Annual Report
to the
Los Angeles County Board of Supervisors
Fiscal Year 2017-18

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I. Introduction

Fiscal Year (FY) 2017-18 was the fourth 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 50 Community Partner (CP) agencies representing 213 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. Mental Health and Substance Use Disorder (SUD) treatment is provided by the Los Angeles County Departments of Mental Health and Public Health, respectively.

Through the MHLA program, DHS endeavors to meet the health care needs of 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 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.

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 2017-18.

II. 2017-18 PROGRAM ACTIVITIES

A. ENROLLMENT AND COMMUNICATIONS

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

Key 2017-18 highlights were:

- MHLA ended its fourth programmatic year with 147,037 uninsured Los Angeles County residents enrolled in the program.
- MHLA ended its fourth programmatic year with 65,386 individuals disenrolled and 5,284 denied from the program.
- 66% of participants disenrolled from MHLA for failure to renew never had a visit.
- The MHLA website had 35,993 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 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) 2017-18, the MHLA website had a total of 35,993 visits for an average of 2,999 visits per month. The average number of monthly website visits decreased from 3,032 visits in FY 2016-17, 4,650 in FY 2015-16 and 6,096 in FY 2014-15.

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 how patients and clinics can access behavioral health services under the program.

The MHLA program continues to disseminate 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 2017-18, 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. In FY 2017-18 the MHLA Eligibility and Enrollment Unit SME telephone line received approximately 1,590 calls from CPs with eligibility questions[1].

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 2017-18, MHLA saw a 16% increase of OEA users across the system. There were 432 CEC enrollers taking applications (up from 374 the prior year) and 450 clinic staff with "read only" access. There are also seventy-one (71) System Administrators and sixty-eight (68) CEC Supervisors, making for 1,021 OEA system users across all CP clinics.

CPs 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 required eligibility documents are clearly uploaded (i.e., proof of identification, Los Angeles County residency and income). OEA applications for enrollment are processed at MHLA medical homes and the OEA system allows for real-time eligibility determination.

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.

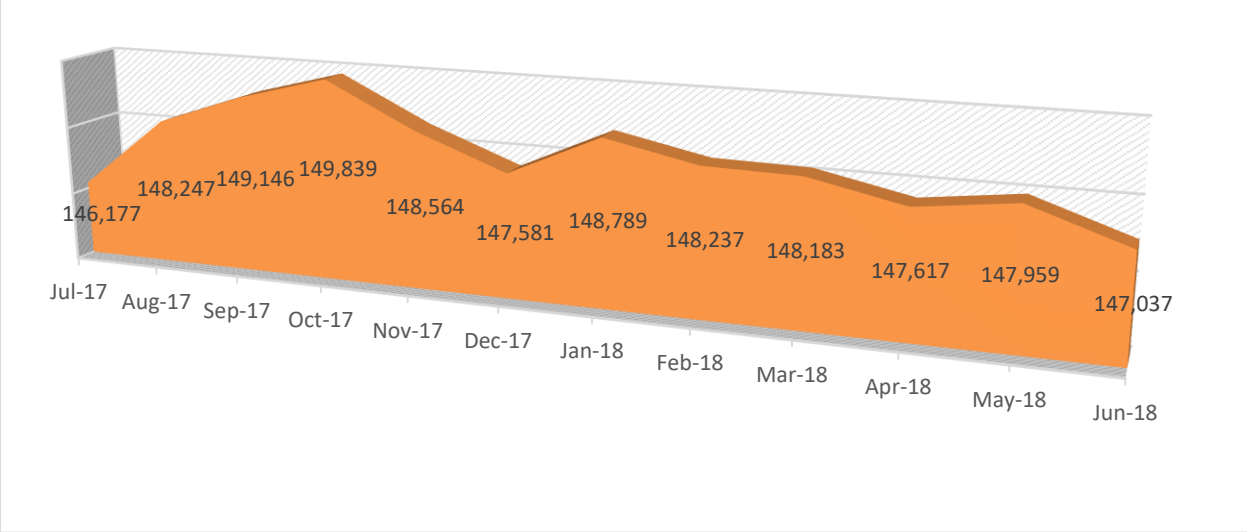
The program was budgeted for 146,000 participants in FY 2017-18. At the end of this fiscal year, there were 147,037 participants enrolled in MHLA, meaning the MHLA program exceeded its enrollment target this fiscal year.

[1] The ERU received 795 calls between January 2018 and June 2018; the 1,590 number is annualized. The ERU began using a new call center system in January 2018; the ERU SME call-center data between July 2017 to December 2017 under the previously-used call center system is no longer available to the program for call-volume analysis.

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%
2017-18	147,037	146,000	100.7%

Graph A1
MHLA Enrollment FY 2017-18



Disenrollments and Denials

The MHLA program tracks participant disenrollments and denials. Disenrollments occur when there is a change in a participant's eligibility status resulting in the person no longer meeting the eligibility criteria for the program. For example, if a participant 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 is subsequently 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.

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.

There were 185,695 participants enrolled in the program at some point during FY 2017-18. 65,386 participants (35.2%) were disenrolled (Table A3) and 5,937 (3.2%) were denied (Table A2). Rates of both disenrollments and denials have been increasing each year, largely due to an increase in the number of MHLA applications being audited by the ERU each year.

Table A2 identifies the primary reasons why participants were denied from the program; the majority 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) or that the application did not conform to other eligibility requirements. This follows the same trend as prior fiscal years, when most denials were also 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.

Table A2
MHLA Post-Enrollment Denials by Reason

Denial Reason	FY 14-15	FY 15-16	FY 16-17	FY 17-18
Incomplete Application	454	2,077	2,640	5,284
Enrolled in Full Scope-Medi-Cal	18	61	85	173
Income exceeds 138% of FPL	23	69	135	255
Determined Eligible for Other Programs	7	65	24	79
Not a Los Angeles County Resident	6	42	58	27
False or Misleading Information	23	7	5	53
Duplicate Application	0	10	34	47
Enrolled in Private Insurance	1	4	3	4
Participant Request	0	1	3	8
Enrolled in Public Coverage	0	1	1	0
Participant has DHS Primary Care Provider	0	1	1	0
Enrolled in Employer-Sponsored Insurance	0	0	0	7
Total	**532**	**2,338**	**2,989**	**5,937**

Table A3 illustrates the reasons why MHLA participants were disenrolled from the program. The majority of disenrollments were due to participants not completing the renewal process before their annual renewal deadline, consistent with the trends from prior fiscal years.

Table A3
MHLA Disenrollments by Reason

Disenrollment Reason	FY 14-15	FY 15-16	FY 16-17	FY 17-18
Did Not Complete Renewal	N/A	45,596	41,226	64,704
Enrolled in Full scope-Medi-Cal	120	2,740	2,829	294
Incomplete Application	1,286	156	14	27
Participant Request	126	158	54	137
Participant has DHS Primary Care Provider	71	124	102	113
Not a Los Angeles County resident	102	49	6	45
Determined Eligible for Other Programs	13	43	6	23
Income exceeds 138% of FPL	12	16	2	7
Enrolled in Employer-Sponsored Insurance	6	17	3	10
Enrolled in Private Insurance	11	12	0	8
Enrolled in Public Coverage	6	8	1	1
False or Misleading Information	16	7	0	1
Duplicate Application	0	6	5	12
Participant is Deceased	0	4	3	3
Program Dissatisfaction	9	0	1	0
Under Program Age Requirement	0	0	0	1
Total	**1,778**	**48,936**	**44,252**	**65,386**

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.

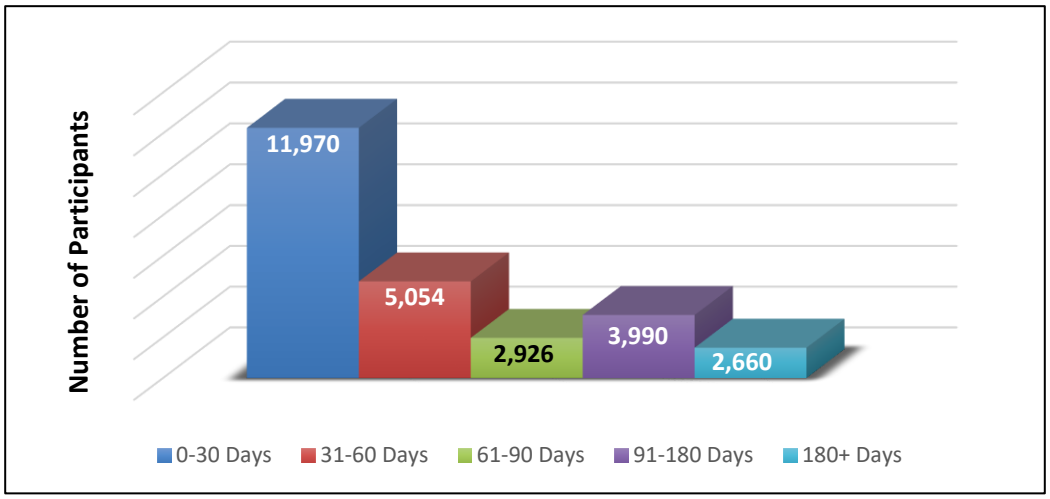
Table A4 provides the current renewal and re-enrollment rates compared to the previous fiscal year. Of the 139,585 MHLA participants due to renew last fiscal year, 74,498 (53%) participants renewed on time. Of the 64,071 individuals that did not renew, 26,600 (42%) came back within the year to re-enroll in the program, meaning 68.3% of MHLA participants renewed or re-enrolled in the program this fiscal year. The percentage of combined renewal and re-enrollment rates have been increasing each fiscal year.

Table A4
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 Re-enrolled	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%
2017-2018	139,585	74,498	1,016	64,071	53%	26,600	19%	101,098	72%

Graph A2 captures the time gap between disenrollment and the participant's subsequent re-enrollment in the program. 26,600 participants chose to re-enroll in MHLA after their disenrollment, a majority of whom (11,970, or 45%) did so within the first thirty (30) days of their disenrollment. 5,054 individuals (19%) reenrolled between 31-60 days of being disenrolled, and 3,990 (15%) 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-enrollment



The MHLA program analyzed 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 64,704 participants who were disenrolled for failure to renew and never returned to the MHLA program to re-enroll (Table A4), 66% of them never had a visit with their CP clinic, indicating that the majority of these participants did not renew because they were never using the program in the first place.

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% of participants indicate that Spanish is their primary language (the next most commonly spoken language in MHLA is English, at 7%). Most MHLA participants (46%) are between 25 and 44 years old. In FY 2017-18, MHLA enrolled 774 homeless individuals, fewer than the 941 homeless enrolled in FY 2016-17 (but still less than 1% of all enrolled participants). More participants are female (60%) than male (40%).

Key FY 2017-18 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 147,037 participants who were enrolled in the program at the end of FY 2017-18.

Table B1
Demographics for MHLA Participants (as of June 30, 2018)

Age	2.0% 19-24 years old 46.4% 25-44 years old 31.5% 45-54 years old 13.9% 55-64 years old 6.2% 65+	**Income**	5.4% at/below 0%-25% FPL 22.1% between 25.01%-50% FPL 16.6% between 50.01%-75% FPL 22.2% between 75.01%-100% FPL 19.9% between 100.01%-125% FPL 13.8% between 125.01%-138% FPL
Ethnicity	94.4% Latino 2.7% Asian/Asian Pacific Islander 2.0% Other/Declined to State 0.8% Caucasian 0.1% Black/African-American	**Language**	91.0% Spanish 7.4% English 0.6% Korean 0.5% Thai 0.3% Other 0.1% Tagalog 0.07% Chinese 0.06% Armenian 0.03% Cambodian/Khmer
Gender	59.7% Female 40.2% Male 0.2% Other	**Housing Status**	.5% Homeless 99.5% Housed

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%.

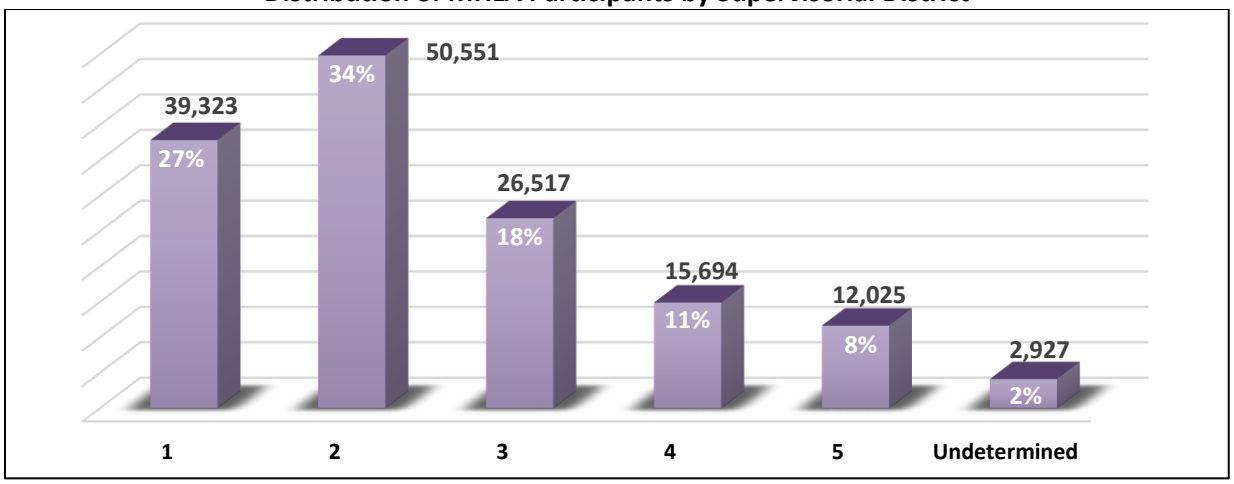
Table B2
SPA Distribution of MHLA Participants

SPA	FY 2015-16		FY 2016-17		FY 2017-18	
	Total Number of Participants	Total % of Participants	Total Number of Participants	Total % of Participants	Total Number of Participants	Total % of Participants
1	2,340	1.91%	2,879	1.98%	2,969	2.02%
2	27,214	18.92%	27,745	19.11%	27,606	18.77%
3	13,385	9.19%	13,071	9%	13,858	9.42%
4	26,428	18.29%	27,301	18.81%	27,780	18.89%
5	3,553	2.45%	3,402	2.34%	2,985	2.03%
6	31,936	22.25%	32,314	22.26%	32,817	22.32%
7	19,231	13.30%	19,204	13.23%	20,443	13.90%
8	15,827	10.98%	15,141	10.43%	15,652	10.64%
Undetermined	3,855	2.72%	4,101	2.83%	2,927	1.99%

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 2017-18 highlights were:

- The number of MHLA medical homes remained similar to last year, at 213.
- 76% of MHLA medical homes were open to accept new participants throughout the fiscal year.
- A total of 51 (24%) medical home clinic sites closed to new patients at some point during Fiscal Year 2017-18.

Medical Home Expansions and Capacity

MHLA ended FY 2017-18 with a total of 50 Community Partner (CP) agencies and 213 medical home clinics. There were 213 medical home sites contracted with the MHLA program last fiscal year.

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 2017-18, fifty-one (51) clinic sites closed to new patients at some point in the fiscal year due to limited capacity to take new patients. The number of "closed" sites increased compared to the thirty-three (33) clinic sites that were closed at some point last fiscal year.

Medical Home Distribution and Changes

At the time of enrollment, MHLA participants select a primary care medical home. The medical home is where they will receive all of their primary 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, referrals, health education, medicines and other services.

Participants retain their 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 number of approved medical home changes this fiscal year. 1,629 medical home changes were made, most commonly during the first 30 days of enrollment at the request of the participant (1,327, or 81.5%). The next largest reason for a medical home transfer was due to clinic termination (at 138, or 8.5%).

Table C1
Medical Home Changes/Routine Transfers by Reason

Transfer Reasons	FY 2017-18	
	Total	**% of Total**
Within 30 days of initial enrollment	1,327	81.5%
Clinic Termination	138	8.5%
New place of residence or changed job	130	8.0%
Change in clinical or personal condition	22	1.4%
Administrative request	10	0.6%
Significant problem with the provider/patient relationship	2	<0.1%
Total	**1,629**	**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

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 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 opens up 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 2017-18, 214 MHLA enrolled individuals were disempaneled from DHS, compared to 575 last year. Table C2 shows a comparison in total disempanelments for the last four fiscal years by DHS facility.

Table C2
Disempanelment by DHS Medical Facility

Facility	Number of Participants			
	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
LAC+USC MED. CTR.	655	196	160	53
HUBERT H. HUMPHREY COMP. HEALTH CTR.	231	62	65	15
H. CLAUDE HUDSON COMP. HEALTH CTR.	177	46	49	23
EL MONTE COMP. HEALTH CTR.	211	62	46	14
HARBOR/UCLA MED. CTR.	234	59	45	12
EDWARD R. ROYBAL COMP. HEALTH CTR.	108	27	44	29
MARTIN LUTHER KING, JR. (MLK)	101	45	39	3
OLIVE VIEW-UCLA MEDICAL CENTER	70	38	37	9
MID-VALLEY COMP. HEALTH CTR.	53	21	18	8
RANCHO LOS AMIGOS NRC	39	7	18	8
LONG BEACH COMP. HEALTH CTR.	103	24	14	8
WILMINGTON HEALTH CTR.	88	11	13	3
DOLLARHIDE HEALTH CTR.	47	7	8	3
BELLFLOWER HEALTH CTR.	38	10	5	5
SOUTH VALLEY HEALTH CENTER	18	8	5	0
SAN FERNANDO HEALTH CTR.	33	7	3	4
DHS-CURTIS TUCKER HEALTH CENTER	0	0	2	7
GLENDALE HEALTH CTR.	2	4	1	3
LA PUENTE HEALTH CTR.	24	7	1	1
HIGH DESERT REGIONAL HEALTH CENTER	3	3	1	3
TORRANCE HEALTH CENTER	0	0	0	3
LITTLEROCK COMMUNITY CLINIC	1	0	1	0
ANTELOPE VALLEY HEALTH CTR.	0	1	0	0
Total	**2,236**	**645**	**575**	**214**

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

In an effort to connect as many uninsured patients to a primary care provider as possible, DHS 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 DHS Office of Patient Access (OPA) 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 OPA securely emails a Primary Care Linkage Form (PCLF) to the CP, along with 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 OPA indicating whether MHLA outreach and enrollment was successful or not. The OPA also begins the MHLA application in OEA, giving the patient an application number so their application can more easily be located and completed at the clinic.

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, mailing addresses and contact phone numbers provided by patients change, or turn out to be invalid. 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 2017-18, 954 uninsured DHS patients were recommended for MHLA enrollment, of which 264 (28%) actually enrolled. These patients were referred to forty-one (41) CP clinics, twenty-seven (27) of which returned some or all of their PCLFs to DHS and fourteen (14) of which were non-responsive.

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

This section of the report focuses on MHLA Quality Management & Clinical Compliance Program (QM & CCP). This unit ensures that CPs are following MHLA contractual requirements 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 evaluations of each CP's facility, administration and medical records while providing oversight of the regulatory requirements pertaining to CP 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, 2018, QMCCP completed annual audits for all CP sites, meeting 100% compliance for this Board of Supervisor's mandate.

QM & CCP reviews and advises CPs of repeat deficiencies. A repeat deficiency is when an audit finding that occurred in this fiscal year was also found in the prior fiscal year (or in some cases for for numerous prior fiscal years). Clinics need to have scored 100% on an individual audit measure to avoid a repeat deficiency finding. Therefore, a repeat deficiency finding is not necessarily an indication of a clinical issue.

QM & CCP conducted an MRR for 210 CP clinic sites (there were 213 sites in the program last year, however three were added at the end of the fiscal year so an annual audit was not conducted for these three). In Fiscal Year 17-18, 108 sites (51%) demonstrated four consecutive-year repeat deficiencies. The most common repeat deficiencies were for immunization screening and seasonal flu vaccine.

Table D1
Top 5 MRR Repeat Deficiencies

	FY 2015-16		FY 2016-17		FY 2017-18	
	Total	**%**	**Total**	**%**	**Total**	**%**
Immunization screening	105	17%	102	20%	89	26%
Seasonal flu vaccine	101	16%	93	18%	82	24%
TB screening	73	12%	66	13%	40	12%
Colorectal cancer screening	53	9%	44	9%	28	8%
Abuse/neglect screening	NA	NA	35	7%	NA	NA
Diabetic foot exam/podiatry referral	45	7%	NA	NA	25	7%

For FSR, QM & CCP similarly audited 210 clinic sites. 15 (7%) demonstrated 4-year consecutive repeat deficiencies. Table D2 outlines the top five repeat deficiencies (several were tied) for FSRs in FY 2017-18.

Table D2
Top 5 FSR Repeat Deficiencies Repeat Deficiencies Over Four (4) Consecutive Years
Total Repeat Deficiencies = 53 (100%)

	FY 2017-18	
FSR Repeat Deficiency	**Total**	**%**
No evidence of annual performance evaluation	9	17%
No evidence of immunization or vaccination for Tdap/Td	7	13%
No evidence of influenza vaccination	7	13%
Training on complaint procedure was not provided	4	8%
Training on My Health LA referral process/procedures/resources was not provided	4	8%
Annual health assessment was not completed	3	6%

FSR Repeat Deficiency	FY 2017-18	
	Total	%
Training on sensitive services/minors' rights policy was not provided	3	6%
No evidence of tuberculosis skin test or chest x-ray/tuberculosis questionnaire	6	6%
Training on biohazardous waste handling training was not provided	2	5%
Training on blood borne pathogens exposure prevention training was not provided	2	5%
Training on child, elder, and domestic violence abuse training was not provided	2	5%
No evidence of Hep B immunization, immunity, or waiver	2	5%
Training on infection control was not provided	2	5%

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 2017-18 highlights were:

- Member Services received a total of 26,438 calls in FY 2017-18 (for an average of 106.7 calls per day).
- There were a total of 10 formal participant complaints filed by participants, with the top complaints being related to access to care and quality of service.

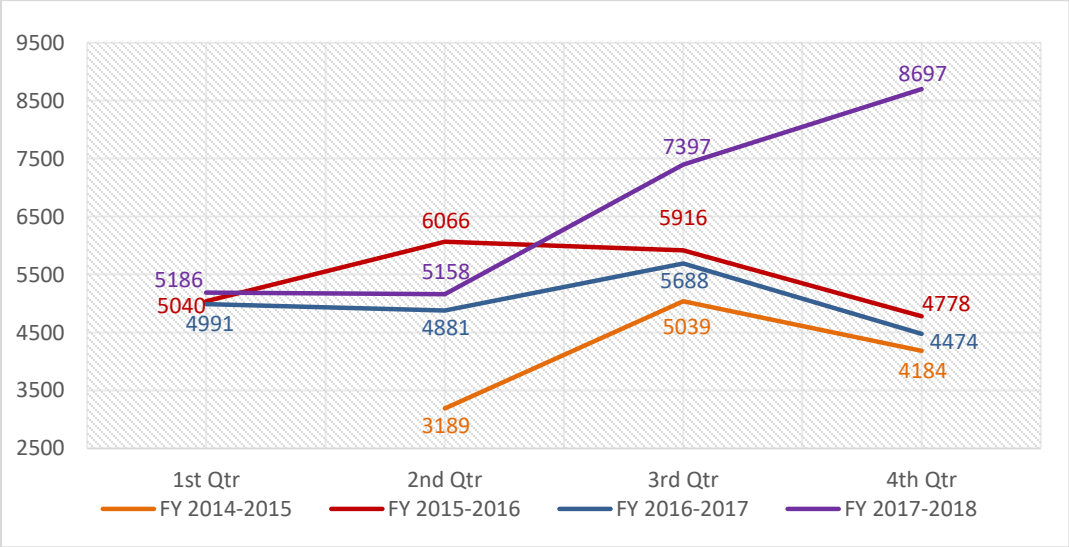
Customer Service Center Call Center

Member Services is available to answer questions for MHLA participants Monday through Friday from 8:00 am to 5:00 pm; the number is 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 program, process medical home changes, disenroll, process address and phone number changes, take participant complaints and order replacement identification (ID) cards.

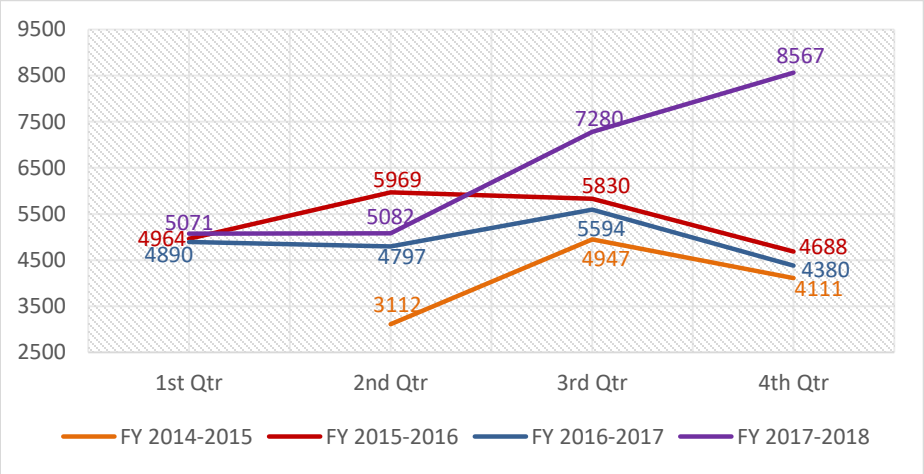
During FY 2017-18, MHLA's Member Services call center received an average of 106.7 calls each day 26,438 calls total. The number of incoming calls increased 32% from last year's total of 20,034.

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.

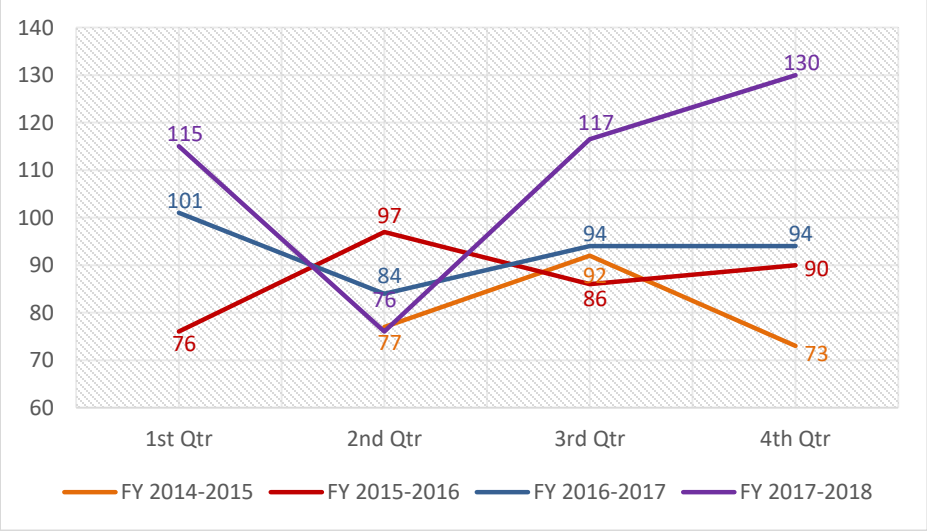
Graph E1
Total Calls Received per Quarter



Graph E2
Total Calls Handled per Quarter



Graph E3
Total Abandoned Calls per Quarter



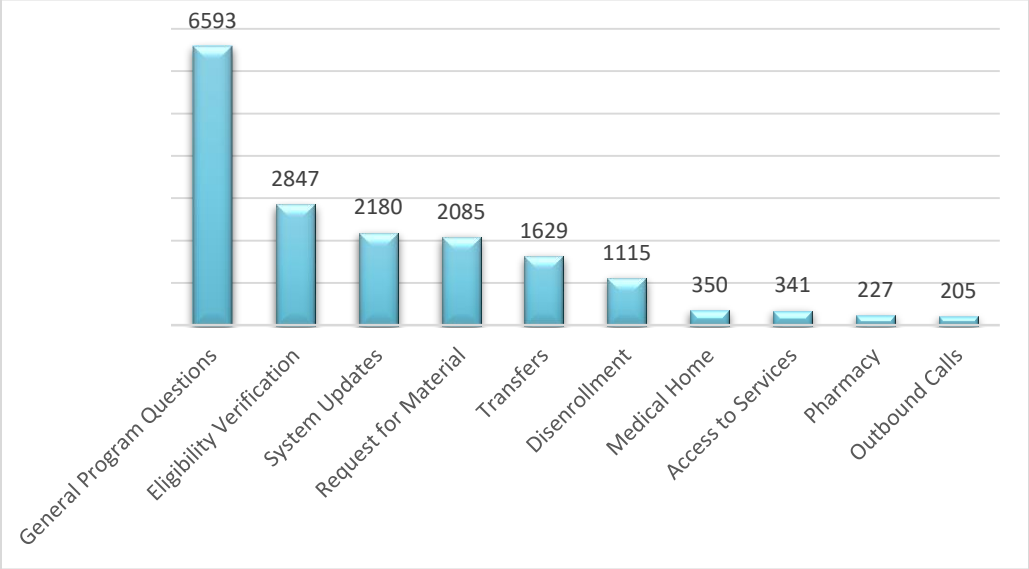
Of the 26,438 calls MHLA Member Services received, 26,000 were handled, meaning that the call abandonment rate was 1.7% this fiscal year. Last fiscal year's call abandonment rate was 1.9%. This exceeds the global metric for abandonment rates for a call center, which is between 5% and 8%[2].

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

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

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 verify MHLA eligibility. 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 Complaints

Customer complaints are a part of every program. At MHLA, Member Services takes calls from MHLA participants who are experiencing problems and challenges and tries to help resolve their issues, if possible. When the problem requires more intensive research or involves a clinical investigation, the call is escalated to the DHS 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."

MHLA staff work closely with CPs to address participant concerns and complaints. The program believes that direct communication with the CP 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 26,438 calls that came into Member Services in FY 2017-18, ten (10) were "formal complaints." This is a decrease from the twenty-nine (29) formal complaints in FY 2016-17.

The top formal complaint reasons were 1) Mistreatment/Misdiagnosis/Inappropriate Care by Provider and 2) Delay or Refusal in Receiving Clinical Care Services. Table E1 identifies formal complaints by category as well as the percentage of complaints by category over a three-year period.

Table E1
MHLA Participant Formal Complaints by Category

Complaint Type	FY 2015-16		FY 2016-17		FY 2017-18	
	Total	Percent	Total	Percent	Total	Percent
Mistreatment/Misdiagnosis/Inappropriate Care by Provider	6	30%	1	3.5%	4	40%
Delay or Refusal in Receiving Clinical Care Services	1	5%	11	38%	2	20%
Refusal of Referral to Specialist	5	25%	7	24%	1	10%
Delay in Authorization	1	5%	1	3.5%	1	10%
HIPPA, Treatment Record Keeping	0	0%	0	0%	1	10%
Prolonged Wait in Provider's Office	0	0%	0	0%	1	10%
Refusal of Prescription by Clinical Provider/Pharmacy/Access Problems	1	5%	5	17%	0	0%
Other (Primary care access standards, denial of ER/urgent care, medical claims/billing/charges, etc.)	0	0%	2	7%	0	0%
Attitude/Miscommunication/Behavior by Staff	1	5%	1	3.5%	0	0%
Benefit Issue/Not Covered	1	5%	1	3.5%	0	0%
After Hours and Access Information	1	5%	0	0%	0	0%
Attitude/Miscommunication/Behavior by Physician	3	15%	0	0%	0	0%
Total	20	100%	29	100%	10	100%

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 2017-18 highlights were:

- 68% of MHLA participants had a primary care visit.
- MHLA participants had an average of 3.5 primary care visits per year.
- 32,123 unduplicated MHLA patients accessed 150,528 specialty care visits.
- 8% of all MHLA participants had an emergency department (ED) visit.
- 17.2% of visits to the ED are considered "avoidable."
- The hospital readmission rate (30, 60, 90 days combined) was 17.2%.

During FY 2017-18, there were 185,695 participants enrolled in the MHLA program at some point in the year. This section of the report analyzes the health care service utilization patterns of these participants.

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 2017-18 at CPs and DHS facilities, respectively.

There was a slight increase in the percentage of MHLA participants who accessed at least one primary care services this year (68%) compared to last year (64%).

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 One Service	Percentage of Participants Utilizing at Least One Service	Number of Encounters
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
FY 2017-18	Primary Care (CP)	185,695	125,828	68%	517,958
	Prescription (CP)	185,695	93,755	49%	880,676

Table F2
Summary of Utilization Data – Participants Utilizing at Least One Service at a DHS Facility
FY 2017-18

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)	185,695	32,123	17.3%	150,528
Emergency (DHS)	185,695	10,756	5.8%	14,872
Prescription (DHS)	185,695	3,234	1.7%	140,876
Urgent Care (DHS)	185,695	5,668	3.1%	8,597
Inpatient (DHS)	185,695	2,823	1.5%	3,776

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

Primary Care (CP)

During FY 2017-18, 68% of MHLA participants had at least one primary care visit at their medical home clinic during their period of enrollment. The percentage of primary care service utilization slightly increased from prior years (66% in FY 2014-15, 65% in FY 2015-16 and 64% in FY 2016-17). The average number of visits for a MHLA participant in FY 2017-18 was 3.5 (this represents the total number of primary care visits divided by the average number of participants per month). This is a slight increase from last fiscal year, when MHLA participants had 3.2 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.[3]

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

[3] 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.

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
FY 2017-18	125,828	517,958	1,769,441	147,453	3.51

Following the same pattern as in prior fiscal years, Table F4 below demonstrates that of the 125,828 MHLA participants who had a primary care visit this fiscal year, individuals with chronic conditions had a higher average number of visits per year (5.72) than those without chronic conditions (2.24).[4] The average number of visits per year for participants with both chronic and non-chronic conditions have not changed significantly through the life of the program.

Table F4
Primary Care Visits – Participants With and Without Chronic Conditions
FY 2017-18

Fiscal Year	Type of Condition	Unique Participants	% Participants	Total Number of Visits	Total Number of Participant Months	Average Visits per Year
2015-16	With Chronic Conditions	66,279	57%	315,030	717,788	5.27
	Without Chronic Conditions	49,889	43%	126,672	928,655	1.64
2016-17	With Chronic Conditions	55,693	46%	279,556	600,627	5.59
	Without Chronic Conditions	65,440	54%	196,542	1,133,905	2.08
2017-18	With Chronic Conditions	59,469	47%	309,234	648,827	5.72
	Without Chronic Conditions	66,359	53%	208,724	1,120,614	2.24

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

Table F5 illustrates the number of primary care visits by MHLA participants. 68% of MHLA participants had at least one primary care visit while they were enrolled during the year, and 32% 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	59,854	22,164	22,599	19,997	17,147	36,864	7,057	125,828	185,682
% Participants	32%	11.9%	12.2%	10.8%	9.2%	19.9%	3.8%	68%	100%

MHLA Pharmacy Program

In October 2014, the MHLA program 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 some 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 52% of MHLA participants filled at least one medication in FY 2017-18, up from 29% last fiscal year. However, the what appears to be an increase in the total number of prescriptions filled in FY 2017-18 is not due to an increase in utilization. Rather, FY 2017-18 marked the first full fiscal year that Ventegra's pharmacy network was utilized by the MHLA program for the dispensing of medications. In previous fiscal years, Ventegra's retail pharmacy network was either not available or was being rolled out for CP clinics in phases. Therefore, the apparent increase in pharmacy utilization is actually due to improvements in data collection once all prescriptions filled by MHLA participants were being run through the PSA and their claims adjudication database.

According to data received from Ventegra, 51% of medications dispensed in the MHLA program are generic, 19% are purchased under the 340B program, 23% are Over-the-Counter (OTC) medications, 7% are diabetic supplies, and .4% are Narrow Therapeutic Index (NTI) or narcotic medications.

Ventegra's data also shows that 84% of MHLA medications are filled at contracted pharmacies, 14% are filled at on-site CP dispensaries, and 2% are mailed to patients via the DHS Central Pharmacy.

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 or Ventegra	Medications Dispensed at DHS (Prescribed by DHS)	Total Prescrip-tions Dispensed
FY 2014-2015	122,330	16,815	14%	31,372	30,093	61,465
FY 2015-2016	179,367	38,504	21%	103,139	86,572	189,711
FY 2016-2017	189,410	54,545	29%	21,803	56,019	496,165
FY 2017-2018	185,695	96,989	52%	875,099	107,753	982,852

Table F7 demonstrates the top ten therapeutic classes of medications taken by those MHLA participants. Diabetic medications/products represent 23% of total prescriptions. Cardiovascular medications represent 21% of the total.

Table F7
Pharmacy Utilization by Therapeutic Class

Therapeutic Class	Description	% of Total Approved Prescriptions
Antidiabetics	Used for diabetes	15%
Antihypertensives	Used for high blood pressure	9%
Antihyperlipidemics	Used for high cholesterol	8%
Analgesics- Non-narcotic	Used for pain and fever (Tylenol and Aspirin)	6%
Analgesics – Anti-Inflammatory	Used for pain, fever and inflammation (NSAID's)	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	4%
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 2017-18.

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 32,123 unduplicated MHLA participants (17% of all MHLA participants, compared to 15% of participants last year) who received a total of 150,528 specialty care visits at DHS in FY 2017-18. This fiscal year saw a 16% increase in the total number of specialty care visits provided to MHLA patients (from 129,371 to 150,528). On average, a MHLA participant had 4.69 specialty visits during the fiscal year, up from an average of 4.46 visits last fiscal year.

Table F8
Specialty Care Services by Unduplicated Patients

Fiscal Year	Unique Participants	Number of Participants Receiving Specialty Care	Number of eConsult Requests Recommended for a Specialty Care Visit	Number of Specialty Care Visits	Number of Specialty Care Visits Per 1,000 Participants	Average Number of Specialty Care Visits 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
FY 2017-2018	185,695	32,123	40,591	150,528	1,020.85	4.69

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%
2017-18	Number of MHLA Patients	9,861	5,397	3,703	2,676	6,673	3,813	32,123
	% of Total	31%	17%	11%	8%	21%	12%	100%

Table F10 details the total number of specialty care visits provided to MHLA participants in FY 2017-18 by DHS facility. The 32,123 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 that LAC+USC continues to be the largest provider of specialty care services (37.5% 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 providers for MHLA. Together, these four (4) facilities make up 88% of all specialty care services provided to MHLA participants.

Table F10
Specialty Care Services by DHS Facility
FY 2017-18

Facility Name	Participants (Unduplicated by Facility)	Specialty Care Visits	% of Total Specialty Care Visits
LAC+USC MEDICAL CENTER	12,959	56,523	37.55%
HARBOR-UCLA MEDICAL CENTER	6,183	29,162	19.37%

OLIVE VIEW-UCLA MEDICAL CENTER	5,736	25,883	17.19%
MLK OUTPATIENT CENTER	5,517	21,624	14.37%
HUDSON CHC	1,514	3,176	2.11%
RANCHO LOS AMIGIOS NATIONAL REHABILITATION CENTER	1,448	5,005	3.32%
HIGH DESERT REGIONAL HEALTH CENTER	859	2,339	1.55%
EDWARD ROYBAL CHC	729	1,998	1.33%
HUBERT HUMPHREY CHC	553	1,226	0.81%
LONG BEACH COMP HEALTH CENTER	540	947	0.63%
OTHER DHS CHCs and HCs (less than 500 participants each)	1, 216	2,645	1.77%
Overall Unique Participants and Visits (All DHS Facilities)	**32,123**	**150,528**	**100.00%**

Urgent Care Services

MHLA covers 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 (5,668) utilized urgent care services at DHS for a total of 8,597 urgent care visits. The utilization rate for urgent care is 58.30 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	180,027	3,998	1,038	335	158	128	11	5,668	185,695
Percentage of Participants	97%	2.15%	0.55%	.39%	.08%	0.06%	0%	3%	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	185,695	5,668	8,597	58.30	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 2017-18. 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 2017-18, there were 10,756 MHLA participants who had 14,872 ED visits at DHS facilities. Table F13 shows the rate of ED visits at 101 per 1,000 participants, compared to 98 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	8,813	1,646,443	87.93
FY 2016-17	14,186	1,734,532	98.14
FY 2017-18	14,872	1,769,441	100.86

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. 1,580 (15%) of MHLA ED users never saw their MHLA primary care provider during the same fiscal year that they had an ED visit. 44% 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	1,580	1,019	1,113	1,175	1,182	3,533	1,154	10,756

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 (homeless or housed). 10,756 MHLA participants (5.8% of total MHLA participants enrolled) visited a DHS ED in FY 2017-18. Of the participants that did have an ED visit, a slightly higher percentage were homeless participants (9%) than housed participants (6%).

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	185,695	10,756	5.8%	14,872
Housed Participants	184,335	10,631	5.8%	14,673
Homeless Participants	1,360	125	9.2%	199

Table F16 illustrates that 94% of MHLA participants never had ED visit (homeless and housed combined), and that for both homeless and non-homeless ED users, most visited the ED only one time.

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	174,939	8,192	1,738	489	192	132	13
185,695	94%	4.4%	0.9%	0.3%	0.1%	0.1%	0%
Homeless Participants	*1,235*	*94*	*16*	*6*	*5*	*3*	*1*
(1,360)	91%	6.9%	1.1%	.4%	.4%	.2%	0.1%

Table F17 illustrates that LAC+USC Medical Center continues to see the most MHLA participants in its ED, with a total of 5,525 unduplicated participants having 7,505 ED visits. LAC+USC provided ED services to 51% 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	5,525	7,505	50.5%
OLIVE VIEW-UCLA MEDICAL CENTER	3,254	4,645	31.2%
HARBOR-UCLA MEDICAL CENTER	2,100	2,722	18.3%
Total	**10,756 (Unduplicated)**	**14,872**	**100.00%**

Avoidable Emergency Department (AED) Visits

ED visits that are not emergency related and could be considered avoidable[5] 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. 17.2% of ED visits by MHLA participants in FY 2017-18 were considered avoidable. This AED rate is largely unchanged from last year's AED rate of 17.8%. 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	1,970	12,064	16.33%
FY 2016-17	2,526	14,186	17.81%
FY 2017-18	2,563	14,872	17.23%

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. 2,823 of 185,695 MHLA program participants (1.5%) in FY 2017-18 were admitted to a DHS hospital. This rate is largely unchanged from last fiscal year (1.4%).

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
Number of Participants	185,695	2,239	383	123	40	38	0	2,823
% of Participants	98.48%	1.21%	0.21%	0.07%	0.02%	0.02%	0.00%	1.5%

[5] 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.

Table F20 reflects DHS hospitalization by facility, including bed days and Average Length of Stay (ALOS). 2,823 MHLA participants had 3,766 hospital admissions totaling 17,749 inpatient bed days at DHS facilities. The ALOS for these patients was 4.71 days. This data is largely unchanged from last fiscal year.

LAC+USC Medical Center continues to be DHS' hospital with the highest number of MHLA inpatient admissions - 47% of the total. Rancho Los Amigos Medical Center has the highest ALOS, at 7.65 days.

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	1,370	1,777	47.2%	8,251	4.64
OLIVE VIEW-UCLA MED CTR	632	842	22.4%	3,620	4.30
HARBOR-UCLA MEDICAL CENTER	725	898	23.8%	3,972	4.42
RANCHO LOS AMIGOS MED CTR	192	249	6.6%	1,906	7.65
Total	**2,823 (Unduplicated)**	**3,766**	**100%**	**17,749**	**4.71**

Table F21 shows that the majority (65%) of MHLA participants who were hospitalized had a chronic medical condition, and had almost twice as many bed days as non-chronic patients.

Table F21
DHS Hospitalization Admission

	Unique Participants	Admissions	% of Total Admissions	Bed Days	ALOS
W/ Chronic Condition	1,750	2,433	64.6%	11,485	4.72
W/O Chronic Condition	1,073	1,333	35.4%	6,264	4.70
Total	2,823	3,766	100%	17,749	4.71

Table F22 provides a comparative analysis of admissions, acute days and ALOS. The ALOS has remained relatively consistent for all years of the program. The number of patient admissions, admissions per 1,000, acute days and acute days per 1000 has increased slightly as program enrollment has increased.

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

Fiscal Year	Admissions	Admissions/ 1,000	Bed 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
FY 2017-18	3,766	25.54	17,749	120.37	4.71 Days

Hospital Readmissions

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 17.2%. The majority of hospital readmissions occur within the first thirty (30) days.

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

Readmit Time After Discharge	Readmissions	Total Admissions	Readmission Rate
01-30 Days	447	3,766	11.9%
31-60 Days	133	3,766	3.5%
61-90 Days	69	3,766	1.8%
Total	**649**	**3,766**	**17.2%**

Table F24 provides readmission rates by DHS hospital. Olive View-UCLA Medical Center continues to have the highest readmission rate for MHLA participants, at 19%, down from 23% last fiscal year.

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

Facility Name	Readmissions	Total Admissions	Readmission Rate
OLIVE VIEW-UCLA MED CTR	163	842	19.4%
LAC+USC MEDICAL CENTER	328	1,777	18.5%
HARBOR-UCLA MEDICAL CENTER	139	898	15.5%
RANCHO LOS AMIGOS MED CTR	19	249	7.6%
Total (All DHS Hospitals)	**649**	**3,766**	**17.2%**

Table F25 compares the MHLA readmission rate by fiscal year and by chronic versus non-chronic condition. The readmission rates for both chronic and non-chronic conditions were slightly lower in FY

2017-18 than last year. However, the rate is slightly below the current average Medi-Cal readmission rate in California, which is 17.8%[6].

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	FY 2017-18 Readmission Rate
W/ Chronic Condition	15.14%	10.45%	19.19%	18.89%
W/O Chronic Condition	15.18%	15.89%	18.59%	16.83%
Total	**15.17%**	**13.95%**	**18.72%**	**17.23%**

[6] Medicare Fee-For-Service (FFS) Hospital Readmissions: Q2 2017–Q1 2018, State of California. Centers for Medicare and Medicaid Services (CMS). *Health Services Advisory Group.*

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.

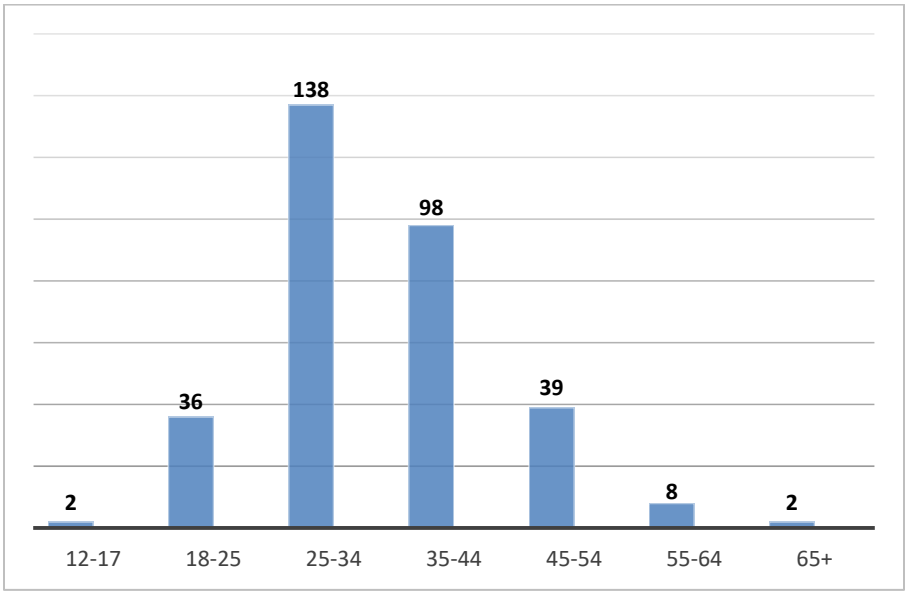
With the addition of SUD services to the MHLA program, a full array of drug and alcohol treatment services became available to MHLA participants at no cost. These services include: Withdrawal Management (detox), Individual and Group Counseling, Patient Education and Family Therapy, Recovery Support Services, Opioid Treatment Program (OTP), Medications for Addiction Treatment, Recovery Bridge Housing, 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), find a provider through the SAPC website, or they can get a referral from their MHLA medical home clinic.

This fiscal year, a total of 323 MHLA participants accessed SUD services. This a significant increase from last fiscal year, when only 59 patients accessed SUD treatment services. This is likely at least in part due to joint outreach efforts by MHLA and DPH with clinics, advocacy groups and patients regarding the availability of these services. For example, this year, the MHLA convened a workgroup with DPH, DMH, the Community Clinic Association of Los Angeles County (CCALAC), community clinics and health advocacy groups to develop outreach materials and strategies to better message the availability of behavioral health services through the MHLA program.

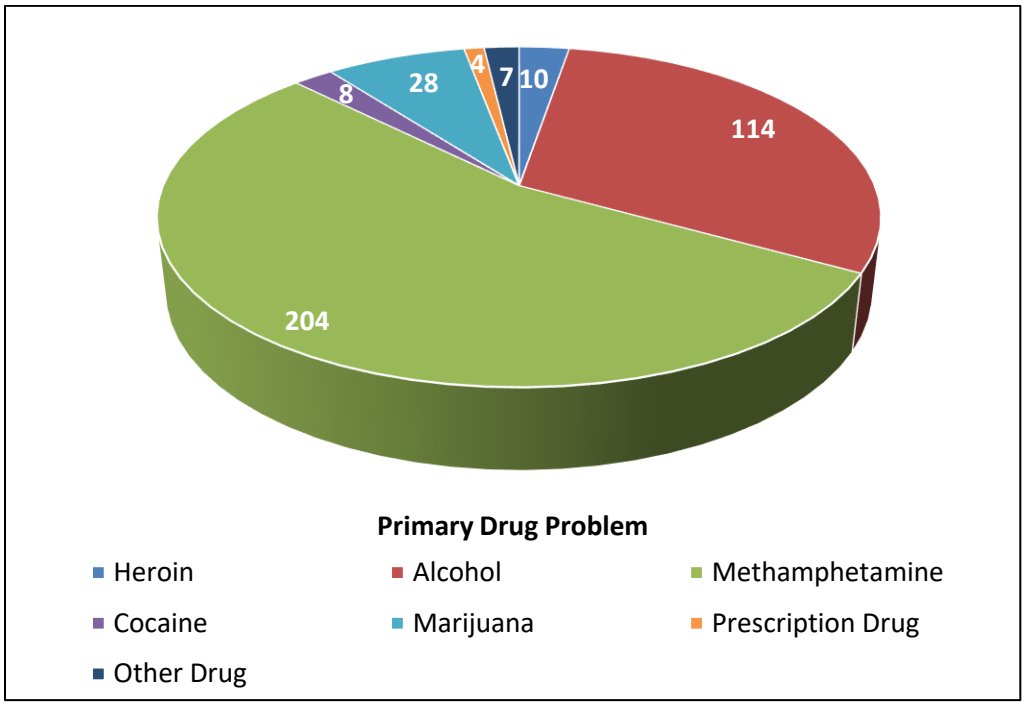
Graph G1 illustrates those MHLA participants who sought SUD treatment services from DPH, sorted by age. The largest group of SUD treatment recipients were age 25 to 34.

Graph G1
MHLA SUD Participant by Age



Graph G2 provides a breakdown of MHLA participants' by SUD issue. 323 MHLA participants received treatment for 375 SUD issues, meaning some participants were treated for addiction to more than one substance during the fiscal year. 204 patients sought SUD treatment services for methamphetamine addiction, 114 individuals utilized treatment for alcoholism, and 28 participants sought help for marijuana addiction. The remaining participants 29 sought SUD treatment for cocaine, heroin and prescription drug use.

Graph G2
MHLA SUD Participant by SUD Issue



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 2017-18. For this purpose, DHS tracks the payments made to each CP for primary care services utilizing Monthly Grant Funding (MGF).

Key FY 2017-18 highlights were:

- Total Monthly Grant Funding payments to Community Partners for primary care and pharmacy related services combined totaled $51,449,887.
- Payments for dental services totaled $6,664,141.87.
- With a total of 1,769,441 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 $51,449,887 in MGF payments were paid to the CPs in FY 2017-18. 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-four (24) MHLA Community Partners provided dental services to MHLA eligible or enrolled participants in FY 2017-18. A total of $6,664,141.87 in dental funding was spent by the CPs in FY 2017-18 (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 1,769,441 MHLA participant months in FY 2017-18. The total MGF paid by MHLA to CP clinics for primary care and pharmacy services was $51,449,887 ($50,535,235 for primary care and $914,652 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, 59,854 (32%) of MHLA participants did not have a primary care visit in FY 2017-18 representing 472,316 enrollment months. A total of $13,489,344.96 ($28.56 x 472,316 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 ($65,487,744.81) for the MHLA Program for FY 2017-18.

Table H1
Estimated Total MHLA Payments Estimated Total MHLA Payments (FY 2017-18)

ENROLLMENT	
TOTAL PARTICIPANT MONTHS (TOTAL ENROLLMENT OF 185,695):	1,769,441
COMMUNITY PARTNER PROGRAM PAYMENTS	
MONTHLY GRANT FUNDING COST FOR ALL COMMUNITY PARTNERS	
PRIMARY CARE SERVICES	$50,535,235
CP PHARMACY RELATED SERVICES	$914,652
TOTAL MONTHLY GRANT FUNDING	$51,449,887
VENTEGRA PHARMACY RELATED SERVICES	$7,373,715.94
DENTAL CARE SERVICES	$6,664,141.87
GRAND TOTAL	$65,487,744.81

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

III. MILESTONES, CONCLUSION AND LOOKING FORWARD

This Fiscal Year 2017-18 was the fourth programmatic year of the MHLA program. As the report demonstrates, the services available to the MHLA participants continue to expand to meet the needs of these patients. The data continue to show a high degree of primary, specialty, emergency, urgent, inpatient and SUD treatment service utilization by this population - all at no cost to the participant.

This fiscal year we concluded a three- year effort to bring all MHLA clinics onto a retail and 340B pharmacy network ("Pharmacy Phase II"), administered by our PSA, Ventegra. This was a significant milestone for the program not only because we expanded pharmacy access options for MHLA participants, but also because for the first time DHS was able to obtain a more complete picture of pharmaceutical utilization of MHLA participants. Next year's annual report will be the first time that all CP clinics will have had a full year submitting pharmacy claims to Ventegra and should be the baseline for comparison for future years.

In addition, this year MHLA program expanded its collaboration with the Los Angeles County Department of Public Health (DPH) Substance Abuse Prevention and Control (SAPC) unit to increase knowledge of and access to comprehensive SUD services for MHLA participants. While there is still more work to do, the results of our joint outreach efforts did appear to bear some fruit with regard to SUD utilization this fiscal year. We will continue to partner with SAPC and CP clinics to increase participant's knowledge of and participation in SUD treatment programs. Work to expand access to mental health services and to obtain data on utilization rates of MHLA patients at DMH is ongoing.

A joint effort between community partner clinics and MHLA to increase renewal and re-enrollment rates has resulted in small but important gains in these retention rates. CPs and MHLA worked together this year to more directly engage participants who are due for their annual renewal. We also continued our work to more efficiently connect 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
Total Enrolled and Office Visits by Community Partner Medical Home[7]

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visits Per Participant Per Year (Annualized)
AFH-519	267	142	53%	286	1.89
AFH-BURBANK	92	62	67%	134	2.00
AFH-CENTRAL	417	268	64%	600	2.32
AFH-PACIFIC	36	21	58%	44	1.73
AFH-SUNLAND	20	10	50%	18	1.88
AFH TOTAL	**832**	**503**	**58%**	**1082**	**2.12**
ALL-INCLUSIVE COMMUNITY HEALTH CENTER	311	213	68%	761	3.86
ALL-INCLUSIVE COMMUNITY HEALTH-EAGLE ROCK	6	3	50%	9	3.48
ALL INCLUSIVE TOTAL	**317**	**216**	**59%**	**770**	**3.85**
ALTAMED-BELL	35	15	43%	21	1.22
ALTAMED-COMMERCE	1,404	1,047	75%	4,589	3.62
ALTAMED-EL MONTE	605	474	78%	2,218	3.99
ALTAMED-FIRST STREET	739	513	69%	2,364	3.68
ALTAMED-HOLLYWOOD PRESBYTERIAN	148	89	60%	321	2.48

[7] 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	Visits Per Participant Per Year (Annualized)
ALTAMED-HUNTINGTON PARK	6	4	67%	11	2.00
ALTAMED-MONTEBELLO	14	7	50%	34	4.43
ALTAMED-PICO RIVERA PASSONS	14	11	79%	36	2.67
ALTAMED-PICO RIVERA SLAUSON	723	551	76%	2,561	3.85
ALTAMED-SOUTH GATE	284	235	83%	1,002	3.74
ALTAMED-WEST COVINA	387	293	76%	1,057	2.95
ALTAMED-WHITTIER	1,344	1,019	76%	5,265	4.20
ALTAMED TOTAL	**5,703**	**4,258**	**69%**	**19,479**	**3.76**
APLAHW-BALDWIN HILLS	316	208	66%	568	2.50
APLAHW-LONG BEACH	19	13	68%	40	3.58
APLA TOTAL	**335**	**221**	**67%**	**608**	**2.55**
ARROYO VISTA-EL SERENO HUNTINGTON DRIVE	443	305	69%	1,269	4.33
ARROYO VISTA-EL SERENO VALLEY	293	195	67%	952	4.71
ARROYO VISTA-HIGHLAND PARK	1,833	1,250	68%	6,624	4.87
ARROYO VISTA-LINCOLN HEIGHTS	2,473	1,563	63%	6,678	3.98
ARROYO VISTA-LOMA DRIVE	764	505	66%	1,996	3.92
ARROYO VISTA TOTAL	**5,806**	**3,818**	**67%**	**17,519**	**4.34**
ASIAN PACIFIC HEALTH CARE-BELMONT HC	730	522	72%	2,035	3.80
ASIAN PACIFIC HEALTH CARE-EL MONTE ROSEMEAD HC	438	310	71%	1,060	3.14

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visits Per Participant Per Year (Annualized)
ASIAN PACIFIC HEALTH CARE-JOHN MARSHALL HIGH SCHOOL	4	2	50%	4	2.67
ASIAN PACIFIC HEALTH CARE-LOS FELIZ HC	2,265	1,660	73%	5,675	3.11
ASIAN PACIFIC HEALH CARE TOTAL	**3,437**	**2,494**	**67%**	**8,774**	**3.25**
AVCC-HEALTH AND WELLNESS	729	459	63%	1,457	2.40
AVCC-PALMDALE	753	498	66%	1,567	2.50
AVCC-PALMDALE EAST	150	102	68%	390	3.20
AVCC TOTAL	**1632**	**1059**	**65%**	**3,414**	**2.52**
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER	**535**	**301**	**56%**	**912**	**2.27**
BENEVOLENCE-CENTRAL MEDICAL CLINIC	691	486	70%	1,640	3.48
BENEVOLENCE-CRENSHAW COMMUNITY CLINIC	568	272	48%	900	2.40
BENEVOLENCE TOTAL	**1,259**	**758**	**59%**	**2,540**	**3.00**
CENTRAL CITY COMMUNITY HEALTH CENTER INC.	1,706	1,002	59%	4,096	3.28
CENTRAL CITY COMMUNITY-BALDWIN PARK	121	86	71%	411	5.91
CENTRAL CITY COMMUNITY-BROADWAY	6	1	17%	2	4.00
CENTRAL CITY COMMUNITY-DOWNTOWN SITE	14	5	36%	8	2.04
CENTRAL CITY COMMUNITY-EL MONTE	194	117	60%	386	3.18
CENTRAL CITY COMMUNITY-LA PUENTE	93	59	63%	273	4.11
CENTRAL CITY TOTAL	**2,134**	**1,270**	**51%**	**5,176**	**3.43**
CENTRAL NEIGHBORHOOD-CENTRAL	1,311	779	59%	4,378	4.24

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visits Per Participant Per Year (Annualized)
CENTRAL NEIGHBORHOOD-GRAND	104	54	52%	354	5.03
CENTRAL NEIGHBORHOOD TOTAL	**1,415**	**833**	**56%**	**4,732**	**4.29**
CHAPCARE-DEL MAR	489	375	77%	1,763	4.64
CHAPCARE-FAIR OAKS	1,513	1,083	72%	6,335	5.29
CHAPCARE-LAKE	210	154	73%	759	4.87
CHAPCARE-VACCO	962	654	68%	3,361	4.90
CHAPCARE TOTAL	**3,174**	**2,266**	**73%**	**12,218**	**5.05**
CHINATOWN-COMMUNITY HEALTH CENTER	161	107	66%	464	3.73
CHINATOWN-CSC CHC-SAN GABRIEL VALLEY	26	9	35%	42	2.95
CHINATOWN TOTAL	**187**	**116**	**51%**	**506**	**3.65**
CLINICA ROMERO-ALVARADO CLINIC	4,292	2,844	66%	8,471	2.42
CLINICA ROMERO-MARENGO CLINIC	2,684	1,770	66%	8,113	3.93
CLINICA ROMERO TOTAL	**6,976**	**4,614**	**66%**	**16,584**	**2.98**
COMPLETE CARE COMMUNITY HEALTH CENTER	**116**	**58**	**50%**	**395**	**4.95**
COMPREHENSIVE COMMUNITY-EAGLE ROCK	1,195	762	64%	2,748	3.41
COMPREHENSIVE COMMUNITY-GLENDALE	1,034	645	62%	2,405	3.00
COMPREHENSIVE COMMUNITY-HIGHLAND PARK	814	538	66%	2,071	3.06
COMPREHENSIVE COMMUNITY-NORTH HOLLYWOOD	986	694	70%	2,461	3.31
COMPREHENSIVE COMMUNITY-SUNLAND	76	56	74%	189	3.69

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visits Per Participant Per Year (Annualized)
COMPRENSIVE COMMUNITY TOTAL	**4,105**	**2,695**	**67%**	**9,874**	**3.20**
EL PROYECTO DEL BARRIO-ARLETA	1,724	1,039	60%	6,797	5.03
EL PROYECTO DEL BARRIO-AZUSA	1,705	967	57%	9,989	7.35
EL PROYECTO DEL BARRIO-BALDWIN PARK	453	278	61%	2,688	7.56
EL PROYECTO DEL BARRIO-ESPERANZA	50	29	58%	164	6.69
EL PROYECTO DEL BARRIO-WINNETKA	2,568	1,346	52%	14,178	7.06
EL PROYECTO TOTAL	**6,500**	**3,659**	**58%**	**33,816**	**6.63**
EVCHC-COVINA HEALTH CENTER	270	199	74%	953	4.60
EVCHC-PALOMARES SBC	1	1	100%	7	7.00
EVCHC-POMONA CLINIC	2,679	1,788	67%	7,656	3.61
EVCHC-VILLACORTA SCHOOL-BASED CLINIC	764	510	67%	2,319	3.88
EVCHC-WEST COVINA CLINIC	3,083	2,135	69%	8,358	3.35
EVCHC TOTAL	**6,797**	**4,633**	**75%**	**19,293**	**3.56**
FAMILY HEALTH-BELL GARDENS	3,496	2,476	71%	12,063	4.29
FAMILY HEALTH-DOWNEY	240	165	69%	750	4.42
FAMILY HEALTH-HAWAIIAN GARDENS	780	551	71%	2,467	4.09
FAMILY HEALTH-MAYWOOD	258	176	68%	919	5.25
FAMILY HEALTH TOTAL	**4,774**	**3,368**	**70%**	**16,199**	**4.31**
GARFIELD HEALTH CENTER	207	145	70%	761	5.11

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visits Per Participant Per Year (Annualized)
GARFIELD HEALTH CENTER-ATLANTIC	65	44	68%	141	3.62
GARFIELD HEALTH CENTER TOTAL	**272**	**189**	**69%**	**902**	**4.80**
HARBOR COMMUNITY CLINIC	**871**	**562**	**65%**	**2,709**	**4.02**
HERALD CHRISTIAN HEALTH CENTER	141	72	51%	226	2.34
HERALD CHRISTIAN HEALTH CENTER-ROSEMEAD	43	20	47%	59	1.85
HERALD CHRISTIAN TOTAL	**184**	**92**	**49%**	**285**	**2.22**
JWCH-BELL GARDENS	2,251	1,522	68%	7,354	4.18
JWCH-BELL SHELTER	23	13	57%	186	11.51
JWCH-DOWNTOWN WOMEN'S CENTER	4	3	75%	18	5.54
JWCH-NORWALK	1,714	1,128	66%	5,596	4.14
JWCH-ST GEORGE	3	3	100%	18	6.55
JWCH-WEINGART	686	429	63%	1,984	4.13
JWCH-WEINGART 2	3	2	67%	12	5.76
JWCH-WESLEY BELLFLOWER	1,795	1,191	66%	5,294	3.79
JWCH-WESLEY DOWNEY	1,333	890	67%	3,330	3.68
JWCH-WESLEY HACIENDA HEIGHTS	147	120	82%	409	4.23
JWCH-WESLEY LYNWOOD	1,911	1,306	68%	4,572	3.01
JWCH-WESLEY VERMONT	1,169	823	70%	3,257	4.33
JWCH-WESLEY-ANDREW ESCAJEDA	10	6	60%	12	4.65

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visits Per Participant Per Year (Annualized)
JWCH TOTAL	**11,049**	**7,436**	**70%**	**32,042**	**3.86**
KEDREN COMMUNITY CARE CLINIC	**303**	**158**	**52%**	**1,208**	**5.76**
KHEIR CLINIC	**2,298**	**1,384**	**60%**	**9,862**	**5.55**
LA CHRISTIAN-EXODUS ICM	1	-	0%	-	0.00
LA CHRISTIAN-GATEWAY AT PERCY VILLAGE	5	4	80%	10	2.18
LA CHRISTIAN-JOSHUA HOUSE	266	184	69%	882	4.18
LA CHRISTIAN-PICO ALISO	1,395	926	66%	2,944	2.55
LA CHRISTIAN-TELECARE SERVICE AREA 4	3	2	67%	2	3.43
LA CHRISTIAN-WORLD IMPACT	65	34	52%	100	2.03
LA CHRISTIAN TOTAL	**1,735**	**1,150**	**56%**	**3,938**	**2.78**
LOS ANGELES LGBT CENTER	**56**	**30**	**54%**	**77**	**2.24**
MISSION CITY-CULVER CITY	3	-	0%	-	0.00
MISSION CITY-FAIRFAX	10	3	30%	37	4.83
MISSION CITY-INGLEWOOD	61	43	70%	204	5.06
MISSION CITY-LA PUENTE	267	182	68%	691	3.44
MISSION CITY-MONROVIA	72	50	69%	183	3.45
MISSION CITY-NORTH HILLS	5,518	3,197	58%	11,130	2.52
MISSION CITY-NORTHRIDGE	414	242	58%	813	2.55
MISSION CITY-OLYMPIC	66	42	64%	80	6.15

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visits Per Participant Per Year (Annualized)
MISSION CITY-ORANGE GROVE	40	28	70%	86	3.65
MISSION CITY-PANORAMA	68	39	57%	129	2.61
MISSION CITY-PARTHENIA	8	4	50%	22	3.67
MISSION CITY-PRAIRIE	144	95	66%	340	4.67
MISSION CITY-SEPULVEDA	146	96	66%	353	3.35
MISSION CITY TOTAL	**6,817**	**4,021**	**56%**	**14,068**	**2.65**
NEV-CANOGA PARK	763	491	64%	3,092	4.65
NEV-HOMELESS HEALTH	147	92	63%	822	7.42
NEV-HOMELESS MOBILE CLINIC	34	9	26%	33	1.79
NEV-NEWHALL HEALTH CENTER	86	44	51%	125	3.69
NEV-PACOIMA	1,624	1,037	64%	5,100	3.53
NEV-SAN FERNANDO	5,595	3,165	57%	15,407	3.55
NEV-SAN FERNANDO HIGH SCHOOL TEEN HC	6	1	17%	7	4.00
NEV-SANTA CLARITA	509	300	59%	1,658	3.64
NEV-SUN VALLEY	1,116	721	65%	3,860	3.90
NEV-VALENCIA	988	580	59%	3,065	3.52
NEV-VAN NUYS ADULT	1,024	616	60%	4,085	5.51
NEV TOTAL	**11,892**	**7,056**	**53%**	**37,254**	**3.85**
PED AND FAMILY-EISNER PED AND FAMILY	5,438	3,436	63%	11,693	2.46

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visits Per Participant Per Year (Annualized)
PED AND FAMILY-EISNER-LYNWOOD	105	69	66%	243	3.81
PED AND FAMILY-EISNER-USC EISNER-CA HOSP	415	237	57%	549	3.60
PED AND FAMILY EISNER TOTAL	**5,958**	**3,742**	**62%**	**12,485**	**2.52**
POMONA COMMUNITY-HOLT	948	643	68%	2,536	3.39
POMONA COMMUNITY-PARK	6	3	50%	8	1.68
POMONA TOTAL	**954**	**646**	**59%**	**2,544**	**3.38**
QUEENSCARE-EAGLE ROCK	779	599	77%	2,294	3.36
QUEENSCARE-EAST LOS ANGELES	2	-	0%	-	0.00
QUEENSCARE-EAST THIRD STREET	2,440	1,707	70%	6,671	3.37
QUEENSCARE-ECHO PARK	1,868	1,401	75%	5,159	3.24
QUEENSCARE-HOLLYWOOD	1,674	1,320	79%	4,814	3.48
QUEENSCARE TOTAL	**6,763**	**5,027**	**60%**	**18,938**	**3.36**
SAMUEL DIXON-CANYON COUNTRY HC	282	172	61%	532	2.42
SAMUEL DIXON-NEWHALL	450	290	64%	895	2.73
SAMUEL DIXON-VAL VERDE	39	29	74%	107	3.43
SAMUEL DIXON TOTAL	**771**	**491**	**66%**	**1,534**	**2.65**
SOUTH BAY-CARSON	276	173	63%	930	4.42
SOUTH BAY-GARDENA	1,524	974	64%	5,234	4.03
SOUTH BAY-INGLEWOOD	1,706	1,107	65%	4,494	3.25

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visits Per Participant Per Year (Annualized)
SOUTH BAY-REDONDO BEACH	858	565	66%	2,337	3.41
SOUTH BAY TOTAL	**4,364**	**2,819**	**65%**	**12,995**	**3.63**
SOUTH CENTRAL FAMILY HC	3,098	2,136	69%	9,968	3.95
SOUTH CENTRAL-HUNTINGTON PARK	1,360	885	65%	3,901	3.78
SOUTH CENTRAL TOTAL	**4,458**	**3,021**	**67%**	**13,869**	**3.90**
SOUTHERN CALIFORNIA-EL MONTE CLINIC	43	4	9%	5	0.79
SOUTHERN CALIFORNIA-PICO RIVERA	15	5	33%	10	4.62
SOUTHERN CALIFORNIA TOTAL	**58**	**9**	**21%**	**15**	**1.76**
ST. JOHN'S-COMPTON	4,385	2,818	64%	12,194	3.51
ST. JOHN'S-CRENSHAW	5	4	80%	9	5.68
ST. JOHN'S-DOMINGUEZ	3,160	2,061	65%	8,393	3.31
ST. JOHN'S-DOWNTOWN LOS ANGELES-MAGNOLIA	4,765	2,817	59%	10,424	2.70
ST. JOHN'S-DR. KENNETH WILLIAMS	8,926	5,476	61%	19,355	2.70
ST. JOHN'S-HYDE PARK	1,064	640	60%	2,309	2.69
ST. JOHN'S-LINCOLN HEIGHTS	689	457	66%	1,941	3.50
ST. JOHN'S-LOUIS FRAYSER	990	444	45%	1,428	1.86
ST. JOHN'S-MANUAL ARTS	1,562	1,064	68%	3,823	3.10
ST. JOHN'S-MOBILE 2	41	33	80%	111	5.06
ST. JOHN'S-MOBILE UNIT 1	55	23	42%	96	2.57

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visits Per Participant Per Year (Annualized)
ST. JOHN'S-RANCHO DOMINGUEZ	2,002	1,337	67%	5,710	3.59
ST. JOHN'S-WARNER TRAYNHAM	2,335	1,601	69%	6,736	3.67
ST. JOHN'S-WASHINGTON	1,267	817	64%	3,106	3.08
ST. JOHN'S TOTAL	**31,246**	**19,592**	**64%**	**75,635**	**3.03**
TARZANA-LANCASTER	818	459	56%	3,475	5.45
TARZANA-PALMDALE	401	212	53%	1,870	5.74
TARZANA TOTAL	**1,219**	**671**	**55%**	**5,345**	**5.54**
THE ACHIEVABLE FOUNDATION	**47**	**31**	**66%**	**104**	**2.98**
THE CHILDREN'S CLINIC-CABRILLO GATEWAY	37	26	70%	92	3.32
THE CHILDREN'S CLINIC-CESAR CHAVEZ ELEMENTARY SCHOOL	234	176	75%	676	3.41
THE CHILDREN'S CLINIC-FAMILY HC BELLFLOWER	284	216	76%	830	3.76
THE CHILDREN'S CLINIC-FAMILY HC CENTRAL LB	567	383	68%	1,253	2.71
THE CHILDREN'S CLINIC-FAMILY HC WESTSIDE	459	351	76%	1,360	3.53
THE CHILDREN'S CLINIC-LB MULTI-SERVICE CTR HOMELESS	6	3	50%	10	3.16
THE CHILDREN'S CLINIC-NORTH LB HAMILTON MIDDLE SCHOOL	733	533	73%	1,721	2.99
THE CHILDREN'S CLINIC-ROOSEVELT	129	97	75%	278	2.61
THE CHILDREN'S CLINIC-S. MARK TAPER	1,684	1,200	71%	3,977	2.86
THE CHILDREN'S CLINIC-VASEK POLAK	886	663	75%	2,257	3.11
THE CHILDREN'S CLINIC TOTAL	**5,019**	**3,648**	**71%**	**12,454**	**3.04**

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visits Per Participant Per Year (Annualized)
THE LA FREE-BEVERLY	1,949	1,356	70%	5,720	3.77
THE LA FREE-HOLLYWOOD-WILSHIRE	4,703	3,298	70%	12,346	3.31
THE LA FREE-S. MARK TAPER	813	519	64%	2,446	3.96
THE LA FREE TOTAL	**7,465**	**5,173**	**68%**	**20,512**	**3.50**
THE NECC-CALIFORNIA FAMILY CARE	718	532	74%	1,520	2.39
THE NECC-COMMUNITY MEDICAL ALLIANCE	465	343	74%	1,304	3.43
THE NECC-FOSHAY	10	3	30%	5	1.71
THE NECC-GAGE	291	196	67%	633	3.39
THE NECC-GRAND	507	364	72%	1,318	2.96
THE NECC-HARBOR CITY	229	138	60%	402	2.12
THE NECC-HAWTHORNE	81	58	72%	203	3.74
THE NECC-HIGHLAND PARK	423	320	76%	1,399	3.72
THE NECC-WILMINGTON	526	349	66%	1,009	2.25
THE NECC-WOMEN'S HEALTH CENTER	40	23	58%	77	2.32
THE NECC TOTAL	**3,290**	**2,326**	**65%**	**7,870**	**2.86**
THE-LENNOX	939	629	67%	2,571	3.65
THE-RUTH TEMPLE	1,229	838	68%	3,248	3.35
THE TOTAL	**2,168**	**1,467**	**68%**	**5,819**	**3.47**
UMMA	1,229	826	67%	3,051	3.23

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visits Per Participant Per Year (Annualized)
UMMA-FREMONT WELLNESS CENTER	645	434	67%	1,664	3.40
UMMA TOTAL	**1,874**	**1,260**	**67%**	**4,715**	**3.29**
UNIVERSAL COMMUNITY	165	82	50%	827	6.89
UNIVERSAL COMMUNITY-SPS	49	34	69%	170	8.99
UNIVERSAL TOTAL	**214**	**116**	**60%**	**997**	**7.18**
VALLEY-NORTH HILLS WELLNESS CENTER	2,209	1,202	54%	3,571	2.08
VALLEY-NORTH HOLLYWOOD	5,464	3,870	71%	14,452	3.11
VALLEY TOTAL	**7,673**	**5,072**	**63%**	**18,023**	**2.84**
VENICE-COLEN	1,157	717	62%	2,444	2.47
VENICE-ROBERT LEVINE	174	87	50%	282	2.24
VENICE-SIMMS/MANN	1,911	1,172	61%	4,350	2.71
VENICE-VENICE	1,181	754	64%	3,261	3.33
VENICE TOTAL	**4,423**	**2,730**	**59%**	**10,337**	**2.80**
VIA CARE CHC-607	541	385	71%	1,637	3.65
VIA CARE CHC-EASTSIDE	181	103	57%	360	3.04
VIA CARE CHC-GARFIELD WELLNESS CENTER	20	9	45%	49	3.38
VIA CARE COMMUNITY HEALTH CENTER	1,475	924	63%	4,123	3.59
VIA CARE TOTAL	**2,217**	**1,421**	**59%**	**6,169**	**3.57**
WATTS-CRENSHAW	10	7	70%	16	2.49

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visits Per Participant Per Year (Annualized)
WATTS-WATTS	1,175	783	67%	3,527	3.55
WATTS TOTAL	**1185**	**790**	**69%**	**3543**	**3.55**
WESTSIDE FAMILY HEALTH CENTER	**324**	**216**	**67%**	**795**	**3.07**
WILMINGTON COMMUNITY CLINIC	2,491	1,926	77%	7,022	3.36
WILMINGTON-MARY HENRY COMMUNITY CLINIC	3	1	33%	2	1.00
WILMINGTON TOTAL	**2,494**	**1,927**	**55%**	**7,024**	**3.36**
Grand Total	**185,695**	**121,413**	**65%**	**517,958**	**3.51**

APPENDIX 2
Avoidable Emergency Department (AED) Visit – Diseases

Avoidable Emergency Room Diseases	Unique Participants	AER Visits	% of AER Visits
Other headache syndromes	1,123	1,213	47.33%
Dorsalgia	559	598	23.33%
Acute upper respiratory infections of multiple or unspecified sites	142	143	5.58%
Conjunctivitis	100	101	3.94%
Encounter for general examination	93	100	3.90%
Acute Pharyngitis	76	78	3.04%
Hematuria	56	63	2.46%
Cystitis	51	51	1.99%
Pruritus	30	30	1.17%
Acute bronchitis	28	28	1.09%
Obstructive and reflux uropathy	27	28	1.09%
Suppurative Otitis Media	24	25	0.98%
Inflammatory disease of cervix, vagina & vulva	20	20	0.78%
Special examinations	16	16	0.62%
Candidiasis	15	16	0.62%
Chronic pharyngitis & nasopharyngitis	14	14	0.55%
Dermatophytosis	12	12	0.47%
Chronic sinusitis	9	9	0.35%
Encounters of administrative purposes	6	6	0.23%
Follow up examination	5	5	0.20%

Avoidable Emergency Room Diseases	Unique Participants	AER Visits	% of AER Visits
Other specified pruritic conditions (hiemalis, senillis, Winter itch)	5	5	0.20%
Chronic disease of tonsils & adenoids	1	1	0.04%
Obstructive and reflux uropathy, disorders of urethra, Hematuria	1	1	0.04%
Grand Total	**2,314**	**2,563**	**100.00%**

APPENDIX 3
Primary Care Expenditures for MHLA Community Partners FY 2017-18

COMMUNITY PARTNERS	Total CP MHLA Reimbursement
ALL FOR HEALTH, HEALTH FOR ALL, INC.	$186,902
ALL INCLUSIVE COMMUNITY HEALTH CENTER	$72,779
ALTAMED HEALTH SERVICES CORPORATION	$1,790,084
ANTELOPE VALLEY COMMUNITY CLINIC	$462,758
APLA HEALTH AND WELLNESS	$86,235
ARROYO VISTA FAMILY HEALTH FOUNDATION	$1,387,702
ASIAN PACIFIC HEALTH CARE VENTURE, INC.	$926,058
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER	$136,146
BENEVOLENCE INDUSTRIES, INCORPORATED	$305,518
CENTRAL CITY COMMUNITY HEALTH CENTER, INC.	$517,264
CENTRAL NEIGHBORHOOD HEALTH FOUNDATION	$400,244
CHINATOWN SERVICE CENTER	$50,588
CLINICA MSR. OSCAR A. ROMERO	$1,911,578
COMMUNITY HEALTH ALLIANCE OF PASADENA	$871,006
COMPLETE CARE COMMUNITY HEALTH CENTER, INC.	$29,131
COMPREHENSIVE COMMUNITY HEALTH CENTERS, INC.	$1,051,922
EAST VALLEY COMMUNITY HEALTH CENTER, INC.	$1,966,766
EL PROYECTO DEL BARRIO, INC.	$1,844,169
FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES, INC.	$1,353,011
GARFIELD HEALTH CENTER	$67,376
HARBOR COMMUNITY CLINIC	$232,393
HERALD CHRISTIAN HEALTH CENTER	$45,712
JWCH INSTITUTE, INC.	$2,820,786
KEDREN COMMUNITY HEALTH CENTER, INC.	$72,457
KOREAN HEALTH, EDUCATION, INFORMATION & RESEARCH (KHEIR)	$609,328
LOS ANGELES CHRISTIAN HEALTH CENTERS	$488,690
LOS ANGELES LGBT CENTER	$11,710
MISSION CITY COMMUNITY NETWORK, INC.	$1,815,502
NORTHEAST VALLEY HEALTH CORP.	$3,308,305
PEDIATRIC AND FAMILY MEDICAL CENTER, DBA EISNER PEDIATRIC & FAMILY MEDICAL CENTER	$1,707,460
POMONA COMMUNITY HEALTH CENTER	$256,012
QUEENSCARE HEALTH CENTERS	$2,037,283

COMMUNITY PARTNERS	Total CP MHLA Reimbursement
SAMUEL DIXON FAMILY HEALTH CENTER, INC.	$196,493
SOUTH BAY FAMILY HEALTH CARE	$1,228,194
SOUTH CENTRAL FAMILY HEALTH CENTER	$1,213,200
SOUTHERN CALIFORNIA MEDICAL CENTER, INC.	$28,817
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	$8,550,150
TARZANA TREATMENT CENTER, INC.	$330,668
THE ACHIEVABLE FOUNDATION	$11,881
THE CHILDREN'S CLINIC, SERVING CHILDREN AND THEIR FAMILIES	$1,486,378
THE CLINIC, INC.	$605,668
THE LOS ANGELES FREE CLINIC, DBA SABAN COMMUNITY CLINIC	$2,118,973
THE NORTHEAST COMMUNITY CLINIC	$960,102
UNIVERSAL COMMUNITY HEALTH CENTER	$46,410
UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC. (UMMA)	$494,059
VALLEY COMMUNITY HEALTHCARE	$2,308,623
VENICE FAMILY CLINIC	$1,263,466
VIA CARE COMMUNITY HEALTH CENTER, INC.	$592,334
WATTS HEALTHCARE CORP.	$345,804
WESTSIDE FAMILY HEALTH CENTER	$95,735
WILMINGTON COMMUNITY CLINIC	$750,063
Grand Total	**$51,449,887**

APPENDIX 4
Dental Expenditures by Community Partner FY 2017-18

Antelope Valley Community Clinic	$166,783.40
APLA Health and Wellness	$38,765.80
Arroyo Vista Family Health Foundation	$84,505.80
Benevolence Industries, Incorporated	$70,441.00
Chinatown Service Center	$38,431.60
Clinica Msr. Oscar A. Romero	$114,078.80
Community Health Alliance Of Pasadena	$187,089.40
Comprehensive Community Health Centers	$231,749.60
East Valley Community Health Center, Inc.	$157,619.80
El Proyecto del Barrio, Inc.	$196,412.80
Herald Christian Health Center	$65,003.60
JWCH Institute, Inc.	$405,443.60
Los Angeles Christian Health Centers	$108,108.72
Mission City Community Network, Inc.	$462,679.40
Northeast Valley Health Corporation	$670,907.20
Pediatric and Family Medical Center, dba Eisner Pediatric and Family Medical Center	$176,053.00
QueensCare Health Centers	$616,231.60
South Bay Family Health Care	$65,499.00
St. John's Well Child And Family Center, Inc.	$1,153,623.28
The Los Angeles Free Clinic, dba Saban Community Clinic	$611,479.46
Valley Community Healthcare	$224,222.60
Venice Family Clinic	$134,912.80
Via Care Community Health Center	$575,711.60
Watts Health Care Corporation	$108,388.01
Totals	**$6,664,141.87**

Appendix 5
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 MHLA participants between July 1, 2017 and June 30, 2018.

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 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 into 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, MAPLE (Membership Administration and Payment Linkage Environment) to replace PMS.

Empanelments and Disempanelments of DHS patients occur through the Empanelment Life Management (ELM) system.

Additionally, MHLA's Pharmacy Services Administrator, Ventegra, is compiling the pharmacy claims data for all CPs as of December 1, as of December 1, 2017. 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.