Annual Report
to the
Los Angeles County Board of Supervisors
Fiscal Year 2019-20

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APPENDICES

I. INTRODUCTION

Fiscal Year (FY) 2019-20 was the sixth 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. The program reached its five-year anniversary in fall 2019. 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 Los Angeles County residents ages 26 and older 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 "To advance the health of our patients and our communities by providing extraordinary care."

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 comprehensive 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 2019-20, 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 2019-20, 136,408 Los Angeles County residents were enrolled in the MHLA program. There were also 52 Community Partner clinic agencies and 223 clinic sites contracted to provide care for participants. MHLA participants had an average of 3.49 primary care visits during the year, and 70.5% of the MHLA population had at least one primary care visit during the Fiscal Year.

Payments to clinics for MHLA participants totaled $45.77 million for primary care services and $4.31 million for dental services. MHLA also paid about $9.76 million for pharmacy services.

On November 20, 2018 the Board of Supervisors approved an amendment to the MHLA contract which included changes to Monthly Grant Funding (MGF) payment and rules. The contract changes took effect at the beginning of FY 2019-20, including an increase in the 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.

The Los Angeles County Department of Health Services (DHS) issued a Request for Statement of Qualifications for My Health LA during FY 2018-19 to seek qualified health clinic providers to enter into agreements with the County to provide primary medical care service. Five new agencies joined the MHLA program effective July 1, 2019, representing a total of eight new clinic sites providing medical services and three providing dental services.

The expansion of full-scope Medi-Cal to young adults ages 19 through 25 regardless of immigration status took effect January 1, 2020. The MHLA program had about 3,000 young adults in MHLA who were eligible for the Medi-Cal expansion. After a three-month grace period to allow for their enrollment in full-scope Medi-Cal, the individuals were disenrolled from MHLA.

Due to the COVID-19 pandemic, the program made several temporary changes. The Board of Supervisors approved a temporary waiver allowing clinics to conduct enrollment/re-enrollment and renewals by phone rather than in-person. The waiver also automatically extended eligibility for participants who were due for renewal in March, April, May, and June 2020. In addition, MHLA suspended its annual, on-site clinical audits and facility site reviews in March 2020. The audits resumed a few months later but were conducted remotely.

Lastly, MHLA partnered with the LA County Department of Mental Health (DMH) to add a new mental health prevention benefit for participants. MHLA, DMH, the Community Clinic Association of Los Angeles County and CPs collaborated to create the MHLA Mental Health Prevention Project. The project is designed to help build protective factors and reduce risk factors associated with the onset of serious mental illness. Under the program, CPs are responsible for screening MHLA participants and providing them with prevention services. CPs signed contract amendments and were oriented to the program in March 2020, but the implementation start date was postponed until FY 2020-21.

MHLA had a successful year serving its participants, and we are thankful for everyone's contributions to the program.

II. 2019-20 PROGRAM ACTIVITIES

A. ENROLLMENT AND COMMUNICATIONS

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

Key 2019-20 highlights were:

- MHLA ended its fifth programmatic year with 136,408 uninsured Los Angeles County residents enrolled in the program.
- MHLA ended the year with 44,445 individuals disenrolled from the program, the vast majority due to failure to renew.
- 77% of MHLA participants renewed or reenrolled in the program this fiscal year.

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. In FY 2019-20, the ERU conducted eight eligibility trainings.

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 2019-20, the line received 2,180 calls from CPs.

Applications and Enrollment

MHLA enrollment is conducted at the CP clinics through the One-e-App system. Trained enrollers 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 the 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 2019-20, MHLA saw a 34% decrease of One-e-App users across the system. Altogether, 992 people had One-e-App access, including 370 enrollers taking applications, 498 clinic staff with read-only access, 66 system administrators and 56 supervisor users.

At the end of this fiscal year, there were 136,408 participants enrolled in MHLA, down from previous fiscal years (Table A1). Enrollment declined each month beginning in September 2019, soon after the

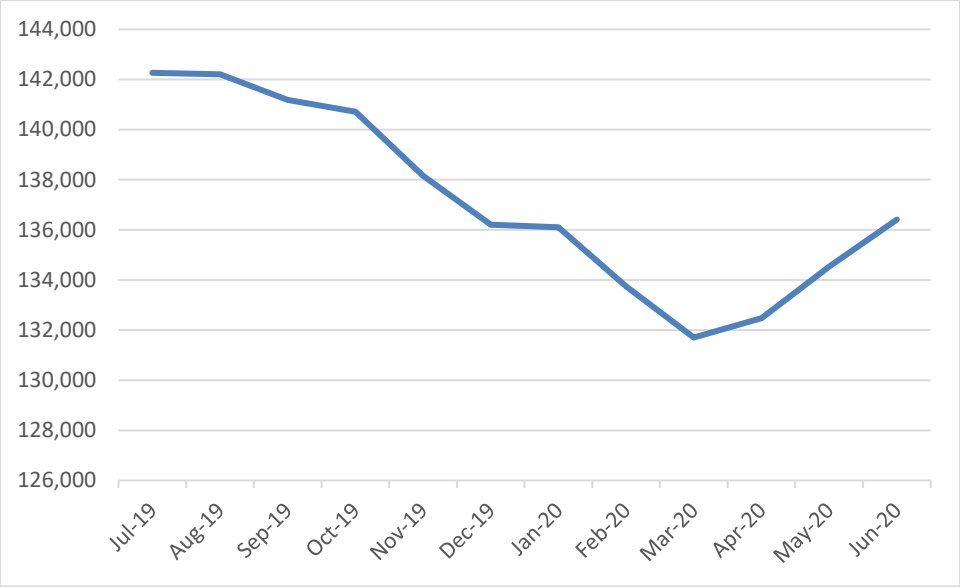
federal government announced changes to the "public charge" rule. That and other federal immigration policies created fear and uncertainty among immigrant communities and likely contributed to the enrollment decline. MHLA enrollment also decreased after 3,000 young adult participants became eligible for full-scope Medi-Cal and were disenrolled from the program. Enrollment increased beginning in March 2020, but that was due to the automatic extension of participants' eligibility rather than new enrollment.

The program continues to work closely with community clinics to make sure they enroll eligible participants in MHLA and complete renewals on time.

Table A1
Enrollment by Fiscal Year

Fiscal Year	Enrollment at end of the Fiscal Year
2016-17	145,158
2017-18	147,037
2018-19	142,105
2019-20	136,408

Graph A1
MHLA Monthly Enrollment FY 2019-20



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. 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.

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 denial happens if program staff determine 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 (i.e. proof of income, residency and/or identity) 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 166,055 participants enrolled in the program during FY 2019-20. During the year, 5,190 (3.13%) were denied (Table A2) and 44,445 participants (26.8%) were disenrolled (Table A3).

The vast majority of denials were due to incomplete applications (Table A2). The majority of disenrollments were due to participants not completing the renewal process before their annual renewal deadline (Table A3).

The Eligibility Review Unit continues to work with clinic enrollers to inform them about the importance of completing applications and helping participants renew on time.

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. Under the temporary waiver allowing remote enrollment, participants can submit paperwork remotely. CPs reported some difficulty completing the remote renewal and re-enrollment process and obtaining all necessary documents.

Table A2
MHLA Post-Enrollment Denials by Reason

Denial Reason	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Incomplete Application	2,640	5,284	5,333	4,454
Enrolled in Full-Scope Medi-Cal	85	173	71	86
Income Exceeds 138% of FPL	135	255	316	530

Determined Eligible for Other Programs	24	79	16	9
Not a Los Angeles County Resident	58	27	16	14
False or Misleading Information	5	53	90	31
Duplicate Application	34	47	13	6
Enrolled in Private Insurance	3	4	0	4
Participant Request	3	8	2	22
Enrolled in Public Coverage	1	0	0	3
Participant has DHS Primary Care Provider	1	0	1	23
Enrolled in Employer-Sponsored Insurance	0	7	3	7
Did Not Complete Renewal	0	0	1	1
Not Eligible Due to Other Reasons	0	0	1	0
Total	**2,989**	**5,937**	**5,863**	**5,190**

Table A3
MHLA Disenrollments by Reason

Disenrollment Reason	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Did Not Complete Renewal	41,226	64,704	66,467	42,730
Enrolled in Full Scope Medi-Cal	2,829	294	169	842
Incomplete Application	14	27	20	21
Participant Request	54	137	213	222
Participant has DHS Primary Care Provider	102	113	312	516
Not a Los Angeles County Resident	6	45	39	31
Determined Eligible for Other Programs	6	23	24	15
Income Exceeds 138% of FPL	2	7	44	20
Enrolled in Employer Insurance	3	10	13	20
Enrolled in Private Insurance	0	8	10	9
Enrolled in Public Coverage	1	1	7	4
False or Misleading Information	0	1	2	1
Duplicate Application	5	12	2	6
Participant is Deceased	3	3	3	7
Program Dissatisfaction	1	0	0	1
Under Program Age Requirement	0	1	2	0
Enrollee is Incarcerated	0	0	2	0
Total	**44,252**	**65,386**	**67,329**	**44,445**

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. However,

because of COVID-19, a temporary waiver that took effect in late March 2020 permitted clinics to take applications for enrollment, re-enrollment and renewal by phone. The temporary waiver also allowed MHLA to extend eligibility past one year for identified participants. All enrolled MHLA participants who were due for renewals in March, April, May, June and July 2020 were automatically extended until August 31, 2020.

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.

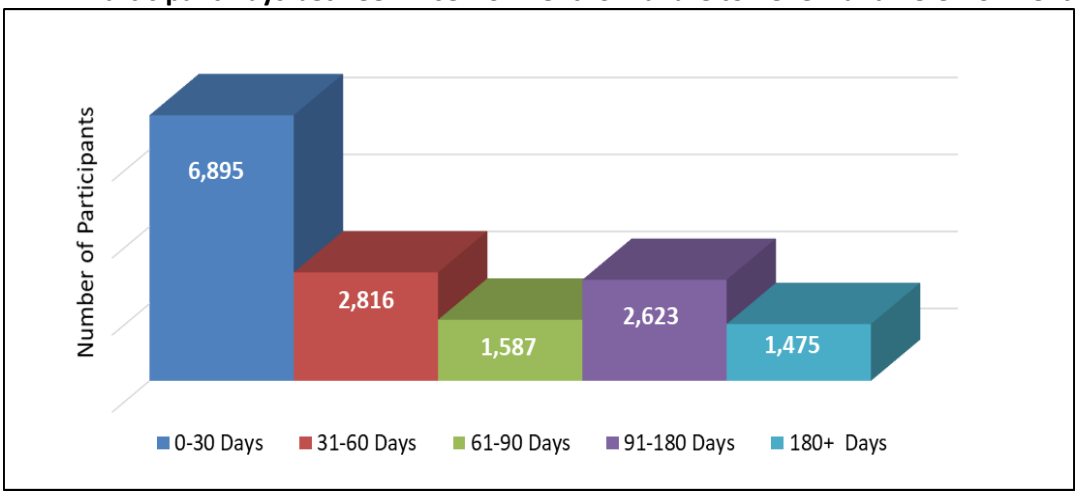
Table A4 provides the current renewal and re-enrollment rates compared to the previous fiscal year. Of the 116,852 MHLA participants due to renew FY19-20, 74,073 (63%) participants renewed on time. Of the 42,252 individuals that did not renew, 15,396 (13%) came back within the year to reenroll in the program, meaning 77% of MHLA participants renewed or reenrolled in the program the fiscal year. The re-enrollment rate for the program increased comparing to prior fiscal years, though that was in part due to the automatic extension of MHLA participants.

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%
2019-2020	116,852	74,073	527	42,252	63%	15,396	13%	89,469	77%

Graph A2 captures the time gap between disenrollment and the participant's subsequent re-enrollment in the program. 15,396 participants chose to re-enroll in MHLA after their disenrollment, a majority of whom (6,895, or 45%) did so within the first 30 days of their disenrollment. 2,816 individuals (18%) reenrolled between 31-60 days of being disenrolled, and 2,623 (17%) 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 42,252 participants who were disenrolled from MHLA for failure to renew and never returned to the MHLA program (Table A4), 61% 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.

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 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 formularies. The website also displays instructions and guidance related to One-a-App, the online program used to screen and enroll participants. The public-facing section of the website is translated into Spanish.

The MHLA program also posts Provider Information Notices, which describe contractual and operational changes to the program. During FY 2019-20, MHLA issued two Provider Information Notices announcing contractual changes to the program. The first explained that the young adults would be eligible for full-scope Medi-Cal and therefore would no longer be eligible for MHLA. The second detailed new requirements for CPs providing dental services.

MHLA produces a variety of information sheets in eight languages - Armenian, Chinese, English, Korean, Spanish, Tagalog, Thai and Vietnamese. The two most 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, including information on pharmacy services and how 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 2019-20, MHLA also produced posters and distributed them to all the clinic sites.

In FY 2019-20, MHLA began using texts and robocalls (in English and Spanish) to provide important information to participants. The texts and robocalls, which began in the final quarter of FY 2019-20, included information about how to stay safe during the COVID-19 pandemic, where and how to get tested for COVID and how to access food, housing and other community resources. MHLA also sent out brief videos with safety tips. The program hopes to begin using texts and robocalls to remind participants of their upcoming renewal dates.

B. PARTICIPANT DEMOGRAPHICS

This section of the report examines the demographic makeup of the individuals enrolled in MHLA.

Key FY 2019-20 demographic highlights for the MHLA Program are:

- 95% of participants identified as Latino.
- 60% were female and 40% were male.
- SPA 6 had the largest concentration of MHLA participants at 22%.

Latinos continued to comprise the largest group of enrollees, making up over 95% of program participants. More participants were female (60%) than male (40%). Nearly 92% participants indicated that Spanish was their primary spoken language and 7% indicated that English was their primary spoken language. Most MHLA participants (39%) were between 25 and 44 years old. In FY 2019-20, MHLA had 789 enrolled homeless individuals - less than 1% of enrolled participants.

Participant Demographics

Table B1 provides demographic detail on the participants enrolled at the end of FY 2019-20.

Table B1
Demographics of MHLA Participants (as of June 30, 2020)

Age	
25-44	39.0%
45-54	35.8%
55-64	17.4%
65+	7.8%
Ethnicity	
Latino	94.76%
Asian/Asian Pacific Islander	2.36%

Other/Declined to State	1.93%
Caucasian	.84%
Black/African American	.11%
Language	
Spanish	91.84%
English	6.69%
Korean	.50%
Thai	.48%
Other	.29%
Tagalog	.07%
Armenian	.07%
Cambodian/Khmer	.03%
Chinese	.03%

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%.

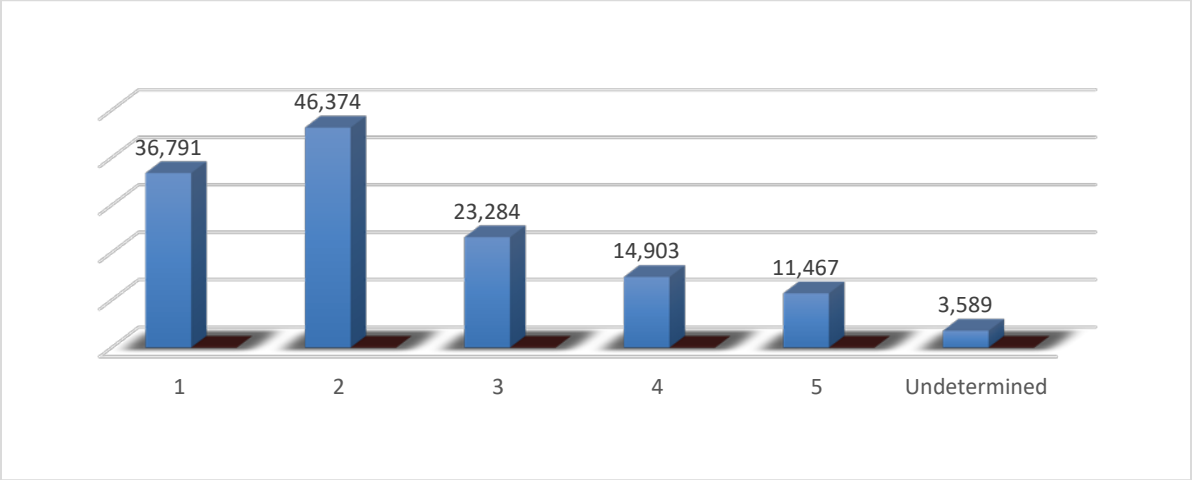
Table B2
SPA Distribution of MHLA Participants

SPA	FY 2017-18		FY 2018-19		FY 2019-20	
	Total Number of Participants	Total % of Participants	Total Number of Participants	Total % of Participants	Total Number of Participants	Total % of Participants
1	2,969	2.02%	2,688	1.89%	3,050	2.24%
2	27,606	18.77%	27,162	19.11%	24,519	17.97%
3	13,858	9.42%	13,016	9.16%	12,308	9.02%
4	27,780	18.89%	26,615	18.73%	25,406	18.63%
5	2,985	2.03%	3,182	2.24%	3,026	2.22%
6	32,817	22.32%	31,261	22.00%	30,139	22.09%
7	20,443	13.90%	19,564	13.77%	19,685	14.43%
8	15,652	10.64%	14,919	10.50%	14,686	10.77%
Undetermined	2,927	1.99%	3,698	2.60%	3,589	2.63%

MHLA Program Participant Distribution by Supervisorial District

Graph B1 provides the MHLA participant distribution by Supervisorial District. District 2 shows the largest number of MHLA program participants of all five districts, at 46,374, 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, including the CP medical homes and DHS facilities providing services.

Key FY 2019-20 highlights were:

- There were 223 MHLA medical homes at the end of FY 2019-20, similar to the prior 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 2019-20 with a total of 52 CP agencies and 223 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 2019-20, 85 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 63 clinic

sites that were closed at some point last fiscal year. Several CPs reported that they temporarily closed sites due to COVID-19.

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. 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.

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 FY 2019-20, there were 22 patients referred to MHLA clinics through this process.

In recent years, DHS has built additional primary care capacity, which has led to a decrease in referrals to MHLA CPs from 50 in FY 2018-19. Additional patients also may have enrolled in MHLA after being referred to the program through different pathways, such as the Wellness Center.

When a patient does indicate the desire to enroll in MHLA, several factors can create challenges in the program's efforts to connect that patient with a CP. Frequently, mailing addresses and contact phone

numbers provided by patients change. Additionally, some patients choose not to be referred if they do not perceive a need for ongoing primary care services.

D. CONTRACT AND AUDIT ADMINISTRATION

Key FY 2019-20 highlights were:

- All CPs met the timely access standards (21 calendar days for non-urgent primary care health services and 96 hours for urgent primary health care services).
- The top five findings in the Medical Records Reviews were related to immunizations, seasonal flu vaccines, TB screenings, foot exam/podiatry referrals and colorectal cancer screenings.
- Nearly two-thirds of the 194 primary care clinics were required to submit a Corrective Action Plan based on the Medical Record Reviews.

This section of the report focuses on MHLA Contract and Audit Administration unit. The unit conducts annual audits of CPs' facility, administration and medical records while maintaining oversight and compliance with contractual and regulatory agency requirements for all CP medical home clinics. The unit assists in improving the quality and safety of clinical care services provided to MHLA participants through four reviews: Facility Site Review (FSR)/Credentialing Review (CR); Medical Record Review (MRR); Dental Record Review (DRR); and Dental Site Review (DSR).

The unit works with CPs to help them successfully comply with the implementation of any necessary Corrective Action Plans (CAP). Even if a CAP is not required, MHLA informs CPs of the deficiencies and urges the CPs to address those deficiencies.

MHLA temporarily suspended the annual audits in March 2020 due to COVID-19 and resumed them in June. The audits on the remaining 43 sites were conducted remotely. The FSR/CR consisted of a desk review, self-assessment/attestation and telephone survey. The MRR and DSR were conducted via teleconference.

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 208 approved sites throughout FY 2019-20. FSR/CR were not conducted for 8 of the 208 sites because some sites were terminated and others were brand new to the program. Of the 200 FSRs/CRs conducted, only one showed a deficiency. (The CP corrected the deficiency, which involved access to exits.

The Contract and Audit Administration unit also 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. Timely access standards are verified during the annual audits, and every clinic site met the timely access standards this fiscal year. The program also monitors participant complaints for any concerns about participants not receiving care according to the standards.

Medical Record Review (MRR)

The 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.

The audit team conducted MRRs on 194 clinic sites. Of those, 128 sites (66%) showed findings and/or deficiencies, and 66 (34%) were required to submit a CAP. MRRs were not conducted for 14 of the 208 sites because they were either brand new sites or they did not see MHLA patients during this fiscal year.

The most frequent MRR findings are listed in Table D1.

Table D1
Most Frequent MRR findings

Rank	Finding
1	Lack of documentation of immunization
2	Lack of documentation of seasonal flu vaccine
3	Lack of documentation of TB screening
4	Lack of documentation of foot exam/podiatry referral
5	Lack of documentation of colorectal cancer screening

There are 11 DHS core elements in the MRR (follow-up of 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). If a clinic site has five or more of the same repeat core element 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. Only three clinic sites had shown five or more of the same repeat core element deficiencies during Fiscal Year 2018-19 and Fiscal Year 2019-20.

There were 773 total findings in the MRRs conducted. Of those, 631 (82%) were related to the 11 DHS core elements (Table D2). The other 18% were related to non-DHS core elements. In addition, out of the 194 sites audited, 121 of the sites (62%) had one or more findings on one or more of the DHS core elements.

Table D2
Ranking for the 11 core element findings (Total 631=100%)

Rank	Finding	Frequency of Core Element Finding	Percentage of Core Element Finding
1	Lack of documentation of Immunization	99	15.7%
2	Lack of documentation of Seasonal flu vaccine	98	15.5%
3	Lack of documentation of TB screening	78	12.4%
4	Lack of documentation of foot exam/podiatry referral	76	12.0%
5	Lack of documentation of colorectal cancer screening	64	10.1%
6	Lack of documentation of diabetic retinal scan/ophthalmology referral	56	8.9%
7	Lack of documentation of cervical cancer screening	46	7.3%
8	Lack of documentation of mammogram	37	5.9%
9	No evidence of follow-up of specialty referrals made, and results/reports.	32	5.1%
10	Lack of documentation of abuse/neglect assessment	31	4.9%
11	Lack of documentation of lipid screening	14	2.2%
Total		***631***	***100.0%***

Note: If an element finding does not meet the minimum element satisfactory compliance of 90.0%, that finding is registered as a deficiency.

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 50 DRRs were conducted. Of those, 32 sites (64%) showed findings, and there was a total of 80 findings. Four (8%) of the 50 dental sites were required to submit a CAP due to repeat deficiencies. The findings are listed in Table D3.

Table D3
Top 5 DRR findings

Rank	Finding
1	No documentation on provision of oral cancer screening
2	No documentation on cleaning prophylactic
3	No signed informed consents were present when any invasive procedure was performed.
3	No Dental Material Fact Sheet present in chart
4	The number of dental visits did not match the number of claims.
5	Clinic did not provide a disclaimer and did not obtain patients' signature after a referral is made.
5	Billed service(s) did not concur with documentation in the patient's medical record and are within the contract term.

Dental Site Review (DSR)

The annual DSR is an assessment of full compliance of all contractual obligations by CPs as it relates to dental care services in the MHLA agreement and is outlined in the DSR audit tool. A total of 53 DSRs were conducted. Of those, six sites (11%) showed findings, and there was a total of 7 findings. None of the 53 dental sites were required to submit a CAP. The findings are listed in Table D4.

Table D4
Total findings among the 53 dental sites

Rank	Finding	Frequency	Percentage
1	Clinic did not have monthly log for testing emergency eyewash station when the eyewash station is plumbed into existing plumbing.	2	28.6%
1	Dental unit water testing was not performed annually by outside vendor for each unit.	2	28.6%
2	Safety Data Sheets (SDS) were not reviewed annually with staff.	1	14.3%
2	Dental in-house water testing was not performed for each unit.	1	14.3%
2	Apron(s) were not inspected at least once a year.	1	14.3%
Total		***7***	***100.0%***

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 2019-20 highlights were:

- Member Services received a total of 17,596 calls in FY 2019-20.
- There were 11 formal participant complaints filed by participants, with the top complaints being related to access to care and quality of service.

Member Services Call Center

Member Services staff is 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 staff also help participants and process medical home changes, complete disenrollments, process address and phone number changes and order replacement identification (ID) cards.

During FY 2019-20, MHLA's Member Services call center received 17,596 calls. The number of incoming calls decreased 6.4% from last year's total of 18,801. The top reason for calls were general program questions.

Participant Complaints

Member Services staff also take calls from MHLA participants who are experiencing issues related to the MHLA program and the staff try to resolve those issues. When the problem requires more intensive research or involves a clinical investigation, a participant's concern is escalated to the DHS Complaints Unit and is logged as a formal complaint.

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.

Of the calls that came into Member Services in FY 2019-20, 11 were "formal complaints." This is a decrease from the 14 formal complaints in FY 2018-19. The top formal complaint reasons were related to prolonged wait in provider's office, delay in services and refusal of referral to specialist. Table E1 identifies formal complaints by category as well as the percentage of complaints by category over a three-year period. Participants who file formal complaints are notified by letter within 60 days of the filing of the complaint with the resolution of their issue.

Table E1
MHLA Participant Formal Complaints by Category

Complaint Type	FY 2017-18		FY 2018-19		FY 2019-20	
	Total	Percent	Total	Percent	Total	Percent
Mistreatment/Misdiagnosis/Inappropriate Care by Provider	4	40%	4	29%	1	9%
Delay or Refusal in Receiving Clinical Care Services	2	20%	7	50%	2	18%
Refusal of Referral to Specialist	1	10%	0	0%	2	18%
Delay in Authorization	1	10%	0	0%		
HIPAA, Treatment Record Keeping	1	10%	0	0%	1	9%
Prolonged Wait in Provider's Office	1	10%	0	0%	3	27%
Refusal of Prescription by Clinical Provider/Pharmacy/Access Problems	0	0%	2	14%	1	9%
MHLA Medi-Cal	0	0%	1	7%	0	0%
Total	**10**	**100%**	**14**	**100%**	**11**	**100%**

F. SERVICE UTILIZATION

This section of the report provides an analysis of the clinical and service data from both CP and DHS facilities. The information helps the MHLA program assess participants' health status and utilization of services.

Key FY 2019-20 highlights were:

- 70% of MHLA participants had a primary care visit.
- MHLA participants had an average of 3.49 primary care visits per year.
- 31,431 unduplicated MHLA patients accessed 150,593 specialty care visits.
- 6% of all MHLA participants had an emergency department (ED) visit.
- 17% of visits to the ED were considered avoidable.

Summary of Clinical Utilization Data

In the MHLA program, primary 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 participant utilization information for FY 2019-20 at CPs and DHS facilities.

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
2016-17	Primary Care (CP)	189,410	121,133	64%	476,098
	Prescription (CP)	189,410	49,163	26%	440,146
2017-18	Primary Care (CP)	185,695	125,828	68%	517,958
	Prescription (CP)	185,695	93,755	49%	880,676
2018-19	Primary Care (CP)	181,902	126,748	70%	514,546
	Prescription (CP)	181,902	97,543	54%	1,044,996
2019-20	Primary Care (CP)	166,055	117,001	70%	475,503
	Prescription (CP)	166,055	90,668	55%	1,011,036

Table F2
Summary of Utilization Data – Participants Utilizing at Least One Service at a DHS Facility
FY 2019-20

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)	166,055	31,431	18.93%	150,593
Emergency (DHS)	166,055	9,829	5.92%	13,119
Prescription (DHS)	166,055	15,767	9.50%	125,336
Urgent Care (DHS)	166,055	5,027	3.03%	7,359
Inpatient (DHS)	166,055	2,684	1.62%	3,478

Primary Care

During FY 2019-20, 70% of MHLA participants had at least one primary care visit at their medical home clinic. The average number of visits for a MHLA participant in FY 2019-20 was 3.49. This is a slight decrease from last fiscal year, when MHLA participants had 3.57 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
2016-17	121,133	476,098	1,734,532	144,544	3.29
2017-18	125,828	517,958	1,769,441	147,453	3.51
2018-19	126,748	514,546	1,730,998	144,250	3.57
2019-20	117,001	475,503	1,636,504	136,375	3.49

Of the 117,001 MHLA participants who had a primary care visit this fiscal year, individuals with chronic conditions had a higher average number of visits per year (5.15) than those without chronic conditions (1.84). The top three chronic conditions were diabetes, hypertension and hyperlipidemia. 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 2019-20

Fiscal Year	Type of Condition	Unique Participants	% Participants	Total Number of Visits	Total Number of Participant Months	Average Visits per Year
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

[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.

Fiscal Year	Type of Condition	Unique Participants	% Participants	Total Number of Visits	Total Number of Participant Months	Average Visits per Year
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
2019-20	With Chronic Conditions	73,220	63%	349,327	814,640	5.15
	Without Chronic Conditions	43,781	37%	126,176	821,864	1.84

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	49,054	20,333	21,161	19,041	16,345	34,083	6,038	117,001	166,055
% Participants	29.5%	12.2%	12.7%	11.5%	9.8%	20.5%	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 dispensaries or pharmacies that some CPs have on-site. 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 can also provide medications to MHLA participants if 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 58% of MHLA participants filled at least one medication in FY 2019-20, up from 56% last fiscal year.

According to data received from Ventegra, 55% of medications dispensed in the MHLA program in FY 2019-20 were generic, 14% were purchased under the 340B program, 23% were over the counter (OTC) medications, and 8% were diabetic supplies. Ventegra's data also shows that 89.5% were filled at contracted pharmacies, 8.9% were filled at on-site CP dispensaries, and 1.6% 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
2017-2018	185,695	96,989	52%	875,099	107,753	982,852
2018-19	181,902	102,362	56%	1,044,996	96,154	1,141,150
2019-20	166,055	95,588	58%	1,011,036	125,336	1,136,372

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 16% 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	8%
Antihyperlipidemics	Used for high cholesterol	8%
Medical Devices and Supplies	Mostly diabetes related products like syringes and lancing devices	6%
Analgesics- Non-narcotic	Used for pain and fever (Tylenol and Aspirin)	6%
Analgesics – Anti-Inflammatory	Used for pain, fever and inflammation (NSAID's)	5%

Therapeutic Class	Description	% of Total Approved Prescriptions
Diagnostic Products	Mostly diabetes related products to test blood sugar	4%
Dermatologicals	Topical dermatological agents	3%
Ulcer Drugs/ Antispasmodics/Anticholinergics	GI diseases	3%
Diuretics	Increases the flow of urine	3%

Specialty Care Services

On average, a MHLA participant who saw a specialist had 4.79 specialty visits during the year. About 19% of all MHLA participants saw a specialist, compared to 20% of participants last fiscal year.

The following section provides analysis on specialty care utilization by MHLA participants at DHS clinics and hospitals in FY 2019-20.

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 2019-20 was 75,261. Of those, 60,910 were closed for a 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 31,431 unduplicated MHLA participants who received a total of 150,593 specialty care visits at DHS in FY 2019-20. This fiscal year saw an 8% decrease in the total number of specialty care visits provided to MHLA patients (from 162,920 to 150,593). The decline was likely due to many specialty care visits being postponed during COVID-19.

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
2016-2017	189,410	29,032	64,106	129,371	895.03	4.46

2017-2018	185,695	32,123	40,591	150,528	1,020.85	4.69
2018-2019	181,902	36,186	63,736	162,920	1,129.43	4.50
2019-2020	166,055	31,431	60,910	150,593	1,104.25	4.79

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
2017-18	Number of MHLA Patients with Specialty 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 Specialty 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%
2019-20	Number of MHLA Patients with Specialty Visits	134,624	9,507	5,281	3,674	2,604	6,506	3,859	166,055
	% of Total	81.07%	5.73%	3.18%	2.21%	1.57%	3.92%	2.32%	100%

Table F10 details the total number of specialty care visits provided to MHLA participants in FY 2019-20 by DHS facility. The 31,431 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 facility. LAC+USC continued to be the largest provider of specialty care services (38.83% of the total) for the MHLA program. Olive View Medical Center, Harbor-UCLA Medical Center and Martin Luther King Outpatient Center followed as the largest DHS specialty care providers for MHLA. Together, these four facilities made up 88.17% of all specialty care services provided to MHLA participants.

Table F10
Specialty Care Services by DHS Facility
FY 2019-20

Facility Name	Participants (Unduplicated by Facility)	Specialty Care Visits	% of Total Specialty Care Visits
LAC+USC MEDICAL CENTER	12,838	58,477	38.83%
OLIVE VIEW-UCLA MEDICAL CENTER	6,001	25,625	17.02%
HARBOR-UCLA MEDICAL CENTER	5,462	25,171	16.71%
MARTIN LUTHER KING OUTPATIENT CENTER	5,997	23,501	15.61%
RANCHO LOS AMIGOS	1,308	4,804	3.19%
HIGH DESERT REGIONAL HEALTH CENTER	955	2,862	1.90%
HUDSON COMP. HEALTH CENTER	1109	2,321	1.54%
ROYBAL COMP.HEALTH CENTER	818	2,419	1.61%
MID VALLEY COMP. HEALTH CENTER	636	1,281	0.85%
HUMPHREY COMP. HEALTH CENTER	441	1256	0.83%
EL MONTE COMP. HEALTH CENTER	332	1,073	0.71%
LONG BEACH COMP. HEALTH CENTER	445	780	0.52%
SAN FERNANDO HEALTH CENTER	72	276	0.18%
SOUTH VALLEY HEALTH CENTER	131	261	0.17%
WILMINGTON HEALTH CENTER	31	174	0.12%
WEST VALLEY HEALTH CENTER	21	61	0.04%
TORRANCE HEALTH CENTER	14	60	0.04%
DOLLARHIDE HEALTH CENTER	13	31	0.02%
ANTELOPE VALLEY HEALTH CENTER	11	24	0.02%
EAST LOS ANGELES HEALTH CENTER	9	29	0.02%
BELLFLOWER HEALTH CENTER	9	29	0.02%
CURTIS TUCKER HEALTH CENTER	11	26	0.02%
LA PUENTE COMMUNITY CLINIC	14	21	0.01%
GLENDALE HEALTH CENTER	3	10	0.01%
LITTLEROCK COMMUNITY CLINIC	2	5	0.00%
EAST SAN GABRIEL VALLEY HEALTH CENTER	2	5	0.00%
LAKE LOS ANGELES COMMUNITY CLINIC	2	3	0.00%

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 CPs' capabilities.

Tables F11 and F12 illustrate urgent care utilization among MHLA participants. 3.48% of all MHLA participants (5,027) utilized urgent care services at DHS for a total of 7,359 urgent care visits.

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	161,028	3,658	845	302	114	104	4	5,027	166,055
Percentage of Participants	96.97%	2.20%	0.51%	0.18%	0.07%	0.06%	0.00%	3.03%	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
FY19-20	166,055	5,027	7,359	53.96	0.05

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 2019-20. 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.

In FY 2019-20, 9,828 MHLA participants had 13,119 ED visits at DHS facilities. That represents 5.9% of the total 166,055 MHLA enrolled. The rate of ED visits was just over 96 per 1,000 participants in FY 2019-

20, compared to 126 per 1,000 participants last fiscal year (Table F13). The drop-in emergency room visits also was likely due to COVID-19 and LA County's Safer at Home order.

Table F13
ED Visits per 1,000 Participants per Year

Fiscal Year	Number of ED Visits	Participant Months	ED Visits/1,000
2016-17	14,186	1,734,532	98.14
2017-18	14,872	1,769,441	100.86
2018-19	18,174	1,730,998	125.99
2019-20	13,119	1,636,504	96.20

Table F14 illustrates the number of primary care visits that MHLA participants had in the same fiscal year that they visited a DHS ED. Nearly 18% of MHLA participants who had an ED visit in FY 2019-20 did not have a visit at their CP medical home that same year. Table F15 is distribution of unduplicated ED patients by number of visits, and Table F16 is ED visits by DHS facility.

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	1,752	963	1,049	1,038	1,024	3,074	928	9,828

Table F15
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	156,226	7,707	1,496	367	151	100	8	166,055
ED Percentage of Total Participants	94.08%	4.64%	0.90%	0.22%	0.09%	0.06%	0.00%	100.00%

Table F16
ED Visits by DHS Facility

Facility Name	Total Participant Visits at Each ED	Visits	% of Total Visits
LAC+USC MEDICAL CENTER	5,086	6,736	51.35%
OLIVE-VIEW	2,800	3,840	29.27%
HARBOR-UCLA	2,046	2,543	19.38%
Total	9,829 (unduplicated)	13,119	100%

Avoidable Emergency Department Visits

ED visits that are not emergency-related and could be considered avoidable[2] are identified as avoidable emergency department visits. Table F17 provides the rate of avoidable emergency department visits for each of the years since the program's inception, and Table F18 lists the avoidable ED visits by type, number of visits and unique participants. Nearly 17% of ED visits by MHLA participants in FY 2019-20 were considered avoidable. This rate is similar from last fiscal year's rate. The top three avoidable ED visit reasons were: headaches, dorsalgia (back pain), and encounter for general examination.

In January 2020, MHLA began sending notifications to CPs each month with the names of their MHLA participants who had visited a DHS emergency department, along with data on whether those visits were considered avoidable. Some of the clinics reported using that list to conduct outreach to the MHLA participants to get them in for a follow-up primary care visit.

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

Fiscal Year	AED Visits	ED Visits	AED Rate
2016-17	2,526	14,186	17.81%
2017-18	2,563	14,872	17.23%
2018-19	3,086	18,174	16.98%
2019-20	2,222	13,119	16.94%

Table F18
Avoidable Emergency Department (AED) Visits – Diseases

Avoidable Emergency Department Visits	Unique Participants	AED Visits	% of AED Visits
Other headache syndromes	1,020	1,097	49.37%
Dorsalgia	489	511	23.00%
Encounter for general examination	124	131	5.90%

[2] 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.

Avoidable Emergency Department Visits	Unique Participants	AED Visits	% of AED Visits
Acute upper respiratory infections of multiple or unspecified sites	112	116	5.22%
Conjunctivitis	67	67	3.02%
Acute Pharyngitis	63	65	2.93%
Cystitis	37	38	1.71%
Hematuria	35	37	1.67%
Suppurative Otitis Media	19	19	0.86%
Inflammatory disease of cervix, vagina & vulva	18	18	0.81%
Acute bronchitis	17	17	0.77%
Dermatophytosis	16	17	0.77%
Candidiasis	14	14	0.63%
Special examinations	14	14	0.63%
Obstructive and reflux uropathy	13	13	0.59%
Pruritus	12	12	0.54%
Chronic pharyngitis & nasopharyngitis	9	9	0.41%
Chronic sinusitis	9	9	0.41%
Encounters of administrative purposes	8	8	0.36%
Follow up examination	4	4	0.18%
Chronic disease of tonsils & adenoids	3	3	0.14%
Other specified pruritic conditions	3	3	0.14%
Grand Total	**2,019**	**2,222**	**100.00%**

Inpatient Hospitalization Admissions (DHS)

DHS provides inpatient hospitalization for MHLA participants at four DHS hospitals. Similar to emergency department utilization, this inpatient utilization data only captures information from DHS facilities.

Table F19 shows inpatient hospitalization admissions for all MHLA participants. 2,684 of 166,055 MHLA program participants (1.6%) in FY 2019-20 were admitted to a DHS hospital. This rate is largely unchanged from last fiscal year (1.7%).

Table F19
Distribution of Unduplicated Hospital Admissions by Number of Inpatient Stays

	No Admissions	1 Admission	2 Admissions	3 Admissions	4 Admissions	5 – 9 Admissions	10+ Admissions	Total Participants
Number of Participants with Inpatient Stays	163,371	2,172	348	104	35	23	2	166,055
% of Total Participants	98.38%	1.31%	0.21%	0.06%	0.02%	0.01%	0.00%	100.00%

Table F20 reflects DHS hospitalization by facility, including bed days and average length of stay (ALOS). 2,684 MHLA participants had 3,478 hospital admissions totaling 16,395 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 – 50.75% of the total. Rancho Los Amigos National Rehabilitation Center has the highest average length of stay, at 7.86 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	1,378	1,765	50.75%	8,160	4.62
OLIVE VIEW-UCLA MED CTR	563	730	20.99%	3,187	4.37
HARBOR-UCLA MEDICAL CENTER	634	753	21.65%	3,241	4.30
RANCHO LOS AMIGOS	202	230	6.61%	1,807	7.86
Total	**2,684 (Unduplicated)**	**3,478**	**100%**	**16,395**	**4.71**

Table F21 shows that the majority (81.25%) of MHLA participants who were hospitalized had a chronic medical condition.

Table F21
DHS Hospitalization Admission

	Unique Participants	Admissions	% of Total Admissions	Bed Days	ALOS
With Chronic Condition	2,124	2,826	81.25%	13,546	4.79
Without Chronic Condition	560	652	18.75%	2,849	4.37
Total Participants	2,684	3,478	100%	16,395	4.71

Table F22 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 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
2016-17	3,563	24.65	17,292	119.63	4.85 Days
2017-18	3,766	25.54	17,749	120.37	4.71 Days
2018-19	4,206	29.16	21,010	145.65	5.00 Days
2019-20	3,478	25.50	16,395	120.22	4.71 Days

Hospital Readmissions

The readmission rate for MHLA participants within 90 days at all DHS facilities combined is 15%, as shown in Table F23. The majority of hospital readmissions occurred within the first 30 days. Table F24 provides readmission rates by DHS hospital; Olive View-UCLA Medical Center had the highest readmission rate for MHLA participants, at 17.67%.

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

Readmit Time After Discharge	Readmissions	Total Admissions	Readmission Rate
01-30 Days	338	3,478	9.72%
31-60 Days	104	3,478	2.99%
61-90 Days	78	3,478	2.24%
Total	**520**	**3,478**	**14.95%**

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

Facility Name	Readmissions	Total Admissions	Readmission Rate
LAC+USC MEDICAL CENTER	298	1765	16.88%
OLIVE VIEW-UCLA MEDICAL CENTER	129	730	17.67%
HARBOR-UCLA MEDICAL CENTER	85	753	11.29%
RANCHO LOS AMIGOS	8	230	3.48%
Total (All DHS Hospitals)	**520**	**3,478**	**14.95%**

Table F25 compares the MHLA readmission rate by fiscal year and by chronic versus non-chronic conditions. The readmission rates for both chronic and non-chronic conditions were slightly lower in FY 2019-20 than last fiscal year.

Table F25
Re-admission Rate by Fiscal Year for Participants with and without Chronic Conditions

Condition Type	FY 2016-2017 Readmission Rate	FY 2017-2018 Readmission Rate	FY 2018-2019 Readmission Rate	FY 2019-2020 Readmission Rate
W/ Chronic Condition	19.19%	18.89%	16.56%	15.84%
W/O Chronic Condition	18.59%	16.83%	18.48%	14.09%
Overall Inpatients	**18.72%**	**17.23%**	**18.07%**	**14.95%**

G. SUBSTANCE USE DISORDER (SUD) SERVICES

In July 2016, MHLA partnered 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 at no-cost to any MHLA participant who needs them.

With the addition of SUD services to the MHLA program, a full array of substance use disorder treatment services became available to MHLA participants. 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 several ways. They can self-refer by calling DPH's Substance Abuse Service Helpline, find a provider nearby through the SAPC website or receive a referral from their MHLA CP medical home clinic. Some CPs also employ their own substance use disorder treatment providers and provide services to their MHLA participants.

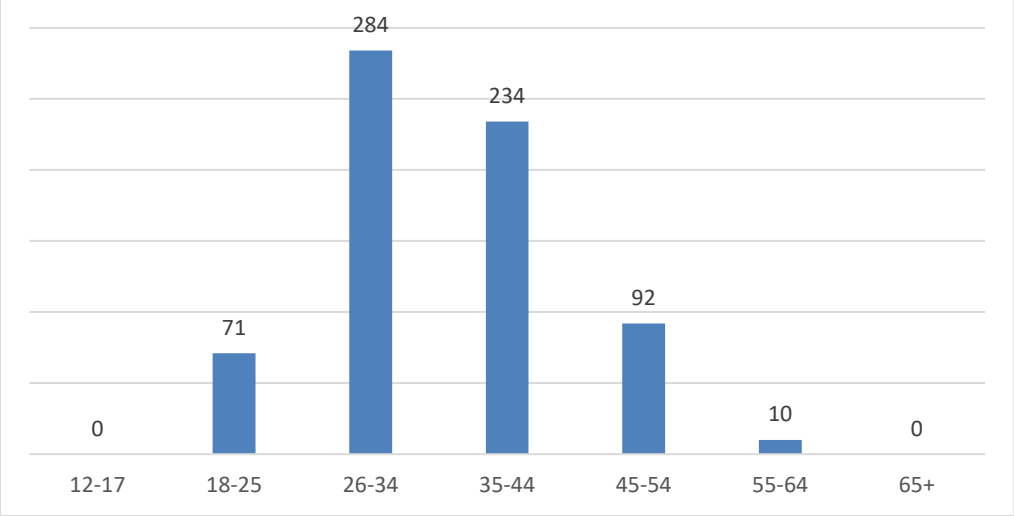
This fiscal year, 691 MHLA participants accessed SUD services through the LA County Department of Public Health (DPH). This represents a 21% increase from last fiscal year, when 570 patients accessed SUD treatment services.

MHLA launched two pilot projects with DPH in the fourth quarter of FY 2019-20. The first enabled five SUD treatment providers to enroll eligible participants into MHLA. The SUD providers were trained on MHLA enrollment and given access to the One-e-App enrollment program. Because of the overall decline in people seeking SUD services, the SUD providers only enrolled a few people into MHLA. The SUD enrollers also received a temporarily waiver to process applications over the phone.

The second project, SAPC's Field-Based Services (FBS) program, which paired Substance Use Disorder treatment providers with four CP agencies to provide services to MHLA participants on-site at the clinics. The project is intended to help meet needs of populations that have been historically difficult to serve. However, due to COVID, the treatment providers could not go on-site and instead provided services by phone. The MHLA program also continues to do outreach campaign with clinics, advocacy groups and patients regarding the availability of these services.

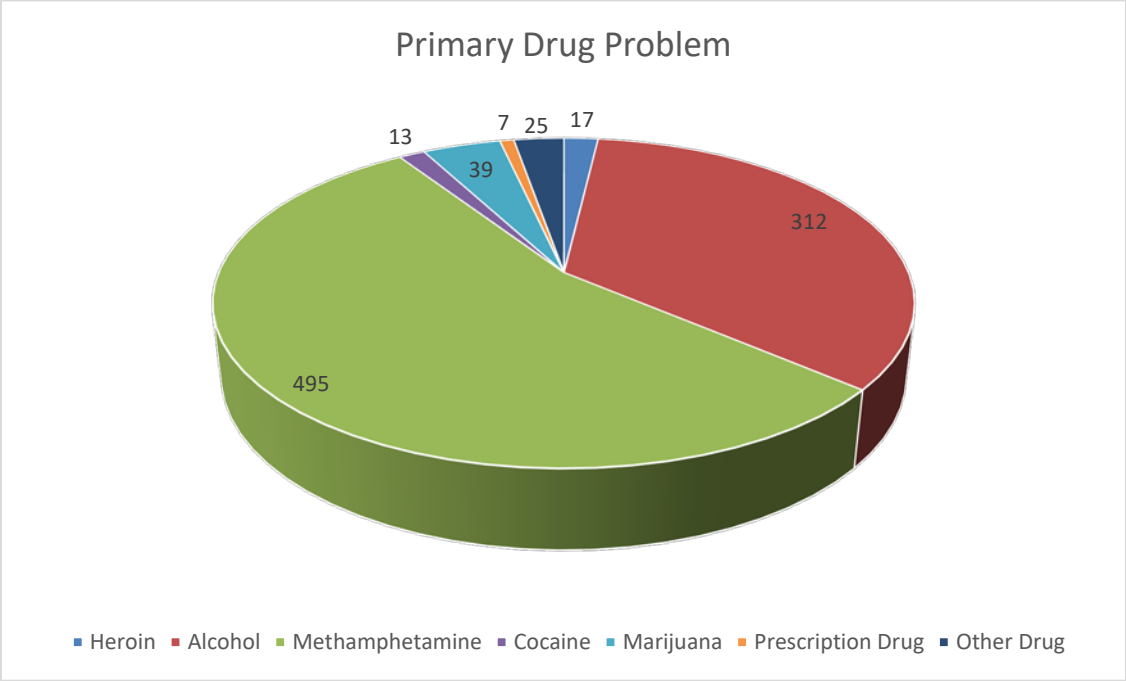
Graph G1 illustrates those MHLA participants who sought SUD treatment services from DPH, sorted by age. The largest group of SUD treatment recipients was the age group, 26 to 34 years old.

Graph G1
MHLA SUD Participant by Age



Graph G2 provides a breakdown of MHLA participants by SUD issue. The 691 participants may have had more than one SUD issue (total of 908 SUD issues) during the fiscal year. 495 patients sought SUD treatment services for methamphetamine addiction, 312 individuals utilized treatment for alcoholism, and 39 participants sought help for marijuana addiction. The remaining participants, 37, sought SUD treatment for cocaine, heroin or prescription drug use.

Graph G2
MHLA SUD Participant by SUD Issue



H. EXPENDITURES

This final section of the annual report provides information on the payments made to CP clinics under the MHLA program in FY 2019-20.

Key FY 2019-20 highlights were:

- Total Monthly Grant Funding (MGF) payments to Community Partners for primary care related services totaled $45.77 million.
- Payments for dental services totaled $4.31 million.
- Payments for pharmacy services totaled $9.76 million.

MHLA Health Care Service Payment Categories

Primary and Dental Care

DHS pays CPs 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.

A total of $45.77 million in MGF payments and $4.31 million in dental funding were paid to the CPs in FY 2019-20. Dental expenditures were dramatically lower in FY 2019-20 due to COVID; CPs effectively shut down their dental services for the last quarter of the fiscal year.

MGF Payments

The MGF amount increased to $32 at the beginning of FY 2019-20. There was also a change in how CPs are paid. Instead of receiving payment based on enrolled participants, CPs are paid based on enrolled participants who also had an in-person primary care visit in the prior 24 months. In FY 2018-19, the program paid CPs a total of $11.9 million for MHLA participants that did not utilize a primary care service.

Throughout the fiscal year, the percentage of participants qualifying for MGF payment ranged from 86.05% to 88.45% (Table H1).

Table H1
Participants Qualifying for MGF Payment

	Enrolled Participants	Enrolled Participants Qualifying for MGF Payment	Percentage of Participants Qualifying for MGF Payment
July	142,261	121,546	86.05%
August	141,970	121,685	86.22%
September	140,936	121,298	86.53%
October	140,781	121,398	86.78%
November	138,202	119,810	87.25%
December	136,281	118,732	87.68%
January	136,183	119,006	87.86%
February	133,806	117,771	88.24%
March	131,648	116,432	88.45%
April	132,483	116,994	88.31%
May	134,660	118,251	87.81%
June	136,442	119,438	87.54%

Although in-person visits declined in the fourth quarter of FY 2019-20, there was no significant change in the percentage of MHLA participants qualifying for payment.

Pharmacy Payments

In FY 2019-20, MHLA paid $9.76 million for pharmacy-related services, $500,000 less than the budgeted $10.26 million. The expenditures include payments to Ventegra for medication costs, administration and Surescript fees, as well as to the CPs for dispensary costs. Most of the reduction came from reduced pharmacy expenditures at the CP dispensaries as in-person visits declined in the latter part of FY 2019-20. There is evidence suggesting that COVID may have played some role in mitigating pharmacy costs of lower level utilizers. Despite reduced overall expenditures, however, there is also evidence that pharmacy costs on a per member per month basis continue to increase.

Table H2
Total Pharmacy Expenditures

Pharmacy Expenditures	
Ventegra's Drug Costs (Including CP Pharmacies)	$7,659,943.48
Ventegra's Administration and Surescript Fees	$1,015,699.33
Cardinal Health	$124,222.24
CP Dispensary Expenditures	$946,981.06
Cerner Expenses	$9,199.26
Total	$9,756,045.37

MHLA Health Care Service Payments

Table H3 outlines the total payments, $59.84 million, for the MHLA Program for FY 2019-20. Appendix 2 provide total expenditures by CP clinic for both the MHLA primary and dental care.

Table H3
Total MHLA Expenditures

Community Partner Payments	
Primary Care	$45,772,000.00
Pharmacy	$9,756,045.37
Dental Care	$4,314,292.53
GRAND TOTAL	$59,842,337.90

III. CONCLUSION AND LOOKING FORWARD

FY 2019-20 was the sixth 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. They also receive substance use disorder treatment and mental health prevention and treatment, through partnerships with LA County DPH and DMH respectively.

This year, MHLA began the systems to implement the 24-month rule for MGF payment, which took effect July 1, 2019. We also worked on the transition of young adults to full-scope Medi-Cal and worked on establishing contracts and training the new five community clinics who joined the MHLA program.

We will continue to partner with DPH and CP clinics to increase participant's knowledge of and participation in SUD treatment programs. And we will continue implementation of the Mental Health Prevention Project.

The ongoing work to expand outreach and enrollment opportunities in collaboration with the

Community Partner (CP) clinics continued in FY 2019-20. 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.

MHLA plans to continue enhancing participant engagement, by redesigning the MHLA materials, expanding texting and robocalling, launching the new MHLA website and holding focus groups with participants. The program will work on improving specialty care access and reducing backlogs and will work with CPs on recovery from COVID-19.

Finally, the program will continue encouraging CPs to join LANES, the health information exchange in LA County. At the end of FY 2019-20, 30 CPs had signed contracts with LANES and several have started 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, 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[3]

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
AAA	209	82	39%	341	1.75
AFH-519	31	14	45%	32	2.58
AFH-BURBANK	44	29	66%	99	3.54
AFH-BURBANK 2	1	1	100%	1	12.00
AFH-CENTRAL	412	249	60%	601	2.25
AFH-PACIFIC	3	3	100%	9	4.50
AFH-SOUTH CENTRAL II	2	1	50%	1	0.67
AFH-SUNLAND	18	14	78%	37	2.35
ALL-INCLUSIVE COMMUNITY HEALTH CENTER	261	176	67%	658	3.65
ALL-INCLUSIVE COMMUNITY HEALTH-EAGLE ROCK	25	18	72%	46	2.60
ALL-INCLUSIVE COMMUNITY HEALTH-NORTHRIDGE	9	6	67%	22	9.78
ALTAMED-COMMERCE	1,072	857	80%	3,849	3.83
ALTAMED-EL MONTE	464	355	77%	1,455	3.39
ALTAMED-FIRST STREET	598	442	74%	2,074	3.89
ALTAMED-HOLLYWOOD PRESBYTERIAN	11	5	45%	15	2.54

[3] 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 Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
ALTAMED-HUNTINGTON PARK	1	1	100%	1	1.00
ALTAMED-PICO RIVERA PASSONS	11	8	73%	37	3.67
ALTAMED-PICO RIVERA SLAUSON	515	383	74%	1,669	3.53
ALTAMED-SOUTH GATE	260	193	74%	841	3.50
ALTAMED-WEST COVINA	301	222	74%	873	3.17
ALTAMED-WESTLAKE	7	1	14%	2	1.50
ALTAMED-WHITTIER	1,045	803	77%	3,610	3.74
APLAHW-BALDWIN HILLS	211	136	64%	467	3.04
APLAHW-LONG BEACH	80	55	69%	181	2.94
ARROYO VISTA-EL SERENO HUNTINGTON DRIVE	383	243	63%	762	2.61
ARROYO VISTA-EL SERENO VALLEY	171	124	73%	365	2.59
ARROYO VISTA-HIGHLAND PARK	1,978	1,228	62%	4,059	2.64
ARROYO VISTA-LINCOLN HEIGHTS	2,313	1,436	62%	4,256	2.30
ASIAN PACIFIC HEALTH CARE-BELMONT HC	1,123	787	70%	3,884	4.50
ASIAN PACIFIC HEALTH CARE-EL MONTE ROSEMEAD HC	312	277	89%	1,677	6.44
ASIAN PACIFIC HEALTH CARE-LOS FELIZ HC	1,744	1,402	80%	6,604	4.56
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER	555	383	69%	1,833	4.35
BENEVOLENCE-CENTRAL MEDICAL CLINIC	501	287	57%	997	2.77
BENEVOLENCE-CRENSHAW COMMUNITY CLINIC	448	217	48%	768	2.57

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
BHS-EL PUERTO HEALTH CENTER	4	4	100%	8	3.20
BHS-FAMILY HEALTH CENTER	49	29	59%	98	3.35
CENTER FOR FAMILY HEALTH AND EDUCATION	302	192	64%	1,161	5.40
CENTRAL CITY COMMUNITY HEALTH CENTER INC.	1,089	822	75%	3,393	3.80
CENTRAL CITY COMMUNITY-BALDWIN PARK	254	136	54%	546	3.14
CENTRAL CITY COMMUNITY-BROADWAY	501	255	51%	627	1.86
CENTRAL CITY COMMUNITY-EL MONTE	333	228	68%	981	3.64
CENTRAL CITY COMMUNITY-LA PUENTE	234	112	48%	475	2.79
CENTRAL NEIGHBORHOOD-CENTRAL	689	506	73%	3,124	5.57
CHAPCARE-DEL MAR	448	292	65%	1,268	3.76
CHAPCARE-FAIR OAKS	1,326	1,054	79%	4,927	4.50
CHAPCARE-LAKE	33	12	36%	31	2.86
CHAPCARE-LAKE ELIZABETH	53	45	85%	179	4.20
CHAPCARE-LIME	94	76	81%	376	4.84
CHAPCARE-PECK	51	36	71%	138	4.01
CHAPCARE-VACCO	863	602	70%	2,504	3.82
CHINATOWN SERVICES CENTER-SAN GABRIEL VALLEY	18	14	78%	61	4.41
CHINATOWN-COMMUNITY HEALTH CENTER	158	107	68%	534	4.19
CHINATOWN-CSC CHC-SAN GABRIEL VALLEY	2	2	100%	6	5.54

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
CLINICA ROMERO-ALVARADO CLINIC	3,089	2,091	68%	6,476	2.44
CLINICA ROMERO-MARENGO CLINIC	1,989	1,363	69%	4,646	2.76
COMPREHENSIVE COMMUNITY-EAGLE ROCK	720	501	70%	1,849	3.38
COMPREHENSIVE COMMUNITY-GLENDALE	976	740	76%	3,048	3.64
COMPREHENSIVE COMMUNITY-HIGHLAND PARK	869	649	75%	2,515	3.37
COMPREHENSIVE COMMUNITY-NORTH HOLLYWOOD	1,846	1,025	56%	3,451	2.55
COMPREHENSIVE COMMUNITY-SUNLAND	387	311	80%	1,417	4.59
EL PROYECTO DEL BARRIO-ARLETA	1,504	938	62%	4,990	4.17
EL PROYECTO DEL BARRIO-AZUSA	1,335	962	72%	5,085	4.65
EL PROYECTO DEL BARRIO-BALDWIN PARK	427	301	70%	1,686	5.11
EL PROYECTO DEL BARRIO-ESPERANZA	724	475	66%	3,003	5.46
EL PROYECTO DEL BARRIO-WINNETKA	2,346	1,737	74%	10,824	5.64
EVCHC-COVINA HEALTH CENTER	533	420	79%	2,094	4.97
EVCHC-PALOMARES SBC	1	1	100%	1	1.09
EVCHC-POMONA CLINIC	2,164	1,685	78%	6,756	3.80
EVCHC-VILLACORTA SCHOOL-BASED CLINIC	749	559	75%	1,970	3.18
EVCHC-WEST COVINA CLINIC	2,614	1,874	72%	7,853	3.60
FAMILY HEALTH-BELL GARDENS	3,581	2,768	77%	14,139	4.77
FAMILY HEALTH-DOWNEY	212	157	74%	858	4.88

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
FAMILY HEALTH-HAWAIIAN GARDENS	644	515	80%	2,745	4.93
FAMILY HEALTH-MAYWOOD	283	233	82%	1,107	4.63
FAMILY HEALTH-SCHOOL BASED HEALTH CENTER	14	12	86%	49	4.90
GARFIELD HEALTH CENTER	165	112	68%	463	3.48
GARFIELD HEALTH CENTER-ATLANTIC	62	41	66%	154	3.19
HARBOR COMMUNITY CLINIC	846	596	70%	2,434	3.55
HERALD CHRISTIAN HEALTH CENTER	72	47	65%	173	2.88
HERALD CHRISTIAN HEALTH CENTER-ROSEMEAD	60	36	60%	122	2.64
JWCH-ABBEY APARTMENT	1	1	100%	3	3.27
JWCH-BELL GARDENS	1,954	1,442	74%	5,322	3.26
JWCH-BELL SHELTER	7	2	29%	16	4.92
JWCH-DOWNTOWN WOMEN'S CENTER	8	3	38%	25	5.56
JWCH-NORWALK	1,762	1,264	72%	5,155	3.44
JWCH-WEINGART	714	409	57%	1,678	3.15
JWCH-WEINGART 2	1	0	0%	0	0.00
JWCH-WESLEY ANDREW ESCAJEDA	19	13	68%	30	1.86
JWCH-WESLEY BELLFLOWER	1,693	1,150	68%	4,042	2.95
JWCH-WESLEY DOWNEY	1,159	795	69%	2,587	2.74
JWCH-WESLEY HACIENDA HEIGHTS	405	295	73%	1,121	3.29

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
JWCH-WESLEY HEALTH AND WELLNESS	661	432	65%	1,335	2.48
JWCH-WESLEY LYNWOOD	1,770	1,233	70%	4,101	2.82
JWCH-WESLEY LYNWOOD MIDDLE SCHOOL	5	4	80%	13	3.00
JWCH-WESLEY PALMDALE CENTRAL	632	396	63%	1,073	2.06
JWCH-WESLEY PALMDALE EAST	352	209	59%	646	2.32
JWCH-WESLEY VERMONT	1,061	682	64%	2,395	3.10
KEDREN COMMUNITY CARE CLINIC	192	139	72%	742	4.93
KHEIR CLINIC	2,195	1,659	76%	6,696	4.00
KHEIR-WILSHIRE CLINIC	1	0	0%	0	0.00
LA CHRISTIAN-EXODUS ICM	27	4	15%	9	0.52
LA CHRISTIAN-GATEWAY AT PERCY VILLAGE	2	1	50%	7	3.65
LA CHRISTIAN-JOSHUA HOUSE	243	148	61%	472	3.07
LA CHRISTIAN-PICO ALISO	1,149	747	65%	2,209	2.37
LA CHRISTIAN-TELECARE SERVICE AREA 4	25	6	24%	19	0.99
LA CHRISTIAN-WORLD IMPACT	109	80	73%	198	2.05
LOS ANGELES LGBT CENTER	57	32	56%	76	2.21
NEV-CANOGA PARK	394	300	76%	1,380	3.96
NEV-HOMELESS HEALTH	166	125	75%	850	6.73
NEV-HOMELESS MOBILE CLINIC	18	7	39%	19	1.57

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
NEV-NEWHALL HEALTH CENTER	1,953	1,284	66%	5,707	3.64
NEV-PACOIMA	2,472	1,617	65%	6,527	3.54
NEV-PACOIMA WOMEN'S HEALTH CENTER	213	45	21%	205	1.64
NEV-SAN FERNANDO	3,901	2,585	66%	11,314	3.45
NEV-SAN FERNANDO HIGH SCHOOL TEEN HC	20	12	60%	50	3.66
NEV-SANTA CLARITA	370	250	68%	1,056	3.40
NEV-SUN VALLEY	707	517	73%	2,161	3.49
NEV-TTW-NORTH HOLLYWOOD	4	3	75%	21	7.64
NEV-VALENCIA	406	281	69%	1,341	3.81
NEV-VAN NUYS ADULT	1,875	1,319	70%	6,396	3.89
PED AND FAMILY-EISNER PED AND FAMILY	3,678	2,714	74%	9,907	3.17
PED AND FAMILY-EISNER-LYNWOOD	214	145	68%	511	3.20
PED AND FAMILY-EISNER-USC EISNER-CA HOSP	1,267	752	59%	2,622	2.52
POMONA COMMUNITY-HOLT	776	478	62%	1,310	2.05
POMONA COMMUNITY-PARK	24	3	13%	6	0.40
QUEENSCARE-EAGLE ROCK	787	587	75%	2,226	3.16
QUEENSCARE-EAST THIRD STREET	2,721	1,908	70%	8,053	3.46
QUEENSCARE-ECHO PARK	1,336	1,022	76%	4,168	3.47
QUEENSCARE-HOLLYWOOD	1,460	1,110	76%	4,189	3.41

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
SAMUEL DIXON-CANYON COUNTRY HC	240	177	74%	626	3.13
SAMUEL DIXON-NEWHALL	476	316	66%	1,211	3.03
SAMUEL DIXON-VAL VERDE	47	33	70%	125	2.91
SAN FERNANDO CHC-MISSION HILLS	269	51	19%	191	1.22
SAN FERNANDO COMMUNITY HEALTH CENTER	1,222	698	57%	2,818	3.02
SOUTH BAY-CARSON	241	171	71%	760	4.02
SOUTH BAY-GARDENA	1,488	1,081	73%	5,793	4.52
SOUTH BAY-INGLEWOOD	1,682	1,144	68%	4,333	2.98
SOUTH BAY-REDONDO BEACH	723	507	70%	2,604	4.38
SOUTH CENTRAL FAMILY HC	3,678	2,796	76%	15,327	4.92
SOUTH CENTRAL-CUDAHY FAMILY HEALTH	45	37	82%	209	7.33
SOUTH CENTRAL-HUNTINGTON PARK	1,404	1,021	73%	5,001	4.44
SOUTH CENTRAL-VERNON	19	7	37%	50	3.35
ST. JOHN'S-COMPTON	3,655	2,743	75%	11,395	3.80
ST. JOHN'S-CRENSHAW	178	131	74%	535	4.06
ST. JOHN'S-DOMINGUEZ	2,422	1,798	74%	6,671	3.41
ST. JOHN'S-DOWNTOWN LOS ANGELES-MAGNOLIA	3,698	2,747	74%	9,800	3.26
ST. JOHN'S-DR. KENNETH WILLIAMS	8,535	6,240	73%	21,443	3.00
ST. JOHN'S-HYDE PARK	1,149	906	79%	3,461	3.63

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
ST. JOHN'S-LINCOLN HEIGHTS	599	483	81%	2,184	4.55
ST. JOHN'S-LOUIS FRAYSER	426	204	48%	583	1.76
ST. JOHN'S-MANUAL ARTS	1,679	1,280	76%	4,543	3.24
ST. JOHN'S-MOBILE 2	5	3	60%	10	2.55
ST. JOHN'S-MOBILE UNIT 1	96	62	65%	164	2.46
ST. JOHN'S-RANCHO DOMINGUEZ	2,025	1,621	80%	6,517	3.96
ST. JOHN'S-WARNER TRAYNHAM	1,927	1,434	74%	5,475	3.56
ST. JOHN'S-WASHINGTON	1,224	934	76%	3,344	3.35
TARZANA-LANCASTER	678	489	72%	1,848	3.21
TARZANA-PALMDALE	458	271	59%	846	2.48
THE ACHIEVABLE FOUNDATION	31	16	52%	31	1.21
THE CHILDREN'S CLINIC-ARTESIA	4	1	25%	4	2.09
THE CHILDREN'S CLINIC-ATLANTIC	15	11	73%	33	3.57
THE CHILDREN'S CLINIC-CABRILLO GATEWAY	61	45	74%	176	3.24
THE CHILDREN'S CLINIC-CESAR CHAVEZ ELEMENTARY SCHOOL	192	155	81%	538	3.09
THE CHILDREN'S CLINIC-FAMILY HC BELLFLOWER	350	260	74%	972	3.33
THE CHILDREN'S CLINIC-FAMILY HC CENTRAL LB	366	260	71%	846	2.71
THE CHILDREN'S CLINIC-FAMILY HC WESTSIDE	357	289	81%	1,043	3.25
THE CHILDREN'S CLINIC-LB MULTI-SERVICE CTR HOMELESS	11	7	64%	47	5.17

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
THE CHILDREN'S CLINIC-NORTH LB HAMILTON MIDDLE SCHOOL	634	480	76%	1,569	2.85
THE CHILDREN'S CLINIC-ROOSEVELT	191	132	69%	451	2.65
THE CHILDREN'S CLINIC-S. MARK TAPER	1,424	1,040	73%	3,392	2.80
THE CHILDREN'S CLINIC-VASEK POLAK	728	518	71%	1,716	2.69
THE LA FREE-BEVERLY	1,719	1,217	71%	5,334	3.84
THE LA FREE-HOLLYWOOD-WILSHIRE	4,347	2,990	69%	11,984	3.42
THE LA FREE-S. MARK TAPER	618	423	68%	2,001	4.11
THE NECC-CFC	566	441	78%	1,455	2.77
THE NECC-COMMUNITY MEDICAL ALLIANCE	2	0	0%	0	0.00
THE NECC-GRAND	87	18	21%	21	0.82
THE NECC-HARBOR CITY	132	107	81%	605	5.15
THE NECC-HAWTHORNE	134	85	63%	312	3.00
THE NECC-HIGHLAND PARK	439	353	80%	1,333	3.36
THE NECC-HIGHLAND PARK SITE	40	10	25%	14	1.21
THE NECC-HUNTINGTON PARK CHC	602	427	71%	1,681	3.28
THE NECC-WILMINGTON	349	269	77%	1,068	3.36
THE-LENNOX	899	608	68%	2,817	3.72
THE-RUTH TEMPLE	997	660	66%	2,723	3.47
UMMA	1,259	911	72%	3,422	3.38

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
UMMA-FREMONT WELLNESS CENTER	393	292	74%	1,238	3.87
UNIVERSAL COMMUNITY	103	59	57%	269	3.41
UNIVERSAL COMMUNITY-SPS	153	71	46%	340	3.01
VALLEY-NORTH HILLS WELLNESS CENTER	1,616	1,025	63%	3,695	2.79
VALLEY-NORTH HOLLYWOOD	4,806	3,334	69%	13,289	3.23
VENICE-COLEN	1,072	631	59%	2,271	2.53
VENICE-ROBERT LEVINE	119	76	64%	394	3.93
VENICE-SIMMS/MANN	1,935	1,275	66%	5,411	3.31
VENICE-VENICE	1,029	691	67%	3,212	3.88
VIA CARE CHC-607	389	253	65%	937	2.96
VIA CARE CHC-615	4	3	75%	10	2.50
VIA CARE CHC-EASTSIDE	648	496	77%	1,595	3.00
VIA CARE CHC-GARFIELD WELLNESS CENTER	632	450	71%	1,507	2.71
VIA CARE COMMUNITY HEALTH CENTER	1,149	778	68%	2,689	2.84
WATTS-CRENSHAW	7	0	0%	0	0.00
WATTS-WATTS	1,069	714	67%	3,292	3.75
WESTSIDE FAMILY HEALTH CENTER	379	315	83%	1,468	4.63
WHITE MEMORIAL CHC	224	126	56%	401	3.06
WILMINGTON COMMUNITY CLINIC	2,661	1,961	74%	7,517	3.39

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
WILMINGTON-MARY HENRY COMMUNITY CLINIC	27	12	44%	53	2.30
Grand Total	**166,055**	**117,001**	**70%**	**475,503**	**3.49**

APPENDIX 2
Primary Care and Dental Expenditures

Community Partner	MGF Payment	Dental Payment
AAA COMPREHENSIVE HEALTHCARE, INC.	$59,328.00	
ALL FOR HEALTH, HEALTH FOR ALL, INC.	$100,064.00	
ALL INCLUSIVE COMMUNITY HEALTH CENTER	$69,408.00	
ALTAMED HEALTH SERVICES CORPORATION	$1,409,888.00	
APLA HEALTH AND WELLNESS	$66,048.00	$24,237.00
ARROYO VISTA FAMILY HEALTH FOUNDATION	$1,186,432.00	$57,313.00
ASIAN PACIFIC HEALTH CARE VENTURE, INC.	$915,616.00	
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER	$139,904.00	
BEHAVIORAL HEALTH SERVICES, INC.	$9,312.00	
BENEVOLENCE INDUSTRIES, INCORPORATED	$195,104.00	$35,911.00
CENTER FOR FAMILY HEALTH AND EDUCATION, INC.	$119,232.00	
CENTRAL CITY COMMUNITY HEALTH CENTER, INC.	$581,056.00	$21,617.00
CENTRAL NEIGHBORHOOD HEALTH FOUNDATION	$198,016.00	
CHINATOWN SERVICE CENTER	$46,176.00	$23,319.00
CLINICA MSR. OSCAR A. ROMERO	$1,479,360.00	$125,147.00
COMMUNITY HEALTH ALLIANCE OF PASADENA	$799,776.00	$67,569.00
COMPREHENSIVE COMMUNITY HEALTH CENTERS, INC.	$1,270,208.00	$243,461.00
EAST VALLEY COMMUNITY HEALTH CENTER, INC.	$1,738,656.00	$162,885.00
EL PROYECTO DEL BARRIO, INC.	$1,733,440.00	$101,877.00
FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES, INC.	$1,321,856.00	$147,576.00
GARFIELD HEALTH CENTER	$61,824.00	
HARBOR COMMUNITY CLINIC	$233,760.00	
HERALD CHRISTIAN HEALTH CENTER	$32,224.00	$55,208.00
JWCH INSTITUTE, INC.	$3,209,920.00	$139,317.00
KEDREN COMMUNITY HEALTH CENTER, INC.	$49,664.00	
KOREAN HEALTH, EDUCATION, INFORMATION & RESEARCH (KHEIR)	$575,264.00	

Community Partner	MGF Payment	Dental Payment
LOS ANGELES CHRISTIAN HEALTH CENTERS	$394,240.00	$62,723.00
LOS ANGELES LGBT CENTER	$10,528.00	
NORTHEAST VALLEY HEALTH CORP.	$3,276,736.00	$445,350.00
PEDIATRIC AND FAMILY MEDICAL CENTER, DBA EISNER PEDIATRIC & FAMILY MEDICAL CENTER	$1,399,392.00	$85,602.00
POMONA COMMUNITY HEALTH CENTER	$212,160.00	
QUEENSCARE HEALTH CENTERS	$1,806,720.00	$439,435.00
SAMUEL DIXON FAMILY HEALTH CENTER, INC.	$206,144.00	
SAN FERNANDO COMMUNITY HOSPITAL DBA SAN FERNANDO CHC	$355,136.00	$68,453.00
SOUTH BAY FAMILY HEALTH CARE	$1,140,608.00	$46,295.00
SOUTH CENTRAL FAMILY HEALTH CENTER	$1,441,056.00	
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	$7,819,392.00	$759,769.81
TARZANA TREATMENT CENTER, INC.	$292,992.00	
THE ACHIEVABLE FOUNDATION	$8,960.00	
THE CHILDREN'S CLINIC, SERVING CHILDREN AND THEIR FAMILIES	$1,263,392.00	
THE CLINIC, INC.	$514,720.00	
THE LOS ANGELES FREE CLINIC, DBA SABAN COMMUNITY CLINIC	$1,816,768.00	$334,299.00
THE NORTHEAST COMMUNITY CLINIC	$695,456.00	
UNIVERSAL COMMUNITY HEALTH CENTER	$63,520.00	
UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC. (UMMA)	$470,400.00	
VALLEY COMMUNITY HEALTHCARE	$1,888,928.00	$112,636.00
VENICE FAMILY CLINIC	$1,060,736.00	$139,895.00
VIA CARE COMMUNITY HEALTH CENTER, INC.	$818,048.00	$543,802.72
WATTS HEALTHCARE CORP.	$298,784.00	$67,626.00
WESTSIDE FAMILY HEALTH CENTER	$111,744.00	
WHITE MEMORIAL COMMUNITY HEALTH CENTER	$23,968.00	$2,969.00
WILMINGTON COMMUNITY CLINIC	$779,936.00	
Grand Total	**$45,772,000**	**$4,314,292.53**

APPENDIX 3
Data Source and Submission

The data for this report, which included all services provided to MHLA participants between July 1, 2019 and June 30, 2020, 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.