

The CP Connection

The Community Partner Newsletter

Issue 31

March Issue 2018



“Spring is the time of plans and projects.”

~Leo Tolstoy,
Anna Karenina

Report on the Status of the MHLA Program

Hello and happy spring to all.

In this issue of CP Connection, we want to update you on our presentation to the Los Angeles County Board of Supervisors Health Cluster meeting in February. Every year, we at the MHLA program present updates to the Board of Supervisor's Health Deputies on the status of the program. This is an important presentation as this is our way to let the Board of Supervisors know what the successes, challenges and upcoming initiatives of the program are. As you may know, the MHLA program is funded by County dollars, so it makes sense that the Board of Supervisors would want to know where their investment is going. In this issue, we want to update you on what we shared with them about the program.

I am grateful for the support that the Board of Supervisors and their policy deputies give to this program. We are very fortunate that we live in a

County where local government leadership wholly supports health care access for indigent and uninsured people, as well as the network of community clinics who provide care to these patients. In our briefing, we highlighted how successful we have been at enrolling and renewing patients in the program—so successful that we have now surpassed our goal of 146,000 patients enrolled (as of February 28, 2018, we had 148,237 in the program). The good news is that we are not stopping or capping enrollment—clinics should continue enrolling people in the program. But it also means we have to find new and creative ways to fund the larger-than-expected enrollment. This will take creative solutions, and we look forward to working with the clinics to make this program grow and thrive in sustainable ways.

—Amy Luftig
Viste, Program
Director, MHLA

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Health Deputy Briefing on the Status of the MHLA Program



On February 7, 2018, leadership from the MHLA program presented to the Los Angeles County Board of Supervisors Health Cluster on the status of the My Health LA program. This presentation is an annual opportunity to give highlights from the Fiscal Year 2016-17 annual report, the status of the MHLA budget, challenges and opportunities within the program, and upcoming initiatives for the following year.

Here are some highlights from that presentation:

FY 2016-17 Annual Report:

- ◆ There were 189,410 participants enrolled at some point in FY 2016-17
- ◆ 44,252 were disenrolled at end of FY 2016-17, mostly (93%) due to failure to renew
- ◆ 2,989 were denied at end of FY 2016-17, largely (88%) due to incomplete application
- ◆ 68% of participants renewed or re-enrolled
- ◆ 85% of medical homes open to new participants
- ◆ There were 1,047 medical home changes
- ◆ 26% of DHS patients who agreed to enroll in MHLA actually enrolled
- ◆ 125 clinic sites (90%) had same Medical Record Review (MRR) deficiency three years in a row
- ◆ 64% of participants have at least one primary care visit
- ◆ MHLA patients have average 3.3 visits per year
- ◆ 29,032 (15%) had 129,371 specialty visits

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Amy Luftig Viste Program Director
Philip Barragan Newsletter Editor



- ◆ 5,743 (3%) had 8,493 urgent care visits
- ◆ 10,239 (5%) had 14,189 ED visits
- ◆ 2,679 (1.4%) admitted to a DHS hospital
- ◆ 59 MHLA participants accessed Substance Use Disorder (SUD) services

FY 2017-18 and FY 2018-19 Budget:

- ◆ Board allocates \$61M for 146K participants
- ◆ DHS provides \$3.4M in funding to support MHLA
- ◆ MGF in FY 2018-19 could increase from \$28.56 to approx. \$29.06
- ◆ Denti-Cal increased rates by 40% for some codes
- ◆ MHLA enrollment in FY 2018-19 estimated at 163,370 at current growth rates
- ◆ FY 2017-18 estimated budget deficit is \$930K, to be covered with DHS one-time funding
- ◆ FY 2018-19 estimated budget deficit is \$7M, which is too large to be covered by DHS funding
- ◆ 68,277 (36%) of MHLA enrollees did not have a visit and are a potential source of program savings

2018 Program Initiatives:

- ◆ Increase enrollment of DHS-referred patients
- ◆ Add MHLA enroller to Olive View and Harbor
- ◆ Data analytics - better determine the impact the program is having on patient health outcomes
- ◆ Improve messaging about behavioral health services available through MHLA
- ◆ Address multi-year repeat deficiencies among CPs
- ◆ Implement MAPLE, a DHS system to collect encounter/dental claims from clinics instead of AIA

The goal for community clinics, the MHLA program and the Los Angeles County Board of Supervisors is to support a thriving but sustainable program. In order to implement some of these changes, we are going to have to work together in the coming year to revise the MHLA agreement.

We are already working closely with the Community Clinic Association of Los Angeles County (CCALAC) and the Board to think through our policy options. We look forward to keeping all of you updated on the changes and opportunities to come as we work together towards this goal.