



**Health Benefit Exchange Authority Executive Board Meeting
Draft Minutes**

Date: Wednesday, October 17, 2018
Time: 5:30 PM
Location: 1225 Eye Street NW, 4th Floor, Board Conference Room
Call- in Number: 1-650-479-3208; access code: 732 563 620

Members Present: Henry Aaron (via telephone), Nathaniel Beers (via telephone), Kate Sullivan Hare (via telephone), Diane Lewis (via telephone), Khalid Pitts (via telephone), Stephen Taylor (via telephone)

Members Absent: Leighton Ku, LaQuandra Nesbitt, Wayne Turnage, Tamara Watkins, Laura Zeilinger

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

A roll call of members confirmed that there was a quorum with four voting members present (Dr. Beers, Ms. Sullivan Hare, Ms. Lewis and Mr. Pitts).

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

It was moved and seconded to approve the draft agenda. The motion carried unanimously, with Dr. Beers, Ms. Sullivan Hare, Ms. Lewis and Mr. Pitts voting yes.

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

It was moved and seconded to approve the minutes of September 12, 2018. The motion carried unanimously, with Dr. Beers, Ms. Sullivan Hare, Ms. Lewis and Mr. Pitts voting yes.

Executive Director Report, *Mila Kofman, Executive Director*

OPEN ENROLLMENT READINESS:

OPEN ENROLLMENT REMINDER: Our individual market open enrollment is November 1, 2018 – January 31, 2019. Earlier this summer, we were the first state based marketplace to

announce that we will continue a three month open enrollment period – even though the federal marketplace reduced its to six weeks.

CALL CENTER HOURS: For open enrollment, call center hours are Monday through Friday 8 am to 8 pm; Saturdays are tentatively scheduled for 10 am – 5 pm. We will monitor usage and adjust accordingly if volume is low. We will add additional extended hours on deadline dates.

ENROLLMENT CENTERS/ONE-TOUCH EVENTS:

OPEN ENROLLMENT EVENTS: Highlights:

- **THURSDAY, NOVEMBER 1:** “Open the Market” Press Event with Mayor Bowser at Freedom Plaza presently scheduled at 9:45 a.m.
- **SATURDAY, NOVEMBER 10:** DC Health Link Community Enrollment Day, Anacostia Library, 11 a.m. – 3 p.m. This will be similar to our event last year and will have onsite enrollment, health screenings, activities for children, etc.

NEW TOOLS FOR CUSTOMERS: We are deploying new consumer decision support tools this open enrollment:

- Enhanced Plan Match tool: currently when consumers shop anonymously in plan match, they have to remember which plan they want, then log in and choose it. The enhanced tool will allow the selection in plan match to automatically be reflected in the consumer’s account.
- New dental plans added to Plan Match.

INDIVIDUAL RENEWALS:

- 2019 APTC/CSR eligibility preparation: We will run eligibility redeterminations from Oct. 16 – 31, including calls to the federal hub to determine whether or not the information (such as income) that customers have is still accurate. As we did last year, we will run parallel determinations in Cúram and HAVEN to ensure we can provide eligibility determinations for all our consumers despite Cúram defects.
- Notices: HBX sent out three rounds of notices. HBX mailed notices to all current enrollees on September 12 and 13 with a reminder to update their information. On November 1, for APTC customers HBX will mail a final eligibility notice, which includes APTC amounts for 2019. The notice for all customers will remind customers what plan they have now and will be renewed into if they do not choose a different plan, provide open enrollment deadline information, and encourage shopping and comparing plans. On December 18 HBX will send a final notice with plan information, payment reminders, and any outstanding information we still need for eligibility.

EMAIL AND TELEPHONE OUTREACH TO RENEWING CUSTOMERS:

- We will email currently enrolled customers who provided emails to us. The email will include:
 - Reminders to update information for 2019
 - “Open enrollment is coming” and “Welcome to open enrollment” messages
 - Enrollment deadline reminders

- Payment reminders
- Special outreach populations (emails and calls)
 - APTC enrollees whose APTC cannot be renewed because they have not authorized us to use IRS data to verify their income for 2019. There are about 60 of these enrollees.
 - Young adults aging off their parents' plans
 - Enrollees in one plan that is not being offered next year (about 40 people). If they do not select a new plan, we will auto-renew customers into another plan from the same carrier at the same metal level.

CMS ANNUAL OPEN ENROLLMENT READINESS REVIEW: On September 27th CMS conducted an annual SBM Open Enrollment Readiness Review on site. There were no issues.

TRAINING FOR ASSISTERS: In addition to mandatory on-line training, we conducted an all-day session on October 11. On October 17 and 18 we will conduct additional two hour trainings at the call center.

BROKER TRAINING: HBX is hosting an onsite NAHU-led training for brokers on October 22. In addition, HBX staff communicates with brokers via a monthly “Broker News” email newsletter. HBX staff also visit general agencies and large broker agencies twice monthly to provide onsite training to general agents, brokers and their staffs.

CONGRESSIONAL OPEN ENROLLMENT: November 12 through December 10. Our team is meeting with the House and Senate personnel offices and OPM later this week for our annual pre-open enrollment session to review new plan offerings, changes in processes, and to finalize schedule of events. As always, we will also have a significant in-person presence on the Hill providing in-person assistance during the open enrollment period.

SMALL BUSINESS OPEN ENROLLMENT: For January 1 coverage, small businesses can enroll without meeting the required contribution (50% of premium) and employee participation (two-thirds) requirements. Employers can start applying in November

SMALL BUSINESS RENEWALS FOR DECEMBER: Out of the nearly 5000 enrolled small businesses, approximately 1200 renew in December.

2019 RATES: On September 19, DISB announced approved premium rates for 2019. DISB approved a 13% average increase for individual market premiums and 4% for small business premiums. In SHOP, while the average increase is 4%, there are plans that have reductions or no change in premiums as well. We appreciate Commissioner Taylor hosting two public hearings and considering HBX recommendations. We advocated for the lowest possible rates for all our customers. In some cases, Commissioner Taylor reduced substantially some of the proposed rates. For 2019, there are 25 plans (26 in 2018) of which 7 are non-standard plans for individual market customers and 152 plans (151 in 2018) for small group customers.

IMPLEMENTATION UPDATE ON THE DISTRICT'S INDIVIDUAL

RESPONSIBILITY REQUIREMENT: OCFO is the primary agency responsible for implementing the District's individual responsibility requirement. OCFO staff is developing tax policy guidance and is working to operationalize the new law. HBX is serving in a support role. We continue to benefit from technical assistance through the State Health and Value Strategies Program of the Robert Wood Johnson Foundation. The program is operated out of Princeton and provides technical assistance to states. Through that effort, in addition to DC, NJ and VT are sharing information on implementation.

Under the new law, HBX is the primary agency responsible for implementing an exemptions process, which needs to be established by the end of this calendar year for residents who seek affordability or hardship exemptions. Until 2019, the Federal Government has conducted these exemptions processes. We are on track to implement the new exemptions process.

Consumer education: We have added information to renewal notices. We are also updating DCHealthLink.com website to include:

- Information on the DC individual responsibility requirement and exemptions
- An exemptions screener tool to help consumers understand the different types of exemptions and how to get them (for example, whether it is something they do on their taxes or need to apply to HBX to receive)

CM GRAY LEGISLATION ON ASSOCIATION/SHORT TERM LIMITED DURATION

HEALTH PLANS: CM Gray has introduced a bill, B-22-1001, The Health Insurance Marketplace Improvement Act of 2018, to limit short term limited duration plans to less than three months and to regulate Association Health Plans. As you know, HBX and DISB have been working on a joint bill on these issues. We finalized our bill language, OAG completed its legal sufficiency review, and OCFO completed its fiscal impact analysis last week. We understand the Mayor's office has transmitted it to Council.

CM Gray is planning a hearing on the bill – likely in very early November. We are planning to testify.

SENATE ACTION ON A RESOLUTION TO PREVENT THE IMPLEMENTATION OF THE SHORT TERM LIMITED DURATION HEALTH PLAN REGULATION:

On October 10, Senator Tammy Baldwin raised a resolution in the Senate to prohibit implementation of the federal short term limited duration health plan regulation issued by the Trump Administration. All Democrats supported it as did Republican Senator Susan Collins, but it failed to win a majority ending with a 50-50 tie.

FEDERAL REGULATORY ACTIONS:

- **PUBLIC CHARGE PROPOSED RULE:** On 10/10/18, the U.S. Department of Homeland Security (DHS) issued a proposed rule to modify the regulations relating to "Inadmissibility on Public Charge Grounds." The proposed rule expands the list of "public benefits" that, if

received by an immigrant that is not yet a Lawful Permanent Resident, would endanger his or her ability to stay in the country. This proposed expansion sweeps in more benefits, including most types of Medicaid. It does not include APTC/CSR. However, language in the proposed rule indicates that, because exchanges are required to use a single streamlined application that triggers both a Medicaid and an APTC/CSR determination, merely applying for Medicaid benefits but not receiving Medicaid could negatively impact immigrants. In addition to that, there will likely be a broader “chilling effect” on customers who may not apply for APTC/CSR at all because they are afraid to receive any government benefit. This chilling effect could extend to lawful permanent residents. Comments on the proposed rule are due by 12/10/18. We plan to comment and will work closely with DHCF to ensure that our comments are consistent.

- **GUIDANCE ON HARDSHIP EXEMPTIONS FOR 2018:** The Federal individual responsibility requirement penalty is still in effect for 2018. On September 12, 2018 CMS issued guidance to allow individuals to self-certify on their 2018 tax return without receiving an approval from CMS that they qualify for an exemption, a change in posture.
- **HEALTHCARE.GOV SHUTDOWNS:** CMS has announced that Healthcare.gov will be down for maintenance throughout the federal open enrollment on Saturday nights (midnight) into Sunday morning until 12 pm. This situation is the same as last year, but last year the entire window was not needed for maintenance.

PR AWARDS: HBX won honorable mention from PR News in the Multicultural Campaign category. This award was essentially a second place finish along with other finalists including Covered California. We all came in behind a 21st Century Fox contest connected with the movie Hidden Figures called “the Search for Hidden Figures.” Later this month PR News will announce winners in additional categories.

HBX FY20 BUDGET UPDATE: We developed a staff proposal and are briefing members of the Finance committee. As last year, we will seek input from the Standing Advisory Board. We will brief the full board and will need board approval at the next monthly meeting on November 14, 2018.

DCAS RELEASE 3 UPDATE: DHCF has started working on Release 3, which will automate and add different District social services programs into one system. DHCF has shared a proposed roadmap and HBX, DHS and others are providing feedback to finalize it. This project is a long term one that will take several years. The main impact for HBX is on our APTC population, including anyone who applies seeking premium reductions even if found ineligible. The development work can also affect the DC Health Link site with down times and we are working closely with our sister agencies for solutions to minimize DC Health Link being taken off line.

CMS ANNUAL SMART AUDIT: We received an official letter from CMS for last year’s SMART Audit (Covering Plan Year 2017) that the status is complete and no follow up is needed.

ENROLLMENT DATA: Data is available [here](#).

IV. Finance Committee Report, *Diane Lewis for Henry Aaron, Chair*

The Finance Committee met with HBX staff several times since our last meeting to review end-of-fiscal year financial matters. Dr. Aaron, Ms. Watkins and I participated in these calls.

END OF YEAR CLOSE OUT: As the District's fiscal year ended on September 30, 2018, HBX staff has been working to close out the 2018 fiscal year and prepare for the 2019 fiscal year. Because the District's financial systems shut down during this transition, we did not do our traditional financial and budget review this month. We will return to that at our November Finance Committee meeting where we anticipate reviewing the close out of FY 18 and the first budget and spending review for FY 19.

FY 20 BUDGET PLANNING: The Finance Committee is meeting with HBX staff to review the staff proposed FY 20 Budget. Because of scheduling conflicts, that review is being conducted individually with Finance Committee members and is partially complete at this time. Upon completion of that review, HBX staff will take the FY 20 Proposed Budget to the Standing Advisory Board for its review and input in a public meeting. As HBX has done each year, a meeting with advocates is also planned to receive their input prior to the proposed budget coming to the Executive Board at our next meeting on November 14, 2018.

V. Public Comment

Breanna Payton addressed the Board. She is a DC resident and enrollee. She wondered if staff was on the exchange. Ms. Kofman said all our Board members are DC residents and their service is voluntary and unpaid. Non-voting Board members and HBX staff members are DC government employees and get health benefits from city employees.

Ms. Sullivan Hare said she does get coverage through DC Health Link through her husband as a small employer and has gained much insight from the experience. Mr. Pitts said he is also a small employer and he and his employees are covered through DC Health Link and are happy with their coverage.

A discussion ensued about how HBX is funded.

Ms. Payton asked if the rate increases recited earlier were final. Ms. Kofman explained the rate review process and how HBX provides input to the Department of Insurance, Securities and Banking (DISB), the agency with authority to approve rates. The rates recited earlier have been approved. Ms. Kofman noted that many of the rates that were approved were lower than the request that was originally filed by the insurance companies.

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

The meeting was adjourned at 6:17 p.m.