UCLA Health

David Geffen School of Medicine

Path to Health Evaluation:

First Annual Evaluation Report to CMSP Stakeholder Interviews & Enrollment Survey

February 2020

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Background on Path to Health

The Path to Health (P2H) Program is a pilot project of the County Medical Services Program (CMSP) Governing Board for the period of February 2019-January 2021. The goal of Path to Health is to enroll up to 25,000 undocumented residents with active restricted scope/emergency Medi-Cal within 35 designated counties in Northern California.

Path to Health Program Mission:

- Promote timely delivery of preventive and chronic care medical services to improve health outcomes
- Reduce the use of emergency services and inpatient hospitalization
- Enable Community Health Centers (CHCs) to redirect resources to other needs

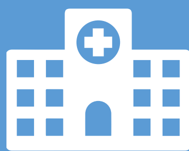
Program Enrollment Criteria:

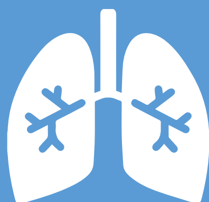
1. Reside within one of CMSP's 35 counties
2. Be ≥ 21 years at the time of enrollment, note:
   a. Older adults 65 + were added to Path to Health as of 9/6/2019
   b. Starting January 1, 2020 young adults 21 to 25 will be granted full-scope Medi-Cal and will be excluded from the pilot.
3. Be actively enrolled in restricted scope/ emergency Medi-Cal
4. Enrolled for Path to Health at a contracted Community Health Center (CHC)
5. Members must re-enroll every six months

The services included in the Path to Health program are:

1. Office visit with primary care provider or on site specialist
2. In-office minor medical procedures
3. Preventive screenings
4. Routine lab tests
5. Adult immunizations
6. Screening for depression, alcohol misuse, obesity counseling
7. Screening for HIV, HPV, Hepatitis B/C, and STI screening
8. Tobacco use counseling and intervention (performed by a physician)
9. Prescription medications (specialty medications excluded) with $5 copay and $1,500 limit

Services Included in Path to Health





1. Office visit with primary care provider or on site specialist
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Key Stakeholder Interviews at Community Health Centers

Goal #1:

To understand experiences with implementation of the Path to Health program from the Community Health Center perspectives.

Approach:

Collect narratives from key stakeholders including healthcare providers, community outreach workers, clinic administrative leadership, and front-line staff at high enrollment and low enrollment sites. The evaluation team conducted site visits and interviews at 8 out of the 11 CHCs (from Phase 1). We surpassed our initial goal of 20 key stakeholder interviews and were able to successfully complete interviews with 45 employees across various provider sites.

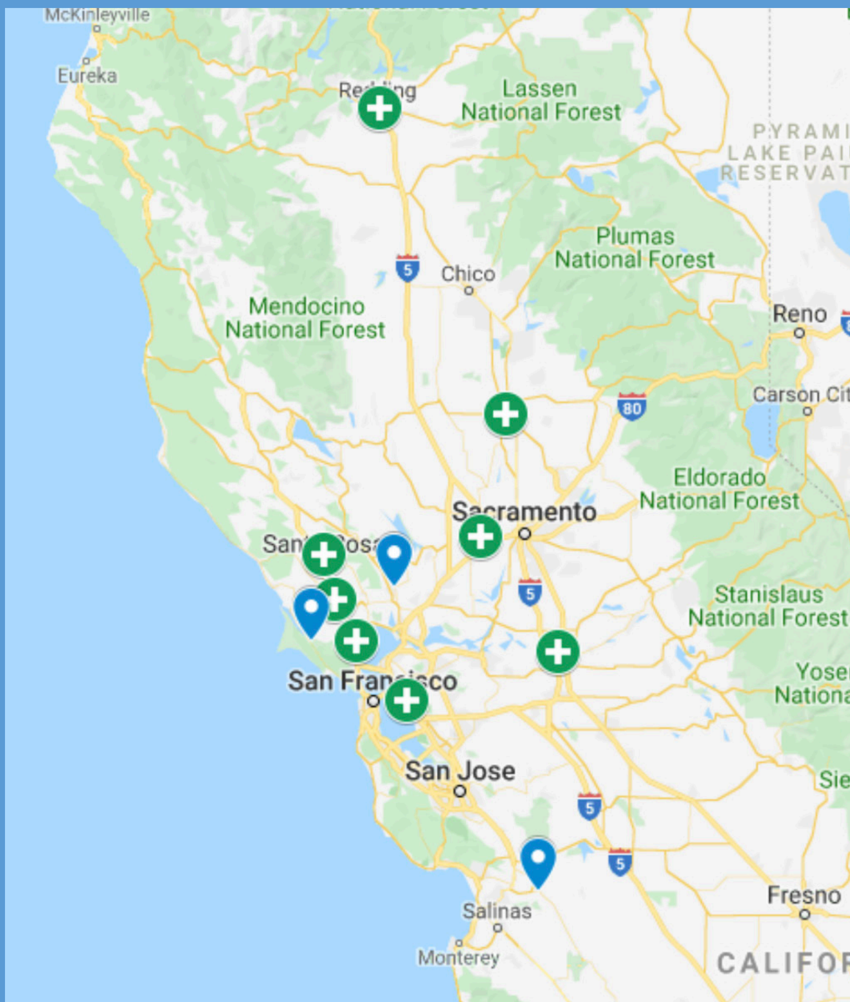


Figure 1: Map of site visits. Green represents the sites we visited, blue represents sites not visited.

Table 1 lists the specific CHC clinics where interviews were conducted and their associated county. Through key stakeholder interviews, we identified facilitators and barriers to implementation of the Path to Health Program within federally qualified health center provider sites.

Community Health Center	County
Ampla Health	Yuba
CommuniCare Health Centers	Yolo
Community Medical Centers, Inc.	Solano
La Clinica de la Raza, Inc.	Solano
Marin Community Clinics	Marin
Petaluma Health Center, Inc.	Sonoma
Santa Rosa Community Health Center	Sonoma
Shasta Community Health Center	Shasta

Table 1: Site visits completed by county

A summary of the roles/titles that compose the key stakeholder perspective can be found in Table 2. The majority of interviews were completed by enrollment specialist, employees who have direct patient contact with eligible path to health participants and whose primary role is to enroll and recruit members into the program. The "other" category included: director of billing, director of electronic data interchange, medical coding specialist, project manager (clerical supervisor), and program manager.

Roles/titles of interview participants	Number of interviews
Leadership	3
Enrollment & Navigator staff	17
Patient Education & Health promotion	8
Front desk/reception	4
Clinical directors & managers	8
Other	5
Total	45

Table 2: Roles/titles and number of interview participants

Summary of Key Findings from Stakeholder Interviews with Path to Health Provider Sites

Below is a summary of the findings from the key stakeholder interviews. More detailed findings from individual key stakeholder interviews can be found in Appendix C.

1 Emphasis on “in-reach” strategies.

We found that clinics who had higher enrollments targeted their enrollment efforts to recruitment of already established clinic patients, which we refer to as “in-reach” as compared to “outreach” of patients from the larger community. This recruitment strategy allows clinics to maximize their internal resources and build on established trust between the program participant and their local health center.

Sites with higher enrollment noted that the majority of their referrals for the Path to Health program were existing

Given the emphasis on in-reach strategies, personalization of enrollment materials is important. These findings were supported by data from the enrollment survey that demonstrating that 88% of patients were referred by a clinic or hospital employee (enrollment survey as of 12/15/2019). Although less emphasized, the outreach strategies most commonly used were flyer at local health fairs, radio announcements, and partnerships with local community organizations.

2 Decreased cost of care as a major driver for enrollment into Path to Health.

From the stakeholder perspective, the decrease in cost of care associated with having to pay-out of-pocket medication costs and sliding scale fee (average $35/visit) was one of the biggest incentives for patients to enroll in the Path to Health Program. Many of the enrollment specialist reported emphasizing the financial benefit of avoiding sliding scale fees and decreased cost of medications to engage patients into enrolling in the program.

“Being able to cover their sliding-scale fee or the cost of their medications makes a big difference, it allows them to be able to put some food on the table, patients really appreciate the help.”

Medical providers at various clinic sites reported that they felt patients were more likely to fill their prescribed medications and return for important follow-up visits after being enrolled in the Path to Health program compared to prior to being enrolled.

3 Competing demands and limited resources are barriers to enrollment.

Our site visits revealed that clinical sites vary with respect to size, resources, and staffing. Rural and smaller sites tended to struggle more with enrollment due to limited front-line staffing and competing demands for staff time. Larger CHCs were able to provide protected-time for front line staff to learn about enrollment and implementation of the program with greater ease. Programs who have higher enrollment have been able to hire more enrollment specialist to continue expanding their enrollment services.

4 Established trust:

CHC are ideal partners for implementation of the Path to Health program because they have longstanding relationships with their communities are often composed of people from the communities they serve. There is also a strong sense of shared trust with the communities they serve given the history of advocacy CHC have demonstrated. We found that provider sites that lacked linguistic and culturally tailored engagement efforts were less successful in recruiting patients into the Path to Health program.

> "Some of the patients, especially the undocumented, are very hesitant. They are scared. So the receptionist is very good at convincing them. It's like, you're not going to get in trouble."

5 Enrollment times:

Given the predominant patient demographic was found to be middle-aged and working-class, rural clinics and those that serve the agricultural community stressed the importance of improving access though providing visits with enrollment counselors during weekend hours and Saturdays.

> "If it's a season when they're harvesting, they really can't take off work to come to the clinic."

Those clinics with a leadership culture supporting improvement efforts and patient-centered innovation by allocating protected staff time and flexible add-on appointments with enrollment counselors proved to be more successful at enrollment.

> "After 15 years of working in this field, it's nice to finally be able to offer a program that benefits this particular community, we never had anything to offer them before."

Stakeholder Interview Findings

An analysis of the path to health enrollment from the community health centers perspective

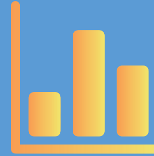
Internal Factors Affecting Enrollment

Strengths

- Leadership: must be proactive & motivate and acknowledge staff
- Linguistic competency: having bilingual staff, flyers/emails, etc. in Spanish & English
- Software: Back end is easy to use, it takes about 30 minutes to re-enroll
- Self-learning & creativity: such as creating your own system, creating a new role to keep everyone on track (i.e. flow wcoordinator)

Improvements

- Enrollment period is brief, prefer 12 months
- Pharmacy: outreach and coordination with pharmacies
- Medical services: behavioral services and specialists not covered



External Factors Affecting Enrollment

Opportunities

- Training: in areas such as how to deal with public charge
- Medical services: Offering services on weekends and evenings, could also expand services to dental, X-Rays, behavioral health, etc.
- Legal advice: Could have legal advice on site to help establish more trust
- Estabishing partnerships: with the community, local hospitals, nonprofits, etc.
- Expansion: to older adults age 65+

Barriers

- Immigration policies Public charge rule
- Open enrollment: during this period of open enrollment for other health insurance programs, staff tend to focus on those programs expecially because they are lengthier

Overall Benefits

Fills up resources for health education, navigators, and clinics infrastructure to cover others that are uninsured and that are not enrolled in the program. Despite the limitations, it's an outstanding start to meet a need that was not previously addressed.

Figure 2

Enrollment Data Analysis

Based on weekly data reports from CMSP, the clinic with the highest enrollment is Marin Community Clinics (977 patients enrolled). Factoring in each individual clinics enrollment cap, or the number of patients each clinic projected to enroll in their initial application, the clinic that is closest to reaching their enrollment cap is is CommuniCare Health Centers (421 patients enrolled out of 436 patients projected or 57%). During our interviews we found that some clinics were adjusting their enrollment practices in order to avoid potentially nearing their enrollment cap.

Health Center	% to goal	Enrollment cap	Enrollment up to December 2019
Ampla Health	57%	890	505
Coastal Health Alliance, Inc.	15%	400	61
Communicare Health Centers	97%	436	421
Community Medical Centers, Inc.	10%	1500	166
La Clinica De La Raza Inc.	19%	1150	221
Marin Community Clinics	24%	4000	977
Ole Health	3%	3188	91
Petaluma Health Center, Inc.	14%	2500	373
San Benito Health Foundation	4%	1000	45
Santa Rosa Community Health Center	42%	1200	568
Shasta Community Health Center	2%	400	6
Total	21%	16,664	3,468

Table 3: Enrollment Data

The total enrollment trend generally increased overtime (see figure 3). The first downtrend in enrollments was in August 2019. The cause of this may be multifactorial. However, it is worth noting that on August 14, 2019, the Department of Homeland Security (DHS) published a new rule related to public charge in the Federal Register, which was scheduled to take effect on October 15, 2019 as such, the announcement and scheduled implemenation of the new public charge rule coincide with downtrends in enrollment and therefore may have contributed.

Another potential contributing factor may be open enrollment periods for Covered California which begins on October 15, 2019 and continues until January 31, 2020. We found that competing demands on staff time and limited enrollment staff may necessitate focusing enrollment efforts to Covered California, especially during open enrollment periods. A more detailed graph indicating the individual CHCs enrollment is in Appendix A.

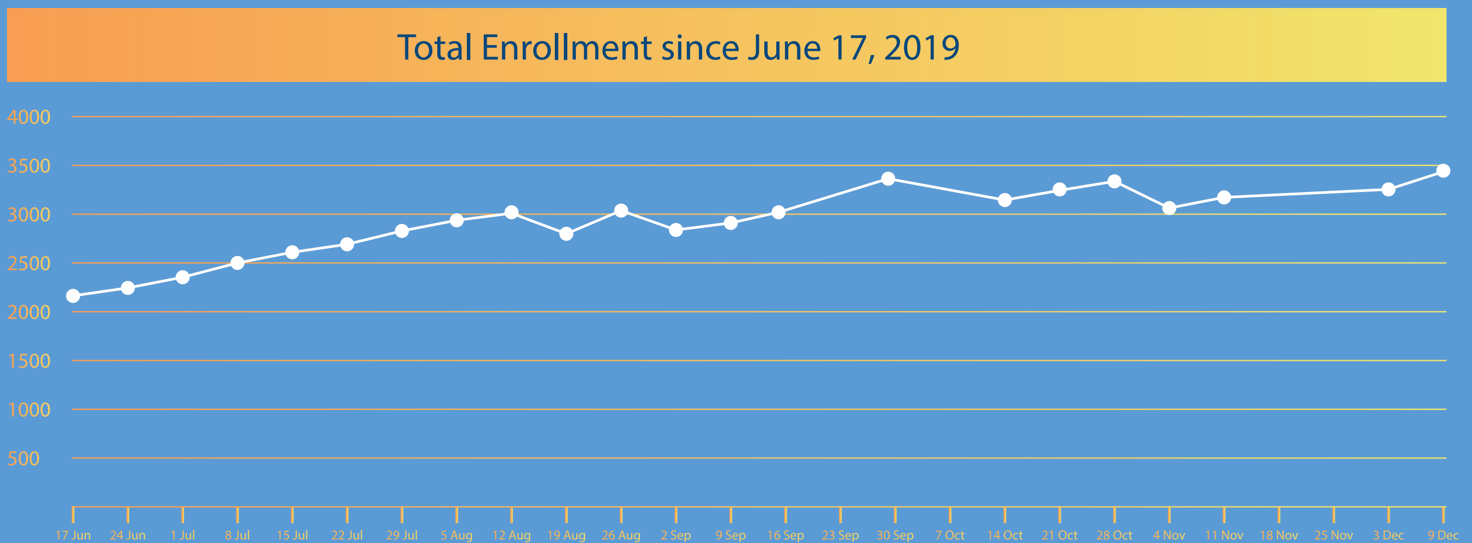


Figure 3

Patient Enrollment Survey Data

Patients were asked 8 questions (below) covering various domains at baseline enrollment and every 6 months thereafter.

1. Self-reported health status
2. Delays in care due to cost
3. Preexisting chronic conditions
4. Emergency room use 6 months before enrollment
5. Hospitalizations 6 months before enrollment
6. Primary care visits before enrollment
7. Years in the U.S.
8. How did you first hear about Path to Health

Patient enrollment survey data to date, was categorized into 3 groups (Table 4):

Group 1 is composed of those patients who completed the baseline enrollment survey and re-enrollment survey data at 6 months,
Group 2 is composed of participants who completed the baseline enrollment survey but did not complete the re-enrollment survey at 6 months (did not re-enroll), and
Group 3 completed the baseline enrollment survey but have been in the program for less than 6 month, and therefore did not complete the re-enrollment survey. We found 396 entries in the data that were missing

	Baseline enrollment survey complete	Re-enrollment survey data at 6 months
Group 1	Yes	Yes
Group 2	Yes	No
Group 3	Yes	TBD (enrolled < 6 months)

Table 4: Patient enrollment survey data

Patient Enrollment Survey Analysis

1 Participant Demographics (enrollment survey data December 2019)

The table indicates that 70% of the participants in group 1 are female, average age is 43 years, and 97% are Latino. The majority of participants enrolled in Path to Health have lived in the United States for greater than 5 years, although this appears to be lower in group 3 (patients who have enrolled but have not been in the program for 6 months). This may suggest that patients who are newer to the United States are beginning to enroll into the program more than prior groups. The vast majority of participants in all groups reported none or 1-2 chronic conditions. We anticipate that some of the participants in the program may not be aware or may not have been formally diagnosed with a chronic condition and therefore this is likely an over estimate of participants with no chronic conditions. Future analysis will incorporate claims and pharmacy data to help further understand the baseline demographics of the population served.

Characteristic	Group 1 N=1173	Group 2 * N=1005	Group 3 ** N=2378
Male	354 (30%)	341 (34%)	718 (30%)
Age, Mean (Sd)	43 (9%)	41 (9%)	42 (10)
Latino	1139 (97%)	969 (96%)	2279 (96%)
5 Or More Years in The US	894 (76%)	725 (72%)	1335 (51%)
Chronic Conditions			
None	518 (44%)	517 (51%)	1206 (51%)
1-2	436 (37%)	355 (35%)	800 (34%)
3 Or More	121 (10%)	50 (5%)	175 (7.4%)
Don’t Know / Decline	98 (8%)	85 (9%)	197 (8%)

Table 5: Participant Demographics

*Group 2 did not re-enroll; ** Group 3 has less than 6 months enrolled

2 How did you hear about Path to Health? (enrollment survey data October 2019)

Most patients heard of the Path to Health program through a clinic or hospital employee as indicated in Figure 4. These findings are consistent with information gathered through key stakeholder interviews where it was reported that the majority of enrollees were recruited from established clinic patients or word of mouth.

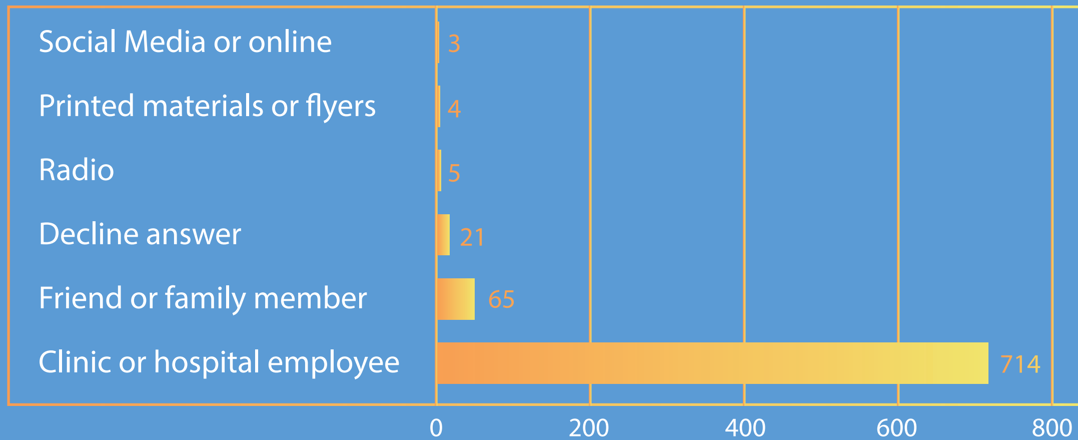


Figure 4: Survey question 8

3 Delays in care and ER use (enrollment survey data December 2019)

Preliminary data (Table 6) suggests that in group 1 self-reported delays in care are down trending (-10%) which likely represents benefits of the program, however more data points across time are needed. In addition, we note that office visits have increased for both groups. We anticipate that more primary care visits will result in improved health outcomes.

	Group 1 N=1173		Group 2* N=1005	Group 3** N=2378
Health services	Baseline	6 mo	Baseline	Baseline
Delays in care	498 (42.5%)	375 (32%)	388 (39%)	907 (38%)
Office visits (6 mo)				
0	251 (21%)	226 (19%)	266 (27%)	534 (23%)
1-2	380 (32%)	399 (34%)	347 (34%)	857 (36%)
3-4	246 (21%)	285 (24%)	188 (19%)	482 (20%)
5 or more	211 (18%)	171 (15%)	129 (13%)	305 (13%)
Decline	85 (7%)	92 (8%)	75 (7%)	200 (8%)

Table 6: Delays in care & ER use

*Group 2 did not re-enroll; ** Group 3 has less than 6 months enrolled

4 Hospital and office visits (enrollment survey data December 2019)

The data (Table 7) also demonstrated a trend toward decreases in self-reported ER use and hospitalization by 2-3 % after the first six months of enrollment. While this is preliminary data, this trend is encouraging and may prove to have important future implications.

	Group 1 N=1173		Group 2* N=1005	Group 3** N=2378
Hospitalizations (6 mo)	Baseline	6 mo	Baseline	Baseline
0	1020 (87%)	1057 (90%)	861 (86%)	2062 (87%)
1-2	85 (7.2%)	60 (5.1%)	79 (7.9%)	173 (7.3%)
3-4	9 (0.8%)	7 (0.6%)	3 (0.3%)	16 (0.7%)
5 or more	3 (0.3%)	2 (0.2%)	4 (0.4%)	8 (0.3%)
Decline	56 (4.8%)	47 (4.0%)	58 (5.8%)	119 (5.0%)
ER visits (6 mo)				
0	841 (72%)	869 (74%)	702 (70%)	1600 (67%)
1-2	240 (21%)	228 (19%)	214 (21%)	592 (25%)
3-4	28 (2%)	23 (2%)	25 (3%)	66 (3%)
5 or more	6 (1%)	6 (1%)	6 (1%)	6 (1%)
Decline	58 (5%)	47 (4%)	58 (6%)	114 (5%)

Table 7: Hospital and office visits

*Group 2 did not re-enroll; ** Group 3 has less than 6 months enrolled

Best Practices and Lessons Learned for Enrolling Patients

Through in-depth interviews and site visits, our evaluation team was able to gain insight on the key steps to patient enrollment. We summarize the following process map delineating best practices for CHCs to enroll participants into the Path to Health program. Patient enrollment and re-enrollment can be divided into five main steps. Figure 5 below summarizes our findings.

Step 1: In-reach Strategies

Various in-reach strategies were adopted by CHCc including “scrubbing chart” or “running lists” of patients who have upcoming appointments and are sliding scale fee and/or do not have a social security number associated with their profile in the electronic medical record. These patients are identifed as being eligible for the program through careful staff screening. Calls are made prior to the day of the appointment by clinic staff to inform the patient about their eligibility for the program and an appointment is made with an enrollment specialist the same-day as their clinic visits.   Eligible patients are informed that if they enroll in the Path to Health program on the same day as their visit, the sliding scale fee costs and prescribed medications for the visit can be covered.

Outreach strategies include personalization of outreach material with staff pictures and direct contact information, advertising the program on Spanish radio, ER/hospital referrals, community partners, and promoting at local health fairs/festivals.

Step 2: Role of Office Staff

Front office staff are trained to identify patients who may be eligible for the program. When able, they are scheduled to see an enrollment specialist on the sam day as their clinic visit. Some provider sites have printed the enrollment application to be filled out in the wating room while patients wait to be seen. Office staff could also call patients without insurance, Social Security Number (SSN), and on sliding scale prior to the appointment. It is preferrable to make calls in the patients native language, therefore bilingual front staff are ideal. Front staff training is an important aspect of effective patient engagement. Protected-staff time and leadership support for such efforts were facilitators to improved enrollment practices.

Step 3: Role of Enrollment Counselors

Enrollment counselors determine if a patient has active emergency/restricted scope Medi-Cal (ER Medi-Cal). Patients who have active ER Medi-Cal may be enrolled in the program on the same day (prefrable).

(continued on next page)

Step 3: Role of Enrollment Counselors (continued)

Occasionally patients will have inactive ER Medi-Cal and/or have never applied for ER Medi-Cal. These patients follow an entirely different enrollment trajectory and are referred to their respective counties for enrollment into ER Medi-Cal. Based on interview feedback, enrollment into ER Medi-Cal varies by county and can take anywhere from 1 day to 3 months. These patients must be tracked and followed-up by enrollment counselors until they become eligible to enroll in the program. Some provider sites reported that county employees are sometimes unaware of the Path to Health program and therfore may be resistant to enroll a patient if the proposed CHC visit is not deemed "emergent." This may represents an opportunity to improve enrollment by educating county employees within CMSP counties about the Path to Health program. Similarly, it is important for front-line staff and enrollment counselors to receive training on how to discuss imigration policies and pulic charge with patients who have concerns prior to enrolling in the program given that this may be a deterrent to enrollment for some patients.

Step 4: Path to Health Services

Most insurance programs start the month following enrollment. Medi-Cal goes back to the first of the month of enrollment whereas Path to Health starts the day of enrollment.

Step 5: Re-Enrollment

Re-enrollment occurs every 6 months. Typically, enrollment staff and/or front desk receptionist contact patients on a list generated by Path to Health. Provider clinics use internal tracking mechanisms such as calendar reminders and excel sheets to ensure patients are scheduled for follow-up prior to their re-enrollment deadline. Several provider sites mentioned that re-enrollment for participants whose enrollment has lapsed be streamlined.

Strategy for Enrolling Patients in Path to Health

Step 1

Outreach
- Radio
- ER/Hospital referrals
- Community partners
- Local health fairs / festivals

In-Reach
- In-reach is a priority
- Lists of patients
- Scrub schedules and charts
- Call before appointments

Step 2

Office Staff
- Paper application should be readily available in English and Spanish
- Screen for no SSN or sliding scale and refer to enrollment counselor same-day
- Call patients without insurance, SSN, and on sliding scale prior to appointment
- There should be bilingual office staff

Step 3

Enrollment Counselor
- Determine if patient has active Medi-Cal
- Same-day application for Path to Health or referral to county for ER medi-cal
- Call patients without insurance, SSN, and on sliding scale prior to appointment
- Review daily list of eligible patients
- Public charge training
- Same-day appointments
- Evening and weekend appointments

Step 4

IF Active ER Medi-Cal
Path to Health Services
- Benefit covers same-day services
- Primary care
- Pharmacy
- Prevention

IF Inactive ER Medi-Cal
Referral to County
- Enrollment into ER Medi-Cal varies by county
- May take anywhere from 1 day to 3 months

Step 5

Re-Enrollment
(Every 6 months)
- Reception contacts patients on Path to Health generated lists
- Tracking by enrollment counselors
- Schedule 6-month follow-up at enrollment
- Calendar reminders
- Excel tracking lists by enrollment counselor

Figure 5

Evaluation Activities for Next Reporting Period

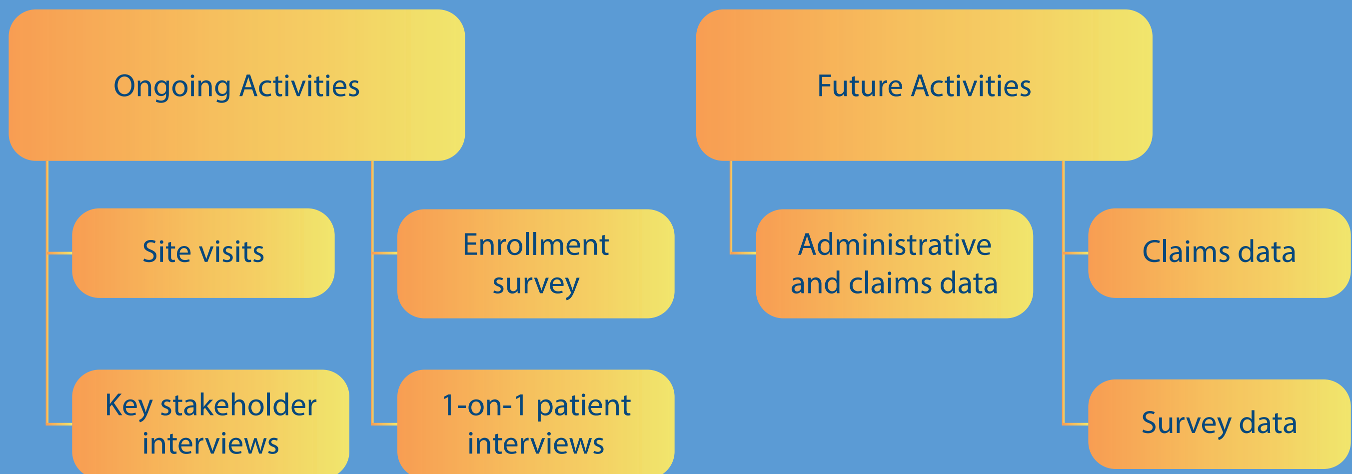


Figure 6

I. Patient Feedback & Perspectives

Goal #2: To understand and explore patient participation in, perceptions, and experiences with the Path to Health program.

Approach: To conduct member surveys and individual semi-structured interviews to explore Path to Health participation and experiences. Evaluation team will work in partnership with Health Centers to recruit Path to Health participants to perform 1-on-1 patient interviews. Member surveys will be conducted by phone.

1. 1-on-1 Patient Interviews
    a. 20-30 semi-structured patient interviews for the purpose of gathering narratives about patient experiences with the Pilot Project

2. Surveys of Patient satisfaction and experience with Path to Health
    a. Outreach to a minimum of 300 patients in order to reach a goal of n=200 patient level program surveys
    b. 20 minute evaluation survey with 30-40 items
    c. Evaluate the characteristics of subjects responding to the survey and characteristics of non-responders

II. Claims Utilization Analysis

Evaluation activities that involve processing of claims and pharmacy data have begun and will continue into the next reporting period. Datasets will be merged to fully characterize pilot population. The evaluation goals for the claims analyses include:

1. Goal #3: To determine the underlying health conditions and demographics of program enrollees among participating CHCs
    a. Approach: Analyze enrollment and claims data: descriptive statistics, ICD-10 codes, comparisons between groups (stratified by age, sex, re-enrollment status).
2. Goal #4: To determine the extent to which the Path to Health Program impacts rates of utilization of health care services (hospitalization, emergency room use, primary care services, pharmacy)
    a. Approach: Data analysis: type of visit and service, ambulatory care utilization trends, ambulatory visits, and preventive services as available.

III. Program Year 1 Evaluation Summary

During year one of the Path to Health pilot project, there was an expected run-in period where community health centers had to implement program enrollment processes and new workflows. Our year 1 preliminary results for the Path to Health evaluation found that the program is rated highly by the partner community health centers and is perceived to be of high value to the patients and their families. The program provides key primary care and preventive care services to eligible residents in CMSP counties.

- Community health center leadership and staff believe the Path to Health pilot program is critical to delivering primary care and preventive care to low-income community residents enrolled in restricted scope/emergency Medi-Cal and not eligible for full-scope Medi-Cal.

- As a novel program, there were expected challenges to implementation and opportunities that are summarized in this report. Overall, the partner community health centers report very positive narratives and feedback of improved outcomes related to medication adherence and primary care and preventive care follow-up visits.

- Community health center staff believe that the Path to Health program was a key resource to improving patient access to healthcare and decreasing avoidable emergency room and hospital utilization.

The analysis of the Path to Health 8-item enrollment survey responses collected to date shows an important trend towards lower pre- post- self-reported hospital and ER visits 6 months after enrolling in the program. Other enrollment survey findings include:

- Older adults reported poorer health status, and more chronic conditions compared to younger adults.

- Among patients that re-enrolled, the self-reported delays in care decreased.

Path to Health enrollment counts were impacted by the current political climate. Narratives collected from interviews at community health centers consistently found that the current political climate impacted local program enrollment rates. Patient's trust in community health centers partially mitigated the fear from the current political climate.

IV. Program Recommendations and Future Considerations

1. Continue webinars to share best practices. Webinars with provider sites, CMSP, and the evaluation team is an effective way to share best practices and lessons learned. Highlighting sites that high performing is a great opportunity to share their strategies can help to disseminate ideas that work and can be tailored by individual sites. Positive feedback was obtained from provider partners about the webinars. Cross site visits between high performing sites and low performing sites can assist low performing sites to learn from their peers and implement new enrollment strategies.

2. Continue with focus on local strategies. Given that most patients are referred from a health center or hospital, continuing to empowering provider sites to conduct local outreach strategies through partnerships with local hospitals and other social services agencies should considered. Outreach material that can be personalized and tailored by the individual clinic site are important. Positive feedback regarding promotional material was received by the evaluation team.

3. Remind centers that the 8 enrollment questions are critical. Quarterly webinars may be a good place to encourage completion of all enrollment questions to ensure fullness of the data.

4. Pharmacy and Contracted Clinical Services: Provider sites reported difficulty with coverage of medications from outside services due to unfamiliarity with the Path to Health Program. Accessible resources such as online materials/toolkits about the program and medication coverage may be helpful to direct pharmacies to more information. In addition, targeted outreach by community health centers (CHC) to their local pharmacies can be an effective way to educate pharmacies about the program benefits. Lab services within CHCs are seldom completed onsite.

5. While the Path to Health program covers basic lab services, provider sites requested consideration of coverage for basic lab services contracted to outside labs such as Quest.

6. Radiology (x-ray) services are rarely provided on-site and are generally contracted out by provider sites. Currently these services are not covered by Path to Health given that they are contracted out. Because Path to Health enrollees are sometimes unable to afford the cost of outpatient x-rays, they are sometimes referred to the emergency room where the medically necessary x-ray may be covered by ER Medi-Cal. Coverage of common x-ray services by the Path to Health program with consideration to the current framework may result in additional avoidable ER visits.

7. Lapses or delays in re-enrollment are likely due to various patient and system level factors. Community health center staff should be encouraged to continue to use internal tracking mechanisms such as calendar reminders and Excel sheets to ensure patients are scheduled for follow-up prior to their re-enrollment deadline.

Path to Health Evaluation Team

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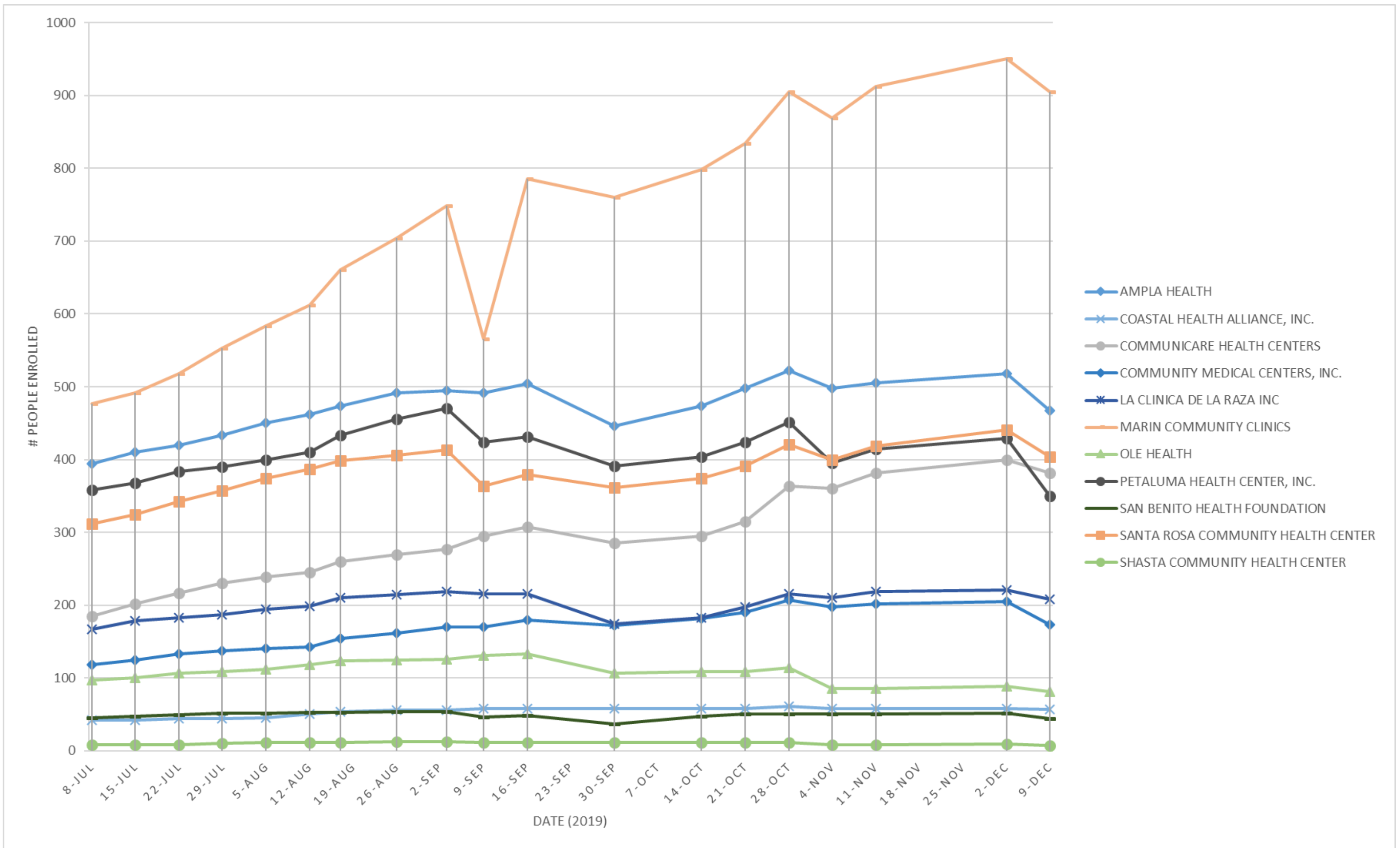
APPENDIX A: Community Health Center Individual Enrollments



APPENDIX B: Enrollment Survey Data Processing Sample Methodology