



**DC Health Benefit Exchange Authority  
Executive Board Meeting  
Minutes  
Wednesday, October 9th, 2013  
5:30 PM – 7:30 PM  
One Judiciary Square, 441 4th Street, NW, Suite 820N**

**Members Present:** Dr. Henry Aaron, Dr. Mohammad Akhter, David Berns, Dr. Joxel Garcia, Dr. Leighton Ku, Diane Lewis (Chair), Khalid Pitts, Kate Sullivan Hare, Commissioner William White.

**Members Absent:** Kevin Lucia, Director Wayne Turnage

**I. Welcome, Opening Remarks and Roll Call, *Diane Lewis, Chair***

At the beginning of the meeting, the only Board members present were Dr. Akhter, Mr. Berns, Dr. Garcia, Dr. Ku, and Ms. Lewis. With only three voting members present, there was no quorum.

**II. Executive Director Report, *Mila Kofman, Executive Director***

- **Launch:** October 1 was a great success for the Exchange. Bloomberg News reported that DC Health Link was one of only four jurisdictions that were up and running continuously.
- **Data:** The following data were collected from the first week of operation.
  - 8427 individual accounts were opened
  - 250 employers accounts were opened
  - Over 1000 individual applications were received
  - 595 Medicaid or premium reduction applications were received
  - 517 applications with no premium reductions requested were received
  - 6503 people shopped for plan options
  - 167 people selected a plan
  - 89 requested an invoice to pay
  - 8 small business completed enrollment information

- 1286 calls were made to the Contact Center

Ms. Kofman noted she was surprised by the data as conventional wisdom was that most consumers would be shopping and not actually enrolling and paying until later. Ms. Kofman believes the data shows the demand for affordable coverage. In addition, all the events held and intended as outreach thus far have become enrollment events as well.

- *Council Hearings:* On October 22 at 11:00 a.m., the Health Committee is considering legislation to make permanent the Exchange's exemption from the PPRA. Ms. Kofman will testify. The monthly Roundtable, chaired by Council member Yvette Alexander, is currently scheduled for Wednesday October 30<sup>th</sup> at 11:00 a.m.
- *Outreach:* Staff is reevaluating outreach events scheduled in October which were all originally geared toward education. Knowing now that some consumers are anxious to enroll, we will insure that these events are staffed with business and IT staff along with Assisters and brokers. Given the uncertainty with the fiscal year 2014 appropriation caused by the partial government shutdown, there will be some contingency planning. Since many of the events are held at DC libraries and recreational centers that may not be open due to the shutdown, some events are being moved to November.

### **III. Approval of Minutes**

With Board members Dr. Henry Aaron and Khalid Pitts having joined the meeting at 5:45, there was now a quorum.

The minutes from the meetings of September 11 and 26 were unanimously approved. Voting in favor were Dr. Aaron, Dr. Akhter, Dr. Ku, Ms. Lewis, and Mr. Pitts.

### **IV. Programmatic Updates**

- DC Health Link Assisters, *Purvee Kempf, DCHBX Staff*

By the end of September, grant agreements have been signed by all 33 Assister organizations. 184 people have been trained and 148 are fully certified. The Assisters have been attending numerous events planned for outreach and enrollment. As an indicator of the enthusiasm among Assisters, Ms. Kempf read an email from one describing his positive experience with consumers and assisting with enrollment.

#### *Discussion:*

Dr. Aaron inquired if Assisters are engaging with consumers in person or by phone and if they are utilizing computers. Ms. Kempf responded that most are interacting in-person but that some questions are being responded to over the phone. Outreach is mostly being done on a one to one basis, especially at the events.

Dr. Ku stated that a major reason these organizations were chosen was because of their relationships and connections within their communities.

- Brokers, *Kelvin Robinson, DCHBX Staff*

Policy training for brokers started August 16<sup>th</sup>. Ten sessions have been completed and 7 more are scheduled through January 2014. So far, 476 brokers have completed the training. On October 8, the online training began and currently 142 brokers are registered in the system. Additionally, 25 brokers have signed up for the Preferred Brokers Program. These brokers will participate in facilitated hand offs from Contact Center staff. Mr. Robinson added that brokers are also participating in our “Informed Decision and Smart Choices” workshops and at events held with our partners from CVS.

*Discussion:*

Mr. Pitts inquired about the number of brokers who are from DC. Mr. Robinson responded that many brokers in the DC Health Link system are not DC residents, but are licensed to do business in the District. Ms. Kempf added that about 10% of the brokers in the system are District residents. Mr. Robinson reiterated that the only way a broker can sell through DC Health Link is if he or she is registered and trained through DC Health Link.

Mr. Pitts inquired about whether brokers are urging their clients to re-enroll with their current carrier before the end of the year. Mr. Robinson responded that he had heard the same thing and is encouraging groups to look at their options.

Dr. Aaron inquired about the details of the partnership with CVS. Mr. Robinson noted it was a beneficial and that the Exchange pays nothing to CVS. In addition, the Exchange has reached out to other chain drug outlets like Rite Aid, Wal-Mart, and Walgreens about similar partnerships. Mr. Robinson added that DC Health Link brochures will be in all CVS information kiosks starting October 14<sup>th</sup>.

- Contact Center, *Kelvin Robinson DCHBX Staff*

The Contact Center has received 1662 calls as of October 9<sup>th</sup> which included:

- 99 calls from businesses
- Almost 100 referrals to Assistants
- 44 calls to the language line

The team is working to improve the Preferred Broker Program in order to maximize facilitated transfers from Contact Center staff to brokers. Trend data shows that the peak time for calls is between 10:00am to 3:00pm regardless of the day of the week. The average wait time for a call is about 30 seconds and conversations last about 10-12 minutes.

In the future the number of calls transferred to the language line should decrease with the increased reliance on Contact Center Customer Service Representatives who are bilingual.

Dr. Garcia inquired if gender data on callers was collected. Mr. Robinson responded that currently it is not being collected but will be in the future.

Board members Kate Sullivan Hare joined the meeting at 5:50 and Commissioner William White at 6:10.

- Media, *Richard Sorian, DCHBX Staff*

Before the October 1 launch, the team wanted to insure that there was steady information about DC Health Link especially through our partnerships with such entities as CVS, DC United, and the business associations. For instance, the partnership with DC United was highlighted on the NPR program “Marketplace”. In addition, there has been media coverage on NPR and Channel 4 on the Assister training. A joint release with the executives of the three major trade associations with which the Exchange is partnered appeared recently in the Washington Post business section.

October 1, Ms. Kofman participated in a media tour including News Channel 8, Fox 5 News, and at the National Press Club, the latter with Families USA. The main focus was to let the public know that DC Health Link is open for business and to educate consumers about why that is important to them.

In the past 2 weeks, 44 articles have been written about DC Health Link and we have been active in social media. On Twitter, 336 of our messages were retweeted, the most being the tweet that noted that “DC Health Link is open for business”. Social media is also a good way to monitor any concerns and serves as a vehicle for consumers to inform one another.

October 4 was DC Health Link night at the DC United game. The game night partnership included 7300 rally towel giveaways, information table/tailgating tent, and banner ads around the stadium. Keith Fletcher, the Agency Financial Officer, participated in the game opening kick.

There are DC Health Link wallscapes in several areas of the city. There are also ads inside strategically located Metro stations and bus stops, in addition to print ads, digital ads, and cable TV and radio. Mr. Sorian played two of the TV commercials, noting that the people in the ads are people being helped by DC Health Link. There are 6 clips that feature actual DC residents.

#### *Discussion:*

Dr. Aaron inquired about getting the logo on DC bike share. Mr. Sorian responded there is limited ad space there.

Debra Curtis, DCHBX staff, commented that the commercials and clips are now uploaded on the DC Health Link YouTube page.

Mr. Pitts encouraged Board members to utilize social media by following others on Facebook and Twitter as a means to share information.

#### **V. Discussion of DC Health Link’s Direction for 2014, *Mila Kofman, Executive Director***

Ms. Kofman shared what she and her team have developed as a plan for 2014.

- IT upgrades:
  - We are seeking feedback from users to improve dchealthlink.com
  - We are prioritizing the implementation of advanced functions to add to core functionality
  - We are planning on there being additional Federal guidance with which we will need to comply.
- Provider Networks: There is follow-up work resulting from a policy work group recommendations earlier this year, relating to the need to have the Exchange post provider networks and monitor them for accuracy. We also need to begin work soon to develop a standardized plan as previously directed by the Board, to be chaired by Commissioner White.
- Quality: There remains a need to collect quality related information from health plans to provide useful information to consumers
- Churn issue: We need to monitor the back and forth that occurs when a person comes off Medicaid and is then eligible for other insurance
- Qualified dental plans: We need to re-visit the issue of allowing stand-alone pediatric dental plans with no duplication of benefits. Dr. Ku will chair that work group.

*Discussion:*

Dr. Ku inquired about how the Exchange would measure network adequacy in other states for people who are insured by a DC group but who live and get care in those other states. Ms. Kofman replied that unlike other states, all coverage offered through DC Health Link is offered by carriers who not only have broad local networks but many carriers have national networks as well. Ms. Kofman commended Commissioner White and his team for their efforts to assure broad networks as narrow networks wouldn't meet consumer protection standards. There may also be a need for a work group to be convened on how to measure network adequacy for national networks. We are focused first on assuring network adequacy standards are met locally.

Mr. Berns inquired whether Congressional staff living and working in their home states will still come through DC Health link. Ms. Kofman responded that in accordance with Federal guidance, all Congressional staff will come through the DC Exchange SHOP side. With most of the carriers having national networks, most staff will have a lot of choice of plans.

Dr. Aaron inquired what would prevent a Congressional staffer from buying from their state's Exchange or private insurer. Ms. Kofman responded that the Federal regulations are clear that if the individual wants the employer contribution to the cost of coverage, the staffer must go through DC Health Link.

Dr. Aaron had an inquiry for Commissioner White if the Exchange is discouraging the use of targeted or narrow networks as a device for holding down prices given that has been a tool of insurers to obtain better prices from health care providers and provided they offer adequate geographical coverage. Commissioner White responded that nothing has been done along those

lines, but is aware of it and will be looking into the matter. Ms. Kofman added that the types of limited networks that have been problematic for consumers in some states are, for example, having one hospital system in the network and not it not being a statewide system where consumers don't have access to providers.

Commissioner White inquired about health insurance for DC government employees through the DC Health Link. Ms. Kofman responded that the DC government is a large employer, not eligible to participate in the SHOP. SHOP is for small employers with the exception of members of Congress and Congressional staff. Expanding the definition of small group is a policy question for later. She went on to note that there is a category of individuals who, while employees of the District, are nevertheless ineligible for health benefits and we are looking at how that issue would be handled. Research indicates there is no government large employer exception and that the District would have to provide coverage for them. We are working with the Department of Human Resources to resolve this issue.

Dr. Akhter commented that last year Dr. Aaron arranged for a session for Board members to discuss issues and policy matters. He suggested that the board should consider doing so again to discuss the broad policy issues for the next year. Dr. Akhter continued by stating that getting health insurance for everyone is just the first step. The next step is getting people access to quality healthcare followed by a change in an individual's health. Dr. Akhter said it would be useful to partner with universities for long term assessments on the state of public health as a result of this work. It would be mutually beneficial for all parties involved, including not just the Exchange but other government agencies and the universities themselves.

Dr. Akhter concluded that in his travels throughout the city on behalf of the Exchange, there are 2 primary groups to be targeted for enrollment. The first is comprised of young people 18 to 34 years of age. This age group is well versed in technology and is comfortable doing anything online. The other group includes minorities and non-English speakers who prefer to talk in person to someone. We need to assure that we allocate resources appropriately this year and going forward to targeted groups.

Ms. Kofman said we are focused on obtaining data about people using the Contact Center and other sources, to help us allocate our resources most efficiently.

## **VI. Public Comment**

None

## **VII. Closing Remarks & Adjourn to Executive Session Executive Session (procurement)**

Ms. Lewis commented that this was the first meeting Dr. Garcia attended as the newest member of the Executive Board and that the rest of the members were very pleased that he has joined the Board.

The meeting was adjourned to and closed session at 6:54pm.