



WHITMAN-WALKER HEALTH

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**BEFORE THE COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
Public Hearing on B22-231**

**“Department of Health Care Finance D.C. HealthCare Alliance Amendment Act of 2017”
Friday, May 19, 2017**

**Testimony of Katie Nicol, Senior Manager of Public Benefits and Insurance Navigation
Whitman-Walker Health**

Good afternoon, Chairman Gray and distinguished members of the Committee. My name is Katie Nicol, the Senior Manager of Public Benefits and Insurance Navigation at Whitman-Walker Health (WWH). I am here to present testimony in support of B22-231, the “Department of Health Care Finance D.C. HealthCare Alliance Amendment Act of 2017”.

WWH provides high quality, affirming health care to more than 16,000 individuals, including nearly 12,000 DC residents – approximately 3,000 of whom are living with HIV and 60% of whom are members of the city’s gay, lesbian, bisexual, and transgender communities. Providing consumers with integrated care by offering primary medical, behavioral health, dental, legal services, insurance navigation, health education and wellness services, WWH serves consumers from every Ward in the City at our four sites – the Elizabeth Taylor Center in Ward 2; our northwest clinical site, “1525”, in Ward 2; Youth Services in Ward 6; and, the Max Robinson Center, our Southeast clinical site, in Ward 8. We are proud to be on the front lines of the District of Columbia’s health care system.

As a community health center with a 40-year history that started by caring for people with HIV and AIDS during the AIDS pandemic and caring for the LGBTQ community, WWH understands the real barriers that District of Columbia residents face to secure health insurance and to access health care services that are free from discrimination and stigma. That understanding is deepened from our public benefits and health insurance team’s day-to-day interactions with WWH patients and as DC Health Link Assistants helping other un- and under-insured District residents secure understand their options and help them enroll in insurance.

As Senior Manager, I oversee the Public Benefits and Insurance Navigation (PBIN) program – a team of 14 full-time staff who are bilingual – speaking English and Spanish or Amharic and help consumers understand their insurance options; enroll in insurance; troubleshoot eligibility, enrollment, or coverage problems; and provide health insurance literacy to make sure that they understand how to use their insurance to access medical care and stay healthy. WWH understood early on the value and need for a team of trained experts on eligibility and

coverage to help patients navigate the application and renewal processes for any type of coverage for which they are eligible. All team members complete a robust 4 week orientation and onboarding training prior to seeing clients to ensure there is a solid foundation on health insurance eligibility, application and renewal processes, and cultural competence and client interviewing. At WWH, we also have a Legal Services Program to handle insurance appeals and other health harming legal problems that patients face. We pride ourselves on providing high quality culturally competent services ensuring professional integrity and compliance with all legal obligations.

I started with WWH as one of the first Public Benefits and Insurance Navigators in March of 2008. During my 9 years, I have witnessed many changes to eligibility, policy, and the way in which a consumer obtains coverage. I helped transition our patients from the Alliance to Medicaid with DC's early adoption of Medicaid expansion to childless adults. I also helped patients with the implementation of the DC Proof of Residency form and then the addition of the 6-month face-to-face recertification requirement in 2011. I have witnessed hundreds of Alliance beneficiaries struggle to complete the required face-to-face interview and to re-certify every 6 months. Since 2011, I and my staff have met with thousands of Alliance eligible beneficiaries who have shared their experience of lining up at ESA by 5 or 6 am, taking time off from work – often losing pay because they are hourly, and having to go multiple times – some report going 4 or 5 times and yet not completing their recertification process. Many come to us because even after these efforts, they experience significant delays in the processing of their benefits or despite their efforts leave ESA service centers after many hours in line waiting but not having been seen because there were too many other people on that day. Some come to us having abandoned the process and we work to help them complete the process. The numbers of people who fail to complete the recertification process each represent real people with real needs. I want to share a few examples.

“Nick” went to the H Street Service Center on October 28 to re-certify his Alliance which was set to close October 31. He arrived at 6:30 am but after waiting many hours was told due to the volume of people waiting in line at the service center he would need to come back on another day. He returned at 6 am on November 2 but was advised to leave the re-certification documents in the drop box without completing the face-to-face interview. Nick returned to the H Street Service Center for a third time on December 13 and began to wait in line at 5 am and was connected with an ESA case worker at 11 am. Since there was not a notation within his case indicating he had provided his re-certification documents previously, he was given a new application to complete. Nick insisted on an interview, knowing he needed to complete this requirement in order for his case to be approved; however, the case worker told him that she would take his application and hand it to her supervisor. After the case worker spoke to her supervisor, she returned indicating he should wait for further information in the mail. Over 30 days passed and Nick had yet to receive an approval notice, he came to our program for assistance. After hearing about his experience and verifying that neither his re-certification nor application was registered within his case in ACEDS, we advocated for his application to be

approved and for a November 1 effective, as he had made a good faith effort to complete the face-to-face interview requirement. We were ultimately able to resolve his case with the correct effective date at the end of January 2017.

“Alva” went to the H Street Service Center to re-certify her and her husband’s Alliance as well as renew her son’s Medicaid in December. After no response for two months, Alva came to our program for assistance where she provided an ESA receipt reflecting the completion of the face-to-face interview and the submission of the documentation. Alva was 8 months pregnant and in need of urgent medical care. After three inquiries to our contact in the H Street Service Center, the re-certification was approved. Though the receipt from the ESA reflected the date the required process was completed, the case was coded in the system with the date it was entered as the effective date so Alva was at risk of accruing medical debt since that date was several months after the actual recertification. WWH contacted ESA three additional times over a two month period in order for the case to be processed for the correct effective date.

“Daniel” went to the H Street Service Center twice to complete his face-to-face interview requirement to recertify his Alliance. Daniel reported both times before 8 am and was turned away due to the high volume. Daniel is deaf so it was difficult for him to express his need to recertify as he didn’t have and wasn’t offered an interpreter. WWH called the ESA Customer Service Line to request an appointment to complete the face-to-face interview; however, since Daniel was unable to communicate to provide permission for us to speak on his behalf, the representative would not allow us to proceed. With help from a supervisor at ESA, WWH was ultimately able to schedule an interview time for Daniel to complete his face-to-face interview after sending multiple inquiries to our contact at the H Street Service Center. Daniel is now in need of re-certifying his Alliance again. After his last experience attempting to re-certify his Alliance, we are attempting to reach out to our contacts at the H Street Service Center to schedule an interview time to ensure that Daniel is not turned away again due to his language access needs. WWH is awaiting a response.

These consumer stories are examples of what WWH and other community health centers witness on a daily basis – eligible District residents who are not able to get through the application or re-certification process to obtain the coverage and care they deserve. Though we assist Alliance eligible DC residents to complete the application / re-certification forms and collect the appropriate corresponding documentation so consumers are prepared when reporting to the ESA to complete the face-to-face interview, many are still having to return multiple times and take time off from work to complete the process. We see the 6-month recertification process and required face-to-face interview as significant barriers to eligible District residents. Aligning the recertification process with the one year Medicaid process would improve efficiency. WWH serves as a DC Health Link Assister organization and helps consumers daily to enroll in insurance – the ability to help Alliance beneficiaries – many of whom are members of mixed status households – would best use skills, as our team has the language capacity and are trusted by this vulnerable population.

WWH applauds the District of Columbia for funding a safety net program that is the only one of its kind in the nation. The availability of the DC Healthcare Alliance program is to improve health care access and health outcomes for all DC residents, regardless of circumstance and immigration status. Program integrity is an important priority and efforts to ensure only eligible residents receive this benefit are important. But we see every day eligible DC residents struggling and losing eligibility because they are not able to make it through the face-to-face interview requirement every 6 months. This causes delays in treatment and the volume at service centers is largely driven by the 15,000 Alliance beneficiaries – a very small percentage of the overall beneficiaries served by ESA. This legislation is a key step.

Thank you, Chairperson Gray, and your colleagues on the Committee on Health, for drafting B22-231 to address the issues DC resident face when accessing coverage for health care.

We urge the Council to continue its commitment to health insurance coverage for all DC residents – under all District programs. Our insurance navigation program remains committed to partnering with DC and providing enrollment assistance to ensure that all district residents obtain the coverage for which they are eligible.

Thank you for the opportunity to share our experience. If you would like additional information, or if we can assist the Committee or the Council in any other way, please contact Erin Loubier at (202) 939-7662, eloubier@whitman-walker.org, or Katie Nicol at (202) 939-7692, knicol@whitman-walker.org.