Annual Report
to the
Los Angeles County Board of Supervisors
Fiscal Year 2021-22

TABLE OF CONTENTS

APPENDICES

I. INTRODUCTION

Fiscal Year (FY) 2021-22 was the eighth full year of operation for the My Health LA (MHLA) program. This annual report covers that period and includes information about the program, enrollment, utilization and more.

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 Los Angeles County residents ages 26 - 49 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. All other ages are now eligible for full-scope Medi-Cal, regardless of immigration status, so they are not part of the MHLA program.

MHLA is closely aligned with the Department of Health Services mission, "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 2021-22, 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 2021-22, 94,971 Los Angeles County residents were enrolled in the MHLA program. There were also 51 Community Partner clinic agencies and 233 clinic sites contracted to provide care for participants. MHLA participants had an average of 3.59 primary care visits during the year, and nearly three-quarters (72%) of the MHLA population had at least one primary care visit during the Fiscal Year.

Payments to clinics for MHLA participants totaled $42.79 million for primary care services and $5.01 million for dental services. MHLA also paid approximately $8.28 million for pharmacy services. Payments were lower for the second year in a row due to lower enrollment and utilization, in large part due to a statewide expansion of Medi-Cal for older adults, as well as the COVID-19 pandemic.

The pandemic also led to several program changes in March 2020, which continued through FY 21-22. The Board of Supervisors approved a temporary waiver allowing clinics to conduct enrollment/re-enrollment and renewals by phone in addition to in-person. That change was later permanently added to the contracts with the CPs. In addition, MHLA began conducting clinical audits and facility site reviews remotely in 2020. That also continued throughout FY 21-22.

The expansion of full-scope Medi-Cal to older adults aged 50 and over regardless of immigration status took effect May 1, 2022 and had a large impact on the lower enrollment rates for MHLA. The MHLA program had nearly 60,000 older adults in MHLA who were eligible for the Medi-Cal expansion. After a grace period to allow for their enrollment in full-scope Medi-Cal, those individuals were disenrolled from MHLA. Additionally, individuals who turn 50 and no longer meet MHLA age eligibility continue to be disenrolled from the program at the end of their birthday. The expansion of Medi-Cal to older adults is modeled after a similar program that occurred in January 2020 for young adults aged 19 through 25.

MHLA also introduced a Quality Incentive Payment Project in FY 21-22 to incentivize Community Partner agencies in bringing their participants back to the clinics for in-person preventive and follow-up services with their primary care provider. Some CPs conducted outreach campaigns to bring participants back into in-person care. Just under half of the agencies received incentive payments, totaling $1,354,904 for FY 21-22. The payments were made to clinics who reached a target level of improvement in their rate of in-person visits from October 1, 2021 through June 30, 2022, compared to baseline visits from the previous year.

The program also started a patient advisory group with the vision to collaborate with our participants and their families to improve their experience and the quality of the MHLA program. The “MHLA Community Council” goals are to improve the MHLA participant experience, ensure MHLA participants are aware of all parts of MHLA and to engage with MHLA participants to receive feedback on the MHLA program. There have been several virtual meetings with the MHLA community council and discussions about specialty care access, the older adult Medi-Cal expansion and the program as a whole.

MHLA had a successful year serving its participants, and we are thankful to the CPs, the Community Clinic Association of Los Angeles County and community-based organizations for everyone’s contributions to the program.

II. 2021-22 PROGRAM ACTIVITIES

A. ENROLLMENT AND COMMUNICATIONS

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

Key 2021-22 highlights were:

- MHLA ended its eighth programmatic year with 94,971 uninsured Los Angeles County residents enrolled in the program.
- MHLA ended the year with 77,185 individuals disenrolled from the program, the vast majority due to the older adult Medi-Cal expansion that made them ineligible for MHLA
- 79% 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 2021-22, the ERU conducted five virtual eligibility trainings, in addition to providing ongoing technical assistance to the CPs.

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 2021-22, the line received 1,464 calls from CPs.

Applications and Enrollment

MHLA enrollment is conducted at the CP clinics through the online One-e-App enrollment system, which allows for real-time eligibility determination. Trained enrollers at the CPs 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).

During FY 2021-22, 1,479 individuals had MHLA One-e-App access. This included 402 enrollers taking applications, 856 clinic staff with read-only access, 75 system administrators and 50 supervisor users.

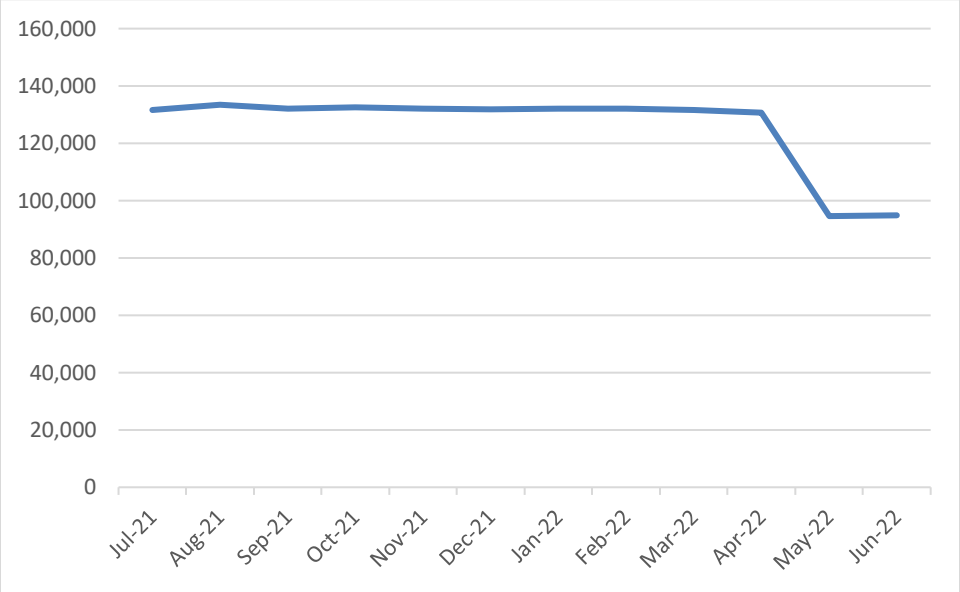
At the end of this fiscal year, there were 94,971 participants enrolled in MHLA, down from previous fiscal years (Table A1). Enrollment declined after May 1, 2022 when MHLA participants 50 years old and

older were disenrolled after becoming eligible for full-scope Medi-Cal. Some of the participants were disenrolled in FY 21-22 because they were already in restricted-scope Medi-Cal, while others were disenrolled in FY 22-23 to allow additional time to enroll in Medi-Cal.

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
2020-21	132,336
2021-22	94,971

Graph A1
MHLA Monthly Enrollment FY 2021-22



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 155,121 participants enrolled in the program during FY 2021-22. During the year, 5,403 (3.48%) were denied (Table A2) and 77,185 participants (49.76%) were disenrolled (Table A3).

The vast majority of denials were due to incomplete applications (Table A2). The majority of disenrollments were due to participants either not renewing in time or no longer being eligible due to their age. (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 2019-20	FY 2020-21	FY 2021-22
Incomplete Application	4,454	5,164	4,987
Enrolled in Full-Scope Medi-Cal	86	26	46
Income Exceeds 138% of FPL	530	296	271
Determined Eligible for Other Programs	9	25	38
Not a Los Angeles County Resident	14	15	2
False or Misleading Information	31	18	9
Duplicate Application	6	6	6
Enrolled in Private Insurance	4	1	1
Participant Request	22	15	23

Denial Reason	FY 2019-20	FY 2020-21	FY 2021-22
Enrolled in Public Coverage	3	1	1
Participant has DHS Primary Care Provider	23	14	12
Enrolled in Employer-Sponsored Insurance	7	3	2
Did Not Complete Renewal	1	4	1
Not Eligible Due to Other Reasons	0	2	4
Total	**5,190**	**5,590**	**5,403**

Table A3
MHLA Disenrollments by Reason

Disenrollment Reason	FY 2019-20	FY 2020-21	FY 2021-22
Did Not Complete Renewal	42,730	54,451	40,381
Over Program Age Requirement	0	0	35,784
Enrolled in Full Scope Medi-Cal	842	58	67
Incomplete Application	21	9	5
Participant Request	222	325	729
Participant has DHS Primary Care Provider	516	371	158
Not a Los Angeles County Resident	31	31	25
Determined Eligible for Other Programs	15	6	5
Income Exceeds 138% of FPL	20	12	10
Enrolled in Employer Insurance	20	18	7
Enrolled in Private Insurance	9	7	3
Enrolled in Public Coverage	4	0	1
False or Misleading Information	1	1	2
Duplicate Application	6	4	0
Participant is Deceased	7	14	7
Program Dissatisfaction	1	0	0
Under Program Age Requirement	0	0	0
Enrollee is Incarcerated	0	0	0
Blank (N/A)	0	0	1
Total	**44,445**	**55,307**	**77,185**

Renewals

To understand the impact COVID-19 had on the renewal and re-enrollment rates, it is worth noting that the renewal and re-enrollment process was modified in 2020 to assist CPs and participants at the beginning of the pandemic. Standard procedures require participants 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 took effect in late March 2020 permitting CP clinics to take applications for enrollment, re-enrollment and renewal by phone. That change was later included in the contracts with the CPs, allowing remote enrollment to continue.

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.

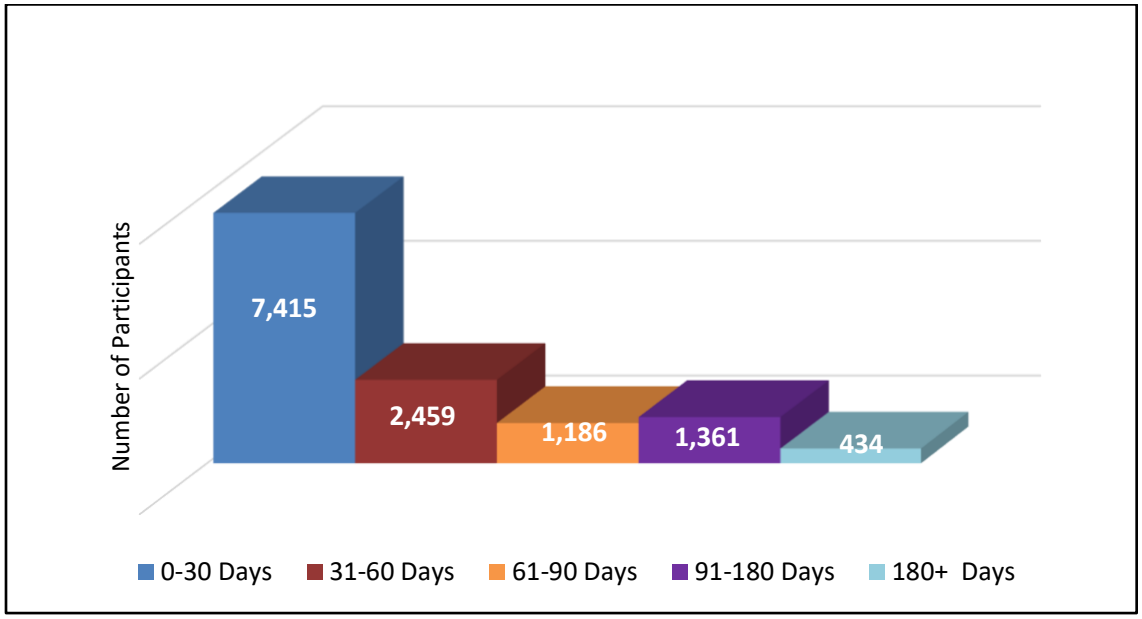
Table A4 provides the current renewal and re-enrollment rates compared to the previous fiscal year. Of the 114,645 MHLA participants due to renew FY21-22, 77,680 (68%) participants renewed on time. Of the 36,527 individuals that did not renew, 12,855 (11%) came back within the year to reenroll in the program, meaning 79% of MHLA participants renewed or reenrolled in the program the fiscal year. The re-enrollment rate for the program increased compared to prior fiscal years, though that was in part due to the temporary 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
2019-20	116,852	74,073	527	42,252	63%	15,396	13%	89,469	77%
2020-21	134,279	79,820	559	53,900	59%	22,428	17%	102,248	76%
2021-22	114,645	77,680	438	36,527	68%	12,855	11%	90,535	79%

Graph A2 captures the time gap between disenrollment and the participant's subsequent re-enrollment in the program. 12,855 participants chose to re-enroll in MHLA after their disenrollment, a majority of whom (7,415, or 58%) did so within the first 30 days of their disenrollment. 2,459 individuals (19%) reenrolled between 31-60 days of being disenrolled, and 1,361 (11%) 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 36,527 participants who were disenrolled from MHLA for failure to renew and never returned to the MHLA program (Table A4), 39% 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 (https://dhs.lacounty.gov/my-health-la/) 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-e-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 2021-22, MHLA issued four Provider Information Notices announcing contractual changes to the program. The first detailed the MHLA incentive project, that incentivized Community Partner agencies in bringing their participants back in-person for preventive and follow-up services with their primary care provider. The second provided updated reimbursement information for eligible dispensaries and on-site licensed pharmacies and provide instruction for clinics if HRSA terminates a CP's 340B contracted pharmacy. The third and fourth informed CPs of changes being made to the Mental Health Prevention Services (MHPS) project.

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. 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. MHLA also continues to use texts and robocalls (in English and Spanish) to provide important information to participants, including to remind them to renew their coverage or re-enroll if they have been disenrolled.

Older Adult Medi-Cal Expansion

As described above, full-scope Medi-Cal was extended in May 2022 to income-eligible adults, age 50 and older, regardless of immigration status. The new law provides access to a range of health care services vital to an aging and low-income population, otherwise eligible for Medi-Cal but for their immigration status. With the implementation of the new Medi-Cal age eligibility, participants aged 50 no longer qualify for MHLA but can enroll in comprehensive Medi-Cal coverage. Beginning May 1, 2022, MHLA began the process of disenrollment for all participants, age 50 and over. The expansion of Medi-Cal to older adults was modeled after a similar program in January 2020 for young adults, ages 19 through 25.

The MHLA program worked closely with the CPs, the Community Clinic Association of Los Angeles County, the LA County Department of Public Social Services, the California Department of Health Care Services, community-based organizations and others to ensure a smooth transition for the Medi-Cal eligible participants.

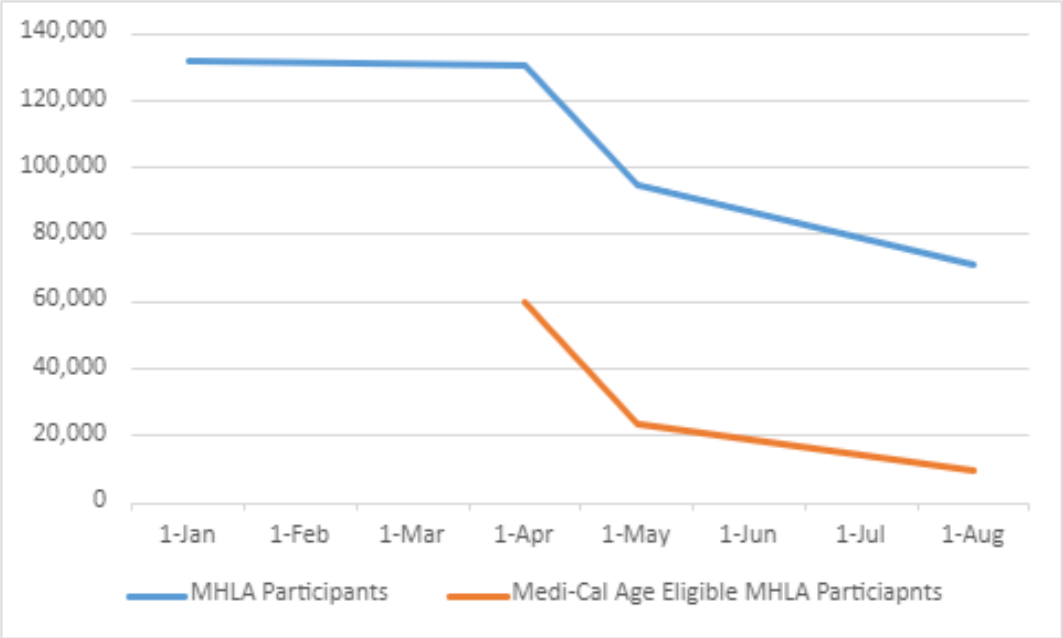
Older Adults Disenrollment

Prior to May 1, 2022, MHLA had 59,980 older adults enrolled who were eligible for the 2022 Medi-Cal expansion. MHLA worked internally and with the Department of Public Social Services (DPSS) to identify MHLA older adults who were already enrolled in restricted-scope Medi-Cal. On May 1, 2022, when the older adult expansion was implemented, 37,193 participants enrolled in restricted-scope Medi-Cal were disenrolled from MHLA and they were automatically transitioned to full-scope Medi-Cal. No new applications or actions were required from individuals for that transition.

After the first wave of disenrollment on May 1, 2022, MHLA identified 23,279 MHLA program participants aged 50 and over who were not yet enrolled in Medi-Cal. MHLA and Community Partner clinics worked to target this population for outreach, education, and enrollment under the expansion. MHLA provided a 3-month grace period from May – July during which MHLA enrollment continued for the 23,279 participants. On August 1, the remaining group of 23,279 Medi-Cal eligible individuals were disenrolled from MHLA. Additionally, when MHLA participants reach age 50, they no longer qualify for MHLA and are disenrolled from the program at the end of their birthday month.

Of the nearly 60,000 older adults initially identified as age eligible for Medi-Cal, only 9,486 (16%) individuals were still not enrolled in Medi-Cal as of September 2022. This group is prioritized by MHLA, DPSS, and Community Partner clinics for ongoing outreach.
Graph A3 provides the phases of MHLA disenrollment.

Graph A3
MHLA Disenrollment Phases Under Medi-Cal Older Adult Expansion



Older Adults Outreach and Engagement

MHLA utilized multiple engagement and outreach activities to educate participants on the new older adult Medi-Cal expansion. On February 7, 2022, MHLA notified older participants by mail they would be eligible for full-scope Medi-Cal and were provided with information on how to enroll by May 1, 2022. Participants who did not transition to full-scope Medi-Cal on May 1, received a 2nd notice to remind them to apply for Medi-Cal. They were informed they would no longer qualify for MHLA and would be disenrolled on July 31, 2022. From May 1 – July 31, 2022, MHLA provided a 3-month grace period. During this time, dedicated MHLA staff made direct calls to participants in multiple languages to provide information on the new age eligibility and to answer questions about the enrollment process. Robocalls and texts were also sent in English and Spanish to communicate timely reminders and to provide participants with direct links to enroll in Medi-Cal.

In partnership with The California Health Care Foundation, a focus group was conducted to hear directly from community members to maximize MHLA outreach efforts. MHLA adapted the input and developed a one-page informational flyer in English and Spanish to specifically target households who still had not enrolled in full-scope Medi-Cal. DPSS provided translation in multiple languages to include Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Thai, and Vietnamese, further

broadening MHLA's outreach to limited English proficient households. Each month, an estimated 400-500 MHLA participants reach age 50 and no longer qualify for MHLA. Before their birthday month, MHLA sends them information in English or their preferred language to inform them about their MHLA age ineligibility and options to apply for full-scope Medi-Cal.
Additionally, the landing page on the MHLA website includes a headline banner in English and Spanish on the older adult expansion. The website banner links users to community resources on the Public Charge rule and the DPSS website for Medi-Cal enrollment. Informational flyers about the expansion are also posted on the website.

Older Adults Medi-Cal Collaboration

MHLA worked closely with community-based partners in providing feedback on materials and informational webinars for updates on the transition. MHLA also worked closely with advocates to disseminate information before and throughout the implementation of the Medi-Cal expansion. For CPs, MHLA coordinated with CCALAC on a survey about outreach and hosted webinars for the clinics. Monthly newsletters and FAQ sheets were also distributed to the clinics. Other collaborators include local and statewide advocates, immigrant rights organizations, and community-based organizations with intentional messaging to address misconceptions on Medi-Cal benefits and Public Charge.

Next Steps for Medi-Cal Expansion

California has announced plans to expand comprehensive care to all income eligible individuals, regardless of age or immigration status, in early 2024. To prepare for the statewide changes, MHLA will begin its transition planning for the remaining group, ages 26-49 in early 2023. MHLA will leverage its current efforts with other County departments, Community Partner clinics, advocates, and members to work towards transitioning participants from MHLA to full-scope Medi-Cal. MHLA will also continue to work with its partners to address misconceptions and provide accurate information on the final Public Charge rule as it pertains to Medi-Cal enrollment.

B. PARTICIPANT DEMOGRAPHICS

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

Key FY 2021-22 demographic highlights for the MHLA Program are:

- 95% of participants identified as Latinos.
- 59% were female and 41% 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 (59%) than male (41%). Nearly 91% participants indicated that Spanish was their primary spoken language and 7% indicated that English was their primary spoken language. Most MHLA participants (48%) were between 26 and 44 years old. In FY 2021-22, MHLA had 504 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 2021-22.

Table B1
Demographics of MHLA Participants (as of June 30, 2022)

Age	
26-44	47.6%
45-54	37.6%
55-64	10.5%
65+	4.3%
Ethnicity	
Latino	95.2%
Asian/Asian Pacific Islander	1.77%
Other/Declined to State	2.28%
Caucasian	.66%
Black/African American	.11%
Language	
Spanish	91.33%
English	6.85%
Other	.72%
Korean	.49%
Thai	.31%
Armenian	.14%
Tagalog	.03%
Chinese	.02%

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

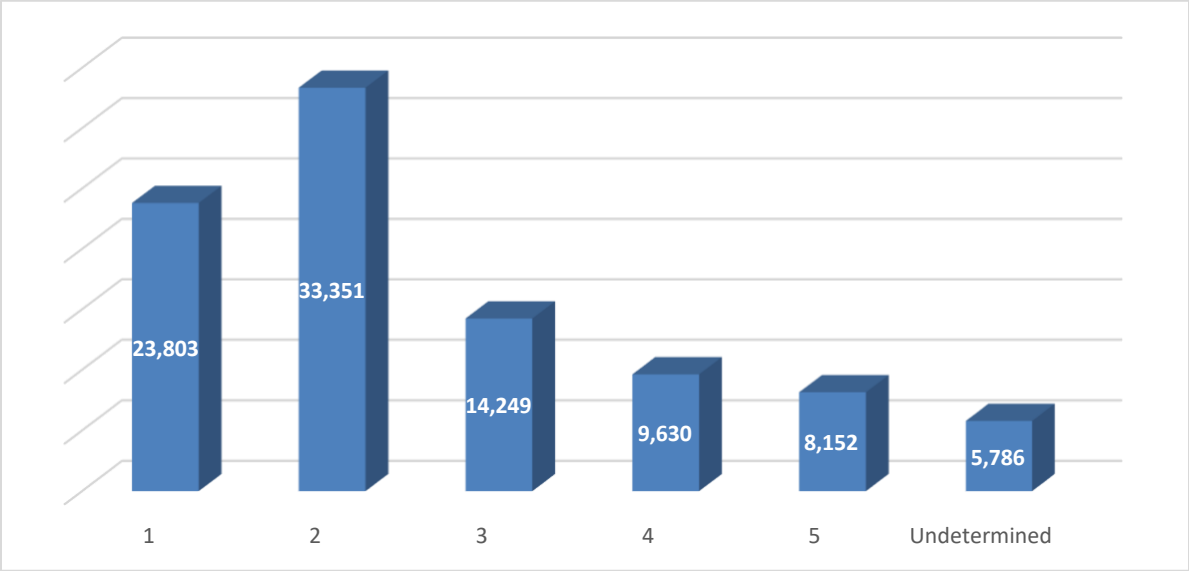
SPA	**FY 2019-20**		**FY 2020-21**		**FY 2021-22**	
	Total Number of Participants	**Total % of Participants**	**Total Number of Participants**	**Total % of Participants**	**Total Number of Participants**	**Total % of Participants**
1	3,050	2.24%	3,249	2.46%	2,321	2.44%
2	24,519	17.97%	22,432	16.95%	15,271	16.08%

3	12,308	9.02%	10,269	7.76%	7,871	8.29%
4	25,406	18.63%	22,734	17.18%	17,195	18.11%
5	3,026	2.22%	3,060	2.31%	2,219	2.34%
6	30,139	22.09%	28,619	21.63%	21,038	22.15%
7	19,685	14.43%	18,010	13.61%	12,781	13.46%
8	14,686	10.77%	13,686	10.34%	10,489	11.04%
Undetermined	3,589	2.63%	10,277	7.77%	5,786	6.09%

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 33,351 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 2021-22 highlights were:

- There were 233 MHLA medical homes at the end of FY 2021-22, including both primary care and dental care sites.
- 83% of MHLA clinic sites were open to accept new participants throughout the fiscal year.
- A total of 40 (17%) clinic sites were closed to new patients at some point during the fiscal year.

Clinic Sites and Capacity

MHLA ended FY 2021-22 with a total of 51 CP agencies and 233 primary care and dental 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 2021-22, 40 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 decreased compared to the 63 clinic sites that were closed at some point last fiscal year. However, several CPs continued to temporarily close sites.

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 2021-22, there were 159 patients referred to MHLA clinics through this process.

Mobile Teleretinal Clinic

During summer 2021, MHLA completed a mobile teleretinal screening project. The effort employed a mobile clinic to reduce the backlog of pending appointments and DHS clinics and to make it easier for participants to get their screening. The collaboration with Ophthalmic Services and Eye Health Programs served Participants at MHLA CP clinics with the highest volume of pending teleretinal screening appointments. Vision to Learn, a nonprofit organization dedicated to providing eyeglasses to school children, donated the use of a mobile van. Overall, project staff provided teleretinal screening appointments to 119 participants. Of those, 45 participants were referred to DHS for follow-up specialty care appointments.

D. CONTRACT AND AUDIT ADMINISTRATION

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 audited 51 agencies (233 sites) approved to provide primary and/or dental services to MHLA participants for FY 2021-22. All site audits were conducted remotely.

Key FY 2021-22 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) for the fourth consecutive year.
- The most frequent deficiencies in the Medical Records Reviews were related to foot exam/podiatry referrals, TB screenings, seasonal flu vaccines, immunizations, and diabetic retinal scan/ophthalmology referral for the second consecutive year.
- Twenty-five (12%) of the 212 primary care clinics were required to submit a Corrective Action Plan based on the Medical Record Reviews.

Facility Site Review/Credentialing Review (FSR/CR)

The MHLA Contract and Audit Administration Unit conducted a total of 233 FSRs/CRs for 51 agencies. There was only one deficiency among the 233 clinic sites. Only one site was required to submit a Corrective Action Plan (CAP) due to a critical deficiency (Contractor did not provide evidence of a wall oxygen delivery system or portable oxygen tank with flow meter that is maintained at least ¾ full). None of the 233 FSRs/CRs showed repeat deficiencies when compared to audit findings from Fiscal Year 2020-21.

The Contract and Audit Administration Unit also monitored timely access standards as part of the FSR. Under the MHLA Agreement, CP clinics shall make available to MHLA participants appointments for included services within 21 calendar days for non-urgent primary care health services and within 96 hours for urgent primary health care services. Timely access standards were verified during the annual audits, and every clinic site met these standards for FY 2021-22.

Medical Record Review (MRR)

MHLA conducted a total of 212 MRRs. Twenty-five (12%) of the 212 MRRs required a CAP. Although the 25 clinic sites met the passing threshold of 90%, they were required to submit a CAP due to repeat deficiencies. In the prior fiscal year, 53 clinic sites (25%) were required to submit a CAP.

The MRR audit tool consists of a total of 35 elements (11 DHS core elements and 24 non-core elements). The 11 DHS core elements are 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. During this fiscal year, there were no clinic sites showing five or more of the same repeat DHS core element deficiencies. Non-core elements include but are not limited to intake assessment, blood pressure screening, and alcohol and substances abuse screening.

There were 222 deficiencies identified in the 212 MRRs conducted during this fiscal year.

The most frequent MRR deficiencies were as follows:

Table D1
Most Frequent MRR Deficiencies (Total deficiencies = 222)

Most Frequent MRR Deficiencies [1] (Total deficiencies = 222)			
Rank	**Deficiency**	**Frequency[2]**	**Percentage**
	Lack of documentation of:		
1	foot exam/podiatry referral	45	20%
2	TB screening	39	18%
3	seasonal flu vaccine	34	15%
4	immunization	33	15%
5	diabetic retinal scan/ophthalmology referral	31	14%

[1] Total Deficiencies include DHS core and non-core deficiencies (e.g., lack of documentation of intake assessment)
[2] Frequency means the number of times the lack of documentation for a given core or non-core element was observed in a given patient medical record during the annual MRR.

Table D2
Most Frequent MRR Deficiencies[3]

Most Frequent MRR Deficiencies						
	FY 2020-21 (Total Deficiencies=176)			**FY 2021-22 (Total Deficiencies=222)**		
Deficiency	**Ranking**	**Frequency**	**Percentage**	**Ranking**	**Frequency**	**Percentage**
Lack of documentation of:						
foot exam/podiatry referral	1	41	23%	1	45	20%
TB screening	2	35	20%	2	39	18%
seasonal flu vaccine	4	20	11%	3	34	15%
immunization	3	20	11%	4	33	15%
diabetic retinal scan/ophthalmology referral	3	18	10%	5	31	14%
abuse/neglect assessment	5	11	6%	6	18	8%

[3] All sites were audited remotely in FY 20-21 and FY 21-22.

Dental Record Review (DRR)

For FY 2021-22, 63 sites provided dental services to MHLA participants. None of the 63 sites showed deficiencies. All 63 sites met the passing compliance threshold of 90% without repeat deficiencies. Therefore, none of the sites were required to submit a CAP. Three sites were required to submit a CAP in the prior fiscal year.

Dental Site Review (DSR)

MHLA conducted 60 DSRs. Only one of the 60 DSRs showed a deficiency (No evidence of an installed emergency eyewash station which can provide 15 minutes of continuous irrigation and is no more than 10 seconds [approx. 55ft] from the potential hazard). All 60 sites met the passing compliance threshold of 90% without repeat deficiencies. Therefore, none of the sites were required to submit a CAP this fiscal year. Two sites were required to submit a CAP in the prior fiscal year.

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 2021-22 highlights were:

- Member Services received a total of 20,968 calls in FY 2021-22.
- There were five formal participant complaints filed by participants, with 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 and process medical home changes, complete disenrollments, process address and phone number changes and order replacement identification (ID) cards.

During FY 2021-22, MHLA's Member Services call center received 20,968 calls. The number of incoming calls increased 34% from last year's total of 15,685. Many of the calls were due to the older adult Medi-Cal expansion.

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 2021-22, 5 were "formal complaints." This is an increase from the 3 formal complaints in FY 2020-21. The formal complaint reasons were related to mistreatment/inappropriate care 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 2019-20		FY 2020-21		FY 2021-22	
	Total	Percent	Total	Percent	Total	Percent
Mistreatment/Misdiagnosis/Inappropriate Care by Provider	1	9%	2	67%	4	90%
Delay or Refusal in Receiving Clinical Care Services	2	18%	1	33%	0	0%
Refusal of Referral to Specialist	2	18%	0	0%	1	10%
HIPAA, Treatment Record Keeping	1	9%	0	0%	0	0%
Prolonged Wait in Provider's Office	3	27%	0	0%	0	0%
Refusal of Prescription by Clinical Provider/Pharmacy/Access Problems	1	9%	0	0%	0	0%
Total	**11**	**100%**	**3**	**100%**	**5**	**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 2021-22 highlights were:

- 72% of MHLA participants had a primary care visit.
- MHLA participants had an average of 3.59 primary care visits per year.
- 31,157 unduplicated MHLA patients accessed 178,409 specialty care visits.
- 6% of all MHLA participants had an emergency department (ED) visit.
- 21% 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 2021-22 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
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
2020-21	Primary Care (CP)	161,028	106,606	66%	479,219
	Prescription (CP)	161,028	80,715	50%	946,358
2021-22	Primary Care (CP)	155,121	111,663	72%	448,996
	Prescription (CP)	155,121	79,344	51%	846,760

Table F2
Summary of Utilization Data – Participants Utilizing at Least One Service at a DHS Facility
FY 2021-22

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)	155,121	31,157	20.09%	178,409
Emergency (DHS)	155,121	9,539	6.15%	13,509
Prescription (DHS)	155,121	9,489	6.12%	65,758
Urgent Care (DHS)	155,121	5,278	3.40%	8,001
Inpatient (DHS)	155,121	2,525	1.63%	3,528

Primary Care

During FY 2021-22, 72% of MHLA participants had at least one primary care visit at their medical home clinic, an increase from 66% from last fiscal year. The average number of visits for a MHLA participant in FY 2021-22 was 3.59. This is a slight decrease from last fiscal year, when MHLA participants had 3.75 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 FY 2018-19.

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
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
2020-21	106,606	479,219	1,531,473	127,623	3.75
2021-22	111,663	448,996	1,501,726	125,144	3.59

Of the 111,663 MHLA participants who had a primary care visit this fiscal year, individuals with chronic conditions had a higher average number of visits per year (5.30) 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 2021-22

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

[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.

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
2020-21	With Chronic Conditions	68,720	64%	364,703	760,173	5.76
	Without Chronic Conditions	37,886	36%	114,516	771,300	1.78
2021-22	With Chronic Conditions	72,183	65%	334,822	757,847	5.30
	Without Chronic Conditions	39,480	35%	114,174	743,879	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	43,458	19,501	21,166	18,967	15,544	30,639	5,846	111,663	155,121
% Participants	28.02%	12.57%	13.64%	12.23%	10.02%	19.75%	3.77%	71.98%	100%

MHLA Pharmacy Program

MHLA contracts with Ventegra, a Pharmacy Services Administrator, to provide more than 600 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 Pharmacy (participants receive a telephone consultation by a DHS pharmacist).

Outside of DHS Central Pharmacy, 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 four fiscal years. The data indicate that 53% of MHLA participants filled at least one medication in FY 2021-22, the same as last fiscal year.

According to data received from Ventegra, 55% of medications dispensed in the MHLA program in FY 2021-22 were generic, 15% were purchased under the 340B program, 22% were over the counter (OTC) medications, and 8% were diabetic supplies. Ventegra's data also shows that 93.2% were filled at contracted pharmacies, 5.4% were filled at on-site CP dispensaries, and 1.4% 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
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
2020-21	161,028	85,158	53%	946,358	121,796	1,068,154
2021-22	155,121	81,917	53%	846,760	65,758	912,518

Table F7 shows the top ten therapeutic classes of medications taken by those MHLA participants. Medications/products related to diabetes represented nearly 29% of total prescriptions and medications for high blood pressure and high cholesterol represented 18% of the total.

Table F7
DHS & CPs Pharmacy Utilization by Therapeutic Class

Therapeutic Class	Description	% of Total Approved Prescriptions
Antidiabetics	Used for diabetes	18%
Antihyperlipidemics	Used for high cholesterol	9%
Antihypertensives	Used for high blood pressure	9%
Medical Devices and Supplies	Mostly diabetes related products like syringes and lancing devices	7%
Analgesics- Non-narcotic	Used for pain and fever (Tylenol and Aspirin)	5%

Therapeutic Class	Description	% of Total Approved Prescriptions
Diagnostic Products	Mostly diabetes related products to test blood sugar	4%
Analgesics – Anti-Inflammatory	Used for pain, fever and inflammation (NSAID's)	4%
Dermatologicals	Topical dermatological agents	4%
Ulcer Drugs/ Antispasmodics/Anticholinergics	Used GI diseases	3%
Vitamins	Used for micronutrients	3%

Specialty Care Services

On average, a MHLA participant who saw a specialist had 5.73 specialty visits during the year. About 20% of all MHLA participants saw a specialist, which is a slight increase from 19% during last fiscal year.

The following section provides analysis on specialty care utilization by MHLA participants at DHS clinics and hospitals in FY 2021-22.

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 2021-22 was 80,634. Of those, 57,802 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 31,157 unduplicated MHLA participants who received a total of 178,409 specialty care visits at DHS in FY 2021-22. This fiscal year saw a 1**%** decrease in the total number of specialty care visits provided to MHLA patients (from 180,356 to 178,409).

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
2018-19	181,902	36,186	63,736	162,920	1,129.43	4.50

2019-20	166,055	31,431	60,910	150,593	1,104.25	4.79
2018-19	161,028	30,805	44,397	180,356	1,413.20	5.85
2021-22	155,121	31,157	57,802	178,409	1,425.63	5.73

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
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%
2020-21	Number of MHLA Patients with Specialty Visits	130,223	7,712	4,754	3,532	2,578	6,843	5,386	161,028
	% of Total	80.87%	4.79%	2.95%	2.19%	1.60%	4.25%	3.34%	100%

2021-22	Number of MHLA Patients with Specialty Visits	123,964	8,030	4,738	3,265	2,664	7,112	5,348	155,121
	% of Total	79.91%	5.18%	3.05%	2.10%	1.72%	4.58%	3.45%	100%

Table F10 details the total number of specialty care visits provided to MHLA participants in FY 2021-22 by DHS facility. The 31,157 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 Medical Center continued to be the largest provider of specialty care services (36.63% 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 87.58% of all specialty care services provided to MHLA participants.

Table F10
Specialty Care Services by DHS Facility
FY 2021-22

Facility Name	Participants (Unduplicated by Facility)	Specialty Care Visits	% of Total Specialty Care Visits
LAC+USC MEDICAL CENTER	12,646	65,343	36.63%
MARTIN LUTHER KING, JR. OUPATIENT CENTER	6,890	30,419	17.05%
OLIVE VIEW-UCLA MEDICAL CENTER	5,764	27,239	15.27%
HARBOR-UCLA MEDICAL CENTER	5,758	33,234	18.63%
RANCHO LOS AMIGOS NATIONAL REHAB. CENTER	1,420	6,632	3.72%
HUDSON COMPREHENSIVE HEALTH CENTER	1,295	3,193	1.79%
HIGH DESERT REGIONAL HEALTH CENTER	1,166	4,262	2.39%
MID-VALLEY COMPREHENSIVE HEALTH CENTER	831	1,515	0.85%
ROYBAL COMPRENSIVE HEALTH CENTER	574	1,740	0.98%
LONG BEACH COMPRENSIVE HEALTH CENTER	510	1,158	0.65%
HUMPHREY COMPRENSIVE HEALTH CENTER	485	1,208	0.68%
EL MONTE COMPREHENSIVE HEALTH CENTER	411	1,360	0.76%
SOUTH VALLEY HEALTH CENTER	98	276	0.15%
BELLFLOWER HEALTH CENTER	43	136	0.08%
SAN FERNANDO HEALTH CENTER	39	121	0.07%
WILMINGTON HEALTH CENTER	37	210	0.12%

WEST VALLEY HEALTH CENTER	27	74	0.04%
LA PUENTE COMMUNITY CLINIC	19	60	0.03%
ANTELOPE VALLEY HEALTH CENTER	17	30	0.02%
TORRANCE HEALTH CENTER	16	62	0.03%
GLENDALE HEALTH CENTER	12	37	0.02%
CURTIS TUCKER HEALTH CENTER	10	47	0.03%
DOLLARHIDE HEALTH CENTER	9	15	0.01%
LITTLEROCK COMMUNITY CLINIC	6	10	0.01%
EAST LOS ANGELES HEALTH CENTER	6	7	0.00%
Overall (All DHS Facilities)	**31,157**	**178,409**	**100%**

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. 3.40% of all MHLA participants (5,278) utilized urgent care services at DHS for a total of 8,001 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	149,843	3,714	934	361	140	123	6	5,278	155,121
Percentage of Participants	96.60%	2.39%	0.60%	0.23%	0.09%	0.08%	0.00%	3.40%	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
FY21-22	155,121	5,278	8,001	63.93	0.06

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 2021-22. 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 2021-22, 9,539 MHLA participants had 13,509 ED visits at DHS facilities. That represents 6.1% of the total 155,121 MHLA enrolled. The rate of ED visits was nearly 108 per 1,000 participants in FY 2021-22, compared to 101 per 1,000 participants last fiscal year (Table F13).

Table F13
ED Visits per 1,000 Participants per Year

Fiscal Year	Number of ED Visits	Participant Months	ED Visits/1,000
2018-19	18,174	1,730,998	125.99
2019-20	13,119	1,636,504	96.20
2020-21	12,899	1,531,473	101.07
2021-22	13,509	1,501,726	107.95

Table F14 illustrates the number of primary care visits that MHLA participants had in the same fiscal year that they visited a DHS ED. A little over 11% of MHLA participants who had an ED visit in FY 2021-22 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	1,082	1,002	1,140	1.202	1,114	3,122	877	9,539

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	145,582	7,111	1,633	465	185	135	10	155,121
ED Percentage of Total Participants	93.85%	4.58%	1.05%	0.30%	0.12%	0.09%	0.01%	100.00%
ED Visits (Homeless)	814	37	18	3	3	3	0	878
ED Visits (Homeless) of Total Participants	92.71%	4.21%	2.05%	0.34%	0.34%	0.34%	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	5,080	7,168	53.06%
OLIVE VIEW-UCLA	2,260	3,154	23.35%
HARBOR-UCLA	2,318	3,187	23.59%
Total	**9,539 (unduplicated)**	**13,509**	**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 the last four years, and Table F18 lists the avoidable ED visits by type, number of visits and unique participants. Nearly 21% of ED visits by MHLA participants in FY 2021-22 were considered avoidable. This rate is a slight increase 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
2018-19	3,086	18,174	16.98%
2019-20	2,222	13,119	16.94%
2020-21	2,282	12,899	17.69%
2021-22	2,794	13,509	20.68%

Table F18
Avoidable Emergency Department (AED) Visits – Diseases

Avoidable Emergency Departments Visits	Unique Participants	AER Visits	% of AED Visits
Other headache syndromes	1813	1813	64.89%
Dorsalgia	470	470	16.82%
Encounter for general examination	102	102	3.65%
Acute Pharyngitis	61	61	2.18%
Conjunctivitis	51	51	1.83%
Hematuria	49	49	1.75%
Acute upper respiratory infections of multiple or unspecified sites	41	41	1.47%
Cystitis	39	39	1.40%
Pruritus	28	28	1.00%
Candidiasis	25	25	0.89%

[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 Departments Visits	Unique Participants	AER Visits	% of AED Visits
Obstructive and reflux uropathy	25	25	0.89%
Inflammatory disease of cervix, vagina & vulva	18	18	0.64%
Suppurative Otitis Media	16	16	0.57%
Chronic pharyngitis & nasopharyngitis	10	10	0.36%
Encounters of administrative purposes	10	10	0.36%
Special examinations	10	10	0.36%
Dermatophytosis	8	8	0.29%
Chronic sinusitis	7	7	0.25%
Acute bronchitis	6	6	0.21%
Follow up examination	3	3	0.11%
Obstructive and reflux uropathy, disorders of urethra, hematuria	1	1	0.04%
Other specified pruritic conditions (hiemalis, senillis, winter itch)	1	1	0.04%
Grand Total	**2794**	**2794**	**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. 2,525 of 155,121 MHLA program participants (1.6%) in FY 2021-22 were admitted to a DHS hospital. This rate is largely unchanged from last fiscal year (1.8%).

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	152,596	1,951	352	130	43	47	2	155,121
% of Total Participants	98.37%	1.26%	0.23%	0.08%	0.03%	0.03%	0.00%	100.00%

Table F20 reflects DHS hospitalization by facility, including bed days and average length of stay (ALOS). 2,525 MHLA participants had 3,528 hospital admissions totaling 14,618 inpatient bed days at DHS facilities. The average length of stay for these patients was four days.

LAC+USC Medical Center continues to be the DHS hospital with the highest number of MHLA inpatient admissions – 49.49% of the total. Rancho Los Amigos National Rehabilitation Center has the highest average length of stay, at 10.84 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	1,282	1,746	49.49%	6,699	3.84
OLIVE VIEW-UCLA	513	715	20.27%	2,651	3.71
HARBOR-UCLA	703	915	25.94%	3,620	3.96
RANCHO LOS AMIGOS	113	152	4.31%	1,648	10.84
Total	**2,525 (Unduplicated)**	**3,528**	**100%**	**14,618**	**4.14**

Table F21 shows that the majority (86.31%) 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	2,109	3,045	86.31%	13,022	4.28
Without Chronic Condition	416	483	13.69%	1,596	3.30
Total Participants	2,525	3,528	100%	14,618	4.14

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 decreased from last fiscal year.

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
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
2020-21	4,057	31.79	20,171	158.05	4.97 Days
2021-22	3,528	28.19	14,618	116.81	4.14 Days

Hospital Readmissions

The readmission rate for MHLA participants within 90 days at all DHS facilities combined is 20%, 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 22.10%.

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

Readmit Time After Discharge	Readmissions	Total Admissions	Readmission Rate
1-30 Days	447	3,528	12.67%
31-60 Days	144	3,528	4.08%
61-90 Days	98	3,528	2.78%
Total	**689**	**3,528**	**19.53%**

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

Facility Name	Readmissions	Total Admissions	Readmission Rate
LAC+USC	364	1,746	20.85%
OLIVE VIEW-UCLA	158	715	22.10%
HARBOR-UCLA	159	915	17.38%
RANCHO LOS AMIGOS	8	152	5.26%
Total (All DHS Hospitals)	**689**	**3,528**	**19.53%**

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 higher in FY 2021-22 than last fiscal year.

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

Condition Type	FY 2018-19 Readmission Rate	FY 2019-20 Readmission Rate	FY 2020-21 Readmission Rate	FY 2021-22 Readmission Rate
W/ Chronic Condition	16.56%	15.84%	17.37%	19.62%
W/O Chronic Condition	18.48%	14.09%	18.77%	19.44%
Overall Inpatients	**18.07%**	**14.95%**	**18.07%**	**19.53%**

G. Mental Health Prevention Services (MHPS)

In FY 2021-22, DHS continued its collaboration with the Department of Mental Health (DMH) for the provision of Mental Health Prevention Services (MHPS) for the MHLA program participants. This collaboration is the result of a 2019 workgroup formed with the Community Clinic Association of Los Angeles County (CCALAC) and several contracted MHLA Community Partner Agencies to develop a Board-directed project aimed at expanding mental health services for MHLA participants. The program was designed to fund, and support services that assess for risk factors associated with the onset of potentially serious mental illness. The program delivers short-term engagement to build up protective factors to the MHLA population aimed at preventing severe mental illness.

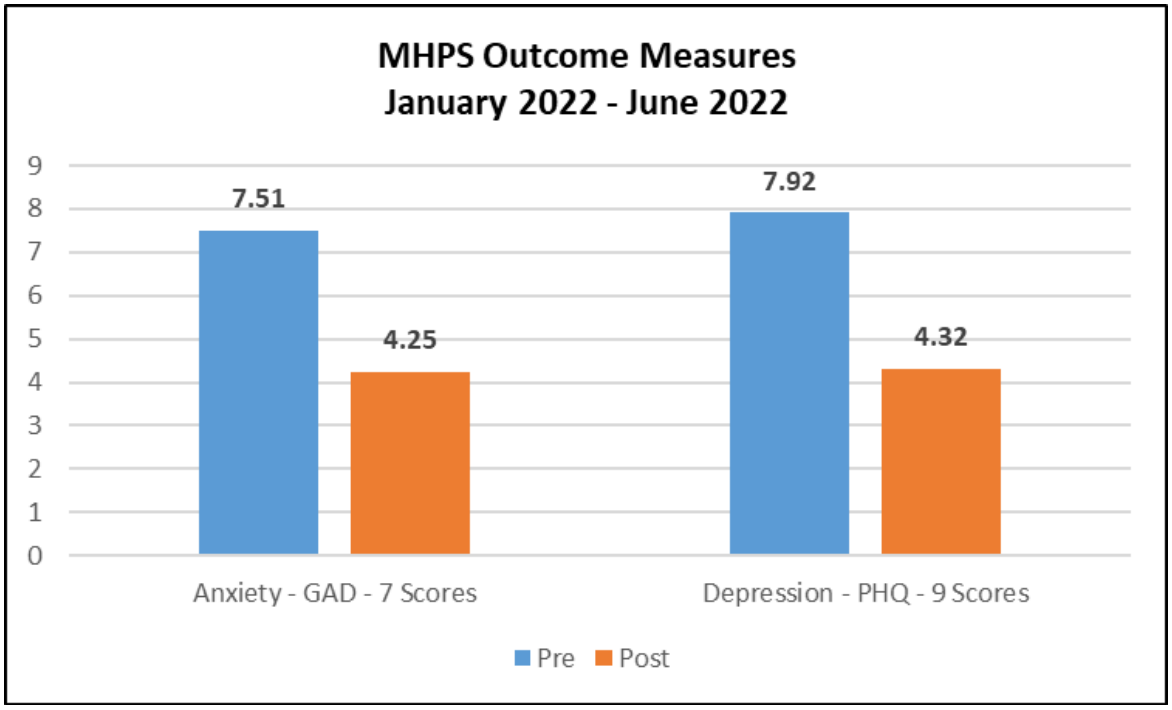
Trained CP staff provide screenings of all MHLA participants by administering the Patient Health Questionnaire-9 (PHQ-9) used for depression screening, and when applicable, the Generalized Anxiety Disorder-7 (GAD-7) used for anxiety screening, to determine appropriate prevention services. The screening process helps determine who would benefit from short-term, low-intensity mental health prevention services. Before partner clinic staff can begin providing services, they are required to receive training on the applicable DMH curricula in Stress Management, Trauma-Informed Care and Grief and Loss. The topics address protective factors in resiliency, healthy coping skills, stress reduction, social supports, and emotional well-being.

All MHLA participants are eligible to receive services, regardless of their screening scores. Clinic staff who believe participants may have a serious mental illness can refer them directly to DMH for evaluation and possible treatment. For participants at risk of developing a mental illness, clinic staff deliver mental health prevention services based on the DMH curricula.

In FY 21-22, DMH collected a total of 450 follow-up screening scores to assess MHLA participants' progress in the MHPS. On the PHQ-9, used for depression measure, Graph G1 shows the pre-score average was 7.92 and the post-score average was 4.32. On the GAD-7, used for anxiety measure, Graph G1 shows the pre-score average was 7.51 and the post-score average was 4.25. DMH's data analysis

indicated that after an average of 7 MHPS sessions, there was a 45% and a 43% decrease in self-reported depression and anxiety symptoms, respectively. When participants report that they are feeling better or have shown some improvement in their level of functioning, services may be discontinued.

Graph G1
MHPS Outcome Measures
January 2022 – June 2022



The mental health prevention services can be provided by phone or in person. CPs are required to submit claims for both screening and services and are required to document in the medical record. Based on the data analysis conducted by DMH, Graph G2 shows there was a total of 51,501 claims submissions for 28,593 unique individuals for FY 21-22. The total does not include payments for the months of May and June 2022. DMH also provides regular technical assistance calls with the CPs to make sure they understand the requirements and how to provide and document screening and services. The largest group to receive one or more Mental Health Prevention Services was 45 to 54 years old females.

Graph G2
FY 21-22 Monthly Claims Submission

The project is funded by the Mental Health Services Act (Prevention). DHS pays the CPs a supplemental behavioral health payment of $3.30 per month for each enrolled participant who qualifies for payment, and DMH reimburses DHS for payments made. Table G3 shows in FY 21-22, DMH reimbursed DHS a total of $3,769,854.00.

Table G3
FY 21-22 MHPS Expenditures

Invoice Date	Payment
July 2021	$352,717.20
August 2021	$362,785.50
September 2021	$359,822.10
October 2021	$352,311.30
November 2021	$356,188.80
December 2021	$351,516.00
January 2022	$343,200.00
February 2022	$336,897.00
March 2022	$142,609.50
April 2022	$331,115.40
May 2022	$239,124.60
June 2022	$241,566.60
Total	**$3,769,854.00**

H. 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.

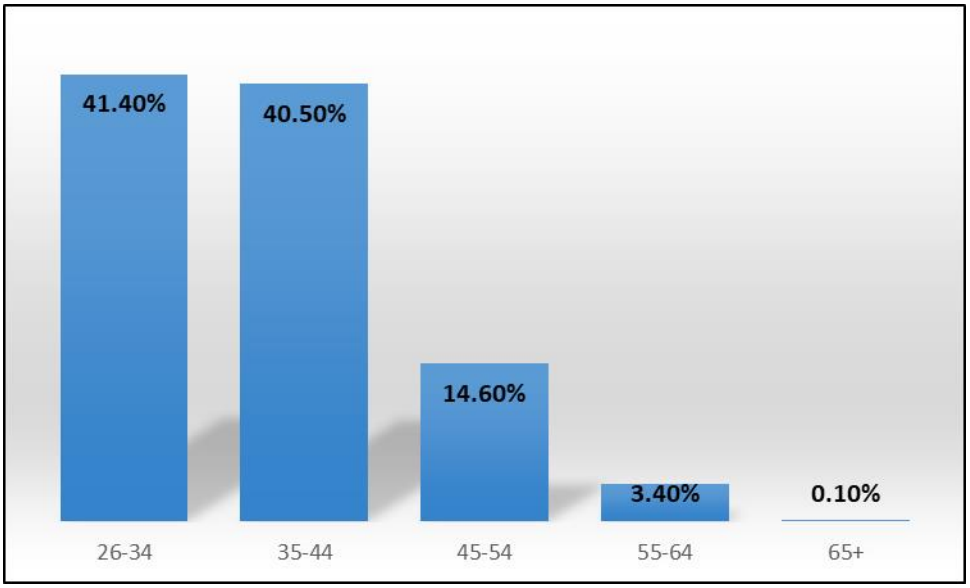
This fiscal year, 712 MHLA participants accessed SUD services through the LA County Department of Public Health (DPH). This represents a 1% increase from last fiscal year, when 703 patients accessed SUD treatment services. The majority of MHLA patients, 37% were admitted to outpatient services, followed by 25% in residential programs.

MHLA continues to work with DPH on two pilot projects launched in FY 2019-20. The first project links MHLA CPs with SUD treatment providers located in geographical proximity to the clinic sites. When MHPA participants need SUD treatment, the CPs provide a warm hand-off to treatment providers. The SUD providers are also trained on MHLA enrollment and given access to the One-e-App enrollment program. The second project, SAPC's Field-Based Services (FBS) program, pairs substance use disorder treatment providers with four CP agencies to provide services to MHLA participants on-site at the clinics to help meet the needs of populations that have been historically difficult to serve. Due to the impacts of COVID-19 pandemic, the projects have not been as effective as hoped. The MHLA program continues to do outreach campaign with clinics, advocacy groups and patients regarding the availability of these services.

MHLA also expanded access to Medications for Assisted Treatment, which are primarily used for opioid addiction. The program worked with SAPC to enable MHLA participants who receive addiction treatment at SAPC clinics to obtain prescriptions at Ventegra pharmacies. Previously, the individuals would have to first go to their primary care clinic and get a prescription there, creating an additional barrier to treatment.

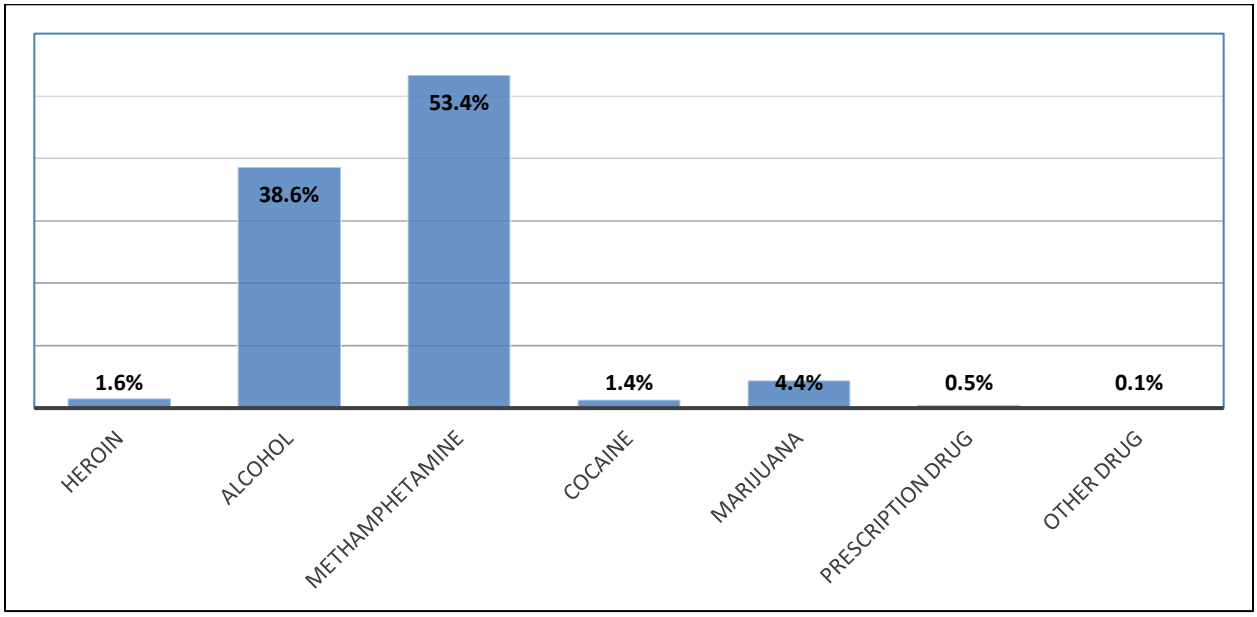
Graph H1 illustrates those MHLA participants who sought SUD treatment services from DPH, sorted by age. The largest group of SUD treatment recipients was the age group, 26 to 34 years old, most being male Hispanic.

Graph H1
MHLA SUD Participant by Age



Graph H2 provides a breakdown of MHLA participants by SUD issue. The 712 participants may have had more than one SUD issue (total of 1,093 SUD issues) during the fiscal year. 53% of patients sought SUD treatment services for methamphetamine addiction, 39% individuals utilized treatment for alcoholism, and 4.4% of the participants sought help for marijuana addiction. The remaining participants sought SUD treatment for cocaine, heroin, prescription drug use or other drugs.

Graph H2
MHLA SUD Participant by SUD Issue



I. EXPENDITURES

This final section of the annual report provides information on the payments made to CP clinics under the MHLA program in FY 2021-22.

Key FY 2021-22 highlights were:

- Total Monthly Grant Funding (MGF) payments to Community Partners for primary care related services totaled $42.79 million.
- Payments for dental services totaled $5.01 million.
- Payments for pharmacy services totaled $8.28 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 $42.79 million in MGF payments and $5.01 million in dental funding were paid to the CPs in FY 2021-22. Dental expenditures have increased compared to FY 2020-21 where due to COVID most CPs had to temporarily shut down their dental services. Participants are slowly coming back for dental services.

MGF Payments

CPs receive a MGF payment per month of $32 plus the $3.30 Supplemental Behavioral Health payment based on enrolled participants who also had an in-person primary care visit in the prior 24 months.

Throughout the fiscal year, the percentage of participants qualifying for MGF payment ranged from 78.62% to 82.56% (Table I1).

Table I1
Participants Qualifying for MGF Payment

	Enrolled Participants	Enrolled Participants Qualifying for MGF Payment	Percentage of Participants Qualifying for MGF Payment
July 2021	131,662	108,701	82.56%
August 2021	133,506	109,936	82.35%
September 2021	132,548	109,037	82.26%
October 2021	132,636	108,509	81.81%

	Enrolled Participants	Enrolled Participants Qualifying for MGF Payment	Percentage of Participants Qualifying for MGF Payment
November 2021	132,215	107,937	81.64%
December 2021	132,005	107,159	81.18%
January 2022	132,242	106,219	80.32%
February 2022	132,037	105,231	79.70%
March 2022	131,817	104,628	79.37%
April 2022	130,571	104,696	80.18%
May 2022	94,593	74,029	78.26%
June 2022	94,988	74,676	78.62%

Pharmacy Payments

In FY 2021-22, MHLA paid $8.28 million for pharmacy-related services. 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 2020-21. 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 I2
Total Pharmacy Expenditures

Pharmacy Expenditures	
Ventegra's Drug Costs (Including CP Pharmacies & Dispensary)	$7,345,179
Ventegra's Administration and Surescript Fees	$851,266
Cardinal Health	$79,016
Cerner Expenses	$8,520
Total	$8,283,981

MHLA Health Care Service Payments

Table I3 outlines the total payments, $58.25 million, for the MHLA Program for FY2021-22. Appendix 2 provide total expenditures by CP clinic for both the MHLA primary and dental care.

Table I3
Total MHLA Expenditures

Community Partner Payments	
Primary Care	$42,788,553.00
Pharmacy	$8,283,982.15
Dental Care	$5,007,865.66
GRAND TOTAL	$56,080,399.81

Quality Incentive Payments

The COVID-19 pandemic has resulted in many adults delaying or avoiding routine medical visits. To help increase in-person patient visits, MHLA created the Quality Incentive Payment project in FY 2021-22. The new project incentivizes Community Partner agencies in bringing their participants back for in-person preventative and follow-up services with their primary care provider.

The LA County Department of Health Services pay CPs an incentive payment based on improvement of a 9-month visit rate baseline. The baseline visit rate is the percentage of MHLA participants who had an in-person visit between October 1, 2020 through June 30, 2021. The final visit rate is the percentage of MHLA participants who had an in-person visit between October 1, 2021 through June 30, 2022. The visit rate baselines among agencies range from 22% to 79%. The in-person visits must be for "included services," which are detailed in Provider Information Notice 18-06.

In FY 2021-22, 24 clinics received an incentive payment for a total of $1,354,904. The MHLA incentive payment project supported more participants in receiving important in-person health services, including flu vaccines, mammograms, cervical cancer screenings, immunizations, foot exams, and colorectal cancer screenings. Each of these services are assessed during the MHLA annual clinic audits.

III. CONCLUSION AND LOOKING FORWARD

FY 2021-22 was the eighth 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.

In addition, the program transitioned adults 50 years of age and older who were eligible for full-scope Medi-Cal of the program and onto full-scope Medi-Cal. We will also continue providing the Mental Health Prevention Services to all MHLA participants in FY 2022-23, and to partner with DPH and CP clinics to increase participant's knowledge of and participation in SUD treatment programs.

In 2023 MHLA program will continue to outreach and do enrollment with the collaboration of Community Partner (CP) clinics. FY 2022-23 will be the last complete fiscal year of the MHLA program, since the remaining participants will become eligible for full-scope Medi-Cal in 2024. The MHLA program staff, in collaboration with the CP clinics and CCALAC, will begin preparing for the sunsetting of the program. As part of that, the program will be working closely with CP clinics to make sure MHLA participants enroll in restricted-scope Medi-Cal ahead of the Medi-Cal expansion.

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 maintain 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

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
AAA COMMUNITY CLINIC	13	1	8%	1	0.13
AFH-519	24	19	79%	54	3.04
AFH-BURBANK	100	67	67%	170	2.46
AFH-BURBANK 2	2	0	0%	0	0.00
AFH-CENTRAL	268	169	63%	488	2.72
AFH-NORTH HOLLYWOOD	43	10	23%	25	1.13
AFH-PACIFIC	9	7	78%	14	1.87
AFH-SOUTH CENTRAL II	1	1	100%	2	2.40
AFH-SUNLAND	21	12	57%	29	2.23
ALL-INCLUSIVE COMMUNITY HEALTH CENTER	616	461	75%	1,695	4.15
ALL-INCLUSIVE COMMUNITY HEALTH-EAGLE ROCK	11	5	45%	13	1.81
ALL-INCLUSIVE COMMUNITY HEALTH-NORTHRIDGE	127	84	66%	293	3.72
ALTAMED-COMMERCE	910	730	80%	3,901	4.86
ALTAMED-EL MONTE	369	278	75%	1,299	3.96
ALTAMED-FIRST STREET	480	389	81%	1,912	4.59
ALTAMED-HUNTINGTON PARK	6	4	67%	10	3.08
ALTAMED-PICO RIVERA PASSONS	7	5	71%	21	3.60

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
ALTAMED-PICO RIVERA SLAUSON	452	346	77%	1,898	4.85
ALTAMED-SOUTH GATE	217	168	77%	783	4.17
ALTAMED-WEST COVINA	241	178	74%	825	3.83
ALTAMED-WESTLAKE	4	3	75%	11	3.67
ALTAMED-WHITTIER	880	711	81%	3,623	4.69
APLAHW-BALDWIN HILLS	158	103	65%	328	2.87
APLAHW-LONG BEACH	115	76	66%	298	4.04
ARROYO VISTA-EL SERENO HUNTINGTON DRIVE	191	95	50%	303	2.66
ARROYO VISTA-EL SERENO VALLEY	89	54	61%	199	2.61
ARROYO VISTA-HIGHLAND PARK	1,613	1,157	72%	4,272	3.56
ARROYO VISTA-LINCOLN HEIGHTS	1,943	1,342	69%	5,173	3.46
ASIAN PACIFIC HEALTH CARE-BELMONT HC	997	724	73%	3,778	4.72
ASIAN PACIFIC HEALTH CARE-EL MONTE ROSEMEAD HC	273	234	86%	1,358	6.19
ASIAN PACIFIC HEALTH CARE-LOS FELIZ HC	1,504	1,275	85%	6,692	5.59
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER	761	550	72%	2,967	5.04
BARTZ-ALTADONNA-EAST PALMDALE	17	13	76%	74	5.38
BENEVOLENCE-CENTRAL MEDICAL CLINIC	411	122	30%	160	0.50
BENEVOLENCE-CRENSHAW COMMUNITY CLINIC	397	67	17%	92	0.35
BHS-EL PUERTO HEALTH CENTER	12	9	75%	56	7.07

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
BHS-FAMILY HEALTH CENTER	262	144	55%	455	2.39
CENTER FOR FAMILY HEALTH AND EDUCATION	366	311	85%	2,202	8.19
CENTRAL CITY COMMUNITY HEALTH CENTER INC.	862	612	71%	2,492	3.72
CENTRAL CITY COMMUNITY-BALDWIN PARK	151	103	68%	477	4.47
CENTRAL CITY COMMUNITY-BROADWAY	315	207	66%	577	2.79
CENTRAL CITY COMMUNITY-EL MONTE	267	199	75%	836	4.25
CENTRAL CITY COMMUNITY-LA PUENTE	144	107	74%	450	4.05
CENTRAL NEIGHBORHOOD-CENTRAL	487	382	78%	1,643	3.84
CHAPCARE-DEL MAR	255	200	78%	1,139	5.85
CHAPCARE-FAIR OAKS	1,249	1,021	82%	6,449	6.64
CHAPCARE-LAKE ELIZABETH	266	222	83%	1,232	6.13
CHAPCARE-LIME	180	136	76%	770	5.46
CHAPCARE-PECK	530	395	75%	1,822	4.57
CHAPCARE-VACCO	145	87	60%	352	3.96
CHINATOWN SERVICES CENTER-SAN GABRIEL VALLEY	26	18	69%	86	5.06
CHINATOWN-COMMUNITY HEALTH CENTER	156	113	72%	577	4.57
CLINICA ROMERO-ALVARADO CLINIC	2,507	1,688	67%	5,616	2.64
CLINICA ROMERO-MARENGO CLINIC	1,651	1,161	70%	4,637	3.32
COMPREHENSIVE COMMUNITY-EAGLE ROCK	414	354	86%	1,527	4.52

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
COMPREHENSIVE COMMUNITY-GLENDALE	922	783	85%	3,004	4.05
COMPREHENSIVE COMMUNITY-HIGHLAND PARK	1,088	858	79%	3,313	3.69
COMPREHENSIVE COMMUNITY-NORTH HOLLYWOOD	1,096	924	84%	3,402	3.83
COMPREHENSIVE COMMUNITY-SUNLAND	677	606	90%	2,767	5.32
EISNER PED AND FAMILY-LYNWOOD	143	78	55%	204	1.74
EISNER PED AND FAMILY-USC EISNER-CA HOSP	610	362	59%	1,337	2.51
EISNER PEDIATRIC AND FAMILY MEDICAL CENTER	3,404	2,241	66%	8,417	2.83
EL PROYECTO DEL BARRIO-ARLETA	1,795	1,153	64%	6,432	4.68
EL PROYECTO DEL BARRIO-AZUSA	1,088	776	71%	6,535	7.52
EL PROYECTO DEL BARRIO-BALDWIN PARK	297	241	81%	1,817	7.91
EL PROYECTO DEL BARRIO-ESPERANZA	38	6	16%	28	1.49
EL PROYECTO DEL BARRIO-WINNETKA	1,496	1,204	80%	8,956	8.04
EVCHC-COVINA HEALTH CENTER	509	390	77%	1,877	4.56
EVCHC-POMONA CLINIC	1,744	1,338	77%	5,109	3.66
EVCHC-VILLACORTA SCHOOL-BASED CLINIC	5	4	80%	8	2.29
EVCHC-WEST COVINA CLINIC	2,802	2,182	78%	9,845	4.39
FAMILY HEALTH-BELL GARDENS	3,903	2,960	76%	12,597	4.09
FAMILY HEALTH-DOWNEY	112	82	73%	339	3.93
FAMILY HEALTH-HAWAIIAN GARDENS	633	539	85%	2,733	5.11

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
FAMILY HEALTH-MAYWOOD	174	120	69%	466	3.46
FAMILY HEALTH-SCHOOL BASED HEALTH CENTER	6	3	50%	20	4.90
GARFIELD HEALTH CENTER	118	93	79%	393	4.44
GARFIELD HEALTH CENTER-ATLANTIC	55	39	71%	192	4.86
HARBOR-6TH STREET HEALTH CENTER	1,032	680	66%	2,560	3.23
HARBOR-BEACON ST. HEALTH CENTER	2	2	100%	3	9.00
HERALD CHRISTIAN HEALTH CENTER	37	20	54%	82	3.12
HERALD CHRISTIAN HEALTH CENTER-ROSEMEAD	72	48	67%	154	2.89
JWCH-BELL GARDENS	1,669	1,099	66%	2,624	1.92
JWCH-DOWNTOWN WOMEN'S CENTER	4	4	100%	10	3.08
JWCH-NORWALK	1,700	1,104	65%	2,746	1.96
JWCH-WEINGART	454	329	72%	1,248	3.68
JWCH-WEINGART 2	2	1	50%	5	4.29
JWCH-WESLEY ANDREW ESCAJEDA	27	10	37%	22	1.26
JWCH-WESLEY BELLFLOWER	1,541	1,061	69%	2,909	2.33
JWCH-WESLEY DOWNEY	1,052	703	67%	1,873	2.25
JWCH-WESLEY HACIENDA HEIGHTS	378	290	77%	1,037	3.26
JWCH-WESLEY HEALTH AND WELLNESS	766	452	59%	1,101	1.81
JWCH-WESLEY LYNWOOD	779	482	62%	1,325	2.15

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
JWCH-WESLEY LYNWOOD 2	835	631	76%	1,677	2.53
JWCH-WESLEY LYNWOOD MIDDLE SCHOOL	2	2	100%	5	5.45
JWCH-WESLEY PALMDALE CENTRAL	840	582	69%	1,523	2.28
JWCH-WESLEY PALMDALE EAST	443	276	62%	751	2.17
JWCH-WESLEY VERMONT	1,322	861	65%	2,403	2.40
KEDREN COMMUNITY CARE CLINIC	243	134	55%	654	4.11
KHEIR CLINIC	2,368	1,752	74%	6,741	3.75
KHEIR-WILSHIRE CLINIC	31	16	52%	51	2.42
LA CHRISTIAN-EXODUS ICM	1	0	0%	0	0.00
LA CHRISTIAN-JOSHUA HOUSE	2	1	50%	1	4.00
LA CHRISTIAN-JOSHUA HOUSE ON 7TH ST.	248	181	73%	505	4.20
LA CHRISTIAN-JOSHUA HOUSE ON WINSTON ST.	203	163	80%	766	4.65
LA CHRISTIAN-MIDNIGHT MISSION	2	2	100%	11	6.95
LA CHRISTIAN-PICO ALISO	1,141	808	71%	2,938	3.55
LA CHRISTIAN-WORLD IMPACT	81	56	69%	175	2.99
LOS ANGELES LGBT CENTER	34	19	56%	59	2.65
NEV-CANOGA PARK	332	253	76%	1,250	4.51
NEV-HOMELESS HEALTH	162	124	77%	719	6.27
NEV-HOMELESS MOBILE CLINIC	6	4	67%	8	1.66

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
NEV-MACLAY WELLNESS CENTER	929	434	47%	1,308	3.05
NEV-NEWHALL HEALTH CENTER	2,102	1,364	65%	5,540	3.17
NEV-PACOIMA	4,070	2,538	62%	10,443	3.14
NEV-PACOIMA WOMEN'S HEALTH CENTER	268	157	59%	526	2.76
NEV-SAN FERNANDO	2,324	1,651	71%	6,954	3.65
NEV-SAN FERNANDO HIGH SCHOOL TEEN HC	3	1	33%	3	2.25
NEV-SANTA CLARITA	309	201	65%	839	3.09
NEV-SUN VALLEY	486	359	74%	1,258	3.05
NEV-TTW-NORTH HOLLYWOOD	51	34	67%	189	5.34
NEV-VALENCIA	166	107	64%	450	3.23
NEV-VAN NUYS ADULT	995	692	70%	3,219	4.02
PED AND FAMILY-EISNER PED AND FAMILY	255	57	22%	124	1.60
PED AND FAMILY-EISNER-LYNWOOD	17	1	6%	1	0.24
PED AND FAMILY-EISNER-USC EISNER-CA HOSP	71	10	14%	20	0.99
POMONA COMMUNITY-HOLT	754	535	71%	1,742	2.79
POMONA COMMUNITY-PARK	3	2	67%	9	3.72
QUEENSCARE-EAGLE ROCK	702	548	78%	1,881	3.29
QUEENSCARE-EAST THIRD STREET	2,359	1,715	73%	6,452	3.43
QUEENSCARE-ECHO PARK	1,478	1,175	79%	4,829	4.12

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
QUEENSCARE-HOLLYWOOD	1,273	1,027	81%	4,596	4.39
QUEENSCARE-WESTLAKE NORTH	318	187	59%	690	3.52
SAMUEL DIXON-CANYON COUNTRY HC	183	140	77%	535	3.52
SAMUEL DIXON-NEWHALL	469	343	73%	1,292	3.49
SAMUEL DIXON-VAL VERDE	43	30	70%	132	3.54
SAN FERNANDO CHC-MISSION HILLS	2	1	50%	3	3.27
SAN FERNANDO COMMUNITY HEALTH CENTER	1,239	807	65%	3,473	3.35
SOUTH BAY-CARSON	7	0	0%	0	0.00
SOUTH BAY-GARDENA	34	8	24%	15	1.82
SOUTH BAY-INGLEWOOD	45	7	16%	12	1.13
SOUTH BAY-REDONDO BEACH	31	8	26%	14	1.85
SOUTH CENTRAL FAMILY HC	4,453	3,234	73%	17,324	4.84
SOUTH CENTRAL FAMILY MEDICAL CENTER	12	8	67%	75	9.28
SOUTH CENTRAL-CUDAHY FAMILY HEALTH	60	41	68%	274	5.65
SOUTH CENTRAL-HUNTINGTON PARK	1,524	1,133	74%	5,731	4.74
SOUTH CENTRAL-MONTEBELLO	30	19	63%	105	4.90
SOUTH CENTRAL-SANTA FE	5	5	100%	12	3.51
SOUTH CENTRAL-VERNON	9	6	67%	33	5.50
ST. JOHN'S-AVALON	185	87	47%	162	1.72

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
ST. JOHN'S-COMPTON	3,035	2,502	82%	9,498	3.70
ST. JOHN'S-CRENSHAW	377	322	85%	1,206	4.08
ST. JOHN'S-DOMINGUEZ	1,928	1,603	83%	5,800	3.54
ST. JOHN'S-DOWNTOWN LOS ANGELES-MAGNOLIA	3,010	2,526	84%	8,817	3.43
ST. JOHN'S-DR. KENNETH WILLIAMS	9,757	7,944	81%	27,624	3.33
ST. JOHN'S-HYDE PARK	1,153	949	82%	3,597	3.61
ST. JOHN'S-LINCOLN HEIGHTS	663	578	87%	2,500	4.57
ST. JOHN'S-LOUIS FRAYSER	183	141	77%	445	3.07
ST. JOHN'S-MANUAL ARTS	1,835	1,500	82%	4,834	3.11
ST. JOHN'S-MOBILE 2	3	3	100%	6	2.25
ST. JOHN'S-MOBILE UNIT 1	12	8	67%	18	1.98
ST. JOHN'S-RANCHO DOMINGUEZ	1,765	1,492	85%	5,675	3.82
ST. JOHN'S-ROLLAND CURTIS	288	266	92%	889	4.74
ST. JOHN'S-WARNER TRAYNHAM	1,894	1,571	83%	5,584	3.54
ST. JOHN'S-WASHINGTON	1,060	881	83%	3,212	3.56
TARZANA-LANCASTER	672	257	38%	440	0.80
TARZANA-NORTHRIDGE	38	6	16%	27	1.81
TARZANA-PALMDALE	426	89	21%	118	0.36
TARZANA-RESEDA	5	2	40%	15	4.74

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
TARZANA-TARZANA	10	1	10%	1	0.18
THE ACHIEVABLE FOUNDATION	37	25	68%	50	1.71
THE CHILDREN'S CLINIC-ARTESIA	6	3	50%	8	1.81
THE CHILDREN'S CLINIC-ATLANTIC	129	93	72%	294	3.04
THE CHILDREN'S CLINIC-CABRILLO GATEWAY	38	24	63%	76	2.98
THE CHILDREN'S CLINIC-CESAR CHAVEZ ELEMENTARY SCHOOL	79	56	71%	157	2.54
THE CHILDREN'S CLINIC-FAMILY HC BELLFLOWER	370	276	75%	988	3.48
THE CHILDREN'S CLINIC-FAMILY HC CENTRAL LB	327	233	71%	729	2.71
THE CHILDREN'S CLINIC-FAMILY HC WESTSIDE	283	208	73%	659	2.79
THE CHILDREN'S CLINIC-LB MULTI-SERVICE CTR HOMELESS	25	19	76%	68	3.94
THE CHILDREN'S CLINIC-NORTH LB HAMILTON MIDDLE SCHOOL	534	381	71%	1,103	2.60
THE CHILDREN'S CLINIC-ROOSEVELT	85	50	59%	150	2.24
THE CHILDREN'S CLINIC-S. MARK TAPER	1,317	880	67%	2,503	2.38
THE CHILDREN'S CLINIC-VASEK POLAK	506	311	61%	973	2.48
THE LA FREE-BEVERLY	1,202	870	72%	3,453	3.74
THE LA FREE-CENTER OF BLESSED SACRAMENT	6	5	83%	19	6.91
THE LA FREE-HOLLYWOOD-WILSHIRE	3,906	2,646	68%	9,376	3.03
THE LA FREE-S. MARK TAPER	661	465	70%	2,106	4.28
THE LA FREE-VIRGIL FAMILY HC	252	155	62%	517	3.35

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
THE NECC-CFC	570	428	75%	1,683	3.56
THE NECC-COMMUNITY MEDICAL ALLIANCE	120	88	73%	456	4.76
THE NECC-HARBOR CITY	108	81	75%	371	4.04
THE NECC-HAWTHORNE	110	78	71%	286	3.27
THE NECC-HIGHLAND PARK	337	249	74%	914	3.32
THE NECC-HUNTINGTON PARK CHC	238	181	76%	973	5.49
THE NECC-WILMINGTON	263	188	71%	719	3.28
THE-LENNOX	5	3	60%	14	4.20
THE-RUTH TEMPLE	1,690	1,200	71%	6,070	4.48
UMMA	1,182	861	73%	3,824	4.37
UMMA-FREMONT WELLNESS CENTER	280	215	77%	1,084	4.95
UNIVERSAL COMMUNITY	61	42	69%	263	5.74
UNIVERSAL COMMUNITY-CENTRAL AVE.	44	34	77%	212	7.93
UNIVERSAL COMMUNITY-SPS	121	98	81%	610	6.61
VALLEY-NORTH HILLS WELLNESS CENTER	1,777	1,107	62%	3,898	2.54
VALLEY-NORTH HOLLYWOOD	3,786	2,577	68%	9,216	2.76
VENICE-COLEN	596	370	62%	1,280	2.56
VENICE-ROBERT LEVINE	73	46	63%	209	3.30
VENICE-SIMMS/MANN	1,517	973	64%	3,952	3.15

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
VENICE-SOUTH BAY-CARSON	366	255	70%	966	3.21
VENICE-SOUTH BAY-GARDENA	1,537	1,030	67%	4,390	3.14
VENICE-SOUTH BAY-INGLEWOOD	1,486	987	66%	3,450	2.58
VENICE-SOUTH BAY-REDONDO BEACH	729	486	67%	2,007	3.15
VENICE-VENICE	2,238	1,569	70%	6,552	3.33
VIA CARE CHC-607	691	446	65%	1,964	3.55
VIA CARE CHC-615	3	3	100%	16	5.65
VIA CARE CHC-EASTSIDE	109	54	50%	232	2.88
VIA CARE CHC-GARFIELD WELLNESS CENTER	467	275	59%	1,160	2.85
VIA CARE COMMUNITY HEALTH CENTER	1,478	883	60%	3,593	3.04
WATTS-CRENSHAW	13	2	15%	5	0.59
WATTS-WATTS	717	484	68%	1,734	3.09
WESTSIDE FAMILY HEALTH-CULVER CITY	411	348	85%	1,461	4.36
WHITE MEMORIAL CHC	578	304	53%	942	2.52
WHITE MEMORIAL-4300	10	7	70%	26	3.22
WILMINGTON COMMUNITY CLINIC	2,218	1,636	74%	6,778	3.91
WILMINGTON-MARY HENRY COMMUNITY CLINIC	10	1	10%	3	0.47
Grand Total	**155,121**	**111,663**	**72%**	**448,996**	**3.59**

APPENDIX 2
Primary Care and Dental Expenditures

Community Partner	MGF Payment	Dental Payment
AAA COMPREHENSIVE HEALTHCARE, INC.	$1,492.00	
ALL FOR HEALTH, HEALTH FOR ALL, INC.	$79,206.00	
ALL INCLUSIVE COMMUNITY HEALTH CENTER	$144,483.00	
ALTAMED HEALTH SERVICES CORPORATION	$1,185,127.00	
APLA HEALTH AND WELLNESS	$60,826.00	$27,346.68
ARROYO VISTA FAMILY HEALTH FOUNDATION	$982,434.00	$47,419.00
ASIAN PACIFIC HEALTH CARE VENTURE, INC.	$771,940.00	
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER	$204,387.00	
BEHAVIORAL HEALTH SERVICES, INC.	$48,192.00	
BENEVOLENCE INDUSTRIES, INCORPORATED	$150,555.00	$7,299.00
CENTER FOR FAMILY HEALTH AND EDUCATION, INC.	$94,816.00	
CENTRAL CITY COMMUNITY HEALTH CENTER, INC.	$475,067.00	$17,105.00
CENTRAL NEIGHBORHOOD HEALTH FOUNDATION	$165,204.00	
CHINATOWN SERVICE CENTER	$51,644.00	$24,877.00
CLINICA MSR. OSCAR A. ROMERO	$1,238,430.00	$22,214.00
COMMUNITY HEALTH ALLIANCE OF PASADENA	$699,081.00	$94,692.00
COMPREHENSIVE COMMUNITY HEALTH CENTERS, INC.	$1,342,388.00	$326,070.00
EAST VALLEY COMMUNITY HEALTH CENTER, INC.	$1,516,276.00	$169,907.00
EL PROYECTO DEL BARRIO, INC.	$941,178.00	$217,440.00
FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES, INC.	$1,365,757.00	$317,937.00
GARFIELD HEALTH CENTER	$42,048.00	
HARBOR COMMUNITY CLINIC	$265,774.00	$158,061.00
HERALD CHRISTIAN HEALTH CENTER	$23,757.00	$25,470.00
JWCH INSTITUTE, INC.	$3,328,155.00	$329,970.00
KEDREN COMMUNITY HEALTH CENTER, INC.	$46,278.00	

Community Partner	MGF Payment	Dental Payment
KOREAN HEALTH, EDUCATION, INFORMATION & RESEARCH (KHEIR)	$674,512.00	
LOS ANGELES CHRISTIAN HEALTH CENTERS	$405,068.00	$94,746.80
LOS ANGELES LGBT CENTER	$4,960.00	
NORTHEAST VALLEY HEALTH CORP.	$2,459,704.00	$415,340.00
PEDIATRIC AND FAMILY MEDICAL CENTER, DBA EISNER PEDIATRIC & FAMILY MEDICAL CENTER	$1,092,711.00	$24,903.00
POMONA COMMUNITY HEALTH CENTER	$208,658.00	
QUEENSCARE HEALTH CENTERS	$1,800,971.00	$417,468.00
SAMUEL DIXON FAMILY HEALTH CENTER, INC.	$168,522.00	
SAN FERNANDO COMMUNITY HOSPITAL DBA SAN FERNANDO CHC	$327,972.00	$90,759.00
SOUTH BAY FAMILY HEALTH CARE	$452,193.00	$15,600.00
SOUTH CENTRAL FAMILY HEALTH CENTER	$1,797,017.00	
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	$8,874,702.00	$1,113,962.68
TARZANA TREATMENT CENTER, INC.	$283,212.00	
THE ACHIEVABLE FOUNDATION	$9,355.00	
THE CHILDREN'S CLINIC, SERVING CHILDREN AND THEIR FAMILIES	$968,138.00	
THE CLINIC, INC.	$489,999.00	
THE LOS ANGELES FREE CLINIC, DBA SABAN COMMUNITY CLINIC	$1,625,318.00	$358,683.98
THE NORTHEAST COMMUNITY CLINIC	$531,759.00	
UNIVERSAL COMMUNITY HEALTH CENTER	$55,456.00	
UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC. (UMMA)	$373,615.00	
VALLEY COMMUNITY HEALTHCARE	$1,374,264.00	$83,186.00
VENICE FAMILY CLINIC	$2,025,161.00	$136,086.52
VIA CARE COMMUNITY HEALTH CENTER, INC.	$578,496.00	$344,381.00
WATTS HEALTHCARE CORP.	$203,187.00	$53,044.00
WESTSIDE FAMILY HEALTH CENTER	$127,221.00	
WHITE MEMORIAL COMMUNITY HEALTH CENTER	$88,426.00	$17,449.00
WILMINGTON COMMUNITY CLINIC	$563,459.00	$56,447.00

Community Partner	MGF Payment	Dental Payment
Grand Total	**$42,788,553**	**$5,007,864.66**

APPENDIX 3
Data Source and Submission

The data for this report, which included all services provided to MHLA participants between July 1, 2021 and June 30, 2022, 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.