Annual Report
to the
Los Angeles County Board of Supervisors
Fiscal Year 2018-19

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APPENDICES

I. INTRODUCTION

Fiscal Year (FY) 2018-19 was the fifth year of operation for the My Health LA (MHLA) program.

The Los Angeles County Department of Health Services (DHS) developed the MHLA program in 2014 to fill a gap in health care access in Los Angeles County. MHLA participants receive primary medical care at contracted Community Partner (CP) clinics throughout Los Angeles County. They can also receive dental services at select CP sites. When needed, participants also receive specialty, inpatient, emergency and urgent care at Los Angeles County DHS facilities. To be eligible for MHLA, participants must be adults living in Los Angeles County and be ineligible for publicly funded health care coverage programs such as full-scope Medi-Cal. MHLA participants must also have a household income at or below 138% of the Federal Poverty Level.

MHLA is closely aligned with the department's 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 public health care coverage have a medical home and can access 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 and avoid unnecessary service duplication by improving data collection, developing performance measurements and tracking health outcomes.

This annual report, covering FY 2018-19, is designed to provide the public, policy makers, participants, clinics, researchers and other interested groups with detailed information about the MHLA program. At the end of FY 2018-19, 142,105 Los Angeles County residents were enrolled in the MHLA program. There were also 49 Community Partner clinic agencies and 214 clinic sites contracted to provide care for participants. MHLA participants had an average of 3.57 primary care visits during the year, and 70% of the MHLA population had a primary care visit.

Payments to clinics for MHLA participants totaled $49.4 million for primary care services and nearly $7 million for dental services. MHLA also paid about $9.3 million for pharmacy services.

During FY 2018-19, MHLA instituted important programmatic and administrative changes. DHS amended the MHLA contract in November 2018. As part of the amendment, MHLA created new audit tools and

instituted access standards for how quickly participants must be able to receive care. The program also added new covered services, including medication therapy management by pharmacist, annual wellness visits and alcohol and/or substance abuse screening and brief intervention.

Other contract changes took effect at the beginning of FY 2019-20, including an increase in the Monthly Grant Funding (MGF) rate from $28.56 to $32 per month and a new requirement that enrolled participants must be seen at least once in the prior 24 months as a condition of MGF payment to the clinics. Participants can stay enrolled in the program even without such a visit, but clinics will not get paid for those participants.

MHLA had a successful Fiscal Year 2018-19 serving its participants and we are thankful for everyone's contributions to the program.

II. 2018-19 PROGRAM ACTIVITIES

A. ENROLLMENT AND COMMUNICATIONS

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

Key 2018-19 highlights were:

- MHLA ended its fifth programmatic year with 142,105 uninsured Los Angeles County residents enrolled in the program.
- MHLA ended the year with 68,014 individuals disenrolled from the program.
- 46% of participants disenrolled from MHLA for failure to renew never had a visit.

Communications and Outreach

The MHLA program utilizes its website (dhs.lacounty.gov/mhla) to convey information to MHLA 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 patient and CP newsletters, fact sheets, reports and detailed pharmacy information such as up-to-date formularies. The website also displays instructions and guidance related to One-a-App, the online program used to screen and enroll participants.

The MHLA program also produces and posts on the website Provider Information Notices and Provider Bulletins, which describe contractual and operational changes to the program. The public facing section of the website is translated into Spanish.

During FY 2018-19, the MHLA website had a total of 140,562 visits for an average of 11,713 visits per month. The average number of monthly website visits increased from 2,999 visits in FY 2017-18, and 3,032 in FY 2016-17.

MHLA produces a variety of information sheets in eight languages - Armenian, Chinese, English, Korean, Spanish, Tagalog, Thai and Vietnamese. The two most commonly used information sheets explain the basics of the MHLA program and describe how and where to enroll. All information sheets are available on the website for download free of charge. MHLA has several other information sheets available on the website including information on MHLA pharmacy services and how MHLA participants can access behavioral health services.

The MHLA program continues to disseminate program information and updates to CPs through the monthly newsletter, “CP Connection.” MHLA also sends out “My Healthy News” in English and Spanish to participants with important information as needed. These two publications are intended to keep CPs and MHLA program participants up to date with program information. In FY 2018-19, MHLA also produced posters and distributed them to all of the clinic sites.

MHLA Eligibility Review Unit (ERU)

The MHLA Eligibility Review Unit (ERU) develops, implements and communicates the eligibility and enrollment rules for MHLA. The unit also monitors how those rules are applied in the online One-e-App 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. In FY 2018-19, the ERU conducted three eligibility trainings. The unit also overhauled its trainings to cover both the program's eligibility rules as well as how to enroll participants through the One-e-App system.

To keep CPs informed, the ERU holds regular conference calls with "eligibility leads" from the clinics. Eligibility leads are key CP staff members responsible for staying abreast of changes to MHLA eligibility policies and processes and sharing this information with the enrollers at their clinic. The ERU helps CP enrollers through the enrollment and re-enrollment process in real time through the Subject Matter Expert telephone line. This help line assists enrollers who have questions about the specifics of a MHLA application in progress, and enrollers frequently use the line to call the ERU with eligibility issues in real time. In FY 2018-19, the line received 3,112 calls from CPs.

MHLA Applications and Enrollment

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

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). One-e-App allows for real-time eligibility determination.

During FY 2018-19, MHLA saw a 49% increase of One-e-App users across the system. Altogether, 1,526 people had One-e-App access. That includes 421 enrollers taking applications, 885 clinic staff with "read only" access, 69 system administrators, 59 supervisors and 92 other users.

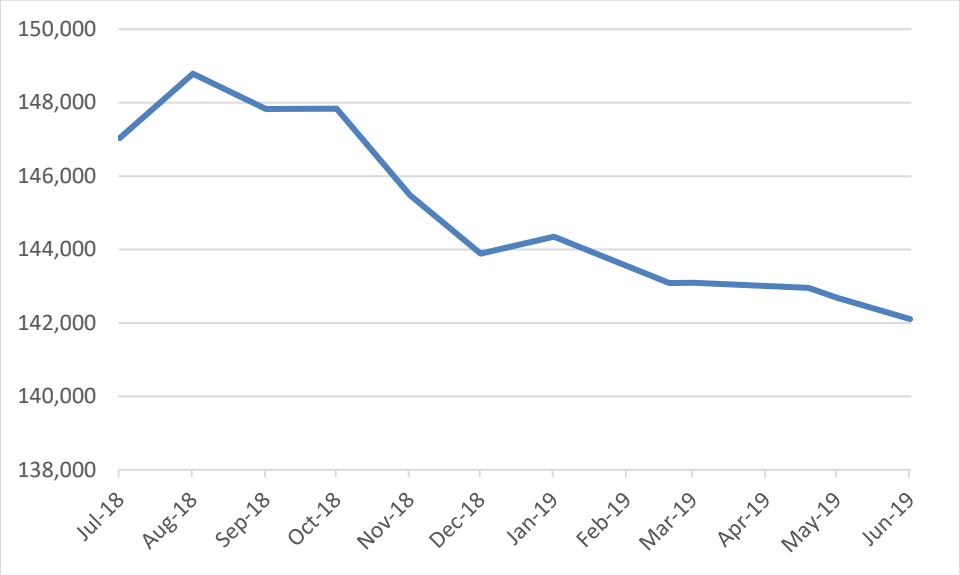
MHLA's annual enrollment target is 146,000 participants. At the end of this fiscal year, there were 142,105 participants enrolled in MHLA. The enrollment represented over 97% of the target (Table A1), but enrollment declined each month beginning in August 2018. The exact reason for the decline is unknown. However, it may be due to federal immigration policies that have created some fear and uncertainty among immigrant communities. Some of the drop, particularly a little later in the fiscal year, may have been because of changes in the contract that mean CPs only get paid if participants are both enrolled and have had an allowable clinic visit in the prior 24 months. As a result of the change, some clinics may not be enrolling participants who are unlikely to come in for primary care.

The program expects enrollment declines to continue in FY 2019-20 because the state has expanded full-scope Medi-Cal to young adults ages 19-25 regardless of immigration status. About 3,000 young adults in MHLA will become eligible for full-scope Medi-Cal on January 1, 2020.

Table A1
Percentage of MHLA Enrollment Target Met

Fiscal Year	Enrollment at end of the Fiscal Year	MHLA Enrollment Target	Percent of Target Met
2016-17	145,158	146,000	99.4%
2017-18	147,037	146,000	100.7%
2018-19	142,105	146,000	97.3%

Graph A1
MHLA Enrollment FY 2018-19



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, participants who move out of Los Angeles County or obtain health insurance are no longer eligible for the MHLA program. Participants may also decide to voluntarily disenroll from the program or not to renew their coverage at their annual renewal date. Since participation is completely voluntary, participants may choose to seek care at DHS clinics or other, non-MHLA clinics. As a result, they no longer need to be in the program.

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 happens if the program learns during an eligibility audit that a participant had full-scope Medi-Cal during the entire duration of their MHLA coverage or that the documentation required to prove the participant's eligibility in the MHLA was never submitted by the enroller. Participants can also be denied if ERU determines that the CP processed the application incorrectly and the participant was found to be ineligible.

Participants who 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 181,902 participants enrolled in the program during FY 2018-19. During the year, 5,863 (3.2%) were denied (Table A2) and 68,014 participants (37%) were disenrolled (Table A3).

Table A2 identifies the primary reasons why participants were denied from the program. The majority of denials were due to incomplete applications. This means that CP enrollers submitted applications that were missing some or all of the core MHLA eligibility documents (i.e. proof of income, Los Angeles County residency, and/or identity). This follows the same trend as prior fiscal years, when most denials were also due to incomplete applications. The Eligibility Review Unit continues to work with clinic enrollers to inform them about the importance of completing applications.

The MHLA program permits participants to submit affidavits when proof of income, identity, and residency are not possible for the applicant to produce. If any of these are missing, however, the person's application will be denied.

Table A2
MHLA Post-Enrollment Denials by Reason

Denial Reason	FY 15-16	FY 16-17	FY 17-18	FY 18-19
Incomplete Application	2,077	2,640	5,284	5,333
Enrolled in Full-Scope Medi-Cal	61	85	173	71
Income Exceeds 138% of FPL	69	135	255	316
Determined Eligible for Other Programs	65	24	79	16
Not a Los Angeles County Resident	42	58	27	16
False or Misleading Information	7	5	53	90
Duplicate Application	10	34	47	13
Enrolled in Private Insurance	4	3	4	0
Participant Request	1	3	8	2
Enrolled in Public Coverage	1	1	0	0
Participant has DHS Primary Care Provider	1	1	0	1
Enrolled in Employer-Sponsored Insurance	0	0	7	3
Did Not Complete Renewal	0	0	0	1
Not Eligible Due to Other Reasons	0	0	0	1
Total	**2,338**	**2,989**	**5,937**	**5,863**

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 15-16	FY 16-17	FY 17-18	FY 18-19
Did Not Complete Renewal	45,596	41,226	64,704	66,467
Enrolled in Full Scope Medi-Cal	2,740	2,829	294	169
Incomplete Application	156	14	27	20
Participant Request	158	54	137	213
Participant has DHS Primary Care Provider	124	102	113	312
Not a Los Angeles County Resident	49	6	45	39
Determined Eligible for Other Programs	43	6	23	24
Income Exceeds 138% of FPL	16	2	7	44
Enrolled in Employer Insurance	17	3	10	13
Enrolled in Private Insurance	12	0	8	10
Enrolled in Public Coverage	8	1	1	7
False or Misleading Information	7	0	1	2
Duplicate Application	6	5	12	2
Participant is Deceased	4	3	3	3
Program Dissatisfaction	0	1	0	0
Under Program Age Requirement	0	0	1	2
Enrollee is Incarcerated	0	0	0	2
Total	**48,936**	**44,252**	**65,386**	**67,329**

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 One-e-App system. The MHLA program notifies participants by postcard 90, 60 and 30 days prior to the end of their 12-month program coverage that their renewal date is approaching. MHLA participants may renew their coverage up to 90 days prior to their renewal date. Failure to complete the renewal process prior to the end of their 365-day coverage results 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 and at no cost.

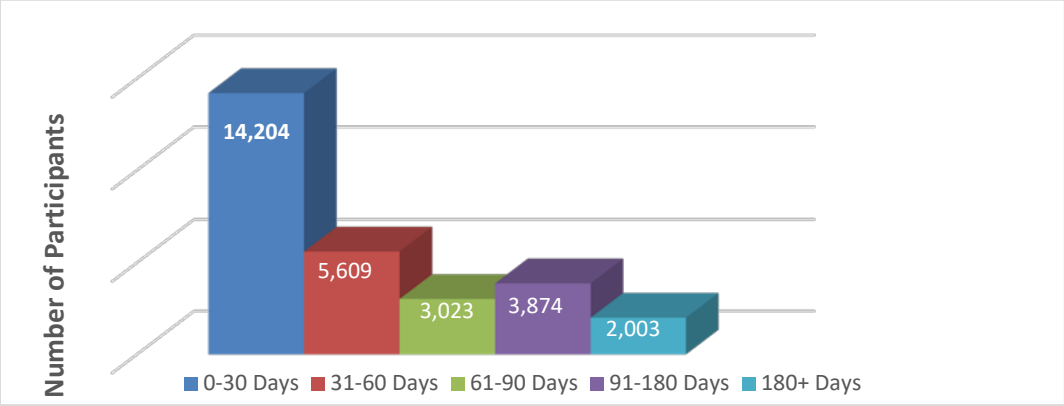
Table A4 provides the current renewal and re-enrollment rates compared to the previous fiscal year. Of the 139,995 MHLA participants due to renew last fiscal year, 72,553 (52%) participants renewed on time. Of the 66,467 individuals that did not renew, 28,713 (21%) came back within the year to reenroll in the program, meaning 72% of MHLA participants renewed or reenrolled in the program this fiscal year. The re-enrollment rate for the program is the same as last 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
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%
2018-2019	139,995	72,553	975	66,467	52%	28,713	21%	101,266	72%

Graph A2 captures the time gap between disenrollment and the participant's subsequent re-enrollment in the program. 28,713 participants chose to re-enroll in MHLA after their disenrollment, a majority of whom (14,204, or 49%) did so within the first 30 days of their disenrollment. 5,609 individuals (20%) reenrolled between 31-60 days of being disenrolled, and 3,536 (12%) re-enrolled within 91-180 days. These rates of re-enrollment are consistent with the previous fiscal year.

Graph A2
MHLA Participant Days between Disenrollment for Failure to Renew and Re-enrollment



The MHLA program looked at the utilization trends of those MHLA participants who were disenrolled from the program for failure to renew and who never re-enrolled into the program. Of the 66,467 participants who were disenrolled from MHLA for failure to renew and never returned to the MHLA program (Table A4), 46% of them never had a visit with their MHLA CP clinic, indicating that many of these participants may not have renewed because they were not using the program.

B. PARTICIPANT DEMOGRAPHICS

This section of the report examines the demographic makeup of the individuals enrolled in MHLA. Latinos continued to comprise the largest group of enrollees, making up over 95% of program participants. As for language, 91% participants indicated that Spanish was their primary spoken language and 7% indicated that English was their primary spoken language. Most MHLA participants (46%) were between 25 and 44 years old. In FY 2018-19, MHLA enrolled 837 homeless individuals - less than 1% of enrolled participants. More participants were female (60%) than male (40%).

Key FY 2018-19 demographic highlights for the MHLA Program are:

- 95% of participants identified as Latino.
- 60% were female and 40% were male.
- Less than 1% identified as homeless.
- Service Planning Area 6 had the largest concentration of MHLA participants at 22%.

Participant Demographics

The following table provides demographic detail on the participants enrolled at the end of FY 2018-19.

Table B1
Demographics for MHLA Participants (as of June 30, 2019)

Age	1.83% 19-24 years old 43.36% 25-44 years old 32.98% 45-54 years old 15.15% 55-64 years old 6.68% 65+	Income	5.36% at/below 0%-25% FPL 23.93% between 25.01%-50% FPL 15.51% between 50.01%-75% FPL 21.41% between 75.01%-100% FPL 21.16% between 100.01%-125% FPL 12.63% between 125.01%-138% FPL
Ethnicity	94.71% Latino 2.47% Asian/Asian Pacific Islander 1.86% Other/Declined to State 0.82% Caucasian 0.13% Black/African American	Language	91.38% Spanish 7.10% English 0.51% Korean 0.49% Thai 0.38% Other 0.09% Tagalog 0.08% Armenian 0.03% Cambodian/Khmer 0.02% Chinese
Gender	59.72% Female 40.19% Male 0.10% Other	Housing Status	.6% Homeless 99.4% Housed

Service Planning Area (SPA) Distribution

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

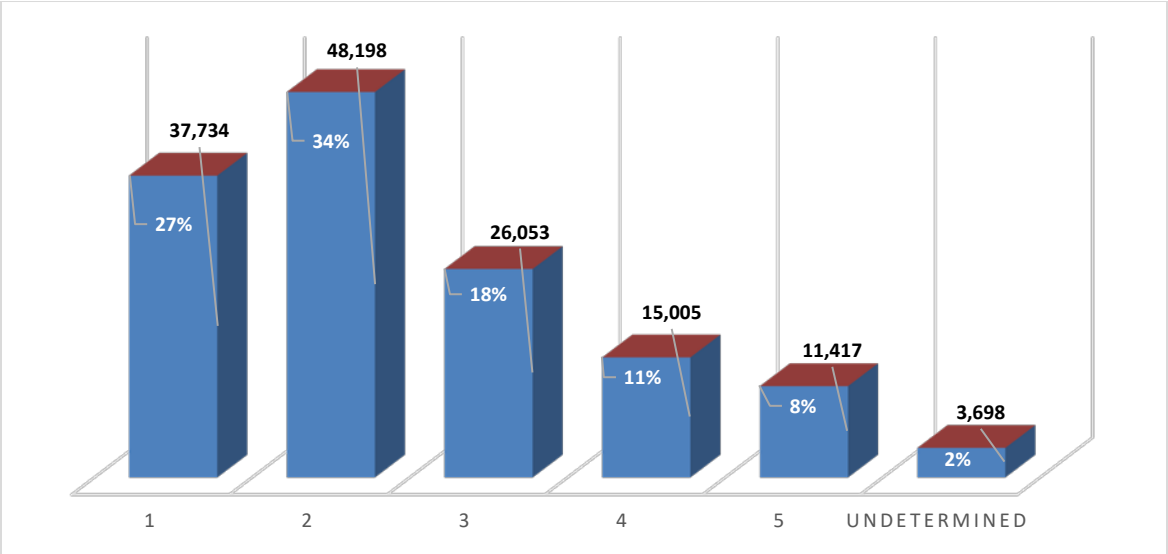
Table B2
SPA Distribution of MHLA Participants

SPA	FY 2016-17		FY 2017-18		FY 2018-19	
	Total Number of Participants	Total % of Participants	Total Number of Participants	Total % of Participants	Total Number of Participants	Total % of Participants
1	2,879	1.98%	2,969	2.02%	2,688	1.89%
2	27,745	19.11%	27,606	18.77%	27,162	19.11%
3	13,071	9%	13,858	9.42%	13,016	9.16%
4	27,301	18.81%	27,780	18.89%	26,615	18.73%
5	3,402	2.34%	2,985	2.03%	3,182	2.24%
6	32,314	22.26%	32,817	22.32%	31,261	22.00%
7	19,204	13.23%	20,443	13.90%	19,564	13.77%
8	15,141	10.43%	15,652	10.64%	14,919	10.50%
Undetermined	4,101	2.83%	2,927	1.99%	3,698	2.60%

MHLA Program Participant Distribution by Supervisorial District

Graph B1 provides the MHLA participant distribution by Supervisorial District. District 2 shows the largest percentage of MHLA program participants of all five districts, at 34%, which is similar to previous years.

Graph B1
Distribution of MHLA Participants by Supervisorial District



C. PROVIDER NETWORK

This section of the report describes the MHLA provider network.

Key FY 2018-19 highlights were:

- The number of MHLA medical homes, 214, remained similar to last year.
- 71% of MHLA medical homes were open to accept new participants throughout the fiscal year.
- A total of 63 (29%) medical home clinic sites were closed to new patients at some point during the fiscal year.

Clinic Sites and Capacity

MHLA ended FY 2018-19 with a total of 49 CP agencies and 214 primary care clinics.

The MHLA Contract Administration Unit surveys CPs twice a month to determine whether there are any changes in clinic capacity and whether clinic panels should remain open or closed to new patients. 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 it can schedule an urgent primary care appointment within 96 hours and a non-urgent primary care appointment within 21 days.

During FY 2018-19, 63 clinic sites closed to new patients at some point in the fiscal year due to limited capacity to meet the access standards. The number of "closed" sites increased compared to the 51 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 receive their primary and preventative care services. This includes prevention, diagnosis, treatment of illness or injury, health advice, diagnostic services (basic labs and radiology), chronic disease management, immunizations, referrals, health education, medicines and other services.

Participants retain their medical home for 12 months. They may receive care at any clinic site within a clinic agency's network but may not receive their primary care outside of the agency. DHS creates a monthly report of the distribution of MHLA participants by medical home and posts the report on the MHLA website.

Participants may change their medical home during the first 30 days of enrollment for any reason. They also can change throughout the year for any of the following reasons: 1) if the participant has a new place of residence or employment; 2) if the participant has a significant change in their clinical condition that cannot be appropriately cared for in the current medical home; 3) if the participant has a deterioration in the relationship with the health care provider/medical home that cannot be resolved; or 4) 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."

There were 103 approved medical home changes this fiscal year, most commonly during the first 30 days of enrollment at the request of the participant.

DHS Participation in the MHLA Network

DHS provides a range of specialty, urgent care, diagnostic, emergency care and inpatient services to MHLA participants—all at no cost to the participant. Participants, however, must comply with the Medi-Cal screening and enrollment process when they go to DHS facilities. If they don't, they may be financially liable for the cost of care.

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. DHS hospitals available to MHLA participants are LAC+USC Medical Center, Harbor-UCLA Medical Center, Olive View-UCLA Medical Center and Rancho Los Amigos National Rehabilitation Center. However, MHLA participants can and should seek services for emergencies at the nearest hospital emergency department consistent with federal and state laws that govern access to emergency care.

New Empanelment Referral Form (NERF) Patient Referrals

DHS works to connect as many uninsured patients as possible to primary care providers. When uninsured patients present at DHS clinics or hospitals, DHS staff offer them the choice of a CP clinic or a DHS clinic depending on where the patient resides. Patients are referred to clinics through the New Empanelment Referral Form (NERF) process. The form is used when a DHS clinician wishes to begin the process of connecting a DHS patient to a primary care medical home.

In recent years, DHS has built additional primary care capacity, which has led to a decrease in referrals out to MHLA CPs. When a patient does indicate the desire to enroll in MHLA, 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. Additionally, some patients choose not to be referred if they feel that their medical issue was resolved at DHS and they do not perceive a need for ongoing primary care services.

D. CONTRACT AND AUDIT ADMINISTRATION

This section of the report focuses on MHLA Contract and Audit Administration unit. This MHLA unit ensures that CPs follow contractual guidelines as well as federal, state and county regulations in the provision of clinical care to program participants. CPs are responsible for addressing identified corrections/deficiencies.

In addition, the unit provides contract oversight for vendor services (e.g., printing, translation, and interpreting services). As mandated, the Contract and Audit Administration unit conducts annual comprehensive evaluations of CPs' facility, administration and medical records while maintaining oversight and compliance with regulatory agency requirements for all CP medical home clinics. The unit assists in improving the quality and safety of clinical care and services provided to MHLA participants.

The reviews conducted by the Contract and Audit Administration unit include the following:

1. Facility Site Review (FSR)/Credentialing Review (CR)
2. Medical Record Review (MRR)
3. Dental Record Review (DRR)

The Contract and Audit Administration unit works with CPs to help them successfully comply with the implementation of a Corrective Action Plan by providing technical assistance and conducting focused reviews if the audit does not reach compliance thresholds.

As a result of the 2018 contract changes, the annual audit tools were revised. This year, the audit process was streamlined to become more meaningful and less administratively burdensome to CPs. For example, MHLA removed any element from the Facility Site Review (FSR)/Credentialing Review (CR) that was already being audited by the managed care plans, the California Department of Health Care Services or the federal Health Resources and Services Administration. In addition, the overall audit scores on the MRR that triggered a Corrective Action Plan were lowered.

During FY 2018-19, the unit completed annual audits for all CP sites and vendors. The results are detailed in this section of the report. Even if a Corrective Action Plan is not required, MHLA informs CPs of the deficiencies and urges the CPs to address them to ensure the highest quality program and so there aren't repeat deficiencies the following year.

Facility Site Review (FSR)/Credentialing Review (CR)

FSR/CR includes the process of evaluating the facility for patient access and appropriate service provision. Through the FSR/CR, MHLA also ensures that all required professional licenses and certifications are current and issued from the appropriate licensing/certification agency.

There were 221 approved sites throughout FY 2018-19. FSR/CR were not conducted for 12 of the 221 sites because some sites were terminated, and others were brand new to the program. Of the 209 audits conducted, only two showed deficiencies. Each had one deficiency and only one was required to submit a Corrective Action Plan.

The Contract and Audit Administration unit monitors timely access standards as part of the FSR. CPs shall make available to MHLA participants appointments for included services within 21 calendar days for non-urgent primary care health services or within 96 hours for urgent primary health care services. Every clinic site met the timely access standards. For urgent primary care appointments, 61% of clinics could provide same-day appointments and 28% could provide appointments within 24 hours. For non-urgent primary care appointments, 32% of clinics could provide same-day appointments and 49% could provide appointments within 1-5 business days.

Medical Record Review (MRR)

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.

Of the 205 MRRs that were conducted, 139 sites showed deficiencies and two were required to submit a CAP. MRR were not conducted for 16 of the 221 sites because they were either brand new sites or they were smaller clinic sites and didn't see MHLA patients during the fiscal year.

The most frequent MRR deficiencies are listed in Table C1.

There are 11 DHS core elements that are subject to liquidated damages if the score on any of those elements is below the satisfactory compliance of 90%. FY 2018-19 is the first year of this provision. If a CP has five or more of the same repeat deficiencies during each of three consecutive fiscal years and does not reduce its total number of repeat deficiencies between the first and third fiscal years, liquidated damages may be assessed.

The DHS core elements are specialty referral, TB screening, lipid screening, mammogram, cervical cancer screening, immunization, seasonal flu vaccine, colorectal cancer screening, abuse/neglect assessment, diabetic retinal scan/ophthalmology referral and foot exam/podiatry referral.

Altogether, there were 1,084 deficiencies in the MRR during FY 2018-19. Of those, 905 were related to the 11 DHS core elements (Table C2). 138 (67%) of the 205 sites showed one or more deficiencies for any of those elements. In addition, 132 (64%) of the 205 sites scored below the minimum satisfactory compliance (90%).

Table C1
Most frequent MRR deficiencies

Rank	Deficiency	Frequency	Percentage
1	Immunization	123	11.3%
1	Seasonal flu vaccine	123	11.3%
2	Colorectal cancer screening	99	9.1%
3	Foot exam/podiatry referral	96	8.9%
4	TB screening	91	8.4%
5	Cervical cancer screening	84	7.7%

Table C2

Ranking for the 11 core elements (Total 905=100%)			
Rank	**Deficiency**	**Frequency**	**Percentage**
1	Immunization	123	13.6%
1	Seasonal flu vaccine	123	13.6%
2	Colorectal cancer screening	99	10.9%
3	Foot exam/podiatry referral	96	10.6%
4	TB screening	91	10.1%
5	Cervical cancer screening	84	9.3%
6	Diabetic retinal scan/ophthalmology referral	81	9.0%
7	Follow-up of specialty referrals made	62	6.9%
8	Mammogram screening	61	6.7%
9	Abuse/neglect assessment	45	5.0%

10	Lipid screening	40	4.4%
	Total	***905***	***100.0%***

Dental Record Review (DRR)

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.

A total of 51 DRRs were conducted. Of those, 13 (25%) sites showed deficiencies. None of the 51 dental sites were required to submit a CAP. The deficiencies are listed in Table C3.

Table C3
Total DRR deficiencies among the 51 dental sites

Rank	Deficiency	Frequency	Percentage
1	Provision of oral cancer screening	7	32%
2	Cleaning prophylactic	6	27%
3	Emergency contact identified	3	14%
4	Provision of disclaimer and patient's signature after a referral was made	2	9%
4	Number of visits matching the number of claims	2	9%
5	Dental material fact sheet present in chart	1	5%
5	Billed service(s) concurring with documentation in the patient's medical record and within the contract term	1	5%
	TOTAL	***22***	***100%***

E. PARTICIPANT EXPERIENCE

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

Key FY 2018-19 highlights were:

- Member Services received a total of 18,009 calls in FY 2018-19 (for an average of 1,553 calls per month).
- There was a total of 14 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 staff members are available to answer questions for MHLA participants Monday through Friday from 7:30 a.m. – 5:30 p.m. at 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 as well as to process medical home changes, complete disenrollments, process address and phone number changes and order replacement identification (ID) cards.

During FY 2018-19, MHLA's Member Services call center received an average of 1,553 call per month 18,009 calls total. The number of incoming calls decreased 32% from last year's total of 26,438. The top reasons for calls were general program questions, eligibility verification, ID card request and medical home changes.

Participant Complaints

Member Services staff members also take calls from MHLA participants who are experiencing issues and they try to help resolve those issues. When the problem requires more intensive research or involves a clinical investigation, a participant's complaint 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 works 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. Participants who file formal complaints are notified by letter within 60 days of the filing of the complaint with the resolution of their issue.

Of the 18,009 calls that came into Member Services in FY 2018-19, 14 were "formal complaints." This is an increase from the 10 formal complaints in FY 2017-18 but a significant decrease from the 29 complaints filed in FY 2016-17. The top formal complaint reasons were related to delays in service and treatment/diagnosis/inappropriate care. 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 2016-17		FY 2017-18		FY 2018-19	
	Total	Percent	Total	Percent	Total	Percent
Mistreatment/Misdiagnosis/Inappropriate Care by Provider	1	3.5%	4	40%	4	29%
Delay or Refusal in Receiving Clinical Care Services	11	38%	2	20%	7	50%
Refusal of Referral to Specialist	7	24%	1	10%	0	0%
Delay in Authorization	1	3.5%	1	10%	0	0%
HIPAA, Treatment Record Keeping	0	0%	1	10%	0	0%
Prolonged Wait in Provider's Office	0	0%	1	10%	0	0%
Refusal of Prescription by Clinical Provider/Pharmacy/Access Problems	5	17%	0	0%	2	14%
Other (Primary care access standards, cultural and linguistic issues, denial of ER/urgent care, medical claims/billing/charges, etc.)	2	7%	0	0%	0	0%
Attitude/Miscommunication/Behavior by Staff	1	3.5%	0	0%	0	0%
Benefit Issue/Not Covered	1	3.5%	0	0%	0	0%
After Hours and Access Information	0	0%	0	0%	0	0%
Attitude/Miscommunication/Behavior by Physician	0	0%	0	0%	0	0%
MHLA Medi-Cal	0	0%	0	0%	1	7%
Total	29	100%	10	100%	14	100%

F. SERVICE UTILIZATION

This section of the report provides an analysis of the clinical and service data from both CP and DHS facilities in order to assess disease morbidity, health outcomes and utilization of services.

Key FY 2018-19 highlights were:

- 70% of MHLA participants had a primary care visit.
- MHLA participants had an average of 3.57 primary care visits per year.
- 36,186 unduplicated MHLA patients accessed 162,920 specialty care visits.
- 7% of all MHLA participants had an emergency department (ED) visit.
- 17% of visits to the ED were considered avoidable.
- The hospital readmission rate (30, 60, 90 days combined) was 18%.

During FY 2018-19, there were 181,902 participants enrolled in the MHLA program 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 are provided by CP medical homes while specialty, urgent, emergency and inpatient care services are provided at DHS facilities. Tables F1 and F2 provide summary participant utilization information for FY 2018-19 at CPs and DHS facilities.

There was a slight increase in the percentage of MHLA participants who accessed at least one primary care service this year (70%) compared to last year (68%).

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 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
FY 2018-19	Primary Care (CP)	181,902	126,748	70%	514,546
	Prescription (CP)	181,902	97,543	54%	1,044,996

Table F2
Summary of Utilization Data – Participants Utilizing at Least One Service at a DHS Facility
FY 2018-19

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)	181,902	36,186	19.89%	162,920
Emergency (DHS)	181,902	12,808	7.04%	18,174
Prescription (DHS)	181,902	15,354	8.44%	96,154
Urgent Care (DHS)	181,902	6,322	3.48%	9,829
Inpatient (DHS)	181,902	3,085	1.70%	4,206

Primary Care

During FY 2018-19, 70% of MHLA participants had at least one primary care visit at their medical home clinic during their period of enrollment. This percentage of primary care service utilization was a slight increase from prior years (68% in FY 2017-18 and 64% in FY 2016-17). The average number of visits for a MHLA participant in FY 2018-19 was 3.57. This is a slight increase from last fiscal year, when MHLA participants had 3.51 primary care visits per year on average. Appendix 1 provides detailed information on the number of primary care visits for MHLA participants by medical home.[1] Table F3 provides a comparison of the average number of primary care visits from the inception of the program.

Table F3
Average Number of Primary Care Visits per Year

Fiscal Year	Unique Participants	Total # of Visits	Total Number of Participant Months	Average Participants per Month	Average Visits per Year
FY 2014-15	80,707	231,486	786,521	87,391	3.53
FY 2015-16	116,168	441,702	1,646,443	137,204	3.22
FY 2016-17	121,133	476,098	1,734,532	144,544	3.29
FY 2017-18	125,828	517,958	1,769,441	147,453	3.51
FY 2018-19	126,748	514,546	1,730,998	144,250	3.57

[1] 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.

Of the 126,748 MHLA participants who had a primary care visit this fiscal year, individuals with chronic conditions had a higher average number of visits per year (5.57) than those without chronic conditions (2.29). [2] 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).

Table F4
Primary Care Visits – Participants with and without Chronic Conditions
FY 2018-19

Fiscal Year	Type of Condition	Unique Participants	% Participants	Total Number of Visits	Total Number of Participant Months	Average Visits per Year
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
2018-19	With Chronic Conditions	61,452	48%	313,133	674,553	5.57
	Without Chronic Conditions	65,296	52%	201,413	1,056,445	2.29

In FY 2018-19, 70% of MHLA participants had at least one primary care visit while they were enrolled during the year. As shown in Table F5, that percentage is the same as last year.

[2] The top three chronic conditions were Diabetes, Hypertension and Hyperlipidemia.

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	55,154	22,599	22,667	20,029	17,524	37,407	6,522	126,748	181,902
% Participants	30%	12.4%	12.5%	11%	9.6%	20.6%	3.6%	70%	100%

MHLA Pharmacy Program

MHLA contracts with Ventegra, a local Pharmacy Services Administrator, 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 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. Participants also can have medications mailed to their home or clinic using the DHS Central Fill Pharmacy (participants receive a telephone consultation by a DHS pharmacist).

Outside of DHS Central Fill, 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).

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 56% of MHLA participants filled at least one medication in FY 2018-19, up from 52% last fiscal year. However, what appears to be an increase in the total number of prescriptions filled in FY 2018-19 is not solely due to an increase in utilization. The pharmacy network implementation was phased in over time. The increase in pharmacy utilization is likely due to improvements in data collection once all prescriptions filled by MHLA participants were being run through Ventegra and their claims adjudication database.

According to data received from Ventegra, 54% of medications dispensed in the MHLA program in FY 2018-19 were generic, 15% were purchased under the 340B program, 23% were over the counter (OTC) medications, and 7% were diabetic supplies. Ventegra's data also shows that 88% were filled at contracted pharmacies, 10% were filled at on-site CP dispensaries, and 2% were 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 (DHS & Ventegra)	% of Participants Receiving Prescriptions	Medications Dispensed by Ventegra	Medications Dispensed at DHS (Prescribed by DHS)	Total Prescriptions Dispensed
FY 2017-2018	185,695	96,989	52%	875,099	107,753	982,852
FY 2018-19	181,902	102,362	56%	1,044,996	96,154	1,141,150

Table F7 shows the top ten therapeutic classes of medications taken by those MHLA participants. Medications/products related to diabetes represented nearly 25% of total prescriptions and medications for high blood pressure and high cholesterol represented 17% of the total.

Table F7
DHS & CPs 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%
Medical Devices and Supplies	Mostly diabetes related products like syringes and lancing devices	6%
Analgesics – Anti-Inflammatory	Used for pain, fever and inflammation (NSAID's)	5%
Diagnostic Products	Mostly diabetes related products to test blood sugar	4%
Ulcer Drugs/ Antispasmodics/Anticholinergics	Used GI diseases	4%
Dermatologicals	Topical dermatological agents	4%
Diuretics	Increases the flow of urine	3%

Specialty Care Services

The following section provides analysis on specialty care utilization by MHLA participants at DHS clinics and hospitals in FY 2018-19.

DHS' eConsult is a web-based system that allows CPs and DHS specialists to securely share health information, discuss patient care and determine if MHLA participants need an in-person visit with a specialist. The total number of eConsults submitted from MHLA CPs in FY 2018-19 was 89,861. Of those, 63,736 were directed for face-to-face visit.

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 36,186 unduplicated MHLA participants who received a total of 162,920 specialty care visits at DHS in FY 2018-19. This fiscal year saw an 8% increase in the total number of specialty care visits provided to MHLA patients (from 150,528 to 162,920). On average, a MHLA participant who saw a specialist had 4.5 specialty visits during the year. About 20% of all MHLA participants saw a specialist, compared to 17% of participants last year.

Table F8
Specialty Care Services by Unique Participants

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 Participant Months per Year	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
FY 2018-2019	181,902	36,186	63,736	162,920	1,129.43	4.50

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	0 Specialty Visits	1 Specialty Visit	2 Specialty Visits	3 Specialty Visits	4 Specialty Visits	5 – 9 Specialty Visits	10+ Specialty Visits	Total
2016-17	Number of MHLA Patients with SP Visits	160,378	9,024	4,991	3,479	2,481	5,949	3,108	189,410
	% of Total	84.67%	4.76%	2.64%	1.84%	1.31%	3.14%	1.64%	100%
2017-18	Number of MHLA Patients with SP Visits	153,572	9,861	5,397	3,703	2,676	6,673	3,813	185,695
	% of Total	82.70%	5.31%	2.91%	1.99%	1.44%	3.59%	2.05%	100%
2018-19	Number of MHLA Patients with SP Visits	145,716	12,121	5,876	4,060	2,961	7,063	4,105	181,902
	% of Total	80.11%	6.66%	3.23%	2.23%	1.63%	3.88%	2.26%	100%

Table F10 details the total number of specialty care visits provided to MHLA participants in FY 2018-19 by DHS facility. The 36,186 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 continued to be the largest provider of specialty care services (39.81% of the total) for the MHLA program. Harbor-UCLA Medical Center, Olive View Medical Center and Martin Luther King Outpatient Center followed as the largest DHS specialty care providers for MHLA. Together, these four facilities made up 89% of all specialty care services provided to MHLA participants.

Table F10
Specialty Care Services by DHS Facility
FY 2018-19

Facility Name	Participants (Unduplicated by Facility)	Specialty Care Visits	% of Total Specialty Care Visits
LAC+USC MEDICAL CENTER	15,227	64,863	39.81%
OLIVE VIEW-UCLA MED CTR	7,131	28,366	17.41%
HARBOR-UCLA MEDICAL CENTER	6,388	28,363	17.41%
MARTIN LUTHER KING OUTPATIENT CENTER	6,412	23,614	14.49%
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER	1,382	4,591	2.82%
HUDSON COMPREHENSIVE HEALTH CENTER	1,516	3,069	1.88%
HIGH DESERT REGIONAL HEALTH CENTER	1013	2,638	1.62%
ROYBAL COMPREHENSIVE HEALTH CENTER	920	2,086	1.28%
HUMPHREY COMPREHENSIVE HEALTH CTR	511	1,298	0.80%
LONG BEACH COMPREHENSIVE HEALTH CENTER	357	1089	0.67%
EL MONTE COMPREHENSIVE HEALTH CENTER	571	1,057	0.65%
MID-VALLEY COMPREHENSIVE HEALTH CENTER	598	1,056	0.65%
SOUTH VALLEY HEALTH CENTER	50	182	0.11%
SAN FERNANDO HEALTH CENTER	91	163	0.10%
WILMINGTON HEALTH CENTER	28	150	0.09%
TORRANCE HEALTH CENTER	16	64	0.04%
LA PUENTE COMMUNITY CLINIC	14	56	0.03%
CURTIS TUCKER HEALTH CENTER	19	53	0.03%
BELLFLOWER HEALTH CENTER	19	44	0.03%
GLENDALE HEALTH CENTER	16	43	0.03%
DHS-WEST VALLEY HEALTH CENTER	14	39	0.02%
DOLLARHIDE HEALTH CENTER	10	14	0.01%
DHS-EAST LOS ANGELES HEALTH CENTER	3	6	0.00%
LITTLEROCK COMMUNITY CLINIC	4	6	0.00%
DHS-EAST SAN GABRIEL VALLEY HEALTH CENTER	2	6	0.00%
ANTELOPE VALLEY HEALTH CENTER	2	4	0.00%
Overall (All DHS Facilities)	**36,186**	**162,920**	**100.00%**

Urgent Care Services

MHLA covers urgent care services for MHLA program participants at any of the 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 CP's capabilities.

Tables F11 and F12 illustrate urgent care utilization among MHLA participants. 3.48% of all MHLA participants (6,332) utilized urgent care services at DHS for a total of 9,829 urgent care visits. The utilization rate for urgent care was 68.14 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 with Urgent Care Visits	175,580	4,386	1,147	405	199	175	10	6,322	181,902
Percentage of Participants	96.52%	2.41%	0.63%	0.22%	0.11%	0.10%	0.01%	3.48%	100%

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

Urgent Care	Total Participants	Participants w/ Urgent Care Visit	Visit Count	Urgent Care Visits Per 1,000 Participants Per Year	Average Visits Per Participant Per Year
FY18-19	181,902	6,322	9,829	68.14	0.07

Emergency Department (DHS)

MHLA participants can receive no-cost emergency services at 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 2018-19. 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 is not included here.

In FY 2018-19, 12,808 MHLA participants had 18,174 ED visits at DHS facilities. The rate of ED visits was 126 per 1,000 participants in FY 2018-19, compared to 101 per 1,000 participants last year (Table F13).

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
FY 2018-19	18,174	1,730,998	125.99

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. Nearly 17% of MHLA participants who had an ED visit in FY 2018-19 did not have a visit at their CP medical home that same year.

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 with primary care visits who had an ED Visit	2,154	1,309	1,315	1,458	1,403	4,030	1,139	12,808

The data in Tables F15 and F16 illustrate the total number of MHLA participants who utilized an ED service, further broken down by housing status (i.e., homeless or not homeless). 10,654 MHLA participants (5.9% of the total MHLA enrolled) visited a DHS ED in FY 2018-19. Of these, 145 identify as homeless. Nearly 93% of MHLA participants never had ED visit (homeless and not homeless combined), and that for both homeless and non-homeless ED users, most visited the ED only one time (Table F16).

Table F15
ED Visits by Unduplicated Housed and Homeless Participants

	Unduplicated Participants	Participants with Primary Care Visits who had an ED Visit	Percentage of Participants with ED Visits	Number of ED Visits by Housing Status

All Participants	181,902	10,654	5.86%	18,174
Housed Participants (ED Visits)	180,590	10,509	5.82%	17,926
Homeless Participants (ED Visits)	1,312	145	11.05%	248

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	Total Participants
All Participants	169,094	9,552	2,147	686	209	187	27	181,902
ED Percentage of Total Participants	92.96%	5.25%	1.18%	0.38%	0.11%	0.10%	0.01%	100.00%
ED Visits (Homeless)	1,167	83	37	8	5	9	3	1,312
ED Visits (Homeless) of Total Participants	88.95%	6.33%	2.82%	0.61%	0.38%	0.69%	0.23%	100.00%

Avoidable Emergency Department Visits

ED visits that are not emergency related and could be considered avoidable[3] are identified as avoidable emergency department visits. Appendix 2 lists the avoidable ED visits by type, number of visits and unique participants. Table F17 provides the rate of avoidable emergency department visits for each of the years since the program's inception. Nearly 17% of ED visits by MHLA participants in FY 2018-19 were considered avoidable. This rate is largely unchanged from last year's rate. The top three avoidable ED visit reasons were: headaches, dorsalgia (back pain), and acute upper respiratory infections.

Table F17
Avoidable ED (AED) Visits and Rate by MHLA Participants

Fiscal Year	AED Visits	ED 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%
FY 2018-19	3,086	18,174	16.98%

Inpatient Hospitalization Admissions (DHS)

[3] 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.

DHS provides inpatient hospitalization for MHLA participants at four 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 is not included in this analysis.

Table F18 shows inpatient hospitalization admissions for all MHLA participants. 3,085 of 181,902 MHLA program participants (1.7%) in FY 2018-19 were admitted to a DHS hospital. This rate is largely unchanged from last fiscal year (1.5%).

Table F18
Distribution of Unduplicated Hospital Admissions by Number of Inpatient Stays (Visits)

	No Admissions	1 Admission	2 Admissions	3 Admissions	4 Admissions	5 – 9 Admissions	10+ Admissions	Total Participants
Number of Participants with IP Visits	178,817	2,423	448	100	61	51	2	181,902
% of Total Participants	98.30%	1.33%	0.25%	0.05%	0.03%	0.03%	0.00%	100.00%

Table F19 reflects DHS hospitalization by facility, including bed days and average length of stay (ALOS). 3,085 MHLA participants had 4,206 hospital admissions totaling 21,010 inpatient bed days at DHS facilities. The average length of stay for these patients was five days.

LAC+USC Medical Center continues to be the DHS hospital with the highest number of MHLA inpatient admissions – 48.79% of the total. Rancho Los Amigos National Rehabilitation Center has the highest average length of stay, at 7.72 days.

Table F19
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	1,528	2,052	48.79%	10,809	5.27
OLIVE VIEW-UCLA MED CTR	701	956	22.73%	4,112	4.30
HARBOR-UCLA MEDICAL CENTER	736	917	21.80%	3,920	4.27
RANCHO LOS AMIGOS	224	281	6.68%	2,169	7.72
Total	**3,085 (Unduplicated)**	**4,206**	**100%**	**21,010**	**5.00**

Table F20 shows that the majority (66.57%) of MHLA participants who were hospitalized had a chronic medical condition.

Table F20
DHS Hospitalization Admission

	Unique Participants	Admissions	% of Total Admissions	Bed Days	ALOS
With Chronic Condition	1,997	2,800	66.57%	14,316	5.11
Without Chronic Condition	1,088	1,406	33.43%	6,694	4.76
Total Participants	3,085	4,206	100%	21,010	5.00

Table F21 provides a comparative analysis of admissions, acute days and average length of stay. The average length of stay 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 1,000 participants has increased despite a drop in enrollment.

Table F21
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
FY 2018-19	4,206	29.16	21,010	145.65	5.00 Days

Hospital Readmissions

The readmission rate for MHLA participants within 90 days at all DHS facilities combined is 18%, as shown in Table F22. The majority of hospital readmissions occurred within the first thirty (30) days. Table F22 provides readmission rates by DHS hospital; Olive View-UCLA Medical Center had the highest readmission rate for MHLA participants, at 21.34%.

Table F22

DHS Hospital Readmission Rate for 30, 60 and 90 Days

Readmit Time After Discharge	Readmissions	Total Admissions	Readmission Rate
01-30 Days	512	4,206	12.17%
31-60 Days	175	4,206	4.16%
61-90 Days	73	4,206	1.74%
Total	**760**	**4,206**	**18.07%**

Table F23
Readmission Rate by DHS Hospital (1 - 90 Days)

Facility Name	Readmissions	Total Admissions	Readmission Rate
LAC+USC MEDICAL CENTER	401	2052	19.54%
OLIVE VIEW-UCLA MEDICAL CENTER	204	956	21.34%
HARBOR-UCLA MEDICAL CENTER	140	917	15.27%
RANCHO LOS AMIGOS	15	281	5.34%
Total (All DHS Hospitals)	**760**	**4,206**	**18.07%**

Table F24 compares the MHLA readmission rate by fiscal year and by chronic versus non-chronic conditions. The readmission rates for both chronic and non-chronic conditions were slightly lower in FY 2018-19 than last year.

Table F24
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	FY 2018-19 Readmission Rate
W/ Chronic Condition	15.14%	10.45%	19.19%	18.89%	16.56%
W/O Chronic Condition	15.18%	15.89%	18.59%	16.83%	18.48%
Overall Inpatients	**15.17%**	**13.95%**	**18.72%**	**17.23%**	**18.07%**

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.

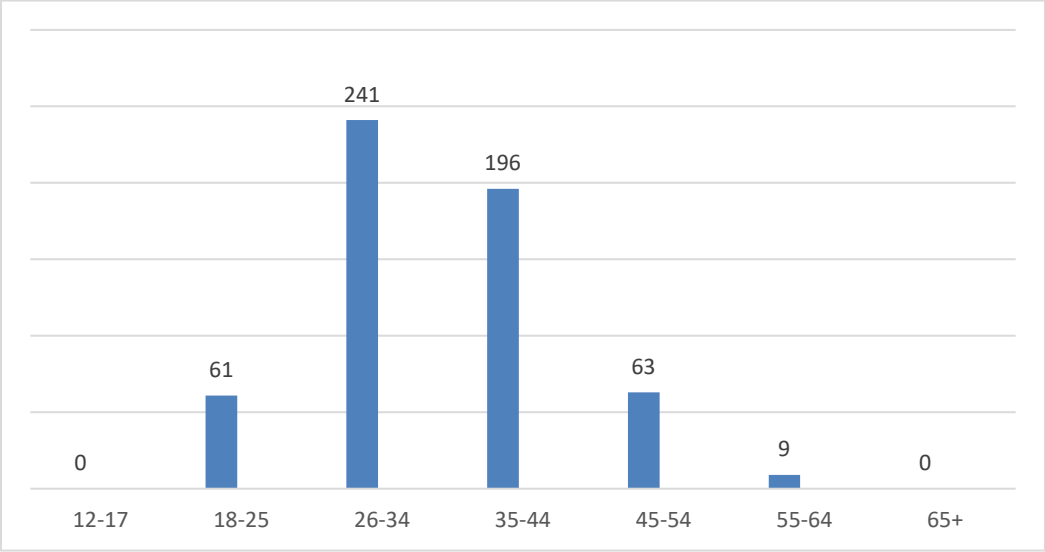
With the addition of SUD services to the MHLA program, a full array of drug and alcohol treatment services became available to MHLA participants at no cost. These services include withdrawal management (detox), individual and group counseling, patient education and family therapy, recovery support services, opioid treatment, recovery bridge housing, and case management.

MHLA participants can access SUD services in a number of ways. They can "self-refer" by calling DPH's Substance Abuse Service Helpline, find a provider nearby through SAPC website or receive a referral from their MHLA CP medical home clinic.

This fiscal year, a total of 570 MHLA participants accessed SUD services. This was a significant increase from last fiscal year, when only 323 patients accessed SUD treatment services. This is likely due in part to an outreach campaign by the program with clinics, advocacy groups and patients regarding the availability of these services. This year, the MHLA convened a workgroup with DPH, DMH, 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. MHLA also held two trainings for community providers on Medication Assisted Treatment for opioid use disorder.

Graph G1 illustrates those MHLA participants who sought SUD treatment services from DPH, sorted by age. The largest group of SUD treatment recipients was the age group, 26 to 34 years old.

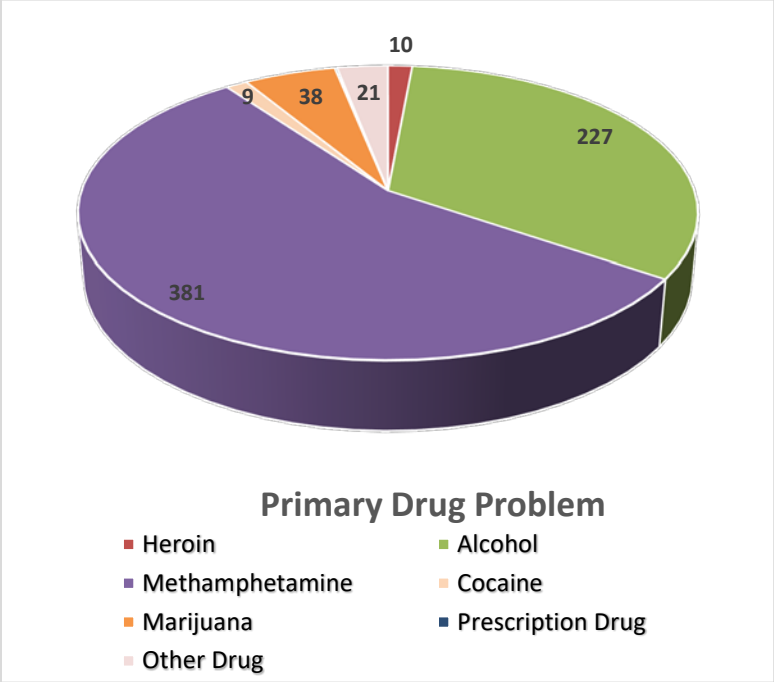
Graph G1
MHLA SUD Participant by Age



Graph G2 provides a breakdown of MHLA participants by SUD issue. The 570 participants may have had more than one SUD issue (total of 687 SUD issues) during the fiscal year. 381 patients sought SUD treatment services for methamphetamine addiction, 227 individuals utilized treatment for alcoholism, and 38 participants sought help for marijuana addiction. The remaining participants 40 sought SUD treatment for cocaine, heroin or prescription drug use.

Graph G2

MHLA SUD Participant by SUD Issue



The utilization of SUD treatment is expected to increase in FY 2019-20 with new pilot projects aimed at expanding access to MHLA participants. One will bring SUD treatment providers into select CP clinics to provide services to MHLA participants, and another will enable SUD treatment providers to enroll eligible participants into MHLA.

H. HEALTH CARE SERVICE EXPENDITURES

This final section of the annual report provides information on the payments made to 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 2018-19 highlights were:

- Total MGF payments to Community Partners for primary care related services totaled $49,437,017.28.
- Payments for dental services totaled $6,953,821.92.
- The Monthly Grant Funding rate 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 and primary care, and (2) Fee-For-Service payments for dental services provided by those CP clinics with dental contracts with MHLA. In addition, MHLA pays for medications on behalf of participants. In FY 2018-19, MHLA paid $9.32 million for pharmacy-related services.

Community Partners – Primary Care

The Los Angeles County Board of Supervisors allocated $56 million for the provision of primary care for CPs. Of this allocation, a total of $49.44 million in MGF payments were paid to the CPs in FY 2018-19.

Community Partners – Dental Care

Although dental care is not a benefit of the MHLA program, twenty-five (25) MHLA Community Partners provided dental services to MHLA eligible or enrolled participants in FY 2018-19. A total of $6.95 million in dental funding was spent by the CPs in FY 2018-19.

MHLA per Participant per Month Health Care Service Costs

There was a total of 1,730,998 MHLA participant months in FY 2018-19. The total MGF paid by MHLA to CP clinics for primary care services was $49.44 million.

CPs receive an MGF payment per month of $28.56 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, 55,154 (30%) of MHLA participants did not have a primary care visit in FY 2018-19 representing 416,630 enrollment months. A total of $11.90 million ($28.56 x 416,630 months) in payments were made on behalf of participants who did not utilize a primary care service. The way payments are made changed at the start of FY 2019-20, with CPs only receiving MGF for enrolled participants who had a primary care visit in the prior 24 months.

Estimated MHLA Health Care Service Payments

Table H1 outlines the total payments, $65.71 million, for the MHLA Program for FY 2018-19.

Table H1
Estimated Total MHLA Payments Estimated Total MHLA Payments (FY 2018-19)

ENROLLMENT	
TOTAL PARTICIPANT MONTHS (TOTAL ENROLLMENT OF 181,902):	1,730,998
COMMUNITY PARTNER PROGRAM PAYMENTS	
MONTHLY GRANT FUNDING COST FOR ALL COMMUNITY PARTNERS	
PRIMARY CARE SERVICES	$49,437,017.28
VENTEGRA PHARMACY RELATED SERVICES	$9,321,741.16
DENTAL CARE SERVICES	$6,953,821.92
GRAND TOTAL	$65,712,580.36

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

III. CONCLUSION AND LOOKING FORWARD

FY 2018-19 was the fifth programmatic year for the MHLA program. As the report demonstrates, the services available to the MHLA participants continue to expand under the program to provide a comprehensive array of primary and supportive services to meet the needs of these patients. Participants are receiving regular primary care, and when needed, specialty, emergency, urgent and inpatient care. They also are obtaining medications through a robust network of community pharmacies as well as through CPs and DHS.

This year, MHLA began implementation of the new contract amendment, putting into practice new audit tools, enforcing access standards and adding new CPT codes. Program staff also built the systems to implement the 24-month rule for MGF payment, which took effect July 1, 2019. At the end of FY 2019-20, we will be able to see the impact of that rule on both participant utilization and on the MHLA budget.

In addition, MHLA program continues collaborating with Los Angeles County's Department of Public Health (DPH) Substance Abuse Prevention and Control (SAPC) unit to increase access to SUD services for MHLA participants through pilot projects. Among those is a project that will bring SAPC providers into the CPs to provide SUD treatment. We will continue to partner with SAPC and CP clinics to increase participant's knowledge of and participation in SUD treatment programs. We are also working on a project with the L.A. County Department of Mental Health to use Mental Health Prevention Services Act funding to provide prevention services at the CPs. The project is expected to begin in spring 2020.

The ongoing work to expand outreach and enrollment opportunities in collaboration with the Community Partner (CP) clinics continued in FY 2018-19. This not only includes reaching those individuals who are eligible for, but not yet enrolled in MHLA, but also includes the work to engage participants who are due for their annual renewal. In FY 2019-20, we will be closely tracking enrollment and trying to better understand the declines. We will also work on seamlessly transitioning the young adults who become eligible for full-scope Medi-Cal.

During FY 2019-20, we will be partnering with the CPs to reduce MHLA participants' avoidable emergency room visits to DHS hospitals. In addition, we aim to decrease the number of patients who are simultaneously empaneled to DHS clinics and enrolled in MHLA. Finally, we will continue encouraging CPs to join LANES, the health information exchange in LA County. At the end of FY 2018-19, 15 CPs had signed contracts with LANES and several were beginning to access data through the exchange. Being on LANES enables CPs and DHS to securely share patient health information with the goal of more care coordination.

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 health care coverage program for eligible, uninsured residents of Los Angeles County.

APPENDIX 1
Total Enrolled and Office Visits by Community Partner Medical Home[4]

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
AFH-519	108	66	61%	164	2.48
AFH-BURBANK	60	39	65%	89	2.76
AFH-CENTRAL	532	350	66%	779	2.41
AFH-PACIFIC	10	1	10%	1	0.35
AFH-SOUTH CENTRAL II	3	1	33%	3	1.33
AFH-SUNLAND	14	5	36%	11	1.83
ALL-INCLUSIVE COMMUNITY HEALTH CENTER	284	198	70%	638	3.45
ALL-INCLUSIVE COMMUNITY HEALTH-EAGLE ROCK	14	11	79%	29	3.55
ALTAMED-COMMERCE	1,216	986	81%	5,430	4.95
ALTAMED-EL MONTE	538	444	83%	2,200	4.47
ALTAMED-FIRST STREET	629	487	77%	2,607	4.67
ALTAMED-HOLLYWOOD PRESBYTERIAN	100	72	72%	320	3.63
ALTAMED-HUNTINGTON PARK	5	2	40%	9	2.00
ALTAMED-PICO RIVERA PASSONS	14	10	71%	37	3.04
ALTAMED-PICO RIVERA SLAUSON	611	494	81%	2,632	4.75

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

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
ALTAMED-SOUTH GATE	292	248	85%	1,322	4.94
ALTAMED-WEST COVINA	354	266	75%	1,073	3.34
ALTAMED-WHITTIER	1,206	969	80%	5,855	5.31
APLAHW-BALDWIN HILLS	287	152	53%	397	2.11
APLAHW-LONG BEACH	57	37	65%	96	2.95
ARROYO VISTA-EL SERENO HUNTINGTON DRIVE	520	348	67%	1,212	3.61
ARROYO VISTA-EL SERENO VALLEY	237	159	67%	567	3.92
ARROYO VISTA-HIGHLAND PARK	2,376	1,576	66%	5,813	3.61
ARROYO VISTA-LINCOLN HEIGHTS	2,758	1,671	61%	5,495	3.02
ARROYO VISTA-LOMA DRIVE	18	2	11%	11	7.33
ASIAN PACIFIC HEALTH CARE-BELMONT HC	827	640	77%	2,910	4.77
ASIAN PACIFIC HEALTH CARE-EL MONTE ROSEMEAD HC	390	281	72%	1,749	6.46
ASIAN PACIFIC HEALTH CARE-JOHN MARSHALL HIGH SCHOOL	1	1	100%	9	9.00
ASIAN PACIFIC HEALTH CARE-LOS FELIZ HC	2,101	1,553	74%	7,345	4.47
AVCC-HEALTH AND WELLNESS	158	53	34%	120	1.59
AVCC-PALMDALE	173	61	35%	127	1.56
AVCC-PALMDALE EAST	49	18	37%	44	2.05
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER	540	370	69%	1,659	3.95
BENEVOLENCE-CENTRAL MEDICAL CLINIC	715	394	55%	1,442	3.14

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
BENEVOLENCE-CRENSHAW COMMUNITY CLINIC	517	258	50%	898	2.63
CENTRAL CITY COMMUNITY HEALTH CENTER INC.	1,312	867	66%	4,163	4.34
CENTRAL CITY COMMUNITY-BALDWIN PARK	192	144	75%	616	4.32
CENTRAL CITY COMMUNITY-BROADWAY	326	238	73%	560	3.25
CENTRAL CITY COMMUNITY-EL MONTE	302	190	63%	927	4.53
CENTRAL CITY COMMUNITY-LA PUENTE	108	68	63%	320	4.67
CENTRAL NEIGHBORHOOD-CENTRAL	978	604	62%	2,929	3.90
CENTRAL NEIGHBORHOOD-GRAND	3	-	0%	0	0.00
CHAPCARE-DEL MAR	452	345	76%	1,310	3.85
CHAPCARE-FAIR OAKS	1,461	1,117	76%	4,864	4.24
CHAPCARE-LAKE	172	127	74%	488	3.76
CHAPCARE-VACCO	1,042	778	75%	3,721	4.69
CHINATOWN-COMMUNITY HEALTH CENTER	159	110	69%	469	3.68
CHINATOWN-CSC CHC-SAN GABRIEL VALLEY	17	12	71%	46	3.19
CLINICA ROMERO-ALVARADO CLINIC	3,715	2,522	68%	7,956	2.51
CLINICA ROMERO-MARENGO CLINIC	2,520	1,711	68%	6,111	2.86
COMPLETE CARE COMMUNITY HEALTH CENTER	111	77	69%	361	4.73
COMPREHENSIVE COMMUNITY-EAGLE ROCK	1,091	697	64%	2,444	3.09
COMPREHENSIVE COMMUNITY-GLENDALE	1,001	702	70%	2,694	3.71

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
COMPREHENSIVE COMMUNITY-HIGHLAND PARK	876	611	70%	2,398	3.43
COMPREHENSIVE COMMUNITY-NORTH HOLLYWOOD	960	700	73%	2,460	3.38
COMPREHENSIVE COMMUNITY-SUNLAND	167	117	70%	527	4.55
EL PROYECTO DEL BARRIO-ARLETA	1,470	1,114	76%	6,412	5.32
EL PROYECTO DEL BARRIO-AZUSA	1,545	1,111	72%	6,225	5.19
EL PROYECTO DEL BARRIO-BALDWIN PARK	459	321	70%	1,829	5.27
EL PROYECTO DEL BARRIO-ESPERANZA	299	218	73%	1,154	5.84
EL PROYECTO DEL BARRIO-WINNETKA	2,327	1,711	74%	11,073	5.91
EVCHC-COVINA HEALTH CENTER	393	324	82%	1,514	4.90
EVCHC-POMONA CLINIC	2,484	1,823	73%	7,358	3.76
EVCHC-VILLACORTA SCHOOL-BASED CLINIC	779	561	72%	2,382	3.96
EVCHC-WEST COVINA CLINIC	3,053	2,241	73%	8,623	3.56
FAMILY HEALTH-BELL GARDENS	3,630	2,617	72%	11,679	4.08
FAMILY HEALTH-DOWNEY	219	151	69%	672	4.10
FAMILY HEALTH-HAWAIIAN GARDENS	700	516	74%	2,400	4.22
FAMILY HEALTH-MAYWOOD	203	130	64%	542	3.67
FAMILY HEALTH-SCHOOL BASED HEALTH CENTER	9	5	56%	22	3.30
GARFIELD HEALTH CENTER	197	158	80%	817	5.21
GARFIELD HEALTH CENTER-ATLANTIC	74	54	73%	198	3.60

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
HARBOR COMMUNITY CLINIC	880	625	71%	2,460	3.66
HERALD CHRISTIAN HEALTH CENTER	93	63	68%	229	3.20
HERALD CHRISTIAN HEALTH CENTER-ROSEMEAD	48	27	56%	99	2.79
JWCH-BELL GARDENS	2,178	1,529	70%	6,102	3.54
JWCH-BELL SHELTER	19	10	53%	78	7.49
JWCH-DOWNTOWN WOMEN'S CENTER	9	9	100%	22	2.72
JWCH-NORWALK	1,828	1,231	67%	5,242	3.44
JWCH-WEINGART	649	420	65%	1,581	3.44
JWCH-WEINGART 2	2	1	50%	1	0.63
JWCH-WESLEY ANDREW ESCAJEDA	24	13	54%	41	2.38
JWCH-WESLEY BELLFLOWER	1,825	1,261	69%	4,435	3.15
JWCH-WESLEY DOWNEY	1,358	814	60%	2,694	2.80
JWCH-WESLEY HACIENDA HEIGHTS	345	244	71%	806	3.09
JWCH-WESLEY HEALTH AND WELLNESS	487	309	63%	939	2.36
JWCH-WESLEY LYNWOOD	1,906	1,294	68%	4,124	2.68
JWCH-WESLEY LYNWOOD MIDDLE SCHOOL	8	6	75%	31	4.83
JWCH-WESLEY PALMDALE CENTRAL	474	292	62%	805	2.12
JWCH-WESLEY PALMDALE EAST	218	139	64%	406	2.16
JWCH-WESLEY VERMONT	1,353	804	59%	2,606	2.54

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
KEDREN COMMUNITY CARE CLINIC	207	142	69%	638	3.92
KHEIR CLINIC	2,211	1,504	68%	8,494	5.08
LA CHRISTIAN-EXODUS ICM	10	8	80%	33	3.81
LA CHRISTIAN-GATEWAY AT PERCY VILLAGE	3	2	67%	7	2.55
LA CHRISTIAN-JOSHUA HOUSE	263	175	67%	604	3.20
LA CHRISTIAN-PICO ALISO	1,192	772	65%	2,265	2.57
LA CHRISTIAN-TELECARE SERVICE AREA 4	20	5	25%	11	1.08
LA CHRISTIAN-WORLD IMPACT	65	40	62%	83	2.59
LOS ANGELES LGBT CENTER	61	38	62%	131	3.37
MISSION CITY-CULVER CITY	2	-	0%	0	0.00
MISSION CITY-FAIRFAX	7	3	43%	9	2.30
MISSION CITY-INGLEWOOD	59	36	61%	162	4.14
MISSION CITY-LA PUENTE	325	229	70%	1,028	4.28
MISSION CITY-MAYWOOD	10	4	40%	15	2.14
MISSION CITY-MONROVIA	99	77	78%	340	4.16
MISSION CITY-NORTH HILLS	4,302	2,858	66%	10,620	2.94
MISSION CITY-NORTHRIDGE	463	327	71%	1,240	3.16
MISSION CITY-OLYMPIC	342	239	70%	906	4.40
MISSION CITY-ORANGE GROVE	61	42	69%	145	3.16

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
MISSION CITY-PANORAMA	53	37	70%	166	3.91
MISSION CITY-PARTHENIA	3	2	67%	8	3.56
MISSION CITY-PRAIRIE	95	34	36%	139	2.31
MISSION CITY-SEPULVEDA	652	515	79%	2,241	3.73
NEV-CANOGA PARK	472	377	80%	2,173	5.12
NEV-HOMELESS HEALTH	153	115	75%	862	7.45
NEV-HOMELESS MOBILE CLINIC	20	12	60%	50	5.00
NEV-NEWHALL HEALTH CENTER	1,085	747	69%	3,794	4.55
NEV-PACOIMA	1,130	773	68%	3,628	3.73
NEV-PACOIMA WOMEN'S HEALTH CENTER	4	2	50%	4	2.18
NEV-SAN FERNANDO	5,660	3,665	65%	18,176	3.98
NEV-SAN FERNANDO HIGH SCHOOL TEEN HC	26	19	73%	114	4.97
NEV-SANTA CLARITA	420	295	70%	1,502	4.08
NEV-SUN VALLEY	868	626	72%	3,173	4.20
NEV-VALENCIA	674	453	67%	2,578	4.30
NEV-VAN NUYS ADULT	1,573	1,200	76%	6,610	5.48
PED AND FAMILY-EISNER PED AND FAMILY	4,294	2,891	67%	10,475	2.82
PED AND FAMILY-EISNER-LYNWOOD	189	127	67%	500	3.51
PED AND FAMILY-EISNER-USC EISNER-CA HOSP	1,104	607	55%	1,897	2.51

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
POMONA COMMUNITY-HOLT	844	610	72%	2,349	3.48
POMONA COMMUNITY-PARK	3	-	0%	0	0.00
QUEENSCARE-EAGLE ROCK	793	599	76%	2,538	3.89
QUEENSCARE-EAST THIRD STREET	2,513	1,725	69%	7,043	3.53
QUEENSCARE-ECHO PARK	1,628	1,218	75%	5,005	3.43
QUEENSCARE-HOLLYWOOD	1,414	1,073	76%	4,123	3.28
SAMUEL DIXON-CANYON COUNTRY HC	284	183	64%	465	2.07
SAMUEL DIXON-NEWHALL	546	344	63%	1,008	2.35
SAMUEL DIXON-VAL VERDE	44	31	70%	104	3.08
SOUTH BAY-CARSON	270	183	68%	908	4.38
SOUTH BAY-GARDENA	1,522	1,016	67%	5,167	3.96
SOUTH BAY-INGLEWOOD	1,719	1,146	67%	4,587	3.21
SOUTH BAY-REDONDO BEACH	842	534	63%	2,290	3.41
SOUTH CENTRAL FAMILY HC	3,476	2,579	74%	12,273	4.25
SOUTH CENTRAL-HUNTINGTON PARK	1,319	904	69%	3,955	3.96
SOUTH CENTRAL-VERNON	8	6	75%	16	5.49
ST. JOHN'S-COMPTON	4,165	3,060	73%	12,276	3.70
ST. JOHN'S-CRENSHAW	85	74	87%	249	5.27
ST. JOHN'S-DOMINGUEZ	2,873	2,103	73%	8,435	3.63

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
ST. JOHN'S-DOWNTOWN LOS ANGELES-MAGNOLIA	4,275	2,840	66%	9,727	2.88
ST. JOHN'S-DR. KENNETH WILLIAMS	8,877	6,035	68%	19,553	2.74
ST. JOHN'S-HYDE PARK	974	622	64%	2,259	3.02
ST. JOHN'S-LINCOLN HEIGHTS	677	459	68%	1,887	3.61
ST. JOHN'S-LOUIS FRAYSER	862	496	58%	1,372	2.08
ST. JOHN'S-MANUAL ARTS	1,675	1,108	66%	4,077	3.16
ST. JOHN'S-MOBILE 2	41	13	32%	53	2.09
ST. JOHN'S-MOBILE UNIT 1	91	58	64%	160	2.24
ST. JOHN'S-RANCHO DOMINGUEZ	2,159	1,615	75%	6,934	3.96
ST. JOHN'S-WARNER TRAYNHAM	2,318	1,649	71%	6,425	3.67
ST. JOHN'S-WASHINGTON	1,384	988	71%	3,452	3.18
TARZANA-LANCASTER	717	502	70%	2,366	4.02
TARZANA-PALMDALE	423	245	58%	1,562	5.31
THE ACHIEVABLE FOUNDATION	36	22	61%	61	1.86
THE CHILDREN'S CLINIC-CABRILLO GATEWAY	46	36	78%	123	3.27
THE CHILDREN'S CLINIC-CESAR CHAVEZ ELEMENTARY SCHOOL	207	166	80%	574	3.31
THE CHILDREN'S CLINIC-FAMILY HC BELLFLOWER	347	282	81%	1,124	4.04
THE CHILDREN'S CLINIC-FAMILY HC CENTRAL LB	482	309	64%	1,081	2.78
THE CHILDREN'S CLINIC-FAMILY HC WESTSIDE	400	308	77%	1,159	3.37

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
THE CHILDREN'S CLINIC-LB MULTI-SERVICE CTR HOMELESS	5	5	100%	14	6.22
THE CHILDREN'S CLINIC-NORTH LB HAMILTON MIDDLE SCHOOL	695	523	75%	1,768	3.16
THE CHILDREN'S CLINIC-ROOSEVELT	193	126	65%	397	2.72
THE CHILDREN'S CLINIC-S. MARK TAPER	1,532	1,129	74%	3,714	2.96
THE CHILDREN'S CLINIC-VASEK POLAK	857	633	74%	2,188	3.10
THE LA FREE-BEVERLY	1,832	1,297	71%	5,034	3.47
THE LA FREE-HOLLYWOOD-WILSHIRE	4,939	3,530	71%	13,212	3.35
THE LA FREE-S. MARK TAPER	740	544	74%	2,301	4.15
THE NECC-CALIFORNIA FAMILY CARE	88	32	36%	51	1.34
THE NECC-COMMUNITY MEDICAL ALLIANCE	61	25	41%	52	2.22
THE NECC-GAGE	41	12	29%	31	1.75
THE NECC-GRAND	796	607	76%	2,049	2.86
THE NECC-HARBOR CITY	164	129	79%	396	2.81
THE NECC-HAWTHORNE	141	106	75%	368	3.29
THE NECC-HIGHLAND PARK	59	20	34%	53	1.84
THE NECC-HIGHLAND PARK SITE	440	350	80%	1,239	3.12
THE NECC-HUNTINGTON PARK CHC	656	511	78%	2,069	3.68
THE NECC-WILMINGTON	416	293	70%	898	2.48
THE-LENNOX	963	643	67%	2,729	3.66

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
THE-RUTH TEMPLE	1,087	753	69%	3,508	4.07
UMMA	1,269	965	76%	3,360	3.48
UMMA-FREMONT WELLNESS CENTER	521	386	74%	1,522	3.80
UNIVERSAL COMMUNITY	152	93	61%	673	5.79
UNIVERSAL COMMUNITY-SPS	172	130	76%	911	6.55
VALLEY-NORTH HILLS WELLNESS CENTER	2,082	1,325	64%	4,281	2.82
VALLEY-NORTH HOLLYWOOD	5,705	4,113	72%	14,959	3.33
VENICE-COLEN	1,205	756	63%	2,525	2.45
VENICE-ROBERT LEVINE	133	70	53%	189	1.95
VENICE-SIMMS/MANN	1,803	1,159	64%	3,887	2.55
VENICE-VENICE	1,104	752	68%	2,712	2.99
VIA CARE CHC-607	498	339	68%	1,213	3.39
VIA CARE CHC-615	4	3	75%	9	4.00
VIA CARE CHC-EASTSIDE	415	305	73%	1,098	3.65
VIA CARE CHC-GARFIELD WELLNESS CENTER	518	418	81%	1,465	3.86
VIA CARE COMMUNITY HEALTH CENTER	1,500	1,099	73%	4,102	3.46
WATTS-CRENSHAW	7	4	57%	25	4.76
WATTS-WATTS	1,285	908	71%	5,008	4.77
WESTSIDE FAMILY HEALTH CENTER	345	265	77%	1,067	4.13

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
WILMINGTON COMMUNITY CLINIC	2,730	2,140	78%	7,839	3.35
WILMINGTON-MARY HENRY COMMUNITY CLINIC	9	5	56%	11	2.24
Grand Total	**181,902**	**126,748**	**70%**	**514,546**	**3.57**

APPENDIX 2

Avoidable Emergency Department (AED) Visits – Diseases

Avoidable Emergency Department Visits	Unique Partcipants	AED Visits	% of AED Visits
Other headache syndromes	1,363	1,467	47.54%
Dorsalgia	743	802	25.99%
Acute upper respiratory infections of multiple or uspecified sites	137	139	4.50%
Encounter for general examination	121	125	4.05%
Conjunctivitis	117	117	3.79%
Acute Pharyngitis	104	106	3.43%
Hematuria	54	57	1.85%
Cystitis	50	51	1.65%
Inflammatory disease of cervix, vagina & vulva	31	31	1.00%
Acute bronchitis	29	29	0.94%
Pruritus	28	28	0.91%
Suppurative Otitis Media	26	27	0.87%
Candidiasis	25	26	0.84%
Obstructive and reflux uropathy	17	18	0.58%
Dermatophytosis	12	12	0.39%
Special examinations	11	12	0.39%
Chronic sinusitis	9	9	0.29%
Chronic pharyngitis & nasopharyngitis	8	8	0.26%
Follow up examination	8	8	0.26%
Otros specified prouritc conditions (hiemalis, senillis, Winter itch)	5	7	0.23%
Encounters of administrative purposes	5	5	0.16%
Chronic disease of tonsils & adenoids	2	2	0.06%
Grand Total	**2,780**	**3,086**	**100.00%**

APPENDIX 3
Primary Care Expenditures for MHLA Community Partners FY 2018-19

COMMUNITY PARTNERS	Total CP MHLA Reimbursement
ALL FOR HEALTH, HEALTH FOR ALL, INC.	$148,655
ALL INCLUSIVE COMMUNITY HEALTH CENTER	$66,945
ALTAMED HEALTH SERVICES CORPORATION	$1,554,635
ANTELOPE VALLEY COMMUNITY CLINIC	$357,885
APLA HEALTH AND WELLNESS	$75,227
ARROYO VISTA FAMILY HEALTH FOUNDATION	$1,347,204
ASIAN PACIFIC HEALTH CARE VENTURE, INC.	$866,682
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER	$142,343
BENEVOLENCE INDUSTRIES, INCORPORATED	$279,174
CENTRAL CITY COMMUNITY HEALTH CENTER, INC.	$530,188
CENTRAL NEIGHBORHOOD HEALTH FOUNDATION	$262,038
CHINATOWN SERVICE CENTER	$48,266
CLINICA MSR. OSCAR A. ROMERO	$1,838,207
COMMUNITY HEALTH ALLIANCE OF PASADENA	$826,869
COMPLETE CARE COMMUNITY HEALTH CENTER, INC.	$33,130
COMPREHENSIVE COMMUNITY HEALTH CENTERS, INC.	$1,049,352
EAST VALLEY COMMUNITY HEALTH CENTER, INC.	$1,809,647
EL PROYECTO DEL BARRIO, INC.	$1,658,279
FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES, INC.	$1,282,258
GARFIELD HEALTH CENTER	$71,886
HARBOR COMMUNITY CLINIC	$228,309
HERALD CHRISTIAN HEALTH CENTER	$37,071
JWCH INSTITUTE, INC.	$3,089,107
KEDREN COMMUNITY HEALTH CENTER, INC.	$57,491
KOREAN HEALTH, EDUCATION, INFORMATION & RESEARCH (KHEIR)	$572,542
LOS ANGELES CHRISTIAN HEALTH CENTERS	$373,479

COMMUNITY PARTNERS	Total CP MHLA Reimbursement
LOS ANGELES LGBT CENTER	$13,166
MISSION CITY COMMUNITY NETWORK, INC.	$1,840,264
NORTHEAST VALLEY HEALTH CORP.	$3,373,707
PEDIATRIC AND FAMILY MEDICAL CENTER, DBA EISNER PEDIATRIC & FAMILY MEDICAL CENTER	$1,583,681
POMONA COMMUNITY HEALTH CENTER	$231,736
QUEENSCARE HEALTH CENTERS	$1,842,691
SAMUEL DIXON FAMILY HEALTH CENTER, INC.	$235,306
SOUTH BAY FAMILY HEALTH CARE	$1,236,448
SOUTH CENTRAL FAMILY HEALTH CENTER	$1,330,125
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	$8,259,552
TARZANA TREATMENT CENTER, INC.	$302,279
THE ACHIEVABLE FOUNDATION	$11,281
THE CHILDREN'S CLINIC, SERVING CHILDREN AND THEIR FAMILIES	$1,329,639
THE CLINIC, INC.	$551,379
THE LOS ANGELES FREE CLINIC, DBA SABAN COMMUNITY CLINIC	$2,033,129
THE NORTHEAST COMMUNITY CLINIC	$836,979
UNIVERSAL COMMUNITY HEALTH CENTER	$86,451
UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC. (UMMA)	$466,385
VALLEY COMMUNITY HEALTHCARE	$2,050,065
VENICE FAMILY CLINIC	$1,215,142
VIA CARE COMMUNITY HEALTH CENTER, INC.	$751,242
WATTS HEALTHCARE CORP.	$361,056
WESTSIDE FAMILY HEALTH CENTER	$88,936
WILMINGTON COMMUNITY CLINIC	$799,509
Grand Total	**$49,437,017**

APPENDIX 4
Dental Expenditures by Community Partner FY 2018-19

Antelope Valley Community Clinic	$22,710.00
APLA Health and Wellness	$23,164.25
Arroyo Vista Family Health Foundation	$87,934.20
Benevolence Industries, Incorporated	$83,344.90
Chinatown Service Center	$33,284.80
Clinica Msr. Oscar A. Romero	$229,875.70
Community Health Alliance of Pasadena	$105,068.05
Comprehensive Community Health Centers	$318,846.25
East Valley Community Health Center, Inc.	$242,697.00
El Proyecto del Barrio, Inc.	$212,757.35
Family Health Care Centers of Greater Los Angeles, Inc.	$6,544.00
Herald Christian Health Center	$87,260.35
JWCH Institute, Inc.	$335,421.10
Los Angeles Christian Health Centers	$62,682.40
Mission City Community Network, Inc.	$490,810.55
Northeast Valley Health Corp.	$691,314.60
Pediatric and Family Medical Center, dba Eisner Pediatric & Family Medical Center	$146,869.00
QueensCare Health Centers	$674,226.55
South Bay Family Health Care	$80,677.70
St. John's Well Child and Family Center, Inc.	$1,181,845.45
The Los Angeles Free Clinic, dba Saban Community Clinic	$486,034.50
Valley Community Healthcare	$252,089.60
Venice Family Clinic	$171,744.50
Via Care CHC	$804,724.12
Watts Healthcare Corp.	$121,895.00
Totals	**$6,953,821.92**

APPENDIX 5
Data Source and Submission

The data for this report, which included all services provided to MHLA participants between July 1, 2019 and June 30, 2019, came from a variety of sources. The data on inpatient, emergency, urgent care and specialty medical services was extracted from DHS systems. The membership and demographic data came from the One-e-App system. Data for primary care services was submitted by CPs and processed by American Insurance Administrators (AIA).

MHLA's One-e-App database program is a web-based eligibility and enrollment system. One-e-App 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 and provides the data to DHS. The One-e-App system is maintained by a contract vendor, Alluma. MHLA works with Alluma to maintain data integrity.

The One-e-App system uploads its data into the DHS systems. The DHS systems integrate clinical, utilization, financial and managed care data into one database system that enables timely and accurate reporting of clinical, operational and financial data.

Additionally, MHLA's Pharmacy Services Administrator, Ventegra, compiles the pharmacy claims data for those CPs. This utilization data is then submitted to the DHS systems.