COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER

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April 13, 2010

TO: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Wendy L. Watanabe
Auditor-Controller

SUBJECT: **DEPARTMENT OF HEALTH SERVICES' COMMUNITY HEALTH PLAN FINANCIAL AUDIT FOR YEARS ENDING JUNE 30, 2008 AND 2009**

Attached is the independent auditor's financial audit report for the Department of Health Services' Community Health Plan (CHP) for the years ending June 30, 2008 and 2009. The audit was performed by Simpson & Simpson, Certified Public Accountants (Simpson).

California law requires the CHP and other managed care plans to submit annual financial statements that have been audited by an independent Certified Public Accountant to the State Department of Managed Health Care. The statements must be accompanied by an opinion on the fairness of the financial statement presentation. Simpson's opinion indicates that the financial statements present fairly CHP's financial position and operating results for the years ending June 30, 2008 and 2009. CHP has submitted the report to the Department of Managed Health Care, as required.

Internal Control Findings

In completing the audit of CHP's financial statements, Simpson noted areas where CHP could strengthen internal controls and operating efficiency. Simpson identified control weaknesses related to the coding and monitoring of closed claims in CHP's eligibility and claims processing system (Patient Management System). In addition, Simpson reviewed the weaknesses they identified in the prior internal control report. These weaknesses related to the review and monitoring of pharmacy provider billing costs, the

need to replace their outdated Patient Management System, and CHP's ability to handle increased growth.

These issues were discussed with CHP management. The details of Simpson's findings and recommendations and CHP's corrective actions are included in the internal control report, which will be sent to your Board separately.

Please call me if you have any questions, or your staff may contact Jim Schneiderman at (213) 253-0101.

WLW:MMO:JLS:MWM

Attachment

c: William T Fujioka, Chief Executive Officer
John F. Schunhoff, Ph.D., Interim Director, DHS
Andrea Sheridan Ordin, County Counsel
Public Information Office
Audit Committee

ATTACHMENT

LOS ANGELES COUNTY
DEPARTMENT OF HEALTH SERVICES
COMMUNITY HEALTH PLAN

Financial Statements for the
Years Ended June 30, 2009 and 2008
with Independent Auditor's Reports

S&S

LOS ANGELES COUNTY
DEPARTMENT OF HEALTH SERVICES
COMMUNITY HEALTH PLAN
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INDEPENDENT AUDITOR'S REPORT

To the Board of Supervisors of
the County of Los Angeles

We have audited the accompanying balance sheets of the **Los Angeles County Department of Health Services Community Health Plan** (CHP) as of June 30, 2009 and 2008 and the related statements of income and changes in fund balances, and cash flows for the years then ended. These financial statements are the responsibility of CHP's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of CHP as of June 30, 2009 and 2008 and the results of its operations, changes in its fund balances and its cash flows for the years then ended in conformity with generally accepted accounting principles in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued a report dated October 30, 2009, on our consideration of the CHP's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Simpson & Simpson

Los Angeles, California
October 30, 2009

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LOS ANGELES COUNTY
DEPARTMENT OF HEALTH SERVICES
COMMUNITY HEALTH PLAN
Balance Sheets
June 30

ASSETS	**2009**	**2008**
Current assets:		
Cash and cash equivalents	$ 30,697,707	$ 41,864,967
Receivables (Note 3)	35,637,553	36,461,605
Prepaid expenses	1,653,003	1,398,641
Total current assets	67,988,263	79,725,213
Noncurrent assets:		
Long-term investments	303,504	303,504
Total noncurrent assets	303,504	303,504
TOTAL ASSETS	$ 68,291,767	$ 80,028,717
LIABILITIES AND FUND BALANCES		
Current liabilities:		
Accrued capitation	$ 19,657,263	$ 25,654,482
Claims payable (Note 4)	13,398,043	12,295,873
Accounts payable	2,952,965	2,628,985
Accrued salaries and related benefits	2,963,569	2,714,089
Amount due to Los Angeles County (Note 5)	10,761,422	7,931,988
Other liability	1,283,894	1,589,652
Total current liabilities	51,017,156	52,815,069
Fund balances:		
Restricted	4,432,803	4,218,702
Unrestricted	12,841,808	22,994,946
Total fund balances	17,274,611	27,213,648
TOTAL LIABILITIES AND FUND BALANCES	$ 68,291,767	$ 80,028,717

The accompanying notes are an integral part of these financial statements.

LOS ANGELES COUNTY
DEPARTMENT OF HEALTH SERVICES
COMMUNITY HEALTH PLAN
Statements of Income and Changes in Fund Balance
For the Fiscal Years Ended June 30

	2009	2008
REVENUES		
Capitation premiums	$ 262,929,954	$ 241,519,824
OPERATING EXPENSES		
Cost of health care services:		
Capitation premiums	181,867,270	166,610,178
Medical services	13,281,078	9,770,243
Pharmacy	18,333,817	14,504,273
Medical supplies	101,795	1,910,203
Total cost of health care services	213,583,960	192,794,897
General and administrative:		
Salaries and employee benefits	13,399,234	13,004,892
Professional and consulting services	5,401,786	6,702,642
Rent	1,205,323	1,158,234
Office expense	7,066,775	5,072,053
Communications	685,529	771,848
Miscellaneous	745	18,480
Total general and administrative expenditures	27,759,392	26,728,149
Total operating expenses	241,343,352	219,523,046
OPERATING INCOME	21,586,602	21,996,778
OTHER REVENUES		
Interest income	626,486	1,596,263
Other revenues	1,407,214	3,921,264
Total other revenues	2,033,700	5,517,527
Net income	23,620,301	27,514,305
FUND BALANCE, beginning of year	27,213,648	18,622,733
Transfer to LA County (Note 6)	(33,559,338)	(18,923,390)
FUND BALANCE, end of year	$ 17,274,611	$ 27,213,648

The accompanying notes are integral part of these financial statements.

LOS ANGELES COUNTY
DEPARTMENT OF HEALTH SERVICES
COMMUNITY HEALTH PLAN
Statements of Cash Flows
For the Fiscal Years Ended June 30

	2009	2008
CASH FLOWS FROM OPERATING ACTIVITIES		
Net income	$ 23,620,301	$ 27,514,305
Adjustments to reconcile change in net assets to net cash Used by operating activities		
Changes in operating assets and liabilities:		
Decrease/(Increase) in receivables	824,052	(11,960,817)
Increase in prepaid expense	(254,362)	(108,830)
Decrease in accrued capitation	(5,997,219)	(4,512,264)
Increase in claims payable	1,102,170	1,946,560
Increase in accounts payable	323,980	1,244,071
Increase in accrued salaries and related benefits	249,480	156,419
Increase in amount due to Los Angeles County	2,829,434	810,378
(Decrease)/Increase in other liability	(305,758)	116,765
Net cash provided by operating activities	22,392,078	15,206,587
CASH FLOWS FROM FINANCING ACTIVITIES		
Transfer to Los Angeles County	(33,559,338)	(18,923,390)
Net cash used by financing activities	(33,559,338)	(18,923,390)
Net decrease in cash and cash equivalents	(11,167,260)	(3,716,803)
Cash and cash equivalents, beginning of the year	41,864,967	45,581,770
Cash and cash equivalents, end of the year	$ 30,697,707	$ 41,864,967

The accompanying notes are an integral part of these financial statements.

NOTE 1 – ORGANIZATION AND NATURE OF BUSINESS

The Community Health Plan (CHP) is the Medi-Cal health maintenance organization (HMO) owned and operated by the Los Angeles County Department of Health Services (DHS). It is a federally qualified HMO and is licensed as a prepaid full service health care service plan by the State of California Department of Managed Health Care under the Knox-Keene Health Care Service Plan Act of 1975. CHP provides health care services at low or no cost through the State's Medi-Cal Managed Care and Healthy Families Program and the Personal Assistance Services Council - Service Employees International Union (PASC-SEIU) Homecare Worker Health Care Plan.

Medi-Cal Managed Care

CHP is one of five Plan Partners contracting with L.A. Care Health Plan, the Local Health Initiative for Medi-Cal Managed Care in Los Angeles County. CHP has over 1200 primary care physicians, over 830 pharmacies, including the chain of Rite-Aid stores, and more than a thousand specialists in the Medi-Cal provider network. Under the Medi-Cal program there is no cost to the member for covered services and no co-payments.

Healthy Families Program

CHP contracts with the State Managed Risk Medical Insurance Board (MRMIB) to participate as a Healthy Families Program provider. The Healthy Families Program provides comprehensive health, dental and vision coverage to children in families with incomes at or below 250% of the Federal Income Guidelines. Since the program began in 1998, Community Health Plan has been designated the Community Provider Plan for Los Angeles County for the provision of health coverage.

PASC-SEIU Homecare Worker Health Care Plan

Effective April 1, 2002, the PASC-SEIU Homecare Worker Health Care Plan was implemented to provide health services to eligible In-Home Supportive Services (IHSS) Workers. The plan provides IHSS Workers access to a provider network comprised of Los Angeles County Department of Health Services facilities and contract providers.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

As a managed health care organization, CHP derives the majority of its revenues from capitation premiums received for providing prepaid health services and prepares its financial statements in accordance with the AICPA Audit and Accounting Guide for "Health Care Organizations." The following is a summary of significant accounting policies used in the preparation of the accompanying consolidated financial statements. Such policies are in accordance with accounting principles generally accepted in the United States of America and have been consistently applied. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses for each reporting period. The significant estimates made in the preparation of CHP's financial statements relate to the assessment of the carrying value of claims payable and contingent liabilities. While management believes that the carrying value of such assets and liabilities is adequate as of June 30, 2009 and 2008, actual results could differ from the estimates upon which the carrying values were based.

Basis of Presentation - Fund Accounting

The accounts of the County are organized on the basis of funds and account groups, each of which is a separate accounting entity. Each fund is accounted for through a separate set of accounts that comprise its assets, liabilities, fund equity, revenues and expenditures or expenses, as appropriate. CHP, **an enterprise activity**, is reported under the general fund of the County of Los Angeles. General fund is used to account for all financial resources except those required to be accounted for in another fund. Resources or expenditures not restricted for a particular purpose are accounted for in the general fund.

Accounting Standards

Pursuant to Governmental Accounting Standards Board (GASB) Statement No. 20, Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting, CHP has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989.

Reclassifications

Certain 2008 amounts have been reclassified to conform with their 2009 presentation.

Concentration of Source of Revenues

CHP received approximately 59% of its premium revenues under service agreements with L.A. Care Health Plan for both fiscal years ended June 30, 2009 and 2008.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Cash and Cash Equivalents

Cash and cash equivalents consist of CHP's equity portion of the Los Angeles County cash and investment pool. Funds received by CHP are deposited into the cash and investment pool for which the County Treasury is the depository. Funds deposited in the pool are similar in nature to demand deposits, (i.e., funds may be deposited and withdrawn at any time without prior notice or penalty). Interest earned on the pooled funds is accrued in a pooled interest apportionment fund and is allocated based on the average daily cash balances of the fund. The average annual interest rates earned on CHP's deposits during fiscal years ended June 30, 2009 and 2008 were approximately 2.5% and 4.6%, respectively. As of June 30, 2009 and 2008, substantially all investments in the County investment pool were U.S. government securities, bankers' acceptances and negotiable certificates of deposit.

Long-Term Investments

Long-term investments consist of restricted investments on deposit with the California Department of Managed Health Care (DMHC). These investments consist of U.S. Treasury securities, and due to their restricted nature, are classified as long-term without regard to contractual maturity. Market values approximate carrying values as of June 30, 2009 and 2008.

Claims Reimbursement Receivable

Claims reimbursement receivable are claims for capitated services paid by CHP that are reimbursable from the contracted medical groups and hospitals. Management believes that uncollectible amounts, if any, will not be material to the financial statements.

Accrued Capitation

CHP pays capitation premiums to the contracted medical groups and hospitals in arrears on a per member per month basis. Accrued capitation consists of capitation payments due the contracted medical groups and hospitals.

Claims Payable

The liability for claims payable includes adjudicated claims, claims pending adjudication and a provision for incurred but not reported claims. The amount payable for the claims pending adjudication is reduced by an allowance for denied claims estimated based on paid/denied ratio of claims closed during the year. The provision for incurred but not reported claims is estimated using a lag study based upon historical data including the period between the date services are rendered and the date claims are received and paid and denied claim activity. The estimate for incurred but not reported claims is made on an accrual basis and adjusted in future periods as required.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Any adjustments to the prior period estimates are included in the current period. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate amount of claims and losses paid are dependent on future developments, management is of the opinion that the recorded reserves are adequate to cover such costs. These liabilities are reduced by estimated amounts recoverable from contracted health care providers.

Fund Balance

Fund balances are reported as restricted when constraints placed on its use are either: (1) externally imposed by creditors, grantors, contributors or laws or regulations of other governments, or (2) imposed by law through constitutional provisions or enabling legislation. CHP's restricted fund balance consists of the amounts required to satisfy the deposit and tangible net equity requirements of the Department of Managed Health Care as of June 30, 2009 and 2008 (see Note 6).

Premium Revenues

CHP's premium revenues are capitation payments received for plan enrollees on a per member per month basis. Premiums are recognized as revenue in the month in which the members are entitled to service.

Cost of Health Care Services

CHP contracts with various medical groups to provide professional care to its members on a capitated, or fixed per member per month fee basis. Capitation contracts generally include a provision for stop-loss and non-capitated services for which CHP is liable. Additionally, CHP contracts with certain hospitals to provide hospital care to enrolled members on a capitation basis.

The cost of health care services is recognized in the period in which services are provided and includes an estimate of the cost of services which have been incurred but not yet reported. Such costs include capitation payments to contracted medical groups and hospitals for primary care, specialty and hospital services and the cost of non-capitated medical services, pharmacy and medical supplies.

Fair Value of Financial Instruments

The estimated fair value amounts of cash equivalents and long-term investments approximate their carrying amounts in the financial statements and have been determined by CHP using available market information and appropriate valuation methodologies. The carrying amounts of cash equivalents approximate fair value due to the similarity in its nature to demand deposits. The fair values of long-term investments are estimated based on quoted market prices and dealer quotes for similar investments.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Tax

As an operating division of the County, CHP is exempt from State and Federal income taxes.

NOTE 3 – RECEIVABLES

Receivables are comprised of interest receivable, capitation premiums receivable and claims reimbursement receivable from health care service providers. As of June 30, 2009 and 2008, receivables consisted of the following:

	2009	2008
Capitation premiums receivable	$ 16,740,309	$ 20,735,652
Claims reimbursement receivable	18,047,328	14,906,216
Interest receivable	122,030	259,645
Other receivable	727,885	560,092
	$ 35,637,552	$ 36,461,605

NOTE 4 – CLAIMS PAYABLE

Claims payable are comprised of claims payable, claims pending adjudication and a liability for claims incurred but not yet received, reduced by management's estimate of the amount that will be denied and the amount that will be recoverable from contracted providers. As of June 30, 2009 and 2008, claims payable consisted of the following:

	2009	2008
Claims payable/pending adjudication	$ 38,873,543	$ 27,965,949
Claims incurred but not received	10,526,202	9,804,409
Claims payable	55,968	52,034
Less: Allowance for denied claims	(36,057,669)	(25,526,519)
	$ 13,398,044	$ 12,295,873

NOTE 5 – AMOUNT DUE TO LOS ANGELES COUNTY

Cash disbursements for CHP are made from the general fund of Los Angeles County Department of Health Services (DHS). CHP transfers funds periodically to the general fund from its County cash and investment pool to reimburse the general fund or to fund its projected cash disbursements. The amount due to Los Angeles County consists of the amount owed to the DHS general fund and the amount due other County funds for services such as telephone, rent and information system support. As of June 30, 2009 and 2008, the amount due to Los Angeles County consisted of the following:

NOTE 5 – AMOUNT DUE TO LOS ANGELES COUNTY (Continued)

	2009	2008
Amount due to Los Angeles County funds	$10,761,422	$7,931,988

NOTE 6 – TRANSFER TO LOS ANGLES COUNTY

CHP transfers fund in excess of 150% of the total net equity to the general fund of DHS. During the fiscal years ended June 30, 2009 and 2008, the total transfer to DHS amounted to $33,559,338 and $18,923,390, respectively.

NOTE 7 – RETIREMENT PLAN

The County's retirement plan covers CHP employees and provides for monthly pension payments to eligible employees upon retirement. Salaries and employee benefits expense includes a provision for the retirement plan cost, as well as vacation and sick pay, which is estimated based on a percentage of salaries expense. The actual cost of the retirement plan, actuarial present value of accumulated retirement plan benefits, and net assets available for retirement plan benefits are not separately identifiable for CHP.

NOTE 8 – REGULATORY REQUIREMENTS

CHP, as a California licensed health service plan, is regulated by the State of California Department of Managed Health Care (DMHC). Title 28 of the Code of California Regulations requires that CHP maintain certain deposits assigned to the Director of the DMHC and comply with certain minimal capital or tangible net equity requirements. Management believes that as of June 30, 2009 and 2008, CHP met its regulatory requirements.

NOTE 9 – CONTINGENCIES

The County has agreed to fund CHP losses, if any, and to cover CHP under its self-insured medical malpractice program when medical services are provided at a County facility. In addition, the County has agreed to cover CHP under its self-insured workers' compensation program. These coverages are provided to CHP at no cost.

NOTE 10 – SUBSEQUENT EVENTS

a. In July and August 2009, CHP recorded a total operating transfer-out of $7,735,000 to the Los Angeles County Department of Health Services general fund.

NOTE 10 – SUBSEQUENT EVENTS (Continued)

b. L.A. Care changed the payment methodologies that govern compensation to CHP for the Medi-Cal Managed Care Program, based on changes that the State Department of Health Care Services (SDHCS) implemented on October 1, 2009. The SDHCS and L.A. Care both implemented the Medicaid Rx Pharmacy Risk Adjustor, to adjust rates based on the health risk of members as measured by pharmacy data. Plan Partners with higher risk scores receive a rate increase while Plan Partners (including CHP) with lower risk scores receive a rate decrease.

   SDHCS implemented the Maternity Supplemental Payment effective October 1, 2009, to reimburse L.A. Care and other State-contracted health plans a single rate per County for each maternity live delivery event. L.A. Care sets each Plan Partner's capitation reduction based on L.A. Care's overall average in birth rates. Plan Partners with higher birth rates benefit at the expense of Plan Partners (including CHP) with lower birth rates.

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Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

The Board of Supervisors of
County of Los Angeles

We have audited the accompanying financial statements of the **Los Angeles County Department of Health Services Community Health Plan** (CHP) as of June 30, 2009 and 2008, and have issued our report thereon, dated October 30, 2009. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audits, we considered the CHP's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the CHP's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the CHP's internal control over financial reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that a misstatement of the entity's financial statements that is more than inconsequential will not be prevented or detected by the entity's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the entity's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the CHP's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not

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express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

We noted a matter that we reported to management of the CHP in a separate letter dated November 30, 2009.

This report is intended solely for the information and use of the County of Los Angeles, management, and the State of California Department of Managed Health Care and is not intended to be and should not be used by anyone other than these specified parties.

Simpson & Simpson

Los Angeles, California
October 30, 2009