



# The District's Dime

Going Beyond the Budget Book

The DC Fiscal Policy Institute blog  
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## Making Sure DC Residents Keep Benefits That Help Them Stay Healthy

By Wes Rivers

The District could do a lot more to ensure that residents have health benefits that connect them with services that will truly improve their health. That's true even though DC is a national leader in expanding health insurance and the vast majority of the District's low-and moderate-income residents have health insurance as a result of DC's Medicaid and Healthcare Alliance programs.

To be sure, there are important signs of progress. The Department of Health Care Finance is implementing technology to make it easy to apply for and renew health benefits, including online applications. Many Medicaid beneficiaries can now "passively renew"—meaning they never have to complete any paperwork or visit a service center. The Department also is sharing more information on the health services provided by [Medicaid Managed Care Organizations \(MCOs\)](#) – the three companies that cover most of DC's Medicaid recipients – by publishing a quarterly report on the programs' performance.

Still, there is a lot of work to be done.

**Making it Easier to Get Health Coverage:** About 1,000 households recently lost their Medicaid coverage because they were not able to renew passively and because they did not complete the complicated renewal form. The Department needs to increase collaboration with the MCOs, advocates, and others to reach out to these residents so that no one is left out of this new system.

Many residents also face challenges in enrolling in the DC Healthcare Alliance program. The District requires participants to come in every six months to maintain eligibility, which is hard for anyone with a job and parents with young children. It also increases the volume of people at social service centers, which leads to long wait-times, delayed processing of applications, and gaps in benefits. The Department could help by requiring interviews just once a year and by allowing residents to renew in a community environment, like at their neighborhood health centers.

**Improving the Quality and Efficiency of Health Services.** All three MCOs contracted by the city need to do a better job of connecting residents with health services. The new performance reports show that primary care visits are down among adults, and that only a small number of residents are getting case management for chronic conditions like diabetes, asthma, or heart disease. What's worse, the MCOs spent \$34 million on avoidable costs like emergency room visits for routine care and avoidable hospital readmissions.

The District is in the process of setting new performance benchmarks for the MCOs. Those should be tied to things that are known to improve the health of beneficiaries, especially for those in need of case management. The Department should then step up its enforcement to seek real performance improvement from the MCOs.

To read a full copy of our testimony for the Department of Health Care Finance, [click here](#).