



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

Date: January 11, 2023
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
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Members Present: Henry Aaron, Leighton Ku, Gabriela Mossi, Khalid Pitts, Ramon Richards, Diane Lewis, 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, Ms. Mossi, Dr. Ku, and Ms. Lewis, voting yes.

III. Approval of Minutes, Diane Lewis, Chair

It was moved and seconded to approve the November 16, 2022 minutes. The motion passed unanimously with Dr. Aaron, Dr. Ku, Mr. Richards, Ms. Lewis, voting yes.

IV. Executive Board Discussion Items

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

MW Consulting – *Mila Kofman, Executive Director*

Mila Kofman: The two items that we will need approval.

The first one is Harris of Technology Corporation, and this is for Salesforce renewal licenses. Salesforce is a software we use for customer service, and cases, and this is renewing the license we currently have, the renewal date would be February 28, of this year through February 27 of 2024. The total price for the licenses is \$394,810. A portion of that is paid for by the Massachusetts Health Connector, and the rest is paid for by bias. The finance committee already approved this and so we will need a full board approval to renew the Salesforce licenses. The second item is are there any questions in the first one?

I'll go to the second contract. This is for MW consulting, LLC which is a CBE. They have an existing contract with us to provide us with several cybersecurity consulting services. Finance Committee has already approved this request. We will need the full Board approval to this forward we're asking for an increase in that contract ceiling by 114,000. For the remaining option years that we have, which is option year three and four. The contract ceiling would increase from 348,000 to \$462,000. A portion of that will be paid for by Massachusetts because we are using the same CB vendor to also perform it cybersecurity services for the Massachusetts SHOP. We will be we will need the full Board approval for that. I'm happy to answer your questions on either one or both.

Ramon Richards: Question regarding the Salesforce contract. What is the percentage increase from the prior year?

Purvee Kempf: The cost is essentially the same, the cost is \$200 less.

Mila Kofman: Thank you for that question. Because in past years are the prices for Salesforce have skyrocketed. We've looked for ways to address that and we move from unlimited licenses to some licenses being limited to cut costs, but for this year's renewal, they did not increase prices.

Diane Lewis: Questions from the Board? Any public comment? Hearing none, at this time we will proceed to the vote.

V. 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 one of the agenda.

- a. First is the vote on the Carahsoft Technology Corporation for Salesforce licenses. Is there a motion to approve the contract?

It was moved and seconded to move to approve the contract

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

- b. Second is the vote on Is there a motion to approve the proposed budget for fiscal year 2023?

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

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

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

Mila Kofman: Thank you. A couple of items that I want to highlight. The Council has organized itself for its new session. The health committee membership has changed, including the chair. The new chair of the Health Committee is Councilmember Henderson. Councilmember Gray, has a new committee that was created that will focus on the hospital system and health equity. In terms of the Health Committee members, in addition to the new chairperson, we have council members need to Allen, Gray, and Parker, who's a new council member is also a member of the Health Committee.

Once the Performance Oversight hearing date is finalized and once the Budget Oversight hearing is finalized, I will communicate that to the Board.

Just one more update on the council last year, if you recall, we were very concerned about legislation to create an exemption from the Affordable Care Act for PEOs. And I'm very pleased to report that the bill was not marked up by the Health Committee last year. We are very vigilant and monitoring, in case it is reintroduced. But I just wanted to thank all of the stakeholders we worked with on the opposition of the legislation. The stakeholders, of course included the Chambers, and consumer and patient advocates, as well as Kaiser Permanente and Care First Blue Cross Blue Shield, brokers, and several medical providers. We really appreciated the coalition that weighed in on opposing an exemption to the Affordable Care Act in DC. That is very good news that the bill was not marked up.

Switching gears to open enrollment, just a reminder, are open enrollment runs to the end of January. If residents want a February 1 start date for coverage, they have to make a plan selection and finish enrolling by January 15. We have ways we can help residents get enrolled, they can contact our call center or they schedule a time at one of our one touch virtual events where we provide virtual help.

I want to talk a little bit about our new program that I'm really excited about which is HealthCare4ChildCare (HC4CC). If you recall, this is a new initiative that we and the Office of the State Superintendent of Education (OSSE) partnered on to provide either low premium or completely free

premium health insurance to licensed OSSE-licensed child development centers and homes. In a very short period of time, we established a program, made necessary IT changes, and worked with leaders in this community and, of course, with our awesome partners to get this implemented so folks can start coverage, January 1, 2023.

We were able to enroll 61 employers into HC4CC, and that represents 594 covered lives. Out of those, 516 are workers, the rest are their dependents, so all of those people are now getting the health care for childcare discounted premium. On the individual marketplace side, we were able to enroll 41 residents and their dependents for a total of 62 covered lives. They are getting completely free health insurance at the silver level for the standard plans. So, we're very pleased. We don't have additional data to share with you about these groups. Just as a very preliminary review, it looks like 20-some groups, maybe even more, are offering health insurance for the first time. It also looks like some of the groups with January one coverage actually were DC Health Link groups, and the take up rate for employees of those groups getting health insurance went up.

We're still studying the first enrollments for January. And we'll be providing you with a lot more data about these groups. We already have groups teed up for February 1 coverage. Our outreach is now focused on March 1 coverage. We also established an advisory council for HC4CC. We're including licensed centers and homes, as well as leaders in this industry to provide us with input and advice on the program.

A couple of federal updates. I think all of you know that the continuous coverage requirement tied to the public health emergency is coming to an end due to congressional legislation. We are working very closely with our Medicaid partners will work to make sure that no one falls through the cracks, that folks who are no longer eligible for Medicaid. We will connect with them and see if they're eligible for a lower premiums to see with us.

CMS, as always, in December, around the holiday time released proposed rules, some of which are hundreds of pages long. One of them is the Notice of Benefit and Payment Parameters portfolios. We're still reviewing that. Another proposed standard that came out is the draft actuarial value calculator for PY2024. We've submitted our comments essentially asking CMS to take a closer look at the actual value calculator, especially as we and others are trying to implement equity-based benefit design.

The other proposal that CMS issued is a Request for Information around Essential Health Benefits and responses from the public are due at the end of January. We're still reviewing that and depending on our capacity, we may provide input on that, or we may just wait until CMS issues that actual proposal.

We did resubmit a reimbursement request to FEMA to try to get reimbursed for about \$36,000 that we spent during the COVID Emergency. Initially FEMA rejected the reimbursements, but recently they've changed their policy and what they will reimburse. So, we're trying again to get reimbursed for some of our expenses.

Finally, we are continuing on our equity work. And we continue to provide technical assistance to other states are looking to do very similar things that we've been doing. And, and there's been a lot of interest in and some media coverage on our equity work. With that, I'm happy to take any questions on my report.

Leighton Ku: I have a question and a request related to the Medicaid unwinding issue. And I will say there's actually a slight clarification on what the new legislation did. Congressional action said, we're stopping the Medicaid disenrollment moratorium regardless of the public health emergency. So over the next year, basically, in DC and nationwide, essentially speaking, everyone, on Medicaid will have their eligibility redetermined. People expect that millions and millions of people will lose their Medicaid coverage and some will shift into the exchanges, some to employer sponsored insurance, etc. Can we ask for a briefing from folks at DHCF and the exchange to discuss what is the plan and the timetable for how this is being delivered? How are you trying to coordinate the redeterminations that will happen on the Medicaid side and transfer of cases over to the Exchange?

Mila Kofman: Thanks for clarifying. I was very short handed, in terms of the bottom line on the PHE and Medicaid continuous coverage requirement. We can definitely put in a request to the Medicaid program to provide a briefing, and we will try to schedule that for the next board meeting. Unless you want to do it off cycle. We are essentially in the support role. Medicaid is in the driver's seat. They know their population and their program and their resources and capacity. We will be supporting whatever they need in the timeframe they need it. We will request a briefing for the board.

Leighton Ku: CMS has set up guidelines that basically give basically a little more than a year starting from April 2023, until basically the end of May 2024, to do all these redeterminations. Some states are saying we want to speed it up. Other states are saying we want to take it slow. Some states are worried about their capacity to do this, not sure if DC is one of those states. What are the implications? As you say, DC Health Link is on the secondary side for this. There's a bunch of requests for people to shift into DC Health Link. There are potentially huge implications for sort of staffing capacity, the ability to transact these cases.

Mila Kofman: And we're happy to ask for a briefing from the from DHCF. We do know that their approach is going to be take all the time allowable under the federal standards, and you just do it very methodically. And the preliminary thinking is month to month with determinations as opposed to doing everyone in the first quarter, for example that some states are doing. In terms of our capacity, we have known that eventually the public health emergency is going to end we've been in discussions on and off with, with Medicaid, about how we can be helpful and our team has been thinking about this population. We've always had folks come off Medicaid or not be eligible for Medicaid and we have used different ways to catch them. Both the joint notice that goes out on Medicaid and talks about enrolling in private coverage. So we're going to be using some of those strategies that have worked well for us in the past. And we have the ability to get additional resources for our call centers should we need those. We are very prepared in terms of resources and adding resources to get folks that are no longer Medicaid eligible. And because of the IT investments we've made, it's actually going to be even easier for the private side to communicate with the Medicaid side. So, we are very well positioned to make sure people don't fall through the cracks. And like I said, we're happy to reach out to a DHCF.

Leighton Ku: One of the other things that happened to legislation was legislation added additional federal matching funds during this year. There's some money that's available online on some of those, our outreach and navigation services.

Mila Kofman: Yes, and unfortunately, none of that is for us. And so that is something that, definitely, when the Medicaid folks are available to review, something also to explore. But I have full confidence in the sister agency. They know their program. They know what works for their enrollees. We will connect with them and ask them to brief you.

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

Diane Lewis: Thank you. Henry, I think you can move to the Finance Committee report.

Henry Aaron: Before doing that, I just want to say that I appreciate it very much, Leighton's suggestions on the briefing, and appreciate the assurances that things are under control, and we have the resources to take care of the transition. Thanks to both of you.

The Finance Committee met twice December 8, January 5, three members Diane, Tamara, and I attended each of the meetings virtually. We reviewed and approved the two contracts that the Board just voted on a few moments ago. The only other significant there were two other significant events one was our operating reserve a sizable chunk of it is invested in a T bill--\$22.6 million in value that is maturing. Financial markets have changed a lot over the last six months, as anybody following the Fed's policies will know. The District's finance office urged us to put the balance into a six-month T bill. And if there are no major changes in outlook between now and late January, we're going to accept their suggestion. In addition to that, we received our regular update on investments. Finally, the annual comprehensive financial report is complete. Auditors will present the results to the Finance Committee in February. We received a status update on lease renewal negotiations as well. And finally, we reviewed monthly budget and spending reports, as we do each meeting. Nothing was of concern. That's my report.

Diane Lewis: Thank you very much. Any other questions or issues for board members?

Leighton Ku: Out of curiosity, what's the current T-bill rate?

Henry Aaron: It's hopping around, I think at about 4%. It's a very peculiar structure also. It's long. The rates are higher from six months to a small number of years than they are for very long term.

VIII. Public Comment

No public comment was proffered.

IX. Closing Remarks, Diane Lewis, Chair

Diane Lewis: Thank you, both of you. That concludes our business for today. The meeting stands adjourned at 6:02 pm on Wednesday, January 11, 2023. Our next meeting is scheduled for March 8, 2023. Thank you and everyone have a good evening.