



**DC Health Benefit
Exchange Authority**

**Health Benefit Exchange Authority Executive Board Meeting
MINUTES**

Date: July 14, 2021
Time: 5:30 PM
Location: Via Web Ex/By Video or Conference Call Only
Call- in Number: 1-650-479-3208; Access code: 180 604 0392; Password: exchange
Join via Video: [Join meeting](#)

Members Present: Henry Aaron, Diane Lewis, LaQuandra Nesbitt, Khalid Pitts, Ramon Richards, Tamara Watkins

Members Absent: Leighton Ku, Gabriela Mossi, Wayne Turnage, Karima Woods, Laura Zeilinger

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

A roll call confirmed a quorum with four (4) voting members present (Dr. Aaron, Ms. Lewis, Mr. Pitts, Mr. Richards).

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

It was moved and seconded to approve the agenda. The motion passed unanimously, with Dr. Aaron, Ms. Lewis, Mr. Pitts, and Mr. Richards voting yes.

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

It was moved and seconded to approve the May 12, 2021 minutes. The motion passed unanimously, with Dr. Aaron, Ms. Lewis, Mr. Pitts, and Mr. Richards voting yes.

IV. Executive Board Business

- a. Executive Board Election Date - *Diane Lewis, Chair*

Pursuant to the Board's Bylaws, the Annual Executive Board Officer Elections are to be held in the third quarter of the year for the three positions of:

Chair

Vice-Chair
Secretary/Treasurer

A majority of board members must agree on a date. Based on the scheduled board meetings and the notice requirements, staff recommends that the board elections be held at the regularly scheduled September meeting of the Executive Board, September 8, 2021.

If accepted, we will take nominations on September 8th. Voting and non-voting HBX board members may make such nominations.

A nomination must be accepted or rejected by the nominee at the September 8th meeting, either orally or in writing published through another Board member physically present during the meeting where the vote is to occur.

It was moved and seconded to approve the Executive Board elections on September 8, 2021. The motion passed unanimously, with Dr. Aaron, Ms. Lewis, Mr. Pitts, and Mr. Richards voting yes.

V. Discussion Items

- a. Social Justice and Health Disparities Working Group Recommendation and Report – *Diane Lewis, Chair*

The HBX Executive Board established the Social Justice and Health Disparities working group as an outcome of the East of the River Report that HBX presented to you in September of 2020. The working group's charge is to examine practices, structures, and policies that can be implemented to:

- Expand access to providers and health systems for communities of color in the District;
- Eliminate health outcome disparities for communities of color in the District; and,
- Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District.

I chair the working group and am joined by two other HBX Board Members who serve on it as well: DISB Commissioner Karima Woods and Tamara Watkins. The co-chair of the working group is Cara James, President and CEO at Grantmakers In Health. Prior to that, she served as Director of the Office of Minority Health at the Centers for Medicare & Medicaid Services. For this effort, we also sought staffing from an outside expert. Dr. Dora Hughes is a nationally recognized expert for her two decades of work in the field of minority health and health equity and an Associate Research Professor at the Milken Institute School of Public Health at George Washington University (GW). Expert staffing from GW was funded by the Robert Wood Johnson Foundation's State Health and Value Strategies program.

The working group's voting membership included consumer advocates, doctors, hospitals, community health centers, public health experts, DC Health Link's four insurance carriers, and

brokers, and included participation from the District's Department of Health Care Finance, the Department of Health, and the Office of the Deputy Mayor for Health and Human Services.

Once we had the group organized, we began to meet to address the broad charge. We had numerous presentations from subject matter experts and difficult conversations about structural racism that is imbedded in the healthcare system. In the past many stakeholders believed that expanding health insurance coverage in the District would guarantee equity and improve health outcomes, but as the COVID-19 pandemic clearly demonstrated, this has not been the case. It was critical for this working group to stay focused on the leverage we and the DC Health Link carriers have in the individual and small group private health insurance markets as others are addressing other aspects of disparities and discrimination.

I will turn next to Dora Hughes who staffed the working group to briefly describe the process. Next, Ms. Kofman will walk us through the specific recommendations. I will add that we hope to share our lessons learned across the district and recognize that a sustained and substantial commitment to these policies will be necessary to achieve the goal of advancing equity in the District.

Dr. Hughes thanked Chair Lewis, Ms. Kofman and Ms. Kempf for providing her with the opportunity to participate in such an important project.

As Chair Lewis noted, we have not had to look farther than the COVID-19 pandemic to appreciate the stark inequities facing black and brown communities in DC. Early on, DC Health reported that even though Blacks comprised half of DC residents, they accounted for 75% of the deaths from COVID. Even though Latinx residents were 4% of the population sample in one study, they accounted for 13% of the deaths from COVID. These inequities predated the pandemic, and reflected challenges with inequities in access and in care and treatment.

A recent report noted that there is a 15 year gap in life expectancy between black males and white males in the District. There is a 9 year gap in life expectancy between black females and white females. Blacks are twice as likely to die from heart disease and stroke. There are similar disparities in health and health care between the Latinx and white population. If you look at diabetes in the Medicare population in DC, as another example, 32% of them are Hispanic, compared with only 13% whites.

Many insurers are starting to think more about their role in tackling inequities. But HBX is among the first of the marketplaces to consider how it could leverage its relationships, resources and authorities to address inequities in the District.

The Working Group came together to discuss possible actions in each of the three focus areas that was prioritized last year by the Board:

- Expand access to providers and health systems for communities of color in the District;

- Eliminate health outcome disparities for communities of color in the District; and
- Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District.

HBX and GW brainstormed among us and with the Working Group to consider the range of possible actions that carriers are already taking or could adopt in each of these areas. Each of the carriers shared their equity-related work with the group.

Subsequently, we invited various experts for deep dive presentations that could inform the thinking of the Working Group. For example, we heard from Dr. Mark Fendrick, a national leader in value based insurance design, Michelle Jester, from America's Health Insurance Plan on health plan race and ethnic data collection, and from several individuals at the National Committee for Quality Assurance who talked about their health plan distinction for multicultural health care.

In addition, we heard from several presenters who work on the ground, such as Dr. Mark Friedburg from BCBSMA which has launched a major health equity initiative, and from those working in DC, such as Tonya Kinlow from Children's National, who spoke very poignantly about the mental health crisis facing children in the District.

Following these presentations, and the discussion by the group, we continued to update and refine the recommendations, which include a few recommendations that have been debated for years, such as racial and ethnic data collection, as well as newer issues, such as a bias in AI.

In sum, I believe the package of recommendations, if adopted, would support meaningful work in the District to eliminate disparities and promote equity in health care and outcomes.

Ms. Kofman then walked the Board through the [recommendations](#) of the working group. (The recommendations begin on page 2.)

Ms. Kempf noted that Dr. Nesbitt and Ms. Watkins had entered the meeting during the above discussion.

- b. Extension of COVID-19 Special Enrollment Period for Individual and SHOP –
Claire McAndrew, Vice-Chair, Standing Advisory Board (SAB)

Ms. McAndrew said that the Board had previously approved a SEP for COVID. The proposal, approved by the SAB, is to extend the existing SEP related to the public health emergency (PHE). The SEP applies to both the individual market and SHOP. Staff is proposing to extend the timeline end date to January 31, 2022 (a date which is also the end of open enrollment in the individual market for plan year 2022), or the last day of the month in which the PHE expires, whichever is later. The PHE is presently set to expire in the District on July 25, 2021, and therefore the existing COVID SEP will expire on July 31, 2021.

The SAB considered that we do not know if the PHE will be extended, and wants to extend the SEP to ensure more coverage for those who need it. A carrier did raise adverse selection concerns, and wants the SEP to align with the healthcare.gov SEP, which expires in mid-August. The SAB considered the American Rescue Plan Act and the assistance it will provide to individuals to buy coverage. We know that an outreach and educational effort will be required to get the word out about the new premium assistance. The SAB considered all of these points in making the recommendation, which was approved 7-1. Since it was a non-consensus recommendation, it next went to the Board’s Insurance Market Committee, which approved the recommendation.

c. FY2022 DC Health Link Assister Grants – *Mila Kofman, Executive Director*

Ms. Kofman reported that the Marketing and Consumer Outreach Committee and the Finance Committee both approved to recommend the following grant amounts to the Executive Board.

Assister Grants	Amount
Organization: Community of Hope	\$152,600
Organization: La Clínica del Pueblo	\$26,300
Organization: Leadership Council for Healthy Communities	\$157,900
Organization: Mary’s Center	\$84,200
Organization: Whitman-Walker Health	\$263,200
Total	\$684,200

d. FY2022 DC Health Link Business Partner Grants – *Mila Kofman, Executive Director*

Ms. Kofman reported that the Marketing and Consumer Outreach Committee and the Finance Committee both approved to recommend the following grant amounts to the Executive Board.

Business Partner Grants	Amount
Restaurant Association of Metropolitan Washington (RAMW) \$15,800 FY2022 Budgeted Grant + \$140,000 Additional COVID Relief Support	\$155,800
DC Chamber of Commerce (DCCC)	\$137,000
Greater Washington Hispanic Chamber of Commerce (GWHCC)	\$163,000
Total	\$455,800

e. FY2022 Metro Ads – *Mila Kofman, Executive Director*

Ms. Kofman reported that the Marketing and Consumer Outreach Committee and the Finance Committee both approved to recommend the following ad amounts.

Metro Bus and Rail Advertisement	Amount
Outfront Media	\$355.000

f. Exercise Option Year for Certified Business Enterprise (CBE) IT Consulting Services for Data Net Systems Corp. – *Mila Kofman, Executive Director*

The CBE vendor DataNet Systems Corp. is under an existing contract to provide IT services to HBX. DataNet Systems Corp. performs IT development and supplemental staffing services for HBX.

Option Year 2 would run from October 1, 2021 through September 30, 2022. HBX staff recommends a contractual ceiling of \$800,000 for the new Option Year.

The Finance Committee approved the recommendation.

VI. Public Comment

No public comment was proffered.

VII. Votes

a. Social Justice and Health Disparities Working Group Recommendation and Report

It was moved and seconded to approve the Social Justice and Health Disparities Working Group Recommendation and Report as outlined above. The motion passed unanimously, with Dr. Aaron, Ms. Lewis, Mr. Pitts, and Ms. Watkins voting yes.

b. FY2022 DC Health Link Assister Grants

It was moved and seconded to approve the FY2022 DC Health Link Assister Grants as outlined above. The motion passed unanimously, with Dr. Aaron, Ms. Lewis, Mr. Pitts, and Ms. Watkins voting yes.

c. FY2022 DC Health Link Business Partner Grants

It was moved and seconded to approve the FY2022 DC Health Link Business Partner Grants for the DC Chamber of Commerce and the Greater Washington Hispanic

Chamber of Commerce as outlined above. The motion passed unanimously, with Dr. Aaron, Ms. Lewis, Mr. Pitts, and Ms. Watkins voting yes.

It was moved and seconded to approve the FY2022 DC Health Link Business Partner Grants for the Restaurant Association Metropolitan Washington as outlined above. The motion passed, with Dr. Aaron, Ms. Lewis, and Ms. Watkins voting yes. Mr. Pitts abstained.

d. FY2022 Metro Ads

It was moved and seconded to approve the FY2022 Metro Ads as outlined above. The motion passed unanimously, with Dr. Aaron, Ms. Lewis, Mr. Pitts, and Ms. Watkins voting yes.

e. Extension of COVID-19 Special Enrollment Period for Individual and SHOP

It was moved and seconded to approve the Extension of COVID-19 Special Enrollment Period for Individual and SHOP as outlined above. The motion passed unanimously, with Dr. Aaron, Ms. Lewis, Mr. Pitts, and Ms. Watkins voting yes.

f. Exercise Option Year for Data Net Systems Corp.

It was moved and seconded to approve the Option Year for Data Net Systems Corp. as outlined above. The motion passed unanimously, with Dr. Aaron, Ms. Lewis, Mr. Pitts, and Ms. Watkins voting yes.

VIII. Executive Board Finance Committee Report, Henry Aaron, Chair

The Finance Committee met on June 11 and July 7, 2021 with all three Committee Members in attendance for both meetings.

GRANTS AND PROCUREMENTS:

The finance committee reviewed and approved for board consideration the DC Health Link Business Partner and Assister grants and metro train and bus ads procurement. The budgets and detailed work plans were reviewed and approved by the Executive Board Marketing and Consumer Outreach Committee.

We also reviewed and approved for board consideration option year two for an IT Services CBE, DataNet, for a maximum of \$800,000. DataNet provides development and supplemental staffing services for HBX.

ADDITIONAL BUDGET AUTHORITY FOR COVID:

To be prepared for additional financial needs placed on HBX due to the Coronavirus that were not known and therefore not included when the FY2022 HBX budget was submitted, the Finance

Committee authorized additional budget authority of up to \$250,000. This additional budget authority includes \$140,000 of additional funding for the Restaurant Association of Metropolitan Washington, additional required cleaning services for high touch areas, and will allow us to respond to needs for call center surges and outreach, and business development for partnerships with new organizations. Finance Committee and staff discussed that additional IT needs would be reviewed by the HBX Executive Board IT Committee.

INVESTMENT UPDATE:

The OCFO DC Investment Manager recommended updates to HBX's investments based on slight increases in Treasury bill yields. After discussing with the CFO, we agreed to move approximately \$5.5 million pursuant to the recommendation.

FINANCIAL REVIEW:

The Finance Committee reviewed the monthly budget and spending report at each meeting and found nothing of concern.

IX. Executive Director Report, Mila Kofman, Executive Director

COUNCIL AND EOM UPDATES

BUDGET HEARING: HBX's FY22 budget hearing was on June 4 and went very well. It was conducted virtually. Board Chair Diane Lewis and I testified. Public witnesses included DC Health Link individual market and small business customers, all three Chambers (DCCC, GWHCC, and RAMW), our assisters, and a broker. Witnesses commented on the important actions the HBX Board and staff have taken to help employers and residents during COVID-19 and on how quickly we implemented the American Rescue Plan.

MAYOR BOWSER'S FY21 SUPPLEMENT BUDGET EMERGENCY COVID RELIEF FUNDING FOR EMPLOYERS AND RESIDENTS IN ARREARS: Mayor Bowser is providing \$15 million in relief for residents and small businesses in arrears for health insurance through DC Health Link.

AMERICAN RESCUE PLAN IMPLEMENTATION

COVID relief law: key provisions that we implemented on March 29 a few weeks after President Biden signed ARP: 1) Lower premiums for people at all income levels; 2) Premiums as low as \$2/month with no deductibles and lower out of pocket costs for people who received unemployment insurance in 2021.

- In addition to immediately implementing these new benefits, we reran eligibility for customers whose income information we had (1,241 people) and lowered premiums automatically for those customers. We also deployed another feature that allows people to lower their premiums even more, by applying the APTC amount they qualified for since January 2021, instead of waiting until they file their taxes to get the credit for the

earlier months before the COVID relief law was passed. When we deployed this feature we lowered premiums again automatically. On average, each person is now getting an additional \$156 per month in lower premiums for a total of \$523 in lower monthly premiums. Here is a summary of monthly change:

MONTHLY APTC 2021	Feb (prior to ARP)	Automatic savings from HBX rerun of eligibility under ARP and new Yearly Aggregate Feature	CHANGE (additional monthly lower premiums)
	\$455,000	\$648,000	\$193,000

- In addition, 642 existing customers provided income information and now get \$267,000 in lower monthly premiums, which is \$415 per person in lower premiums. There are 349 new customers getting \$124,000 in lower monthly premiums, which is \$355 per person in lower premiums.

MONTHLY LOWER PREMIUMS (APTC)	APTC FEB (PRIOR TO ARP)	MONTHLY APTC JUNE	CHANGE
	\$455,000	\$1,039,000	\$584,000

Thanks to ARP, our customers' APTC more than doubled lowering monthly premiums by \$1,039,000 per month.

System Open Enrollment Status: Reminder that we are in open enrollment for the American Rescue Plan. Also COVID-19 SEP, which allows residents to start coverage immediately, is tied to the public health emergency set to expire July 25. The Insurance Market Committee met last week and voted to recommend that the full Board approve the Standing Advisory Board's recommendation to extend the COVID-19 SEP in the individual and SHOP markets to January 31, 2022. You will get more information from the Chair of the Insurance committee.

Coordination with DOES: Reminder that we are coordinating with the Department of Employment Services that administers unemployment insurance in the District to educate recipients on availability of private health insurance coverage for as little as \$2/month. Between May 21st and May 23rd DOES sent emails to 41,429 people, conducted robo calls to 44,611 phone numbers. Of those, 13,547 were successfully answered calls. The remainder is a mix of voicemails and unanswered calls. And on June 29th DOES sent another batch of emails to 42,707 people, and did more robo calls. Ms. Kofman stated that she appreciates the partnership with DOES and the work that agency has done.

2022 HEALTH PLAN RATE AND FORM FILINGS: Carriers filed proposed rates on May 17 with DISB. As you know, we advocate for the lowest possible premiums every year. Oliver Wyman, our external actuaries have been looking at the filings, raising questions about certain assumptions, and performing an

actuarial analysis to help us argue for the lowest possible rates. The actuaries will brief the Insurance Committee. Commissioner Karima Woods confirmed that she will hold a hearing on proposed rates later this summer. Just like in prior years, we will let our customers know of the opportunity to testify. We will also testify. The DISB issued a press release on proposed rates: <https://disb.dc.gov/release/insurers-file-proposed-rates-2022-district-columbia-health-plan-offerings>

FEDERAL UPDATES:

ARP GRANT: On June 22, CMS posted the State Exchange Modernization Grant Notice of Funding Opportunity provided under the American Rescue Plan. Applications are due July 20 3pm eastern. We are planning to apply for the full amount of \$1.3 million. Grant funds can be used for modernization activities to meet requirements under the Affordable Care Act and to implement the lower premiums under the American Rescue Plan.

Regulations: CMS released proposed changes to update the 2022 Notice of Benefits and Payment Parameters. Comments are due July 28th. The proposal includes several important changes to the Trump Administration's proposed and final rules. Highlights are:

- Lengthen the open enrollment period to January 15 (currently November 1 to December 15).
- Eliminate the double billing requirement for non-Hyde abortion services and revert back to the regulatory language that existed under the Obama Administration.
- Repeal and supersede 1332 guidance issued under the Trump Administration.
- Increase insurer assessments for the FFM to 2.75%.
- Repeal the option for states to conduct enrollment primarily through Direct Enrollment Entities. We opposed the Trump Administration's attempt to get rid of healthcare.gov by privatizing exchanges' essential functions.

We are reviewing the proposal in more detail. We will be commenting in support of the proposed changes.

LEGAL/LITIGATION UPDATES:

CALIFORNIA V. TEXAS: On June 17, the Supreme Court issued its decision in California v. Texas. DC AG Karl Racine joined with CA and many Attorneys General across the nation to defend the ACA. The ACA remains the law of the land providing health insurance protections to millions of Americans and hundreds of thousands of District residents.

HBX BACK TO IN-OFFICE STATUS: HBX is in the process of transitioning back to in-office status similar to other DC government agencies. Our telework policy remains in place.

HBX INTERNAL SOCIAL JUSTICE WORK: Leadership team members continue to implement their 12-month strategic plans and have successfully completed many of the short term (3 month) actions while making significant progress on the 6-month goals. The HBX

speaker series since the last Board Meeting includes: Eun Yang, Anchor for News4 Today in honor of Asian American Pacific Islander Heritage Month and Alphonso David, President of the Human Rights Campaign in honor of LGBTQ+ Pride Month.

PERSONNEL UPDATE: Since the last board meeting there have been several personnel changes. As per our press release, Debbie Curtis left DCHBX. Purvee Kempf is now HBX's Deputy Executive Director moving into her new role after serving as HBX's General Counsel and Chief Policy Advisor. Eliza Navarro Bangit is now HBX's General Counsel moving into her new role after serving as HBX Director of Marketplace Innovation, Policy, and Operations. Jennifer Beeson has been appointed Interim Director of Marketplace Innovation, Policy, and Operations. She also continues to serve as HBX Director of Strategic Operations. Jenny Libster was named the Agency's new Chief Equity Advisor to the Executive Director and Associate General Counsel. In her new role as Chief Equity Advisor to the Executive Director, she will be responsible for both our external and internal social justice work. For our external work, among other responsibilities she will direct our implementation of the recommendations of the Board's Social Justice & Health Disparities Working Group as adopted by the Board. In the longer term, she will staff and guide future work of the working group when it reconvenes for phase 2 of its work. Internally, she will guide the effort that the leadership team has been engaged in since summer of 2020 and she will help us develop our year 2 strategic goals. In the long term, she will help shift our internal culture to achieve greater equity and inclusion, building on the diversity of our team.

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

The meeting was adjourned at 6:41 p.m.