



Health Benefit Exchange Authority Executive Board Meetingⁱ

MINUTES

Date: September 18, 2024
Time: 5:32 PM
Location: Via Zoom/By Video or Conference Call Only
Meeting Link: <https://dchealthlink.zoom.us/meeting/register/tZ0rc-itrTsqGtUugHdPpixmapjYMGT-hYEos#/registration>

Members Present: Henry Aaron, Leighton Ku, Diane Lewis, Gabriella Mossi, Khalid Pitts

Members Absent: Tamara Watkins, Wayne Turnage, Laura Zeilinger, Dr. Ayanna Bennett, Karima Woods

Welcome, Opening Remarks and Roll Call

Diane Lewis - Chair

A roll call confirmed a quorum with 4 voting members present (Dr. Aaron, Dr. Ku, Chair Lewis, and Mr. Pitts).

Gabriella Mossi joined after quorum was established.

Approval of Agenda

Diane Lewis – Chair

It was moved and seconded to approve the Draft Agenda. The motion passed with Dr. Aaron, Dr. Ku, Mr. Pitts, Ms. Mossi, and Ms. Lewis voting yes.

Approval of Minutes

Diane Lewis – Chair

It was moved and seconded to approve the Draft June 24, 2024 Minutes. The motion passed with Dr. Aaron, Dr. Ku, Mr. Pitts, Ms. Mossi, and Ms. Lewis voting yes.

Executive Board Business

HBX staff recommends that the election of the Board Chair occur at the next regularly scheduled Executive Board Meeting on November 19, 2024.

It was moved and seconded to set the Board Chair election date for November 19, 2024. The motion passed with Dr. Aaron, Dr. Ku, Mr. Pitts, Ms. Mossi, and Ms. Lewis voting yes.

Executive Board Finance Committee Report

Henry Aaron, Chair

The Finance Committee met on September 5, 2024 with all three members present. The Committee did not meet in July or August; however, the usual reports were shared via email.

Earlier this month, the Finance Committee considered investment decisions and provided direction on maturing investments.

The Finance Committee also discussed the HBX operating and capital reserves. Currently, the operating reserve is fully funded. The capital reserve has \$12,850,000 well below the \$25.6 million capital reserve maximum set through the board-approved reserve policy. Per Finance Committee direction, the HBX capital reserve will be fully funded by adding approximately \$13 million from available funds.

We approved contracts for IMS and Carahsoft for board consideration.

The Finance Committee reviewed the monthly budget trackers and spending reports and found nothing of concern.

Dr. Ku asked where the \$13MM from the capital reserve is funded from. Mila stated the Finance Committee recommended the capital reserve be indexed to account for inflation and move funding from the unassigned fund balance to fully fund the capital reserve, funds that HBX has not used also will comprise the additional funds that will now fully fund the capital reserve.

Executive Director Report

Mila Kofman, Executive Director

The 2023 Census data shows DC insured rate increased to 97.3%, up from 97.1% in 2022. DC remains number 2 behind Massachusetts for the lowest uninsured rate in the nation!

Thousands of people in DC have benefited from the American Rescue Plan/Inflation Reduction Act's lower health insurance premiums, also known as enhanced premium tax credits (PTC). HBX and other state-based marketplaces (SBMs) support making enhanced PTC permanent. We drafted a fact sheet highlighting the importance of enhanced PTC to DC residents and businesses and impact if Congress doesn't act.

Enhanced PTC will expire December 2025. However, action by Congress is necessary this year due to health insurance and marketplace cycles. Some SBMs start developing their 2026 standard plans and product requirements now.

Our Standard Plans Working Group (SPWG) had its first meeting and will do most of its work in the next 6 weeks.

The Senate Finance Committee has scheduled a hearing for September 17 on expiring provisions of the IRA, including enhanced PTC.

On September 12, DISB announced approved premiums for 2025 – a 4.7% individual rate increase and 4.9% increase for small businesses.

On August 20, Commissioner Woods held a public hearing on the 2025 proposed rates for individual and small-group coverage. We advocated for the lowest possible rates and recommended no increases for individual and small group plans. HBX appreciates Commissioner Woods holding a public hearing and the opportunity to testify.

Open enrollment is November 1 to January 31. Window shopping will start mid-October, allowing residents to see prices and policies for 2025 prior to November 1.

We are extending hours at DC Health Link Contact Center: 8:00 a.m. to 8:00 p.m. Monday-Friday, and Saturdays November 2 through December 14 from 10:00 a.m. to 5:00 p.m., except the Saturday after Thanksgiving. We will have extended hours, 8:00 a.m. to 9:00p.m., for deadline days — December 6, 9, 12, and 13, January 14 and 15, and for 2 nights before the close of Open Enrollment. Note: regular hours are M-F 8:00 a.m. – 6:00 p.m.

The annual open enrollment kick-off event will be held at Carlos Rosario International Public Charter School Sonia Gutierrez Campus.

As in past years, we are testing and conducting practice runs of our eligibility and plan renewals which will continue through early October. This includes testing the generation of our open enrollment notices and coordination with DCAS for households with eligibility through DC Health Link and Medicaid. We send three open enrollment notices.

As a reminder, on May 8, the Biden Administration issued a final rule making DACA recipients eligible to enroll in exchange marketplaces starting November 1, 2024, including lower premiums.

The annual training for Assisters will be held on October 10 and 11.

CMS Readiness Review is a part of federal oversight of state-based marketplaces and is required annually before open enrollment begins to ensure that each state-based marketplace is ready for open enrollment. Our review is scheduled for September 26.

Congressional open enrollment is November 11 to December 9. HBX will offer virtual one-on-one appointments to Congressional staff similar to past open enrollments. In addition, the House of Representatives will host virtual fairs on November 14 and December 5.

In response to surveys of customers and District residents, we are updating the term “Standard Plan” to “Essential Plan.” We learned that customers don’t understand what “standard plan” means and preferred the term “essential plan.”

The FY2025 Budget provides \$12 million for HC4CC. We are closely monitoring enrollment and cost and meet monthly to review expenses and projected future spending. We will institute a waitlist for new groups when necessary. This will ensure that the \$12 million is sufficient to cover employers and workers currently enrolled, as well as workers who lose Medicaid. We continue to focus on residents and facilities in underserved communities in Wards 1, 4, 5, 7 and 8.

There are currently 211 facilities (151 employers) enrolled in HC4CC, covering a total of 1,366 workers and dependents.

The 211 facilities enrolled is out of 279 that are eligible for group coverage (we’ve enrolled 76% of eligible facilities). There are 430 workers and dependents enrolled in individual and family plans. Currently HC4CC covers 1,796 people. Historically, HC4CC has helped 2,279 people and 228 facilities.

In June 2024 we received an updated list of HC4CC-eligible workers. There are 4,858 eligible workers – 350 more compared to July 2023 data. This includes residents and non-residents. Comparing the July 2023 to June 2024 data of eligible workers: 2,713 (60%) are still on the eligibility list – 40% are no longer on the list and therefore no longer eligible.

DHCF analyzed the updated data and identified 903 residents enrolled in Medicaid. DHCF’s analysis of Medicaid enrollment is important because it provides best available current coverage data and allows us to focus on HC4CC-eligible residents who are not covered by Medicaid. Of the currently eligible HC4CC workers who are DC residents, we cover nearly half.

Since June, we enrolled 14 residents who lost Medicaid into HC4CC.

HBX staff presented at the **Black Boyz and Men: Mental Health Crisis Care and Community** symposium to mark **Bebe Moore Campbell National Minority Mental Health Awareness Month**. Jackie Reyes-Yanes, Director of the Mayor’s Office of Community Affairs, who has partnered with DC Health Link on many outreach efforts, is the new Chair for HBX’s Hispanic Advisory Council.

Wells Fargo changed the mailing address for premium payments and, at the end of September, the US Postal Service will cease forwarding mail from the old P.O. Box in DC to the new P.O. Box in Philadelphia.

CCIIO continues to review our Plan Year 2026 EHB Benchmark proposal, which includes the infertility coverage mandate. If CMS approves the updated EHB, DC will no longer have the financial obligation to pay for the mandate. The defrayal payment requirement will apply for Plan Year 2025.

HBX Year 3 Report to the Board on implementation of the HBX Social Justice and Health Disparities Working Group recommendations was released.

The Standard Plans Working Group reconvened on September 17 to discuss 2026 standard plan equity-based benefit design. The working group is focusing on HIV/AIDS and adult mental health.

On August 1, CMS approved a no-cost extension for the grant, extending the period of performance by one year to September 14, 2025. We have \$199,028 remaining under this grant.

DISB sent out our FY25 assessment on July 15. As of August 29, HBX has collected \$39,831,005 of the \$40,127,312 assessed. The deadline for payment was August 26, and the deadline to file an appeal was August 29.

Ms. Kofman concluded the report and there were no questions.

Discussion Items

IMS For Printing and Mailing – Mila Kofman, Executive Director

Mila Kofman provided the information on the IMS contract for printing and mailing, approved by the Finance Committee.

HBX is currently in a contract with IMS, a leading provider of printing and mailing services. Under the contract, IMS provides high-quality printing and mailing solutions to support HBX's operations. The contract has a 1-year period of performance from October 1, 2023, through September 30, 2024. The Board-approved contract amount is \$330,000.

In FY24, the Department of Health Care Finance (DHCF) issued a competitive Request for Proposal (RFP) for printing and mailing services. Proposals were evaluated and scored based on the offerors' technical method of approach, privacy and security, past performance, and price. IMS was the overall highest scored offeror and was awarded a contract on May 28, 2024. The contract includes a rider provision that allows other DC agencies to leverage the agreement.

HBX would like to exercise the rider provision in the DHCF contract leveraging it for the base year and three option years starting FY25. This arrangement enables HBX to maintain high-quality printing and mailing services while streamlining the procurement process. Therefore, HBX seeks budget approval to fund the base year and three option years in the following amounts:

Base Period (FY25):

10/1/2024 – 9/30/2025: \$330,000

Option Year One (FY26):

10/1/2025 – 9/30/2026: \$330,000

Option Year Two (FY27):

10/1/2026 – 9/30/2027: \$330,000

Option Year Three (FY28):

10/1/2027 – 9/30/2028: \$330,000

Carahsoft for Amazon Web Services - Mila Kofman, Executive Director

Mila Kofman provided the information on the contract for Carahsoft Technology Corporation for Amazon Web Services, approved by the Finance Committee.

In FY23, HBX issued a task order to Carahsoft Technology Corporation to procure cloud hosting services (Amazon Web Services – AWS) to host its enrollment platforms, including the one we host per our agreement with Massachusetts’ Commonwealth Connector Authority (CCA).

Carahsoft is a technology reseller that has a negotiated Participating Addendum against a Master Agreement with the District’s Office of Contracting and Procurement (OCP), on behalf of the Office of the Chief Technology Officer (OCTO) and facilitated through the National Association of State Procurement Officials (NASPO). At the May 4, 2023 Finance Committee meeting and the May 10, 2023 Executive Board meeting, the contract was approved for the base year and option year one in the amounts of \$256,000 and \$950,000, respectively. The period of performance for the base year ran from June 24, 2023 through September 30, 2023 and option year one runs from October 1, 2023 through September 30, 2024. There are two remaining option years under the contract.

To maintain continuity of our operations and to host our enrollment platform in the cloud, HBX is requesting the following budgetary authority to fund the remaining option years:

Option Year Two (FY25):

10/1/2024 – 9/30/2025: \$950,000

Option Year Three (FY26):

10/1/2025 – 9/30/2026: \$950,000

Vote

IMS for Printing and Mailing

It was moved and seconded that the Board approve the contracts. The motion passed unanimously with Dr. Aaron, Dr. Ku, Mr. Pitts, Ms. Mossi, and Ms. Lewis voting yes.

Carahsoft for Amazon Web Services

It was moved and seconded that the Board approve the contract. The motion passed unanimously with Dr. Aaron, Dr. Ku, Mr. Pitts, Ms. Mossi, and Ms. Lewis voting yes.

Social Justice and Health Disparities Working Group Year Three Report

Mila Kofman, Executive Director

Race/Ethnicity Bias in Clinical Algorithms: Update on adopting race neutral eGFR calculation – in-network providers

✓ Kaiser Permanente in-network hospitals, laboratories, and other “in-network” providers* have adopted a race-neutral approach in estimating glomerular filtration rate (eGFR)

✓ Aetna’s in-network laboratories use a race-neutral eGFR test. When their in-network practices and hospitals with laboratories use a different test, they reprocess eGFR tests on behalf of their members if the test includes race as a variable

✓ One carrier’s national in-network laboratories use a race-neutral eGFR test

*Providers that are in the KP network which operate a lab within their own office/practice.

How Health Plans Are Implementing Equity-Based Benefit Design – Highlights

✓ CareFirst Blue Cross Blue Shield has implemented DCHBX Equity-Based Benefit Design Cost-Sharing Changes for Type 2 Diabetes and Pediatric Mental Health Services

- The lower co-sharing changes are automatic and offered at the point of service
- CareFirst offers education regarding cost-sharing changes internally to staff and externally to providers, brokers, and all customer service advocates
- Information regarding lower co-sharing can be found on CareFirst’s website

✓ Kaiser Permanente has implemented DCHBX Equity-Based Benefit Design Cost-Sharing Changes for Type 2 Diabetes and Pediatric Mental Health Services

- The lower co-sharing changes are automatic, and patients are not charged at the point of service/treatment or prescription fill
- Information regarding lower co-sharing can be found in Evidence of Coverages (EOCs) and renewal documents

Equity-Based Benefit Design Cont.

✓ Updated benefits design for 2025 to eliminate cost sharing for cardiovascular and cerebrovascular services. Heart disease was the leading cause of death in the United States in 2020, according to research published in the American Heart Association journal Circulation. The rate of Black DC residents who die from heart disease is 2.5 times higher than White residents. Additionally, 10.1% of Black residents and 12.9% of Hispanic/Latino residents compared to 6.1% of White residents report not seeing a doctor because of cost.

- DCHBX Executive Board approved changes for 2025 standard plans.
- Standards Plan Working Group developed benefit design that eliminated cost sharing for cardiovascular and cerebrovascular services for plan year 2025 - no

deductibles, no copays, and no coinsurance for office visits with family medicine or internal medicine doctor, generic Rx, laboratory tests and imaging services including CT scans and electrocardiograms

Equity Accreditation Update

National Committee for Quality Assurance (NCQA): NCQA's Health Equity Accreditation focuses the foundation of an organization's health equity work: building an internal culture that supports external health equity work, collecting data that help create and offer language services and provider networks mindful of individuals' cultural and linguistic needs, and identifying opportunities to reduce health inequities and improve care (<https://www.ncqa.org/programs/health-equity-accreditation>)

- ✓ CareFirst has been awarded NCQA Health Equity Accreditation through May 20, 2027
- ✓ Kaiser Permanente holds NCQA MHC Distinction (Multicultural Health Care Distinction) and is on track to obtain NCQA Health Equity Accreditation in October 2024

Examples of Obtaining and Using Data to Improve Outcomes

Health Plans Obtain Race, Ethnicity, and Language Data on Members

- ✓ Kaiser Permanente exceeds goal of obtaining data on 87% of members
- ✓ Kaiser Permanente collects data routinely through their online member portal and as part of the rooming process (process of completing questions/forms prior to meeting with a provider)
- ✓ Kaiser Permanente has capability to provide aggregate data by race, ethnicity, and primary language to DCHBX for select diseases and health conditions

Health Plans Measure Race, Ethnicity, and Language Disparities

- ✓ Kaiser Permanente identifies disparities in care by stratifying quality measures by race, ethnicity, and primary language and is actively working to implement patient interventions to ensure equitable care with little variation in process and outcome measures

New Initiative:

- ✓ CareFirst Blue Cross Blue Shield launched their "Place-Based Diabetes Grant Program" which recognizes that health is influenced by factors beyond the confines of a clinical setting and aligns with their comprehensive strategy to address social drivers of health and reduce disparities in the District
 - Grant recipients will be announced in Fall 2024 and share in the \$5 million grant
 - The grant will empower local organizations making meaningful impact in focus areas including food availability, food as medicine interventions, and nutrition education

Health Plans Improving Access to Diverse Providers and Training All Providers to Improve Cultural Competence

- ✓ Kaiser Permanente conducts an annual assessment of provider networks against membership, including language and race, and uses those results to assess opportunities for hiring
- ✓ Kaiser Permanente provides scholarships to young leaders who demonstrate an interest in the healthcare industry including clinical careers in medicine through its Health Equity Scholars Program
 - CareFirst Blue Cross Blue Shield has increased reimbursement for preventive and mental health care to primary care providers through a new payer-provider alliance with Children’s National Hospital to address healthcare disparities and social determinants of health
 - These providers go through specialized mental health training offered by Children’s National Pediatric Health Network focused on depression, suicide prevention, anxiety, ADHD and eating disorders

Health Plans Improving Access to Diverse Providers and Clinicians and Training All Providers to Improve Cultural Competence

- ✓ CareFirst Blue Cross Blue Shield has incorporated health equity training requirements into all future value-based contracts, inclusive of accountable care organization contracts and episode of care models. Since 2021, CareFirst has included an annual health equity training requirement for value-based primary care providers participating in the Patient Centered Medical Home program.
- ✓ CareFirst Blue Cross Blue Shield’s Learning and Engagement Center, that offers courses focusing on structural competency, also includes cultural competence and implicit bias training. These courses are available to the entire medical community, including in network and out of network providers. More than 12,300 providers and community members completed the trainings as of August 7, 2024. 1,887 learners have completed “Understanding Implicit Bias” training and have received free credits toward their license management.

Mr. Pitts asked if the information discussed applies outside of the Washington, DC area. Ms. Kofman responded that many of the social justice initiatives apply nationwide and are “enterprise-wide” benefits.

Dr. Ku asked about Language Access and how HBX handles and monitors language access. Ms. Kofman responded stating that HBX health plans address language access. However, HBX does not provide monitoring for language access, but HBX complies with the District’s Language Access Act.

Ms. Kofman concluded the report and there were no further questions.

Public Comment

There were no public comments, however Dr. Ku asked about filling HBX Board vacancies. Ms. Kofman responded stating that she is in contact with the Mayor's Office of Talent and Appointments and they are working to fill the vacancy.

Move to Executive Session

Diane Lewis, Chair

Closed Session pursuant to DC Official Code Sections §§ 2-575(b)(4A) and 31-3171.11 to discuss personnel. It was moved and seconded to move to Executive Session. The motion passed unanimously with Dr. Aaron, Dr. Ku, Mr. Pitts, Ms. Mossi, and Ms. Lewis voting yes.

Resumption of Public Session

Diane Lewis, Chair

The meeting resumed at 6:48 p.m.

Closing Remarks and Adjourn

Diane Lewis, Chair

The meeting was adjourned as of 6:48 pm on Wednesday, September 18, 2024. Our next meeting is scheduled for November 19, 2024.