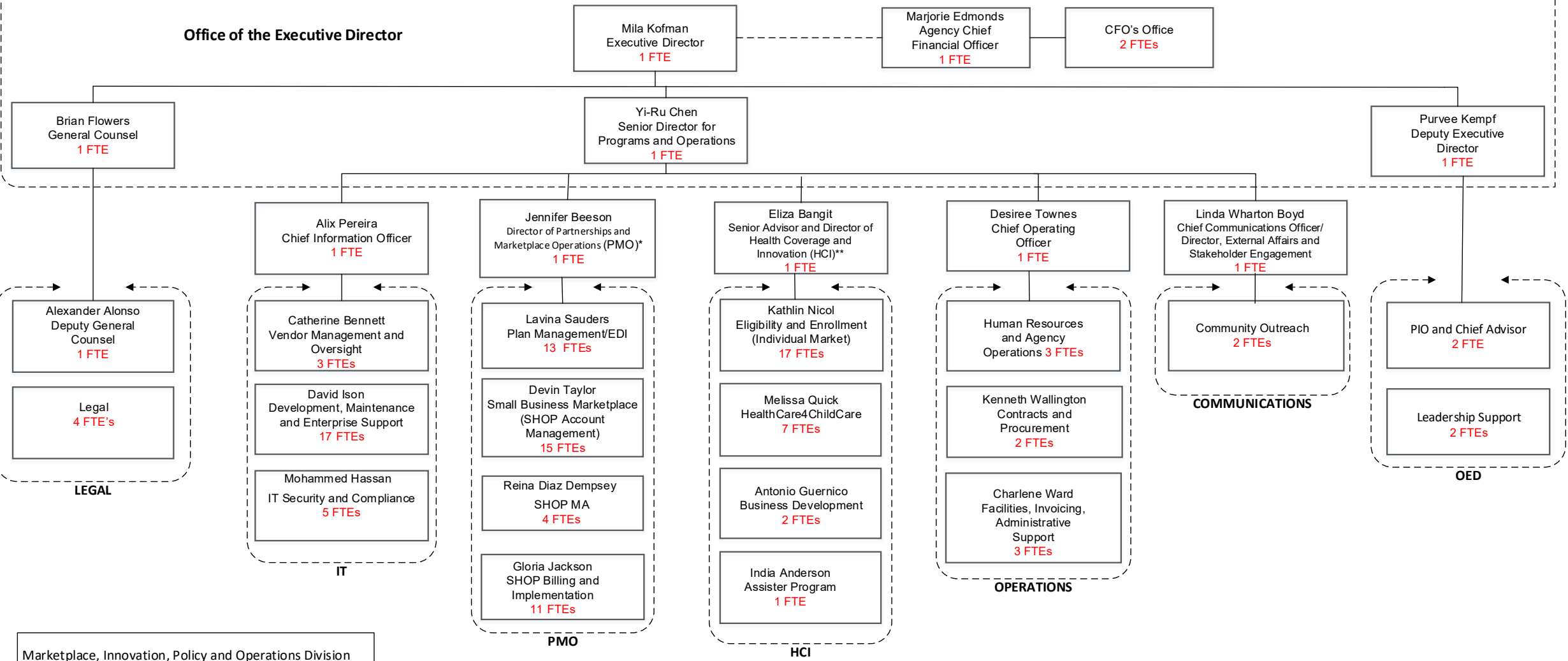


FY23-24 DCHBX Performance Oversight Hearing: Q1 Functional Organization Chart
January 19, 2024



Marketplace, Innovation, Policy and Operations Division was divided into * Partnerships and Marketplace Operations (PMO) and **Health Coverage and Innovation (HCI) to better reflect how we currently operate.

- 2. Please describe HBX's procedures for investigating allegations of sexual harassment or misconduct committed by or against its employees. List and describe any allegations received by HBX in FY 2023 and FY 2024, to date, and whether or not those allegations were resolved.**

DCHBX has established a process to ensure compliance with applicable District and federal civil rights laws, including addressing sexual harassment and misconduct consistent with the DC Human Rights Act of 1977 and Mayoral Orders. Consistent with the [DC Health Benefit Health Exchange Compliance Policies and Procedures](#) and applicable law, DCHBX has designated both an EEO Officer, Ethics Officer, Compliance Officer, and in accordance with Mayor's Order 2023-131, a Sexual Harassment Officer (SHO), who are responsible for receiving and investigating internal complaints. The EEO Officer is also responsible for investigating and managing complaints filed directly with the DC Office of Human Rights.

For internal complaints, the appropriate DCHBX officer or employee conducts investigations related to sexual harassment, other allegations related to the DC Human Rights Act of 1977, or other allegations of misconduct on behalf of the agency. Complaints may be filed with either the EEO Officer or the SHO. Consistent with Mayor's Order 2023-131(V)(C)(2), employees may report allegations of inappropriate conduct of a sexual nature or sexual harassment to the DCHBX SHO or the SHO for any other District government agency, or the supervisor or manager of the employee engaging in inappropriate conduct, to their own supervisor, or to the agency General Counsel. Contractors, grantees, and customers of DCHBX may report allegations of inappropriate conduct of a sexual nature to the DCHBX SHO or the SHO of any other District Government agency, the DCHBX General Counsel, the supervisor of the employee who engaged in the alleged inappropriate conduct, or their grant or contract administrator.

All complaints filed within the agency follow the same process, regardless of whether they are handled by the EEO Officer or SHO.

1. The Complainant is advised of all legal rights, including how to file a complaint with the DC Office of Human Rights.
2. The Complainant is advised that reporting is a protected activity.
3. The SHO or EEO Officer conducts a fact-finding investigation to obtain information from the Complainant, the accused, and any potential witnesses.
4. The SHO or EEO Officer drafts a report based on the investigation, including a determination on whether or not the reported conduct may constitute a violation of the law. The final report includes recommended remediation, as appropriate.
5. The agency provides the employee and the alleged harasser with a summary written notification of its findings and conclusions (final agency decision) after the sixty (60) day period and shall convey the same to the MOLC within five (5) days after it is issued. The notice shall include a description of each allegation and the agency's determination as to whether the allegations were substantiated or were unsubstantiated.

6. Consistent with DCHBX policies, the final report is provided to the General Counsel and the Executive Director for review and final decisions related to the findings and recommendations.
7. The SHO or EEO Officer conducts an exit interview with the Complainant and the accused based on the findings of the agency.
 - a. Both parties are again advised of how to initiate the OHR process and their legal rights related to reporting.
8. If remediation is appropriate, the SHO or EEO Officer works with management to implement the remediation.

DCHBX has not received any sexual harassment or misconduct complaints in FY 2023 or 2024, to date.

FY23 -24 DCHBX Performance Oversight Hearing: Q3

Q3. How many performance evaluations did HBX complete in FY 2023? How many performance improvement plans were issued in FY 2023? How many employees have submitted SMART Goals or other relevant workplans in FY 2024? For each question, provide the total number and the percentage of total employees.

DCHBX completed 94 performance evaluations in FY2023, representing 100% of employees with performance plans. One performance improvement plan was issued in FY2023. DCHBX is currently developing SMART Goals for FY2024, which will be completed by the June 30th deadline.

FY23-24 DCHBX Performance Oversight Hearing: Q4

- 4. Please provide the following for FY 2023 and FY 2024, to date:**
 - a. A list of employees receiving bonuses, special pay, additional compensation, or hiring incentives in FY 2023 and in FY 2024, to date, and the amount; and**
 - b. A list of travel expenses for FY 2023 and FY 2024, to date, by employee.**
- a. See Attachment A and B
- b. See Attachment C

FY23-24 DCHBX Performance Oversight Hearing: Q4a Attachment A

FY23 BONUS PAY	
NAME	AMOUNT
Alonso,Alexander O	\$11,298.33
Beeson,Jennifer	\$19,252.48
Bell,Stephanie	\$11,905.95
Cudjoe,Grace Akosuah	\$6,056.51
Deray,Erica	\$7,256.75
Escobar,Alden	\$2,940.70
Franklin,Nikia	\$3,491.65
Ison,David	\$17,350.18
Jackson,Gloria	\$11,905.95
Jones,Bobby	\$4,186.88
Kofman,Mila	\$24,351.65
Leon,Nicole	\$4,563.75
Leung,Isabella	\$16,646.00
Lin,Jeffrey	\$4,310.83
Liskovyi,Sergii	\$8,675.09
Nicol,Kathlin	\$16,646.00
Patel,Pritesh	\$3,456.28
Pereira,Alix	\$19,252.42
Sauders,Lavina	\$16,443.00
Spann,Kionna	\$4,673.95
Taylor,Devin	\$7,256.75
Wiggins,Maurice R	\$6,568.80

FY24 BONUS PAY as of 12.31.2023	
NAME	AMOUNT
Alonso,Alexander O	10,341.10
Chen, Yi-Ru	9,866.94
Eze,Chuka	4,118.65
Flowers,Brian K	11,580.79
Hassan,Mohammed	17,783.90
Jones,Bobby	17,783.90
Kempf,Purvee P	12,415.83
Leon,Nicole	9,355.69
Liskovyi,Sergii	8,891.97
Nicol,Kathlin	17,783.90

Pereira,Alix	19,733.73
Sauders,Lavina	17,783.90
Narro,Christian	12,203.60
Scott, Kelly	8,328.90
Wilson, Denicka	10,798.40

FY23-24 DCHBX Performance Oversight Hearing: Q4a Attachment B

FY23 ADDITIONAL INCOME ALLOWANCE	
NAME	AMOUNT
Bangit,Eliza Navarro	\$1,454.47
Beeson,Jennifer	\$20,455.71
Chen,Yi-Ru	\$30,683.69
Hassan,Mohammed	\$26,682.24
Ison,David	\$17,783.82
Kempf,Purvee P	\$25,740.02
Kofman,Mila	\$39,308.59
Pereira,Alix	\$20,455.69
PRADIER,SARA R	\$6,773.50
Townes,Desiree E	\$7,589.90
Walls, Candace M	\$12,554.79
Wharton Boyd, Linda	\$30,683.69

FY24 ADDITIONAL INCOME ALLOWANCE as of 12.31.2023	
NAME	AMOUNT
Bangit,Eliza Navarro	1,732.08
Beeson, Jennifer	5,312.93
Chen, Yi-Ru	7,969.43
Hassan, Mohammed	7,109.99
Ison, David	5,091.93
Kempf,Purvee P	6,685.42
Kofman,Mila	10,080.14
Pereira,Alix	5,312.93
Townes,Desiree E	5,312.93
Wharton Boyd, Linda	7,969.43

FY24 DCHBX Performance Oversight Hearing: Q4b Attachment C

FY23 ASSESSMENT TRAVEL	
Name	Amount
Alexander Alonso	570.45
Annette Difelice	1,015.45
Antonio Guenica	309.19
Christian Narro	114.47
David Ison	679.88
Lavina Sauders	311.64
Marjorie Edmonds	2,494.07
Mila Kofman	5,582.02
Olufunmilayo Hall	161.54

FY23 MASSACHUSETTS REIMBURSED TRAVEL	
None	

FY24 ASSESSMENT TRAVEL AS OF 12.31.2023	
Name	Amount
Kelly Scott	592.89
Lavina Sauders	608.59
Mila Kofman	69.05
Purvee Kempf	137.00
Bobby Jones	1,175.51

FY24 MASSACHUSETTS REIMBURSED TRAVEL	
None	

FY23-24 DCHBX Performance Oversight Hearing: Q5

- 5. Please describe HBX's procedures for investigating allegations of sexual harassment or misconduct committed by or against its employees. List and describe any allegations received by HBX in FY 2023 and FY 2024, to date, and whether or not those allegations were resolved.**

Duplicate of Q2.

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY23 Attachment A
FY23 BUDGET- AGENCY LEVEL

							Data		
Fund	Fund Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	12,669,809.69	12,369,167.95	300,641.74
			701100C Total				12,669,809.69	12,369,167.95	300,641.74
			701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	733,549.85	715,155.20	18,394.65
			701200C Total				733,549.85	715,155.20	18,394.65
			701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	135,132.68	232,991.17	(97,858.49)
					7013007	TERMINAL LEAVE	0.00	128,028.80	(128,028.80)
					7013008	HOLIDAY PAY	0.00	(0.66)	0.66
					7013012	BONUS PAY	0.00	443,255.78	(443,255.78)
					7013017	SEVERANCE PAY	0.00	3,220.03	(3,220.03)
			701300C Total				135,132.68	807,495.12	(672,362.44)
			701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	7,354.05	(7,354.05)
					7014003	HEALTH BENEFITS	0.00	1,155,652.47	(1,155,652.47)
					7014007	TUITION REIMBURSEMENT	0.00	300.00	(300.00)
					7014008	MISC FRINGE BENEFITS	3,604,709.74	(92,166.19)	3,696,875.93
					7014009	RETIREMENT CONTRIBUTION - FICA	0.00	774,377.31	(774,377.31)
					7014013	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0.00	14,374.22	(14,374.22)
					7014015	OPTICAL PLAN	0.00	7,465.90	(7,465.90)
					7014016	DENTAL PLAN	0.00	23,204.53	(23,204.53)
					7014019	MEDICARE CONTRIBUTION	0.00	200,188.82	(200,188.82)
					7014020	RETIREMENT	0.00	619,768.74	(619,768.74)
					7014021	DC METRO BENEFITS	0.00	450.00	(450.00)
					7014022	DC HEALTH BENEFIT FEES	0.00	52,328.95	(52,328.95)
			701400C Total				3,604,709.74	2,763,298.80	841,410.94
			701500C	OVERTIME PAY	7015001	OVERTIME PAY	45,000.00	122,523.54	(77,523.54)
			701500C Total				45,000.00	122,523.54	(77,523.54)
		PERSONNEL SERVICES Total					17,188,201.96	16,777,640.61	410,561.35
		NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	36,500.00	1,942.98	34,557.02
					7111010	FOOD PROVISIONS	0.00	1,770.00	(1,770.00)
			711100C Total				36,500.00	3,712.98	32,787.02
			712100C	ENERGY COMM & BLDG RENTALS	7121009	TELEPHONE, TELETYPE, TELEGRAM, ETC	443,340.31	183,930.87	259,409.44
					7121010	RENTALS LAND & STRUCTURES	1,446,442.46	1,315,943.36	130,499.10
			712100C Total				1,889,782.77	1,499,874.23	389,908.54
			713100C	OTHER SERVICES & CHARGES	7131002	TRAVEL - LOCAL	4,000.00	1,014.47	2,985.53
					7131003	TRAVEL - OUT OF CITY	20,000.00	17,189.23	2,810.77
					7131004	TRANS CHARGES - MATERIALS	0.00	0.02	(0.02)
					7131009	PROF SERVICE FEES & CONTR	70,725.00	89,415.66	(18,690.66)
					7131011	OFFICE SUPPORT	28,500.00	19,526.06	8,973.94
					7131013	INSURANCE & BONDS	0.00	308.14	(308.14)
					7131017	POSTAGE	5,000.00	6,608.80	(1,608.80)
					7131019	IT TRAINING & EDUCATION	0.00	1,500.00	(1,500.00)
					7131020	TUITION FOR EMPLOYEE TRAINING	143,000.00	76,270.83	66,729.17
					7131025	PAYMENT OF MEMBERSHIP DUES	24,000.00	11,598.41	12,401.59
					7131026	AUDIT COSTS	150,000.00	102,955.60	47,044.40
					7131029	PROFESSIONAL SERVICES	10,000.00	5,800.60	4,199.40
					7131036	IT SOFTWARE MAINTENANCE	35,000.00	0.00	35,000.00
					7131044	OCTO IT ASSESSMENT	86,369.00	37,493.88	48,875.12
			713100C Total				576,594.00	369,681.70	206,912.30

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY23 Attachment A
FY23 BUDGET- AGENCY LEVEL

							Data		
Fund	Fund Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	16,848,227.37	13,877,528.76	2,970,698.61
					7132002	IT CONSULTANT CONTRACTS	5,025,549.26	6,186,882.29	(1,161,333.03)
			713200C Total				21,873,776.63	20,064,411.05	1,809,365.58
			715100C	OTHER EXPENSES	7151001	MISCELLANEOUS EXPENSE	0.00	60.00	(60.00)
					7151007	ANNUAL LEAVE EXPENSES	0.00	380,374.84	(380,374.84)
			715100C Total				0.00	380,434.84	(380,434.84)
			715200C	P-CARD CLEARING ACCOUNT BUDGET TRAC	7152001	P-CARD CLEARING ACCOUNT	0.00	0.00	0.00
			715200C Total				0.00	0.00	0.00
			717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	119,200.00	112,340.19	6,859.81
			717100C Total				119,200.00	112,340.19	6,859.81
		NON-PERSONNEL SERVICES Total					24,495,853.40	22,430,454.99	2,065,398.41
	HEALTH BENEFIT EXCHANGE AUTHORITY FUND Total						41,684,055.36	39,208,095.60	2,475,959.76
8362003 Total							41,684,055.36	39,208,095.60	2,475,959.76
8362005	HBX LEVEL 1 FUND - ACA GRANT	NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132002	IT CONSULTANT CONTRACTS	160,323.36	160,323.36	0.00
			713200C Total				160,323.36	160,323.36	0.00
		NON-PERSONNEL SERVICES Total					160,323.36	160,323.36	0.00
	HBX LEVEL 1 FUND - ACA GRANT Total						160,323.36	160,323.36	0.00
8362005 Total							160,323.36	160,323.36	0.00
8362009	MASSACHUSETTS HEALTH CONECTOR	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	638,985.22	497,445.85	141,539.37
			701100C Total				638,985.22	497,445.85	141,539.37
			701400C	FRINGE BENEFITS - CURR PERSONNEL	7014003	HEALTH BENEFITS	0.00	0.00	0.00
					7014008	MISC FRINGE BENEFITS	157,829.78	126,666.89	31,162.89
			701400C Total				157,829.78	126,666.89	31,162.89
		PERSONNEL SERVICES Total					796,815.00	624,112.74	172,702.26
		NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	8,000.00	0.00	8,000.00
					7131009	PROF SERVICE FEES & CONTR	251,865.96	150,300.00	101,565.96
			713100C Total				259,865.96	150,300.00	109,565.96
			713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	3,752,949.00	2,862,564.94	890,384.06
			713200C Total				3,752,949.00	2,862,564.94	890,384.06
		NON-PERSONNEL SERVICES Total					4,012,814.96	3,012,864.94	999,950.02
	MASSACHUSETTS HEALTH CONECTOR Total						4,809,629.96	3,636,977.68	1,172,652.28
8362009 Total							4,809,629.96	3,636,977.68	1,172,652.28
8362012	HEALTH CARE 4 CHILD CARE	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	0.00	336,262.55	(336,262.55)
			701100C Total				0.00	336,262.55	(336,262.55)
			701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	374,109.18	41,449.15	332,660.03
			701200C Total				374,109.18	41,449.15	332,660.03
			701300C	ADDITIONAL GROSS PAY	7013012	BONUS PAY	0.00	31,330.90	(31,330.90)
			701300C Total				0.00	31,330.90	(31,330.90)
			701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	223.84	(223.84)
					7014003	HEALTH BENEFITS	0.00	27,492.05	(27,492.05)
					7014008	MISC FRINGE BENEFITS	92,404.98	0.00	92,404.98
					7014009	RETIREMENT CONTRIBUTION - FICA	0.00	22,620.24	(22,620.24)
					7014013	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0.00	1,480.97	(1,480.97)
					7014015	OPTICAL PLAN	0.00	227.41	(227.41)
					7014016	DENTAL PLAN	0.00	682.72	(682.72)
					7014019	MEDICARE CONTRIBUTION	0.00	5,591.34	(5,591.34)
					7014020	RETIREMENT	0.00	14,269.12	(14,269.12)
					7014022	DC HEALTH BENEFIT FEES	0.00	1,244.16	(1,244.16)
			701400C Total				92,404.98	73,831.85	18,573.13
			701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	18,450.04	(18,450.04)

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY23 Attachment A
FY23 BUDGET- AGENCY LEVEL

							Data		
Fund	Fund Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362012	HEALTH CARE 4 CHILD CARE	PERSONNEL SERVICES	701500C Total				0.00	18,450.04	(18,450.04)
		PERSONNEL SERVICES Total					466,514.16	501,324.49	(34,810.33)
		NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131013	INSURANCE & BONDS	0.00	0.00	0.00
					7131041	BANK FEE	0.00	5.00	(5.00)
			713100C Total				0.00	5.00	(5.00)
			713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	276,000.00	271,733.94	4,266.06
			713200C Total				276,000.00	271,733.94	4,266.06
			714100C	GOVERNMENT SUBSIDIES & GRANTS	7141009	SUBSIDIES	18,000,000.00	3,779,449.03	14,220,550.97
			714100C Total				18,000,000.00	3,779,449.03	14,220,550.97
		NON-PERSONNEL SERVICES Total					18,276,000.00	4,051,187.97	14,224,812.03
	HEALTH CARE 4 CHILD CARE Total						18,742,514.16	4,552,512.46	14,190,001.70
8362012 Total							18,742,514.16	4,552,512.46	14,190,001.70
Grand Total							65,396,522.84	47,557,909.10	17,838,613.74

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY23 Attachment B
 FY23 BUDGET-PROGRAM LEVEL

										Data		
Fund	Fund Description	Program	Program Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget	
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	0	NO PROGRAM	NON-PERSONNEL SERVICES	712100C	ENERGY COMM & BLDG RENTALS	7121010	RENTALS LAND & STRUCTURES	0.00	0.00	0.00	
					712100C Total				0.00	0.00	0.00	
					715200C	P-CARD CLEARING ACCOUNT BUDGET TRACKING	7152001	P-CARD CLEARING ACCOUNT	0.00	(3,806.35)	3,806.35	
					715200C Total				0.00	(3,806.35)	3,806.35	
				NON-PERSONNEL SERVICES Total					0.00	(3,806.35)	3,806.35	
			NO PROGRAM Total						0.00	(3,806.35)	3,806.35	
		0 Total							0.00	(3,806.35)	3,806.35	
		100022	CONTRACTING AND PROCUREMENT - GENERAL	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	456,583.75	542,079.64	(85,495.89)	
					701100C Total				456,583.75	542,079.64	(85,495.89)	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	312.61	(312.61)	
							7014003	HEALTH BENEFITS	0.00	65,575.84	(65,575.84)	
							7014008	MISC FRINGE BENEFITS	123,561.91	0.00	123,561.91	
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	30,986.45	(30,986.45)	
							7014015	OPTICAL PLAN	0.00	333.95	(333.95)	
							7014016	DENTAL PLAN	0.00	1,202.41	(1,202.41)	
							7014019	MEDICARE CONTRIBUTION	0.00	7,477.71	(7,477.71)	
							7014020	RETIREMENT	0.00	27,104.21	(27,104.21)	
							7014022	DC HEALTH BENEFIT FEES	0.00	3,109.02	(3,109.02)	
					701400C Total				123,561.91	136,102.20	(12,540.29)	
				PERSONNEL SERVICES Total					580,145.66	678,181.84	(98,036.18)	
				NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	0.00	(6.00)	6.00	
							7131020	TUITION FOR EMPLOYEE TRAINING	0.00	0.00	0.00	
					713100C Total				0.00	(6.00)	6.00	
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	1,000.00	0.00	1,000.00	
					713200C Total				1,000.00	0.00	1,000.00	
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	13,038.45	(13,038.45)	
					715100C Total				0.00	13,038.45	(13,038.45)	
				NON-PERSONNEL SERVICES Total					1,000.00	13,032.45	(12,032.45)	
			CONTRACTING AND PROCUREMENT - GENERAL Total						581,145.66	691,214.29	(110,068.63)	
		100022 Total							581,145.66	691,214.29	(110,068.63)	
		100058	HUMAN RESOURCE SERVICES - GENERAL	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	136,208.00	155,727.77	(19,519.77)	
					701100C Total				136,208.00	155,727.77	(19,519.77)	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	89.64	(89.64)	
							7014003	HEALTH BENEFITS	0.00	11,204.17	(11,204.17)	
							7014008	MISC FRINGE BENEFITS	33,643.38	0.00	33,643.38	
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	9,414.86	(9,414.86)	
							7014015	OPTICAL PLAN	0.00	55.54	(55.54)	
							7014016	DENTAL PLAN	0.00	173.11	(173.11)	
							7014019	MEDICARE CONTRIBUTION	0.00	2,201.86	(2,201.86)	
							7014020	RETIREMENT	0.00	7,786.44	(7,786.44)	
							7014022	DC HEALTH BENEFIT FEES	0.00	353.27	(353.27)	
					701400C Total				33,643.38	31,278.89	2,364.49	
				PERSONNEL SERVICES Total					169,851.38	187,006.66	(17,155.28)	
				NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	190,772.37	163,341.25	27,431.12	
					713200C Total				190,772.37	163,341.25	27,431.12	
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	3,550.10	(3,550.10)	
					715100C Total				0.00	3,550.10	(3,550.10)	
				NON-PERSONNEL SERVICES Total					190,772.37	166,891.35	23,881.02	
			HUMAN RESOURCE SERVICES - GENERAL Total						360,623.75	353,898.01	6,725.74	
		100058 Total							360,623.75	353,898.01	6,725.74	
		100076	IT SECURITY	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	122,848.65	111,845.40	11,003.25	
					701100C Total				122,848.65	111,845.40	11,003.25	
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	0.00	11,571.73	(11,571.73)	
					701300C Total				0.00	11,571.73	(11,571.73)	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	67.78	(67.78)	
							7014003	HEALTH BENEFITS	0.00	23,468.50	(23,468.50)	
							7014008	MISC FRINGE BENEFITS	30,343.62	0.00	30,343.62	
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	7,386.58	(7,386.58)	
							7014015	OPTICAL PLAN	0.00	85.54	(85.54)	
							7014016	DENTAL PLAN	0.00	300.51	(300.51)	
							7014019	MEDICARE CONTRIBUTION	0.00	1,727.52	(1,727.52)	
							7014020	RETIREMENT	0.00	6,170.84	(6,170.84)	
							7014022	DC HEALTH BENEFIT FEES	0.00	922.16	(922.16)	

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									Data		
Fund	Fund Description	Program	Program Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	100076	IT SECURITY	PERSONNEL SERVICES	701400C Total				30,343.62	40,129.43	(9,785.81)
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	6,439.67	(6,439.67)
					701500C Total				0.00	6,439.67	(6,439.67)
				PERSONNEL SERVICES Total					153,192.27	169,986.23	(16,793.96)
				NON-PERSONNEL SERVICES	715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	3,201.91	(3,201.91)
					715100C Total				0.00	3,201.91	(3,201.91)
				NON-PERSONNEL SERVICES Total					0.00	3,201.91	(3,201.91)
			IT SECURITY Total						153,192.27	173,188.14	(19,995.87)
		100076 Total							153,192.27	173,188.14	(19,995.87)
		100080	OPERATIONS, MAINTENANCE, AND DEVELOPMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	3,949,790.03	4,056,361.83	(106,571.80)
					701100C Total				3,949,790.03	4,056,361.83	(106,571.80)
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	159,147.71	178,306.38	(19,158.67)
					701200C Total				159,147.71	178,306.38	(19,158.67)
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	24,741.63	63,852.57	(39,110.94)
							7013012	BONUS PAY	0.00	147,185.50	(147,185.50)
					701300C Total				24,741.63	211,038.07	(186,296.44)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	2,218.07	(2,218.07)
							7014003	HEALTH BENEFITS	0.00	408,431.40	(408,431.40)
							7014008	MISC FRINGE BENEFITS	1,112,440.34	(10,762.79)	1,123,203.13
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	252,543.54	(252,543.54)
							7014015	OPTICAL PLAN	0.00	2,454.01	(2,454.01)
							7014016	DENTAL PLAN	0.00	7,629.88	(7,629.88)
							7014019	MEDICARE CONTRIBUTION	0.00	62,840.98	(62,840.98)
							7014020	RETIREMENT	0.00	201,301.65	(201,301.65)
							7014022	DC HEALTH BENEFIT FEES	0.00	18,494.64	(18,494.64)
					701400C Total				1,112,440.34	945,151.38	167,288.96
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	30,589.17	(30,589.17)
					701500C Total				0.00	30,589.17	(30,589.17)
				PERSONNEL SERVICES Total					5,246,119.71	5,421,446.83	(175,327.12)
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	1,000.00	858.36	141.64
							7111010	FOOD PROVISIONS	0.00	0.00	0.00
					711100C Total				1,000.00	858.36	141.64
					713100C	OTHER SERVICES & CHARGES	7131002	TRAVEL - LOCAL	0.00	555.20	(555.20)
							7131003	TRAVEL - OUT OF CITY	0.00	2,078.84	(2,078.84)
							7131004	TRANS CHARGES - MATERIALS	0.00	0.02	(0.02)
							7131020	TUITION FOR EMPLOYEE TRAINING	20,000.00	12,384.70	7,615.30
							7131029	PROFESSIONAL SERVICES	10,000.00	47,138.73	(37,138.73)
							7131036	IT SOFTWARE MAINTENANCE	35,000.00	0.00	35,000.00
							7131044	OCTO IT ASSESSMENT	86,369.00	37,493.88	48,875.12
					713100C Total				151,369.00	99,651.37	51,717.63
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	7,901,980.00	5,456,565.24	2,445,414.76
							7132002	IT CONSULTANT CONTRACTS	5,025,549.26	6,186,882.29	(1,161,333.03)
					713200C Total				12,927,529.26	11,643,447.53	1,284,081.73
					715100C	OTHER EXPENSES	7151001	MISCELLANEOUS EXPENSE	0.00	60.00	(60.00)
							7151007	ANNUAL LEAVE EXPENSES	0.00	117,386.52	(117,386.52)
					715100C Total				0.00	117,446.52	(117,446.52)
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	20,000.00	19,995.04	4.96
					717100C Total				20,000.00	19,995.04	4.96
				NON-PERSONNEL SERVICES Total					13,099,898.26	11,881,398.82	1,218,499.44
			OPERATIONS, MAINTENANCE, AND DEVELOPMENT Total						18,346,017.97	17,302,845.65	1,043,172.32
		100080 Total							18,346,017.97	17,302,845.65	1,043,172.32
		100092	LEGAL SERVICES - GENERAL	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	856,165.60	839,045.08	17,120.52
					701100C Total				856,165.60	839,045.08	17,120.52
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	2,782.84	633.92	2,148.92
							7013007	TERMINAL LEAVE	0.00	42,212.98	(42,212.98)
							7013012	BONUS PAY	0.00	31,938.67	(31,938.67)
					701300C Total				2,782.84	74,785.57	(72,002.73)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	363.89	(363.89)
							7014003	HEALTH BENEFITS	0.00	20,772.39	(20,772.39)

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									Data		
Fund	Fund Description	Program	Program Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	100092	LEGAL SERVICES - GENERAL	PERSONNEL SERVICES	701400C	FRINGE BENEFITS - CURR PERSONNEL	7014007	TUITION REIMBURSEMENT	0.00	150.00	(150.00)
							7014008	MISC FRINGE BENEFITS	231,750.52	0.00	231,750.52
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	45,839.21	(45,839.21)
							7014015	OPTICAL PLAN	0.00	259.51	(259.51)
							7014016	DENTAL PLAN	0.00	864.16	(864.16)
							7014019	MEDICARE CONTRIBUTION	0.00	12,750.51	(12,750.51)
							7014020	RETIREMENT	0.00	36,234.05	(36,234.05)
							7014021	DC METRO BENEFITS	0.00	300.00	(300.00)
							7014022	DC HEALTH BENEFIT FEES	0.00	670.69	(670.69)
								701400C Total	231,750.52	118,204.41	113,546.11
				PERSONNEL SERVICES Total					1,090,698.96	1,032,035.06	58,663.90
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111010	FOOD PROVISIONS	0.00	1,177.50	(1,177.50)
								711100C Total	0.00	1,177.50	(1,177.50)
					713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	0.00	2,586.29	(2,586.29)
							7131020	TUITION FOR EMPLOYEE TRAINING	6,000.00	0.00	6,000.00
								713100C Total	6,000.00	2,586.29	3,413.71
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	37,500.00	11,462.90	26,037.10
								713200C Total	37,500.00	11,462.90	26,037.10
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	24,454.69	(24,454.69)
								715100C Total	0.00	24,454.69	(24,454.69)
				NON-PERSONNEL SERVICES Total					43,500.00	39,681.38	3,818.62
				LEGAL SERVICES - GENERAL Total					1,134,198.96	1,071,716.44	62,482.52
				100092 Total					1,134,198.96	1,071,716.44	62,482.52
		100113	PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	NON-PERSONNEL SERVICES	712100C	ENERGY COMM & BLDG RENTALS	7121010	RENTALS LAND & STRUCTURES	1,446,442.46	1,315,943.36	130,499.10
								712100C Total	1,446,442.46	1,315,943.36	130,499.10
				NON-PERSONNEL SERVICES Total					1,446,442.46	1,315,943.36	130,499.10
				PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL Total					1,446,442.46	1,315,943.36	130,499.10
				100113 Total					1,446,442.46	1,315,943.36	130,499.10
		100154	PERFORMANCE AND STRATEGIC MANAGEMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	1,086,435.43	1,071,216.25	15,219.18
								701100C Total	1,086,435.43	1,071,216.25	15,219.18
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	81,119.17	75,735.88	5,383.29
								701200C Total	81,119.17	75,735.88	5,383.29
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	76,373.52	106,855.54	(30,482.02)
							7013007	TERMINAL LEAVE	0.00	(1,105.09)	1,105.09
							7013012	BONUS PAY	0.00	115,540.79	(115,540.79)
							7013017	SEVERANCE PAY	0.00	3,220.03	(3,220.03)
								701300C Total	76,373.52	224,511.27	(148,137.75)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	547.19	(547.19)
							7014003	HEALTH BENEFITS	0.00	75,613.74	(75,613.74)
							7014008	MISC FRINGE BENEFITS	317,413.50	0.00	317,413.50
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	55,171.40	(55,171.40)
							7014015	OPTICAL PLAN	0.00	440.76	(440.76)
							7014016	DENTAL PLAN	0.00	1,391.39	(1,391.39)
							7014019	MEDICARE CONTRIBUTION	0.00	18,106.36	(18,106.36)
							7014020	RETIREMENT	0.00	62,379.64	(62,379.64)
							7014021	DC METRO BENEFITS	0.00	150.00	(150.00)
							7014022	DC HEALTH BENEFIT FEES	0.00	3,017.47	(3,017.47)
								701400C Total	317,413.50	216,817.95	100,595.55
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	310.71	(310.71)
								701500C Total	0.00	310.71	(310.71)
				PERSONNEL SERVICES Total					1,561,341.62	1,588,592.06	(27,250.44)
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	20,000.00	899.62	19,100.38
							7111010	FOOD PROVISIONS	0.00	395.00	(395.00)
								711100C Total	20,000.00	1,294.62	18,705.38
					712100C	ENERGY COMM & BLDG RENTALS	7121009	TELEPHONE, TELETYPE, TELEGRAM, ETC	380,940.31	129,597.15	251,343.16
								712100C Total	380,940.31	129,597.15	251,343.16
					713100C	OTHER SERVICES & CHARGES	7131002	TRAVEL - LOCAL	4,000.00	297.73	3,702.27
							7131003	TRAVEL - OUT OF CITY	15,000.00	9,946.83	5,053.17
							7131009	PROF SERVICE FEES & CONTR	45,725.00	51,844.75	(6,119.75)
							7131011	OFFICE SUPPORT	21,000.00	19,526.06	1,473.94
							7131017	POSTAGE	0.00	66.31	(66.31)
							7131020	TUITION FOR EMPLOYEE TRAINING	60,000.00	51,061.70	8,938.30

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								Data			
Fund	Fund Description	Program	Program Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	100154	PERFORMANCE AND STRATEGIC	NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131025	PAYMENT OF MEMBERSHIP DUES	24,000.00	11,598.41	12,401.59
							7131029	PROFESSIONAL SERVICES	0.00	(41,338.13)	41,338.13
					713100C Total				169,725.00	103,003.66	66,721.34
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	146,600.00	135,834.12	10,765.88
							7132002	IT CONSULTANT CONTRACTS	0.00	0.00	0.00
					713200C Total				146,600.00	135,834.12	10,765.88
					715100C	OTHER EXPENSES	7151001	MISCELLANEOUS EXPENSE	0.00	0.00	0.00
							7151007	ANNUAL LEAVE EXPENSES	0.00	33,493.99	(33,493.99)
					715100C Total				0.00	33,493.99	(33,493.99)
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	20,000.00	19,858.49	141.51
					717100C Total				20,000.00	19,858.49	141.51
				NON-PERSONNEL SERVICES Total					737,265.31	423,082.03	314,183.28
			PERFORMANCE AND STRATEGIC MANAGEMENT Total						2,298,606.93	2,011,674.09	286,932.84
		100154 Total							2,298,606.93	2,011,674.09	286,932.84
		150001	AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION SERVICES	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	193,952.00	199,240.52	(5,288.52)
					701100C Total				193,952.00	199,240.52	(5,288.52)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	113.61	(113.61)
							7014003	HEALTH BENEFITS	0.00	14,403.73	(14,403.73)
							7014008	MISC FRINGE BENEFITS	47,906.14	0.00	47,906.14
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	9,184.49	(9,184.49)
							7014015	OPTICAL PLAN	0.00	55.54	(55.54)
							7014016	DENTAL PLAN	0.00	173.11	(173.11)
							7014019	MEDICARE CONTRIBUTION	0.00	2,789.73	(2,789.73)
							7014020	RETIREMENT	0.00	9,962.04	(9,962.04)
							7014022	DC HEALTH BENEFIT FEES	0.00	353.27	(353.27)
					701400C Total				47,906.14	37,035.52	10,870.62
				PERSONNEL SERVICES Total					241,858.14	236,276.04	5,582.10
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	3,000.00	0.00	3,000.00
					711100C Total				3,000.00	0.00	3,000.00
					713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	5,000.00	2,500.07	2,499.93
							7131020	TUITION FOR EMPLOYEE TRAINING	2,000.00	0.00	2,000.00
							7131026	AUDIT COSTS	150,000.00	102,955.60	47,044.40
					713100C Total				157,000.00	105,455.67	51,544.33
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	5,055.13	(5,055.13)
					715100C Total				0.00	5,055.13	(5,055.13)
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	4,000.00	3,452.31	547.69
					717100C Total				4,000.00	3,452.31	547.69
				NON-PERSONNEL SERVICES Total					164,000.00	113,963.11	50,036.89
			AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION SERVICES Total						405,858.14	350,239.15	55,618.99
		150001 Total							405,858.14	350,239.15	55,618.99
		150002	AGENCY ACCOUNTING SERVICES	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	160,640.24	78,143.04	82,497.20
					701100C Total				160,640.24	78,143.04	82,497.20
					701300C	ADDITIONAL GROSS PAY	7013007	TERMINAL LEAVE	0.00	29,440.56	(29,440.56)
					701300C Total				0.00	29,440.56	(29,440.56)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	44.93	(44.93)
							7014003	HEALTH BENEFITS	0.00	13,830.50	(13,830.50)
							7014008	MISC FRINGE BENEFITS	39,678.14	0.00	39,678.14
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	4,514.72	(4,514.72)
							7014015	OPTICAL PLAN	0.00	53.08	(53.08)
							7014016	DENTAL PLAN	0.00	174.33	(174.33)
							7014019	MEDICARE CONTRIBUTION	0.00	1,503.50	(1,503.50)
							7014020	RETIREMENT	0.00	3,907.16	(3,907.16)
							7014022	DC HEALTH BENEFIT FEES	0.00	502.88	(502.88)
					701400C Total				39,678.14	24,531.10	15,147.04
				PERSONNEL SERVICES Total					200,318.38	132,114.70	68,203.68
				NON-PERSONNEL SERVICES	715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	4,186.90	(4,186.90)
					715100C Total				0.00	4,186.90	(4,186.90)
				NON-PERSONNEL SERVICES Total					0.00	4,186.90	(4,186.90)
			AGENCY ACCOUNTING SERVICES Total						200,318.38	136,301.60	64,016.78
		150002 Total							200,318.38	136,301.60	64,016.78

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									Data		
Fund	Fund Description	Program	Program Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	150003	AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	160,640.24	165,021.53	(4,381.29)
					701100C Total				160,640.24	165,021.53	(4,381.29)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	94.52	(94.52)
							7014003	HEALTH BENEFITS	0.00	18,049.99	(18,049.99)
							7014008	MISC FRINGE BENEFITS	39,678.14	0.00	39,678.14
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	9,126.91	(9,126.91)
							7014015	OPTICAL PLAN	0.00	88.64	(88.64)
							7014016	DENTAL PLAN	0.00	245.86	(245.86)
							7014019	MEDICARE CONTRIBUTION	0.00	2,270.88	(2,270.88)
							7014020	RETIREMENT	0.00	8,251.09	(8,251.09)
							7014022	DC HEALTH BENEFIT FEES	0.00	787.62	(787.62)
					701400C Total				39,678.14	38,915.51	762.63
				PERSONNEL SERVICES Total					200,318.38	203,937.04	(3,618.66)
				NON-PERSONNEL SERVICES	715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	4,186.90	(4,186.90)
					715100C Total				0.00	4,186.90	(4,186.90)
				NON-PERSONNEL SERVICES Total					0.00	4,186.90	(4,186.90)
			AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES Total						200,318.38	208,123.94	(7,805.56)
		150003 Total							200,318.38	208,123.94	(7,805.56)
		150012	P-CARD CLEARING	NON-PERSONNEL SERVICES	715200C	P-CARD CLEARING ACCOUNT BUDGET TRACKING	7152001	P-CARD CLEARING ACCOUNT	0.00	3,806.35	(3,806.35)
					715200C Total				0.00	3,806.35	(3,806.35)
				NON-PERSONNEL SERVICES Total					0.00	3,806.35	(3,806.35)
			P-CARD CLEARING Total						0.00	3,806.35	(3,806.35)
		150012 Total							0.00	3,806.35	(3,806.35)
		700059	CONSUMER EDUCATION AND OUTREACH SUPPORT SERVICES	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	575,545.74	528,049.63	47,496.11
					701100C Total				575,545.74	528,049.63	47,496.11
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	58,898.58	62,068.79	(3,170.21)
					701200C Total				58,898.58	62,068.79	(3,170.21)
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	28,451.85	29,666.17	(1,214.32)
							7013007	TERMINAL LEAVE	0.00	4,652.60	(4,652.60)
					701300C Total				28,451.85	34,318.77	(5,866.92)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	565.76	(565.76)
							7014003	HEALTH BENEFITS	0.00	32,765.73	(32,765.73)
							7014008	MISC FRINGE BENEFITS	172,233.99	0.00	172,233.99
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	26,367.31	(26,367.31)
							7014013	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0.00	14,374.22	(14,374.22)
							7014015	OPTICAL PLAN	0.00	284.07	(284.07)
							7014016	DENTAL PLAN	0.00	852.29	(852.29)
							7014019	MEDICARE CONTRIBUTION	0.00	9,089.50	(9,089.50)
							7014020	RETIREMENT	0.00	14,247.68	(14,247.68)
							7014022	DC HEALTH BENEFIT FEES	0.00	846.86	(846.86)
					701400C Total				172,233.99	99,393.42	72,840.57
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	19,340.65	(19,340.65)
					701500C Total				0.00	19,340.65	(19,340.65)
				PERSONNEL SERVICES Total					835,130.16	743,171.26	91,958.90
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	3,000.00	0.00	3,000.00
					711100C Total				3,000.00	0.00	3,000.00
					713100C	OTHER SERVICES & CHARGES	7131002	TRAVEL - LOCAL	0.00	161.54	(161.54)
					713100C Total				0.00	161.54	(161.54)
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	424,000.00	382,354.58	41,645.42
					713200C Total				424,000.00	382,354.58	41,645.42
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	18,174.41	(18,174.41)
					715100C Total				0.00	18,174.41	(18,174.41)
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	4,000.00	0.00	4,000.00
					717100C Total				4,000.00	0.00	4,000.00
				NON-PERSONNEL SERVICES Total					431,000.00	400,690.53	30,309.47
			CONSUMER EDUCATION AND OUTREACH SUPPORT SERVICES Total						1,266,130.16	1,143,861.79	122,268.37
		700059 Total							1,266,130.16	1,143,861.79	122,268.37
		700060	MARKETING AND COMMUNICATION	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	146,372.42	151,958.39	(5,585.97)
					701100C Total				146,372.42	151,958.39	(5,585.97)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	87.58	(87.58)
							7014003	HEALTH BENEFITS	0.00	23,173.51	(23,173.51)
							7014008	MISC FRINGE BENEFITS	36,153.99	0.00	36,153.99
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	8,863.01	(8,863.01)

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Fund	Fund Description	Program	Program Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Data		
									Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	700060	MARKETING AND COMMUNICATION	PERSONNEL SERVICES	701400C	FRINGE BENEFITS - CURR PERSONNEL	7014015	OPTICAL PLAN	0.00	92.83	(92.83)
							7014016	DENTAL PLAN	0.00	318.97	(318.97)
							7014019	MEDICARE CONTRIBUTION	0.00	2,072.80	(2,072.80)
							7014020	RETIREMENT	0.00	7,597.92	(7,597.92)
							7014022	DC HEALTH BENEFIT FEES	0.00	916.20	(916.20)
					701400C Total				36,153.99	43,122.82	(6,968.83)
				PERSONNEL SERVICES Total					182,526.41	195,081.21	(12,554.80)
				NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	783,050.00	729,039.45	54,010.55
					713200C Total				783,050.00	729,039.45	54,010.55
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	3,815.03	(3,815.03)
					715100C Total				0.00	3,815.03	(3,815.03)
				NON-PERSONNEL SERVICES Total					783,050.00	732,854.48	50,195.52
			MARKETING AND COMMUNICATION Total						965,576.41	927,935.69	37,640.72
		700060 Total							965,576.41	927,935.69	37,640.72
		700061	NAVIGATORS, CERTIFIED APPLICATION COUNSELORS AND IN-PERSON ENROLLMENT HELP	NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	1,000,000.00	962,819.80	37,180.20
					713200C Total				1,000,000.00	962,819.80	37,180.20
				NON-PERSONNEL SERVICES Total					1,000,000.00	962,819.80	37,180.20
			NAVIGATORS, CERTIFIED APPLICATION COUNSELORS AND IN-PERSON ENROLLMENT HELP Total						1,000,000.00	962,819.80	37,180.20
		700061 Total							1,000,000.00	962,819.80	37,180.20
		700062	CONTACT CENTER SERVICES	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	0.00	(1,622.35)	1,622.35
					701100C Total				0.00	(1,622.35)	1,622.35
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014003	HEALTH BENEFITS	0.00	(209.05)	209.05
					701400C Total				0.00	(209.05)	209.05
				PERSONNEL SERVICES Total					0.00	(1,831.40)	1,831.40
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	4,500.00	(180.00)	4,680.00
					711100C Total				4,500.00	(180.00)	4,680.00
					712100C	ENERGY COMM & BLDG RENTALS	7121009	TELEPHONE, TELETYPE, TELEGRAM, ETC	62,400.00	54,333.72	8,066.28
					712100C Total				62,400.00	54,333.72	8,066.28
					713100C	OTHER SERVICES & CHARGES	7131011	OFFICE SUPPORT	6,000.00	0.00	6,000.00
					713100C Total				6,000.00	0.00	6,000.00
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	4,126,003.00	4,013,515.40	112,487.60
					713200C Total				4,126,003.00	4,013,515.40	112,487.60
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	21,200.00	21,193.68	6.32
					717100C Total				21,200.00	21,193.68	6.32
				NON-PERSONNEL SERVICES Total					4,220,103.00	4,088,862.80	131,240.20
			CONTACT CENTER SERVICES Total						4,220,103.00	4,087,031.40	133,071.60
		700062 Total							4,220,103.00	4,087,031.40	133,071.60
		700063	DATA ANALYTICS AND REPORTING	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	142,000.00	79,577.99	62,422.01
					701100C Total				142,000.00	79,577.99	62,422.01
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	73.57	(73.57)
							7014003	HEALTH BENEFITS	0.00	17,293.62	(17,293.62)
							7014008	MISC FRINGE BENEFITS	35,074.00	(10,749.46)	45,823.46
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	7,459.12	(7,459.12)
							7014015	OPTICAL PLAN	0.00	81.88	(81.88)
							7014016	DENTAL PLAN	0.00	281.29	(281.29)
							7014019	MEDICARE CONTRIBUTION	0.00	1,744.51	(1,744.51)
							7014020	RETIREMENT	0.00	6,405.29	(6,405.29)
							7014022	DC HEALTH BENEFIT FEES	0.00	1,022.15	(1,022.15)
					701400C Total				35,074.00	23,611.97	11,462.03
				PERSONNEL SERVICES Total					177,074.00	103,189.96	73,884.04
				NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	500.00	0.00	500.00
					713200C Total				500.00	0.00	500.00
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	3,701.07	(3,701.07)
					715100C Total				0.00	3,701.07	(3,701.07)
				NON-PERSONNEL SERVICES Total					500.00	3,701.07	(3,201.07)
			DATA ANALYTICS AND REPORTING Total						177,574.00	106,891.03	70,682.97
		700063 Total							177,574.00	106,891.03	70,682.97
		700064	ELIGIBILITY AND ENROLLMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	686,440.06	721,152.86	(34,712.80)
					701100C Total				686,440.06	721,152.86	(34,712.80)
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	0.00	680.44	(680.44)
							7013007	TERMINAL LEAVE	0.00	12,717.14	(12,717.14)
							7013008	HOLIDAY PAY	0.00	(0.66)	0.66

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										Data	
Fund	Fund Description	Program	Program Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	700064	ELIGIBILITY AND ENROLLMENT	PERSONNEL SERVICES	701300C	ADDITIONAL GROSS PAY	7013012	BONUS PAY	0.00	15,187.78	(15,187.78)
					701300C Total				0.00	28,584.70	(28,584.70)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	361.45	(361.45)
							7014003	HEALTH BENEFITS	0.00	26,629.91	(26,629.91)
							7014008	MISC FRINGE BENEFITS	185,766.23	(378.55)	186,144.78
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	41,776.59	(41,776.59)
							7014015	OPTICAL PLAN	0.00	291.58	(291.58)
							7014016	DENTAL PLAN	0.00	871.59	(871.59)
							7014019	MEDICARE CONTRIBUTION	0.00	10,680.98	(10,680.98)
							7014020	RETIREMENT	0.00	32,268.42	(32,268.42)
							7014022	DC HEALTH BENEFIT FEES	0.00	791.87	(791.87)
					701400C Total				185,766.23	113,293.84	72,472.39
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	(14.18)	14.18
					701500C Total				0.00	(14.18)	14.18
				PERSONNEL SERVICES Total					872,206.29	863,017.22	9,189.07
				NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	467,000.00	391,415.49	75,584.51
					713200C Total				467,000.00	391,415.49	75,584.51
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	19,602.36	(19,602.36)
					715100C Total				0.00	19,602.36	(19,602.36)
				NON-PERSONNEL SERVICES Total					467,000.00	411,017.85	55,982.15
			ELIGIBILITY AND ENROLLMENT Total						1,339,206.29	1,274,035.07	65,171.22
		700064 Total							1,339,206.29	1,274,035.07	65,171.22
		700065	MEMBER SERVICES	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	915,807.62	1,333,770.95	(417,963.33)
					701100C Total				915,807.62	1,333,770.95	(417,963.33)
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	310,753.49	78,039.80	232,713.69
					701200C Total				310,753.49	78,039.80	232,713.69
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	2,782.84	19,730.80	(16,947.96)
							7013007	TERMINAL LEAVE	0.00	8,365.10	(8,365.10)
							7013012	BONUS PAY	0.00	57,174.03	(57,174.03)
					701300C Total				2,782.84	85,269.93	(82,487.09)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	751.67	(751.67)
							7014003	HEALTH BENEFITS	0.00	124,050.71	(124,050.71)
							7014008	MISC FRINGE BENEFITS	331,987.94	(418.88)	332,406.82
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	80,736.77	(80,736.77)
							7014015	OPTICAL PLAN	0.00	799.54	(799.54)
							7014016	DENTAL PLAN	0.00	2,508.02	(2,508.02)
							7014019	MEDICARE CONTRIBUTION	0.00	21,040.40	(21,040.40)
							7014020	RETIREMENT	0.00	63,090.11	(63,090.11)
							7014022	DC HEALTH BENEFIT FEES	0.00	5,913.85	(5,913.85)
					701400C Total				331,987.94	298,472.19	33,515.75
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	45,000.00	15,437.40	29,562.60
					701500C Total				45,000.00	15,437.40	29,562.60
				PERSONNEL SERVICES Total					1,606,331.89	1,810,990.27	(204,658.38)
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	5,000.00	365.00	4,635.00
							7111010	FOOD PROVISIONS	0.00	197.50	(197.50)
					711100C Total				5,000.00	562.50	4,437.50
					713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	0.00	83.20	(83.20)
							7131009	PROF SERVICE FEES & CONTR	25,000.00	37,570.91	(12,570.91)
							7131011	OFFICE SUPPORT	1,500.00	0.00	1,500.00
							7131013	INSURANCE & BONDS	0.00	308.14	(308.14)
							7131017	POSTAGE	5,000.00	6,542.49	(1,542.49)
							7131019	IT TRAINING & EDUCATION	0.00	1,500.00	(1,500.00)
							7131020	TUITION FOR EMPLOYEE TRAINING	55,000.00	12,824.43	42,175.57
					713100C Total				86,500.00	58,829.17	27,670.83
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	35,000.00	26,590.00	8,410.00
					713200C Total				35,000.00	26,590.00	8,410.00
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	35,031.91	(35,031.91)
					715100C Total				0.00	35,031.91	(35,031.91)
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	50,000.00	47,840.67	2,159.33
					717100C Total				50,000.00	47,840.67	2,159.33
				NON-PERSONNEL SERVICES Total					176,500.00	168,854.25	7,645.75
			MEMBER SERVICES Total						1,782,831.89	1,979,844.52	(197,012.63)
		700065 Total							1,782,831.89	1,979,844.52	(197,012.63)
		700066	PLAN MANAGEMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	1,195,461.71	642,189.34	553,272.37
					701100C Total				1,195,461.71	642,189.34	553,272.37
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	0.00	190,592.65	(190,592.65)

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										Data		
Fund	Fund Description	Program	Program Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget	
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	700066	PLAN MANAGEMENT	PERSONNEL SERVICES	701200C Total				0.00	190,592.65	(190,592.65)	
					701300C	ADDITIONAL GROSS PAY	7013007	TERMINAL LEAVE	0.00	21,130.67	(21,130.67)	
							7013012	BONUS PAY	0.00	34,429.90	(34,429.90)	
					701300C Total				0.00	55,560.57	(55,560.57)	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	514.53	(514.53)	
							7014003	HEALTH BENEFITS	0.00	109,023.67	(109,023.67)	
							7014007	TUITION REIMBURSEMENT	0.00	150.00	(150.00)	
							7014008	MISC FRINGE BENEFITS	323,519.02	(28,885.78)	352,404.80	
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	57,949.00	(57,949.00)	
							7014015	OPTICAL PLAN	0.00	688.74	(688.74)	
							7014016	DENTAL PLAN	0.00	2,057.00	(2,057.00)	
							7014019	MEDICARE CONTRIBUTION	0.00	14,176.68	(14,176.68)	
							7014020	RETIREMENT	0.00	42,376.00	(42,376.00)	
							7014022	DC HEALTH BENEFIT FEES	0.00	5,513.33	(5,513.33)	
					701400C Total				323,519.02	203,563.17	119,955.85	
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	2,877.26	(2,877.26)	
					701500C Total				0.00	2,877.26	(2,877.26)	
				PERSONNEL SERVICES Total					1,518,980.73	1,094,782.99	424,197.74	
				NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	835,000.00	761,157.46	73,842.54	
					713200C Total				835,000.00	761,157.46	73,842.54	
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	34,138.25	(34,138.25)	
					715100C Total				0.00	34,138.25	(34,138.25)	
				NON-PERSONNEL SERVICES Total					835,000.00	795,295.71	39,704.29	
				PLAN MANAGEMENT Total					2,353,980.73	1,890,078.70	463,902.03	
		700066 Total							2,353,980.73	1,890,078.70	463,902.03	
		700067	S.H.O.P.	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	1,884,918.20	1,695,410.08	189,508.12	
					701100C Total				1,884,918.20	1,695,410.08	189,508.12	
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	123,630.90	130,411.70	(6,780.80)	
					701200C Total				123,630.90	130,411.70	(6,780.80)	
					701300C	ADDITIONAL GROSS PAY	7013007	TERMINAL LEAVE	0.00	10,614.84	(10,614.84)	
							7013008	HOLIDAY PAY	0.00	0.00	0.00	
							7013012	BONUS PAY	0.00	41,799.11	(41,799.11)	
					701300C Total				0.00	52,413.95	(52,413.95)	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	1,147.25	(1,147.25)	
							7014003	HEALTH BENEFITS	0.00	171,574.11	(171,574.11)	
							7014008	MISC FRINGE BENEFITS	543,558.88	(40,970.73)	584,529.61	
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	127,057.35	(127,057.35)	
							7014015	OPTICAL PLAN	0.00	1,400.69	(1,400.69)	
							7014016	DENTAL PLAN	0.00	4,160.61	(4,160.61)	
							7014019	MEDICARE CONTRIBUTION	0.00	29,714.90	(29,714.90)	
							7014020	RETIREMENT	0.00	90,686.20	(90,686.20)	
							7014022	DC HEALTH BENEFIT FEES	0.00	9,113.67	(9,113.67)	
					701400C Total				543,558.88	393,884.05	149,674.83	
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	47,542.86	(47,542.86)	
					701500C Total				0.00	47,542.86	(47,542.86)	
				PERSONNEL SERVICES Total					2,552,107.98	2,319,662.64	232,445.34	
				NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	899,822.00	843,433.07	56,388.93	
					713200C Total				899,822.00	843,433.07	56,388.93	
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	57,357.22	(57,357.22)	
					715100C Total				0.00	57,357.22	(57,357.22)	
				NON-PERSONNEL SERVICES Total					899,822.00	900,790.29	(968.29)	
				S.H.O.P. Total					3,451,929.98	3,220,452.93	231,477.05	
		700067 Total							3,451,929.98	3,220,452.93	231,477.05	
									41,684,055.36	39,208,095.60	2,475,959.76	
8362005	HBX LEVEL 1 FUND - ACA GRANT	100080	OPERATIONS, MAINTENANCE, AND DEVELOPMENT	NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132002	IT CONSULTANT CONTRACTS	160,323.36	160,323.36	0.00	
					713200C Total				160,323.36	160,323.36	0.00	
				NON-PERSONNEL SERVICES Total					160,323.36	160,323.36	0.00	
				OPERATIONS, MAINTENANCE, AND DEVELOPMENT Total					160,323.36	160,323.36	0.00	
		100080 Total							160,323.36	160,323.36	0.00	
									160,323.36	160,323.36	0.00	
8362009	MASSACHUSETTS HEALTH CONECTOR	100154	PERFORMANCE AND STRATEGIC MANAGEMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	638,985.22	497,445.85	141,539.37	
					701100C Total				638,985.22	497,445.85	141,539.37	

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY23 Attachment B
 FY23 BUDGET-PROGRAM LEVEL

										Data		
Fund	Fund Description	Program	Program Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget	
8362009	MASSACHUSETTS HEALTH CONECTOR	100154	PERFORMANCE AND STRATEGIC	PERSONNEL SERVICES	701400C	FRINGE BENEFITS - CURR PERSONNEL	7014003	HEALTH BENEFITS	0.00	0.00	0.00	
							7014008	MISC FRINGE BENEFITS	157,829.78	126,666.89	31,162.89	
					701400C Total				157,829.78	126,666.89	31,162.89	
				PERSONNEL SERVICES Total					796,815.00	624,112.74	172,702.26	
				NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	8,000.00	0.00	8,000.00	
							7131009	PROF SERVICE FEES & CONTR	251,865.96	150,300.00	101,565.96	
					713100C Total				259,865.96	150,300.00	109,565.96	
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	3,752,949.00	2,862,564.94	890,384.06	
					713200C Total				3,752,949.00	2,862,564.94	890,384.06	
				NON-PERSONNEL SERVICES Total					4,012,814.96	3,012,864.94	999,950.02	
			PERFORMANCE AND STRATEGIC MANAGEMENT Total						4,809,629.96	3,636,977.68	1,172,652.28	
		100154 Total							4,809,629.96	3,636,977.68	1,172,652.28	
	MASSACHUSETTS HEALTH CONECTOR Total								4,809,629.96	3,636,977.68	1,172,652.28	
8362012	HEALTH CARE 4 CHILD CARE	0	NO PROGRAM	NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131013	INSURANCE & BONDS	0.00	0.00	0.00	
					713100C Total				0.00	0.00	0.00	
				NON-PERSONNEL SERVICES Total					0.00	0.00	0.00	
		0 Total	NO PROGRAM Total						0.00	0.00	0.00	
									0.00	0.00	0.00	
		100154	PERFORMANCE AND STRATEGIC MANAGEMENT	NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131041	BANK FEE	0.00	5.00	(5.00)	
					713100C Total				0.00	5.00	(5.00)	
				NON-PERSONNEL SERVICES Total					0.00	5.00	(5.00)	
			PERFORMANCE AND STRATEGIC MANAGEMENT Total						0.00	5.00	(5.00)	
		100154 Total							0.00	5.00	(5.00)	
		700065	MEMBER SERVICES	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	0.00	336,262.55	(336,262.55)	
					701100C Total				0.00	336,262.55	(336,262.55)	
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	374,109.18	41,449.15	332,660.03	
					701200C Total				374,109.18	41,449.15	332,660.03	
					701300C	ADDITIONAL GROSS PAY	7013012	BONUS PAY	0.00	31,330.90	(31,330.90)	
					701300C Total				0.00	31,330.90	(31,330.90)	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	223.84	(223.84)	
							7014003	HEALTH BENEFITS	0.00	27,492.05	(27,492.05)	
							7014008	MISC FRINGE BENEFITS	92,404.98	0.00	92,404.98	
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	22,620.24	(22,620.24)	
							7014013	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0.00	1,480.97	(1,480.97)	
							7014015	OPTICAL PLAN	0.00	227.41	(227.41)	
							7014016	DENTAL PLAN	0.00	682.72	(682.72)	
							7014019	MEDICARE CONTRIBUTION	0.00	5,591.34	(5,591.34)	
							7014020	RETIREMENT	0.00	14,269.12	(14,269.12)	
							7014022	DC HEALTH BENEFIT FEES	0.00	1,244.16	(1,244.16)	
					701400C Total				92,404.98	73,831.85	18,573.13	
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	18,450.04	(18,450.04)	
					701500C Total				0.00	18,450.04	(18,450.04)	
				PERSONNEL SERVICES Total					466,514.16	501,324.49	(34,810.33)	
				NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131013	INSURANCE & BONDS	0.00	0.00	0.00	
					713100C Total				0.00	0.00	0.00	
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	276,000.00	271,733.94	4,266.06	
					713200C Total				276,000.00	271,733.94	4,266.06	
					714100C	GOVERNMENT SUBSIDIES & GRANTS	7141009	SUBSIDIES	18,000,000.00	3,779,449.03	14,220,550.97	
					714100C Total				18,000,000.00	3,779,449.03	14,220,550.97	
				NON-PERSONNEL SERVICES Total					18,276,000.00	4,051,182.97	14,224,817.03	
			MEMBER SERVICES Total						18,742,514.16	4,552,507.46	14,190,006.70	
		700065 Total							18,742,514.16	4,552,507.46	14,190,006.70	
	HEALTH CARE 4 CHILD CARE Total								18,742,514.16	4,552,512.46	14,190,001.70	
Grand Total									65,396,522.84	47,557,909.10	17,838,613.74	

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY23 Attachment C
 FY23 BUDGET-COST CENTER LEVEL

									Data		
Fund	Fund Description	Cost Center	Cost Center Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	00000	NO COST CENTER	NON-PERSONNEL SERVICES	712100C	ENERGY COMM & BLDG RENTALS	7121010	RENTALS LAND & STRUCTURES	0.00	0.00	0.00
					712100C Total				0.00	0.00	0.00
					713100C	OTHER SERVICES & CHARGES	7131020	TUITION FOR EMPLOYEE TRAINING	0.00	0.00	0.00
					713100C Total				0.00	0.00	0.00
					715200C	P-CARD CLEARING ACCOUNT BUDGET TRACKING	7152001	P-CARD CLEARING ACCOUNT	0.00	(3,806.35)	3,806.35
					715200C Total				0.00	(3,806.35)	3,806.35
				NON-PERSONNEL SERVICES Total					0.00	(3,806.35)	3,806.35
			NO COST CENTER Total						0.00	(3,806.35)	3,806.35
		00000 Total							0.00	(3,806.35)	3,806.35
		10001	BUDGET DIVISION	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	160,640.24	165,021.53	(4,381.29)
					701100C Total				160,640.24	165,021.53	(4,381.29)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	94.52	(94.52)
							7014003	HEALTH BENEFITS	0.00	18,049.99	(18,049.99)
							7014008	MISC FRINGE BENEFITS	39,678.14	0.00	39,678.14
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	9,126.91	(9,126.91)
							7014015	OPTICAL PLAN	0.00	88.64	(88.64)
							7014016	DENTAL PLAN	0.00	245.86	(245.86)
							7014019	MEDICARE CONTRIBUTION	0.00	2,270.88	(2,270.88)
							7014020	RETIREMENT	0.00	8,251.09	(8,251.09)
							7014022	DC HEALTH BENEFIT FEES	0.00	787.62	(787.62)
					701400C Total				39,678.14	38,915.51	762.63
				PERSONNEL SERVICES Total					200,318.38	203,937.04	(3,618.66)
				NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	0.00	0.00	0.00
					713200C Total				0.00	0.00	0.00
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	4,186.90	(4,186.90)
					715100C Total				0.00	4,186.90	(4,186.90)
				NON-PERSONNEL SERVICES Total					0.00	4,186.90	(4,186.90)
			BUDGET DIVISION Total						200,318.38	208,123.94	(7,805.56)
		10001 Total							200,318.38	208,123.94	(7,805.56)
		10002	ACCOUNTING DIVISION	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	160,640.24	78,143.04	82,497.20
					701100C Total				160,640.24	78,143.04	82,497.20
					701300C	ADDITIONAL GROSS PAY	7013007	TERMINAL LEAVE	0.00	29,440.56	(29,440.56)
					701300C Total				0.00	29,440.56	(29,440.56)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	44.93	(44.93)
							7014003	HEALTH BENEFITS	0.00	13,830.50	(13,830.50)
							7014008	MISC FRINGE BENEFITS	39,678.14	0.00	39,678.14
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	4,514.72	(4,514.72)
							7014015	OPTICAL PLAN	0.00	53.08	(53.08)
							7014016	DENTAL PLAN	0.00	174.33	(174.33)
							7014019	MEDICARE CONTRIBUTION	0.00	1,503.50	(1,503.50)
							7014020	RETIREMENT	0.00	3,907.16	(3,907.16)
							7014022	DC HEALTH BENEFIT FEES	0.00	502.88	(502.88)
					701400C Total				39,678.14	24,531.10	15,147.04
				PERSONNEL SERVICES Total					200,318.38	132,114.70	68,203.68
				NON-PERSONNEL SERVICES	715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	4,186.90	(4,186.90)
					715100C Total				0.00	4,186.90	(4,186.90)
				NON-PERSONNEL SERVICES Total					0.00	4,186.90	(4,186.90)
			ACCOUNTING DIVISION Total						200,318.38	136,301.60	64,016.78
		10002 Total							200,318.38	136,301.60	64,016.78
		10003	ACFO DIVISION	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	193,952.00	199,240.52	(5,288.52)
					701100C Total				193,952.00	199,240.52	(5,288.52)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	113.61	(113.61)
							7014003	HEALTH BENEFITS	0.00	14,403.73	(14,403.73)
							7014008	MISC FRINGE BENEFITS	47,906.14	0.00	47,906.14
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	9,184.49	(9,184.49)
							7014015	OPTICAL PLAN	0.00	55.54	(55.54)
							7014016	DENTAL PLAN	0.00	173.11	(173.11)
							7014019	MEDICARE CONTRIBUTION	0.00	2,789.73	(2,789.73)
							7014020	RETIREMENT	0.00	9,962.04	(9,962.04)
							7014022	DC HEALTH BENEFIT FEES	0.00	353.27	(353.27)
					701400C Total				47,906.14	37,035.52	10,870.62
				PERSONNEL SERVICES Total					241,858.14	236,276.04	5,582.10
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	3,000.00	0.00	3,000.00
					711100C Total				3,000.00	0.00	3,000.00
					713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	5,000.00	1,699.62	3,300.38
							7131020	TUITION FOR EMPLOYEE TRAINING	2,000.00	0.00	2,000.00
							7131026	AUDIT COSTS	150,000.00	102,955.60	47,044.40
					713100C Total				157,000.00	104,655.22	52,344.78
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	5,055.13	(5,055.13)
					715100C Total				0.00	5,055.13	(5,055.13)

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY23 Attachment C
 FY23 BUDGET-COST CENTER LEVEL

									Data		
Fund	Fund Description	Cost Center	Cost Center Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	10003	ACFO DIVISION	NON-PERSONNEL SERVICES	717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	4,000.00	3,452.31	547.69
					717100C Total				4,000.00	3,452.31	547.69
				NON-PERSONNEL SERVICES Total					164,000.00	113,162.66	50,837.34
			ACFO DIVISION Total						405,858.14	349,438.70	56,419.44
		10003 Total							405,858.14	349,438.70	56,419.44
		10072	ACFO DIVISION - HSSC	NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	0.00	800.45	(800.45)
					713100C Total				0.00	800.45	(800.45)
				NON-PERSONNEL SERVICES Total					0.00	800.45	(800.45)
			ACFO DIVISION - HSSC Total						0.00	800.45	(800.45)
		10072 Total							0.00	800.45	(800.45)
		10086	P-CARD CLEARING	NON-PERSONNEL SERVICES	715200C	P-CARD CLEARING ACCOUNT BUDGET TRACKING	7152001	P-CARD CLEARING ACCOUNT	0.00	3,806.35	(3,806.35)
					715200C Total				0.00	3,806.35	(3,806.35)
				NON-PERSONNEL SERVICES Total					0.00	3,806.35	(3,806.35)
			P-CARD CLEARING Total						0.00	3,806.35	(3,806.35)
		10086 Total							0.00	3,806.35	(3,806.35)
		70116	COMMUNICATIONS AND CIVIC ENGAGEMENT DEPARTMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	721,918.16	680,008.02	41,910.14
					701100C Total				721,918.16	680,008.02	41,910.14
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	58,898.58	62,068.79	(3,170.21)
					701200C Total				58,898.58	62,068.79	(3,170.21)
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	28,451.85	29,666.17	(1,214.32)
							7013007	TERMINAL LEAVE	0.00	4,652.60	(4,652.60)
					701300C Total				28,451.85	34,318.77	(5,866.92)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	653.34	(653.34)
							7014003	HEALTH BENEFITS	0.00	55,939.24	(55,939.24)
							7014008	MISC FRINGE BENEFITS	208,387.98	0.00	208,387.98
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	35,230.32	(35,230.32)
							7014013	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0.00	14,374.22	(14,374.22)
							7014015	OPTICAL PLAN	0.00	376.90	(376.90)
							7014016	DENTAL PLAN	0.00	1,171.26	(1,171.26)
							7014019	MEDICARE CONTRIBUTION	0.00	11,162.30	(11,162.30)
							7014020	RETIREMENT	0.00	21,845.60	(21,845.60)
							7014022	DC HEALTH BENEFIT FEES	0.00	1,763.06	(1,763.06)
					701400C Total				208,387.98	142,516.24	65,871.74
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	19,340.65	(19,340.65)
					701500C Total				0.00	19,340.65	(19,340.65)
				PERSONNEL SERVICES Total					1,017,656.57	938,252.47	79,404.10
			NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	3,000.00	0.00	3,000.00	
					711100C Total				3,000.00	0.00	3,000.00
					713100C	OTHER SERVICES & CHARGES	7131002	TRAVEL - LOCAL	0.00	161.54	(161.54)
					713100C Total				0.00	161.54	(161.54)
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	1,207,050.00	1,111,394.03	95,655.97
					713200C Total				1,207,050.00	1,111,394.03	95,655.97
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	21,989.44	(21,989.44)
					715100C Total				0.00	21,989.44	(21,989.44)
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	4,000.00	0.00	4,000.00
					717100C Total				4,000.00	0.00	4,000.00
				NON-PERSONNEL SERVICES Total					1,214,050.00	1,133,545.01	80,504.99
			COMMUNICATIONS AND CIVIC ENGAGEMENT DEPARTMENT Total						2,231,706.57	2,071,797.48	159,909.09
		70116 Total							2,231,706.57	2,071,797.48	159,909.09
		70117	DIRECTOR'S ADMINISTRATIVE OFFICE - HIO	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	1,086,435.43	1,071,216.25	15,219.18
					701100C Total				1,086,435.43	1,071,216.25	15,219.18
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	81,119.17	75,735.88	5,383.29
					701200C Total				81,119.17	75,735.88	5,383.29
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	76,373.52	106,855.54	(30,482.02)
							7013007	TERMINAL LEAVE	0.00	(1,105.09)	1,105.09
							7013012	BONUS PAY	0.00	115,540.79	(115,540.79)
							7013017	SEVERANCE PAY	0.00	3,220.03	(3,220.03)
					701300C Total				76,373.52	224,511.27	(148,137.75)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	547.19	(547.19)
							7014003	HEALTH BENEFITS	0.00	75,613.74	(75,613.74)
							7014008	MISC FRINGE BENEFITS	317,413.50	0.00	317,413.50
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	55,171.40	(55,171.40)
							7014015	OPTICAL PLAN	0.00	440.76	(440.76)
							7014016	DENTAL PLAN	0.00	1,391.39	(1,391.39)
							7014019	MEDICARE CONTRIBUTION	0.00	18,106.36	(18,106.36)
							7014020	RETIREMENT	0.00	62,379.64	(62,379.64)
							7014021	DC METRO BENEFITS	0.00	150.00	(150.00)
							7014022	DC HEALTH BENEFIT FEES	0.00	3,017.47	(3,017.47)
					701400C Total				317,413.50	216,817.95	100,595.55
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	310.71	(310.71)

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY23 Attachment C
FY23 BUDGET-COST CENTER LEVEL

									Data		
Fund	Fund Description	Cost Center	Cost Center Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	70117	DIRECTOR'S ADMINISTRATIVE OFFICE - HIO	PERSONNEL SERVICES	701500C Total				0.00	310.71	(310.71)
				PERSONNEL SERVICES Total					1,561,341.62	1,588,592.06	(27,250.44)
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	20,000.00	899.62	19,100.38
							7111010	FOOD PROVISIONS	0.00	395.00	(395.00)
					711100C Total				20,000.00	1,294.62	18,705.38
					712100C	ENERGY COMM & BLDG RENTALS	7121009	TELEPHONE, TELETYPE, TELEGRAM, ETC	380,940.31	129,597.15	251,343.16
					712100C Total				380,940.31	129,597.15	251,343.16
					713100C	OTHER SERVICES & CHARGES	7131002	TRAVEL - LOCAL	4,000.00	297.73	3,702.27
							7131003	TRAVEL - OUT OF CITY	15,000.00	9,946.83	5,053.17
							7131009	PROF SERVICE FEES & CONTR	45,725.00	51,844.75	(6,119.75)
							7131011	OFFICE SUPPORT	21,000.00	19,526.06	1,473.94
							7131017	POSTAGE	0.00	66.31	(66.31)
							7131020	TUITION FOR EMPLOYEE TRAINING	60,000.00	51,061.70	8,938.30
							7131025	PAYMENT OF MEMBERSHIP DUES	24,000.00	11,598.41	12,401.59
							7131029	PROFESSIONAL SERVICES	0.00	(41,338.13)	41,338.13
					713100C Total				169,725.00	103,003.66	66,721.34
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	146,600.00	135,834.12	10,765.88
							7132002	IT CONSULTANT CONTRACTS	0.00	0.00	0.00
					713200C Total				146,600.00	135,834.12	10,765.88
					715100C	OTHER EXPENSES	7151001	MISCELLANEOUS EXPENSE	0.00	0.00	0.00
							7151007	ANNUAL LEAVE EXPENSES	0.00	33,493.99	(33,493.99)
					715100C Total				0.00	33,493.99	(33,493.99)
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	20,000.00	19,858.49	141.51
					717100C Total				20,000.00	19,858.49	141.51
				NON-PERSONNEL SERVICES Total					737,265.31	423,082.03	314,183.28
				DIRECTOR'S ADMINISTRATIVE OFFICE - HIO Total					2,298,606.93	2,011,674.09	286,932.84
		70117 Total							2,298,606.93	2,011,674.09	286,932.84
		70118	GENERAL COUNSEL'S OFFICE - HIO	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	856,165.60	839,045.08	17,120.52
					701100C Total				856,165.60	839,045.08	17,120.52
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	2,782.84	633.92	2,148.92
							7013007	TERMINAL LEAVE	0.00	42,212.98	(42,212.98)
							7013012	BONUS PAY	0.00	31,938.67	(31,938.67)
					701300C Total				2,782.84	74,785.57	(72,002.73)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	363.89	(363.89)
							7014003	HEALTH BENEFITS	0.00	20,772.39	(20,772.39)
							7014007	TUITION REIMBURSEMENT	0.00	150.00	(150.00)
							7014008	MISC FRINGE BENEFITS	231,750.52	0.00	231,750.52
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	45,839.21	(45,839.21)
							7014015	OPTICAL PLAN	0.00	259.51	(259.51)
							7014016	DENTAL PLAN	0.00	864.16	(864.16)
							7014019	MEDICARE CONTRIBUTION	0.00	12,750.51	(12,750.51)
							7014020	RETIREMENT	0.00	36,234.05	(36,234.05)
							7014021	DC METRO BENEFITS	0.00	300.00	(300.00)
							7014022	DC HEALTH BENEFIT FEES	0.00	670.69	(670.69)
					701400C Total				231,750.52	118,204.41	113,546.11
				PERSONNEL SERVICES Total					1,090,698.96	1,032,035.06	58,663.90
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111010	FOOD PROVISIONS	0.00	1,177.50	(1,177.50)
					711100C Total				0.00	1,177.50	(1,177.50)
					713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	0.00	2,586.29	(2,586.29)
							7131020	TUITION FOR EMPLOYEE TRAINING	6,000.00	0.00	6,000.00
					713100C Total				6,000.00	2,586.29	3,413.71
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	37,500.00	11,462.90	26,037.10
					713200C Total				37,500.00	11,462.90	26,037.10
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	24,454.69	(24,454.69)
					715100C Total				0.00	24,454.69	(24,454.69)
				NON-PERSONNEL SERVICES Total					43,500.00	39,681.38	3,818.62
				GENERAL COUNSEL'S OFFICE - HIO Total					1,134,198.96	1,071,716.44	62,482.52
		70118 Total							1,134,198.96	1,071,716.44	62,482.52
		70119	INFORMATION TECHNOLOGY DEPARTMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	4,072,638.68	4,168,207.23	(95,568.55)
					701100C Total				4,072,638.68	4,168,207.23	(95,568.55)
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	159,147.71	178,306.38	(19,158.67)
					701200C Total				159,147.71	178,306.38	(19,158.67)
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	24,741.63	75,424.30	(50,682.67)
							7013012	BONUS PAY	0.00	147,185.50	(147,185.50)
					701300C Total				24,741.63	222,609.80	(197,868.17)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	2,285.85	(2,285.85)

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY23 Attachment C
 FY23 BUDGET-COST CENTER LEVEL

									Data		
Fund	Fund Description	Cost Center	Cost Center Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	70121	CONTRACTS AND PROCUREMENT OFFICE - HIO	PERSONNEL SERVICES	701400C Total				123,561.91	136,102.20	(12,540.29)
				PERSONNEL SERVICES Total					580,145.66	678,181.84	(98,036.18)
				NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	0.00	(6.00)	6.00
							7131020	TUITION FOR EMPLOYEE TRAINING	0.00	0.00	0.00
					713100C Total				0.00	(6.00)	6.00
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	1,000.00	0.00	1,000.00
					713200C Total				1,000.00	0.00	1,000.00
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	13,038.45	(13,038.45)
					715100C Total				0.00	13,038.45	(13,038.45)
				NON-PERSONNEL SERVICES Total					1,000.00	13,032.45	(12,032.45)
			CONTRACTS AND PROCUREMENT OFFICE - HIO Total						581,145.66	691,214.29	(110,068.63)
		70121 Total							581,145.66	691,214.29	(110,068.63)
		70122	FACILITIES, INVOICING AND ADMINISTRATIVE SUPPORT OFFICE	NON-PERSONNEL SERVICES	712100C	ENERGY COMM & BLDG RENTALS	7121010	RENTALS LAND & STRUCTURES	1,446,442.46	1,315,943.36	130,499.10
					712100C Total				1,446,442.46	1,315,943.36	130,499.10
				NON-PERSONNEL SERVICES Total					1,446,442.46	1,315,943.36	130,499.10
			FACILITIES, INVOICING AND ADMINISTRATIVE SUPPORT OFFICE Total						1,446,442.46	1,315,943.36	130,499.10
		70122 Total							1,446,442.46	1,315,943.36	130,499.10
		70125	ASSISTER GRANT PROGRAM OFFICE	NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	1,000,000.00	962,819.80	37,180.20
					713200C Total				1,000,000.00	962,819.80	37,180.20
				NON-PERSONNEL SERVICES Total					1,000,000.00	962,819.80	37,180.20
			ASSISTER GRANT PROGRAM OFFICE Total						1,000,000.00	962,819.80	37,180.20
		70125 Total							1,000,000.00	962,819.80	37,180.20
		70468	PROGRAM MANAGEMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	4,824,627.59	4,470,478.87	354,148.72
					701100C Total				4,824,627.59	4,470,478.87	354,148.72
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	434,384.39	399,044.15	35,340.24
					701200C Total				434,384.39	399,044.15	35,340.24
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	2,782.84	20,411.24	(17,628.40)
							7013007	TERMINAL LEAVE	0.00	52,827.75	(52,827.75)
							7013008	HOLIDAY PAY	0.00	(0.66)	0.66
							7013012	BONUS PAY	0.00	148,590.82	(148,590.82)
					701300C Total				2,782.84	221,829.15	(219,046.31)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	2,848.47	(2,848.47)
							7014003	HEALTH BENEFITS	0.00	448,362.97	(448,362.97)
							7014007	TUITION REIMBURSEMENT	0.00	150.00	(150.00)
							7014008	MISC FRINGE BENEFITS	1,419,906.07	(81,403.40)	1,501,309.47
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	314,978.83	(314,978.83)
							7014015	OPTICAL PLAN	0.00	3,262.43	(3,262.43)
							7014016	DENTAL PLAN	0.00	9,878.51	(9,878.51)
							7014019	MEDICARE CONTRIBUTION	0.00	77,357.47	(77,357.47)
							7014020	RETIREMENT	0.00	234,826.02	(234,826.02)
							7014022	DC HEALTH BENEFIT FEES	0.00	22,354.87	(22,354.87)
					701400C Total				1,419,906.07	1,032,616.17	387,289.90
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	45,000.00	65,843.34	(20,843.34)
					701500C Total				45,000.00	65,843.34	(20,843.34)
				PERSONNEL SERVICES Total					6,726,700.89	6,189,811.68	536,889.21
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	9,500.00	185.00	9,315.00
							7111010	FOOD PROVISIONS	0.00	197.50	(197.50)
					711100C Total				9,500.00	382.50	9,117.50
					712100C	ENERGY COMM & BLDG RENTALS	7121009	TELEPHONE, TELETYPE, TELEGRAM, ETC	62,400.00	54,333.72	8,066.28
					712100C Total				62,400.00	54,333.72	8,066.28
					713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	0.00	83.20	(83.20)
							7131009	PROF SERVICE FEES & CONTR	25,000.00	37,570.91	(12,570.91)
							7131011	OFFICE SUPPORT	7,500.00	0.00	7,500.00
							7131013	INSURANCE & BONDS	0.00	308.14	(308.14)
							7131017	POSTAGE	5,000.00	6,542.49	(1,542.49)
							7131019	IT TRAINING & EDUCATION	0.00	1,500.00	(1,500.00)
							7131020	TUITION FOR EMPLOYEE TRAINING	55,000.00	12,824.43	42,175.57
					713100C Total				92,500.00	58,829.17	33,670.83
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	6,363,325.00	6,036,111.42	327,213.58
					713200C Total				6,363,325.00	6,036,111.42	327,213.58
					715100C	OTHER EXPENSES	7151007	ANNUAL LEAVE EXPENSES	0.00	149,830.81	(149,830.81)
					715100C Total				0.00	149,830.81	(149,830.81)
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	71,200.00	69,034.35	2,165.65
					717100C Total				71,200.00	69,034.35	2,165.65
				NON-PERSONNEL SERVICES Total					6,598,925.00	6,368,521.97	230,403.03
			PROGRAM MANAGEMENT Total						13,325,625.89	12,558,333.65	767,292.24
		70468 Total							13,325,625.89	12,558,333.65	767,292.24
8362003 Total									41,684,055.36	39,208,095.60	2,475,959.76
8362005	HBX LEVEL 1 FUND - ACA GRANT	10001	BUDGET DIVISION	NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132002	IT CONSULTANT CONTRACTS	0.00	0.00	0.00
					713200C Total				0.00	0.00	0.00
				NON-PERSONNEL SERVICES Total					0.00	0.00	0.00

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY23 Attachment C
FY23 BUDGET-COST CENTER LEVEL

								Data			
Fund	Fund Description	Cost Center	Cost Center Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362005	HBX LEVEL 1 FUND - ACA GRANT	10001	BUDGET DIVISION Total						0.00	0.00	0.00
		10001 Total							0.00	0.00	0.00
		70119	INFORMATION TECHNOLOGY DEPARTMENT	NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132002	IT CONSULTANT CONTRACTS	160,323.36	160,323.36	0.00
					713200C Total				160,323.36	160,323.36	0.00
						NON-PERSONNEL SERVICES Total			160,323.36	160,323.36	0.00
			INFORMATION TECHNOLOGY DEPARTMENT Total						160,323.36	160,323.36	0.00
		70119 Total							160,323.36	160,323.36	0.00
8362005 Total									160,323.36	160,323.36	0.00
8362009	MASSACHUSETTS HEALTH CONECTOR	70117	DIRECTOR'S ADMINISTRATIVE OFFICE - HIO	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	638,985.22	497,445.85	141,539.37
					701100C Total				638,985.22	497,445.85	141,539.37
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014003	HEALTH BENEFITS	0.00	0.00	0.00
					701400C Total		7014008	MISC FRINGE BENEFITS	157,829.78	126,666.89	31,162.89
							701400C Total		157,829.78	126,666.89	31,162.89
						PERSONNEL SERVICES Total			796,815.00	624,112.74	172,702.26
					713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	8,000.00	0.00	8,000.00
							7131009	PROF SERVICE FEES & CONTR	251,865.96	150,300.00	101,565.96
					713100C Total				259,865.96	150,300.00	109,565.96
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	3,752,949.00	2,862,564.94	890,384.06
					713200C Total				3,752,949.00	2,862,564.94	890,384.06
						NON-PERSONNEL SERVICES Total			4,012,814.96	3,012,864.94	999,950.02
			DIRECTOR'S ADMINISTRATIVE OFFICE - HIO Total						4,809,629.96	3,636,977.68	1,172,652.28
		70117 Total							4,809,629.96	3,636,977.68	1,172,652.28
8362009 Total									4,809,629.96	3,636,977.68	1,172,652.28
8362012	HEALTH CARE 4 CHILD CARE	00000	NO COST CENTER	NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131013	INSURANCE & BONDS	0.00	0.00	0.00
					713100C Total				0.00	0.00	0.00
						NON-PERSONNEL SERVICES Total			0.00	0.00	0.00
			NO COST CENTER Total						0.00	0.00	0.00
		00000 Total							0.00	0.00	0.00
		70117	DIRECTOR'S ADMINISTRATIVE OFFICE - HIO	NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131041	BANK FEE	0.00	5.00	(5.00)
					713100C Total				0.00	5.00	(5.00)
						NON-PERSONNEL SERVICES Total			0.00	5.00	(5.00)
			DIRECTOR'S ADMINISTRATIVE OFFICE - HIO Total						0.00	5.00	(5.00)
		70117 Total							0.00	5.00	(5.00)
		70468	PROGRAM MANAGEMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	0.00	336,262.55	(336,262.55)
					701100C Total				0.00	336,262.55	(336,262.55)
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	374,109.18	41,449.15	332,660.03
					701200C Total				374,109.18	41,449.15	332,660.03
					701300C	ADDITIONAL GROSS PAY	7013012	BONUS PAY	0.00	31,330.90	(31,330.90)
					701300C Total				0.00	31,330.90	(31,330.90)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	223.84	(223.84)
							7014003	HEALTH BENEFITS	0.00	27,492.05	(27,492.05)
							7014008	MISC FRINGE BENEFITS	92,404.98	0.00	92,404.98
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	22,620.24	(22,620.24)
							7014013	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0.00	1,480.97	(1,480.97)
							7014015	OPTICAL PLAN	0.00	227.41	(227.41)
							7014016	DENTAL PLAN	0.00	682.72	(682.72)
							7014019	MEDICARE CONTRIBUTION	0.00	5,591.34	(5,591.34)
							7014020	RETIREMENT	0.00	14,269.12	(14,269.12)
							7014022	DC HEALTH BENEFIT FEES	0.00	1,244.16	(1,244.16)
					701400C Total				92,404.98	73,831.85	18,573.13
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	18,450.04	(18,450.04)
					701500C Total				0.00	18,450.04	(18,450.04)
						PERSONNEL SERVICES Total			466,514.16	501,324.49	(34,810.33)
					713100C	OTHER SERVICES & CHARGES	7131013	INSURANCE & BONDS	0.00	0.00	0.00
					713100C Total				0.00	0.00	0.00
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	276,000.00	271,733.94	4,266.06
					713200C Total				276,000.00	271,733.94	4,266.06
					714100C	GOVERNMENT SUBSIDIES & GRANTS	7141009	SUBSIDIES	18,000,000.00	3,779,449.03	14,220,550.97
					714100C Total				18,000,000.00	3,779,449.03	14,220,550.97
						NON-PERSONNEL SERVICES Total			18,276,000.00	4,051,182.97	14,224,817.03
			PROGRAM MANAGEMENT Total						18,742,514.16	4,552,507.46	14,190,006.70
		70468 Total							18,742,514.16	4,552,507.46	14,190,006.70
8362012 Total									18,742,514.16	4,552,512.46	14,190,001.70
Grand Total									65,396,522.84	47,557,909.10	17,838,613.74

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY24 Attachment A
FY24 BUDGET- AGENCY LEVEL AS OF 12.31.2023

							Data		
Fund	Fund Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
1010001	LOCAL FUNDS	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	0.00	7,615.46	(7,615.46)
			701100C Total				0.00	7,615.46	(7,615.46)
			701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	0.00	6,436.01	(6,436.01)
			701200C Total				0.00	6,436.01	(6,436.01)
			701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	8.08	(8.08)
					7014003	HEALTH BENEFITS	0.00	314.48	(314.48)
					7014009	RETIREMENT CONTRIBUTION - FICA	0.00	862.84	(862.84)
					7014015	OPTICAL PLAN	0.00	2.38	(2.38)
					7014016	DENTAL PLAN	0.00	7.37	(7.37)
					7014019	MEDICARE CONTRIBUTION	0.00	201.80	(201.80)
					7014022	DC HEALTH BENEFIT FEES	0.00	31.22	(31.22)
			701400C Total				0.00	1,428.17	(1,428.17)
		PERSONNEL SERVICES Total					0.00	15,479.64	(15,479.64)
1010001 Total							0.00	15,479.64	(15,479.64)
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	13,990,226.28	3,306,584.25	10,683,642.03
			701100C Total				13,990,226.28	3,306,584.25	10,683,642.03
			701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	852,316.31	184,127.09	668,189.22
			701200C Total				852,316.31	184,127.09	668,189.22
			701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	188,950.18	58,357.84	130,592.34
					7013007	TERMINAL LEAVE	0.00	7,603.66	(7,603.66)
					7013012	BONUS PAY	0.00	157,440.30	(157,440.30)
			701300C Total				188,950.18	223,401.80	(34,451.62)
			701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	1,872.87	(1,872.87)
					7014003	HEALTH BENEFITS	0.00	291,405.97	(291,405.97)
					7014008	MISC FRINGE BENEFITS	3,994,020.73	0.00	3,994,020.73
					7014009	RETIREMENT CONTRIBUTION - FICA	0.00	165,209.63	(165,209.63)
					7014013	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0.00	4,015.05	(4,015.05)
					7014015	OPTICAL PLAN	0.00	1,926.50	(1,926.50)
					7014016	DENTAL PLAN	0.00	5,891.79	(5,891.79)
					7014019	MEDICARE CONTRIBUTION	0.00	52,724.31	(52,724.31)
					7014020	RETIREMENT	0.00	163,605.62	(163,605.62)
					7014022	DC HEALTH BENEFIT FEES	0.00	13,443.30	(13,443.30)
			701400C Total				3,994,020.73	700,095.04	3,293,925.69
			701500C	OVERTIME PAY	7015001	OVERTIME PAY	45,000.00	48,752.91	(3,752.91)
			701500C Total				45,000.00	48,752.91	(3,752.91)
		PERSONNEL SERVICES Total					19,070,513.50	4,462,961.09	14,607,552.41
		NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	34,500.00	1,305.80	24,500.00
					7111010	FOOD PROVISIONS	0.00	276.50	(276.50)
			711100C Total				34,500.00	1,582.30	24,223.50
			712100C	ENERGY COMM & BLDG RENTALS	7121009	TELEPHONE, TELETYPE, TELEGRAM, ETC	212,400.00	0.00	212,400.00
					7121010	RENTALS LAND & STRUCTURES	1,479,011.10	0.00	1,479,011.10
					7121011	OCCUPANCY FIXED COSTS	24,487.47	0.00	24,487.47
			712100C Total				1,715,898.57	0.00	1,715,898.57
			713100C	OTHER SERVICES & CHARGES	7131002	TRAVEL - LOCAL	4,000.00	509.02	3,490.98
					7131003	TRAVEL - OUT OF CITY	20,000.00	3,596.75	16,403.25
					7131009	PROF SERVICE FEES & CONTR	149,200.00	12,682.85	75,985.15
					7131011	OFFICE SUPPORT	38,300.00	4,319.36	32,000.21
					7131013	INSURANCE & BONDS	0.00	2,152.08	(2,152.08)
					7131017	POSTAGE	5,000.00	0.00	(1,627.40)
					7131020	TUITION FOR EMPLOYEE TRAINING	143,000.00	6,925.31	90,094.69
					7131025	PAYMENT OF MEMBERSHIP DUES	30,000.00	251.94	29,748.06
					7131026	AUDIT COSTS	150,000.00	0.00	150,000.00
					7131029	PROFESSIONAL SERVICES	25,000.00	0.00	10,000.00
					7131036	IT SOFTWARE MAINTENANCE	35,000.00	0.00	0.00
					7131044	OCTO IT ASSESSMENT	107,000.00	(1,227.40)	108,227.38
			713100C Total				706,500.00	29,209.91	512,170.24
			713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	10,705,220.10	2,067,766.15	(479,585.18)
					7132002	IT CONSULTANT CONTRACTS	5,126,060.00	643,920.98	2,953,488.25
			713200C Total				15,831,280.10	2,711,687.13	2,473,903.07
			715200C	P-CARD CLEARING ACCOUNT BUDGET TRACKING	7152001	P-CARD CLEARING ACCOUNT	0.00	(4,431.72)	4,431.72
			715200C Total				0.00	(4,431.72)	4,431.72
			717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	193,455.40	4,229.71	189,225.69
			717100C Total				193,455.40	4,229.71	189,225.69
		NON-PERSONNEL SERVICES Total					18,481,634.07	2,742,277.33	4,919,852.79

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY24 Attachment A
 FY24 BUDGET- AGENCY LEVEL AS OF 12.31.2023

							Data		
Fund	Fund Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003 Total							37,552,147.57	7,205,238.42	19,527,405.20
8362009	MASSACHUSETTS HEALTH CONECTOR	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	458,159.00	0.00	458,159.00
			701100C Total				458,159.00	0.00	458,159.00
			701400C	FRINGE BENEFITS - CURR PERSONNEL	7014008	MISC FRINGE BENEFITS	150,286.00	0.00	150,286.00
			701400C Total				150,286.00	0.00	150,286.00
		PERSONNEL SERVICES Total					608,445.00	0.00	608,445.00
		NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	6,000.00	0.00	6,000.00
			713100C Total		7131009	PROF SERVICE FEES & CONTR	193,381.00	0.00	193,381.00
			713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	2,608,570.00	542,410.92	136,354.92
			713200C Total				2,608,570.00	542,410.92	136,354.92
		NON-PERSONNEL SERVICES Total					2,807,951.00	542,410.92	335,735.92
8362009 Total							3,416,396.00	542,410.92	944,180.92
8362012	HEALTH CARE 4 CHILD CARE	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	0.00	162,314.82	(162,314.82)
			701100C Total				0.00	162,314.82	(162,314.82)
			701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	0.00	15,441.17	(15,441.17)
			701200C Total				0.00	15,441.17	(15,441.17)
			701300C	ADDITIONAL GROSS PAY	7013008	HOLIDAY PAY	0.00	367.74	(367.74)
					7013012	BONUS PAY	0.00	31,330.90	(31,330.90)
			701300C Total				0.00	31,698.64	(31,698.64)
			701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	92.26	(92.26)
					7014003	HEALTH BENEFITS	0.00	14,905.52	(14,905.52)
					7014009	RETIREMENT CONTRIBUTION - FICA	0.00	13,754.96	(13,754.96)
					7014015	OPTICAL PLAN	0.00	112.77	(112.77)
					7014016	DENTAL PLAN	0.00	342.30	(342.30)
					7014019	MEDICARE CONTRIBUTION	0.00	3,327.37	(3,327.37)
					7014020	RETIREMENT	0.00	8,686.32	(8,686.32)
					7014022	DC HEALTH BENEFIT FEES	0.00	755.79	(755.79)
			701400C Total				0.00	41,977.29	(41,977.29)
			701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	26,074.65	(26,074.65)
			701500C Total				0.00	26,074.65	(26,074.65)
		PERSONNEL SERVICES Total					0.00	277,506.57	(277,506.57)
		NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131002	TRAVEL - LOCAL	0.00	592.89	(592.89)
					7131003	TRAVEL - OUT OF CITY	0.00	0.00	0.00
			713100C Total		7131013	INSURANCE & BONDS	0.00	334,724.06	(334,724.06)
			714100C	GOVERNMENT SUBSIDIES & GRANTS	7141009	SUBSIDIES	14,958,625.74	746,922.76	14,211,702.98
			714100C Total				14,958,625.74	746,922.76	14,211,702.98
		NON-PERSONNEL SERVICES Total					14,958,625.74	1,082,239.71	13,876,386.03
8362012 Total							14,958,625.74	1,359,746.28	13,598,879.46
Grand Total							55,927,169.31	9,122,875.26	34,054,985.94

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY24 Attachment B
FY24 BUDGET- PROGRAM LEVEL AS OF 12.31.2023

										Data		
Fund	Fund Description	Program	Program Description	Account Category Description (Parent Level 1)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget	
1010001	LOCAL FUNDS	150011	PAYROLL DEFAULT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	0.00	7,615.46	(7,615.46)	
					701100C Total				0.00	7,615.46	(7,615.46)	
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	0.00	6,436.01	(6,436.01)	
					701200C Total				0.00	6,436.01	(6,436.01)	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	8.08	(8.08)	
					7014003	HEALTH BENEFITS			0.00	314.48	(314.48)	
					7014009	RETIREMENT CONTRIBUTION - FICA			0.00	862.84	(862.84)	
					7014015	OPTICAL PLAN			0.00	2.38	(2.38)	
					7014016	DENTAL PLAN			0.00	7.37	(7.37)	
					7014019	MEDICARE CONTRIBUTION			0.00	201.80	(201.80)	
					7014022	DC HEALTH BENEFIT FEES			0.00	31.22	(31.22)	
					701400C Total				0.00	1,428.17	(1,428.17)	
					PERSONNEL SERVICES Total				0.00	15,479.64	(15,479.64)	
					PAYROLL DEFAULT Total				0.00	15,479.64	(15,479.64)	
		150011 Total							0.00	15,479.64	(15,479.64)	
1010001 Total									0.00	15,479.64	(15,479.64)	
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	0	NO PROGRAM	NON-PERSONNEL SERVICES	712100C	ENERGY COMM & BLDG RENTALS	7121010	RENTALS LAND & STRUCTURES	0.00	0.00	0.00	
					712100C Total				0.00	0.00	0.00	
					NON-PERSONNEL SERVICES Total				0.00	0.00	0.00	
					NO PROGRAM Total				0.00	0.00	0.00	
		0 Total							0.00	0.00	0.00	
		100022	CONTRACTING AND PROCUREMENT - GENERAL	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	509,136.00	138,168.65	370,967.35	
					701100C Total				509,136.00	138,168.65	370,967.35	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	79.31	(79.31)	
					7014003	HEALTH BENEFITS			0.00	16,521.35	(16,521.35)	
					7014008	MISC FRINGE BENEFITS			137,783.73	0.00	137,783.73	
					7014009	RETIREMENT CONTRIBUTION - FICA			0.00	8,085.95	(8,085.95)	
					7014015	OPTICAL PLAN			0.00	84.17	(84.17)	
					7014016	DENTAL PLAN			0.00	303.07	(303.07)	
					7014019	MEDICARE CONTRIBUTION			0.00	1,904.01	(1,904.01)	
					7014020	RETIREMENT			0.00	6,908.51	(6,908.51)	
					7014022	DC HEALTH BENEFIT FEES			0.00	783.63	(783.63)	
					701400C Total				137,783.73	34,670.00	103,113.73	
					PERSONNEL SERVICES Total				646,919.73	172,838.65	474,081.08	
					NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131013	INSURANCE & BONDS	0.00	2,152.08	(2,152.08)
							7131025	PAYMENT OF MEMBERSHIP DUES	0.00	0.00	0.00	
					713100C Total				0.00	2,152.08	(2,152.08)	
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	5,000.00	0.00	5,000.00	
					713200C Total				5,000.00	0.00	5,000.00	
					NON-PERSONNEL SERVICES Total				5,000.00	2,152.08	2,847.92	
					CONTRACTING AND PROCUREMENT - GENERAL Total				651,919.73	174,990.73	476,929.00	
		100022 Total							651,919.73	174,990.73	476,929.00	
		100058	HUMAN RESOURCE SERVICES - GENERAL	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	155,250.00	39,442.64	115,807.36	
					701100C Total				155,250.00	39,442.64	115,807.36	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	22.61	(22.61)	
					7014003	HEALTH BENEFITS			0.00	2,214.69	(2,214.69)	
					7014008	MISC FRINGE BENEFITS			38,346.75	0.00	38,346.75	
					7014009	RETIREMENT CONTRIBUTION - FICA			0.00	2,356.71	(2,356.71)	
					7014015	OPTICAL PLAN			0.00	13.99	(13.99)	
					7014016	DENTAL PLAN			0.00	43.63	(43.63)	
					7014019	MEDICARE CONTRIBUTION			0.00	551.17	(551.17)	
					7014020	RETIREMENT			0.00	1,972.14	(1,972.14)	
					7014022	DC HEALTH BENEFIT FEES			0.00	89.04	(89.04)	
					701400C Total				38,346.75	7,263.98	31,082.77	
					PERSONNEL SERVICES Total				193,596.75	46,706.62	146,890.13	
					NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	183,772.00	80,197.50	103,574.50
					713200C Total				183,772.00	80,197.50	103,574.50	
					NON-PERSONNEL SERVICES Total				183,772.00	80,197.50	103,574.50	
					HUMAN RESOURCE SERVICES - GENERAL Total				377,368.75	126,904.12	250,464.63	
		100058 Total							377,368.75	126,904.12	250,464.63	
		100076	IT SECURITY	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	127,412.37	0.00	127,412.37	
					701100C Total				127,412.37	0.00	127,412.37	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014008	MISC FRINGE BENEFITS	31,470.86	0.00	31,470.86	
					701400C Total				31,470.86	0.00	31,470.86	
					PERSONNEL SERVICES Total				158,883.23	0.00	158,883.23	
					IT SECURITY Total				158,883.23	0.00	158,883.23	
		100076 Total							158,883.23	0.00	158,883.23	
		100080	OPERATIONS, MAINTENANCE, AND DEVELOPMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	4,145,352.76	1,093,548.10	3,051,804.66	
					701100C Total				4,145,352.76	1,093,548.10	3,051,804.66	
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	329,001.31	20,212.31	308,789.00	
					701200C Total				329,001.31	20,212.31	308,789.00	
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	47,742.73	16,054.60	31,688.13	
							7013012	BONUS PAY	0.00	68,312.15	(68,312.15)	
					701300C Total				47,742.73	84,366.75	(36,624.02)	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	568.01	(568.01)	
					7014003	HEALTH BENEFITS			0.00	107,252.24	(107,252.24)	
					7014008	MISC FRINGE BENEFITS			1,211,765.99	0.00	1,211,765.99	
					7014009	RETIREMENT CONTRIBUTION - FICA			0.00	57,544.37	(57,544.37)	
					7014015	OPTICAL PLAN			0.00	631.77	(631.77)	

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY24 Attachment B
 FY24 BUDGET- PROGRAM LEVEL AS OF 12.31.2023

										Data		
Fund	Fund Description	Program	Program Description	Account Category Description (Parent Level 1)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget	
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	100080	OPERATIONS, MAINTENANCE, AND DEVELOPMENT	PERSONNEL SERVICES	701400C	FRINGE BENEFITS - CURR PERSONNEL	7014016	DENTAL PLAN	0.00	1,959.12	(1,959.12)	
							7014019	MEDICARE CONTRIBUTION	0.00	16,902.86	(16,902.86)	
							7014020	RETIREMENT	0.00	55,453.76	(55,453.76)	
							7014022	DC HEALTH BENEFIT FEES	0.00	4,868.27	(4,868.27)	
								701400C Total	1,211,765.99	245,180.40	966,585.59	
								701500C	0.00	12,994.50	(12,994.50)	
								701500C	0.00	12,994.50	(12,994.50)	
								PERSONNEL SERVICES Total	5,733,862.79	1,456,302.06	4,277,560.73	
				NON-PERSONNEL SERVICES		SUPPLIES & MATERIALS	711100C	OFFICE SUPPLIES	1,000.00	0.00	1,000.00	
								711100C Total	1,000.00	0.00	1,000.00	
								713100C	0.00	1,175.51	(1,175.51)	
								7131020	20,000.00	3,835.31	16,164.69	
								7131029	25,000.00	0.00	10,000.00	
								7131036	35,000.00	0.00	0.00	
								7131044	107,000.00	(1,227.40)	108,227.38	
								713100C Total	187,000.00	3,783.42	133,216.56	
								713200C	2,132,079.00	228,307.22	(1,213,712.22)	
								7132002	5,126,060.00	643,920.98	2,953,488.25	
								713200C Total	7,258,139.00	872,228.20	1,739,776.03	
								717100C	45,398.00	2,606.95	42,791.05	
								717100C Total	45,398.00	2,606.95	42,791.05	
				NON-PERSONNEL SERVICES Total					7,491,537.00	878,618.57	1,916,783.64	
				OPERATIONS, MAINTENANCE, AND DEVELOPMENT Total						13,225,399.79	2,334,920.63	6,194,344.37
		100080 Total							13,225,399.79	2,334,920.63	6,194,344.37	
		100092	LEGAL SERVICES - GENERAL	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	970,961.10	156,536.22	814,424.88	
								701100C Total	970,961.10	156,536.22	814,424.88	
								701300C	0.00	813.04	(813.04)	
								7013001	0.00	6,388.99	(6,388.99)	
								7013007	0.00	15,638.81	(15,638.81)	
								7013012	0.00	22,840.84	(22,840.84)	
								701300C Total	0.00	59.07	(59.07)	
								701400C	0.00	1,851.82	(1,851.82)	
								7014003	262,764.06	0.00	262,764.06	
								7014008	0.00	4,091.86	(4,091.86)	
								7014009	0.00	46.35	(46.35)	
								7014015	0.00	136.10	(136.10)	
								7014016	0.00	2,565.62	(2,565.62)	
								7014019	0.00	6,404.09	(6,404.09)	
								7014020	0.00	99.39	(99.39)	
								7014022	262,764.06	15,254.30	247,509.76	
								701400C Total	1,233,725.16	194,631.36	1,039,093.80	
				PERSONNEL SERVICES Total					6,000.00	920.00	5,080.00	
				NON-PERSONNEL SERVICES		OTHER SERVICES & CHARGES	7131020	TUITION FOR EMPLOYEE TRAINING	6,000.00	920.00	5,080.00	
								713100C Total	38,650.00	11,964.72	26,685.28	
								713200C	38,650.00	11,964.72	26,685.28	
								7132001	44,650.00	12,884.72	31,765.28	
								713200C Total	1,278,375.16	207,516.08	1,070,859.08	
				NON-PERSONNEL SERVICES Total					1,278,375.16	207,516.08	1,070,859.08	
				LEGAL SERVICES - GENERAL Total						1,278,375.16	207,516.08	1,070,859.08
		100092 Total							1,278,375.16	207,516.08	1,070,859.08	
		100113	PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	NON-PERSONNEL SERVICES	712100C	ENERGY COMM & BLDG RENTALS	7121010	RENTALS LAND & STRUCTURES	1,479,011.10	0.00	1,479,011.10	
								7121011	24,487.47	0.00	24,487.47	
								712100C Total	1,503,498.57	0.00	1,503,498.57	
								713100C	3,000.00	0.00	3,000.00	
								7131009	3,000.00	0.00	3,000.00	
								713100C Total	1,506,498.57	0.00	1,506,498.57	
				NON-PERSONNEL SERVICES Total					1,506,498.57	0.00	1,506,498.57	
				PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL Total						1,506,498.57	0.00	1,506,498.57
		100113 Total							1,506,498.57	0.00	1,506,498.57	
		100154	PERFORMANCE AND STRATEGIC MANAGEMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	1,393,480.90	347,080.70	1,046,400.20	
								701100C Total	1,393,480.90	347,080.70	1,046,400.20	
								701200C	0.00	20,906.43	(20,906.43)	
								7012006	0.00	20,906.43	(20,906.43)	
								701200C Total	91,872.89	28,208.13	63,664.76	
								701300C	0.00	22,282.77	(22,282.77)	
								7013001	91,872.89	50,490.90	41,381.99	
								7013012	0.00	174.91	(174.91)	
								701400C	0.00	18,605.13	(18,605.13)	
								7014003	378,847.91	0.00	378,847.91	
								7014008	0.00	8,950.36	(8,950.36)	
								7014009	0.00	150.75	(150.75)	
								7014015	0.00	440.40	(440.40)	
								7014016	0.00	5,920.51	(5,920.51)	
								7014019	0.00	19,214.21	(19,214.21)	
								7014020	0.00	963.65	(963.65)	
								7014022	378,847.91	54,419.92	324,427.99	
								701400C Total	0.00	240.26	(240.26)	
								701500C	0.00	240.26	(240.26)	
								7015001	0.00	240.26	(240.26)	
								701500C Total	1,864,201.70	473,138.21	1,391,063.49	
				PERSONNEL SERVICES Total					20,000.00	1,305.80	10,000.00	
				NON-PERSONNEL SERVICES		SUPPLIES & MATERIALS	711100C	OFFICE SUPPLIES	20,000.00	1,305.80	10,000.00	
								711100C Total	150,000.00	0.00	150,000.00	
								712100C	150,000.00	0.00	150,000.00	
								7121009				

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										Data		
Fund	Fund Description	Program	Program Description	Account Category Description (Parent Level 1)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget	
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	100154	PERFORMANCE AND STRATEGIC MANAGEMENT	NON-PERSONNEL SERVICES	712100C Total				150,000.00	0.00	150,000.00	
					713100C	OTHER SERVICES & CHARGES	7131002	TRAVEL - LOCAL	4,000.00	0.00	4,000.00	
							7131003	TRAVEL - OUT OF CITY	15,000.00	2,272.83	12,727.17	
							7131009	PROF SERVICE FEES & CONTR	37,200.00	3,097.85	13,985.15	
							7131011	OFFICE SUPPORT	21,500.00	4,319.36	15,200.21	
							7131020	TUITION FOR EMPLOYEE TRAINING	60,000.00	0.00	36,000.00	
							7131025	PAYMENT OF MEMBERSHIP DUES	30,000.00	251.94	29,748.06	
					713100C Total				167,700.00	9,941.98	111,660.59	
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	163,000.00	20,258.02	111,289.76	
					713200C Total				163,000.00	20,258.02	111,289.76	
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	27,131.20	1,622.76	25,508.44	
					717100C Total				27,131.20	1,622.76	25,508.44	
					NON-PERSONNEL SERVICES Total				527,831.20	33,128.56	408,458.79	
			PERFORMANCE AND STRATEGIC MANAGEMENT Total						2,392,032.90	506,266.77	1,799,522.28	
		100154 Total							2,392,032.90	506,266.77	1,799,522.28	
		150001	AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION SERVICES	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	199,154.48	51,409.51	147,744.97	
					701100C Total				199,154.48	51,409.51	147,744.97	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	29.26	(29.26)	
							7014003	HEALTH BENEFITS	0.00	2,073.60	(2,073.60)	
							7014008	MISC FRINGE BENEFITS	49,191.16	0.00	49,191.16	
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	569.48	(569.48)	
							7014015	OPTICAL PLAN	0.00	13.99	(13.99)	
							7014016	DENTAL PLAN	0.00	43.63	(43.63)	
							7014019	MEDICARE CONTRIBUTION	0.00	718.74	(718.74)	
							7014020	RETIREMENT	0.00	2,570.48	(2,570.48)	
							7014022	DC HEALTH BENEFIT FEES	0.00	89.04	(89.04)	
					701400C Total				49,191.16	6,108.22	43,082.94	
					PERSONNEL SERVICES Total				248,345.64	57,517.73	190,827.91	
					711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	3,000.00	0.00	3,000.00	
					711100C Total				3,000.00	0.00	3,000.00	
					713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	5,000.00	0.00	5,000.00	
							7131020	TUITION FOR EMPLOYEE TRAINING	2,000.00	0.00	2,000.00	
							7131026	AUDIT COSTS	150,000.00	0.00	150,000.00	
					713100C Total				157,000.00	0.00	157,000.00	
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	5,533.00	0.00	5,533.00	
					717100C Total				5,533.00	0.00	5,533.00	
					NON-PERSONNEL SERVICES Total				165,533.00	0.00	165,533.00	
			AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION SERVICES Total						413,878.64	57,517.73	356,360.91	
		150001 Total							413,878.64	57,517.73	356,360.91	
		150002	AGENCY ACCOUNTING SERVICES	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	166,467.00	32,727.44	133,739.56	
					701100C Total				166,467.00	32,727.44	133,739.56	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	18.81	(18.81)	
							7014003	HEALTH BENEFITS	0.00	4,826.89	(4,826.89)	
							7014008	MISC FRINGE BENEFITS	41,117.35	0.00	41,117.35	
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	1,909.31	(1,909.31)	
							7014015	OPTICAL PLAN	0.00	23.39	(23.39)	
							7014016	DENTAL PLAN	0.00	80.36	(80.36)	
							7014019	MEDICARE CONTRIBUTION	0.00	446.53	(446.53)	
							7014020	RETIREMENT	0.00	1,636.37	(1,636.37)	
							7014022	DC HEALTH BENEFIT FEES	0.00	231.64	(231.64)	
					701400C Total				41,117.35	9,173.30	31,944.05	
					PERSONNEL SERVICES Total				207,584.35	41,900.74	165,683.61	
			AGENCY ACCOUNTING SERVICES Total						207,584.35	41,900.74	165,683.61	
		150002 Total							207,584.35	41,900.74	165,683.61	
		150003	AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	166,467.00	43,047.99	123,419.01	
					701100C Total				166,467.00	43,047.99	123,419.01	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	24.61	(24.61)	
							7014003	HEALTH BENEFITS	0.00	4,353.48	(4,353.48)	
							7014008	MISC FRINGE BENEFITS	41,117.35	0.00	41,117.35	
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	2,532.22	(2,532.22)	
							7014015	OPTICAL PLAN	0.00	22.34	(22.34)	
							7014016	DENTAL PLAN	0.00	61.96	(61.96)	
							7014019	MEDICARE CONTRIBUTION	0.00	592.20	(592.20)	
							7014020	RETIREMENT	0.00	2,152.38	(2,152.38)	
							7014022	DC HEALTH BENEFIT FEES	0.00	198.52	(198.52)	
					701400C Total				41,117.35	9,937.71	31,179.64	
					PERSONNEL SERVICES Total				207,584.35	52,985.70	154,598.65	
			AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES Total						207,584.35	52,985.70	154,598.65	
		150003 Total							207,584.35	52,985.70	154,598.65	
		150012	P-CARD CLEARING	NON-PERSONNEL SERVICES	715200C	P-CARD CLEARING ACCOUNT BUDGET TRACKING	7152001	P-CARD CLEARING ACCOUNT	0.00	(4,431.72)	4,431.72	
					715200C Total				0.00	(4,431.72)	4,431.72	
					NON-PERSONNEL SERVICES Total				0.00	(4,431.72)	4,431.72	
			P-CARD CLEARING Total						0.00	(4,431.72)	4,431.72	
		150012 Total							0.00	(4,431.72)	4,431.72	
		700059	CONSUMER EDUCATION AND OUTREACH SUPPORT SERVICES	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	628,786.19	151,188.39	477,597.80	
					701100C Total				628,786.19	151,188.39	477,597.80	
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	62,842.00	(3,887.49)	66,729.49	
					701200C Total				62,842.00	(3,887.49)	66,729.49	
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	29,600.77	7,481.47	22,119.30	

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										Data		
Fund	Fund Description	Program	Program Description	Account Category Description (Parent Level 1)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget	
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	700059	CONSUMER EDUCATION AND OUTREACH SUPPORT SERVICES	PERSONNEL SERVICES	701300C Total				29,600.77	7,481.47	22,119.30	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	145.41	(145.41)	
							7014003	HEALTH BENEFITS	0.00	7,419.98	(7,419.98)	
							7014008	MISC FRINGE BENEFITS	187,730.99	0.00	187,730.99	
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	4,177.92	(4,177.92)	
							7014013	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0.00	4,015.05	(4,015.05)	
							7014015	OPTICAL PLAN	0.00	71.27	(71.27)	
							7014016	DENTAL PLAN	0.00	229.43	(229.43)	
							7014019	MEDICARE CONTRIBUTION	0.00	2,286.29	(2,286.29)	
							7014020	RETIREMENT	0.00	4,831.66	(4,831.66)	
							7014022	DC HEALTH BENEFIT FEES	0.00	200.08	(200.08)	
					701400C Total				187,730.99	23,377.09	164,353.90	
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	7,605.30	(7,605.30)	
					701500C Total				0.00	7,605.30	(7,605.30)	
					PERSONNEL SERVICES Total				908,959.95	185,764.76	723,195.19	
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	3,000.00	0.00	3,000.00	
					711100C Total				3,000.00	0.00	3,000.00	
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	424,000.00	28,992.86	45,832.00	
					713200C Total				424,000.00	28,992.86	45,832.00	
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	4,799.20	0.00	4,799.20	
					717100C Total				4,799.20	0.00	4,799.20	
					NON-PERSONNEL SERVICES Total				431,799.20	28,992.86	53,631.20	
					CONSUMER EDUCATION AND OUTREACH SUPPORT SERVICES Total				1,340,759.15	214,757.62	776,826.39	
		700059 Total							1,340,759.15	214,757.62	776,826.39	
		700060	MARKETING AND COMMUNICATION	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	152,282.21	38,488.69	113,793.52	
					701100C Total				152,282.21	38,488.69	113,793.52	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	22.08	(22.08)	
							7014003	HEALTH BENEFITS	0.00	5,961.97	(5,961.97)	
							7014008	MISC FRINGE BENEFITS	37,613.71	0.00	37,613.71	
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	2,243.06	(2,243.06)	
							7014015	OPTICAL PLAN	0.00	23.39	(23.39)	
							7014016	DENTAL PLAN	0.00	80.36	(80.36)	
							7014019	MEDICARE CONTRIBUTION	0.00	524.58	(524.58)	
							7014020	RETIREMENT	0.00	1,924.43	(1,924.43)	
							7014022	DC HEALTH BENEFIT FEES	0.00	230.85	(230.85)	
					701400C Total				37,613.71	11,010.72	26,602.99	
					PERSONNEL SERVICES Total				189,895.92	49,499.41	140,396.51	
				NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	783,050.00	(62,847.63)	82,404.77	
					713200C Total				783,050.00	(62,847.63)	82,404.77	
					NON-PERSONNEL SERVICES Total				783,050.00	(62,847.63)	82,404.77	
					MARKETING AND COMMUNICATION Total				972,945.92	(13,348.22)	222,801.28	
		700060 Total							972,945.92	(13,348.22)	222,801.28	
		700061	NAVIGATORS, CERTIFIED APPLICATION COUNSELORS AND IN-PERSON ENROLLMENT HELP	NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	1,050,000.00	97,203.39	41,299.47	
					713200C Total				1,050,000.00	97,203.39	41,299.47	
					NON-PERSONNEL SERVICES Total				1,050,000.00	97,203.39	41,299.47	
					NAVIGATORS, CERTIFIED APPLICATION COUNSELORS AND IN-PERSON ENROLLMENT HELP Total				1,050,000.00	97,203.39	41,299.47	
		700061 Total							1,050,000.00	97,203.39	41,299.47	
		700062	CONTACT CENTER SERVICES	NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	4,500.00	0.00	4,500.00	
					711100C Total				4,500.00	0.00	4,500.00	
					712100C	ENERGY COMM & BLDG RENTALS	7121009	TELEPHONE, TELETYPE, TELEGRAM, ETC	62,400.00	0.00	62,400.00	
					712100C Total				62,400.00	0.00	62,400.00	
					713100C	OTHER SERVICES & CHARGES	7131009	PROF SERVICE FEES & CONTR	84,000.00	0.00	84,000.00	
							7131011	OFFICE SUPPORT	15,300.00	0.00	15,300.00	
					713100C Total				99,300.00	0.00	99,300.00	
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	3,695,747.10	860,920.00	191,021.11	
					713200C Total				3,695,747.10	860,920.00	191,021.11	
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	45,000.00	0.00	45,000.00	
					717100C Total				45,000.00	0.00	45,000.00	
					NON-PERSONNEL SERVICES Total				3,906,947.10	860,920.00	402,221.11	
					CONTACT CENTER SERVICES Total				3,906,947.10	860,920.00	402,221.11	
		700062 Total							3,906,947.10	860,920.00	402,221.11	
		700063	DATA ANALYTICS AND REPORTING	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	145,752.50	22,517.99	123,234.51	
					701100C Total				145,752.50	22,517.99	123,234.51	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	12.86	(12.86)	
							7014003	HEALTH BENEFITS	0.00	3,665.39	(3,665.39)	
							7014008	MISC FRINGE BENEFITS	36,000.87	0.00	36,000.87	
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	1,308.12	(1,308.12)	
							7014015	OPTICAL PLAN	0.00	14.30	(14.30)	
							7014016	DENTAL PLAN	0.00	49.14	(49.14)	
							7014019	MEDICARE CONTRIBUTION	0.00	305.91	(305.91)	
							7014020	RETIREMENT	0.00	1,125.88	(1,125.88)	
							7014022	DC HEALTH BENEFIT FEES	0.00	178.64	(178.64)	
					701400C Total				36,000.87	6,660.24	29,340.63	
					PERSONNEL SERVICES Total				181,753.37	29,178.23	153,575.14	
				NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	500.00	0.00	500.00	
					713200C Total				500.00	0.00	500.00	
					NON-PERSONNEL SERVICES Total				500.00	0.00	500.00	
					DATA ANALYTICS AND REPORTING Total				182,253.37	29,178.23	153,075.14	
		700063 Total							182,253.37	29,178.23	153,075.14	

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										Data		
Fund	Fund Description	Program	Program Description	Account Category Description (Parent Level 1)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget	
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	700064	ELIGIBILITY AND ENROLLMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	1,041,167.56	188,193.16	852,974.40	
					701100C Total				1,041,167.56	188,193.16	852,974.40	
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	0.00	812.98	(812.98)	
					7013012	BONUS PAY	7013012	BONUS PAY	0.00	9,848.38	(9,848.38)	
					701300C Total				0.00	10,661.36	(10,661.36)	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	94.10	(94.10)	
					7014003	HEALTH BENEFITS	7014003	HEALTH BENEFITS	0.00	7,003.85	(7,003.85)	
					7014008	MISC FRINGE BENEFITS	7014008	MISC FRINGE BENEFITS	281,763.53	0.00	281,763.53	
					7014009	RETIREMENT CONTRIBUTION - FICA	7014009	RETIREMENT CONTRIBUTION - FICA	0.00	8,831.18	(8,831.18)	
					7014015	OPTICAL PLAN	7014015	OPTICAL PLAN	0.00	77.93	(77.93)	
					7014016	DENTAL PLAN	7014016	DENTAL PLAN	0.00	236.02	(236.02)	
					7014019	MEDICARE CONTRIBUTION	7014019	MEDICARE CONTRIBUTION	0.00	2,813.90	(2,813.90)	
					7014020	RETIREMENT	7014020	RETIREMENT	0.00	9,450.10	(9,450.10)	
					7014022	DC HEALTH BENEFIT FEES	7014022	DC HEALTH BENEFIT FEES	0.00	238.73	(238.73)	
					701400C Total				281,763.53	28,745.81	253,017.72	
				PERSONNEL SERVICES Total					1,322,931.09	227,600.33	1,095,330.76	
				NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	463,000.00	66,457.61	24,586.55	
					713200C Total				463,000.00	66,457.61	24,586.55	
				NON-PERSONNEL SERVICES Total					463,000.00	66,457.61	24,586.55	
			ELIGIBILITY AND ENROLLMENT Total						1,785,931.09	294,057.94	1,119,917.31	
		700064 Total							1,785,931.09	294,057.94	1,119,917.31	
		700065	MEMBER SERVICES	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	1,197,841.82	375,684.06	822,157.76	
					701100C Total				1,197,841.82	375,684.06	822,157.76	
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	157,373.00	0.00	157,373.00	
					701200C Total				157,373.00	0.00	157,373.00	
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	19,733.79	4,987.62	14,746.17	
					7013012	BONUS PAY	7013012	BONUS PAY	0.00	23,574.29	(23,574.29)	
					701300C Total				19,733.79	28,561.91	(8,828.12)	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	199.15	(199.15)	
					7014003	HEALTH BENEFITS	7014003	HEALTH BENEFITS	0.00	37,291.93	(37,291.93)	
					7014008	MISC FRINGE BENEFITS	7014008	MISC FRINGE BENEFITS	367,125.66	0.00	367,125.66	
					7014009	RETIREMENT CONTRIBUTION - FICA	7014009	RETIREMENT CONTRIBUTION - FICA	0.00	16,238.02	(16,238.02)	
					7014015	OPTICAL PLAN	7014015	OPTICAL PLAN	0.00	219.40	(219.40)	
					7014016	DENTAL PLAN	7014016	DENTAL PLAN	0.00	687.21	(687.21)	
					7014019	MEDICARE CONTRIBUTION	7014019	MEDICARE CONTRIBUTION	0.00	5,813.77	(5,813.77)	
					7014020	RETIREMENT	7014020	RETIREMENT	0.00	17,580.01	(17,580.01)	
					7014022	DC HEALTH BENEFIT FEES	7014022	DC HEALTH BENEFIT FEES	0.00	1,735.94	(1,735.94)	
					701400C Total				367,125.66	79,765.43	287,360.23	
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	45,000.00	10,036.30	34,963.70	
					701500C Total				45,000.00	10,036.30	34,963.70	
				PERSONNEL SERVICES Total					1,787,074.27	494,047.70	1,293,026.57	
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	3,000.00	0.00	3,000.00	
					7111010	FOOD PROVISIONS	7111010	FOOD PROVISIONS	0.00	276.50	(276.50)	
					711100C Total				3,000.00	276.50	2,723.50	
					713100C	OTHER SERVICES & CHARGES	7131002	TRAVEL - LOCAL	0.00	509.02	(509.02)	
					7131003	TRAVEL - OUT OF CITY	7131003	TRAVEL - OUT OF CITY	0.00	148.41	(148.41)	
					7131009	PROF SERVICE FEES & CONTR	7131009	PROF SERVICE FEES & CONTR	25,000.00	9,585.00	(25,000.00)	
					7131011	OFFICE SUPPORT	7131011	OFFICE SUPPORT	1,500.00	0.00	1,500.00	
					7131017	POSTAGE	7131017	POSTAGE	5,000.00	0.00	(1,627.40)	
					7131020	TUITION FOR EMPLOYEE TRAINING	7131020	TUITION FOR EMPLOYEE TRAINING	55,000.00	2,170.00	30,850.00	
					713100C Total				86,500.00	12,412.43	5,065.17	
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	35,000.00	15,031.47	19,968.53	
					713200C Total				35,000.00	15,031.47	19,968.53	
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	65,594.00	0.00	65,594.00	
					717100C Total				65,594.00	0.00	65,594.00	
				NON-PERSONNEL SERVICES Total					190,094.00	27,720.40	93,351.20	
			MEMBER SERVICES Total						1,977,168.27	521,768.10	1,386,377.77	
		700065 Total							1,977,168.27	521,768.10	1,386,377.77	
		700066	PLAN MANAGEMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	949,321.05	180,239.03	769,082.02	
					701100C Total				949,321.05	180,239.03	769,082.02	
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	155,746.00	65,034.46	90,711.54	
					701200C Total				155,746.00	65,034.46	90,711.54	
					701300C	ADDITIONAL GROSS PAY	7013007	TERMINAL LEAVE	0.00	1,214.67	(1,214.67)	
					7013012	BONUS PAY	7013012	BONUS PAY	0.00	17,783.90	(17,783.90)	
					701300C Total				0.00	18,998.57	(18,998.57)	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	128.02	(128.02)	
					7014003	HEALTH BENEFITS	7014003	HEALTH BENEFITS	0.00	28,176.66	(28,176.66)	
					7014008	MISC FRINGE BENEFITS	7014008	MISC FRINGE BENEFITS	299,056.18	0.00	299,056.18	
					7014009	RETIREMENT CONTRIBUTION - FICA	7014009	RETIREMENT CONTRIBUTION - FICA	0.00	13,770.63	(13,770.63)	
					7014015	OPTICAL PLAN	7014015	OPTICAL PLAN	0.00	167.67	(167.67)	
					7014016	DENTAL PLAN	7014016	DENTAL PLAN	0.00	472.56	(472.56)	
					7014019	MEDICARE CONTRIBUTION	7014019	MEDICARE CONTRIBUTION	0.00	3,753.82	(3,753.82)	
					7014020	RETIREMENT	7014020	RETIREMENT	0.00	10,209.26	(10,209.26)	
					7014022	DC HEALTH BENEFIT FEES	7014022	DC HEALTH BENEFIT FEES	0.00	1,360.35	(1,360.35)	
					701400C Total				299,056.18	58,038.97	241,017.21	
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	1,960.52	(1,960.52)	
					701500C Total				0.00	1,960.52	(1,960.52)	
				PERSONNEL SERVICES Total					1,404,123.23	324,271.55	1,079,851.68	
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111010	FOOD PROVISIONS	0.00	0.00	0.00	

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY24 Attachment B
 FY24 BUDGET- PROGRAM LEVEL AS OF 12.31.2023

										Data		
Fund	Fund Description	Program	Program Description	Account Category Description (Parent Level 1)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget	
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	700066	PLAN MANAGEMENT	NON-PERSONNEL SERVICES	711100C Total				0.00	0.00	0.00	
					713100C	OTHER SERVICES & CHARGES	7131002	TRAVEL - LOCAL	0.00	0.00	0.00	
					7131003		7131003	TRAVEL - OUT OF CITY	0.00	0.00	0.00	
					713100C Total				0.00	0.00	0.00	
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	831,600.00	632,693.03	4,839.00	
					713200C Total				831,600.00	632,693.03	4,839.00	
					NON-PERSONNEL SERVICES Total				831,600.00	632,693.03	4,839.00	
			PLAN MANAGEMENT Total						2,235,723.23	956,964.58	1,084,690.68	
		700066 Total							2,235,723.23	956,964.58	1,084,690.68	
		700067	S.H.O.P.	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	2,041,393.34	448,311.68	1,593,081.66	
					701100C Total				2,041,393.34	448,311.68	1,593,081.66	
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	147,354.00	81,861.38	65,492.62	
					701200C Total				147,354.00	81,861.38	65,492.62	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	294.66	(294.66)	
					7014003	HEALTH BENEFITS	7014003	HEALTH BENEFITS	0.00	44,186.99	(44,186.99)	
					7014008	MISC FRINGE BENEFITS	7014008	MISC FRINGE BENEFITS	592,324.63	0.00	592,324.63	
					7014009	RETIREMENT CONTRIBUTION - FICA	7014009	RETIREMENT CONTRIBUTION - FICA	0.00	32,600.44	(32,600.44)	
					7014015	OPTICAL PLAN	7014015	OPTICAL PLAN	0.00	365.79	(365.79)	
					7014016	DENTAL PLAN	7014016	DENTAL PLAN	0.00	1,068.80	(1,068.80)	
					7014019	MEDICARE CONTRIBUTION	7014019	MEDICARE CONTRIBUTION	0.00	7,624.40	(7,624.40)	
					7014020	RETIREMENT	7014020	RETIREMENT	0.00	22,172.34	(22,172.34)	
					7014022	DC HEALTH BENEFIT FEES	7014022	DC HEALTH BENEFIT FEES	0.00	2,175.53	(2,175.53)	
					701400C Total				592,324.63	110,488.95	481,835.68	
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	15,916.03	(15,916.03)	
					701500C Total				0.00	15,916.03	(15,916.03)	
					PERSONNEL SERVICES Total				2,781,071.97	656,578.04	2,124,493.93	
				NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	899,822.00	88,587.96	77,126.07	
					713200C Total				899,822.00	88,587.96	77,126.07	
					NON-PERSONNEL SERVICES Total				899,822.00	88,587.96	77,126.07	
			S.H.O.P. Total						3,680,893.97	745,166.00	2,201,620.00	
		700067 Total							3,680,893.97	745,166.00	2,201,620.00	
8362003 Total									37,552,147.57	7,205,238.42	19,527,405.20	
8362009	MASSACHUSETTS HEALTH CONECTOR	100154	PERFORMANCE AND STRATEGIC MANAGEMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	458,159.00	0.00	458,159.00	
					701100C Total				458,159.00	0.00	458,159.00	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014008	MISC FRINGE BENEFITS	150,286.00	0.00	150,286.00	
					701400C Total				150,286.00	0.00	150,286.00	
					PERSONNEL SERVICES Total				608,445.00	0.00	608,445.00	
				NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	6,000.00	0.00	6,000.00	
					7131003		7131009	PROF SERVICE FEES & CONTR	193,381.00	0.00	193,381.00	
					713100C Total				199,381.00	0.00	199,381.00	
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	2,608,570.00	542,410.92	136,354.92	
					713200C Total				2,608,570.00	542,410.92	136,354.92	
					NON-PERSONNEL SERVICES Total				2,807,951.00	542,410.92	335,735.92	
			PERFORMANCE AND STRATEGIC MANAGEMENT Total						3,416,396.00	542,410.92	944,180.92	
		100154 Total							3,416,396.00	542,410.92	944,180.92	
8362009 Total									3,416,396.00	542,410.92	944,180.92	
8362012	HEALTH CARE 4 CHILD CARE	700065	MEMBER SERVICES	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	0.00	162,314.82	(162,314.82)	
					701100C Total				0.00	162,314.82	(162,314.82)	
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	0.00	15,441.17	(15,441.17)	
					701200C Total				0.00	15,441.17	(15,441.17)	
					701300C	ADDITIONAL GROSS PAY	7013008	HOLIDAY PAY	0.00	367.74	(367.74)	
					7013008		7013012	BONUS PAY	0.00	31,330.90	(31,330.90)	
					701300C Total				0.00	31,698.64	(31,698.64)	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	92.26	(92.26)	
					7014003	HEALTH BENEFITS	7014003	HEALTH BENEFITS	0.00	14,905.52	(14,905.52)	
					7014009	RETIREMENT CONTRIBUTION - FICA	7014009	RETIREMENT CONTRIBUTION - FICA	0.00	13,754.96	(13,754.96)	
					7014015	OPTICAL PLAN	7014015	OPTICAL PLAN	0.00	112.77	(112.77)	
					7014016	DENTAL PLAN	7014016	DENTAL PLAN	0.00	342.30	(342.30)	
					7014019	MEDICARE CONTRIBUTION	7014019	MEDICARE CONTRIBUTION	0.00	3,327.37	(3,327.37)	
					7014020	RETIREMENT	7014020	RETIREMENT	0.00	8,686.32	(8,686.32)	
					7014022	DC HEALTH BENEFIT FEES	7014022	DC HEALTH BENEFIT FEES	0.00	755.79	(755.79)	
					701400C Total				0.00	41,977.29	(41,977.29)	
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	26,074.65	(26,074.65)	
					701500C Total				0.00	26,074.65	(26,074.65)	
					PERSONNEL SERVICES Total				0.00	277,506.57	(277,506.57)	
				NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131002	TRAVEL - LOCAL	0.00	592.89	(592.89)	
					7131003		7131003	TRAVEL - OUT OF CITY	0.00	0.00	0.00	
					7131013	INSURANCE & BONDS	7131013	INSURANCE & BONDS	0.00	334,724.06	(334,724.06)	
					713100C Total				0.00	335,316.95	(335,316.95)	
					714100C	GOVERNMENT SUBSIDIES & GRANTS	7141009	SUBSIDIES	14,958,625.74	746,922.76	14,211,702.98	
					714100C Total				14,958,625.74	746,922.76	14,211,702.98	
					NON-PERSONNEL SERVICES Total				14,958,625.74	1,082,239.71	13,876,386.03	
			MEMBER SERVICES Total						14,958,625.74	1,359,746.28	13,598,879.46	
		700065 Total							14,958,625.74	1,359,746.28	13,598,879.46	
8362012 Total									14,958,625.74	1,359,746.28	13,598,879.46	
Grand Total									55,927,169.31	9,122,875.26	34,054,985.94	

FY23-24 DCHBX Performance Oversight Hearing: Q 6 FY24 Attachment C
 FY24 BUDGET- COST CENTER LEVEL AS OF 12.31.2023

									Data			
Fund	Fund Description	Cost Cent	Cost Center Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget	
1010001	LOCAL FUNDS	10002	ACCOUNTING DIVISION	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	0.00	7,615.46	(7,615.46)	
					701100C Total				0.00	7,615.46	(7,615.46)	
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	0.00	6,436.01	(6,436.01)	
					701200C Total				0.00	6,436.01	(6,436.01)	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	8.08	(8.08)	
									0.00	314.48	(314.48)	
									0.00	862.84	(862.84)	
									0.00	2.38	(2.38)	
									0.00	7.37	(7.37)	
									0.00	201.80	(201.80)	
									0.00	31.22	(31.22)	
					701400C Total				0.00	1,428.17	(1,428.17)	
					PERSONNEL SERVICES Total				0.00	15,479.64	(15,479.64)	
					ACCOUNTING DIVISION Total				0.00	15,479.64	(15,479.64)	
					10002 Total				0.00	15,479.64	(15,479.64)	
1010001 Total									0.00	15,479.64	(15,479.64)	
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	00000	NO COST CENTER	NON-PERSONNEL SERVICES	712100C	ENERGY COMM & BLDG RENTALS	7121010	RENTALS LAND & STRUCTURES	0.00	0.00	0.00	
					712100C Total				0.00	0.00	0.00	
					NON-PERSONNEL SERVICES Total				0.00	0.00	0.00	
					NO COST CENTER Total				0.00	0.00	0.00	
					00000 Total				0.00	0.00	0.00	
		10001	BUDGET DIVISION	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	166,467.00	43,047.99	123,419.01	
					701100C Total				166,467.00	43,047.99	123,419.01	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	24.61	(24.61)	
									0.00	4,353.48	(4,353.48)	
									41,117.35	0.00	41,117.35	
									0.00	2,532.22	(2,532.22)	
									0.00	22.34	(22.34)	
									0.00	61.96	(61.96)	
									0.00	592.20	(592.20)	
									0.00	2,152.38	(2,152.38)	
									0.00	198.52	(198.52)	
					701400C Total				41,117.35	9,937.71	31,179.64	
					PERSONNEL SERVICES Total				207,584.35	52,985.70	154,598.65	
					BUDGET DIVISION Total				207,584.35	52,985.70	154,598.65	
					10001 Total				207,584.35	52,985.70	154,598.65	
		10002	ACCOUNTING DIVISION	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	166,467.00	32,727.44	133,739.56	
					701100C Total				166,467.00	32,727.44	133,739.56	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	18.81	(18.81)	
									0.00	4,826.89	(4,826.89)	
									41,117.35	0.00	41,117.35	
									0.00	1,909.31	(1,909.31)	
									0.00	23.39	(23.39)	
									0.00	80.36	(80.36)	
									0.00	446.53	(446.53)	
									0.00	1,636.37	(1,636.37)	
									0.00	231.64	(231.64)	
					701400C Total				41,117.35	9,173.30	31,944.05	
					PERSONNEL SERVICES Total				207,584.35	41,900.74	165,683.61	
					ACCOUNTING DIVISION Total				207,584.35	41,900.74	165,683.61	
					10002 Total				207,584.35	41,900.74	165,683.61	
		10003	ACFO DIVISION	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	199,154.48	51,409.51	147,744.97	
					701100C Total				199,154.48	51,409.51	147,744.97	
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	29.26	(29.26)	
									0.00	2,073.60	(2,073.60)	
									49,191.16	0.00	49,191.16	
									0.00	569.48	(569.48)	
									0.00	13.99	(13.99)	
									0.00	43.63	(43.63)	
									0.00	718.74	(718.74)	
									0.00	2,570.48	(2,570.48)	
									0.00	89.04	(89.04)	
					701400C Total				49,191.16	6,108.22	43,082.94	
					PERSONNEL SERVICES Total				248,345.64	57,517.73	190,827.91	
					NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	3,000.00	0.00	3,000.00
					711100C Total				3,000.00	0.00	3,000.00	
					713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	5,000.00	0.00	5,000.00	
									2,000.00	0.00	2,000.00	
									150,000.00	0.00	150,000.00	
					713100C Total				157,000.00	0.00	157,000.00	
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	5,533.00	0.00	5,533.00	

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 FY24 BUDGET- COST CENTER LEVEL AS OF 12.31.2023

									Data		
Fund	Fund Description	Cost Cent	Cost Center Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	10003	ACFO DIVISION	NON-PERSONNEL SERVICES	717100C Total				5,533.00	0.00	5,533.00
				NON-PERSONNEL SERVICES Total					165,533.00	0.00	165,533.00
			ACFO DIVISION Total						413,878.64	57,517.73	356,360.91
			10003 Total						413,878.64	57,517.73	356,360.91
		10086	P-CARD CLEARING	NON-PERSONNEL SERVICES	715200C	P-CARD CLEARING ACCOUNT BUDGET TRACKING	7152001	P-CARD CLEARING ACCOUNT	0.00	(4,431.72)	4,431.72
				NON-PERSONNEL SERVICES Total	715200C Total				0.00	(4,431.72)	4,431.72
			P-CARD CLEARING Total						0.00	(4,431.72)	4,431.72
			10086 Total						0.00	(4,431.72)	4,431.72
		70116	COMMUNICATIONS AND CIVIC ENGAGEMENT DEPARTMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	781,068.40	189,677.08	591,391.32
					701100C Total				781,068.40	189,677.08	591,391.32
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	62,842.00	(3,887.49)	66,729.49
					701200C Total				62,842.00	(3,887.49)	66,729.49
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	29,600.77	7,481.47	22,119.30
					701300C Total				29,600.77	7,481.47	22,119.30
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	167.49	(167.49)
							7014003	HEALTH BENEFITS	0.00	13,381.95	(13,381.95)
							7014008	MISC FRINGE BENEFITS	225,344.70	0.00	225,344.70
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	6,420.98	(6,420.98)
							7014013	RETIREMENT CONTRIBUTION - CIVIL SERVICE	0.00	4,015.05	(4,015.05)
							7014015	OPTICAL PLAN	0.00	94.66	(94.66)
							7014016	DENTAL PLAN	0.00	309.79	(309.79)
							7014019	MEDICARE CONTRIBUTION	0.00	2,810.87	(2,810.87)
							7014020	RETIREMENT	0.00	6,756.09	(6,756.09)
							7014022	DC HEALTH BENEFIT FEES	0.00	430.93	(430.93)
					701400C Total				225,344.70	34,387.81	190,956.89
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	7,605.30	(7,605.30)
					701500C Total				0.00	7,605.30	(7,605.30)
				PERSONNEL SERVICES Total					1,098,855.87	235,264.17	863,591.70
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	3,000.00	0.00	3,000.00
					711100C Total				3,000.00	0.00	3,000.00
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	1,207,050.00	(33,854.77)	128,236.77
					713200C Total				1,207,050.00	(33,854.77)	128,236.77
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	4,799.20	0.00	4,799.20
					717100C Total				4,799.20	0.00	4,799.20
				NON-PERSONNEL SERVICES Total					1,214,849.20	(33,854.77)	136,035.97
			COMMUNICATIONS AND CIVIC ENGAGEMENT DEPARTMENT Total						2,313,705.07	201,409.40	999,627.67
			70116 Total						2,313,705.07	201,409.40	999,627.67
		70117	DIRECTOR'S ADMINISTRATIVE OFFICE - HIO	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	1,393,480.90	347,080.70	1,046,400.20
					701100C Total				1,393,480.90	347,080.70	1,046,400.20
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	0.00	20,906.43	(20,906.43)
					701200C Total				0.00	20,906.43	(20,906.43)
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	91,872.89	28,208.13	63,664.76
							7013012	BONUS PAY	0.00	22,282.77	(22,282.77)
					701300C Total				91,872.89	50,490.90	41,381.99
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	174.91	(174.91)
							7014003	HEALTH BENEFITS	0.00	18,605.13	(18,605.13)
							7014008	MISC FRINGE BENEFITS	378,847.91	0.00	378,847.91
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	8,950.36	(8,950.36)
							7014015	OPTICAL PLAN	0.00	150.75	(150.75)
							7014016	DENTAL PLAN	0.00	440.40	(440.40)
							7014019	MEDICARE CONTRIBUTION	0.00	5,920.51	(5,920.51)
							7014020	RETIREMENT	0.00	19,214.21	(19,214.21)
							7014022	DC HEALTH BENEFIT FEES	0.00	963.65	(963.65)
					701400C Total				378,847.91	54,419.92	324,427.99
					701500C	OVERTIME PAY	7015001	OVERTIME PAY	0.00	240.26	(240.26)
					701500C Total				0.00	240.26	(240.26)
				PERSONNEL SERVICES Total					1,864,201.70	473,138.21	1,391,063.49
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	20,000.00	1,305.80	10,000.00
					711100C Total				20,000.00	1,305.80	10,000.00
					712100C	ENERGY COMM & BLDG RENTALS	7121009	TELEPHONE, TELETYPE, TELEGRAM, ETC	150,000.00	0.00	150,000.00
					712100C Total				150,000.00	0.00	150,000.00
					713100C	OTHER SERVICES & CHARGES	7131002	TRAVEL - LOCAL	4,000.00	0.00	4,000.00
							7131003	TRAVEL - OUT OF CITY	15,000.00	2,272.83	12,727.17
							7131009	PROF SERVICE FEES & CONTR	37,200.00	3,097.85	13,985.15
							7131011	OFFICE SUPPORT	21,500.00	4,319.36	15,200.21
							7131020	TUITION FOR EMPLOYEE TRAINING	60,000.00	0.00	36,000.00
							7131025	PAYMENT OF MEMBERSHIP DUES	30,000.00	251.94	29,748.06
					713100C Total				167,700.00	9,941.98	111,660.59
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	163,000.00	20,258.02	111,289.76
					713200C Total				163,000.00	20,258.02	111,289.76

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 FY24 BUDGET- COST CENTER LEVEL AS OF 12.31.2023

									Data		
Fund	Fund Description	Cost Cent	Cost Center Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	70117	DIRECTOR'S ADMINISTRATIVE OFFICE - HIO	NON-PERSONNEL SERVICES	717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	27,131.20	1,622.76	25,508.44
					717100C Total				27,131.20	1,622.76	25,508.44
				NON-PERSONNEL SERVICES Total					527,831.20	33,128.56	408,458.79
			DIRECTOR'S ADMINISTRATIVE OFFICE - HIO Total						2,392,032.90	506,266.77	1,799,522.28
		70117 Total							2,392,032.90	506,266.77	1,799,522.28
		70118	GENERAL COUNSEL'S OFFICE - HIO	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	970,961.10	156,536.22	814,424.88
					701100C Total				970,961.10	156,536.22	814,424.88
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	0.00	813.04	(813.04)
							7013007	TERMINAL LEAVE	0.00	6,388.99	(6,388.99)
							7013012	BONUS PAY	0.00	15,638.81	(15,638.81)
					701300C Total				0.00	22,840.84	(22,840.84)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	59.07	(59.07)
							7014003	HEALTH BENEFITS	0.00	1,851.82	(1,851.82)
							7014008	MISC FRINGE BENEFITS	262,764.06	0.00	262,764.06
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	4,091.86	(4,091.86)
							7014015	OPTICAL PLAN	0.00	46.35	(46.35)
							7014016	DENTAL PLAN	0.00	136.10	(136.10)
							7014019	MEDICARE CONTRIBUTION	0.00	2,565.62	(2,565.62)
							7014020	RETIREMENT	0.00	6,404.09	(6,404.09)
							7014022	DC HEALTH BENEFIT FEES	0.00	99.39	(99.39)
					701400C Total				262,764.06	15,254.30	247,509.76
				PERSONNEL SERVICES Total					1,233,725.16	194,631.36	1,039,093.80
				NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131020	TUITION FOR EMPLOYEE TRAINING	6,000.00	920.00	5,080.00
					713100C Total				6,000.00	920.00	5,080.00
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	38,650.00	11,964.72	26,685.28
					713200C Total				38,650.00	11,964.72	26,685.28
				NON-PERSONNEL SERVICES Total					44,650.00	12,884.72	31,765.28
			GENERAL COUNSEL'S OFFICE - HIO Total						1,278,375.16	207,516.08	1,070,859.08
		70118 Total							1,278,375.16	207,516.08	1,070,859.08
		70119	INFORMATION TECHNOLOGY DEPARTMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	4,272,765.13	1,093,548.10	3,179,217.03
					701100C Total				4,272,765.13	1,093,548.10	3,179,217.03
					701200C	CONTINUING FULL TIME - OTHERS	7012006	TERM FULL TIME	329,001.31	20,212.31	308,789.00
					701200C Total				329,001.31	20,212.31	308,789.00
					701300C	ADDITIONAL GROSS PAY	7013001	ADDITIONAL INCOME ALLOWANCE	47,742.73	16,054.60	31,688.13
							7013012	BONUS PAY	0.00	68,312.15	(68,312.15)
					701300C Total				47,742.73	84,366.75	(36,624.02)
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	568.01	(568.01)
							7014003	HEALTH BENEFITS	0.00	107,252.24	(107,252.24)
							7014008	MISC FRINGE BENEFITS	1,243,236.85	0.00	1,243,236.85
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	57,544.37	(57,544.37)
							7014015	OPTICAL PLAN	0.00	631.77	(631.77)
							7014016	DENTAL PLAN	0.00	1,959.12	(1,959.12)
							7014019	MEDICARE CONTRIBUTION	0.00	16,902.86	(16,902.86)
							7014020	RETIREMENT	0.00	55,453.76	(55,453.76)
							7014022	DC HEALTH BENEFIT FEES	0.00	4,868.27	(4,868.27)
					701400C Total				1,243,236.85	245,180.40	998,056.45
				PERSONNEL SERVICES Total					5,892,746.02	1,456,302.06	4,436,443.96
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	1,000.00	0.00	1,000.00
					711100C Total				1,000.00	0.00	1,000.00
					713100C	OTHER SERVICES & CHARGES	7131003	TRAVEL - OUT OF CITY	0.00	1,175.51	(1,175.51)
							7131020	TUITION FOR EMPLOYEE TRAINING	20,000.00	3,835.31	16,164.69
							7131029	PROFESSIONAL SERVICES	25,000.00	0.00	10,000.00
							7131036	IT SOFTWARE MAINTENANCE	35,000.00	0.00	0.00
							7131044	OCTO IT ASSESSMENT	107,000.00	(1,227.40)	108,227.38
					713100C Total				187,000.00	3,783.42	133,216.56
					713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	2,132,079.00	228,307.22	(1,213,712.22)
							7132002	IT CONSULTANT CONTRACTS	5,126,060.00	643,920.98	2,953,488.25
					713200C Total				7,258,139.00	872,228.20	1,739,776.03
					717100C	PURCHASES EQUIPMENT & MACHINERY	7171005	PURCHASES - OTHER EQUIPMENT	45,398.00	2,606.95	42,791.05
					717100C Total				45,398.00	2,606.95	42,791.05
				NON-PERSONNEL SERVICES Total					7,491,537.00	878,618.57	1,916,783.64
			INFORMATION TECHNOLOGY DEPARTMENT Total						13,384,283.02	2,334,920.63	6,353,227.60
		70119 Total							13,384,283.02	2,334,920.63	6,353,227.60
		70120	HUMAN RESOURCES OFFICE - HIO	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	155,250.00	39,442.64	115,807.36
					701100C Total				155,250.00	39,442.64	115,807.36
					701400C	FRINGE BENEFITS - CURR PERSONNEL	7014002	GROUP LIFE INSURANCE	0.00	22.61	(22.61)
							7014003	HEALTH BENEFITS	0.00	2,214.69	(2,214.69)
							7014008	MISC FRINGE BENEFITS	38,346.75	0.00	38,346.75
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	2,356.71	(2,356.71)

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 FY24 BUDGET- COST CENTER LEVEL AS OF 12.31.2023

								Data			
Fund	Fund Description	Cost Cent	Cost Center Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	70120	HUMAN RESOURCES OFFICE - HIO	PERSONNEL SERVICES	701400C	FRINGE BENEFITS - CURR PERSONNEL	7014015	OPTICAL PLAN	0.00	13.99	(13.99)
							7014016	DENTAL PLAN	0.00	43.63	(43.63)
							7014019	MEDICARE CONTRIBUTION	0.00	551.17	(551.17)
							7014020	RETIREMENT	0.00	1,972.14	(1,972.14)
							7014022	DC HEALTH BENEFIT FEES	0.00	89.04	(89.04)
							701400C Total		38,346.75	7,263.98	31,082.77
								PERSONNEL SERVICES Total	193,596.75	46,706.62	146,890.13
				NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	183,772.00	80,197.50	103,574.50
							713200C Total		183,772.00	80,197.50	103,574.50
								NON-PERSONNEL SERVICES Total	183,772.00	80,197.50	103,574.50
								HUMAN RESOURCES OFFICE - HIO Total	377,368.75	126,904.12	250,464.63
								70120 Total	377,368.75	126,904.12	250,464.63
		70121	CONTRACTS AND PROCUREMENT OFFICE - HIO	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	509,136.00	138,168.65	370,967.35
							701100C Total		509,136.00	138,168.65	370,967.35
							701400C	FRINGE BENEFITS - CURR PERSONNEL	0.00	79.31	(79.31)
							7014002	GROUP LIFE INSURANCE	0.00	16,521.35	(16,521.35)
							7014003	HEALTH BENEFITS	0.00	0.00	0.00
							7014008	MISC FRINGE BENEFITS	137,783.73	0.00	137,783.73
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	8,085.95	(8,085.95)
							7014015	OPTICAL PLAN	0.00	84.17	(84.17)
							7014016	DENTAL PLAN	0.00	303.07	(303.07)
							7014019	MEDICARE CONTRIBUTION	0.00	1,904.01	(1,904.01)
							7014020	RETIREMENT	0.00	6,908.51	(6,908.51)
							7014022	DC HEALTH BENEFIT FEES	0.00	783.63	(783.63)
							701400C Total		137,783.73	34,670.00	103,113.73
								PERSONNEL SERVICES Total	646,919.73	172,838.65	474,081.08
				NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	5,000.00	0.00	5,000.00
							713200C Total		5,000.00	0.00	5,000.00
								NON-PERSONNEL SERVICES Total	5,000.00	0.00	5,000.00
								CONTRACTS AND PROCUREMENT OFFICE - HIO Total	651,919.73	172,838.65	479,081.08
								70121 Total	651,919.73	172,838.65	479,081.08
		70122	FACILITIES, INVOICING AND ADMINISTRATIVE SUPPORT OFFICE	NON-PERSONNEL SERVICES	712100C	ENERGY COMM & BLDG RENTALS	7121010	RENTALS LAND & STRUCTURES	1,479,011.10	0.00	1,479,011.10
							7121011	OCCUPANCY FIXED COSTS	24,487.47	0.00	24,487.47
							712100C Total		1,503,498.57	0.00	1,503,498.57
							713100C	OTHER SERVICES & CHARGES	3,000.00	0.00	3,000.00
							713100C Total		3,000.00	0.00	3,000.00
								NON-PERSONNEL SERVICES Total	1,506,498.57	0.00	1,506,498.57
								FACILITIES, INVOICING AND ADMINISTRATIVE SUPPORT OFFICE Total	1,506,498.57	0.00	1,506,498.57
								70122 Total	1,506,498.57	0.00	1,506,498.57
		70125	ASSISTER GRANT PROGRAM OFFICE	NON-PERSONNEL SERVICES	713200C	CONTRACTUAL SERVICES - OTHER	7132001	CONTRACTUAL SERVICES - OTHER	1,050,000.00	97,203.39	41,299.47
							713200C Total		1,050,000.00	97,203.39	41,299.47
								NON-PERSONNEL SERVICES Total	1,050,000.00	97,203.39	41,299.47
								ASSISTER GRANT PROGRAM OFFICE Total	1,050,000.00	97,203.39	41,299.47
								70125 Total	1,050,000.00	97,203.39	41,299.47
		70468	PROGRAM MANAGEMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	5,375,476.27	1,214,945.92	4,160,530.35
							701100C Total		5,375,476.27	1,214,945.92	4,160,530.35
							701200C	CONTINUING FULL TIME - OTHERS	460,473.00	146,895.84	313,577.16
							701200C Total		460,473.00	146,895.84	313,577.16
							701300C	ADDITIONAL GROSS PAY	19,733.79	5,800.60	13,933.19
							7013001	ADDITIONAL INCOME ALLOWANCE	0.00	1,214.67	(1,214.67)
							7013007	TERMINAL LEAVE	0.00	51,206.57	(51,206.57)
							7013012	BONUS PAY	19,733.79	58,221.84	(38,488.05)
							701300C Total		19,733.79	58,221.84	(38,488.05)
							701400C	FRINGE BENEFITS - CURR PERSONNEL	0.00	728.79	(728.79)
							7014002	GROUP LIFE INSURANCE	0.00	120,324.82	(120,324.82)
							7014003	HEALTH BENEFITS	1,576,270.87	0.00	1,576,270.87
							7014008	MISC FRINGE BENEFITS	0.00	72,748.39	(72,748.39)
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	845.09	(845.09)
							7014015	OPTICAL PLAN	0.00	2,513.73	(2,513.73)
							7014016	DENTAL PLAN	0.00	20,311.80	(20,311.80)
							7014019	MEDICARE CONTRIBUTION	0.00	60,537.59	(60,537.59)
							7014020	RETIREMENT	0.00	5,689.19	(5,689.19)
							7014022	DC HEALTH BENEFIT FEES	0.00	283,699.40	(283,699.40)
							701400C Total		1,576,270.87	283,699.40	1,292,571.47
							701500C	OVERTIME PAY	45,000.00	27,912.85	17,087.15
							7015001	OVERTIME PAY	45,000.00	27,912.85	17,087.15
							701500C Total		45,000.00	27,912.85	17,087.15
								PERSONNEL SERVICES Total	7,476,953.93	1,731,675.85	5,745,278.08
				NON-PERSONNEL SERVICES	711100C	SUPPLIES & MATERIALS	7111002	OFFICE SUPPLIES	7,500.00	0.00	7,500.00
							7E+06	FOOD PROVISIONS	0.00	276.50	(276.50)
							711100C Total		7,500.00	276.50	7,223.50
							712100C	ENERGY COMM & BLDG RENTALS	62,400.00	0.00	62,400.00
							712100C Total		62,400.00	0.00	62,400.00

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 FY24 BUDGET- COST CENTER LEVEL AS OF 12.31.2023

									Data		
Fund	Fund Description	Cost Cent	Cost Center Description	Account Category Description (Parent Level 3)	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	Account	Account Description	Sum of Total Budget	Sum of Expenditure	Sum of Available Budget
8362003	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	70468	PROGRAM MANAGEMENT	NON-PERSONNEL SERVICES	713100C	OTHER SERVICES & CHARGES	7131002	TRAVEL - LOCAL	0.00	509.02	(509.02)
							7131003	TRAVEL - OUT OF CITY	0.00	148.41	(148.41)
							7131009	PROF SERVICE FEES & CONTR	109,000.00	9,585.00	59,000.00
							7131011	OFFICE SUPPORT	16,800.00	0.00	16,800.00
							7131013	INSURANCE & BONDS	0.00	2,152.08	(2,152.08)
							7131017	POSTAGE	5,000.00	0.00	(1,627.40)
							7131020	TUITION FOR EMPLOYEE TRAINING	55,000.00	2,170.00	30,850.00
							713100C Total		185,800.00	14,564.51	102,213.09
							713200C	CONTRACTUAL SERVICES - OTHER	5,925,669.10	1,663,690.07	318,041.26
							713200C Total		5,925,669.10	1,663,690.07	318,041.26
							717100C	PURCHASES EQUIPMENT & MACHINERY	110,594.00	0.00	110,594.00
							717100C Total		110,594.00	0.00	110,594.00
								NON-PERSONNEL SERVICES Total	6,291,963.10	1,678,531.08	600,471.85
								PROGRAM MANAGEMENT Total	13,768,917.03	3,410,206.93	6,345,749.93
								70468 Total	13,768,917.03	3,410,206.93	6,345,749.93
8362003 Total									37,552,147.57	7,205,238.42	19,527,405.20
8362009	MASSACHUSETTS HEALTH CONECTOR	70117	DIRECTOR'S ADMINISTRATIVE OFFICE - HIO	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	458,159.00	0.00	458,159.00
							701100C Total		458,159.00	0.00	458,159.00
							701400C	FRINGE BENEFITS - CURR PERSONNEL	150,286.00	0.00	150,286.00
							701400C Total		150,286.00	0.00	150,286.00
								PERSONNEL SERVICES Total	608,445.00	0.00	608,445.00
								NON-PERSONNEL SERVICES	6,000.00	0.00	6,000.00
							7131003	TRAVEL - OUT OF CITY	6,000.00	0.00	6,000.00
							7131009	PROF SERVICE FEES & CONTR	193,381.00	0.00	193,381.00
							713100C Total		199,381.00	0.00	199,381.00
							713200C	CONTRACTUAL SERVICES - OTHER	2,608,570.00	542,410.92	136,354.92
							713200C Total		2,608,570.00	542,410.92	136,354.92
								NON-PERSONNEL SERVICES Total	2,807,951.00	542,410.92	335,735.92
								DIRECTOR'S ADMINISTRATIVE OFFICE - HIO Total	3,416,396.00	542,410.92	944,180.92
								70117 Total	3,416,396.00	542,410.92	944,180.92
8362009 Total									3,416,396.00	542,410.92	944,180.92
8362012	HEALTH CARE 4 CHILD CARE	70468	PROGRAM MANAGEMENT	PERSONNEL SERVICES	701100C	CONTINUING FULL TIME	7011001	CONTINUING FULL TIME	0.00	162,314.82	(162,314.82)
							701100C Total		0.00	162,314.82	(162,314.82)
							701200C	CONTINUING FULL TIME - OTHERS	0.00	15,441.17	(15,441.17)
							701200C Total		0.00	15,441.17	(15,441.17)
							701300C	ADDITIONAL GROSS PAY	0.00	367.74	(367.74)
							7013012	BONUS PAY	0.00	31,330.90	(31,330.90)
							701300C Total		0.00	31,698.64	(31,698.64)
							701400C	FRINGE BENEFITS - CURR PERSONNEL	0.00	92.26	(92.26)
							7014003	HEALTH BENEFITS	0.00	14,905.52	(14,905.52)
							7014009	RETIREMENT CONTRIBUTION - FICA	0.00	13,754.96	(13,754.96)
							7014015	OPTICAL PLAN	0.00	112.77	(112.77)
							7014016	DENTAL PLAN	0.00	342.30	(342.30)
							7014019	MEDICARE CONTRIBUTION	0.00	3,327.37	(3,327.37)
							7014020	RETIREMENT	0.00	8,686.32	(8,686.32)
							7014022	DC HEALTH BENEFIT FEES	0.00	755.79	(755.79)
							701400C Total		0.00	41,977.29	(41,977.29)
							701500C	OVERTIME PAY	0.00	26,074.65	(26,074.65)
							701500C Total		0.00	26,074.65	(26,074.65)
								PERSONNEL SERVICES Total	0.00	277,506.57	(277,506.57)
								NON-PERSONNEL SERVICES	0.00	592.89	(592.89)
							7131002	TRAVEL - LOCAL	0.00	592.89	(592.89)
							7131003	TRAVEL - OUT OF CITY	0.00	0.00	0.00
							7131013	INSURANCE & BONDS	0.00	334,724.06	(334,724.06)
							713100C Total		0.00	335,316.95	(335,316.95)
							714100C	GOVERNMENT SUBSIDIES & GRANTS	14,958,625.74	746,922.76	14,211,702.98
							714100C Total		14,958,625.74	746,922.76	14,211,702.98
								NON-PERSONNEL SERVICES Total	14,958,625.74	1,082,239.71	13,876,386.03
								PROGRAM MANAGEMENT Total	14,958,625.74	1,359,746.28	13,598,879.46
								70468 Total	14,958,625.74	1,359,746.28	13,598,879.46
8362012 Total									14,958,625.74	1,359,746.28	13,598,879.46
Grand Total									55,927,169.31	9,122,875.26	34,054,985.94

FY23-24 DCHBX Performance Oversight Hearing: Q7 Attachment A

Buyer Agency	Seller Agency	FY23 - MOU/Budget Amount	FY23 - Amount Paid to Date (Actual Billed amount)	Description of Services	Cost Center	Activity
DCHBX	CAB	\$5,000.00	\$0.00	Payment to CAB for providing contract appeal support. DCHBX had no cases in FY23.	Contracting and Procurement-70121	Contracting and Procurement-100022
DCHBX	DCHR	\$56,110.00	\$56,110.00	Payment to DCHR for a Capital City Fellow.	Operations Department-70120	Human Resource Services - General-100058
DCHBX	DCHR	\$102,756.00	\$100,250.00	Payment to DCHR for HR Support Services.	Operations Department-70120	Human Resource Services - General-100058
DCHBX	DCHR	\$4,475.25	\$4,475.25	Payment to DCHR to provide Suitability Screening Services.	Operations Department-70120	Human Resource Services - General-100058
DCHBX	DCPL	\$1,100.00	\$1,100.00	Payment to DCPL for 5/13/23 District of Columbia Educator Appreciation Recognition Event.	Engagement Department - 70116	Communications and Civic Engagement Department -700059
DCHBX	DCPL	\$1,570.00	\$1,570.00	Payment to DCPL for 5/2/23 8th Annual POWERUP DC 2023 Small Business Summit.	Engagement Department - 70116	Communications and Civic Engagement Department -700059
DCHBX	DCPL	\$2,740.00	\$2,740.00	Payment to DCPL for June 26 – 27, 2023 HealthCare4ChildCare Grantee Orientation.	Engagement Department - 70116	Communications and Civic Engagement Department -700059
DCHBX	DCPL	\$1,100.00	\$1,100.00	Payment to DCPL for 9/21/23 HealthCare4ChildCare Grantee Orientation II.	Engagement Department - 70116	Communications and Civic Engagement Department -700059
DCHBX	DCPL	\$1,550.00	\$1,550.00	Payment to DCPL for 8/3/23 Annual Open Enrollment Strategic Planning Summit.	Engagement Department - 70116	Communications and Civic Engagement Department -700059
DCHBX	DHCF	\$117,000.00	\$117,000.00	Payment to DHCF for operations and maintenance of the Salesforce Customer Relations Management platform (“Salesforce”).	Information technology Department -70119	Operations Maintenance and Development -100080
DCHBX	DISB	\$50,000.00	\$50,000.00	Payment to DISB to administer DCHBX's annual assessment fee on carriers.	Directors Administrative Office -70117	Performance and Strategic Management -100154
DCHBX	DSLBD	\$591.12	\$591.12	Payment to DSLBD for licenses for access to DSLBD’s District Enterprise System (“DES”).	Operations Department-70121	Contracting and Procurement - General -100022
DCHBX	OAH	\$10,000.00	\$2,250.00	Payment to OAH for providing eligibility appeal support.	Program Management -70468	Eligibility and Enrollment - 700064
DCHBX	OCTO	\$80,000.00	\$80,000.00	Payment to OCTO for system scan.	Information technology Department -70119	Operations Maintenance and Development -100080
DCHBX	OCTO	\$89,734.00	\$89,734.00	Payment to OCTO for IT Support.	Information technology Department -70119	Operations Maintenance and Development -100080

DHCF	DCHBX	\$120,000.00	\$120,000.00	Payment from DHCF to prepare and mail joint notices.	Program Management -70468	Eligibility and Enrollment - 700064
DISB	DCHBX	\$590,032.13	\$53,910.44	Payment from DISB (under a federal grant) for equity-based plan design work.	Marketplace Innovation Policy and Operations-7000	Eligibility and Enrollment-7030
OSSE	DCHBX	\$466,514.16	\$466,514.16	Payment from OSSE to fund 3 FTEs to support HealthCare4ChildCare program.	Program Management -70468	Member Services -700065
OSSE	DCHBX	\$18,000,000.00	\$18,000,000.00	Payment from OSSE for health insurance premiums for HealthCare4ChildCare program.	Program Management -70468	Member Services -700065
OSSE	DCHBX	\$276,000.00	\$276,000.00	Payment from OSSE for IT system development for HealthCare4ChildCare program.	Program Management -70468	Member Services -700065

FY2024 Payments to/from Other District Agencies (as of date 01/24/2024)

Buyer Agency	Seller Agency	FY 24 - MOU/Budget Amount	FY24 - Amount Paid to Date	Description of Services	Cost Center	Activity
DCHBX	CAB	\$5,000.00	\$0.00	Payment to CAB for providing contract appeal support.	Contracting and Procurement-70121	Contracting and Procurement-100022
DCHBX	DCHR	\$80,197.50	\$80,197.50	Payment to DCHR for a Capital City Fellow.	Operations Department-70120	Human Resource Services - General-100058
DCHBX	DCHR	\$840.00	\$0.00	Payment to DCHR to provide Suitability Screening Services.	Operations Department-70120	Human Resource Services - General-100058
DCHBX	DCPL	\$1,640.00	\$1,640.00	Payment to DCPL for 10/12/23 DC Health Link Assister Academy.	Engagement Department - 70116	Communications and Civic Engagement Department -700059
DCHBX	DCPL	\$1,160.00	\$1,160.00	Payment to DCPL for 11/4/23 2024 Open Enrollment Period Kick-off.	Engagement Department - 70116	Communications and Civic Engagement Department -700059
DCHBX	DISB	\$50,000.00	\$0.00	Payment to DISB to administer DCHBX's annual assessment fee on carriers.	Directors Administrative Office -70117	Directors Administrative Office - 70117
DCHBX	OAH	\$10,000.00	\$625.00	Payment to OAH for providing eligibility appeal support.	Program Management -70468	Eligibility and Enrollment - 700064
DISB	DCHBX	\$536,121.69	\$0.00	Payment from DISB (under a federal grant) for equity-based plan design work.	Program Management -70468	Eligibility and Enrollment - 700064
OSSE	DCHBX	\$478,151.16	\$478,151.16	Payment from OSSE to fund 3 FTEs to support HealthCare4ChildCare program.	Program Management -70468	Member Services -700065
OSSE	DCHBX	\$18,000,000.00	\$18,000,000.00	Payment from OSSE for health insurance premiums for the HealthCare4ChildCare.	Program Management -70468	Member Services -700065

FY23-24 DCHBX Performance Oversight Hearing: Q8

Q8. Have any spending pressures been identified for FY 2024? If so, please provide a detailed narrative of the spending pressure, including any steps that are being taken to minimize its impact of the budget.

No.

FY23 - 24 DCHBX Performance Oversight Hearing: Q9d & e Attachment A – MA

MA Net Reimbursement		
	FY23	FY24 (as of 12/31/2023)
Revenue Generated	3,899,339.14	765,315.13
Expenditure	3,636,977.68	551,558.86
Net Reimbursement	262,361.46	213,756.27

FY25 MA Savings	
Area	Estimated
Personnel – 6.0 FTEs	811,260
Admin Fees	260,300
Premium Aggregation	317,544
Contact Center Fees	165,600
Mailing and Postage	40,000
Cloud Security	72,000
Total	\$1,666,704

FY24 MA Budget	
Category	FY24 (10/01/2023-09/30/2024)
Personnel	608,445
Travel	6,000
Contracts	2,608,570
Total	3,223,015

FY23-24 DCHBX Performance Oversight Hearing: Q9 d and e Attachment B
DCHBX Assessment FY24 Budgetary Comparison Schedule for the period ending ; 12/31/2023

Section 1 - Monthly Tracker												
	Council Approved Budget	Budget Authority Increases	Total Budget	Year to Date Including Encumbrances	Expenditure Budget Available	% Budget Available	October	November	December ^A	Revenue/ Expenditures To Date	Spent As % of Budget	Encumbrances as of 12.28.2023
Revenues and Sources												
Assessment	\$ 39,286,528	\$ (462,790)	\$ 38,823,738	\$ 38,891,787			\$ 38,891,787		\$ -	\$ 38,891,787		
Transfer from Reserve/Unassigned	\$ -		\$ -	\$ -			\$ -	\$ -	\$ -	\$ -		
Interest and Fees	\$ -	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -	\$ -		
Total Revenues and Sources	\$ 39,286,528	\$ (462,790)	\$ 38,823,738	\$ 38,891,787			\$ 38,891,787	\$ -	\$ -	\$ 38,891,787		
Expenditures and Uses												
Personnel	\$ 19,070,514	\$ -	\$ 19,070,514	\$ 3,753,862	15,316,651	80.32%	\$ 1,443,178	\$ 1,558,282	\$ 752,403	\$ 3,753,862	19.68%	\$ -
Agency Management Programs	\$ 2,267,752	\$ -	\$ 2,267,752	\$ 213,169	2,054,583	90.60%	\$ 14,999	\$ 86,920	\$ 25,087	\$ 127,006	5.60%	\$ 86,163
Agency Financial Operations	\$ 165,533	\$ -	\$ 165,533	\$ -	165,533	100.00%	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
MIPO	\$ 6,291,963	\$ -	\$ 6,291,963	\$ 5,258,479	1,033,485	16.43%	\$ -	\$ 1,334,896	\$ 355,160	\$ 1,690,056	26.86%	\$ 3,568,423
Consumer Education & Outreach	\$ 2,264,849	\$ -	\$ 2,264,849	\$ 798,838	1,466,011	64.73%	\$ 13,168	\$ (53,568)	\$ 5,795	\$ (34,605)	-1.53%	\$ 833,443
IT	\$ 7,491,537	\$ -	\$ 7,491,537	\$ 5,096,364	2,395,173	31.97%	\$ 127,269	\$ 756,042	\$ 404,134	\$ 1,287,445	17.19%	\$ 3,808,919
Total Expenditures and Uses	\$ 37,552,148	\$ -	\$ 37,552,148	\$ 15,120,712	22,431,436	59.73%	\$ 1,598,614	\$ 3,682,571	\$ 1,542,579	\$ 6,823,763	18.17%	\$ 8,296,948

A The accounting close for December is not complete.

FY23-24 HBX Performance Oversight Hearing: Q9 Attachment C Financial Statement

HBX FY 23 Budget Comparison

	Budgeted Amounts		Actual	Variance
	Original	Revised		
Revenues and Sources				
Operating revenue	\$ -	\$ 4,809,630	\$ 3,899,339	(910,291)
Assessments	35,684,055	35,684,055	38,822,286	3,138,231
Additional budget authorization	-	6,000,000 *	-	(6,000,000)
Federal grants - non-capital	-	160,324	160,324	-
HealthCare4ChildCare	-	18,742,514	19,402,109	659,595
Interest and fees	-	-	3,924	3,924
Investment income	-	-	4,476,042	4,476,042
Total Revenues and Sources	35,684,055	65,396,523	66,764,024	1,367,501
Expenditures and Uses				
Regular pay-continuing full time	12,669,810	13,308,795	13,202,876	105,919
Regular pay-other	733,550	1,107,659	756,604	351,055
Additional gross pay	135,132	135,132	838,826	(703,694)
Fringe benefits-current personnel	3,604,710	3,854,945	2,963,798	891,147
Overtime pay	45,000	45,000	140,974	(95,974)
Supplies and materials	36,500	36,500	3,713	32,787
Telephone, telegraph, telegram, etc.	443,340	443,340	183,931	259,409
Rentals-land and structures	1,446,442	1,446,442	1,315,944	130,498
Government subsidies and grants	-	18,000,000	3,779,757	14,220,243
Other services and charges	576,594	836,461	900,422	(63,961)
Contractual services-other	15,873,777	26,063,049	23,359,033	2,704,016
Equipment and equipment rental	119,200	119,200	112,340	6,860
Total Expenditures and Uses	35,684,055	65,396,523	47,558,218	17,838,305
Excess of Revenues and Sources over Expenditures and Uses	\$ -	\$ -	\$ 19,205,806	\$ 19,205,806 **

* For IT Support (Data Breach) in FY23

** For HealthCare4Childcare, increase investment revenue and Assessments

9. Provide a complete accounting of any Special Purpose Revenue Funds for FY 2023 and FY 2024, to date. Please include the following:

- a. Revenue source name and code;**
- b. Description of the program that generates the funds;**
- c. Activity that the revenue in each special purpose revenue fund supports;**
- d. Total amount of funds generated by each source or program in FY 2023 and FY 2024, to date; and**
- e. Expenditure of funds, including purpose of expenditure**

a. Revenue source name and code:

FY23 Fund Number	FY23 Fund Name
8362003	Assessment Fund
8362009	MA Health Connector Fund
8362012	HealthCare4ChildCare
8362005	DC Health Benefit Exchange Authority State Exchange Modernization Grant

FY24 Fund Number	FY24 Fund Name
8362003	Assessment Fund
8362009	MA Health Connector Fund
8362012	HealthCare4ChildCare

b. Description of the program that generates the funds;

8362003 – Assessment Fund

DCHBX is not funded by local taxpayer dollars. While initially funded solely by federal grants, DCHBX is now funded by assessments received from health carriers. The Assessment Fund is used to record collections from DCHBX’s statutorily required broad-based assessment of health carriers, interest from checking, and other miscellaneous fees.

The Health Benefit Exchange Authority Establishment Act of 2011, effective March 2, 2012, (D.C. Law 19-94; D.C. Official Code § 31-3171.01 et seq.), was permanently amended on June 23, 2015, to provide for the financial sustainability of the Health Benefit Exchange Authority. The amendment included language for DCHBX to annually assess, through a Notice of Assessment, each health carrier doing business in the District, and having direct gross receipts of \$50,000 or greater in the preceding calendar year, an amount based on a percentage of its direct gross receipts for the preceding calendar year. Each health carrier is required to pay DCHBX the amount stated

in the Notice of Assessment, within 30 business days after the date of the Notice of Assessment. Failure to pay the assessment subjects the health carrier to Section 5 of the Insurance Regulatory Trust Fund Act of 1993, effective October 21, 1993 (D.C. Law 10- 40; D.C. Official Code § 31-1204). The funds are used to operate the District’s State-Based Marketplace.

8362009 – MA Health Connector Fund

DCHBX has generated some funding support through a partnership with the Massachusetts Health Connector. The MA Health Connector Fund is used to record reimbursement under a memorandum of understanding entered into with the Health Connector in March 2017. The Health Connector both reimburses DCHBX for all costs and pays a small administrative fee.

8362012 – HealthCare4ChildCare

HC4CC helps OSSE-licensed child development centers and homes provide affordable health insurance for their employees. OSSE provides funds for health insurance premiums. OSSE also funds 3 FTEs.

8362005 – DC Health Benefit Exchange Authority State Exchange Modernization Grant

The Centers for Medicare and Medicaid Services awarded \$1,107,392.87 to DCHBX in a State Exchange Modernization Grant. The grant is to modernize and update the DC Health Benefit Exchange programs and technologies to implement the American Rescue Plan Act (ARPA).

c. Activity that the revenue in each special purpose revenue fund supports;

8362003 – Assessment Fund

The fund is used to operate the District’s State-Based Marketplace.

8362009 – MA Health Connector Fund

DCHBX is reimbursed for implementing and providing ongoing operational and technical support for the MA Health Connector’s Small Business Health Options Program (SHOP). DCHBX uses CBEs for IT development and maintenance support. DCHBX staff provide operational support.

8362012 – HealthCare4ChildCare

HC4CC helps OSSE-licensed child development centers and homes provide affordable health insurance to their employees and helps employees get either free or low premium health insurance.

Free or lower premiums started January 1, 2023, and employers are guaranteed free and lower premiums for their employees for 12 months from the date of enrollment. DC residents enrolled through the Individual and Family marketplace are guaranteed free coverage through December 31 of the plan year in which they enroll. Further description of this program can be found in the response to Question 16.

6204 – DC Health Benefit Exchange Authority State Exchange Modernization Grant

The grant is used to modernize and update the DC Health Benefit Exchange programs and technologies to implement ARPA and be in compliance with the Affordable Care Act (ACA). Funding paid for some of the unbudgeted costs related to ARPA including outreach, marketing and consumer education, and IT to update our application for lower premiums.

**d. Total amount of funds generated by each source or program in FY23 and to date in FY24;
and**

See Attachments 9 A, B and C

e. Expenditure of funds, including purpose of expenditure.

See Attachments 9 A, B, and C

FY24 HBX Performance Hearing Q10 Attachment A

Grant Details: Assisters

Grant No.	Grant Title	Approved Budget Authority in FY23	Expenditures in FY23	Approved Budget Authority in FY24	Expenditures in FY24	Purpose of the Grant	Highlights of Grant Deliverables	Grant Outcomes, including grantee performance in FY23	Grant Outcomes, including grantee performance in FY24	Corrective actions taken or technical assistance provided in FY23	Corrective actions taken or technical assistance provided in FY24	Funding Source	Supported Programs and Activities	HBX employee responsible for grant deliverables	Any grants where the funds have been reduced in FY 2024, and the amount of the reduction
DCHBX-2023-A-0001	Community of Hope	\$161,365.00	\$131,303.18	\$161,365.00	\$29,318.33	The purpose of DCHBX's Assister grants is to develop and support trained experts that can help with the education, outreach, and enrollment of uninsured and hard to reach target populations into private health insurance coverage via DC Health Link and also provide effective post-enrollment and renewal support services to consumers, as appropriate.	<ul style="list-style-type: none"> •Provide culturally welcoming and accessible assistance to the Community of Hope target population during the Open Enrollment period and beyond. • Partner with four key community organizations to achieve program goals. • Host creative SEP activities with community partners. •Identify and track clients through the enrollment process. 	<ul style="list-style-type: none"> • 195 total touches (including calls, emails, and scheduled appointments) for Medicaid Unwinding; 370 total touches for HC4CC •Increased community awareness of Open Enrollment and the services available with the Enrollment Assisters by visiting surrounding businesses •Build awareness among millennials & non-eligible Medicaid consumers to inquire about Qualified Health Plans especially in Wards 1 and 5 (where there are gaps in enrollment) and Ward 8 (where there are lower overall enrollment rates). •Distributed material provided by DCHBX (flyers, door hangers, and cards) that contain both online opportunities and local enrollment facilities. • Prioritized outreach to individuals who have lost Medicaid due to Medicaid unwinding on the Medicaid termination report. 	The focus for FY2024 is on reaching out to all consumers on the Medicaid termination report to ensure we are capturing everyone that has lost Medicaid due to Medicaid unwinding, and ongoing Open Enrollment assistance.	None	None	District of Columbia Health Benefit Exchange Authority Assessment Fund	DC Health Link Assister Program	India Anderson	No grant funds have been reduced in FY 2024.
DCHBX-2023-A-0002	Whitman Walker Health	\$263,200.00	\$263,200.00	\$263,200.00	\$24,517.71		<ul style="list-style-type: none"> •Ensure all WWH DC Health Link Assisters are trained and have the knowledge and skills to meet the needs of residents of the District eligible for coverage through DC Health Link •Meet grant-related reporting requirements to capture our Assisters' work. •Partner with DCHBX to support staffing of One-Touch Enrollment events and other DCHBX-sponsored enrollment for WWH's target and area populations. •Support the entire enrollment process for WWH's target populations and areas, further increasing the rate of insured persons living in the District of Columbia, including active trouble shooting, application tracking, and related feedback and support. 	<ul style="list-style-type: none"> •36 total touches (including calls, emails and scheduled appointments) for Medicaid Unwinding, and 689 for HC4CC •Trained and certified DC Health Link Assisters •Tracked outcomes and provided timely information to DCHBX. •Provided enrollment services--excluding canvassing--to non-WWH patients within WWH's target population. •Used Assister team language competencies of English and Spanish to reach broader LEP communities, specifically those of the LGBTQ/HIV community. •Staffed virtual events with up to 1 Assister per One-Touch events. • Prioritized outreach to individuals who have lost Medicaid due to Medicaid unwinding on the Medicaid termination report. 	The focus for FY2024 is on reaching out to all consumers on the Medicaid termination report to ensure we are capturing everyone that has lost Medicaid due to Medicaid unwinding, and ongoing Open Enrollment assistance.	None	None	District of Columbia Health Benefit Exchange Authority Assessment Fund	DC Health Link Assister Program	India Anderson	No grant funds have been reduced in FY 2024.
DCHBX-2023-A-0003	Leadership Council for Healthy Communities	\$166,667.50	\$161,038.38	\$166,667.50	\$34,174.94		<ul style="list-style-type: none"> •Increase awareness of pre-open enrollment and open enrollment opportunities through outreach activities that help facilitate access/enrollment of uninsured persons in health coverage through DC Health Link. • Develop and implement a robust communication plan to increase the number of enrollments of uninsured and underinsured persons in DC Health Link. •Conduct outreach activities that will encourage, assist, and/or enroll a maximum number of uninsured persons in health coverage through DC Health Link by the close of open enrollment. 	<ul style="list-style-type: none"> •193 total touches (including calls, emails and scheduled appointments) for Medicaid Unwinding, and 222 total touches for HC4CC •Distributed DCHBX outreach materials to network of 70 faith institutions and partnering entities. •Prepared kickoff messages for insertion into bulletins, programs, and other communications channels used by faith institutions and partnering entities. •Made site visits to standing locations (DOES-Reeves Center, DOES-Bertie Backus, S.O.M.E., Prevention Measures, and Covenant) to establish plan of action for outreach to consumers, virtual and/or in-person for open enrollment. • Prioritized outreach to individuals who have lost Medicaid due to Medicaid unwinding on the Medicaid termination report. 	The focus for FY2024 is on reaching out to all consumers on the Medicaid termination report to ensure we are capturing everyone that has lost Medicaid due to Medicaid unwinding, and ongoing Open Enrollment assistance.	None	None	District of Columbia Health Benefit Exchange Authority Assessment Fund	DC Health Link Assister Program	India Anderson	No grant funds have been reduced in FY 2024.

FY24 HBX Performance Hearing Q10 Attachment B

Grant Details: Business Partners

Grant No.	Grant Title	Approved Budget Authority in FY23	Expenditures in FY23	Approved Budget Authority in FY24	Expenditures in FY24	Purpose of the Grant	Grant Deliverables	Grant Outcomes, including grantee performance in FY23	Grant Outcomes, including grantee performance in FY24	Corrective actions taken or technical assistance provided in FY23	Corrective actions taken or technical assistance provided in FY24	Funding Source	Supported Programs and Activities	HBX employee responsible for grant deliverables	Any grants where the funds have been reduced in FY 2024, and the amount of the reduction
DCHBX-2023-G-00016	Greater Washington Hispanic Chamber of Commerce (GWHCC)	\$163,000.00	\$163,000.00	\$163,000.00	\$13,367.71	To educate District small businesses about their rights and responsibilities under the health care law, the new coverage options available to them, the trained expert assistance available to them, and the ways in which they can enroll in a plan of their choice.	<ul style="list-style-type: none"> •Support DC Health Link’s efforts to maximize small business enrollment among the Hispanic small business community. •Brand DC Health Link Small Business Plan Options through uniquely designed branding campaigns such as “Business of the Quarter,” and DC Health Link@ Work. •Implement marketing & sales strategy with DC Health Link resulting in more businesses offering affordable health insurance. •Educate small business owners about the array of plan choices through DC Health Link and encourage them to offer multiple choices to their employees. •Leverage the GWHCC influence and position in the community to increase enrollment among Hispanic individuals and families. 	<ul style="list-style-type: none"> •Virtual One Touch took place every Thursday and Saturday. In total GWHCC touched 150 Individuals and families resulting in 90 new enrollments and 60 renewals. •Hosted 29 Outreach & Educational online sessions touching 2,000 small business owners. •Enrolled 120 small businesses in DCHL plans. •Outreach strategies resulted in 320 new DC Health Link database entries.. •Sent 20,473 emails, e-blast and newsletter with DCHL information. •Promoted DCHL at co-sponsor events such as the GWHCC Annual Gala, the GWHCC Business Expo, GWHCC "Savor the Night" Hispanic Heritage Event and GWHCC Care touching 3,400 small business owners 	<ul style="list-style-type: none"> •Virtual One Touch took place every Wednesday. In total GWHCC touched: 163 Individuals and families, 63 new enrollments, and 100 renewals. •Hosted 10 Outreach & Educational online sessions touching 250 small business owners. •Sent 14,961 emails, e-blast and newsletter with DCHL information. •Promoted DCHL at co-sponsor events such as the GWHCC Annual Gala and GWHCC Cares. 	None	None	District of Columbia Health Benefit Exchange Authority Assessment Fund	Consumer Education and Outreach	Linda Wharton Boyd, Ph.D.	No grant funds have been reduced in FY 2024.
DCHBX-2023-G-00015	DC Chamber of Commerce (DCCC)	\$187,000.00	\$109,997.57	\$187,000.00	\$0.00	To educate District small businesses about their rights and responsibilities under the health care law, the new coverage options available to them, the trained expert assistance available to them, and the ways in which they can enroll in a plan of their choice.	<ul style="list-style-type: none"> •Support outreach, marketing, enrollment, and retention of District of Columbia small businesses in DC Health Link. •Support efforts to engage small business owners and their employees in securing and retaining quality affordable health insurance through DC Health Link. •Help small business employers better understand the benefits of the Affordable Care Act. •Identify appropriate assistance for small business owners to assist them in navigating, enrolling, and selecting available insurance options through DC Health Link. •Provide information on how the availability of health insurance options impacts their organizations and employees. 	<ul style="list-style-type: none"> •Posted DC Health Link information to the DC Chamber Twitter page, Facebook page, & website to include flyers, new banners, and press releases. 74 email web banner promotions and 5 newsletters •Performed 9 new member orientation sessions promoting DC Health Link for DC Small Businesses with a cumulative total of 256 attendees. •Participated with DC Health Link in the 2023 Health Policy Forum with 94 attendees •Hosted two virtual programs spotlighting DC Health Links; Employer Advocacy Program Webinar with 40 business leaders and the 2023 State of the District & Region: State of Health Panel on with 470 virtual attendees. 	<ul style="list-style-type: none"> •Performed a new member orientation session promoting DC Health Link for DC Small Businesses with a cumulative total of 26 attendees. •Hosted DC Health Link table at the Business after Business Networking event with 57 registered attendees. •Provided DC Health Link partner recognition and visibility at two chamber events: the 2023 Chamber’s Choice Awards & Gala with 850 attendees & the DC Reach Executive Board meeting with business community leaders, including CHNED, DISB, DC Small Business Development Center at Howard University and others. 	None	None	District of Columbia Health Benefit Exchange Authority Assessment Fund	Consumer Education and Outreach	Linda Wharton Boyd, Ph.D.	No grant funds have been reduced in FY 2024.

FY24 HBX Performance Hearing Q10 Attachment C

Grant Details: HC4CC OEP

Grant No.	Grant Title	Approved Budget Authority in FY23	Expenditures in FY23	Approved Budget Authority in FY24	Expenditures in FY24	Purpose of the Grant	Highlights of Grant Deliverables	Grant Outcomes, including grantee performance in FY23	Grant Outcomes, including grantee performance in FY24	Corrective actions taken or technical assistance provided in FY23	Corrective actions taken or technical assistance provided in FY24	Funding Source	Supported Programs and Activities	HBX employee responsible for grant deliverables	Any grants where the funds have been reduced in FY 2024, and the amount of the reduction
DCHBX-2023-G-0018	Fusion Partnership dba SPACES in Action	\$30,000.00	\$29,994.88	\$75,000.00	\$0.00		<ul style="list-style-type: none"> Provide HC4CC outreach and engagement services in all eight wards with an emphasis on Wards 4, 7, and 8. Engage in direct contact with their target population through designated literature drops; direct mail; meetings with industry influencers; attendance at events, conferences, meetings, and community activities to reach target population; host branded tabling activities; visit target population at facilities; work with and provide "warm hand-off" and referral to HC4CC enrollment team; and, engage in data collection as well as progress reporting and evaluation. 	<ul style="list-style-type: none"> Organized an event centered around childcare centers and their staff, called Educator's day with high turnout and leading to referrals to HBX to provide enrollment assistance. Built a connection to six childcare development centers. 	The work is ongoing for this grant, as grantees continue to ramp up and support outreach and enrollment.	None	None	District of Columbia Health Benefit Exchange Authority Assessment Fund, supplemental funding, and donations	HealthCare4ChildCare Outreach and Education Partnership Grants	Denicka Wilson	No grant funds have been reduced in FY 2024.
DCHBX-2023-G-0019	Community Educational Research Group	\$35,000.00	\$34,360.00	\$127,500.00	\$0.00	The Outreach and Engagement Partnership Program grants are aimed at	<ul style="list-style-type: none"> Provide HC4CC outreach and engagement services to child development facilities in wards 7 and 8. Serve as a subject matter resource to communicate deeper understanding of health insurance options and the HC4CC program. Provide information in a manner that is culturally and linguistically appropriate to meet the needs of the population being served, including individuals with limited English proficiency. Engage in direct contact with their target population through designated literature drops; direct mail; meetings with industry influencers; attendance at events, conferences, meetings, community activities to reach target population; host branded tabling activities; visit target population at facilities; work with and provide "warm hand-off" and referral to HC4CC enrollment team; and engage in data collection as well as progress reporting and evaluation. 	<ul style="list-style-type: none"> Met with centers to assess language needs and disseminate materials appropriately. Increased engagement with targeted populations, resulting in more individuals accessing HC4CC information and services. The culturally and linguistically appropriate approach adopted resonated well with the communities services, fostering a sense of inclusivity and trust. Staff members acquired skills and knowledge through participation in HC4CC grantee orientation meetings and HBX trainings. 	The work is ongoing for this grant, as grantees continue to ramp up and support outreach and enrollment.	None	None	District of Columbia Health Benefit Exchange Authority Assessment Fund, supplemental funding, and donations	HealthCare4ChildCare Outreach and Education Partnership Grants	Denicka Wilson	No grant funds have been reduced in FY 2024.

FY24 HBX Performance Hearing Q10 Attachment C

Grant Details: HC4CC OEP

Grant No.	Grant Title	Approved Budget Authority in FY23	Expenditures in FY23	Approved Budget Authority in FY24	Expenditures in FY24	Purpose of the Grant	Highlights of Grant Deliverables	Grant Outcomes, including grantee performance in FY23	Grant Outcomes, including grantee performance in FY24	Corrective actions taken or technical assistance provided in FY23	Corrective actions taken or technical assistance provided in FY24	Funding Source	Supported Programs and Activities	HBX employee responsible for grant deliverables	Any grants where the funds have been reduced in FY 2024, and the amount of the reduction
DCHBX-2023-G-0020	DC Early Learning Collaborative	\$35,000.00	\$34,135.65	\$127,500.00	\$0.00	engaging trusted community organizations and voices to reach and educate Office of the State Superintendent of Education (OSSE)-licensed early child development centers and homes and their employees about HC4CC and maximize employer and employee participation in HC4CC.	<ul style="list-style-type: none"> • Provide HC4CC outreach and engagement services to child development facilities in wards 8, 7, 5, and 1. • Serve as a subject matter resource to communicate deeper understanding of the HC4CC program by implementing and conducting HC4CC Health Insurance Literacy Town Hall Conversations. • Engage in direct contact with their target population through designated literature drops; direct mail; meetings with industry influencers; attendance at events, conferences, meetings, and community activities to reach target population; host branded tabling activities; visit target population at facilities; work with and provide “warm hand-off” and referral to HC4CC enrollment team; and engage in data collection as well as progress reporting and evaluation. 	<ul style="list-style-type: none"> • Provide HC4CC outreach and engagement services to child development facilities in wards 8, 7, 5, and 1. • Completed staff training and orientation, resulting in improve health care literacy and enhancing the organization’s ability to engage with diverse communities. • Successfully partnered with the Faith United Church of Christ Health Fair to promote HC4CC. • Connected several employers of OSSE-licensed child development facilities with enrollment support, leading to increased participation in the HC4CC program. • Maintained accurate and timely records of outreach and engagement activities. 	The work is ongoing for this grant, as grantees continue to ramp up and support outreach and enrollment.	None	None	District of Columbia Health Benefit Exchange Authority Assessment Fund, supplemental funding, and donations	HealthCare4ChildCare Outreach and Education Partnership Grants	Denicka Wilson	No grant funds have been reduced in FY 2024.
DCHBX-2023-G-0021	DC Association for the Education of Young Children	\$30,000.00	\$11,767.69	\$75,000.00	\$0.00	engaging trusted community organizations and voices to reach and educate Office of the State Superintendent of Education (OSSE)-licensed early child development centers and homes and their employees about HC4CC and maximize employer and employee participation in HC4CC.	<ul style="list-style-type: none"> • Provide HC4CC outreach and engagement services to child development centers, child development homes, expanded child development homes, and Spanish speaking facilities. • Engage in direct contact with their target population through designated literature drops; direct mail; meetings with industry influencers; attendance at events, conferences, meetings, and community activities to reach target population; host branded tabling activities; visit target population at facilities; work with and provide “warm hand-off” and referral to HC4CC enrollment team; and, engage in data collection as well as progress reporting and evaluation. 	<ul style="list-style-type: none"> • Contact was made with all 31 assigned early learning programs and an estimated 73 early educators and district residents. Information was shared through HBC-designed pamphlets, email blasts, ad blurbs in DCAEYC’s quarterly newsletters. • DCAEYC also served as a vendor at 2 community events and 2 DCAEYC-hosted early educator networking events. • Developed an employee outreach strategy to connect directly with staff to inform them of the free benefits available through HC4CC. Completed all HC4CC training and check in meetings. 	The work is ongoing for this grant, as grantees continue to ramp up and support outreach and enrollment.	None	None	District of Columbia Health Benefit Exchange Authority Assessment Fund, supplemental funding, and donations	HealthCare4ChildCare Outreach and Education Partnership Grants	Denicka Wilson	No grant funds have been reduced in FY 2024.

FY23-24 DCHBX Performance Oversight Hearing: Q10

- 10. Please provide the following information for grants/sub-grants awarded by HBX in FY 2023 and FY 2024, to date, broken down by program and activity:**
- a. Grant Number/Title;**
 - b. Approved Budget Authority;**
 - c. Funding source;**
 - d. Expenditures (including encumbrances and pre-encumbrances);**
 - e. Purpose of the grant;**
 - f. Organization or agency that received the grant;**
 - g. Grant amount;**
 - h. Grant deliverables;**
 - i. Grant outcomes, including grantee/subgrantee performance;**
 - j. Any corrective actions taken or technical assistance provided;**
 - k. Program and activity supported by the grant;**
 - l. HBX employee responsible for grant deliverables; and**
 - m. Any grants where the funds have been reduced in FY 2024, and the amount of the reduction.**

See Attachment A, B, and C

FY 23-24 HBX Performance Oversight: Q11 Attachment A

Vendor Name	Contract Number	Purpose of Contract	Contract Administrator	Original Contract Value	Current Contract Term	Modified Contract Value	FY23 -Pre-encumbrance Amount	FY23 Total Amount Expended	FY24-Pre-encumbrance Amount	FY24 Total Amount Expended as of Jan. 05, 2024	Reason for Modification	Funding Source ¹	Final Deliverables for Completed Contract	Contracting Method
A&T Systems	DCHBX-2015-F-0002	Cloud Computing Services	Samir Hassan	\$550,500.00	Option Year Four: 6/24/2022 – 6/23/2023	Option Year Four: \$950,000.00	HBX: \$372,030.94 MA: \$165,685.46	HBX: \$372,030.94 MA: \$165,685.46	\$0.00	\$0.00	Exercise Option	Assessment MA	Cloud computing services	RFTOP ²
Bert Smith and Company	DCHBX-2020-C-0005	Audit Services	Alexander Alonso	\$67,168.00	Option Year Three: 10/1/2022-9/30/2023 Option Year Four: 10/1/2023- 9/30/2024	Option Year Three: \$72,332.00 Option Year Four: \$84,500.00	\$72,332.00	\$72,332.00	\$0.00	\$0.00	Exercise Option	Assessment	Programmatic audit of HBX activities as required by US Dept. of HHS	RFP ³
Capital Business Solutions, LLC	DCHBX-2023-C-0003	Document Processing	Grace Cudjoe	\$97,200.00	Base Year: 10/1/2022-9/30/2023 Option Year One: 10/1/2023- 9/30/2024	Base Year: \$97,200.00 Option Year One: \$99,816.36	\$97,200.00	\$79,099.20	\$99,816.36.00	\$14,156.87	Exercise Option	Assessment	Mail service document processing including scanning, electronic logging, remailing, and information updating of mailing addresses	IFB ⁴
Carahsoft Technology Corp.	DCHBX-2023-C-0004	Cloud Computing Services	Samir Hassan	\$256,500.00	Base Year: 6/23/2023- 9/30/2023 Option Year One: 10/1/2023 -9/30/2024	Base Year: \$256,500.00 Option Year One: \$950,000.00	HBX: \$132,000.00 MA: \$66,000.00	HBX: \$130,258.48 MA: \$59,229.10	HBX: \$270,000.00 MA: \$170,000.00	HBX: \$50,808.44 MA: \$18,185.18	Exercise Option	Assessment MA	Cloud computing services	Cooperative Agreement (Task Order) ⁵
Center for Study of Services	DCHBX-2020-C-0001	Plan Shopping Tools: Doctor Directory and Plan Comparison	Isabella Leung	\$697,000.00	Option Year Three: 10/1/2022-9/30/2023 Option Year Four: 10/1/2023-9/30/2024	Option Year Three: \$655,700.00 Option Year Four: \$656,600.00	\$655,700.00	\$655,700.00	\$656,600.00	\$633,600.00	Exercise Option, Contract Increase	Assessment	Consumer decision support tools for choosing health plans	Exempt from Competition
Consumerinfo.com aka Experian	DCHBX-2023-E-0001	Credit and Identity Monitoring Services	Nikki Leon	\$3,400,000.00	Base Year: 3/9/2023-9/30/2023	\$0.00	\$1,633,584.38	\$1,605,899.75	\$0.00	\$0.00	New Contract	Assessment	Credit and Identity Monitoring services	Emergency Contract
Data Net Systems Corporation	DCHBX-2020-C-0003	IT Consulting Services	Catherine Bennett	\$7,000,000.00	Option Year Three: 10/1/2022-9/30/2023 Option Year Four: 10/1/2023- 9/30/2024	Option Year Three: \$800,000.00 Option Year Four: \$800,000.00	\$265,855.38	\$252,487.20	\$172,569.20	\$27,992.16	Exercise Option	Assessment	Information technology support services including specialized IT staffing services	RFP

Vendor Name	Contract Number	Purpose of Contract	Contract Administrator	Original Contract Value	Current Contract Term	Modified Contract Value	FY23 -Pre-encumbrance Amount	FY23 Total Amount Expended	FY24-Pre -encumbrance Amount	FY24 Total Amount Expended as of Jan. 05, 2024	Reason for Modification	Funding Source ¹	Final Deliverables for Completed Contract	Contracting Method
IdeaCrew	DCHBX-2020-C-0002	IT Consulting Services	Catherine Bennett	\$7,000,000.00	Option Year Three: 10/1/2022-9/30/2023 Option Year Four: 10/1/2023-9/30/2024	Option Year Three: \$10,800,000.00 Option Year Four: \$8,500,000.00	HBX: \$5,937,320.03 MA: \$2,147,200.00	HBX:\$5,937,270.21 MA:\$1,836,500.84	HBX: \$3,674,988.81 MA: \$1,727,350.00	HBX:\$824,992.37 MA:\$404,124.60	Exercise Option	Assessment MA	Information technology support services including design, development, and implementation of software customizations and enhancements to DC Health Link Exchange platform	RFP
Immediate Mailing Services	DCHBX-2023-C-0002 DCHBX-2024-C-0001	Printing and Mailing Services	Grizelda Mejia	\$330,000.00 \$330,000.00	Base Year: 10/1/2022-9/30/2023 Base Year: 10/1/2023- 9/30/2024	Base Year: \$330,000.00 Base Year: \$330,000.00	HBX: \$225,700.00 MA: \$29,800.00	HBX: \$184,158.80 MA: \$28,023.34	HBX: \$225,700.00 MA: \$29,000.00	HBX: \$33,805.21 MA: \$5,000.00	New Contract	Assessment MA	Printing and mailing services related to health insurance	Sole Source
Maximus US Services	DCHBX-2023-C-0001	Call Center Services	Grace Cudjoe	\$3,435,708.66	Base Year: 10/1/2022- 9/30/2023 Option Year One: 10/1/2023-9/30/2024	Base Year: \$4,435,707.66 Option Year One: \$5,552,535.88	HBX: \$4,086,593.18 MA: \$349,114.48	HBX: \$4,082,506.45 MA: \$349,114.48	HBX: \$3,504,725.99 MA: \$293,782.14	HBX: \$860,920.00 MA: \$57,524.64	New Contract, Equitable Adjustment, ⁶ Exercise Option, Increase Contract Ceiling	Assessment MA	Customer contact center support service	RFP
Mercer Health & Benefit, LLC	DCHBX-2022-F-0003	Actuarial Services	Alexander Alonso	\$175,000.00	Base Year 4/1/2022-3/31/2023 Option Year One 4/1/2023- 3/31/2024	Base Year: \$175,000.00 Option Year One \$175,000.00	\$38,461.00 \$132,339.00	\$93,646.49	\$42,661.00	\$0.00	Exercise Option	Assessment	Actuarial rate review services	RFTOP
MW Consulting, LLC	DCHBX-2020-C-0006	AWS Cloud Security Services	Samir Hassan	\$253,000.00	Option Year Two: 1/13/2022-1/12/2023 Option Year Three: 1/13/2023- 1/12/2024	Option Year Two: \$462,000.00 Option Year Three: \$462,000.00	\$78,000.00 \$320,000.00	\$77,990.00	\$142,000.00	\$84,590.00	Exercise Option & Contract Increase	Assessment	Amazon Web Services (AWS) cloud security compliance and ancillary data security	RFP
NFP Health Services	DCHBX-2019-C-0001 DCHBX-2024-C-0002	Premium Billing Services	Gloria Jackson	\$742,980.00 \$792,240.00	Option Year Four: 10/1/2022-9/30/2023 Base Year: 10/1/2023- 9/30/2024	Option Year Four: \$742,980.00 Base Year: \$792,240.00	HBX: \$425,433.36 MA: \$317,546.64	HBX: \$425,433.36 MA: \$317,546.64	HBX: \$474,692.82 MA: \$238,159.98	HBX: \$95,905.56 MA: \$52,924.44	Exercise Option, Contract Increase, New Contract	Assessment MA	Premium billing services	Exempt from Competition
Norton Rose Fulbright, LLP	DCHBX-2023-E-0002	Legal Services	Brian Flowers	\$2,600,000.00	Base Year: 3/11/2023- 3/10/2024	Base Year: \$2,600,000.00	\$2,599,999.00	\$2,244,468.15	\$355,530.85	\$130,785.40	New Contract	Assessment	Legal Services	Exempt from Competition
Whitman-Walker Health	DCHBX-2022-C-0004	Clinical Support and Research Services	Jennifer Libster Alexander Alonso	\$97,600.00	Option Year One: 10/1/2022-9/30/2023 Option Year Two: 10/1/2023- 9/30/2024	Option Year One: \$224,820.00 Option Year Two: \$224,820.00	\$45,811.92	\$44,751.92	\$25,000.00	\$16,200.00	Exercise Option	DISB (through Federal Grant)	Clinical support and research services	Sole Source

Notes:

¹ The funding sources are the same for FY 2023 and FY 2024.

² Request for Task Order Proposal

³ Request for Proposal

⁴ Invitation for Bid

⁵ Task Order issued against a cooperative agreement facilitated through the National Association of State Procurement Officials (NASPO) contract.

⁶ The equitable adjustment was based on the Department of Labor Wage Determination clause in the contract.

Q11. For any grant lapse occurring in FY 2023, please provide:

- a. A detailed statement on why the lapse occurred;**
- b. Any corrective action taken by HBX; and**
- c. Whether the funds can be carried over into FY 2024.**
- d. Please provide the following information for all contracts, including modifications, active during FY 2023 and FY 2024, to date, broken down by program and activity;**
 - e. Contract number;**
 - f. Approved Budget Authority;**
 - g. Funding source;**
 - h. Expenditures (including encumbrances and re-encumbrances);**
 - i. Purpose of the contract;**
 - j. Name of the vendor;**
 - k. Original contract value;**
 - l. Modified contract value (if applicable);**
 - m. Whether it was competitively bid or sole sourced;**
 - n. Final deliverables for completed contracts;**
 - o. Any corrective actions taken or technical assistance provided;**
 - p. HBX employee(s) servicing as Contract Administrator, and**
 - q. Any contracts where the funds have been reduced in FY 2024, and the amount of the reduction.**

There were no lapsed funds in FY2023 or FY2024.

a-c. N/A

d-q. See Attachment A

Q 12. Please provide one area where HBX collects race information. How does your agency use this data to inform decision-making?

DCHBX collects race and ethnicity information in the DC Health Link Individual and Family marketplace when the customer begins an application for health insurance on DC Health Link. The system displays two optional questions asking the customer's race and ethnicity and if the customer is Hispanic/Latino/a. The race and ethnicity question displays 16 options to choose from, and there are 6 options for the Hispanic/Latino/a question. The options are representative of the District's diverse communities. At our highest point, 66% of customers provided this information.

DCHBX has used this information to inform the work of the HBX Social Justice and Health Disparities Working Group. The working group recommended that DCHBX should explore the feasibility of sharing the information with the insurance carriers and carriers absorbing the information. It further recommended carriers should use the race, ethnicity, and language data to support and collaborate with network providers to reduce racial and ethnic inequities.

DCHBX also used the race data as a part of education efforts urging the extension of the lower premiums from the American Rescue Plan. The data showed many African American families, Latino families, and other members of DC's diverse community would lose affordable health coverage if the lower premiums expired.

Q13. What legal barriers does HBX face when trying to 1) make progress toward racial equity or 2) better understand racial inequity within HBX's context and operations (if any)?

As described in more detail in question 20, DCHBX is changing our coverage design to equity-based benefit design to address financial barriers to care – a major contributor to health disparities. Although we would like to continue to transform our standard plans to equity-based benefit design, the reality is that regulatory implementation of the ACA Actuarial Value (AV) standards has been and continues to be a barrier. The AV Calculator provides the actuarial value of services provided at various plan metal levels -- bronze, silver, gold and platinum.

CMS developed the AV Calculator a decade ago before there were focused efforts by states to address disparities in health outcomes through benefit design. The DCHBX Standard Plan Working Group is a stakeholder working group developing the equity-based benefit designs with input from actuarial experts. Under the DRAFT AV Calculators for plan year 2023 and 2024, eliminating cost-sharing for Type 2 Diabetes care and reducing cost sharing for pediatric mental health to \$5, respectively, would have exceeded the acceptable AV standard for some plan metal levels. DCHBX submitted comments on the DRAFT AV Calculators for plan year 2023 and 2024, recommending that specific changes be made to the allowable deviations from each year's actuarial values and that CMS initiate a review of how the AV Calculator had inadvertently become a barrier to equity-based benefit design.

Unfortunately, the Standard Plan Working Group's proposed equity-based benefit design for 2023 and 2024 continued to be out of compliance with the AV standards under the Final Rule. In both cases, the Standard Plan Working Group discussed other changes to meet the AV standards, such as increasing the maximum out-of-pocket amount (MOOP), which disproportionately affects the sickest enrollees, increasing particular co-payments, or increasing the deductible. They eventually recommended changes, that were adopted by the DCHBX Executive Board, to bring those plans into compliance while adding the equity-based benefit design changes related to diabetes and pediatric mental health.

In the fall of 2023, the Standard Plans Stakeholder Working Group, with extensive clinical and actuarial input, developed a proposed equity-based benefit design to cover medical care for cardiovascular and cerebrovascular disease with no cost-sharing for plan year 2025. On December 5, 2023, CMS released the 2025 Draft AV Calculator adopting a new methodology. We commented in support of finalizing the bronze and silver standards as proposed because the changes would allow DCHBX to have no cost sharing for cardiovascular and cerebrovascular disease in these plans without increasing other costs. We requested small adjustments related to platinum and gold standards. As proposed, our current standard platinum and gold plans would be out of compliance. While awaiting a final rule, the DCHBX Standard Plan Working Group discussed and recommended changes to bring those plans in compliance while still adding the equity-based benefit design changes related to \$0 medical care for

cardiovascular and cerebrovascular disease. The DCHBX Executive Board approved these recommendations if they are needed when the final CMS AV rule is released this year.

In future years, we plan to examine insurance design related to adult mental health, and HIV, as well as cancer of the breast, prostate, colorectal and lung/bronchus. The AV standard will continue to be an impediment to improving our standard plan design to help address health disparities if additional flexibilities or changes are not provided.

FY23-24 DCHBX Performance Oversight Hearing: Q14

14. What does racial diversity look like within HBX’s staff? Please provide data on the racial diversity among leadership and at all levels. How does retention differ by race across levels? How does pay differ by race within levels?

The below information was extracted from Peoplesoft data for a total of 116 employees with 4 electing to not-report race. All responses were made voluntarily by employees’ self-selection or designation. Note that the total number of employees does not include members of the OCFO team.

Racial Diversity Among All Staff:

Racial Diversity within DCHBX	Count	%
Black, not of Hispanic origin	57	49.14%
White, not of Hispanic origin	21	18.10%
Asian or Pacific Islander	16	13.79%
Hispanic	14	12.07%
Not Reported	4	3.45%
Asian Indian	3	2.59%
American Indian/Alaskan Native	1	0.86%
Total	116	100.00%

Racial Diversity Among All Managers

Racial Diversity Among All Managers	Count	%
Black, not of Hispanic origin	14	35.00%
White, not of Hispanic origin	13	32.50%
Hispanic	6	15.00%
Asian or Pacific Islander	5	12.50%
Asian Indian	1	2.50%
Not Reported	1	2.50%
Total	40	100.00%

Racial Diversity Among Senior Leadership

Racial Diversity Among Senior Leadership Team	Count	%
Black, not of Hispanic origin	5	50.00%
White, not of Hispanic origin	2	20.00%
Asian or Pacific Islander	2	20.00%
Asian Indian	1	10.00%
Total	10	100.00%

Racial Diversity and Pay Among all Staff

Racial Diversity by Staff Grade Levels	Count	%	Average Salary
White, not of Hispanic Origin	21	18.10%	\$152,639
ES 11	1	0.88%	\$249,604
MSS 16	1	0.86%	\$197,338
MSS 15	8	6.90%	\$172,415
MSS 14	3	2.59%	\$149,228
CS 15	3	2.59%	\$142,050
CS 14	2	1.72%	\$131,138
CS 13	1	0.86%	\$96,052
CS 12	2	1.72%	\$83,289
American Indian/Alaskan Native	2	1.72%	\$195,012
ES 11	1	0.86%	\$248,317
CS 14	1	0.86%	\$141,707
Asian or Pacific Islander	16	13.79%	\$151,847
MSS 16	1	0.86%	\$197,339
MSS 15	2	1.72%	\$163,670
MSS 14	1	0.86%	\$160,216
CS 15	2	1.72%	\$150,180
CS 14	5	4.31%	\$131,137
CS 12	1	0.86%	\$93,311
CS 11	2	1.72%	\$69,481
LA 15	1	0.86%	\$186,840
LX 2	1	0.86%	\$214,450
Asian Indian	2	1.72%	\$135,061
CS 15	1	0.86%	\$156,172
CS 13	1	0.86%	\$113,950

Black, not of Hispanic Origin	57	49.15%	\$147,449
MSS 16	3	2.59%	\$197,338
MSS 15	3	2.59%	\$174,280
MSS 14	3	2.59%	\$147,726
MSS 13	4	3.45%	\$126,357
CS 15	2	1.72%	\$162,373
CS 14	1	0.86%	\$141,707
CS 13	3	2.59%	\$107,984
CS 12	18	15.52%	\$91,358
CS 11	17	14.66%	\$72,497
LA 15	1	0.86%	\$161,600
LA 14	1	0.86%	\$154,556
LX 3	1	0.86%	\$231,616
Hispanic	14	12.07%	\$126,002
MSS 14	3	2.59%	\$149,088
MSS 13	2	1.72%	\$127,082
CS 14	1	0.86%	\$138,184
CS 13	1	0.86%	\$105,001
CS 12	3	2.59%	\$84,959
CS 11	3	2.59%	\$70,880
LX 2	1	0.86%	\$206,822
Not Reported	4	3.45%	\$141,845
CS 15	1	0.86%	\$160,000
CS 13	1	0.86%	\$116,933
CS 12	1	0.86%	\$103,333
LX 2	1	0.86%	\$187,114
Grand Total	116	100.00%	

DCHBX retention activities include diverse online recruitment tools and employee referrals, all staff trainings on diversity topics such as Workplace Inclusion and Inclusivity, and a Social Justice Speaker Series to observe and celebrate national heritage months. Please see response to Q20 for more information.

- 15. Please provide a narrative explanation of HBX’s role in the implementation of Mayor’s Order 2023-141 “Declaration of Public Emergency: Opioid Crisis and Declaration of Public emergency: Juvenile Crime” and subsequent extensions of that order. In addition to the narrative explanation, Include for both public emergencies:**
- a. HBX’s role in facilitating and participating in data sharing with other District agencies;**
 - b. Detailed accounting of expedited procurement related to the order and subsequent extensions;**
 - c. Detailed accounting of any grants, partnerships, obligations, expenditures, or other disbursements related to the order and subsequent extensions;**
 - d. Recommendations made to the City Administrator in accordance with the order and subsequent extensions;**
 - e. Detailed accounting of any financial assistance sought from federal, private, non-profit, or other agencies of the United States government to recoup expenditures incurred, or obtain funding needed to carry out necessary actions of the order and subsequent extensions;**
 - f. Description of any activation, implementation, and coordination of mutual aid agreements between HBX and federal, state, or local jurisdictions to assist in the District’s response to the order and subsequent extensions;**
 - g. Any other assistance by HBX’s related to the order and subsequent extensions.**

DCHBX does not have a role in the implementation of Mayor’s Order 2023-141.

16. Please describe any new major programs, activities, and initiatives executed or planned in FY 2023 and FY 2024, to date.

HealthCare4ChildCare Formation

On June 7, 2022, the Council approved the FY23 Budget Support Act (“BSA”). The BSA included the Early Childhood Educator Pay Equity Fund Amendment Act of 2022, which authorizes a portion of funds from the Early Childhood Educator Pay Equity Fund to be used to reduce health insurance premiums paid by child development facilities or eligible employees of child development facilities. The Act also authorized the Office of the State Superintendent for Education (OSSE), which administers the Early Childhood Educator Pay Equity Fund, to partner with DCHBX.

Immediately after the BSA was enacted in 2022, DCHBX leadership together with OSSE leadership initiated the design and implementation of HC4CC. DCHBX engages in regular and collaborative consultations with OSSE on development and refinement of major policies and strategies. This ongoing partnership has been integral to ensuring the continued success of HC4CC. As an example, recognizing the importance of health insurance literacy, OSSE early childhood educators participate in learning opportunities that promote health insurance literacy to receive professional learning units in financial literacy, a core knowledge area for early educators that OSSE recently adopted, in order to meet OSSE professional development requirements.

Through executed MOUs, OSSE allocated \$18 million from the Pay Equity Fund to pay for health insurance premiums for plan year 2023 and another \$18 million for plan year 2024 premiums. In addition, using Coronavirus Response and Recovery Supplemental Appropriations Act funds, OSSE provided DCHBX with \$466,514.16 in funding for 3 FTEs for Fiscal Year 2023, \$478,151.16 for 3 FTEs for Fiscal Year 2024, and \$276,000 for IT development work in FY 2023. DCHBX also secured \$200,000 in grant funding from DC Action to support IT development work done in preparation for plan year 2024.

HC4CC Implementation

DCHBX wanted to help as many people as possible and successfully operationalized HC4CC for coverage effective January 1, 2023, which meant employers and employees started enrolling as early as October 1, 2022. Plan year 2023 HC4CC coverage provided:

- Free silver-level health insurance through DC Health Link for District residents (and their families) who are employees of OSSE-licensed child development centers and homes. Free premiums were for Silver Standard PPO and HMO Plans from CareFirst BlueCross BlueShield and from Kaiser Permanente.
- Free health insurance or lower premiums through DC Health Link for non-District residents who are employees of OSSE-licensed child development centers and homes choosing to participate in HealthCare4ChildCare. Free premiums were for Silver

Standard Plan from Kaiser Permanente (KP). When employers or employees choose a different plan, their premium is lowered by the amount equal to the KP plan.

All employees qualify, including employees not eligible for wage supplements, part-time workers, undocumented workers, etc. DCHBX enrolls employers and employees on an ongoing basis throughout the year. Employers are guaranteed free and lower premiums for their employees for one full plan year, which is 12 months from the date of enrollment. DC residents enrolled through the Individual and Family marketplace are guaranteed free coverage through December 31 of the plan year in which they enroll. This guarantee ensures continuous coverage without interruptions, providing certainty, consistency in coverage, and peace of mind to workers and employers.

HC4CC Stakeholder Engagement

Over 2023, DCHBX gathered input from employers and workers -- those that enrolled and those that did not enroll -- associations, advocates, and community leaders. We found that we need to continue to modify our approach and policy decisions, based on the needs and diversity of the entire early child development community. Also, to help us to continue to improve our outreach and to provide input on policies, we established a HealthCare4ChildCare Advisory Council that provides feedback and advice on implementation. The details of its membership are below in section (b).

HC4CC Policy Changes

With input from the community and in consultation with OSSE, we made two policy changes moving to plan year 2024:

- **SILVER TO GOLD:** Paying for gold-level coverage instead of silver. This means there will be:
 - Free gold-level health insurance through DC Health Link for District residents (and their families) who are employees of OSSE-licensed child development centers and homes. Free premiums are for Gold Standard PPO and HMO Plans from CareFirst BlueCross BlueShield and from Kaiser Permanente.
 - Free health insurance or lower premiums through DC Health Link for employees of OSSE-licensed child development centers and homes choosing to participate in HealthCare4ChildCare. Free premiums are for Gold Standard Plan from Kaiser Permanente (KP). When employers or employees choose a different plan, their premium is lowered by the amount equal to the gold KP plan.
 - This change is important because it reduces deductible and out-of-pocket costs for enrollees. For example, the silver deductible was \$4,850 for medical and \$350 for prescription drugs is reduced to a \$500 deductible under gold coverage. It reduces the co-payment for a primary care visit from \$40 to \$20 and from \$80 to \$50 for a specialist visit. One reason employers were hesitant to sign up was because of the higher deductible.
- **EMPLOYER CHOICE:** Employers enrolling in HC4CC have the choice to cover both District residents and non-residents in their group plan. HC4CC no longer requires

workers who are District residents to enroll in DC Health Link's Individual and Family Marketplace. This new policy will allow workers who are District residents to enroll in their employer's group plan if the employer offers group coverage in DC Health Link's Small Business Marketplace.

- Some employers told us that they wanted to keep their District resident employees and non-resident employees together offering the same coverage options and they wanted to have visibility into their employees' insurance coverage to ensure their employees are benefiting from the free or low-cost premiums through HC4CC.
- With input from the HC4CC Advisory Council, both changes were implemented as optional for employers already enrolled in HC4CC, allowing employers maximum flexibility as they renew for 2024.

HC4CC Outreach Improvements

For outreach, we wanted to make sure that no one was left behind and that we focused resources on underserved populations and communities. We focused first on child development homes and expanded homes in all wards and centers in Wards 5, 7, and 8. With input from HC4CC Advisory Council, OSSE, and others in the community we continued to refine and enhance our outreach efforts. Most notably, in March 2023, the DCHBX Executive Board approved establishing a grant program for Fiscal Years 2023 and 2024 to fund groups to assist DCHBX staff with HC4CC outreach and enrollment. The grant program is aimed at engaging trusted community organizations and voices to reach and educate OSSE-licensed early child development centers and homes and their employees about HC4CC and to maximize employer and employee participation in HC4CC. Grants were awarded June 2023 and grantees began outreach after being trained on HC4CC, health insurance literacy, and privacy.

We fielded a survey of employers and employees enrolled in HC4CC to gather insights and feedback how they learned about the program and why they enrolled. Preliminary results indicate that most learned about HC4CC through emails from us and from OSSE, or as a result of in-person conversations with the HC4CC team or from their manager or director. The results show that most enrolled because they wanted and needed affordable health insurance.

Also, the HC4CC Advisory Council made several recommendations, including a focus on cost savings and other benefits for both the employer and employees. DCHBX incorporated this into our outreach plan and developed a targeted email to employers who are not enrolled in HC4CC, highlighting the expected cost savings for them and their employees.

More on outreach below in section (c).

HC4CC IT Improvements

DCHBX developed and deployed several key IT functionalities for HC4CC over 2023. This includes a broker quoting tool to help brokers and DCHBX staff show premiums and options to potential customers. We've also deployed changes to the online search functions ensuring DC residents that enroll through the Individual and Family Marketplace see only gold standard plan

options for 2024. Finally, we deployed renewability functionality in our enrollment system for HC4CC to support the change in premium discount from silver- to gold-level and allow for both 2023 and 2024 plan years in our system.

HC4CC Growth

With these improvements, DCHBX and our partners have more than doubled HC4CC enrollment in the first year of the program (from January 2023 to February 2024 as of 2/1/24).

Employer Enrollment in Small Business Marketplace

- Licensed Facilities almost doubled from 94 to 184
- Employers more than doubled from 61 to 130
- Employees doubled from 516 to 1,053
- Employees and their dependents doubled from 594 to 1,205

Individual Marketplace Enrollment

- Residents more than quadrupled from 41 to 181
- Residents and their dependents also more than quadrupled from 62 to 284

First in the Nation

HC4CC is now being recognized by the federal government, and several states are looking at this program as a model to improve access to affordable health coverage for childcare workers. DCHBX staff presented about HC4CC at a state-based marketplace meeting in Boston in August. We briefed a local legislator in one state at their request. DCHBX also shared perspectives with researchers working on early childhood initiatives related to access to health benefits in another state. A recent Urban Institute case study report on DC's Pay Equity Fund described HC4CC as a "landmark public investment."¹ The authors note that additional research can illuminate the success and challenges of HC4CC as implementation continues. In November 2023, OSSE announced that DC is one of just three states selected by the Early Educator Investment Collaborative to receive a grant to support innovations to increase the professional credentials, wages, and benefits of the DC early childhood education workforce. OSSE received a \$2.4 million grant from the Collaborative to accelerate and grow existing programs that support the DC early childhood workforce, including the HC4CC program.

Please provide the following as it relates to HealthCare4ChildCare:

a. Total number of childcare workers enrolled, to date;

HC4CC Cumulative Enrollment

As of February 1, 2024, a total of 1,470 employees of OSSE-licensed facilities have enrolled in HC4CC coverage. Including dependents, this represents a total of 1,811 covered people. Of that total number, 1,274 employees (including dependents, 1,492 people) have been covered through the Small Business Marketplace. An additional 196 employees who are DC residents (including dependents, 314 people) have been covered through the Individual and Family Marketplace.

¹ <https://www.urban.org/sites/default/files/2023-06/Toward%20Pay%20Equity.pdf>

Since this is a historical count, these numbers include people who may no longer be covered by HC4CC.

HC4CC Current Enrollment

There are 441 currently licensed eligible early child development facilities. Of those, 76 facilities have more than 100 FTEs and thus do not qualify for group coverage because of their size, leaving 365 potentially eligible for HC4CC Small Business Marketplace coverage. That 365 is a conservative estimate because it includes facilities that do not qualify for group coverage because they do not have employees (e.g. homes run by self-employed people without employees). In addition, of the 365 facilities DCHBX has confirmed through individualized outreach that all employees of 73 facilities already have healthcare coverage through Medicaid or a spouse. Of the remaining 292 facilities, 184 currently have HC4CC group coverage, that is 63%.

For February 1, 2024 effective date of coverage, below is our enrollment data:

Small Group Health Insurance Enrollment

Employers*	130
Employees	1,053
Employees + Dependents	1,205
Monthly HC4CC Discount	\$558,165

**Representing 184 OSSE-licensed early child development facilities*

Individual and Family Marketplace Enrollment

Residents	181
Residents + Dependents	284
Monthly HC4CC Paid for 100% of Premium	\$232,871

Total Enrollment

Total Covered People	1,489
Monthly HC4CC Total Paid	\$791,036

Details:

- 68 of the 130 employers did **not** offer coverage before (52% of employers newly offering group coverage). These 68 employers have 256 employees enrolled (total of 280 employees plus dependents)
- 54 of the 130 employers previously offered coverage through DC Health Link
 - Because of the HC4CC discount, “take up” or enrollment increased by 115 employees (**42% increase**) (121 employees plus dependents)
- 8 employers previously offered outside of DC Health Link
- 869 employees have free health insurance premiums
- 184 employees pay a reduced premium

b. Total number and name of childcare facilities DCHBX partners with;

HealthCare4ChildCare Advisory Council membership.

HC4CC Advisory Council Members	
Kathy Hollowell-Makle (Chairperson)	Executive Director, District of Columbia Association for the Education of Young Children (DCAEYC)
Jamal Berry (Vice-Chairperson)	President and CEO, Educare DC
Teresa Aspinwall	Director, Multicultural Spanish Speaking Providers Association (MSSPA)
Carrie Thornhill	President, DC Early Learning Collaborative
Sia Barbara Kamara	Board Member, DC Early Learning Collaborative
Jeffrey Credit	President, Washington Association of Child Care Centers (WAC) Founder and CEO, Community Educational Research Group
Cynthia Davis	President, DC Family Child Care Association Owner, Kings and Queens Childcare Center
Sally D'Italia	DC Directors Exchange
Maria Cristina Encinas	Board President, Multi-Cultural Spanish Speaking Providers Association (MSSPA) Operations Director, Estrellitas
Almeta Keys	Executive Director, Mazique Parent-Child Center
Maurice Sykes	Early Childhood Leadership Institute
Kimberly Perry	Executive Director, DC Action
Christina Benjamin	Principal at Christina K. Benjamin Consulting
Raúl Echevarría	CEO/President, CommuniKids Preschool and Children's Language Centers
LaDon Love	Executive Director, SPACES in Action

HC4CC Outreach and Engagement Partnership Program (OEPP) Grantees

Outreach and Education Partnership Program Grantees	
SPACES in Action	LaDon Love, Executive Director
Community Educational Research Group	Jeffrey Credit, Chief Executive Officer
The Multicultural Spanish Speaking Providers Association	Teresa Aspinwall, Director
The DC Early Learning Collaborative	Ihkeem Ma'at, Project Manager
DC Association for the Education of Young Children	Kathy Hollowell-Makle, Executive Director

c. Plans and timeline to enroll more childcare workers.

DCHBX conducted extensive outreach and education to OSSE-licensed facilities, their employees, early child development coalitions, advocates, brokers, and associations in FY 2023, and continues to prioritize outreach, education, and enrollment through FY 2024.

Outreach Activity

DCHBX continues to conduct in-person visits, both scheduled and drop in visits, and conduct in-person or telephonic meetings, intentionally not allowing technology to serve as a barrier to participation. DCHBX adjusted our practices as we learned the operational realities of facility operations (e.g., timing our phone calls and appointments for breaks, lunch hours, and immediately after the children left for the day). We also allocate appointment times outside of business hours to ensure flexibility and accommodate the diverse schedules of employers and employees. We conducted numerous email campaigns, including email campaigns on HC4CC discounts and cost savings, changes for Plan Year 2024, and reminders to employers about their plan renewal. DCHBX also conducted an email campaign with employees directly, highlighting savings and offering one-on-one enrollment assistance. Email campaigns are in both English and Spanish.

DCHBX continues to have an extra focus on outreach and engagement with centers and homes in Wards 5, 7, and 8. In our recent outreach effort for plan year 2024, DCHBX staff reached out to 80 centers and homes in these Wards, representing 54% of all active outreach. Also, several OEPP grantees target their efforts and have deep relationships with childcare centers in Wards 5, 7, and 8, including The DC Early Learning Collaborative and SPACES in Action.

From January 2023 to date, DCHBX:

- sent more than 6,100 emails and made 509 phone calls to employers for employer enrollment
- made 333 phone calls to employees to enroll through their employer where their employer has enrolled in HC4CC;
- sent more than 23,900 emails and made 621 phone calls to workers who are DC residents to enroll in individual marketplace coverage (we targeted workers who are not enrolled in Medicaid);
- held 372 virtual meetings with employers;
- held 324 virtual meetings with employees for individual marketplace coverage;
- performed 419 in-person facility outreach visits;
- held 5 in person outreach and enrollment events;
- held 6 webinars for employers; and
- held 8 trainings for brokers.

See below for data on current enrollment of workers who are DC residents by Ward.

Enrollment of Workers Who Are DC Residents as of February 1 by Ward:

Ward	Already in Medicaid	Eligible for HC4CC	We enrolled in Individual HC4CC coverage	We enrolled in SHOP HC4CC	We enrolled in Medicaid	Enrolled Total	% Eligible Enrolled
Ward 1	95	162	20	52	3	75	46%
Ward 2	18	41	6	16	2	24	59%
Ward 3	18	90	9	19	1	29	32%
Ward 4	203	311	54	64	5	123	40%
Ward 5	109	150	29	41	4	74	49%
Ward 6	101	86	17	20	5	42	49%
Ward 7	183	134	14	35	8	57	43%
Ward 8	285	141	32	45	11	88	62%
TOTAL	1,012	1,115	181	292	39	512	46%

Enrollment Push

DCHBX is always looking for ways to increase enrollment. Beginning in the Fall of 2023, leading up to plan year 2024, DCHBX launched a comprehensive and robust enrollment push to support new employer and employee enrollments into HC4CC and this push continues. This includes revisiting employers and employees we had already reached out to but are not yet enrolled in HC4CC to review the major policy changes for 2024, notably HC4CC paying for gold coverage. For this effort, DCHBX continues using email, calls, and a direct in person visit approach. Further, as part of this 2024 enrollment push, OSSE sent emails to people who received supplemental payments through the Early Childhood Educator Pay Equity Fund in FY22 and/or FY23, but were not enrolled in HC4CC. DCHBX also presented on HC4CC at OSSE stakeholder meetings in November and December 2023 and OSSE included information about HC4CC in their December 2023 Division of Early Learning Newsletter.

OEPP Grantee Outreach

HC4CC Outreach and Engagement Partnership Program grants began in June 2023. During outreach, grantees educate and schedule appointments for enrollment. Grantees have been assigned 155 OSSE-licensed child development centers and homes to reach out to based on their location or if the grantee has a special connection with a center or home.

OEPP Grantees:

- sent more than 51 emails and made 113 phone calls to employers;
- held 13 virtual meetings with employers;
- held 23 in-person outreach and enrollment events; and
- visited 127 centers and homes.

Medicaid Redetermination and OSSE-licensed Early Child Development Employees

There are approximately 1,000 Medicaid enrollees that are employees of OSSE-licensed facilities. DCHBX worked closely with Department of Health Care Finance (DHCF) to move Medicaid redetermination for this population to the last group being redetermined for Medicaid scheduled for April 2024 (with Medicaid notices sent in March). This population will receive outreach from DCHBX beginning in February for a seamless coverage transition for any residents who are determined no longer eligible for Medicaid. This includes one-on-one outreach and assistance from DC Health Link Assistants and HC4CC Outreach and Engagement Partnership Program grantees.

d. Total amount spent in FY 2023 and FY 2024, to date, on HealthCare4ChildCare.

FY 2023

Amount spent in premiums in FY 2023: \$3,763,932.

FY2023 is a partial year since enrollments did not begin until January 1, 2023. Additionally, Fiscal Years do not align with Plan Years. \$18 million was allocated for Plan Year 2023 premium payments. These payments will continue to be made through Fiscal Year 2025. For example, an employer offers Plan Year 2023 coverage that began December 1, 2023 and ends November 30, 2024. In this example even though it is a 2023 plan year, this employer's coverage started in FY 2024 and runs into FY 2025.

FY 2024

Amount spent in premiums in FY 2024: \$2,258,051.

Fiscal Years do not align with Plan Years. \$18 million was allocated for Plan Year 2024 premium payments. Plan Year 2024 is in its first month and payments will continue to be made through Fiscal Year 2026. For example, an employer offers Plan Year 2024 coverage that begins December 1, 2024 and ends November 30, 2025. In this example even though it is a 2024 plan year, this employer's coverage started in FY 2025 and runs into FY 2026.

e. Remaining balance of funds for HealthCare4ChildCare going forward.

For Plan Year 2023, \$18 million is allocated for premium payments for HC4CC employers offering coverage in the Small Business Marketplace and HC4CC employees and dependents enrolled in the Individual and Family Marketplace. Another \$18 million is allocated for Plan Year 2024 premiums.

HC4CC Spending Projections

There are many factors and assumptions that could be considered in making spending projections for this program. For example:

- Assuming 75% enrollment, one methodology shows we’ll need \$22.8M, compared to \$12.2M using different methodology. *See Table 1.*
- Assuming 90% enrollment, one methodology shows we’ll need \$27.4M, compared to \$14.6M using different methodology. *See Table 2.*

Importantly, it is too early in the program to make accurate assumptions for modeling and the danger of using wrong assumptions can result in insufficient funds to continue health coverage.

Overview of Data:

- 441 currently OSSE-licensed facilities
 - Of these:
 - 76 large groups (not eligible for DC Health Link’s group coverage because they have more than 100 employees)
 - 5 facilities – all employees on Medicare
 - 68 facilities – all employees on Medicaid or spouse’s coverage
 - 185 facilities currently enrolled in HC4CC, as of 2/1/2024
- 4,660 employees on OSSE list
 - Of these:
 - 1,018 employees in large groups
 - 1,012 employees enrolled in Medicaid, per a DHCF July 2023 analysis.
 - 1,234 employees currently enrolled in HC4CC, as of 2/1/2024
- Monthly premium for those currently enrolled is \$858,370, or \$10,300,445/year.
 - Current average monthly premium per facility – \$4,640
 - Current average monthly premium for each employee – \$696

Table 1 – 75% Enrolled

Assumptions	Enrollment	Monthly Premiums	Annual Premiums
<ul style="list-style-type: none"> • Based on <i>facility</i> enrollment • Removing large groups and those with all employees on Medicare, Medicaid, or spouse’s coverage from the total 	219 facilities enrolled	\$1,016,125	\$12,193,494
<ul style="list-style-type: none"> • Based on <i>facility</i> enrollment 	219 facilities enrolled	\$1,097,414	\$13,168,973

Assumptions	Enrollment	Monthly Premiums	Annual Premiums
<ul style="list-style-type: none"> Removing large groups and those with all employees on Medicare, Medicaid, or spouse's coverage from the total Incorporating an 8% premium increase for the lowest cost gold standard plan 			
<ul style="list-style-type: none"> Based on facility enrollment Removing large groups and those with all employees on Medicare from the total 	270 facilities enrolled	\$1,252,756	\$15,033,074
<ul style="list-style-type: none"> Based on facility enrollment Removing large groups and those with all employees on Medicare from the total Incorporating an 8% premium increase for the lowest cost gold standard plan 	270 facilities enrolled	\$1,352,977	\$16,235,720
<ul style="list-style-type: none"> Based on employee enrollment Removing employees of large groups and those enrolled in Medicaid (per July 2023 DHCF review) 	1,973 employees enrolled	\$1,373,208	\$16,478,496
<ul style="list-style-type: none"> Based on employee enrollment, removing employees of large groups 	2,732 employees enrolled	\$1,901,472	\$22,817,664

Assumes all in Gold coverage.

Table 2 – 90% Enrolled

Assumptions	Count	Monthly Premiums	Annual Premiums
<ul style="list-style-type: none"> Based on facility enrollment Removing large groups and those with all employees on Medicare, Medicaid, or spouse's coverage from the total 	263 facilities enrolled	\$1,220,277	\$14,643,328
<ul style="list-style-type: none"> Based on facility enrollment Removing large groups and those with all employees on Medicare, Medicaid, or spouse's coverage from the total Incorporating an 8% premium increase for the lowest cost gold standard plan 	263 facilities enrolled	\$1,317,899	\$15,814,795
<ul style="list-style-type: none"> Based on facility enrollment Removing large groups and those with all employees on Medicare from the total 	324 facilities enrolled	\$1,503,307	\$18,039,689
<ul style="list-style-type: none"> Based on facility enrollment Removing large groups and those with all employees on Medicare from the total 	324 facilities enrolled	\$1,623,572	\$19,482,864

<ul style="list-style-type: none"> Incorporating an 8% premium increase for the lowest cost gold standard plan 			
<ul style="list-style-type: none"> Based on employee enrollment Removing employees of large groups and those enrolled in Medicaid (per July 2023 DHCF review) 	2,367 employees enrolled	\$1,647,432	\$19,769,184
<ul style="list-style-type: none"> Based on employee enrollment Removing employees of large groups 	3,278 employees enrolled	\$2,280,038	\$27,360,452

Assumes all in Gold coverage.

Additional Factors Not Included in Table 1 and 2 Projections:

- Premium increase based on age
- Rate of employee sign-up based on upgrade from silver to gold plan
- Change in employer’s workforce (i.e. new employees, increase/decrease in # employees)
- Employer size of remaining facilities not currently enrolled
- Impact of Medicaid unwinding starting in April
- Changes to the OSSE facility and employee list

17. Please describe any changes or improvements to HBX's dental and vision coverage in FY 2023 and FY 2024, to date.

Dental Coverage

After DC Health Link launched, we began to offer dental coverage and reconfigured our IT to enable residents to enroll just in dental coverage (“standalone dental plans”). We created a whole new private market. Prior to our offerings, an individual could not buy an individual dental policy directly from a carrier. Rather, such policies were only available through group coverage.

The DC Health Link market now serves a variety of customers beyond those residents who are purchasing their healthcare coverage through DC Health Link. For example, residents who have Medicare, which does not provide dental coverage, can purchase dental plans on DC Health Link. Similarly, individuals who may have job-based healthcare coverage but whose benefits do not include dental coverage can buy dental coverage on DC Health Link.

In addition, modeled on our healthcare plan-match tool, DCHBX built a consumer decision support tool that allows residents to compare dental coverage options quickly.

As of February 2, 2024: 9,569 people have dental coverage. Of these, a total of 1,299 people have dental coverage only (and not medical) through DC Health Link. Of those, 927 people are in the Individual and Family Marketplace and 372 are in the small business marketplace.

These plan options and carrier options are the same in Plan Year 2024 as they were in Plan Year 2023 as follows:

DC Health Link Individual Marketplace offers 16 dental plans from four carriers:

- Best LIFE (4 plans)
- Delta (2 plans)
- Dominion National (8 plans)
- CareFirst (2 plans)

DC Health Link Small Group Marketplace offers 2 dental plans from CareFirst.

Vision Coverage

The Affordable Care Act restricts marketplaces from offering products other than qualified health plans and qualified dental plans. As such, DC Health Link does not offer vision coverage. As a benefit to our customers, though, we have arranged for VSP, the largest not-for-profit vision insurance plan in America, to offer vision coverage to individuals. Consumers who choose to purchase a vision plan, do so directly through VSP's online enrollment system and not through DC Health Link.

18. Please describe the status of implementation for reduced cost sharing amounts for pediatric behavioral health services including efforts to ensure an adequate network of providers who accept insurance bought on the Exchange.

Starting in 2024, standard plans offered on DC Health Link cover pediatric mental and behavioral health services with a \$5 copay with no deductible. This is for an unlimited number of primary care or specialty office visits - down from \$45 under bronze coverage - certain lab work, and medication for pediatric mental and behavioral health services. Parents who were paying as high as \$25 in copays for even the lowest-cost generic prescriptions for their children, will pay only a \$5 copay starting this plan year 2024.

In 2022, through consensus, DCHBX Standard Plans Working Group reduced cost sharing for pediatric mental and behavioral health services 2024 standard plans. The working group included consumers, health insurance carriers, brokers, consumer advocates, and clinical expertise from the Children's National Hospital's Child Health Advocacy Institute's (CHAI) Community Mental Health CORE. This recommendation focuses on equity-based health plan design as one action to increase utilization of mental healthcare. The Children's National team discussed a variety of their efforts to improve access to high-quality mental healthcare for all children and their families.

Each health insurance carrier is required to offer a DC Health Link standard plan at each metal level—Bronze, Silver, Gold and Platinum. In 2024, there are 15 equity-based health plan options in the individual and family marketplace and 36 in the small business marketplace. Currently there are 12,417 people and 1,293 children enrolled in a DC Health Link standard plan that covers pediatric mental and behavioral health services with a \$5 copay and no deductible.

This action implements policy changes recommended by the DCHBX Social Justice and Health Disparities Working Group in 2021 designed to stop systemic racism in health care. Specifically, the group recommended modifying insurance design for DC Health Link standard plans to eliminate cost sharing, including deductibles, co-insurance, and co-payment, for medical care, prescription drugs, supplies and related services that prevent and manage diseases and health conditions that disproportionately affect patients of color in the District. That recommendation also encourages health insurance carriers to evaluate the impact of design changes on the enrolled population. We recently procured clinical and research expertise to work with and support health insurance carriers on their evaluation.

19. Please describe the status of implementation for the zero cost sharing for diabetes care in plans sold on the Exchange.

Starting in 2023, standard plans offered on DC Health Link cover Type 2 Diabetes with no cost sharing—no deductible, no co-insurance, and no copay—for primary care physician visits, lab work, both primary care eye and foot exams, supplies, and prescriptions including insulin.

In 2021, through consensus, DCHBX Standard Plans Working Group removed cost sharing for Type 2 diabetes for 2023 standard plans. The working group included consumers, health insurance carriers, brokers, consumer advocates, and others. The DCHBX Board approved this equity-based benefit design making the District of Columbia the first state-based marketplace to take such a broad approach.

Each health insurance carrier is required to offer a DC Health Link standard plan at each metal level—Bronze, Silver, Gold and Platinum. In 2023 and 2024, there were 15 equity-based health plan options in the individual and family marketplace and 36 equity-based health plan options in the small business marketplace. Currently there are 12,417 people enrolled in a DC Health Link standard plan with no cost sharing for Type II diabetes. In 2024, these plans also cover pediatric mental and behavioral health services with a \$5 copay and no deductible.

This action implements policy changes recommended by the DCHBX Social Justice and Health Disparities Working Group in 2021 designed to stop systemic racism in health care. Specifically, the group recommended modifying insurance design for DC Health Link standard plans to eliminate cost sharing, including deductibles, co-insurance, and co-payment, for medical care, prescription drugs, supplies and related services that prevent and manage diseases and health conditions that disproportionately affect patients of color in the District. That recommendation also encourages health insurance carriers to evaluate the impact of design changes on the enrolled population. We recently procured clinical and research expertise to work with and support health insurance carriers on their evaluation.

20. Please describe HBX’s efforts in promoting health equity. Please include a description of the implementation in FY 2023 and FY 2024, to date, of work produced by the Social Justice & Health Disparities Working Group for its identified focus areas:

- a. Expand access to providers and health systems for communities of color in the District;**
- b. Eliminate health outcome disparities for communities of color in the District; and**
- c. Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District.**

After the murder of George Floyd and the evidence of deep racial and ethnic disparity shown by data on hospitalizations and deaths related to COVID-19, the DCHBX Board and staff concluded that we must work to help end systemic racism and injustice in healthcare. To that end, the DCHBX Executive Board created a working group on Social Justice and Health Disparities to consider three focus areas and develop recommendations. The working group reached consensus [recommendations](#) that the DCHBX Executive Board unanimously adopted in July 2021.

In July 2022, DCHBX reported on progress the health plans made toward achieving the agreed upon Year 1 activities/requirements. The report can be found [here](#).

In July 2023, DCHBX reported on progress the health plans made toward achieving recommendations. The report can be found [here](#).

Summary updates for two key areas:

- **eGFR** - For context, GFR is a clinical tool that estimates how well kidneys function. The tool’s “race adjustment” modifier automatically adds points to the score for Black patients, making it look like their kidneys functioned better than they actually did. An artificially inflated score delays kidney treatment and prevents some patients from receiving life-saving transplants. The national clinical guideline was updated in 2020 with a new race free calculation for estimating eGFR. However, not all clinical laboratories have adopted this calculation.
 - Carriers agreed to prohibit network providers from using race in estimating eGFR.
 - DCHBX hired a consultant in September 2023 to lead a campaign to understand and overcome implementation barriers to removing race from eGFR in all jurisdictions where DC Health Link members reside.
 - Benchmarking research showed that only 65.8% of US labs reported that they had already adopted the race free e-GFR test.
 - The consultant identified the following barriers: General awareness and recognition amongst clinicians, technology costs and lack of technical prowess, and smaller and niche labs may not have resources to make updates.

- **Equity-Based Benefit Design** - DCHBX Social Justice and Health Disparities Working Group recommended modifying insurance design for DC Health Link standard plans to eliminate cost sharing, including deductibles, co-insurance, and co-payment, for medical care, prescription drugs, supplies and related services that prevent and manage diseases and health conditions that disproportionately affect patients of color in the District.
 - *Diabetes For Plan Year 2023*
Standard Plans Working Group recommended, and the Executive Board adopted, eliminating cost sharing for Type 2 diabetes. Specifically, standard plans offered on DC Health Link will cover Type II diabetes with no cost sharing—no deductible, no co-insurance, and no copay—for primary care physician visits, lab work, both primary care eye and foot exams, supplies, and prescriptions including insulin.
 - *Pediatric Mental and Behavioral Health for Plan Year 2024*
Standard Plans Working Group recommended, and the Executive Board adopted, coverage of pediatric mental and behavioral health services with a \$5 copay with no deductible. Specifically, standard plans offered on DC Health Link will cover at a \$5 co-payment an unlimited number of primary care or specialty office visits - down from \$45 under bronze coverage - certain lab work, and medication for pediatric mental and behavioral health services. Parents who were paying as high as \$25 in copays for even the lowest-cost generic prescriptions for their children, will pay only a \$5 copay starting this plan year 2024.
 - *Cardiovascular and Cerebrovascular Disease for Plan Year 2025*
 - In the fall of 2023, the Standard Plans Stakeholder Working Group began review of cardiovascular disease and cerebrovascular disease. Heart disease was the leading cause of death in the United States in 2020, disproportionately affecting communities of color. The rate of Black DC residents who die from heart disease is 2.5 times higher than White residents. Additionally, 10.1% of Black residents and 12.9% of Hispanic/Latino residents compared to 6.1% of White residents report not seeing a doctor because of cost.
 - The Standard Plans Stakeholder Working Group, with extensive clinical input, developed a proposed equity-based benefit design to cover medical care for cardiovascular and cerebrovascular disease with no cost sharing—no deductible, no co-insurance, and no copay— for office visits with family medicine or internal medicine doctor, generic prescriptions, lab work and imaging services including CT scans and electrocardiograms. In January, the DCHBX Executive Board approved these recommendations for plan year 2025.
 - In future years, we plan to examine insurance design related to adult mental health, and HIV, as well as cancer of the breast, prostate, colorectal and lung/bronchus.
 - *Evaluation*
The Social Justice and Health Disparities Working Group recommendation encourages health insurance carriers to evaluate the impact of design changes on

the enrolled population. We recently procured clinical and research expertise to work with and support health insurance carriers on their evaluation.

Internal activities and leadership priorities

DCHBX has also initiated an agency-wide, internal social justice initiative. Each leadership team member developed a social justice strategic plan—a priority for DCHBX. The strategic plans include the incorporation of Diversity, Equity, and Inclusion (DEI) goals into performance management plans (initiated in 2021 and on-going), and a review of both existing and new policies and procedures through the social justice lens.

DCHBX continued our Social Justice Speaker Series for all staff which included the following speakers in 2023:

- Black History Month, (Marc H. Morial, President and CEO of the National Urban League)
- Arab American Heritage Month (Dr. Amal David, Director of Community Engagement at Arab America, and Warren David, President of Arab America)
- LGBTQ+ Month (Derrick Petit, President of Gay Professional Men of Color)
- Jewish American Heritage Month and Asian American and Pacific Islander Heritage Month (Rabbi Mira Rivera, Rabbi in Residence of the LUNAR Collective)
- Hispanic/Latino Heritage Month (Cid Wilson, President & Chief Executive Officer of the Hispanic Association on Corporate Responsibility)

In 2023, DCHBX hired social justice a consultant to provide trainings which consisted of four sessions focused on inclusivity by Dr. Kumea Shorter-Gooden. We also conducted all-staff LGBTQ+ competency trainings.

DCHBX have presented on health equity activities at several events including Dialogue on Diversity 2023 Healthcare Symposium, CareFirst's "Curing What Ails Prescription Drugs: Exploring policy solutions that are increasing access and affordability," the V-BID Summit 2023: Accelerating Health Equity, and the American Academy of Actuaries Health Symposium: Health Benefit Design Innovations for Advancing Health Equity. DCHBX was also highlighted in a report from the United Hospital Fund on the role of carriers in promoting health equity recognized and highlighted the recommendations of the Social Justice & Health Disparities Working Group.

Q21. Please describe your implementation of the relevant portions of the federal Inflation Reduction Act during FY 2023 and FY 2024, to date. This should include your operations, IT, and communications activities related to the Act.

Background

The Affordable Care Act (ACA) made health coverage affordable in part by lowering premiums through premium tax credits available monthly, and at tax time, for people with incomes below 400% of the federal poverty level (FPL). The American Rescue Plan Act (ARPA), enacted in March 2021, substantially increased the amount of premium tax credits available, thus lowering premiums even more. Importantly, ARPA also expanded eligibility for lower premiums by removing the 400% FPL income limit which allowed people with incomes above 400% FPL to qualify for lower premiums. This means that no one would pay more than 8.5% of their income for health insurance premiums (based on the price of the second-lowest cost silver plan through a marketplace). This premium relief was due to expire on December 31, 2022. The subsequent Inflation Reduction Act (IRA), signed into law by President Biden on August 16, 2022, extends availability of lower premiums to December 31, 2025.

Savings:

Examples of Lower Premiums under IRA:

- ✓ A 45-year-old with an annual income of \$32,000 is now paying \$74/month, compared to \$192/month if IRA had not been enacted.
- ✓ A family of two 60-year-old residents with an annual income of \$137,325 (approximately 700% of FPL) now pay \$11,672 annually compared to \$27,300.

Inflation Reduction Act Health Insurance Benefits to Residents:

- ✓ Approximately \$36 million annually in lower premiums.
- ✓ Premiums as low as \$13/month for quality health insurance through DC Health Link.
- ✓ On average, \$6,055/year in lower premiums for families.

Ongoing Outreach and Education Activities

In 2023 and into 2024, DCHBX continued with a robust outreach campaign to educate District residents about the continued availability of lower premiums under the IRA. Our outreach activities are summarized below:

- ✓ Sent information about the continued availability of lower premiums and how to get these benefits to existing full-pay customers, residents who were not enrolled, and brokers. We also publicized the continuation of lower premiums to existing customers with premium reductions (APTC).
- ✓ Developed paid advertising for radio, print, TV, and digital media advertising included

- English and Spanish media outlets.
- ✓ Included information about the availability of premiums as low as \$13/month in presentations for briefings with community organizations, business partners, other agency partners, and Council offices.
 - ✓ Developed printed materials to distribute at community outreach events advertising the IRA lower monthly premiums as low as \$13/month.
 - ✓ DC Health Link business partners (DC Chamber of Commerce, the Greater Washington Hispanic Chamber of Commerce, and the Restaurant Association Metropolitan Washington) continued to promote IRA benefits.
 - ✓ Retrained staff, DC Health Link assisters, brokers, and contact center staff prior to Open Enrollment for Plan Years 2023 and 2024 on continued lower premiums available under the Inflation Reduction Act. This includes encouraging new customers and existing customers for whom we don't have income information to use the quick check tool to see if they are likely to qualify for lower premiums.

FY23-24 DCHBX Performance Oversight Hearing: Q22

- 22. Please provide an update on HBX's oversight of the DC Health Link call center, including a description of any regular meetings, conferences, or training sessions that occur with management and/or customer service representatives; how certain trends, developments, problems, and concerns are communicated to HBX; and the process by which calls are escalated and/or reviewed by HBX, if at all.**

General Oversight

DCHBX continues to work with the vendor MAXIMUS to operate the DC Health Link Contact Center (i.e., call center). Between October 1, 2023, and January 16, 2024, the call center received 26,344 calls. The call abandonment rate was 3 percent in October, 5 percent in November, 5 percent in December, and 7 percent in January. The average wait time to speak with a customer service representative (CSR) was 55 seconds in October, 1 minute 27 seconds in November, 1 minute and 50 seconds in December, and 2 minutes 36 seconds in January.

Throughout FY23 and FY24 to date, DCHBX worked closely with MAXIMUS to improve call abandonment rates and wait times, including the following actions:

- Reviewed Tier 2 Feedback forms to ensure timely coaching to customer service representatives (CSRs);
- Offered additional coaching and training opportunities to CSRs; and
- Developed a performance tracker to address specific areas of improvement such as Quality Assurance scores.
- Offering customers a call-back option sooner. Previously, the call back option was offered at 3 minutes, it is now offered at 60 seconds.

DCHBX continuously works with the Contact Center to improve quality of service. DCHBX provides regular feedback on call handling and problem resolution. Additionally, when customer issues are not resolved properly, DCHBX staff reviews processes with vendor management and CSRs, which includes retraining and process changes when necessary. Quality improvement and oversight includes:

- Updating standard operating procedure documents, job aids, and scripts with DCHBX approved templates;
- Correctly opening and closing a call;
- Providing accurate information to the caller and documenting the call appropriately;
- Enhancing the customer experience; and
- Ensuring HIPAA compliance.

In FY2023, DCHBX found efficiencies by eliminating certain outbound calls made by the vendor and assigning DCHBX staff to perform an initial review of emails that would typically be handled by the vendor.

To support remote Contact Center work, DCHBX:

- Uses instant messaging to communicate quickly and resolve customer issues while the customer is on the phone wherever possible; and

- Supports a direct line of communication between Contact Center program managers and DCHBX IT support staff to ensure any connectivity or equipment issues are resolved as quickly as possible so CSRs can resume taking calls.

MAXIMUS communicates trends, new developments, problems, and concerns to DCHBX through multiple channels, including:

- A nightly “end of day” report outlining call volume statistics, types of customer calls, and any escalated cases. During open enrollment, Maximus also sends a mid-day report with call statistics;
- Weekly management meetings to review any emerging customer issues, casework, trends, and metrics for both the individual and small-business marketplaces;
- Monthly operations meetings with Contact Center management to discuss operations, including quality trends;
- Monthly call calibration sessions between Contact Center quality analysts, DCHBX, and Contact Center management to review call quality and customer handling; and
- Communicating with Contact Center management daily during open enrollment to discuss and resolve all issues as they arise.

CSR Training

New hires for the Contact Center go through an extensive, multi-week virtual training regimen and then two weeks “nesting” with an experienced CSR, virtually, before taking calls themselves. Contact Center Management and DCHBX also deliver one-on-one virtual trainings and refreshers as needed to CSRs to reinforce messages and resolution procedures for new or emerging issues, including new policies, system updates, and outreach initiatives. In advance of and throughout open enrollment, on average, CSRs receive 30 to 40 hours of training monthly. CSRs also receive semi-annual privacy and security refresher trainings, along with quarterly reminder updates. The DCHBX team works with Maximus trainers to ensure timely updates of training materials, SOPs, and job aids. DCHBX also works to identify additional trainings that would help the Contact Center better serve DC residents and small businesses. In FY23, Whitman Walker provided training to CSRs on Transgender and Non-binary basics. Additionally, in FY2023 DCHBX switched telephony systems from Avaya to Amazon Web Services and trained all CSRs on the new system.

Case Escalation

If a case (received via call or email) cannot be immediately resolved at the Contact Center, CSRs use Salesforce, a case triaging and tracking system, to escalate the case to a Tier 2 team of Case and Account Managers on the DCHBX team. Escalated cases that come directly to DCHBX staff from outside of the Contact Center, such as through council members or from the Executive Office of the Mayor, are also handled by Case and Account Managers. These staff work closely with the DCHBX Plan Management and Electronic Data Interface (EDI) teams to ensure that any enrollment update or information is sent quickly to the health insurance carriers. The carriers work to resolve the cases that DCHBX sends them in a timely manner.

FY23-24 DCHBX Performance Oversight Hearing: Q23

23. Please provide the number of calls made to the call center each month in FY 2023 and FY 2024, to date.

a. The chart below details the number of calls made to the DC Health Link Contact Center in FY 2023.

MONTH	CALLS
Oct-22	5,851
Nov-22	6,592
Dec-22	8,512
Jan-23	8,280
Feb-23	6,437
Mar-23	8,749
Apr-23	6,793
May-23	6,340
Jun-23	4,672
Jul-23	5,104
Aug-23	7,161
Sep-23	5,243
TOTAL	79,751

b. The chart below details the number of calls made to the DC Health Link Contact Center in FY 2023 from October 1, 2023, through January 16, 2024.

MONTH	CALLS
Oct-23	6,489
Nov-23	7,229
Dec-23	7,923
Jan-24	4,703
TOTAL	26,344

FY23-24 DCHBX Performance Oversight Hearing: Q24

Q24. Please provide the monthly enrollment targets and projections for DC Health Link applications in FY 2023 (that have resulted in enrollment in a Medicaid, individual, or SHOP health plan), actual enrollment numbers, and whether HBX met the targets. Please also provide the monthly enrollment targets and projections for FY 2024. To the extent practicable, please disaggregate data according to:

- a. Ward;**
- b. Zip code;**
- c. SHOP individual, markets;**
- d. Age group; and**
- e. Advanced Premium Tax Credits.**

Current Individual Plan Selection and Paid Enrollment – Plan Year 2024

The following charts reflect the number of plan selections and separately paid status for Plan Year 2024. The information is aggregated by Ward and age group and delineated by new customers, existing customers who chose new coverage, and customers who we automatically renewed.

DC Health Link Plan Year 2024 Individual Plan Selections as of January 31, 2024

STATUS	TOTAL
Auto Renewal	12,254
Active Renewal	1,531
New Customers	2,764
TOTAL	16,549

DC Health Link Plan Year 2024 Individuals Paid as of January 31, 2024

RENEWAL STATUS	TOTAL
Auto Renewal	10,781
Active Renewal	1,438
New Customer	2,586
TOTAL	14,805

Plan Year 2024 Individual Plan Selections as of January 31, 2024 by Age Group

AGE GROUP	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
< 18	1,241	166	292	1,699
18-25	688	81	220	989
26-34	2,979	444	983	4,406
35-44	2,852	349	602	3,803
45-54	2,064	242	368	2,674
55-64	2,169	240	267	2,676
65+	261	9	32	302
TOTAL	12,254	1,531	2,764	16,549

Plan Year 2024 Individuals Paid as of January 31, 2024 by Age Group

AGE GROUP	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
< 18	1,140	155	263	1,558
18-25	601	76	207	884
26-34	2,427	403	926	3,756
35-44	2,532	336	568	3,436
45-54	1,862	236	345	2,443
55-64	2,020	227	247	2,494
65+	199	5	30	234
TOTAL	10,781	1,438	2,586	14,805

Plan Year 2024 Individual Plan Selections as of January 31, 2024 by Ward

WARD	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
Ward 1	1,950	234	434	2,618
Ward 2	2,131	201	361	2,693
Ward 3	2,539	233	335	3,107
Ward 4	1,399	240	335	1,974
Ward 5	1,413	211	424	2,048
Ward 6	1,876	268	513	2,657
Ward 7	443	64	153	660
Ward 8	357	72	163	592
Non-DC	146	8	46	200
TOTAL	12,254	1,531	2,764	16,549

Plan Year 2024 Individuals Paid as of January 31, 2024 by Ward

WARD	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
Ward 1	1,674	215	404	2,293
Ward 2	1,908	190	344	2,442
Ward 3	2,327	227	313	2,867
Ward 4	1,256	220	313	1,789
Ward 5	1,213	205	383	1,801
Ward 6	1,649	249	496	2,394
Ward 7	388	61	146	595
Ward 8	305	67	149	521
Non-DC	61	4	38	103
TOTAL	10,781	1,438	2,586	14,805

Plan Year 2024 Individual Plan Selections as of January 31, 2024 by Zip Code

ZIP CODE	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
20009	1,453	194	303	1,950
20002	1,238	170	353	1,761
20016	1,134	98	147	1,379
20008	1,041	89	169	1,299
20001	904	131	242	1,277
20007	1,013	115	137	1,265
20011	864	161	225	1,250
20003	808	112	213	1,133
20010	607	62	142	811
20015	536	65	99	700
20019	254	39	103	396
20037	323	20	52	395
20017	268	43	77	388
20020	230	47	100	377
20005	301	20	55	376
20024	265	32	77	374
20012	255	39	51	345
20018	238	34	65	337
20036	181	23	34	238
20032	94	27	58	179
All Other	247	10	62	319
TOTAL	12,254	1,531	2,764	16,549

Plan Year 2024 Individuals Paid as of January 31, 2024 by Zip Code

ZIP CODE	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
20009	1,263	178	286	1,727
20002	1,060	163	319	1,542
20016	1,035	95	135	1,265
20008	935	88	162	1,185
20007	939	114	128	1,181
20011	774	151	210	1,135
20001	781	120	234	1,135
20003	710	100	204	1,014
20010	510	58	128	696
20015	483	58	95	636
20017	251	42	73	366
20037	296	19	50	365
20019	223	35	96	354
20024	236	31	76	343
20005	270	17	53	340
20020	192	44	94	330
20012	235	38	50	323
20018	200	32	61	293
20036	156	23	31	210
20032	76	26	49	151
All Other	156	6	52	214
TOTAL	10,781	1,438	2,586	14,805

Advanced Premium Tax Credits

Plan Year 2024 Individual Plan Selections as of January 31, 2024 by Receiving APTC

RECEIVES APTC	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
Y	2,178	399	725	3,302
N	10,076	1,132	2,039	13,247
TOTAL	12,254	1,531	2,764	16,549

Plan Year 2024 Individual Paid as of January 31, 2024 by Receiving APTC

RECEIVES APTC	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
Y	1,986	390	686	3,062
N	8,795	1,048	1,900	11,743
TOTAL	10,781	1,438	2,586	14,805

Current SHOP Enrollment 2024

For the month of February, there are 86,006 people enrolled through DC Health Link SHOP. Small businesses located in the District and purchasing coverage through DC Health Link employ people who live across the country. Congressional SHOP participants also reside in every state.

25. Please describe outreach programs, activities, and initiatives executed or planned in FY 2023 and FY 2024, to date, to inform the public about enrollment or changes to programs.

In FY 2023 and FY 2024 to date, DCHBX executed outreach programs, activities, and initiatives in the following areas:

1. Open enrollment for residents, which runs each year from November 1 to January 31, special enrollment opportunities year-round for residents, and year-round enrollment for small businesses.
2. Medicaid redetermination which began on April 1, 2023.
3. HealthCare4ChildCare free and lower premiums for OSSE licensed early child development facilities (See Question 16).
4. Lower premiums available to District residents thanks to the Inflation Reduction Act (See Question 21).

Open Enrollment Outreach

Our outreach included media campaigns and partnerships with community organizations and District government agencies focusing on “*where people live, work, play, shop, and pray.*” This includes door-to-door canvassing in neighborhoods likely to have higher uninsured rates; literature drops at places like strip malls, metro stops, and libraries; and street teams on location at major events and street festivals. DCHBX developed a Student Intern Program (SIP) as an opportunity for students as well as recent graduates, who are interested in healthcare-related issues, to contribute to DCHBX’s mission to provide District residents with access to quality, affordable health insurance. While developing valuable professional skills, the student interns have been engaged in various educational and outreach activities to encourage District residents, small business owners and their employees to enroll in health plans. DCHBX produced a variety of marketing materials—rack cards, brochures, e-filers, video ads and clips, web pages and banners, and branded promotional items—for targeted populations and translated materials into Spanish, French, Amharic, Chinese, and Vietnamese. To reach a wider audience, DCHBX produced radio, television, cable, web, and print ads with various outlets. We also produced culturally sensitive and specific social media graphics and messages that were posted on Facebook, Twitter, and Instagram; text messaging campaigns; and advertisements for television streaming (Netflix, Hulu, Prime, Disney+, Sling, etc.). Throughout Open Enrollment, DCHBX placed advertisements at 14 local movie theaters.

Below are highlights of our outreach activities in FY2023 and FY2024 to date, excluding 2022-2023 open enrollment activities reported in last year’s responses. We organize some activities directly, others are organized by our business partners, community organizations, other agencies or the Mayor’s office.

**FY2023 -FY2024 to date Outreach Highlights
Individual and Family Marketplace Events and Activities**

- Resources To the Block *Held at Saint Elizabeth’s Apartments, Oak Park Apartments, Cedar Heights, Wellington Park, Douglass Knoll, and Stanton Glenn* (multiple dates)

- Ward 8 Maternal Summit (April 2023)
- Metropolitan Police Department’s “MPD Beat the Streets” (multiple dates)
- Chuck Brown Day 2023 (August 2023)
- Mayor’s Open Enrollment [Press Release](#) – Included information about virtual and in-person options for residents to get assistance with coverage and enrollment (November 2023)
- FY 2024 Annual Open Enrollment Kick-off Community Day and Health Fair - “Hip Hop to Better Health” (November 2023)
- 2023 Diwali Celebrations (multiple dates)
- One Touch In-Person and Virtual Enrollment Events (from November 2023 through January 2024)
- Marion Barry Street Re-Naming Ceremony (November 2023)
- Councilmember Trayon White’s Ward 8 Turkey Giveaway (November 2023)
- Jobs Not Guns Recruitment Fair (November 2023)
- World HIV/AIDS Day Celebrations (November 2023)
- Renaissance: A Film by Beyoncé Tabling Event (multiple dates)
- “Give a Toy, Share a Smile” Toy Drive and End of the Year Celebration (December 2023)
- Youth and Young Adult Week of Action (January 8 – 16, 2024)
- Mayor’s One Week Left to Get Covered [Press Release](#) – Included information about virtual and in-person options for residents to get assistance with coverage and enrollment in the last week of Open Enrollment (January 2023)
- African American Enrollment Week of Action (January 13 – 20, 2024)
- Hispanic Enrollment Week of Action (January 20-27, 2024)
- Deaf, DeafBlind, Deaf Disabled, Hard of Hearing and Late Deafened (D/DB/DD/HH/LD) Special Enrollment Days of Action (multiple dates)
- Enrollment Marathon Weekend (January 25 – 28, 2024)
 - Ben’s Chili Bowl Onsite Enrollment with Radio personalities
 - Enrollment Brunch Bash
 - Beauty & Barber Day Enrollment
 - In-Person Enrollment at MLK Library
 - Faith-In-Action Sunday
- Latin American Youth Center Special Enrollment Event (January 29, 2024)
In-Person Enrollment at Carlos Rosario International Public Charter School (January 31, 2024)

**FY2023-FY2024 to date Outreach Highlights
Small Business Marketplace Events and Activities**

- Restaurant Association Metropolitan Washington Broker+Business Connect to Health Insurance Q&A Session (January 2023)
- DC Chamber Works New Member Orientation and Small Business Health Insurance Options (multiple dates)
- Virtual Webinar "Proper Classification of Workers and Health Insurance" (March 2023)
- Workforce Investment Council (WIC) and Small Business Health Insurance (March 2023)
- Virtual Broker+Business Connect to Health Insurance Q&A Session (Multiple dates)

- Access to Capital: The Follow Up, Getting Your Business into Capital and Health Insurance (March 2023)
- “Level Up with Quality Health Insurance During the Special Enrollment Periods” at Business Bootcamp Spring 2023, hosted by GWHCC (multiple dates)
- QuickBooks and Health Insurance Options for New Business, hosted by GWHCC (multiple dates)
- Mayor Muriel Bowser’s “Spring into a New Career” Hiring Event (April 2023)
- DC Chamber Health Policy Forum: "Health Technology: Opportunities for Advancing Health Equity and Improving Patient Outcomes (April 2023)
- Greater Washington Hispanic Chamber of Commerce Business Expo (April 2023)
- POWERUP DC 2023 Small Business Summit: Empowering Small Business to Thrive in A New Reality (May 2023)
- DC Small Business Summit: Connect, Grow, Succeed (May 2023)
- Chaos to Cashflow Webinar and DC Health Link Plans (multiple dates)
- Restaurant Association Metropolitan Washington Broker+Business Connect to Health Insurance Q&A Session (multiple dates)
- DC Health Link @ The Greater Washington Hispanic Chamber of Commerce Hall of Fame Gala (November 2023)
- Small Business Saturday Social Media Campaign - FB, X (formerly Twitter), IG, LinkedIn, etc. (November 2023)
- DC Health Link @ Access to Capital and the Importance of Health Insurance (January 2024)

**Media Coverage Highlights
for the Last Days of Open Enrollment January 2024**

- WDVM 25 - DC News Now, January 29-31, 2024; Broadcast multiple times
- WUSA 9 - Great Day Washington and CBS Mornings, January 29 and 31, 2024; Broadcast multiple times
- News 4 - NBC News Daily, January 29 and 31, 2024; Broadcast multiple times
- WTOP-DC - January 31, 2024, Broadcast multiple times
- WTOP - Heads up: Midnight deadline to sign up for health insurance in DC under Obamacare (Online story)
- Telemundo Washington - Noticias Telemundo Mediodía, January 31, 2024
- DCW 50 - DC News Now, January 31, 2024

Medicaid Redetermination

DCHBX is supporting DHCF’s Medicaid redetermination efforts and has developed an outreach, education, and enrollment campaign for people losing Medicaid. In preparation for and during the Medicaid redetermination period, DCHBX and DHCF have been meeting regularly to coordinate outreach, prevent coverage gaps, and ensure seamless coverage transitions into DC Health Link.

Early Actions

DCHBX acted quickly in 2023 to expand opportunities for residents losing Medicaid to enroll in individual and family coverage or job-based coverage if their employer is covered on DC Health Link. First, DCHBX clarified that the federal special enrollment period established for the federal exchange applies in DC and runs through July 31, 2024. This means anyone that is losing or has lost Medicaid can enroll in coverage anytime through July of next year. Second, residents can choose a coverage start date that makes sense for their needs, including retroactive coverage to the date of their Medicaid termination. Third, the special enrollment period and start date flexibility applies in the DC Health Link small business marketplace. This allows workers who are losing or lost Medicaid to enroll in their employer's DC Health Link insurance. Additionally, in preparation for Medicaid redeterminations, DCHBX maintained open enrollment staffing levels at the DC Health Link Contact Center, retaining experienced and trained staff, which are usually reduced after open enrollment.

Outreach Process

Each month, DHCF provides DCHBX a monthly report of District residents losing Medicaid coverage and likely eligible for DC Health Link coverage. DCHBX staff review each household including reviewing whether the resident has already enrolled in DC Health Link coverage. DCHBX assigns anyone who has not enrolled to a DC Health Link Assister for personal outreach to help the resident enroll in DC Health Link private health insurance or when eligible to reenroll them in Medicaid coverage. In addition to regular DC Health Link Assister trainings, DCHBX added training sessions on Medicaid redeterminations, incorporating role-playing with common difficult scenarios that Assistors face when reaching out to residents who lost their Medicaid coverage, such as a resident not believing that they have lost Medicaid.

Once assigned, Assistors call, email, and provide help enrolling. As of February 1, 2024, Assistors completed 818 touches. This includes 532 calls, 274 emails, and 12 appointments. In total, Assistors have helped 6 people enroll in DC Health Link Coverage, and 22 people enroll in Medicaid.

In addition to the efforts of Assistors, DCHBX implemented targeted email and text campaigns to reach this population providing information and offering call back options for those wanting help to enroll or have questions. Both emails and texts address the unique eligibility determination of each resident, such as eligibility for lower premiums and cost sharing (APTC+CSR) or lower premiums (APTC) only. In addition, we send texts in Spanish for those who have identified a preferred language as Spanish. Further, we introduced an interactive text campaign where we share responses with the assigned Assister to follow up with consumers based on their responses. For example, if a consumer texts "Enroll," one of the options, we promptly notify the Assister assigned to the case, who then prioritizes outreach ready to support enrollment.

DCHBX has sent a total of 1,990 emails and 932 texts to-date. The email open rate since May has remained high, with open rates ranging from 50% to 97% through December 2023. The clickthrough rate has ranged from 4% to 88%, with an average clickthrough rate of 12%. To-date, our text campaign average clickthrough rate is 10%, which is higher than the industry standard of 1-3%.

The following is the enrollment summary as of February 1, 2024:

May to January Likely Eligible for DC Health Link Coverage	HBX Outreach	Number of households enrolled in DC Health Link (individual or SHOP)	% of Households Enrolled in Healthcare Coverage
292 households (332 people*)	<ul style="list-style-type: none"> • Total number of emails sent: 1,990 • Total number of texts sent: 932 • Total number of households assigned to assisters: 287* 	<ul style="list-style-type: none"> • 44 households enrolled (47 people: 42 in individual coverage and 5 in SHOP) • 22 households enrolled in Medicaid • 24 households reported having other coverage (told assisters or reported to us in our text survey) 	31%

*5 households were not assigned to an Assister either because the individual was already enrolled or there is no contact information for the individual.

Other Outreach Activities

In addition to the above outreach and education efforts, DHCF includes staff from DCHBX at DHCF community events, including their biweekly Community Stakeholder Meetings and consumer training sessions. They also included DCHBX at the Medicaid Managed Care Organization Collaborative meetings and trainings. DCHBX is able to discuss DC Health Link options for residents that no longer qualify for Medicaid coverage and answer questions.

DCHBX and DHCF met with the DC Chamber of Commerce, the Greater Washington Hispanic Chamber of Commerce, and the Restaurant Association Metropolitan Washington. DHCF reviewed the Medicaid redetermination process and timeline. DCHBX and DHCF highlighted a July 2023 [letter](#) from the Centers for Medicare and Medicaid Services, the Department of Treasury, and the Department of Labor encouraging employers to offer a special enrollment period to workers who are losing Medicaid, allowing them flexibility to enroll in employer offered coverage through July of 2024. DC Health Link’s small business marketplace provided this flexibility for those enrolled through DC Health Link. DCHBX encouraged the employers that do not offer coverage to let their employees know about lower premiums available through individual and family marketplace coverage under the Affordable Care Act, i.e. DC Health Link for District residents.

Also, DCHBX added a banner on the DCHealthLink.com landing page and an alert at the top DC Health Link’s eligibility and enrollment system regarding the opportunity to enroll in coverage if someone is losing or has lost Medicaid.

Media

Earned and Paid Media publicizing DC Health Link as the place to go when people lose Medicaid:

- ✓ **Washington Post Letter to the Editor** penned by Deputy Mayor for Health and Human Services Wayne Turnage and DCHBX Executive Director Mila Kofman. The letter was in response to an article on Medicaid unwinding. The Letter to the Editor focused on the importance for residents to provide information to DHCF. And when residents lose

Medicaid because their income is too high, they should go to DC Health Link to enroll in private health insurance.

- ✓ **Print ad placements** appeared in dailies and weeklies such as in the Washington Post, Washington Informer, Afro American Newspaper, Washington Hispanic, The Blade, World Journal, El Tiempo Latino, and in the monthly CCN publications (East of the River, Hill Rag and Mid-City) etc.
- ✓ **Broadcast and digital advertising** on Comcast Cable (CNN, MSNBC, ESPN, BET, VH1, OXYG, Lifetime, TV1, etc.), ABC, NBC, and CBS local affiliates, RADIO ONE, WHUR, WTOP, Audacy Media, Costa Media and other broadcast outlets.
- ✓ **Digital outreach** through community partners such as Ben's Chili Bowl, Carlos Rosario Public International Charter School, The Latin American Youth Center (LAYC), THEARC, ANCs, and various media outlets such as the Washington Informer, The Capital News, The Blade, etc.
- ✓ **Local Movie Theatres** - With movie attendance back to pre-pandemic levels, began running ads at local movie theaters in July on fourteen screens throughout the city, on theatre lobby plasma screens, and at concession stands (*Shown during Barbie, Oppenheimer, Mission Impossible - Dead Reckoning Part One, The Equalizer, Teenage Mutant Ninja Turtles, etc.*)
- ✓ **Streaming advertising** through streaming video services and advertising on streaming channels such as Amazon, Hulu, etc.
- ✓ **Collateral materials** such as e-flier, printed fliers and rack cards in English, Spanish, Amharic, Vietnamese, and Chinese distributed at faith-based institutions, back-to-school events, and community festivals such as the H Street Festival, MPD Beat the Streets, Summer Movie Nights, Chuck Brown Day, Taste of Peru, Adams Morgan Day, the Resources to the Block events, Mayor Bowser's 6th Annual Maternal and Infant Health Summit, etc.

Medicaid/CHIP Continuous Coverage Unwinding Data Submission

Preclearance Copy Template 1.0 Version 1.0 - 3/31/2023
Form Pending Approval

Center for Consumer Information and Insurance Oversight (CCIIO)

OMB No: 0938-1119

Today's Date: 2/6/2024



Instructions:

Please select your state and the correct report submission date below to automatically generate the appropriate reporting template(s). To complete your enrollment data submission, populate the workbook and submit it to SBE_Enrollment_Metrics@cms.hhs.gov and SBE.Enrollment.Metrics@Cognosante.com. By submitting your data file, you are confirming the accuracy of all enrollment metrics data included herein.

Please Enter Your State and Submission Detail:

State	District of Columbia
Report Submission Type	06/08/2023 - Medicaid/CHIP Continuous Coverage Unwinding
Reporting Period Start Date	5/1/2023
Reporting Period End Date	5/31/2023

General Comments About this Data Submission:

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1119.

INDICATOR	MEASURE TITLE	MEASURE DEFINITION	METRIC	FOOTNOTES	EXPANDED FOOTNOTES	
Priority Medicaid/CHIP Unwinding Metrics	1	Total Plan Selections	Count of unique individuals who have selected or automatically enrolled in a Marketplace medical plan. Count includes all new and re-enrolling consumers regardless of whether the consumer has paid the first month premium.	497		
	1a	Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have selected or were automatically enrolled in a Marketplace medical plan. This count is a subset of Total Plan Selections (Indicator 1).	2		
	1a.1	Active Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have actively selected a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	2		
	1a.2	Automatic Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who were automatically enrolled into a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	X		
	6	Number of Submitted Applications	Total count of submitted electronic and paper applications. This metric includes new and renewal applications. Updated applications should not be counted as an additional application.	419		
	6a	Number of Submitted Applications, Medicaid/CHIP Renewal	Total count of submitted applications that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Number of Submitted Applications (Indicator 6).	7		
	6b	Number of Account Transfers/Referrals, Medicaid/CHIP Renewal	Total count of account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination cannot be made. Account transfers/referrals counted in this metric that subsequently result in a submitted application should also be counted in indicator 6 and 6a. This metric is NOT a subset of Number of Submitted Applications (Indicator 6).	0		
	7	Consumers on Applications Submitted	Total count of individuals requesting coverage on submitted applications (Indicator 6).	512		
	7a	Consumers on Applications Submitted, Medicaid/CHIP Renewal	Total count of individuals requesting coverage on submitted applications (Indicator 6a) that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Consumers on Applications Submitted (Indicator 7).	8		
	7b	Consumers on Transfers or Referrals, Medicaid/CHIP Renewal	Total count of individuals on account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination could not be made. Consumers that subsequently submit a complete application should also be counted in indicators 7 and 7a. This metric is NOT a subset of Consumers on Applications Submitted (Indicator 7).	0		
	9	Consumers Eligible for QHP	Count of individuals on submitted applications who were determined eligible for enrollment in a Marketplace medical plan, regardless of whether they applied for or are eligible for financial assistance. Both new consumers and consumers re-enrolling (automatic and active) in coverage should be counted. This count is a subset of Consumers on Applications Submitted (Indicator 7). Eligibility for Medicaid/CHIP takes precedence over eligibility for a QHP without financial assistance. Individuals determined eligible for both Medicaid/CHIP and a non-financial QHP should not be counted.	512		
	9a	Consumers Eligible for QHP, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	7		
	9.1	Consumers Eligible for QHP, with Financial Assistance	Count of individuals on submitted applications (Indicator 7) who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	112		
	9.1a	Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP with Financial Assistance (Indicator 9.1).	7		
	21	Number of Plan Selections with Financial Assistance	Count of unique individuals with a non-canceled Marketplace medical plan selection, where the consumer has elected to receive APTC in an amount greater than \$0 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs.	109		
21a	Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Count of unique individuals on applications received by the Marketplace due to a Medicaid/CHIP denial or termination, where the consumer has elected to receive APTC in an amount greater than \$0 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs. This count is a subset of Number of Plan Selections with Financial Assistance (Indicator 21).	2			
BHP Medicaid/CHIP Unwinding Metrics (New York & Minnesota only)	169	Total BHP Enrollees	Count of unique individuals on submitted applications (Indicator 7) who were determined eligible for and enrolled in BHP. Count does not include enrollments that were canceled or individuals enrolled in Medicaid/CHIP programs that are not BHP.	X		
	169a	BHP Enrollees, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for and enrolled in BHP.	X		
	172	Consumers Eligible for BHP	Count of all individuals on submitted applications (Indicator 7) who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	X		
	172a	Consumers Eligible for BHP, Medicaid/CHIP Renewal	Count of all individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	X		

Health Insurance Exchange Enrollment Data Verification
Center for Consumer Information and Insurance Oversight (CCIIO)

Date: 10/26/2023



Instructions: Please review your data submission, indicate the correct verification status, address the specific follow-up items listed below, and provide general notes as needed. Return your completed submission to SBE_Enrollment_Metrics@cms.hhs.gov and SBE.Enrollment.Metrics@Cognosante.com. Your data will not be considered verified unless you have marked one, **and only one**, of the verification status options below. By submitting your verification file, you are confirming the accuracy of **all** enrollment metrics data included herein.

Verification Status

Please indicate the correct verification status by marking the appropriate statement below with an "X"

	The state verifies the data as it appears in this template without any modifications during the verification process. The state further acknowledges that all follow-up items listed below have been sufficiently addressed.
	The state is providing data changes and/or new data in this template, as described in the "General Notes Provided by State" section below. All other data has been reviewed and verified. The state further acknowledges that all follow-up items listed below have been sufficiently addressed.

Specific Items for Follow-Up

Follow-Up Item	Resolution (Provided by State)
1 The District of Columbia reported 0 for the "Medicaid/CHIP renewal" metrics for the May and June reporting periods (June and July submissions). The District of Columbia manually pulled and reported these metrics for previous submissions and public releases. CMS had anticipated no change to the "Medicaid/CHIP Renewal" metrics for the May reporting period and slight decreases in later reporting period months since the District of Columbia initially reported these metrics cumulatively. Would the District of Columbia please provide insight and/or update the data if needed?	1 Resolved.
2 Consumers Eligible for QHP (Indicator 9) is greater than Consumers on Applications Submitted (Indicator 7). The expectation is that Consumers Eligible for QHP would be less than or equal to the Consumers on Submitted Applications. Would the District of Columbia please review and provide updated metrics as needed?	2 Resolved.
3	3
4	4

General Notes Provided by State

Please list all data changes and provide explanatory notes to assist reviewers during analysis of your state's data.

[Enter Text Here.](#)

Affected Indicators	Logic Check	Relevant Equation
1, 1a	Total Plan Selections \geq Plan Selections, Medicaid/CHIP Renewal	Indicator 1 \geq Indicator 1a
1a, 1a.1, 1a.2	Plan Selections, Medicaid/CHIP Renewal = Active Plan Selections, Medicaid/CHIP Renewal + Automatic Plan Selections, Medicaid/CHIP Renewal	Indicator 1a = Indicator 1a.1 + Indicator 1a.2
6, 6a	Number of Submitted Applications \geq Number of Submitted Applications, Medicaid/CHIP Renewal	Indicator 6 \geq Indicator 6a
7, 7a	Consumers on Applications Submitted \geq Consumers on Applications Submitted, Medicaid/CHIP Renewal	Indicator 7 \geq Indicator 7a
9, 1	Consumers Eligible for QHP \geq Total Plan Selections	Indicator 9 \geq Indicator 1
9, 9a	Consumers Eligible for QHP \geq Consumers Eligible for QHP, Medicaid/CHIP Renewal	Indicator 9 \geq Indicator 9a
9, 9.1	Consumers Eligible for QHP \geq Consumers Eligible for QHP, with Financial Assistance	Indicator 9 \geq Indicator 9.1
9.1, 9.1a	Consumers Eligible for QHP, with Financial Assistance \geq Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal	Indicator 9.1 \geq Indicator 9.1a
9.1, 21	Consumers Eligible for QHP with Financial Assistance \geq Number of Plan Selections with Financial Assistance	Indicator 9.1 \geq Indicator 21
21, 21a	Number of Plan Selections with Financial Assistance \geq Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Indicator 21 \geq Indicator 21a
9.1a, 21a	Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal \geq Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Indicator 9.1a \geq Indicator 21a
169, 169a	Total BHP Enrollees \geq BHP Enrollees, Medicaid/CHIP Renewal	Indicator 169 \geq Indicator 169a
172, 172a	Consumers Eligible for BHP \geq Consumers Eligible for BHP, Medicaid/CHIP Renewal	Indicator 172 \geq Indicator 172a

Medicaid/CHIP Continuous Coverage Unwinding Data Submission

Preclearance Copy Template 1.0 Version 1.0 - 3/31/2023

Form Pending Approval

Center for Consumer Information and Insurance Oversight (CCIIO)

OMB No: 0938-1119

Today's Date: **2/6/2024**



Instructions:

Please select your state and the correct report submission date below to automatically generate the appropriate reporting template(s). To complete your enrollment data submission, populate the workbook and submit it to SBE_Enrollment_Metrics@cms.hhs.gov and SBE.Enrollment.Metrics@Cognosante.com. By submitting your data file, you are confirming the accuracy of **all** enrollment metrics data included herein.

Please Enter Your State and Submission Detail:

State	District of Columbia
Report Submission Type	07/10/2023 - Medicaid/CHIP Continuous Coverage Unwinding
Reporting Period Start Date	6/1/2023
Reporting Period End Date	6/30/2023

General Comments About this Data Submission:

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1119.

INDICATOR	MEASURE TITLE	MEASURE DEFINITION	METRIC	FOOTNOTES	EXPANDED FOOTNOTES	
				If the SBE cannot report a metric, please input "N/A" in the appropriate cell and include a footnote to explain the omission.		
Priority Medicaid/CHIP Unwinding Metrics	1	Total Plan Selections	Count of unique individuals who have selected or automatically enrolled in a Marketplace medical plan. Count includes all new and re-enrolling consumers regardless of whether the consumer has paid the first month premium.	372		
	1a	Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have selected or were automatically enrolled in a Marketplace medical plan. This count is a subset of Total Plan Selections (Indicator 1).	4		
	1a.1	Active Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have actively selected a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	4		
	1a.2	Automatic Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who were automatically enrolled into a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	X	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not have auto-enrollment.
	6	Number of Submitted Applications	Total count of submitted electronic and paper applications. This metric includes new and renewal applications. Updated applications should not be counted as an additional application.	333		
	6a	Number of Submitted Applications, Medicaid/CHIP Renewal	Total count of submitted applications that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Number of Submitted Applications (Indicator 6).	13	This count does not include applications in which a consumer was terminated from Medicaid/CHIP and subsequently applied independently to the SBE.	
	6b	Number of Account Transfers/Referrals, Medicaid/CHIP Renewal	Total count of account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination cannot be made. Account transfers/referrals counted in this metric that subsequently result in a submitted application should also be counted in indicator 6 and 6a. This metric is NOT a subset of Number of Submitted Applications (Indicator 6).	0	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We only receive referrals from our Medicaid agency for those who have received a determination.
	7	Consumers on Applications Submitted	Total count of individuals requesting coverage on submitted applications (Indicator 6).	393		
	7a	Consumers on Applications Submitted, Medicaid/CHIP Renewal	Total count of individuals requesting coverage on submitted applications (Indicator 6a) that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Consumers on Applications Submitted (Indicator 7).	14		
	7b	Consumers on Transfers or Referrals, Medicaid/CHIP Renewal	Total count of individuals on account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination could not be made. Consumers that subsequently submit a complete application should also be counted in indicators 7 and 7a. This metric is NOT a subset of Consumers on Applications Submitted (Indicator 7).	0	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We only receive referrals from our Medicaid agency for those who have received a determination.
	9	Consumers Eligible for QHP	Count of individuals on submitted applications who were determined eligible for enrollment in a Marketplace medical plan, regardless of whether they applied for or are eligible for financial assistance. Both new consumers and consumers re-enrolling (automatic and active) in coverage should be counted. This count is a subset of Consumers on Applications Submitted (Indicator 7). Eligibility for Medicaid/CHIP takes precedence over eligibility for a QHP without financial assistance. Individuals determined eligible for both Medicaid/CHIP and a non-financial QHP should not be counted.	393		
	9a	Consumers Eligible for QHP, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	13		
	9.1	Consumers Eligible for QHP, with Financial Assistance	Count of individuals on submitted applications (Indicator 7) who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	98		
	9.1a	Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP with Financial Assistance (Indicator 9.1).	13		
21	Number of Plan Selections with Financial Assistance	Count of unique individuals with a non-canceled Marketplace medical plan selection, where the consumer has elected to receive APTC in an amount greater than \$0 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs.	92			
21a	Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Count of unique individuals on applications received by the Marketplace due to a Medicaid/CHIP denial or termination, where the consumer has elected to receive APTC in an amount greater than \$0 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs. This count is a subset of Number of Plan Selections with Financial Assistance (Indicator 21).	1			
BHP Medicaid/CHIP Unwinding Metrics (New York & Minnesota only)	169	Total BHP Enrollees	Count of unique individuals on submitted applications (Indicator 7) who were determined eligible for and enrolled in BHP. Count does not include enrollments that were canceled or individuals enrolled in Medicaid/CHIP programs that are not BHP.	X	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	169a	BHP Enrollees, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for and enrolled in BHP.	X	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	172	Consumers Eligible for BHP	Count of all individuals on submitted applications (Indicator 7) who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	X	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	172a	Consumers Eligible for BHP, Medicaid/CHIP Renewal	Count of all individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	X	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs

Health Insurance Exchange Enrollment Data Verification
Center for Consumer Information and Insurance Oversight (CCIIO)

Date: **10/26/2023**



Instructions: Please review your data submission, indicate the correct verification status, address the specific follow-up items listed below, and provide general notes as needed. Return your completed submission to SBE_Enrollment_Metrics@cms.hhs.gov and SBE.Enrollment.Metrics@Cognosante.com. Your data will not be considered verified unless you have marked one, **and only one**, of the verification status options below. By submitting your verification file, you are confirming the accuracy of **all** enrollment metrics data included herein.

Verification Status

Please indicate the correct verification status by marking the appropriate statement below with an "X"

	The state verifies the data as it appears in this template without any modifications during the verification process. The state further acknowledges that all follow-up items listed below have been sufficiently addressed.
	The state is providing data changes and/or new data in this template, as described in the "General Notes Provided by State" section below. All other data has been reviewed and verified. The state further acknowledges that all follow-up items listed below have been sufficiently addressed.

Specific Items for Follow-Up

Follow-Up Item	Resolution (Provided by State)
<p>1</p> <p>Consumers Eligible for QHP, with Financial Assistance (Indicator 9.1) is less than Number of Plan Selections with Financial Assistance (Indicator 21). The expectation is that Consumers Eligible for QHP, with Financial Assistance would be greater than or equal to Number of Plan Selections with Financial Assistance. Would District of Columbia please review and provide updated metrics as needed?</p> <p>Consumers Eligible for QHP, with Financial Assistance (Indicator 9.1): 83 Number of Plan Selections with Financial Assistance (Indicator 21): 92</p>	<p>1</p> <p>Resolved.</p>
<p>2</p> <p>The District of Columbia reported 0 for the "Medicaid/CHIP renewal" metrics for the May and June reporting periods (June and July submissions). The District of Columbia manually pulled and reported these metrics for previous submissions and public releases. CMS had anticipated no change to the "Medicaid/CHIP Renewal" metrics for the May reporting period and slight decreases in later reporting period months since the District of Columbia initially reported these metrics cumulatively. Would the District of Columbia please provide insight and/or update the data if needed?</p>	<p>2</p> <p>Resolved.</p>
<p>3</p>	<p>3</p>
<p>4</p>	<p>4</p>

General Notes Provided by State

Please list all data changes and provide explanatory notes to assist reviewers during analysis of your state's data.

[Enter Text Here.](#)

Affected Indicators	Logic Check	Relevant Equation
1, 1a	Total Plan Selections \geq Plan Selections, Medicaid/CHIP Renewal	Indicator 1 \geq Indicator 1a
1a, 1a.1, 1a.2	Plan Selections, Medicaid/CHIP Renewal = Active Plan Selections, Medicaid/CHIP Renewal + Automatic Plan Selections, Medicaid/CHIP Renewal	Indicator 1a = Indicator 1a.1 + Indicator 1a.2
6, 6a	Number of Submitted Applications \geq Number of Submitted Applications, Medicaid/CHIP Renewal	Indicator 6 \geq Indicator 6a
7, 7a	Consumers on Applications Submitted \geq Consumers on Applications Submitted, Medicaid/CHIP Renewal	Indicator 7 \geq Indicator 7a
9, 1	Consumers Eligible for QHP \geq Total Plan Selections	Indicator 9 \geq Indicator 1
9, 9a	Consumers Eligible for QHP \geq Consumers Eligible for QHP, Medicaid/CHIP Renewal	Indicator 9 \geq Indicator 9a
9, 9.1	Consumers Eligible for QHP \geq Consumers Eligible for QHP, with Financial Assistance	Indicator 9 \geq Indicator 9.1
9.1, 9.1a	Consumers Eligible for QHP, with Financial Assistance \geq Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal	Indicator 9.1 \geq Indicator 9.1a
9.1, 21	Consumers Eligible for QHP with Financial Assistance \geq Number of Plan Selections with Financial Assistance	Indicator 9.1 \geq Indicator 21
21, 21a	Number of Plan Selections with Financial Assistance \geq Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Indicator 21 \geq Indicator 21a
9.1a, 21a	Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal \geq Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Indicator 9.1a \geq Indicator 21a
169, 169a	Total BHP Enrollees \geq BHP Enrollees, Medicaid/CHIP Renewal	Indicator 169 \geq Indicator 169a
172, 172a	Consumers Eligible for BHP \geq Consumers Eligible for BHP, Medicaid/CHIP Renewal	Indicator 172 \geq Indicator 172a

Medicaid/CHIP Continuous Coverage Unwinding Data Submission

Preclearance Copy Template 1.0 Version 1.0 - 3/31/2023

Form Pending Approval

Center for Consumer Information and Insurance Oversight (CCIIO)

OMB No: 0938-1119

Today's Date: 2/6/2024



Instructions:

Please select your state and the correct report submission date below to automatically generate the appropriate reporting template(s). To complete your enrollment data submission, populate the workbook and submit it to SBE_Enrollment_Metrics@cms.hhs.gov and SBE.Enrollment.Metrics@Cognosante.com. By submitting your data file, you are confirming the accuracy of all enrollment metrics data included herein.

Please Enter Your State and Submission Detail:

State	District of Columbia
Report Submission Type	08/08/2023 - Medicaid/CHIP Continuous Coverage Unwinding
Reporting Period Start Date	7/1/2023
Reporting Period End Date	7/31/2023

General Comments About this Data Submission:

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1119.

INDICATOR	MEASURE TITLE	MEASURE DEFINITION	METRIC	FOOTNOTES	EXPANDED FOOTNOTES	
				If the SBE cannot report a metric, please input "N/A" in the appropriate cell and include a footnote to explain the		
Priority Medicaid/CHIP Unwinding Metrics	1	Total Plan Selections	Count of unique individuals who have selected or automatically enrolled in a Marketplace medical plan. Count includes all new and re-enrolling consumers regardless of whether the consumer has paid the first month premium	430		
	1a	Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have selected or were automatically enrolled in a Marketplace medical plan. This count is a subset of Total Plan Selections (Indicator 1).	2		
	1a.1	Active Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have actively selected a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	2		
	1a.2	Automatic Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who were automatically enrolled into a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	X	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not have auto-enrollment.
	6	Number of Submitted Applications	Total count of submitted electronic and paper applications. This metric includes new and renewal applications. Updated applications should not be counted as an additional application.	376		
	6a	Number of Submitted Applications, Medicaid/CHIP Renewal	Total count of submitted applications that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Number of Submitted Applications (Indicator 6).	36	This count does not include applications in which a consumer was terminated from Medicaid/CHIP and subsequently applied independently to the SBE.	
	6b	Number of Account Transfers/Referrals, Medicaid/CHIP Renewal	Total count of account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination cannot be made. Account transfers/referrals counted in this metric that subsequently result in a submitted application should also be counted in indicator 6 and 6a. This metric is NOT a subset of Number of Submitted Applications (Indicator 6).	0	Other. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We only receive referrals from our Medicaid agency for those who have received a determination.
	7	Consumers on Applications Submitted	Total count of individuals requesting coverage on submitted applications (Indicator 6).	476		
	7a	Consumers on Applications Submitted, Medicaid/CHIP Renewal	Total count of individuals requesting coverage on submitted applications (Indicator 6a) that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Consumers on Applications Submitted (Indicator 7).	46		
	7b	Consumers on Transfers or Referrals, Medicaid/CHIP Renewal	Total count of individuals on account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination could not be made. Consumers that subsequently submit a complete application should also be counted in indicators 7 and 7a. This metric is NOT a subset of Consumers on Applications Submitted (Indicator 7).	0	Other. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We only receive referrals from our Medicaid agency for those who have received a determination.
	9	Consumers Eligible for QHP	Count of individuals on submitted applications who were determined eligible for enrollment in a Marketplace medical plan, regardless of whether they applied for or are eligible for financial assistance. Both new consumers and consumers re-enrolling (automatic and active) in coverage should be counted. This count is a subset of Consumers on Applications Submitted (Indicator 7). Eligibility for Medicaid/CHIP takes precedence over eligibility for a QHP without financial assistance. Individuals determined eligible for both Medicaid/CHIP and a non-financial QHP should not be counted.	476		
	9a	Consumers Eligible for QHP, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	41		
	9.1	Consumers Eligible for QHP, with Financial Assistance	Count of individuals on submitted applications (Indicator 7) who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	94		
	9.1a	Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP with Financial Assistance (Indicator 9.1).	41		
21	Number of Plan Selections with Financial Assistance	Count of unique individuals with a non-canceled Marketplace medical plan selection, where the consumer has elected to receive APTC in an amount greater than \$0 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs.	87			
21a	Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Count of unique individuals on applications received by the Marketplace due to a Medicaid/CHIP denial or termination, where the consumer has elected to receive APTC in an amount greater than \$0 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs. This count is a subset of Number of Plan Selections with Financial Assistance (Indicator 21).	1			
BHP Medicaid/CHIP Unwinding Metrics (New York & Minnesota only)	169	Total BHP Enrollees	Count of unique individuals on submitted applications (Indicator 7) who were determined eligible for and enrolled in BHP. Count does not include enrollments that were canceled or individuals enrolled in Medicaid/CHIP programs that are not BHP.	X	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	169a	BHP Enrollees, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for and enrolled in BHP.	X	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	172	Consumers Eligible for BHP	Count of all individuals on submitted applications (Indicator 7) who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	X	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	172a	Consumers Eligible for BHP, Medicaid/CHIP Renewal	Count of all individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	X	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs

Health Insurance Exchange Enrollment Data Verification
Center for Consumer Information and Insurance Oversight (CCIIO)



Date: 10/26/2023

Instructions: Please review your data submission, indicate the correct verification status, address the specific follow-up items listed below, and provide general notes as needed. Return your completed submission to SBE_Enrollment_Metrics@cms.hhs.gov and SBE.Enrollment.Metrics@Cognosante.com. Your data will not be considered verified unless you have marked one, **and only one**, of the verification status options below. By submitting your verification file, you are confirming the accuracy of **all** enrollment metrics data included herein.

Verification Status

Please indicate the correct verification status by marking the appropriate statement below with an "X"

	The state verifies the data as it appears in this template without any modifications during the verification process. The state further acknowledges that all follow-up items listed below have been sufficiently addressed.
	The state is providing data changes and/or new data in this template, as described in the "General Notes Provided by State" section below. All other data has been reviewed and verified. The state further acknowledges that all follow-up items listed below have been sufficiently addressed.

Specific Items for Follow-Up

Follow-Up Item	Resolution (Provided by State)
<p>1</p> <p>Consumers Eligible for QHP, with Financial Assistance (Indicator 9.1) is less than Number of Plan Selections with Financial Assistance (Indicator 21). The expectation is that Consumers Eligible for QHP, with Financial Assistance would be greater than or equal to Number of Plan Selections with Financial Assistance. Would District of Columbia please review and provide updated metrics as needed?</p> <p>Consumers Eligible for QHP, with Financial Assistance (Indicator 9.1): 97 Number of Plan Selections with Financial Assistance (Indicator 21): 98</p>	<p>1</p> <p>resolved.</p>
2	2
3	3
4	4

General Notes Provided by State

Please list all data changes and provide explanatory notes to assist reviewers during analysis of your state's data.

[Enter Text Here.](#)

Affected Indicators	Logic Check	Relevant Equation
1, 1a	Total Plan Selections \geq Plan Selections, Medicaid/CHIP Renewal	Indicator 1 \geq Indicator 1a
1a, 1a.1, 1a.2	Plan Selections, Medicaid/CHIP Renewal = Active Plan Selections, Medicaid/CHIP Renewal + Automatic Plan Selections, Medicaid/CHIP Renewal	Indicator 1a = Indicator 1a.1 + Indicator 1a.2
6, 6a	Number of Submitted Applications \geq Number of Submitted Applications, Medicaid/CHIP Renewal	Indicator 6 \geq Indicator 6a
7, 7a	Consumers on Applications Submitted \geq Consumers on Applications Submitted, Medicaid/CHIP Renewal	Indicator 7 \geq Indicator 7a
9, 1	Consumers Eligible for QHP \geq Total Plan Selections	Indicator 9 \geq Indicator 1
9, 9a	Consumers Eligible for QHP \geq Consumers Eligible for QHP, Medicaid/CHIP Renewal	Indicator 9 \geq Indicator 9a
9, 9.1	Consumers Eligible for QHP \geq Consumers Eligible for QHP, with Financial Assistance	Indicator 9 \geq Indicator 9.1
9.1, 9.1a	Consumers Eligible for QHP, with Financial Assistance \geq Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal	Indicator 9.1 \geq Indicator 9.1a
9.1, 21	Consumers Eligible for QHP with Financial Assistance \geq Number of Plan Selections with Financial Assistance	Indicator 9.1 \geq Indicator 21
21, 21a	Number of Plan Selections with Financial Assistance \geq Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Indicator 21 \geq Indicator 21a
9.1a, 21a	Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal \geq Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Indicator 9.1a \geq Indicator 21a
169, 169a	Total BHP Enrollees \geq BHP Enrollees, Medicaid/CHIP Renewal	Indicator 169 \geq Indicator 169a
172, 172a	Consumers Eligible for BHP \geq Consumers Eligible for BHP, Medicaid/CHIP Renewal	Indicator 172 \geq Indicator 172a

Medicaid/CHIP Continuous Coverage Unwinding Data Submission

Preclearance Copy Template 1.0 Version 1.0 - 3/31/2023

Form Pending Approval

Center for Consumer Information and Insurance Oversight (CCIIO)

OMB No: 0938-1119

Today's Date: 2/6/2024



Instructions:

Please select your state and the correct report submission date below to automatically generate the appropriate reporting template(s). To complete your enrollment data submission, populate the workbook and submit it to SBE_Enrollment_Metrics@cms.hhs.gov and SBE.Enrollment.Metrics@Cognosante.com. By submitting your data file, you are confirming the accuracy of **all** enrollment metrics data included herein.

Please Enter Your State and Submission Detail:

State	District of Columbia
Report Submission Type	09/08/2023 - Medicaid/CHIP Continuous Coverage Unwinding
Reporting Period Start Date	8/1/2023
Reporting Period End Date	8/31/2023

General Comments About this Data Submission:

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1119.

INDICATOR	MEASURE TITLE	MEASURE DEFINITION	METRIC	FOOTNOTES	EXPANDED FOOTNOTES	
				If the SBE cannot report a metric, please input "N/A" in the appropriate cell and include a footnote to explain the omission.		
Priority Medicaid/CHIP Unwinding Metrics	1	Total Plan Selections	Count of unique individuals who have selected or automatically enrolled in a Marketplace medical plan. Count includes all new and re-enrolling consumers regardless of whether the consumer has paid the first month premium.	479		
	1a	Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have selected or were automatically enrolled in a Marketplace medical plan. This count is a subset of Total Plan Selections (Indicator 1).	5	Other. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	DCHBX has a small business marketplace (SHOP) and so has been tracking enrollments of those who lost Medicaid coverage and enroll into a private health plan in SHOP. These enrollments have been factored into DCHBX's overall conversion rate. From August, 1 person enrolled into SHOP after losing Medicaid coverage.
	1a.1	Active Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have actively selected a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	5		
	1a.2	Automatic Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who were automatically enrolled into a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	X	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not have auto-enrollment.
	6	Number of Submitted Applications	Total count of submitted electronic and paper applications. This metric includes new and renewal applications. Updated applications should not be counted as an additional application.	438		
	6a	Number of Submitted Applications, Medicaid/CHIP Renewal	Total count of submitted applications that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Number of Submitted Applications (Indicator 6).	59	This count does not include applications in which a consumer was terminated from Medicaid/CHIP and subsequently applied independently to the SBE.	
	6b	Number of Account Transfers/Referrals, Medicaid/CHIP Renewal	Total count of account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination cannot be made. Account transfers/referrals counted in this metric that subsequently result in a submitted application should also be counted in indicator 6 and 6a. This metric is NOT a subset of Number of Submitted Applications (Indicator 6).	0	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We only receive referrals from our Medicaid agency for those who have received a determination.
	7	Consumers on Applications Submitted	Total count of individuals requesting coverage on submitted applications (Indicator 6).	556		
	7a	Consumers on Applications Submitted, Medicaid/CHIP Renewal	Total count of individuals requesting coverage on submitted applications (Indicator 6a) that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Consumers on Applications Submitted (Indicator 7).	76		
	7b	Consumers on Transfers or Referrals, Medicaid/CHIP Renewal	Total count of individuals on account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination could not be made. Consumers that subsequently submit a complete application should also be counted in Indicators 7 and 7a. This metric is NOT a subset of Consumers on Applications Submitted (Indicator 7).	0	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We only receive referrals from our Medicaid agency for those who have received a determination.
	9	Consumers Eligible for QHP	Count of individuals on submitted applications who were determined eligible for enrollment in a Marketplace medical plan, regardless of whether they applied for or are eligible for financial assistance. Both new consumers and consumers re-enrolling (automatic and active) in coverage should be counted. This count is a subset of Consumers on Applications Submitted (Indicator 7). Eligibility for Medicaid/CHIP takes precedence over eligibility for a QHP without financial assistance. Individuals determined eligible for both Medicaid/CHIP and a non-financial QHP should not be counted.	556		
	9a	Consumers Eligible for QHP, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	62		
	9.1	Consumers Eligible for QHP, with Financial Assistance	Count of individuals on submitted applications (Indicator 7) who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	102		
	9.1a	Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP with Financial Assistance (Indicator 9.1).	62		
21	Number of Plan Selections with Financial Assistance	Count of unique individuals with a non-canceled Marketplace medical plan selection, where the consumer has elected to receive APTC in an amount greater than 50 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs.	95			
21a	Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Count of unique individuals on applications received by the Marketplace due to a Medicaid/CHIP denial or termination, where the consumer has elected to receive APTC in an amount greater than 50 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs. This count is a subset of Number of Plan Selections with Financial Assistance (Indicator 21).	3			
BHP Medicaid/CHIP Unwinding Metrics (New York & Minnesota only)	169	Total BHP Enrollees	Count of unique individuals on submitted applications (Indicator 7) who were determined eligible for and enrolled in BHP. Count does not include enrollments that were canceled or individuals enrolled in Medicaid/CHIP programs that are not BHP.	X	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	169a	BHP Enrollees, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for and enrolled in BHP.	X	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	172	Consumers Eligible for BHP	Count of all individuals on submitted applications (Indicator 7) who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	X	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	172a	Consumers Eligible for BHP, Medicaid/CHIP Renewal	Count of all individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	X	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs

Health Insurance Exchange Enrollment Data Verification
Center for Consumer Information and Insurance Oversight (CCIIO)



Date: 10/26/2023

Instructions: Please review your data submission, indicate the correct verification status, address the specific follow-up items listed below, and provide general notes as needed. Return your completed submission to SBE_Enrollment_Metrics@cms.hhs.gov and SBE.Enrollment.Metrics@Cognosante.com. Your data will not be considered verified unless you have marked one, **and only one**, of the verification status options below. By submitting your verification file, you are confirming the accuracy of **all** enrollment metrics data included herein.

Verification Status

Please indicate the correct verification status by marking the appropriate statement below with an "X"

	The state verifies the data as it appears in this template without any modifications during the verification process. The state further acknowledges that all follow-up items listed below have been sufficiently addressed.
	The state is providing data changes and/or new data in this template, as described in the "General Notes Provided by State" section below. All other data has been reviewed and verified. The state further acknowledges that all follow-up items listed below have been sufficiently addressed.

Specific Items for Follow-Up

Follow-Up Item	Resolution (Provided by State)
<p>1</p> <p>Consumers Eligible for QHP, with Financial Assistance (Indicator 9.1) is less than Number of Plan Selections with Financial Assistance (Indicator 21). The expectation is that Consumers Eligible for QHP, with Financial Assistance would be greater than or equal to Number of Plan Selections with Financial Assistance. Would District of Columbia please review and provide updated metrics as needed?</p> <p>Consumers Eligible for QHP, with Financial Assistance (Indicator 9.1): 82 Number of Plan Selections with Financial Assistance (Indicator 21): 95</p>	<p>1</p> <p>Resolved.</p>
2	2
3	3
4	4

General Notes Provided by State

Please list all data changes and provide explanatory notes to assist reviewers during analysis of your state's data.

[Enter Text Here.](#)

Affected Indicators	Logic Check	Relevant Equation
1, 1a	Total Plan Selections \geq Plan Selections, Medicaid/CHIP Renewal	Indicator 1 \geq Indicator 1a
1a, 1a.1, 1a.2	Plan Selections, Medicaid/CHIP Renewal = Active Plan Selections, Medicaid/CHIP Renewal + Automatic Plan Selections, Medicaid/CHIP Renewal	Indicator 1a = Indicator 1a.1 + Indicator 1a.2
6, 6a	Number of Submitted Applications \geq Number of Submitted Applications, Medicaid/CHIP Renewal	Indicator 6 \geq Indicator 6a
7, 7a	Consumers on Applications Submitted \geq Consumers on Applications Submitted, Medicaid/CHIP Renewal	Indicator 7 \geq Indicator 7a
9, 1	Consumers Eligible for QHP \geq Total Plan Selections	Indicator 9 \geq Indicator 1
9, 9a	Consumers Eligible for QHP \geq Consumers Eligible for QHP, Medicaid/CHIP Renewal	Indicator 9 \geq Indicator 9a
9, 9.1	Consumers Eligible for QHP \geq Consumers Eligible for QHP, with Financial Assistance	Indicator 9 \geq Indicator 9.1
9.1, 9.1a	Consumers Eligible for QHP, with Financial Assistance \geq Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal	Indicator 9.1 \geq Indicator 9.1a
9.1, 21	Consumers Eligible for QHP with Financial Assistance \geq Number of Plan Selections with Financial Assistance	Indicator 9.1 \geq Indicator 21
21, 21a	Number of Plan Selections with Financial Assistance \geq Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Indicator 21 \geq Indicator 21a
9.1a, 21a	Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal \geq Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Indicator 9.1a \geq Indicator 21a
169, 169a	Total BHP Enrollees \geq BHP Enrollees, Medicaid/CHIP Renewal	Indicator 169 \geq Indicator 169a
172, 172a	Consumers Eligible for BHP \geq Consumers Eligible for BHP, Medicaid/CHIP Renewal	Indicator 172 \geq Indicator 172a

Medicaid/CHIP Continuous Coverage Unwinding Data Submission

Preclearance Copy Template 1.0 Version 1.0 - 3/31/2023

Form Pending Approval

Center for Consumer Information and Insurance Oversight (CCIIO)

OMB No: 0938-1119

Today's Date: 2/6/2024



Instructions:

Please select your state and the correct report submission date below to automatically generate the appropriate reporting template(s). To complete your enrollment data submission, populate the workbook and submit it to SBE_Enrollment_Metrics@cms.hhs.gov and SBE.Enrollment.Metrics@Cognosante.com. By submitting your data file, you are confirming the accuracy of all enrollment metrics data included herein.

Please Enter Your State and Submission Detail:

State	District of Columbia
Report Submission Type	10/09/2023 - Medicaid/CHIP Continuous Coverage Unwinding
Reporting Period Start Date	9/1/2023
Reporting Period End Date	9/30/2023

General Comments About this Data Submission:

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1119.

INDICATOR	MEASURE TITLE	MEASURE DEFINITION	METRIC	FOOTNOTES	EXPANDED FOOTNOTES	
				If the SBE cannot report a metric, please input "N/A" in the appropriate cell and include a footnote to explain the omission.		
Priority Medicaid/CHIP Unwinding Metrics	1	Total Plan Selections	Count of unique individuals who have selected or automatically enrolled in a Marketplace medical plan. Count includes all new and re-enrolling consumers regardless of whether the consumer has paid the first month premium.	414		
	1a	Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have selected or were automatically enrolled in a Marketplace medical plan. This count is a subset of Total Plan Selections (Indicator 1).	3	Other. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	DCHBX has a small business marketplace (SHOP) and so has been tracking enrollments of those who lost Medicaid coverage and enroll into a private health plan in SHOP. These enrollments have been factored into DCHBX's overall conversion rate. From September, 4 people enrolled into SHOP after losing Medicaid coverage.
	1a.1	Active Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have actively selected a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	3		
	1a.2	Automatic Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who were automatically enrolled into a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not have auto-enrollment.
	6	Number of Submitted Applications	Total count of submitted electronic and paper applications. This metric includes new and renewal applications. Updated applications should not be counted as an additional application.	442		
	6a	Number of Submitted Applications, Medicaid/CHIP Renewal	Total count of submitted applications that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Number of Submitted Applications (Indicator 6).	92	This count does not include applications in which a consumer was terminated from Medicaid/CHIP and subsequently applied independently to the SBE.	
	6b	Number of Account Transfers/Referrals, Medicaid/CHIP Renewal	Total count of account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination cannot be made. Account transfers/referrals counted in this metric that subsequently result in a submitted application should also be counted in indicator 6 and 6a. This metric is NOT a subset of Number of Submitted Applications (Indicator 6).	0	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We only receive referrals from our Medicaid agency for those who have received a determination.
	7	Consumers on Applications Submitted	Total count of individuals requesting coverage on submitted applications (Indicator 6).	442		
	7a	Consumers on Applications Submitted, Medicaid/CHIP Renewal	Total count of individuals requesting coverage on submitted applications (Indicator 6a) that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Consumers on Applications Submitted (Indicator 7).	157		
	7b	Consumers on Transfers or Referrals, Medicaid/CHIP Renewal	Total count of individuals on account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination could not be made. Consumers that subsequently submit a complete application should also be counted in indicators 7 and 7a. This metric is NOT a subset of Consumers on Applications Submitted (Indicator 7).	0	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We only receive referrals from our Medicaid agency for those who have received a determination.
	9	Consumers Eligible for QHP	Count of individuals on submitted applications who were determined eligible for enrollment in a Marketplace medical plan, regardless of whether they applied for or are eligible for financial assistance. Both new consumers and consumers re-enrolling (automatic and active) in coverage should be counted. This count is a subset of Consumers on Applications Submitted (Indicator 7). Eligibility for Medicaid/CHIP takes precedence over eligibility for a QHP without financial assistance. Individuals determined eligible for both Medicaid/CHIP and a non-financial QHP should not be counted.	442		
	9a	Consumers Eligible for QHP, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	109		
	9.1	Consumers Eligible for QHP, with Financial Assistance	Count of individuals on submitted applications (Indicator 7) who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	81		
	9.1a	Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP with Financial Assistance (Indicator 9.1).	109		
21	Number of Plan Selections with Financial Assistance	Count of unique individuals with a non-canceled Marketplace medical plan selection, where the consumer has elected to receive APTC in an amount greater than 50 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs.	71			
21a	Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Count of unique individuals on applications received by the Marketplace due to a Medicaid/CHIP denial or termination, where the consumer has elected to receive APTC in an amount greater than 50 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs. This count is a subset of Number of Plan Selections with Financial Assistance (Indicator 21).	3			
BHP Medicaid/CHIP Unwinding Metrics (New York & Minnesota only)	169	Total BHP Enrollees	Count of unique individuals on submitted applications (Indicator 7) who were determined eligible for and enrolled in BHP. Count does not include enrollments that were canceled or individuals enrolled in Medicaid/CHIP programs that are not BHP.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	169a	BHP Enrollees, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for and enrolled in BHP.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	172	Consumers Eligible for BHP	Count of all individuals on submitted applications (Indicator 7) who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	172a	Consumers Eligible for BHP, Medicaid/CHIP Renewal	Count of all individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs

Medicaid/CHIP Continuous Coverage Unwinding Data Submission

Preclearance Copy Template 1.0 Version 1.0 - 3/31/2023

Form Pending Approval

Center for Consumer Information and Insurance Oversight (CCIIO)

OMB No: 0938-1119

Today's Date: 2/6/2024



Instructions:

Please select your state and the correct report submission date below to automatically generate the appropriate reporting template(s). To complete your enrollment data submission, populate the workbook and submit it to SBE_Enrollment_Metrics@cms.hhs.gov and SBE.Enrollment.Metrics@Cognosante.com. By submitting your data file, you are confirming the accuracy of **all** enrollment metrics data included herein.

Please Enter Your State and Submission Detail:

State	District of Columbia
Report Submission Type	11/08/2023 - Medicaid/CHIP Continuous Coverage Unwinding
Reporting Period Start Date	10/1/2023
Reporting Period End Date	10/31/2023

General Comments About this Data Submission:

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				If the SBE cannot report a metric, please input "N/A" in the appropriate cell and include a footnote to explain the omission.		
Priority Medicaid/CHIP Unwinding Metrics	1	Total Plan Selections	Count of unique individuals who have selected or automatically enrolled in a Marketplace medical plan. Count includes all new and re-enrolling consumers regardless of whether the consumer has paid the first month premium.	496		
	1a	Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have selected or were automatically enrolled in a Marketplace medical plan. This count is a subset of Total Plan Selections (Indicator 1).	11		
	1a.1	Active Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have actively selected a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	11		
	1a.2	Automatic Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who were automatically enrolled into a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not have auto-enrollment.
	6	Number of Submitted Applications	Total count of submitted electronic and paper applications. This metric includes new and renewal applications. Updated applications should not be counted as an additional application.	421		
	6a	Number of Submitted Applications, Medicaid/CHIP Renewal	Total count of submitted applications that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Number of Submitted Applications (Indicator 6).	45	This count does not include applications in which a consumer was terminated from Medicaid/CHIP and subsequently applied independently to the SBE.	
	6b	Number of Account Transfers/Referrals, Medicaid/CHIP Renewal	Total count of account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination cannot be made. Account transfers/referrals counted in this metric that subsequently result in a submitted application should also be counted in indicator 6 and 6a. This metric is NOT a subset of Number of Submitted Applications (Indicator 6).	0	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We only receive referrals from our Medicaid agency for those who have received a determination.
	7	Consumers on Applications Submitted	Total count of individuals requesting coverage on submitted applications (Indicator 6).	496		
	7a	Consumers on Applications Submitted, Medicaid/CHIP Renewal	Total count of individuals requesting coverage on submitted applications (Indicator 6a) that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Consumers on Applications Submitted (Indicator 7).	64		
	7b	Consumers on Transfers or Referrals, Medicaid/CHIP Renewal	Total count of individuals on account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination could not be made. Consumers that subsequently submit a complete application should also be counted in indicators 7 and 7a. This metric is NOT a subset of Consumers on Applications Submitted (Indicator 7).	0	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We only receive referrals from our Medicaid agency for those who have received a determination.
	9	Consumers Eligible for QHP	Count of individuals on submitted applications who were determined eligible for enrollment in a Marketplace medical plan, regardless of whether they applied for or are eligible for financial assistance. Both new consumers and consumers re-enrolling (automatic and active) in coverage should be counted. This count is a subset of Consumers on Applications Submitted (Indicator 7). Eligibility for Medicaid/CHIP takes precedence over eligibility for a QHP without financial assistance. Individuals determined eligible for both Medicaid/CHIP and a non-financial QHP should not be counted.	496		
	9a	Consumers Eligible for QHP, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	54		
	9.1	Consumers Eligible for QHP, with Financial Assistance	Count of individuals on submitted applications (Indicator 7) who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	54		
	9.1a	Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP with Financial Assistance (Indicator 9.1).	54		
21	Number of Plan Selections with Financial Assistance	Count of unique individuals with a non-canceled Marketplace medical plan selection, where the consumer has elected to receive APTC in an amount greater than \$0 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs.	52			
21a	Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Count of unique individuals on applications received by the Marketplace due to a Medicaid/CHIP denial or termination, where the consumer has elected to receive APTC in an amount greater than \$0 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs. This count is a subset of Number of Plan Selections with Financial Assistance (Indicator 21).	6			
BHP Medicaid/CHIP Unwinding Metrics (New York & Minnesota only)	169	Total BHP Enrollees	Count of unique individuals on submitted applications (Indicator 7) who were determined eligible for and enrolled in BHP. Count does not include enrollments that were canceled or individuals enrolled in Medicaid/CHIP programs that are not BHP.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	169a	BHP Enrollees, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for and enrolled in BHP.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	172	Consumers Eligible for BHP	Count of all individuals on submitted applications (Indicator 7) who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	172a	Consumers Eligible for BHP, Medicaid/CHIP Renewal	Count of all individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs

Affected Indicators	Logic Check	Relevant Equation
1, 1a	Total Plan Selections \geq Plan Selections, Medicaid/CHIP Renewal	Indicator 1 \geq Indicator 1a
1a, 1a.1, 1a.2	Plan Selections, Medicaid/CHIP Renewal = Active Plan Selections, Medicaid/CHIP Renewal + Automatic Plan Selections, Medicaid/CHIP Renewal	Indicator 1a = Indicator 1a.1 + Indicator 1a.2
6, 6a	Number of Submitted Applications \geq Number of Submitted Applications, Medicaid/CHIP Renewal	Indicator 6 \geq Indicator 6a
7, 7a	Consumers on Applications Submitted \geq Consumers on Applications Submitted, Medicaid/CHIP Renewal	Indicator 7 \geq Indicator 7a
9, 1	Consumers Eligible for QHP \geq Total Plan Selections	Indicator 9 \geq Indicator 1
9, 9a	Consumers Eligible for QHP \geq Consumers Eligible for QHP, Medicaid/CHIP Renewal	Indicator 9 \geq Indicator 9a
9, 9.1	Consumers Eligible for QHP \geq Consumers Eligible for QHP, with Financial Assistance	Indicator 9 \geq Indicator 9.1
9.1, 9.1a	Consumers Eligible for QHP, with Financial Assistance \geq Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal	Indicator 9.1 \geq Indicator 9.1a
9.1, 21	Consumers Eligible for QHP with Financial Assistance \geq Number of Plan Selections with Financial Assistance	Indicator 9.1 \geq Indicator 21
21, 21a	Number of Plan Selections with Financial Assistance \geq Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Indicator 21 \geq Indicator 21a
9.1a, 21a	Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal \geq Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Indicator 9.1a \geq Indicator 21a
169, 169a	Total BHP Enrollees \geq BHP Enrollees, Medicaid/CHIP Renewal	Indicator 169 \geq Indicator 169a
172, 172a	Consumers Eligible for BHP \geq Consumers Eligible for BHP, Medicaid/CHIP Renewal	Indicator 172 \geq Indicator 172a

Medicaid/CHIP Continuous Coverage Unwinding Data Submission

Preclearance Copy Template 1.0 Version 1.0 - 3/31/2023

Form Pending Approval

Center for Consumer Information and Insurance Oversight (CCIIO)

OMB No: 0938-1119

Today's Date: 2/6/2024



Instructions:

Please select your state and the correct report submission date below to automatically generate the appropriate reporting template(s). To complete your enrollment data submission, populate the workbook and submit it to SBE_Enrollment_Metrics@cms.hhs.gov and SBE.Enrollment.Metrics@Cognosante.com. By submitting your data file, you are confirming the accuracy of all enrollment metrics data included herein.

Please Enter Your State and Submission Detail:

State	District of Columbia
Report Submission Type	12/08/2023 - Medicaid/CHIP Continuous Coverage Unwinding
Reporting Period Start Date	11/1/2023
Reporting Period End Date	11/30/2023

General Comments About this Data Submission:

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				If the SBE cannot report a metric, please input "N/A" in the appropriate cell and include a footnote to explain the omission.		
Priority Medicaid/CHIP Unwinding Metrics	1	Total Plan Selections	Count of unique individuals who have selected or automatically enrolled in a Marketplace medical plan. Count includes all new and re-enrolling consumers regardless of whether the consumer has paid the first month premium.	13,864		
	1a	Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have selected or were automatically enrolled in a Marketplace medical plan. This count is a subset of Total Plan Selections (Indicator 1).	6		
	1a.1	Active Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have actively selected a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	6		
	1a.2	Automatic Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who were automatically enrolled into a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	0	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not have auto-enrollment.
	6	Number of Submitted Applications	Total count of submitted electronic and paper applications. This metric includes new and renewal applications. Updated applications should not be counted as an additional application.	11,178		
	6a	Number of Submitted Applications, Medicaid/CHIP Renewal	Total count of submitted applications that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Number of Submitted Applications (Indicator 6).	19	This count does not include applications in which a consumer was terminated from Medicaid/CHIP and subsequently applied independently to the SBE.	
	6b	Number of Account Transfers/Referrals, Medicaid/CHIP Renewal	Total count of account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination cannot be made. Account transfers/referrals counted in this metric that subsequently result in a submitted application should also be counted in indicator 6 and 6a. This metric is NOT a subset of Number of Submitted Applications (Indicator 6).	0	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We only receive referrals from our Medicaid agency for those who have received a determination.
	7	Consumers on Applications Submitted	Total count of individuals requesting coverage on submitted applications (Indicator 6).	13,910		
	7a	Consumers on Applications Submitted, Medicaid/CHIP Renewal	Total count of individuals requesting coverage on submitted applications (Indicator 6a) that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Consumers on Applications Submitted (Indicator 7).	23		
	7b	Consumers on Transfers or Referrals, Medicaid/CHIP Renewal	Total count of individuals on account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination could not be made. Consumers that subsequently submit a complete application should also be counted in indicators 7 and 7a. This metric is NOT a subset of Consumers on Applications Submitted (Indicator 7).	0	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We only receive referrals from our Medicaid agency for those who have received a determination.
	9	Consumers Eligible for QHP	Count of individuals on submitted applications who were determined eligible for enrollment in a Marketplace medical plan, regardless of whether they applied for or are eligible for financial assistance. Both new consumers and consumers re-enrolling (automatic and active) in coverage should be counted. This count is a subset of Consumers on Applications Submitted (Indicator 7). Eligibility for Medicaid/CHIP takes precedence over eligibility for a QHP without financial assistance. Individuals determined eligible for both Medicaid/CHIP and a non-financial QHP should not be counted.	13,910		
	9a	Consumers Eligible for QHP, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	21		
	9.1	Consumers Eligible for QHP, with Financial Assistance	Count of individuals on submitted applications (Indicator 7) who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	2,517		
	9.1a	Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP with Financial Assistance (Indicator 9.1).	21		
21	Number of Plan Selections with Financial Assistance	Count of unique individuals with a non-canceled Marketplace medical plan selection, where the consumer has elected to receive APTC in an amount greater than \$0 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs.	2,456			
21a	Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Count of unique individuals on applications received by the Marketplace due to a Medicaid/CHIP denial or termination, where the consumer has elected to receive APTC in an amount greater than \$0 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs. This count is a subset of Number of Plan Selections with Financial Assistance (Indicator 21).	4			
BHP Medicaid/CHIP Unwinding Metrics (New York & Minnesota only)	169	Total BHP Enrollees	Count of unique individuals on submitted applications (Indicator 7) who were determined eligible for and enrolled in BHP. Count does not include enrollments that were canceled or individuals enrolled in Medicaid/CHIP programs that are not BHP.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	169a	BHP Enrollees, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for and enrolled in BHP.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	172	Consumers Eligible for BHP	Count of all individuals on submitted applications (Indicator 7) who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	172a	Consumers Eligible for BHP, Medicaid/CHIP Renewal	Count of all individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs

Medicaid/CHIP Continuous Coverage Unwinding Data Submission

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OMB No: 0938-1119

Today's Date: 2/6/2024



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Please Enter Your State and Submission Detail:

State	District of Columbia
Report Submission Type	01/08/2024 - Medicaid/CHIP Continuous Coverage Unwinding
Reporting Period Start Date	12/1/2023
Reporting Period End Date	12/31/2023

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				If the SBE cannot report a metric, please input "N/A" in the appropriate cell and include a footnote to explain the omission.		
Priority Medicaid/CHIP Unwinding Metrics	1	Total Plan Selections	Count of unique individuals who have selected or automatically enrolled in a Marketplace medical plan. Count includes all new and re-enrolling consumers regardless of whether the consumer has paid the first-month premium.	1,911		
	1a	Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have selected or were automatically enrolled in a Marketplace medical plan. This count is a subset of Total Plan Selections (Indicator 1).	6	Other. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	Because our 'Loss of Medicaid' SEP allows individuals to enroll retroactively, at times 2-3 months earlier, retroactive enrollments are not reflected in the monthly report. Our total individual enrollments through December 2023 is 42 enrollments.
	1a.1	Active Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who have actively selected a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	6	Other. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	Because our 'Loss of Medicaid' SEP allows individuals to enroll retroactively, at times 2-3 months earlier, retroactive enrollments are not reflected in the monthly report. Our total individual enrollments through December 2023 is 42 enrollments.
	1a.2	Automatic Plan Selections, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by a Marketplace due to Medicaid/CHIP denial or termination determined eligible for a QHP (Indicator 9a), who were automatically enrolled into a Marketplace medical plan. This count is a subset of Plan Selections, Medicaid/CHIP Renewal (Indicator 1a).	0	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not have auto-enrollment.
	6	Number of Submitted Applications	Total count of submitted electronic and paper applications. This metric includes new and renewal applications. Updated applications should not be counted as an additional application.	3,125		
	6a	Number of Submitted Applications, Medicaid/CHIP Renewal	Total count of submitted applications that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Number of Submitted Applications (Indicator 6).	8	This count does not include applications in which a consumer was terminated from Medicaid/CHIP and subsequently applied independently to the SBE.	
	6b	Number of Account Transfers/Referrals, Medicaid/CHIP Renewal	Total count of account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination cannot be made. Account transfers/referrals counted in this metric that subsequently result in a submitted application should also be counted in indicator 6 and 6a. This metric is NOT a subset of Number of Submitted Applications (Indicator 6).	0	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We only receive referrals from our Medicaid agency for those who have received a determination.
	7	Consumers on Applications Submitted	Total count of individuals requesting coverage on submitted applications (Indicator 6).	4,414		
	7a	Consumers on Applications Submitted, Medicaid/CHIP Renewal	Total count of individuals requesting coverage on submitted applications (Indicator 6a) that were received by the Marketplace due to a Medicaid/CHIP denial or termination. This count is a subset of Consumers on Applications Submitted (Indicator 7).	12		
	7b	Consumers on Transfers or Referrals, Medicaid/CHIP Renewal	Total count of individuals on account transfers or referrals (non-applications) that were received by the Marketplace due to a Medicaid/CHIP denial or termination, in which a QHP eligibility determination could not be made. Consumers that subsequently submit a complete application should also be counted in indicators 7 and 7a. This metric is NOT a subset of Consumers on Applications Submitted (Indicator 7).	0	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We only receive referrals from our Medicaid agency for those who have received a determination.
	9	Consumers Eligible for QHP	Count of individuals on submitted applications who were determined eligible for enrollment in a Marketplace medical plan, regardless of whether they applied for or are eligible for financial assistance. Both new consumers and consumers re-enrolling (automatic and active) in coverage should be counted. This count is a subset of Consumers on Applications Submitted (Indicator 7). Eligibility for Medicaid/CHIP takes precedence over eligibility for a QHP without financial assistance. Individuals determined eligible for both Medicaid/CHIP and a non-financial QHP should not be counted.	4,414		
	9a	Consumers Eligible for QHP, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	10		
	9.1	Consumers Eligible for QHP, with Financial Assistance	Count of individuals on submitted applications (Indicator 7) who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP (Indicator 9).	644		
	9.1a	Consumers Eligible for QHP with Financial Assistance, Medicaid/CHIP Renewal	Count of individuals on submitted applications received by a Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for enrollment in a Marketplace medical plan and eligible to receive APTC and/or CSRs. This count is also a subset of Consumers Eligible for QHP with Financial Assistance (Indicator 9.1).	10		
	21	Number of Plan Selections with Financial Assistance	Count of unique individuals with a non-canceled Marketplace medical plan selection, where the consumer has elected to receive APTC in an amount greater than \$0 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs.	586		
21a	Number of Plan Selections with Financial Assistance, Medicaid/CHIP Renewal	Count of unique individuals on applications received by the Marketplace due to a Medicaid/CHIP denial or termination, where the consumer has elected to receive APTC in an amount greater than \$0 and/or receives CSR. This count includes consumers with APTC and CSRs, consumers with only APTC, and consumers with only CSRs. This count is a subset of Number of Plan Selections with Financial Assistance (Indicator 21).	3	Other. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	Because our 'Loss of Medicaid' SEP allows individuals to enroll retroactively, at times 2-3 months earlier, retroactive enrollments are not reflected in the monthly report. Our total for individual enrollments through December 2023 who had APTC or CSR only applied at great than \$0 is 35 enrollments.	
BHP Medicaid/CHIP Unwinding Metrics (New York & Minnesota only)	169	Total BHP Enrollees	Count of unique individuals on submitted applications (Indicator 7) who were determined eligible for and enrolled in BHP. Count does not include enrollments that were canceled or individuals enrolled in Medicaid/CHIP programs that are not BHP.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	169a	BHP Enrollees, Medicaid/CHIP Renewal	Count of unique individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined eligible for and enrolled in BHP.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	172	Consumers Eligible for BHP	Count of all individuals on submitted applications (Indicator 7) who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs
	172a	Consumers Eligible for BHP, Medicaid/CHIP Renewal	Count of all individuals on submitted applications received by the Marketplace due to a Medicaid/CHIP denial or termination (Indicator 7a), who were determined or assessed eligible for BHP. Only individuals on submitted applications and requesting coverage are included. Count all individuals determined/assessed eligible even if the individual does not subsequently enroll in coverage.	N/A	State is unable to report this metric. [Instructions: please provide an explanation or clarification in the expanded footnotes column]	We do not offer BHPs

Q26. Please provide copies of the reports submitted to the Centers for Medicare & Medicaid Services (CMS) regarding special enrollment period uptake for individuals under the Medicaid renewal and redetermination process.

DCHBX reports data to CMS monthly regarding eligibility and enrollment of individuals into Qualified Health Plans (QHPs) through DC Health Link who were terminated as a result of Medicaid redeterminations. Attached are reports submitted from May through December 2023.

The monthly CMS reports only requests enrollment activity for the Individual & Family marketplace through DC Health Link. DCHBX also operates a small business marketplace (SHOP), and enrollment in SHOP is reflected in footnotes in the CMS reports where applicable and is included in data in Q25 related to Medicaid redetermination.

See Attachments A - H

Q27. Are there any current statutory or regulatory impediments to your agency’s operations?

Federal Regulations

The Biden Administration has taken significant steps to expand quality, affordable health insurance, establish protections against discrimination, and expand health equity efforts. Many of these steps involve reversing harmful Trump Administration actions that created impediments to DCHBX’s mission of providing affordable quality health insurance to residents and employers. Given the four years of attacks on the ACA, it continues to take time to address all impacted policies. The chart below provides a status update on key issues.

Federal Action	DCHBX Response Under Trump Administration	DCHBX Response Under Biden Administration	Status of Federal Action
<p>Under President Trump, the U.S. Department of Labor (DOL) finalized a rule exempting association health plans from the ACA’s consumer protections, which opens the door to fraud and insolvencies.</p>	<p>DCHBX submitted comments opposing the Trump Administration rule. DCHBX asked the Biden Administration to repeal the final regulation. Attorneys General (AG), co-led by District of Columbia’s Attorney General Karl Racine, challenged the rule in federal courts. District passed a law to keep consumer protections. President Biden issued an Executive Order on January 28, 2021 instructing the departments to review and revise the regulations.</p>	<p>DCHBX asked the Biden Administration to repeal the Trump Administration Rule entirely.</p>	<p>On December 20, 2023, DOL issued a proposal to rescind the Trump Administration rule entirely. Comments are due February 20, 2024 and DCHBX will be supporting quick finalization of the rescission followed by voluntary dismissal of the federal litigation.</p>

<p>Under President Trump, the U.S. Department of Health and Human Services (HHS), DOL, and U.S. Department of the Treasury (Treasury) finalized a rule removing consumer protections related to short-term limited duration (STLD) plans.</p>	<p>DCHBX submitted comments opposing the Trump Administration regulations permitting STLD plans up to 12 months with a max of 36 months renewal.</p> <p>The District passed a law to maintain a three-month limit on short term, limited duration plans.</p>	<p>DCHBX asked the Biden Administration to revert to the Obama Administration consumer protections related to these plans under federal law.</p>	<p>On July 12, 2023, HHS released a proposed rule to limit STLD plans to 3 months with a 1 month renewal (max 4 months). The proposed rule also reiterated STLD plans through an association still have to meet federal requirements.</p> <p>On September 11, 2023, DCHBX commented in support.</p> <p>Awaiting a Final Rule.</p>
<p>Under President Trump, CMS finalized a rule allowing web-based brokers and insurance carriers to perform essential government functions currently performed by ACA exchanges, putting consumers at risk and endangering the stability of ACA insurance markets.</p>	<p>DCHBX submitted comments opposing Trump Administration regulations.</p>	<p>DCHBX asked the Biden Administration to repeal the provisions related to web-brokers and direct enrollment entities.</p>	<p>On September 27, 2021, HHS released a final rule reversing these provisions. DCHBX submitted comments supporting this reversal.</p> <p>On November 24, 2023, HHS released a proposed rule mandating that all state exchanges perform basic eligibility and enrollment functions rather than 3rd parties. These functions include maintaining a website for application submission, accepting applications, and conducting eligibility determinations whether the application comes directly to the exchange or to a web-broker.</p> <p>Awaiting a Final Rule.</p>
<p>Under President Trump, HHS finalized a rule to eliminate non-discrimination</p>	<p>Submitted comments opposing Trump Administration regulations.</p>	<p>DCHBX asked the Biden Administration to repeal the final regulation and</p>	<p>President Biden issued an Executive Order (EO) to prevent and combat discrimination on the basis of gender identity or sexual orientation. On January</p>

<p>protections for LGBTQ, women, and immigrants.</p>		<p>reissue Obama Administration protections.</p>	<p>5, 2022, HHS proposed a repeal of the Trump Administration regulations. DCHBX submitted comments supporting this reversal.</p> <p>On January 27, 2022 DCHBX submitted comments to CMS on a policy that reinstated the protections against discrimination on the basis of sexual orientation and gender identity.</p> <p>On September 30, 2022, DCHBX submitted comments to HHS Nondiscrimination in Health Programs and Activities Proposed Rule (supported policies that reinstate the protections against discrimination on the basis of sexual orientation and gender identity, supported policies that apply nondiscrimination principles to the use of clinical algorithms, machine learning, and artificial intelligence when used as part of clinical decision making).</p> <p>Awaiting a Final Rule.</p>
<p>The ACA requires taxpayers to reconcile the amount they received in tax credits (paid directly to health carriers for health insurance premiums) with their income for that tax year when they file taxes.</p>	<p>N/A</p>	<p>DCHBX asked the IRS to provide maximum flexibility to taxpayers related to reconciliation for tax years 2021 and beyond.</p>	<p>In response to the economic devastation and uncertainty caused by the COVID-19 pandemic, in March 2021, the American Rescue Plan waived reconciliation requirements for tax year 2020. The IRS issued implementing guidance on April 9, 2021.</p> <p>On July 23, 2021, CMS issued guidance pausing the denial of tax credits directly to health</p>

			<p>carriers for Plan years 2021 and 2022 based on a failure to file a return or reconcile tax credits from the previous year.</p> <p>On December 21, 2022, CMS proposed a regulatory change under which terminations based on a failure to file a return or reconcile would be paused at least through plan year 2024. After that, termination would not occur unless the individual failed to file for two consecutive tax years. On January 27, 2023, DCHBX commented in support of this change. These proposals were finalized April 27, 2023.</p> <p>On November 24, 2023, CMS proposed that exchanges must send a notice to customers every year where they fail to file or reconcile APTC (even though termination would only occur after two consecutive years). The effort is to remind customers of the requirement to reconcile and reduce APTC terminations.</p> <p>Awaiting a Final Rule.</p>
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See question 13 for legal barriers to progress on racial equity.

Federal Court Cases

Data Marketing Partnership Litigation

The Plaintiffs are seeking to avoid state insurance regulation and ACA protections by arguing they are an ERISA covered plan exempt from state law. A federal judge in the Northern District of Texas issued a decision preempting state regulation and oversight of an entity engaging in the unauthorized sale of insurance. The District Court overturned a DOL Advisory Opinion and is permitting the entity to use ERISA as a shield from state oversight. The Department of Labor (DOL) appealed this decision to the U.S. Court of Appeals for the Fifth Circuit. The D.C. Attorney General led a state AG sign-on brief supporting DOL and preserving state regulation of insurance and individual market stability. Also, the

NAIC and a separate group of insurance commissioners (including Commissioner Woods) filed in support of DOL. On August 17, 2022, in *Data Marketing Partnership, LP v. United States Dept of Labor*, the Fifth Circuit Court of Appeals remanded the case, partially affirming and partially vacating the lower court's decision. The case remains pending before the District Court on remand. This case is important because if entities are allowed an exemption from state insurance standards, premiums would rise, and ACA markets would de-stabilize.

ACA Preventive Care Services Litigation

A federal judge in the Northern District of Texas (same judge as Data Marketing case) ruled that the ACA's process for determining what kinds of preventive care must be covered by private health insurance without cost sharing is unconstitutional. The ruling could jeopardize millions of Americans' access to preventive care services, including cancer screenings, alcohol abuse counseling and drugs that prevent H.I.V. infection. The judge concluded that reliance on the Preventive Services Task Force, a volunteer panel of experts that recommends what kinds of preventive care must be covered under the law, violated the Constitution because its members are not appointed by the President or confirmed by the Senate. The ruling also found requiring coverage of the H.I.V. drug regimen known as pre-exposure prophylaxis (PrEP) violated one of the plaintiff employer's rights under the Religious Freedom Restoration Act (RFRA). The ruling did not take effect immediately and was stayed pending appeal to the United States Court of Appeals for the Fifth Circuit. On June 12th, 2023, plaintiffs reached a temporary agreement with the Department of Justice to keep the ACA preventive care requirements in place nationwide while the case is on appeal. HBX provided policy and legal research supporting the Attorney General of the District of Columbia in a multi-state amicus brief to the Fifth Circuit supporting the Biden Administration's position that the preventive care benefits under the ACA should be preserved. As part of the Fifth Circuit case, plaintiffs have filed a cross-appeal that, if successful, would also invalidate the preventive service coverage recommendations for vaccines, women's health, and children's health that were challenged in plaintiffs' original claims. Oral argument before the Fifth Circuit will take place March 4, 2024.

Association Health Plans

In 2018, DOL issued final regulations that would allow Association Health Plans (AHPs) to sell to individuals and small businesses, subject to almost no federal standards or oversight. AHPs have a long history of insolvencies, scams, and fraud. The D.C. Attorney General, as part of a 12-state coalition, in *State of New York, et al., v. U.S. Dept of Labor*, sued the DOL to overturn the new AHP regulations. The 12-state coalition prevailed, and the federal district court struck down the AHP rule as violating federal law; however, the case was appealed in the U.S. Court of Appeals for the District of Columbia. No decision has been issued in this case by the DC Circuit. After President Biden assumed office, DOL asked the Court not to issue an opinion while the new Administration reviewed the regulation. The DOL issued a proposed rule in December 2023 fully rescinding the 2018 AHP Rule. DCHBX will comment in support of the proposed rescission. Through the passage of the Health Insurance Marketplace Improvement Amendment Act of 2018, the Council has taken steps to help protect District residents from any market destabilization, fraud, or insolvency.

Q28: Please detail any additional data security measures that have put in place in FY 2023 and FY 2024, to date.

HBX made and will continue to implement changes to better protect DC Health Link and our customers from threat actors, and from criminals. In addition to conducting a full AWS review, which included reviewing security configurations, logging and monitoring, and AWS IAM accounts, roles, permissions and policies, and completing vulnerability scans, external cybersecurity experts assessed our security program and reviewed our code and applications. These efforts build on the substantial security infrastructure already in place at DCHBX such as 24/7 monitoring and penetration testing and existing DCHBX security technologies – many of which are also used by the U.S. military and intelligence agencies, and Fortune 100 companies.

In addition to the comprehensive review of our entire system, our team identified opportunities to further strengthen our security measures and implemented those measures. For example, having previously used open-source Linux operating system, we now subscribe to the enterprise version, adding the additional support of Red Hat experts as needed. We also reconfirmed that in some cases existing security measures in place did not need changes, e.g. encryption.

FY23-24 DCHBX Performance Oversight Hearing: Q29

29. Please provide for each member of the HBX Executive Board:

- a. Name and title;**
- b. Place of employment;**
- c. Number of years served on the Board, and date when current term ends;**
- d. Which 2 (or more) enumerated areas of expertise they meet.**

Name	Employment	Years on Board	End Term*	Enumerated area of expertise**
Henry Aaron	Public Member	11	7/6/2025	Health care economics; Health care finance; Public health programs.
Dr. Ayanna Bennett	Department of Health (DOH), Director	6 months	N/A	Statutory ex-officio member
Leighton Ku	George Washington University	11	7/6/2025	Public health programs; Health care economics; Health care finance.
Diane Lewis	ALTA Consulting Group, Inc.	11	7/6/2024	Human services administration; Health care consumer interest advocacy; Public health programs.
Gabriela Mossi	Uptown Community Initiative	3	7/6/2026	Health care consumer interest advocacy; Individual or small employer health care coverage. Purchasing health plan coverage (small business owner).
Khalid Pitts	Leadership Conference on Civil and Human Rights, Cork Wine Bar	11	7/6/2022	Purchasing health plan coverage (small business owner); Enrolling individuals into health benefit plans.
Ramon Richards	T. Rowe Price	3	7/6/2024	Purchasing health plan coverage; Prior experience in commercial insurance management.
Wayne Turnage	Department of Health Care Finance (DHCF), Director	11	N/A	Statutory ex-officio member

Tamara Watkins	Amgen	8	7/6/2027	Administering a public or private health care delivery system; Health care economics.
Karima Woods	Department of Insurance, Securities, and Banking (DISB), Commissioner	4	N/A	Statutory ex-officio member
Laura Zeilinger	Department of Human Services (DHS), Director	9	N/A	Statutory ex-officio member

* A member of the executive board may continue to serve until his or her successor has been approved by the Council and appointed by the Mayor pursuant to Section 31-3171.05.

** Areas of expertise pursuant to Section 31-3171.05.

FY23-FY24 DCHBX Performance Oversight Hearing: Q30

Q30. Please provide a summary of the HBX Executive Board's priorities in FY 2023 and FY 2024, and a link to any available meeting minutes.

The DCHBX Executive Board's major priorities in FY 2023 and FY 2024 include supporting DHCF's Medicaid redetermination efforts, promoting the Healthcare4Childcare initiative, and to advance equity and reduce health disparities. The following DCHBX Executive Board meetings included discussion and/or action on these priorities.

- **November 16, 2022** [Minutes](#)
- **January 11, 2023** [Minutes](#)
- **March 8, 2023** [Minutes](#)
- **May 10, 2023** [Minutes](#)
- **July 12, 2023** [Minutes](#)
- **September 13, 2023** [Minutes](#)
- **November 8, 2023** [Minutes](#)
- **January 10, 2024** [Audio](#) (Passcode: 3a+\$FTq4)
Meeting minutes will be approved at the March 13, 2024 meeting.