Testimony Regarding the “DC Healthcare Alliance Program Recertification Simplification Amendment Act of 2017”
District of Columbia Council Committee on Human Services
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On behalf of the Legal Aid Society of the District of Columbia,¹ we submit this testimony in support of the D.C. Healthcare Alliance Program Recertification Simplification Amendment Act of 2017. The face-to-face interview requirement for D.C. Healthcare Alliance applicants and beneficiaries has led to hardship for our clients and increased per capita health care costs for the program. It has also placed a disproportionate burden on the District’s immigrant population that is already under assault by the current Administration.

Legal Aid strongly opposes this requirement and favors replacing it with a process that more closely mirrors the application and renewal process for Medicaid. Therefore, we applaud Councilmember Nadeau and her cosponsors for taking an important step in recognizing the burdens imposed on scores of low-income District residents by the current Alliance requirement of a face-to-face interview at a D.C. Department of Human Services (DHS) Service Center. We would, however, recommend some clarifications to improve the Bill’s effectiveness in reducing barriers. Additionally, we also recommend that the provisions of this Bill be aligned with those of the “Department of Health Care Finance D.C. HealthCare Alliance Amendment Act of 2017” introduced by Councilmember Gray.

The Current Recertification Procedures for Alliance Present Make it Unnecessarily Difficult for Eligible Beneficiaries to Maintain Critically Needed Coverage.

DHCF’s own data indicates that, in each month over the course of 2015, between 56 percent and 71 percent of those who were due to recertify for the Alliance that month were unable to do so successfully.² See DHCF FY2017 Budget Presentation for MCAC, March 2016, at slide 33, at https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/DHCF%20FY2017%20MCAC%20Budget%20Presentation%203-2016_1.pdf.

¹ The Legal Aid Society was formed in 1932 to “provide legal aid and counsel to indigent persons in civil law matters and to encourage measures by which the law may better protect and serve their needs.” Over the last 80 plus years, tens of thousands of the District’s neediest residents have been served by Legal Aid staff and volunteers.

² In its responses to the Committee on Health, the District’s Department of Health Care Finance provided figures for the number of enrollments and terminations in September 2012, September 2013, September 2014 and September 2015. Then, the agency provides a figure for the percentage of individuals terminated from coverage (of total enrollees) in a given month. DHCF Answers to the Committee, at page 224. These figures show that total enrollment in the program is relatively stable at a given point in time. The figures do not, however, show how many individuals who apply in a given month are unable to recertify in six months.
Our experience serving many Alliance beneficiaries suggests that this dramatic drop-off at recertification is due to the significant obstacles these beneficiaries encounter when visiting DHS Service Centers. The first of these obstacles is extraordinarily long line lengths and wait times. Legal Aid—along with other legal services providers—has previously interviewed consumers at DHS Service Centers and found that over a third of consumers across three Service Centers reported arriving between the hours of 4:00 a.m. and 6:00 a.m. and waiting for several hours in the hopes of being seen. At the Taylor Street Service Center—which serves the majority of Alliance beneficiaries—a striking 54 percent of consumers arrived between 4:00 and 6:00 a.m. See Testimony for Public Oversight Hearing on the Performance of the Economic Security Administration of the Department of Human Services District of Columbia Council Committee on Health and Human Services by Wes Rivers, DC Fiscal Policy Institute and Chelsea Sharon, Legal Aid Society of the District of Columbia (March 12, 2015), at http://www.dcfpi.org/wp-content/uploads/2015/12/Joint-ESA-Oversight-Testimony-from-Legal-Aid-and-DCFPI.pdf.

Our clients take the extraordinary step of lining up this early because, otherwise, they risk being turned away. For example, Legal Aid helped one Alliance beneficiary who was unable to be seen on any of her three visits to a DHS Service Center over a two-month period. Despite arriving before 7:00 a.m. on each visit and waiting for several hours, she was repeatedly told that the Service Center was at capacity and she could not be seen to conduct her face-to-face interview. As a result, she went without health coverage for several months before seeking help from Legal Aid.

Another Legal Aid client—a mother of three—encountered similar obstacles. She visited a Service Center on three separate occasions over a one-week period to attempt to conduct the required face-to-face interview. Because she had to drop off her children at school, she was unable to arrive before 9:00 a.m., making it nearly impossible for her to be seen. On each visit, she was turned away due to the Service Center being at capacity and was only able to recertify her coverage once Legal Aid intervened.

The lengthy wait times at Service Centers make it nearly impossible for individuals with jobs to dedicate the time necessary to conduct the face-to-face interview necessary to recertify their coverage. For example, Legal Aid helped one Alliance beneficiary who could not get a day off of work until the last day of his certification period. When he arrived at the Service Center, he was told he could not be seen and would have to try again another day. Unable to return again because of his work schedule, his coverage terminated. Although his coverage was (with Legal Aid’s assistance) ultimately restored, the same beneficiary was again at risk of termination six months later due to similar problems completing the recertification requirements.

The face-to-face interview requirement also places a significant strain on limited agency resources. DHS is undergoing a business process improvement plan that seeks to move more and more customer interactions out of the Service Center, encouraging customers to submit documents by mail or by fax or to conduct interviews by telephone. Yet, the face-to-face interview process makes this goal impossible to fully realize. Indeed, Legal Aid’s previous monitoring of the Service Centers found that 40 percent of those interviewed at the Taylor Street
Service Center were there to conduct their face-to-face interviews for Alliance. Unless the Alliance recertification requirements are changed, Service Centers will continue to feel the strain of consumers seeking to complete the required face-to-face interview.

In DHCF’s responses to questions posed by the Committee on Health, the agency acknowledged that “a considerable proportion of the number of Alliance beneficiaries who were terminated each month were re-enrolled with their previous MCO within 60 days; for some MCOs in some months, as many as 50 percent of new enrollees in a given month were those who had been terminated within the past 60 days but later reenrolled.” DHCF Answers to the Committee, at page 224. The fact that so many Alliance beneficiaries who are terminated regain coverage suggests that they are not ineligible individuals who have chosen to abandon the process but instead eligible individuals unable to overcome the severe barriers to recertification described above and who struggle to do so in the months following their termination. When these individuals lose their coverage (even for a relatively short period of time), they can lose access to essential health care services thus jeopardizing their health and potentially leading to higher costs for the District when they return to the rolls with untreated conditions.

**The Alliance Recertification Simplification Amendment Would Address Many of the Identified Problems With the Current System.**

By providing the option for Alliance interviews to be conducted by telephone or at community health centers, this Bill would alleviate some of the burden placed on Alliance beneficiaries as they attempt to keep their health insurance benefits. In order to make the Bill even more effective, Legal Aid would recommend the following:

1. **Provide additional resources for community health centers to assist with the processing and interviewing functions.** By allowing Alliance beneficiaries to renew their benefits at community health centers, this Bill recognizes the important work that health centers do in helping patients access vital health services. Also, community health centers are more likely than ESA to have culturally competent staff who can serve the mainly immigrant population of Alliance beneficiaries in their preferred language. However, in order to perform these tasks, the health centers will need additional resources.

2. **Provide further specifications in legislation or require DHS to promulgate rules to set up the infrastructure that will be necessary to ensure that health centers can effectively and efficiently help their patients with the recertification process.** Currently, ESA is engaged in implementing a business process improvement plan that has led to increased lines and confusion at Service Centers. ESA officials claim that, once implemented, the plan will lead to greater efficiency at Service Centers and enhanced ability for customers to conduct business without having to go to the Service Centers. However, this plan was not designed with the idea of supporting health centers as they assist Alliance beneficiaries with the recertification process. We would, therefore, recommend that the legislation specify how ESA will support this work or require the agency to promulgate regulations to do so.

3. **Clarify that health centers will be able to perform all of the tasks involved in recertifying Alliance beneficiaries.** The legislation states that community health centers
can process and complete recertifications. It would be helpful to specify that individuals who go to community health centers will be able to complete the entirety of the recertification process there and not have to go in person to a Service Center to finalize the process. This would mean that the community health centers would: 1) have access to whatever systems are used by ESA to process applications; and 2) be authorized to verify identity and residence without the individual having to go to a Service Center.

4. **Align this Bill with the “Department of Health Care Finance D.C. HealthCare Alliance Amendment Act of 2017” introduced by Councilmember Gray.** The DC Health Care Alliance Amendment Act of 2017 mostly preserves the in-person interview requirement (either at DHS or a community health center approved by DHCF) but extends the Alliance recertification period to one year. This Bill preserves the six month recertification period but would allow for interviews to be conducted in person at DHS, a community health center or by telephone. We believe that putting these two bills together would address most of the barriers that our clients are experiencing when they attempt to renew their Alliance benefits.

By both moving to an annual recertification process and allowing beneficiaries to complete this process at community health centers or by telephone, the Alliance recertification process would more closely resemble Medicaid renewal process. Alliance and Medicaid beneficiaries have virtually identical demographics. They are all low-income, and they are all District residents. In fact, many mixed immigration status households contain both Alliance and Medicaid beneficiaries. The only difference between the two populations is the fact that Alliance beneficiaries do not have the federally required immigration status to obtain Medicaid benefits. The District should not allow this difference to make it more difficult for Alliance beneficiaries to obtain needed health coverage.

**Conclusion**

We thank Councilmember Nadeau for proposing this legislation and taking this important first step in eliminating this burdensome and costly requirement on Alliance beneficiaries. We look forward to working with her and Councilmember Gray to complete the elimination of this onerous regulation.

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3 The Bill implicitly contemplates the possibility of allowing for the interview to be conducted by phone in its reference to the ability to conduct the interview through the DC Health Care Exchange if the Alliance is brought into the Exchange.