

2020-2021



MY HEALTH LA PROGRAM SNAPSHOT REPORT FOR FISCAL YEAR 2020-2021

My Health LA is a no-cost health care program for low-income individuals who live in Los Angeles County. MHLA participants receive primary medical care and dental care at contracted Community Partner agencies throughout Los Angeles County. When needed, participants also receive specialty, inpatient, emergency and urgent care at Los Angeles County Department of Health Services facilities.

To qualify for MHLA, individuals must live in Los Angeles County, be 26 and older and be ineligible for publicly funded health insurance such as full-scope Medi-Cal. MHLA participants must also have a household income at or below 138% of the Federal Poverty Level.

This report is designed to provide the public, policy makers, participants, clinics, researchers and other interested groups with a snapshot information about the MHLA program during Fiscal Year 2020-21. MHLA had a successful year serving its participants, and we are thankful for everyone's contributions to the program.

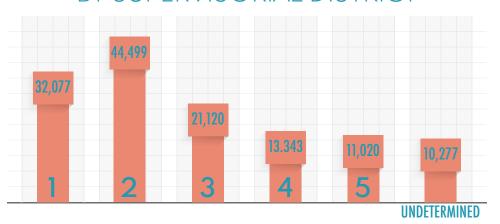




MHLA ENROLLMENT

At the end of FY 20-21, there were 132,336 participants enrolled in MHLA, down from previous fiscal years. Supervisorial Districts 1 and 2 have the largest number of MHLA participants.

DISTRIBUTION OF MHLA PARTICIPANTS BY SUPERVISORIAL DISTRICT



DISENROLLMENT AND DENIALS



Disenrollment occurs when a participant no longer qualifies or because they do not renew in time. A denial occurs when a person is enrolled in MHLA but is later denied because they were not eligible.

There were 161,028 participants enrolled in the program during FY 20-21. During the year, 5,590 were denied and 55,307 participants were disenrolled. Participants who have been denied or disenrolled from MHLA can re-apply at any time.

RENEWALS AND RE-ENROLLMENTS



Participants are required to renew their MHLA coverage every year. Renewals can be done in person or by phone. Of the MHLA participants due to renew FY 20-21, 59% of the participants renewed on time. Of the

individuals that did not renew, 17% came back within the year to reenroll in the program, meaning 76% of MHLA participants renewed or reenrolled in the program the fiscal year.

PARTICIPANT DEMOGRAPHICS

- 95% of participants identified as Latinos.
- 60% were female and 40% were male.
- SPA 6 had the largest concentration of MHLA participants at 22%.
- 92% said Spanish was their preferred language.
- 37% of participants were between 45 and 54 years old.



MHLA ANNUAL CLINICAL AUDITS



MHLA conducts annual clinical audits of the Community Partners. Nurse auditors conduct medical and dental record reviews to assess medical record documentation and ensure contract compliance.

MEDICAL RECORD REVIEW

- · Medical Record Reviews were conducted on 213 sites.
- 53% required a Corrective Action Plan.
- There were 176 deficiencies identified in the 213 MRRs.
- The most frequent deficiencies were related to foot exam, TB screenings, immunizations, diabetic retinal scans and seasonal flu vaccines

DENTAL RECORD REVIEW

- 52 sites provided dental services to MHLA participants.
- Only three of the 52 sites were required to submit a CAP.
- There were nine deficiencies identified among the 52 sites.

MEMBER SERVICES AND PARTICIPANT COMPLAINTS

Member Services staff members are available to answer questions for MHLA participants Monday through Friday from 7:30 a.m. – 5:30 p.m. at 844-744-MHLA (844-744-6452). Interpreters are available for MHLA participants. Member Services staff also help make medical home changes, complete disenrollments, process address and phone number changes, and resolve any program issues. There were only three formal complaints in FY 20-21.

MENTAL HEALTH PREVENTION SERVICES

DHS and the Department of Mental Health (DMH) began providing mental health prevention services to MHLA participants. DMH created curriculums in Stress Management, Trauma-Informed

Care and Grief and Loss. Community Partner staff are required to complete training before providing services. Community Partner agencies submit claims based on screening and services provided. Based on a preliminary data analysis conducted by DMH, there were 54,113 claims submissions for 27,603 unique individuals in FY 20-21. The project is funded by the Mental Health Services Act. In FY 20-21, DMH reimbursed DHS a total of \$4.2 million for mental health prevention services.







SUBSTANCE USE DISORDER (SUD) SERVICES

MHLA partnered with the Los Angeles County Department of Public Health's (DPH) Substance Abuse Prevention and Control Division to provide Substance Abuse Disorder treatment services to MHLA participants. MHLA participants can access SUD services several ways. They can receive services through DPH or through their own medical home clinic. 703 MHLA participants accessed SUD services through DPH. The largest group of SUD treatment recipients was the age group, 35 to 44 years old, most being male Hispanic. Most people receiving help did so for methamphetamine, followed by alcohol.

PHARMACY UTILIZATION



MHLA participants can get their medications for free. They can go to more than 600 retail pharmacies or pharmacies or dispensaries at their medical home. Participants also can have medications mailed to their home or clinic using the DHS Central Pharmacy.



PHARMACY UTILIZATION (CP AND DHS)

FISCAL YEAR	UNIQUE PARTICIPANTS	TOTAL NUMBER OF PARTICIPANTS RECEIVING PRESCRIPTIONS (DHS & VENTEGRA)	% OF PARTICIPANTS RECEIVING PERSCRIPTIONS	MEDICATIONS DISPENSED BY VENTEGRA	MEDICATIONS DISPENSED AT DHS (PRESCRIBED BY DHS)	TOTAL PRESCRIPTIONS DISPENSED
2020-21	161,028	85,158	53%	946,358	121,796	1,068,154

SERVICE UTILIZATION



Primary Care at the Community Partner Agencies

MHLA analyzes utilization of primary care at the Community Partner clinics and of specialty, urgent, and hospital services at DHS facilities. There were a total of 479,219 primary care visits by 106,606 unique participants. Nearly two-thirds of all MHLA participants had an in-person primary care visit in FY

20-21. The average number of primary care visits per person was 3.75. Participants with chronic conditions had more visits per year (5.76 on average) than participants without chronic conditions (1.78).

Care at DHS Facilities

PARTICIPANTS UTILIZING AT LEAST ONE SERVICE AT A DHS FACILITY

SERVICE CATEGORY	UNIQUE PARTICIPANTS	NUMBER OF PARTICIPANTS UTILIZING AT LEAST ONE SERVICE	PERCENTAGE OF PARTICIPANTS UTILIZING AT LEAST ONE SERVICE	NUMBER OF ENCOUNTERS
SPECIALTY (DHS)	161,028	30,805	19.13%	180,356
EMERGENCY (DHS)	161,028	8,964	5.57%	12,899
URGENT CARE (DHS)	161,028	5,344	3.32%	7,924
IMPATIENT (DHS)	161,028	2,914	1.81%	4,057



In FY 20-21, 5.57% of MHLA participants used DHS emergency rooms. Of those visits, 17.69% were avoidable.

EMERGENCY ROOM

	O ED VISITS	1 ED VISITS	2 ED VISITS	3 ED VISITS	4 ED Visits	5-9 ED VISITS	10+ ED VISITS	TOTAL PARTICIPANTS
ALL PARTICIPANTS	152,064	6,671	1,511	455	161	147	19	161,028
ED PERCENTAGE OF TOTAL PARTICIPANTS	94.43%	4.14%	0.94%	0.28%	0.10%	0.09%	0.01%	100.00%

MHLA EXPENDITURES



DHS pays Community Partner agencies in two ways: (1) Monthly Grant Funding (MGF) payments for preventive and primary care, and (2) Fee-for-service payments for dental services provided by those CP agencies with dental contracts with MHLA. In addition, MHLA pays for medications on behalf of participants.

\$45,959,753.00

In Primary Care Services (MGF Payment)

- MGF payment per month of \$32 plus the \$3.30 supplemental behavioral health payment
- Based on enrolled participants who had an in-person allowed primary care visit in the prior 24 months.

\$2,953,398.01

In Dental Care Services (Fee-for-Service)

• 27 of the Community Partners provide dental services to MHLA eligible enrolled participants.

\$9,332,872.78

Pharmacy Related Services Payments for medication costs, administration and other fees, as well as to the Community Partners for dispensary costs.

\$58,246,023.80

Grand Total Expenditure for FY 20-21

- MGF payment
- Dental payment
- Pharmacy expenditures





MHLA Administrative Office: 626-525-5789 MHLA Member Services: 844-744-6452