



December 5, 2023

Submitted via www.regulations.gov

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9895-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2025, CMS-9895-P

To Whom It May Concern:

The District of Columbia Health Benefit Exchange Authority (HBX) appreciates your consideration of our comments.

By way of background, HBX is a private-public partnership established by the District of Columbia (District) to develop and operate the District's on-line health insurance marketplace, DC Health Link (DCHealthLink.com). We cover approximately 100,000 people -- District residents and people who work for District small businesses. DC Health Link fosters competition and transparency in the private health insurance market, enabling individuals and small businesses to compare health insurance prices and benefits and to purchase affordable, quality health insurance. Since we opened for business, we have cut the uninsured rate by 50% and now more approximately 97% of District residents have health coverage.

HBX supports CMS's policies that provide flexibility for state-based marketplaces (SBMs), allowing states to design programs that best serve the needs of their consumers and allow for state innovation. HBX also shares CMS' commitment to equity and a reexamination of all regulatory impediments to enrollment in affordable quality coverage. As such, HBX strongly supports CMS's proposals that would remove barriers to enrollment and address equity, such as expanding the availability of special enrollment periods (SEPs), streamlining plan effective dates based on SEPs to be the 1st of the following month while allowing SBMs to set earlier effective dates, ensuring that high standards that apply to marketplaces also apply to web brokers and direct enrollment entities, allowing states to update their EHB benchmark, and reducing administrative burdens by allowing self-attestation of incarceration and reducing the procedural hurdles associated with an EHB benchmark change.

There is one proposed area that we are concerned about and recommend changing – dates for Open Enrollment applicable to SBMs. CMS proposes to eliminate the flexibility it has provided to SBMs to set Open Enrollment periods that work for SBMs. Most SBMs have existed since 2013 and have extensive understanding of what works for our residents and customers. In fact, using the flexibility that CMS provided SBMs, DCHBX has used different open enrollment



periods and learned that a 90 day open enrollment -- Nov 1 to January 31 – works best for our residents for individual and family coverage. We recommend CMS to continue allowing existing SBMs to set open enrollment periods that work best for their customers.

Conclusion

Thank you for considering our comments on issues that will directly impact District residents and the continued operations of our marketplace. We appreciate CMS’s continued support for state flexibility, consumer protections, and working to ensure a more equitable future. We look forward to continuing to work with CMS on these issues.

Sincerely,

Mila Kofman, J.D.
Executive Director
DC Health Benefit Exchange Authority