Annual Report
to the
Los Angeles County Board of Supervisors
Fiscal Year 2022-23

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I. INTRODUCTION

Fiscal Year (FY) 2022-23 was the ninth 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 became 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 2022-23, 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 2022-23, 80,416 Los Angeles County residents were enrolled in the MHLA program. There were also 50 Community Partner clinic agencies and 235 clinic sites contracted to provide care for participants. MHLA participants had an average of 3.43 primary care visits during the year, and nearly three-quarters (56%) of the MHLA population had at least one primary care visit during the Fiscal Year.

Payments to clinics for MHLA participants totaled $24.30 million for primary care services and $4.05 million for dental services. MHLA also paid approximately $2.35 million for pharmacy services. Payments were lower due to lower enrollment and utilization, in large part due to a statewide expansion of Medi-Cal for older adults.

The COVID-19 pandemic also led to several program changes, which continued through FY 22-23. 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, which also continued through FY 22-23.

Since the expansion of Full-Scope Medi-Cal for older adults ages 50 and over, the MHLA program worked with Department of Health Services (DHS) to continue allowing Community Partners to make referrals for individuals who are age 50 and over and ineligible for Full-Scope Medi-Cal. This group of older, uninsured, undocumented individuals who do not qualify for Full-Scope Medi-Cal continue to have specialty care options available at DHS.

In FY 22-23 MHLA introduced a Medi-Cal Enrollment Incentive Project to incentivize Community Partner agencies to increase their Restricted Medi-Cal enrollment for MHLA participants assigned to their clinics. This was due to the new law in California that allows adults aged 26 through 49 to qualify for Full-Scope Medi-Cal, regardless of immigration status as of January 1, 2024. As with prior Medi-Cal expansions, individuals will be automatically transitioned to Full-Scope Medi-Cal if they are enrolled in Restricted Medi-Cal by December 31, 2023. The MHLA program believes the incentive to enroll the MHLA population into Restricted Medi-Cal will help ensure they have a smoother transition into Full-Scope Medi-Cal.

Following the transition of the MHLA program participants to Full-Scope Medi-Cal as part of the State of California's implementation of "Medi-Cal for All" expanding access for all eligible California residents regardless of immigration status, LA County Health Services will sunset the My Health LA Program on January 31, 2024, after nearly a decade of service to the County of Los Angeles.

The entire MHLA program is grateful and thankful to the Community Partner clinics, the Community Clinic Association of Los Angeles County, community-based organizations, our partner County departments and the Board of Supervisors for everyone's contributions to this vital and beneficial program.

II. 2022-23 PROGRAM ACTIVITIES

A. ENROLLMENT AND COMMUNICATIONS

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

Key 2022-23 highlights were:

- MHLA ended its ninth programmatic year with 80,416 uninsured Los Angeles County residents enrolled in the program.
- MHLA ended the year with 44,182 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 2022-23, the ERU conducted four 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 2022-23, the line received 959 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 2022-23, 1,271 individuals had MHLA One-e-App access. This included 388 enrollers taking applications, 765 clinic staff with read-only access, 71 system administrators and 47 supervisor users.

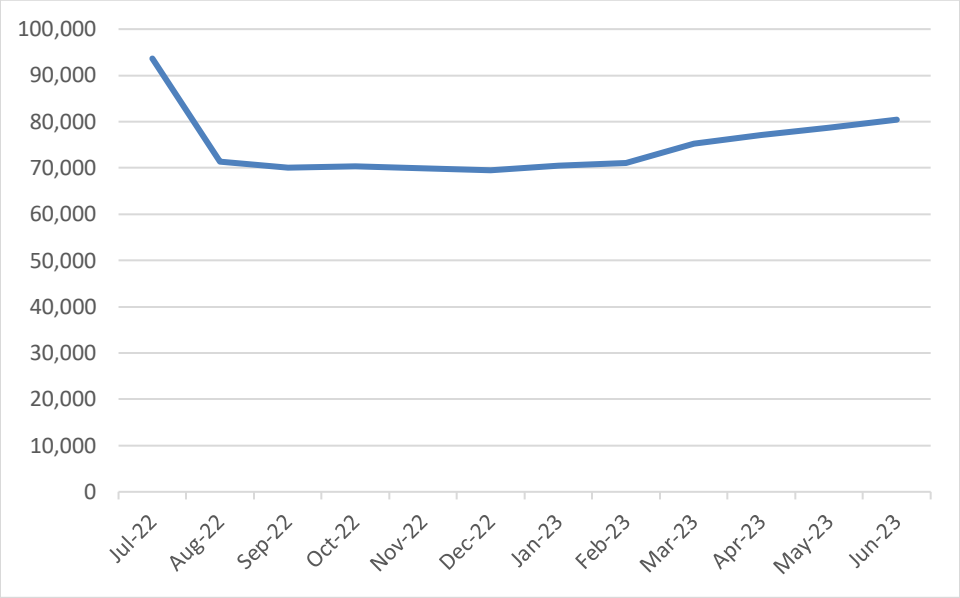
At the end of this fiscal year, there were 80,416 participants enrolled in MHLA, down from previous fiscal years (Table A1). Enrollment declined after May 1, 2022, when MHLA participants 50 years old and

older were disenrolled after becoming eligible for Full-Scope Medi-Cal. Enrollment continues to decline as MHLA disenrolls participants who turn 50 at the end of their birthday month.

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
2022-23	80,416

Graph A1
MHLA Monthly Enrollment FY 2022-23



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 during an eligibility audit if program staff determines 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 116,304 participants enrolled in the program during FY 2022-23. During the year, 2,592 (2.23%) were denied (Table A2) and 44,182 participants (37.99%) 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 2020-21	FY 2021-22	FY 2022-23
Incomplete Application	5,164	4,987	2,314
Enrolled in Full-Scope Medi-Cal	26	46	26
Income Exceeds 138% of FPL	296	271	174
Determined Eligible for Other Programs	25	38	28
Not a Los Angeles County Resident	15	2	26
False or Misleading Information	18	9	1
Duplicate Application	6	6	2
Enrolled in Private Insurance	1	1	5
Participant Request	15	23	2
Enrolled in Public Coverage	1	1	0
Participant has DHS Primary Care Provider	14	12	0

Denial Reason	FY 2020-21	FY 2021-22	FY 2022-23
Enrolled in Employer-Sponsored Insurance	3	2	1
Did Not Complete Renewal	4	1	0
Not Eligible Due to Other Reasons	2	4	13
Total	**5,590**	**5,403**	**2,592**

Table A3
MHLA Disenrollments by Reason

Disenrollment Reason	FY 2020-21	FY 2021-22	FY 2022-23
Did Not Complete Renewal	54,451	40,381	16,220
Over Program Age Requirement	0	35,784	27,602
Enrolled in Full Scope Medi-Cal	58	67	42
Incomplete Application	9	5	0
Participant Request	325	729	267
Participant has DHS Primary Care Provider	371	158	40
Not a Los Angeles County Resident	31	25	5
Determined Eligible for Other Programs	6	5	2
Income Exceeds 138% of FPL	12	10	1
Enrolled in Employer Insurance	18	7	1
Enrolled in Private Insurance	7	3	0
Enrolled in Public Coverage	0	1	0
False or Misleading Information	1	2	1
Duplicate Application	4	0	0
Participant is Deceased	14	7	1
Program Dissatisfaction	0	0	0
Under Program Age Requirement	0	0	0
Enrollee is Incarcerated	0	0	0
Blank (N/A)	0	1	0
Total	**55,307**	**77,185**	**44,182**

Renewals

It is still relevant to note the residual impact that the COVID-19 pandemic had on the renewal and re-enrollment rates. 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.

In an effort to work with the MHLA CP's task of enrolling the MHLA participants into Restricted Medi-Cal, the process of renewals was modified mid-fiscal year. Effective February 1, 2023, MHLA coverage for current members, re-adds, and new applicants was extended through January 31, 2024, the end of the program. MHLA participants were no longer required to submit an annual renewal.

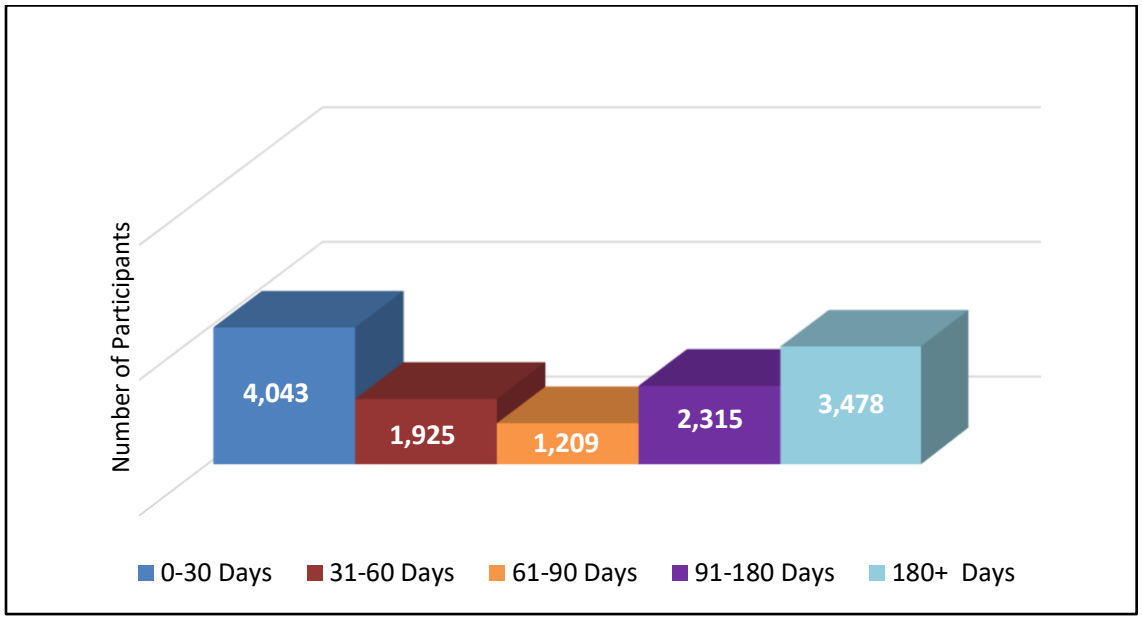
Table A4 provides the current renewal and re-enrollment rates compared to the previous fiscal year. Of the 34,771 MHLA participants due to renew FY 22-23, 18,601 (53%) participants renewed on time. Of the 16,080 individuals that did not renew, 7,500 (22%) came back within the year to reenroll in the program, meaning 75% of MHLA participants renewed or reenrolled in the program within the fiscal year. The re-enrollment rate for the program increased compared to prior fiscal years, though that was in part due to the newly implemented automatic extension for all 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
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%
2022 -23	34,771	18,601	90	16,080	53%	7,500	22%	26,101	75%

Graph A2 captures the time gap between disenrollment and the participant's subsequent re-enrollment in the program. 12,970 participants chose to re-enroll in MHLA after their disenrollment, a majority of whom (4,043, or 31%) did so within the first 30 days of their disenrollment. 1,925 individuals (15%) reenrolled between 31-60 days of being disenrolled, and 2,315 (18%) 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 16,080 participants who were disenrolled from MHLA for failure to renew and never returned to the MHLA program (Table A4), 32% 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 and all County threshold languages.

The MHLA program also posts Provider Information Notices, which describe contractual and operational changes to the program. During FY 2022-23, MHLA issued three Provider Information Notices announcing contractual changes to the program. The first provided updated reimbursement information for eligible dispensaries and on-site licensed pharmacies. The second provided information regarding patient referrals from DHS to the MHLA contracted Community Partners (CPs) as well as specialty care referrals from CPs to DHS. The third informed CP agencies about a project to incentivize CPs to increase their Restricted Medi-Cal enrollment for MHLA participants assigned to their clinics.

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 continued 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

In FY 2021-2022 MHLA program worked closely with CPs to ensure smooth transition for the older adults, age 50 and older, to Full-Scope Medi-Cal. The program first wave of disenrollment was on May 1, 2022, and the second wave was during FY 2022-2023 on August 1st. During FY 2022-2023, we have continued to disenroll MHLA participants at the end of their month when they turn 50.

Next Steps for Medi-Cal Expansion

As previously mentioned, California announced plans to expand comprehensive care to all income eligible individuals, regardless of age or immigration status, on January 1, 2024. To prepare for the statewide changes, MHLA has begun its transition planning for the remaining group, ages 26-49 in early 2023. MHLA has roughly 84,000 adults enrolled who will be eligible for the Medi-Cal expansion. 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 2022-23 demographic highlights for the MHLA Program are:

- 96% of participants identified as Latinos.
- 59% were female and 41% were male.
- SPA 6 had the largest concentration of MHLA participants at 23%.

Latinos continued to comprise the largest group of enrollees, making up over 96% of program participants. More participants were female (59%) than male (41%). Nearly 91% participants indicated that Spanish was their primary spoken language and 8% indicated that English was their primary spoken language. Most MHLA participants (63%) were between 26 and 44 years old. In FY 2022-23, MHLA had 534 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 2022-23.

Table B1
Demographics of MHLA Participants (as of June 30, 2023)

Age	
26-44	63.30%
45-54	36.67%
Ethnicity	
Latino	95.78%
Asian/Asian Pacific Islander	1.36%
Other/Declined to State	2.22%
Caucasian	.53%
Black/African American	.10%
Language	
Spanish	91.16%
English	7.58%
Other	.46%
Thai	.43%
Korean	.16%
Armenian	.11%
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 23%.

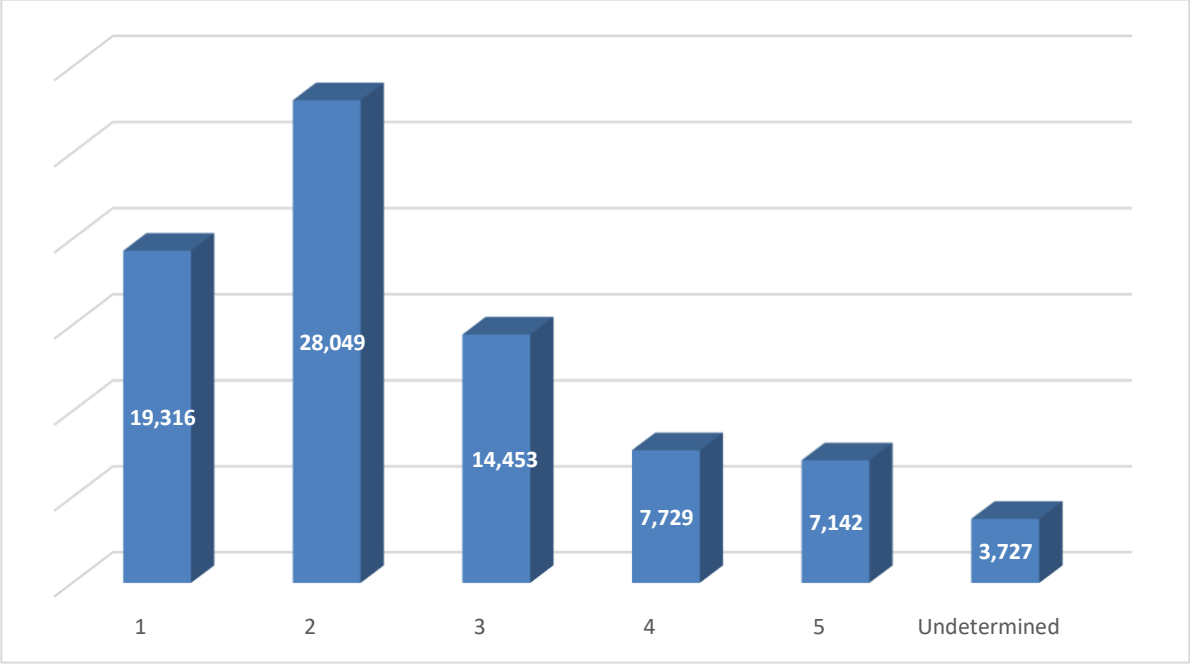
Table B2
SPA Distribution of MHLA Participants

SPA	FY 2020-21		FY 2021-22		FY 2022-23	
	Total Number of Participants	Total % of Participants	Total Number of Participants	Total % of Participants	Total Number of Participants	Total % of Participants
1	3,249	2.46%	2,321	2.44%	2,204	2.74%
2	22,432	16.95%	15,271	16.08%	15,432	19.19%
3	10,269	7.76%	7,871	8.29%	6,156	7.66%
4	22,734	17.18%	17,195	18.11%	14,761	18.36%
5	3,060	2.31%	2,219	2.34%	1,716	2.13%
6	28,619	21.63%	21,038	22.15%	18,263	22.71%
7	18,010	13.61%	12,781	13.46%	10,191	12.67%
8	13,686	10.34%	10,489	11.04%	7,966	9.91%
Undetermined	10,277	7.77%	5,786	6.09%	3,727	4.63%

MHLA Program Participant Distribution by Supervisorial District

Graph B1 provides the MHLA participant distribution by Supervisorial District. District 2 shows the largest number of MHLA program participants of all five districts, at 28,049 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 2022-23 highlights were:

- There were 218 MHLA medical homes at the end of FY 2022-23, including both primary care and dental care sites.
- 77% of MHLA clinic sites were open to accept new participants throughout the fiscal year.
- A total of 51 (23%) clinic sites were closed to new patients at some point during the fiscal year.

Clinic Sites and Capacity

MHLA ended FY 2022-23 with a total of 50 CP agencies and 218 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 2022-23, 50 clinic sites closed to new patients at some point in the fiscal year due to limited capacity to meet the access standards. The number of "closed" sites increased compared to the 40 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 LA General Hospital, 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 2022-23, there were 136 patients referred to MHLA clinics through this process.

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 assist 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 urge the CPs to address those deficiencies.

MHLA audited 50 agencies (218 clinic sites) approved to provide primary and/or dental services to MHLA participants for FY 2022-23. All annual site audits were conducted remotely.

Key FY 2022-23 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 fifth consecutive year.
- The most frequent deficiencies in the Medical Records Reviews were related to lack of documentation of foot exam/podiatry referrals, TB screenings, seasonal flu vaccines, immunizations, and colorectal cancer screenings.
- Thirty-four (15.6%) of the 218 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 218 FSRs/CRs for 50 agencies. There were no deficiencies among the 218 clinic sites. Therefore, there were no clinic sites required to submit a Corrective Action Plan (CAP). None of the 218 FSRs/CRs showed repeat deficiencies when compared to audit findings from Fiscal Year 2021-22.

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 2022-23.

Medical Record Review (MRR)

MHLA conducted a total of 218 MRRs. Thirty-four (15.6%) of the 218 MRRs required a CAP. Although those 34 clinic sites met the passing threshold of 90.0%, they were required to submit a CAP due to repeat deficiencies. In the prior fiscal year, 25 clinic sites of the MRRs (11.8%) 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 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. This fiscal year, there were no clinic sites showing five or more of the same repeat DHS core element deficiencies during three consecutive fiscal years. A total of 11 non-core element deficiencies were identified. Those non-core element deficiencies were related to advance health care directive (3), confidentiality of medical record (3), alcohol and substance abuse screening (2), blood pressure screening (1), obesity screening (1), and tobacco screening (1).

There were 164 element deficiencies identified in the 218 MRRs conducted during this fiscal year.

The most frequent MRR element deficiencies were as follows:

Table D1
Most Frequent MRR Element Deficiencies [Total element deficiencies[1] = 164 (100.0%)]

Rank	Element Deficiency	Frequency[2]	Percentage
	Lack of documentation of:		
1	foot exam/podiatry referral	31	18.9%
2	TB screening	29	17.7%
3	seasonal flu vaccine	24	14.6%
4	diabetic retinal scan/ophthalmology referral	19	11.6%
5	abuse/neglect assessment	18	11.0%

[1] Total element deficiencies include DHS core and non-core deficiencies.

[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 Element Deficiencies Comparison

Element Deficiency	FY 2021-22[3] Total Element Deficiencies =222 (100.0%)			FY 2022-23[3] Total Element Deficiencies =164 (100.0%)		
	Ranking	Frequency	Percentage	Ranking	Frequency	Percentage
Lack of documentation of:						
foot exam/podiatry referral	1	45	20.3%	1	31	18.9%
TB screening	2	39	17.7%	2	29	17.7%
seasonal flu vaccine	3	34	15.3%	3	24	14.6%
immunization	4	33	14.9%	7	13	7.9%
diabetic retinal scan/ophthalmology referral	5	31	14.0%	4	19	11.6%
abuse/neglect assessment	6	18	8.1%	5	18	11.0%
colorectal screening	7	8	3.6%	6	17	10.4%

[3] All clinic sites were audited remotely in FY 21-22 and FY 22-23.

Dental Record Review (DRR)

For FY 2022-23, 65 clinic sites provided dental services to MHLA participants. None of the 65 clinic sites showed deficiencies. All 65 clinic sites met the passing compliance threshold of 90.0% without repeat deficiencies. Therefore, none of the clinic sites were required to submit a CAP. For two consecutive fiscal years, none of the clinic sites were required to submit a CAP.

Dental Site Review (DSR)

MHLA conducted 64 DSRs. Only two of the 64 DSRs showed one deficiency (No documentation of provision of oral cancer screening, and no documentation that clinic provided a disclaimer and obtained patient's signature after a referral was made). All 64 clinic sites met the passing compliance threshold of 90.0% without repeat deficiencies. Therefore, none of the clinic sites were required to submit a CAP.

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 2022-23 highlights were:

- Member Services received a total of 12,551 calls in FY 2022-23.
- 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 2022-23, MHLA's Member Services call center received 12,551 calls. The number of incoming calls decreased 40% from last year's total of 20,968. Many of the calls were due to the 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 2022-23, only 4 were "formal complaints." This is a decrease from the 5 formal complaints in FY 2021-22. The formal complaint reasons were related to mistreatment/inappropriate care, delay in services, ancillary care, and refusal of prescription. 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 2020-21		FY 2021-22		FY 2022-23	
	Total	Percent	Total	Percent	Total	Percent
Mistreatment/Misdiagnosis/Inappropriate Care by Provider	2	67%	4	90%	1	25%
Delay or Refusal in Receiving Clinical Care Services	1	33%	0	0%	1	25%
Ancillary Care/Diagnostic/Radiology	0	0%	0	0%	1	25%
Refusal of Referral to Specialist	0	0%	1	10%	0	0%
HIPAA, Treatment Record Keeping	0	0%	0	0%	0	0%
Prolonged Wait in Provider's Office	0	0%	0	0%	0	0%
Refusal of Prescription by Clinical Provider/Pharmacy/Access Problems	0	0%	0	0%	1	25%
Total	**3**	**100%**	**5**	**100%**	**4**	**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 2022-23 highlights were:

- 56% of MHLA participants had a primary care visit.
- MHLA participants had an average of 3.43 primary care visits per year.
- 16,962 unduplicated MHLA patients accessed 86,885 specialty care visits.
- 5% 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 2022-23 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
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
2022-23	Primary Care (CP)	116,304	64,830	56%	256,100
	Prescription (CP)	116,304	30,915	27%	184,258

Table F2
Summary of Utilization Data – Participants Utilizing at Least One Service at a DHS Facility
FY 2022-23

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)	116,304	16,962	14.6%	86,885
Emergency (DHS)	116,304	6,266	5.4%	8,352
Prescription (DHS)	116,304	2,637	2.3%	14,703
Urgent Care (DHS)	116,304	3,013	2.6%	4,660
Inpatient (DHS)	116,304	1,235	1.1%	1,561

Primary Care

During FY 2022-23, 56% of MHLA participants had at least one primary care visit at their medical home clinic, a decrease from 72% from last fiscal year. The average number of visits for a MHLA participant in FY 2022-23 was 3.43. This is a slight decrease from last fiscal year, when MHLA participants had 3.59 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 2019-20.

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
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
2022-23	64,830	256,100	895,687	74,641	3.43

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 onsite. 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 F4 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 28% of MHLA participants filled at least one medication in FY 2022-23, a decrease from last fiscal year and is attributable to the attrition of participant enrollment.

According to data received from Ventegra, 54% of medications dispensed in the MHLA program in FY 2022-23 were generic, 18% were purchased under the 340B program, 21% were over the counter (OTC) medications, and 7% were diabetic supplies. Ventegra's data also shows that 91.1% were filled at contracted pharmacies, 7.7% were filled at on-site CP dispensaries, and 1.2% were mailed to patients via the DHS Central Pharmacy.

[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.

Table F4
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
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
2022-23	116,304	32,451	28%	184,258	14,703	198,961

Table F5 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 F5
DHS & CPs Pharmacy Utilization by Therapeutic Class

Therapeutic Class	Description	% of Total Approved Prescriptions
Antidiabetics	Used for diabetes	18%
Antihyperlipidemics	Used for high cholesterol	8%
Antihypertensives	Used for high blood pressure	7%
Medical Devices and Supplies	Mostly diabetes related products like syringes and lancing devices	6%
Analgesics- Anti-Inflammatory	Used for pain, fever and inflammation (NSAID's)	5%
Dermatologicals	Topical dermatological agents	5%
Diagnostic Products	Mostly diabetes related products to test blood sugar	5%
Vitamins	Used for micronutrients	4%
Ulcer Drugs /Antispasmodics/Anthicholinergics	Used GI diseases	4%

Therapeutic Class	Description	% of Total Approved Prescriptions
Analgesics – NonNarcotic	Used for pain, fever and inflammation (NSAID's)	3%

Specialty Care Services

On average, a MHLA participant who saw a specialist had 5.12 specialty visits during the year. About 15% of all MHLA participants saw a specialist, which is a decrease from 20% during last fiscal year.

The following section provides analysis on specialty care utilization by MHLA participants at DHS clinics and hospitals in FY 2022-23.

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 2022-23 was 45,905. Of those, 32,083 were closed for a face-to-face visit.

Table F6 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 16,962 unduplicated MHLA participants who received a total of 86,885 specialty care visits at DHS in FY 2022-23. This fiscal year saw a 51**%** decrease in the total number of specialty care visits provided to MHLA patients (from 178,409 to 86,885).

Table F6
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
2019-20	166,055	31,431	60,910	150,593	1,104.25	4.8
2018-19	161,028	30,805	44,397	180,356	1,413.20	5.9
2021-22	155,121	31,157	57,802	178,409	1,425.63	5.8
2022-23	116,304	16,962	32,083	86,885	1,164.05	5.1

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.

Table F7 illustrates urgent care services at DHS among MHLA participants for a total of 4,660 urgent care visits.

Table F7
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
FY22-23	116,304	3,013	4,660	62.43	0.06

Emergency Department (DHS)

MHLA participants can receive no-cost emergency services at LA General Hospital, Olive View Medical Center and Harbor-UCLA Medical Center. This section provides an analysis of emergency department (ED) utilization by MHLA participants in FY 2022-23. 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 2022-23, 6,266 MHLA participants had 8,352 ED visits at DHS facilities. That represents 5.4% of the total 116,304 MHLA enrolled. The rate of ED visits was nearly 112 per 1,000 participants in FY 2022-23, compared to 108 per 1,000 participants last fiscal year (Table F8).

Table F8
ED Visits per 1,000 Participants per Year

Fiscal Year	Number of ED Visits	Participant Months	ED Visits/1,000
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
2022-23	8,352	895,687	111.90

Table F9 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 29% of MHLA participants who had an ED visit in FY 2022-23 did not have a visit at their CP medical home that same year. Table F10 is ED visits by DHS facility.

Table F9
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	1,839	706	636	594	512	1,470	509	6,266

Table F10
ED Visits by DHS Facility

Facility Name	Total Participant Visits at Each ED	Visits	% of Total Visits
LA General Hospital	3,161	4,097	49.1%
Olive View-UCLA	1,667	2,272	27.2%
Harbor-UCLA	1,521	1,983	23.7%
Total	**9,539 (unduplicated)**	**8,352**	**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 F11 provides the rate of avoidable emergency department visits for the last four years. Nearly 21% of ED visits by MHLA participants in FY 2022-23 were considered avoidable. This rate is the same from last fiscal year's rate.

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 F11
Avoidable ED (AED) Visits and Rate by MHLA Participants

Fiscal Year	AED Visits	ED Visits	AED Rate
2019-20	2,222	13,119	16.9%
2020-21	2,282	12,899	17.7%
2021-22	2,794	13,509	20.7%
2022-23	1,715	8,352	20.5%

[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.

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 F12 shows that the majority (70.9%) of MHLA participants who were hospitalized had a chronic medical condition.

Table F12
DHS Hospitalization Admission

	Unique Participants	Admissions	% of Total Admissions	Bed Days	ALOS
With Chronic Condition	837	1,106	70.9%	4,748	4.3
Without Chronic Condition	398	455	29.2%	1,598	3.5
Total Participants	1,235	1,561	100%	6,346	4.1

Hospital Readmissions

Table F13 provides readmission rates by DHS hospital; LA General Hospital had the highest readmission rate for MHLA participants, at 15.39%.

Table F13
Readmission Rate by DHS Hospital (1 - 90 Days)

Facility Name	Readmissions	Total Admissions	Readmission Rate
LA General Hospital	121	786	15.4%
Olive View-UCLA	47	323	14.6%
Harbor-UCLA	48	378	12.7%
Rancho Los Amigos	2	74	2.7%
Total (All DHS Hospitals)	**218**	**1,561**	**14.0%**

Table F14 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 lower in FY 2022-23 than last fiscal year.

Table F14
Re-admission Rate by Fiscal Year for Participants with and without Chronic Conditions

Condition Type	FY 2019-20 Readmission Rate	FY 2020-21 Readmission Rate	FY 2021-22 Readmission Rate	FY 2022-23 Readmission Rate
W/ Chronic Condition	15.8%	17.4%	19.6%	13.8%
W/O Chronic Condition	14.1%	18.8%	19.4%	14.1%
Overall Inpatients	**15.0%**	**18.1%**	**19.5%**	**14.0%**

G. Mental Health Prevention Services (MHPS)

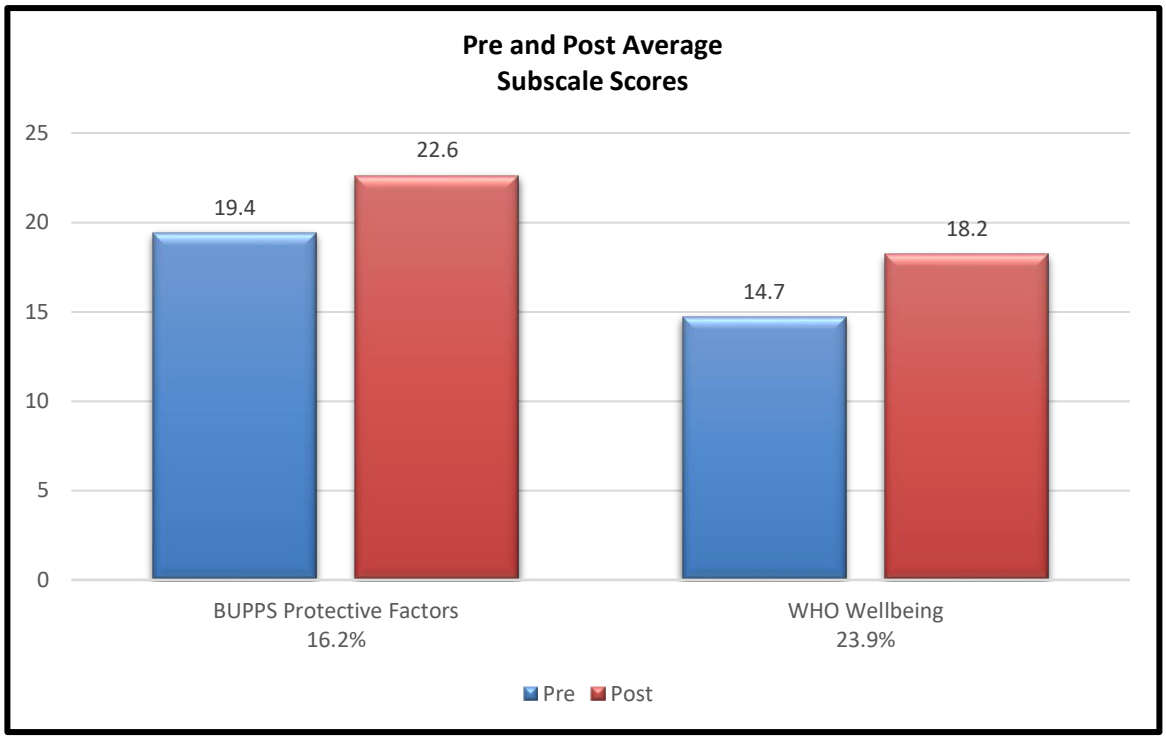
In FY 2022-23, the Department of Health Services (DHS) continued its collaboration with the Department of Mental Health (DMH) for the provision of Mental Health Prevention Services (MHPS) for MHLA program participants. This collaboration was the result of a workgroup formed in 2019 with the Community 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 risk factors associated with the onset of potentially serious mental illness. The program delivered short-term engagement aiming to build protective factors and thus help prevent development of severe mental illness among the MHLA population.

MHPS can be provided by phone, in person, or as part of telehealth intervention. MHPS started as a requirement, but DMH and DHS made it optional for the 2022-23 fiscal year. Thirty CPs opted out, leaving 21 CPs with active contracts by the end of FY 2022-23.

Trained Clinic Partner (CP) staff provided screenings of all MHLA participants by administering the Brief Universal Prevention Program Survey (BUPPS). If the participant was enrolled in MHPS, the survey results were also used to establish a baseline and monitor intervention-related progress throughout program engagement.

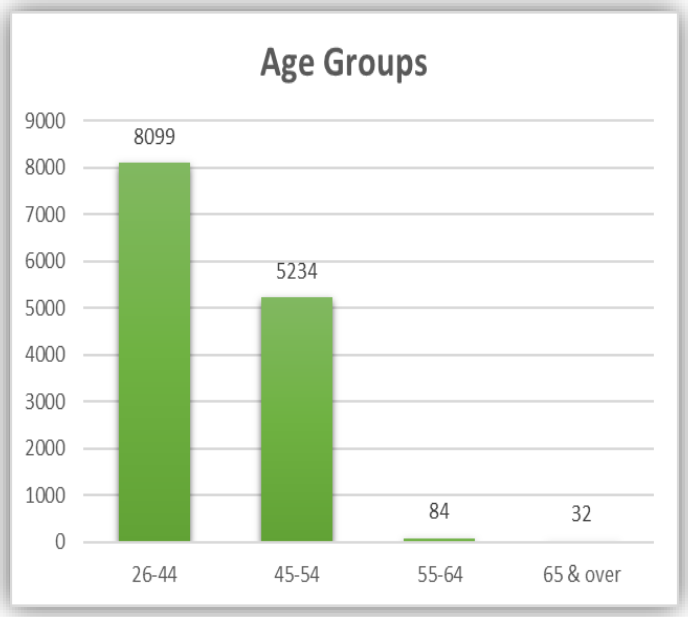
In FY 2022-23, DMH collected approximately 18,854 screenings to help determine the need for MHPS, though any MHLA participant could receive services. DMH also collected a total of 665 post-intervention screenings to assess MHLA participants' progress in the program. In addition, progress was monitored during MHPS cycles by re-administration of the BUPPS at every other MHPS visit. As indicated by average percentage change score calculations, after participation in an average of 4.9 MHPS sessions, patients reported a 16.2% improvement in factors of resilience and use of coping skills and a 23.9% improvement in mood states over a two-week span on average, as reported at the time of the final MHPS session or at MHPS discharge (Graph G1). Based on data analysis conducted by DMH, there were 31,215 MHPS claims submissions for 27,267 unique individuals in FY 2022-23.

Graph G1
FY 22-23 MHPS Outcome Measures

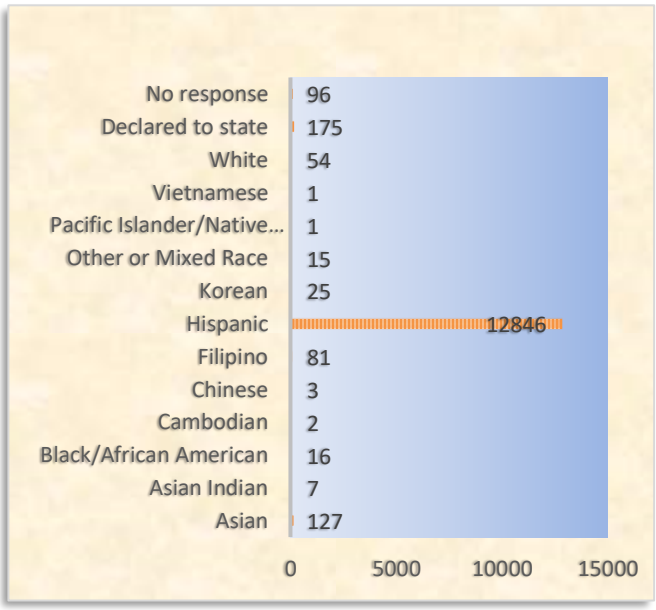


The largest ethnic group having received MHPS during the FY 22-23 was Spanish-speaking Hispanic individuals between ages 26 and 44 (see Graphs G2 and G3 below). Please note, although the category defined as "Hispanic" may be diverse, no further breakdown of this category was available to DMH at the time of this report.

Graph G2
FY 22-23 MHPS Age Groups



Graph G3
FY 22-23 MHPS Ethnicity



The project is funded by the Mental Health Services Act (Prevention). DHS paid the CPs a supplemental behavioral health payment of $3.30 per month for each enrolled participant who qualified for payment, and DMH reimbursed DHS for these payments. DMH reimbursed DHS a total of $1,693,365.30 in Fiscal Year 2022-23 (Table G1).

Table G1
FY 22-23 MHPS Expenditures

Invoice Date	Payment
July 2022	$196,818.60
August 2022	$145,787.40
September 2022	$133,056.00
October 2022	$56,281.50
November 2022	$148,245.90
December 2022	$142,926.30
January 2023	$133,739.10
February 2023	$147,618.90
March 2023	$104,016.00
April 2023	$153,829.50
May 2023	$158,086.50
June 2023	$172,959.60
Total	**$1,693,365.30**

H. SUBSTANCE USE DISORDER (SUD) SERVICES

MHLA partners 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. Through SAPC, MHLA participants can receive a full array of substance use disorder treatment services, including 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.

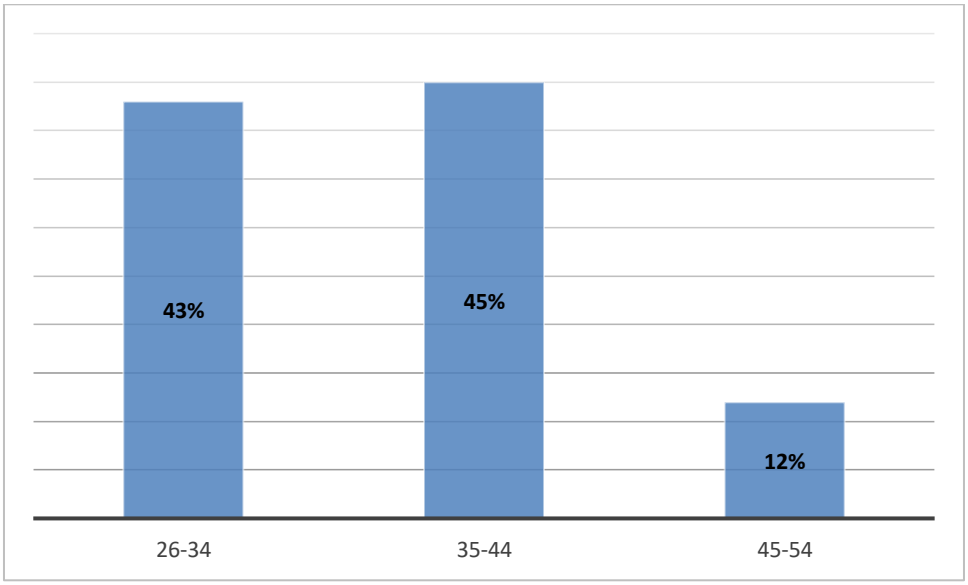
This fiscal year, 644 MHLA participants accessed SUD services through the LA County Department of Public Health (DPH). This represents a 10% decrease from last fiscal year, when 712 patients accessed SUD treatment services. The majority of MHLA patients, 34% were admitted to outpatient services, followed by 30% in residential programs.

When MHLA participants need SUD treatment, the CPs provide a warm hand-off to treatment providers. 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.

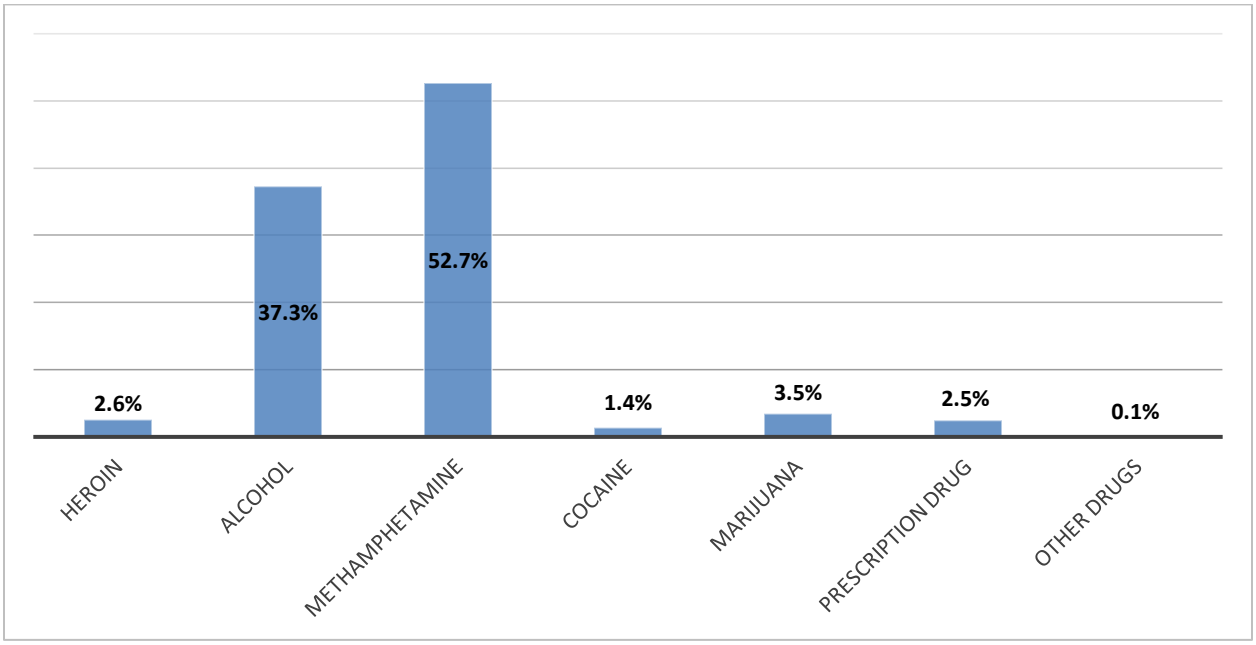
Graph H1 illustrates those MHLA participants who sought SUD treatment services from DPH, sorted by age. The largest group of SUD treatment recipients was the age group, 35 to 44 years old, most being male Hispanic.

Graph H1
MHLA SUD Participant by Age



Graph H2 provides a breakdown of MHLA participants by SUD issue. The 644 participants may have had more than one SUD issue (total of 987 SUD issues) during the fiscal year. 53% of patients sought SUD treatment services for methamphetamine addiction, 37% individuals utilized treatment for alcoholism, and 3.5% 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 2022-23.

Key FY 2022-23 highlights were:

- Total Monthly Grant Funding (MGF) payments to Community Partners for primary care related services totaled $24.30 million.
- Payments for dental services totaled $4.05 million.
- Payments for pharmacy services totaled $2.35 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 $24.30 million in MGF payments and $4.05 million in dental funding were paid to the CPs in FY 2022-23. Dental and MGF expenditures have decreased compared to FY 2021-22 due to the statewide expansion of Medi-Cal for older adults.

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 2022	90,955	71,497	78.6%
August 2022	70,742	54,902	77.6%
September 2022	69,601	54,245	77.9%
October 2022	69,821	54,473	78.0%
November 2022	69,306	54,316	78.4%
December 2022	69,019	54,154	78.5%
January 2023	69,913	54,752	78.3%
February 2023	72,381	57,226	79.1%
March 2023	74,888	59,456	79.4%
April 2023	76,882	60,979	79.3%
May 2023	78,743	62,014	78.8%
June 2023	80,416	63,700	79.2%

Pharmacy Payments

In FY 2022-23, MHLA paid $2.35 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)	$1,858,439
Ventegra's Administration and Surescript Fees	$453,419
Cardinal Health	$33,015
Cerner Expenses	$4,190
Total	$2,349,063

MHLA Health Care Service Payments

Table I3 outlines the total payments, $30.70 million, for the MHLA Program for FY 2022-23. 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	$24,298,591
Pharmacy	$2,349,065
Dental Care	$4,051,793
GRAND TOTAL	$30,699,448

Medi-Cal Enrollment Incentive Project

The Medi-Cal expansion for adults 26–49-year-old prompted the MHLA program to develop an incentive project to increase enrollment into Restricted Medi-Cal in FY 2022-23. The new project incentivizes Community Partner agencies to increase their Restricted Medi-Cal enrollment for MHLA participants assigned to their clinics.

Each CP is eligible to receive an incentive payment. The incentive payment for each CP agency is based on the measured progress achieved during the 6-month incentive period (May 1, 2023, through October 31, 2023). MHLA worked with the Los Angeles County Department of Public Social Services to determine progress achieved in enrolling MHLA participants into Restricted Medi-Cal. CPs must show improvement from their baseline Medi-Cal enrollment assessment to their final Medi-Cal enrollment to earn full incentive payment. The results were not available at the time of the annual report publication.

III. CONCLUSION

FY 2022-23 was the ninth programmatic year for the MHLA program. As the report demonstrates, the services available to the MHLA participants continued to expand under the program to provide a comprehensive array of primary and supportive services to meet the needs of these patients. Participants continued receiving regular primary care, and when needed, specialty, emergency, urgent and inpatient care, while obtaining medications through a robust network of community pharmacies as well as through CPs and DHS. Additionally, participants also received substance use disorder treatment and mental health prevention and treatment through partnerships with LA County DPH Substance Abuse Prevention and Control and DMH respectively.

FY 2022-23 was the last full fiscal year of the MHLA program. The remaining program participants are eligible for Full-Scope Medi-Cal effective January 1, 2024, as part of the State of California's Medi-Cal for All. The MHLA program staff, in collaboration with the CP clinics, have been working towards the sunsetting of the program by working closely with CP clinics to make sure MHLA participants enroll in Restricted Medi-Cal ahead of the Medi-Cal expansion. To this end, MHLA implemented an incentive program to increase the percentage of program participants enrolled in Restricted Medi-Cal by December 31, 2023, in an effort to streamline the transition to Full-Scope Medi-Cal.

The MHLA Program will sunset on January 31, 2024 after nearly ten years of providing access to vital health care services to the residually uninsured population in Los Angeles County free of charge to the most vulnerable population. MHLA and its predecessors, Health Way LA and the Public-Private Partnership Program, worked in close partnership with the Community Clinic Association of Los Angeles County, the Los Angeles County 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. We are grateful for the opportunity to be part of the solution of health care access and assisting our program participants finally get the needed healthcare insurance via Medi-Cal that they have always deserved. Thank you all for helping make My Health LA a decade-long success.

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	3	0	0%	0	0.00
AFH-519	6	1	17%	1	0.80
AFH-BURBANK	58	13	22%	26	1.32
AFH-BURBANK 2	2	0	0%	0	0.00
AFH-CENTRAL	124	55	44%	144	2.11
AFH-NORTH HOLLYWOOD	24	8	33%	15	1.09
AFH-PACIFIC	10	6	60%	9	1.59
AFH-SOUTH CENTRAL II	2	1	50%	1	0.92
AFH-SUNLAND	4	0	0%	0	0.00
ALL-INCLUSIVE COMMUNITY HEALTH CENTER	540	313	58%	999	2.85
ALL-INCLUSIVE COMMUNITY HEALTH-EAGLE ROCK	11	3	27%	18	2.88
ALL-INCLUSIVE COMMUNITY HEALTH-NORTHRIDGE	127	86	68%	334	3.89
ALTAMED-COMMERCE	546	306	56%	1524	4.54
ALTAMED-EL MONTE	229	111	48%	439	3.30
ALTAMED-FIRST STREET	265	147	55%	755	4.27
ALTAMED-HUNTINGTON PARK	5	3	60%	13	4.00
ALTAMED-PICO RIVERA PASSONS	2	0	0%	0	0.00

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
ALTAMED-PICO RIVERA SLAUSON	272	146	54%	770	4.29
ALTAMED-SOUTH GATE	115	74	64%	332	3.82
ALTAMED-WEST COVINA	155	105	68%	476	3.71
ALTAMED-WESTLAKE	1	1	100%	7	7.00
ALTAMED-WHITTIER	486	299	62%	1493	4.32
APLAHW-BALDWIN HILLS	172	90	52%	253	2.07
APLAHW-LONG BEACH	113	66	58%	282	3.57
ARROYO VISTA-EL SERENO HUNTINGTON DRIVE	53	28	53%	84	2.33
ARROYO VISTA-EL SERENO VALLEY	39	9	23%	16	1.56
ARROYO VISTA-HIGHLAND PARK	1318	645	49%	2229	3.16
ARROYO VISTA-LINCOLN HEIGHTS	1561	780	50%	2632	3.03
ASIAN PACIFIC HEALTH CARE-BELMONT HC	815	503	62%	2141	3.91
ASIAN PACIFIC HEALTH CARE-EL MONTE ROSEMEAD HC	201	123	61%	572	4.80
ASIAN PACIFIC HEALTH CARE-LOS FELIZ HC	785	523	67%	2335	4.06
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER	756	557	74%	3100	5.52
BARTZ-ALTADONNA-EAST PALMDALE	11	10	91%	36	5.84
BENEVOLENCE-CENTRAL MEDICAL CLINIC	203	35	17%	97	0.91
BENEVOLENCE-CRENSHAW COMMUNITY CLINIC	567	211	37%	564	1.51

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
BHS-EL PUERTO HEALTH CENTER	22	15	68%	77	5.70
BHS-FAMILY HEALTH CENTER	286	155	54%	500	2.57
CENTER FOR FAMILY HEALTH AND EDUCATION	290	195	67%	1254	6.24
CENTRAL CITY COMMUNITY HEALTH CENTER INC.	673	349	52%	1183	3.01
CENTRAL CITY COMMUNITY-BALDWIN PARK	108	66	61%	290	4.28
CENTRAL CITY COMMUNITY-BROADWAY	275	134	49%	430	3.06
CENTRAL CITY COMMUNITY-EL MONTE	247	137	55%	427	2.72
CENTRAL CITY COMMUNITY-LA PUENTE	107	69	64%	246	3.34
CENTRAL NEIGHBORHOOD-CENTRAL	307	140	46%	581	3.52
CHAPCARE-DEL MAR	209	130	62%	609	4.56
CHAPCARE-FAIR OAKS	928	517	56%	2724	5.04
CHAPCARE-LAKE ELIZABETH	205	104	51%	461	4.48
CHAPCARE-LIME	118	62	53%	292	4.57
CHAPCARE-PECK	539	302	56%	1201	3.61
CHAPCARE-VACCO	30	6	20%	10	0.92
CHINATOWN SERVICES CENTER-SAN GABRIEL VALLEY	12	2	17%	10	2.18
CHINATOWN-COMMUNITY HEALTH CENTER	99	43	43%	239	4.24
CLINICA ROMERO-ALVARADO CLINIC	2299	1144	50%	4051	3.12

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
CLINICA ROMERO-MARENGO CLINIC	1198	664	55%	2490	3.14
COMPREHENSIVE COMMUNITY-EAGLE ROCK	389	262	67%	1101	4.29
COMPREHENSIVE COMMUNITY-GLENDALE	759	523	69%	1859	3.30
COMPREHENSIVE COMMUNITY-HIGHLAND PARK	848	565	67%	2201	3.55
COMPREHENSIVE COMMUNITY-NORTH HOLLYWOOD	649	414	64%	1510	3.09
COMPREHENSIVE COMMUNITY-SUNLAND	969	728	75%	2617	4.47
EISNER PED AND FAMILY-LYNWOOD	117	65	56%	209	2.59
EISNER PED AND FAMILY-USC EISNER-CA HOSP	468	221	47%	709	2.02
EISNER PEDIATRIC AND FAMILY MEDICAL CENTER	2598	1206	46%	3975	2.22
EL PROYECTO DEL BARRIO-ARLETA	1515	801	53%	5540	5.42
EL PROYECTO DEL BARRIO-AZUSA	731	414	57%	3150	6.74
EL PROYECTO DEL BARRIO-BALDWIN PARK	193	105	54%	850	7.20
EL PROYECTO DEL BARRIO-ESPERANZA	122	75	61%	409	5.95
EL PROYECTO DEL BARRIO-WINNETKA	1410	1141	81%	7534	7.84
EVCHC-COVINA HEALTH CENTER	169	39	23%	96	2.78
EVCHC-POMONA CLINIC	1262	572	45%	1956	3.09
EVCHC-VILLACORTA SCHOOL-BASED CLINIC	3	1	33%	12	4.97
EVCHC-WEST COVINA CLINIC	2582	1375	53%	5134	3.29

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
FAMILY HEALTH-BELL GARDENS	2737	1590	58%	8115	4.82
FAMILY HEALTH-COMMERCE	223	139	62%	545	5.19
FAMILY HEALTH-DOWNEY	120	70	58%	335	4.86
FAMILY HEALTH-HAWAIIAN GARDENS	493	288	58%	1359	4.92
FAMILY HEALTH-MAYWOOD	3	0	0%	0	0.00
FAMILY HEALTH-SCHOOL BASED HEALTH CENTER	70	42	60%	224	4.30
GARFIELD HEALTH CENTER	65	25	38%	58	2.38
GARFIELD HEALTH CENTER-ATLANTIC	26	16	62%	51	3.08
HARBOR-6TH STREET HEALTH CENTER	822	430	52%	1698	3.26
HARBOR-BEACON ST. HEALTH CENTER	2	1	50%	4	2.00
HARBOR-PACIFIC AVE HEALTH CENTER	2	2	100%	6	4.24
HERALD CHRISTIAN HEALTH CENTER	51	22	43%	68	2.32
HERALD CHRISTIAN HEALTH CENTER-ROSEMEAD	31	11	35%	28	1.53
JWCH-BELL GARDENS	1126	521	46%	1308	2.04
JWCH-DOWNTOWN WOMEN'S CENTER	7	5	71%	13	4.46
JWCH-NORWALK	1143	601	53%	1450	1.80
JWCH-PATH CLINIC	5	1	20%	5	3.00
JWCH-WEINGART	324	132	41%	426	3.40

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
JWCH-WEINGART 2	4	3	75%	9	3.38
JWCH-WESLEY ANDREW ESCAJEDA	25	10	40%	20	1.35
JWCH-WESLEY BELLFLOWER	1132	613	54%	1786	2.61
JWCH-WESLEY DOWNEY	769	403	52%	1081	2.09
JWCH-WESLEY HACIENDA HEIGHTS	318	193	61%	537	2.68
JWCH-WESLEY HEALTH AND WELLNESS	579	260	45%	582	1.46
JWCH-WESLEY LYNWOOD	194	38	20%	66	1.71
JWCH-WESLEY LYNWOOD 2	978	574	59%	1593	2.38
JWCH-WESLEY LYNWOOD MIDDLE SCHOOL	77	41	53%	120	3.70
JWCH-WESLEY PALMDALE CENTRAL	681	328	48%	717	1.43
JWCH-WESLEY PALMDALE EAST	285	110	39%	225	0.96
JWCH-WESLEY VERMONT	1169	476	41%	1103	1.45
KEDREN COMMUNITY CARE CLINIC	187	101	54%	598	6.12
KHEIR CLINIC	1742	805	46%	2647	2.84
KHEIR-WILSHIRE CLINIC	14	4	29%	12	1.26
LA CHRISTIAN-JOSHUA HOUSE ON 7TH ST.	423	255	60%	980	3.50
LA CHRISTIAN-JOSHUA HOUSE ON WINSTON ST.	75	9	12%	13	1.44
LA CHRISTIAN-PICO ALISO	986	532	54%	1738	2.83

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
LA CHRISTIAN-WORLD IMPACT	19	0	0%	0	0.00
LOS ANGELES LGBT CENTER	27	17	63%	143	8.98
NEV-CANOGA PARK	161	99	61%	497	4.00
NEV-HOMELESS HEALTH	103	65	63%	274	4.23
NEV-HOMELESS MOBILE CLINIC	2	0	0%	0	0.00
NEV-MACLAY WELLNESS CENTER	1747	868	50%	3274	2.73
NEV-NEWHALL HEALTH CENTER	1257	700	56%	2811	3.02
NEV-PACOIMA	2260	1261	56%	5372	3.10
NEV-PACOIMA WOMEN'S HEALTH CENTER	397	201	51%	705	2.57
NEV-SAN FERNANDO	1249	777	62%	3392	3.35
NEV-SAN FERNANDO HIGH SCHOOL TEEN HC	2	2	100%	13	6.50
NEV-SANTA CLARITA	215	120	56%	512	2.96
NEV-SUN VALLEY	269	158	59%	576	2.78
NEV-TTW-NORTH HOLLYWOOD	25	9	36%	32	2.63
NEV-VALENCIA	99	44	44%	157	2.28
NEV-VAN NUYS ADULT	523	301	58%	1411	3.53
POMONA COMMUNITY-HOLT	625	284	45%	894	2.55
POMONA COMMUNITY-PARK	1	0	0%	0	0.00

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
QUEENSCARE-EAGLE ROCK	257	146	57%	459	2.65
QUEENSCARE-EAST THIRD STREET	1396	751	54%	2931	3.09
QUEENSCARE-ECHO PARK	900	519	58%	1926	3.08
QUEENSCARE-HOLLYWOOD	810	398	49%	1453	2.86
QUEENSCARE-WESTLAKE NORTH	281	139	49%	490	2.64
SAMUEL DIXON-CANYON COUNTRY HC	115	41	36%	137	3.44
SAMUEL DIXON-NEWHALL	268	135	50%	465	3.15
SAMUEL DIXON-VAL VERDE	26	18	69%	80	3.56
SAN FERNANDO CHC-MISSION HILLS	11	6	55%	22	3.26
SAN FERNANDO COMMUNITY HEALTH CENTER	766	407	53%	1782	3.59
SOUTH CENTRAL FAMILY HC	3289	2012	61%	9426	4.04
SOUTH CENTRAL FAMILY MEDICAL CENTER	7	2	29%	3	1.09
SOUTH CENTRAL-CUDAHY FAMILY HEALTH	52	25	48%	81	3.11
SOUTH CENTRAL-HUNTINGTON PARK	1168	644	55%	3132	4.10
SOUTH CENTRAL-MONTEBELLO	41	23	56%	101	4.99
SOUTH CENTRAL-SANTA FE	7	4	57%	17	4.86
SOUTH CENTRAL-VERNON	4	2	50%	6	2.88
ST. JOHN'S-AVALON	485	413	85%	1577	5.30

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
ST. JOHN'S-COMPTON	2570	1705	66%	7053	4.36
ST. JOHN'S-CRENSHAW	405	304	75%	1130	4.30
ST. JOHN'S-DOMINGUEZ	1530	1049	69%	4524	4.34
ST. JOHN'S-DOWNTOWN LOS ANGELES-MAGNOLIA	2539	1671	66%	6047	3.83
ST. JOHN'S-DR. KENNETH WILLIAMS	6974	4388	63%	16608	3.75
ST. JOHN'S-HYDE PARK	845	520	62%	1807	3.67
ST. JOHN'S-LINCOLN HEIGHTS	511	324	63%	1416	4.55
ST. JOHN'S-LOUIS FRAYSER	159	108	68%	411	3.39
ST. JOHN'S-MANUAL ARTS	1504	936	62%	3342	3.26
ST. JOHN'S-MOBILE 2	31	27	87%	74	5.48
ST. JOHN'S-MOBILE UNIT 1	9	5	56%	14	2.43
ST. JOHN'S-RANCHO DOMINGUEZ	1358	913	67%	3675	4.25
ST. JOHN'S-ROLLAND CURTIS	437	345	79%	1256	4.40
ST. JOHN'S-WARNER TRAYNHAM	1681	1115	66%	4015	3.84
ST. JOHN'S-WASHINGTON	917	577	63%	2093	3.53
TARZANA-LANCASTER	426	163	38%	637	2.27
TARZANA-NORTHRIDGE	91	41	45%	98	1.90
TARZANA-PALMDALE	339	123	36%	461	2.43

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
TARZANA-RESEDA	7	1	14%	3	0.55
TARZANA-TARZANA	15	2	13%	5	0.45
THE ACHIEVABLE FOUNDATION	35	6	17%	16	0.70
THE CHILDREN'S CLINIC-ARTESIA	2	0	0%	0	0.00
THE CHILDREN'S CLINIC-ATLANTIC	123	59	48%	188	2.17
THE CHILDREN'S CLINIC-CABRILLO GATEWAY	21	12	57%	36	2.16
THE CHILDREN'S CLINIC-CESAR CHAVEZ ELEMENTARY SCHOOL	32	11	34%	29	1.75
THE CHILDREN'S CLINIC-FAMILY HC BELLFLOWER	244	139	57%	382	2.26
THE CHILDREN'S CLINIC-FAMILY HC CENTRAL LB	201	104	52%	326	2.20
THE CHILDREN'S CLINIC-FAMILY HC WESTSIDE	163	85	52%	241	2.28
THE CHILDREN'S CLINIC-LB MULTI-SERVICE CTR HOMELESS	16	9	56%	24	2.94
THE CHILDREN'S CLINIC-NORTH LB HAMILTON MIDDLE SCHOOL	332	187	56%	492	2.02
THE CHILDREN'S CLINIC-ROOSEVELT	38	21	55%	53	1.67
THE CHILDREN'S CLINIC-S. MARK TAPER	865	446	52%	1152	1.94
THE CHILDREN'S CLINIC-VASEK POLAK	260	129	50%	350	1.88
THE LA FREE-BEVERLY	757	375	50%	1551	3.86
THE LA FREE-CENTER OF BLESSED SACRAMENT	4	0	0%	0	0.00
THE LA FREE-HOLLYWOOD-WILSHIRE	2823	1568	56%	6021	3.43

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
THE LA FREE-S. MARK TAPER	427	253	59%	1157	3.93
THE LA FREE-VIRGIL FAMILY HC	360	209	58%	804	3.33
THE NECC-CFC	305	178	58%	665	3.23
THE NECC-COMMUNITY MEDICAL ALLIANCE	56	24	43%	141	5.11
THE NECC-HARBOR CITY	53	29	55%	65	1.81
THE NECC-HAWTHORNE	70	36	51%	102	2.42
THE NECC-HIGHLAND PARK	176	105	60%	427	3.81
THE NECC-HUNTINGTON PARK CHC	96	56	58%	345	5.71
THE NECC-WILMINGTON	157	91	58%	325	3.07
THE-LENNOX	3	1	33%	5	4.29
THE-RUTH TEMPLE	1369	680	50%	3090	4.08
UMMA	757	410	54%	1480	3.28
UMMA-FREMONT WELLNESS CENTER	160	97	61%	401	3.83
UNIVERSAL COMMUNITY	17	3	18%	11	2.69
UNIVERSAL COMMUNITY-CENTRAL AVE.	67	54	81%	410	6.80
UNIVERSAL COMMUNITY-SPS	86	62	72%	483	7.19
VALLEY-NORTH HILLS WELLNESS CENTER	1510	787	52%	2690	2.65
VALLEY-NORTH HOLLYWOOD	2238	1252	56%	4806	3.02

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
VENICE-COLEN	367	176	48%	567	2.34
VENICE-ROBERT LEVINE	66	31	47%	92	2.63
VENICE-SIMMS/MANN	952	458	48%	1671	2.64
VENICE-SOUTH BAY-CARSON	296	124	42%	395	2.21
VENICE-SOUTH BAY-GARDENA	1195	514	43%	1671	2.45
VENICE-SOUTH BAY-INGLEWOOD	1137	414	36%	1144	1.82
VENICE-SOUTH BAY-REDONDO BEACH	610	285	47%	930	2.51
VENICE-VENICE	1845	910	49%	3476	2.86
VIA CARE CHC-607	749	415	55%	1797	4.46
VIA CARE CHC-615	1	1	100%	3	9.00
VIA CARE CHC-EASTSIDE	186	128	69%	617	4.13
VIA CARE CHC-GARFIELD WELLNESS CENTER	419	231	55%	1120	4.04
VIA CARE COMMUNITY HEALTH CENTER	1139	611	54%	2886	3.67
WATTS-CRENSHAW	5	1	20%	2	0.86
WATTS-WATTS	560	137	24%	197	0.62
WESTSIDE FAMILY HEALTH-CULVER CITY	264	156	59%	765	4.69
WHITE MEMORIAL CHC	551	234	42%	674	1.85
WHITE MEMORIAL-4300	8	3	38%	7	0.91

Medical Home Name	Total Enrolled	Unique Participants Seen	% of Participants Seen	Primary Visits	Visit Per Participant Per Year
WILMINGTON COMMUNITY CLINIC	1711	965	56%	3844	3.75
WILMINGTON-MARY HENRY COMMUNITY CLINIC	3	0	0%	0	0.00
Grand Total	**116,304**	**64,830**	**56%**	**256,100**	**3.43**

APPENDIX 2
Primary Care and Dental Expenditures

Community Partner	MGF Payment	Dental Payment
AAA COMPREHENSIVE HEALTHCARE, INC.	$480.00	
ALL FOR HEALTH, HEALTH FOR ALL, INC.	$24,128.00	
ALL INCLUSIVE COMMUNITY HEALTH CENTER	$119,072.00	
ALTAMED HEALTH SERVICES CORPORATION	$471,296.00	
APLA HEALTH AND WELLNESS	$56,032.00	$17,865.27
ARROYO VISTA FAMILY HEALTH FOUNDATION	$489,376.00	$36,636.21
ASIAN PACIFIC HEALTH CARE VENTURE, INC.	$453,463.80	
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER	$190,902.40	
BEHAVIORAL HEALTH SERVICES, INC.	$48,544.00	
BENEVOLENCE INDUSTRIES, INCORPORATED	$36,685.10	$4,422.42
CENTER FOR FAMILY HEALTH AND EDUCATION, INC.	$73,388.70	
CENTRAL CITY COMMUNITY HEALTH CENTER, INC.	$281,552.80	$21,309.42
CENTRAL NEIGHBORHOOD HEALTH FOUNDATION	$56,576.00	
CHINATOWN SERVICE CENTER	$17,408.00	
CLINICA MSR. OSCAR A. ROMERO	$629,399.00	$52,435.07
COMMUNITY HEALTH ALLIANCE OF PASADENA	$395,680.00	$77,284.75
COMPREHENSIVE COMMUNITY HEALTH CENTERS, INC.	$988,823.60	$260,647.77

Community Partner	MGF Payment	Dental Payment
EAST VALLEY COMMUNITY HEALTH CENTER, INC.	$795,238.40	$88,498.57
EL PROYECTO DEL BARRIO, INC.	$583,200.00	$341,158.52
FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES, INC.	$777,482.50	$206,882.09
GARFIELD HEALTH CENTER	$13,184.00	
HARBOR COMMUNITY CLINIC	$158,944.00	$71,952.93
HERALD CHRISTIAN HEALTH CENTER	$9,440.00	$8,056.00
JWCH INSTITUTE, INC.	$1,889,820.80	$366,932.73
KEDREN COMMUNITY HEALTH CENTER, INC.	$27,936.00	
KOREAN HEALTH, EDUCATION, INFORMATION & RESEARCH (KHEIR)	$339,303.60	
LOS ANGELES CHRISTIAN HEALTH CENTERS	$285,682.90	$74,286.97
LOS ANGELES LGBT CENTER	$3,872.00	
NORTHEAST VALLEY HEALTH CORP.	$1,594,430.40	$373,919.17
PEDIATRIC AND FAMILY MEDICAL CENTER, DBA EISNER PEDIATRIC & FAMILY MEDICAL CENTER	$527,679.90	$25,235.89
POMONA COMMUNITY HEALTH CENTER	$115,219.20	
QUEENSCARE HEALTH CENTERS	$835,164.90	$242,028.17
SAMUEL DIXON FAMILY HEALTH CENTER, INC.	$61,856.00	
SAN FERNANDO COMMUNITY HOSPITAL DBA SAN FERNANDO CHC	$158,991.20	$57,506.94
SOUTH CENTRAL FAMILY HEALTH CENTER	$1,072,461.80	
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	$5,523,814.60	$998,060.97
TARZANA TREATMENT CENTER, INC.	$124,997.30	
THE ACHIEVABLE FOUNDATION	$7,413.00	
THE CHILDREN'S CLINIC, SERVING CHILDREN AND THEIR FAMILIES	$515,027.00	
THE CLINIC, INC.	$238,336.00	
THE LOS ANGELES FREE CLINIC, DBA SABAN COMMUNITY CLINIC	$927,719.30	$233,882.87
THE NORTHEAST COMMUNITY CLINIC	$196,512.00	
UNIVERSAL COMMUNITY HEALTH CENTER	$46,843.10	
UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC. (UMMA)	$169,931.10	

Community Partner	MGF Payment	Dental Payment
VALLEY COMMUNITY HEALTHCARE	$715,232.00	$83,088.15
VENICE FAMILY CLINIC	$1,263,704.70	$131,356.41
VIA CARE COMMUNITY HEALTH CENTER, INC.	$431,683.70	$203,885.43
WATTS HEALTHCARE CORP.	$81,920.00	$8,261.68
WESTSIDE FAMILY HEALTH CENTER	$55,680.00	
WHITE MEMORIAL COMMUNITY HEALTH CENTER	$91,808.00	$832.00
WILMINGTON COMMUNITY CLINIC	$325,254.20	$65,366.41
Grand Total	**$24,298,591**	**$4,051,792.81**

APPENDIX 3
Data Source and Submission

The data for this report, which included all services provided to MHLA participants between July 1, 2022 and June 30, 2023, 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. MHLA works with the vendor 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 the CPs. This utilization data is then submitted to the DHS systems.