



Health Benefit Exchange Authority Executive Board Meeting

FINAL MINUTES

Date: July 13, 2015
Time: 5:30 PM
Location: 1225 Eye Street NW, 4th Floor, Board Conference Room
Call- in Number 1: 1-877-668-4493; access code: 738 129 101

Members Present: Henry Aaron (via telephone), Nancy Hicks, Leighton Ku, Diane Lewis, Kevin Lucia (via telephone), LaQuandra Nesbitt (via telephone), Khalid Pitts, Steve Taylor, Wayne Turnage (via telephone), Laura Zeilinger

Members Absent: Kate Sullivan Hare

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

Chair Diane Lewis called the meeting to order at 5:35 pm. A roll call of members present confirmed that there was a quorum with five voting members present (Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis and Mr. Lucia).

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

Ms. Lewis stated that she wanted to propose a few changes to the agenda in order to shorten tonight's work. Since there will be a meeting of the Executive Board next Tuesday, July 14 at 2pm we can address these items then.

Ms. Lewis proposed removing the discussion and vote for Updated Procurement Policies and Procedures from today's agenda. And she proposed removing the second public session which consists of a vote on the five CBEs for IT services. She also proposed to correct the name of the vendor for Metro Ads which is OUTFRONT Media, not CBS Outdoors.

Ms. Lewis stated the amendments to the agenda will be considered en bloc unless someone objects to this approach. Hearing no objections we will move forward with en bloc voting. It was moved and seconded to approve the amended agenda. The motion passed unanimously, with Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis and Mr. Lucia voting yes.

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

It was moved and seconded to approve the June 24, 2015 minutes. The motion passed unanimously, with Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis and Mr. Lucia voting yes.

Since the Executive Director was tied up at the moment in other business, Ms. Lewis called on the remainder of the agenda items out of order.

IV. Finance Committee Report, Henry Aaron, Chair

- a. **IT Services Contracts for FY 16:** Staff updated the Committee on five Certified Business Enterprise Contracts (CBEs) for IT Services that are needed for FY 16. The Committee approved them for consideration by the full Board. They will be discussed in executive session tonight and will be voted on at our next board meeting on Tuesday, July 21st.
- b. **Metro Ads:** The Committee approved funding for Metro ads for the upcoming open enrollment. This item will be discussed and voted on later this evening by the full Board.
- c. **Financial Review:** The Committee was presented with the monthly HBX expenditures by HBX staff and the Committee noted that expenditures were as expected.

V. Marketing and Consumer Outreach Committee Report, Nancy Hicks, Chair

Ms. Hicks reported that over the past several months, the MCO Working Committee has been engaged in the following activities:

- a. **Marketing, Communications and Outreach Strategic Planning for the 3rd Open Enrollment Period (OEP)** – members have met and spoken with HBX staff to establish the planning process and have actively participated in planning meetings. To date, two planning sessions have taken place and two more have been scheduled. During these meetings with staff and community partners, the Committee is reviewing research data, trend analysis and outreach best practices to undergird discussions on outreach strategies to reach the “dire-hard-to-reach” populations during the 3rd Open enrollment Period (OEP). Once this process is complete, I will update the Board and staff will brief the Board on the plan for the next OEP.
- b. **Review of Business Partners’ Year 3 Proposals and Scopes of Work** – Last week, members of the Committee were presented with the business partners’ proposed Year 3 outreach and marketing activities for review and approval. Once the proposals have been reviewed and approved, they will be presented to the full Board in time for the July 22 Board call.
- c. **Research and Review data to help information planning process for 3rd OEP** – A number of organizations and groups have analyzed enrollment data for the 2nd OEP. Members of the committee have been reviewing data and trend reports and attended webinars to help better inform our decisions regarding outreach and enrollment tactics. For example, the Robert Wood Johnson Foundation hosted a webinar to share findings from its recent research study exploring the lives of the uninsured and their

feelings about enrolling in health insurance. Working with PerryUdem Research/Communication and GMMB, the Foundation commissioned a series of in-depth interviews, focus groups and a national survey with individuals who remain uninsured after the first two open enrollment periods. The research aimed to understand behaviors and values that drive decisions related to health insurance to provide insights into messaging and outreach activities to reach the uninsured.

The study showed the biggest impediment to poor people enrolling is continues to be the belief that they can't afford it. Despite all the communications about subsidies, many people are still unaware that financial help is available. These sources of information continue to inform our approach.

- d. **The 2015 State of Enrollment - Getting America Covered Conference hosted by Enroll America**
One committee member attended (along with HBX staff) various outreach and media relation sessions including modules on messaging, outreach and grassroots, training, data analytics, digital engagement, partnership, health insurance literacy and partnership. Participation in the conference helped to inform the planning process for the third OEP. Dr. Linda Wharton-Boyd, Communications and Engagement Manager, was a presenter representing HBX.
- e. **Media Relations Consultations** - As chair of the Marketing and Consumer Outreach Working Committee, I am called upon to consult with the staff on various media and outreach issues. For example, this past March, I met with the communications, outreach and media staff to discuss best strategies for amplifying with media outlets DC Health Link's incredible success in enrolling young people. During these meetings and several telephone conferences, we discussed the heart of the pitch to journalists--one of the big questions about the ACA heading into October 2013 was whether young people would sign up; at DC Health Link, young adults are signing up at the highest rate of any exchange in the country; in fact, more than 70% of DC Health Link's individual market is under the age of 44. We further discussed where to take this pitch--the Washington Post, New York Times, and LA Times. Ongoing discussions were held via email to further hone the pitch to journalists. The New York Times expressed interest in the story and interviewed Mila on the subject. While the story has yet to run, the story idea is still very active and pitching to media is ongoing. I provide assistance and advice to staff as requested. I also review drafts of media releases.
- f. **DC Health Link 2nd OEP Debriefing and Evaluation Summit** – In early April, I was able to consult with Linda Wharton-Boyd about the 2nd OEP debriefing summit. During this debriefing summit, participants shared what happened during the 2nd OEP, examined the impact and evaluated whether or not the goals and objectives were addressed. Participants engaged in open conversations and discussions about what they observed in the District and other states nationwide and about the effectiveness of the strategies employed to inform, educate and enroll residents in health insurance through the individuals and families marketplace. We were most interested in what was performed well (what worked), what could be done better, what we learned from the experience, what can be improved and what should be utilized in future enrollment periods. As it turned out, we welcomed the perspectives and participation of our national (Enroll America, Families USA, etc.) and local partners who have observed and assisted DCHL with its enrollment efforts and who have also worked with other states across the country with enrollment. Their added insights and values will be a valuable to the planning process for the third OEP.

Ms. Hicks stated that the Committee will continue to work with the staff to further HBX' outreach and marketing impact as we move closer to ensuring that every resident in the District Columbia has health insurance.

Mr. Pitts entered the meeting.

VI. Announcement of Executive Board Officer Elections, *Purvee Kempf, General Counsel and Chief Policy Advisor*

Pursuant to the Board's Bylaws, the Annual Executive Board Officer Elections are to be held in the third quarter of the year for the three positions of: Chair; Vice-Chair; and Secretary/Treasurer.

A majority of board members must agree on a date. Based on the scheduled board meetings and the notice requirements, staff recommends the board elections be held at the regularly scheduled September meeting of the Executive Board, September 14, 2015.

If accepted, nominations may be made either today or at the September 14th meeting. Voting and non-voting HBX board members may make nominations.

A nomination must be accepted or rejected by the nominee at the September 14 meeting, either orally or in writing published through another Board member physically present at the meeting where the vote is to occur.

Dr. Ku asked to be reminded of the terms of the present Board members. Ms. Kempf said the terms are staggered, although she did not have the specific list of terms at hand. She agreed to circulate the list after the meeting.

It was moved and seconded to approve officer elections for the September 14, 2015 Executive Board meeting. The motion passed unanimously, with Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis, Mr. Lucia and Mr. Pitts voting yes.

Diane Lewis was nominated as Chair. Nominations may also be made at the September 14th meeting. Any nomination may be accepted or rejected at the September 14th meeting.

VII. Discussion Items

- a. *Assessment Appeals Emergency Regulation, Jennifer Libster, Associate General Counsel and Policy Adviser*

Ms. Libster stated that staff has been developing assessment regulations for 2015 pursuant to the Financial Sustainability Amendment Act of 2015, effective on June 23, 2015. Changes from the 2014 regulation include a new section clarifying that health carriers under the statute include both major medical and excepted benefits carriers and amendments to the appeals process. Those amendments include allowing for appeals for disputes that are equal to or in excess of 1% of the assessment or \$10,000 to address concern

that carriers might be barred from appealing errors that have a significant financial impact on a carrier while also preventing appeals for de minimus errors. In addition, pursuant to carrier comments, staff has added an additional 15 days for a carrier to appeal for a total of 45 days to appeal, and also gave HBX an additional 15 days to decide an appeal. Last, carriers requested that appeals toll payment of assessment. Staff added clarification that appeals do not toll payment, as provided by statute, which requires payment within 15 business days of the notice of assessment.

Staff posted the draft regulations for public comment on July 1. Two comments were received. The American Council of Life Insurers (ACLI) restated its objections to the assessment encompassing products that are not sold on the exchange. As a reminder, Ms. Libster said the U.S. District Court granted HBX' motion to dismiss in the suit filed against us by ACLI, and the case is on appeal.

CareFirst asked that the draft be modified to give carriers a right to appeal all assessment calculations, with no threshold. Upon review, staff recommends that the modification be incorporated into the regulation. CareFirst also asked that the regulations clarify that carriers have the right to appeal an HBX final decision to the Office of Administrative Hearings (OAH) or the superior court. HBX clarified in the June 1, 2015 memorandum that the regulations do not interfere with existing legal remedies outside of HBX; however staff has no problem with incorporating that modification into the regulation. Last, CareFirst also wanted the appeal to toll payment of the assessment, which is not permitted by our statute.

Mr. Taylor asked about the threshold for appeal. Ms. Libster stated that the last emergency regulation did have that provision, but staff is recommending it be removed as per CareFirst's request, so that any dollar amount may be appealed.

Mr. Lucia asked about exclusion of stop loss policies from assessment. Ms. Libster indicated that was part of an earlier discussion that stop loss would not be included. Ms. Kempf added that Ms. Kofman has so testified before Council.

Dr. Ku asked about the practical effect of no threshold. Ms. Libster said there was none as zero appeals last year did not meet the threshold. Dr. Ku asked if the money was held in escrow. Ms. Libster replied no, the full payment was deposited into HBX funds and then a refund was issued if the appeal was successful. Ms. Kempf said that accountants have a way of accounting for it.

b. *OUTFRONT Media Contract (Metro Ads), Mila Kofman, Executive Director*

Debra Curtis, Senior Deputy Director for Policy & Exchange Programs, reported for Ms. Kofman. OUTFRONT Media is the new name of the vendor for Metro ads. This contract is for \$170,000 for Metro and Bus ad production and placement. This is similar to what we did last year and will cover our upcoming open enrollment period of November 1, 2015 – January 31, 2016. These ads will be targeted at new enrollees – individuals and small businesses.

VIII. Public Comment

No public comment was proffered.

Ms. Kempf asked about the sense of the Board on the two modifications to the assessment regulations proposed by CareFirst. Dr. Aaron asked if there were any question that contesting entities can go to court to appeal. Ms. Kempf replied there was not. Dr. Ku noted that the removal of a threshold creates a risk of more appeals, but if the staff thought it was fine, he was fine. There were no objections by the Board to the changes suggested by CareFirst, and staff will create a new draft with those modifications to be voted on at the next Board meeting.

IX. Votes

OUTFRONT Media Contract (Metro Ads)

It was moved and seconded to approve the OUTFRONT Media Contract for Metro ads. The motion passed unanimously, with Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis, Mr. Lucia and Mr. Pitts voting yes.

X. Executive Director Report, Mila Kofman, Executive Director

Ms. Curtis reported for Ms. Kofman. Ms. Kofman gives an enrollment update at the regular monthly Board meetings.

Cumulative Counts since October 2013:

PROGRAM	LIVES
QHP	23,421
SHOP	19,854
MEDICAID	93,760
TOTAL	137,035

Covered Lives for SEP:

SEP MONTH	LIVES
4/1/2015	524
5/1/2015	588
6/1/2015	597

7/1/2015	557
8/1/2015	262
TOTAL	2,528

Mr. Turnage asked about the Medicaid figure and whether it included new enrollees. Ms. Curtis said these people originally came through DC Health Link for their original coverage and also the renewals that came through DC Health Link. Mr. Turnage understood.

Dr. Ku stated the numbers are cumulative and are not good numbers. They do not paint a picture about present enrollment. Ms. Curtis said she understood. Mr. Pitts if there could be future actions that would improve the picture. A protracted discussion ensued about the kinds of numbers that would be helpful to the Board and how they might be obtained. Ms. Curtis said staff is doing its best to try to get better numbers.

Mr. Turnage said he would be interested in the number of new enrollees coming in through DC Health Link. He said there is not much churn in Medicaid in the District, unlike other states, because of the high eligibility levels. He did not think renewal numbers was the proper way to evaluate how many new Medicaid participants came into the program due to the good work of DC Health Link.

Mr. Lucia asked about the numbers on SHOP and Congressional enrollees versus small business enrollees. Ms. Curtis replied that Congressional enrollment is just over 16,000 and there are more than 600 small employers in DC Health Link.

XI. Closing Remarks and Move to Executive Session

Pursuant to DC Codes Sections 2-575(b)(2), (b)(4) and (b) 10 and Section 3171.11, it was moved and seconded that the Board move to a closed session to discuss contracting, personnel and litigation. The motion passed unanimously, with Ms. Hicks, Dr. Ku, Ms. Lewis, Mr. Lucia and Mr. Pitts voting yes..

The Board went into executive session at 6:13 p.m.

The Board’s executive session was continued until July 14, 2015 at 8:30 p.m.