



December 22, 2014

National Healthcare Operations,
National Healthcare and Insurance
Office of Personnel Management
1900 E Street, N.W., Room 3468
Washington, DC 20415

Re: Patient Protection and Affordable Care Act; Establishment of the Multi-State Plan Program for the Affordable Insurance Exchanges - 6325-63-P.

To Whom It May Concern:

Thank you for your tremendous efforts to successfully implement the Multi-State Plan ("MSP") program. We welcome MSP options in DC Health Link – the District's on-line health insurance marketplace. In the District, as a result of the MSP program, our customers have coverage options that would not otherwise be available. We look forward to the expansion of the MSP program to also offer our customers new insurance company options.

We limit our comments to proposed section 800.108, Assessment and User Fees. In this section, OPM indicates its intent to collect assessments or user fees for MSP issuers participating in the Federally Facilitated Exchanges. OPM also solicits comments on the process for collecting user fees in State-Based Exchanges and possible uses for those fees.

We strongly oppose OPM imposing an assessment or user fee for MSP issuers participating in State-Based Exchanges. An assessment on MSPs in State-Based Exchanges would adversely impact State-Based Exchanges and our customers.

While we appreciate the role and related costs that OPM has in certifying MSP options, the DC Health Benefit Exchange Authority (HBX) has not realized any cost-savings from OPM performing the certification function. On the contrary, because MSP options are certified using a different process than the one used for qualified health plans ("QHPs"), the MSP actually requires additional operational resources. My staff works with OPM staff to receive and load MSP plan information and to correct errors in the summary of benefits and coverage and templates submitted by the MSP issuers through OPM. This work is in addition to the work with our issuers on their QHPs. Because the MSP options available in the District are offered by an issuer that is also offering QHPs here, having to work with OPM instead of directly with our issuer requires additional staff resources. While we are willing to absorb the extra staff costs, we are not in a position to pay OPM for it.



Furthermore, as you know each State-Based Exchange is required to have a financial sustainability plan that demonstrates sustainable financial operations without the support of federal implementation or establishment grants. Our financial sustainability plan relies on a broad-based assessment on all health carriers, including MSPs. Because ultimately, it is the consumer who pays (all ACA fees are allowed to be included in premiums in the District), HBX works hard to keep the assessment as low as possible. Charging customers enrolled in MSP coverage additional fees would discourage consumers from enrolling. In the alternative, having the additional fees come out of our HBX budget would impose a financial burden and strain our ability to operate since our budget has zero cushion.

We strongly urge OPM not to implement an assessment or a user fee for MSP issuers in State-Based Exchanges. We value the role that OPM has in certifying and growing the MSP program and appreciate the strong partnership.

Sincerely,

A handwritten signature in black ink, appearing to be 'Mila Kofman', with a long horizontal flourish extending to the right.

Mila Kofman
Executive Director
DC Health Benefit Exchange Authority