Annual Report
to the
Los Angeles County Board of Supervisors
Fiscal Year 2016-17

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I. SUMMARY AND OVERVIEW OF 2016-17 ACCOMPLISHMENTS

Fiscal Year (FY) 2016-17 was the third year of operation for the My Health LA (MHLA) program.

MHLA provides primary health care services to Los Angeles County residents whose household income is at or below 138% of the Federal Poverty Level (FPL) and who are not eligible for publicly-funded health care coverage programs such as full-scope Medi-Cal. At the end of the Fiscal Year, MHLA provided primary medical care through a contracted network of 51 Community Partner (CP) agencies representing 215 clinic sites throughout Los Angeles County. Diagnostic, specialty, inpatient, emergency and urgent care are provided by Los Angeles County Department of Health Services (DHS) facilities.

Through the MHLA program, DHS endeavors to meet the health care needs of certain low-income, uninsured Los Angeles residents who remain uninsured after implementation of the federal Affordable Care Act's (ACA) individual health insurance mandate. These individuals are known as the residually uninsured. The DHS' Managed Care Services (MCS) office developed the MHLA program to fill this gap in health care access in Los Angeles County.

MHLA is closely aligned with DHS' mission is to "ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners." The goals of the MHLA program are to:

Preserve Access to Care for Uninsured Patients.

- Ensure that Los Angeles County residents who are not eligible for health care coverages under the Affordable Care Act or other publicly financed program have a medical home and needed services.

Encourage coordinated, whole-person care.

- Encourage better health care coordination, continuity of care, and patient management within the primary care setting.

Payment Reform/Monthly Grant Funding.

- Encourage appropriate utilization and discourage unnecessary visits by providing monthly grant funding as opposed to fee-for-service payment.

Improve Efficiency and Reduce Duplication

- Encourage collaboration among health clinics and providers, by improving data collection, developing performance measurements and tracking of health outcomes to avoid unnecessary service duplication.

Simplify Administrative Systems.

- Create a simplified administrative infrastructure that encourages efficiency, and an electronic eligibility determination and enrollment system (for enrollment, renewal and disenrollment) for individuals participating in the program.

The accomplishments during MHLA's third programmatic year include:

- By June 30, 2017, there were 145,158 Los Angeles County residents participating in the MHLA program which represents 99.4% of the program's 146,000 enrollment target. This is an increase of 1% from last fiscal year's enrollment of 143,769, and an increase of 20.5% from the initial program year of FY 2014-15 when 120,518 participants were enrolled.
- The number of participating MHLA clinic locations grew from 176 clinic sites last fiscal year to 215 clinic sites this year. This is an increase of 22% in clinic sites compared to last fiscal year, and an increase of 30% from the initial year of the program when there were 165 clinic sites participating.
- Pharmacy Phase II-A (retail pharmacy network pilot program) was successfully launched on July 1, 2016 with seven (7) CPs participating in the initial pharmacy pilot. This was followed by a launch of Phase II-B in February 2017 with ten (10) additional CPs joining the retail pharmacy network. Phase II-C and II-D are planned for implementation in the upcoming fiscal year.
- MHLA rolled-out Substance Use Disorder (SUD) treatment services in July 2016.
- Maternal Child Health Access (MCHA) began enrolling MHLA participants at the LAC+USC Wellness Center in December 2016. By June 30, 2017, MCHA enrolled 246 patients into MHLA.
- Nearly two-thirds of MHLA participants had at least one primary care visit during their enrollment.
- The MHLA website had 36,386 visitors.

In FY 2016-17, payments to community partner clinics for MHLA participants totaled $62,228,106. This amount includes: (1) $49,534,293 in payments to CP clinics for primary care services, (2) $7,219,099 in pharmacy payments, and (3) $5,474,714 in payments for dental services provided by those CP clinics contracted with DHS to provide dental care to MHLA enrolled and eligible patients (dental services are invoiced separately by clinics on a fee-for-service basis). In FY 2016-17, the per participant per month payment rate was $28.56 for primary care services (excluding pharmacy and dental) which is based on 1,734,532 participant months.

This annual report is designed to provide the public, policy makers, participants, clinics, researchers and other interested groups with detailed information about the ongoing performance of the MHLA program throughout the course of FY 2016-17.

My Health LA Milestones
July 2016 to June 2017

June 2017

•The third year of the program concludes with 145,158 participants enrolled.

February 2017

•Launched Pharmacy Phase II-B with a second cohort of ten Community Partners.

•147,608 participants enrolled in MHLA.

December 2016

•Maternal and Child Health Access begins enrolling patients into MHLA at the LAC+USC Wellness Center.

October 2016

•147,608 participants enrolled.

•10,000 MHLA children continue to transition to full scope Medi-Cal following the implementation of SB 75, Medi-Cal for All Children.

July 2016

•Successfully launched Pharmacy Phase II Services with our initial seven Community Partners.

July 2016

•Successfully launched Substance Use Disorder (SUD) Services for MHLA participants in a new partnership with Los Angeles County, Department of Public Health, Substance Abuse Prevention and Control.

II. 2016-17 PROGRAM ACTIVITIES

A. COMMUNICATIONS, OUTREACH, APPLICATIONS AND ENROLLMENT

This section of the report discusses outreach, application and enrollment trends in the MHLA program.

Key 2016-17 highlights were:

- MHLA ended its third programmatic year with 145,158 uninsured Los Angeles County residents enrolled in the program.
- MHLA ended its third programmatic year with 44,252 individuals disenrolled and 2,989 denied from the program.
- 69% of participants disenrolled from MHLA for failure to renew never had a visit.
- The MHLA website had 36,386 visits this fiscal year.

Communications and Outreach

The MHLA program utilizes its website (dhs.lacounty.gov/mhla) to convey information to MHLA Community Partner (CP) clinics, current and potential enrollees, and the general public. The website is a comprehensive repository of information and contains all of the programmatic and contractual documents required by CPs to participate in the MHLA program. This includes instructions and guidance related to the One-a-App (OEA) enrollment system, patient and CP newsletters, fact sheets, reports and detailed pharmacy information including up-to-date formularies. The MHLA program also produces and posts on the website Provider Information Notices (PINs) and Provider Bulletins which describe contractual and operational changes to the program. The public-facing section of the website is translated into Spanish.

During Fiscal Year (FY) 2016-17, the MHLA website had a total of 36,386 visits for an average of 3,032 visits per month. The average number of monthly website visits decreased from 4,650 in FY 2015-16 and 6,096 in FY 2014-15. The decrease in website volume is most likely due to a reduced need for programmatic guidance by the CPs in the third year of the program.

MHLA produces a variety of fact sheets in eight languages - Armenian, Chinese, English, Korean, Spanish, Tagalog, Thai and Vietnamese. The two most commonly used fact sheets explain the basics of the MHLA program and describe how and where to enroll. All fact sheets are available on the website for download free of charge. MHLA has several other fact sheets available on the website including information on MHLA pharmacy services, how CPs can request medical records from DHS, and accessing substance abuse services.

The MHLA Program remains committed to disseminating program information to both CPs and program participants via our two newsletters "The CP Connection," MHLA's monthly CP periodical, and "My Healthy News," the program's quarterly participant newsletter. These two publications are intended to keep CPs and MHLA program participants up-to-date with relevant and time-sensitive program information.

MHLA Eligibility Review Unit (ERU)

The MHLA Eligibility Review Unit (ERU) is an essential division of the MHLA program. The ERU develops, implements and communicates the eligibility and enrollment rules for MHLA and monitors how those rules are applied in the One-e-App (OEA) enrollment and eligibility system.

Additionally, the ERU provides MHLA eligibility trainings for CP enrollers on the process for enrolling patients in MHLA as well as how to refer individuals to other governmental medical assistance programs for which they may be eligible (e.g., Medi-Cal, Los Angeles County Reduced Cost Health Care Programs, etc.). In FY 2016-17, the ERU conducted three (3) full-day eligibility trainings. The ERU also holds regular (usually monthly) conference calls and/or in person meetings with "Eligibility Leads" from each CP clinic. Eligibility Leads are key CP staff members responsible for staying abreast of changes and updates to MHLA eligibility policies and processes, and sharing this information with the enrollers at their clinic.

The ERU also helps CP enrollers through the enrollment and re-enrollment process in real time through the Subject Matter Expert (SME) telephone line. This help line provides enrollment assistance for enrollers who have questions about the specifics of a MHLA application in progress, and enrollers frequently use the SME line to call the ERU while the patient is in the midst of the enrollment process. During FY 2016-17, the MHLA Eligibility and Enrollment Unit SME telephone line received 2,136 calls, up from 1,925 last fiscal year. This represents an 11% increase in ERU calls from the previous year.

MHLA Applications and Enrollment

MHLA enrollment is conducted at the CP medical home clinic. Certified Enrollment Counselors (CECs) and/or Certified Application Assistors (CAAs) screen potentially eligible individuals for the program during the enrollment process. Once eligibility has been assessed, the CECs/CAAs enroll participants into the program using the One-e-App (OEA) system.

During Fiscal Year 2016-17, MHLA saw a 16% increase of OEA users across the system. There were 374 CEC enrollers taking applications (up from 188 the prior year) and 291 clinic staff with "read only" access. There are also sixty-three (63) System Administrators and forty-nine (49) CEC Supervisors, making for 777 OEA system users across all CP clinics.

CP clinics enroll eligible applicants into the program via the internet-based One-e-App (OEA) system. An applicant is considered enrolled in MHLA when an application is completed and all eligibility required documents are clearly uploaded (i.e., proof of identification, Los Angeles County residency and income). OEA applications for enrollment are taken and processed at MHLA medical homes/enrollment sites in real-time.

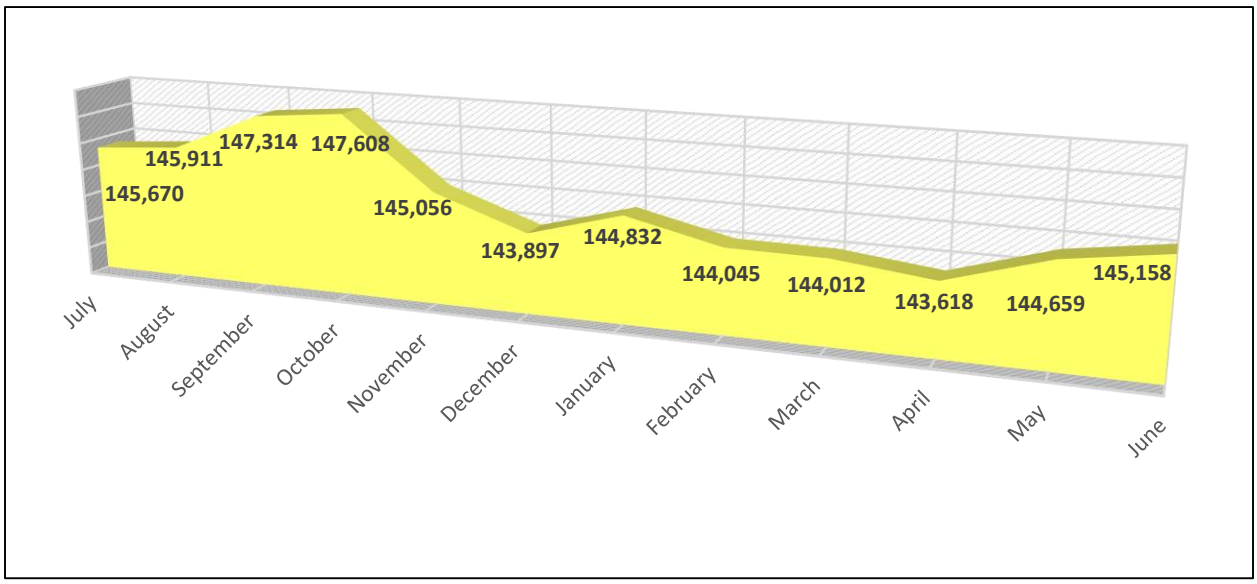
Participation in the MHLA program is voluntary. It is unrealistic to expect that all eligible uninsured Los Angeles County residents will enroll in the program, and some uninsured individuals may choose to receive their primary care at non-MHLA clinic sites, such as at DHS or at non-MHLA clinics throughout the County. While the purpose of the program is to provide access to primary care services, MHLA is not health insurance. As such, it is inevitable that some uninsured residents will elect not to participate, especially if they are not ill and do not believe they need to see a doctor.

The program was budgeted for 146,000 participants in FY 2016-17. At the end of this fiscal year, there were 145,158 participants enrolled in MHLA— 99.4% of the program's enrollment target. Compared to Fiscal Year 2015-16, the MHLA program experienced less than a 1% increase in enrollment from last year.

Table A1
Percentage of MHLA Enrollment Target Met

Fiscal Year	Enrollment at end of the Fiscal Year	MHLA Enrollment Target	Percent of Target Met
2014-15 (9 months)	120,518	146,000	82.5%
2015-16	143,769	146,000	98.5%
2016-17	145,158	146,000	99.4%

Graph A1
MHLA Enrollment FY 2016-17



Disenrollments and Denials

The MHLA program tracks participant disenrollments and denials annually. Disenrollments occur when there is a change in a participant's eligibility status resulting in that person no longer meeting the eligibility criteria of the program. For example, if a patient moves out of Los Angeles County or obtains health insurance, they become no longer eligible for the MHLA program. Participants may also decide to voluntarily disenroll from the program for their own reasons, or choose not to renew their coverage at their annual renewal date.

A denial occurs when a person is enrolled in MHLA, but then is retroactively denied by the ERU going back to their initial date of application. This could happen if the program learns that a participant had full-scope Medi-Cal during the entire duration of their MHLA coverage, or if it is discovered upon audit that the documentation required to prove the participant's eligibility in the MHLA was never submitted by the enroller. A denial helps the County avoid payments to CP clinics for non-eligible patients. Denials are not common--this year denials accounted for less than 1% of all enrolled participants in the program.

Participants that have been denied or disenrolled from MHLA can re-apply at any time provided they meet eligibility requirements. There is no cost or waiting period to re-apply. Enrollment in the program fluctuates daily as new applicants enroll, existing participants renew eligibility, and participants are disenrolled or denied.

Table A2 illustrates that there were 189,410 participants enrolled in the program at some point during FY 2016-17, 44,252 (23%) of whom were disenrolled (Table A4). This is up slightly from last fiscal year, when 20% of MHLA participants were disenrolled during the fiscal year.

Table A2
Unduplicated Count of Total Ever Enrolled in Fiscal Year 2016-17

Fiscal Year	Enrolled at End of Fiscal Year	Disenrolled at End of Fiscal Year	Total Ever Enrolled at End of Fiscal Year (Enrolled + Disenrolled
2014-15	120,518	2,310	122,828
2015-16	143,769	35,598	179,367
2016-17	145,158	44,252	189,410

Table A3 identifies the primary reasons why participants were denied from the program. These numbers reflect those participants who were denied from MHLA and did return to the program to re-enroll during the fiscal year.

The majority of denials in FY 2016-17 (88%, or 2,640 participants) were due to "incomplete applications." This means that CP enrollers submitted applications that were missing some or all of the core MHLA eligibility documents (i.e., proof of income, Los Angeles County residency, and/or identity). This follows the same trend as the previous two fiscal years, when most denials also occurred due to incomplete applications.

The MHLA program does permit participants to submit affidavits when proof of income, identity, and residency are not possible for the applicant to produce, however, if any or all of these are also missing, the person will be denied for incomplete application.

The MHLA program experienced a 28% increase in total denials compared to last fiscal year.

Table A3
MHLA Post-Enrollment Denials by Reason

Denial Reason	FY 14-15	FY 15-16	FY 16-17
Incomplete Application	454	2,077	2,640
Enrolled in Full scope-Medi-Cal	18	61	85
Income exceeds 138% of FPL	23	69	135
Determined Eligible for Other Programs	7	65	24
Not a Los Angeles County Resident	6	42	58
False or Misleading Information	23	7	5
Duplicate Application	0	10	34

Enrolled in Private Insurance	1	4	3
Participant Request	0	1	3
Enrolled in public Coverage	0	1	1
Participant has DHS Primary Care Provider	0	1	1
Total	**532**	**2,338**	**2,989**

Table A4 illustrates the reasons why MHLA participants were disenrolled from the program. These numbers reflect those participants who were disenrolled from MHLA and did not return to the program to re-enroll during the fiscal year.

The highest percentage of disenrollments (93%, or 41,226 participants) were due to participants not completing the renewal process before their annual renewal deadline, consistent with last fiscal year.

Table A4
MHLA Disenrollments by Reason

Disenrollment Reason	FY 14-15	FY 15-16	FY 16-17
Did Not Complete Renewal	NA	45,596	41,226
Enrolled in Full scope-Medi-Cal	120	2,740	2,829
Incomplete Application	1,286	156	14
Participant Request	126	158	54
Participant has DHS Primary Care Provider	71	124	102
Not a Los Angeles County resident	102	49	6
Determined Eligible for Other Programs	13	43	6
Income exceeds 138% of FPL	12	16	2
Enrolled in Employer-Sponsored Insurance	6	17	3
Enrolled in Private Insurance	11	12	0
Enrolled in public Coverage	6	8	1
False or Misleading Information	16	7	0
Duplicate Application	0	6	5
Participant is Deceased	0	4	3
Program Dissatisfaction	9	0	1
Total	**1,778**	**48,936**	**44,252**

Renewals

Participants are required to renew their MHLA coverage every year during an in-person interview at their medical home clinic prior to the end of the participant's one-year enrollment period. Enrollers complete the renewal using the OEA system. The MHLA program notifies participants by postcard ninety (90), sixty (60) and thirty (30) days prior to the end of their twelve month program coverage that their renewal date is approaching. MHLA participants may renew their coverage up to ninety (90) days prior to their renewal date. Failure to complete the renewal process prior to the end of their 365 day coverage will result in the

participant's disenrollment from MHLA. Individuals who are disenrolled from the program have the option to re-enroll at any time with no penalty or waiting period.

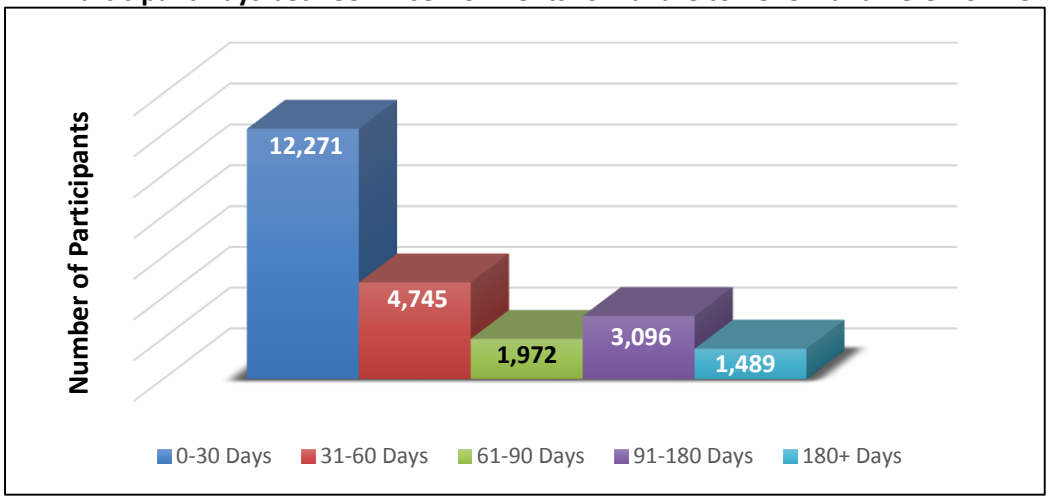
Table A5 provides the current renewal and re-enrollment rates compared to the previous fiscal year. Of the 134,679 MHLA participants due to renew last year, 68,473 (51%) participants renewed on time. Of the 64,799 individuals that did not renew, 23,573 (36%) came back within the year to reenroll in the program, meaning 68.3% of MHLA participants renewed or reenrolled in the program this fiscal year combined.

Table A5
Renewal and Re-enrollment Rates

Fiscal Year	Total Due to Renew	Renewal Approved	Renewal Denied	Disenrolled for Failure to Renew	Renewal Rate – Percent Approved	Reenrolled after Failure to Renew	Percent Re-enrolled	Total Renewed and Reenrolled	Percent Renewed and Re-enrolled
	A= B+C+D	B	C	D	B/A	E	F=E/A	G=B+E	H=G/A
2015-2016	118,082	69,179	910	47,993	57%	16,190	13%	85,369	70%
2016-2017	134,679	68,473	1,407	64,799	51%	23,573	18%	92,052	68%

Graph A2 captures the time gap between disenrollment and the participant's subsequent re-enrollment into the MHLA program. 23,573 participants chose to re-enroll in MHLA after their disenrollment, a majority of whom (12,271, or 52%) re-enrolled into the program within the first thirty (30) days of their disenrollment. 4,745 individuals (20%) reenrolled between 31-60 of being disenrolled, and 3,096 (13%) re-enrolled within 91-180 days. These rates of re-enrollment are consistent with the previous fiscal year.

Graph A2
MHLA Participant Days between Disenrollments for Failure to Renew and Re-enrollments



This year, for the first time, the MHLA program looked at the utilization trends of those MHLA participants who were disenrolled from the program for failure to renew and who never re-enrolled into the program. Of the 41,226 participants who were disenrolled from MHLA for failure to renew and never returned to the MHLA program (Table A4), 69% of them never had a visit with their MHLA CP clinic, indicating that the majority of these participants did not renew because they were never using the program in the first place.

In addition to not needing the services of the program, there are a variety of other reasons why a MHLA participant may not opt to renew his or her coverage in the program. In January and February 2017, the MHLA program conducted a short telephone survey of a random selection of MHLA participants who had been disenrolled from the program for failure to renew. The purpose of the study was to learn more about why these MHLA participants did not renew their coverage before their disenrollment date.

The program completed the survey with 297 participants who were disenrolled for failure to renew, representing thirty-two (32) MHLA Community Partners (a representative sample with 95% confidence level and 5% margin of error). The purpose of the survey was to identify the reasons these former participants did not renew their MHLA application.

Of these 297 participants disenrolled for failure to renew, 98% were aware they had been enrolled in the MHLA program and 67% were aware that they had been disenrolled for failure to renew. According to the survey results, the top four (4) reasons why these MHLA participants did not renew on time were:

1. Lack of time/too busy/ill (31%)
2. Didn't know they needed to renew annually/that it was time to renew (28%)
3. Thought or were told they didn't qualify due to income or eligibility for Medi-Cal or another type of health coverage (21%)
4. Thought or were told they didn't have the required documentation to complete the renewal (6%)

53% of participants reported that their clinic did not tell them that it was time to renew, indicating a greater opportunity for CP enrollers to speak to their patients about renewals. 72.8% reported that they do plan to re-enroll at some point in the future.

Another interesting finding from the survey was that 74% of surveyed participants reported that they would like to receive renewal reminders by text and 32% would like to receive reminders by email. The MHLA program is exploring the integration of additional communication strategies such as text and email to outreach to patients about renewals.

Finally, last fiscal year, the MHLA program established the MHLA Renewal Committee (now renamed the MHLA Enrollment and Policy (E&P) Committee) to provide a forum for MHLA staff and CPs to discuss renewal and enrollment strategies. The E&P Committee continued to meet this fiscal year and engaged CP clinics on how to best communicate with MHLA participants on the importance of renewing their coverage.

B. PARTICIPANT DEMOGRAPHICS

This section of the report examines the demographic makeup of the individuals enrolled in MHLA. Latinos continue to comprise the largest group of enrollees making up over 94% of program participants, while 91.4% of participants indicate that Spanish is their primary language (the next most commonly spoken language in MHLA is English, at 7%). Most MHLA participants (49%) are between 25 and 44 years old. In FY 2016-17, MHLA enrolled 941 homeless individuals, more than the 749 homeless enrolled in FY 2015-16, but still less than 1% of all enrolled participants. More participants are female (60%) than male (40%).

Key FY 2016-17 demographic highlights for the MHLA Program are:

- 94% of participants identify as Latino.
- 60% are female and 40% are male.
- Less than 1% identify as homeless.
- Service Planning Area 6 has the largest concentration of MHLA participants at 22%.

Participant Demographics

The following table provides demographic detail on the 145,158 participants who were enrolled at the end of FY 2016-17 along with any observed changes. This fiscal year there were minimal changes in the program's demographic trends. The most notable change from last fiscal year is the decrease in the number of children aged 6-18 in the program (from 4.7% in Fiscal Year 2015-16 to .03% this fiscal year). This decrease is a result of the State of California expanding full-scope Medi-Cal coverage to all children regardless of their legal status (a policy known as SB75, Coverage for All Children). Throughout the course of FY 2016-17, MHLA worked with the Department of Public and Social Services (DPSS) to transition children from MHLA to Medi-Cal.

Table B1
Demographics for MHLA Participants (as of June 30, 2017)

Age	0.03% 6-18 years old 2.12% 19-24 years old 49% 25-44 years old 30% 45-54 years old 13% 55-64 years old 5.8% 65+	**Income**	5.9% at/below 0%-25% FPL 22.3% between 25.01%-50% FPL 18.7% between 50.01%-75% FPL 21.96% between 75.01%-100% FPL 18.75% between 100.01%-125% FPL 12.4% between 125.01%-138% FPL
Ethnicity	94.4% Latino 2.7% Asian/Asian Pacific Islander 1.9% Other/Declined to State 0.87% Caucasian 0.15% Black/African-American	**Language**	91.4% Spanish 6.95% English 0.49% Thai 0.46% Korean 0.33% Other 0.11% Tagalog 0.09% Chinese 0.07% Armenian 0.03% Cambodian/Khmer

Gender	59.7% Female 40% Male 0.19% Other

Service Planning Area (SPA) Distribution

MHLA participant distribution by SPA highlights the geographic dispersion of enrollment. The overall percentages are nearly identical to previous fiscal years as noted in Table B2. SPA 6 continued this fiscal year to have the largest percentage of MHLA program participants of all eight SPAs, at 22%.

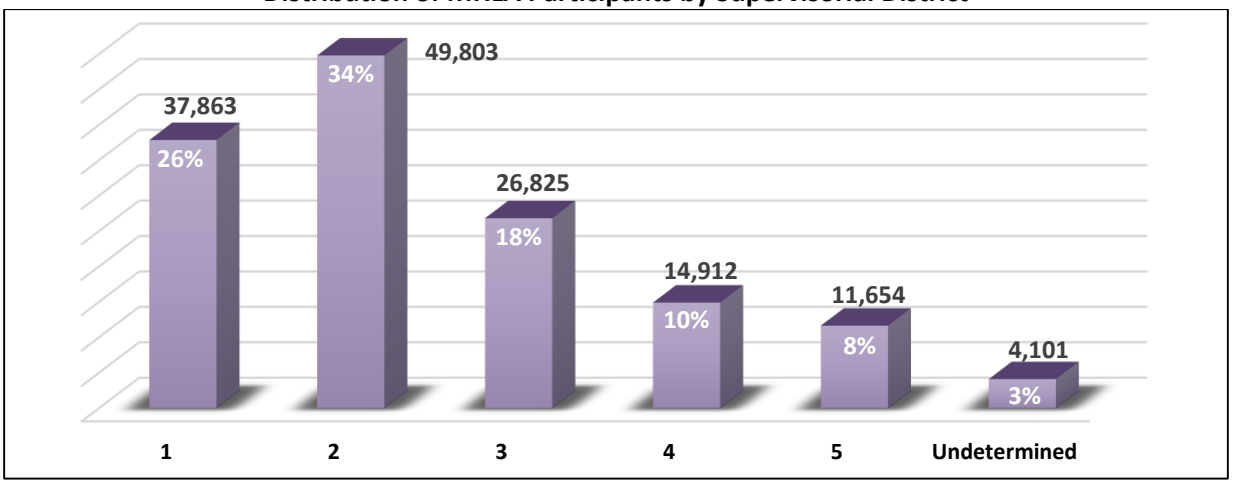
Table B2
SPA Distribution of MHLA Participants

SPA	FY 2015-16		FY 2016-17	
	Total Number of Participants	Total % of Participants	Total Number of Participants	Total % of Participants
1	2,340	1.91%	2,879	1.98%
2	27,214	18.92%	27,745	19.11%
3	13,385	9.19%	13,071	9%
4	26,428	18.29%	27,301	18.81%
5	3,553	2.45%	3,402	2.34%
6	31,936	22.25%	32,314	22.26%
7	19,231	13.30%	19,204	13.23%
8	15,827	10.98%	15,141	10.43%
Undetermined	3,855	2.72%	4,101	2.83%

MHLA Program Participant Distribution by Supervisorial District

Graph B1 provides the MHLA participant distribution by Supervisorial District. The Supervisorial District percentages are nearly identical to the previous fiscal years with District 2 showing the largest percentage of MHLA program participants of all five districts, at 34%.

Graph B1
Distribution of MHLA Participants by Supervisorial District



C. PROVIDER NETWORK (DELIVERY SYSTEM)

This section of the report describes the MHLA delivery system (e.g., community partner medical homes, DHS facilities, etc.).

Key FY 2016-17 highlights were:

- The number of MHLA medical homes increased to a total of 215.
- 85% of MHLA medical homes were open to accept new participants throughout the fiscal year.
- A total of 33 (15%) medical home clinic sites had closed to new patients at some point during Fiscal Year 2016-17.

Medical Home Expansions and Capacity

MHLA ended FY 2016-17 with a total of 51 Community Partner (CP) agencies and 215 medical home clinics. This represents a 22% increase in the total number of clinics sites (up from 176 last fiscal year), and a 30% increase in the total number of clinic sites from the MHLA inaugural year in FY 2014-15.

The MHLA Contract Administration Unit surveys CPs twice a month to determine whether there are any changes to their clinic's open/closed status based on clinical capacity. The MHLA database and website are updated immediately upon notification of a change of open/closed status. A clinic is considered to have capacity if they can schedule a non-urgent primary care appointment for a new participant within ninety (90) calendar days.

During this FY 2016-17, thirty-three (33) clinic sites were closed to new patients due to limited capacity to take new patients. This number of "closed" sites was decreased slightly compared to the thirty-seven (37) clinic sites that were closed at some point during the prior fiscal year.

Medical Home Distribution and Changes

At the time of enrollment, MHLA participants select their primary care medical home. The medical home is where participants receive all of their primary care and preventative care services. This includes prevention, diagnosis, treatment of illness or injury, health advice, diagnostic services (labs and basic radiology), chronic disease management, immunizations, referral services, health education, prescribed medicines and other related services.

Participants retain this medical home for twelve (12) months. The participant may receive care at any clinic site within a clinic agency's network, but may not receive their primary care outside of the agency. All CP clinics can view participant's selected medical home in One-e-App (OEA) which is MHLA program's system of record. On a monthly basis DHS creates a report of the distribution of MHLA participants by medical home, and this information is posted on the MHLA website.

Participants may change their medical home during their twelve (12) month enrollment period for any of the following reasons: 1) during the first thirty (30) days of enrollment for any reason; 2) if the participant has a new place of residence or employment; 3) if the participant has a significant change in their clinical condition that cannot be appropriately cared for in the current medical home; 4) if the participant has a

deterioration in the relationship with the health care provider/medical home that cannot be resolved; or 5) if there is a termination or permanent closure of a medical home. If the MHLA participant has some other special circumstance that merits a medical home transfer, this may be approved by MHLA management using the medical home transfer reason of "Administrative Request."

Table C1 shows the approved medical home changes that were requested by calling Member Services. A total of 1,047 medical home changes were made during the fiscal year. The largest number of change requests (779, or 74.4%) were made during the first 30 days of enrollment at the request of the participant. The next largest reason for a medical home transfer was due to the participant moving or changing job location, at 153 requests (14.6% of the total).

Table C1
Medical Home Changes/Routine Transfers by Reason

Transfer Reasons	FY 2016-17	
	Total	**% of Total**
Within 30 days of initial enrollment	779	74.4%
New place of residence or changed job	153	14.6%
Administrative Request	82	7.8%
Change in clinical or personal condition	22	2.1%
Clinic Termination	10	1.0%
Significant problem with the provider/patient relationship	1	0.1%
Total	**1,047**	**100%**

DHS Participation in the MHLA Network

The Los Angeles County Department of Health Services (DHS) provides a range of specialty, urgent care, diagnostic, emergency care and inpatient services to MHLA participants—all at no cost to the participant. Hospital and specialty care services are critical components in the MHLA service continuum. MHLA participants have access to hospital services at DHS facilities only; hospital services at non-DHS facilities are not covered by MHLA. As with all medical emergencies, MHLA participants can and should seek services at the nearest hospital emergency department (if there is no DHS hospital nearby) consistent with federal and State laws that govern access to emergency care for all individuals in the United States. The Los Angeles County DHS hospitals available to MHLA participants are:

- LAC+USC Medical Center
- Harbor-UCLA Medical Center
- Olive View-UCLA Medical Center
- Rancho Los Amigos National Rehabilitation Center

Disempanelment

Because enrollment in MHLA occurs in real time using the OEA system, DHS is able to know if people who have enrolled in the MHLA program already have a primary care provider at DHS (i.e., they are "empaneled" to DHS). When this occurs (i.e., a person upon MHLA enrollment now has two primary care medical homes, one at DHS and one with a CP clinic) - those individuals are "disempaneled" from their

DHS medical home (the patients' relationship with their specialty care provider(s) are unaffected). Since these newly enrolled MHLA participants have selected a CP clinic to be their primary care medical home, the assumption is that they no longer want or need to retain their DHS primary care provider. This action opens up these primary care slots for other uninsured patients within DHS.

MHLA sends these participants a letter (in English or Spanish) reaffirming their enrollment in MHLA, their selection of a CP medical home to receive their primary care, and notice of their disempanelment from their DHS primary care provider/clinic. They can call Member Services within 30 days of receipt of the letter if they want to retain their DHS provider/clinic and disenroll from MHLA.

In FY 2016-17, 575 MHLA enrolled individuals were disempaneled from DHS, compared to 645 last year (a 10.9% decrease). Of the 575 MHLA participants who were disempaneled this year, 95 (16.5%) opted upon notification of their disempanelment to disenroll from MHLA and maintain their empanelment with DHS.

Table C2 shows a comparison in total disempanelments for the last three years by DHS facility.

Table C2
Disempanelment by DHS Medical Facility

Facility	Number of Participants		
	FY 2014-15	FY 2015-16	FY 2016-17
LAC+USC MED. CTR.	655	196	160
HUBERT H. HUMPHREY COMP. HEALTH CTR.	231	62	65
H. CLAUDE HUDSON COMP. HEALTH CTR.	177	46	49
EL MONTE COMP. HEALTH CTR.	211	62	46
HARBOR/UCLA MED. CTR.	234	59	45
EDWARD R. ROYBAL COMP. HEALTH CTR.	108	27	44
MARTIN LUTHER KING, JR. (MLK)	101	45	39
OLIVE VIEW-UCLA MEDICAL CENTER	70	38	37
MID-VALLEY COMP. HEALTH CTR.	53	21	18
RANCHO LOS AMIGOS NRC	39	7	18
LONG BEACH COMP. HEALTH CTR.	103	24	14
WILMINGTON HEALTH CTR.	88	11	13
DOLLARHIDE HEALTH CTR.	47	7	8
BELLFLOWER HEALTH CTR.	38	10	5
SOUTH VALLEY HEALTH CENTER	18	8	5
SAN FERNANDO HEALTH CTR.	33	7	3
DHS-CURTIS TUCKER HEALTH CENTER	0	0	2
GLENDALE HEALTH CTR.	2	4	1
LA PUENTE HEALTH CTR.	24	7	1
HIGH DESERT REGIONAL HEALTH CENTER	3	3	1
LITTLEROCK COMMUNITY CLINIC	1	0	1
ANTELOPE VALLEY HEALTH CTR.	0	1	0
Total	**2,236**	**645**	**575**

New Empanelment Referral Form (NERF) Patient Referrals from DHS to CPs

The Los Angeles County Department of Health Services (DHS), in an effort to connect as many uninsured patients to a primary care provider as possible, refers patients who present at DHS clinics or hospitals (i.e. DHS emergency, urgent or specialty care clinics) to CPs using the New Empanelment Referral Form (NERF) process. The NERF is used when a DHS clinician wishes to begin the process of connecting a DHS patient to a primary care medical home by referring candidates to a CP for MHLA enrollment.

For patients referred via NERF for enrollment in MHLA, the Appointment Services Center (ASC), within the Office of Managed Care Services (MCS), attempts to contact these individuals by phone and mail to discuss the MHLA program and identify an appropriate CP clinic close to the patient's home. If the patient is reached and expresses a desire to enroll in MHLA, the ASC securely emails a Primary Care Linkage Form (PCLF) to the CP, along with some medical history about the patient. The CP is then expected to follow-up with the patient to set up an appointment to screen for enrollment. The completed PCLF is then returned to the ASC indicating the status of the patient and whether MHLA enrollment was successful or not.

Several factors can create challenges in the program's efforts to facilitate a visit by the patient to a CP clinic for screening and enrollment. Frequently, the mailing addresses and contact phone numbers provided by patients change, or turn out to be invalid or outdated. Additionally, some patients choose not to pursue MHLA enrollment if they feel that their medical issue was resolved at DHS and they do not perceive a need for ongoing primary care.

In FY 2016-17, 3,181 uninsured DHS patients were successfully reached by ASC and expressed a desire to enroll in MHLA. These patients were referred to forty-eight (48) CP clinics, thirty-two (32) of which returned their PCLFs to DHS and sixteen (16) of which were non-responsive throughout the entire year. Of the 3,181 patients referred to a CP for MHLA enrollment, 26% went to the clinic to enroll and were found eligible to enroll in MHLA.

D. QUALITY MANAGEMENT & CLINICAL COMPLIANCE PROGRAM (QM & CCP)

This section of the report focuses on MHLA Quality Management & Clinical Compliance Program (QM & CCP). This Managed Care Services unit ensures that Community Partners (CPs) are following contractual guidelines as well as federal, State and County regulations in the provision of clinical care to program participants. CPs are responsive to addressing identified corrections/deficiencies.

QM & CCP conducts annual comprehensive evaluations of CP's facility, administration and medical records while maintaining oversight and compliance with regulatory agency requirements for all CP medical home clinics. QM & CCP audits help improve the quality and safety of clinical care and services provided to MHLA participants. QM & CCP reviews include the following:

- *Medical Record Revie*w (MRR) includes the process of measuring, assessing, and improving quality of medical record documentation. The medical record review supports effective patient care, information confidentiality and quality review processes that are performed in a timely manner. The MRR ensures documentation is accurate, complete, and compliant according to the standards of care.

- *Facility Site Review* (FSR) includes the process of evaluating the facility for patient access and appropriate service provision. This is conducted through a review of the following criteria: Access/Safety, Personnel, Office Management, Clinical Services (Pharmaceutical, Laboratory, and Radiology), Preventive Services, and Infection Control, as per DHCS. In addition, Subcontractor/Maintenance Agreements and Documents, Quality Assurance/Improvement Plan, Provider Information Notices (PINs), Cultural and Linguistic appropriate resources, and Primary Care Medical Home are reviewed per contractual and regulatory mandates. When required, a Pre-Site Review is conducted to evaluate compliance with contractual requirements and site readiness to provide primary and/or dental services.

- *Credential Review* (CR) includes obtaining and reviewing clinic licensed medical practitioners for documentation related to licensure, certification, verification of insurance, evidence of malpractice insurance history and other related documents. This audit generally includes both a review of the information provided by the provider as well as verification the information is correct, complete and complies with established standards according to the National Committee for Quality Assurance (NCQA) for participation.

- *Dental Record Review* (DRR) includes the process of assessing the quality of dental record documentation for accuracy and performance. The DRR ensures documentation for dental services is compliant with recognized standards of care. As necessary, the DRR includes a claims processing review to verify that billed services concur with documentation within the dental record and meet the definition of a "billable visit."

- *Dental Services Review* (DSR) includes the process of evaluating the facility for patient access and appropriateness of dental service provision. This is conducted through an assessment of infection control, sterilization/autoclaving, Safety Data Sheets (SDS), spore testing, apron usage and other related reviews.

QM & CCP works with CPs to help them successfully comply with the implementation of a Corrective Action Plan (CAP) by providing technical assistance and conducting focused reviews if the audit does not reach compliance thresholds.

By June 30, 2017, QMCCP completed annual audits for all CP sites, meeting 100% compliance for this Board of Supervisor's mandate.

QM & CCP advises CPs of repeat deficiencies. A repeat deficiency is when an issue or problem was identified in the past fiscal year, and the same issue or problem re-occurred the subsequent fiscal year. Appendix 1 provides a list of CP agencies with repeat MMR and/or FSR deficiencies.

There were a total of 516 repeat deficiencies (by category) identified over three (3) consecutive years for Medical Record Review (MRR) for CPs. There were forty-six (46) CPs (90% of the total 51 CP agencies) representing 125 sites that have had the same MRR deficiencies for three fiscal years in a row (Fiscal Years 2016-17, 2015-16 and 2014-15).

Table D1 outlines the top five repeat deficiencies (totaling 340) for MRRs in FY 2016-17. The top four (4) FY 2016-17 MRR repeat deficiencies are the same top four (4) repeat deficiencies identified in FY 2015-16.

Table D1
Top 5 MRR Repeat Deficiencies

	FY 2016-17		FY 2015-16	
	Total	**%**	**Total**	**%**
Immunization screening	102	20%	105	17%
Seasonal flu vaccine	93	18%	101	16%
TB screening	66	13%	73	12%
Colorectal cancer screening	44	9%	53	9%
Abuse/neglect screening	35	7%	NA	NA
Diabetic foot exam/podiatry referral	NA	NA	45	7%

There were a total of ninety-five (95) repeat deficiencies (by category) identified over three consecutive years for Facility Site Review (FSR) for CPs. Seventeen (17) CPs (33%) representing thirty (30) sites had the same FSR deficiencies in Fiscal Years 2016-17, 2015-16 and 2014-15.

Table D2 outlines the top seven (7) repeat deficiencies for FSRs in FY 2016-17. There were 188 total FSRs conducted, of which thirty (30) had repeat deficiencies.

Table D2
Top 5 FSR Repeat Deficiencies

FSR Repeat Deficiency	FY 2016-17	
	Total # of	**Total %**

	FSRs with Repeat Deficiencies	
No evidence of immunization or vaccination for Tdap/Td	14	15%
No evidence of influenza vaccination	12	13%
Annual performance evaluation was not completed	11	12%
Training on MHLA referral process/ procedures/resources was not provided	8	8%
No evidence of TB skin test or chest x-ray/TB questionnaire	6	6%
Compliant procedure training was not provided	6	6%
Training on sensitive services/minors' rights policy was not provided	6	6%

E. PARTICIPANT EXPERIENCE AND SATISFACTION

This section highlights program participants' satisfaction with the MHLA program and includes data related to the MHLA call center and the filing of formal complaints.

Key FY 2016-17 highlights were:

- Member Services received a total of 20,034 in FY 2016-17 (average 80.5 calls per day).
- There were a total of 29 formal participant complaints filed by participants, with the top complaints being related to access to care and quality of service.

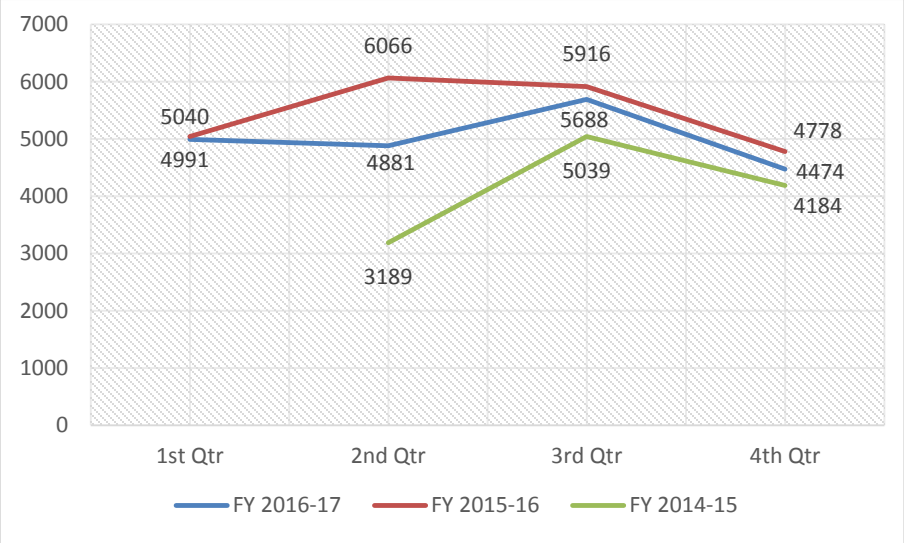
Customer Service Center Call Center

Member Services is available to answer questions for MHLA participants Monday through Friday, from 8:00 am to 5:00 pm, by calling 844-744-MHLA (844-744-6452). Interpreters are available for MHLA participants who speak a language not spoken by a call center agent. Member Services is available to help participants with questions about the MHLA program, request medical home changes, disenroll, report address and phone number changes, process participant complaints and order replacement identification (ID) cards.

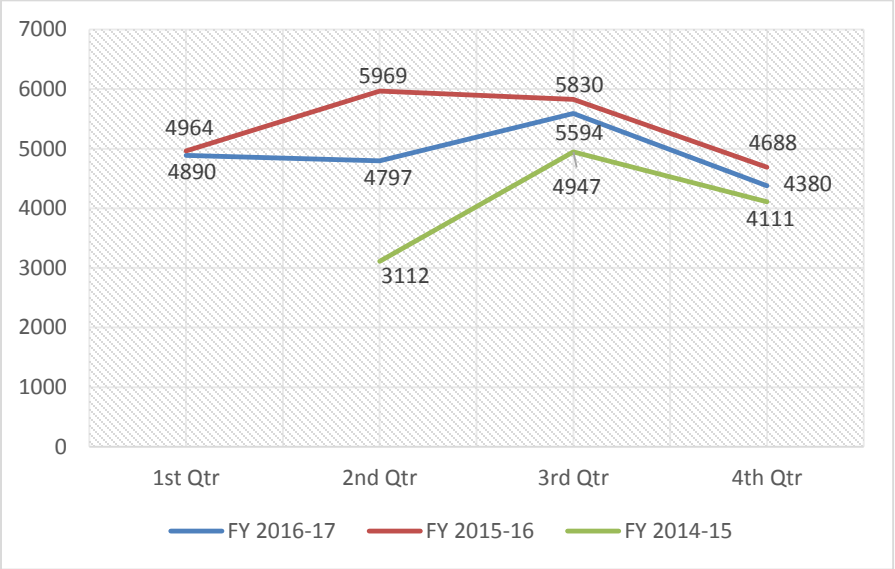
During FY 2016-17, MHLA's Member Services call center received an average of 80.5 calls each day - 20,034 calls total. The number of incoming calls decreased by 8.1% from last year's total of 21,800.

Graphs E1, E2 and E3 provide a three-year comparison of the amount of calls received, handled, and abandoned at the Member Services call center. Received calls are defined as all incoming calls into Member Services. Handled calls are those where the Member Service representative speaks to the caller. Abandoned calls are enter the queue but the caller hangs up before the agent answers.

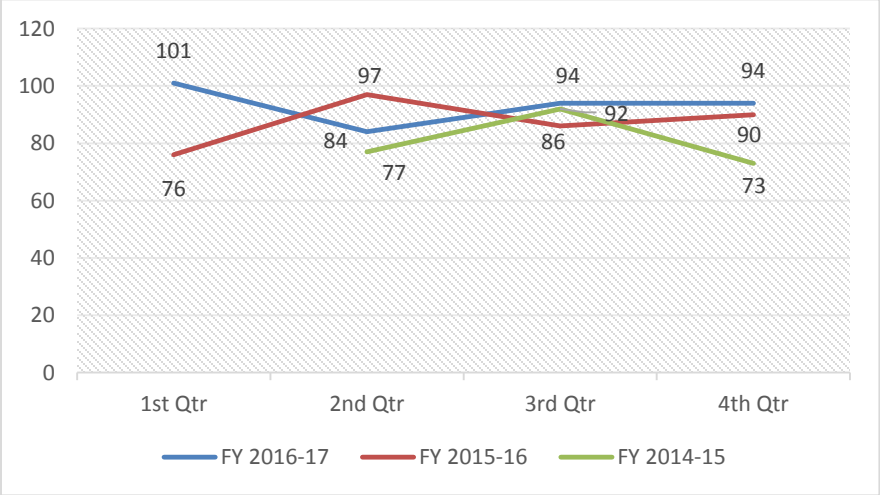
Graph E1
Total Calls Received per Quarter



Graph E2
Total Calls Handled per Quarter



Graph E3
Total Abandoned Calls per Quarter

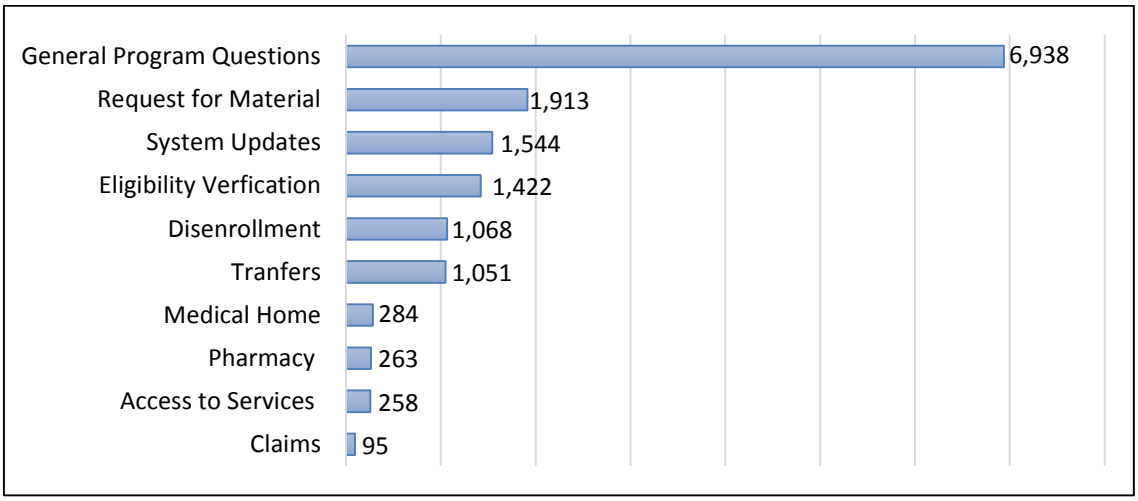


Of the 20,034 calls MHLA Member Services received, 19,661 were handled, meaning that the call abandonment rate was 1.9% this fiscal year. Last fiscal year's call abandonment rate was 1.6%. This exceeds the global metric for abandonment rates for a call center, which is between 5% and 8%[1].

[1] Measuring Call Center Performance-Global Best Practices. International Finance Corporation, World Bank Group.

The top ten reasons enrolled participants contacted Member Services are captured in Graph E4. The call reasons have not changed significantly from last fiscal year. The majority of enrolled MHLA participants continue to call Member Services to get information about the program (e.g., what services are and are not covered by MHLA, how to re-enroll, questions regarding received MHLA correspondence, etc.). The second most common reason for calling Member Services was to request replacement MHLA materials such as ID cards, member handbooks and provider directories. Requests to update MHLA participant demographic information was the third most common reason for calling Member Services.

Graph E4
Top 10 Reasons MHLA Participants and Clinics Called Member Services



Participant Formal Complaints

Customer complaints are a part of every program. At MHLA, Member Services also takes calls from MHLA participants who are experiencing problems and challenges and Member Services is responsible for helping to resolve their issues, if possible. When the problem requires more intensive research or involves a clinical investigation, the call is escalated to Managed Care Services' (MCS) Grievance and Appeals Unit and/or the Quality Management-Clinical Compliance Unit for clinical related complaints. In the MHLA program, these are called "formal complaints."

MCS and MHLA staff work closely with CPs to address participant concerns and complaints. The program believes that direct communication with CPs is essential to improve participant experience and satisfaction. If the patient does file a formal complaint, they are notified by letter within sixty (60) days of the filing of the complaint as to the resolution of their issue.

Of the 20,034 calls that came into Member Services in FY 2016-17, twenty-nine (29) were "formal complaints." There were twenty (20) formal complaints in FY 2015-16.

The top three (3) formal complaint reasons were:

- Delay or Refusal in Receiving Clinical Care Services

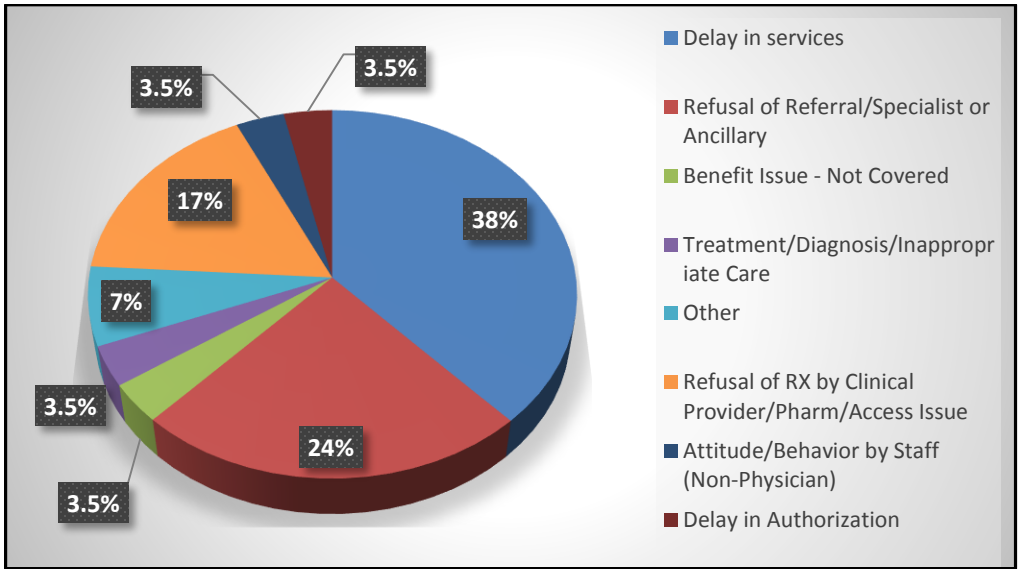
- Refusal of Referral to Specialist
- Refusal of Prescription by Clinical Provider/Pharm/Access Problems

Table E1 identifies formal complaints by category as well as the percentage of complaints by category over a three-year period. Graph E5 shows the proportional data of the complaints for FY 2016-17

Table E1
MHLA Participant Formal Complaints by Category

Complaint Type	FY 2016-17		FY 2015-16		FY 2014-15	
	Total	Percent	Total	Percent	Total	Percent
Delay or Refusal in Receiving Clinical Care Services	11	38%	1	5%	5	15%
Refusal of Referral to Specialist	7	24%	5	25%	3	9%
Refusal of Prescription by Clinical Provider/Pharmacy/Access Problems	5	17%	1	5%	2	6%
Other (Primary care access standards, denial of ER/urgent care, medical claims/billing/charges, etc.)	2	7%	0	0%	11	33%
Attitude/Miscommunication/Behavior by Staff	1	3.5%	1	5%	1	3%
Mistreatment/Misdiagnosis/Inappropriate Care by Provider	1	3.5%	6	30%	5	15%
Benefit Issue/Not Covered	1	3.5%	1	5%	2	6%
Delay in Authorization	1	3.5%	1	5%	0	0%
After Hours and Access Information	0	0%	1	5%	0	0%
Attitude/Miscommunication/Behavior by Physician	0	0%	3	15%	4	12%
Total	29	100%	20	100%	33	100%

Graph E5
MHLA Participant Formal Complaints by Category (FY 2016-17)



F. SERVICE UTILIZATION

This section of the Annual Report provides an analysis of the clinical and service data from both Community Partner (CP) and DHS facilities in order to assess disease morbidity, access to care, health outcomes and utilization of services.

Key FY 2016-17 highlights were:

- 64% of MHLA participants had a primary care visit.
- MHLA participants had an average of 3.29 primary care visits per year.
- 29,032 unduplicated MHLA patients accessed 129,371 specialty care visits.
- 5% of all MHLA participants had an emergency department (ED) visit.
- 17.8% of visits to the ED are considered "avoidable."
- The hospital readmission rate (30, 60, 90 days combined) was 18.7%.

During Fiscal Year 2016-17, there were 189,410 participants enrolled in the MHLA program at some point during the year. This section of the report analyzes the health care service utilization patterns of these participants. This analysis relies heavily on encounter data submitted by Community Partner (CP) clinics who are contractually required to submit primary care and pharmaceutical encounter data to DHS every month. This encounter data describes the type, quality and level of clinical service being provided by the CP to MHLA enrolled patients.

CPs are also required to submit data on the primary care-related prescriptions being filled by MHLA participants. Historically, with this fiscal year being no exception, data submission rates by the CPs related to primary care medications have been low. However, the rate at which the MHLA program is obtaining reliable data on prescriptions filled by MHLA participants is improving as more clinics join the Ventegra retail pharmacy network, described further on Page 28. However, until all CPs are participating in the Ventegra pharmacy network, the CP/primary care prescription data is likely underreported.

Summary of Clinical Utilization Data

In the MHLA program, primary and preventive care services (and their associated primary care medications) are provided by CP medical homes while specialty, urgent, emergency, and inpatient care services (and their associated prescriptions) are provided at DHS facilities. Tables F1 and F2 provide summary participant utilization information for FY 2016-17 at CPs and DHS facilities, respectively.

There was little change in the percentage of MHLA participants who accessed primary care services between last fiscal year and this one (65% in FY 2015-16 and 64% in FY 2016-17).

Table F1
Summary of Utilization Data – Participants Utilizing at Least One Service at a CP

Fiscal Year	Service Category	Unique Participants	Number of Participants Utilizing at Least	Percentage of Participants	Number of Encounters

			One Service	Utilizing at Least One Service	
FY 2015-16	Primary Care (CP)	179,367	116,168	65%	441,702
	Prescription (CP)	179,367	30,988	17%	189,711
FY 2016-17	Primary Care (CP)	189,410	121,133	64%	476,098
	Prescription (CP)	189,410	49,163	26%	440,146

Table F2
Summary of Utilization Data – Participants Utilizing at Least One Service at a DHS Facility
FY 2016-17

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)	189,410	29,032	15%	129,371
Emergency (DHS)	189,410	10,239	5%	14,186
Prescription (DHS)	189,410	8,997	5%	56,019
Urgent Care (DHS)	189,410	5,743	3%	8,493
Inpatient (DHS)	189,410	2,679	1%	3,563

The following sections provide more detailed information for each service category.

Primary Care (CP)

During FY 2016-17, 64% of MHLA participants had at least one primary care visit at their medical home clinic during their period of enrollment. This percentage of primary care service utilization has remained roughly the same throughout the life of the program (65% in FY 2015-16 and 66% in FY 2014-15). The average number of visits for a MHLA participant in FY 2016-17 was 3.29 (this represents the total number of primary care visits divided by the average number of participants per month). This is roughly the same utilization rate as last fiscal year, when MHLA participants had 3.22 primary care visits per year on average. Appendix 2 provides detailed information on the number of primary care visits for MHLA participants by medical home.[2]

[2] In the MHLA program, participants generally receive the majority of their primary care visits at their chosen medical home clinic site, but they may obtain care at other clinic sites within the same agency. Encounter data is reported by the clinic that provided the service to the participant (even if the visit was not at the participant's chosen medical home). As a result, it is possible that a participant had primary care encounter data submitted for them on behalf of a clinic site that was not their chosen medical home.

Table F3 provides a three-year comparison of the average number of primary care visits from the inception of the program.

Table F3
Average Number of Primary Care Visits per Year

Fiscal Year	Unique Participants	Total # of Visits	Total Number of Participant Months	Average Participants per Month	Average Visits per Year
FY 2014-15	80,707	231,486	786,521	87,391	3.53
FY 2015-16	116,168	441,702	1,646,443	137,204	3.22
FY 2016-17	121,133	476,098	1,734,532	144,544	3.29

Following the same pattern as in prior fiscal years, Table F4 below demonstrates that of the 121,133 MHLA participants who had a primary care visit this fiscal year, individuals with chronic conditions had a higher average number of visits per year (5.59) than those without chronic conditions (2.08). [3]

Table F4
Primary Care Visits – Participants With and Without Chronic Conditions
FY 2016-17

Fiscal Year	Type of Condition	Unique Participants	% Participants	Total Number of Visits	Total Number of Participant Months	Average Participants per Month	Average Visits per Year
2015-16	With Chronic Conditions	66,279	57%	315,030	717,788	59,816	5.27
	Without Chronic Conditions	49,889	43%	126,672	928,655	77,388	1.64
2016-17	With Chronic Conditions	55,693	46%	279,556	600,627	50,052	5.59
	Without Chronic Conditions	65,440	54%	196,542	1,133,905	94,492	2.08

[3] The top four chronic conditions were: diabetes, hypertension, hyperlipidemia and chronic kidney disease.

Table F4 illustrates that there was a 16% decrease in the total number of unique participants with chronic conditions from Fiscal Year 2015-16 (66,279) compared to this fiscal year (55,693). This is in contrast to a slight increase in the number of average visits per year (from 5.27 to 5.59) for those participants with chronic conditions.

Table F5 illustrates the number of primary care visits by MHLA participants. 64% of MHLA participants had at least one primary care visit while they were enrolled during the year, and 36% did not.

Table F5
Primary Care Visit Distribution

	0 Visits	1 Visit	2 Visits	3 Visits	4 Visits	5 - 9 Visits	10+ Visits	Total with a CP Visit	Total Participants
Number of Participants	68,277	23,430	22,797	19,852	15,947	33,184	5,923	121,133	189,410
% Participants	36.05%	12.37%	12.04%	10.48%	8.42%	17.52%	3.13%	64%	100%

Pharmacy Phase I and II

The MHLA program is changing how it administers its drug benefit program to MHLA participants in two phases. Phase I has been in place since the program launched on October 1, 2014. However, all CPs will have transitioned to the new pharmacy benefit program, called Pharmacy Phase II, in stages by December 2017. During this fiscal year, seven (7) CP transitioned to Pharmacy Phase II in July 2016 and ten (10) CPs transitioned in February 2017. The remaining thirty-four (34) CPs will transition to Pharmacy Phase II in the next fiscal year (FY 2017-18).

During Phase I, clinics are responsible for providing participants with all medically necessary pharmaceuticals using their dispensary, on-site pharmacy and/or clinic contracted pharmacies. In Phase I, CPs are responsible for designing their own solutions to getting MHLA participants their medications and reporting this pharmacy data to MHLA.

For Phase II, MHLA has contracted with Ventegra, a locally-based Pharmacy Services Administrator (PSA) to provide over 800 retail pharmacy options for MHLA participants to fill their prescriptions. This pharmacy network is in addition to the dispensary or pharmacy option that some CPs have on-site. This expanded network of retail pharmacies increases the number of locations where MHLA participants can fill their medications, and includes pharmacy locations that may be closer to the participant's home or work. In addition, utilizing the Ventegra pharmacy network increases medication availability for some patients during evenings and weekends. Pharmacy Phase II also includes an option for patients to have medications mailed to their home or clinic, using the DHS Central Fill Pharmacy (participants receive a telephone consultation by a DHS pharmacist).

DHS pharmacies provide medications to MHLA participants only in those instances when the prescription is written by a DHS physician (i.e. during an emergency, specialty or urgent care visit at a DHS facility).

Pharmacy/Prescriptions (CP and DHS)

Table F6 shows the number and percentage of MHLA participants who filled a prescription through the MHLA program over the last three fiscal years. The data indicate that 29% of MHLA participants filled at least one medication in FY 2016-17, however this is likely a significant underrepresentation of the actual number of prescriptions filled by MHLA participants, as CPs have historically underreported pharmaceutical encounter data to the MHLA program. This is further evidenced by the fact that with only seventeen (17) out of fifty-one (51) CPs participating in Pharmacy Phase II this fiscal year, over, 418,343 prescriptions were filled using the Ventegra pharmacy network in this year alone. The program's pharmacy data will only continue to become more reliable as CPs transition into Pharmacy Phase II, with Ventegra capturing all dispensing data on behalf of CPs for the MHLA program.

Table F6
Pharmacy Utilization (CP and DHS)

Fiscal Year	Unique Participants	Total Number of Participants Receiving Prescriptions	% of Participants Receiving Prescriptions	Medications Dispensed by CPs in Pharmacy Phase I	Medications Dispensed by CPs in Pharmacy Phase II	Medications Dispensed at DHS (Prescribed by DHS)	Total Prescrip-tions Dispensed
FY 2014-2015	122,330	16,815	14%	31,372	N/A	30,093	61,465
FY 2015-2016	179,367	38,504	21%	103,139	N/A	86,572	189,711
FY 2016-2017	189,410	54,545	29%	21,803	418,343	56,019	496,165

With Ventegra beginning to capture more complete and reliable data on behalf of those MHLA participants filling their medications through the Phase II pharmacy network, the MHLA program is able to learn more about the types of mediations that participants are taking.

Table F7 demonstrates the top ten therapeutic classes of medications taken by those MHLA participants associated with the seventeen (17) CPs participating in Pharmacy Phase II this fiscal year. While this data does not represent all CPs or all MHLA participants in the program this fiscal year, it does provide illuminating new pharmacy data that will only become more complete as additional CPs join Pharmacy Phase II next fiscal year.

Diabetic medications/products represent 24% of total prescriptions, cardiovascular medications represent 20% of the total and non-narcotic analgesics represent 13% of total prescriptions.

Table F7
Pharmacy Utilization by Therapeutic Class for those CPs in Pharmacy Phase II (17 of 51)

Therapeutic Class	Description	% of Total Approved Prescriptions
Antidiabetics	Used for diabetes	16%
Antihypertensives	Used for high blood pressure	9%
Antihyperlipidemics	Used for high cholesterol	8%
Analgesics – Anti-Inflammatory	Used for pain, fever and inflammation (NSAID's)	7%
Analgesics- Non-narcotic	Used for pain and fever (Tylenol and Aspirin)	6%
Medical Devices and Supplies	Mostly diabetes related products like syringes and lancing devices	5%
Ulcer Drugs	Used GI diseases (stomach acid reducers)	4%
Dermatologicals	Topical dermatological agents	4%
Diuretics	Used for high blood pressure and CHF	3%
Diagnostic Products	Mostly diabetes related products to test blood sugar	3%

Specialty Care Services

The following section provides analysis on specialty care utilization by MHLA participants at DHS clinics and hospitals in Fiscal Year 2016-17.

DHS' *eConsult* is a web-based system that allows CPs and DHS specialists to securely share health information, discuss patient care and refer MHLA participants for their first visit with a specialty care provider at DHS.

Table F8 reflects the total number of eConsults requested by CP clinicians or staff during the fiscal year and the subsequent specialty care visits that followed. There were 29,032 unduplicated MHLA participants (15% of all MHLA participants) who received a total of 129,371 specialty care visits at DHS in FY 2016-17. This is a 26% increase in the number of MHLA patients who accessed specialty care compared to last fiscal year. In addition, this fiscal year saw a 48% increase in the total number of specialty care visits provided to MHLA patients (from 87,074 to 129,371). On average, a MHLA participant had 4.46 specialty visits during the fiscal year, up from an average of 3.79 visits last fiscal year.

Table F8
Specialty Care Services by Unduplicated Patients

Fiscal Year	Unique Participants	Number of Participants Receiving	Number of eConsult Requests Recommended	Number of Specialty Care Visits	Number of Specialty Care Visits	Average Number of Specialty Care Visits

		Specialty Care	for a Specialty Care Visit		Per 1,000 Participants	per MHLA Participant Utilizing Specialty Services
FY 2014-2015	122,330	11,622	21,581	30,642	467.52	2.64
FY 2015-2016	179,367	23,002	40,269	87,074	634.63	3.79
FY 2016-2017	189,410	29,032	64,106	129,371	895.03	4.46

Table F9 highlights the number of specialty care visits per MHLA participant within the fiscal year. The percentage of specialty care visits per MHLA participant remained largely the same between fiscal years.

Table F9
Distribution of Unduplicated Specialty Care Participants by Number of Visits

Fiscal Year	Number and Percent of MHLA Patients	1 Specialty Visit	2 Specialty Visits	3 Specialty Visits	4 Specialty Visits	5 – 9 Specialty Visits	10+ Specialty Visits	Total
2015-16	**Number of MHLA Patients**	8,193	4,273	2,713	1,942	4,086	1,795	23,002
	% of Total	36%	19%	12%	8%	18%	8%	100%
2016-17	**Number of MHLA Patients**	9,024	4,991	3,479	2,481	5,949	3,108	29,032
	% of Total	31%	17%	12%	9%	20%	11%	100%

Table F10 details the total number of specialty care visits provided to MHLA participants in FY 2016-17 by DHS facility. The 29,032 unduplicated participants reflected in this table may have been seen multiple times at different facilities for different specialty care services; the participant count reflected at each DHS location is unduplicated within the particular facility.

Table F10 shows us that LAC+USC continues to be the largest provider of specialty care services (at 35.52% of the total) for the MHLA program. Harbor-UCLA Medical Center, Olive View Medical Center and Martin Luther King Outpatient Center follow (respectively) as the largest DHS specialty care service providers for MHLA. Together, these top four (4) facilities comprise 88% of all specialty care services provided to MHLA participants.

Table F10
Specialty Care Services by DHS Facility

Facility Name	Participants (Unduplicated by Facility)	Specialty Care Visits	% of Total Specialty Care Visits
LAC+USC MEDICAL CENTER	10,715	45,952	35.52%
HARBOR-UCLA MEDICAL CENTER	5,828	25,277	19.54%
OLIVE VIEW-UCLA MEDICAL CENTER	5,717	23,497	18.16%
MLK OUTPATIENT CENTER	5,024	19,731	15.25%
HUDSON CHC	1,304	4,740	3.66%
RANCHO LOS AMIGIOS NATIONAL REHABILITATION CENTER	1,302	2,968	2.29%
EDWARD ROYBAL CHC	680	1,645	1.27%
HUBERT HUMPHREY CHC	656	1,210	0.94%
HIGH DESERT REGIONAL HEALTH CENTER	633	1,731	1.34%
OTHER DHS CHCs and HCs	1272	2620	2.03%
Overall Unique Participants and Visits (All DHS Facilities)	**29,032**	**129,371**	**100%**

Urgent Care Services

MHLA provides urgent care services for MHLA program participants at any of the ten (10) DHS hospitals or comprehensive health centers that have an urgent care clinic. Participants are instructed to go to DHS, if possible, in the event the participant experiences an urgent care situation requiring care that is beyond the scope of the Community Partner's capabilities.

Tables F11 and F12 illustrate urgent care utilization among MHLA participants. 3% of all MHLA participants (5,743) utilized urgent care services at DHS for a total of 8,493 urgent care visits. The utilization rate for urgent care is 58.74 per 1,000 participants per year.

Table F11
Distribution of Unduplicated Urgent Care Patients by Number of Visits

	0 Urgent Visits	1 Urgent Visit	2 Urgent Visits	3 Urgent Visits	4 Urgent Visits	5 - 9 Urgent Visits	10+ Urgent Visits	Total Participants w/ Visits	Total Participants
Number of Participants	183,667	4,114	1,047	311	148	113	10	5,743	189,410
Percentage of Participants	96.97%	2.17%	0.55%	0.16%	0.08%	0.06%	0.01%	3.03%	100%

Table F12
Urgent Care Rate per 1,000 Participants (DHS Facilities)

	Total Participants	Participants w/ Urgent Care Visit	Visit Count	Urgent Care Visits Per 1,000 Participants	Average Visits Per Participant
Urgent Care	189,410	5,743	8,493	58.74	0.06

Emergency Department (DHS)

MHLA provides emergency services at the three (3) DHS hospitals: LAC+USC Medical Center, Olive View Medical Center, and Harbor UCLA Medical Center. This section provides an analysis of emergency department (ED) utilization by MHLA participants in FY 2016-17. It is important to note that actual ED utilization among the MHLA population may be underreported as this data only includes ED utilization at DHS hospitals. If a MHLA participant receives emergency services from a non-DHS hospital, that data would not be included here.

In Fiscal Year 2016-17, there were 10,239 MHLA participants who had 14,186 ED visits at DHS facilities. Table F13 shows the rate of ED visits at 98 per 1,000 participants, compared to 88 per 1,000 last year.

Table F13
ED Visits per 1,000 Participants per Year

	Number of ED Visits	Participant Months	ED Visits/1,000
FY 2014-15 (9 months)	6,323	786,521	96.47
FY 2015-16 (12 months)	8,813	1,646,443	87.93
FY 2016-17 (12 months)	14,186	1,734,532	98.14

Table F14 illustrates the number of primary care visits that MHLA participants had in the same fiscal year that they visited a DHS ED. This data does not distinguish whether the ED visit was before or after the primary care visit at the CP clinic. 1,703 (17%) of MHLA ED users never saw their MHLA primary care provider during the same fiscal year that they had an ED visit. 41% of MHLA participants had five (5) or more primary care visits at their CP medical home during the same fiscal year that they went to the ED.

Table F14
Distribution of ED Patients by Number of CP Primary Care Visits

	0 CP Primary Care Visits	1 CP Primary Care Visit	2 CP Primary Care Visits	3 CP Primary Care Visits	4 CP Primary Care Visits	5-9 CP Primary Care Visits	10+ CP Primary Care Visits	Total Participants

# of Participants Who Had an ED Visit	1,703	1,069	1,105	1,178	1,033	3,209	942	10,239

The data in Tables F15 and F16 illustrate the total number of MHLA participants who utilized an ED service, further broken down by housing status (i.e., homeless or not homeless).

10,239 MHLA participants (5% of the total MHLA enrolled) visited a DHS ED in FY 2016-17. Of these, 126 (1.2%) identify as homeless.

Table F16 illustrates that 95% of MHLA participants never had ED visit (homeless and not homeless combined), and that for both homeless and non-homeless ED users, most visited the ED only one time.

Table F15
ED Visits by Unduplicated Housed and Homeless Participants

	Unduplicated Participants	Number of Participants with ED Visits	Percentage of Participants with ED Visits	Number of ED Visits by Housing Status
All Participants	189,410	10,239	5%	14,186
Housed Participants	188,050	10,113	5%	13,941
Homeless Participants	1,360	126	9%	245

Table F16
Distribution of Unduplicated ED Patients by Number of Visits

	0 ED Visits	1 ED Visit	2 ED Visits	3 ED Visits	4 ED Visits	5 – 9 ED Visits	10+ ED Visits
All Participants (189,410)	179,171	7,820	1,639	477	160	126	17
	95%	4.1%	0.9%	0.3%	0.1%	0.1%	0%
Homeless Participants (1,360)	1,234	83	22	9	2	8	2
	91%	6.1%	1.6%	0.7%	0.2%	0.6%	0.2%

Table F17 illustrates that LAC+USC Medical Center continues to see the most MHLA participants in its ED, with a total of 5,000 unduplicated participants having 6,707 ED visits. LAC+USC provided ED services to 47.3% of all MHLA participants who visited an ED. This data reflects that MHLA participants can and do access more than one DHS facility for their ED services.

Table F17
ED Visits by DHS Facility

Facility Name	Total Participant Visits at each ED	Visits	% of Total Visits
LAC+USC MEDICAL CENTER	5,000	6,707	47.3%
OLIVE VIEW-UCLA MEDICAL CENTER	3,306	4,858	34.2%
HARBOR-UCLA MEDICAL CENTER	2,047	2,621	18.5%
Total	**10,239 (Unduplicated)**	**14,186**	**100.00%**

Avoidable Emergency Department (AED) Visits

ED visits that are not emergency related and could be considered avoidable[4] are identified as Avoidable Emergency Department (AED) visits. Appendix 3 lists the avoidable diseases by type, number of visits and unique participants. Table F18 provides the AED rate for the history of the program: Fiscal Years 2014-15, 2015-16 and 2016-17. 17.8% of ED visits by MHLA participants in FY 2016-17 were considered avoidable. This AED rate is comparable to last year's AED rate of 16.3% and 16% during the first year of the program. The top three avoidable ED visit reasons were: headaches, dorsalgia (back pain), and acute upper respiratory infections.

Table F18
Avoidable ED (AED) Visits and Rate by MHLA Participants

Fiscal Year	AED Visits	ER Visits	AED Rate
FY 2014-15 (9 months)	1,009	6,323	15.96%
FY 2015-16 (12 months)	1,970	12,064	16.33%
FY 2016-17 (12 months)	2,526	14,186	17.81%

Inpatient Hospitalization Admissions (DHS)

MHLA provides inpatient hospitalization for MHLA participants at four (4) DHS hospitals. Similar to emergency department utilization data, this inpatient utilization data only captures data from DHS facilities. If a MHLA participant received inpatient services (as a result of an emergency admission) from a non-DHS facility, that data would not be included in this analysis.

Table F19 shows inpatient hospitalization admissions for all MHLA participants. 2,679 of 189,410 MHLA program participants (1.4%) in FY 2016-17 were admitted to a DHS hospital. This rate is about the same as last fiscal year (1.1%).

Table F19
Distribution of Unduplicated Hospital Admissions by Number of Inpatient Stays (Visits)

	No Admis-sions	1 Admis-sion	2 Admis-sions	3 Admis-sions	4 Admis-sions	5 – 9 Admis-sions	10+ Admis-sions	Total Inpatient Admissions

[4] This analysis uses conditions defined by the "Medi-Cal Managed Care Emergency Room Collaborative Avoidable Emergency Room Conditions" when designating an ED visit as avoidable.

Number of Participants	186,731	2,140	345	109	50	34	1	2,679
% of Participants	98.6%	1.13%	0.18%	0.06%	0.03%	0.02%	0.0%	1.4%

Table F20 reflects DHS hospitalization by facility, including bed days and Average Length of Stay (ALOS). 2,679 MHLA participants had 3,563 hospital admissions totaling 17,292 inpatient bed days at DHS facilities. The ALOS for these patients was 4.85 days. This data reflects that MHLA participants are admitted to more than one DHS hospital for their inpatient care.

LAC+USC Medical Center continues to be DHS' hospital with the highest number of MHLA inpatient admissions with approximately 45% of the total, a 2% decrease from the previous year.

Table F20
DHS Hospitalization Admission by Facility

Facility Name	Total Participant Admissions at each DHS Hospital	Admissions	% of Total Admissions	Bed Days	ALOS
LAC+USC MEDICAL CENTER	1,252	1,596	44.79%	7,844	4.91
OLIVE VIEW-UCLA MED CTR	659	913	25.62%	4,204	4.60
HARBOR-UCLA MEDICAL CENTER	703	916	25.71%	4,338	4.74
RANCHO LOS AMIGOS MED CTR	124	138	3.87%	906	6.57
Total	**2,679 (Unduplicated)**	**3,563**	**100%**	**17,292**	**4.85**

Table F21 reveals that the majority (64.8%) of MHLA participants who were hospitalized had a chronic medical condition. On average, MHLA participants had an ALOS of 4.85, slightly longer (5.04) if the patient had a chronic medical condition.

Table F21
DHS Hospitalization Admission

	Unique Participants	Admissions	% of Total Admissions	Bed Days	ALOS
W/ Chronic Condition	1,653	2,309	64.8%	11,643	5.04
W/O Chronic Condition	1,026	1,254	35.2%	5,649	4.50
Total	2,679	3,563	100.00%	17,292	4.85

Table F22 provides comparative analysis on admissions, acute days and ALOS for Fiscal Years 2016-17, 2015-16 and FY 2014-15. The ALOS has remained about the same for all three years. The total number of patient admissions, admissions per 1,000, acute days and acute days per 1000 continues to increase.

Table F22
Acute Hospital Days per 1,000 Participants per Year and Average Length of Stay (ALOS)

Fiscal Year	Admissions	Admissions/ 1,000	Acute Days	Acute Days/ 1,000	ALOS
FY 2014-15 (annualized)	978	18.51	6,045	92.23	4.98 Days
FY 2015-16	2,444	17.81	12,396	90.35	5.07 Days
FY 2016-17	3,563	24.65	17,292	119.63	4.85 Days

Hospital Readmissions

Readmission data is a good indicator of quality of care. Table F23 illustrates the readmission rate for MHLA participants overall and by period of time after discharge. The readmission rate for MHLA participants at all DHS facilities combined is 18.7%. The majority of hospital readmissions occur within the first thirty (30) days. Table F24 provides readmission rates by DHS hospital; Olive View-UCLA Medical Center has the highest readmission rate for MHLA participants, at 23%.

Table F23
DHS Hospital Readmission Rate for 30, 60 and 90 Days

Readmit Time After Discharge	Readmissions	Total Admissions	Readmission Rate
01-30 Days	448	3,563	12.6%
31-60 Days	137	3,563	3.9%
61-90 Days	82	3,563	2.3%
Total	667	3,563	18.7%

Table F24
Readmission Rate by DHS Hospital (1 - 90 Days)

Facility Name	Readmissions	Total Admissions	Readmission Rate
OLIVE VIEW-UCLA MED CTR	210	913	23%
HARBOR-UCLA MEDICAL CENTER	177	916	19.3%
LAC+USC MEDICAL CENTER	271	1,596	17%
RANCHO LOS AMIGOS MED CTR	9	138	6.5%
Total (All DHS Hospitals)	**667**	**3,563**	**18.7%**

Table F25 compares the MHLA readmission rate by fiscal year and by chronic versus non-chronic conditions. The readmission rates for both chronic and non-chronic conditions were higher in FY 2016-17 than the prior two fiscal years. However, the rate is almost equal to the current average Medi-Cal readmission rate in California, which is 18.8%[5].

[5] Medicare Fee-For-Service (FFS) Hospital Readmissions: Q2 2016–Q1 2017, State of California. Centers for Medicare and Medicaid Services (CMS). *Health Services Advisory Group.*

Table F25
Re-admission Rate by Fiscal Year for Participants With and Without Chronic Conditions

Condition Type	FY 2014-15 Readmission Rate	FY 2015-16 Readmission Rate	FY 2016-17 Readmission Rate
W/ Chronic Condition	15.14%	10.45%	19.19%
W/O Chronic Condition	15.18%	15.89%	18.59%
Total	**15.17%**	**13.95%**	**18.72%**

G. SUBSTANCE USE DISORDER (SUD) SERVICES

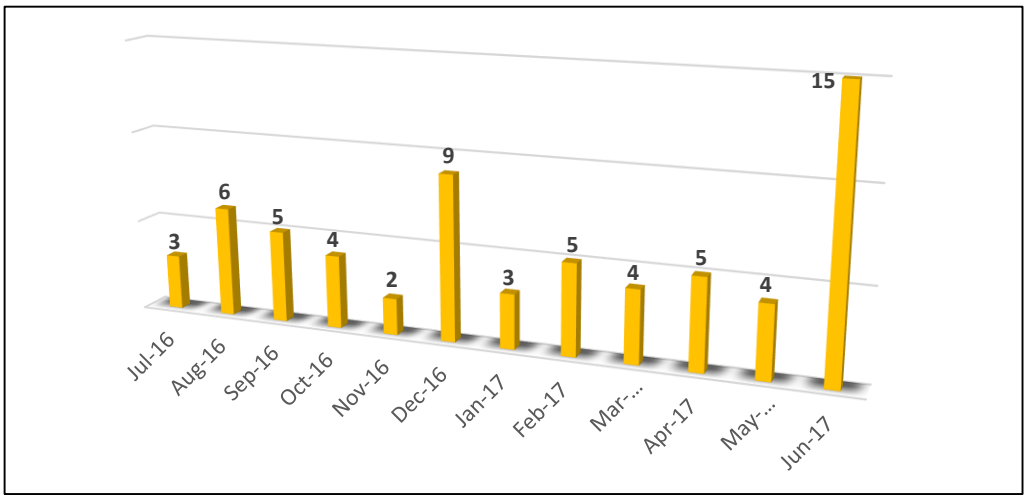
In July 2016, MHLA entered into a partnership with the Los Angeles County Department of Public Health's (DPH) Substance Abuse Prevention and Control Division (SAPC) to provide Substance Abuse Disorder (SUD) treatment services for any MHLA participant who needs it.

With the addition of SUD services to the MHLA program, a full array of drug and alcohol treatment services became available to MHLA participants at no cost. These services include: early intervention, outpatient services, intensive outpatient, residential, and withdrawal management, ambulatory withdrawal management, additional medication assisted treatment, and case management.

MHLA participants can access SUD services in a number of ways. If they wish, they can "self-refer" by calling DPH's Substance Abuse Service Helpline (SASH), or they can get a referral from their MHLA CP medical home clinic.

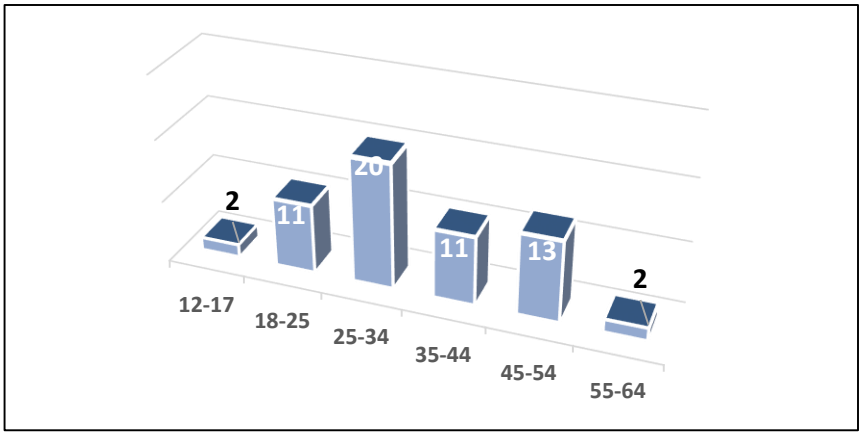
In this first year of SUD services, a total of 59 MHLA participants accessed SUD services (26 males, 33 females). Graph G1 shows the number of MHLA patients who obtained SUD treatment services in FY 2016-17 by month.

Graph G1
Number of MHLA SUD Admissions per Month



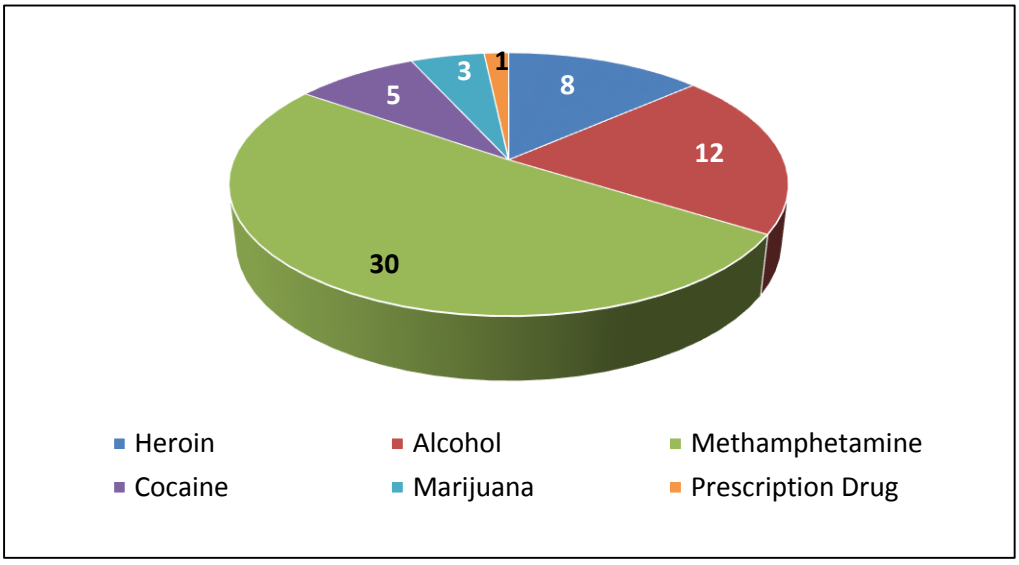
Graph G2 illustrates those MHLA participants who sought SUD treatment services from DPH, sorted by age. The largest group of SUD treatment recipients were aged 25 to 34 with twenty (20) recipients.

Graph G2
MHLA SUD Participant by Age



Graph G3 provides a breakdown of MHLA participants' by SUD issue. 30 patients (51% of total participants) sought SUD treatment services for methamphetamine addiction, 12 individuals (20%) entered treatment for alcoholism, and 8 participants (14%) sought help for heroin addiction. The remaining participants (15%) sought SUD treatment for cocaine, marijuana and prescription drug use.

Graph G3
MHLA SUD Participant by SUD Issue



The total number of MHLA participants who sought SUD treatment services in FY 2016-17 (59) is likely low compared to need for SUD treatment in this population. Fiscal Year 2016-17 was the first year that SUD services became available to all MHLA patients, and will continue reaching out to participants about the availability of SUD treatment services in partnership with CP medical home clinics.

H. HEALTH CARE SERVICE EXPENDITURES

This final section of the annual report provides information on the payments made to Community Partner (CP) clinics under the MHLA program in FY 2016-17. For this purpose, DHS tracks the payments made to each CP for primary care services utilizing Monthly Grant Funding (MGF).

Key FY 2016-17 highlights were:

- Total Monthly Grant Funding payments to Community Partners for primary care and pharmacy related services combined totaled $53,683,677.
- Payments for dental services totaled $5,474,714.
- With a total of 1,734,532 participant months, the estimated total per participant per month expenditure for primary care was $28.56.

MHLA Health Care Service Payment Categories

Health care service payments are made to CP clinics in two ways: (1) MGF payments for preventive, primary care and pharmacy services (during Pharmacy Phase I), and (2) Fee-For-Service payments for dental services provided by those CP clinics with dental contracts with MHLA.

Community Partners – Primary Care

The Los Angeles County Board of Supervisors allocated $56 million for the provision of primary care (including pharmaceutical services) for CPs. Of this allocation, a total of $53,683,677 in MGF payments were paid to the CPs in FY 2016-17. This does not include payments made to CPs for pharmacy through the Pharmacy Phase II program, nor does it include dental expenditures.

Community Partners – Dental Care

In addition to the $56 million allocated for MHLA primary care services, the Los Angeles County Board of Supervisors allocates $5 million for MHLA dental services. Although dental care is not a benefit of the MHLA program, twenty-five (25) MHLA Community Partners provided dental services to MHLA eligible or enrolled participants in FY 2016-17. A total of $5,474,714 in dental funding was spent by the CPs in FY 2016-17 (unspent dollars from MHLA primary care is used to pay for the overage in dental expenditures).

MHLA per Participant per Month Health Care Service Costs

There were a total of 1,734,532 MHLA participant months in FY 2016-17. The total MGF paid by MHLA to CP clinics for primary care and pharmacy services was $53,683,677 ($49,534,293 for primary care and $4,149,384 for pharmacy). The average per participant per month cost for primary care health was $28.56.

CPs receive an MGF payment per month for each person enrolled in their medical home clinic in that month, irrespective of whether the participant used services that month. As noted in Table F5 of the annual report, 68,277 (36%) of MHLA participants did not have a primary care visit in FY 2016-17 representing 511,618 enrollment months. A total of $14,611,810 ($28.56 x 511,618 months) in payments

were made on behalf of participants who did not utilize a primary care service. This amount does not include pharmacy-related payments to CPs.

Estimated MHLA Health Care Service Payments

Table H1 outlines the total payments ($62,228,106) for the MHLA Program for FY 2016-17.

Table H1
Estimated Total MHLA Payments Estimated Total MHLA Payments (FY 2016-17)

ENROLLMENT	
TOTAL PARTICIPANT MONTHS (TOTAL ENROLLMENT OF 189,410):	1,734,532
COMMUNITY PARTNER PROGRAM PAYMENTS	
MONTHLY GRANT FUNDING COST FOR ALL COMMUNITY PARTNERS	
PRIMARY CARE SERVICES	$49,534,293
CP PHARMACY RELATED SERVICES	$4,149,384
TOTAL MONTHLY GRANT FUNDING	$53,683,677
VENTEGRA PHARMACY RELATED SERVICES	3,069,715
DENTAL CARE SERVICES	$5,474,714
GRAND TOTAL	**62,228,106**

Appendices 3 and 4 provide estimated total expenditures by CP clinic for both the MHLA primary care and dental programs.

III. CONCLUSION AND LOOKING FORWARD

This Fiscal Year 2016-17 was the third programmatic year for the MHLA program. As the report demonstrates, the services available to the MHLA participants continue to expand under the program to provide a comprehensive array of primary and supportive services to meet the needs of these patients. The data continue to show a high degree of primary, specialty, emergency, urgent, inpatient and substance use disorder treatment service utilization by this population - all at no cost to the participant.

This year's implementation of Pharmacy Phase II was a milestone for the program not only because it began the process of expanding pharmacy access options for participating MHLA participants, but also because it provided for the first time a snapshot of the type of critical pharmaceutical data the program will be able to analyze once all clinics are participating in the pharmacy program next fiscal year.

Another substantial programmatic enhancement came with the addition of MHLA Substance Use Disorder (SUD) treatment services. The program's collaboration with Los Angeles County's Department of Public Health (DPH) Substance Abuse Prevention and Control (SAPC) unit helped increase access to comprehensive SUD services for MHLA participants. We will continue to partner with SAPC and CP clinics to increase participant's knowledge of and participation in SUD treatment programs.

The ongoing work to expand outreach and enrollment opportunities in collaboration with the Community Partner (CP) clinics continues. This not only includes reaching those individuals who are eligible for, but not yet enrolled in, MHLA, but also includes the work to engage participants who are due for their annual renewal. We also continue our work connecting uninsured patients at DHS emergency departments to a primary care medical home at a MHLA CP clinic.

DHS continues to work in partnership with the Community Clinic Association of Los Angeles County (CCALAC), the Los Angeles health advocacy community and our Community Partner clinics to build and grow a strong, comprehensive healthcare coverage program for eligible, uninsured residents of Los Angeles County.

IV. APPENDICES

APPENDIX 1
CPs with MRR and/or FSR consecutive repeat deficiencies over the past three (3) consecutive fiscal years (FY 2014-15, FY 2015-16 and FY 2016-17)

	MHLA Community Partners	MRR	FSR
1	All for Health, Health for All, Inc.	X	
2	Altamed Health Services Corporation	X	
3	Antelope Valley Community Clinic	X	
4	Arroyo Vista Family Health Foundation	X	
5	Asian Pacific Health Care Venture, Inc.	X	X
6	Benevolence Industries, Incorporated	X	X
7	Central City Community Health Center, Inc.	X	
8	Central Neighborhood Health Foundation	X	X
9	Chinatown Service Center	X	X
10	Clinica Msr. Oscar A. Romero	X	
11	Community Health Alliance of Pasadena	X	
12	Complete Care Community Health Center, Inc.	X	
13	Comprehensive Community Health Centers, Inc.	X	
14	East Valley Community Health Center, Inc.	X	
15	Family Health Care Centers of Greater Los Angeles, Inc.	X	
16	Garfield Health Center	X	
17	Harbor Community Clinic	X	X
18	Herald Christian Health Center	X	
19	JWCH Institute, Inc.	X	
20	Kedren Community Health Center, Inc.	X	
21	Korean Health, Education, Information & Research (KHEIR)	X	
22	Los Angeles Christian Health Centers	X	
23	Mission City Community Network, Inc.	X	X
24	Northeast Valley Health Corp.	X	X
25	Pediatric and Family Medical Center, dba Eisner Pediatric & Family Medical Center	X	X
26	Pomona Community Health Center	X	X
27	QueensCare Health Centers	X	
28	Samuel Dixon Family Health Center, Inc.	X	
29	South Bay Family Health Care	X	
30	South Central Family Health Center	X	X
31	Southern California Medical Center, Inc.	X	
32	St. John's Well Child and Family Center, Inc.	X	
33	The Achievable Foundation	X	

34	The Children's Clinic, Serving Children and Their Families	X	X
35	THE Clinic, Inc.	X	X
36	The Los Angeles Free Clinic, dba Saban Community Clinic	X	X
37	The Northeast Community Clinic	X	
38	Universal Community Health Center	X	X
39	University Muslim Medical Association, Inc. (UMMA)	X	X
40	Valley Community Healthcare	X	X
41	Venice Family Clinic	X	
42	Via Community Health Center	X	
43	Watts Healthcare Corp.	X	
44	Westside Family Health Center	X	
45	Wilmington Community Clinic	X	X

APPENDIX 2
Total Enrolled and Office Visits by Community Partner Medical Home[6]

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
AFH-519	665	371	56%	702	1.75
AFH-BURBANK	91	65	71%	125	2.31
AFH-CENTRAL	181	119	66%	238	2.10
AFH-PACIFIC	34	26	76%	58	2.45
AFH-PEDIATRICS	23	1	4%	1	0.11
AFH-SUNLAND	26	15	58%	23	1.16
AFH – ALL SITES	1,020	597	59%	1,147	1.83
ALL-INCLUSIVE COMMUNITY HEALTH CENTER	346	195	56%	669	3.05
ALL-INCLUSIVE COMMUNITY HEALTH-EAGLE ROCK	5	3	60%	20	5.71
ALL-INCLUSIVE – ALL SITES	351	198	56%	689	2.99
ALTAMED-BELL	396	289	73%	1,113	3.22
ALTAMED-COMMERCE	1,638	1,199	73%	5,069	3.50
ALTAMED-EL MONTE	755	558	74%	2,565	3.96
ALTAMED-FIRST STREET	1,102	630	57%	3,038	3.84
ALTAMED-HOLLYWOOD PRESBYTERIAN	194	123	63%	402	2.34
ALTAMED-HUNTINGTON PARK	10	6	60%	27	3.00
ALTAMED-MONTEBELLO	101	85	84%	411	4.50
ALTAMED-PICO RIVERA PASSONS	17	11	65%	43	2.98
ALTAMED-PICO RIVERA SLAUSON	885	671	76%	2,999	3.78
ALTAMED-WEST COVINA	478	335	70%	1,197	2.89
ALTAMED-WHITTIER	1,574	1,180	75%	5,765	4.07
ALTAMED-ALL SITES	7,150	5,087	71%	22,629	3.68
APLA-BALDWIN HILLS	311	217	70%	834	4.03
APLA-LONG BEACH	4	2	50%	2	2.67
APLA – ALL SITES	315	219	70%	836	3.98
ARROYO VISTA-EL SERENO HUNTINGTON DRIVE	400	274	69%	1,079	4.79
ARROYO VISTA-EL SERENO VALLEY	364	260	71%	1,213	5.02
ARROYO VISTA-HIGHLAND PARK	1,863	1,207	65%	5,681	3.95
ARROYO VISTA-LINCOLN HEIGHTS	2,442	1,607	66%	6,767	4.26
ARROYO VISTA-LOMA DRIVE	825	576	70%	2,089	3.86
ARROYO VISTA-ALL SITES	5,894	3,924	67%	16,829	4.15
ASIAN PACIFIC HEALTH CARE-BELMONT HC	691	463	67%	1,407	2.77

[6] In the MHLA program, participants generally receive the majority of their primary care visits at their chosen medical home, but they may obtain care at other clinics within the agency. Encounter data is reported by the clinic that provided the service to the participant (even if the visit was not at the participant's chosen medical home). As a result, it is possible that a participant had primary care encounter data submitted for them on behalf of a CP clinic site that was not their medical home.

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
ASIAN PACIFIC HEALTH CARE-EL MONTE ROSEMEAD HC	408	279	68%	1,073	3.84
ASIAN PACIFIC HEALTH CARE-JOHN MARSHALL HIGH SCHOOL	14	8	57%	27	2.61
ASIAN PACIFIC HEALTH CARE-LOS FELIZ HC	2,321	1,683	73%	5,221	2.94
ASIAN PACIFIC – ALL SITES	3,434	2,433	71%	7,728	3.00
AVCC-HEALTH AND WELLNESS	779	325	42%	916	1.66
AVCC-PALMDALE	849	403	47%	948	1.50
AVCC-PALMDALE EAST	3	2	67%	4	1.33
AVCC- ALL SITES	1,631	730	45%	1,868	1.57
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER	525	330	63%	1,616	4.54
BENEVOLENCE-CENTRAL MEDICAL CLINIC	416	207	50%	526	2.59
BENEVOLENCE-CRENSHAW COMMUNITY CLINIC	490	288	59%	865	2.94
BENEVOLENCE- ALL SITES	906	495	55%	1391	2.68
BIENVENIDOS COMMUNITY HEALTH CENTER	133	38	29%	68	2.15
CENTRAL CITY COMMUNITY HEALTH CENTER INC.	1,706	878	51%	3,889	3.20
CENTRAL CITY COMMUNITY-BALDWIN PARK	1	0	0%	0	0.00
CENTRAL CITY COMMUNITY-DOWNTOWN SITE	100	59	59%	394	5.48
CENTRAL CITY COMMUNITY-EL MONTE	2	0	0%	0	0.00
CENTRAL CITY COMMUNITY-LA PUENTE	1	0	0%	0	0.00
CENTRAL CITY COMMUNITY- ALL SITES	1,810	937	52%	4,283	3.30
CENTRAL NEIGHBORHOOD-CENTRAL	1,561	901	58%	4,664	4.22
CENTRAL NEIGHBORHOOD-GRAND	136	87	64%	338	3.82
CENTRAL NEIGHBORHOOD-ALL SITES	1,697	988	58%	5,002	4.16
CHAPCARE-DEL MAR	515	373	72%	2,188	5.90
CHAPCARE-FAIR OAKS	1,537	1,137	74%	6,507	5.36
CHAPCARE-LAKE	261	190	73%	932	4.82
CHAPCARE-VACCO	741	476	64%	2,586	4.84
CHAPCARE – ALL SITES	3,054	2176	71%	12,213	5.28
CHINATOWN-COMMUNITY HEALTH CENTER	154	105	68%	457	3.96
CHINATOWN-CSC CHC-SAN GABRIEL VALLEY	45	28	62%	126	3.68
CHINATOWN-CSC CHC- ALL SITES	199	133	67%	583	3.82
CLINICA ROMERO-ALVARADO CLINIC	4,420	2,893	65%	9,102	2.65

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
CLINICA ROMERO-MARENGO CLINIC	2,230	1,537	69%	6,586	3.93
CLINICA ROMERO- ALL SITES	6,650	4,430	67%	15,688	3.06
COMPLETE CARE COMMUNITY HEALTH CENTER	197	122	62%	560	3.77
COMPREHENSIVE COMMUNITY-EAGLE ROCK	914	539	59%	1,979	3.69
COMPREHENSIVE COMMUNITY-GLENDALE	1,159	739	64%	2,920	3.50
COMPREHENSIVE COMMUNITY-HIGHLAND PARK	828	505	61%	1,969	3.13
COMPREHENSIVE COMMUNITY-NORTH HOLLYWOOD	947	571	60%	1,945	2.80
COMPREHENSIVE COMMUNITY-ALL SITES	3,848	2,354	61%	8,813	3.26
EL PROYECTO DEL BARRIO-ARLETA	1,911	1,229	64%	5,861	3.94
EL PROYECTO DEL BARRIO-AZUSA	1,819	1,305	72%	10,388	7.53
EL PROYECTO DEL BARRIO-BALDWIN PARK	373	286	77%	2,199	8.01
EL PROYECTO DEL BARRIO-WINNETKA	2,528	1,528	60%	9,399	4.93
EL PROYECTO DEL BARRIO-ALL SITES	6,631	4,348	66%	27,847	5.51
EVCHC-COVINA HEALTH CENTER	273	159	58%	655	3.67
EVCHC-POMONA CLINIC	2,842	1,866	66%	7,199	3.16
EVCHC-VILLACORTA SCHOOL-BASED CLINIC	778	520	67%	2,049	3.42
EVCHC-WEST COVINA CLINIC	3,083	2,116	69%	7,934	3.36
EVCHC- ALL SITES	6,976	4,661	67%	17,837	3.29
FAMILY HEALTH-BELL GARDENS	3,415	2,412	71%	9,811	3.93
FAMILY HEALTH-DOWNEY	211	155	73%	645	3.84
FAMILY HEALTH-HAWAIIAN GARDENS	723	509	70%	2,115	3.68
FAMILY HEALTH-MAYWOOD	129	103	80%	497	5.03
FAMILY HEALTH-ALL SITES	4,478	3,179	71%	13,068	3.91
GARFIELD HEALTH CENTER	250	161	64%	689	3.62
GARFIELD HEALTH CENTER-ATLANTIC	3	0	0%	0	0.00
GARFIELD HEALTH CENTER-ALL SITES	253	161	64%	689	3.59
HARBOR COMMUNITY CLINIC	941	595	63%	2,458	3.72
HARBOR COMMUNITY CLINIC-DON KNABE PEDIATRIC	11	0	0%	0	0.00
HARBOR COMMUNITY – ALL SITES	952	595	63%	2,458	3.66
HERALD CHRISTIAN HEALTH CENTER	296	105	35%	307	2.29
HERALD CHRISTIAN HEALTH CENTER-ROSEMEAD	4	0	0%	0	0.00
HERALD CHRISTIAN HEALTH CENTER-ALL SITES	300	105	35%	307	2.04

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
JWCH-BELL GARDENS	2,254	1,392	62%	6,214	3.79
JWCH-BELL SHELTER	12	7	58%	23	6.90
JWCH-DOWNTOWN WOMEN'S CENTER	2	1	50%	2	1.71
JWCH-NORWALK	1,601	1,048	65%	4,988	3.98
JWCH-PATH	9	0	0%	0	0.00
JWCH-ST GEORGE	1	1	100%	8	8.00
JWCH-WEINGART	713	513	72%	2,144	4.06
JWCH-WESLEY BELLFLOWER	1,742	1,081	62%	4,379	3.49
JWCH-WESLEY DOWNEY	814	606	74%	2,291	4.13
JWCH-WESLEY LYNWOOD	1,826	1,258	69%	4,343	3.05
JWCH-WESLEY VERMONT	457	351	77%	1,425	5.11
JWCH-WESLEY ALL SITES	9,431	6,258	66%	25,817	3.71
KEDREN COMMUNITY CARE CLINIC	336	246	73%	1,103	4.54
KHEIR CLINIC	2,171	1,533	71%	8,549	5.31
LA CHRISTIAN-EXODUS ICM	9	1	11%	2	0.27
LA CHRISTIAN-GATEWAY AT PERCY VILLAGE	11	4	36%	16	1.61
LA CHRISTIAN-JOSHUA HOUSE	385	248	64%	893	4.02
LA CHRISTIAN-PICO ALISO	1,727	1,254	73%	4,394	3.36
LA CHRISTIAN-TELECARE SERVICE AREA 4	2	1	50%	2	1.26
LA CHRISTIAN-WORLD IMPACT	64	52	81%	164	5.10
LA CHRISTIAN-ALL SITES	2,198	1,560	71%	5,471	3.44
LOS ANGELES LGBT CENTER	40	31	78%	172	8.39
MISSION CITY-HOLLYWOOD	33	9	27%	31	1.56
MISSION CITY-INGLEWOOD	45	32	71%	157	4.64
MISSION CITY-LA PUENTE	78	61	78%	216	7.69
MISSION CITY-MONROVIA	43	25	58%	69	3.94
MISSION CITY-NORTH HILLS	5,905	3,354	57%	12,080	2.70
MISSION CITY-NORTHRIDGE	419	194	46%	693	2.23
MISSION CITY-ORANGE GROVE	12	9	75%	34	4.86
MISSION CITY-PACOIMA MIDDLE SCHOOL	9	0	0%	0	0.00
MISSION CITY-PANORAMA	104	51	49%	183	2.45
MISSION CITY-PARTHENIA	2	1	50%	4	2.18
MISSION CITY-PRAIRIE	26	21	81%	91	4.85
MISSION CITY-SEPULVEDA	1	0	0%	0	0.00
MISSION CITY-ALL SITES	6,677	3,757	56%	13,558	2.71
NEV-CANOGA PARK	949	629	66%	3,151	3.89
NEV-HOMELESS HEALTH	99	86	87%	490	6.14
NEV-HOMELESS MOBILE CLINIC	45	35	78%	166	5.77
NEV-MACLAY HC FOR CHILDREN	5	0	0%	0	0.00
NEV-PACOIMA	2,017	1,183	59%	4,679	2.77

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
NEV-PEDIATRIC HLTH AND WIC CENTER	46	2	4%	3	0.27
NEV-SAN FERNANDO	5,020	2,914	58%	11,365	3.00
NEV-SAN FERNANDO HIGH SCHOOL TEEN HC	4	1	25%	1	0.31
NEV-SANTA CLARITA	668	358	54%	1,311	2.51
NEV-SUN VALLEY	1,436	911	63%	3,476	2.96
NEV-VALENCIA	1,249	630	50%	2,785	2.69
NEV-VAN NUYS ADULT	736	450	61%	1,700	3.51
NEV- ALL SITES	12,274	7,199	59%	29,127	3.02
PED AND FAMILY-EISNER PED AND FAMILY	5,418	3,780	70%	12,168	2.58
PED AND FAMILY-EISNER-LYNWOOD	2	2	100%	4	3.00
PED AND FAMILY-EISNER-USC EISNER-CA HOSP	2	0	0%	0	0.00
PEDIATRIC AND FAMILY-EISNER PED AND FAMILY	212	58	27%	110	0.87
PEDIATRIC AND FAMILY-EISNER PEDIATRIC AND FAMILY	665	97	15%	157	0.86
PEDIATRIC AND FAMILY-EISNER – ALL SITES	6,299	3,937	63%	12,439	2.47
POMONA COMMUNITY-HOLT	1,107	777	70%	3,307	3.93
POMONA COMMUNITY-PARK	5	2	40%	8	1.92
POMONA COMMUNITY-ALL SITES	1,112	779	70%	3,315	3.91
QUEENSCARE-EAGLE ROCK	705	555	79%	2,228	3.75
QUEENSCARE-EAST THIRD STREET	2,201	1,526	69%	5,178	2.96
QUEENSCARE-ECHO PARK	1,999	1,383	69%	4,482	2.77
QUEENSCARE-HOLLYWOOD	1,637	1,228	75%	3,756	2.82
QUEENSCARE-ALL SITES	6,542	4,692	72%	15,644	2.95
SAMUEL DIXON-CANYON COUNTRY HC	277	164	59%	445	2.19
SAMUEL DIXON-NEWHALL	309	174	56%	458	2.07
SAMUEL DIXON-VAL VERDE	36	22	61%	72	2.39
SAMUEL DIXON-ALL SITES	622	360	58%	975	2.13
SOUTH BAY-CARSON	278	165	59%	691	3.40
SOUTH BAY-GARDENA	1,573	1,027	65%	4,974	3.99
SOUTH BAY-INGLEWOOD	1,765	1,124	64%	4,532	3.15
SOUTH BAY-REDONDO BEACH	916	576	63%	2,412	3.47
SOUTH BAY-ALL SITES	4,532	2,892	64%	12,609	3.50
SOUTH CENTRAL FAMILY HC	2,730	1,963	72%	8,626	3.87
SOUTH CENTRAL-HUNTINGTON PARK	1,191	824	69%	3,257	3.71
SOUTH CENTRAL-ALL SITES	3,921	2,787	71%	11,883	3.82
SOUTHERN CALIFORNIA-EL MONTE CLINIC	584	374	64%	1,498	4.17
SOUTHERN CALIFORNIA-PICO RIVERA	339	202	60%	868	3.94

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
SOUTHERN CALIFORNIA-ALL SITES	923	576	62%	2,366	3.86
ST. JOHN'S-COMPTON	4,755	2,783	59%	11,266	3.16
ST. JOHN'S-DOMINGUEZ	3,340	2,011	60%	8,165	3.12
ST. JOHN'S-DOWNTOWN LOS ANGELES-MAGNOLIA	5,051	2,794	55%	9,837	2.59
ST. JOHN'S-DR. KENNETH WILLIAMS	8,696	5,225	60%	17,465	2.56
ST. JOHN'S-HYDE PARK	1,036	605	58%	2,095	2.59
ST. JOHN'S-LINCOLN HEIGHTS	723	487	67%	1,944	3.54
ST. JOHN'S-LOUIS FRAYSER	1,923	709	37%	1,938	1.51
ST. JOHN'S-MANUAL ARTS	1,254	820	65%	3,097	3.31
ST. JOHN'S-MOBILE 2	2	1	50%	7	3.50
ST. JOHN'S-MOBILE UNIT 1	79	39	49%	151	2.67
ST. JOHN'S-RANCHO DOMINGUEZ	1,922	1,242	65%	5,001	3.40
ST. JOHN'S-WARNER TRAYNHAM	1,971	1,438	73%	5,554	3.64
ST. JOHN'S-WASHINGTON	1,097	726	66%	2,631	3.17
ST. JOHN'S-ALL SITES	31,849	18,880	59%	69,151	2.85
TARZANA-LANCASTER	827	504	61%	3,422	5.38
TARZANA-PALMDALE	484	241	50%	1,448	3.98
TARZANA-ALL SITES	1,311	745	57%	4,870	4.86
THE ACHIEVABLE FOUNDATION	39	27	69%	137	4.18
THE CHILDREN'S CLINIC-CABRILLO GATEWAY	14	12	86%	36	3.15
THE CHILDREN'S CLINIC-CESAR CHAVEZ ELEMENTARY SCHOOL	295	206	70%	797	3.37
THE CHILDREN'S CLINIC-FAMILY HC BELLFLOWER	250	184	74%	612	3.15
THE CHILDREN'S CLINIC-FAMILY HC CENTRAL LB	623	399	64%	1,233	2.52
THE CHILDREN'S CLINIC-FAMILY HC WESTSIDE	515	384	75%	1,385	3.23
THE CHILDREN'S CLINIC-LB MULTI-SERVICE CTR HOMELESS	5	3	60%	6	1.38
THE CHILDREN'S CLINIC-NORTH LB HAMILTON MIDDLE SCHOOL	830	586	71%	1,954	3.03
THE CHILDREN'S CLINIC-ROOSEVELT	50	35	70%	86	3.33
THE CHILDREN'S CLINIC-S. MARK TAPER	2,075	1,343	65%	4,329	2.67
THE CHILDREN'S CLINIC-VASEK POLAK	1,048	676	65%	2,383	2.99
THE CHILDREN'S CLINIC-ALL SITES	5,705	3,828	67%	12,821	2.88
THE LA FREE-BEVERLY	1,702	1,213	71%	5,088	3.78
THE LA FREE-HOLLYWOOD-WILSHIRE	4,901	3,140	64%	11,418	3.03
THE LA FREE-S. MARK TAPER	891	580	65%	2,512	3.83
THE LA FREE- ALL SITES	7,494	4,933	66%	19,018	3.29
THE NECC-CALIFORNIA FAMILY CARE	889	626	70%	1,939	2.56

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
THE NECC-COMMUNITY MEDICAL ALLIANCE	645	438	68%	1,524	2.91
THE NECC-FOSHAY	361	228	63%	838	3.77
THE NECC-GAGE	265	158	60%	486	2.41
THE NECC-GRAND	198	131	66%	609	3.73
THE NECC-HARBOR CITY	363	160	44%	378	1.34
THE NECC-HAWTHORNE	65	41	63%	113	2.57
THE NECC-HIGHLAND PARK	555	397	72%	1,634	3.55
THE NECC-WILMINGTON	699	403	58%	1,047	1.84
THE NECC-WOMEN'S HEALTH CENTER	68	45	66%	139	2.61
THE NECC-ALL SITES	4,108	2,627	64%	8,707	2.64
THE-LENNOX	638	493	77%	1,797	3.92
THE-RUTH TEMPLE	1,430	932	65%	3,408	3.20
THE-ALL SITES	2,068	1,425	69%	5,205	3.39
UMMA	1,303	933	72%	3,828	4.15
UMMA-FREMONT WELLNESS CENTER	588	434	74%	1,785	4.25
UMMA- ALL SITES	1,891	1,367	72%	5,613	4.14
UNIVERSAL COMMUNITY	196	93	47%	404	3.22
UNIVERSAL COMMUNITY-SPS	3	1	33%	3	1.44
UNIVERSAL COMMUNITY-ALL SITES	199	94	47%	407	3.12
VALLEY-NORTH HILLS WELLNESS CENTER	2,364	1,474	62%	4,074	2.36
VALLEY-NORTH HOLLYWOOD	5,692	3,639	64%	12,234	2.68
VALLEY-ALL SITES	8,056	5,113	63%	16,308	2.59
VENICE-COLEN	1,063	593	56%	1,848	2.12
VENICE-ROBERT LEVINE	191	105	55%	317	2.01
VENICE-SIMMS/MANN	2,075	1,315	63%	4,656	2.60
VENICE-VENICE	1,395	853	61%	3,202	2.91
VENICE-ALL SITES	4,724	2,866	61%	10,023	2.55
VIA CARE CHC-607	52	28	54%	122	6.68
VIA CARE CHC-EASTSIDE	77	50	65%	146	4.53
VIA CARE CHC-GARFIELD WELLNESS CENTER	21	11	52%	40	3.78
VIA CARE COMMUNITY HEALTH CENTER	1,995	1,412	71%	6,325	4.12
VIA CARE CHC-ALL SITES	2,145	1,501	70%	6,633	4.11
WATTS-CRENSHAW	12	9	75%	66	6.66
WATTS-WATTS	1,565	1,062	68%	3,893	2.87
WATTS – ALL SITES	1,577	1,071	68%	3,959	2.89
WESTSIDE FAMILY HEALTH CENTER	389	250	64%	879	2.89
WILMINGTON COMMUNITY CLINIC	2,373	1,559	66%	5,190	2.81
Grand Total	**189,410**	**121,133**	**64%**	**476,098**	**3.29**

APPENDIX 3
Avoidable Emergency Department (AED) Visit – Diseases

Avoidable Emergency Room Diseases	Unique Participants	AER Visits	% of AER Visits
Other headache syndromes	1,146	1,245	49.29%
Dorsalgia	547	583	23.08%
Acute upper respiratory infections of multiple or unspecified sites	103	104	4.12%
Acute Pharyngitis	96	101	4.00%
Encounter for general examination	95	100	3.96%
Conjunctivitis	89	91	3.60%
Hematuria	49	52	2.06%
Cystitis	36	36	1.43%
Acute bronchitis	26	26	1.03%
Inflammatory disease of cervix, vagina & vulva	24	24	0.95%
Pruritus	22	22	0.87%
Dermatophytosis	21	22	0.87%
Suppurative Otitis Media	21	21	0.83%
Special examinations	17	17	0.67%
Chronic pharyngitis & nasopharyngitis	16	16	0.63%
Follow up examination	15	15	0.59%
Obstructive and reflux uropathy	15	15	0.59%
Candidiasis	14	15	0.59%
Chronic sinusitis	10	10	0.40%
Other specified pruritic conditions (hiemalis, senilis, Winter itch)	6	6	0.24%
Encounters of administrative purposes	3	3	0.12%
Chronic disease of tonsils & adenoids	1	1	0.04%
Obstructive and reflux uropathy, disorders of urethra, Hematuria	1	1	0.04%
Grand Total	**2,261**[7]	**2,526**	**100.00%**

[7] This is not an unduplicated patient count. Some MHLA participants have multiple co-morbidities.

APPENDIX 4
Primary Care Expenditures for MHLA Community Partners FY 2016-17

COMMUNITY PARTNER	Total CP MHLA Reimbursement
ALL FOR HEALTH, HEALTH FOR ALL, INC.	$ 244,005
ALL INCLUSIVE COMMUNITY HEALTH CENTER	$ 86,577
ALTAMED HEALTH SERVICES CORPORATION	$ 2,303,420
ANTELOPE VALLEY COMMUNITY CLINIC	$ 403,124
APLA HEALTH AND WELLNESS	$ 80,456
ARROYO VISTA FAMILY HEALTH FOUNDATION	$ 1,506,532
ASIAN PACIFIC HEALTH CARE VENTURE, INC.	$ 957,430
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER	$ 126,016
BENEVOLENCE INDUSTRIES, INCORPORATED	$ 192,527
CENTRAL CITY COMMUNITY HEALTH CENTER, INC.	$ 515,392
CENTRAL NEIGHBORHOOD HEALTH FOUNDATION	$ 472,218
CHINATOWN SERVICE CENTER	$ 57,208
CLINICA MSR. OSCAR A. ROMERO	$ 1,997,556
COMMUNITY HEALTH ALLIANCE OF PASADENA	$ 902,140
COMPLETE CARE COMMUNITY HEALTH CENTER, INC.	$ 68,930
COMPREHENSIVE COMMUNITY HEALTH CENTERS, INC.	$ 1,050,386
EAST VALLEY COMMUNITY HEALTH CENTER, INC.	$ 2,114,837
EL PROYECTO DEL BARRIO, INC.	$ 1,975,513
FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES, INC.	$ 1,300,544
GARFIELD HEALTH CENTER	$ 74,790
HARBOR COMMUNITY CLINIC	$ 226,966
HERALD CHRISTIAN HEALTH CENTER	$ 53,138
JWCH INSTITUTE, INC.	$ 2,370,366
KEDREN COMMUNITY HEALTH CENTER, INC.	$ 91,233
KOREAN HEALTH, EDUCATION, INFORMATION & RESEARCH (KHEIR)	$ 590,741
LOS ANGELES CHRISTIAN HEALTH CENTERS	$ 576,899
LOS ANGELES LGBT CENTER	$ 7,489
MISSION CITY COMMUNITY NETWORK, INC.	$ 1,953,405
NORTHEAST VALLEY HEALTH CORP.	$ 3,296,024
PEDIATRIC AND FAMILY MEDICAL CENTER, DBA EISNER PEDIATRIC & FAMILY MEDICAL CENTER	$ 1,717,684
POMONA COMMUNITY HEALTH CENTER	$ 327,619
QUEENSCARE HEALTH CENTERS	$ 2,065,085
SAMUEL DIXON FAMILY HEALTH CENTER, INC.	$ 168,902
SOUTH BAY FAMILY HEALTH CARE	$ 1,406,592
SOUTH CENTRAL FAMILY HEALTH CENTER	$ 1,210,092
SOUTHERN CALIFORNIA MEDICAL CENTER, INC.	$ 224,534
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	$ 8,304,762
TARZANA TREATMENT CENTER, INC.	$ 391,697
THE ACHIEVABLE FOUNDATION	$ 11,604
THE CHILDREN'S CLINIC, SERVING CHILDREN AND THEIR FAMILIES	$ 1,738,671

COMMUNITY PARTNER	Total CP MHLA Reimbursement
THE CLINIC, INC.	$ 593,666
THE LOS ANGELES FREE CLINIC, DBA SABAN COMMUNITY CLINIC	$ 2,257,417
THE NORTHEAST COMMUNITY CLINIC	$ 1,293,674
UNIVERSAL COMMUNITY HEALTH CENTER	$ 48,091
UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC. (UMMA)	$ 460,273
VALLEY COMMUNITY HEALTHCARE	$ 2,438,809
VENICE FAMILY CLINIC	$ 1,453,420
VIA CARE COMMUNITY HEALTH CENTER, INC.	$ 597,900
WATTS HEALTHCARE CORP.	$ 536,752
WESTSIDE FAMILY HEALTH CENTER	$ 119,430
WILMINGTON COMMUNITY CLINIC	$ 721,139
Grand Total	**$ 53,683,677**

APPENDIX 5
Dental Expenditures by Community Partner FY 2016-17

ANTELOPE VALLEY COMMUNITY CLINIC	$ 45,611.00
APLA HEALTH & WELLNESS	$ 32,621.00
ARROYO VISTA FAMILY HEALTH FOUNDATION	$ 84,503.00
BENEVOLENCE INDUSTRIES	$ 60,913.00
CHINATOWN SERVICE CENTER	$ 32,371.00
CLINICA MSR. OSCAR A. ROMERO	$ 66,489.00
COMMUNITY HEALTH ALLIANCE OF PASADENA	$ 177,719.75
COMPREHENSIVE COMMUNITY HEALTH CENTER	$ 121,021.00
EAST VALLEY COMMUNIY HEALTH CENTER	$ 162,644.00
EL PROYECTO DEL BARRIO	$ 146,612.00
HERALD CHRISTIAN HEALTH CENTER	$ 26,486.00
JWCH INSTITUTE, INC.	$ 181,225.77
LOS ANGELES CHRISTIAN HEALTH CENTERS	$ 131,591.70
MISSION CITY COMMUNITY NETWORK, INC.	$ 525,993.00
NORTHEAST VALLEY HEALTH CORPORATION	$ 609,700.00
PEDIATRIC & FAMILY MEDICAL CENTER dba EISNER PEDIATRIC & FAMILY MEDICAL CENTER	$ 258,131.00
QUEENSCARE FAMILY HEALTH CARE CENTER	$ 512,080.00
SOUTH BAY FAMILY HEALTH CARE CENTER	$ 50,394.00
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	$ 1,018,189.29
THE LOS ANGELES FREE CLINC, dba SABAN COMMUNITY CLINIC	$ 548,721.00
VALLEY COMMUNITY CLINIC	$ 201,366.00
VENICE FAMILY CLINIC	$ 78,604.00
VIA CARE COMMUNITY HEALTH CENTER, INC.	$ 249,526.00
WATTS HEALTHCARE CORPORATION	$ 152,201.01
TOTAL	**$ 5,474,713.52**

Appendix 6
Data Source and Submission

There have been a few changes in managing the programmatic data for the MHLA program. Following the same procedure as last year, this year's source data came from DHS' Enterprise Patient Data Repository (EPDR) which includes all medical and pharmacy services, as well as membership and demographic data reports which are run from the One-e-App system as well as all DHS services provided to the MHLA program participants. This includes inpatient, emergency, urgent care and outpatient care services. The data being reported includes all services provided to the MHLA participants between July 1, 2016 and June 30, 2017.

MHLA's One-e-App (OEA) database program is a web-based eligibility and enrollment system. OEA is the primary tool utilized by the CPs to determine eligibility and enroll applicants to MHLA in real time. It is a comprehensive system that captures patient demographic data, makes referrals to Restricted (Emergency) Medi-Cal Program, and provides the data to DHS. The OEA system is maintained by a contract vendor, Social Interest Solutions (SIS). The MHLA Program Office works with SIS to maintain data integrity.

The OEA system uploads its daily data to DHS' Patient Management System (PMS) which in turn uploads to the DHS clinical data warehouse, the EPDR. The EPDR integrates clinical, utilization, financial and managed care data into one well-defined and rigorously maintained database system that enables timely and accurate reporting of clinical, operational and financial data. The EPDR is a vital component of DHS' patient integrated electronic health record (EHR) that is utilized at all DHS facilities. This fiscal year DHS implemented a new County-wide system, ORCHID (Online Real-time Centralized Health Information Database) to replace PMS. All DHS facilities are now up and running ORCHID.

Additionally, MHLA's new Pharmacy Services Administrator, Ventegra, is compiling the pharmacy claims data for those CPs who have transitioned to Pharmacy Phase II. This utilization data is then submitted to the DHS clinical data warehouse.

The EPDR is a very large and complex system requiring multiple specialized skill sets in order to maintain end-user functionality and reliable availability. The EPDR transforms data into meaningful information by a team of health facility staff, Health Services Administration informaticists, analysts and information technology staff.