspired by things, suggested by things, some of our fellow competitor and collaborator health plans did.

Alison Klurfeld:

So good ideas can come from anywhere during a crisis and at any time, but this slide shares some of what we did around housing and homelessness. When the pandemic hit, we were very concerned about the number of people experiencing homelessness here in LA County and their ability to meet their basic needs as well as get their healthcare needs addressed, especially non COVID healthcare needs addressed during the pandemic.

Alison Klurfeld:

So we felt the best way for us to respond was through a lot of financial support so that our providers and government partners could get going on what they needed

to do. So we did a number of different things, including providing a grant for supplies, for unsheltered people experiencing homelessness. And one thing that was really cool about that was it helped some folks who were not willing to come in to quarantine and isolation for whatever reasons, or not interested in a setting like Project Roomkey, be able to self isolate more safely on the streets and still maintain social distancing by having some of their food needs and other basic needs met.

Alison Klurfeld:

We also partnered with six to seven different other funders here in LA to try to expand healthcare services on site and Project Roomkey, as well as on the streets, to try and bring health care out to people. And then we did a lot of distribution around PPE and hygiene kits, especially essential items. And it's the last thing here is right. Like with so much changing so fast, we had to communicate, communicate, communicate, because what we thought we needed one week could have changed by the next week as new programs came online or as we and our providers shared more about the needs of our members experiencing homelessness.

Alison Klurfeld:

That's what we did. And I'm going to turn it over now to my colleague, Jessica Jew who's going to talk about in more detail, the different interventions we did to address our members housing needs or the needs of members experiencing homelessness.

Alison Klurfeld:

So next slide, turn it over to Jessica.

Jessica Jew:

Great. Thank you so much, Alison, for that great overview. Again, my name's Jessica Jew, senior program manager with LA Care health plan, and I'm just going to dive right in with some member stories and examples of how LA Care has been working on addressing health disparities and homelessness. So, I believe most people should be familiar with Project Roomkey, but just in case you're not, it's also known as tier one interim housing, and these are hotel and those health sites that were set up by LAHSA, the Los Angeles Homeless Services Authority, to really



help people who were most at risk and experiencing homelessness throughout LA County.

Jessica Jew:

So just briefly, PRK is for people experiencing homelessness whose COVID status is presumed negative and they're asymptomatic. And specifically they were focused on housing people who are 65 years old or older, and experiencing homelessness with underlying medical conditions that would put them at greater risk, such as asthma, serious heart conditions, immunocompromised, severe obesity, diabetes, kidney disease, that type of thing. So this member story here that's shown is basically came to us as a partnership from several of our departments, their case management and social services through a community health worker who helped house one of our members in a PRK hotel.

Jessica Jew:

So this member was 55 years old and had been homeless and on the streets for over three years after losing his job, he had noted that some of his main difficulties were hunger, difficult weather conditions, uncertainty, and just really challenges with getting access to healthcare and keeping his medications up to date since he was diabetic, had struggled with depression, anxiety, suicide attempts, and was just utilizing the emergency department frequently. One of the big things that was mentioned in his story was that he did not have access to a refrigerator. So storing insulin and being able to take it regularly was a big issue.

Jessica Jew:

So the community health worker, worked closely to get this member referred into Project Roomkey, and was actually able to get him housed within 48 hours. And together the case manager and CHW work together with the member to develop trust, set up follow up appointments with his PCP and also coordinated transportation with our vendor called the car so that he could get to, and from the appointment successfully, and the story ends well, and that I had to get more than a 10 day supply of insulin and it just stabilized both mentally and physically in PRK.

Jessica Jew:

Next slide.

Jessica Jew:

This slide is another effort that we undertook with LAHSA, what's known as the loss of data match, where we basically wanted to get a clearer picture of how many of our members along with our plan partners who are residing in Project Roomkey. So we developed agreements with LAHSA through this PRK data match, to get that list of members of folks who are living in Project Roomkey. It took some time for negotiations, but in the end we had found about 2,600 of our members who are living in Project Roomkey, which is approximately 40% of everyone housed in PRK, were with LA Care.

Jessica Jew:

And that resulting member file has been extremely useful in coordinating care and identifying cases of members who have higher level needs, and also engaging our health homes team to do proactive outreach for those that are eligible and enrolled, or already enrolled in health homes to make sure that they're connected to needed care.

Jessica Jew:

Next slide please.

Jessica Jew:

So some more ways that we have really partnered with Project Roomkey throughout the pandemic. We've been having monthly calls and ad hoc calls just to make sure that we are putting ourselves in the position to know upcoming needs of our members, if they are being housed and continuing to be in PRK. So we worked closely with our vendor called a car to provide initial and subsequent rides to and from PRK. We pulled some of the numbers about 400 additional check-in rides and over 7,500 rides to medical appointments, pharmacy dialysis have been provided to our members in PRK.

Jessica Jew:

In May, we brokered a relationship with the local nonprofit St. Vincent DePaul to help them get 800 pairs of shoes, socks, and undergarments delivered to PRK, because in many cases folks living in PRK should not have access to some of these basic supplies. And so, that was helpful.

Jessica Jew:

More recently we have been doing higher level of care and case troubleshooting, because as hotels begin to decommission and come offline, the need to transition clients is really essential. So LA Care has been actively working on certain cases with members who have multiple complex conditions and making sure that they get access to needed services or are connected to various different agencies or organizations that can assist with whatever needs those numbers are presenting with.

Jessica Jew:

One of my colleagues helped to develop a durable medical equipment... Sorry expedited process to get people living in PRK, access to things like incontinence supplies, shower shares, because in many cases, those requests may take a while, but in order to successfully live in PRK, getting DME, very quickly and efficiency was really essential, and finally outreach and education to our other health plan programs. We've hosted several webinars. One was partnering with health plans in a pandemic back in September.

Jessica Jew:

And then actually next week we will be hosting one focused on our managed long-term care supports and services in palliative care, because just recognizing that people experiencing homelessness have a unique set of needs and often may fall into certain gaps that may not be always apparent to managed care plans. And so really trying to proactively address those questions and work closely with advocates to address those issues.

Jessica Jew:

Our next slide, please.

Jessica Jew:

I actually wanted to touch on some of the work that our community benefits team has been doing. They've issued 1.25 million in grants to local legal services providers to work on everything from eviction prevention, legal aid, tenancy support. And basically, LA Care being responsive to some of the questions and priorities that were coming up in our member stakeholder meetings on how best to prevent homelessness and support our members who need assistance. So these were just two of many member stories that came to us of an elderly woman who was living in a rent controlled apartment. She felt unsafe because strangers

had access to the complex at night. So she worked with her landlord to change the locks on the building's front gate, but then after it was complete. And even though she had given the neighbors new keys, the landlord issued her an eviction notice for changing the locks.

Jessica Jew:

And so, the LA Care supported attorney was able to file a motion to dismiss and have the landlord withdraw that case. And in many cases you could imagine that that story could have ended very differently without the support of that attorney working with the tenant and landlord, and here for closure threatens rent controlled apartment. In this instance that bank serve legal notices to vacate on a number of tenants. And this elderly gentleman who was only able to speak Spanish and did not understand the notice was able to get assistance from the Long Beach office and receive our presentation from the LA Care supported attorney to get that notice retracted and be able to stay in his rent controlled unit, which as many of you know rent control definitely is a much needed resource to help keep vulnerable seniors housed.

Jessica Jew:

And from here, I am going to turn this back over to Alison to just run through some other COVID response activities.

Alison Klurfeld:

Sure. Thanks. So we talked a lot about the importance of addressing the needs of members experiencing homelessness during the pandemic through partnership and funding activities, and also, addressing members housing needs for people who are vulnerable. But we know that there are lots of different ways that our social systems and social determinants of health, and racism and other forms of discrimination can hurt our members and negatively affect their health and wellbeing. So one of the other important things we wanted to talk about was really looking at how to try to counterbalance the devastating effects of the pandemic on communities of color. So LA Cares members, we have a large number of members who are African-American or Latin X to the Asian Pacific Islander, some of our members here are American Indian and Alaska native.

Alison Klurfeld:

But we early on saw the data from our county partners that the pandemic like so many other natural and unnatural disasters had been hitting our members of color much harder. And so early on, we started trying to think about what we could do together with others and our own to address that. So I think, one thing that was important was at the more macro level we ended up reaching out to partners to do disparities leadership summits, reaching out to community-based organizations and healthcare partners to understand more about what folks were seeing on the ground.

Alison Klurfeld:

And then, at the micro level we use Community Link, which is a social resource to locate Yelp for community based organizations powered by Aunt Bertha to try and actually help our members access services. And we did this both, both reactively and proactively for our members, which we'll talk about in a minute.

Alison Klurfeld:

We also felt like it was really important to put funding directly towards different types of initiatives that would work with organizations intentionally trying to address the effects of the pandemic and different health disparities for our members. So that's been really effective so far, and we're really excited to see these grant opportunities coming out. We've also done some different social media, so lots of different ways to reach out to members, meeting lots of different strategies.

Alison Klurfeld:

I'll say one other big community needs that emerged, unfortunately, for us was as food security and access to food. So I'll say we historically on LA Care community links that social resource locator for the last several years, housing and homelessness needs housing resources had been our number one search, but what we saw when the pandemic hit was we still had a really high level of need around housing and homelessness, but the food security needs, and searches for food assistance really shot up because that need was so great.

Alison Klurfeld:

So I'll say we ended up working on two types of projects where we felt like we could compliment some of the public resources from the state and local and federal programs. And we really focused on members who needed medically

tailored meals and also who are home bound. I do just want to add they are home-bound meal delivery pilot. We copied one of our plan partners. They gave us a great idea. I just want to say thank you to Anthem for thinking of that. And we were so glad we could join that effort. And then we also, have hosted a large number of food pantry events, including one last Friday, to try and get supplies directly out to other members and compliment programs.

Alison Klurfeld:

Next slide.

Alison Klurfeld:

The next two slides. Talk a little bit about what I mentioned reaching out to our high risk members, including especially high risk members of color in proactive campaigns. So in addition to having all new different resources for people who reached out to the health plan or providers who reached out to the health plan on behalf of members, we felt like it was important to get good information out to our members and especially to try to reach out to people who were likely to be at high risk for the double whammy or double pandemic of racial discrimination and COVID-19.

Alison Klurfeld:

So we did a series of different higher targeted outreach campaigns, using robocalls and also live calls and voicemails to our members. And you'll see here some slides on what we reached out to. So we reached out to members across different groups based on a couple of factors, primarily their COVID high risk status, and also, doing some tailored messaging around African-American groups. And you'll see, on the next slide you could advance on. We also reached out to our next members and we've done, outreach to our American Indian and lots of our Hawaiian Pacific Islander populations as well.

Alison Klurfeld:

And so, the goal of this was really to do a couple things, which to offer information about COVID-19, and how to protect themselves, and then also to offer assistance. And you'll see the top categories that what do people need? One big thing was assistance with testing, understanding, even through the spring how to get access to testing as part of their Medi-Cal benefits and Medicare benefits essentially integrated, but also things like medication assistance, making sure with

the shutdowns people weren't going without meds, food, as I mentioned, and also social isolation support was really important.

Alison Klurfeld:

So we've gotten great feedback from these call campaigns and have learned a lot from it. And I just want to mention also that for our members who were in our care management program, we did a similar type of outreach from our case management teams. Some of them might already know and have been working with a member to really dig into how they could help them in managing new or different types of challenges that the pandemic might've brought in addition to the challenges they might've already had with their health care. So we definitely felt like this was really helpful. We got good feedback from members and learned about what were some of the top needs that we could increase our program.

Alison Klurfeld:

Next slide please.

Alison Klurfeld:

So just in closing, we wanted to share some of our lessons learned from the past several months. I think a big one you've heard us figure out the presentation that communication is absolutely essential. Whether it's hearing from members, what they need, hearing from our providers, hearing some community partners and community-based organizations and our staff conditions have been changing so fast. And we're seeing that now, unfortunately, with the surge, we have to keep asking ourselves, "What do our members need now?" Because that might be different than what we were planning for and what they thought they needed. We have to be responsive.

Alison Klurfeld:

I think another thing that's really important is thinking about equity in program design from the very beginning, as opposed to designing a whole program and then saying, make it equitable. So I think, that's really tied to the communication. We're much more successful when we take into account the view that our member's needs are different and our community's needs are different. And how to address equity from the very beginning. Another lesson was thinking about who is the best partner to reach out to each type of member and offer them help and support. So for example, for our members experiencing homelessness, we

really felt like we had to work with our county and our community clinic and other providers who were able to be field-based in order to reach out to members experiencing homelessness, because that was still the best way to reach folks. And they also had the know-how to be able to go out effectively and take appropriate COVID safety precautions.

Alison Klurfeld:

Whereas for other members who maybe had lost jobs or were at home more, having the phone could be a lifeline in terms of social support. Last couple of lessons. I think one for us was in terms of what funding we can offer, we're a health plan. Most of our dollars go to healthcare services for our members as they should, but when it comes to addressing the needs of our members, we often can offer faster dollars or maybe it's more flexible dollars as large government programs to address food needs or housing need get on their feet, understanding how to fill the gaps in our environment and be complimentary as important.

Alison Klurfeld:

And then the last thing was that we make lots of mistakes. We heard this type of thing, didn't work, we beta test something. And people say, "What if we did that instead," you got to just keep trying something else and being inspired by the folks around you and what you're hearing back from the member, or the patient. So the last slide has our contact information, if you have additional follow-up questions, and also a page on our the COVID-19 response efforts overall. Again, just want say there's a really big team working on this that we're representing the work of hundreds of different people inside of LA Care, but also outside of LA Care as well. And this is something where we're in it for the long haul and we're excited to partner together [inaudible 00:35:50].

Jessica Jew:

And thank you for having us.

Alisa Chester:

Thank you so much for that presentation, Alison and Jessica. We really appreciate that. You could go to the next slide Lilly.

Alisa Chester:



I just want to say really quickly that we will post these slides to CalDuals.org, and we'll send around a link. You all will also receive an email with the slides and a link to a recording of this presentation. Now we're going to go to questions. So if you have a question, please feel free to raise your hand using the raise hand icon in Webex, and I will go ahead and unmute you. You can also send us a question in the chat feature. I don't see any hands.

Lilly Clements:

We do have a question from Denny. So Denny, I'm going to unmute you.

Denny Chan:

Good morning. Can you hear me?

Alisa Chester:

Yes, we can hear you.

Denny Chan:

Great. Well thank you for putting this presentation together. I'm getting some feedback on my end. I don't know if other people are getting feedback, but thanks. That's a lot better. So thank you so much for putting this presentation together. I really appreciate it. And it was very interesting to hear about all the work that LA Care has been doing. I guess my follow-up question is about... I can't remember which slide it was, but I think it was about the outbound call campaign, which seemed to suggest that the uptick in this... Which seemed to suggest that the uptick in completion rate for individuals who are involved in Cal MediConnect, was slightly lower than some of the other lines of business. And so, that got me thinking actually, just in a broader question about, in all the work that you were doing, whether it was with Project Roomkey in grants to support legal services.

Denny Chan:

If you're doing any level of analysis about what types of members it's reaching in LA Care, are these folks SPDs, are these folks duals in Cal MediConnect, duals who've opted out. And I think that level of analysis could be incredibly helpful if you have that level of data. Just because in particular, when we think about those who are most at risk, we know in the Medicare data, we know in the data that we've seen that duals are higher risk, particularly duals who are black or latinx.

Denny Chan:

And so, I think that level of analysis could be really helpful in just helping us as a community of stakeholders, better understand where your efforts are going and who on the ground it's actually impacting. So I don't know if the folks from Medicare have a reaction to that, but that was one thought I had as you were doing your wonderful presentation.

Alison Klurfeld:

This is Alison, that's a great question. So one thing I am wondering, but I'll need to follow up with our partners, is with Cal MediConnect, we actually have a higher percentage of those folks who are in case management, which is a different set of numbers. So I'm wondering if those might add up if we might have reached more Cal MediConnect members through our case management program, but I'll need to follow up there on the call campaigns, which is a really good question. I can give you some information about the percentage of dual eligibles and CMC versus non-CMC duals in our homeless population though.

Alison Klurfeld:

It's not in the presentation, but when LA Care has done past data analysis of our members experiencing homelessness, which is an imperfect bias, but we usually find that about 10% of the members who are LA Care members experiencing homelessness are non-CMC, CCI, duals, and then a pretty small percent somewhere, depending on the analysis from about one to 3% are in CMC. So we think that some of that is really related to opt in. But I think another thing that we've seen when we talk more with our housing and homelessness partners here in LA County is also that, many people experiencing homelessness don't have enough work quarters to qualify for Medicare and they may not have if they are over 65.

Alison Klurfeld:

And if they might otherwise qualify through a disability, they often need assistance to apply and really run the gauntlet of the process. So we work here with a county program called CBAS, it's a benefits enrollment support team. That's county benefits, enrollment support team that helps people who are experiencing homelessness, who do have the conditions that would qualify for disability get on. But I think so in general, more of our members experiencing homelessness is a fair number of people who are dual eligible, but not that many

necessarily in CMC. And we've been thinking about how to better engage them, and a lot of it has really just been about focusing on just even that first part of the benefit picture as well.

Alisa Chester:

Thank you. Are there any other questions from folks on the phone? I can unmute you if you raise your hand. I'll give everyone just a couple more seconds.

Denny Chan:

Hi, this is Denny from Justice in Aging again. Sorry. Can you still hear me?

Alisa Chester:

Yes, we can hear you, I'll unmute myself. My phone has feedback.

Denny Chan:

No worries. Thanks, I appreciate the answer from the folks at LA Care. I had a another related question which is: I'm curious whether LA Care or other plans specifically not thinking about the Cal MediConnect line of business or product type, if that's what you want to call it. If folks there have been... if plans have been operationalizing or using the care plan option services during the public health emergency as a way to help meet unmet need. I know there's lots of different types of CPO services and they're not required benefit, but could really be something that might help folks during this time and whether you're able to do any of that level of targeting to really address some of the disparities that we know exist. It seems like CPO services could be helpful in that.

Alison Klurfeld:

This is Alison. That's another great question. I would have to check, I'm sorry. I don't know the answer, but we'll definitely reply afterwards directly. I will say it's not exactly a care plan option, but one more non-traditional pilot we did really lean into, though, was medically-tailored meals, just hearing how much food assistance was needed, that was something that we did much more outreach and follow-up for members as well as trying to make sure they were connected to those ongoing, whether it was great place to deliver CalFresh, Meals on Wheels, other types of government food support. So I'll find out about CPO. Because I think, I don't know if that one's officially CPO versus a different type of pilot as well.

Alisa Chester:

Great. Thank you. And we have another question from Jane. Jane I'm going to unmute you if you're ready. Go ahead.

Jane Ogle:

Hi, this is Jane. Two questions, if I can. Do we have any idea why there's been this nice little uptick in enrollment in 2020? It showed it up to 109, which is the highest it's been in a while. Is that because of the impact of brokers?

Alisa Chester:

Anastasia, I don't know if you have a response, if not, we're happy to look into this and get back to you.

Jane Ogle:

Okay. Thank you. My other question is for Anastasia. It's coming up towards 2021 and there were some major plans for the expansion of dual eligible integration in 2023 and 2025 as part of CalAIM. Is that still going forward there? Any updates on that?

Anastasia Dodson:

Hi Jane. Good morning. Thanks for asking. We are definitely working on it and hopefully in the next week or so we'll have more to announce as far as plans for discussions in January, February, and March. So we are definitely working on it, and more to come very soon.

Jane Ogle:

Thanks Anastasia.

Alisa Chester:

Thank you. And I see, we also have a question from Maya, so I'm going to go ahead and unmute you. Oh, it looks like you are self-muted. You may need to press star six to unmute yourself. Oh there you go.

Maya Altman:

Can you hear me now?

Alisa Chester:

Yes, we can hear you.

Maya Altman:

I just wanted to answer Jane's question or propose an answer, which is what we've seen at the Health Plan of San Mateo is that we're definitely losing fewer people because we've always lost people because they lost Medicaid. And because of the hold on Medi-Cal redeterminations, people aren't losing Medi-Cal as they were in the past. And so, that's leading to maintaining or increasing Cal MediConnect enrollment.

Alisa Chester:

Great. Thank you. Looks like we do have confirmation from other folks that one of the reasons is this halt to disenrollment. Any other questions or comments? Great. Well, thank you again for joining us. Everyone. We will send the recording out soon.

Lilly Clements:

Hello, Alisa we do have one question from Kerry Branick [crosstalk 00:47:41].

Alisa Chester:

Oh, I'm sorry. Go ahead, Kerry.

Kerry Branick:

Hi, this is Kerry Branick from CMS. Can you hear me?

Alisa Chester:

Yeah, we can hear you.

Kerry Branick:

I just...since it sounds like there weren't any other questions, I did want to just go back to earlier in the presentation when the state staff walked through the dashboard and just comments, a couple of, I think it's figure eight and figure 10, both represent significant improvements among the plans efforts to complete a timely Health Risk Assessments and to develop care plans with beneficiaries. And there's been considerable effort on behalf of a number of the plans this year and

work with DHCS through those performance improvement projects to really try to reach more members and to develop more care plans in a timely manner, and the jump in performance there should definitely be recognized it's among the highest it's ever been in Cal MediConnect. And I think we're all pretty proud of that and hope that we see it continue into 2021. Thank you.

Alisa Chester:

Thanks Kerry. Well, I would just like to thank everyone for joining us today. And I mentioned before, we will send out the slides and the recording soon, and we hope everyone has a great morning and afternoon. Thank you.

Alison Klurfeld:

Thank you.

Kerry Branick:

Thank you very much.