Health Benefit Exchange Authority Executive Board Meeting

MINUTES

Date:	November 16, 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, Karima Woods
Members Absent: Sharon Lewis, Wayne Turnage, Laura Zeilinger

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

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

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 September 27, 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 Director Report**, *Mila Kofman*

Mila Kofman: Thank you, Madam Chair. Because of the long agenda, I'm going to try to make my report very quick.

Open Enrollment started November 1, and our open enrollment goes through January 31. We also have extended our contact center operating hours (8:00 a.m. to 8:00 p.m. on the weekdays, and we also have Saturday hours, which we started November 5, and that goes through December 10 10:00 a.m. to 5:00 p.m. We'll also have extended hours on our deadline days: December 13th, 14th, and 15th. We are looking forward to taking all calls to help residents get enrolled.

Just as a reminder that the **Inflation Reduction Act** was signed into law by President Biden in August, which means that District residents can continue to have premiums as low as $11 a month depending on their income. We're very excited about that.
SHOP renewals: our heaviest month is December and our second heaviest month is January. And just as a reminder, we're also in Congressional Open Enrollment which started a couple of days ago on November 14 and goes through December 12.

We had a very successful **Open Enrollment Kickoff** event on November 3 on Freedom Plaza with Congressmanwoman Norton and Director of CCIIO, Ellen Montz, a Biden administration appointee. They both spoke at the event. And we have a two minute video to show you. Instead of me describing how great it was, we want to show you the video.

Video plays: For a decade now, DC Health Link has done a fabulous job signing up residents for health insurance. The District of Columbia has been a national leader. Thanks to DC Health Link. Working to make quality health coverage accessible to everyone is a hallmark of the Biden Harris administration. I'm excited about the options we have for 2023 for District residents and families. We are locally managed and locally operated. We work for you DC residents in DC small businesses and nonprofits. We have premiums as low as $11 a month…We absolutely would not be here today without the incredible work you all have done to provide District residents with quality, affordable health coverage app options that allow us as a DC resident to leave happy, healthy lives.

Mila Kofman: That's probably the best part of my executive director report. I gotta admit. In case you were falling asleep, that should wake you up and energize you! It was a great, great event!

Health Care for Child Care. Next, I just want to give you a quick update about health care for childcare, which is a special program in DC set up to help us see licensed child development centers and homes to provide affordable health insurance for their workers. Workers can get free or low premiums as early as January 1 -- and those free or low premiums are guaranteed for the entire calendar year 2023.

In terms of our outreach, we assumed that licensed homes are less likely to offer coverage. We initially reached out to all of those, and then we followed up by focusing on centers that are more likely to offer coverage, but we wanted to focus on centers in underserved wards. We focused on Wards 7 and 8, and then we followed up with all the other centers. We've sent more than 1,800 emails and made more than 550 calls to all qualified facilities. We've done many webinars – both ones we hosted as well as hosted by different associations.

As of today, we have 62 employers who have created a DC Health Link account, which is a first step to getting coverage, and those employers have 829 employees; 27 of those 62 employers are now in open enrollment for their employees. So, we are thrilled. We did extend our deadlines for OSSE licensed centers and homes to sign up for group coverage. The deadlines are December 1 to complete the account setup and pick a benefits package; employees have to complete their open enrollment by December 10. The binder payment is due December 13. We've had an influx in in demand for help to enroll, and so based on that, we extended the deadlines so we can get everyone who wants to be enrolled in health care for childcare, enrolled for 1/1/2023 coverage.

Council activities: on October 25, we testified in support of the abortion coverage bill. The hearing went very well. DISB also testified in support of the legislation. Next is the PEO registration bill. This is something I've talked to you about with you about on a number of occasions. Recently, we learned that the Committee on Health has scheduled a markup for November 21. We have had multiple discussions with the Committee chair and staff, as well as committee members, about why we oppose creating a loophole in DCs Affordable Care Act, which would exempt professional employer organizations from the consumer protections that currently exist for small businesses and their workers.

We testified back in March about the bill and why we oppose the legislation that has the exemption from the ACA. And we continue to educate committee members about the dangers of creating an exemption. As a reminder, we did work closely with DISB as well as the Department of Employment Services and the Executive. In March, the Mayor submitted a unanimously agreed upon redline version to the bill that would address all of our concerns. Each of us had separate concerns we wanted the committee to address. I can tell you, so far, our concerns about an exemption from the Affordable Care Act has not been addressed. We anticipate the markup on Monday will include an exemption from the Affordable Care Act reductions. I will provide an update once we have it and just as a reminder: Kaiser Permanente, CareFirst Blue Cross Blue Shield, the DC Chamber of Commerce, the greater Washington Hispanic Chamber of Commerce, the Restaurant Association of Metropolitan Washington, many consumer groups, DC Appleseed, the DC Behavioral Health Association, Families USA, Whitman-Walker Health, DC Primary Care Association Medical Society of DC…the list goes on and on, all opposed this legislation and all continue to oppose creating an exemption from the Affordable Care Act.

Federal public health emergency. As you know, HHS renewed the current public health emergency back on October 12 for 90 days. Right now, no action has been taken. But because HHS has not provided a 60-day notice -- that they promised to provide to the governors before ending the public health emergency—experts believe the federal government will extend the public the Federal Public Health Emergency beyond January 11.

Personnel: I'm super excited that we have a new General Counsel. And I would like to welcome Brian Flowers as our new general counsel. He started on October 10. And some of you probably have met him. He came from the Attorney General's office, and prior to the Attorney General's office, he was General Counsel to the Board of Ethics and Government Accountability. He also served as General Counsel to the Mayor, as well as General Counsel to the DC Council. Has more than 40 years of service in DC government. And we are just thrilled that he joined our team. So welcome, Brian.

And with that, I conclude my report and happy to answer any questions you may have.

Hearing no questions. Sorry. I'm sorry. I have one question. Go ahead. Mila.

Khalid Pitts: Just with the legislation that you mentioned. I think it is, is at the stage of markup right now. Can you give us any idea of the timeline of it moving through Council?

Mila Kofman: I'm sure that the legislation was first referred to the Health Committee, so the Health Committee is marking it up on Monday, November 21. And then it goes to the Business and Economic Development Committee, which is chaired by Council Member McDuffie. Both committees would need to act. Now, as this legislative session is coming to an end, my understanding is that all committees need to finish their work by December 1, which includes issuing a committee report and getting all the right evaluations done: legal sufficiency, the assessment on race and equity, as well as any budget implications. So those are the three things that would need to be done in order for legislation to move to the full council for a vote and DC Council has two legislative meetings scheduled for December.

Diane Lewis: Other questions? If not, we will move to the Board Finance Committee report.

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

Henry Aaron: Thank you, Diane. Today's report will be brief. The Finance Committee did not meet in October. The quorum met in November, you and me. Instead of the October meeting, we received the monthly tracking documents and reviewed them by email; nothing was untoward. Ditto also for November. At the November meeting, we received a presentation from Mila on the proposed budget for fiscal year 24. We approved it, and you're going to be receiving a presentation on that budget today. And that is my report.

Diane Lewis: Thank you. Moving to discussion items, the DC Health Link Standard plan for Plan Year 2024. Leighton?

VI. Executive Board Discussion Items

DC Health Link Standard Plans for PY 2024, to lower cost-sharing for pediatric mental and behavioral health care, *Leighton Ku, Chair, Standard Plan Working Group and Purvee Kempf, Deputy Director*

Leighton Ku: So mostly, I'm going to turn this over to Purvee to do all the hard work as she has already done so much on this so far, along with Ellen and Jenny who've done a wonderful job. Once again, I look forward to when Dania Palanker, hopefully, will come back and be able to resume her work on the standard plans committee, because it's a lot of work! We had two months of meetings: we went to double, triple overtime in doing this and coming up with our recommendations, which were not consensus. We came up with two alternative recommendations, which ultimately had to go to the Insurance Committee, who approved one of them: the option for $5 copays. Purvee will discuss this in more detail.

I want to thank all the members of the Standard Plans Working Group, which included all the carriers, a number of our other advisors, some of them are standing advisory group members, my co-chair Jodi Kwarciany, and then a large number of advisors and consultants, including especially folks from Children's National Medical Center, as well as the Whitman-Walker Institute, Oliver Wyman, which provide a great help in terms of doing a number of analyses of the actuarial values, and Howard Liebers' participation from DISB.

Let me add one other thing. This was a tough discussion. I was not involved in the Standard Plan Working group discussions around zero cost sharing for diabetes. My impression is, these discussions concerning pediatric mental health were longer and more complicated. It's worth remembering that the goal of this, with inspiration from the Social Justice Working Group, was really to try to do things that address health disparities for some critical needs that particularly affect black and brown children in the community. We've done that; the proposal that we have will lower copays and increase access to pediatric mental health services.

What I will say is that part of the thing that's worth remembering is, when we do things for this particular group, we essentially shift costs and increase costs for other groups, and these will lead to some changes that have to be made to meet federal actuarial value requirements. So, we're going to have some modifications to the maximum out-of-pocket levels for silver and gold plans. Probably, also these changes may increase premiums on the standard plans, in general. You know, my guess is that as we go forward to try to address some of these other issues, for the social justice working groups, though they're important issues, we're going to continue to find that some of these issues become tougher and tougher, because as we try to lower cost for some groups, essentially speaking, it does mean other groups have higher cost. That's a tension that we're going to need to consider. But just with that warning, again, I think we've done something that's important, that's setting up the District to be a leader once again. And at this point, I turn it over to Purvee, who is the intellectual author of so much of the work on this.

Purvee Kempf: Thank you. I am Purvee Kempf, the Deputy Executive Director here at the DC Health Benefit Exchange Authority. I'm going to walk through what this proposed resolution actually does. I want to start out by noting that when the Social Justice and Health Disparities Working Group made this recommendation, they wanted to make sure to not displace or replace important work that was going on in other parts of the city. This is focused on what was within the authority of DC Health Link. They started with eliminating copayments for diabetes care. That's going into effect for 2023. This effort, which began in September, is on pediatric mental health.

I thought it would be helpful for you to have an understanding of where those copayments are today. This is for standard plans in the individual marketplace and in the Small Business marketplace. And those standard plans for 2023 have copayments that range from the platinum plan for an outpatient mental and behavioral health visit of $20 per visit, all the way up to $45 per visit for the bronze. So, from $20, $25, $40, or $45, depending on the metal level you're at each visit you have is going to have a copayment of that much that is pre deductible.

Just to give you an idea of different prescription drugs, even at the lowest and when you're talking about, for example, a generic drug. The Platinum generics start at $5 with the bronze generics going all

the way to $25. That gives you a sense of where the standard plants are for 2023 for pediatric mental and behavioral health services.

As this group began, they started off with a discussion on what the mental and behavioral health conditions to include for lower cost sharing. They started out with the recommendations from Children's National Hospital, identifying the most prevalent conditions affecting black and brown children and other marginalized minority child populations. Then the scope of mental health conditions expanded based on a conversation with the working group members, both on operational and on other types of concerns of trying to include all mental health conditions. In the end, the working group members agreed that it made most sense to have this resolution lower copayments for all mental health and behavioral health conditions.

The next thing that I will say that was a big point of discussion was the age. At what age is it that people when we say pediatric? Many people proposed different age ranges recognizing the trade-offs. This working group ended up landing at up to the 19th birthday -- that's consistent with pediatric Affordable Care Act services. Again, that's through age 18.

I would say the biggest point of discussion was really around cost sharing. In diabetes, they eliminated cost sharing and went to zero ($0 copay) for those services. Here, there was a conversation about a $0 and a $10 copayment for pediatric and behavioral health services including medications and services. When we talk about services in terms of visits, we're talking about all modalities: individual therapy, family therapy, telehealth, in-person. It's the initial visits, it's the visits that have a follow up and therapy. It's the medication and evaluation management visits. And for those, the conversation really focused on $10 copay. This is pre deductible, or $0 copay for the majority of the meetings. At the very end, a compromise option came to the table of $5 copays. After all the deliberations, the Insurance Market Committee voted to approve this resolution which includes a $5 copayment for all mental health visits, prescription drugs, and labs that were included in this unified treatment scenario for mental and behavioral health conditions.

It's also important to note that this does not affect the bronze HSA Health Savings Account High Deductible Health Plan, which must comply with federal law and cannot have these copayment changes. And, all of these recommendations are subject to compliance with federal law.

There was a discussion specifically around prescription drugs, a prescription drug table was developed that includes exactly what classes of prescription drugs or specific medications would receive this lower copay. And then providing the same sorts of flexibilities that exist currently for, for example, the diabetes coverage for different carriers to have the different formularies they have, and cover something at that $5 copay. So those operational flexibilities are maintained compliance with federal law is maintained.

If this moves forward, it's really important to note this was all developed based on the 2023 actuarial value calculator. That is the calculator that maintains a what level, the different plans are the different metal levels, we did have to make some changes, as Leighton said to maintain staying within those levels, when we provided these lower copayments for pediatric mental health services. And the maximum out of pocket for the gold and silver plan was increased for gold, it was increased by $100. And the silver plan it was increased by was about $250. So that tells you a little bit of the trade-off that

happened here to offset some of these costs. We will need to see if changes are needed based on the final 2024 actuarial calculator.

The final thing to know, there was a lot of discussion about how many visits the lower copayment would apply to. There was discussion around usage – of what's happening today and what clinical guidelines show. So, for example, guidelines for the treatment of pediatric depression suggest about 12 to 16 therapy visits. Both Children's National Hospital and Whitman-Walker Institute provided usage data and identified clinical guidelines. Using this clinical evidence they developed treatment scenarios for lower or no cost sharing. In the end, for purposes of both operational flexibility and feasibility, the working group members thought it made most sense to have an unlimited number of visits at the lower copayment. I will note with that, and this is true for all of the lower copayments, that all of this is conditioned upon the normal medical necessity and medical management processes used by health plans. A patient still would need to be within the medical necessity requirements.

That covers what this resolution does. And again, this is for 2024 standard plans.

Leighton Ku: Let me mention one other little detail that has to do with cost sharing for prescription drugs. So again, these are cost sharing limits that are imposed, or provided for children through the age of 18. The lower cost sharing is for those children who have a primary diagnosis of some of these mental health conditions. When a doctor submits their claim, the doctor designates the diagnosis. They know who the child is, it's trickier when it deals with prescription drugs. Prescriptions do not show the diagnosis code. It does show the name of the person. Some medications have multiple purposes. So it is conceivable that in certain circumstances, someone may get a medication for something that is a physical problem, however, the drug is on the treatment scenario list for lower cost sharing for the treatment of a mental health condition with a $5 copay limit. That's where we were careful in deciding which drugs apparently are used for multiple purposes versus are primarily used for pediatric mental health problem. The clinicians were super helpful here. I suspect that that this will be something that we will continue to have some discussion and need to go on back and forth on with the carriers and the staff as they try to figure out implementation processes.

Purvee Kempf: One other thing, I realized I forgot to mention, is there were two votes that were taken. Neither got to 100% consensus, however, every member of the Standard Plans Working Group – except for one—voted in favor of one or the other recommendations to lower or eliminate cost sharing. Because it was non-consensus, those recommendations went to the HBX Insurance Market Committee for review, deliberation, and vote. The Insurance Market Committee unanimously voted for the $5 copayment recommendation to move forward to the full Board.

Leighton Ku: Let me mention one other thing. Part of the issue that came up as a concern in pediatric mental health, is that part of the problem of why there are limited access to mental health visits is the shortage of the number of mental health providers. So in that regard, how much will changing the cost sharing limit change things. There are also other stigma, other social factors that affect who chooses to get services. The plans and HBX should be monitoring and seeing how these things work out over time. Are we achieving the goals? Are we moving in the right direction? Or is it creating problems we never foresaw?

Public Comment

Diane Lewis: Thank you. Questions or comments from any other board members? Hearing none, this is the moment for public comment on the standard plan. Are there any comments from the public on the standard plan for Plan Year 2024? If so, please identify yourself if you'd like to comment. If you are if you are not commenting, please mute yourself. Any public comment? Hearing none, we will move to FY2024 HBX staff-proposed budget.

Fiscal Year 2024 HBX Proposed Budget, *Mila Kofman, Executive Director*

Mila Kofman: Just as a reminder, we used our normal process to develop the staff-proposed budget for fiscal year 2024. First, HBX staff developed the budget, then we presented our recommendations to the Board's Finance Committee for their input. After that, we presented the proposed budget to our Standing Advisory Board, which has diverse stakeholders. And we received their input. It was very positive feedback from our Standing Advisory Board. Based on that input, we're now bringing the proposed budget for your consideration as the full Executive Board.

Fiscal Year 2024 HBX Proposed Budget – *Mila Kofman, Executive Director*

We continue to leverage other DC agencies to do certain services for us, so we don't have to replicate those having those resources to do those functions. We continue to phase out consultants and transition to FTEs. We continue to reduce our operational costs through the partnership we have with the Massachusetts Health Connector, and actually through that partnership, we are anticipate realizing slightly over $1.6 million in savings. For FY24, our staff proposed budget is approximately $37.5 million. For assessment purposes, it's $36.1 million.

What's driving the budget and the increase for FY 24 is essentially personnel costs increases. We have found ways to mitigate some of those increases by reducing our non-personnel expenses. But we couldn't completely offset the personnel cost increases. One of the things we've done is reduce our physical space and the associated costs -- we no longer have a space at L'Enfant Plaza. Our call centers are completely virtual and our IT team is either housed here, at our Eye Street location, or working remotely.

We are funded through an assessment on health carriers. Our projected assessment is .82%, which is a small increase over FY 23 assessment, which was .80%. This assessment is based on projected premiums. Before we do our assessment for FY24, we're going to look at the actual premiums. To give you a sense, last year we thought we wouldn't be assessing .90%. In fact, because the premium base grew, we were able to decrease it to .8%. We'll follow the same process this year, but assuming our projections are correct, it would just be a slight increase to .82%.

This slide gives you a snapshot of the growth. It's about a 5.24% growth in our proposed budget from FY23 approved budget.

Henry Aaron: Could I ask you a question about that increase previously? Isn't that really a cost of living? Or how much of that is actual personnel change? And how much is cost of living?

Mila Kofman: Thanks for that great question. So we are asking for six additional FTEs. So part of the increase is to pay for those and the cost of living, which, of course is cumulative. So for FY 22, there was a retroactive cost of living adjustment of 1.5% that Mayor Bowser approved for all DC government employees. And on top of that, she approved for FY 2023 a 2.5% increase COLA increase. And so the projected for FY 24 make certain assumptions about promotions and other increases in salaries.

Henry Aaron: I guess the latent part of my question not right, in this case is whether there are likely to be additional increases to reflect the higher rate of inflation-- that seems to have been incorporated in the increases so far.

Mila Kofman: Yes, we'll have to wait to see what the Mayor does.

Henry Aaron: Are you saying it's going to depend on city policy? Yes.

Mila Kofman: I just want to highlight for you why our assessment budget is smaller than our actual proposed budget authority. We start with a $37.5 million proposed. Massachusetts Health Connector pays for six FTE so we net that out. We also net out administrative fees that we collect from the Massachusetts Health Connector. They also contribute toward some of the shared services we have like the contact center costs, and they pay directly for costs associated with mailing and postage Have notices. They also pay for cloud security. And in addition to those offsets, we anticipate $100,000 in interest earnings. So that's how we come up with a $36.1 million budget for assessment purposes.

I want to give you a sense where most of the budget goes. Most of our budget is Marketplace Innovation Policy Operations. The second biggest item is IT.

I'll start with Marketplace Innovation, Policy and Operations. I'm not going to talk about personnel costs, because those are kind of fixed. I want to walk you through the non-personnel. Marketplace, Innovation Policy and Operations has several divisions; the contact center is the biggest cost item for us. We also have plan management, eligibility and enrollment. We have our small business marketplace, and then we have a catch all for performance management.

Henry Aaron: May I ask a question here? You have a long term goal of trying to shift from contracting to FTE work particularly in the computer/IT area, frustrated by the differential in salary scales between private and public. I wonder if you could indicate where that effort stands.

Mila Kofman: Every year we make progress, and we're able to convert one or two, sometimes three consultants to FTEs. We continue to be committed to that, but you're absolutely right. It has been especially hard with COVID. The demand for highly skilled labor, or labor period, has been very competitive, and especially in IT in this area. It's a very sophisticated area for IT, with many large firms competing for the same workforce. It's a challenge. But in the last year I think we did convert one or two, IT folks from consultant to FTE, so we're very happy about that.

Back to the non-personnel budget. I'll start with the contact center. As you can see, we did reduce our contact center costs from FY 23 of $4.2 million to $3.9 million. We were able to do that by doing a new RFP for contact center services, and significant negotiations with the vendor. Our procurement team did

a fantastic job getting us a better deal. And we're thrilled about that. All the other costs associated with the Contact Center are beyond our control—their licensing fees and administrative fees for equipment.

The language line – that is we pay the District to use their language line. That's a bill we pay when we get it – that actually may go up. We're still waiting for final determination from the District agency on what the language line is projected to cost us based on our use.

Eligibility and enrollment/the individual marketplace team: the non-personnel costs are mostly notices and printing. These are required notices under the ACA and the mailing of those notices. We have a very small MOA with the Office of Administrative Hearings for eligibility appeals. When a person is either denied an APTC, for example, or thinks they should get a higher amount, they can appeal that and DC's Office of Administrative Hearings handles that and we have an MOU. We pay for their Administrative Law Judges to hear our appeals and render decisions.

We also have budgeted for translating our notices. Then we have a consulting service budget for $250,000, which we keep every year. It helps us bring in consultants to help us with new federal regulations implementation or new initiatives implementation.

Plan Management is also a required ACA function of state-based marketplaces and our non-personnel budget is slightly lower. It's $131,600 lower from FY 23. And as you can see, it's really two items, our external services, we have external actuaries who provide us with a variety of actuarial services, including reviewing rates when they're filed with DISB. Our actuaries advise us whether or not those rates are justified. Based on that advice, we testify every year advocating for the lowest possible rates before Commissioner Woods and her team. Our actuaries also provide extensive services to some of our working groups, most recent one is the standard plans working group. They are the ones who did all of the AV calculator estimates for the standard plans working group. So that's an essential function for us, an essential set of expertise to have.

The other item here is our consumer tools to help consumers make informed decisions. It's our doctor directory, our health plan match, prescription drug formulary lookup tool, and dental plan match. We did negotiate a slightly lower price which is what you see reflected.

Our small business marketplace budget is almost $900,000. And that includes premium aggregation, which is we send one bill to employers, we collect the premium, and then we send the right amount to each of the carriers. Consulting Services is also in here for $250,000; mailing and postage is $120,000. and then translation for $25,000. I want to highlight for you that the Massachusetts Health Connector partnership has helped us to get about $318,000 in savings on our premium aggregation contract.

Performance management is just the catch all and includes a bunch of things, some software tools, we use trainings, computer refresh and admin costs. Consumer outreach and education, our budget is slightly higher than FY23. I'll just go through the non-personnel services. It includes our outreach and enrollment activities, which is funding for our business partners and our assisters. There's a slight increase over the FY23 budget. This budget also includes outreach and marketing, close to $1.1 million, the health insurance literacy campaign, which is ongoing for $90,000, and data resources for $25,000, plus small admin costs.

An area where we do have growth is an increase in non-personnel services. For non-personnel services, we're asking for close to $7.5 million, and that is higher than the $7.1 million approved for FY23. Consultant costs have gone up slightly to $5.1 million, software also is higher cost, $1.6 million. Extra Care is the initiative we have when we do deployments: we like to staff up and have more consultants available to handle tickets, questions, or issues. So, we budget for that. And then we have license costs—Microsoft Office licenses and things that we pay to OCTO, which is the city's IT agency. And then a small budget for admin. costs, which includes computer refresh.

Agency management program has everything that's that wasn't covered in prior slides. And non-personnel services budget is close to $2.3 million. We have fixed costs like rent and telephone, we have a variety of MOAs with District agencies to provide us with services. That's all budgeted, and here, employee training and admin costs like computer refresh equipment, office supplies and such. Next slide: the proposed budget for agency financial operations is very close to what it was. It includes three FTEs and non-personnel services is to pay for auditing services; a small budget for employee training and travel. And I think we can go to the next slide. And this is all the wonderful things that we've done that our budgets paid for, which we don't have to go to because you know it all so any questions about staff proposed budget?

That concludes my presentation of the staff proposed FY 24 budget.

Diane Lewis: With regard to public comment, if there is any on the budget, please identify yourself if you would like to comment. Alright, moving on, if there's desire for public comment on anything else. We'll move to the vote.

VII. Public Comment

No public comment was proffered.

VIII. Vote

Diane Lewis: Hearing no public comment, we will move to a vote. At this time, we will proceed to vote on the discussion items listed in section three of the agenda.

a. First is the vote on the proposed DC Health Link Standard plan for Plan Year 2024 to lower cost sharing for pediatric mental and behavioral health care. And then is there a motion to approve the resolution for the DC Health Link Standard plan for Plan Year? 2024.

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. Is there a motion to approve the proposed budget for fiscal year 2023?

It was moved and seconded to move to approve the proposed Budget.

The motion passed unanimously, with Dr. Aaron, Dr. Ku, Ms. Lewis, 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) 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 6:32 p.m.