

October 30, 2014

Director Wayne Turnage  
Department of Health Care Finance  
441 4th Street, NW,  
Washington, DC 20001

Dear Director Turnage:

We write this letter to reiterate our continued support for the three agreed-upon changes to the DC Healthcare Alliance program that will result in improved access for eligible residents. As organizations who advocate on behalf of DC Healthcare Alliance enrollees, many of whom took part in the September 15<sup>th</sup> Alliance redesign meeting, we want to thank the Department of Health Care Finance (DHCF) for taking steps to redesign or adjust the application and recertification process to ensure that eligible residents are able to enroll in the Alliance program.

The Alliance program currently requires recipients to recertify every six months with a face-to-face interview. This policy was enacted to deter documented cases of fraud, waste, and abuse in a program that serves non-US citizen enrollees whose identity and residency can be difficult to verify. However, DHCF has documented trends in enrollment and recertification that suggest that this policy has made it difficult for eligible residents to maintain access to the Alliance program.

DHCF requested community input at a meeting in September to improve the process in a way that increases access for eligible residents while also protecting the integrity of the program. The three recommended changes to the program that came from the September 15<sup>th</sup> meeting are:

**(1) Eliminate the six-month recertification requirement and instead require annual recertification.** While a face-to-face interview may still be required, the short certification period has overburdened the Department of Human Services (DHS) service centers and created extremely long wait times. In addition, a significant portion of the Alliance population requires language assistance, the service centers are not well staffed with language capacity and the use of Language Line is time-consuming. These challenges create barriers to maintaining benefits.

A 12-month recertification will help Alliance members who have to take time off of work to recertify, and who often must wait for hours to see enrollment staff. This change would also ease traffic at the service centers. It is especially critical to have this change in place by December 2014 when the new passive renewal process will begin, since that will ultimately result in an increase of upwards of 12,000 individuals renewing their Medicaid each month. Decreasing the number of in-person visits will lessen strain on existing staff and improve their ability to troubleshoot cases across programs.

**(2) Allow Community Health Centers to assist with the recertification process.** The more of the recertification process that Alliance beneficiaries can complete with the assistance of community health center staff, the fewer problems front-line service center staff will have in processing these renewals. It will streamline the renewal process if community health center staff can assist Alliance applicants/beneficiaries with application and recertification

paperwork and verify compliance with many of the program's requirements, including residency and income. It will also improve the customer experience as these individuals already have relationships with these staff and these staff have language capacity to best service them.

Under this system, DHS service center staff would only have to complete identity verification, reducing the time needed on these cases. Assistance from trained community members can shorten the process for beneficiaries and lessen the likelihood that beneficiaries make multiple trips for one recertification. In order to ensure that community health centers are accountable for ensuring compliance with program requirements, DHS and DHCF would monitor their work through audits. Additionally, the agencies could develop a set of triggers (when discovered through audits) that would result in an intensive audit.

**(3) Fully incorporate the Alliance into new technology and processes of DCAS.** We want to stress that we believe that it is critical that the three agencies involved with this program (DHCF, DHS, and the DC Health Exchange) do everything possible to fully integrate the Alliance program into the available technologies and processes of the new DC Access System (DCAS).

We are encouraged that DC Health Link consumer assistance will be available to assist Alliance beneficiaries and that DCAS/DC Health Link will eventually have a "My Account" page for Alliance members and applicants where information is stored. However, we are worried that Alliance will still remain the only public benefits program without the option of an electronic application/renewal form in the coming years. We understand that the use of Social Security Numbers in the electronic application process and the fact that many Alliance recipients lack social security numbers makes such an option difficult to implement. However, we believe that there are steps that can be taken now, as the platform is being developed, that can create options and work-arounds for Alliance beneficiaries. These include:

- (a) Driver's license/DC identification card numbers could present an opportunity for beneficiaries to verify identity electronically. Applications and renewals could be designed to bump local data hubs such as the Department of Motor Vehicles.
- (b) The "My Account" page can store photographs and other information that can be used in an electronic application and recertification.

The options above have been discussed with the agencies, and we hope they are explored fully and early in the design stages of future releases.

We fully support these consensus recommendations for changes to the Alliance program. We appreciate the opportunity to provide input and look forward to continuing to work collaboratively to eliminate unnecessary barriers to the Alliance program while ensuring the proper expenditure of District funds. Again, we want to thank you for your efforts to address access problems in the Alliance program and we hope we can continue to partner with you to explore solutions.

Sincerely,

Bread for the City  
Children's Law Center  
Community of Hope  
DC Fiscal Policy Institute  
DC Primary Care Association  
La Clínica del Pueblo  
Legal Aid Society of the District of Columbia  
Legal Counsel for the Elderly  
Mary's Center  
Unity Health Care, Inc.  
Whitman-Walker Health

CC: Deputy Mayor BB Otero, Health and Human Services  
Deputy Director Schlosberg, Department of Health Care Finance  
Director Deborah Carrol, Department of Human Services  
Director Mila Kofman, DC Health Benefit Exchange Authority and DC Health Link  
Deputy Director Debra Curtis, DC Health Benefit Exchange Authority and DC  
Health Link