



Standing Advisory Board Meeting

FINAL MINUTES

Date: Thursday, February 26th
Time: 3:30 pm
Location: 1225 Eye Street NW, 4th Floor, Board Conference Room
Call- in Number: 1-877-668-4493; access code: 735 435 679

Members Present: Chris Gardiner, Billy MacArtee (via telephone), Claire McAndrew (via telephone), Dania Palanker (via telephone), Jill Thorpe, Kevin Dougherty, Stephen Jefferson (via telephone)

Members Absent: Laurie Kuiper, Luis Padilla, M.D.

I. Welcome, Opening Remarks and Roll Call, *Chris Gardiner, Chair*

Chair Chris Gardiner called the meeting to order at 3:35 pm. A roll call of members present confirmed that there was a quorum with seven members present: Mr. Gardiner, Mr. MacArtee, Ms. McAndrew, Ms. Palanker, Mr. Jefferson, Ms. Thorpe and Mr. Dougherty.

II. Approval of Minutes, *Chris Gardiner, Chair*

It was moved and seconded to approve the minutes from 12/4 meeting. The motion was unanimously approved by voice vote. Mr. Gardiner announced that the executive director report would be moved later in the agenda because the executive director was not present at this time.

III. Discussion Items

IPA Program Oversight & Management: Ikeita Cantu-Hinojosa

Oversight and Management of our DC Health Link Assister program is vitally important to us. We have a unique arrangement with an external vender that manages our Assister program. The Institute for Public Health Innovation is our independent contractor. The Federal Marketplace and several other states have been very complimentary about this third party structure which enhances oversight and accountability. IPHI is responsible for evidence based monitoring of the assisters, they do performance monitoring, they conduct site visits, they created an assister reporting tool that includes an electronic reporting mechanism, there are monthly narrative reports, a close out report at the end of each open enrollment period and when an Assister organization exits the program, and they conduct a survey of each Assister as well. Through data collected through these means, we know important data points like:

- 62.4% of the people who were helped by assisters in the 2015 open enrollment period were uninsured
- That 76.8% of the assister contacts were with people enrolling for the first time and 23.3% were with people who were renewing their coverage

- That 18.8% of the people assisted spoke Spanish as their first language
- That 54.6 of those assisted self-identified as African American or Black
- That 54.3% of those assisted were male

In addition to all of the data collection and oversight, IPHI assists with financial monitoring, handles billing, and is in charge of any corrective actions lessons needed. Finally, they meet with HBX staff after each open enrollment period to review best practices and lessons learned – so that we are always improving.

IPHI is in regular contact with each of our assisters. They hold weekly calls with program managers during open enrollment, and for example, next week IPHI and HBX are meeting with our six Assister organizations and our Navigator organization to plan for their ongoing work this year post open enrollment.

That's a snapshot of the oversight and management provided for the DC Health Link Assister Program.

There were no questions asked by Board members.

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

Ms. Kofman opened her remarks by playing a clip from the White House blog which had President Obama calling Linda Wharton Boyd on our staff to hear about creative outreach ideas. He was most interested to hear about our Superbowl Pizza delivery ads and was very complimentary of our creativity.

Enrollment update: Over 85,000 have come through DC Health Link since our inception in October 2013. As of February 23, we have had:

- 21,595 people enroll in private plans through the DC Health Link Individual and Family Marketplace
- 47,527 people determined eligible for Medicaid coverage through DC Health Link;
- 15,815 people enrolled through the DC Health Link Small Business Marketplace (includes Congressional Enrollment)

Ms. Kofman noted that these numbers do not mean all of these people are currently covered as there is significant fluctuation on that.

1095A Forms: Ms. Kofman explained that these forms are required by the IRS to document individual market coverage for people who purchase through exchanges. We had to do a lot of work with carriers to make sure they were accurate. We sent them all by early February. We also built an on-line version so that people can download them from DCHealthLink.com if they prefer – and that has been very popular with people. We also will issue corrections upon request. We've received roughly 30 requests so far and are processing those. We also report to the IRS annually and monthly with regard to this data. While the federal government has announced a problem with some 800,000 customers receiving inaccurate 1095 A forms, we have not had any similar systemic issues. We've had some small, individualized issues that we are addressing one-on-one with customer. Ms. Kofman wanted to particular laud the staff work of Sarah Bagge and Alex Alonso in this effort – and their manager, Rob Shriver.

APTC DESIGN: We made a policy decision through a working group in 2013 to default our APTC percentage on DC Health Link to 85% of the amount a customer is eligible for. The customer can increase the percentage they choose to obtain or decrease it. But, the majority of our customers have remained at the 85% mark. We think this shows they are risk averse and we think this feature will help people from being

hit by surprise tax bills. We believe we are the only marketplace to use this approach and we think it is paying dividends.

Jill Thorpe: Through the data reconciliation process you describe above, did you learn other good lessons for the future?

Mila: Yes, one big lesson is that we need to work closely with our carriers so we monitor any IT changes they make and we make them aware of any of our IT changes because these changes impact how data is transacted. By building this closer relationship between the IT teams, we can really prevent problems.

KING SUPREME COURT CASE: I was asked to provide an update on how the case could impact us. The good news is that as a State Based Marketplace, it will have no impact on us. Customers here in the District have nothing to worry about. I will note that I was recently at a Families USA conference participating on a panel with Virginia's health secretary and she is very worried. I told him we'd happily take Virginia and get them covered if they need us to do so.

UPCOMING POLICY WORK GROUP: I want to announce that we're establishing a new advisory working group on the 51-100 group market. The ACA requires Exchanges to increase their markets from 50 and under to 100 and under in 2016. The 1-50 small group market is well studied and understood. The same is not true of the 51-100 group size. We don't know a lot about their typical benefit offering, their risk selection, etc. We need to understand the consequences of this policy change and our Executive Board is very interested in this topic. The purpose of this working group will be to help us understand the market, consider implications, understand DC law and the Federal law with regard to this change, and consider whether HBX should take an active role in advocating for a delay in implementation of this change. The US Chamber of Commerce is already advocating for a 2 year delay, consumer advocates and others have weighed in with concerns about this move. I personally am very supportive of holding off on implementing this change. We need to better understand the market and plan for integration. Kate Sullivan Hare of the Executive Board has agreed to chair the working group and Margaret Flickinger, with Keller Benefits, has agreed to be Vice Chair. It is on the fast track with a significant time commitment. We need to work quickly as health plans will begin filing rates this spring and they need to be prepared. We had been waiting for the Federal government to announce the 2016 open enrollment dates to finalize the rate submission schedule. They just announced this week that the 2016 plan year open enrollment will be November 1, 2015 through January 31, 2016. So, those dates should be finalized soon.

IT UPDATE: We deployed a system update in Fall 2014 that was designed to add enhanced functionality. It had unintended consequences. We've identified issues, our customers have brought issues to us, and our brokers have found problems. We've already deployed five fixes on the SHOP side to address the majority of these issues. More are to come. Some fixes require code fixes which are significant lifts and will take longer to resolve. Others are poor user experiences and those are important for us to resolve as well. On the individual side, we passively renewed thousands of people and had some customers who then also went into the system during open enrollment and changed their plan selection. That took some work to resolve to be sure the health plan had the proper enrollment information, but it has been cleared up. Everyone with March 1 coverage should be enrolled. If you hear of anyone experiencing a problem, please send them our way so we can address their needs. On the small business front, we are realigning support for small businesses and brokers to create "account managers" for each company which we think will vastly improve user experience. This year, we will focus on user experience improvements, we will also add functionality that doesn't exist, like stand alone dental plans in SHOP. We're working with Washington Checkbook to add a unified provider directory onto DC Health Link. The work of the Standing Advisory Board Committee on Network Adequacy contributed greatly to this effort. Their work also contributed to updated

plan certification requirements in the network adequacy/provider directory arena that are being implemented for the 2016 plan year.

Jill Thorpe: What about Quality ratings in 2016, will they be added?

Mila Kofman: Yes, we will comply with federal law. And, Claire McAndrew has done a tremendous amount of work with the federal government on this topic so I will defer to her now.

Claire McAndrew: Yes, five star ratings and enrollee satisfaction results for each plan will become available in 2016. I advocated strongly when the insurance market committee was reviewing this topic that HBX wait for the federal process and use it first because it is so well documented and researched. Then, once this is up and running, we can turn to DC-specific quality issues.

Kevin Dougherty: What percentage of renewals were passive?

Mila Kofman: Probably 90-95%

Kevin: Is that something we should be worried about?

Mila Kofman: We were agnostic on shopping or passive renewals. We will learn from this year's experience and decide if we should take a different approach next year.

Claire: Consumer Checkbook discussion reminds me that Maryland is implementing a policy that will allow providers to directly update their plan participation information on the Maryland website. Is that something we could do? And, I continue to hear a lot of complaints on the Contact Center. What is being done to make improvements there?

Mila: We'll check with Consumer Checkbook and will talk to Maryland. If we decide to do something like that, we'll need to take it through the plan management committee. Thank you for the suggestion. On the call center, it continues to be a work in progress. We have taken steps with the vender to improve quality of services. There are improvements, but we're very far from being satisfied. We're enhancing training from our own staff, we listen to calls with them and conduct training during those calls, and the vender has increased staffing. But, we agree we have more work to do.

III. Discussion Items

District Agency Partners & Outreach Strategy, Linda Wharton-Boyd: I'll give you a quick and dirty on our strategy and then go into our partnerships. Our motto is that it takes a village to build the exchange and to work with folks in the community to help us be successful. So our business partners and our community partners are all those you see listed on the slide presentation before you:

- Navigators
- Certified application counselors
- Assisters
- Brokers
- Faith based organizations
- DC government agencies
- Local businesses

On the screen you see one of our assisters. That's Andre from La Clinica who met with President Obama at the Cave, having lunch with the President, talking about our outreach activities.

Our work has been recognized by a number of places:

Lesbian Gay Community
The Kaiser Family Foundation
The White House summit on Healthy Young Americans

Our faith based activities included "From the pulpit to the pews". We partnered with local churches, synagogues, mosques and other faith entities. Faith in Action Sundays significantly increased enrollment. There was very high enrollment right after church.

This year we borrowed an idea from the state of Massachusetts. We incorporated store front enrollment at six different locations. Our main location was the Martin Luther King Library. We had a very good partnership with the DC Public Libraries.

Another valuable part of our outreach was the One Touch Enrollment. This idea came about after visiting enrollment events and seeing people who were unable to get enrolled because they needed their identification verified and talking to brokers about their frustrations. We decide that we needed to have all of the people necessary for enrollment in one place. That's how One Touch Enrollment came about. We were able to work with our partner agencies in the government to get their staff to come work with us. This proved to be very valuable in the first enrollment period and this enrollment period. So much so, that the White House sent several of their senior staffers to several of our One Touch Enrollment Centers to see how they operated. This led to them actually putting on DC Health Link tee shirts and participating.

The highlights of our second enrollment included:

Movie night at Gallery Place – the release of Selma -- where were advertised on fourteen screens around the city.

National African American Week of Action with the Affordable Care Act – Boys to Men Project – we went to different barber shops around the city.

Enroll at the Bowl – College Football – we went to the bars and in between plays and half time, we talked to young people about enrolling.

National Classics – National Hockey League – we teamed with the Washington Capitals to reach out to young people at the Rock the River Classic.

Super Bowl Sunday – Super social Sunday – We partnered with Pizza 17 to place notices on the pizza boxes – picked up by national news

Agencies we partner with:

DC Public Library
Office of Asian & Pacific Affairs
Department of Employment Services – did direct mailings for us, included us on their web site, news letters
Office of African Affairs
Office of Latino Affairs
Office of Gay, Lesbian, Bisexual and Transgender Affairs
Mayor’s Office of Communications
DC Commission of Arts and Humanities
DC Public Housing Authority
Deputy Mayor for Health and Human Services
Deputy Mayor for Public Safety
DC Public Schools
Department of Behavioral Health – working on programs for transition aged youth
Department of Consumer and Regulatory Affairs
Fire Department
Department of Transportation
Department of Unified Communication
Department of Aging
Serve DC
MPD

Federally

White House Office of Faith Base Engagement
White House Office on Public Engagement
Vice-President Visited and event last year
Obama Administration’s highest ranking Latino woman, OPM Director Katherine Archuleta, came to the kick off for the 24 hour marathon
Twenty-four hour kick off went to Cork, Ben’s Chili Bowl, The Diner and 12 different churches or places of worship around the city.

Delta Dental Update, Kevin Wrege, Delta Dental: Delta is the largest dental carrier and issue the largest number of stand alone dental plans in all exchanges. They have 3100 enrollees through DC Health Link so far. They met with Mila Kofman and Debra Curtis to discuss an idea of expanding access to standalone dental products to adults by offering family policies through the exchange that were available with year-round open enrollment. We think this would in particular benefit Medicare beneficiaries and people who are covered by larger employer plans, but aren’t offered dental coverage and would come to DC Health Link to purchase their dental coverage only. When DC Health Link is ready, we want to offer that. We understand there are IT requirements to make this change and that our competitors might want to join, but regardless of our competitors, this is something we are interested in doing.

Mila Kofman: I think it is really important for us to always look for ways to offer value to our customers. Individuals rarely have access to stand alone dental products because it isn’t cost-effective for dental insurers to market them in the outside market. This would provide a real value to people. I think it would be great if other dental insurers decided to do so as well. But, I don’t want to hold up to wait for them. I recommend we go forward with the allowance for Delta Dental to offer year round open enrollment. The IT

functionality is not there now and will need to work with our IT team to make it possible. I wanted to bring it to you all first to see if there were any concerns raised with this idea from your perspective.

Kevin Dougherty: I don't see any drawbacks to consumers.

Jill: When will you be adding vision?

Mila: we'd like to move forward with vision.

Debra Curtis: Note, the ACA explicitly permits the sale of stand alone dental plans through the exchange but it prohibits the sale of other excepted benefit products like vision policies. There are new guidelines that seem to make it possible to offer some of these in nuanced ways through the exchange, but that is still a work in progress. Others are different from dental and just wanted to clarify that.

2014 TAX PENALTY SEP, Sarah Bagge, HBX Staff: The Federal Government and 8 other states so far have agreed to create a special enrollment period for people who found themselves impacted by the tax penalty and first learned of the requirement to purchase health insurance through that experience. There are variations to what the states have done, but most start the SEP in March and run it through April 30th. The variation we are considering to that policy is to allow discretion for HBX to consider allowing taxpayers who file for tax extensions to be able to enroll at the time they pay their taxes.

SEP for Loss of Coverage Mid-month, Alex Alonso, HBX Staff: Currently, there can be a coverage gap for individuals losing minimum essential coverage and applying for DC Health Link coverage. To address the coverage gap concern, DC Health Benefit Exchange Authority (HBX) staff is recommending a new special enrollment period (SEP).

Current federal regulations permit a SEP for an individual losing minimum essential coverage (MEC). Under that SEP, individuals can select a private DC Health Link plan up to 60 days prior to the date their old plan ends. That DC Health Link plan will become effective on the 1st day of the month following the date the old plan ends. The individual also has up to 60 days after the plan ends to select a private DC Health Link plan and that plan will be effective based on the date the plan selection is made.

However, this means that for individuals losing coverage in the middle of a month, even if they pick the DC Health Link plan prior to their loss of coverage, they will experience a gap in coverage. For example, if the individual loses MEC on June 5, and selects a DC Health Link plan on May 20th, the DC Health Link plan would not start until July 1.

HBX staff is recommending the establishment of a new SEP which reads as follows:

If an individual is losing minimum essential coverage, as defined by 26 U.S.C. §5000A(f), on a date other than the last day of a month. The triggering event shall be the date of the loss of coverage and the length of the special enrollment period shall be sixty (60) days before the day of the loss of coverage. The effective date shall be the first day of the month where the prior coverage is terminating. This special enrollment period shall not be available to individuals seeking advance payments of premium tax credits.

This "exceptional circumstance" builds on the spirit of the federal SEP in the following ways:

- 1) Ensuring there is not APTC paid for a month when an individual is also enrolled in MEC by limiting to customers not seeking APTC
- 2) Minimizing overlap in coverage by setting the effective date at the 1st of the month where the prior coverage is terminating.
- 3) Requiring the individual to complete plan selection prior to the loss of coverage if he/she wants to have continuous coverage.

The projected need for this SEP is low given that there are limited circumstances where coverage ends on a date other than the end of a month; most employers maintain an employee's coverage for the whole month even if that employee terminates mid-month.

Once this new SEP is implemented, in order to ensure there is no gap in coverage, the individual would need to select the DC Health Link plan in the calendar month prior to the calendar month where their old plan will terminate. If a customer does not select a DC Health Link plan prior to the loss of coverage, the federal SEP will still apply and affords a 60-day period after the loss of coverage to select a DC Health Link plan. That right is unaffected by this proposed SEP. However, the individual will experience a gap in coverage.

Claire McAndrew: I want to make sure the communication on this is clear – it sounds confusing.

Alex: Yes, we have FAQs on the website and a particular one on loss of minimum essential coverage and we will beef it up to explain this fully.

Dania Palanker: I want to say that the tax SEP is very important and I'd support it if it were even broader. On the loss of mid-month coverage, do you work with HR groups to spread the word?

Alex/Debbie: We have done so. For example, with the changing of the Administration's in District Government, we helped those transitioning out and made sure they had the proper tools to obtain coverage without a break in coverage. And, if you have recommendations of others we should be meeting with, we are happy to do so.

V. Public Comment

None

VI. VOTES

Mr. Gardiner asked for a vote on adopting the two staff proposed SEPs. A roll call vote supported these two SEPs with: Mr. Gardiner, Mr. MacArtee, Ms. McAndrew, Ms. Palanker, Mr. Jefferson, Ms. Thorpe and Mr. Dougherty all voting yes.

VII. Closing Remarks and Adjourn

The meeting was adjourned at 5:20 pm.