



Health Services
LOS ANGELES COUNTY



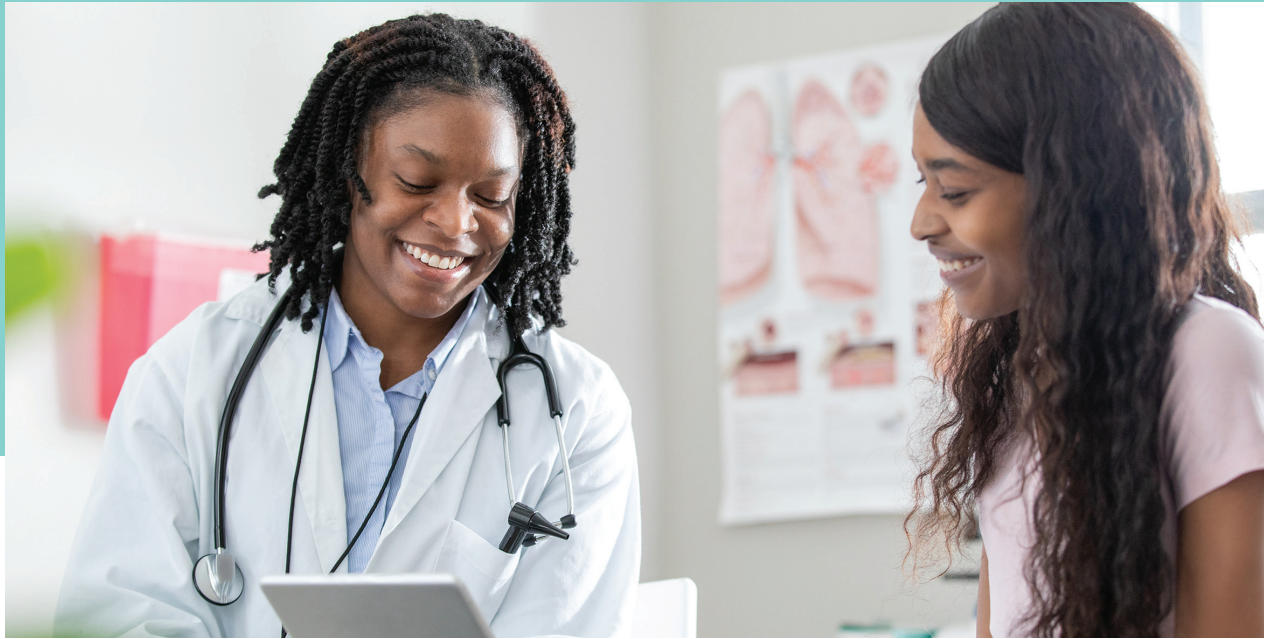
2022-2023



my health
la

MY HEALTH LA PROGRAM

SNAPSHOT REPORT FOR FISCAL YEAR 2022–2023



My Health LA (MHLA), which ends on Jan. 31, 2024 after nearly 10 years of operation, is a no-cost health care program for low-income and uninsured individuals who live in Los Angeles County. MHLA participants receive primary medical care and dental care at Community Partner clinics throughout the LA County. When needed, participants also receive specialty, inpatient, emergency and urgent care at Los Angeles County Department of Health Services facilities.

To qualify for MHLA, individuals 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.

This report is designed to provide the public, policy makers, participants, clinics, researchers and other interested groups with some information about the MHLA program during Fiscal Year 2022–23. MHLA had a successful 9th year of operation serving its participants.

A new California law became effective January 1, 2024 and allowed adults aged 26 through 49 to qualify for Full-Scope Medi-Cal, regardless of immigration status. More than 85,000 remaining MHLA participants became eligible for Full-Scope Medi-Cal on that date. As a result, 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. We are thankful for everyone's contributions to the program.



MHLA Mission



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.

Participant Demographics

- **96%** of participants identified as Latinos.
- **59%** were female and **41%** were male.
- **SPA 6** had the largest concentration of MHLA participants at **23%**.
- **91%** said Spanish was their preferred language.
- **63%** of participants were between **26** and **44** years old.

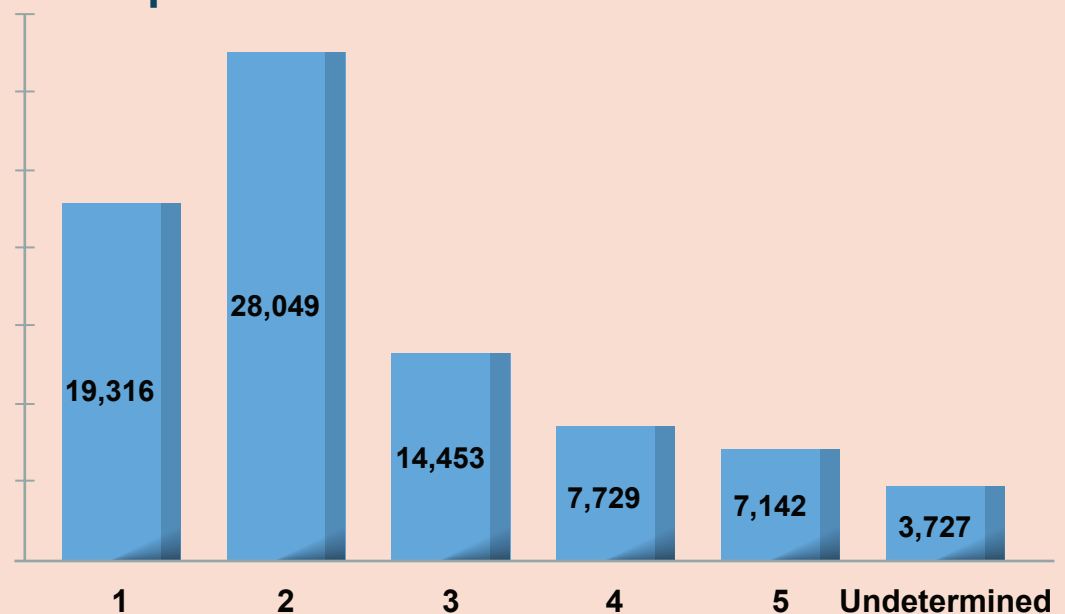


116,304
participants
enrolled in
MHLA

MHLA Enrollment

At the end of FY 2022-23, there were 80,416 participants enrolled in MHLA. Supervisorial Districts 1 and 2 have the largest number of MHLA participants. Participants received care at more than 200 Community Partner clinics, also called their medical home clinics.

Distribution of MHLA Participants by Supervisorial District



Disenrollment and Denials



Disenrollments occur when a participant no longer qualifies for the program or because they do not renew in time. Denials occur when a person is enrolled in MHLA but is later denied because they were not eligible. There were **116,304** participants enrolled in the program at any point during FY 2022-23. During the year, **2,592 (2.23%)** were denied, and **44,182** of participants **(37.99%)** were disenrolled. Participants can re-apply at any time.

Renewals and Re-enrollments



Participants are required to renew their MHLA coverage every year. Renewals can be done in person or by phone. 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. Of the **34,771** MHLA participants due to renew FY 22-23, **18,601 (53%)** participants renewed on time. Of the individuals who 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.

MHLA Annual Clinical Audits

MHLA conducts annual clinical audits of the Community Partners. Nurse auditors conduct medical and dental record reviews to assess medical record documentation and ensure contract compliance.

Medical Record Review (MRR)

MHLA conducted a total of 218 Medical Record Reviews. Thirty-four (15.6%) of the 218 MRRs required a corrective action plan. The most frequent MRR deficiencies were related to foot exam, TB screenings, seasonal flu vaccines, diabetic retinal scans, and abuse/neglect assessments.



218

clinic sites
received a Medical
Record Review

84%

passed compliance
and did not require
a corrective action plan

Dental Record Review (DRR)

MHLA conducted a total of 65 Dental Record Reviews. None of the 65 sites showed deficiencies. All 65 sites met the passing compliance threshold of 90% without repeat deficiencies. Therefore, none of the sites were required to submit a corrective action plan.

65

clinic sites
received a Dental
Record Review

100%

passed compliance
and did not require a
corrective action plan

Member Services and Participant Complaints

Member Services staff members are available to answer questions for MHLA participants. Interpreters are available for MHLA participants. Member Services staff also help make medical home changes, process address changes, and resolve any program issues. During FY 2022-23, MHLA's Member Services call center received 12,551 participant calls, a majority related to the Medi-Cal expansion. There were only four complaints made to Member Services in FY 2022-23.



Mental Health Prevention Services

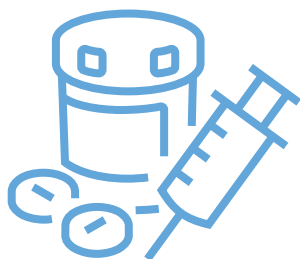


Department of Health Services continued its collaboration with the Department of Mental Health (DMH) for the provision of mental health prevention services for MHLA participants. Trained clinic staff deliver short-term services in stress management, grief and loss, and trauma-informed care. Community Partner agencies submit claims based on screening and services provided. Based on data analysis conducted by DMH, there were 31,215 claims submissions for 27,267 unique individuals in FY 2022-23. The project is funded by the Mental Health Services Act. In FY 2022-23, DMH reimbursed DHS a total of \$1.7 million for Mental Health Prevention Services.

27,267

**MHLA participants received
Mental Health Prevention Services**

Substance Use Disorder (SUD) Services



MHLA partnered with the Los Angeles County Department of Public Health's (DPH) Substance Abuse Prevention and Control Division to provide substance use disorder treatment services to MHLA participants. This fiscal year, 644 MHLA participants accessed treatment services through DPH. The largest group of SUD treatment recipients was the age group of individuals 35 to 44 years old. Most individuals received help for methamphetamine usage, followed by alcohol. Other participants received services through their medical home clinics.

644

**MHLA participants accessed
SUD services through DPH**



Pharmacy Utilization



MHLA participants received free medications through an approved formulary. They can go to more than 600 retail pharmacies managed through the DHS pharmacy administrator, Ventegra, or they can go to pharmacies or dispensaries at their clinic. Participants also can have medications mailed to their home or clinic using the DHS Central Pharmacy.

Pharmacy Utilization (Community Partner 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
2022-23	116,304	32,451	28%	184,258	14,703	198,961

Utilization



MHLA analyzes utilization of primary care at the Community Partner clinics and of specialty, urgent, and hospital services at DHS facilities. There were 256,100 primary care visits by 64,830 unique participants. In FY 2022-23, 56% of all MHLA participants had an in-person primary care visit. The average annual number of primary care visits per person was 3.43.

Primary Care at the Community Partner Agencies

Average Number of Primary Care Visits

FISCAL YEAR	UNIQUE PARTICIPANTS	TOTAL NUMBER OF VISITS	TOTAL NUMBER OF PARTICIPANT MONTHS	AVERAGE PARTICIPANTS PER MONTH	AVERAGE VISITS PER YEAR
2022-23	64,830	256,100	895,687	75,641	3.43

Care at DHS Facilities

Participants Utilizing at Least One Service at a DHS Facility

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

In FY 2022-23, **5.4%** percent of MHLA participants used DHS emergency rooms. Of those visits, **21%** were considered avoidable.

Distribution of Emergency Department Patients by Number of CP Primary Care Visits

	0 CP Primary Care Visits	1 CP Primary Care Visits	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

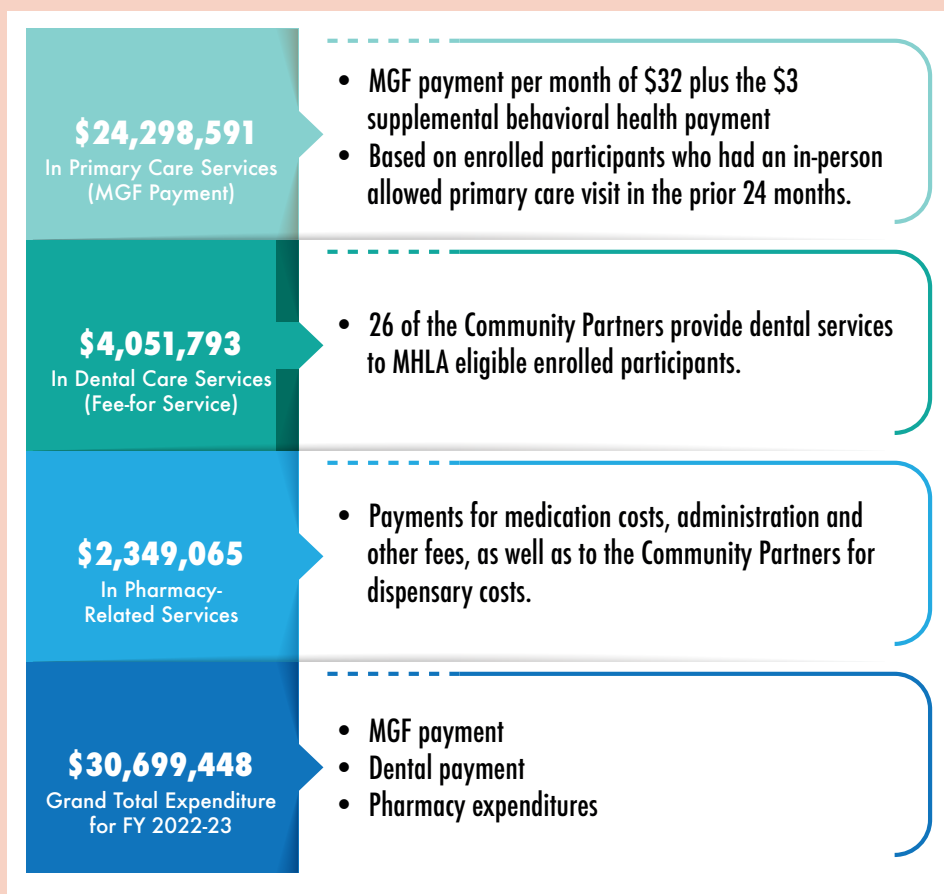
Quality Incentive Payments

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 incentivized Community Partner agencies to increase their Restricted Medi-Cal enrollment for MHLA participants assigned to their CP clinics.

MHLA Expenditures



DHS pays Community Partner agencies in two ways: (1) Monthly Grant Funding (MGF) payments for preventive and primary care, and (2) Fee-for-service payments for dental services provided by those Community Partner agencies with dental contracts with MHLA. In addition, MHLA pays for medications on behalf of participants.





To read the full annual report, visit: dhs.lacounty.gov/my-health-la/. Go to Reports.
MHLA Administrative Office: 626-525-5789