



**DC Health Benefit
Exchange Authority**

Health Benefit Exchange Authority Executive Board Meeting

MINUTES

Date: January 12, 2022
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](#)

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

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

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

It was moved and seconded to approve the November 10, 2021 minutes. The motion passed unanimously, with Dr. Aaron, Dr. Ku, Ms. Lewis, and Mr. Richards voting yes.

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

COUNCIL/EOM

UPCOMING HEARINGS: Council hearings are virtual. The Health Committee will hold our performance oversight hearing on **January 24**. The Health Committee will hold our Budget Hearing on **March 21**. Budget mark up in the committee is scheduled for April 20. Our Board Chair, Diane Lewis is testifying at the Performance Oversight hearing to highlight the important work the Board has done related to social justice and health disparities. She will also testify at the HBX Budget hearing as she does every year.

PEO LEGISLATION: The Health Committee will hold a hearing on B24-0305, PEO legislation, on **March 7 at 10 am**. Board Chair Diane Lewis and I will be testifying in opposition

to one section of the proposal explaining why exempting PEOs from the ACA consumer protections is bad policy for the District.

Ms. Watkins entered the meeting.

OPEN ENROLLMENT

DEADLINES: With the significant rise of COVID cases here and nationwide due to the Omicron variant, we want to remind residents not to lose their opportunity to have affordable quality health insurance through DC Health Link. Open enrollment for residents will close on January 31, 2022. If you want coverage to start February 1, you must enroll by January 15. And importantly, our 2020 and 2021 COVID SEP ends January 31. If you miss open enrollment, you will have to wait until the next open enrollment next Nov. All our health plans cover testing, vaccinations and treatment for COVID. So don't delay, enroll today.

APTC: The American Rescue Plan has made health insurance more affordable by lowering monthly premiums. Comparing our enrollment for residents with lower premiums December 2021 to December 2020 before the American Rescue Plan, the impact is significant:

MONTHLY LOWER PREMIUMS (APTC)	APTC DEC 2020 (1-year ago)	APTC DEC 2021 (Current)
Number of People Receiving APTC	1,281	2,510
Total Monthly Amount In APTC Received	\$474,783	\$1,174,977
AVERAGE AMOUNT PER PERSON	\$371	\$468
PERCENT OF ENROLLEES WITH APTC	8%	16%

We will have further information on the true impact once PTC data comes out from the IRS.

Dr. Aaron asked if that protection will expire if BBB is not passed. Ms. Kofman responded that if BBB does not pass the Senate, the expanded APTC will expire for everyone at the end of this year. One program has already expired – the \$2/month premium program for residents with unemployment compensation only lasted one year, but many are still eligible to qualify for APTC based on their income.

Dr. Ku asked if we have seen data from other states on the impact of APTC. Ms. Kofman responded that we can share NASHP and federal marketplace data. Sixteen percent of our

enrollees choose to claim APTC, but we don't know many qualify because most don't give us income information, so they would see the benefit when they file their taxes.

OPEN ENROLLMENT STAFF IN REACH STRATEGIES: We continued strategies from the last open enrollment and used email, text, and calls with the goal of at least 7 “touches” per prospective enrollee. To date, we sent 135,237 emails and 10,472 texts. Calls have been made to designated populations, especially those impacted by the \$2/month premium program ending but they still have access to lower premiums based on their income and help them enroll. Calls have also been made to young adults who age off their parents’ plan to make sure they don’t have a gap in coverage. Most seem to like the outreach and assistance. Several other populations are being targeted through calls.

ASSISTERS & VIRTUAL ENROLLMENT ASSISTANCE: DC Health Link Assisters supported twice-weekly (Thursdays and Saturdays) Virtual One Touch Enrollment Events in the month of November and December that resulted which were attended by more than 105 people and resulted in 37 enrollments in private health insurance, Medicaid and the Alliance. We increased the number of assisters at virtual one-touch from 3 to 7 during December 15 deadline. We plan to use the same strategy through the end of January. Bilingual and multi-lingual assisters are available at those events.

OUTREACH EVENTS: Since the November 12 Executive Board meeting, we have participated in and hosted 30 in-person and virtual outreach events and activities. In January, we are participating in and hosting the following events and activities: **National Young Adult Week of Action (Jan 3-9)** with Young Invincibles and the Latin American Youth Center (LAYC) and Weekend “Brunch Bash” at local restaurants (SW Waterfront , Navy Yard, U Street, & the Mt. Vernon Triangle) in partnership with RAMW); **National Youth Enrollment Day (Jan 7)** – featuring “Don’t Sweat it, Get Covered” Virtual Zumba event with Young Invincibles; **Hispanic Enrollment Week of Action (Jan 10 – 16)** – featuring FB Live with El Tiempo Latino and the 7th Annual Health Leadership Symposium “Vaccines, Boosters and Health Insurance :A Winning Combination to Protect Your Health”; **African American and African Enrollment Week of Action (Jan 17-23)** – featuring (Take-Out and Curbside Delivery Sticker Tag Campaign with Chick-A-Fil, Ledo’s Pizza, Ben’s Chili Bowl, etc. plus small business owners such as Lee’s Card and Flower Shop); **Asian American Pacific Islander Week of Action (Jan 25 -28)** – featuring pre- Lunar New Year celebration in partnership with Mayor’s Office of Asian Pacific Islander Affairs; **Special LGBTQI+ One Touch Enrollment Event (Jan 26)** – featuring local drag performances and health insurance awareness for LGBTQI+ community; **24Hr. Marathon (Jan 29-30)** – featuring the digital “Get Covered Deadline Push Campaign” with local media outlets including FOX5, WUSA, Urban Radio, WTOP Radio, iheart Media, NCM Movie Theatre, etc.

CONGRESSIONAL OPEN ENROLLMENT CLOSED: November 8 to December 13. HBX staff conducted one-on-one virtual help sessions.

SHOP RENEWALS: Our largest renewal month for SHOP customers is December with 1,030 small businesses renewed for coverage starting December 1, 2021 covering 19,929 people. January 1 coverage is another large month with 649 groups renewing coverage for 17,767 covered lives.

Commissioner Woods entered the meeting.

SOCIAL JUSTICE & HEALTH DISPARITIES RESOLUTION IMPLEMENTATION:

Staff communicated with each of the carriers on implementation. Each carrier identified and confirmed that the point person responsible for coordinating implementation for the carrier is the person who served on the Board’s Social Justice Working Group. These individuals are experts in what the Board adopted and understand the context. We appreciate the plans’ implementation efforts on many of these recommendations. Also, staff has had preliminary conversations with two of the carriers and will speak to the others within the week. Focus is on Year 1 activities including banning use of race adjustment in GFR (kidney function) by network providers and reviewing for bias in AI/clinical decision tools. Also, we are discussing with carriers what in addition to GFR can be done in the first year. We expect to report on carrier activities and results in these two areas at the July 2022 board meeting. Further, we are looking at bias in AI and clinical decision tools.

Dr. Aaron asked if there should be a different burden of proof for using race or other characteristics, i.e., presume those differences to be unacceptable unless supported by strong scientific evidence. Ms. Kofman responded that there will likely be a need for the Board to reconvene the Social Justice Working Group, especially because NCQA is in the process of phasing out the Multicultural Health Care Distinction and will be replacing it with a new Health Equity Accreditation starting in July 2022. The new Accreditation includes all the standards from the Multicultural Health Care Distinction with some additional requirements for data collection on gender identify and sexual orientation. Staff is reaching out to NCQA and each of the carriers. Based on additional information, the Board’s resolution requiring carriers to get the Multicultural Health Care Distinction may need to be updated.

Dr. Aaron asked if we should make a statement regarding the use of race-based factors. Dr. Ku also raised the research regarding quality indicators that have had the net effect of giving extra money to white, insured patients while penalizing hospitals that serve minority and Medicaid patients.

Ms. Kofman suggested that the working group address this issue when the working group is reconstituted. If Working Group timing doesn’t meet the needs of this subject, we can bring it back to the Board.

Ms. Mossi and Mr. Pitts entered the meeting.

MAYOR BOWSER ORDER: Mayor Bowser issued an order on December 20, 2021, declaring a State of Emergency 2022 Winter Surge. The order reinstates the public indoor mask requirement through 6 a.m. January 31, 2022. The Order also institutes a vaccination requirement for DC Government employees that includes boosters for all employees, contractors, interns, and grantees. There is no testing option in lieu of being vaccinated. Both the medical and religious exemptions are available.

OFFICE STATUS: Effective December 22, HBX is in full remote work status through January 31 in an effort to help curb the spread of the Omicron variant. We will continue to

reassess based on the Mayor's direction for DC Government and DCHR advisories. It is highly likely that we will be in remote status as Omicron continues to spread, and unlikely that we will be back in the office on February 1.

Dr. Ku noted health-risk concerns about GW's recent announcement that GW is going back in-person next week. Ms. Kofman noted it has been a struggle for HBX as well – some people liked being back in-person, others were still scared even though they were vaccinated and had masks on. Public Health will continue to be the biggest consideration for whether HBX staff stay remote, and for how long.

RFPs: Staff issued two major Request for Proposals (RFPs) – one for the DC Health Link Contact Center and one for actuarial services. Responses for actuarial services is due in January and for the contact center in early February. Both will require full Board approval once HBX selects a vendor. The Contact Center contract will also require approval by Council.

FEDERAL UPDATES

REGULATORY:

NBPP: On December 28, CMS released the 2023 Notice of Benefits and Payment Parameters Proposed Rule. The proposed rule is 408 pages. Comments are due January 27th. HBX staff is reviewing and plans to comment on this proposal.

PUBLIC CHARGE: On November, 17, 2021, the U.S. Department of State re-opened the comment period on the Interim Final Rule (IFR), published by the prior administration on October 11, 2019, related to interpretation of the Public Charge statute for people seeking immigration visas. The preamble indicates that the State Department is coordinating with the Department of Homeland Security (DHS). DHS is reviewing comments to its August 23, 2021, advanced notice of proposed rulemaking (ANPRM) related to the definition of “public charge” and which public benefits should be considered for inadmissibility determination, and how the mandatory 5 statutory factors should be interpreted when determining whether a noncitizen is likely to become a public charge. HBX has commented multiple times on the public charge rule and related guidance. In response to the DHS ANPRM, HBX signed onto comments from Protecting Immigrant Families (PIF), a coalition of organizations anchored by the National Immigration Law Center and the Center for Law and Social Policy. HBX also submitted our own comments emphasizing our agreement with the points in the PIF comment letter as well as attaching our prior comments opposing the actions in the area of Public Charge by the prior Administration. PIF is drafting a comment letter for sign-on to respond to the newly reopened comment period by the State Department. HBX intends to sign on to the group letter assuming the letter is consistent with HBX's position reflected in our prior comments. We may also submit our own comments highlighting our comments to the prior administration opposing the prior administration's attacks on our immigrant communities. Comments to the State Department are due January 18, 2022.

CMS GRANT TO HBX: On December 17, 2021, CMS fully approved HBX's \$1.1 million award for the State Exchange Modernization Grant provided under the American Rescue Plan. The award was previously in conditional status while HBX responded to CMS' follow-up questions.

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

The Finance Committee met on January 6, 2022, with two of three Committee Members in attendance. We received the monthly reporting in December in lieu of a meeting.

PROCUREMENTS:

The Finance Committee reviewed and approved for board consideration salesforce licenses through Carahsoft Technology Corporation for \$395,017.67.

INVESTMENT UPDATE:

HBX has a \$22.6 million T-Bill in the operating reserve is maturing in late January. We will move it to a 6-month T-bill assuming no major changes in outlook between now and late January. In addition, we received our regular update of investments.

UPDATES:

The Annual Comprehensive Financial Report is complete allowing the CFO to finalize the FY21 report for Finance Committee. Auditors will present to the Finance Committee at its February meeting.

FINANCIAL REVIEW:

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

VI. **Discussion Items**

a. HBX Executive Board Bylaws – *Mary Beth Senkewicz*

The bylaw amendments were presented. In addition to technical amendments, at the bottom of page 2, re: board membership and officers, we are changing officer elections to every other year, except for the chair, which has an annual election requirement in statute. At the bottom of page 3, officers can resign from the board and is included in special elections. Officers can resign from an officer position but still stay on the board, but that will require a special election. Open meetings citation to DC statute was added to address reasons for executive session. On page 5, we added a provision to delegate appointment of committee members to the Chair.

Dr. Aaron asked what the purpose is for changing the election cycle from once per year. Ms. Kofman noted that Board members suggested a longer cycle.

Dr. Aaron also raised a question about whether delegating the Chair to replace board members is necessary. Ms. Kofman noted Board member recommendation that this option would streamline the process. Ms. Senkewicz confirmed past recommendations regarding these processes. Chair Lewis also wanted to reflect in writing what the Board has been doing.

b. Carahsoft Technology Corporation for Salesforce licenses – *Mila Kofman, Executive Director*

This proposal went to the Finance Committee for approval and is now before the Board. Some is full-pay by DCHBX, some shared with Medicaid, and some paid by Massachusetts Health Care Connector. The total amount is \$395,017.67. The price per license did not change for this year. The full Board must approve renewal of the licenses for the amount indicated.

c. Comments on 2023 Notice of Benefits and Payment Parameters Proposed Rulemaking – *Mila Kofman, Executive Director*

There were several proposals. One of great concern is a new audit process CMS proposed for audit of SBMs. We already have a SmartAudit by CMS, and we use independent audits for our programmatic audits. This has worked well because the auditors are unbiased, fair, and they fully understand how our system works. A new CMS audit as proposed would mean greater burden on operations and take away from resources that would help get people covered. Comment will be submitted to share our concerns. The draft regulation contains several great proposals, including a prohibition on discrimination based on sexual orientation and gender identity. CMS proposes to redefine EHB non-discrimination, and we generally support discrimination prohibitions in benefits. CMS also proposes to require standard plans in all metal levels in the federal marketplace. We have had standard plan design for some time, allowing residents access to care without the need to meet deductibles first. We will comment and encourage CMS to look at our design and support standard plan design at all levels.

CMS is also proposing pre-enrollment verifications for certain special enrollment periods. Based on the data, these verifications disproportionately and negatively affect African Americans and younger people because the process is so onerous. We support eliminating these verifications. DC HBX does not do pre-enrollment verification unless there are mistakes made during the enrollment process. (by broker, insurer, or exchange staff). Enrollee attestation (with audit option to look into fraud and misrepresentation) has worked very well and has not produced systemic issues or findings of misrepresentation. CMS is also looking to review network adequacy, and we have reached out to Commissioner Woods' staff to coordinate and be consistent with any DISB position.

CMS is taking strong action to put more consumer protections for web-based enrollment sites, e.g., plan prioritization methodology for sorting must be explicit, prohibit advertising or preferred placement on broker websites based on compensation.

HBX will be commenting on Medical Loss Ratios – we seek clarification that any quality improvement that health plans do that focus on health equity and health disparities should be treated as quality improvement for purposes of medical loss ratio calculations – this will encourage plans to invest significantly in health equity work.

Finally, the AV calculator changes that are proposed have impacted our standard plan designs, and we will be asking for CMS to reconsider their changes, especially for no-cost-sharing for diabetes plan design, as we are concerned that it will not fit within the new AV calculations. This was clearly not their intent given their focus on eliminating health disparities and health equity.

Commissioner Woods noted that DISB will be working with the Exchange via the State Flexibility grant – DISB received \$671,000 from CMS to flesh out these key pieces.

VII. Public Comment

No public comment was proffered.

VIII. Vote

a. HBX Executive Board Amended Bylaws

It was moved and seconded to approve the HBX Executive Board Amended Bylaws as set forth above. The motion passed, with Dr. Ku, Ms. Lewis, Ms. Mossi, Mr. Pitts, Mr. Richards, and Ms. Watkins voting yes. Dr. Aaron abstained.

b. Carahsoft Technology Corporation for Salesforce licenses

It was moved and seconded to approve the Carahsoft Technology Corporation for Salesforce licenses as set forth above. The motion passed unanimously, with Dr. Aaron, Dr. Ku, Ms. Lewis, Ms. Mossi, Mr. Pitts, Mr. Richards, and Ms. Watkins voting yes.

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

Pursuant to DC Code Section 2-575(b)(10) and 31-3171.11 to discuss personnel and contracts. The public portion of the meeting closed at 6:28 p.m.