



DC Health Benefit  
Exchange Authority

**Health Benefit Exchange Authority Executive Board Meeting**

**FINAL MINUTES**

**Date:** Wednesday, November 9, 2016  
**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: 733 437 736

If slides are used, they can be viewed on your computer here: [join the meeting](#)

**Members Present:** Henry Aaron, Kate Sullivan Hare (via telephone), Leighton Ku, Diane Lewis, LaQuandra Nesbit, Laura Zeilinger

**Members Absent:** Nancy Hicks, Khalid Pitts, Stephen Taylor, Wayne Turnage, Tamara Watkins

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

Chair Diane Lewis called the meeting to order at 5:34 pm. A roll call of members confirmed that there was a quorum with four voting members present (Dr. Aaron, Ms. Sullivan Hare, Dr. Ku and Ms. Lewis).

Ms. Lewis stated that she realized Board members are thinking about last night's election and implications for the Affordable Care Act. She wanted to state clearly: policymakers here in the District of Columbia have always been committed to expanding health coverage and access to medical care for our residents. That is why District policymakers acted immediately upon passage of the ACA to build a state based marketplace to both expand and protect coverage for all.

We have cut uninsured rate in half since our inception – putting DC between first and third in the nation depending upon the study. Our marketplace is established in District law, it is financially sustainable, and it is going strong. We maintain our devotion and commitment to the mission on which we were founded to provide quality, affordable health insurance to all of the District's residents, small businesses and their employees. It is open enrollment and we encourage our customers to shop, compare and enroll today.

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

It was moved and seconded to approve the agenda. The motion passed unanimously, with Dr. Aaron, Ms. Sullivan Hare, Dr. Ku and Ms. Lewis voting yes.

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

It was moved and seconded to approve the October 19, 2016. The motion passed unanimously, with Dr. Aaron, Ms. Sullivan Hare, Dr. Ku and Ms. Lewis voting yes.

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

**FIRST DAY OF OE4:**

Ms. Kofman reported as follows:

- Open Enrollment started 11/1 and was active.

**Comparison of web site unique users and sessions**

	<b>11-1-2016</b>	<b>11-1-2015</b>
<b>Users</b>	6,209	2,456
<b>Sessions</b>	10,405	3,107

**Contact Center Comparison**

	<b>11-1-2016</b>	<b>11-1-2015</b>
<b>Calls Received</b>	668	122
<b>Calls Answered</b>	644	115
<b>Average Wait Time</b>	00:34	00:11
<b>Average Handle Time</b>	15:58	12:50
<b>Abandoned Calls</b>	19	7
<b>Abandonment rate</b>	3%	6%

- Activities: DC Health Link hosted a “Care-a-Van” to meet residents across the District and ring in the start of Open Enrollment. Certified and trained assisters staffed multiple mobile units with information about DC Health Link and one-on-one enrollment support. Locations included: Anacostia Metro, Congress Heights Metro, Brentwood Shopping Center, Easter Market, and Petworth Metro station. DC Health Link storefront open enrollment centers, located in community health centers across the District and at MLK Library were also serving residents.

**PRE-OPEN ENROLLMENT**

In preparation for open enrollment, President Obama spoke to more than 25,000 Assisters, Navigators, and marketplace staff across the country saying how grateful he is for all our work on implementing the Affordable Care Act and ensuring people get covered. It was a very positive experience for all those who participated.

## **OPEN ENROLLMENT REMINDERS:**

- Open enrollment runs through January 31, 2017. To have coverage starting January 1, 2017, a person needs to select a plan by December 15, 2016. Existing customers should shop using the Plan Match Tool. Note: 20 plans for individuals and 151 for small business customers for 2017.
- Congressional Open Enrollment: November 14 through December 12.
- Note: people applying for Medicaid can apply year round. Employers can also enroll in SHOP coverage year round.

Contact Center extended hours for Open Enrollment: regular hours are 8 am to 6 pm Monday – Friday. Extended hours are: 8 am to 8 pm Monday - Friday, 10 am to 5 pm Saturday.

## **REGULATIONS UPDATES**

The federal government has issued some regulations, FAQs, etc., and staff will ensure that we comply with the new requirements.

## **ENROLLMENT DATA**

Ms. Kofman reported on the most recent [data](#).

Dr. Ku said having statistics on current enrollment was very helpful. He thought it would be useful, perhaps at the next meeting, to get a sense of what consumers are thinking, through comments to the Call Center due to the changes in plan offerings and prices. Ms. Kofman said those specific fields have been added to the tracking tools used by the Consumer Center. Also, she could have preliminary information on new customers, and renewing customers who are switching plans. She planned to report at the December meeting.

Dr. Nesbitt asked if we would have analytics on the new SHOP tool. Ms. Kofman said yes, we are looking at the use of all the shopping tools. We learned that renaming the tools from “anonymous shopping” to “compare plans” has resulted in an uptick in the use of the tools. Ms. Kofman noted that we would have better information at the January meeting, since people have until December 15 to sign up for January coverage. Specifically, we can obtain information about all the tools, including the new formulary tool. Part of the HBX strategy is using emails to highlight the tools available. And the new Emma tool lets us know which emails are opened and other useful information.

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

Dr. Aaron reported that the Finance Committee met with HBX staff on October 31<sup>st</sup> to review the staff proposed FY 18 budget and regular agenda items. Ms. Lewis, Ms. Watkins – our new Finance Committee member – all participated.

**FY 18 BUDGET REVIEW:** As occurs every year, HBX staff provided a detailed walk through and discussion of the staff proposed FY 18 budget. Dr. Aaron said he would not discuss the details now because that is a major

part of tonight's meeting, but the Finance Committee approved the draft budget and recommended that it be brought forth to the Executive Board this evening.

**PENDING PROCUREMENTS:** Staff informed the Committee of two Security software license procurements that are needed. Both are cost-allocated licenses. The Finance Committee approved these purchases, but only contingent upon a cost allocation commitment. That cost allocation commitment has not yet been achieved so we are not bringing these procurements to the Executive Board this evening. It is possible that we will need to schedule a meeting by phone to approve these licenses if cost allocation is resolved soon. Otherwise, those licenses are likely to be brought forth at our December board meeting.

**FINANCIAL REVIEW:** The Committee reviewed FY 16 expenditures to date and noted that expenditures are as expected.

## **VI. Discussion Items**

### *a. FY 2018 Proposed Budget – Mila Kofman, Executive Director*

Ms. Kofman made a presentation to the Board on the [staff-proposed budget](#) for fiscal year 2018.

Dr. Nesbitt asked if the requested budget amount, \$28.2 million, was assessment funds only. Ms. Kofman replied yes, the only source of funding for the FY18 budget was the 1% assessment on health carriers.

Dr. Ku noted that the budget request was about \$6 million less than the previous year and wondered about the difference, whether it was due to federal funding, since he assumed the assessment does not change the amount of income from year to year. Ms. Kofman stated that the 1% assessment was expected to yield about \$33 million in revenue. She noted there is a growth in premium volume every year, due to market expansion and increases in premiums. If all the assumptions hold true, the excess assessment dollars not needed to be spent in FY18 would be used to fund an operational reserve, a requirement that had been adopted by the Board previously. The plan is to not raise the assessment percentage and keep it at 1%.

Dr. Ku said he assumed that many other states also use Salesforce. He wondered if there was a possibility if states could be combined into some sort of regional effort and try to negotiate for a better rate. Ms. Kofman replied that Salesforce is popular software and pretty user-friendly, but we leverage our partnership with sister agencies to get the best possible rate for all the agencies. Ms. Sullivan Hare asked if there was customization associated with the Salesforce licenses. Ms. Kofman said yes, with clarification: the license fee is to use the software and the company does not care if it is customized or not. The customization is a separate item, which is done by our IT contractors, and it has nothing to do with the license fee to use the product.

A discussion ensued about how the District's uninsured rate has been cut in half since enactment of the ACA. HBX customer surveys tell us that during the last enrollment period, 25% of those who enrolled

in private coverage were previously uninsured, about half the people determined eligible for Medicaid had previously been uninsured, and about 40% of the small employers offering coverage to their employees had not previously done so. Dr. Aaron thought the last figure was striking since nationally, the percentage of small employers offering coverage to their employees has been declining. Ms. Kofman agreed and thought the statistic showed that our SHOP, offering stable and predictable premiums for small employers and their employees, was important to those small employers as so many had taken advantage of our SHOP to offer coverage when they had not previously done so. Dr. Ku observed that the SHOPS in other states did not seem to be working out nearly as well. The District is one place that has a robust SHOP, even without Congress. Ms. Sullivan Hare agreed, congratulating the team for improving the shopping experience for employers and employees and making it so easy to enroll.

- b. Consider Reappointments for the Standing Advisory Board from the Executive Board Business Operations Committee – *Diane Lewis, Business Operations Committee Chair*

Ms. Lewis stated that the resolution is to reappoint three Standing Advisory Board members to additional terms. On November 1, 2016, the Board Business Operations Committee agreed to these reappointments. The Committee recommends that the Executive Board vote to reappoint Chris Gardiner, Claire McAndrew, and Dave Chandrasekaran.

- **Chris Gardiner** is concluding a four year term and serves as Standing Advisory Board Chair. He is the founder of GKA, P.C., a minority-owned certified public accounting and management consulting firm domiciled in the District of Columbia and he's served as its chairman for more than 25 years. He also serves as Chair of the Board of Directors of United Medical Center and previously served on the Board of Directors of Howard University Hospital.
- **Claire McAndrew** is also concluding a four year term. She serves as Vice Chair of the Standing Advisory Board. She is the Director of Campaign Strategy at Families USA, a national non-profit, non-partisan organization dedicated to the achievement of high quality, affordable coverage for all. Claire's health policy expertise enables her to lead key work on the Standing Advisory Board, in particular on the important issue of network adequacy.
- **Dave Chandrasekaran** was just appointed to the Standing Advisory Board in May 2016 to fulfill the term of a resigning member. At that time, the Board Operations Committee stated our intent to reappoint him to a full term as well. Dave is an independent consultant working on a wide variety of health issues and was previously at the Center for Budget and Policy Priorities focused on health policy and advocacy. He has also served as a Certified Application Counselor (helping customers get enrolled) in our neighboring state of Virginia. On top of all of this, he's also a DC Health Link customer.

All three of these individuals are excellent representatives on the Standing Advisory Board, have been active in their roles, represent key constituencies in the community, and are a true asset to the DC Health Benefit Exchange Authority and DC Health Link customers. Equally importantly, all of them are willing to continue in their service. We are pleased to present their reappointments to the HBX Executive Board. If approved, their terms will expire in November 2020.

**VII. Public Comment**

No public comment was proffered.

**VIII. Votes**

a. FY 2018 Proposed Budget

It was moved and seconded to approve the staff-proposed budget for FY 2018. Ms. Kofman noted that the motion should encompass that certain issues were still being worked through, such as cost allocation, and staff has the leeway to make technical adjustments as necessary once those processes are concluded. The motion passed unanimously, with Dr. Aaron, Ms. Sullivan Hare, Dr. Ku and Ms. Lewis voting yes.

b. Resolution -- Standing Advisory Board Reappointments

It was moved and seconded to approve the Resolution reappointing three Standing Advisory Board members to terms that extend through November 2020. The motion passed unanimously, with Dr. Aaron, Ms. Sullivan Hare, Dr. Ku and Ms. Lewis voting yes.

**IX. Closing Remarks and Adjourn, *Diane Lewis, Chair***

The meeting was adjourned at 6:33 p.m.