

Los Angeles Healthy Kids Evaluation

Quarterly Process Monitoring Report:

First Quarter 2005

Prepared for:



Prepared by:

The Urban Institute



**The University of
Southern California**



**The University of
California at Los Angeles**



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I. Background on the Healthy Kids Initiative and the Evaluation

July 2003 marked the launch of an exciting new coverage program for children in Los Angeles County—the Healthy Kids Initiative. An initial allocation of \$100 million was committed by First 5 LA to fund the Initiative and extend health insurance coverage to all uninsured children: between the ages of 0-5; living in families with incomes at or below 300 percent of the federal poverty level (FPL); and ineligible for Medi-Cal or Healthy Families. In April 2004, the program was expanded when the Children’s Health Initiative Coalition (CHI)—co-convened by The California Endowment (TCE), the LA Care Health Plan (LA Care), and the Los Angeles County Department of Health Services (DHS)—committed another \$86 million to cover premiums for children between the ages of 6 and 18.

With the initial launch of Healthy Kids, First 5 LA formed strategic partnerships with DHS and LA Care. The partnership with DHS supported outreach and enrollment assistance to families with children who may be eligible for coverage under Healthy Kids, as well as Medi-Cal and Healthy Families, through a series of contracts with 15 community-based agencies located across the county.¹ First 5 LA partnered with LA Care to administer the Healthy Kids program by conducting eligibility determination on all Healthy Kids applicants, and by providing services to enrolled children through its network of primary, acute, and specialty care providers. During the same period, TCE funded 16 community-based organizations to also conduct outreach and enrollment assistance.²

First 5 LA contracted with The Urban Institute to conduct a comprehensive evaluation of the Healthy Kids Initiative in May 2004. One component of the study involves the routine collection, monitoring, and analysis of process measurement data related to outreach, enrollment, and retention, as well as health service delivery. The Institute and its subcontractors—the University of Southern California (USC) and the University of California at Los Angeles (UCLA)—developed these measures in collaboration with First 5 LA, DHS, and LA Care, to provide a picture of how, and how well, Healthy Kids is conducting outreach and enrollment assistance, and providing access to high-quality care. Beginning September 2004, The California Endowment provided additional funds to the evaluation to support process measurement related to the 6-18 population. Evaluators collect, analyze and submit these measures to First 5 LA and TCE on a quarterly basis. This report summarizes the key findings from ongoing process monitoring as of the 1st quarter of 2005.

¹ The specific scope of work for these agencies also includes such activities as ongoing follow-up with families to track the status of their enrollment, helping families with renewal applications, and providing families with assistance in utilizing health care services, among others.

² Some of the community-based organizations funded by DHS to conduct outreach and enrollment assistance also receive funding from TCE to support these activities.

II. Data and Methods

Outreach and application assistance measures come from the DHS Children's Health Outreach Initiatives (CHOI) Database, created to track outreach and enrollment for Healthy Kids, Medi-Cal, Healthy Families, and other public coverage programs. Enrollment and health services data come from LA Care administrative and encounter files. Measures are divided into the following general domains:

- A. Outreach** measures describe the activities conducted by the 15 DHS outreach contractors to increase awareness about all insurance programs.
- B. Application process** measures describe assistance provided to families by the 15 DHS contractors with applications for health insurance, referrals to health providers, and problems with application submission.³
- C. Enrollment status** measures describe the outcome of the enrollment process including the number and proportion of applications that are approved, denied, pending, and lost to follow-up.⁴
- D. Total enrollment** measures track aggregate enrollment in Healthy Kids for both the 0-5 and 6-18 target groups.
- E. Renewal and retention** measures describe the outcomes of the 12-month renewal process in terms of renewal, disenrollment, and program attrition for the 0-5 and the 6-18 year old target populations.
- F. Premium assistance** measures describe the uptake in premium assistance among eligible members ages 0-5 years.
- G. Access, use, and quality** measure describes dental service use rates for children of all ages. Future reports will also examine ambulatory and emergency department service use rates for children of all ages and standard HEDIS measures of immunization coverage and preventive care use for children ages 0-5 and 6-18 years.
- H. Provider network capacity** measures describe the types of primary care providers available to and selected by Healthy Kids enrollees as well as the scope and distribution of the specialty care network.

³ Application totals from the DHS CHOI Database reflect total individuals for whom applications are submitted, while application totals reported from LA Care reflect total number of families submitting applications.

⁴ Enrollment status outcomes from the DHS CHOI Database are a reflection of self-reports from families to the DHS contractors collected during the 90-day follow-up period.

III. Summary of Key Findings on Process Monitoring

Summary findings from the 1st quarter 2005, organized by key domains of interest, include:

A. Outreach

- **Contacts by location:** DHS contractors made nearly 31,000 contacts in the 1st quarter of 2005 (See **Exhibit 1**). This represents a 3 percent increase from the previous quarter.

Similar to previous periods, there are noticeable differences in the volume of contacts made among different locations. In this 1st quarter 2005, nearly 10,000 contacts were made at provider sites and/or clinics, accounting for nearly one-third (32 percent) of all contacts made during the quarter. This represents a 6 percent increase from the previous quarter when 7,762 outreach contacts (26 percent) were made at provider sites and/or clinics.⁵ In addition, there were nearly 6,500 outreach contacts made at WIC clinics, accounting for 21 percent of all contacts, the second largest number of contacts in the 1st quarter 2005. This similarly is a 7 percent increase from the previous quarter. Fairs, festivals, and other outdoor events and activities yielded the third largest number of contacts (17 percent), followed by religious and cultural centers (8 percent) and schools and healthy start centers (7 percent). Counter to trends in contacts at other locations, community centers showed a very large drop in the number and proportion of outreach contacts, down 2,300 contacts to 3 percent compared to 10 percent last quarter.

It appears that outreach workers are conducting outreach in a wide variety of settings and that the focus and priority for those settings varies over time. Providers and clinic settings are consistently yielding high contacts across quarters.

Recommendations/Next Steps:

These patterns raise some questions about outreach strategies: Are some contractors shifting strategies over time as lessons are learned in the field? Do some patterns reflect seasonal changes in strategies? Which contractors conduct outreach in community centers, and why did outreach in these centers drop so much? Further discussions with contractors during site visits could help answer some of these questions. A special study could be designed to assess the impact on enrollment of alternative outreach strategies.

⁵ The large increase in outreach contacts made at clinics and provider offices in the 1st quarter of 2005 is in part due to changes in the manual categorization of these outreach locations. In all previous quarters, one set of locations was placed in the miscellaneous category due to its ambiguity however, after several inquiries this location has now been clarified and identified as a clinic. In this 1st quarter 2005 this set of locations accounted for 9 percent of all contacts made, whereas in previous quarters they accounted for approximately 2 percent.

B. Application Process

1. DHS Applications

- ***Clients assisted with applications, health-related referrals, or health access problems:*** DHS contractors assisted 9,266 clients during the 1st quarter 2005, an 8 percent increase from the previous quarter, though still lower volume than the number served in the 3rd quarter of 2004 (See **Exhibit 2**). Nearly 90 percent received application assistance, while 35 percent (3,256 clients) received assistance with health-related referrals.⁶

Similar to previous quarters, 28 percent of clients assisted in the 1st quarter of 2005 were children ages 0-5, and 44 percent were children ages 6-18. Notably, 29 percent of clients assisted were adults ages 19 or older, demonstrating that DHS contractors continue to provide assistance to all family members.

- ***Total applications completed by DHS contractors:*** A total of 8,164 individuals completed an application with the assistance of DHS contractors in the 1st quarter of 2005, 13 percent more than the previous quarter (See **Exhibit 3**). The number of applications among the three target programs changed somewhat in the 1st quarter 2005. The number of Healthy Kids applications (1,990) remained similar to the 4th quarter of 2004, but overall the total number of applications in these periods was down 25 percent from the 3rd quarter of 2004 when more than 2,700 applications were completed for Healthy Kids. Compared to the previous quarter, Medi-Cal applications increased to nearly 4,200, while Healthy Families increased from approximately 1,400 to over 1,800 applications. Medi-Cal applications now comprise over half of all applications, while Healthy Families applications comprise 23 percent. As a result of these changes, the proportion of applications completed for the Healthy Kids program appears to be declining over time, now accounting for fewer than one-quarter of all applications compared to 32 percent in the 3rd quarter and 28 percent in the 4th quarter of 2004.

There are some differences across the two age groups. Similar to previous quarters, over one-half (55 percent) of all applications completed with the assistance of DHS contractors for children ages 0-5 were for Medi-Cal compared to 25 percent for children ages 6-18. Among younger children ages 0-5 about 18 percent of applications were for Healthy Kids, less than half the proportion (41 percent) completed for Healthy Kids among older children ages 6-18. Similar trends were noted for Healthy Families although the differences were smaller when comparing the older group (32 percent) with the younger group (26 percent). Generally, this distribution did not vary greatly from the 3rd and 4th quarters of 2004. Not surprisingly, 94 percent of all applications completed with the assistance of DHS contractors for adults ages 19 and above were for Medi-Cal.

The relatively high number of Medi-Cal applications for children ages 0-5 can be explained in part by Medi-Cal eligibility guidelines, which are more generous for younger children than for older children. (Upper income eligibility thresholds for infants

⁶ Some clients assisted by the DHS Contractors receive both application assistance and assistance with health-related referrals. Therefore, due to the overlap these percentages do not add to 100.

are 200 percent of the federal poverty level, 133 percent of poverty for children ages 1 to 6, and just 100 percent of poverty for children ages 6-18.) In addition, younger children are more likely to have been born in the United States, and thus more likely to be eligible for either Medi-Cal or Healthy Families.

2. All Healthy Kids Applications

- ***Applications received by month:*** By the end of March 2005, LA Care had received 27,362 Healthy Kids applications for children ages 0-18 years. Volume in February and March remained at the same levels as in months prior to the holiday season (November through January) (See **Exhibit 4**). Since May of 2004, LA Care has received an average of 2,257 applications per month, reflecting a continued interest in the program and an active outreach and enrollment system.
- ***Applications received by submitting organization:*** DHS contractors and clinics together have generated about half of all Healthy Kids applications since the 3rd quarter of 2004 (See **Exhibit 5**). Health clinics have been generating the largest number of applications since the 2nd quarter of 2004, providing 31 percent of applications in the 1st quarter of 2005. The proportion of Healthy Kids applications coming from DHS contractors is now about 18 percent, dropping nearly in half since the 3rd quarter of 2003 when these contractors provided nearly 32 percent of all the applications submitted to LA Care.

The volume of applications has been stable for most organizations for several quarters, though there has been a steady rise in the percentage of applications received from schools, increasing from 3 percent in the 4th quarter of 2003 to 9.3 percent in the 4th quarter of 2004 and reaching 13 percent in the 1st quarter of 2005. LA Care showed another small increase in the share (and volume) from last quarter. Only 16.3 percent of applicant families (about 1,000 applications quarterly) do not appear to have received direct assistance, or their assistance status is unknown, a percentage that has remained steady the last three quarters. Information on the share of this group that is denied or pending would help determine if outreach to or further assessment of this group is warranted.

Recommendations/Next Steps:

While the proportion of applications completed for the Healthy Kids program is declining as a share of all applications submitted by DHS outreach contractors, there is no indication as of the 1st quarter of 2005 that the volume of Healthy Kids applications submitted by outreach contractors or overall is declining. Fluctuation in application volume may be due to seasonal trends. However, we can expect the initial application volume to decline over time as families seeking assistance are helped, and other families who are harder to find remain uninsured. Outreach contractors may need to implement new outreach strategies in the near future for finding the “harder to reach” uninsured, which may include families of moderate income.

C. Enrollment Status

1. DHS Applications

- ***Applications confirmed enrolled, confirmed denied, pending, and lost to follow-up:*** In this section we analyze the status of the applications completed with the assistance of DHS contractors in the 4th quarter 2004 (See **Exhibit 6**). In that quarter, there were approximately 6,600 applications submitted during the quarter, representing a 15 percent decline from previous quarters in 2004 when there were more than 7,900 applications completed.

Two-thirds of applications completed in the 4th quarter 2004 for the Healthy Kids, Healthy Families, or Medi-Cal programs were confirmed enrolled by the DHS contractors during the 90-day post-application completion follow-up period. This is similar to the 3rd quarter 2004 in which 66 percent of applications completed were confirmed enrolled, but higher than the 2nd quarter 2004 when only 58 percent of applications were confirmed enrolled. The increasing number of applications with confirmed enrolled status in the 3rd and 4th quarters 2004 indicates that DHS contractors appear to be improving their ability to determine the disposition of applications over time.

Across quarters, the percentage of applications with confirmed denied outcomes has remained consistent. Overall, 4 percent of all applications completed during the 4th quarter of 2004 were confirmed denied, including 2 percent of children ages 0-5, and 3 percent of children ages 6-18.

In the 4th quarter 2004, 18 percent of applications completed were classified in the DHS CHOI Database as “pending.”⁷ This represents a substantial decrease compared to the 2nd and 3rd quarters of 2004, when 34 percent and 22 percent respectively, of all such applications were pending. Approximately 12 percent of all applications completed in the 4th quarter 2004 were considered “lost to follow-up.”⁸ This increase represents a marked increase from the 2nd and 3rd quarters of 2004 when fewer than 8 percent of applications were deemed “lost to follow-up.” These changes are largely the result of an ongoing “clean-up” effort by DHS and its contractors in the beginning of 2005 to investigate and determine the actual status of applications reported as pending.

- ***Applications confirmed enrolled, confirmed denied, and lost to follow-up by age and program:*** In the 4th quarter 2004, for both the 0-5 and 6-18 age groups, the highest

⁷ Outreach contractor staff largely rely on telephone follow-up with families, within 90 days following the date of completion, to learn the disposition of applications. Those applications in which the client may not yet know the status, reported problems with submission, or the enrollment database has indicated that no eligibility determination has been made during this 90-day period are considered “pending.”

⁸ If outreach staff cannot reach a family by telephone or mail and/or determine the disposition of an application through the available automated enrollment verification systems after 120 days, the application is considered “lost to follow up.”

confirmed enrollment rates (excluding completed applications with “pending” status⁹) were seen for the Healthy Kids program (86 percent) followed by Medi-Cal and Healthy Families (See **Exhibit 7**). In addition, unlike previous quarters, applications with lost to follow-up status were also included in this measure’s denominator to reflect the outcomes of all applications with a final disposition following the 90-day period. As a result, data collected for this measure before the 1st quarter of 2005 is not comparable to the data collected during this and future quarters.¹⁰

2. All Healthy Kids Applications

- **Applications approved:** Approval rates for Healthy Kids applications have remained high, around 97 percent for the 1st quarter of 2005 (See **Exhibit 8**). Approval rates have been over 90 percent since March 2004.
- **Applications denied and reason for denial:** In the 1st quarter of 2005, fewer applications were denied than in the previous two quarters. Only 190 applications were denied in the 1st quarter of 2005, down from 327 the last quarter of 2004. Applications denied for all reasons except incomplete information declined in 2004 and incomplete information was the only reason for denials in the 1st quarter of 2005 (See **Exhibit 9**). Reasons for incomplete applications include missing signature, failure to select a primary care provider (PCP), or missing documentation that parents must provide such as income information.
- **Denial rates by source of application:** LA Care monitors denial rates for each specific organization submitting applications to identify potential problems. Rates of denied Healthy Kids applications have declined over time for most of the organizations involved in facilitating applications, with the exception of NexCare (See **Exhibit 10**).

Recommendations/Next Steps:

The decline in denials caused by eligibility for a state insurance program suggests a very precise outreach and enrollment system that correctly identifies and enrolls eligible applicants. The remaining challenge of incomplete information reflects the traditional barrier of families providing needed information for a public health insurance application. To encourage parent response, LA Care calls parents and sends letters about missing information for applications that are pending. The fact that so few applications are incomplete suggests that Healthy Kids has partially removed a traditional barrier from the health insurance application process.

⁹ Data on “pending” was excluded in order to better assess the status of all applications with a final outcomes in the 4th quarter 2004.

¹⁰ The number of applications determined to be “lost to follow-up” will be included in all future reports discussing the final outcomes of applications completed with the assistance of DHS Contractors.

D. Total Enrollment in Healthy Kids

- **Total Healthy Kids enrollment:** As of July 1, 2005, Healthy Kids had enrolled 7,659 children ages 0-5 and 36,605 children ages 6-18, for a total of 44,264 enrollees. By the end of the 1st quarter of 2005, a total of 37,052 children ages 0-18 were enrolled (See **Exhibit 11**). The majority of Healthy Kids enrollees (82 percent) are in the 6-18 age group. There are more uninsured children ages 6-18 than 0-5 years in Los Angeles because the older group faces stricter income eligibility thresholds in other public programs and the age range is larger. Also, the larger share of enrollees attributed to older children may be due to the larger pool of uninsured eligibles in this group.

Exhibit 12 shows the number and proportion of Healthy Kids members by SPA. The proportion of Healthy Kids members who are ages 0-5 years is similar across all SPAs at 18.7 percent, ranging from 17.7 percent in San Gabriel to 19.7 percent in the South Bay.

- **Preferred language of Healthy Kids parents:** The preferred language for most parents of Healthy Kids enrollees was Spanish, with 82 and 83 percent of parents of children ages 0-5 and 6-18 selecting Spanish. (See **Exhibit 13**). English is the next most common preferred language (10 percent), and Korean is the preferred language of 1 percent of parents of Healthy Kids members.
- **Estimated participation rate among Healthy Kids eligibles:** Healthy Kids enrollment has exceeded the initial March 2005 target of 22,463 members.¹¹ Based on estimates from the 2003 CHIS, it appears that Healthy Kids has enrolled approximately 52 percent of the estimated 14,000 eligible children ages 0-5 and 44 percent of the estimated 72,000 eligible children ages 6-18, for an overall participation rate of 45 percent of all eligible children ages 0-18 years in Los Angeles County (See **Exhibit 14**).¹² The lowest bound of the actual participation rate would be about one-third of eligible children with an upper range of 100 percent.
- Estimated participation rates are similar in most SPAs. Rates appear highest in the SPA of San Fernando (54 percent) and lowest in the West SPA (18 percent).

Recommendations/Next Steps:

With participation in Healthy Kids reaching over 50% of uninsured eligible children ages 0-5 and reaching 45% for all age groups, the program appears to be approaching the strategic objective of enrolling 50% of the uninsured eligible children in the County.¹³ It is worth noting that these rates do not consider the fact that new families may be moving into the County who need coverage for their children. If this is the case, meeting the strategic

¹¹ Enrollment targets made for Healthy Kids in 2003 came from 2001 CHIS estimates of the total number of uninsured children 0-18 in Los Angeles qualifying for Healthy Kids, based on insurance, household income, and documentation status.

¹² These percentages are based on the California Health Interview Survey of 2003 (CHIS) estimates of the number of uninsured children who are in households below 300% FPL and ineligible for Medi-Cal or Healthy Families due to income and/or documentation status. Due to small numbers of CHIS interviews in some SPAs, the certainty of the percentages differs between SPAs and is greatest for countywide estimates.

¹³ First 5 LA. Next five strategic plan FY 2004-2009. Los Angeles, CA.

objective to reach eligible uninsured children in the County may require ongoing outreach to these new immigrants.

E. Renewal and Retention

- **Reasons for disenrollment:** Consistent with previous quarters, the most frequent reasons for children ages 0-18 disenrolling from the program are moving out of the county (44 percent in the 1st quarter of 2005), “aging out” by reaching age 19 (40 percent), or obtaining coverage through the parent (12 percent) (See **Exhibit 15**). It was expected that reaching age 19 years would increase as a proportion of disenrollments given the growing proportion of children 6-18 in Healthy Kids. The percentage of disenrollments with no reason given dropped from 15.6 to 5.0 percent in the last quarter, suggesting improvements in the documentation of disenrollment reasons. LA Care seeks to contact all parents of children who would be disenrolled due to failure to confirm in-county residence. The number and proportion stating that they disenrolled due to inability to pay a premium has remained close to zero for the past year. Reasons for disenrollment were not provided separately for children ages 0-5.

Retention: The first group of children to enroll in Healthy Kids reached 12 months of continuous guaranteed enrollment in Summer 2004. Only 2% of enrollees ages 0-5 years disenrolled from Healthy Kids prior to 12 months of enrollment (see **Exhibit 16**). The first 12-month renewal process for Healthy Kids was initiated in Fall 2004. The renewal process was lengthened to allow for eligibility redetermination procedures to be tested and continually improved. As a result, 562 children eligible for renewal in or prior to the 1st quarter of 2005 (with a 12-month eligibility period ending on or before March 2005) have not yet completed the process. Another 1,147 children eligible for renewal had completed the redetermination process by June 2005.

When presenting the retention rate, we exclude children still in process and those who disenrolled prior to the 12-month enrollment date. Of children ages 0-5 years who remained enrolled after 12 months of enrollment and have completed the redetermination process (1,147 children), 726 children or 63.3% have renewed (See **Exhibit 16**). In comparison, Healthy Families uses a standardized retention measure for their entire population for 2003, and reported that 70% remained enrolled after renewal and after one year of enrollment.

Recommendations/Next Steps:

The retention rate of 63% meets the First 5 LA strategic objective that 60% of children assisted after their first year of enrollment will remain in Healthy Kids or other low or no-cost health insurance programs by June 30, 2005.¹⁴ Reasons for disenrollment were not provided separately for children ages 0-5, but the majority of children appear to be disenrolling because they moved out of county. Further analysis may be required to know if children enrolled through DHS contractors are experiencing the same renewal rates as

¹⁴ First 5 LA. Next five strategic plan FY 2004-2009. Los Angeles, CA.

children enrolled through other means.¹⁵

F. Premium Assistance

- ***Receiving premium assistance:*** The vast majority of Healthy Kids enrollees ages 0-5 years (87 percent) are exempt from monthly premiums due to low household income (See **Exhibit 17**). During the 1st quarter of 2005, only 7 members ages 0-5 years, or fewer than 1 percent of those children in the premium-paying category (incomes between 134-300 percent of the federal poverty level), received premium assistance. In March 2005, only 15 families with children ages 6-18 received premium assistance, indicating no change in assistance levels. Although rates of receiving premium assistance are low, no families reported disenrolling their child in the 1st quarter of 2005 due to inability to pay monthly premiums. The income levels of children in Healthy Kids shows that the program is reaching families with the lowest incomes. If children with higher incomes are to be targeted, different outreach strategies may be necessary.

Recommendations/Next Steps:

None. Continue to monitor.

G. Access, Use and Quality

Measuring utilization

At present the available utilization data do not fairly reflect utilization among Healthy Kids enrollees. This situation arises from several challenges shared by all evaluations of utilization in a managed care setting, as well as some circumstances unique to the Healthy Kids program. As a result, only data on dental care services is presented in this quarter.

The first challenge faced in measuring utilization accurately is low submission rates of encounter data by providers. Encounter data are underreported across the Healthy Kids provider network, particularly among the safety net providers who are providing care to about one-third of Healthy Kids members. Low submission rates mean that many visits are not counted, and reported utilization rates are artificially low. In the case of annual HEDIS measures, encounter data is supplemented with medical records review, but the expense of this process prohibits quarterly monitoring using such a hybrid method. Preventive care measures monitored in this evaluation rely solely on encounter data.

The second challenge is the lag in reporting that is required to provide sufficient time for claims data to be processed by the health plan. This problem primarily affects emergency room visits, for which the health plan retains claims data. Although Healthy Kids shares this challenge with other programs, reporting may lag further behind for Healthy Kids given the higher rates of safety net provider participation in Healthy Kids.

¹⁵ First 5 LA assisted/supported refers to children and families that receive services from a First 5 LA funded partner.

The third challenge is the use of services that may occur in conjunction with or just prior to enrollment in Healthy Kids. The prevalence of this phenomenon is likely higher among Healthy Kids enrollees than children enrolled in Healthy Families, because Healthy Kids enrollees are expected to have high rates of participation in CHDP and Emergency Medi-Cal. For instance, the current report shows that at least one-third of new Healthy Kids members enroll with assistance from a clinic and thus may have just received a preventive visit paid for through CHDP. Such visits would not be included in the encounter data submissions.

The three challenges described above are ongoing challenges. To address these data limitations, the evaluation includes components for monitoring submission rates of encounter data and exploring service use prior to enrollment. Quality improvement activities are also addressing incentives to providers for submission of encounter data.

Another short-term challenge is that Healthy Kids is in its infancy, and most children have not been enrolled in the program long enough to measure annual service use, when accounting for lag times in the submission of encounter and claims data. In the case of HEDIS measures, such as immunization rates, the Medi-Cal and Healthy Families measures available for comparison are constructed as annual rates. In the case of ambulatory care visits, measures reported by the San Mateo evaluation are based on six-month periods, while L.A. Care has only constructed the measure based on a three-month period.

Based on the severe limitations in currently available utilization data, measures on utilization (with the exception of dental care) are not reported in this quarterly report. Once sufficient time has passed to construct measures that are comparable to measures reported by other programs, or allow annual rates to be calculated, quarterly reports will include a more comprehensive presentation of utilization measures.

- ***Use of dental services:*** About 72 percent of dental services provided to children ages 0-5 in the 1st quarter of 2005 are for preventive or diagnostic purposes (See **Exhibit 18**). This is an increase from about 55-60 percent of dental services provided to children 0-5 years in the 1st and 2nd quarters of 2004 (not shown). A measure of the proportion of children receiving at least one dental visit will be available in future reports.

Recommendations/Next Steps:

Process measures to date monitoring access, quality, and service use indicate challenges related to the collection of data and meeting program objectives in this area. Monitoring is also complicated by the possibility that some care is provided to children through the CHDP program or Emergency Medi-Cal. Further study of these issues is needed, and LA Care needs to continue working with network providers to encourage the submission of encounter data.

H. Provider Network Capacity

- ***PCP selection by Healthy Kids members:*** Just under half (44.7 percent) of Healthy Kids enrollees have a pediatrician as their primary care provider (PCP) (See **Exhibit 19**).

Nearly one-third (28.1 percent) selected family practice physicians, while about one-quarter (23.7 percent) have general practice physicians as PCPs. The proportion of Healthy Kids enrollees with a pediatrician as their PCP ranges from lows of 31 percent in San Fernando SW and 33 percent in West San Gabriel to 65 percent in the Northwest San Fernando Valley. The proportion of enrollees with a general practice physician as their PCP ranges from a low of 8 percent in Northeast San Fernando and 9 percent in the West to highs of 41 percent in Southeast San Fernando and 50 percent in Southwest San Fernando.

- ***Selection of safety-net PCPs by Healthy Kids members:*** About one-third (32 percent) of Healthy Kids enrollees have a PCP who practices in a safety net setting (See **Exhibit 20**). This rate exceeds that for LA Care’s Medi-Cal and Healthy Families members; for example, fewer than 10 percent of Healthy Families members have PCPs who practice in safety-net settings. Receiving care in safety net settings is more common in the Northeast San Fernando, Northwest San Fernando, and West regions and much less common in Southeast San Fernando (no members in safety net settings), Southwest San Fernando (6 percent of members), and East San Gabriel (8 percent of members). More children with pediatricians or family practice physicians (which disproportionately includes children ages 0-5 years) than with general practice or other physician types are in safety-net settings (See **Exhibit 21**). Only 9 percent of children with a general practice physician are in the safety net.
- ***Specialists per Healthy Kids member:*** Several key pediatric specialties show not only maldistribution across SPAs, but also a potential shortage, particularly in the area of child development (with only one physician in the network) (See **Exhibit 22**). Child development and pediatric neurology generally have the least favorable ratios across the SPAs.

Recommendations/Next Steps:

None. Continue to monitor.

IV. Conclusions and Next Steps

This quarterly report provides a snapshot of the early implementation status of the Los Angeles Healthy Kids program by presenting data on a large number of indicators of interest to Healthy Kids policymakers and stakeholders. Selected highlights among these process measures include:

- Outreach organizations appear to be contacting a large number of families in a wide variety of settings. Clinics, schools, and CBOs are playing a critical role.
- The outreach system appears to be fulfilling its goal of helping children to access any available health coverage program, as indicated by the volume and distribution of applications completed for Healthy Kids, Healthy Families, and Medi-Cal.
- The vast majority of applications to Healthy Kids are approved for coverage. The decline in denials caused by eligibility for a state insurance program suggests a very precise outreach and enrollment system that correctly identifies and enrolls eligible applicants. The fact that so few applications are incomplete suggests that Healthy Kids has partially removed a traditional barrier from the health insurance application process.
- First 5 LA is meeting the strategic objective of enrolling 50% of all uninsured eligible children in the County. Total enrollment in Healthy Kids has steadily grown to over 37,000 children by March 2005. This is estimated to be just under half of the children in Los Angeles County who are thought to be eligible for coverage under the program.
- First 5 LA is meeting the strategic objective that 60% of children assisted after their first year of enrollment will remain in Healthy Kids or other low or no-cost health insurance programs by June 30, 2005. Of all children ages 0-5 that enroll in Healthy Kids and completed the renewal process, 63% remain in the program following eligibility redetermination. Disenrollment and failure to renew are usually due to the child moving out of the county or aging out.
- Currently available data do not allow us to assess the proportion of children receiving preventive dental visits.
- Indicators show that all Healthy Kids members are being linked to a primary care medical home. About one-third of enrollees have a PCP who practices in a safety net setting, which is much higher than for LA Care members in the Medi-Cal and Healthy Families programs. Most have elected either a pediatrician (45 percent) or a family practice physician (28 percent).

Future reports will provide renewal rates for a larger cohort of Healthy Kids members. As the program matures, it is hoped that we will be able to report more accurate estimates of service utilization than has been possible in the quarterly reports to date.

As our next step, the evaluation team is considering strategies to routinely obtain information about quality improvement activities conducted by DHS and LA Care or their subcontractors and

vendors. As information on these activities is collected, future reports will include this contextual information to assist in the interpretation of indicator trends. In addition, the evaluation team will work with DHS and LA Care to look for opportunities for the evaluation team to assist in monitoring the impact of QI activities using the current process monitoring indicators.

Exhibit 1
Number and Percent Distribution of Locations
Where DHS Outreach Contacts Occurred (All Age Groups)
Quarters 3 and 4-2004 and Quarter 1-2005

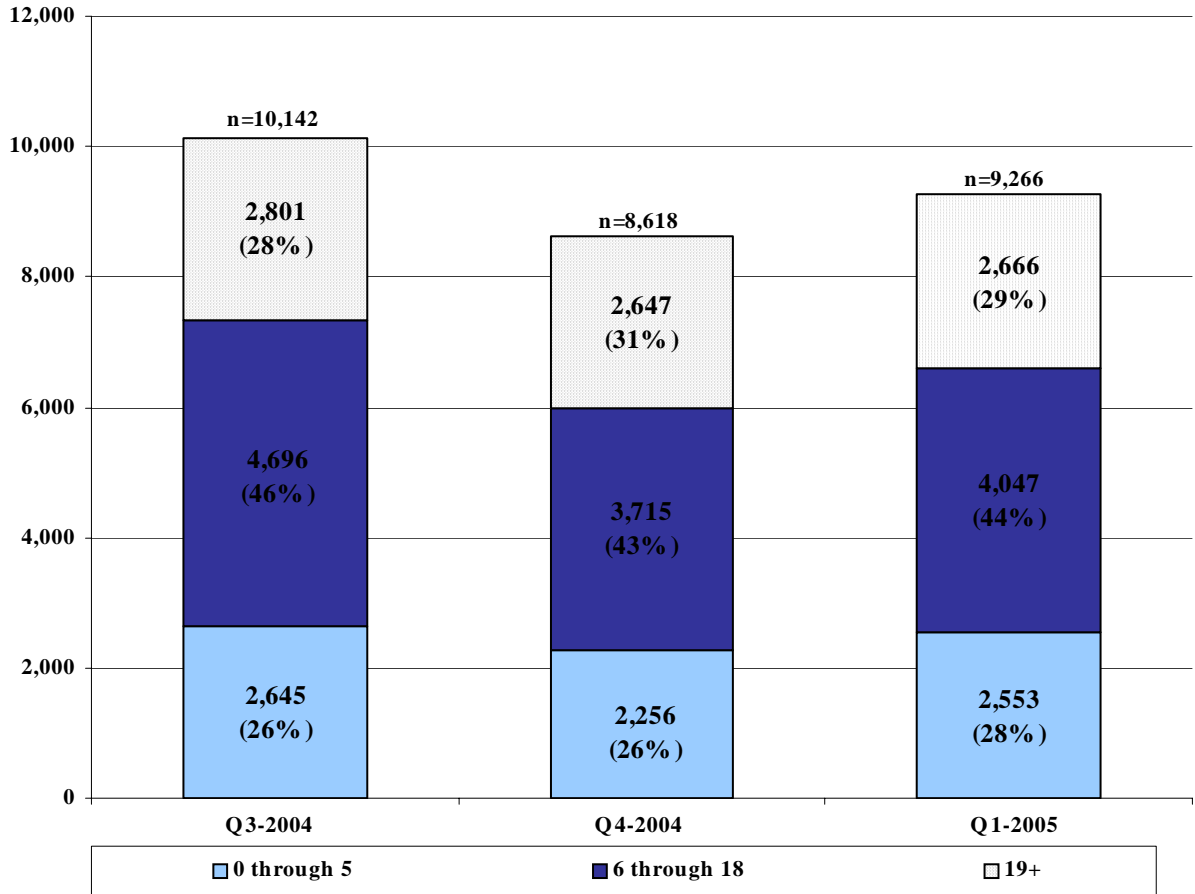
Outreach Locations	No. of Contacts			% of Contacts		
	Q3-2004	Q4-2004	Q1-2005	Q3-2004	Q4-2004	Q1-2005
Providers and Clinics	8,404	7,762	9,849	25%	26%	32%
WICs	5,677	4,092	6,490	17%	14%	21%
Outdoor Outreach	3,155	5,259	5,101	9%	18%	17%
Religious & Cultural Centers	1,369	2,919	2,507	4%	10%	8%
Schools and Healthy Starts	3,037	2,128	2,155	9%	7%	7%
Head Starts and Other Child Care Centers	5,565	1,520	1,523	16%	5%	5%
Retail	2,810	1,612	1,253	8%	5%	4%
Community Centers	2,325	3,105	786	7%	10%	3%
Public Health Departments & County Offices	251	119	809	2%	<1%	3%
Miscellaneous*	1,424	1,177	379	4%	4%	1%
Adult Education	98	346	1	<1%	1%	<1%
Total	34,115	30,039	30,853	100%	100%	100%

* One outreach location included in the Miscellaneous category in the 3rd and 4th quarters of 2004 has since been identified as a provider's office. Therefore, contacts at this location were included in the Providers and Clinics category in the 1st quarter of 2005.

Note: 67 contacts with missing location in Quarter 1-2005.

Source: Estimates using the CHOI Database produced by LAC DHS MCAH staff.

Exhibit 2
Number and Percent Distribution of Clients Assisted by DHS Contractors, by Quarter
(All Age Groups) Quarters 3 and 4 2004 and Quarter 1 2005



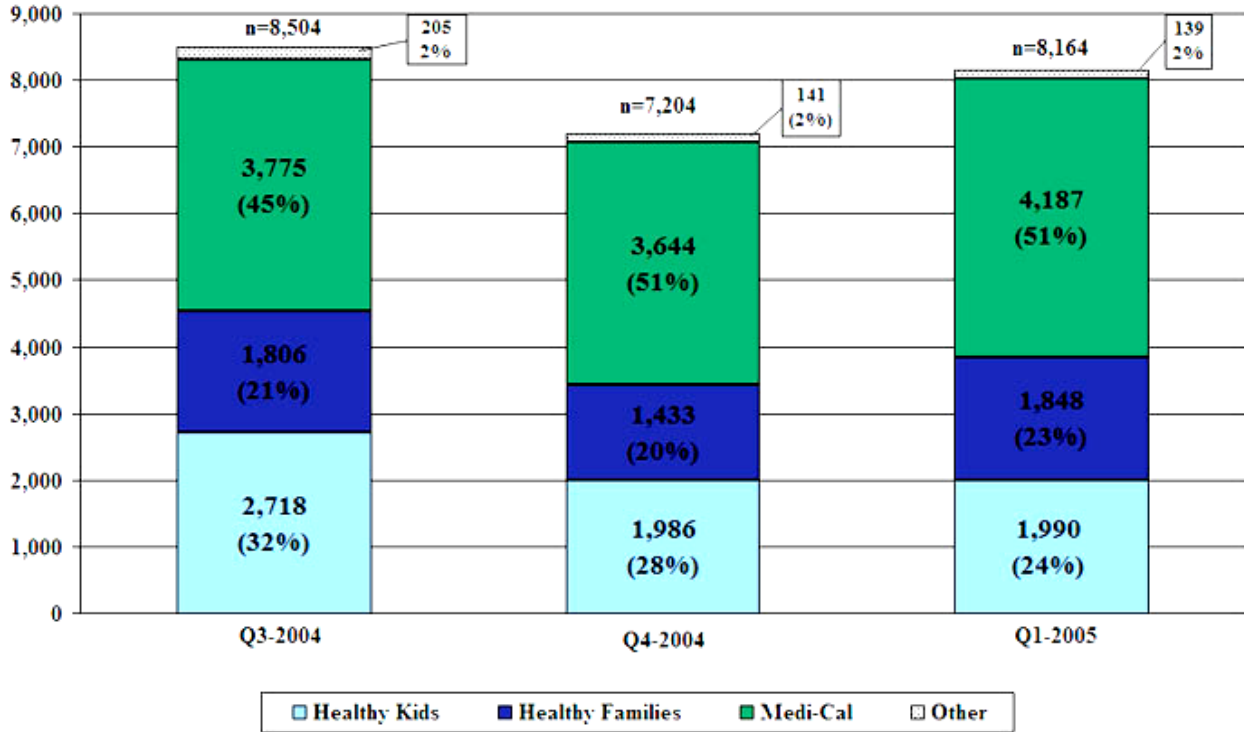
Number of Clients Assisted by DHS Contractors with Health-Related Referrals and/or Applications by Age Group, Provided in Quarter 1 2005

	Age Group			
	0-5	6-18	19+	Total
Total Clients Assisted	2,553	4,047	2,666	9,266
Assistance with Health-Related Referrals	804	1,203	1,249	3,256
Application Assistance	2,365	3,777	2,085	8,227

Note: The number of clients assisted with health-related referrals and the number of clients receiving application assistance do not sum to the total number of clients assisted because some clients receive both kinds of assistance.

Source: Estimates using the CHOI Database produced by LAC DHS MCAH staff.

Exhibit 3
Number and Percent Distribution of Applications Completed with the Assistance of DHS
Contractors by Program (All Age Groups)
Quarters 3 and 4 2004 and Quarter 1 2005

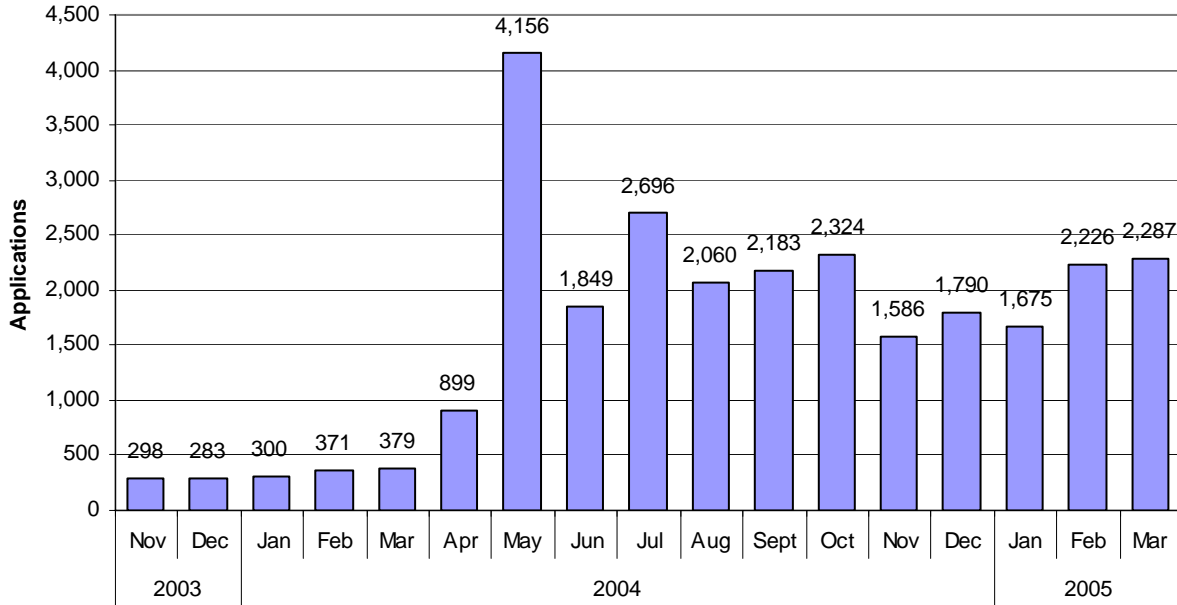


Number and Percent Distribution of Applications Submitted to Each Program
by Age Group, Quarter 1 2005

Program	Ages 0-5		Ages 6-18		Age 19 and Over		All Ages	
	No.	%	No.	%	No.	%	No.	%
Healthy Kids	423	18	1,548	41	19	1	1,990	24
Healthy Families	607	26	1,219	32	22	1	1,848	23
Medi-Cal	1,298	55	950	25	1,939	94	4,187	51
Other	20	1	40	1	79	4	139	2
Total	2,348	100	3,757	100	2,059	100	8,164	100

Source: Estimates using the CHOI Database were produced by LAC DHS MCAH staff.

**Exhibit 4.
Healthy Kids Applications Received by LA Care, by Month
November 2003 to March 2005**



Note: The total number of applications received by the end of March 2005 was 27,362. Counts are of family applications rather than of children. Application numbers include children 0-5 years and children 6-18 years (with children 6-18 beginning in May 2004). The spike in May 2004 reflects the expansion to ages 6-18.

Source: LA Care Health Plan, 2005

Exhibit 5.
Percent Distribution of Healthy Kids Applications by Type of Outreach Organization
Providing Assistance, by Quarter in 2003 2005

	Q4 2003	Q1 2004	Q2 2004*	Q3 2004	Q4 2004	Q1 2005
Total applications processed	999	1,051	6,904	6,939	5,700	6,049
Organization Type	(%)	(%)	(%)	(%)	(%)	(%)
CBO	5.8%	5.1%	3.8%	4.6%	4.1%	3.1%
Clinic	17.8%	26.3%	13.3%	25.3%	32.1%	31.1%
DHS contractor	31.8%	28.2%	11.1%	21.0%	18.4%	17.5%
LA Care Health Plan	10.1%	8.0%	3.9%	6.3%	7.0%	9.9%
NEXCare/Infoline	21.3%	12.9%	7.0%	16.8%	8.9%	6.9%
School district	3.0%	6.6%	5.5%	8.3%	9.3%	13.1%
Other	1.9%	1.9%	0.7%	1.5%	2.9%	2.0%
Unknown/Unassisted	8.2%	11.0%	54.7%	16.1%	17.4%	16.3%
	100%	100%	100%	100%	100%	100%

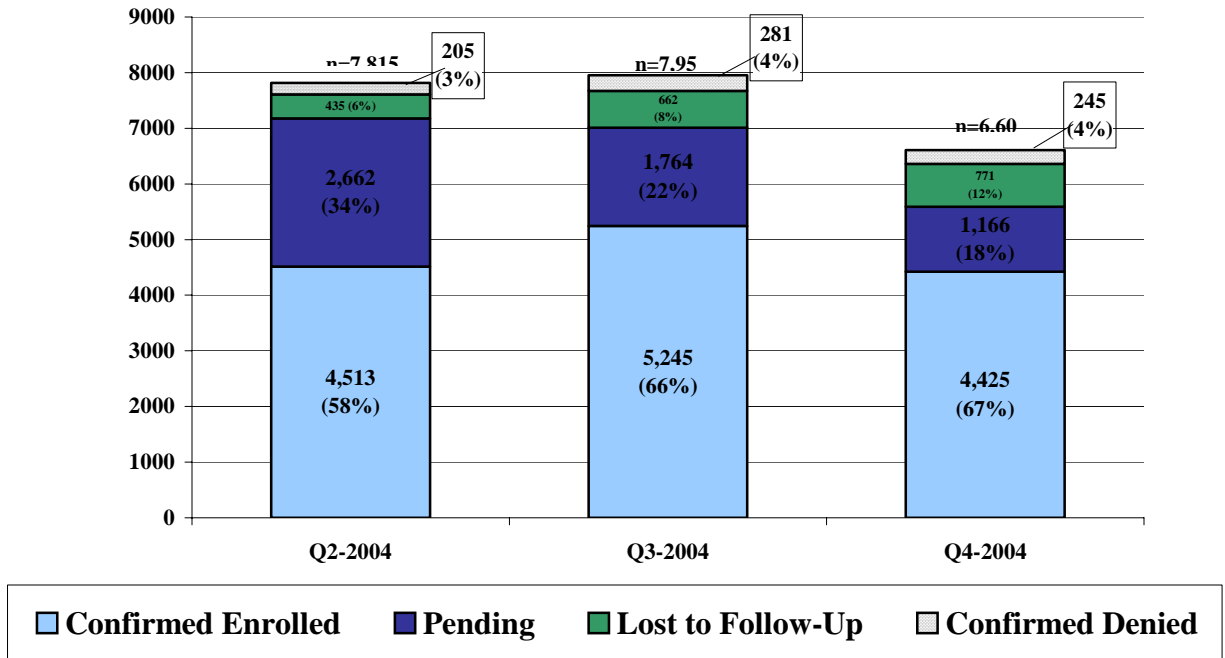
*The transfer of CaliforniaKids members eligible for Healthy Kids occurred in April 2004.

The 12 DHS contractors include four clinics, four CBOs, two public health departments, and two hospitals.

Counts are of family applications rather than of children. Application numbers include children 0-5 years and children 6-18 years (with children 6-18 beginning in May 2004).

Source: LA Care Health Plan, 2005

Exhibit 6
Number and Percent Distribution of the Status of Applications
Completed by DHS Contractors for All Programs (All Age Groups)
Quarters 2, 3, and 4 2004



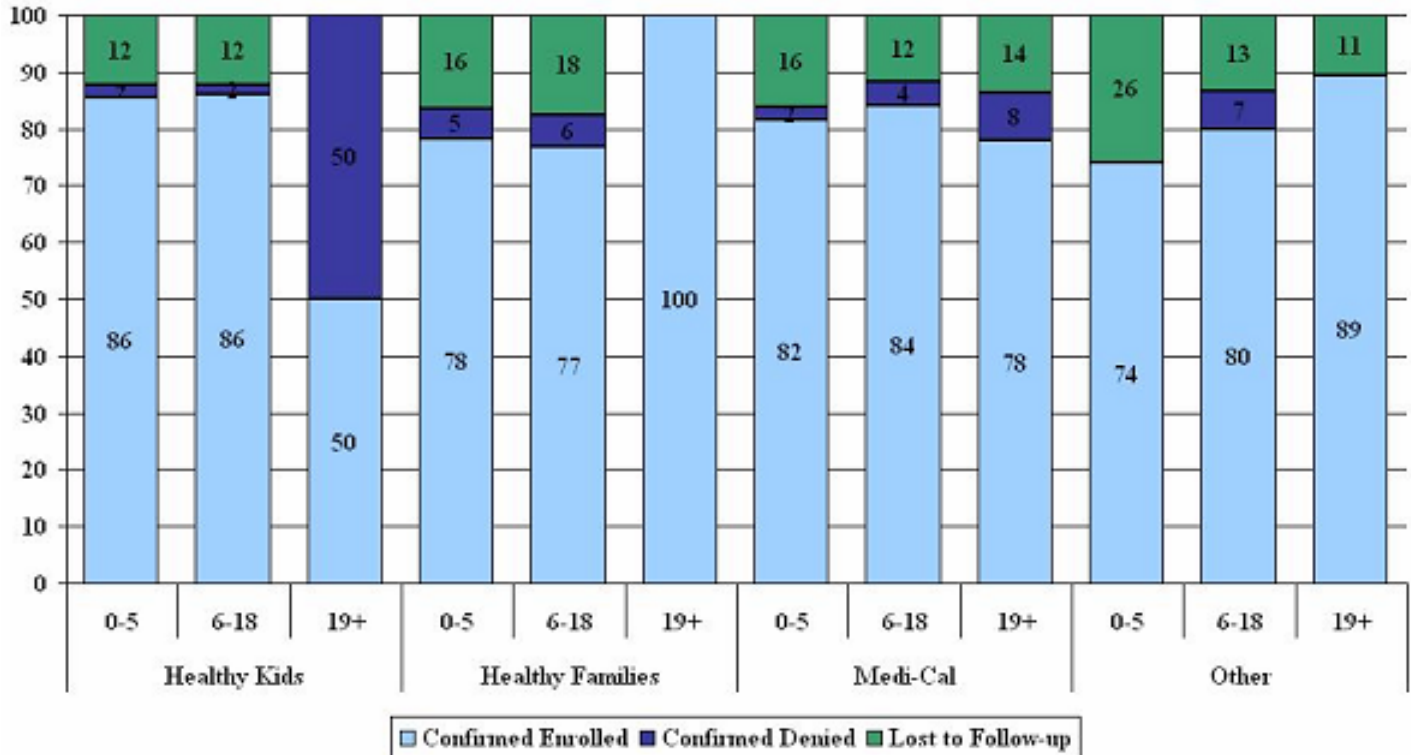
Percent Distribution of the Status of Applications Completed by DHS Contractors for All Programs by Age Group Quarter 4 2004

Application Status	Age Group			
	0-5	6-18	19+	All Ages
Confirmed Enrolled	65%	70%	63%	67%
Confirmed Denied	2%	3%	7%	4%
Pending	20%	15%	19%	18%
Lost to Follow-Up	12%	12%	11%	12%
Total (%)	99%	100%	100%	101%
Total (n)	1,926	2,976	1,705	6,607

Note: Not all estimates sum to 100 due to rounding. Application numbers reported from the CHOI Database reflect total individuals for whom applications are submitted. The status of all applications completed with the assistance of DHS contractors is reported 90-days after the date the application was completed for all contractors except one who is not required to conduct follow-up. The “confirmed enrolled” and “confirmed denied” status of the applications presented in this report are largely the reflection of self-reports from families themselves. While most DHS contractors have access to enrollment verification systems for some or all of the health programs, DHS contractors use the 90-day follow-up period to confirm the status of applications.

Source: Estimates using the CHOI Database produced by LAC DHS MCAH staff.

Exhibit 7
Percent Distribution of Confirmed Enrolled, Denied, and Lost to Follow-up
Applications by DHS Contractors by Program and Age Group
Quarter 4 2004



Percent Distribution and Totals of Confirmed Enrolled and Denied, and Lost to Follow-up
Applications Completed by DHS Contractors by Program and Age Group
Quarter 4 2004

Application Status	Healthy Kids			Healthy Families			Medi-Cal			Other		
	0-5	6-18	19+	0-5	6-18	19+	0-5	6-18	19+	0-5	6-18	19+
Confirmed Enrolled	86	86	50	78	77	100	82	84	78	74	80	89
Confirmed Denied	2	2	50	5	6	0	2	4	8	0	7	0
Lost to Follow-up	12	12	0	16	18	0	16	12	14	26	13	11
Total (%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total (n)	338	1115	6	348	754	5	827	633	1,296	23	30	66

Note: Application status reflected are the result of self-reports by families to the DHS contractors during a 90-day follow-up period. The confirmed enrolled and denied rates were calculated after excluding those applications with pending and lost to follow-up status. Some applications for the Healthy Kids and Healthy Families programs appear to be confirmed enrolled or denied for those 19 and above even though these programs only cover children through the age of 18. These numbers in the 19 and above category are likely due to data entry errors in the CHOI Database.

Source: Estimates using the CHOI Database produced by LAC DHS MCAH staff.

Exhibit 8.
Number and Distribution of Healthy Kids Applications by Month and Status
January 2004 to March 2005

		Total Applications				
		Received	Approved	Denied	Pending	Approval Rate
2004	Jan	300	268	32	0	89.3%
	Feb	371	322	48	0	87.0%
	Mar	379	346	33	0	91.3%
	Apr	899	839	58	0	93.5%
	May	4,156	4,091	62	3	98.5%
	Jun	1,849	1,751	97	1	94.8%
	Jul	2,696	2,552	142	2	94.7%
	Aug	2,060	1,956	103	1	95.0%
	Sept	2,183	2,063	118	2	94.6%
	Oct	2,324	2,178	145	1	93.8%
	Nov	1,586	1,507	79	0	95.0%
	Dec	1,790	1,685	103	2	94.2%
2005	Jan	1,675	1,564	110	1	93.4%
	Feb	2,226	2,127	26	73	98.8%
	Mar	2,287	2,123	54	110	97.5%

Note: Pending applications are excluded from the monthly approval rate. Counts are of family applications rather than of children. Application numbers include children 0-5 years and children 6-18 years. Months through April 2004 included members ages 0-5 years only. Months beginning in May 2004 include members ages 0-18 years.

Source: LA Care Health Plan, 2005

Exhibit 9.
Number and Rate of Healthy Kids Application Denials and Percent Distribution of the Reason for Denial by Quarter in 2004-2005, Children 0 to 18 Years

	Q1 2004	Q2 2004	Q3 2004	Q4 2004	Q1 2005
Total Applications Denied*	113	217	363	327	190
Denial Rate (as % of all applications)	2.8%	3.1%	5.2%	5.7%	3.2%
Reason for Denial (as % of denied)	(%)	(%)	(%)	(%)	(%)
Age 18 years or older	0	0.0	1.1	0.9	0.0
Age 6 years or older	36.3	1.4	0.0	0.0	0.0
Already a Healthy Kids member	6.2	11.1	9.4	2.1	0.0
Enrolled in Medi-Cal or Healthy Families	6.2	3.7	2.5	0.6	0.0
Eligible for Healthy Families	19.7	2.8	2.2	0.9	0.0
Eligible for no-cost Medi-Cal	0.0	0.5	3.9	2.8	0.0
Income above 300% FPL	2.7	1.4	0.8	0.9	0.0
Incomplete application	29.2	71.4	75.5	90.8	100.0
Non LA County resident	2.7	2.3	1.1	0.6	0.0
Other	1.8	3.7	3.6	0.3	0.0
	100	100	100	100	100

Note: Counts are of family applications rather than of children. Application numbers include children 0-5 years and children 6-18 years. Months through April 2004 included members ages 0-5 years only. Months beginning in May 2004 include members ages 0-18 years.

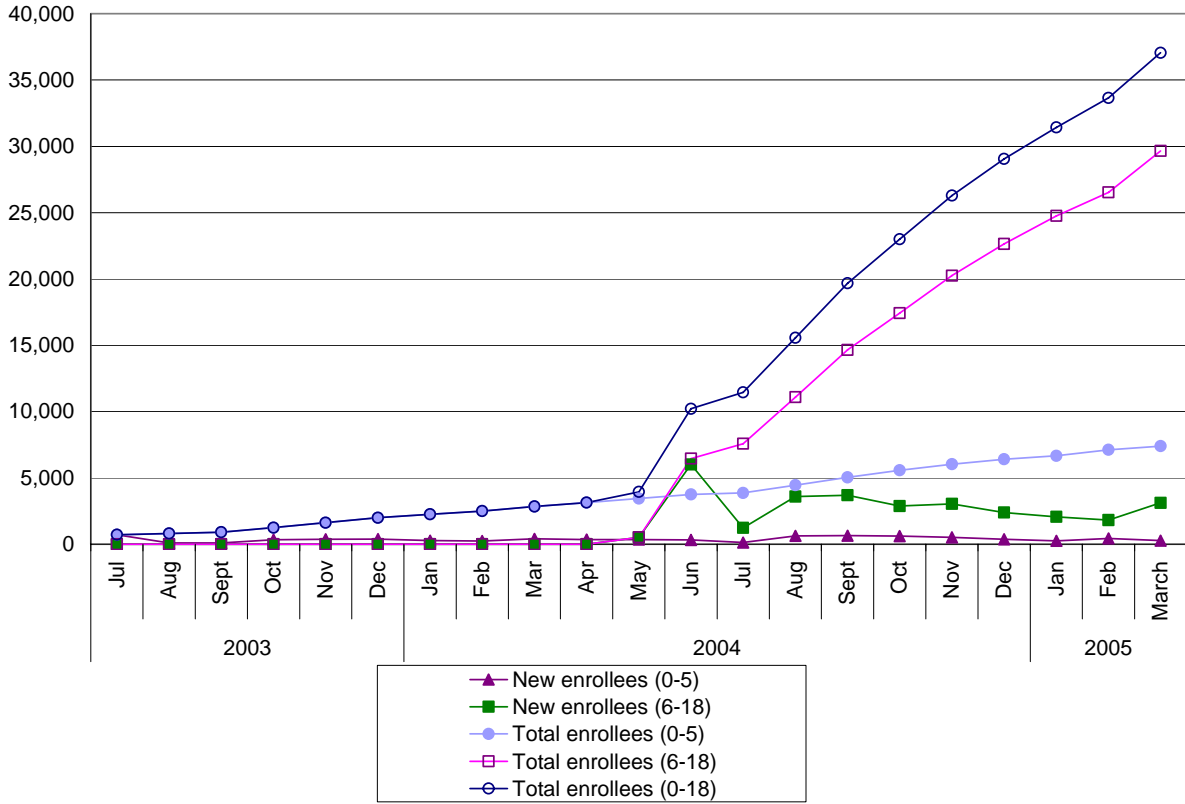
Source: LA Care Health Plan, 2005

Exhibit 10.
Rate of Healthy Kids Application Denials by Type of Organization Providing Assistance, by Quarter in 2004 and 2005, Children 0 to 18 Years

Type of Organization	Q3 2004	Q4 2004	Q1 2005
	(%)	(%)	(%)
CBO	5.0	4.7	1.6
Clinic	5.7	5.6	3.4
DHS contractor	4.0	4.8	3.0
LA Care Health Plan	6.6	4.0	0.8
NEXCare	1.8	2.6	4.1
School district	8.5	6.8	2.8
Other	2.9	3.0	0.8
Unknown/unassisted	7.8	9.4	5.1

Note: Excludes any pending applications. Reports May 2005 status of submitted applications.
Source: LA Care Health Plan, 2005

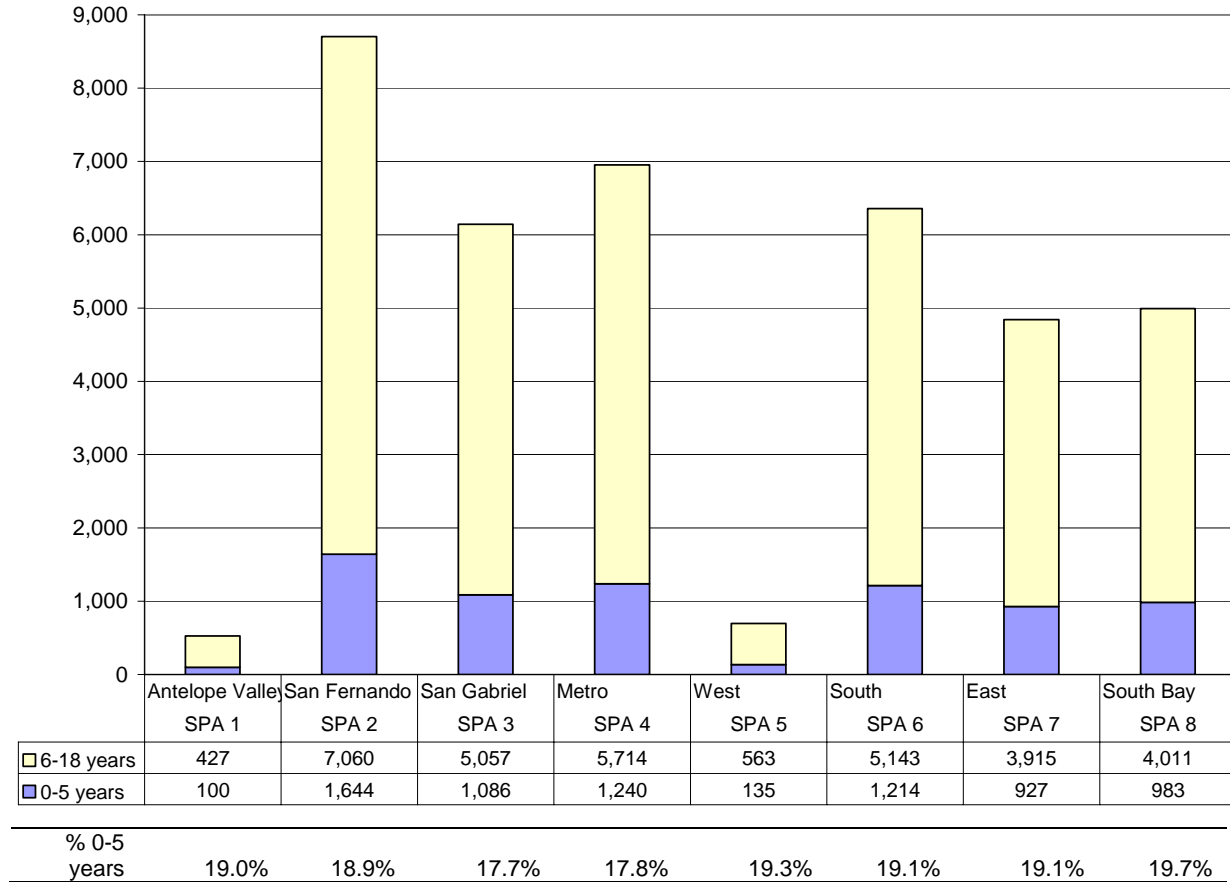
Exhibit 11.
Healthy Kids Enrollment by Month and Age
July 2003 to March 2005



		New members		Total members		
		0-5 years	6-18 years	0-5 years	6-18 years	0-18 years
2004	Jan	273	-	2,269	-	2,269
	Feb	247	-	2,512	-	2,512
	Mar	406	-	2,845	-	2,845
	Apr	360	-	3,143	-	3,143
	May	360	513	3,441	513	3,954
	Jun	323	6,017	3,756	6,462	10,218
	Jul	126	1,240	3,868	7,581	11,449
	Aug	638	3,603	4,463	11,099	15,562
	Sept	646	3,698	5,037	14,651	19,688
	Oct	612	2,878	5,578	17,417	22,995
	Nov	517	3,041	6,035	20,256	26,291
	Dec	373	2,389	6,407	22,646	29,053
2005	Jan	263	2,069	6,670	24,765	31,435
	Feb	447	1,820	7,121	26,531	33,652
	Mar	281	3,119	7,402	29,650	37,052

Source: LA Care Health Plan, 2005

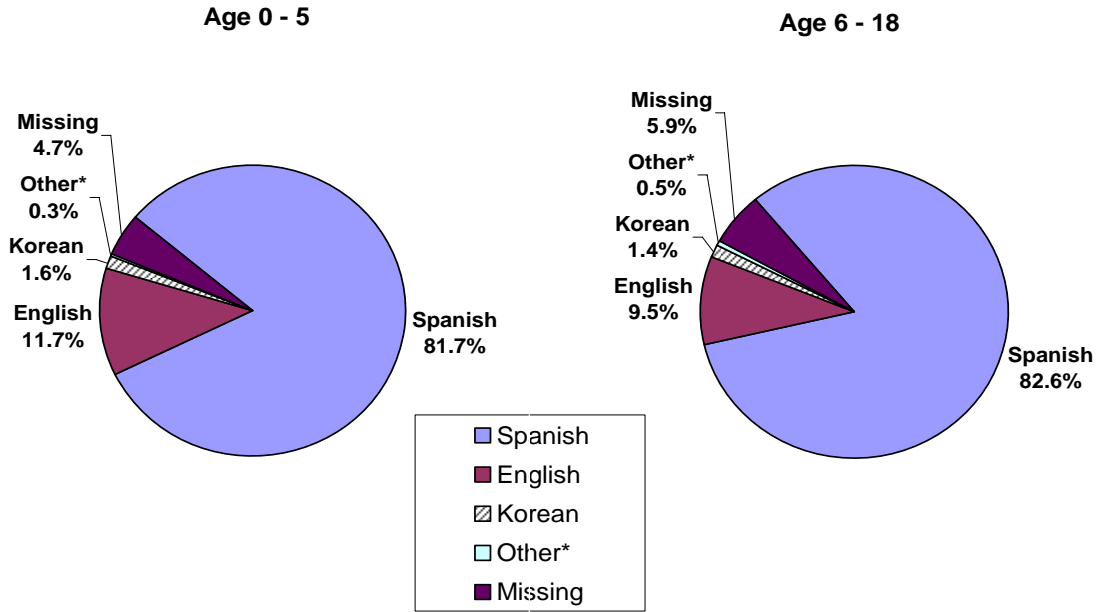
**Exhibit 12.
Healthy Kids Enrollment by Service Planning Area and Age
March 2005**



Note: Total enrollment in Los Angeles County in March 2005 was 7,402 ages 0-5 years and 29,650 ages 6-18 years.

Source: LA Care Health Plan, 2005

Exhibit 13.
Percent Distribution of Healthy Kids Enrollees by Family Preferred Language,
For All of Los Angeles County and by Service Planning Area, By Child Age
March 2005



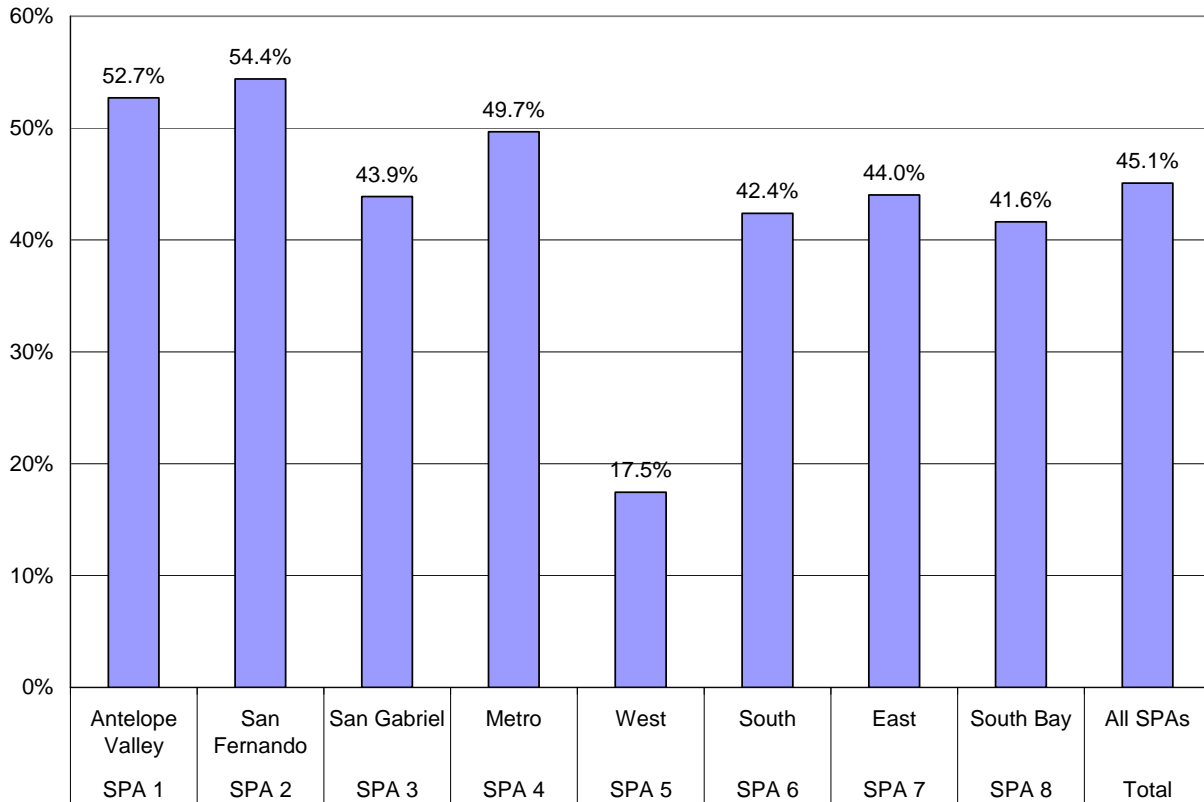
Healthy Kids Enrollees by Family Preferred Language, All Ages

	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	Total
Total Enrollees	527	8,704	6,143	6,954	698	6,357	4,842	4,994	39,374
Language	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Spanish	89.9	80.2	80.8	75.2	76.6	92.0	86.4	84.1	82.6
English	4.7	11.9	11.0	14.6	13.9	2.2	6.7	7.9	9.5
Korean	0.0	1.2	0.7	3.9	4.3	0.0	0.9	1.4	1.4
Other*	0.0	0.6	1.3	0.6	0.2	0.1	0.2	0.3	0.5
Missing	5.4	6.1	6.2	5.7	5.2	5.7	5.8	6.3	5.9
	100	100	100	100	100	100	100	100	100

* Other includes individuals speaking Tagalog, Chinese, Armenian, Hebrew, Russian, Arabic, or "Other Non-English language".

Source: LA Care Health Plan, 2005.

Exhibit 14.
Estimated Participation Rates of Eligible Children¹ Ages 0 to 18 Years Enrolled in Healthy Kids, by Service Planning Area, March 2005



Service Planning Area	Healthy Kids members January 1, 2005	Uninsured and eligible for Healthy Kids, 2003	Healthy Kids members as % of uninsured eligibles, 2003 (95 CI)**
SPA 1 Antelope Valley	527	* 1,000	* 53 (23-100)
SPA 2 San Fernando	8,704	* 16,000	* 54 (33-100)
SPA 3 San Gabriel	6,143	14,000	44 (31-88)
SPA 4 Metro	6,954	14,000	50 (35-90)
SPA 5 West	698	* 4,000	* 17 (17-31)
SPA 6 South	6,357	15,000	42 (29-78)
SPA 7 East	4,842	* 11,000	* 44 (28-100)
SPA 8 South Bay	4,994	12,000	42 (27-76)
Los Angeles County (0-18)	37,052	86,000	45 (38-100)
Los Angeles County (6-18)	29,650	72,000	44 (36-100)
Los Angeles County (0-5)	7,402	14,000	52 (31-100)

Note: Percentages are the ratio of total Healthy Kids enrollment (from LA Care Health Plan) to CHIS 2003 estimates (from AskCHIS).

¹ CHIS estimates of uninsured children who may be Healthy Kids eligible (appearing ineligible for Medi-Cal or Healthy Families, and household income below 300 FPL) are based on parent interview, the Current Population Survey, and population projections of the California Dept. of Finance from 2000 Census.

* Indicates that the percentage does not meet standard criterion for precision.

** The 95 confidence interval (CI) indicates a 95 chance that the true percentage lies within the presented range. Lower and upper values of the confidence interval show the lowest and highest likely values for the actual percentage.

Source: LA Care Health Plan, 2005

Exhibit 15.
Percent Distribution of Reasons for Disenrollment from Healthy Kids, by Quarter in 2004 and 2005

Reason for Disenrollment	Q1 2004	Q2 2004	Q3 2004	Q4 2004	Q1 2005
	N=15	N=28	N=131	N=216	N=390
	(%)	(%)	(%)	(%)	(%)
Moved out of county	25.0	20.0	32.3	41.4	43.5
Reached age 19	0.0	10.8	17.7	19.5	39.6
Child covered by parent	5.0	12.3	26.2	18.4	11.8
No reason given	62.5	56.9	20.1	15.6	5.0
Unable to pay monthly premiums	0.0	0.0	0.0	3.5	0.0
Dissatisfied with care from plan/provider	7.5	0.0	3.7	1.6	0.0
Dissatisfied with choice of plan/provider	0.0	0.0	0.0	0.0	0.0
Access to care	0.0	0.0	0.0	0.0	0.0
Total	100	100	100	100	100

Note: Months through April 2004 included members ages 0-5 years only. Months beginning in May 2004 include members ages 0-18 years.

Source: LA Care Health Plan, 2005

Exhibit 16.
Numbers and Rates of Retention and Disenrollment from Healthy Kids,
for Members Ages 0-5 Years Enrolled Between July 2003—June 2004

Disenrollment and Renewal Frequency*	# of members	% of members
	#	%
Total disenrolled	459	26.3%
Disenrolled prior to 12 months enrollment	38	2.2%
Disenrolled after 12 months enrollment	421	24.1%
Total renewed	726	41.6%
Total with redetermination in process	562	32.2%
Total enrolled before or as of June 2004	1,747	100%
Retention rate**		
Disenrolled	421	38.7%
Renewed	726	63.3%
Total eligible for renewal	1,147	100%

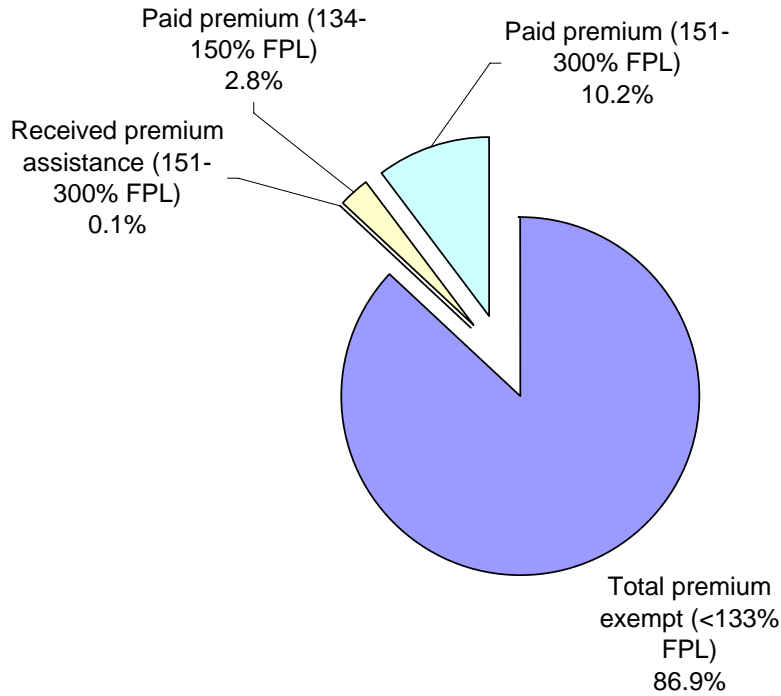
Figures include members who enrolled within the time period referenced. Children who disenrolled prior to 12 months of enrollment did not undergo the renewal process. Renewal status is current as of June 2005.

* Includes 1,747 members who enrolled in Healthy Kids between July 2003 and June 1, 2004 and remained enrolled for at least one month.

** Includes 1,147 members who enrolled by June 1, 2004 and remained enrolled for at least 12 months; excludes 562 members who have not yet completed the redetermination process and have not disenrolled, and 38 members who disenrolled prior to reaching the renewal stage.

Source: LA Care Health Plan, 2005

Exhibit 17.
Percent Distribution of Healthy Kids Enrollees
by Premium Status, Children Ages 0 to 5
March 2005

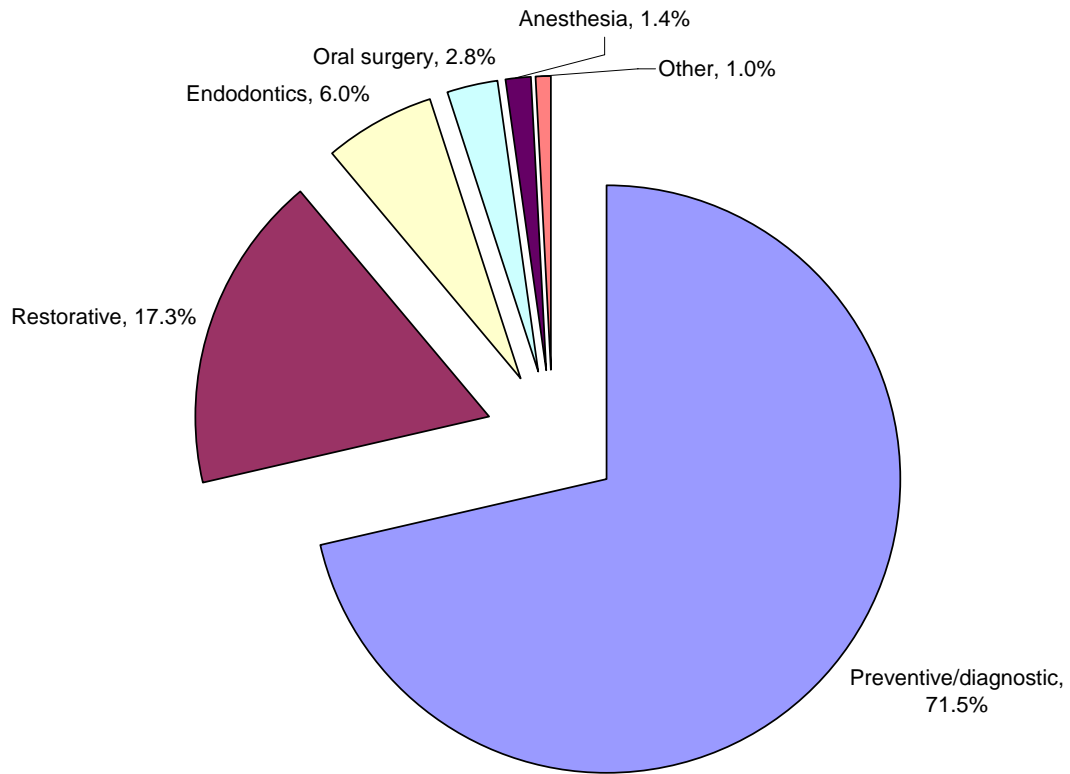


Percent Distribution of Healthy Kids Enrollees
by Premium Status, Children Ages 0 to 5
December 2004 and March 2005

	Dec 2004		Mar 2005	
	%	# of members	%	# of members
Total premium exempt (<133 FPL)	86.2	6,390	86.9	5,912
Received premium assistance (151-300 FPL)	0.1	7	0.1	7
Paid premium (134-150 FPL)	3.0	223	2.8	188
Paid premium (151-300 FPL)	10.7	795	10.2	696
Total	100	7,415	100.0	6,803

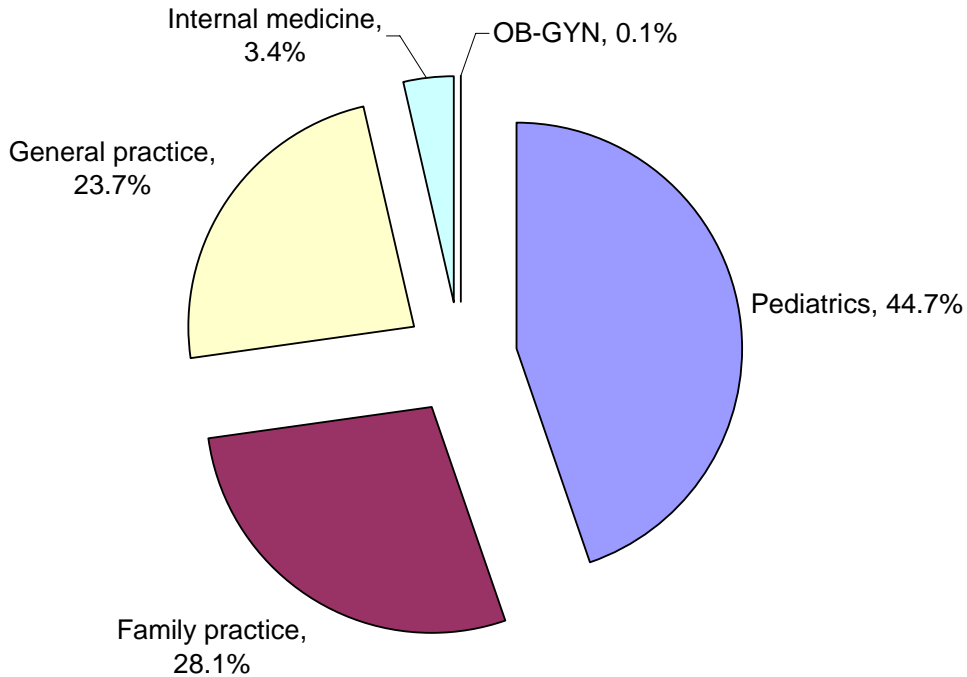
Source: LA Care Health Plan, 2005.

Exhibit 18.
Types of Dental Services Used by Healthy Kids Enrollees
January – March 2005



Source: LA Care Health Plan, 2005

Exhibit 19.
Percent Distribution of Healthy Kids Enrollees by Type of Primary Care Provider Selected,
Children 0 to 18 Years, For All of Los Angeles County and by Managed Care Region
March 2005

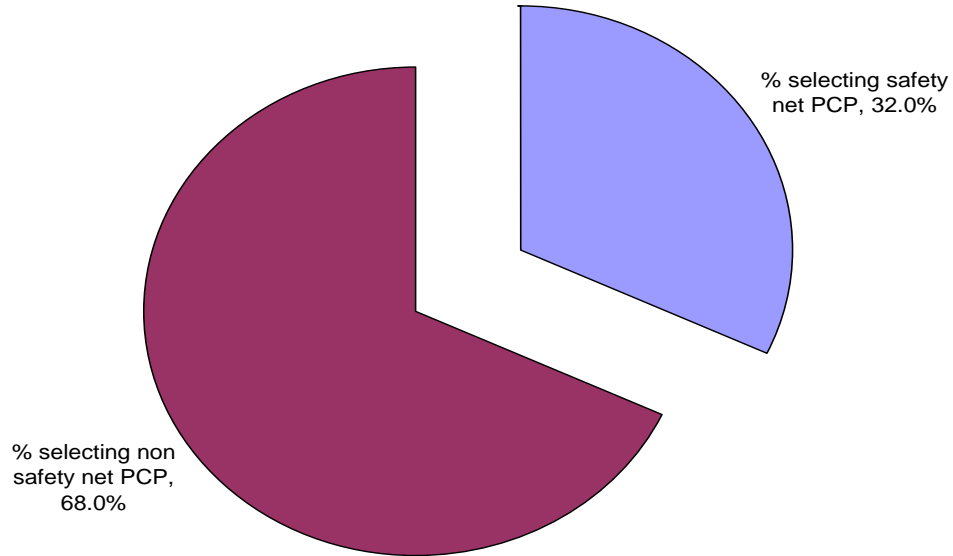


Managed care region	Pediatrics	Family practice	General practice	Internal medicine	OB-GYN
	%	%	%	%	%
Antelope Valley	62.0	5.5	31.3	1.1	0.0
East	36.9	37.0	24.8	1.3	0.0
Metro	48.4	21.0	27.9	2.7	0.0
San Fernando NE	56.8	33.4	8.2	1.6	0.0
San Fernando NW	64.8	20.6	14.3	0.3	0.0
San Fernando SE	55.6	2.1	40.6	1.7	0.0
San Fernando SW	30.9	16.2	50.0	2.9	0.0
San Gabriel East	35.9	18.9	28.8	16.5	0.0
San Gabriel West	33.4	42.8	19.2	4.6	0.1
South	36.6	28.9	33.1	1.2	0.2
South Bay	55.8	23.6	17.3	2.5	0.9
West	59.0	31.0	8.9	1.1	0.0

Note: DMHC regions are designated by the California Department of Managed Health Care (DMHC). Safety net designation is made by LA Care Health Plan as a community health clinic or Federally Qualified Health Center (FQHC).

Source: LA Care Health Plan, 2005

Exhibit 20.
Percent Distribution of Healthy Kids Enrollees Selecting Safety Net Primary Care Providers, Overall and by Managed Care Region and Type of Primary Care Provider
March 2005



	Total members	Members with non-safety net PCP	Members with safety net PCP	% selecting safety net PCP	% selecting non safety net PCP
<i>Managed care region</i>					
Antelope Valley	906	655	251	27.7	72.3
East	5,935	5,053	882	14.9	85.1
Metro	6,153	3,729	2,424	39.4	60.6
San Fernando NE	4,514	1,103	3,411	75.6	24.4
San Fernando NW	2,279	1,164	1,115	48.9	51.1
San Fernando SE	990	990	-	0.0	100.0
San Fernando SW	68	64	4	5.9	94.1
San Gabriel East	3,975	3,649	326	8.2	91.8
San Gabriel West	5,163	3,545	1,618	31.3	68.7
South	7,540	5,880	1,660	22.0	78.0
South Bay	3,642	2,335	1,307	35.9	64.1
West	761	354	407	53.5	46.5
<i>Type of PCP selected</i>					
Pediatrics	18,729	11,456	7,273	38.8	61.2
Family practice	11,780	6,630	5,150	43.7	56.3
General practice	9,930	9,025	905	9.1	90.9
Internal medicine	1,434	1,357	77	5.4	94.6
OB/GYN	53	53	0	0.0	100.0
<i>Total</i>	<i>41,926</i>	<i>28,521</i>	<i>13,405</i>	<i>32.0</i>	<i>68.0</i>

Note: DMHC regions are designated by the California Department of Managed Health Care (DMHC). Safety net designation is made by LA Care Health Plan as a community health clinic or Federally Qualified Health Center (FQHC). PCP is primary care provider selected by the Healthy Kids member.

Source: LA Care Health Plan, 2005

Exhibit 21.
**Proportion of Healthy Kids Members with Primary Care Providers from the Safety Net, by
 Provider Type and Managed Care Region, Children 0 to 18 Years**
June 2005

Managed care region	in safety net, among members with pediatrician	in safety net, among members with family practice physician	in safety net, among members with general practice physician
Antelope Valley	43.8	0.0	0.0
East	0.0	35.8	6.5
Metro	40.1	78.4	10.8
San Fernando NE	64.2	91.3	100.0
San Fernando NW	55.0	53.7	15.6
San Fernando SE	0.0	0.0	0.0
San Fernando SW	0.0	27.3	0.0
San Gabriel East	13.8	14.0	1.2
San Gabriel West	40.4	39.4	5.2
South	41.7	17.2	5.3
South Bay	52.1	27.4	0.8
West	61.0	56.4	0.0
Total	38.8	43.7	9.1

Note: Shows the number of Healthy Kids members whose PCP is part of the safety-net, as a percentage of members with that type of PCP, by managed care region and countywide. Safety net designation is made by LA Care Health Plan as a community health clinic or Federally Qualified Health Center (FQHC). Shows rates for Healthy Kids membership for the 12 Los Angeles County managed care regions and countywide. DMHC regions are designated by the California Department of Managed Health Care (DMHC).

Source: LA Care Health Plan, 2005

Exhibit 22.
Ratios of Total Contracted Specialty Providers to Healthy Kids Members,
by Specialty and Managed Care Region, Children 0 to 18 Years
July 2005

Specialty	Antelope Valley	East	Metro	San Fernando Northeast	San Fernando Northwest	San Fernando Southeast	San Fernando Southwest	San Gabriel East	San Gabriel West	South	South Bay	West	Total
Members	906	5,935	6,646	4,514	2,279	990	68	3,429	5,163	7,540	3,765	761	42,000
Pediatric allergy	1:906	0:5,935	1:2,215	1:4,514	0:2,279	0:990	0:68	0:3,429	0:5,163	0:7,540	0:3,765	0:761	1:8,400
Child development	0:906	0:5,935	0:6,646	0:4,514	0:2,279	0:990	0:68	0:3,429	0:5,163	0:7,540	0:3,765	1:761	1:42,000
Dermatology	1:453	1:989	1:949	1:2,257	1:760	1:248	1:14	1:490	1:1,033	1:1,257	1:1,255	1:109	1:712
Pediatric endocrinology	0:906	0:2,968	1:949	0:4,514	0:2,279	0:990	0:68	0:3,429	0:5,163	0:7,540	1:3,765	1:381	1:3,500
Pediatric neurology	0:906	1:1,978	0:6,646	0:4,514	0:2,279	0:990	0:68	1:3,429	0:5,163	0:7,540	1:941	1:190	1:3,500

Note: Shows the ratio of volume of selected types of contracted specialty care providers, as of July 2005, to the Healthy Kids membership 0-18 years. Membership and ratios are provided for the 12 Los Angeles County managed care regions and countywide.

Source: LA Care Health Plan, 2005