

**DC Health Benefit Exchange Authority**  
**DRAFT Executive Board Meeting Minutes**  
**Wednesday, December 11, 2013**  
**5:30 PM**

**Members Present:** Dr. Henry Aaron, Dr. Mohammad Akhter, Dr. Joxel Garcia (via phone),  
Kate Sullivan Hare (via phone), Dr. Leighton Ku, Kevin Lucia (via phone)

**Members Absent:** David Berns, Diane Lewis, Chester McPherson, Khalid Pitts, Wayne  
Turnage

**I. Welcome, and Roll Call, *Dr. Henry Aaron, Vice-Chair***

There was a roll call of members present to confirm that there was a quorum. A quorum was met with five voting members present listed above (Dr. Aaron, Dr. Akhter, Dr. Ku, Mr. Lucia, and Ms. Sullivan Hare).

**II. Approval of Minutes, *Dr. Henry Aaron, Vice-Chair***

The minutes from the December 3<sup>rd</sup> meeting were unanimously approved by roll call vote. Voting in favor were Dr. Aaron, Dr. Akhter, Dr. Ku, Mr. Lucia, and Ms. Sullivan Hare.

**III. Programmatic Updates**

*-Contact Center, Broker Relations and Outreach Update, Kelvin Robinson, DCHBX Staff*

Kelvin Robinson reported on Contact Center operations. The Contact Center has received more than 27,000 calls since October 1 with volume spiking during the Congressional enrollment process. Additionally, the Center placed more than 10,000 outbound calls. The average wait time was 37 minutes with a handle time of 12 minutes. At peak times, the wait spiked to 61 minutes. People calling about a confirmation of enrollment in the queue have the option of submitting a question via email and receiving a response. Experience has suggested that there are categories of calls, such as help resetting a password, that could be addressed more rapidly with enhanced technical assistance. For an expected spike in enrollment prior to year end, the Contact Center will be open on Sunday, December 22.

With respect to brokers, the Exchange has certified 215, with many more having been trained on the website but not yet completing the requirements for certification. Exchange staff continues to work with them to achieve certification.

Mr. Robinson noted that the Exchange is sponsoring employer and broker events around the District, including weekly seminars to provide small businesses with help enrolling as well as holding broker-specific webinars to provide information for the broker community. In addition, a concierge telephone line has been set up for brokers for help from HBX staff on policy and technical issues, media has been engaged, weekly newsletters are being sent, tool kits have been prepared to help navigate the system and mixers among brokers, small employers and assisters

have been conducted to facilitate collaborative efforts. In response to questions, Mr. Robinson advised that individuals in the call queue are periodically advised of wait times, and data about dropped and abandoned calls is being collected to try to improve the customer experience. Members of the Board engaged Mr. Robinson with questions about service levels and asked whether customer satisfaction surveys have been held. The answer is not yet, but they are contemplated. Mr. Robinson also noted that the Exchange is looking into a callback feature for people to leave their number for a callback. Dr. Ku asked if the Exchange is dealing with confirmation requests from both congressional staff and everyone else similarly. Mr. Robinson said yes and explained the confirmation process in detail. Dr. Aaron asked whether the Exchange is anticipating a similarly high volume of calls as during congressional enrollment, and Mr. Robinson said he was not expecting as high a volume.

Mr. Robinson reported on outreach efforts since the last report. The Exchange conducted 62 outreach events in the last month to diverse and varied groups all over the District. Enrollment centers at the MLK and Deanwood Libraries have opened. These centers will be open until March 31, 2014 with Monday to Saturday hours. The November 23 enrollment event at the MLK library attracted 800 participants and was highly successful. Nearly half the participants opened an account. Dr. Ku noted that the Exchange should begin messaging about the individual mandate. Mr. Lucia said that particular messaging should be revisited after January 1. Ms. Sullivan Hare noted that the Exchange's communications firm conducted that same messaging in the Massachusetts program.

*-DC Health Link Assister Program Update, Purvee Kempf, DCHBX staff*

Purvee Kempf briefed the members of the Board on the status of the Assister program and the 33 Official Assister organizations and 178 Certified Assisters. A number of events were held leveraging the type of organization it is, i.e. faith based, business, educational, medical provider, etc. To date, there have been more than 450 outreach events, reaching more than 45,000 people, and more than 5700 personal interactions between assisters and consumers have taken place. Ms. Kempf provided a number of examples of innovative ways Assisters are reaching consumers. Tomorrow will see the third continuing education session for Assisters that last 3 or 4 hours. Exchange staff trains them and answers questions, and they talk to one another about best practices. Dr. Ku asked about what Assisters are doing with respect to non-English speakers given the website and most applications are in English. Ms. Kempf noted that multilingual Assisters are translating questions and inputting the answers, including at least one who speaks American Sign Language. No significant attrition among Assisters has occurred. In response to a question from the public about training for new Assisters, Ms. Kempf noted that there are no more Assisters to be hired, but that Certified Application Counselors will be trained using the Assister curriculum.

#### **IV. Financial Sustainability Report**

Dr. Aaron, Chair of the Finance Working Committee, presented the Financial Sustainability Report required to be submitted to the Mayor and City Council by December 15, 2013. He noted that the report was considered by the Finance Committee. A working group formed earlier in the year considered how the Exchange would become self-sustaining by January 1, 2015. The working group considered a number of alternatives, assisted by Wakely Consulting who helped facilitate the meetings and provide policy guidance. A number of alternative revenue sources

such as tobacco taxes were considered but ultimately rejected, and the working group's recommendation was to assess health insurance premiums as broadly based as possible for the long term support of the Exchange. The Board agreed and recommended that a fee be imposed on all health insurance carriers in the District of Columbia. The assessment will be based on the annual budget of the Exchange when it is determined. Subsequent to the initial finding and Board adoption of the recommendation, Exchange staff became aware that there were a significant number of carriers who would pay a very small assessment due to their low annual premium volume. The staff recommendation is to minimize the number of carriers to be assessed by assessing only those carriers with a premium above a certain amount. The Board agreed. Additionally, the report contains the required actuarial certification.

Dr. Aaron explained that the report takes a broad based approach, assessing all health insurance carriers in the District of Columbia, a broad term that includes carriers who sell all lines of health insurance, not just major medical coverage. It includes, for example, carriers who sell disability income insurance and those who sell coverage for specific diseases. One of reasons for assessing in this manner is due to the way premium income is reported on annual statements to the National Association of Insurance Commissioners and the states. Generally, health insurance premiums are reported under the broad heading of "accident and health" insurance which comprises all lines of health insurance, not just major medical coverage.

Dr. Aaron noted the Ombudsman program is funded by a similar broad-based assessment of all health carriers except for the exclusion of Medicaid premiums from the assessment. The Medicaid exclusion is statutory, and the Exchange enabling legislation does not contain such an exclusion. Mary Beth Senkewicz, DCHBX staff, agreed and said while there are some lines separately reported on exhibits to the annual statement, Dr. Aaron's explanation was correct. Dr. Akhter asked whether any other statutory or regulatory requirements are necessary. Ms. Senkewicz said that at the next Board meeting, staff will proffer a rule that operationalizes this policy decision. The rule will have to go to the Council as well.

There were no public comments on the report.

A motion to approve the report and send it to the Mayor and the Council was made, seconded and adopted unanimously by the five voting members present. Those voting in favor were Dr. Akhter, Ms. Sullivan Hare, Dr. Ku, Mr. Lucia and Dr. Aaron.

## **V. Report of the Executive Director**

Debbie Curtis reported on two items on behalf of Mila Kofman who was delayed. Ms. Curtis said that the Health Committee Roundtable for December had been postponed to a date in January to be determined. She also reported on the imminent departure of two staff members, Sara Cormeny, the Chief Information Technology Officer and Richard Sorian, Director of Communications. Dr. Aaron expressed his gratitude to both Richard and Sara for their service.

## **VI. Closing Remarks & Adjourn to Executive Session**

A motion was made to move into closed executive session pursuant to DC Code Sections 2-575(b) (2) and 31-3171.11 to discuss contracting matters. Upon a unanimous roll call vote of the members present, the meeting went into closed executive session. Voting in favor were Dr. Aaron, Dr. Akhter, Dr. Ku, Mr. Lucia, and Ms. Sullivan Hare. The meeting moved to closed session at 6:40 PM.

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