

ALAMEDA COUNTY MEDICAL CENTER



*Highland Hospital Campus Fairmont Hospital Campus
John George Psychiatric Pavilion
Ambulatory Health Care Services*

June 18, 2012

Peter Lee
Executive Director
California Health Benefit Exchange
Sacramento, CA 95814

Dear Mr. Lee,

On behalf of the Alameda County Medical Center, thank you for the opportunity to comment on the revised Assister's program. We appreciate the hard work of the Exchange and RHA to develop the proposed structure.

As you may know, Alameda County Medical Center (ACMC) is the designated public hospital system in Alameda County and is licensed for 475 beds and serves thousands of patients. ACMC is comprised of three hospital campuses and three freestanding Federally Qualified Health Centers throughout Alameda County. We are committed to maintaining and improving the health of all county residents, regardless of their ability to pay. ACMC is a well-known regional trauma center and operates one of the nation's busiest emergency departments with over 90,000 visits annually. We provide 300,000 outpatient visits, 11,000 psych ED visits, 13,649 inpatient admissions, 29,333 in and outpatient surgeries, and 2,246 patients are served by our trauma center. We provide a full continuum of care including health promotion and prevention, primary care, chronic disease management, specialty outpatient services in over 35 medical and surgical specialties, labor and delivery, acute medical and surgical inpatient care, acute rehabilitation, skilled nursing, and acute psychiatric inpatient and emergency services. We currently provide well over 300,000 outpatient visits annually. We also provide translation services in over 35 languages.

The vast majority of our patients are low-income individuals/families and people of color. Approximately 35.1% of our patients are Latino, 29.4% are African American, 11.2% are Asian/Pacific Islander, 13.2% are White and 11.1% are other or unknown. About 50% of our patients are covered by Medi-Cal, 30% are uninsured and 15% are covered by Medicare.

ACMC appreciates the Exchange Board's modification to its original Assisters proposal (based on the request put forth by the California Primary Care Association (CPCA)) to compensate persons employed at clinics for purposes of enrolling individuals into the Exchange. We note that the Exchange is looking to further refine the definition of clinic prior to finalizing its compensation structure for Assisters in California. **We would recommend that the Exchange compensate all clinics in California for providing these important enrollment activities, including clinics that are operated under Public Hospital systems.** The inclusion of all clinics would reflect the Exchange's commitment to California's entire health care safety net.

It would also ensure an equal opportunity for all clinics to provide these enrollment activities, rather than stratify the community clinic system. Our community clinics/wellness centers have experience in serving low-income and uninsured patients and have first-hand knowledge of the reality that many individuals enroll in coverage at the point of care. We have gained significant experience in connecting patients to health coverage options. Our ambulatory clinics also have ties to the various communities we serve, which will serve allow us to ensure that as many individuals as possible are enrolled in the marketplace.

While the proposed definition offered by CPCA accomplishes this goal, we support the California Association of Public Hospitals and Systems (CAPH) amended version that includes all of the following types of clinics:

Community Clinic or Health Center: Licensed as either a “community clinic” or “free clinic” by the State under California Health & Safety Code §1204(a) (1) and (2), or is exempt from licensure under Section 1206.

FQHC: An entity that is recognized as a Federally Qualified Health Center under Section 1861(aa) (4) or 1905(l)(2)(B) of the Social Security Act (42 U.S.C. §§1395x(aa)(4), 1396d(l)(2)(B)).

IHC: Indian health clinics are federally designated as 638 Tribal Health Programs and Title V Urban Indian Health Programs.

SBHC: A school-based health center as is defined in the Children’s Health Insurance Program Reauthorization Act/Social Security Act (2009), Public Law 74-271, Sec 2110(c)(9).

We agree that extending resources to all clinic sites to expand outreach efforts would strengthen enrollment and would assist many Californians in their efforts to access and enroll in care. Thank you for your consideration. If you have any questions regarding our comments please contact me at 510-535-7335 or at pbarrera@acmedctr.org.

Sincerely,



B. Patricia Barrera, J.D.
Director of Legislative Affairs & Community Advocacy

CC: Diana S. Dooley, Chair, California Health Benefit Exchange Board Kimberly Belshé, Board Member, California Health Benefit Exchange Paul Fearer, Board Member, California Health Benefit Exchange Susan Kennedy, Board Member, California Health Benefit Exchange Robert Ross, MD, Board Member, California Health Benefit Exchange, Wright L. Lassiter, III CEO, APMC, Warren Lyons, CSIO, APMC