



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

**Date:** July 13, 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](#)

**Members Present:** Leighton Ku, Ramon Richards, Diane Lewis, Gabriela Mossi, Karima Woods, Tamara Watkins

**Members Absent:** Henry Aaron, Khalid Pitts, LaQuandra Nesbitt, Wayne Turnage, Laura Zeilinger

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

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

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

It was moved and seconded to approve the agenda with a request by Purvee Kempf, Deputy Executive Director, to move discussion items requiring a vote to the beginning to ensure a quorum.

The motion passed unanimously, with Dr. Ku, Ms. Mossi, Mr. Richards, and Ms. Lewis voting yes.

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

It was moved and seconded to approve the May 11, 2022, minutes. The motion passed unanimously with Dr. Ku, Ms. Mossi, Mr. Richards, Ms. Lewis voting yes.

**IV. Discussion Items, *Diane Lewis, Chair***

To accommodate schedules, as voted during approval of the agenda, the Chair took up discussion items.

- a. FY2023 DC Health Link Assister Grants – *Mila Kofman, Executive Director*

Ms. Kofman noted that full board approval is needed to move forward with grants to assisters. These grants were reviewed by the Marketing and Outreach Committee and the proposed assister groups and funding levels were discussed and approved there. The proposal then went to the Finance Committee. The Finance Committee approved moving these proposals to the full board. The request was for Board approval of the following assister organizations:

- Community of Hope, \$161,365.00
- Leadership Council for Health Communities, \$166,667.50
- Mary's Center, \$92,967.50
- Whitman-Walker Health, \$263,200.00

For a total of \$684,200.00, which is included in the FY23 budget. Ms. Kofman noted that all of these organizations have been receiving grant funding from HBX since day one, and HBX relies on them to do work on the ground, enrolling people, and meeting face-to-face or by zoom.

b. FY2023 DC Health Link Business Partner Grants – *Mila Kofman, Executive Director*

Ms. Kofman identified the grants to HBX business partners as follows:

- Restaurant Association of Metropolitan Washington (RAMW), \$15,800. In addition, approval for COVID recovery work with the restaurant industry in the amount of \$140,000 was requested.
- DC Chamber of Commerce (CCCC), \$137,000
- Greater Washington Hispanic Chamber of Commerce (GWHCC), \$163,000

For a total of \$455,800 for business partner grants. Ms. Kofman noted that these proposals were first presented to and approved by the Marketing and Outreach Committee and then went to Finance Committee. The Finance Committee approved moving these proposals to the full Board for approval.

c. FY2023 Metro Ads – *Mila Kofman, Executive Director*

Ms. Kofman presented a request for advertising with Metrobus and Rail System, seeking approval for \$355,000. This proposal was first presented to and approved by the Marketing and Outreach Committee and then went to Finance Committee. The Finance Committee approved moving this proposal to the full Board for approval.

Ms. Kofman noted she was open to taking questions on any of these.

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

Ms. Kofman requested approval to exercise Option Year 3 for CBE IT Consulting Services for Data Net Systems Corp. The new option year starts Oct. 1, 2022, and would run through Sept 30, 2023. The contract would have a contractual ceiling amount of \$800,000. This is an IDIQ contract that is based on task orders. Because it does not exceed \$1M, it does not need to go to Council.

Dr. Ku flagged that for purposes of the assisters, Medicaid unwinding is on the horizon, and he assumes assisters are doing what is necessary to help people and bring them in the Exchange when they lose Medicaid. Dr. Ku noted it would be interesting to hear plans for unwinding and how the various assister funds will be used for this purpose.

Ms. Kofman confirmed that this is one of the top three priorities with the assister agencies. A strategic planning meeting with partners has been scheduled to discuss the end of the public health emergency and the resulting Medicaid unwinding, as well as to discuss the work that is being done with DHCF. Ms. Kofman noted that the kinds of work needed on the ground to make sure no one falls through the cracks if they lost Medicaid eligibility will be included in the discussion.

**V. Public Comment**

No public comment was proffered.

**VI. Votes**

a. Assister Grants:

- Community of Hope for \$161,365
- Leadership Council for Healthy Communities for \$166,667.50
- Mary’s Center for \$92,967.50
- Whitman-Walker Health for \$263,200

It was moved and seconded to approve the Assister Grants as outlined above. The motion passed unanimously with Dr. Ku, Mr. Richards, Ms. Mossi, and Ms. Lewis voting yes.

b. Business Partner Grants:

- DC Chamber of Commerce for \$137,000
- Greater Washington Hispanic Chamber of Commerce for \$163,000

It was moved and seconded to approve the Business Partner Grants as outlined above. The motion passed unanimously with Dr. Ku, Mr. Richards, Ms. Mossi, and Ms. Lewis voting yes.

c. Business Partner Grant for the Restaurant Association of Metropolitan Washington for \$15,800, plus an additional \$140,000 for recovery related to COVID, for a total of \$155,800.

It was moved and seconded to approve the Business Partner Grant and additional COVID recovery funds as outlined above. The motion passed unanimously with Dr. Ku, Mr. Richards, Ms. Mossi, and Ms. Lewis voting yes.

d. FY2023 Metro Ads up to \$355,000.

It was moved and seconded to approve the Metro ads as outlined above. The motion passed unanimously with Dr. Ku, Mr. Richards, Ms. Mossi, and Ms. Lewis voting yes.

e. Exercise Option Year Three for DataNet Systems Corp. for an amount not to exceed \$800,000.

It was moved and seconded to approve the Exercise of Option Year Three for DataNet as outlined above. The motion passed unanimously with Dr. Ku, Mr. Richards, Ms. Mossi, and Ms. Lewis voting yes.

**VII. Executive Board Business, *Diane Lewis, Chair***

Ms. Lewis noted that, on January 12, 2022, the Board approved the amended HBX Executive Board Bylaws moving annual elections of officers other than the Chair to biennial elections. Accordingly, pursuant to the Board's Bylaws, the Annual Executive Board Officer Elections this year are to be held in the third quarter of the year for the position of Chair only. A majority of the voting board members must agree on a date.

Ms. Lewis announced that based on the scheduled board meetings and the notice requirements, staff recommend the board elections be held at the regularly scheduled September meeting of the Executive Board, September 14, 2022. If accepted, we will take nominations on September 14th. Voting and non-voting HBX board members may make such nominations. A nomination must be accepted or rejected by the nominee at the September 14th meeting, either orally or in writing published through another Board member physically present during the meeting where the vote is to occur.

Ms. Lewis asked if there were any questions before the motion and vote to set the date. No questions or comments were proffered.

It was moved and seconded to have the HBX Board Officer Elections at the September monthly meeting scheduled for September 14, 2022. The motion passed unanimously with Dr. Ku, Mr. Richards, Ms. Mossi, and Ms. Lewis voting yes.

**VIII. Discussion, *Mila Kofman, Executive Director***

Ms. Kofman reminded participants that the Exec Board established a Social Justice and Health Disparities Working Group, and last year, the Working Group developed consensus recommendations, which the Board adopted in July of 2021. Many of the recommendations from the Working Group are now requirements for health plans, as well as action items that HBX staff have engaged in. In Year One (July 2021 to June 2022), there were certain required actions that the health plans had to engage in, and certain actions HBX staff had to take. Ms. Kofman provided the following highlights from Year 1 (July 2021-July 2022):

- Work with the Standard Plans Working Group to update the Plan Year (PY) 2023 standard plans to cover Type 2 diabetes services with no cost sharing. Those services include physician visits, eye exams, foot exams, supplies, insulin, and other medication. The plans have filed standard plans for PY 2023 that reflect this benefit change. The other important aspect Ms. Kofman noted was that standard plans are required in the small group market for the first time in PY 2023. All of the plans filed standard plans accordingly.
- Health plans must prohibit race adjusted GFR for network providers. Ms. Kofman reminded participants that GFR measures kidney functions, and prior standards artificially adjusted the GFR score upwards for African American people, which delayed care and, in some cases, getting transplants, which had significant negative outcomes for African American patients because the tests made it look like they had better functioning kidneys than the patient actually had.
- Health plans agreed to review clinical algorithms and diagnostic tools for biases and inaccuracies and to address and update those.

Ms. Kofman summarized carrier actions regarding use of race adjustments in e-GFR noting:

- One health plan transition to single reported e-GFR so that means no race adjustment.
- One health plan confirmed with its national lab partners that those labs would implement e-GFR with no race adjustment and noted that they actively had discussions with their lab partners to get that done.
- Several others are discouraging the use of race adjustment in estimating GFR.
- Other external events resulted in another nationwide lab eliminating use of race adjustment in estimating GFR, and Chair Lewis testified about that at a hearing in the spring about the work and the impact the Working Group has made.
- A second nationwide lab is currently working to remove the race adjustment and that should happen sometime very soon.
- Some local hospital systems announced they were no longer using the race adjusted GFR.

Ms. Kofman also provided a summary of Year One activities completed by DC Health Link Insurers such as:

- Reviewing clinical diagnostic tools – several health plans reviewed their internal use of 13 clinical diagnostic tools that medical providers use. One health plan confirmed that they do not use these 13 clinical diagnostic tools in their internal decision-making. As background, in 2020 in a New England Journal of Medicine (NEJM) article, *Hidden in Plain Sight: Reconsidering the Use of Race Correction in Clinical Algorithms*, researchers identified 13 clinical diagnostic tools that use race-adjustment, and it was determined that those tools have the potential to perpetuate or amplify race-based health inequities and should be reviewed for bias. Ms. Kofman flagged that e-GFR is on the list of the diagnostic tools that use race adjustment, Ms. Kofman also highlighted C-section risk calculator, which artificially scored Black women at higher risk after C-Section, which precluded them from having a choice of having vaginal birth vs. C-Section, and that has implications for mortality rates and health outcomes. That artificial risk score was not adjusted for other communities, so that clinical guideline resulted in very different outcomes depending on skin-color. The relevant standard-setting associations are addressing this.
- New and ongoing activities related to clinical guidelines – Ms. Kofman reported that several health plans have a system in place to conduct ongoing reviews of clinical diagnostic tools that use race adjustment. All health plans will continue to monitor changes to factors related to race. One plan reported that they will make changes once a sponsoring organization modifies their clinical guidelines.
- HBX asked plans to look at algorithms, data collection management, and use of data. Ms. Kofman reported that all health plans are updating their internal guidelines governing development and use of algorithms, and several plans have engaged in these activities prior to the Working Group work.
- Health plans that have internal IT developers and other experts responsible for developing algorithms are engaged in data analysis and a variety of things such as implementing enterprise information governance systems to promote responsible data culture. Some are reviewing third party guidelines and tools to help inform their work, including internal policies and guidelines.
- Ms. Kofman noted that, as a result of the NEJM article, one health plan's team of medical directors has engaged in a deep dive discussion on the use of race adjustment in algorithms and their implications, which means the difference between qualifying for or being disqualified from a treatment.

- Beyond Year One – Ms. Kofman reported that all health plans reported that they are working on data collection regarding race, ethnicity, and language. The plans are establishing goals around obtaining imputed data and methods to get self-reported data. The plans are developing training and controls to help encourage the use of self-reported data. At least one health plan is developing and will finalize policies and procedures to guide the use and governance of this data.
- Ms. Kofman announced that Kaiser Permanente-Mid-Atlantic did earn their multi-cultural health care distinction, and that is a significant achievement.

Ms. Kofman concluded with lessons learned and challenges. One unexpected positive she noted is that insurers are not limiting their equity work just to DC Health Link products. The health plans are implementing DC requirements and recommendations beyond just DC Health Link. It's exciting to know that these changes will help consumers who are covered in other products, e.g., large employer products or products offered in another state where the health plan is doing business. Ms. Kofman noted another lesson, which she considered more of a challenge, is that clinical treatment guidelines are generally outside of insurers' control. The medical-standard setting bodies set the guidelines and they are in a better position to identify biases and practices that contribute to health disparities. This is something that the Working Group will discuss and get guidance on how to make an impact there when the Working Group reconvenes.

Ms. Kofman noted that NCQA is transitioning to Health Equity accreditation and discontinuing the Multi-cultural distinction, which is required of the health plans. The Working Group will need to figure out what that means.

Ms. Kofman noted the following challenges with standard plan design:

- Actuarial Value (AV) – AV is one of the largest challenges because there are limits on what can be done within the AV limits when making changes to plan design.
- Clinical expertise – HBX will be getting expert help on clinical expertise to understand better some of the treatments and protocols that are required for some of the other conditions that the Social Justice Working Group wants built into standard plan design at no cost sharing.
- Value-Based design – when the Standard Plan Working Group looked at low-value design, there was very little savings from changing cost-sharing or getting rid of these services, so the group will be looking at zero-value services. There is a new report that identifies zero-value services, so we can see how we can change our benefits around that to offset some of the costs that will occur by adding benefits at no cost-sharing.

Ms. Kofman concluded her report.

At 6:15 pm, Purvee Kempf acknowledged that Tamara Watkins joined the meeting during Ms. Kofman's presentation.

Dr. Ku asked if there had been any deeper dive into the diabetes-related products? The Working Groups and Board did not require specific medications at no co-pay, but there are a number of more modern medications that are expensive – have we checked to see what the policies are that the insurers have for effective diabetes control?

Ms. Kofman noted that the group has not done any deeper dives, but the Social Justice Working Group required measuring the effectiveness of the \$0-cost sharing. There is broad flexibility in how the health

plans address this and measure whether or not people get better. Leaving wholistic analysis to the health plans to do. In terms of standard plans, the position of the working group was that we don't prescribe what medication should be on the formulary, we just say what is there needs to be covered in a particular way.

Dr. Ku confirmed Ms. Kofman's understanding of the Working Group's approach. He offered to submit a question regarding more specialized but more highly recommended medications.

Ms. Kofman offered to check the formularies for how the medications are covered.

Dr. Ku noted he suspected they would be covered, as they are fairly standard now.

No additional questions were asked.

### **IX. Executive Director Report, Mila Kofman, Executive Director**

**BUDGET:** On May 24, the Council approved FY23 budget, including the HBX budget, which was approved as proposed.

Mayor's arrears program – On June 7, the Council approved an additional \$3.75 million, in addition to the \$15 million we had from Mayor Bowser for health insurance premium arrears for employers and for residents with arrears. The Mayor requested additional funding, and the Council approved it.

**CHILD CARE PROVIDERS PROGRAM:** On June 7, the Council approved FY23 Budget Support Act that authorizes a portion of funds from the Early Childhood Educator Pay Equity Fund to be used to reduce health insurance premiums paid by child development facilities and eligible employees of those facilities. It also authorized the Office of State Superintendent of Education (OSSE) to partner with HBX to implement the health insurance affordability piece. We are working closely with OSSE to do that. There will be subsidies for qualified residents to get individual coverage through DC Health Link and subsidies for job-based coverage for qualified OSSE-licensed facilities. That includes the centers and the homes that OSSE certifies and their staff. We plan to operationalize this, and this will make \$0 and low-cost premiums available starting January 1, 2023.

**AMERICAN RESCUE PLAN (ARP):** discussions on the Senate side continue, and all SBM directors and teams have been actively engaged. There is a sign-on letter for SBM directors that is going to the Hill this week that urges Congress to extend lower premiums that the ARP put in place, and those are set to expire later this year. Many groups have weighed in in support of an extension or making it permanent – NAIC, 14 governors, and 13 senators sent "Dear Colleague" letters to leadership. Broad coalitions – AARP, AHIP, American Medical Association, American Heart Association, and other advocates and providers – have weighed in. Dr. Ku was asking what the prognosis is – we still don't know, but if it's not extended, millions of people around the country are estimated to lose their health insurance as a result of not having lower premiums. We estimate that DC residents would face \$5,400 per year more in premiums if the APTC is not extended.

**OPERATIONS:** health plans filed their proposed rates for 2023 with the Insurance Commissioner for her review. There is information on DISB's website on the proposed rates. Commissioner Woods announced she intends to hold a hearing later this summer, and we will testify, advocating for the lowest possible rates. The Board's Insurance Committee will be convening to get a briefing from our external actuaries about assumptions and other areas that the actuaries have reviewed.

**ASSESSMENT:** We are able to lower our FY2023 assessment on health carriers to .8%, even though our costs in some areas are going up, we have been able to find cost-savings in other areas. In FY2022, we assessed .825% and for FY2023, it will be 0.8%. To give a sense, in prior years, in FY2015, it was 1%, then it was lowered to .9%, so the trend has been going in a good direction because everything we assess gets passed on to customers, so we try to be as efficient as possible.

**CHILDCARE PROVIDERS PROGRAM INITIATIVE** – returning to the childcare providers program, Ms. Kofman offered thanks to Board Members who helped think through this: Leighton Ku has helped us model different assumptions and being our sounding board, and Gabriela Mossi put us in touch with actual providers to help us understand what this community looks like and what their needs are. A huge thank you to both of them and to our Board Chair who has done a lot of work with early childhood development providers, and the field generally. She has helped guide our thinking to make sure it is practical and it actually works.

**HBX STAFF:** Ms. Kofman introduced a new senior leadership team member – Antonio Guernica has joined as Director of Business Development, and he will work closely with the business community and our Hispanic and Latino community on coverage growth and retention. He is a successful entrepreneur and business leader. Having launched successful business, he was rewarded entrepreneur of the year award, and he was named top 100 influential nationally.

**X. Finance Committee Report, Diane Lewis, Chair**

The Finance Committee met June 2, 2022, with Henry Aaron and Diane present, and on July 11, 2022, with all three members in attendance in July.

**PROCUREMENTS:**

Walked through and approved the procurements that were under consideration by the Committee.

**ASSESSMENT:**

Assessment rate – we are pleased that we were able to deliver on that.

**UPDATES:**

The Insurance Regulatory Trust Fund Bureau audit is under way.

MA Health Connector approved a higher budget for FY2023 additional customizations and IT work that they wanted. Their fiscal year begins in July.

**FINANCIAL REVIEW:**

Finance Committee provided direction in reinvesting maturing treasury bills, ensuring enough liquidity to pay for operations.

Finance Committee reviewed the budget trackers for each of the two months and found nothing of concern.

We are moving well.



Dr. Ku noted that looking at the most recent inflation reports, and among the areas where prices are increasing, health care is at the bottom. Usually, health care is the fastest growing part of all inflation and all services, and it is now the slowest growing part by comparison to, e.g., energy prices, food prices, housing prices, apparel prices. It's weird that we have this current situation that health care costs are keeping overall inflation down.

**XI. Closing Remarks and Move to Closed Session, *Diane Lewis, Chair***

Pursuant to 45 CFR § 155.260, the Board moved to a closed session to maintain confidentiality of DC Health Link customer information.

The public portion of the meeting closed at 6:34 p.m.