

Testimony to City Council
Department of Human Services
Oversight Hearing
Chairman Jim Graham
March 7, 2012

My name is Alicia Wilson and I am the Executive Director of La Clínica del Pueblo. My testimony today is primarily focused on the importance of the DC Healthcare Alliance program and the significant barriers that the community is facing with the face-to-face recertification process.

As you well know, the formation of the DC Healthcare Alliance was a major achievement in the District of Columbia. This revolutionary, progressive, and successful program has dramatically and cost-effectively improved the health of DC residents, and it has built a strong and positive safety-net for the city's most vulnerable residents. The Alliance has weathered many changes over the decade of its existence. I am confident that this program will continue to serve as a national model for universal-access to health services, and it will continue to facilitate the District's role in leading the way in implementation of the Affordable Care Act.

I am testifying today because the integrity of this safety net is being challenged. There have been significant problems with the way that the city has set up its face-to-face recertification process for the Alliance. While I understand that the 6-month recertification process was set up to eliminate fraud, it seems that it has formed a significant barrier for eligible individuals to maintain their enrollment in the Alliance program. While we applaud efforts to ensure that only DC residents benefit from this DC-funded service, **the barriers placed by this program are now excluding DC residents.**

There are a number of concerns that we need to draw your attention to, because we want to make sure that eligible DC Residents are not being left-out of a vital city service.

- It is our understanding that the city had to hire an additional 13 -15 staff to manage the recertification process. **For a program that serves a primarily immigrant, Low-English Proficiency population in the city, it is appalling that only one or two of those staff hired were bilingual.** This is particularly frustrating because the lack of bilingual staff in this critical process essentially forms a language access barrier to Alliance recertifiers. We are especially concerned that since the ESA had made significant progress in improving its language access in the last several years, it now seems that this additional recertification requirement has caused the agency to back-slide in its accessibility.
- Lines in front of Taylor St. ESA office begin early in the morning. Many beneficiaries must take a day off of work in order to go through their recertification process, and many must wait all day. We have had several patients report that they are told at the end of a day of waiting that they must come back another day.
- Three community health centers have ESA "out-stationed" workers placed in their facilities to help with Medicaid and Alliance applications. La Clínica has one worker, who has been a great partner in our work to ensure that our patients can maintain their eligibility. He also sees folks from the community, not just La Clínica's patients, and helps with basic applications. For some reason, ESA has decided not to allow these out-stationed workers to conduct the face-to-face

recertifications. This means that our patients are asked to go to Taylor street and wait in line, as I described above, instead of quickly and easily meeting with the worker who is right in their neighborhood, and right in their medical home.

- I met recently with our worker, who said that he has been allowed to take the paperwork for the recertifications, but he cannot process the application unless he goes to his home office at H St. NE. He can only do that by logging overtime to process those applications. This seems to be a waste of resources – both because the ESA worker is present and available when our patients are also present and available, and because the city then has to pay overtime for him to process applications. While he is not complaining about the extra pay, and he is kind enough to facilitate the receipt of the paperwork for our patients when possible, it does not seem like a logical use of city resources.
- Many Spanish-speaking patients are receiving their recertification letters in English. Because the ESA data system does not consistently collect data on the person’s language needs, most enrollees are defaulted to English. Our staff are getting several visits daily from patients who have received their recertification letter in English and do not know what it means. Our staff translate the letter and explain to patients, but this then is another stop that patients must make – time out of their work days, time and stress that they have done something wrong or that they could lose their health insurance.
- Finally, I would like to illustrate the issues by telling the experiences of Luis, one of our patients. About two weeks ago, Luis went to Taylor Street to do his face-to-face recertification. He arrived at 8. At noon, his name was called, and he met with a non-Spanish speaker. She did not request an interpreter, but went ahead and took his paycheck stubs and other information. He said that he was very confused as she seemed to laugh at him and how he didn’t understand what she was saying. As far as he could tell, she told him that his paycheck stubs weren’t sufficient, and he needed to return with different ones, later. Since he had already taken that day off, he went straight home, got some more paystubs, and returned to the office. This time a gentleman received him and looked at his new paystubs. As far as Luis could tell, the worker explained to him that he had satisfied all of his recertification requirements, so he should be fine. Luis went home, thinking that he had accomplished his recertification. Late last week, Luis received a new letter from DHS that explained that he needed to come and present paystubs and a proof of residency again. He came to our office because he was confused about what to do next.
 - Luis explained to me that he would prefer not going through that process again, since he already missed a day of work, felt mistreated, and thought that the whole process didn’t seem to work anyway. He said, “You get really hungry while you’re there, because you can’t leave to get something to eat.” Luis said that he had gone with his cousin to DHS that day, and his cousin had experienced the same problems. He had noted that many of the people waiting at Taylor street were there to recertify and were really confused, sent away, and unsure whether they had satisfied the requirements or not. Luis told me that he thought that he didn’t want to deal with this system anymore, and he was ready to give up.

The health and well-being of the District of Columbia depends upon a strong and integrated safety net. The DC Healthcare Alliance has formed a vital part of the city's services, and I hope you will join me in ensuring that healthcare services are not denied to DC residents because of bureaucratic barriers and inefficient systems. **I ask that you help maintain and support the Alliance as a central District service, with the proper resources, language access, and institutional structure that it needs to best serve all of the eligible residents of the District of Columbia.**