**Statement of Diane C. Lewis**

**Chairperson**

**D.C. Health Benefit Exchange Authority Executive Board**

**COUNCIL OF THE DISTRICT OF COLUMBIA**

**COMMITTEE ON HEALTH AND HUMAN SERVICES**

**COUNCILMEMBER YVETTE ALEXANDER, CHAIRPERSON**

**Fiscal Year 2017 Budget Oversight Hearing**

**Wednesday, April 13, 2016 10:00 am**

**Room 412, John A. Wilson Building**

**1350 Pennsylvania Avenue, NW**

**Washington, D.C. 20004**

Chairperson Alexander, Members of the Committee, my name is Diane Lewis and I am the Chair of the Executive Board of the DC Health Benefit Exchange Authority. Thank you for the opportunity to appear before you today.

When Congress passed the Affordable Care Act (ACA) in March of 2010, the District of Columbia seized the opportunity put forth by that law to ensure affordable, quality health care to those in the District who were uninsured and to improve health coverage options for everyone in the small and individual group marketplaces.

Six years later, the District has a proud record of success with the implementation of DC Health Link, the District’s online health insurance marketplace. As you will hear from me and our executive director Mila Kofman, our plan is to continue building on that record.

To briefly review, according to press reports when the new marketplaces opened nationwide on October 1, 2013, DC Health Link was one of only four state-based exchanges to be up and running, without any incidents, on day one. We also started with both an individual and Small Group (SHOP) marketplace -- while the Federal Marketplaces and many states deferred their small group marketplaces to a later date.

Since that date, more than 215,000 people have come through DCHealthLink.com and obtained private health insurance coverage for themselves and their family members through our individual marketplace; coverage through their employer in our small group (SHOP) marketplace; or been found eligible for Medicaid.

The Board and the staff of the Health Benefit Exchange Authority take our mission to cover the uninsured very seriously. That’s why we were so proud to see our efforts recognized in recent analysis by the Kaiser Family Foundation. Their analysis highlights that the District of Columbia leads the nation in enrolling eligible residents through its health insurance marketplace. Specifically, Kaiser found that the District has enrolled the highest percentage of people nationwide—74-percent—who are eligible for health insurance coverage through a health insurance marketplace under the Affordable Care Act.

In addition to our dedication to covering the uninsured, we are committed to consistently improving the shopping tools available for our customers to make informed choices among their health coverage options. For example, research shows that knowing whether their doctor accepts a particular health plan is a key fact many consumers want prior to making a health plan selection. To respond to that need, HBX added an all plan doctor directory to the DC Health Link website. Another important fact for customers is being able to ascertain their potential overall costs based on the health plan they choose. HBX responded to that as well. Called, DC Health Link Plan Match, this consumer decision support tool empowers DC Health Link customers to make more informed decisions by comparing plans based on a current and a future medical need. DC Health Link Plan Match is anonymous and is available to current and potential future customers. A person simply enters their age, if they consider themselves to be in good or bad health, and anticipated medical needs. The Plan Match estimates the total out-of-pocket costs that include premiums, deductibles, copays and coinsurance and provides the information for each of the 26 health plans currently available to individuals. HBX is currently working on a new tool to allow customers to compare prescription drug coverage and costs across plans as well. All of these improved customer support tools provide DC Health Link customers better abilities to make informed choices and choose the plan that best meets their needs.

Another way that HBX is continuing to innovate is through website development. When HBX opened for business in October 2013, we used a commercial off-the-shelf (COTS) product to build DC Health Link. After the initial build, we faced millions of dollars in annual licensing fees for COTS products. Change requests were hundreds of thousands and at times millions of dollars due to the complexity of changing hard-coded software. Similar to custom hard-coded traditional state eligibility and other state IT systems, product development cycles were 6 to 8 months. Deployments required the Marketplace to be off-line in maintenance, which meant customers could not use the Marketplace while the system was down. We now use open source code and an Agile approach. Open source code means that we no longer have licensing fees. The Agile approach allows us to make fixes, corrections, changes, and enhancements quickly. Customers do not experience system down time for software upgrades. Changes are cost-effective because software is no longer hard-coded and does not require months of development and testing of the entire code. In 2016, using federal grants, we are looking to convert some remaining COTS products to open source.

We are excited to report that our IT development work is being recognized. The National Academy for State Health Policy recently hosted a webinar for HBX staff to walk other state-based marketplaces through open source code approach and NASHP published an issue brief on our work which has been widely distributed.

I am truly honored to be part of the historic effort of implementing the ACA and making affordable, quality health insurance a reality for thousands of people in the District of Columbia. As I hope you agree, we’ve made great strides already. But, equally important, we have much more work to do. Council passage of our FY 17 budget is a vital component to ensuring our ongoing success.

Building DC Health Link and continuing its improvement is not something HBX can accomplish alone. Since day one, we’ve relied on your strong support Madam Chair, and that of your Council colleagues, the Mayor, our sister agencies, stakeholders and consumer advocates. I thank you and the other members of this committee for your ongoing support.

Again, thank you, Madam Chair, for the opportunity to testify today.