



**Health Benefit Exchange Authority Executive Board Meeting**

**DRAFT MINUTES**

**Date:** Monday, October 19, 2015  
**Time:** 5:30 PM  
**Location:** 1225 Eye Street NW, 4<sup>th</sup> Floor, Board Conference Room  
**Call- in Number:** 1-877-668-4493; access code: 733 397 821

**Members Present:** Henry Aaron, Kate Sullivan Hare (via telephone), Nancy Hicks, Leighton Ku, Diane Lewis, Kevin Lucia, Stephen Taylor (via telephone), Wayne Turnage (via telephone), Laura Zeilinger  
**Members Absent:** LaQuandra Nesbitt, Khalid Pitts

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

Chair Diane Lewis called the meeting to order at 5:40 pm. A roll call of members present confirmed that there was a quorum with four voting members present (Ms. Hicks, Dr. Ku, Ms. Lewis and Mr. Lucia).

**II. Approval of Agenda, Diane Lewis, Chair**

It was moved and seconded to approve the agenda. The motion passed unanimously, with Ms. Hicks, Dr. Ku, Ms. Lewis, and Mr. Lucia voting yes.

**III. Approval of Minutes, Diane Lewis, Chair**

It was moved and seconded to approve the September 21, 2015 minutes. The motion passed unanimously, with Ms. Hicks, Dr. Ku, Ms. Lewis and Mr. Lucia voting yes.

Dr. Aaron joined the meeting.

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

- 1. UPDATED SITE NOW IN OPERATION:** Ms. Kofman reported that DC Health Link site had been upgraded, with new and enhanced features for both the individual and SHOP exchanges. Improvements reflect the feedback from customers, brokers and the internal assessment team. An Agile process was employed, meaning that future improvements and adjustments can be achieved rapidly without taking

the site down. She thanked HBX staff members Suzanne Peck on the IT side and Rob Shriver on the business side for the rapid implementation of the upgrade.

2. **CMS READINESS REVIEW:** Ms. Kofman reported that last week, HBX had a site visit from CMS. This visit was an annual visit CMS conducts with all state-based marketplaces (SBMs) for CMS to gauge HBX readiness for open enrollment. Ms. Kofman stated that the visit went very well.
3. **VISION PLANS NOW AVAILABLE THROUGH DC HEALTH:** Ms. Kofman reported that HBX had concluded negotiations with VSP – the largest non-profit vision health insurance company in the country – and are now offering two of their vision products to customers in our individual and family marketplace. Until we took this action, customers who buy their own health insurance typically did not have access to vision coverage. We are proud to change that for DC. On the front page of DC Health Link is a button “SHOP FOR VISION” that takes you directly there – you don’t have to log onto the site, open an account, or anything. Vision coverage will be available year-round.

Dr. Ku asked if vision coverage is available as a standalone product. Ms. Kofman said yes, just as dental coverage is available without buying a QHP. Mr. Lucia asked if other states were doing the same. Ms. Kofman said many states are looking at it, but she knows that Colorado deployed before HBX.

Dr. Ku asked about the characteristics of the coverage. Ms. Kofman replied that typically, certain dollar amounts were available for an eye exam, frames and lenses, contact lenses, etc. She said it is a relatively inexpensive product, and the reason it is not typically available in the individual market is due to marketing expenses. It is unsubsidized coverage. Ms. Hicks noted that serious eye problems are typically covered under major medical, and this limited coverage product is a nice feature to be available to our customers.

4. **OPEN ENROLLMENT IS COMING:** November 1, 2015 marks the first day of our third open enrollment period. It is a Sunday. HBX has a kickoff event at MLK Library – the library has been a key partner of ours since day one – and will start at 2 pm.

Ms. Kofman reminded the Board that HBX auto-renews individual customers into their existing plans unless that actively shop and pick a new plan by December 15. Required notices will be sent to customers.

Aetna has about 500 customers in the individual market. Those customers must pick a new plan. Custom notices have been designed for these individuals. Individual outreach will also occur. HBX staff will work hard to ensure that every Aetna customer chooses a new plan so they do not experience a break in coverage.

Dr. Aaron thought that the Aetna withdrawal from the individual market presented HBX with a unique opportunity – to vary, systematically, the way information is presented to groups within the Aetna cohort and learn something from how they responded. Dr. Ku thought it was a bit too late to develop alternative methods of communication. Dr. Aaron believed it deserved some thought.

Ms. Kofman said there has been a lot of internal planning about dealing with this population. HBX' primary responsibility is to ensure Aetna people make an active plan selection and stay covered.

In general, only active enrollees will be auto-renewed. If an individual had been terminated by the carrier, that person will not be auto-renewed. HBX is developing specific outreach to those individuals previously covered who were terminated.

**5. CONTACT CENTER HOURS THIS OPEN ENROLLEMENT:** During open enrollment:

Monday-Fridays, 8:00 am to 8:00 pm

Saturdays, 9:00 am to 6:00 pm

Selected Sundays 9:00 am to 6:00 pm. Selected Sundays we are open are: Sunday, November 1, 2015; Sunday, December 13, 2015; Sunday, January 10, 2016 and Sunday, January 31, 2016.

**6. NO COST GRANT EXTENSIONS:** HBX has applied for no-cost extensions to utilize remaining funds on our three level one grants for ongoing developmental needs. Ms. Kofman thanked HBX staff Debbie Curtis for leading the HBX effort on this important matter.

**7. ENROLLMENT STATS:**

**DC HEALTH BENEFIT**

**EXCHANGE: Enrollment through October 15, 2016**

HISTORICAL DCHL CUSTOMERS SERVED	
PROGRAM	LIVES
SHOP	22,127
QHP	25,702
Medicaid	125,261
<b>TOTAL</b>	<b>173,090</b>

Ms. Kofman stated she did not have good point-in-time data, e.g., how many covered lives we have today. She anticipates having good data at the next Board meeting.

**8. DIRECTION OF UPCOMING YEAR**

Ms. Lewis stated that Ms. Kofman would now give the Board activities for HBX and its direction for the upcoming year pursuant to Article VI of our Bylaws.

Ms. Kofman said she covered a bit of it already – for open enrollment 3 (OE3), the focus will be finding the remaining uninsured and get them covered. We have also talked about the Aetna strategy in the short-term.

On the IT side, HBX will continue to add features to the website based on customer experience and feedback. She is also expecting some new federal initiatives in the coming months and years, including the work CMS is doing around quality. Mr. Lucia said he thought he saw an FAQ today detailing what quality data could be used and how. Ms. Kofman said she was unsure of timing, but on the IT side, the quality reporting would need to be added to the website. She added that HBX should probably reconvene the Quality Working Group, formerly chaired by Kate Sullivan Hare, to provide stakeholder input to the Board on the quality issues.

A protracted discussion ensued about exactly what CMS was doing with respect to quality issues. Ms. Kofman volunteered to ask CMS to make a presentation to the Board if the Board so desired. She also thought that the Quality Working Group would be able to add a lot to the discussion and provide feedback to the Board as the issue matured.

Ms. Kofman related that another issue on the HBX agenda is understanding more about what our customers need. For example, we do not have a handle on how our customers use their coverage. Do they need additional help in navigating the system and accessing care? We also do not know much about why people drop their coverage. Some drop because they get job-based coverage. Some drop coverage because they have a change in income and can no longer afford the coverage. Ms. Kofman thought this piece in particular had long-term policy implications. Are legislative changes appropriate to help people afford coverage?

Mr. Lucia asked how to study that issue. Ms. Kofman thought we could start tracking it and start to understand it better. With varying income over the year, should SEPs be created to allow people back into coverage when their income returns to its prior level? Mr. Lucia heard there was a lot of information on something called the Edge server, because carriers have to report information to CMS. He thought it would be a good idea to explore and see if we can somehow “piggyback” onto CMS data to help us expand our knowledge.

Ms. Kofman stated HBX wanted to make the shift from coverage to care. HBX will look at what the federal government does to educate its customers. Do they know that preventive services are covered with no cost-sharing? She wanted to use our survey tools to get at some of these questions.

Mr. Lucia asked why we did not get that data from the carriers. Ms. Hicks said that for example, Kaiser does a good job with new customers and walking them through the system. However, there are bound to be gaps. If HBX could help fill those gaps, that would be an excellent service to provide. Ms. Kofman agreed, and said she did not mean to say HBX only will use survey tools. HBX has a good partnership with DISB, and DISB has obtained information from carriers that may be outside HBX’s direct authority to request.

Dr. Ku asked if we had feedback from providers that consumers do not know how to use their coverage. Ms. Kofman said HBX had received no complaints from physicians that consumers do not know how to use their benefits; rather, she was assuming it was true.

Ms. Sullivan Hare said that this area might be a project that would be good to utilize the relationships and experience of the Standing Advisory Board (SAB). Ms. Kofman agreed.

Mr. Lucia asked if DISB provided regular reports to HBX on complaints. Are there complaints about QHPs? Mary Beth Senkewicz, Associate General Counsel and Policy Advisor, said that certainly, DISB tracks complaints. If there were a change in complaint patterns about QHPs, she was certain DISB would make HBX aware of it.

Last, another issue is that of 51-100. Congress passed a bill that allows states the flexibility to determine the size of the small group market at up to 50 or up to 100. For HBX specifically, we need to know what skill set we need of staff to handle this group. The working group had collected anecdotal information, but we need to do a deeper dive into the issue to understand impacts. For example, what will be the rate impact of expanding small group to up to 100. Also, what are the benefit differences (e.g. infertility treatment)? We need to know so we can mitigate any potential consequences.

Mr. Lucia wanted to be clear: groups of 51-100 will not be purchasing through DC Health Link. Ms. Kofman said yes, HBX' enabling legislation caps employer enrollment into our exchange and only those with up to 50 employees may purchase through the marketplace.

**V. Finance Committee Report, Henry Aaron, Chair**

Dr. Aaron reported that due to the fiscal year 2015 in the process of closing out, the Committee did not meet in October.

**VI. Discussion Item**

Open Enrollment Period Communications, Outreach and Marketing Plan

*a. Nancy Hicks, Marketing and Consumer Outreach Committee Chair*

*b. Linda Wharton-Boyd, Communications and Civic Engagement Manager*

Ms. Wharton-Boyd gave a presentation on planned activities for OE3, and Ikeita Cantu Hinojosa (Associate General Counsel and Policy Advisor) presented on in-person assister activities, located [here](#).

**VII. Public Comment**

No public comment was proffered.

**VIII. Closing Remarks and Move to Executive Session, Diane Lewis, Chair**

Pursuant to DC Codes Sections 2-575 (b)(4) and Section 31-3171.11, the Board will move to a closed session to discuss litigation.

The meeting was adjourned at 7:24 pm.