Annual Report
to the
Los Angeles County Board of Supervisors
Fiscal Year 2014-15

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I. SUMMARY AND OVERVIEW OF 2014-15 ACCOMPLISHMENTS

Fiscal Year 2014-15 was the first year of operation for the My Health LA (MHLA) program.

MHLA provides primary health care services to Los Angeles County residents whose household income is at or below 138% of the Federal Poverty Level and who are not eligible for publicly-funded health care coverage programs such as full-scope Medi-Cal. At the end of the fiscal year, MHLA provided primary medical care through a contracted network of 52 Community Partner (CP) agencies representing 165 clinic sites throughout Los Angeles County. Diagnostic, specialty, inpatient, emergency and urgent care are provide by Los Angeles County Department of Health Services (DHS) facilities.

Through the MHLA program, DHS endeavors to meet the health care needs of certain low-income, uninsured Los Angeles residents who remain uninsured after implementation of the federal Affordable Care Act's (ACA) individual health insurance mandate. These individuals are known as the residually uninsured. The DHS' Managed Care Services (MCS) office developed the MHLA program to fill this gap in health care access in Los Angeles County.

MHLA is closely aligned with DHS' mission is to "ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners." The goals of the MHLA program are to:

Preserve Access to Care for Uninsured Patients.

- Ensure that Los Angeles County residents who are not eligible for health care coverage s under the Affordable Care Act or other publicly financed program have a medical home and 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, by improving data collection, developing performance measurements and tracking of health outcomes to avoid unnecessary service duplication.

Simplify Administrative Systems.

- Create a simplified administrative infrastructure that encourages efficiency, and an electronic eligibility determination and enrollment system (for enrollment, renewal and disenrollment) for individuals participating in the program.

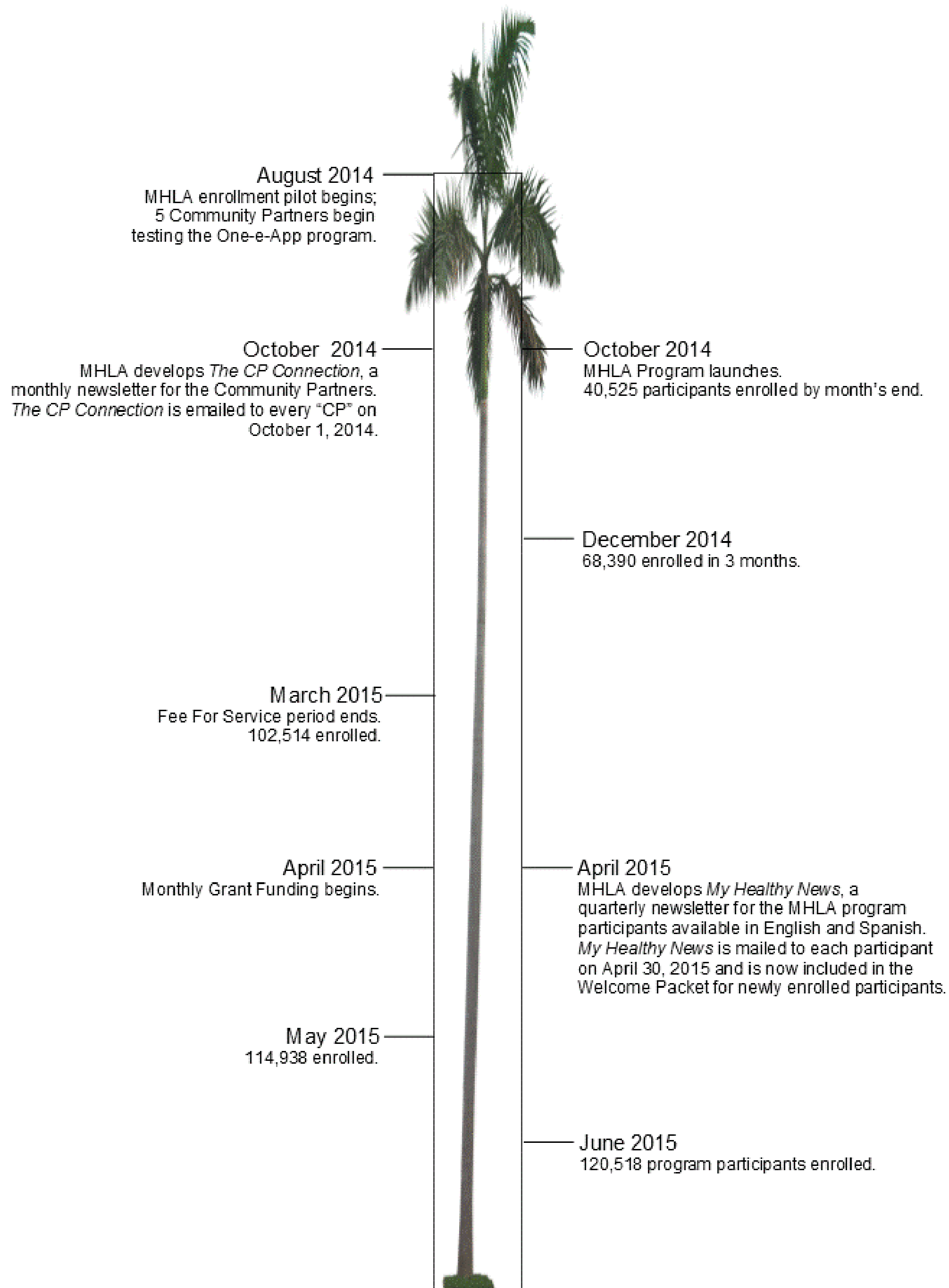
The accomplishments during MHLA's inaugural year were significant:

- The DHS successfully launched MHLA on October 1, 2014.
- By June 30, 2015 (nine months into the program), there were 120,518 residents participating and this represented 82% of the targeted 146,000 enrollment.
- The number of participating clinic locations increased from 159 on October 1, 2014 to 165 on June 30, 2015.
- Almost two-thirds of MHLA participants had at least one primary care visit during their enrollment.
- The MHLA website had almost 55,000 visitors.

In FY 2014-15, payments to community partner clinics for MHLA participants totaled $29.175 million. This amount included: (1) $27,370,321 in payments to community partner clinics providing preventive, primary care and pharmacy services and (2) $1,804,734 in payments for dental services provided by some community partner clinics. With a total of 786,521 participant months (i.e., addition of the number of members in each month for October 2014 to June 2015), the estimated per participant per month payment was $34.80 for primary care related services.

This annual report is designed to provide the public, policy makers, participants, clinics, researchers and other interested groups with detailed information about the performance of the MHLA program of the course of the FY 2014-15.

Summary of My Health LA Milestones (August 2014 to June 2015)



II. *2014-15 PROGRAM ACTIVITIES*

A. COMMUNICATIONS, OUTREACH, APPLICATIONS AND ENROLLMENT

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

Key 2014-15 highlights were:

- MHLA ended its first nine (9) months of program services (October 1, 2014 through June 30, 2015) with 120,518 uninsured Los Angeles County residents enrolled in the program.
- MHLA ended its first nine (9) months of program services with 1,778 individuals disenrolled and 532 retroactively denied from the program.
- The MHLA website had 54,865 visits in its first year.

Communications and Outreach

The MHLA website (http://dhs.lacounty.gov/mhla) continues to be one of the most accessible and versatile program communications tools. MHLA uses a combination of word of mouth, print materials, the website, radio and advocacy/community outreach to generate program interest and attention. The website had a total of 54,865 visits during FY 2014-15 – an average of 6,096 visits per month. The website has both English language and Spanish language components with separate section dedicated to MHLA Participants and clinic and DHS staff.

In addition to English and Spanish, MHLA fact sheets were translated into five other languages: Armenian, Chinese, Korean, Tagalog and Thai. These detailed, easy to read documents explain the basics about the MHLA program (i.e., information about how to enroll in the program and eligibility basics). The fact sheets were disseminated to every CP and DHS facility, as well as to advocacy and community groups. Downloadable versions of the fact sheets are available on the MHLA website.

The MHLA Program also developed two program newsletters: one for Community Partners called "The CP Connection" (monthly) and one for the program participants called "My Healthy News" (quarterly). Ongoing program information is distributed via these two mechanisms to keep our CP clinics and program participants updated and informed about the program on a regular basis.

Two other communication strategies which were developed to keep CP staff updated on operational and programmatic changes to the program were Provider Information Notices (PINs) and Provider Bulletins. PINs relay detail related to the contractual requirements of the MHLA program while Provider Bulletins provide program support, technical assistance and operational instructions related to fulfilling program requirements.

MHLA Eligibility Review Unit (ERU)

The Eligibility Review Unit (ERU) oversees the development and implementation of the eligibility and enrollment processes under the MHLA program. The ERU oversees the MHLA eligibility and enrollment rules and how those rules are applied in the One-e-App (OEA) system. The ERU helps community clinic enrollers through the enrollment and re-enrollment process in real time (through the Subject Matter Expert (SME) telephone line), which has been especially helpful for clinic enrollers who may need assistance in processing applications. The ERU also conducts regular trainings for CP enroller staff on

eligibility rules and how to refer individuals to other governmental medical assistance programs for which they may be eligible (e.g., Medi-Cal, Los Angeles County Reduced Cost Health Care Programs, etc.). During FY 2014-15, the MHLA Eligibility and Enrollment Unit received 2,167 calls.

MHLA Applications

MHLA enrollment occurs through trained Certified Enrollment Counselors (CECs) who screen potentially eligible individuals by reviewing the person's required documents. Once eligibility has been assessed, the CECs enroll the new participants into the program using the One-e-App (OEA) system. CECs must be certified through Covered California or the local "We've Got You Covered" training program. In FY 2014-15, MHLA had 409 CECs enrollers taking applications in the OEA system, and an additional 257 clinic staff with "read only" access, for a total of 666 total OEA users at the community clinics.

Enrollments, Disenrollments and Percentage of Enrollment Target Met

Clinics determine eligibility and enroll eligible applicants into MHLA though the One-e-App (OEA) System. A participant is considered enrolled in MHLA when an application is completed and all eligibility required documents are clearly uploaded (i.e. proof of identification, Los Angeles County residency and income). OEA applications for enrollment were taken and processed at MHLA medical homes/enrollment sites.

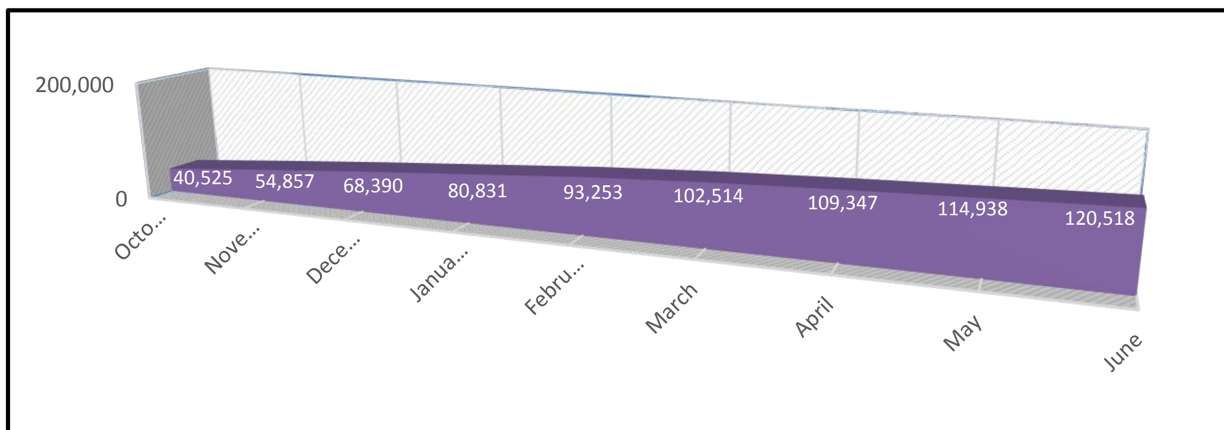
MHLA is a voluntary program. As such, there is no expectation that all eligible uninsured Los Angeles County residents will enroll in the program. While the program is designed to facilitate enrollment to the greatest extent possible and does not have any penalties for failure to enroll, it is inevitable that some uninsured residents will elect not to participate.

The program was budgeted for 146,000 participants in FY 2014-15. At the end of FY 2014-15, there were 120,518 participants enrolled in MHLA. This represented 82.5% of the targeted enrollment nine months into the program.

Table A1
Percentage of MHLA Enrollment Target Met

Fiscal Year	Enrollment at end of the Fiscal Year	MHLA Enrollment Target	Percent of Target Met
2014-15	120,518	146,000	82.5%

Graph 1
MHLA Enrollment FY 2014-15



Enrollment fluctuates daily as new people enroll, existing participants renew eligibility and participants disenroll or are denied. At the end of the FY 2014-15, 1,778 MHLA participants were disenrolled from the program and 532 applicants were denied.

Disenrollments occur because participants no longer meet the program eligibility criteria (e.g., moves out of Los Angeles County, program discovers that participant provided untrue statements on MHLA application, obtains health insurance, etc.). In addition, participants may choose to no longer remain in the program and voluntarily disenroll or opt to not renew their annual eligibility.

A denial, which happens relatively rarely, occurs when the program determines that a participant was ineligible for the program for the entirety of their coverage term. For example, this might occur if the program learns that a participant had full-scope Medi-Cal during the entire duration of their MHLA coverage, or if it is discovered upon audit that documentation of the participant's eligibility was never submitted at the time of their application. In those instances, the person will be retroactively denied from the program.

Table A2 reveals that while there were 120,518 enrolled into the program at the end of FY 2014-15, a total of 122,828 people participated in the program at some point (currently enrolled plus no longer enrolled).

Table A2
Unduplicated Count of Total Ever Enrolled in Fiscal Year 2014-15

Fiscal Year	Currently Enrolled at end of FY (June 30, 2015)	Plus Currently Disenrolled (non-Denial) at end of FY	Plus Currently Disenrolled due to Denied at end of FY	Equals Total Ever Enrolled at End of FY (Enrolled + Disenrolled)
2014-15	120,518	1,778	532	122,828

At the end of the FY 2014-15, the total number of combined MHLA participants who remained disenrolled/denied as a percentage of the total was 2%. This relatively low rate indicates that CECs did an effective job conducting proper and appropriate eligibility determinations for the MHLA Program.

<u>Disenrollment and Denial Reasons</u>

Below are tables which present the reasons why participants were disenrolled or denied from the program. The vast majority of disenrollments in FY 2014-15 occurred due to "incomplete application." This means that community partner clinic enrollers submitted applications that had some or all of the core eligibility documents missing (i.e. proof of income, proof of Los Angeles County residency, etc.). The MHLA program does permit participants to submit affidavits when proof of income and residency are not possible for the participant to produce, however if these are also missing, the person will be disenrolled for incomplete application.

Reviewing the total disenrollments by reason, the highest percentage (72%) was due to the submission of incomplete applications. This primarily occurred in the first few months of the program when clinic enrollers were still learning the rules of the program. Participants were contacted by the clinics and many successfully re-enrolled once they were able to produce the required documentation to enroll (or filled out and signed an affidavit).

There were no disenrollments due to failure to renew in FY 2014-15. As this was the initial year of the program, annual renewals are not due to begin until the first quarter of FY 2015-16.

Table A3
Disenrollments by Reason (Non-Denial Related)

Current Disenrollments by Reason	Number	Percent
Incomplete Application	1,286	72%
Participant Request	126	7%
Enrolled in Full Scope-Medi-Cal	120	7%
Not a Los Angeles County resident	102	6%
Participant has DHS Primary Care Provider	71	4%
False or misleading information on MHLA application	16	<1%
Determined eligible for other programs during annual renewal or modification	13	<1%
Income exceeds 138% of FPL	12	<1%
Enrolled in private insurance	11	<1%
Enrolled in public coverage	6	<1%
Program dissatisfaction (administration, services, medical home, etc.)	9	<1%
Enrolled in employer-sponsored insurance	6	<1%
Total	**1,778**	**100%**

Table A4
Denials by Reason (Results in Disenrollment)

Current Denials by Reason	Number	Percent
Incomplete application	454	85%
False or misleading information on MHLA application	23	4%
Income exceeds 138% of FPL	23	4%
Enrolled in Full Scope Medi-Cal	18	3%
Determined eligible for other programs during annual renewal or modification	7	1%
Not a Los Angeles County resident	6	1%
Enrolled in employer-sponsored insurance	1	0%
Total	**532**	**100%**

<u>Reenrollment</u>

A former participant can re-enroll into MHLA at any time if they meet eligibility requirements. Participants may also voluntarily disenroll from the program at any time and for any reason. There is no cost or waiting period to re-apply and re-enroll into the MHLA program. A total of 2,677 individuals who had been disenrolled from the program subsequently re-enrolled and were program participants at the end of the FY 2014-15 (4,455 who had been disenrolled at some point during the fiscal year minus 1,778 who were

remained disenrolled at the end of the fiscal year). This demonstrates a 60% re-enrollment rate (2,677 divided by 4,455) for disenrolled participants. Because most program disenrollments in FY 2014-15 occurred due to the submission of incomplete applications, these individuals were able to successfully re-enroll once they produced the required documentation to enroll (or filled out and signed an affidavit). 62% of these reenrollments occurred within the same month of disenrollment.

Renewals

Participants must renew their MHLA coverage every year. Clinics re-enroll MHLA participants during an in-person interview prior to the end of the participant's one-year enrollment period and complete the renewal using the OEA system. MHLA participants may renew their coverage up to ninety (90) days prior to their renewal date. Failure to complete the renewal process prior to their renewal period will result in the disenrollment of the participant from the MHLA program. The MHLA program notifies participants ninety (90) days prior to their renewal date that their renewal date is approaching. As this is the launch year of the program, annual renewals are not due to begin until the first quarter of FY 2015-16.

B. PARTICIPANT DEMOGRAPHICS

This section of the report provides an overview of the demographic makeup of the individuals enrolled in MHLA. Latinos comprise the largest group at over 94% of program participants and almost 92% of all participants indicate that Spanish is their primary language. The next largest group was English speaking participants at almost 7%. Regarding age, the largest percentage of participants, 49.26%, are between 25 and 44 years old. MHLA enrolled 854 homeless individuals which was less than 1% of all enrolled participants. More participants are female (60.3%) than male (39.4%).

Key FY 2014-15 demographic highlights for the MHLA Program are:

- 94% of participants identify as Latino.
- 60% are female and 40% are male.
- Less than 1% identify as homeless.
- 21.6% or participants reside in Service Planning Area 6.

Participant Demographics

The following provides demographic data on the 120,518 participants who were enrolled at the end of FY 2014-15 along with any observed changes in demographic trends.

Table B1
Demographics for MHLA Participants (as of June 30, 2015)

Age	7.5% 6-18 years old 2.6% 19-24 years old 49.3% 25-44 years old 24.6% 45-54 years old 11.0% 55-64 years old 5.0% 65+	**Income**	9.5% at/below 0%-25% FPL 21.9% between 25.01%-50% FPL 21.3% between 50.01%-75% FPL 22.6% between 75.01%-100% FPL 16.4% between 100.01%-125% FPL 8.3% between 125.01%-138% FPL
Ethnicity	2.6% Asian/Pacific Islander 94.2% Latino 1.2% Caucasian 0.18% African-American 1.8% Other/Declined to State	**Language**	91.72% Spanish 6.69% English 0.35% Thai 0.29% Armenian 0.28% Korean 0.27% Other 0.26% Chinese 0.06% Tagalog 0.04% Cambodian/Khmer
Gender	60.3% Female 39.4% Male 0.3% Other		

Service Planning Area (SPA) Distribution

MHLA participant distribution by SPA highlights the geographic dispersion of enrollment. SPA 6 had the largest percentage of MHLA program participants of all eight SPAs, at 21.56%.

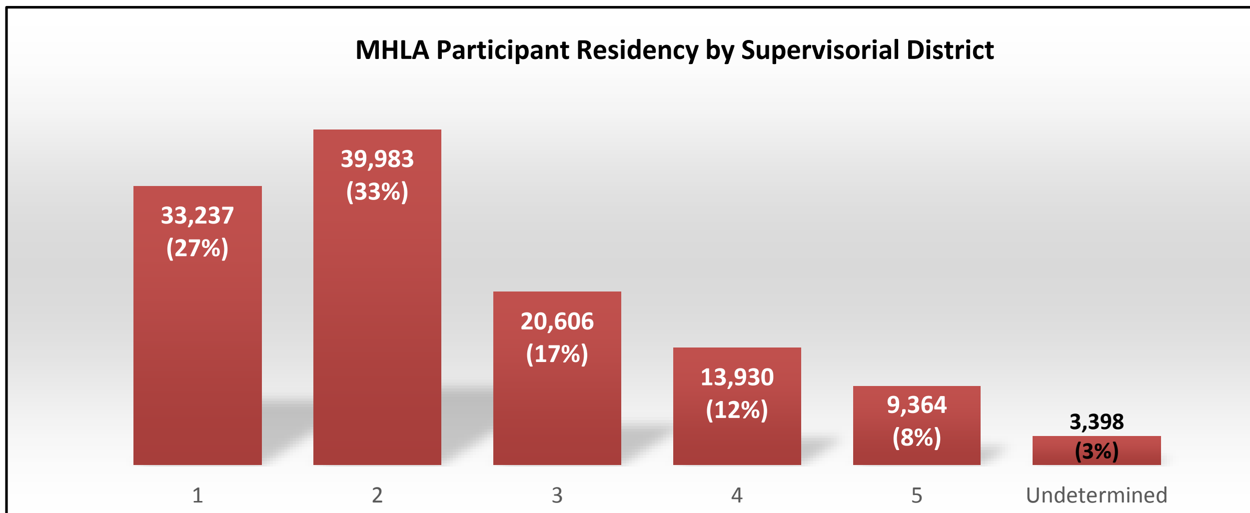
Table B2
SPA Distribution of MHLA Participants

SPA	Total Number of Participants	Total Percentage of Participants
1	1,970	1.63%
2	21,516	17.85%
3	12,010	9.97%
4	21,935	18.20%
5	3,131	2.60%
6	25,986	21.56%
7	16,336	13.55%
8	14,235	11.81%
Undetermined	3,399	2.82%

MHLA Program Participant Distribution by Supervisorial District

Graph B1 provides the MHLA participant distribution by Supervisorial District. Supervisorial District 2 had the largest percentage of MHLA program participants of all five districts, at 33%.

Graph B1
Distribution of MHLA Participants by Supervisorial District



C. PROVIDER NETWORK (DELIVERY SYSTEM

This section of the report describes the MHLA delivery system (e.g., community partner medical homes, DHS facilities, etc.).

Key FY 2014-15 highlights were:

- The number of MHLA medical homes increased to a total of 165 by June 2015.
- Overall 93% of MHLA medical homes were open to accepting new participants throughout this initial Fiscal Year.
- A total of 11 medical home clinic sites closed to new patients by the end of Fiscal Year 2014-15.

Medical Home Expansions and Capacity

MHLA ended FY 2014-15 with a total of 52 Community Partner agencies and 165 medical home clinics. During this initial launch year, MHLA added three new Community Partners during a second Request for Statement of Qualifications (RFSQ) process: APLA Health & Wellness, South Central Family Health Center and Clínica Monseñor Oscar A. Romero. These three CPs added a total of six (6) medical homes to the existing list of available medical home clinics under the program.

The MHLA Contract Administration Unit surveys CPs twice a month to determine whether there are any changes to their clinic's open/closed status based on their clinical capacity. A clinic is considered to have capacity if they can schedule a non-urgent primary care appointment for a new participant within ninety (90) calendar days. In FY 2014-15, 11 medical homes closed to new patients due to limited capacity to take new patients. This means that 93% of the MHLA medical homes were open to accepting new participants during FY 2014-15.

Medical Home Distribution and Changes

At the time of enrollment, MHLA participants select their primary care medical home. The medical home is where participants receive all of their primary care and preventative care services. This includes prevention, diagnosis, treatment of illness or injury, health advice, diagnostic services (labs and basic radiology), chronic disease management, immunizations, referral services, health education, prescribing medicines and other related services.

Participants will retain this medical home for twelve (12) months. The participant may receive care at any clinic site within a clinic agency's network, but may not receive their primary care outside of the agency. All CP clinics can view a participant's medical home in One-e-App (the program's system of record). On a monthly basis DHS creates a report of the distribution of MHLA participants by medical home and this information is posed on the program's website.

Participants may change their medical home during their twelve (12) month enrollment period for any of the following reasons: 1) during the first thirty (30) days of enrollment for any reason; 2) if the participant has moved or changed jobs and is seeking a new medical home closer to his/her new place of residence or employment; 3) if the participant has a significant change in his/her clinical condition that cannot be appropriately cared for in the individual's current medical home; 4) if the participant has a deterioration in the relationship with the health care provider/medical home; or 5) if the location of the medical home is closed temporarily or permanently. The following table indicates that very few MHLA participants

requested medical home changes, indicating general satisfaction with their medical home selection. A total of 759 medical home changes were made for the over 122,828 participants (enrolled, disenrolled and denied) or .006% (six tenths of 1%).

Table C1
Medical Home Changes/Routine Transfers by Reason

Requested change within 30 days of initial enrollment	519
New place of residence or changed job	105
Change in clinical or personal condition	64
Significant problem with the provider/patient relationship	10
Administrative Approval	61
Total	**759**

DHS Participation in the MHLA Network

Hospital and specialty clinic care are critical components in the MHLA service continuum. Los Angeles County Department of Health Services (DHS) provides a range of specialty, urgent care, diagnostic, emergency care and inpatient services to all MHLA participants at no cost. MHLA participants have access to hospital services at DHS facilities only; MHLA does not cover hospital services at non-DHS facilities. However, in cases of medical emergency, MHLA participants can and should seek services at the nearest hospital emergency department (if there is no DHS hospital nearby) consistent with federal and State laws that govern access to emergency care for all individuals in the United States. The DHS hospitals available to MHLA participants are:

- LAC+USC Medical Center
- Harbor-UCLA Medical Center
- Olive View-UCLA Medical Center
- Rancho Los Amigos National Rehabilitation Center

Disempanelment

Because enrollment in the MHLA program is immediate, DHS is able to know in real time where a MHLA participant's primary medical home is. When the MHLA program learns that someone has enrolled in MHLA who already has a primary care provider at DHS (i.e., they are "empaneled" to a DHS primary care provider), that person is "disempaneled" by DHS. The MHLA program assumes that the newly enrolled participant has selected a CP clinic to be their primary care medical home, and therefore no longer wants or needs to retain their DHS primary care provider. At this point, they are automatically disempaneled from their DHS primary care provider (their relationship with their specialty care provider is unaffected by the disempanelment process). The participant is sent a letter (in English or Spanish) reaffirming their enrollment in MHLA, their selection of a CP medical home to receive their primary care, and notice of their disempanelment from their DHS primary care provider/clinic. They can call Member Services within 30 days of receipt of the letter if they want to retain their DHS provider/clinic and disenroll from MHLA.

In FY 2014-15, 2,236 MHLA enrolled individuals were disempaneled from DHS, opening up primary care slots for other uninsured patients. Table C2 identifies the disempaneled patients by DHS clinic that have been enrolled into the MHLA program. As shown in Table A3, 71 participants upon learning that enrollment in the MHLA program would result in their being disenrolled to their DHS home, chose to disenroll in MHLA and maintain enrollment in DHS primary care.

Table C2
Disempanelment by DHS Medical Facility

DHS Facility	# Patients
BELLFLOWER HEALTH CENTER	38
DOLLARHIDE HEALTH CENTER	47
EDWARD R. ROYBAL COMPREHENSIVE HEALTH CENTER	108
EL MONTE COMPREHENSIVE HEALTH CENTER	211
GLENDALE HEALTH CENTER	2
H. CLAUDE HUDSON COMPREHENSIVE HEALTH CENTER	177
HARBOR/UCLA MEDICAL CENTER	234
HIGH DESERT REGIONAL HEALTH CENTER	3
HUBERT H. HUMPHREY COMPREHENSIVE HEALTH CENTER	231
LA PUENTE HEALTH CENTER	24
LAC+USC MEDICAL CENTER	655
LITTLEROCK COMMUNITY CLINIC	1
LONG BEACH COMPREHENSIVE HEALTH CENTER	103
MARTIN LUTHER KING, JR. (MLK)	101
MID-VALLEY COMPREHENSIVE HEALTH CENTER	53
OLIVE VIEW-UCLA MEDICAL CENTER	70
RANCHO LOS AMIGOS NRC	39
SAN FERNANDO HEALTH CENTER	33
SOUTH VALLEY HEALTH CENTER	18
WILMINGTON HEALTH CENTER	88
Total Disempaneled from DHS	**2,236**

D. QUALITY MANAGEMENT/CLINICAL COMPLIANCE PROGRAM (QMCCP)

This section of the report focuses on MHLA Quality Management/Clinical Compliance Program (QMCCP). This Managed Care Services unit ensures that CPs are following contractual guidelines as well as federal, State and County regulations in the provision of clinical care to program participants.

QMCCP conducts annual programmatic/clinical audits while maintaining oversight and compliance with regulatory agency requirements for all community partner medical home clinics. These audits entail:

- Medical Record Review (MRR) of the program participants' clinical file which includes the process of measuring, assessing, and improving quality of medical record documentation - that is, the degree to which the medical record documentation is accurate, complete, and performed in a timely manner. The MRR ensures documentation for compliance with recognized standards of care. As necessary, the MRR includes a claims processing review to verify that billed services concur with documentation within the medical record and meet the definition of a "billable visit."

- Facility Site Review (FSR) of the medical home clinic includes the process of evaluating the facility for patient access and appropriate service provision. This is conducted through a review of the following criteria: Access\Safety, Personnel, Office Management, Clinical Services (Pharmaceutical, Laboratory, and Radiology), Preventive Services, and Infection Control, as per DHCS. In addition, Subcontractor/Maintenance Agreements and Documents, Quality Assurance/Improvement Plan, Provider Information Notices (PINs), Cultural and Linguistic, and Primary Care Medical Home are reviewed per contractual mandates.

- Credential Review (CR) of the clinic's licensed medical providers includes obtaining and reviewing documentation related to licensure, certification, verification of insurance, evidence of malpractice insurance history and other related documents. This audit generally includes both a review of the information provided by the provider as well as a verification that the information is correct, complete and complies with established standards for participation.

- Dental Record Review (DRR) of the participant's dental file includes the process of assessing the quality of dental record documentation - that is, the degree to which the dental record documentation is accurate, complete, and performed in a timely manner. The DRR ensures documentation for dental services is complaint with recognized standards of care.

- Dental Services Review (DSR) of the dental clinic includes the process of evaluating the facility for patient access and appropriateness of dental service provision. This is conducted through an assessment of infection control, sterilization/autoclaving and apron usage.

- X-Ray Machine(s), Safety Data Sheets (SDS), spore testing and other related reviews.

A Corrective Action Plan (CAP) may be required of a CP based on their audit scores. By June 30, 2015, QMCCP completed annual audits for 53 CP agencies. Table D1 shows the total audits for each service category.

QMCCP provides technical assistance to help clinics successfully comply with the CAP. None of the audit findings revealed operational, programmatic or clinical findings that could not be rectified, and community partner clinics were responsive to addressing any needed corrections.

Table D1
Quality Management/Clinical Compliance Program
Annual Audit Results (by QMCCP)

Type of Audit	Total Audits	CAP Required	Percentage requiring a CAP
Credentialing Review	53	46	87%
Facility Site Review	180	83	46%
Dental Services Review	24	9	38%
Medical Record Review	166	75	45%
Dental Record Review	38	8	21%

E. PARTICIPANT EXPERIENCE AND SATISFACTION

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

Key FY 2014-15 highlights were:

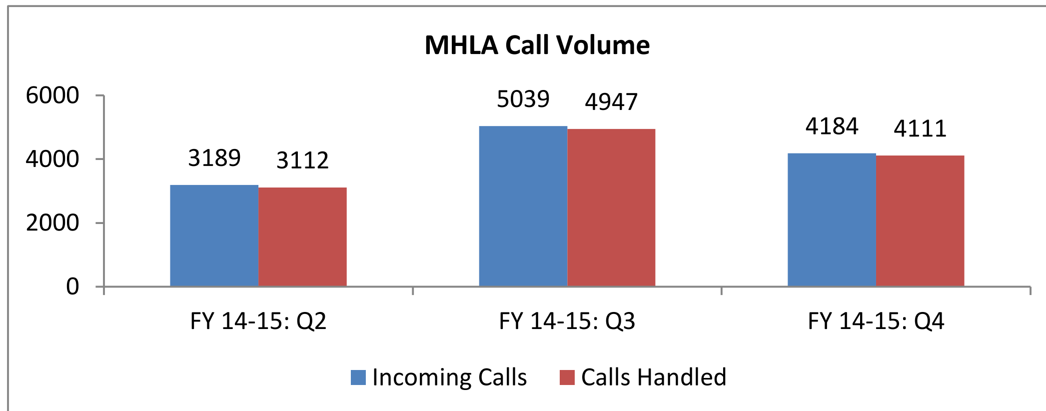
- MHLA Customer Service received a total of 12,412 calls in FY 2014-15 (45 per day).
- There were a total of 33 formal participant complaints filed by participants, with the top complaints related to access to care and quality of service.

Customer Service Center Call Center

Member Services is available to answer questions for MHLA participants Monday through Friday, from 8:00 am to 5:00 pm by calling (844) 744-6452 (MHLA). Interpreters are available for MHLA participants who speak a language not spoken by a call center agent. Member Services is available to help participants with questions about the MHLA program, request medical home changes, disenroll, report address and phone number changes, process participant complaints and order new ID cards if lost or stolen.

On average, 45 people called MHLA's Member Services each day during FY 2014-15 for a total of 12,412 calls. The call rate for FY 2014-15 averaged 103 calls per 1,000 participants.

Graph E1
Total Call Volume Per Quarter



Incoming Calls are defined as the calls handled by the call center plus abandoned calls (calls where the callers hung up before agents were able to answer). Calls Handled is defined as the total number of calls that resulted in a conversation between the caller and the call agent.

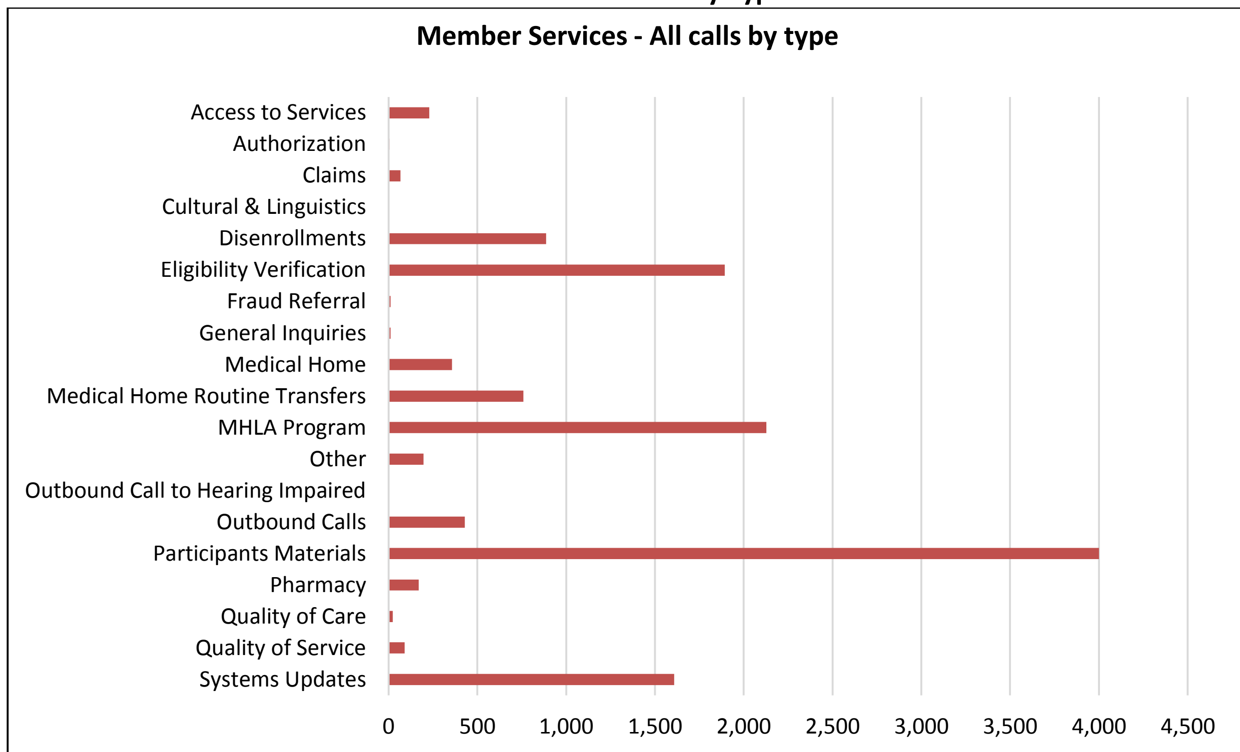
Graph E2 lists the reasons why individuals contacted the call center in FY 2014-15. The majority of the time, participants contacted member services to request replacement ID cards. This would occur when incorrect address information was inputted into the OEA system by the clinic enroller. A significant education campaign to enrollers about the importance of inputting the correct address – including but not limited to the importance of including apartment and unit numbers in the OEA address field-- helped reduce the number of lost ID cards.

The second largest volume of calls were related to general information about the MHLA program. These were calls from individuals who wanted to learn more about the program, for example, who was eligible and how to enroll.

“Eligibility Verification” were calls from CP clinics wanting to know whether their patients were enrolled in the program. CP clinics should not call member services – clinics are assigned Program Advocates on the MHLA staff to help answer their questions – and so these questions were re-directed to Program Advocates to help clinics learn and understand how to look up their own patient’s eligibility directly in the OEA system.

System Updates were the fourth most common types of calls to Member Services. These consist of One-e-App demographic changes, One-e-App medical home changes and Patient Management Services (PMS) updates.

Graph E2
Total Call Volume by Type



Participant Complaints

The MHLA Customer Service Center takes all customer calls and is responsible for resolving them. When the calls require more intensive research for resolution, the call is escalated to Managed Care Services’ (MCS) Grievance and Appeals Unit and/or the Quality Management-Clinical Compliance Unit for clinical related complaints. In the MHLA program, these are called “formal complaints.”

Of the 12,412 calls handled by Member Services in FY 2014-15, 33 were “formal complaints.” These complaints were transferred to the Grievance Unit for appropriate follow up and resolution.

The top five (5) complaints were:

- Delay or refusal in receiving clinical care services;
- Mistreatment/misdiagnosis/inappropriate care by provider;
- Services not covered by MHLA;
- Attitude/miscommunication/behavior by physician;
- Primary care access standards.

Table E1 identifies the formal complaints by category for FY 2014-15. MHLA staff work closely with the MHLA participant's community partner clinic medical home to address the concerns/complaints. The program believes that it is important to provide the medical homes with this important feedback to continually improve participant experience and satisfaction. Participants are notified by letter within sixty (60) days of the filing of the complaint the resolution of their issue.

Table E1
MHLA Participant Formal Complaints by Category (FY 2014-15)

Attribute	Number	Percent
Delay or refusal in receiving clinical care services	5	15%
Mistreatment/Misdiagnosis/Inappropriate care by clinical provider	5	15%
Attitude/Miscommunication/Behavior by Clinical Provider	4	12%
Refusal of Referral to Specialist	3	9%
Primary Care Access Standards	3	9%
Services not covered by MHLA	2	6%
Denial of ER/Urgent Care Visit	2	6%
Refusal of Prescription by Clinical Provider/Pharmacy/Access Problems	2	6%
Medical Care: Claims/Billing/Charge Discrepancy	2	6%
Medical Home Change Requests	2	6%
Attitude/Miscommunication/Behavior by staff (non-physician)	1	3%
Pharmacy: Claims/Billing/Charge Discrepancy	1	3%
Refusal to Enroll or Renew Coverage	1	3%
Total	**33**	**100%**

F. SERVICE UTILIZATION

This section examines clinical and service data from both Community Partner and DHS facilities in order to assess disease morbidity, access to care, health outcomes and utilization of services.

Key FY 2014-15 highlights were:

- 66% of MHLA participants had a primary care visit.
- 6,323 emergency department (ED) visits were provided for MHLA participants at DHS facilities.
- 1,009 avoidable ED utilization visits resulted in an Avoidable Emergency Department Rate of 15.96% at DHS facilities.
- The readmission rate for at thirty (30) days was 10.47%.

In calculating utilization rates, this analysis uses 122,330 participants and not 120,518 (the number of MHLA participants at the end of FY 2014-15). This is because there were 122,330 unique participants who were in the MHLA program at one time or another during the period of October 1, 2014 to June 30. 2015.[1] While the MHLA program was only in operation for nine (9) months during the fiscal year, this clinical data was annualized in order to calculate and provide utilization rates for a 12-month period. In many respects, FY 2014-15 serves as the baseline year for clinical information. DHS will be able to conduct comparative analysis in future years.

It is important to note that analysis of service utilization is dependent upon having complete data. Incomplete data will likely reveal artificially low utilization rates, and will not provide comprehensive and accurate information on health care status among the population. Community partner clinics are required to submit encounter data to DHS every month that describes the type, quality and level of clinical service being provided by the clinic to MHLA enrolled patients, however, not all clinics did so. It is also important to note that emergency department and inpatient utilization may be underreported due to the fact that MHLA only includes DHS hospital facilities and a MHLA participant may have received emergency or inpatient services (as a result of an emergency admission) from a non-DHS facility. This clinical data would not be included in this analysis because these facilities are not in the DHS network.

Summary of Clinical Utilization Data (Community Partner and DHS Clinics)

The data on the following page indicates the annualized total health care service utilization for the MHLA population for the first year of the program. This includes services provided by the community clinic (primary care) as well as services provided at a DHS facility (outpatient/specialty, inpatient and emergency).

[1] Note that there is a slight difference between the 122,330 participants used for the utilization analysis and the 122,828 participants indicated in the enrollment section of this report. DHS believes that this may due to data transmission issues which it is still exploring. The difference does not impact the service utilization analysis.

Table F1
Summary of Utilization Data – Participants Utilizing at Least One Service

Service Category	Unique MHLA Participants	Number of Participants Utilizing at Least One Service	Percentage
Inpatient	122,330	976	0.80%
Primary Care	122,330	80,707	65.97%
Outpatient/Specialty	122,330	10,921	8.93%
Emergency	122,330	4,680	3.83%
Prescription	122,330	16,815	13.75%

An examination of utilization data for MHLA participants indicates that 66% of MHLA participants had at least one visit at their medical home clinic during their period of enrollment. The data also indicates that a small percentage (4%) visited a DHS emergency room, and 9% of MHLA participants received specialty care services at a DHS clinic that offers specialty care services, or a hospital.

Finally, the data indicates that 14% of MHLA participants were given at least one prescription drug by their medical home clinic. This appears unusually low and is due to an under-reporting of pharmacy encounter data by clinics. Only 10 clinic agencies (out of 52 clinic agencies) submitted pharmacy encounter data to DHS in FY 2014-15. The pharmacy encounter data provided by the 10 agencies indicates that 16,815 MHLA participants received 31,372 prescriptions. DHS filled 30,093 prescriptions for MHLA participants (i.e., prescriptions related to an emergency, urgent or specialty care visit at a DHS facility).

Of 122,330 MHLA participants, 66% received a primary care visit for a total of 231,486 primary care related visits during this period. On average, MHLA participants obtained 3.53 visits during FY 2014-15 (annualized). The average number of visits for those with chronic conditions was 3.75 while the average for those without chronic conditions was 3.38 visits.[2] With respect to the number of visits, it is important to note that for the first six months of program (October 2014 to March 2015) clinics were on a fee-for-service payment schedule for visits provided to MHLA participants and for the remaining three months of the fiscal year (April 2015 to June 2015) they received a set grant amount on a monthly basis for each enrolled participant. Appendix 1 provides detailed information on the number of primary care visits for participants by medical home. [3]

DHS Hospital Utilization (Emergency Department and Inpatient)

This section provides statistics on emergency department and inpatient utilization by MHLA enrolled participants at DHS in Fiscal Year 2014-15.

Emergency Department (DHS Facilities)

This section describes utilization of the emergency department (ED) by MHLA participants in FY 2014-15.

[2] For the purposes of this first MHLA annual report, DHS categorized the following diseases as chronic conditions: asthma, diabetes, hyperlipidemia and hypertension.

[3] Note that under the MHLA program, participants generally receive the majority of their primary care visits at their chosen medical home, but they may obtain care at other clinics associated with that medical home (i.e., the clinics are part of one community partner agency). In addition, note that the visit data is reported by the clinic that provided the visit to the participant (even if the visit was not at the participant's medical home). As a result, there are a few instances in which the medical home may report no participant visits, but it is possible that the participant had a visit an another clinic associated with the medical home.

There were 4,685 MHLA participants who utilized a DHS emergency department in FY 2014-15. LAC+USC Medical Center saw the most MHLA participants, with a total of 2,257.

Table F2
ED Visits by DHS Facility

Facility Name	Unique Members	ER Visits
Harbor-UCLA Medical Ctr	1,050	1,251
LAC+USC Medical Ctr	2,257	3,022
Olive View-UCLA Med Ctr	1,426	2,050
Total	**4,685**	**6,323**

Table F3
ED Visit Frequency at DHS Facilities

ER Visits	Unique Participants	Percentage
No Visits	117,650	96.17%
1 - 4 Visits	4,623	3.78%
5 - 9 Visits	52	0.04%
10+ Visits	5	0.00%
Total Participants	**122,330**	**100.00%**

Table F4
ED Visits Per 1,000 Participants Per Year

Data Period	ER Visits	Participant Months	ER Visits/1,000
October 2014 to June 2015	6,323	786,521	96.47

The ED visit rate shows that 96% of participants had no emergency room visit in FY 2014-15. The ED visit rate per 1,000 is 96.47. There is likely be underreporting for both due to: (1) data collection and reporting factors within DHS and (2) MHLA participant's potential use of non-DHS hospital emergency departments.

Avoidable Emergency Department (AED) Visit Rate

The Avoidable Emergency Department (AED) visit rate for MHLA describes visits to the ED that were not emergency related and that could be considered "avoidable." Approximately 15.96% of ED visits by MHLA participants were considered avoidable. The top three avoidable ED visits reasons were: headaches, urinary tract infections and backaches. Table F5 provides the avoidable ED rate. Appendix 2 lists the avoidable diseases by type, number of visits and unique participants.

Table F5
Avoidable ED (AED) Rate by MHLA Participants

Data Period	AED Rate
October 1, 2014 to June 30, 2015	15.96%

Inpatient Hospitalization

Inpatient hospitalization data shows that the overall hospital inpatient admission for all MHLA participants was very low at only 1,213 participant admissions for 978 unique MHLA participants for a total of 6,045 inpatient bed days. Acute inpatient bed days were 92.23 per 1,000 participants with an average length of stay totaling 4.98 days. The data reveals that in FY 2014-15, the top five diagnoses for hospitalization were: 1) diseases of the digestive system, 2) neoplasms, 3) diseases of the circulatory system, 4) diseases of the genitourinary system and 5) injury & poisoning. LAC+USC Medical Center experienced the highest number of inpatient admissions by MHLA participants, with 518 total admissions. Rancho Los Amigos had the fewest with 87 participant admissions.

Table F6
DHS Hospitalization Admission by Facility

Facility Name	Unique	Admits
Harbor-UCLA Medical Center	259	298
LAC+USC Medical Center	404	518
Olive View-UCLA Med Center	265	310
Rancho Los Amigos Med Center	70	87
All Facilities	**978**	**1,213**

Table F7
Acute Hospital Days Per 1,000 Participants Per Year and Average Length of Stay (ALOS)

Data periods	Admits	Acute Days	Acute Days/1,000	ALOS
October 2014-June 2015	978	6,045	92.23	4.98 Days

Hospital Readmissions

Readmission data is a good indicator of quality of care. MHLA's 30-day readmission rate is 10.47% and drops down to 1.90% at 90 days from discharge. The "Let's Get Healthy California Task Force Final Report" describes a State-wide readmission rate average of 14%. The hospital readmission rate for the Medi-Cal population is somewhat higher, at 18.7%. MHLA participants with a chronic disease have a 15.14% re-admission rate compared to a 15.18% rate for those without chronic disease, both of which are lower than the rate for the Medi-Cal population.

Table F8
DHS Hospital Readmission Rate 30, 60 and 90 Days

30 Days	60 Days	90 Days
10.47%	2.80%	1.90%

DHS Specialty Care

This section provides data on specialty care utilization by MHLA enrolled participants at DHS clinics and hospitals in Fiscal Year 2014-15.

Specialty Care Services

MHLA program participants received specialty care services at DHS hospitals and clinics that provide specialty care. During FY 2014-15, community partner clinics submitted a total of 35,803 requests for specialty assistance via eConsult. Of this total, 21,581 requests (60%) were determined as needing a

face-to-face visit with the specialist clinic. Data indicates that 11,622 unduplicated MHLA participants received at least one specialty care visit in FY 2014-15. A total of 30,642 visits were provided. Table F9 reveals that LAC+USC hospital had the most specialty care visits.

Table F9
Specialty Care Services by DHS Facility

Facility Name	Unique Participants	Visits	% of Total Visits
LAC+USC MEDICAL CENTER	3,827	11,152	36%
HARBOR-UCLA MEDICAL CENTER	2,285	6,146	20%
LA COUNTY- OLIVE VIEW-UCLA MED CTR	1,936	5,210	17%
MARTIN LUTHER KING HOSPITAL	1,574	3,915	13%
HUDSON COMPREHENSIVE HEALTH CENTER	694	1,383	5%
HUBERT H. HUMPHREY COM HLTH CTR	332	572	2%
RANCHO LOS AMIGOS MED CTR	285	795	3%
ROYBAL COMP HEALTH CENTER	244	642	2%
LONG BEACH COMP HEALTH CENTER	164	315	1%
HIGH DESERT HEALTH SYSTEM	151	310	1%
EL MONTE COMPREHENSIVE HEALTH CENTER	130	203	1%
TOTAL	**11,622**	**30,643**	**100%**

G. HEALTH CARE SERVICE EXPENDITURES

This section provides information on payments made to community partner clinics under the MHLA program in FY 2014-15. For this report, DHS tracked payments to each Community Partner for primary care services (separately during the Fee-For-Service (FFS) and Monthly Grant Funding (MGF) periods).

Key FY 2014-15 highlights were:

- Payments to Community Partners for primary care and pharmacy related services (Fee-for-Service and Monthly Grant Funding) totaled $27.37 million.
- With a total of 786,521 participant months, the estimated total per participant per month expenditure for primary care and pharmacy related services was $34.80.
- Payments for dental services totaled $1.8 million.
- Total payments in FY 2014-15 are estimated at $29.175 million.

MHLA Health Care Service Payment Categories

Health care service payments are in two areas: (1) payments to community partner clinics providing preventive, primary care and pharmacy services, and (2) payments for dental services provided by some community partner clinics.

Community Partners – Primary Care

The Los Angeles County Board of Supervisors allocated $56 million for the provision of primary care (including pharmaceutical services) for CPs.[4] Of this allocation, a total of $27,370,321 (48.8%) was spent by the CPs in FY 2014-15 for MHLA. This is broken down by spending during the Fee-For Service (FFS) period of October 1, 2014 to March 31, 2015 ($16,293,585) and the Monthly Grant Funding (MGF) period of April 1, 2015 through June 30, 2015 ($11,076,736) for a total expenditure to the community partners of $27,370,321 million for Fiscal Year 2014-15.

Community Partners – Dental Care

In addition to the $56 million for MHLA primary care services, the Los Angeles County Board of Supervisors allocated an additional $5 million for MHLA dental services.[5] Although dental care is not a benefit of the MHLA program, 23 MHLA Community Partners provide dental services to eligible patients. A total of $1,804,734 of the dental allocation was spent in FY 2014-15 under MHLA.

Per MHLA Participant per Month Health Care Services Costs

There were a total of 786,521 MHLA member months in FY 2014-15. When the total cost expended by DHS to community partner clinics for primary care ($27,370,321) is divided by the total member months, the average estimated total per participant per month rate for health care services is calculated to be $34.80.

Estimated MHLA Health Care Service Payments

Table G1 outlines the total payments ($29,175,055) for the MHLA Program for FY 2014-15.

[4] Note that the $56 million allocation was for two programs: (1) former Healthy Way LA-Matched for the time period July 1, 2014 to September 30, 2014 and (2) existing MHLA program from October 1, 2014 to June 30, 2015.

[5] Note that the $5 million allocation was for two programs: (1) former Healthy Way LA-Matched for the time period July 1, 2014 to September 30, 2014 and (2) existing MHLA program from October 1, 2014 to June 30, 2015.

Table G1
Estimated Total MHLA Payments (FY 2014-15)

ENROLLMENT	
TOTAL PARTICIPANT MONTHS (TOTAL ENROLLMENT OF 122,330):	786,521
COMMUNITY PARTNER PROGRAM PAYMENTS	
PRIMARY CARE FEE-FOR-SERVICE COST FOR ALL COMMUNITY PARTNERS (OCTOBER 1, 2014 - MARCH 31, 2015):	$16,293,585
MONTHLY GRANT FUNDING COST FOR ALL COMMUNITY PARTNERS	
APRIL 2015	$3,516,096
MAY 2015	$3,697,600
JUNE 2015	$3,863,040
TOTAL MONTHLY GRANT FUNDING (APRIL 1, 2015 - JUNE 30, 2015)	$11,076,736
DENTAL CARE SERVICES	$1,804,734
GRAND TOTAL	**$29,175,055**

Appendices 3 and 4 represent a breakdown of the estimated total expenditures by CP clinic for both the MHLA primary care and dental programs.

III. CONCLUSION AND LOOKING FORWARD

Fiscal Year 2014-15 was a ground-breaking and exciting first year for the MHLA program, and DHS would like to congratulate all of the DHS and Community Partner staff who made the roll-out of this program a success. As we move toward the second year of the program, DHS will continue to work in partnership with its Community Partner clinics to expand outreach and enrollment opportunities to individuals who are eligible for, but not yet enrolled in, MHLA, and to ensure strong enrollment, renewal and re-enrollment in FY 2015-16. It is our mutual goal to expand and preserve access to primary, dental, specialty and emergency health care services to this population. DHS continues to work in partnership with MHLA clinics on new opportunities to enhance enrollment strategies in order to maximize program enrollment and ensure an even more successful second year of the program.

IV. APPENDICES

APPENDIX 1
MHLA Total Enrolled and Office Visits by Community Partner Medical Home[6]

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
ALL FOR HEALTH-519	621	299	48%	871	3.92
ALL FOR HEALTH-520	294	218	74%	562	4.34
ALL-INCLUSIVE COMMUNITY HEALTH CENTER	253	154	61%	440	4.44
ALTAMED-BELL	470	323	69%	914	3.53
ALTAMED-BUENA CARE	84	74	88%	258	5.04
ALTAMED-COMMERCE	2,223	1,392	63%	3,606	3.19
ALTAMED-EL MONTE	968	653	67%	1,777	3.99
ALTAMED-FIRST STREET	421	269	64%	841	4.23
ALTAMED-HOLLYWOOD PRESBYTERIAN	332	127	38%	227	1.86
ALTAMED-MONTEBELLO	132	96	73%	280	3.56
ALTAMED-PICO RIVERA PASSONS	12	2	17%	9	3.00
ALTAMED-PICO RIVERA SLAUSON	1,205	820	68%	2,354	3.87
ALTAMED-WEST COVINA	630	392	62%	947	3.18
ALTAMED-WHITTIER	1,996	1,237	62%	2,873	2.76
ANTELOPE VALLEY CARE CENTER-HEALTH AND WELLNESS	306	180	59%	446	3.91
ANTELOPE VALLEY CARE CENTER-LANCASTER	101	70	69%	198	4.21
ANTELOPE VALLEY CARE CENTER-PALMDALE	393	233	59%	568	3.73
APLAHW-BALDWIN HILLS	39	17	44%	38	5.70
ARROYO VISTA-EL SERENO HUNTINGTON DRIVE	130	89	68%	257	4.46
ARROYO VISTA-EL SERENO VALLEY	208	153	74%	594	5.78
ARROYO VISTA-HIGHLAND PARK	1,396	986	71%	3,194	4.15
ARROYO VISTA-LINCOLN HEIGHTS	1,426	925	65%	2,869	3.64

[6] Under the MHLA program, participants generally receive the majority of their primary care visits at their chosen medical home, but they may obtain care at other clinics associated with that medical home (i.e., the clinics are part of one community partner agency). Visit data is reported by the clinic that provided the visit to the participant (even if the visit was not at the participant's medical home). As a result, there are a few instances in which the medical home may report no participant visits, but it is possible that the participant had a visit an another clinic associated with the medical home. In addition, a few clinics did not become full participants in MHLA until sometime after April 2015. They had limited enrollment and provided no visits during this report period.

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
ARROYO VISTA-LOMA DRIVE	390	272	70%	896	4.33
ASIAN PACIFIC HEALTH CARE-BELMONT HC	370	268	72%	625	3.22
ASIAN PACIFIC HEALTH CARE-EL MONTE ROSEMEAD HC	206	138	67%	397	3.94
ASIAN PACIFIC HEALTH CARE-LOS FELIZ HC	1,529	1,215	79%	3,142	3.52
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER	187	126	67%	406	4.82
BENEVOLENCE-CENTRAL MEDICAL CLINIC	141	65	46%	150	2.80
BENEVOLENCE-CRENSHAW COMMUNITY CLINIC	124	60	48%	121	2.36
BIENVENIDOS COMMUNITY HEALTH CENTER	813	552	68%	1,570	3.65
CENTRAL CITY COMMUNITY HEALTH CENTER INC.	1,370	872	64%	2,443	3.25
CENTRAL CITY COMMUNITY-DOWNTOWN SITE	1	-	0%	-	-
CENTRAL NEIGHBORHOOD-CENTRAL	1,066	745	70%	2,620	5.10
CENTRAL NEIGHBORHOOD-GRAND	35	16	46%	37	4.77
CHAPCARE-DEL MAR	658	502	76%	2,115	6.33
CHAPCARE-FAIR OAKS	1,140	951	83%	4,905	7.80
CHAPCARE-LAKE	232	198	85%	830	6.66
CHINATOWN-COMMUNITY HEALTH CENTER	116	63	54%	137	2.84
CHINATOWN-CSC CHC-SAN GABRIEL VALLEY	41	23	56%	47	2.81
CLINICA ROMERO-ALVARADO CLINIC	2,615	1,773	68%	3,083	3.47
CLINICA ROMERO-CHILDREN'S CLINIC	70	15	21%	17	1.15
CLINICA ROMERO-MARENGO CLINIC	1,207	696	58%	1,166	2.89
COMPLETE CARE COMMUNITY HEALTH CENTER	34	27	79%	78	5.57
COMPREHENSIVE COMMUNITY-EAGLE ROCK	327	157	48%	470	4.78
COMPREHENSIVE COMMUNITY-GLENDALE	312	187	60%	611	5.27
COMPREHENSIVE COMMUNITY-HIGHLAND PARK	379	207	55%	683	4.41
COMPREHENSIVE COMMUNITY-NORTH HOLLYWOOD	448	328	73%	858	4.28

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
EAST VALLEY-COVINA HEALTH CNTR	5	-	0%	-	-
EAST VALLEY-POMONA CLINIC	2,183	1,435	66%	3,676	3.41
EAST VALLEY-VILLACORTA SCHOOL-BASED CLINIC	573	354	62%	936	3.19
EAST VALLEY-WEST COVINA CLINIC	2,329	1,549	67%	4,264	3.34
EL PROYECTO DEL BARRIO-ARLETA	1,472	1,138	77%	4,609	5.66
EL PROYECTO DEL BARRIO-AZUSA	1,282	957	75%	4,427	6.41
EL PROYECTO DEL BARRIO-BALDWIN PARK	16	7	44%	10	7.50
EL PROYECTO DEL BARRIO-WINNETKA	2,066	1,454	70%	5,026	4.24
FAMILY HEALTH-BELL GARDENS	2,251	1,444	64%	2,878	2.40
FAMILY HEALTH-DOWNEY	2	2	100%	4	8.00
FAMILY HEALTH-HAWAIIAN GARDENS	472	284	60%	554	2.13
GARFIELD HEALTH CENTER	183	142	78%	362	4.52
HARBOR COMMUNITY CLINIC	483	347	72%	1,470	5.72
HARBOR COMMUNITY CLINIC-DON KNABE PEDIATRIC	10	6	60%	22	4.33
HERALD CHRISTIAN HEALTH CENTER	171	68	40%	211	2.65
JWCH-BELL GARDENS	1,317	960	73%	3,634	5.14
JWCH-NORWALK	808	553	68%	2,281	5.68
JWCH-PATH	158	110	70%	277	3.49
JWCH-WEINGART	470	411	87%	1,213	5.11
JWCH-WESLEY BELLFLOWER	758	468	62%	1,472	4.03
JWCH-WESLEY LYNWOOD	959	720	75%	2,231	4.78
KEDREN COMMUNITY CARE CLINIC	47	-	0%	-	-
KHEIR CLINIC	1,002	540	54%	1,739	3.44
LA CHRISTIAN-EXODUS ICM	4	4	100%	5	10.00
LA CHRISTIAN-JOSHUA HOUSE	464	281	61%	747	3.38
LA CHRISTIAN-PICO ALISO	672	419	62%	804	2.76
LA CHRISTIAN-TELECARE SERVICE AREA 4	1	-	0%	-	-
LOS ANGELES LGBT CENTER	4	-	0%	-	-
MISSION CITY-HOLLYWOOD	40	28	70%	90	4.09
MISSION CITY-INGLEWOOD	15	10	67%	38	6.61
MISSION CITY-MONROVIA	4	3	75%	6	8.00
MISSION CITY-NORTH HILLS	2,527	1,598	63%	5,079	4.02
MISSION CITY-NORTHRIDGE	348	221	64%	833	5.26

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
MISSION CITY-ORANGE GROVE	5	1	20%	3	1.33
MISSION CITY-PACOIMA MIDDLE SCHOOL	278	196	71%	640	4.34
MISSION CITY-PARTHENIA	20	13	65%	42	3.68
MISSION CITY-PRAIRIE	5	4	80%	19	7.86
NORTHEAST VALLEY-CANOGA PARK	925	593	64%	1,225	2.12
NORTHEAST VALLEY-HOMELESS	123	99	80%	299	4.27
NORTHEAST VALLEY-MACLAY HC FOR CHILDREN	7	2	29%	2	0.83
NORTHEAST VALLEY-PACOIMA	2,290	1,116	49%	2,179	1.55
NORTHEAST VALLEY-PEDIATRIC HLTH AND WIC CENTER	68	18	26%	33	1.02
NORTHEAST VALLEY-SAN FERNANDO	1,799	995	55%	2,050	1.91
NORTHEAST VALLEY-SAN FERNANDO HIGH SCHOOL TEEN HC	1	-	0%	-	-
NORTHEAST VALLEY-SAN FERNANDO HIGH TEEN	8	5	63%	11	3.22
NORTHEAST VALLEY-SANTA CLARITA	738	322	44%	684	1.49
NORTHEAST VALLEY-SUN VALLEY	1,573	1,010	64%	2,614	2.67
NORTHEAST VALLEY-VALENCIA	1,335	588	44%	1,167	1.38
NORTHEAST VALLEY-VAN NUYS ADULT	52	39	75%	108	6.97
PEDIATRIC AND FAMILY-EISNER PEDIATRIC AND FAMILY	4,629	2,721	59%	5,867	2.45
POMONA COMMUNITY-HOLT	716	540	75%	1,541	3.95
QUEENSCARE-EAGLE ROCK	688	552	80%	1,490	3.18
QUEENSCARE-EAST LOS ANGELES	1,358	672	49%	1,707	2.76
QUEENSCARE-EAST THIRD STREET	1,300	334	26%	382	3.53
QUEENSCARE-EASTSIDE	462	285	62%	532	3.17
QUEENSCARE-ECHO PARK	1,651	1,257	76%	3,304	2.99
QUEENSCARE-HOLLYWOOD	1,421	1,118	79%	2,803	2.95
SAMUEL DIXON-CANYON COUNTRY HC	62	22	35%	28	1.73
SAMUEL DIXON-NEWHALL	185	100	54%	240	2.75
SAMUEL DIXON-VAL VERDE	28	13	46%	28	1.80
SOUTH BAY-CARSON	189	133	70%	447	4.30
SOUTH BAY-GARDENA	1,063	752	71%	2,651	4.30
SOUTH BAY-INGLEWOOD	1,159	769	66%	2,544	4.05
SOUTH BAY-REDONDO BEACH	639	416	65%	1,420	3.67

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
SOUTH CENTRAL FAMILY HC	1,202	702	58%	1,390	3.78
SOUTH CENTRAL-HUNTINGTON PARK	215	121	56%	245	4.30
SOUTHERN CALIF.-EL MONTE CLINIC	140	84	60%	221	3.55
SOUTHERN CALIF.-PICO RIVERA	93	60	65%	153	3.44
ST. JOHN'S-COMPTON	3,398	2,416	71%	8,173	4.04
ST. JOHN'S-DOMINGUEZ	2,162	1,328	61%	3,665	2.97
ST. JOHN'S-DOWNTOWN LOS ANGELES-MAGNOLIA	3,941	2,096	53%	5,110	2.37
ST. JOHN'S-DR. KENNETH WILLIAMS	5,952	3,726	63%	9,289	2.63
ST. JOHN'S-HYDE PARK	847	553	65%	1,424	2.84
ST. JOHN'S-LINCOLN HEIGHTS	476	343	72%	984	3.45
ST. JOHN'S-LOUIS FRAYSER	862	418	48%	940	2.37
ST. JOHN'S-MANUAL ARTS	612	365	60%	1,031	3.22
ST. JOHN'S-RANCHO DOMINGUEZ	1,511	1,033	68%	3,131	3.64
ST. JOHN'S-WASHINGTON	363	245	67%	728	3.94
TARZANA-LANCASTER	531	342	64%	2,209	8.95
TARZANA-PALMDALE	278	133	48%	652	5.68
THE ACHIEVABLE FOUNDATION	5	2	40%	3	4.00
THE CHILDREN'S CLINIC-CESAR CHAVEZ ELEMENTARY SCHOOL	265	178	67%	515	3.41
THE CHILDREN'S CLINIC-FAMILY HC BELLFLOWER	160	116	73%	371	4.30
THE CHILDREN'S CLINIC-FAMILY HC CENTRAL LB	400	260	65%	661	3.20
THE CHILDREN'S CLINIC-FAMILY HC WESTSIDE	384	278	72%	834	3.89
THE CHILDREN'S CLINIC-LB MULTI-SERVICE CTR HOMELESS	2	2	100%	2	1.33
THE CHILDREN'S CLINIC-NORTH LB HAMILTON MIDDLE SCHOOL	701	488	70%	1,271	3.05
THE CHILDREN'S CLINIC-S. MARK TAPER	1,817	1,111	61%	2,634	2.65
THE CHILDREN'S CLINIC-VASEK POLAK	1,143	764	67%	2,185	3.10
THE LA FREE-BEVERLY	1,138	842	74%	2,377	4.27
THE LA FREE-HOLLYWOOD-WILSHIRE	2,356	1,591	68%	4,491	4.30
THE LA FREE-S. MARK TAPER	1,069	761	71%	2,537	4.45
THE NECC-CALIFORNIA FAMILY CARE	981	581	59%	1,162	2.40

Medical Home	Total Enrolled	Unique Participants Seen	% of Participants Seen	Total Participant Visits	Visit Per Participant Per Year (Annualized)
THE NECC-COMMUNITY MEDICAL ALLIANCE	641	464	72%	1,509	4.25
THE NECC-ELIZABETH	166	121	73%	479	5.51
THE NECC-FOSHAY	245	188	77%	808	5.41
THE NECC-GAGE	143	94	66%	315	4.52
THE NECC-GRAND	112	90	80%	274	4.75
THE NECC-HARBOR CITY	387	248	64%	722	3.77
THE NECC-HAWTHORNE	40	26	65%	36	2.05
THE NECC-HIGHLAND PARK	575	400	70%	1,194	3.67
THE NECC-WILMINGTON	928	557	60%	1,402	2.67
THE NECC-WOMEN'S HEALTH CENTER	98	54	55%	120	2.54
THE-RUTH TEMPLE	1,434	1,078	75%	3,487	4.73
UMMA	1,158	880	76%	2,678	4.77
UMMA-FREMONT WELLNESS CENTER	61	36	59%	122	7.59
UNIVERSAL COMMUNITY	63	30	48%	78	3.51
UNIVERSAL HEALTH	69	-	0%	-	-
VALLEY-NORTH HOLLYWOOD	3,778	2,886	76%	9,240	4.35
VENICE-COLEN	382	207	54%	615	3.17
VENICE-ROBERT LEVINE	262	129	49%	246	2.26
VENICE-SIMMS/MANN	596	412	69%	1,422	3.57
VENICE-VENICE	2,450	1,552	63%	4,398	3.42
WATTS-WATTS	1,113	764	69%	2,356	3.81
WESTSIDE FAMILY HEALTH CENTER	262	191	73%	560	3.70
WILMINGTON COMMUNITY CLINIC	1,943	1,355	70%	3,591	3.85
OTHER PARTICIPANTS	731	731	100%	958	-
All Medical Homes	**122,330**	**80,787**	**66%**	**231,486**	**3.53**

APPENDIX 2
Avoidable Emergency Room (AER) Visit - Diseases

Avoidable Emergency Room Diseases	Unique Participants	AER Visits	% of AER Visits
Headache (excluded 305.2, 346.0-346.9 & 307.1)	302	332	33%
Urinary tract infection, site not specified	102	109	11%
Backache, unspecified	91	95	9%
Encounters of administrative purposes	77	86	9%
Follow up examination	80	83	8%
Acute upper respiratory infections of multiple or unspecified sites	62	65	6%
Lumbago	62	65	6%
Disorders of Conjuctiva	40	42	4%
Acute Pharyngitis	34	36	4%
Suppurative Otitis Media	15	15	1%
Special investigations & examinations	13	13	1%
Inflammatory disease of cervix, vagina & vulva	12	12	1%
Acute bronchitis	10	11	<1%
Chronic sinusitis	9	9	<1%
General medical examination	9	9	<1%
Candidiasis	5	6	<1%
Acariasis	6	6	<1%
Unspecified pruritic disorder (itch NOS, Puritis NOS)	5	5	<1%
Cystitis	5	5	<1%
Other symptoms referable to back	3	3	<1%
Disorders of coccyx	1	1	<1%
Disseminated Candidiasis	1	1	<1%
Grand Total	**885**	**1,009**	**100%**

Appendix 3
MHLA Primary Care Expenditures for MHLA Community Partners FY 2014-15

COMMUNITY PARTNER	OCT 2014-MAR 2015 FFS	APR-MGF	MAY-MGF	JUNE-MGF	TOTAL CP MHLA REIMBURSEMENT
ALL FOR HEALTH, HEALTH FOR ALL, INC.	$131,565	$18,336	$18,720	$19,520	$188,141
ALL INCLUSIVE COMMUNITY HC	$28,665	$5,312	$5,792	$6,912	$46,681
ALTAMED HEALTH SERVICES CORPORATION	$982,695	$239,104	$252,448	$265,760	$1,740,007
ANTELOPE VALLEY COMMUNITY CLINIC	$73,185	$20,256	$23,136	$25,216	$141,793
APLA HEALTH & WELLNESS	$0	$512	$832	$1,248	$2,592
ARROYO VISTA FAMILY HEALTH FOUNDATION	$551,040	$100,992	$106,432	$110,528	$868,992
ASIAN PACIFIC HEALTH CARE VENTURE, INC.	$310,590	$60,960	$63,712	$66,240	$501,502
BARTZ-ALTADONNA	$21,630	$4,704	$5,440	$5,632	$37,406
BENEVOLENCE INDUSTRIES, INC.	$19,005	$6,464	$7,200	$7,424	$40,093
BIENVENIDOS COMMUNITY HEALTH CENTER, INC.	$105,105	$22,976	$23,744	$25,248	$177,073
CENTRAL CITY COMMUNITY HEALTH CENTER, INC.	$242,970	$40,128	$41,888	$43,104	$368,090
CENTRAL NEIGHBORHOOD HEALTH FOUNDATION	$198,030	$28,416	$31,136	$33,856	$291,438
CHINATOWN SERVICE CENTER	$15,330	$3,776	$3,936	$4,704	$27,746
CLINICA MSR. OSCAR A. ROMERO	$201,180	$102,464	$110,560	$121,120	$535,324
COMMUNITY HEALTH ALLIANCE OF PASADENA	$414,435	$59,232	$61,664	$63,680	$599,011
COMPLETE CARE COMMUNITY HC INC.	$6,300	$992	$1,024	$1,088	$9,404
COMPREHENSIVE COMMUNITY HEALTH CENTER	$136,395	$37,120	$41,376	$46,528	$261,419
EAST VALLEY COMMUNITY HEALTH CENTER, INC.	$561,225	$149,792	$156,416	$158,752	$1,026,185

COMMUNITY PARTNER	OCT 2014-MAR 2015 FFS	APR-MGF	MAY-MGF	JUNE-MGF	TOTAL CP MHLA REIMBURSEMENT
EL PROYECTO DEL BARRIO	$1,031,415	$143,936	$147,840	$152,640	$1,475,831
FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES, INC.	$456,015	$77,792	$82,688	$86,336	$702,831
GARFIELD HEALTH CENTER	$30,870	$4,544	$5,088	$5,728	$46,230
HARBOR COMMUNITY CLINIC	$97,335	$14,240	$14,816	$15,424	$141,815
HERALD CHRISTIAN HEALTH CENTER	$17,850	$4,320	$4,448	$5,280	$31,898
JWCH INSTITUTE, INC.	$760,095	$121,856	$131,424	$139,680	$1,153,055
KEDREN COMMUNITY HEALTH CENTER, INC.	$0	$896	$1,024	$1,472	$3,392
KOREAN HEALTH, EDUCATION, INFORMATION AND RESEARCH CENTER	$128,940	$27,424	$28,672	$30,944	$215,980
LOS ANGELES CHRISTIAN HEALTH CENTERS	$131,355	$29,824	$33,280	$35,488	$229,947
LOS ANGELES LGBT CENTER	$0	$96	$96	$128	$320
MISSION CITY COMMUNITY NETWORK, INC.	$560,385	$89,472	$96,000	$102,272	$848,129
NORTHEAST VALLEY HEALTH CORPORATION	$818,160	$262,784	$272,544	$281,472	$1,634,960
PEDIATRIC & FAMILY MEDICAL CENTER dba EISNER PEDIATRIC & FAMILY MEDICAL CENTER	$534,555	$133,600	$141,024	$147,296	$956,475
POMONA COMMUNITY HEALTH CENTER	$142,170	$19,712	$20,576	$22,208	$204,666
QUEENSCARE FAMILY CLINICS	$759,255	$159,936	$161,312	$157,952	$1,238,455
SAMUEL DIXON FAMILY HEALTH CENTER, INC.	$17,010	$7,776	$7,648	$8,032	$40,466
SOUTH BAY FAMILY HEALTH CARE CENTER	$502,005	$90,688	$93,792	$97,120	$783,605
SOUTH CENTRAL FAMILY HEALTH CENTER	$53,865	$34,080	$39,648	$45,216	$172,809
SOUTHERN CALIFORNIA MED CENTER, INC	$32,235	$6,656	$6,720	$6,784	$52,395

COMMUNITY PARTNER	OCT 2014-MAR 2015 FFS	APR-MGF	MAY-MGF	JUNE-MGF	TOTAL CP MHLA REIMBURSEMENT
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	$2,543,205	$580,448	$608,384	$631,232	$4,363,269
TARZANA TREATMENT CENTER, INC.	$89,670	$22,336	$23,808	$24,480	$160,294
THE ACHIEVABLE FOUNDATIION	$0	$0	$128	$160	$288
THE CHILDREN'S CLINIC, "SERVING CHILDREN AND THEIR FAMILIES"	$565,635	$141,280	$147,680	$152,768	$1,007,363
THE CLINIC, INC.	$238,455	$40,704	$42,880	$45,216	$367,255
THE LOS ANGELES FREE CLINIC, dba SABAN COMMUNITY CLINIC	$593,460	$126,688	$134,144	$141,152	$995,444
THE NORTHEAST COMMUNITY CLINIC	$535,920	$123,232	$129,760	$135,968	$924,880
UNIVERSAL COMMUNITY HEALTH CENTER	$2,415	$1,568	$1,632	$1,984	$7,599
UNIVERSAL HEALTH FOUNDATION	$0	$2,016	$1,952	$1,984	$5,952
UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC	$152,985	$33,184	$35,744	$38,528	$260,441
VALLEY COMMUNITY CLINIC	$659,295	$109,216	$114,368	$120,288	$1,003,167
VENICE FAMILY CLINIC	$445,200	$106,464	$112,128	$116,640	$780,432
WATTS HEALTHCARE CORPORATION	$149,100	$35,136	$34,784	$35,072	$254,092
WESTSIDE FAMILY HEALTH CENTER	$37,170	$7,456	$7,712	$8,160	$60,498
WILMINGTON COMMUNITY CLINIC	$208,215	$55,200	$58,400	$61,376	$383,191
GRAND TOTAL	**$16,293,585**	**$3,516,096**	**$3,697,600**	**$3,863,040**	**$27,370,321**

Appendix 4
MHLA Dental Expenditures by Community Partner FY 2014-15

ANTELOPE VALLEY COMMUNITY CLINIC	$4,840
APLA HEALTH & WELLNESS	$617
ARROYO VISTA FAMILY HEALTH FOUNDATION	$70,883
BENEVOLENCE INDUSTRIES, INC.	$20,979
CHILDREN'S DENTAL FOUNDATION	$54,154
CHINATOWN SERVICE CENTER	$5,916
CLINICA MSR. OSCAR A. ROMERO	$78,579
COMMUNITY HEALTH ALLIANCE OF PASADENA	$40,934
COMPREHENSIVE COMMUNITY HEALTH CENTER	$32,518
EAST VALLEY COMMUNITY HEALTH CENTER, INC.	$65,482
EL PROYECTO DEL BARRIO	$65,072
HERALD CHRISTIAN HEALTH CENTER	$7,762
JWCH INSTITUTE, INC.	$3,396
MISSION CITY COMMUNITY NETWORK, INC.	$84,776
NORTHEAST VALLEY HEALTH CORPORATION	$237,443
PEDIATRIC & FAMILY MEDICAL CENTER dba EISNER PEDIATRIC & FAMILY MEDICAL CENTER	$112,567
QUEENSCARE FAMILY CLINICS	$175,736
SOUTH BAY FAMILY HEALTH CARE CENTER	$37,535
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	$446,030
THE LOS ANGELES FREE CLINIC, dba SABAN COMMUNITY CLINIC	$170,338
VALLEY COMMUNITY CLINIC	$22,624
VENICE FAMILY CLINIC	$32,494
WATTS HEALTHCARE CORPORATION	$34,059
TOTAL	**$1,804,734**

Appendix 5
Data Source and Submission

The source data for this report came from DHS' Enterprise Patient Data Repository (EPDR) which includes all medical and pharmacy services, as well as membership and demographic data reports which are run from the One-e-App system as well as all DHS services provided to the MHLA program participants. This includes inpatient, emergency, urgent care and outpatient care services. The data being reported includes all services provided to the MHLA participants between August 2014 (start of early MHLA enrollment pilot project) and June 2015.

MHLA's One-e-App (OEA) database program is a web-based eligibility and enrollment system. OEA 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, makes referrals to Restricted (Emergency) Medi-Cal Program, and provides the data to DHS. The OEA system is maintained by a contract vendor, Social Interest Solutions (SIS). The MHLA Program Office works with SIS to maintain data integrity.

The OEA system uploads its daily data to DHS' Patient Management System (PMS) which in turn uploads to the DHS clinical data warehouse, the EPDR. The EPDR integrates clinical, utilization, financial and managed care data into one well-defined and rigorously maintained database system that enables timely and accurate reporting of clinical, operational and financial data. The EPDR is a vital component of DHS' patient integrated electronic health record (EHR) that is utilized at all DHS facilities.

The EPDR is a very large and complex system requiring multiple specialized skill sets in order to maintain end-user functionality and reliable availability. The EPDR transforms data into meaningful information by a team of health facility staff, Health Services Administration informaticists, analysts and information technology staff.