

**TESTIMONY OF WES RIVERS, POLICY ANALYST
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**At the Performance Oversight Hearing On the
DC Health Benefit Exchange Authority
District of Columbia Committee on Health and Human Services
February 25, 2015**

Chairwoman Alexander and other members of the committee, thank you for the opportunity to testify today. My name is Wes Rivers, and I am a Policy Analyst with the DC Fiscal Policy Institute. DCFPI engages in research and public education on the fiscal and economic health of the District of Columbia, with a particular emphasis on policies that affect low- and moderate-income residents.

I am here today to thank the DC Health Benefit Exchange Authority for their efforts to increase access to health insurance through DC Health Link. The DC Fiscal Policy Institute supports the Authority's willingness to engage consumer stakeholders in the policy development process, budgetary decision making, and outreach efforts. While no major roll-out is flawless, DC Health Link has been quick to respond to problems and has upheld the District's reputation as a national leader in providing quality and affordable health care to all of its residents.

Since last year, the new online shopping portal has given small businesses and individuals an easy way to shop for health plans and to get help to pay for them. As a result, almost 36,000 people have enrolled in private health plans through the individual market or the small business portal (SHOP). DC Health Link's online application also has led to nearly 47,000 residents qualifying for Medicaid.

DC Health Link's success has come down to partnerships with health insurance industry, health care providers, academics, advocates, and consumers over three main areas – policy development, budgetary decision making, and outreach/consumer assistance strategies.

Policy Development

In creating the exchange a couple of years ago, the Authority set up policy working groups made up of community stakeholders. These groups made several consensus-based recommendations regarding the benefit design and market rules for plans sold in the exchange. As a result, DC Health Link is a market with real transparency and competition, allowing consumers to know exactly what they are getting with a specific plan and creating downward pressure on premiums.

This year, the Authority took a similarly transparent approach. It allowed the Standing Advisory Board, a body with wide representation, and the general public to craft and comment on the set of requirements any health plan must meet in order to be certified and sold on DC Health Link. These requirements include standardized ways of reporting data on provider networks and the provision of information during the rate review process.

The Authority should continue to engage the public on policy decisions and pursue stronger consumer protections for health plans. For example, once the reporting on provider networks improves, we hope the Authority will hold policy discussions around meaningful and enforceable network adequacy standards.

Budgetary Decisions

This year, the exchange held two public forums on its fiscal year 2016 budget request. Staff took community suggestions on funding for consumer assistance, outreach, and plan management, while also explaining operational needs for the year. DC Health Link also implemented a sustainable and consumer-friendly funding mechanism for the Exchange, on a one-year basis, that was recommended by one of the policy working groups mentioned earlier. (The District is now in the midst of considering use of that same funding mechanism on a permanent basis.) The budget forums and the adoption of a stakeholder-recommended funding strategy highlight the Authority's transparency in decision making and its eye toward the consumer experience.

We hope that DC Health Link continues to provide budget information to the public. It also would be very helpful if its sister agencies, the Department of Health Care Finance and the Economic Security Administration, could provide more detail on their activities and funding related to the performance and operation of DC Health Link. Both agencies help with Health Link's underlying IT system and the efforts to streamline Medicaid processes and procedures into that system. These systems and budgets are interconnected and it is often difficult to gauge need for funding when funds are accounted for differently across three agencies. A coordinated budget report would be helpful for the community and policy makers.

Consumer Assistance and Outreach

Finally, DC Health Link staff have performed commendably to incorporate community feedback to improve the consumer experience. Technology problems have persisted across the country and, while DC has had some issues, quick responses by staff and a strong network of consumer assisters have mitigated many enrollment issues. DC Health Link is also using the experiences of brokers, small businesses, and trade associations to inform quality improvement.

DC Health Link should work with community health centers and their sister agencies to identify key deficiencies in consumer assistance once federal funding for assisters expires. If the voluntary "certified application counselors" are not enough to cover the city's needs, local investment for assistance through service providers or community health workers could be necessary.

Thank you for the opportunity to testify, and I am happy to take any questions.