



## Health Benefit Exchange Authority Executive Board Meeting

### MINUTES

**Date:** September 27, 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:** Henry Aaron, Leighton Ku, Gabriela Mossi, Khalid Pitts, Ramon Richards, Diane Lewis, Tamara Watkins

**Members Absent:** Sharon Lewis, Wayne Turnage, Karima Woods, Laura Zeilinger

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

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

Ms. Watkins and Dr. Ku joined shortly after the roll call.

#### **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, Mr. Pitts, Mr. Richards, Ms. Lewis, and Ms. Watkins voting yes.

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

It was moved and seconded to approve the July 13, 2022 minutes. The motion passed unanimously with Dr. Aaron, Dr. Ku, Ms. Mossi, Mr. Pitts, Mr. Richards, Ms. Lewis, and Ms. Watkins voting yes.

#### IV. Executive Board Business

##### Executive Board Election

Alexander Alonso: As a reminder on January 12, 2022, The Board approved the amended Executive Board bylaws, moving the annual election of officers other than the Chair to biennial elections. The Board voted at the July 13, 2022 Board meeting to hold the annual Executive Board officer election today, for Chair, on September 27, 2022. The by-laws allow for any HBX Board member, either voting or non-voting, to nominate a voting Board member. Voting Board members may nominate themselves. In order to be considered for the vote, a person who is nominated must accept the nomination either orally or by writing sent to and published by another Board member. Once all nominations have heard and accepted for the position of chair, there will be a vote. Elections shall be made by majority vote. Abstentions are not permitted. Are there any questions? Hearing no questions, for the position of Chair, are there any nominations? Hearing no questions, for the position of chair are there any nominations?

Khalid Pitts: I nominate Diane Lewis.

Leighton Ku: I second.

Alexander Alonso: Khalid nominating Diane Lewis, Leighton seconding. Diane, do you accept the nomination?

Diane Lewis: Yes, I do.

Alexander Alonso: Are there any other nominations for position of Chair? [silence] Hearing none, since abstentions are not permitted and there is only one nominee, this will be recorded as a unanimous vote for Diane Lewis as Chair.

Diane Lewis: Thank you. It's always a pleasure to represent all of you and to do the Board's business. Thank you again. Moving to the next agenda item, the Executive Director's Report, Mila Kofman.

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

Mila Kofman: Great. Thank you and big congratulations. I will run through my update, highlighting some of the most important things you need to know.

First of all, big celebration for the **Inflation Reduction Act**, the President signed it on August 16. It continues the lower premiums that were first adopted under that American Rescue Plan Act that were due to expire this year, in December. The Inflation Reduction Act extends those premium subsidies for another three years -- through 2025. That's really a great news. For us, in DC, what it means is thousands of people will not have to lose their coverage because they can't afford it. They can continue to get lower premiums, premiums as low as \$11 a month will continue to be available. On average, families and residents can save about \$5,600 a year thanks to the lower premiums. So big, big celebration moment. We worked very closely with health

plans, and with consumer and patient advocates, with provider groups, and, of course, the Biden administration and the Hill and our colleagues around the country. So huge celebration.

Next item is just a quick update on testimony Diane Lewis, our board chair, gave in support of Bill B24-0558, which is the **Stop Discrimination by Algorithms Act of 2021**. Diane testified in support of the legislation as it relates to our work. The legislation is very broad and our support was focused to reflect the Board's work on health disparities and social justice. You all had a chance to look at Diane's testimony.

**Open enrollment** is just around the corner in November, we start our open enrollment and we go through January 31. We will have window shopping in around mid-October to give people an opportunity to look at what's going to be available starting January 1, both products and prices. And that's a very popular feature.

We had our annual open enrollment readiness review with CCIIO. And that went very well.

**Final Rates for 2023.** Final rates are posted at this point in time, as you know, the insurance commissioner and her staff review and approve rates, premiums that are available through DC Health Link. And this year, Commissioner held a public hearing, we had many of our customers testify. We also testified advocating for the lowest possible premiums, and just yesterday, posted the finalized rates and issued a press release around what they did, so that the right information is available on DISB's website. We appreciate Commissioner Woods, and the process she engages into to get input from us as well as the public.

Just as a as a reminder, even though we have we are focusing a lot on open enrollment for residents, we also have open enrollment for our small groups. And we also have open enrollment for our congressional open enrollment; that starts on November 14, and goes through December 12 of this year. Our heaviest renewal month for our small group market is December 1, so we're in the middle of that as well.

Other quick updates on another important initiative, and that's **Healthcare for Childcare (HC4CC)**. We are on track with our implementation of this new exciting program which will provide either free or lower premiums through DC Health Link for OSSE-licensed child development centers and homes. Our approach to implementing this program was very much informed by our meetings with professional associations representing child development directors and workers and employers. We also met directly with some of the centers and homes, and that also informed our policies for this program. Workers in the centers and homes who are DC residents can qualify for free standard Silver plans from CareFirst (either a PPO or HMO) or Kaiser Permanente. Health Care for Childcare will pay 100% of the premium for those standard Silver plans that we've identified for both the residents and their families.

For workers who are not DC residents, they'll either be able to get free health insurance premiums or lower premiums depending on what the employer selects and chooses to do. We're very excited about deploying this. And actually, we're in the middle of deploying some specific IT functionality.

We will work with each center and home and their workforce to get them enrolled in the best options available to them. We're going to do everything for them essentially. Because we

recognize this is very complicated. And you we want to make sure we do everything from helping people to create an account to actual enrollments.

I want to thank our incredible IT team and operations team. Our business team worked very hard to get us to this and of course working with our vendor Idea Crew, a CBE, to develop the technology to support this new health insurance affordability program.

I also want to just do a special shout out to Alix who leads our IT team for his leadership, and to Jen Beeson, who leads our business side, for her leadership. And all of their team members who've worked on this. Of course, no one was left behind in terms of at HBX. It was all hands on deck. Antonio and his team doing significant outreach, and they'll be doing the actual enrollment for this population. Alex Alonso, who, whose team also participated heavily in helping get this done from the legal side. And from procurement to, to operations, pretty much everyone assisted with this. So, it's very exciting to be able to implement it in a timely way. Starting January 1, people will have either free coverage or much lower premiums.

I will pause in case anyone has any questions about that, but a lot of information we have on our website, and you can just go to DC healthlink.com and click on Health Care for Childcare to get the information. And I'll note that right now, we do have some things in both English and Spanish. In addition to that, later this week or early next week, we plan to make sure everything is available in Spanish, in Amharic, and in some of the other languages that are prevalent in DC.

I hear no questions; I'll just keep going.

A quick update on our implementation of our **social justice and health disparities** work. As a result of what the Board did, and the work that our health plans are doing with us in partnership on this, we have researchers out there who have noted us and held us out as an as an example for other state-based marketplaces, essentially to look at our work and do similar things. We've also been asked and actually presented to in national forums on our work in in house states, as insurance departments as well as state-based marketplaces, can look at our approach and embark on a similar journey. I just wanted to make everyone aware of that.

Related to that, Leighton Ku agreed to chair our **standard plans working group**. As you recall, our first-year plan modification was to add type 2 diabetes at no cost sharing because that condition disproportionately impacts communities of color in DC. And this year, the standard plans working group is working on adding pediatric mental health to cover at no cost sharing for patients. Leighton agreed to chair the Standard Plans Working Group once again, he chaired it in the early years, and then pass the baton on to Dania Palanker. Dania is on leave and so Leighton agreed to chair that group again. They're having weekly meetings, and they're going full steam ahead to do what they need to in a timely fashion so the recommendations for PY2024 plan changes will be ready for your November board meeting.

**Audits.** I wanted to mention that we have 5 different audits going on. They are all local audits. To have 4 or 5 different audits at the same time creates pressure on the financial team and the operations team. I wish those could be better coordinated, so we are not stretched too thin.

Henry Aaron: On the subject of coordination, it sounds sort of crazy, it must have a huge amount of overlap. Has anybody for the city been looking at this multiplicity of audits, with an

eye to achieving what you might call economies of scale -- simply having one or two audits that cover the relevant topics that would be regarded as certification for various purposes?

Mila Kofman: I am not sure. I will follow up. I agree, that's why I raise it. Thank you for that.

Leighton Ku: Can reduce the cost of the audits too.

Mila Kofman: There are many benefits to coordinating different audits.

Mila Kofman: Our staff is working on the **FY24 Budget** -- our staff recommendations. As a reminder, once we have our staff recommendations, we will bring it to Finance Committee for their review and input, then we'll get input from our Standing Advisory Board. Then, we'll bring it to you for your November board meeting to make final decisions. After you do that, we'll submit it to the Mayor's team in their regular budgetary process, just like we do every year.

**ACA Preventive Services.** A couple of quick things about what's happening federally, I'm going to start with a court case out of the Fifth Circuit. A federal judge in Texas has ruled that the ACA's process for determining what kinds of preventive care must be covered by private health insurance without cost sharing is unconstitutional.

So, we are initiating a full review of our statutory preventive care requirements, should this case result in the ACA's preventive care requirements being struck down either by the Fifth Circuit appeals court or the Supreme Court. We are initiating a local review of what we need to do to make sure that the residents here, and businesses, don't lose a very important benefit--preventive care at no cost sharing.

Finally, a reminder, HHS issued proposed rules on **non-discrimination, section 1557**. We have commented on section 1557, both under the Obama administration rulemaking, then in support of what the administration was doing. And under the prior administration's rulemaking, which essentially rescinded a lot of the protections; we opposed that. We intend to submit comments, which are due October 3. As soon as we have a draft of our comments, we'll share it with the Board. I envision sharing that tomorrow morning with you. We will need quick feedback. But essentially, we're supportive -- consistent with our past positions.

The big new thing that the federal government proposes to do, which is absolutely in line with the social justice work that the Board and staff has been engaged in, is to say that non-discrimination also applies to clinical guidelines. They call it clinical algorithms, but they include not only machine learning and AI, but they're specific about including clinical guidelines. Consistent with our positions, we plan to support that. And I think that's going to be very helpful for the federal government to do because clinical guidelines are set nationally by medical entities, and so it is very difficult for us or any state to effectively impact those guidelines. They are biased and racist and need to be revisited. So, so you'll see draft comments from us along those lines.

Mila Kofman: I'll just close by saying a quick personal note, as you know, Eliza Bangit, who was our General Counsel, her last day with HBX was Friday, September 16. I want to say how much I appreciated her work while she was at HBX for four years, the last one serving as our General Counsel. We will miss her. Alex Alonso, who is our Deputy General Counsel is now

acting General Counsel. Thank you, Alex, for assuming the additional responsibilities. And with that, I will close and I'm happy to take any questions.

Diane Lewis: Hearing no questions, we will move to the Finance Committee report. Henry Aaron, are you giving the report or did you want me to do it?

Purvee Kempf: Diane, I was not expecting Henry at today's meeting, so you have the report.

## **VI. Executive Board Finance Committee Report**, *Diane Lewis*

Diane Lewis: The Finance Committee did not meet in August due to scheduling conflicts, but met on September 8<sup>th</sup>, 2022 with two committee members in attendance.

- **Procurements:** in advance of the Finance Committee meeting date, members unanimously approved for Board consideration: (1) printing and mailing services with Immediate Mailing Services for Fiscal Year 2023, (2) Clinical consulting services with Whitman Walker clinic, supporting the Standard Plans Working Group, for FY23, and (3) additional funding for the fiscal year 2023 DC Health Link DC Chamber of Commerce business partner grant.
- **CMS modernization grant:** regarding the first year of the \$1.1 million grant that ended September 9, 2022, HBX is getting reimbursed for the grant projects completed. There are 2 remaining IT projects that will be completed in FY23 where HBX received a no-cost extension.
- **Employee compensation:** HBX employees are receiving a 3.5% one-time bonus payment approved by the DC City Council on August 25 and a retroactive 1.5% cost of living adjustment payment for FY22.
- **Financial review:** the Finance Committee reviewed the FY22 monthly budget tracker and spending report and found nothing of concern.

Diane Lewis: Moving on to our discussion items: extension of the SHOP open enrollment for renewing groups for 2023 and for employers participating in Health Care for Childcare.

## **VII. Discussion Items**

Purvee Kempf: Good evening, everybody. I'm Purvee Kempf, the Deputy Executive Director of HBX.

**Resolution Part One: to extend the SHOP and employer open enrollment flexibility period for renewing groups through 2023.** The background information on this, as you may recall, the HBX Board has voted, over a couple of votes, to have flexibility for employers in the Small Business marketplace to not meet the minimum contribution requirements or the minimum participation requirements in the years of 2021 and 2022. That was to expire at the end of this year. Due to the operational work that is underway, we are looking to extend that flexibility -- just for renewing groups. This flexibility allows groups a little more time to shift over to

becoming a January 1 group if they need to retain that flexibility. When the full flexibility expires, only employers that are January 1 groups maintain that flexibility under federal law.

So, groups that are, for example, June groups or July groups, they would either need to meet the minimum contribution and participation requirements again, or they would need to shift to becoming January 1 groups to allow us some extra time to support these groups. We are requesting the flexibility be renewed just for renewing groups. So that is just for one year. That is part one of this Resolution.

**Resolution Part Two: to request permanent flexibility for SHOP employers and employers in Health Care for Childcare.** That is the program that Mila identified and discussed earlier. And under that program, employers will be receiving -- and their employees will be receiving -- a Health Care for Childcare program discount equivalent to the lowest cost standard silver plan. In some cases, if both the employer and the employee choose that plan, then it would be free to the employee. So having an employer contribution does not make sense within that program.

Given that we are looking to have full flexibility apply to employers that are enrolled in Health Care for Child Care, both of parts of this Resolution went through the Insurance Market Committee and were approved. Now they are before you for discussion and consideration. Are there any questions I can answer?

Purvee Kempf: Let's move on to the second discussion item.

Khadid Pitts: Do we vote separately or whole?

Purvee Kempf: It is a single resolution, so one vote.

Purvee Kempf: Next item for Board approval, HBX requests the approval of a contract with Immediate Mailing Services, amount not to exceed \$330,000 for the period of October 1, 2022 through September 30, 2023. This is for printing and mailing of notices for all DC Health Link and Massachusetts Health Connector. This Contract was reviewed and approved by the Finance Committee.

Purvee Kempf: Next one. This is for Board review and approval of the clinical services contract with the Whitman-Walker Clinic, Inc., option years one and two, not to exceed \$224,820 in each of the fiscal years (FY 23 and FY 24). Whitman-Walker currently is working to create scenarios to support recommendations to eliminate cost sharing for care that disproportionately affects populations of color, focusing on pediatric mental health, creating clinical treatment scenarios for services and prescription drugs.

Leighton Ku: I know Whitman-Walker is already doing work. Is this an extension?

Purvee Kempf: The current contract was under \$100,000 and did not require Board approval. We are looking to extend the contract starting October 1, 2022 through September 30, 2024.

Purvee Kempf: The last one is DC Chamber of Commerce. You approved \$137k for the Chamber Business Partner grant for FY 2023. Looking at resources, we need to reach employers, including the self-employed, so we are requesting an additional \$50,000, \$187,000 total. We wanted the Chamber to have staffing closer to one FTE, as opposed to partial. We just concluded these conversations, which is why it is coming back to you now.

Diane Lewis: That is all the discussion items. We are now going to open for public comment.

### **VIII. Public Comment**

No public comment was proffered.

### **IX. Vote**

Diane Lewis: Hearing no public comment, we will move to a vote.

- a. Resolution - Extension of SHOP Open Enrollment for Renewing Groups for 2023 and for employers participating in HeathCare4ChildCare

Diane Lewis: On SHOP and OSSE, do I hear motion to approve the Resolution?

It was moved and seconded to move to approve the Resolution.

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

- b. Printing and Mailing Services with Immediate Mailing Services
- c. Standard Plans Working Group Clinical Consulting Services with Whitman Walker Institute
- d. FY2023 DC Health Link DC Chamber of Commerce Business Partner Grant

Henry Aaron: Can we package extensions and additions?

Diane Lewis: Any objection? Can we move forward?

Purvee Kempf: You can vote *en bloc* if no objections.



Diane Lewis: So, the next vote includes the IMS contract (\$220k), the Standard Plans Working Group clinical services support (\$224,820) for each option year (FY23 and FY24), and the Business Partner Grant. Do I hear a motion to approve?

It was moved and seconded to move to approve the Contracts with IMS, Whitman-Walker, and the DC Chamber of Commerce.

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

Purvee Kempf: Thank you everyone. If there are no other issues or points to be made, you can take a vote to move into Executive Session.

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

Pursuant to DC Code Section 2-575(b)(10) to discuss personnel.

Diane Lewis: This concludes the Public Portion of the meeting. The Board will move to a closed session.

It was moved and seconded to move to Executive Session.

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

The public portion of the meeting closed at 6:15 p.m.