



The District's Dime

Going Beyond the Budget Book

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Stay the Course: Fund DC Health Link!

By Wes Rivers

The District's online health insurance exchange, www.dchealthlink.com, has been [lauded](#) as a national model among state exchanges. But success doesn't come cheap, and as federal start-up grants for Obamacare expire, the District needs a local, sustainable revenue source to fund operations and continue to help consumers get covered. DCFPI supports a proposal to implement a broad-based tax on health insurance to cover this important need for our community.

Today, DCFPI policy analyst Wes Rivers [testified](#) before the DC Council on the exchange. DC Health Link has enrolled 40,000 people in plans since October. If the marketplace is to continue its success and expand to more residents and small businesses, it needs adequate and sustainable revenues for the future. Here is what policy analyst Wes Rivers had to say:

DC Health Link's proposed budget makes several critical that will help consumers navigate the new system and sign up for coverage.

- \$5 million to maintain the call center, a critical component of consumer support in the District. In the first enrollment period, the call center fielded 86,000 calls for assistance.
- \$2 million to support case workers and front line staff at Department of Human Services' offices. DHS sees a lot of Medicaid enrollees and, due to staffing and resource constraints, has had problems with long wait-times, delayed processing of applications, and even improper termination of benefits.
- \$1.4 million in consumer outreach and education, including the funding of two Navigator positions. Navigators perform the same functions as the in-person assisters currently helping residents through the application and enrollment process. DCFPI recommends monitoring the demand for in-person assistance through the next open enrollment period. If federal grant money may expire at the end of the year and demand is high, more local funding for in-person assistance programs will be needed.

DCFPI also supports funding DC Health Link's operations through a sustainable, local funding source. The proposal is to assess, or tax, the premiums of all health insurance companies in the District, including companies operating inside and outside DC Health Link, Managed Care Organizations, and companies that sell supplemental products like disability or long-term care insurance. The broad-based assessment is logical because:

- A broad assessment will keep costs to individuals and small businesses as low as possible. Insurance carriers will pass on the assessment costs to consumers in the form of higher premiums, but if the assessment is broad, each individual premium will be affected minimally.
- Consumers and small businesses benefit from a fully funded exchange – including a strong network of consumer assistance and a high-functioning IT system.
- A fully funded exchange will be able to ensure consumer protections for plans sold on DC Health Link. For example, data collection regarding health plans' provider networks would allow the Authority to improve consumer access to primary care doctors and specialists.