

Comments on Navigators: La Maestra Community Health Centers

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1. Funding for our outreach workers – No. We do not get funding for our outreach workers/eligibility workers. We pay them out of our clinic operations. Since we have a very ethnically diverse patient population, it is imperative that we have workers that first, come from the population we serve and speak the language our population speak (we speak now 23 languages). BTW, translation (which we are mandated to provide) is also a NON-REIMBURSEABLE COST under the PPS rate. Sign language is though.
2. Healthy Families/LIPH. Under the Health E App before, La Maestra Family Clinic was one of the pilot sites for this. Back then we were paid \$50 per approved application under the Health E App. We inform parents of eligible children what Healthy Families was all about and help them fill up the Healthy Families application as well a Medi-Cal Application. We worked with elementary schools near our clinic sites. Right now we are in 4 elementary and high schools providing medical and dental services. With our new Medical/Dental Mobile unit, we will be working with more than 18 schools around San Diego County. The payment was discontinued a few years back. With LIPH – our outreach/eligibility workers help translate and fill out the application for our patients but the patients bring and submit them to the resource centers. We are not paid for this service.
3. # of workers: It has gotten smaller through the years. Funding is partly the reason. We are down to 2 but there is a great need out there.
4. We can do a lot more outreach if we get paid - We are able to inform the community about health care issues as, e.g. cancer early detection, need for prenatal care, education on nutrition to solve obesity problems specially the children and teens, new state programs etc. Right now, we got a grant from Komen to give stipend (\$20 per) for Promotoras to recruit, educate and schedule clinical breast exam and mammograms for women 40 and over. These promotoras/outreach workers come from different ethnic background and communities. Without the help from Komen, we are not able to go out into the community to inform and educate women on the importance of early detection.

Already we have been seeing a large increase in UNINSURED patients coming through our door. Some do not even have money to pay. We cannot really pay out-of-pocket the entire cost of running an application and enrollment program. Believe me, THEY WILL BE COMING TO US FOR ASSISTANCE.