



April 13, 2012

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

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: STATUS REPORT ON HEALTHY WAY LOS ANGELES ENROLLMENT AND THE 1115 MEDICAID WAIVER

On June 14, 2011, your Board instructed the Chief Executive Officer and the Director of Health Services to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way Los Angeles (HWLA) Matched and Unmatched programs. On November 16, 2010, your Board directed the Chief Executive Officer (CEO), the Director of the Department of Health Services (DHS), and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). This report is in response to both motions.

HEALTHY WAY LOS ANGELES – LOW INCOME HEALTH PROGRAM (LIHP)

Network Update: On June 14, 2011, your Board approved the new HWLA agreements with Community Partners (CPs) covering HWLA Matched and Unmatched Services. This new agreement replaced the previous Public-Private Partnership Program, HWLA and SB 474 contracts. On September 20, 2011, your Board delegated authority to DHS to execute amendments to existing HWLA-Matched agreements and to offer new HWLA-Matched agreements, to accommodate the transition of current Ryan White Care Act program clients to HWLA.

At the start of the HWLA program, we had agreements with 54 CP agencies representing 154 clinic sites. With the newly signed Ryan White-HWLA Providers, our total non-DHS HWLA program network represent 60 CP agencies and over 266 clinic sites.

HWLA Enrollment Status and Trends: HWLA is part of the California Health Care Coverage Initiative that seeks to expand health care coverage for eligible individuals in Los Angeles County. The initial HWLA program began in September 2007. The HWLA program with new programmatic and enrollment requirements commenced on July 1, 2011. As of April 1, 2012, 135,973 individuals were enrolled in the HWLA program. Of those, 77,839 are in DHS medical homes and 58,134 are in CP medical homes.

Upcoming Development: First, with the consent from the State, we are planning to auto-enroll current Los Angeles County General Relief recipients as of June 1, 2012 into HWLA matched program. The estimated number of potential eligible General Relief recipients that qualify for HWLA matched program is around 85,000 to 100,000 individuals. Preliminary analysis has shown that around a quarter of these individuals have used a DHS or Community Partner site for health care services. This population has been a challenge to enroll for many reasons, including the fact that the majority are homeless. As such, many lack identification or a birth certificate or passport. We are working closely with the Department of Public Social Services (DPSS) to establish an on-going auto-enrollment process as well as a communications and outreach plan for the GR population to help increase awareness about coverage and medical home options. We have begun the discussion with CPs on how to best coordinate this since this influx of patients will impact clinic capacity for DHS and CPs.

Secondly, DPSS is completing the programming and development of the HWLA application in Your Benefits Now/ LEADER. As this is being completed, DPSS and DHS will begin developing the training curriculum for DHS, DMH and CP staff. During the month of May, we will begin the process of testing LEADER at DHS, DMH and CP pilot sites, followed by trainings for enrollment workers in June. This is viewed as an important technical improvement from the current enrollment platform. We are on target for an early summer roll out.

HWLA Programmatic Improvement Update: DHS staff has taken an in-depth review of major areas of concern raised by the CPs. We are working on implementing and moving forward a number of HWLA program improvements in order to make the enrollment and claiming process easier, as discussed in detail at the April 11 Health and Mental Health Services Cluster Agenda Review meeting. We will also soon be submitting HWLA contractual amendments that will improve enrollment and claims payment processes for your Board's approval. As part of our overall process improvement and CP outreach efforts, DHS will offer to provide on-site site visits to help identify, assess, train and trouble-shoot issues.

ENROLLMENT OF SENIORS AND PERSONS WITH DISABILITIES (SPDs)

The Los Angeles County SPD transition from fee-for-service to managed care Medi-Cal is nearly complete. We are about to enter the final month of the transition process. In the first 11 months of SPD enrollment (June 1, 2011 to April 1, 2012), the SPD L.A. Care enrollees assigned to DHS primary care providers was over 27,000 (>90% of our enrollment target of 30,000). DHS and L.A. Care staff meet regularly and work collaboratively to improve our care delivery, coordination and transition processes.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALIST ACCESS

DHS, CPs, and L.A. Care are working together to deploy a new telehealth technology (eConsult) which enables primary care providers and specialists to exchange consultations in a “store and forward” manner. We are currently on track to begin live user testing of this platform at a few selected DHS and CP pilot sites at the end of April. eConsult is a proven specialty access intervention that has worked well in San Francisco and a cohort of L.A. Care private providers, as well as other safety net and integrated delivery systems. We identified the initial group of specialties (Cardiology, Dermatology, Gastroenterology, Liver, Neurology, Ophthalmology, Orthopedics and Women's Health) as the initial cohort to go-live with this transformative specialty access effort.

As we transform our system to meet health care reform requirements, improving specialty care access points is critical. For the last nine months, in collaboration with our CPs, DHS identified and linked approximately 19,500 patients who are without a primary care provider to CPs. Preliminary results suggest that CPs were only able to schedule around 15% of the patients with a primary care provider. We are now working closely with CP clinical leadership to make the exchanges and process easier for both CPs and DHS.

DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)

DHS submitted its semi-annual DSRIP report to the Department of Health Care Services and CMS on March 31, 2012, detailing progress toward achieving Demonstration Year 7 (FY2011-12) milestones as of the end of 2011. DHS' achievements to date will result in a semi-annual payment of over \$160 million, approximately 70% of the maximum incentive funding available this fiscal year. DHS will fully achieve all remaining milestones, for a payment of an additional ~\$60 million, by the end of the fiscal year. Detailed progress on each individual milestone is provided in the attached DSRIP status update document.

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NEXT STEPS

DHS will continue to provide quarterly reports regarding HWLA enrollment trends and the status of implementing the 1115 Waiver. The target date for the next status report is July 2012. If you have any questions, please contact me or Alexander Li, Ambulatory Care Chief Executive Officer, at 213-240-8344.

MHK:sr

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Mental Health