

Washington DC health exchange plagued with problems

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Washington DC residents attempting to apply for health insurance on the district's online exchange web site have met with an array of technical malfunctions. Launched on October 1 as part of the Obama Administration's Affordable Care Act rollout, the system, managed by DC Health Link, the district's local exchange agency, has been beset with glitches from day one. Applicants and visitors using the web site have reported issues ranging from repeated unsuccessful attempts to verify that they actually live in the district, to finding out that their electronic applications have gone missing.

Several users requesting subsidies for the purchase of a health plan filled out all of the required information online only to be told that substantial portions of their application did not go through. In order to receive a subsidy, they were told they would have to start the process over again. In many cases, contacting the agency directly to resolve these issues resulted in conflicting assurances from staff over the phone and recurring email notifications stating that the application was still incomplete or otherwise "pending."

Further, many of those who were able to successfully navigate through the web site were angered to discover that obtaining an exchange-based plan comparable to their current coverage would cost them twice as much in premiums. An article in the *Washington Post* presented the case of an Irish journalist working in the United States on a visa who learned that he would have to pay a rate 73 percent higher than he paid for the same benefits under his current plan, which translated to an additional \$1,500 per year.

Glitches and accessibility problems were apparently so severe that staff members at the exchange offices were manually sifting through hundreds of submitted documents two weeks prior to January 1, the date when

coverage under the Affordable Care Act (ACA) went into effect.

Earlier in December, as call volume increased to more than 1,500 a day, the average wait time for calls to Health Link ran as high as 40 minutes, with applicants who were simply trying to confirm their enrollment being told to hang up and do so through e-mail.

Mila Kofman, DC Health Link's executive director, acknowledged user troubles with the web site, but claimed that they were fairly minor. She emphasized the relative ease with which small businesses were able to use the web site to enroll their employees for coverage.

In the weeks immediately prior to the exchange's launch alongside similar state and federal programs, Kofman and other city officials had expected everything to run smoothly and without any major impediments.

One of the stated reasons for these expectations was that the web site was supposed to have some advanced features, such as the ability to distribute emails to a company's employees after the company registered. News agencies also anticipated that the exchange marketplace in the capital would be one of the smallest in the country, given that, in absolute terms, the district has fewer uninsured residents than any state, with the possible exception of Vermont.

DC is estimated to have about 42,000 uninsured residents, some 7 percent of the city's population. The largest single demographic within this group is African American males who state they are in good or excellent health, are younger than thirty-five years old, and live in the city's poorer eastern sections. An additional 20,000 people are considered to be underinsured.

Three carriers are supplying a total of 34 different

policies on DC Health Link: Aetna, CareFirst BlueCross BlueShield, and Kaiser Permanente.

These three companies delivered documents to the Senate in early November, a month after the exchange began operating, that showed only five people had been enrolled through the city exchange. Health Link spokesman Richard Sorian responded by arguing that the small figure only accounted for those people who had already paid a monthly premium, and did not include some additional 300 people who had created online accounts and selected a health plan for eventual purchase.

Media outlets pounced on the five-person figure as bleak news for Obamacare. Then, in December, they ran articles on DC Health Link's strange efforts to recruit policy-holders by distributing ACA promotional material to club-goers at gay bars, as well as to young people waiting in line to buy popular athletic shoes at malls in northeast DC.

Despite the superficiality of such reports, the clumsy drive to increase enrollment among young adults is further evidence that the ACA exchanges have been implemented in an utterly disorganized fashion.

Attempts to assist the public with the rollout of Obamacare in Washington DC have essentially amounted to churning out an error-laden web site, then scrambling to attract the young and healthy by canvassing trendy locations. This reflects the level of concern that America's ruling elite has for the health and well-being of the country's citizens.

As of the end of 2013, the total number of people enrolled in DC exchange plans was still unclear. The technical malfunctions have made it impossible to collect any accurate or meaningful figures.

In the height of cynicism, members of Congress and other government personnel, including Obama himself, obtained insurance plans on DC Health Link.

In a public relations stunt, the president bought a "bronze plan" he does not plan to use on December 22 to show his "symbolic support" for his own legislation. The president's application process was completed by his staff while he vacationed in Hawaii. The staff members did not use the glitch-ridden web site, however, citing "the complicated nature of the president's case," which "required an in-person sign-up."

Congressional politicians and their supporting staff

were required to enroll for a DC Health Link plan by December 9 in order to preserve government contributions to their premiums made through their previous carrier, the Federal Employees Health Benefits program. These contributions typically cover about 75 percent of premium charges, amounting to about \$5,113 for an individual and \$11,378 for a family in 2014.

In a moment of laughable absurdity, Senate Majority Leader Harry Reid declared, "I'm just like 150 million other people in America. My employer helps me pay for my healthcare."

The errors and technical problems on DC Health Link, as well as HealthCare.gov and similar web sites for state-run exchanges like those in Maryland, Oregon, and elsewhere are not incidental mishaps, but an expression of the reactionary character of the Affordable Care Act as a whole.



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