

Acknowledgements

First off, I would like to thank my professors for their support throughout this process. I also want to thank Professor Robert O'Neil and Professor Benjamin Schneider for your feedback.

Executive Summary

This paper summarizes the findings of the Medical Deposition Commission's study on the state of Federal Centers for Family and Community Services in Los Angeles County, including a history of the health care reform in the United States during the passage of the most recent legislation on the Patient Protection and Affordable Care Act, and specifically focusing on the impact of Medicaid and increased funding to community centers. Additionally, the case of the health care reform in Massachusetts provides a model for the impact on the providers and how the health care reform affected the population, the research is then studied through focusing on the role of Community Centers more broadly and specifically in Los Angeles County. The role of the providers focused on through the examination of the state and County policies is seen in depth through analysis of Federal Centers for Family and Community Services in Los Angeles County, looking at the preparedness of these organizations for the future and the readiness to deal with the increased population, the findings from this research have been reviewed in order to identify categories that show how centers are doing for the future and the steps need to be taken to ensure that they are properly prepared for the Medicaid impact on of these categories. The key concerns focused on the health care reform steps taken to address the impact on the role of technology in the County of Los Angeles County's Local Public Health and the Relationship with Los Angeles County.

Based upon the findings from the study of the County and the Centers, the study created a series of recommendations to the impact on Los Angeles County and the Commission's role in the transition from the current system to the impact on of the state. On the state level, there is the necessity to provide comprehensive reform legislation on the national level and the centers

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Introduction	7
Health Care Reform in the United States	10
Passage of the Patient Protection and Affordable Care Act	
Impact and Implementation	
Expansion of Medicaid	
The Young Adult	
The Benefits Exchange	

Johns Hopkins University Center
for Health Equity and
Promotion of the Health of
Disadvantaged Populations
Los Angeles County University of
Southern California

University of Arizona College of Medicine Office of Medical Affairs

through this partnership, coordinated on a variety of projects one of which is to conduct

on December 1964 the Senate passed the President's Proclamation and
Affordable Care Act which did not include provisions that would have provided needed
funding for these programs needed to be merged into one program by Congress and
then signed by President Obama. However, in 2011, the House of Representatives
passed the Affordable Care Act, which was signed by President Obama. The House of
Representatives passed the Affordable Care Act in 2010, and the Senate passed it in
2010. The Affordable Care Act is the largest reform of the health care system in
the history of the United States. It was signed into law by President Obama on
September 23, 2010. The Affordable Care Act is the largest reform of the health care
system in the history of the United States.

As opposed to reconciling the two bills, it had been proposed

e

Medicaid provisions on the President's go of numbers the healthcare is not reached the essential health care

Many states and states receive copies changed the passage of the Affordable Care Act. One of those changes National Federation of Independent Business sees essentialy reached the pre-emptive on the pre-emptive of the ACA to here re-orientation components to the strong one addressing the need and need one addressing Medicaid, the states of the photo and need to see the the requiring people to purchase the insurance or pay penalty the case of Medicaid the provisions is phed however the states red the the federal government could not the Medicaid funding from states the refuse to expand coverage states the refuse to expand coverage not receive any additional funds from the federal government the first of the first of the healthcare reform the states the chose not to expand the Medicaid coverage not expanded so generally ended in the

the President's Proposed and Affordable Care Act provisions of Access to expanding Medicaid greatly continuing funding for the Children's Health Insurance Program and standards for the insurance premiums and cost sharing for so everyone could be enrolled in change plans on others the the cost expected to expand coverage to everyone on Access to so everyone the first

House Finance Committee Proposed Changes in the Finance Bill the Secretary of the House of Representatives
http://www.house.gov/committees/finance/record.cfm?id=250000

Proposed ACA on the states red on the the Care Act the Secretary of the House of Representatives
http://www.house.gov/committees/finance/record.cfm?id=250000

Chand and Chris Cope and Christopher Redhead and Jennifer P. P. ACA Brief Overview of the Legislative Changes March
http://www.gao.gov/assets/330/330100/330100.pdf accessed December

stages of penetration in the area of the
presence of these residents in the
country of the United States do not
justify for government officials those who
regulate

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/ h e r e e r e p e o p l e i n L o s A n g e l e s C o u n t y e n r o l e d i n L A P i n M C E n d

n C C

According to study conditions, the purpose of the study is to determine the effect of the California Community Care Support Act (CCS) on the health of the elderly population in Los Angeles County. The study is a descriptive study that aims to identify the needs of the elderly population in Los Angeles County and to provide information to the state and local government to improve the health care system. The study will use a cross-sectional design to collect data on the health status of the elderly population in Los Angeles County. The study will use a survey method to collect data on the health status of the elderly population in Los Angeles County. The study will use a survey method to collect data on the health status of the elderly population in Los Angeles County. The study will use a survey method to collect data on the health status of the elderly population in Los Angeles County.

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and to increase pre-emptive and primary care services, the National Association of
Community Health Centers estimates that this funding will be critical to do the current
capacity serving patients on priority. Even though the passage of the
PPACA, the necessity of strong safety nets recognized and the funding to support these
provided through the expansion of states and ser

functions added on the first series of the design no

the services they provide nor the established Medicaid or Medicaid costs of the service, has
not designed contracts to serve either the rural population or FQHCs so receive grant
funds from either of the Public Health Service Act. These funds are not available to the health
centers that have not been given the FQHC designation or carry this status. Here FQHCs
received costs of the funding from whoever they so receive funding from. The end of
grants received from Medicaid Medicaid providers receive services in need
patient fees. It is possible for contracts to be designed FQHC organizations they receive
the services of FQHC. They do not receive the services of the government funding
to either they receive grants for services.

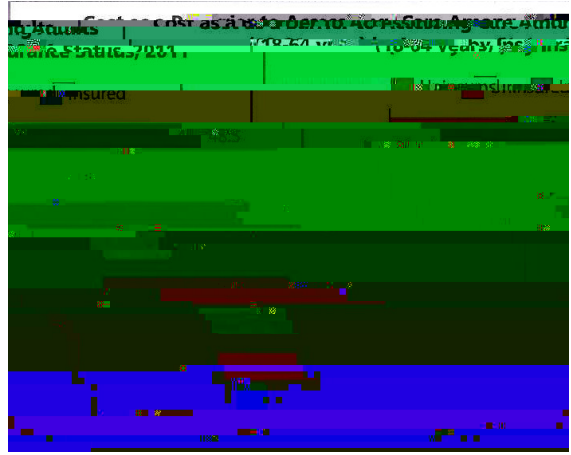
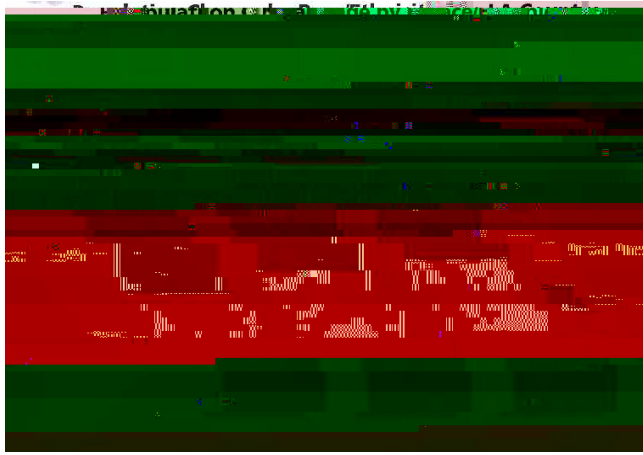
Therefore certain criteria that FQHCs should receive the designated on each contract
should be considered or service high need community governed by community order provide
comprehensive primary health care provide services to no other states or territory and
receive other standards regarding the state's role in the contract and financial operations. One of the
costs for the criteria that contract should receive the designation of FQHC is the
consideration of Medicaid Medicaid providers receive these services designated by the state of
Medicaid Medicaid services. Medicaid health care is not considered on the primary recipient of
economic and health status of the community.

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The Future of Los Angeles County Safety Net Clinics




Due to Los Angeles County's diverse and rapidly growing population, there is an increased

convergence, has done the job of the private sector. The necessity for strong safety net when dealing with large population



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Managing Attorney National Health Program Los Angeles Office, the National Health
Program works across the country to help children

C  **n y.** **A nc - n**
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There is no word of ready information on Chapman's organization
The rest is so full of details that it is difficult to see beyond the line of the story

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They also have strong focus on outreach and health education and literacy
education and community health education

These networks are formed by people on the ground, these funds
come from coalition of government, private, and non-governmental organizations

for people of all ages

service fees from the QFC QueensCare partnership from contracts and non-
donations and from RA election grants, they have reported records depicting
of the QFC's difference from the other contracts with one of the records
employees are compensated for their yearly QFC employees and discussed the
services and the relationship

QueensCare Family Care services providing services
covered by Medicaid and covered by Medicaid through
primary of the population identify source of income
spouse, children, African American, American Indian
and Native American, Other Pacific Islander, Add-on of the
patients reported being served in the English Appendix for
addition of services

Health Reform: California Moving Forward

The state of California's government's decision on the health care reform is going to
occur before any government agency or other organization can be formed steps have
been taken to address parts of the ACA the health care changes seen established and
other reforms have been developed under the Legislature's Governor Brown's health
reform agreement with the Medicaid program is going on and how the effect of the
Legislature's proposed health care reform program percent of the federal program
is to be a good example for Medicaid, they have also proposed reform for the enrollment process

QueensCare Family Care services providing services
they also provide more specific information of the patient service fees LA Medicaid Medicaid
and Medicaid Patients
described for QueensCare Family Care services
<http://www.governor.org/organizations/queenscarefamilycare>
in the Department of Health and Human Resources and the Resources and Services Administration
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There is a need for the process to be streamlined so that we can get the Legislature to reauthorize the program. The Governor has been on the proposed budget for a long time. In this process, the Governor is focused on increasing the state budget, not on the cost of the Legislature. It is important to streamline the process for Medicaid enrollment. These people are not getting the services they need. The Legislature is not doing its job. It is time for the Legislature to take action. At the end of May, the Governor will release his proposed budget. The state needs to make the right decisions so that we can get the program reauthorized. We need to take the steps that are necessary for the program to continue.

Health Reform: Los Angeles County Moving Forward

by LA M C

Despite the challenges of the budget, we are moving forward. Los Angeles County has a lot to offer. We need to take the steps that are necessary for the program to continue.

the , these controls need to be defined by primary to ensure that LA patients
should be able to see their specific reproductive

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the company is so very focused on how they are restricting the LA market
program is established there to ensure that only those in Los
Angeles company of these people e e g

deter mine how the funds affected. Although some of these members also have
residents who are opposed to special services.

The county is also looking to restrict the property tax and create an

in the LA market for the current year. The county can also pay a fee for

services being provided. LA market price they are paid per acre.

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n p n e d

very strong social service focus which changes the way they deliver population and
how they work. They're very focused on the effectiveness of the document
the ACA and the CEO. Meeting and the organization over representing for
group on reform to help the healthcare reform. Young document
group's to be coordinated under the ACA and the future
the biggest concern of our days is how people are engaged in the
new healthcare system. They're in the process of developing strategies which are discussed
later to improve our care and to access care. It's essential that they're educated on
the changes and to help the enrollment in the system. They're so worried about how to
increase participation and meet the needs of everyone coming in. The concerns described in
the coming days stress that we see everyone's coming to see health care. We've decided to do
upon the federal guidelines. So, we're not considering health services for California
how

Concerns of pay in reform were so expressed. The main challenge is
reformed payment's decreased. Because here we're paying to cover the health
of people who are not covered. So, we're seeing the demands of the ACA
and the need to increase enrollment and to service. So, we're seeing a surge in
the California's health system. The new reform system is
to code change or to code systems. Depending upon health services enrollment
to help us so we're going to be reformed. So, we're seeing the health services and other concerns. There's

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c re f c rren/ p / en/ s re re ss gned / o d fferen/ c n c , h s s hen p / en/ s need / o / e
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reform the pay structure here. This is a challenge through these different options
not only the need for reform, so that the reform needs to increase the revenue that is
generated. In the next few years, FQCs are going to see significant changes due
to the ACA, they are expected to provide patients with comprehensive care focused on the
patients who are not satisfied with the services presently. Due to this push to focus on
preventive care, clinicians need to have the funding and the resources to provide this prevention
here. There are funds available from the ACA for preventive care, but not enough to cover
the comprehensive care expected, this is perhaps where QFCs do a redefinition of health
services, economics.

Patients' relationship is so important. Many of the FQCs patients
have never had the experience before or do not even realize that they can soon be going for
the experience. As support for patients' needs and health options, and the
ACA is doing everything currently here, they are still the main source of funding that has been pushed
for the hospital and other organizations, this is where patient education comes in. However,
once again, the emergence of regenerative medicine from the state is a hard-to-not-see patient's need
to be educated on.

Patients' relationship is so important. It is essential to ensure that the
the different reasons that these FQCs are focused on patient relationship. Both John and

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ze /he r c p c /y / of /he r s /es nd ncre se ccess /o ser ces pec f c y for /he r
F r O s C n c h ch s /he rges/ c n c /hey h e s/ cq red /he e se for /he en/ re
d ng fro /he c /y of P s den By h ng /he en/ re d ng s opposed /o sh r ng / /h
no /her non prof / s /hey do c rren/ y /hey e e /o reconf g re /he c n c n y /h /
g es pro ders ore sp ce nd o s /he /o e /e

physicists' research priorities. A of these definitions under the
superior of physics, his economic increasing contribution FQ Cs/o
during the primary physics shortage

penetration of products in the market and competition with the
provision of other services, this is one of the criteria FQCs should consider
in defining their strategy. EC countries are trying
to penetrate the market and their competitors. Currently they are reorganizing

doing and how they can benefit from the Forthscap plan they present over three years
The Outreach and Education for

As previously mentioned the biggest concern with the health care reforms getting passed
from someone or hard to access costs to enroll in the system added on to the
launching of the Affordable Care Act program

Esper nz Co n /y o s ng Corpor / on nd A E /r /eg c A nce for s/ Econo y
/o / ze e ch o/her s e ersh p se for /he r o n c p gns / ohn s enco r ge
/he r p / en/s /o //end /hese e en/s nd e r ng ng /he r o e c n c /o d fferen/ e en/s
sponsored y Esper nz nd A E A /hese e en/s /hey pro de he /h screen ngs s e
s ed c / on /er s o //he ACA nd pro de peop e /h nfor / on o //he r
co er ge op/ ons / ohn s foc s s on pro d ng s ch nfor / on s poss e /o de
r e /y of peop e h e /hey hope /h / /hese peop e chose /o e / ohn s p / en/s /hey
see /o c re ore o / ed c / ng rge pop / on of peop e so /hey c n e nfor ed
dec s ons reg rd ng /he r o n he /h

nce / ohn s s ery foc sed on soc s/ ce ss es nd eq /y for /hey re
oo ng for n op/ on /o pro de ndoc en/ed gr n/s /h he /h co er ge C rren/ y /hey
re p sh ng for so e /h ng n gr / on refor /o pro de /he ndoc en/ed /h he /h
co er ge ho e er n/ /h s h ppens /hey s /he res d y n ns red h e no he /h
co er ge / ohn s ne/ or of c n cs sees ore ndoc en/ed gr n/s /h n ny o/her c n c
n /he PA re , hey re c rren/ y or ng /h LA C re /o co e p /h he /h
ns r nce p n for /he ndoc en/ed gr n/s ng n Los Ange es Co n /y 4 nd hen /h s
s de e oped /hey o d s /r / p c z ng / / /he r r o s o /re ch e en/s s n op/ on for
/hose ho re ndoc en/ed /herefore /hey do no/ q /fy for Med C or /he he /h ns r nce
e ch nge nce /h s p n s s/ n /he or s / s h rd /o no h / / en/ / os/
e y on y or / / ohn s h ch h s /he po/en/

Added on to his strong conviction to reach and education focus on his so
taking steps to prepare the regions for an increased population, his year/hey e
opening plan to enhance the efforts

h e he /h enro ers / e ery c n c s/ e A he /h enro er ee/s /h e ery ne p / en/ /o

efore oo ng/o e p nd ore espec y hen/hey re no/ s re h //he r f / re p / en/
pop / on s go ng/o oo e

n e e

Fo r co on/the es e erged hen oo ng //he s/eps e ng/ en y c n cs/o
prep re for/the Med C e p ns on of

E p nd ng C n c C p c /y

C n cs re e p nd ng/he r c p c /y foc s ng on o /re ch nd ed c / on oo ng/o h re
ore pro ders nd /r nsfor ng/he c re/h //hey pro de , hree of/the c n cs re dd ng ne
s/es/o e opened th n/the ne / ye r / ohn s e ng/the e cep/ on /o /h s o e er /hey re
dd ng n dd / on schoo s /e nd re n /he process of co p e /e y re ode ng /he r ped /r c
c n c s /e a dd / on /o dd ng ne s /es re oo ng/o pro e nd e p nd /he r c ren/
f c / es /o ens re /h //hey re re dy /o h nd e n ncre se n /he r p / en / pop / on E p nd ed
s /e c p c /y o s /he c n cs /o see ore p / en /s phys c y nd ne er f c / es c n e
r e / ng po n /o //r c / ne p / en /s An ss e /h / goes h nd n h nd th /h s s /he /y /o
//r c / nd h re ne pro ders /ho / ne pro ders no ne c p c /y //ers ec se /hey
h e /he sp ce /o ser e /he p / en /s / no /the c n c ns / /e y f nd ng ne pro ders
e /he ey /o /he e p ns on see s s /ho gh / e co n / on of c n cs h r ng
non /r d / on pr ry c re pro ders n rse pr c / oners nd phys c n ss s / n /s /o e
o erseen y phys c ns As e s //r c / ng pro ders /h o n re rse en / p ns /h /
he p /he p y off /he r s / den / o ns h e ser ng /he co n /y C n cs s / so p y n
c / e ro e n o y ng /he s /e /o no / c / re rse en / r /es for Med C pro ders h e
FQ Cs re req red /o see p / en /s f /hey re rece ng h re re rse en / r /e for Med

c n y n ACA

n y e A nce den

Ch pC re s/he frst s/e/h / n'er e ed , hey po n'ed o / ho /he dop/ on nd se
of /echno gy nder /he ACA s ey espec y for FQ Cs , he se of e ec/ron c he /h records
E R s nd /ed /hro gh e n ngf se ho e er so e c n cs e Ch pC re h e een
s ng E R for ch onger Ch pC re dop/ed /he sys/e /he se of E R n , h s s
seen s n d n/ ge ec se /he r c n c nd d n s/r / e s/ ff s e ersed n /he
/echno gy nd h e re dy d p/ed /o s ng / on d y s s Ch pC re so e e es /h /
/hey e e /er e /o n ge gro /h ec se /hey h e /he d / /o he p /he e
nfor ed dec s ons ec se /hey h e een s ng /he E R sys/e onger

Ch pC re s so cre / e y s ng /echno ogy /o he p /he e /er ser e /he r p / en/
pop / on , hey h e s gned n gree en / /o p e en/ ne soft re sys/e Po n /C re PA
h ch he p /he e /e /he r p / en/ s he /h co er ge needs nd de /er ne h ch he /h
progr es / s /s /he Ch pC re s /he frst co n /y he /h cen /er n Los Ange es /o eg n
s ng /h s spec f c soft re , h s sys/e ses f e q es / on second e g /y s sess en / /o
c p/ re /he necess ry d / /o de /er s n d

n c nc

, EC nc nc eg n s ng E R ppro /e y/ o ye rs go nd c' /ed/he r

P / en/ Por/ ye r go Mos/ c n cs h e no/ eg n /o c' /e/he r p / en/ por/ s ye/

ec se / s no/ nd /ed y e n ngf se n/ o e er , EC nc nc de/he

een e y nc

QFC s n e r y dop'er of E R e Ch pC re /h f n p e en' / on' ng
p ce n No e er nce /hey ere n e r y dop'er /hey h e de d / se' /o p
fro h ch o s /he /o repor' e' /er nd q c er QFC s q c /o po n' o / /h / h e
E R h s ny d n' ges / does no' e p / en' s / s f s' er s ny peop e e e e /he s /
/ e s c' y eng' hened f' er n' p e en' / on' nd e en' y re' rns /o nor ec se
/he phys c ns re s' req red /o ch r' e ery /h ng nd / e /he s' eps nd /ed y /he sys' e
/he ch p / en' ens res /h / no /h ng s ps /hro gh /he cr c s ec se of /he req red
chec s' s nd /he p / en' d / s' stored n n e s y ccess e for / / p / en' s / s re
no' shor' ened

h e QFC does /h n /h / /hey h e co pe' / e d n' ge s n e r y dop'er /hey
do no' /h n / s' ong C rren' y ny c n cs re or ng /hro gh /he s e s' r gg es
QFC h d o / ye rs go f' er /hey dop' ed /he r E R sys' e ccord ng /o /he n o /
ye rs /h / d n' ge e gone s os' c n cs h e or ed /hro gh /he n' pro e s
/ hey so en' oned /he h gh cos' of /he prod c' nd /he con' n ed cos' of n' en nce nd s' ff
/r n ng E R s no' one' e cos' / / con' n ed e pense e ery ye r once / h s een
dop' ed QFC recogn zed / o ey ss es n reg rds /o /he ACA nd /he se h en

h ch e r y dop/ers h e/he pper h nd o er

oo e or ho / s go ng / o f n c / on , here s / o / of con ers / on ro nd / he ne
progr / nd / he de / of open enro / en / s / r / ng n Oc / o er ho e er / n / / he s / / e / es
dec s on no / h ng s c / y no n , hey re / or ng / h / he co n / y / o ens re / h / / he
/ r ns / on / e s s oo / h s poss e nd / h / p s / s / es fro / p e en / / on nd
/ r nsference of / he LA progr / e e med fro / o e er / f / he p s / s ny nd c / on
/ hey do no / e e e / h / / he / r ns / on / / / e y e s oo / h

een e y n c

QFC so h s reser / on / o / / he / r ns / on for / he LA / ched n / o Med C
, hey so c / ed / he recen / / r ns / on s co p e / e nd / o / d s s / er , he e c / ron c progr / d d
no / or / n / he y / he co n / y / ho gh / / o d / he ne / or / s con / n / y cr sh ng nd
peop e ere ge / / ng os / n / he sys / e d e / o / h s c n c ere no / e ng re / rsed for s / s
r y QFC does no / e e e / h / / he / r ns / on / e s oo / h / he co n / y / nd / he s / / e s /
need / o / or o / / o / of de / s / o de / er ne h / / h s s go ng / o oo e , he n er of
p / en / s c rren / y enro ed n LA / ched s eq / o / he n er of p / en / s enro ed n
ppro / e y / of / he o / her L / P progr / s n C / form / Add / on / y / of / he p / en / s
ho re c rren / y enro ed n / he LA progr / need / o e nfor ed / o / / he r / r ns / on n / o
Med C / nd h / / e ns / h s s p / en / pop / / on / h / h s een ro / ne y den ed for Med
C / / no e e g e so e / h ng / h / gh / no / e nders / ood y / Reg rd ess of
/ hese concerns / he / her / he / r ns / on / or s or no / FQ Cs re s / req red / o see ny p / en /
ho s / hro gh / he r doors no / / er / he r s / / s he / h co er ge or / y / o p y

Oy enden / oh n , e ephone / er e M rch
nes B r r Los Ange es CA M rch
Ar s / rong A e Los Ange es CA M rch
/ d
/ d

n e e

h e /he c n cs e e e/h / e /hy y LA s sef /r ns / on progr /here
re so concerns s/o ho s oo/h/h s/r ns / on e , he er pro ded /he f nd ng
for /he e /hy y LA progr ho e er / pro ded /ed g de nes eyond ho s/o e
co ered nd f nd ng req re en/s D e/o/h s c of g d nce /here h s een s/r gg e fter
s/r gg e n de/er n ng ho /he progr f nc/ on hen /he progr f rs/ eg n /he
g de nes n p ce d d no/ f nc/ on s pro sed c s ng ny ss es for o/h /he c n cs nd /he
co n/y Add/ on y s/ ye r hen /he co n/y /r ns / on ed /o s ng /he Le der syste n hopes
of ng /he /r ns / on /o Med C s oo/ her / s no/ s oo/ h / nd cre /ed ss es for
/he co n/y c n cs nd p / en/ s , he hope /h n /he co n/y /h / /h s/r ns / on e e /e ny
f / re pro e s s nce /hey re s ng /he s e syste no ho e er /he c n cs re ess /h n
hopef , he co n/y h s een or ng ery h rd /o ens re /h / /hese s e s/r gg es do no/
ppe r n hen e /hy y LA s ro ed n/ o Med C n/ /he s/ /e de/er nes h /
/he Med C e p ns on oo e nd ho s h nd ng / /he s/ /e or /he co n/ es / s h rd
/o no h / /h s/r ns / on en/

As o / ned n /he Co n/y sec/ on /here s so e p n for h / s/o h ppen /o /he LA
n /ched progr does see s /ho gh /h s p n s no/ een sh red ye/ /h /he c n cs s
/he c n c d n s/r /ors /h / n/er e ed e pressed concern o / h / s go ng /o h ppen
/o /hose n n /ched , hey p n /o con/ n e /o see /hose enro ed n /he n /ched progr
/hey re s/ ns re s/o h / /he r re rse en/ oo e nd ho /they e ser ng
/hro gh /h s progr , h s s n oppor/ n /y for /he co n/y /o or /h c n cs n de/er n ng
h / /he n /ched progr oo e o ng for rd s nce /hey re ey pro der for /he
res d y n ns red Add/ on y c n cs need /o o ce /he r concerns /o /he co n/y n
cons/r c/ e y so /h / /they y co e /oge /her /o de/er ne ho /o es/ ser e /he res d y

Recommendations

Based upon findings through interviews with individuals serving in the state and county agencies in depth with the Federal Youth Quality Incentive Centers in Los Angeles County, the provider series of recommendations to help the county and the state should be for reasons that they are essential to the population.

L **n n** **C** **n**

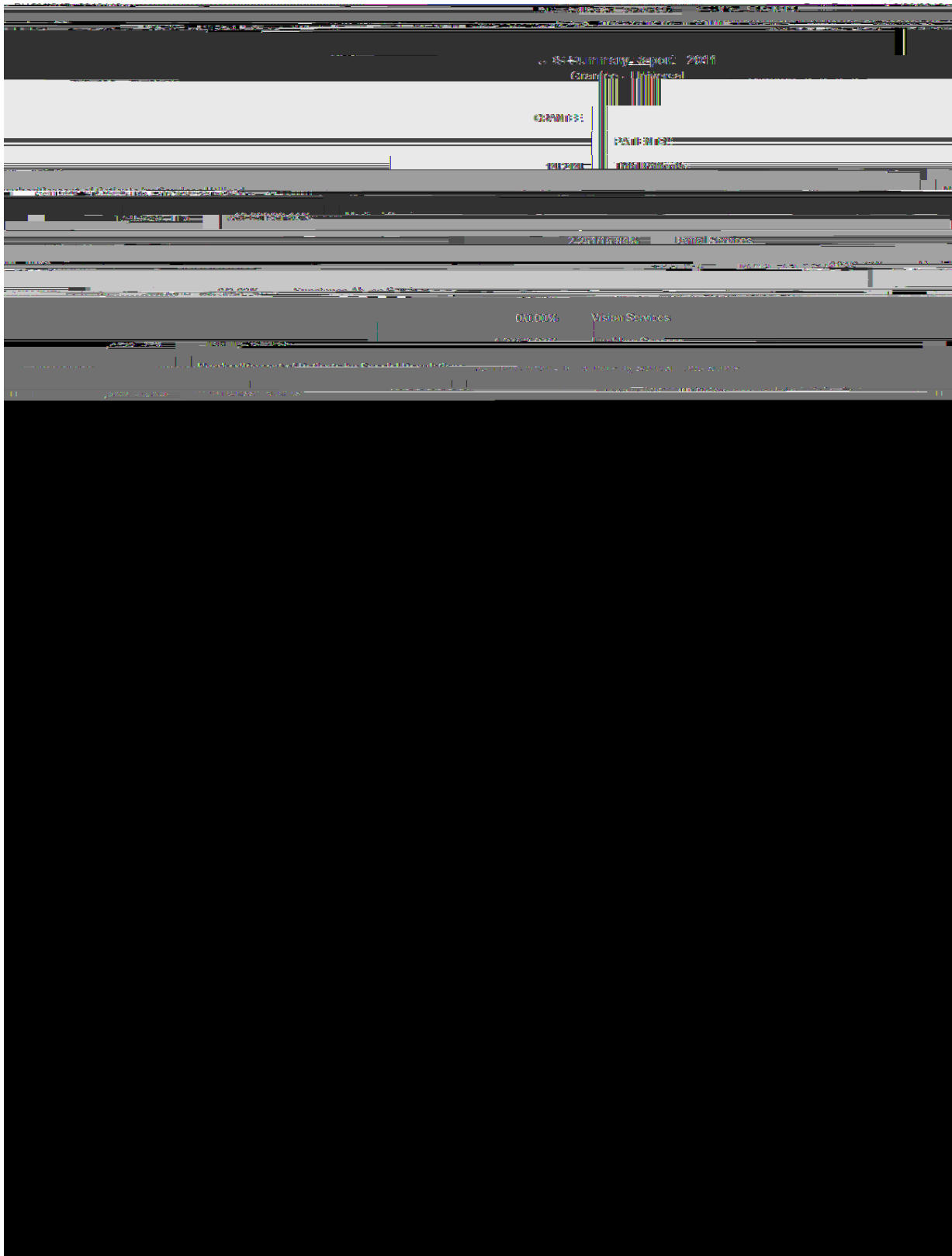
The first recommendation that offer is that the state needs to quickly decide how to be going forward here so that it can be effective for

pro durs /o enco p ss spec/s of he /h c re Ꞥc n cs re go ng /o e e pec/ed /o pro de

Add/ on y c n cs s' eco e P / en/ Cen/ered Med c o es , h s cer/ f c / on
g es/he dded enef/s s' / ng/h //hey pro de/he es/ p / en/ c re poss e for/he p / en/

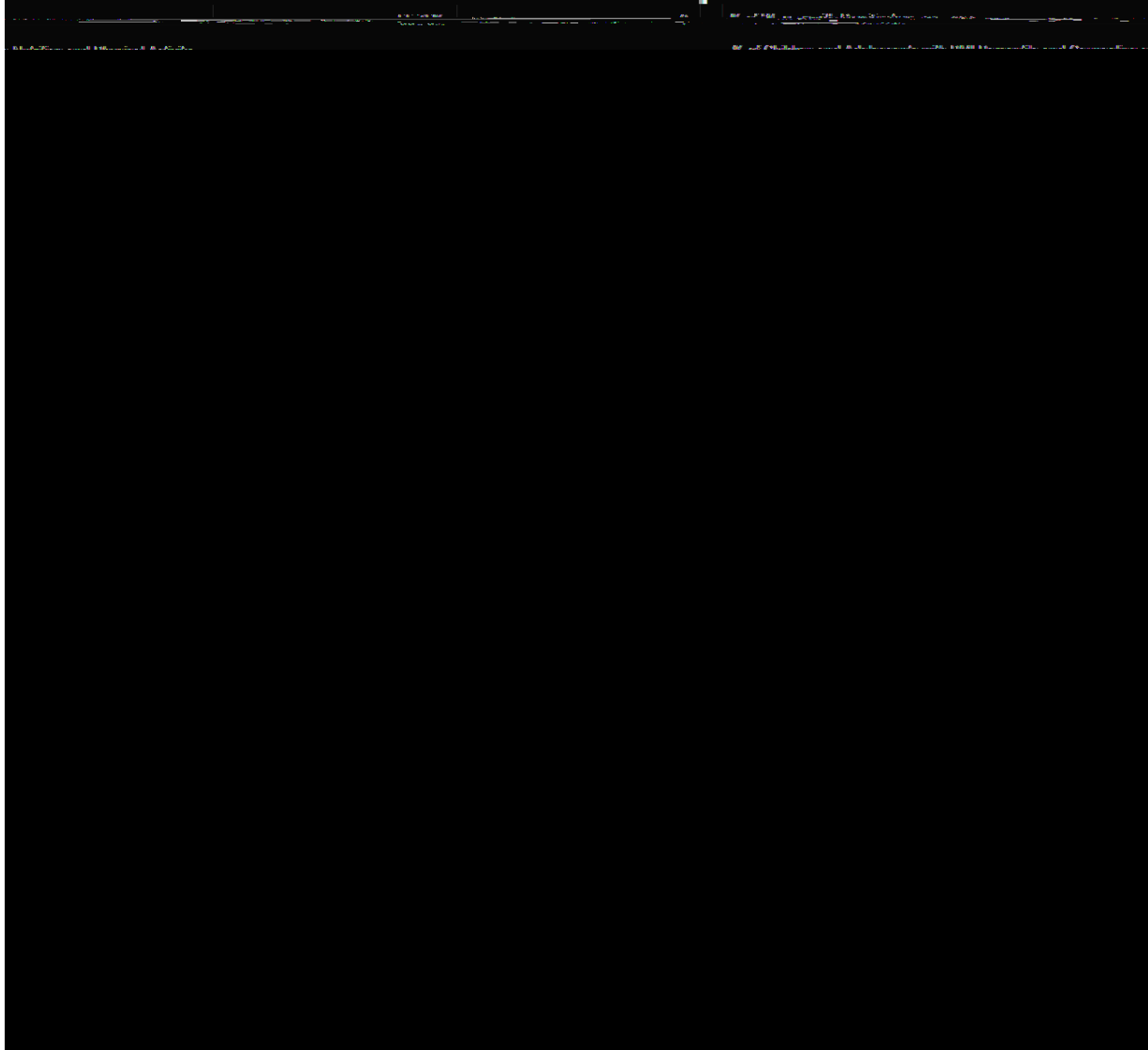
Federal Quality Centers provide ongoing for-
profit and not-for-profit health care
organizations with the information and

so e s' /es ref s /o p e en /he c' s / s or g n y en s oned /he c' s rge y n' c'
nd / see s e / re n /h / y Mo ng for rd /he Med c d e p ns on s one of /he
ys n h ch rge pop / ons of peop e e fforded he /h co er ge for /he frs' / e
h s s o ng ne pop / on /o ccess he /h



PATIENTS

Percent of Medical Patients with Specific Diseases



Connecticut
Economic Locations



Print out

CSA/055
CSA/055
CSA/055

CSA/055
CSA/055

100 Number of records retrieved

CSA/055
Print out

4.7 Academic (48%)

Percentage Searching & Downloading

86.7%

% of Women in Top 100

39.3%

% of Citations and Abstracts with Full Text and Covering on Citation and Page Labels

4.8 Professional (48%)

4.9 Academic (48%)

4.10 Academic (48%)

4.11 Academic (48%)

4.12 Academic (48%)

4.13 Academic (48%)

4.14 Academic (48%)

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4.37 Academic (48%)

4.38 Academic (48%)

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4.40 Academic (48%)

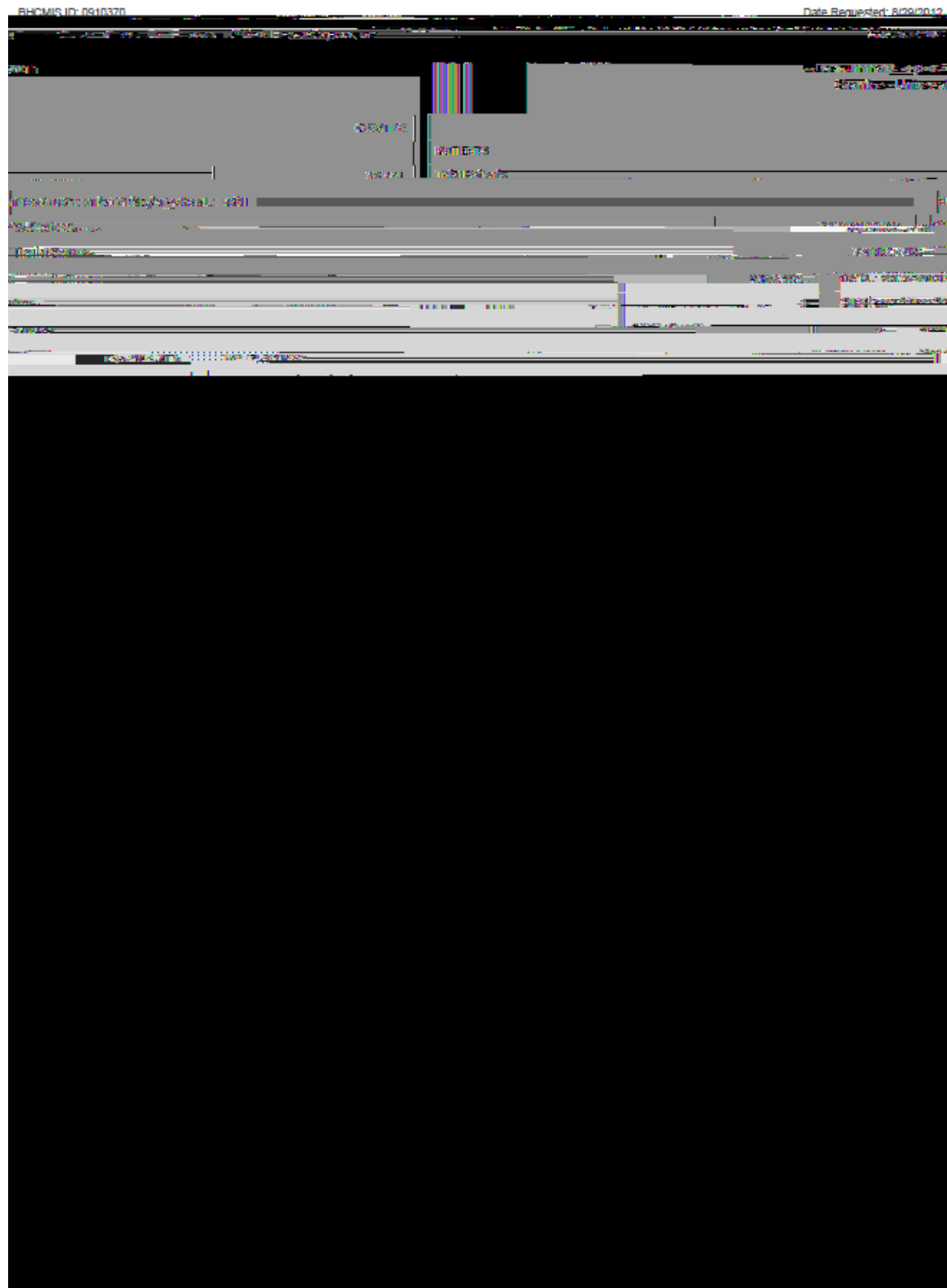
4.41 Academic (48%)

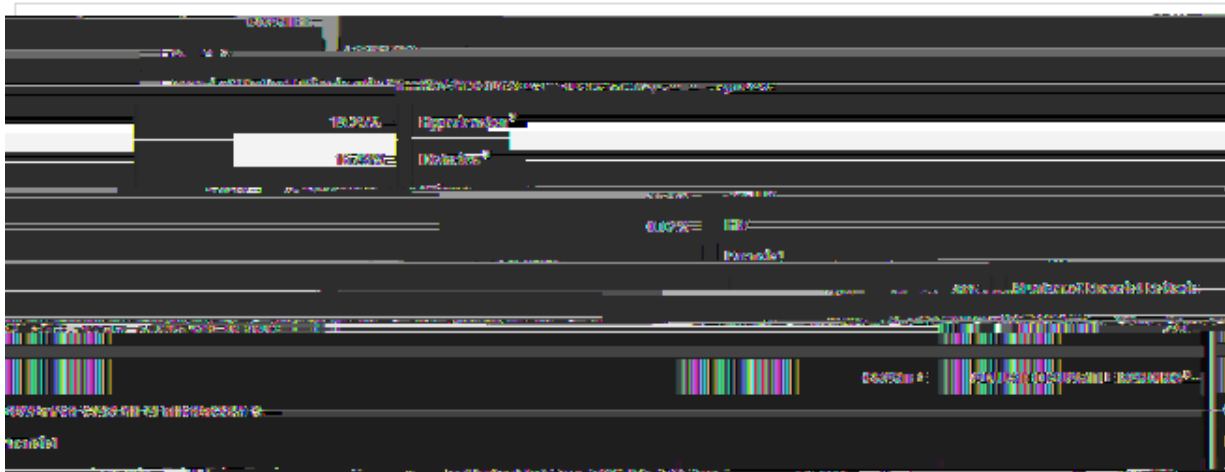
4.42 Academic (48%)

4.43 Academic (48%)

4.44 Academic (48%)

4.45 Academic (48%)





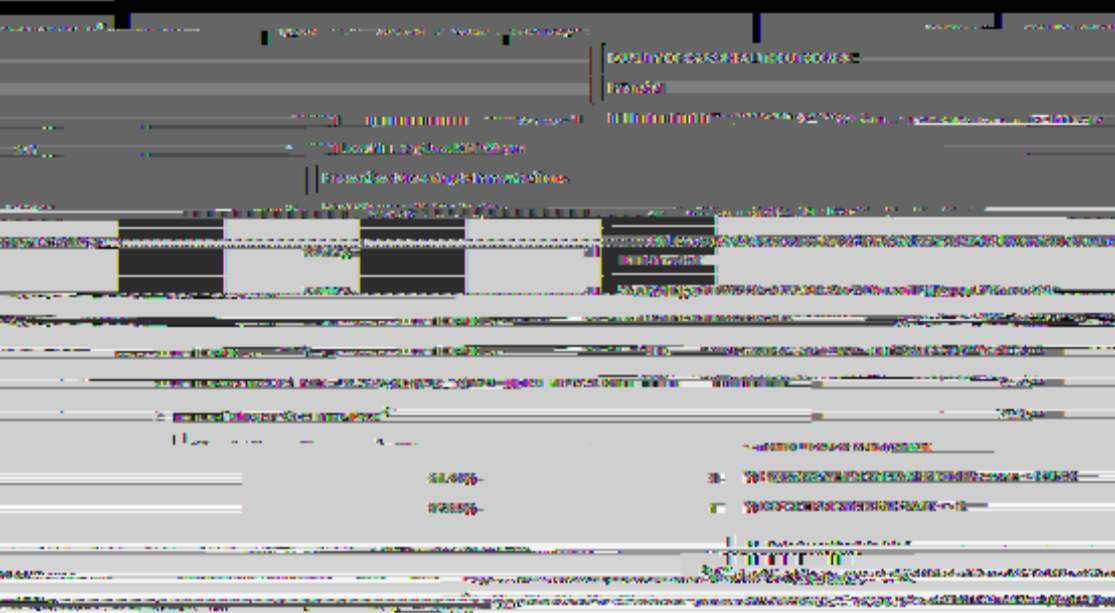
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PATIENTS

Report of Medical Claims with Specific Diagnoses

Year	Diagnosis	Number of Claims
2010	Asperger's	1
2010	Autism	1
2010	ADHD	1
2010	Other	1
2010	Number of Claims with Specific Diagnoses	4



Year	Diagnosis	Number of Claims
2010	Asperger's	1
2010	Autism	1
2010	ADHD	1
2010	Other	1
2010	Number of Claims with Specific Diagnoses	4

Glossary of Terms ¹⁸⁴

AltaMed IPA: AltaMed's Independent Practice Association (IPA) contracts with contracted primary care physicians, the goal of AltaMed's IPA is to provide access to a broader range of services to a greater number of independent physicians and offer additional services. AltaMed IPA is one of the largest in Los Angeles County, serving a large, diverse population.

Bundled Payments: A payment system in which doctors and hospitals are reimbursed a fixed fee for a patient's care over a period of time. This system is designed to encourage providers to work together to reduce costs and improve patient outcomes.

s /s/he /o/the ns r nce co p ny or re s //ed y/he pro der /o/the p / en/ s
ns r nce c rr er for re rse en/

coordination program population and public health and ensuring equality and
security protection for people health reform program health care expansion
three phases of comprehensive and coordinated processes and procedures
of countries

Medicaid: Medicaid finances health care for the very poor through federal and state
funds. It is a joint federal and state program and has been a key element in
reducing the number of people who are uninsured, particularly the children, the
elderly, and people with disabilities. It is the largest federal program
of the Federal Poverty Line.

Medicare: Medicare is the government health insurance program for those over 65
years of age and those with disabilities. It is a federal program and is
administered by the Social Security Administration. It is the largest federal
program and is the largest source of health care financing for the elderly.
It is a federal program and is the largest source of health care financing for the
elderly.

Medi-Cal: Medi-Cal is the California Medicaid program serving over 10 million
low-income people, including children, pregnant women, and the elderly.
It is a state program and is the largest source of health care financing for the
elderly. It is a state program and is the largest source of health care financing for the
elderly.

ObamaCare: The Affordable Care Act, also known as the Patient Protection and
Affordable Care Act, is a landmark piece of legislation signed by President
Barack Obama in 2010. It is a landmark piece of legislation signed by President
Barack Obama in 2010.

Public Option: The public option is a proposed program that would allow
people to purchase health insurance through the government. It is a proposed
program that would allow people to purchase health insurance through the
government. It is a proposed program that would allow people to purchase
health insurance through the government.

Bibliography

Andr s Dennis P. and N. d. dd q. e. /h Refor. ho ds. o/h r s s. nd re. rds for
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<http://www.nchc.co.uk/en/CR/Ne/P/en/s/Fn.pdf> Accessed Dece er

Oy enden John COO, EC n c ac n/er e y /hor, e ephone n/er e M rch

P r p no A c o /he s/ ces r ed on /he e /h C re L e e Y e sec
ne <http://www.ny/es.co.uk/er/c/e> s ho /he s/ ces r ed
on he /h c re h/ refL s ccessed Dece er

P/e / nd ohn McDono gh Fro M ss ch se/s/o Pennsy n A en e
A o rd /he e /h Refor E press e A no

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Q eensC re F yC n cs / nd ng p Q eense re F yC n cs Ann Report

Q eensC re F yC n cs story C n c er ces Accessed Apr
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