January 2022

State Brief: DC

THE CENTER FOR POPULAR DEMOCRACY

Sick of Waiting

Barriers to Medicaid Keep Healthcare Out of Reach

Alaskans Take A Stand

ARKANSAS COMMUNITY ORGANIZATIONS

RIGHTS & DEMOCRACY

SPACEs in ACTION

OPPORTUNITY KNOCKS DELAWARE

OF WV

TOP Texas Organizing Project

Sick of Waiting

Barriers to Medicaid Keep Healthcare Out of Reach

Acknowledgements

This report was written by Eli Vitulli. It was edited by Jennifer Flynn Walker, Vinay Krishnan, and Emily Gordon (Center for Popular Democracy) and staff members from Alaskans Take a Stand, Arkansas Community Organizations, Opportunity Knocks Delaware, Rights and Democracy, Texas Organizing Project, Our Future West Virginia, and SPACEs in Action. This brief draws in part from *Healthcare is a Human Right: Examining Barriers to Medicaid Access*, a report on initial findings from our survey, written by graduate students at Columbia University's School of International and Public Affairs, including Arianna Bankler-Jukes, Drashti Brahmbhatt, Brittany Cronin, Diana McCaffrey, Etizaz Hassan Shah, Aastha Uprety, and Bingmei Zhou, as well as Kristina Eberbach (faculty advisor).

Medicaid is a vitally important federal public health insurance program for people with low incomes. It insures 75.9 million people in the US, or more than one in every five Americans, including over 250,000 in DC,[1] while also substantially financing the nation's hospitals, community health centers, nursing homes, doctors, and other health care jobs. Medicaid covers a diverse range of health care services and is an especially important source of comprehensive children's health care, long-term care including nursing home care and community-based long-term services, care for pregnant people, and primary care through community health centers.[2] It has helped narrow long-standing economic and racial disparities in health insurance and health care access.[3] The program has been particularly important during the COVID-19 pandemic and the related recession, supporting continued health care access for many people who lost their jobs due to the pandemic.[4]

In In other words, Medicaid is a safety net, allowing many vulnerable people to access affordable health care, including many people who work but whose employers do not offer health insurance benefits.[5] Research shows that people with Medicaid have much better access to health care, better health outcomes, and greater financial security than uninsured people.[6]

All people who meet Medicaid eligibility criteria are guaranteed coverage.[7] However, many Washingtonians who are eligible still struggle to enroll in and maintain Medicaid coverage. Studies have shown that people can face substantial burdens, such as complex and confusing enrollment and renewal processes, burdensome paperwork, and lack of knowledge about eligibility.[8] Poverty, non-citizen status, not being fluent in English, and living in a rural location exacerbate many of these barriers. It is also likely that people of color are more likely to experience barriers. Because of the ways that systemic racism shapes how social safety net programs are implemented, people of color, especially Black people, are less likely to access and more likely to experience greater scrutiny when trying to enroll and when enrolled in other social safety net programs.[9] Yet, Medicaid is especially important for people of color, who are more likely to be uninsured than white people, and studies have shown that Medicaid expansion has helped narrow that divide.[10] Medicaid has also been especially important for people living in rural areas, in large part because of high uninsured rates.[11] Moreover, many of the barriers that people face enrolling in Medicaid are likely exacerbated by the COVID-19 pandemic, as demand for the program has increased, offices have temporarily closed, and call volumes have increased.[12]

To better understand the barriers faced by Washingtonians trying to access Medicaid, the Center for Popular Democracy, SPACEs In Action, researchers at Columbia University, and other partners surveyed 77 community members about their experiences applying for Medicaid.

Highlights from the survey findings include:

- Nearly three in every five respondents (58%) experienced challenges when they tried to enroll in Medicaid. Challenges were widespread across different means of applying (in-person, website, mail, and phone).
- Unhelpful and/or rude representatives, long wait times, the website being difficult to navigate, and calls not being answered or being dropped were the most common barriers to enrollment. In fact, one in four respondents reported that representatives were not helpful, and nearly one in four reported experiencing long wait times.
- Only 60% of respondents reported being satisfied with the application process, while a third reported being dissatisfied. The remaining 7% were neither satisfied nor dissatisfied.

The first section of this brief outlines our survey findings in more detail and contextualizes our findings with other studies about barriers to enrolling and renewing Medicaid. The last section offers best practices for Medicaid enrollment and renewal systems to adopt to eliminate or minimize many of the barriers discussed in this brief.

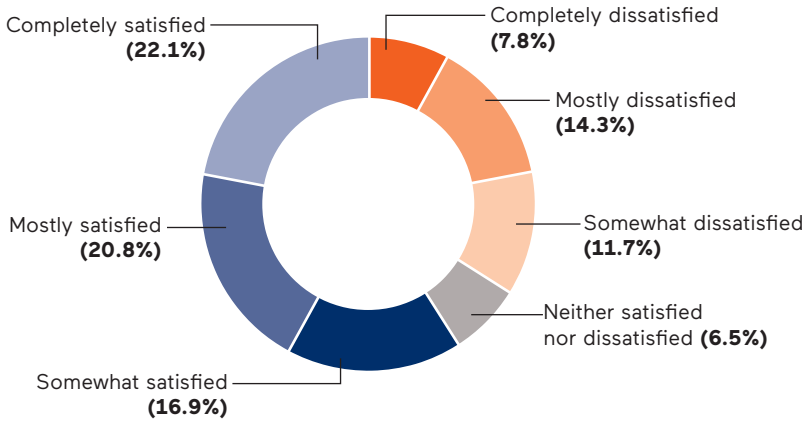
> **"Receiving looks, overhearing staff talk about others was not professional."**

> **"Very time consuming, long wait times, website difficulties..., but the rep on the 800 number assisted. In person representatives are very stern, not customer service oriented at all, negative tone and attitude and don't assist you with anything. Whatever you need you better figure it out and have it ready before the visit."**

> **"I'm still struggling trying to figure out if my husband has Medicaid. I started calling in Dec. 2020. I was told he had health insurance but he never received his card...I have called about 20 times. People hang up and I'm told this and that but I still need answers. My husband has high blood pressure and has heart problems. He needs to go to the doctor but I do not know if he has coverage."**

"How satisfied were you with your recent Medicaid application process?"

Only **59.8%** of survey respondents report being satisfied.



Medicaid: An Overview

Medicaid is the US's primary public health insurance for people with low incomes. The program insures more than one out of every three people living in DC.[13] Originally authorized as part of the Social Security Act in 1965, the program is now structured as a federal-state partnership and implemented federally by the Centers for Medicare and Medicaid Services within the Department of Health and Human Services (HHS) and administered by the states.[14]

Eligibility

Both the federal government and state governments establish qualifying criteria for Medicaid eligibility. States have broad discretion to determine eligibility criteria as long as they comply with federal guidelines, including certain federally mandated populations, such as low-income pregnant people and children and people who receive Supplemental Security Income (SSI).[15]

Because DC opted into Medicaid expansion under the Affordable Care Act, any resident who does not have health insurance, meets income eligibility requirements, and is a citizen or has certain authorized immigration statuses is eligible for Medicaid. Eligibility is based on income, assets (for some groups), and status relative to certain categories, including but not limited to age, disability, and whether someone is a parent or caretaker and/or pregnant.[16] In addition, not all recipients have access to the same services (for example, people who are eligible because they are pregnant have access to certain pregnancy-services).

Additionally, undocumented immigrants and many legally authorized immigrants are ineligible for Medicaid, including those with temporary protected status. Refugees and asylum seekers qualify for Medicaid, while legal permanent residents must wait five years before becoming eligible.[17] DC has removed this 5 year waiting period for children and pregnant people who are legally authorized.[18]

Because there are multiple status categories with different income limits and criteria, eligibility is complicated and difficult to understand, which is a potential barrier to eligible Washingtonians even knowing they are eligible.

Funding

States and the federal government share funding responsibility for the Medicaid program. The federal government matches at least every dollar of the amount states spend on Medicaid, with no preset cap or limit, and provides a higher match rate for poorer states.[19] The federal government covers 76.2% of DC's Medicaid costs.[20]

The Patient Protection and Affordable Care Act (ACA), signed into law in 2010, expanded Medicaid eligibility and increased enrollment, with the federal government fully covering the cost of the expansion for the first few years. While the original law required states to expand Medicaid enrollment, in 2012, the Supreme Court handed down a ruling that effectively made Medicaid expansion optional for states.[21] DC has expanded Medicaid.[22]

As of the end of 2020, nearly 15 million people who were newly eligible because of the expansion enrolled in Medicaid, including nearly 73,000 in DC.[23] In states that adopted the expansion, there was a major decline in uninsured adults and children. Studies have also found that Medicaid expansion has reduced--although not eliminated--racial disparities in health insurance coverage, access to health care, and health outcomes.[24]

Barriers to Enrollment and Renewal

Medicaid supports the health and well-being of many of the most vulnerable members of our society. Yet, there are significant barriers to eligible Washingtonians enrolling in and maintaining Medicaid coverage. This section discusses the barriers that our survey respondents described encountering.

The most common barriers that respondents described were due to system infrastructure, especially representatives not being helpful and/or being rude, long wait times, challenges navigating the website, and no one answering the phone or calls being dropped. Respondents described having to wait all day in line in the office, getting no response to their inquiries or application, and/or having to follow up multiple times to get a response.

The COVID-19 pandemic has worsened some of these infrastructure barriers. With Medicaid offices closed, respondents had to apply over the phone or via the website, which was challenging.

For example, one respondent explained:

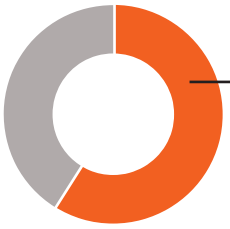
> **"When the pandemic started [it] was like the office forgot about the people that had medicaid. I would call the office and be on the phone for hours. I went in person and the office was closed, only taking phone appointments. I understand that but when they don't pick the phone up and I have back problems that I would need a doctor's visit for. Currently I have got a hold of them and got the medication I needed but I was waiting about 2 months."**

Other common barriers include administrative ones, such as cumbersome paperwork demands or enrollment processes.[25]

When states have created more complex processes or added documentation requirements, enrollment and retention have declined significantly. For example, in 2003, Texas created a waiting period, increased the frequency of renewal from every twelve to every six months, and increased premiums for children enrolled in the state's Children's Health Insurance Program (CHIP). In the nine months after these changes went into effect, the program's enrollment declined by nearly 30%.[26]

People can also face challenges and barriers to maintaining Medicaid once they are enrolled. **Complex renewal procedures, administrative requirements with strict deadlines and no grace periods to maintain eligibility, and periodic or even frequent eligibility reviews can contribute to disenrollment in Medicaid and increase uninsured rates.[27]**

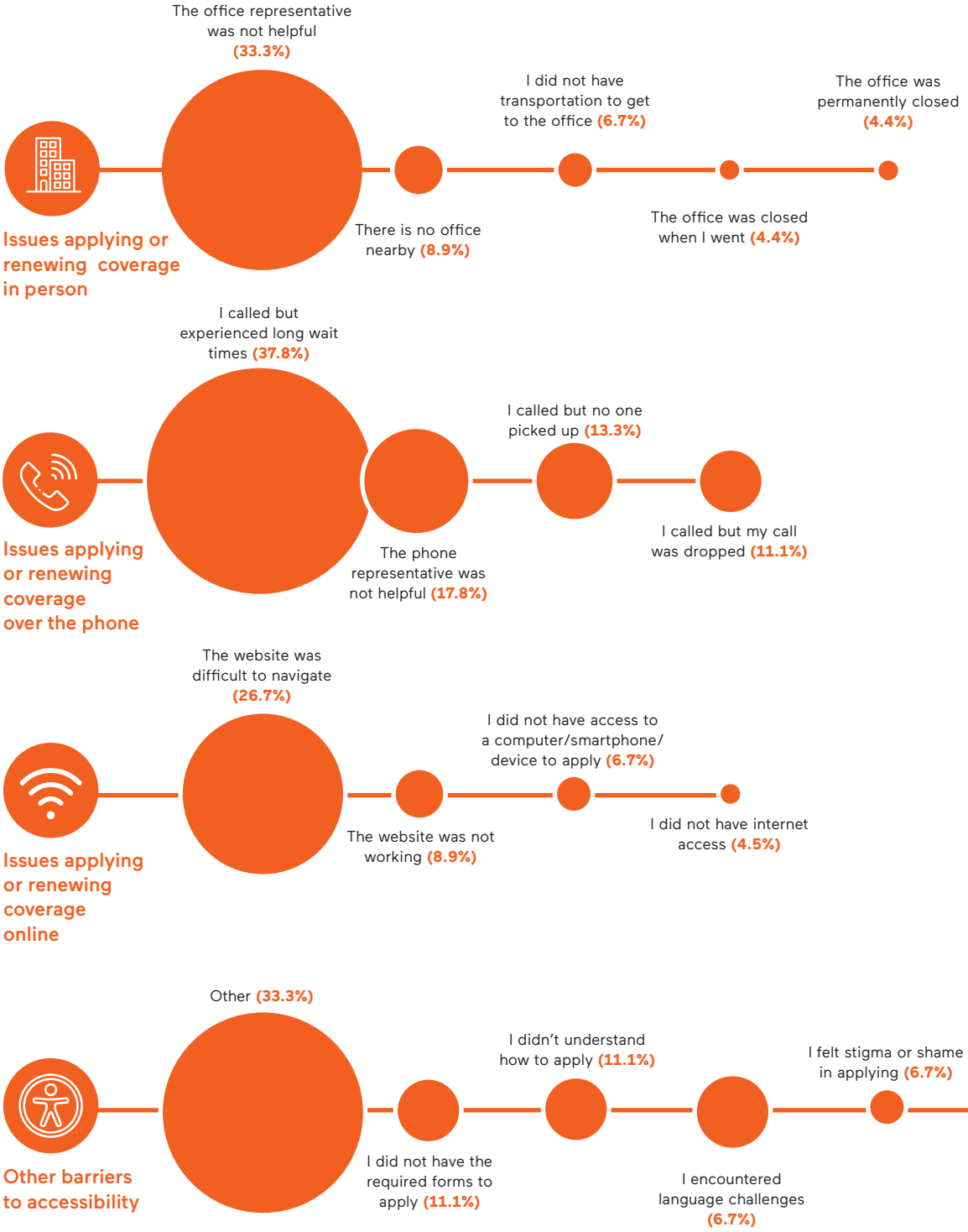
Did you face any of these challenges while applying for or renewing Medicaid coverage?



58.4%

Faced challenges while applying for or renewing Medicaid coverage

Among those who faced challenges, respondents reported:



> **"They wanted proof of income even though the city already has my tax information. Providing the information and paperwork necessary to complete the forms was complicated and onerous."**

> **"Because of a past address error, my renewal time lapsed and I didn't have coverage when trying to make an appointment but it was easily and quickly remedied."**

> **"I didn't know my expiration date beforehand, and the requirements could have been communicated well before instead of about 2 weeks before."**

Recipients losing coverage and having to reapply can be devastating for their health and finances. It is also costly for DC, since it takes more resources to process new applications than to assess continuing eligibility.[28]

If someone is poor, an immigrant, or living in rural areas, they can face particular challenges accessing Medicaid. It is also likely that Black, Indigenous, Latinx, and other people of color are more likely to face challenges enrolling in and maintaining Medicaid.

Because of the ways that systemic racism shapes how social safety net programs are implemented, people of color, especially Black people, are less likely to access and more likely to experience greater scrutiny when trying to enroll and when enrolled in other social safety net programs.[29]

Despite being a program for people with low incomes, poverty can cause particular challenges with Medicaid application and renewal procedures, such as not having internet access, low adult literacy, lack of computer literacy, and not being fluent in English.[30] One in three adults enrolled in Medicaid "never use a computer or the internet," and four in ten do not use email.[31] Only 57 percent of adults with incomes under $30,000 have access to broadband in their homes.[32] Availability and access to high speed internet in rural areas lags far behind urban areas,[33] and internet connections can not only be slower but also more expensive in rural areas.[34] This lack of internet access makes it harder, if not impossible, to apply online.

Having time to navigate complicated and lengthy application and renewal procedures can also be particularly burdensome for people with low incomes, especially working parents and other care-takers. Long wait times was the most common challenge identified by respondents, with a number saying that they had to spend many hours, if not an entire day, waiting to be helped with their application, especially if they were applying in person. Long wait times on the phone were also identified, as well as phone calls not being picked up or being dropped, both of which would extend the time it took to apply.

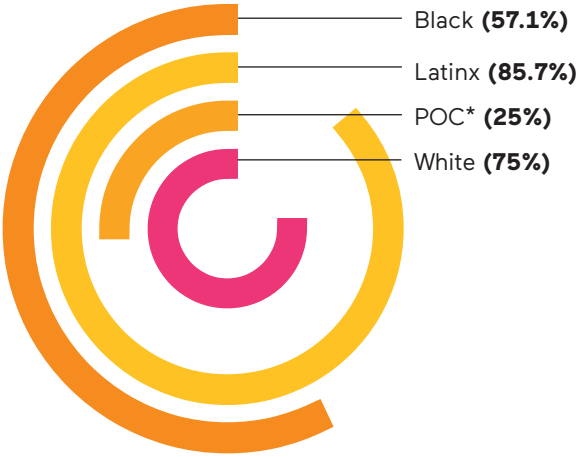
Low-income families with children, especially single parents, are especially likely to have little-to-no discretionary time.[35] Single parents are also disproportionately low-income and/or Black women.[36] While they often face particular challenges in accessing Medicaid, the program has been especially important for low-income pregnant people and families with children. Research has shown that the program has helped significantly reduce infant and child mortality and has also helped reduce teen mortality and improve educational attainment.[37]

Most Medicaid offices are not open on weekends and visiting an office may require an individual to make burdensome and costly accommodations, such as taking time off from work and finding transportation and childcare. A 2005 study found that about one-third of respondents expressed difficulties finding transportation to apply to Medicaid, and about one-quarter of participants agreed that the hours when one could apply at Medicaid offices were inconvenient.[38]

Noncitizens who are eligible for Medicaid can also face multiple administrative, logistical, and language barriers when applying to Medicaid, and language barriers can make complicated eligibility and verification paperwork requirements even more difficult to navigate.[39] People with limited English proficiency are more likely to struggle with the Medicaid application and renewal processes.[40]

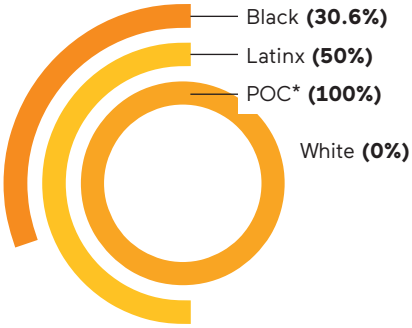
Did you face any of these challenges while applying for or renewing Medicaid coverage?

(by race of respondent)

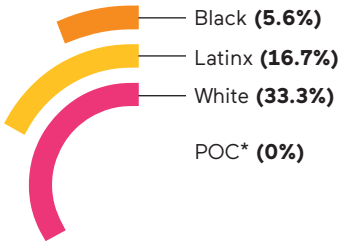


Top responses among those who faced challenges:

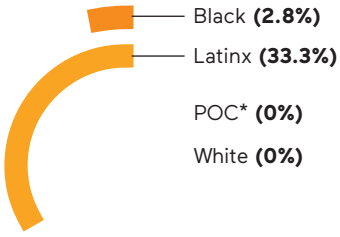
"The office representative was not helpful"



"I felt stigma or shame in applying"



"I encountered language challenges"



*who are not Black or Latinx

> "The website malfunctions often. After completing the forms, I was never notified of my status. Since qualifying I have tried to update my address at least 10 times to no avail. My address remains inaccurate. As a result I have not received a new insurance card in 3 years. I'm over it!"

> "Get up early to catch a bus to stand in a line that bends around the corner for over two hours. Can't get out of the line, have to wait in line otherwise they lose their spot. No breaks, food/water were allowed. Was handed a number when they finally reached the inside of the building. Was then forced to go through more waiting in the building before staff would see them to fill out their application and get their info. In total, for the day they applied, the whole process took 8 hours of their day."

> "My experience doing my application was very simple but the wait time was awful. Once I was called in the back the process was very quick and easy. As long as you have all of the required forms and documents you really don't have any problems with the application process."

> "Due to system changes, it took four months before I was actually approved."

> "[The respondent] did not feel welcome in the building. [She] was looked at as a burden or not taken serious enough, even with her medical condition. Sees the whole process as a waste of people's time and energy because it is so inefficient. Said it looked like a kindergartner put the whole thing together. Would like to see this rectified in the future and made more empathetic and respectful of people's time."

Best Practices for Medicaid Enrollment and Renewal Systems

Because the Medicaid eligible population is diverse in its needs, it is important to provide a range of options to facilitate enrollment and renewal that take into account the usually limited resources of low-income households. The following are best practice suggestions that address many of the challenges in the application and renewal processes that our respondents encountered.

Enrollment

Staff call centers, online support representatives, and in-person support staff to meet demand. Representatives should be well-trained in the application process and customer service. In particular, staff should be trained to embody the idea that they are expected to help people get healthcare, not stigmatize or otherwise look down on applicants or assume that applicants are not eligible.

Create specialized eligibility staff that can assist complex cases or cases of people in "special populations," such as applicants with self-employment income or applicants who are refugees.

Create navigator or assister programs. In particular, fund trusted community-based organizations to implement these programs, where organizational staff and community members are trained to provide enrollment and renewal assistance to community members. Navigators should have the ability to help someone submit their application. Some community-based organizations are already providing navigator-type services, and they should be funded for this vital work.

Applications should use plain language and be easy to read and comprehend. Include FAQ and help pages online that also use plain language and define any specialized terminology.

Create an online live chat option, so that applicants can ask questions to a representative as they fill out their application online.

Create a dynamic online application, which tailors questions based on the information an applicant provides, runs validation checks, and tells an applicant if they've missed key questions. This helps applicants submit accurate and complete information while keeping them from having to answer unnecessary questions or provide unneeded documentation.

Allow applicants to upload documents as part of their online application, including automatically notifying applicants about any required documentation when they submit their application. Accept scanned copies and digital photos of documents.

Provide clear explanations for why an applicant is being asked about sensitive information.

Create a real-time eligibility determination system that uses federal and state data sources while the applicant is filling out the application.

Integrate enrollment systems and other administrative systems to share information and facilitate automatic information and eligibility checks. Create streamline enrollment that automatically enrolls eligible SNAP recipients (i.e. uses participation in SNAP to determine that someone is under the income eligibility limit).

Accept self-attestment (or applicants reporting their income, residency, and other information) and conduct post-enrollment verification. Adopt a reasonable compatibility policy that accepts discrepancies between reported income and data sources within a certain threshold.

Create presumptive eligibility, which facilitates the enrollment of individuals who are likely eligible for Medicaid to access services without waiting for their application to be fully processed. States authorize "qualified entities," such as community-based organizations, hospitals, health care providers, and schools, to screen and enroll eligible community members.

Create systems that allow smooth coordination with the state and/or federal Marketplace. If you have a state-based Marketplace, create an integrated Marketplace/Medicaid eligibility determination system.

Significantly raise the income eligibility ceiling and asset limits for all eligible groups. Doing so will not only allow more low-income families to access needed health care but also allow current recipients to accept raises, higher paying jobs, more shifts, and/or save without fearing that they would lose their health insurance.

Withdraw or do not implement work requirements. While no work requirements are in effect, if they are approved and authorized by courts, they would likely cause many otherwise eligible people to lose Medicaid coverage, especially parents and other caretakers, who are disproportionately women.[41]

Renewals

Adopt a continuous eligibility policy, which keeps recipients enrolled for 12 months, regardless of fluctuations in income. This policy can be implemented for adults through an 1115 waiver and for children through a state plan amendment.[42] Continuous eligibility is important for low-income families whose income fluctuates throughout the year, especially for people who are self- or seasonally employed, have unpredictable schedules, or are tipped workers, but also for people who pick up an extra shift or work overtime that puts them slightly over the income limit for a month. Low-income families and families of color disproportionately experience income volatility.[43]

Create automatic renewal systems (or "ex parte" renewals), where your state agency uses available federal and state data sources to determine continued eligibility without requiring recipients to provide information, unless necessary. This automatic renewal system can use the same databases as the real-time eligibility determination system. Notably, federal regulations require states to do at least some ex parte renewals.[44] For example, Rhode Island renews about two-thirds of its income eligible Medicaid recipients by examining available data sources, including quarterly wage reports, Title II, and unemployment insurance data, without requiring action by the recipient. Washington state uses IRS and quarterly wage data to determine continued eligibility for around two-thirds of its beneficiaries.[45] Your system should use all available data sources.

Coordinate ex parte renewal with renewals or applications for other benefits, such as SNAP. Because recipients of Medicaid significantly overlap with recipients of SNAP and other programs and other programs often require more frequent renewals and other contact than Medicaid, by renewing and extending Medicaid benefits like this, a Medicaid recipient may never need to take action to renew their benefits. Similarly, use targeted enrollment strategies to automatically renew Medicaid benefits based on a recipient's enrollment in other programs.

Create a mobile app that allows recipients to receive notices and update their information. Colorado and Washington state have successfully used such an app.[46] Seek out developers from historically excluded groups of people (Black people, Indigenous people, and people of color, women, LGBTQ+ people, and/or people with disabilities).

Resources

Medicaid and CHIP MAGI Application Processing: Ensuring Timely and Accurate Eligibility Determinations (Medicaid and CHIP Learning Collaboratives, 2019): https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/timely-accurate-eligibility.pdf.

Outreach and Enrollment Strategies for Reaching the Medicaid Eligible but Uninsured Population (Kaiser Family Foundation, 2016), https://www.kff.org/medicaid/issue-brief/outreach-and-enrollment-strategies-for-reaching-the-medicaid-eligible-but-uninsured-population/.

Medicaid Real-Time Eligibility Determinations and Automated Renewals: Lessons for Medi-Cal from Colorado and Washington (Urban Institute, 2018), https://www.urban.org/sites/default/files/publication/98904/medicaid_real-time_eligibility_determinations_and_automated_renewals_2.pdf.

Improving SNAP and Medicaid Access: Medicaid Renewals (Center on Budget and Policy Priorities and CLASP, 2018), https://www.cbpp.org/research/health/improving-snap-and-medicaid-access-medicaid-renewals.

Opportunities for States to Coordinate Medicaid and SNAP Renewals (Center on Budget and Policy Priorities, 2016), https://www.cbpp.org/research/health/opportunities-for-states-to-coordinate-medicaid-and-snap-renewals.

Using Asset Verification Systems to Streamline Medicaid Determinations (Center on Budget and Policy Priorities, 2021), https://www.cbpp.org/research/health/using-asset-verification-systems-to-streamline-medicaid-determinations.

Reasonable Compatibility Policy Presents an Opportunity to Streamline Medicaid Determinations (Center on Budget and Policy Priorities, 2016), https://www.cbpp.org/research/reasonable-compatibility-policy-presents-an-opportunity-to-streamline-medicaid.

Methodology and Survey Sample

For much of 2021, the Center for Popular Democracy, Alaskans Take a Stand, Arkansas Community Organizations, Opportunity Knocks Delaware, Rights and Democracy (New Hampshire), Texas Organizing Project, Our Future West Virginia, SPACEs in Action, and researchers at Columbia University collaborated to design and administer a survey project asking community members about their experiences applying for Medicaid in Alaska, Arkansas, Delaware, New Hampshire, Texas, West Virginia, and DC. This brief reports the results from respondents in Washington, DC.

From mid-February to late August, 2021, SPACEs in Action administered surveys in DC via phone and text banking, social media, and outreach to community members and partner organizations. Respondents either filled out the survey on their own over the internet or had an organizer fill it out for them over the phone. We collected 1057 surveys nationwide, including 77 from Washingtonians.

There were a few limitations for this study. Conducted during the COVID-19 pandemic, organizers were largely unable to administer surveys in person, and the survey was primarily over the internet and was only in English (although some organizers were able to translate the survey over the phone), These constraints, unfortunately, likely reproduced some of the challenges we sought to identify, namely language barriers and the digital divide.

In addition, our survey oversamples people of color, especially Black residents, which is a benefit to our survey because most surveys undercount people of color.[47]

Race/ethnicity of respondents in DC

Black: **81.8%**

Latinx: **9.1%**

People of color who are not Black or Latinx: **5.2%**

White: **5.2%**

Gender of respondents in DC

Women: **75.3%**

Men: **26.0%**

Transgender and/or Non-binary: **1.3%**

Enrollment status of respondents in DC

I applied but was rejected: **11.7%**

I don't know: **1.3%**

I want to enroll in Medicaid, but I have been told or think I'm ineligible: **1.3%**

Other: **6.5%**

Yes: **79.2%**

How respondents in DC applied for Medicaid

In person: **50.6%**

Website: **33.8%**

Mail: **6.5%**

Phone: **15.6%**

Other: **9.1%**

More than one way: **14.3%**

*** Percentages add to more than 100% because respondents could check all answers that applied.**

DC Medicaid Fact Sheet

689,545
TOTAL POPULATION

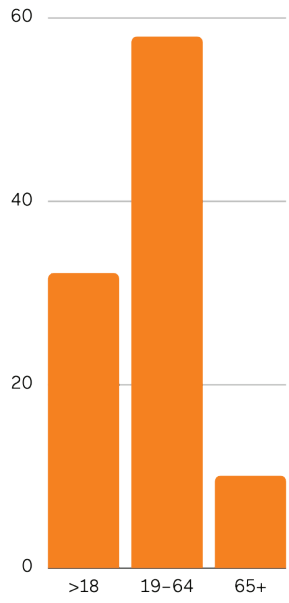
$86,420
MEDIAN HOUSEHOLD INCOME

13.5%
LIVING IN POVERTY

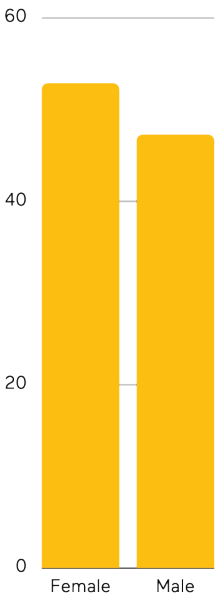
250,354
ENROLLED IN MEDICAID (MAY 2021)

Medicaid Demographics

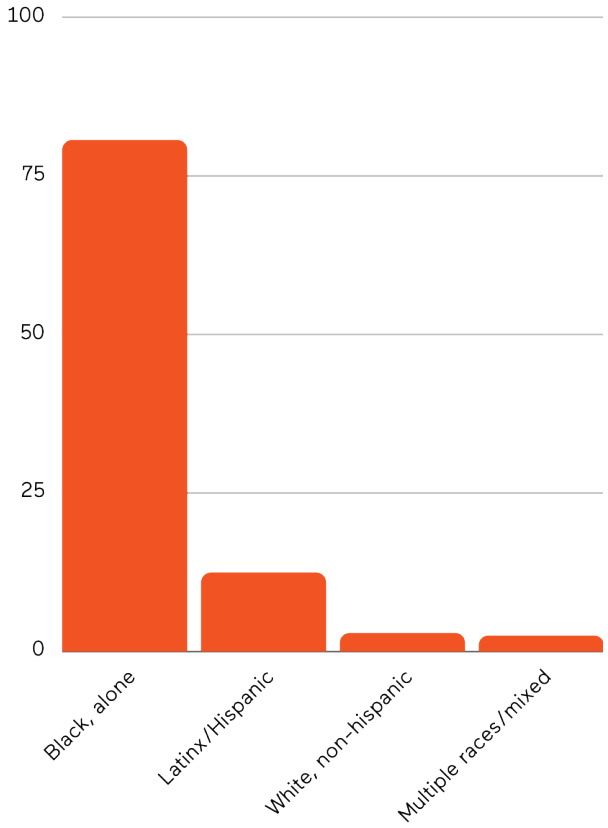
Age



Gender*



Race / Ethnicity**



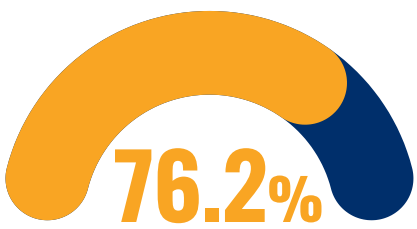
* Data does not include trans and non-binary as gender options
** of non-elderly recipients (2019)

Expansion Status

Adopted in 2014

10.4% Increase in enrollment during the COVID-19 pandemic (February 2020 to April 2021)

Federal Medical Assistance



State Agency Housing Medicaid

DC Department of Health Care Finance

Sources: US Census; DQ Atlas, Medicaid.gov; Kaiser Family Foundation.

Notes

1 "May 2021 Medicaid & CHIP Enrollment Data Highlights," Medicaid.gov, accessed October 29, 2021, https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html; Brynn Epstein and Daphne Lofquist, "US Census Bureau Today Delivers State Population Totals for Congressional Apportionment," April 26, 2021, https://www.census.gov/library/stories/2021/04/2020-census-data-release.html.

2 Robin Rudowitz, Rachel Garfield, and Elizabeth Hinton, "10 Things to Know about Medicaid: Setting the Facts Straight," Kaiser Family Foundation, March 6, 2019, https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/.

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