



Health Benefit Exchange Authority Executive Board Meeting

DRAFT MINUTES

Date: September 9, 2020
Time: 5:33 PM
Location: Via Web Ex/By Conference Call Only
Call-in Number: 1-650-479-3208; access code: 731 476 505;

Members Present: Henry Aaron, Leighton Ku, Diane Lewis, Khalid Pitts, Tamara Watkins, Karima Woods

Members Absent: LaQuandra Nesbitt, Wayne Turnage, Laura Zeilinger

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

A roll call of members confirmed that there was a quorum with five voting members (Dr. Aaron, Dr. Ku, Ms. Lewis, Mr. Pitts, Ms. Watkins).

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

It was moved and seconded to approve the draft agenda. The motion carried unanimously.

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

It was moved and seconded to approve the minutes of July 8, 2020 meeting. The motion carried unanimously.

IV. Annual Board Officer Elections

- a. Nominations and Votes for Chair, Vice-Chair, Secretary-Treasurer of Executive Board

Ms. Lewis stated that the board voted at July 8, 2020 board meeting to hold Annual Executive Board Officer Election on September 9, 2020, consistent with the HBX Executive Board by-laws. The position that will be voted on today are:

Chair
Vice-Chair
Secretary/Treasurer

Ms. Lewis turned to Purvee Kempf, General Counsel & Chief Policy Advisor, to conduct the

election. Due to technical issues, the election was delayed to after the Finance Committee report.

Ms. Kempf's microphone issue got resolved and the election proceeded after the Finance Committee report. Ms. Kempf said that the bylaws allow for any HBX voting board members to make nominations, including nominating themselves. Non-voting members are permitted to make nominations of voting board members. In order to be considered for the vote, a nominated voting member must accept the nomination. Once all nominations and declinations for a position are complete, there will be a vote for each position. Elections for each officer shall be made by majority vote. Abstentions are not permitted.

- Ms. Kempf called for nomination for the Chair position. Leighton Ku nominated Diane Lewis. Ms. Lewis accepted the nomination. Ms. Kempf stated that since there is only one nomination and abstentions are not permitted, the vote will be recorded as a unanimous vote in favor of Diane Lewis as the new chair of the executive board.
- Ms. Kempf called for nominations for the Vice-Chair position. Diane Lewis nominated Henry Aaron. Dr. Aaron accepted. Ms. Kempf stated that since there is only one nominee and abstentions are not permitted, the vote will be recorded as a unanimous one in favor of Dr. Aaron.
- Ms. Kempf called for nominations for the Secretary-Treasurer position. Henry Aaron nominated Khalid Pitts. Khalid Pitts accepted the nomination. Ms. Kempf stated that since there is only one nominee and abstentions are not permitted, the vote will be recorded as a unanimous one in favor of Mr. Pitts.

V. **Executive Director Report**, *Mia Kofman, Executive Director*

PREPARING FOR OPEN ENROLLMENT FOR PLAN YEAR 2021

CCIO Readiness Review: This is a part of federal oversight of state-based marketplaces (SBM) and is required annually before open enrollment (OE) begins to ensure that each SBM is ready for OE. Our review is scheduled for Sep 17th. We anticipate that it will go smoothly, as it has in prior years.

Open Enrollment Dates: Open enrollment starts November 1st, 2020 and runs through January 31st, 2021. On October 15, we will start window shopping. Residents will be able to see prices and policies for 2021 prior to Nov 1st. Several stated-based marketplaces have done this. We also did this last year and it was popular. During the window shopping period last year, usage averaged 225 users per day with a peak of over 900 on its first day. For a point of comparison, during the first couple weeks of open enrollment last year, plan match had an average of 330 users per day with a peak of more than 600 on Nov 1st. To promote window shopping we will email our current customers and customers who are no longer covered by us. We will also have paid advertising.

Open Enrollment Outreach: Later, Linda Wharton Boyd will walk through planned activities and strategy for a virtual open enrollment.

Navigator/Assister Update: Virtual training is scheduled for October 7th and 8th. Although most assisters have been working virtually for the past six months, we have added a training component focused on best practices on virtual customer service. We also will continue weekly or bi-weekly meetings during open enrollment.

IT Updates for OE & Beyond: We have deployed new features and upgrades. Note that the IT committee met on July 29th and was briefed.

- **Notice Upload Administrative Functionality:** On August 27th, we deployed a new feature that enables staff to upload notices and other messages to small group employers' secure mailboxes. Until now, we have relied on IT contractors to perform this function and now we are able to do this in a more cost-effective way.
- **SEP Administrative Controls:** Later this month we will deploy a new feature that enables staff to create, extend, and modify special enrollment periods in the IT system for both the individual and the small employer markets. Until now we have relied on IT contractors to develop and deploy new SEPs. The new administrative functionality is more cost effective and will enable us to respond to new federal requirements and to implement our own new SEPs even quicker.

QHP CERTIFICATION: HBX is in very good shape right now. Our plan management team has completed its annual review of 2021 filings and has shared its findings with carriers, who have begun resubmitting corrected templates and other documents. This puts us on track for window shopping and plan shopping.

2021 PROPOSED DC HEALTH LINK HEALTH INSURANCE RATES: Oliver Wyman actuaries analyzed the proposed 2021 rates filed with the DC Department of Insurance, Securities, and Banking (DISB). Oliver Wyman sent their analysis to staff and the Insurance Committee, and the Insurance Committee had several discussions this Summer. The confidential analysis was also shared with DISB actuaries.

Commissioner Woods held a public hearing on September 1st, 2020. At the hearing, each of the carriers' actuaries discussed their rate submissions, DISB's outside actuary testified to explain their review of the proposed rates and I provided testimony advocating for the lowest possible rates for our small group and individual market customers. We recommended approval of rate decreases and freezing premiums at 2020 levels for products with proposed rate increases. I based this recommendation on the economic and human toll of COVID-19. I asked health plans to reconsider their filings. I also recommended to Commissioner Woods to approve decreases and freeze rates at 2020 level for products with proposed increases if health plans do not do this voluntarily themselves. Testimony is posted on the HBX website (<https://hbx.dc.gov/release/mila-kofman-testimony-%E2%80%93-disb-hearing-proposed-plan-year-2021-health-insurance-rates>).

Importantly, through significant analysis and Commissioner Woods' scrutiny of initial filed rates, carriers were asked by DISB to update filings with lower proposed increases. These were made public at the hearing. Note that although my testimony slides reflect the initial filed proposed rates from May, our recommendation did not change -- we asked to lower current rates even further than refiled rates or freeze at 2020 level due to economic and human toll of COVID-19. The refiled rates still contained some increases.

There were more than 30 public witnesses who signed up to testify. Commissioner Woods also gave residents an opportunity to testify even if they did not sign up ahead of time. More than 100 people submitted testimony. She indicated that more than 100 people submitted written comments before the hearing. Huge congratulations to Commissioner Woods and her team for having a flawless virtual hearing and accommodating consumers who had technical issues. DISB staff ensured every single person was afforded an opportunity to make their voice heard and even went through extraordinary lengths for one individual with computer problems. Commissioner Woods

plans to finalize rates later in September.

UPDATE ON SHOP REFUNDS: As part of our COVID-19 response, we retooled our SHOP refund process. In January, there was \$462,179 in refunds that were not processed because we did not have everything to process refund. Our efforts worked well and we were able to get the necessary information from former employer customers to process refunds. In July we decreased the amount in outstanding refunds to \$232,101. In August, we further lowered that to \$183,843. We will continue our efforts.

UPDATE ON GROUPS IN ARREARS: As of August, out of the more than 5,100 employers, 841 (16%) groups are in arrears. The total amount owed is about \$7,036,525. Building on DISB's March emergency order prohibiting terminations of coverage, HBX stopped sending late payment notices. We are not terminating coverage for non-payment of premium during the Public Health Emergency.

As a reminder, as part of our response to COVID-19, we also created a new premium deferment period allowing employers to defer premium payments up to 60 days after the Public Health Emergency ends (currently scheduled to end October 9). We made this deferment automatic, alleviating the need for employers to request it. We do not charge late fees or interest for late payment of premium. We are developing a repayment program to implement after the public health emergency ends to provide a year to employers to pay back owed premiums. This will be automatic and employers will not need to apply. The staff focus is on the IT side to operationalize this function.

HEALTH INSURANCE CARRIER UPDATES: We continue to have bi-weekly meetings with each carrier. We've been asking each carrier to do more around the economic impact of COVID-19 on small businesses and non-profits, and residents with individual coverage.

- **Premium Credits:** United Healthcare and CareFirst provided more than \$4.2 million in premium reductions for employers with health insurance on DC Health Link. On August 4th, CMS issued guidance on premium credits that virtually guarantees that health plans will not be able to provide premium relief to people with individual coverage.
- **Eliminating Financial Barriers to Care:** In our conversations with each carrier, we continue to advocate for no financial barriers to care. We appreciate all carriers providing access to telemedicine for all care without deductibles, co-pays, or coinsurance at the start of COVID-19. We are concerned that starting June, Aetna no longer does that for all care not related to COVID-19. CareFirst also announced an end to no-cost telehealth for non-COVID services which took effect on July 24th. We continue to encourage carriers to eliminate cost sharing for telehealth services. Kaiser makes telehealth free and will continue to keep it free, except for HSA plans due to federal prohibitions.
- **DC Health Link Coronavirus webpage:** We updated the benefits chart periodically to help our customers quickly see extra benefits provided by DC Health Link health plans.
<https://www.dchealthlink.com/coronavirus>

HBX BUDGET:

FY21: The Council passed the FY21 budget with no changes to the HBX budget, which the Mayor signed on August 31st and will go through Congressional review. Due to COVID-related delays, an emergency version was also passed and is now in effect.

FY22: We are beginning the budget formulation process for FY22 budget. Once the internal work is done, the Finance Committee will review and provide its input. Then the Standing Advisory Board will provide input. The Executive Board will review the proposed FY22 budget at the November 2020 meeting. The November board meeting is scheduled for November 18th because November 11th is Veterans Day. Once the budget is approved, it will be submitted to the budgetary process.

HBX OFFICE OPERATIONS UPDATES:

- **UPDATE ON TELEWORK STATUS:** HBX will remain on 100% telework status through February 2021.
- **SOCIAL JUSTICE INITIATIVE UPDATE:** As I mentioned in July, we are looking for ways to be a part of the solution to systemic racism, discrimination, and injustice in America. I made this a leadership priority. We have done several internal things to-date and are working to do a lot more. You will see that we will be asking you to approve a contract for expert consultants the new fiscal year to help us. We believe it is critical to be part of the solution to help end systemic injustice and oppression.

COUNCIL LEGISLATION:

HBX PROCUREMENT AUTHORITY: Councilmember Robert C. White, Jr., Chair of Committee on Facilities and Procurement scheduled a hearing for October 29th from 12 pm to 3 pm on our permanent procurement authority legislation. We were notified that the DC Office of Contracts and Procurement (OCP) is testifying. We will be testifying in support of the legislation. We will also work with the Mayor's team and our partners to ensure that there is a strong record established at the hearing for making our procurement authority permanent.

SEP LEGISLATION: The Council unanimously passed the Pregnancy as a Qualifying Life Event bill, which has been signed by the Mayor and is currently under Congressional review. Diane testified on behalf of HBX in support of this legislation. While the Board adopted a SEP in January 2020 to apply to our SHOP and individual marketplace, the newly passed legislation applies to the large group market and is a critical consumer protection for people who work for employers with more than 50 employees.

FEDERAL REGULATORY UPDATES:

CMS GUIDANCE ON PREMIUM CREDITS: On August 4th, CMS issued Guidance outlining a temporary policy to allow issuers to provide premium credits in 2020 for the individual and small group markets due to the COVID public health emergency. The requirements detailed in this guidance are complex. What is clear is that when a carrier wants to help a resident with APTC, the federal government will reduce the APTC amount that the resident is getting. So the biggest beneficiary will be the federal government. It is unlikely that any health plan will offer premium credits to help residents if people cannot actually benefit fully. Unfortunately, guidance was less than helpful; it essentially results in individual APTC amount being reduced.

CMS GUIDANCE ON FEMA SEP: On August 9th, 2020, CMS issued a guidance clarifying that they were using their natural disaster exceptional circumstance authority to address all FEMA-declared emergencies in the FFM. That includes the recent hurricanes, but also COVID, as FEMA declared emergencies (in all the states and on tribal lands) on January 20, 2020, which is

ongoing. This does not create a new SEP right, but it extends the reporting deadline for any qualifying event, including open enrollment, for 60 days after the end of the declared emergency. So for example, if a consumer lost other qualifying coverage on June 1, 2020, they would have until 60 days after the end of the emergency to enroll into coverage.

FEDERAL COURT UPDATES:

Section 1557 of the ACA (Nondiscrimination): The District of Columbia joined a 23-state coalition to challenge the June 21, 2020 final rule issued by the U.S. Department of Health and Human Services, Office for Civil Rights. The lawsuit was filed in the Southern District of New York. The 23-state coalition is asking the court to set aside the regulations as contrary to law and an abuse of discretion, and enjoin HHS from taking any action under the final rule.

Public Charge: The Public Charge Rule is still in effect nationwide. Litigation seeking to overturn the Rule continues in several federal courts, although the details would be too much to discuss at this time. We will continue to monitor appeals. Dr. Ku has been participating in some of the litigation and agreed with the assessment of the litigation status.

Abortion Double Billing: In July, the U.S. District Court for the Northern District of California and the U.S. District Court of the District of Maryland both issued rulings striking down the abortion double billing provision nationwide. We will continue to monitor appeals.

ENROLLMENT DATA: Our customers continue to use SEPs at a higher level. We continue to experience higher than last year enrollment numbers using the SEP. The high point was April 2020, when SEP enrollment was 71% higher than the same time in 2019. Overall, enrollment has been 19% higher than same time of last year. We continue to see strong interest from residents to come and get insured. Enrollment data is posted on the HBX website here: https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/Enrollment%20data%20Sept%202020_0.pdf

VI. Finance Committee Report, Henry Aaron, Chair

The Finance Committee did not hold an August meeting but did receive the regular financial updates via email from HBX Staff for our independent review. We held our September meeting via phone and WebEx on September 3rd. All three board members – Diane, Tamara, and I were in attendance.

PROCUREMENT FOR HBX SOCIAL JUSTICE INITIATIVE: As discussed in Mila’s Executive Director Report, and at our last Board meeting, HBX is moving forward with a social justice initiative. This procurement is to bring in outside consultants who are experts in diversity, equity and inclusion to help with this important work. Mila will describe the initiative in further detail at tonight’s meeting, but I want to note that this proposal was discussed by both the Board Operations and Finance Committee and both committees have approved it.

INVESTMENT UPDATE: We received a briefing from Grace Lee, Investment Manager for the District Office of Finance and Treasury regarding our reserve investments. Given that interest rates in government money market funds and U.S. Treasury notes and bills are near zero, they are looking at alternative options for us that may have higher rates without much risk. No decisions have been made yet. We will provide an update at our next meeting if needed.

ASSESSMENT UPDATE: Assessment payments were due August 17th. We have collected

approximately \$28.6 million of the \$30.8 million due, leaving approximately \$ 2.2 million outstanding, which includes some appeals that are still being processed. By the November 2020 Board meeting, many of those appeals will be resolved. DISB is scheduled to send a reminder notice to carriers who have not yet paid next month, which gives time for appeals to be resolved before the mailing is sent. As always, our staff will follow up on the DISB notices as needed.

MASSACHUSETTS UPDATE: HBX staff member Jen Beeson, who heads up the Massachusetts Partnership, presented an overview of the Massachusetts partnership spanning the Massachusetts Fiscal Year for July 1st, 2019 to June 30th, 2020. She noted that we closed their year under budget and with an annual growth of 20% of the number of businesses served and a 32% growth in the number of employees and family members served. At the same time, HBX completed a dozen IT development projects designed to enhance customer service and continued to streamline operational costs.

FINANCIAL REVIEW: The Finance Committee reviewed the monthly budget and spending reports, the IT development reports and the Purchase order reports and found nothing of concern.

VII. Discussion Items

a. Report on how Health Insurance Companies offering Coverage through DC Health Link are Taking Steps to Improve Access to Services for District Residents East of the River – *Diane Lewis, Chair*

Ms. Lewis stated that at the February 12, 2020 board meeting, the board voted to convene DC Health Link health insurance carriers to investigate ways they could address lack of medical providers east of River in Ward 7 and 8. We did this in response to inquiry from Health Committee chairman, Vincent Gray, at our hearings. The draft report has been posted on the HBX website and distributed to Board members in advance of this meeting.

The report shows that DC Health Links plans that serve district residents and small businesses are taking steps to improve access to medical care for residents east of the river. The report includes information from each of the carriers. For example, CareFirst is establishing a new access to primary care in Ward 7 and 8; Kaiser Permanente has expanded telemedicine and will continue to provide telemedicine without cost sharing for all; Aetna will explore usage of its project health initiatives in Ward 7 and 8, with its program utilizing CVS pharmacy location to provide free health screenings, which can help detect risk for chronic conditions; United Health created a type II diabetes program to provide real time support to members with type II diabetes.

Ms. Lewis commented that the problem is complex, and as the next step, the board needs to establish a working group to look at health disparity and social justice issues. Ms. Lewis stated that she is happy to chair it, and invited other board members to participate. She stated that the working group will include health insurance companies, medical professionals, hospitals, community health vendors, public health expert, consumer and patient advocates, employers, brokers, and others committed to achieving social justice and equity in health insurance coverage. Ms. Lewis said that the board will vote later tonight for the report to be transmitted to the DC Council Health Committee Chair, Vincent Gray.

b. **HBX Social Justice Initiative Consulting Services** – *Mila Kofman, Executive Director*

Ms. Kofman stated that full board approval is needed for us to procure a company called Reyarp Strategies Group to help us in fiscal year 2021 with our social justice work.

Ms. Kofman noted that in response to George Floyd’s murder, which highlighted ongoing racial injustice issues, not only in policing but across our society, we began working on our initiative both inward and outward looking. We quickly realized the need for expert consultants to help us starting this summer and we would like to use them throughout fiscal year 2021. Ms. Kofman listed the types of things that they are helping us with:

- Specialized training
- Implicit biases and micro-aggressions
- Vicarious trauma support
- Helped us put together a value statement and identified four precise goals that we want to accomplish in the next twelve months
- Helping establish internal employee social justice advisory committee

Ms. Kofman stated that we have briefed our operations committee on the work and asked for their input, and we have also taken this request to the Finance Committee. Both committees approved the initiative going to the full board. Before the board is the contract for Reyarp Strategies Group not to exceed \$170,000 for consulting services for 2021 with four option years, each not to exceed \$170,000.

Dr. Ku had a question about the social justice initiative. Dr. Ku commented that when he first heard about the initiative, it sounded more like it was about insurance plans, beneficiaries, but now it sounds more like it relates to internal management. Dr. Ku asked Ms. Kofman to distinguish what exactly the initiative is about. Ms. Kofman responded that the initiative is about everything, both internal and external. HBX would like to look at everything we do internally through the social justice lens. We also want to look at everything we do externally, whether it is policies and procedure, our work with carriers, coverage, how we spend our limited dollars, whether we are valuing the work that is performed by Black and Brown-owned businesses. Specifically, the consultants will help us with how we do things internally and work with leadership teams with our strategic plans both internal and external.

c. **Extension of COVID-19 SEP for Individual and Small Group Markets** – *Chris Gardner, Chair, Standing Advisory Board*

Mr. Gardner noted that HBX acted quickly to eliminate hurdles to enroll District residents and families by enrolling them through the exceptional circumstances special enrollment period (SEP). He noted that these exceptional circumstances SEPs are set to expire September 15th. Mr. Gardner stated that recognizing economic and human toll of COVID-19, the Standing Advisory Board approved extending the SEPs to January 31, 2021, the end of the DC Health Link open enrollment period with an added exception. If the public health emergency is still in place on that date, then SEP will continue with the public health emergency till the end of the month that the emergency ends. The effective date will be first day of the month of plan selection or the first day following month of plan selection.

There were no questions or comments from the Board related to this proposal.

- d. Extension of SHOP Open Enrollment for 2021 and 2022 Extension of SHOP Open Enrollment for 2021 and 2020 – *Chris Gardner, Chair, Standing Advisory Board.*

Mr. Gardner presented a proposal to extend the SHOP Open Enrollment Period policy enacted by the DCHBX Board in January 2020, applying it through calendar year 2022. He noted that usually, to be eligible for coverage an employer must contribute at least 50% to employees' premiums (called contribution requirement) and have two-thirds of employees enroll in coverage (called participation requirement). Both the contribution and participation requirements apply throughout the year except during the federal SHOP annual open enrollment period only available for employers beginning their health plan on January 1. That means that such flexibility is not available for health coverage that starts during other months. However, in January 2020, DCHBX Board waived contribution and participation rules for all new small business enrollments in calendar year 2020. This was to provide more flexibility to employers as the District's new individual responsibility requirement went into effect.

Mr. Gardner indicated the proposal to extend the policy was based on a review of the data regarding the effect the waiver had on take-up by employers in 2020 as well as based on the public health crisis and economic uncertainty created by COVID-19. He indicated the Standing Advisory Board unanimously voted to support extension of the waiver through calendar year 2022.

HBX staff Debra Curtis reviewed the background of the policy explaining that the Board had adopted the 50% contribution and 2/3 participation rule back in 2013 as part of preparing for opening DC Health Link. The initial development of the recommendation was through a working group of District residents and stakeholders. Executive Director Mila Kofman further reminded Board Members that a 50% minimum contribution and 2/3rd participation rate were the standard minimums required by carriers at the time the Affordable Care Act was passed and therefore, in 2013, the Board adopted those requirements as proposed by a working group. Deputy Director Debra Curtis emphasized the proposal is a temporary waiver based on COVID-19 and not a permanent change. Ms. Kofman indicated that, during the temporary waiver, carriers can provide data related to whether a longer-term repeal is viable.

Dr. Aaron indicated his understanding of the rules was that they were in place to ensure employer coverage remained affordable, and particularly that the employer was contributing enough to not burden employees with too much of the premium costs. He was concerned that, under the waiver, an employer could pay nothing toward coverage. Ms. Kofman indicated that concern is not supported by data from the current waiver; currently none of the employers who have come in under the current waiver contribute nothing. However, she stated, some employers can't afford the full 50% contribution requirement and thus a policy would be needed to allow those employers to start offering coverage. Additionally, Ms. Kofman indicated that minimum participation requirements have not been well understood by employers, several of whom are denied enrollment eligibility but would have been approved had they correctly indicated which employees had access to coverage through other means (e.x. a spouse's employer-sponsored coverage). As such, Ms. Kofman stated that minimum participation requirements have done more harm than good. Dr. Ku agreed that extending the waiver would get more employers to enroll,

however he also wanted to see more data to support the extension. Specifically, he wanted the granular data by employer who joined under the existing waiver to understand their contribution levels. Dr. Ku expressed concern that existing employers, who already meet the 50% threshold, may start reducing their contributions below 50% based on this waiver and economic conditions. He also was concerned that waiver of minimum contribution and participation would driver adverse selection by employees, with only those who have high medical expenses seeking to enroll in the employer coverage. Again, Ms. Kofman stated the data from 2020 does not support this concern; DCHBX did not find employers reducing contributions under the existing waiver. Additionally, most of the carriers (CareFirst, Aetna, and United) did not raise adverse selection concerns when asked about this proposal; Kaiser Permanente did raise those concerns, but did not provide supporting data.

Janice Davis, a broker who assists employers and employees to start coverage through DC Health Link, spoke in favor of the 2-year extension. She provided anecdotes of employers who utilized the existing waiver to offer coverage. She stated similarly situated employers would be unable to offer coverage if the waiver were not extended. In response to Dr. Ku's concern that existing employers would reduce coverage, she noted that even without an extension, federal regulations already permit an employer to start coverage their plan year on January 1st and not be subject to minimum contribution or participation requirements. Therefore, she believes the waiver merely creates the added benefit of allowing employers to start coverage mid-year rather than waiting. Ms. Davis asserted that the adverse selection problem the requirements are meant to address is less of a concern in DC, where there is an individual mandate to maintain health coverage.

Mr. Pitts indicated that, as a business owner, he understands the needs of employers and sees Ms. Davis' points. However, he also understands the concerns raised by the other Board members regarding "gaming" by employers.

Dr. Aaron indicated he was not comfortable with a two-year extension without first looking at the data on the existing waiver. He also stated that, if there were an extension, there would need to be a clear data collection plan regarding how employers used the waiver and the effect on existing employer contribution and participation. Dr. Ku agreed, but thought the waiver could be approved and then removed prior to 2022 if the data showed it created adverse effects. Ms. Kofman advised against Dr. Ku's suggestion, emphasizing that the waiver had to be for a known period, specifically the two-year period recommended by the SAB, so that employers could have certainty. Additionally, the Board needed to act quickly because, without the extension, employers would need to renew for a 1/1/21 effective date, a time period where minimum contribution and contribution requirements will not apply regardless of whether the Board approves an extended waiver. This is not beneficial for employees, who would have their cost-sharing reset prior to the end of a 12-month plan year, based on the early start of a new plan year on 1/1/21.

Dr. Aaron re-emphasized that he did not want to move forward without reviewing the data which supports the proposal. Ms. Kofman indicated HBX staff could provide the data within 48 hours of the meeting ending and develop an ongoing data monitoring plan for presentation to the Executive Board Research Committee on which Dr Aaron serves and Leighton Ku is the Chair. Then, it was agreed that the Research Committee would meet soon to review the data monitoring proposal and the Board would reconvene later in September to reconsider the issue of extending the SHOP Open Enrollment rules beyond calendar year 2020.

e. **Outreach Plan for the Upcoming Open Enrollment Period** – *Linda Wharton-Boyd, HBX Staff*

Mr. Pitts thanked Dr. Wharton-Boyd for pulling the outreach plan together. Mr. Pitts stated that we continue to market ourselves to folks on communications and our services department. Mr. Pitts stated that for 7 years, the communications marketing outreach committee had aggressive outreach strategies and have been extremely successful. He noted COVID-19 has created a new reality for the marketing committee and transformed how we need to do things. Many of our outreach efforts were dependent on in-person conversations and meetings and through organized events which we cannot do right now. Mr. Pitts commented that under Dr. Wharton-Boyd's leadership, the team remains committed and plan to continue the outreach in new ways.

Mr. Pitts turned the presentation over to Dr. Wharton-Boyd to present the 2021 Open Enrollment Communications, Marketing and Outreach Plan (distributed with the meeting materials). Dr. Wharton-Boyd noted that this open enrollment period will look very different for us as everything will be completely virtual. We are in the process of rethinking how to reach the target audience that we talked about: uninsured, existing customers we want to reach, potential customers, those who are renewing, and diverse populations. We also want to stay astute to the newcomers to the market who have lost their coverage due to job loss.

The slide presentation can be viewed here:

https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/OEP8%20Strategic%20Plan_Sep%202020%20%28Final%29%20v%232%20_0.pdf

VIII. Public Comment

No public comment was proffered.

IX. Votes

a. Resolution - Extension of COVID-19 SEP for Individual and Small Group Markets

It was moved by Dr. Ku and seconded by Dr. Aaron to approve Extension of COVID-19 SEP for Individual and Small Group Markets. The motion carried unanimously with Dr. Aaron, Dr. Ku, Ms. Lewis, Ms. Watkins, and Mr. Pitts voting yes.

b. Resolution - Extension of SHOP Open Enrollment for 2021 and 2022

This item has been suspended until board members review data and board members will vote on this item at an October 2020 board meeting.

c. Transmit the DC Health Link Report on how Health Insurance Companies offering Coverage through DC Health Link are Taking Steps to Improve Access to Services for District Residents East of the River to Health Committee Chairman Vince Gray

It was moved by Dr. Aaron and seconded by Dr. Ku to approve transmission of the

“DC Health Link Report on how Health Insurance Companies offering Coverage through DC Health Link are Taking Steps to Improve Access to Services for District Residents East of the River” to Health Committee Chairman Vince Gray. The motion carried unanimously with Dr. Aaron, Dr. Ku, Ms. Lewis, Ms. Watkins, and Mr. Pitts voting yes.

d. HBX Social Justice Initiative Consulting Services

It was moved by Dr. Aaron and seconded by Dr. Ku to approve the HBX Social Justice Initiative Consulting Services contract. The motion carried unanimously with Dr. Aaron, Dr. Ku, Ms. Lewis, Ms. Watkins, and Mr. Pitts voting yes.

X. Closing Remarks and Adjourn, *Diane Lewis, Chair*

The meeting concluded at 7:19pm. Ms. Lewis noted that the next scheduled meeting is set for November 18th, 2020, but the board will schedule another meeting in October to discuss the outstanding discussion item related to extending SHOP Open Enrollment for 2021 and 2022.