



## Preliminary Comments

California Performance Review Commission  
Department of Health and Human Services  
Public Hearing  
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Prepared by  
Community Clinic Association of Los Angeles County

### **CCALAC Overview**

The Community Clinic Association of Los Angeles County (CCALAC) is a membership organization of private, not-for-profit community clinics and health centers serving the Los Angeles basin area. To date, we have 42 community clinics and health centers representing more than 114 sites throughout the County. CCALAC member clinics provide primary and preventive health care to indigent and uninsured people living in urban, suburban and rural areas of the County. These clinics provide culturally and linguistically appropriate care to thousands of patients every year, including many of the County's uninsured. I come to you today on behalf of our LA network of community clinics, and the patients they serve.

First, on behalf of our membership, I would like to acknowledge and commend the CPR team who took on this enormous task and generated this thoughtful body of work. It's a great first step in reforming state government. It has at least initiated a public discussion about the role, function and efficiencies of government. With that in mind, I would like to offer the following preliminary comments on the CPR recommendations proposed for the Department of Health and Human Services.

Overall, we are encouraged by the CPR report and its focus on administrative simplification, the elimination of bureaucratic barriers and the enhancement of customer-oriented services. We much rather the State take an in-depth look at its internal systems to identify appropriate streamlining and cost saving measures versus reducing needed health services, as proposed in previous State Budgets.

- Highlighted by the report, hundreds of millions of dollars in health care funding can be saved in streamlining efforts that support Medi-Cal beneficiaries and beneficiaries of other health care programs. It makes sense to identify and explore the viability of these proposals.
- All such efforts, if done right, should lead to greater patient access, improved delivery systems, programmatic efficiencies and provide cost savings. The operative word here is “done right.” In concept, many of the CPR recommendations echo many of the ideas and recommendations that have been advocated by the clinic community for decades. However, the “how too” and the old saying the “devils are in the details” will be important as we explore implementation steps.

#### COMMENTS ON SPECIFIC CPR RECOMMENDATIONS - SUPPORT

***Transform Eligibility Processing:*** CPR recommends that Medi-Cal, CalWORKs and Food Stamp eligibility processes be consolidated utilizing mail-in and Internet applications.

- Access to the application process could be achieved via the Internet, which would allow an application to be completed in libraries, community-based organizations and in one’s own home.
- The recommendation to use a self-declaration of assets for most eligible populations has the potential to benefit access to care and the service provider network. Reduce paperwork on part of the patient and provider, and provides a continued payment source.
- The use of community-based Certified Application Assistors (CAAs) has been a cost-effective and productive way to assist people in completing Healthy Families/Medi-Cal for Children applications. Applications completed with the help of a CAA have a higher successful completion rate than those without this support.

- Improving the Medi-Cal enrollment process will result in more eligible individuals enrolling in the program. In turn, an increase in enrollment could result in more people establishing a primary care “medical home” where minor illnesses can be treated and higher cost care avoided.

**Improvements:** The Administration should seek to “deputize” workers at FQHCs and other community clinics. Deputized health center staff could assist people in completing Medi-Cal applications and could also make eligibility determinations at the point-of-service. This customer service improvement would allow the Medi-Cal applicant to know whether they are eligible for Medi-Cal prior to leaving the clinic.

***Consolidate Licensing and Certification Functions:*** The CPR proposes that the Department of Health and Human Services consolidate licensing and certification functions.

- Consolidating licensure could make it simpler for health care professionals and facilities by standardizing administrative functions. However, there are likely to be initial disruptions and confusion as the separate licensure processes are consolidated.
- Consolidation should improve the delivery of services by reducing unnecessary administrative duplication and improving coordination.

**Improvements:** It’s important that any consolidation proposal also ensure that surveyors are adequately trained regarding the specific statutory and regulatory provisions governing specific facilities. Currently, community clinics confront licensing and certification surveyors that apply inapplicable requirements and fail to enforce existing statutes.

***Realigning the Administration of Health and Human Services***

***Programs:*** The CPR report states that quality of indigent health care and children’s services can be improved through a realignment of state and county program responsibilities.

- Recommendation is supported in concept and could improve the delivery of services by establishing statewide eligibility criteria and program recognition. Additionally, it could improve program

effectiveness and more clearly delineate authority and accountability for program outcomes or performance while potentially reducing program costs.

- If adopted, strongly suggest that the creation of a workgroup include community clinics and safety net providers that also take care of the medically indigent and would be significantly impacted by realignment of indigent health programs.

**Improvements:** The CPR should look at existing relationships between county MIA programs and community based organizations. Realigning MIA could have a damaging effect on the existing local health care delivery system. If adopted, the state need to ensure that realignment does not result in destabilization of this system.

Additionally, we suggest an assessment of the human impact of realignment on affected MIA populations per county.

#### COMMENTS ON SPECIFIC CPR RECOMMENDATIONS - CONCERNS

*Smart Card:* The CPR report recommends that the *Smart Card* technology be employed to reduce unnecessary utilization and identify potential fraud and abuse. As proposed, the use of the Smart Card technology raises several concerns that could decrease access to services.

- Fingerprints are not reliable for either children or elderly persons so a fingerprint from the parent or guardian would need to be used. For children in immigrant families, this requirement would generate fear, as immigrant parents may need to provide their fingerprints for their children to receive health care services. Based on previous experiences, fear and mistrust in the immigrant community can cause patients to go without needed health care to avoid accessing governmental health care systems that represent the front line stop gap measure to the spread of infectious diseases. This not only exacerbates the health care crisis in the County, and poses a health threat to society as a whole, but it potentially impacts the financial viability of CCHCs.
- There are also concerns about who would have access to the data contained on the smart cards and what safeguards would be in place to protect privacy. Medical confidentiality is still of utmost

priority in insuring that people will use the system because their health status will be maintained private as they seek care.

- The proposal is intended to reduce Medi-Cal fraud among beneficiaries and providers. However, the privacy concerns from the fingerprint imaging have the potential to severely reduce health care access, thereby negatively impacting health outcomes. It seems that there could be other approaches to combat Medi-Cal fraud that would not serve to deter eligible law abiding individuals from receiving health care.

Automate Identification of Other Health Coverage (OHC) for Medi-Cal Beneficiaries: The CPR proposes to develop a process for recording OHC electronically, rather than relying on the current manual operation.

- This proposal could decrease access if the disenrollment of Medi-Cal managed care beneficiaries with OHC is not done in a way that ensures they continue to have access to their full entitlement of benefits.

#### CONCLUSION:

Our community clinics and their commitment to their patients are encouraged by the CPR report and we appreciate the opportunity to be part of this process. CCALAC can serve as a vital resource in helping the State fashion a responsive and cost effective health care delivery system that does not adversely impact the people in which it was intended to serve, the elderly, the disabled and children, as well as the disadvantaged and the underserved. We look forward to being a part of the brain trust that helps the State developed appropriate solutions to the health systems budgetary woes. Today's remarks are preliminary and we plan to issue additionally comments at a later date. Thank you.