Medical-Financial Partnership Sustainability Forecasting Report

UCLA Medical-Financial Partnership (MFP) Program Sustainability Analysis Using the MFP Cost Modeling Tool

The UCLA Medical-Financial Partnership (MFP) Program is a family-centered, parent driven prenatal and pediatric two-generation care model that invests in whole child health by addressing financial, social, emotional, developmental, and behavioral health needs of children and families in the second largest health system in the country. Consistent with the Pediatric Supporting Parents (PSP) model described by ZERO TO THREE, MFP utilizes integrated social work support, developmental and behavioral health screening, family-centered goal setting, care coordination, and connection to community resources to strengthen caregiver-child relationships and improve outcomes across the prenatal and early childhood period. MFP's approach recognizes that supporting caregiver well-being is essential to supporting child health and development.

As MFP expands across multiple Los Angeles County Department of Health Services (DHS) clinical sites, program leadership seeks to understand whether the model could be sustained through Medi-Cal reimbursement rather than relying exclusively on grant funding. To support this effort, Health Management Associates (HMA) developed the MFP Cost Modeling Tool, a forecasting model designed to estimate annual revenue, staffing costs, and overall financial sustainability under various implementation scenarios. The tool translates MFP activities into potential Medi-Cal billing pathways and compares projected reimbursement against staffing and operational investments needed to deliver services.

Purpose of the Forecasting Tool

Historically, many family support programs have struggled to identify sustainable financing mechanisms because large portions of the work occur outside traditional medical encounters. MFP includes activities such as social needs screening, caregiver engagement, care coordination, navigation of community services, family support, and ongoing coaching, all of which provide significant value but are not always directly reimbursable.

The MFP Cost Modeling Tool was developed to answer several critical sustainability questions:

- What portions of the MFP model align with existing Medi-Cal reimbursement pathways?
- How much revenue could be generated through billing opportunities such as Enhanced Care Management (ECM), dyadic services, Community Health Worker (CHW) services, health behavior assessment, care coordination, and other applicable benefits?
- How many staff can be supported under different patient volume scenarios?
- Does the anticipated reimbursement offset staffing and operational expenses?
- What level of external funding would still be necessary, if any?

The tool provides a standardized framework that allows each participating site to test assumptions about enrollment, service intensity, staffing models, and reimbursement strategies.

Service Delivery and Billing Crosswalk

A foundational component of the model is the Service Billing Crosswalk, which links MFP program activities to potential Medi-Cal reimbursement mechanisms. The crosswalk organizes MFP services into five phases of care:

MFP Phase	Example Activities	Potential Billing Pathways
Phase 0: Identification & Referral	Screening, outreach, referral review	H1011, H2015, 96160, G9919
Phase 1: Enrollment & Introduction	Program orientation, intake, assessment	H2015, 96156, 90791
Phase 2: Assessment & Care Planning	Parent Voice Notes, care planning, resource triage	H2015, 98960, 99401
Phase 3: Ongoing Social Work Support	Navigation, referrals, care coordination, follow-up	H2015, H2027, T1016, 98960, T1027
Phase 4: Embedded Clinical Support	Ongoing assessments and follow-up during routine visits	H1011, 96165, G9919
Phase 5: Transition & Graduation	Care plan review, community handoff, transition planning	H2015, T1016, 98960

The crosswalk demonstrates that while certain administrative functions remain non-billable, many core MFP activities can potentially be supported through existing Medi-Cal reimbursement structures when documentation, staffing qualifications, and medical necessity requirements are met.

Forecasting Methodology

The forecasting model uses site-level assumptions to estimate financial performance. Inputs include:

- Total Medi-Cal patient panel size
- Percent of patients eligible for MFP
- Percent of eligible patients who enroll
- Distribution of patients across support intensity levels
- Enhanced Care Management eligibility
- Staffing requirements
- Salary and benefit assumptions
- Administrative expenses

The model then calculates:

1. Expected patient enrollment.
2. Expected utilization of MFP services.

3. Revenue associated with each billable service.
4. Personnel and operational costs.
5. Net financial position (surplus or deficit)

Notably, the tool distinguishes between direct billable services and critical but non-billable activities such as documentation, infrastructure development, referral database maintenance, and program administration. This distinction provides a more realistic assessment of program economics compared with reimbursement-only analyses.

Conclusion

The MFP Cost Modeling Tool provided UCLA and DHS leadership with a structured methodology for evaluating the long-term financial sustainability of the Maternal and Family Pathways Program. By aligning MFP's family-centered, two-generation services with emerging Medi-Cal reimbursement opportunities, the tool demonstrated that many core components of the model can potentially be supported through ongoing healthcare financing mechanisms rather than grant funding alone.

More importantly, the analysis helped program leaders move beyond anecdotal discussions of sustainability to data-driven planning. The tool enables sites to evaluate alternative staffing models, test enrollment assumptions, forecast reimbursement opportunities, and identify financing gaps before scaling services. As California continues to invest in dyadic care, Enhanced Care Management, behavioral health integration, and whole-person care approaches, the forecasting tool provides a roadmap for how relationship-based family support programs like MFP can transition from grant-funded demonstrations to sustainable components of routine clinical care.