



**DC Health Benefit Exchange Authority
Executive Board Meeting Minutes
Wednesday, September 11th, 2013
5:30-7:30 PM**

1 Judiciary Square, 441 4th Street, NW, Suite 820N, Washington DC, 20001

Voting Members Present: Dr. Henry Aaron, Dr. Mohammad Akhter, Dr. Leighton Ku, Diane Lewis (Chair), Kevin Lucia, Khalid Pitts (via telephone), Kate Sullivan Hare.

Non-Voting Members Present: David Berns

Non-Voting Members Absent: Wayne Turnage, William White

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

Ms. Lewis thanked everyone for joining the meeting and commented on the great work that has been done and needs to be done in preparation for October 1. 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 (Excluding Mr. Pitts and Ms. Sullivan Hare who both joined later in the meeting).

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

The minutes from the meetings of August 13 and September 3 were unanimously approved by roll call vote. Voting in favor were Dr. Aaron, Dr. Akhter, Dr. Ku, Ms. Lewis, and Mr. Lucia.

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

1. *DC Health Link website:* The new website dhealthlink.com has been launched. Most Board members have seen the website. Ms. Kofman and the Exchange team appreciate the feedback from Board members on the website. When consumers, individuals, families, and small businesses go to the website they will see a preview of what the portal will look like and offer. The website is not open for enrollment until October 1. Ms. Kofman encourages everyone to visit the new website.

2. *Health Committee Roundtable:* Ms. Kofman and Ms. Lewis testified on August 29 before the Council's Health Committee Roundtable, focusing on the status of the IT build, communications and outreach efforts. The next roundtable is likely to occur Thursday, October 10 at 1pm.
3. *Fraud Abuse and Scam Prevention:* Commissioner White and Ms. Kofman are developing a team to address the potential for fraud and scams. The Exchange has already taken significant measures to mitigate the potential for fraud including requiring FBI background checks and fingerprinting for In Person Assistants (IPAs) and providing IPAs with two forms of identification. In addition, a list of certified IPAs and brokers will be posted on the DC Health Link website.
4. *Level One Grant Application:* The Exchange submitted another Level One request to CMS. The request is primarily for additional funding of IT related needs. There will be future updates as the application moves forward.
5. *Exchange New Office:* The DC Health Benefit Exchange has moved to new temporary space at 1100 15th NW on the 8th floor. The Exchange will most likely move into permanent space in mid to late spring.
6. *Federal Testing:* On September 9, the Exchange passed Federal testing for wave regression testing.

Mr. Lucia inquired about the Federal hub services. Ms. Kofman responded that the regression testing included the ability to communicate with the 13 Federal hub services.

Dr. Aaron inquired about a person misrepresenting themselves as an IPA and potential criminal prosecution.

Ms. Kofman responded she and Commissioner White will coordinate a team that will seek to identify criminal and inappropriate behavior, and determine what needs to be collected for criminal prosecution. Ms. Kofman added that if it becomes apparent that additional legislation is needed, she will come back to the Board. Ms. Kofman stated that she feels confident with the current laws on the books especially since HIPAA added significant penalties for health care related fraud.

Dr. Ku inquired if there was a way for IPAs to identify if a person has passed the Department of Human Services (DHS) immigrant screening.

Ms. Kofman responded that no data source is one hundred percent accurate. There are numerous opportunities to appeal determinations Ms. Kofman stated that she will follow up on the specific IPA training for this matter.

Board member Kate Sullivan Hare joined the meeting.

IV. Program Updates

- a. *Broker Registration & DC Health Link Assister Update – Purvee Kempf, DCHBX Staff*

1. For a broker to be able to sell insurance through DC Health Link, he or she has to be registered. To date the Exchange has received 150 registration requests from brokers. The registration will allow access to the DC Health Link website to enroll clients. People looking for a broker will be able to access contact information for each registered broker as well as see the different languages he or she speaks. To verify that a broker has completed the registration requirements, he or she must complete training, be appointed with all the insurance carriers doing business on the Exchange, and have a valid DC broker license. Ms. Kempf stated that policy training has been very successful with the assistance of National Association of Health Underwriters coordinating it. In addition, there is an alternative online training and additional trainings offered over the next few months.
2. The Producer Advisory Committee met on August 23rd to discuss handoffs from the Call Center to brokers for people who call in and want specific assistance from a broker or want advice to help them choose a specific health insurance plan. The committee is working on developing a policy for that referral. The committee will meet again September 17th to finalize recommendations and also provide a demonstration of the broker portal. In addition, the committee is working on ways to develop relationships between IPAs and brokers in order for there to be a good referral mechanism for consumers.
3. About 100 DC Health Link Assisters are currently going through their 5 day training and are very well engaged. Whitman Walker is providing the training and Families USA is providing training materials. There are daily tests to ensure that the IPAs are keeping up with the training and at the end of training there will be a comprehensive exam. The IPAs will also need to complete a criminal background check. A vendor will be onsite at training to expedite the screening process. Once the IPAs have completed all the steps, each will receive a certificate of completion, ID badge, and wallet card. Furthermore, in working through the grant agreements, the Exchange is in the process of finalizing budget and work plans and will provide final approval. The work plans have been narrowed and IPAs will not be going door to door and will instead focus on groups coming to them. There have also been federal grants received from Health Resources and Services Administration for clinics to provide additional assisters.

Discussion:

Mr. Lucia commented that the collaboration between the Exchange and brokers is incredible. He inquired if there will be back office support from the Exchange for brokers.

Ms. Kempf responded that Exchange staffer Katrina Reynolds is the Broker Manager and when a broker registers, Ms. Reynolds' contact information is provided to help with questions and provide information. For general support on training, a broker will be able to call the Contact Center. In addition, Ms. Reynolds developed Producer News, a weekly newsletter that reaches over two thousand brokers in DC metro area.

Ms. Kofman added that in addition to Ms. Reynolds the Exchange has hired two other staffers with experience working in the broker community.

b. *Contact Center Update – Kelvin Robinson, DCHBX Staff*

The Contact Center is now operational with Maximus having been awarded the contract. The soft launch was September 3. Mr. Robinson provided the Board data about the first week's call volumes and questions coming from the soft launch. The team is still continuing test runs with Customer Service Representatives (CSR). Mr. Robinson reminded everyone of the Contact Center telephone number is 1-855-532-5465. The Contact Center hours for the pre-launch 8:00 am through 6:00 pm Monday through Friday and starting October 1 8:00 am to 12:00 am (midnight) Monday through Saturday. Ms. Kofman added that the initial approach was to have the Contact Center operating 24/7 during open enrollment. However, some Federal service hubs will not be open 24/7, closing for system maintenance. The Exchange is therefore still finalizing Contact Center hours post October 1.

During the first week, 222 calls were received including some test calls. The average time to reach a CSR was 22 seconds, the average conversation lasted about 3.2 minutes, and there were a few abandoned calls. The abandoned calls were attributed to transitioning calls from a CSR to the language line. Steps are being taken to minimize the number of dropped calls.

During this past week, 97 calls were received which included less test calls and many questions about brokers and SHOP, Medicaid, eligibility, and enrollment.

Dr. Aaron inquired about the action plan if the Contact Center were to reach call capacity.

Mr. Robinson responded that some call center staff are located locally in DC and overflow calls are routed to a center outside DC. Mr. Robinson believes there should not be a call volume issue. For instance, thus far in Maryland and Connecticut, which have launched earlier, call volume has been very low. Call volume will begin to increase as there is more outreach and education and as the enrollment deadlines approaches. The Contact Center is planning accordingly to staff up and down as needed.

Dr. Aaron continued, inquiring if a consumer will get an estimated wait time or the ability to leave a message or call back. Mr. Robinson stated that there is a functionality to get a call back, and the logistics to do that are still being worked out. A consumer can leave a number to get a call back or wait on the line.

Dr. Ku inquired what the plan was for the inclusion of some policy and IT staff support for the Contact Center. Mr. Robinson responded that policy and IT staff are included at the Contact Center to assist with specific inquiries. In addition, so far during the pre-launch, there have not been any major IT issues. Mr. Robinson continued that for different languages, people would be

taken through a handoff process and the Contact Center has Amharic and Spanish speaking staff to ensure the highest customer service.

Dr. Ku asked about how the process worked with an interpreter and Mr. Mr. Robinson explained it would be a 3-way conversation with the consumer, the Contact Center representative, and the translator. Mr. Robinson stated that it does take some time and staff is tracking how long these conversations take in order for the translators and representatives to better navigate and communicate to consumers.

Mr. Robinson added that 87% of the CSRs are DC residents, some of whom are bilingual. All CSRs received the most intensive training similar to that of brokers and IPAs. Ms. Kofman wanted to clarify that since Federal grant funding is being used, DC residency cannot be a requirement for CSRs, but a strong preference.

Ms. Lewis welcomed Melanie Williamson, Council Member Yvette Alexander's chief staff member to the meeting and thanked her and Council Member Alexander for their support of the DC Health Benefit Exchange Authority.

c. October Outreach Update– Linda Wharton-Boyd & Kelvin Robinson, DCHBX Staff

Dr. Wharton-Boyd began by giving an overview of the Outreach and Education events conducted this summer. Designed to educate those who live work, play and pray in DC, the outreach is about building partnerships with community and faith based organizations, government agencies, and small businesses. The outreach campaign is in three phases: awareness, pre-launch, and launch. Events included leadership summits, roundtables, touch point events, and responding to speaker requests at events throughout DC. For the complete list of outreach events for September and October see the calendars in the Board Meeting Materials for September 11, 2013.

Dr. Wharton-Boyd continued that for October 1st opening of the Exchange, the team will launch a media tour, press conference, and a few demonstration sites for enrollment. On October 19th, a grand ribbon cutting for DC Health Link will be at the Dr. Martin Luther King Jr. Memorial Library.

Mr. Robinson continued that the outreach team wanted to make certain to include businesses and brokers. There have been outreach efforts to the broker community. In addition, the team wants to build the relationships between IPAs and brokers to best serve the consumer. Mr. Robinson added that our partners at the DC Chamber of Commerce, Greater Washington Hispanic Chamber of Commerce, and DC Restaurant Association are all holding at least one DC Health Link event each month. In addition, other business groups the team has reached out to include the Society of CPAs, the DC Bar Association, and banks. One of the most exciting new partnerships is with CVS. DC Health Link will be in CVS stores in DC, reaching about 25,000 people, with an information kiosk. The team will participate in CVS health events. The team is

also striving to establish similar relationships with entities like Wal-Mart, Rite Aid, Walgreens and community pharmacies. Dr. Wharton Boyd added that outreach is also engaged with medical providers. This past week there was a meeting with the Medstar Health executives. Mr. Robinson concluded that in September, CVS is participating with Enroll America events in which IPAs and brokers are able to participate.

Dr. Aaron inquired about receiving services from organizations to assist smaller businesses to understand the Affordable Care Act (ACA). Mr. Robinson stated that numerous organizations have offered similar services. Ms. Kofman added that any small business that wants or needs an assister can get help no cost to them, hence the purpose of the strong partnerships with the broker community and business associations.

Dr. Wharton-Boyd noted that the team would be participating in a forum with numerous cancer organizations in DC. Ms. Kofman emphasized the need to partner with as many patient and consumer advocates as possible and such groups would have the opportunity to get trained and become Certified Application Counselors, which would start as early as November.

d. *Campaign Presentation – Emil Hill and Tim Ryan, Weber Shandwick*

Ms. Sullivan Hare introduced Emil Hill and Tim Ryan from our communications firm, Weber Shandwick. Mr. Hill stated that the communications plan is to launch a comprehensive program to educate, generate awareness, and enroll consumers. The message needs to be simple and direct, with a particular focus on the target audience. The campaign is in three phases: 1) Awareness building leading to launch in October 2) education and enrollment will begin October 1 and 3) enrollment push through March. Focus groups showed that consumers prefer to see outreach communications with real people relevant to them. Through paid media the plan is to heighten awareness throughout DC on buses, bus stops, trains, and other key outdoor venues in the city, in addition to radio and TV advertising.

Ms. Sullivan Hare commented about media buying time across states especially with the upcoming election in Virginia. Mr. Ryan stated that cable advertising will be targeted only to DC residents and does not believe that there will be an issue with overlap. Mr. Ryan continued that they will also be buying advertising on social media such as Twitter. Social media marketing is a key outreach tool for the younger target audience. Mr. Ryan continues that it is also important to partner with a brand that is well known. DC Health Link has partnered with the local Major League Soccer team DC United. There will be a sponsor night October 4 in which a DC Health Benefit Exchange staffer will participate in the kickoff.

Mr. Lucia suggested having potentially one of the first people to enroll though the Exchange or someone who was uninsured, but now insured, participate in the kickoff.

Dr. Aaron commented on his concern with social media playing a role in promoting false information. Mr. Hill stated that you cannot control what others post on social media, but the team can be vigilant and aggressive in combating any incorrect information.

Mr. Hill concluded by discussing the evaluation strategy for the communication campaign. This will include daily tracking and monitoring of all media, weekly and monthly analysis of coverage and methods of delivery, and monitoring enrollment through the web portal.

Mr. Berns inquired how the team would capture information about the population who enrolled through Medicaid. Mr. Ryan responded that there are messages targeted for the Medicaid population which they are able to assess.

Board member Mr. Khalid Pitts joined the meeting via telephone.

Ms. Lewis had to leave the meeting and Vice Chair Dr. Henry Aaron assumed the chair for the remainder of the meeting.

e. *Discussion Items*

Individual and Small Group Open Enrollment Strategy – Mila Kofman, Executive Director

The Exchange team has developed a brief document of general goals and is seeking direction and input from the Board. Once guidance is given, a more detailed document will be developed on strategies and how we plan to measure the Exchange and its partners and identifying ways to improve. Ms. Kofman encourages the Board to review the document and provide feedback.

Ms. Kofman emphasized that October will be the time to educate people and dispel myths. In addition, during this time the team can actually demonstrate to individuals, families, and businesses what their options are as they browse for plans. We believe that most people will not make enrollment decisions at the beginning of the enrollment period but we foresee a huge influx of enrollment in December and again in March when open enrollment will come to a close. One reason for the influx at the end of the enrollment period is because when people enroll, they are required to pay premium and people are less likely to want to pay much before the deadline.

Discussion:

Ms. Sullivan Hare commented that it would be beneficial to add a quality measure as quality is a large part of creating value for the consumer, both individuals and small businesses.

Dr. Akhter commented that the document also needs to look at goals from the perspectives of individuals and families and business. For instance, from the business community we have heard that three things are important, the expanded choice of plan options, the ability to obtain tax credits and a greater ability to predict their costs. What is primarily important to consumers, individuals and families are pocketbook issues, the cost of coverage and tax subsidies. Choice is important, but perhaps to a lesser degree.

Dr. Ku commented that those browsing online may not want to provide user information such as ID and password to browse for plans before buying.

Ms. Kofman responded that in October there will be enrollment events around DC with IPAs, brokers, IT staff, and the Exchange team to provide demonstrations to the public to show them how the portal works. Dr. Ku confirmed with Ms. Kofman that a consumer can shop around on DC Health Link in a commitment-free way.

V. Public Comment

None

VI. Closing Remarks & Adjournment

The meeting was adjourned at 7:25p.