



**DC Health Benefit
Exchange Authority**

Standing Advisory Board Meeting

FINAL MINUTES

Date: Monday, October 27, 2014
Time: 4:00 pm
Location: 1225 Eye Street NW, 4th Floor, Board Conference Room
Call- in Number: 1-877-668-4493; access code: 730 694 300

Members Present: Chris Gardiner, Stephen Jefferson, Laurie Kuiper, Claire McAndrew (via telephone), Billy MacArtee (via telephone), Luis Padilla, M.D., Jill Thorpe

Members Absent: Kevin Dougherty, Dania Palanker

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

Chair Chris Gardiner called the meeting to order at 4:08 pm. A roll call of members present to confirmed that there was a quorum with seven members present: Mr. Gardiner, Mr. Jefferson, Ms. Kuiper, Ms. McAndrew, Mr. MacArtee, Dr. Padilla and Ms. Thorpe. Mr. Gardiner welcomed the new members, Laurie Kuiper and Luis Padilla, M.D., to the Board.

Laurie Kuiper is the Senior Director of Government Relations for Kaiser Permanente's Mid-Atlantic States Region. Since the passage of the Affordable Care Act in 2010, Ms. Kuiper has represented Kaiser's interests in the development of insurance exchanges in Washington DC, Maryland and Virginia. She was chosen to satisfy category (4) commercial sector health plans and was appointed to fulfill the two-year term of a Standing Advisory Board member who resigned.

Dr. Luis Padilla is the Senior Health Policy Advisor to the CEO/President of Unity Health Care, Inc., a federally qualified community health center in the District of Columbia. In this role, he provides policy advice to their President, including the development of the District of Columbia Health Benefit Exchange Authority. In addition to providing policy expertise, Dr. Padilla is a board certified family physician for Unity Health Care, the former Medical Director of Unity Health Care's Upper Cardozo Health Center in Washington, DC, and has provided care to underserved residents of the District of Columbia for the last decade. He was chosen to satisfy category (1) health professionals and was appointed to fulfill the two-year term of a Standing Advisory Board member who resigned.

II. Approval of Minutes, Chris Gardiner, Chair

It was moved and seconded to approve the minutes from 6/20 meeting. The motion was unanimously approved by a roll call vote. Voting in favor: Mr. Gardiner, Mr. Jefferson, Ms. Kuiper, Ms. McAndrew, Mr. MacArtee, Dr. Padilla and Ms. Thorpe.

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

Debra Curtis, Senior Deputy Director for Policy and Exchange Programs, delivered the report for the Executive Director.

- 1. NEW OFFICES:** Welcome to our new offices. For those of you on the phone, HBX has moved to our permanent location at 1225 Eye St, NW, Suite 400. We are excited to be getting settled into permanent space.

The Contact Center has also moved to a permanent location at L'Enfant Plaza. Today is its first day in the new space and there are a number of new Call Center Representatives starting this week to prepare for open enrollment. As a reminder, the Call Center is staffed and operated by Maximus Inc. A fulltime HBX Manager, Joan Hummons, is on site as well.

- 2. WELCOME TO NEW MEMBERS:** On behalf of Ms. Kofman, Ms. Curtis welcomed the two new members Laurie Kuiper and Luis Padilla to the Standing Advisory Board. Neither of them is new to HBX as both have been active in the development of our new marketplace from the beginning. We welcome them in their new role and thank them for their willingness to contribute even more.
- 3. OPEN ENROLLMENT:** Open enrollment is fast approaching. Individual and family open enrollment begins November 15 and runs through February 15th, 2015. To have coverage effective January 1, 2015, enrollment must be completed by December 15th. As you know, DC Health Link is where Members of Congress and their designated staff purchase health insurance coverage too. Their open enrollment starts November 10th and runs through December 8th. As always, small businesses can enroll at any time in the year. And, people found eligible for Medicaid can also apply year round.
- 4. 2015 PLAN CHOICES:** Now that plan filings are complete, we can provide updated information on plan choices for 2015. All of the same carriers are participating as in 2014. There will be 31 plan choices in the individual/family marketplace and 196 plans in the Small Group (SHOP) marketplace. (2014 was 34 individual and 267 SHOP.) Very few people were enrolled in plans that are discontinued for 2015. For anyone who was, our system will automatically enroll them into a similar plan/same metal level with the same carrier if they take no action to change plans.
- 5. RENEWALS:** The individual market preliminary renewal notices went out in early October. It is important to remember that all individual coverage renews January 1, 2015 – no matter when customers enrolled in coverage over the course of 2014. If customers are happy with the coverage they have, they don't need to do a thing and they will renew automatically into the same plan. If they want to change, they need to shop and enroll prior to midnight on December 15, 2015 for that change to go into effect on January 1.

Customers will receive a final 2015 projected eligibility notice around November 15, just in time for Open Enrollment. This notice will include updated information, if it was provided by the customer in response to the preliminary notice.

Ms. Thorpe inquired as to what the individual renewal mailer looked like, as she did not recall receiving one. Was it an oversized postcard? She had received one from her carrier alerting her that renewal information was forthcoming. Whatever she received from DC Health Link did not hit her awareness.

Ms. McAndrew asked about education messaging in the mailer. Also, she noted that the second lowest cost silver plan had changed, and that fact could make a big difference. Ms. Curtis stated she would get a

copy of the mailer to Ms. McAndrew. Ms. McAndrew noted that the Families USA motto for this open enrollment is “Stop, Shop, Enroll.” The motto for HBX is “Shop, Compare, Enroll” so they are similar.

6. **MEMBER SERVICES:** We learned a lot in our first open enrollment period last year. Since that time, we’ve created a new division within DC Health Link that we call “Member Services”. Member Services is a core group of people who provide one-on-one help -- in both the individual/family marketplace and the SHOP marketplace – to customers who experience any difficulties in their enrollment process. Member Services coordinates closely with our Contact Center to provide improved customer support.
7. **SMALL BUSINESS CONVERSION:** Ms. Curtis stated that over the course of 2015, all small businesses providing health insurance to their employees will transition into offering that coverage through DC Health Link. HBX has developed a conversion process to make this transition as smooth as possible for business owners, brokers and health insurance carriers.

IV. Discussion Item

- 2015 Small Business Conversion Process, Hannah Turner, HBX Staff

Ms. Turner reported that beginning in 2015, all non-grandfathered small business health plans must be offered through DC Health Link. For 2015 Plan Year (PY) renewals for small businesses currently offering coverage directly through the carrier, the small employer can renew either (a) directly into DC Health Link by creating a new employer application, or by (b) renewing into DC Health Link through the normal carrier renewal process.

During the 2015 PY for groups renewing into DC Health Link via their carrier:

- Employers will be converted onto DC Health Link (within one month of effective date)
- Employee enrollments will be processed through the normal carrier processes
- Carriers report data to DC Health Link

For 2016 PY renewals:

- All small businesses renew directly through DC Health Link
- Groups who renewed via carrier in 2015 will renew using account created in 2015 PY

For the 2015 PY, groups that choose to renew into DC Health Link via carrier, the small employer must offer coverage to full-time employees working at least 30 hours per week. The DC Health Link employer account must be created by the carrier within one month of the coverage effective date. Specific account creation instructions will be provided. Employee enrollments will continue through the normal carrier process.

Carrier reporting to DC Health Link will include data for CMS-required reporting and operational reporting.

For the 2016 plan year, all non-grandfathered small businesses will renew directly in DC Health Link. Groups who renewed through carrier in 2015, will renew through existing DC Health Link employer account (already created by the carrier during 2015 PY). Two sources of communication about 2016 renewal will go out: a carrier communication about DC Health Link renewal process and options; and a DC Health Link renewal communication to employers and brokers.

Ms. Thorpe liked the process. Mr. Gardiner asked if there was any feedback from small employers. Ms. Turner stated that businesses that had not previously offered coverage were excited, as were the employers who had

never offered choice of plans to employees. Ms. Turner stated that HBX encourages feedback; many tweaks had been made based on feedback that will be reflected in the forthcoming upgrade.

V. Program Subcommittee Updates

- Subcommittee on Network Adequacy – *Claire McAndrew*

Ms. McAndrew reported that the Subcommittee had been gathering information that is available to consumers. The subcommittee decided to narrow that scope of its inquiry to individual plans, and it is designing a data-gathering process. The plan is to call a sampling of providers in the following categories: primary care; oncology; ob-gyn; behavioral health; and neurology. The subcommittee will conduct a random sampling from the carrier provider directory and determine the following:

- Is the telephone number correct?
- Is the provider actually in-network?
- Is the provider taking new patients?
- How long is it to schedule an appointment?

Ms. McAndrew noted that the Executive Board, through the Insurance Committee, is looking at the certification, and that having an adequate network was a requirement for the carrier to be certified to sell on the exchange. There are three members of the subcommittee, and it is hoping to accomplish this large project by the fall. The Behavioral Health Association is assisting on the project.

- Subcommittee on Educating Consumers on how to use their Health Insurance – *Jill Thorpe*

Ms. Thorpe stated that she, Mr. MacArtee and the members of the subcommittee are exploring what resources are out there to help consumers, and what the post-enrollment experience has been. She noted that one focus was health insurance literacy, which is comprised of three parts: adequate knowledge; application of knowledge; and the confidence to do so. A recent Urban Institute health reform survey shows that 56% of consumers are not confident, and as one goes down the socioeconomic scale, the confidence factor plummets.

Reliable sources include healthcare.gov, HHS, and Families USA. The Urban survey found that the newly insured used multiple sources of information and had individualized assistance, as opposed to those who are still uninsured. Other sources of information are family, friends, co-workers, employers, brokers and health plans.

She had read of an effort in Michigan of “meeting consumers where they are.” Potential enrollees were assigned navigators, and had the opportunity to use video modules and internet chats. Mr. MacArtee stated that the goal is to educate the consumer – the more and most correct information they get empowers them to make better choices. Ms. Thorpe said she was considering convening a meeting of the DC Health Link carriers to determine what they do on consumer education. She also questioned the role of DC Health Link in the process; she stated there is not much educational information on the site.

Ms. McAndrew asked about the role of in-person assisters (IPAs) in the process – can they educate consumers outside of open enrollment? Ms. Thorpe asked how much leeway IPAs had. Ms. Curtis stated that IPAs are educated about what the consumer needs to consider, but they are not trained in health plan choice. At that point the consumer needs to be handed off to a broker. Ms. McAndrew stated consumers still need to learn how to use their health insurance. She asked if IPAs can serve as educators for this

purpose after open enrollment closes. Ms. Curtis said she would get information to the SAB from the appropriate HBX staff.

Mr. MacArtee noted that in Maryland, if a person signs up by him or herself, that person can later ask for and have a broker assigned to help through any number of issues that arise later. Ms. McAndrew thought that was a good idea. She noted that consumers get assistance in a variety of ways, and some can do it alone online, but that the subcommittee needs to consider the maximum number of ways to help consumers.

- Subcommittee on Preventive Benefits – *Dania Palanker*

Ms. Curtis reported in behalf of Ms. Palanker, who is working with Mr. Jefferson. She invited the new members of the SAB to join the subcommittee as it had lost a member.

Ms. Curtis stated that the subcommittee had gathered information on preventive benefits from the DC Health Link's carriers' websites, as well as from healthcare.gov and the HRSA website. The next step was for the subcommittee to reach out to our carriers and find out what they send to enrollees directly about preventive benefits.

VI. Public Comment

No public comment was offered

VII. Closing Remarks and Adjourn

Mr. Gardiner asked whether the SAB wanted to establish regular meetings. Ms. Curtis said that the philosophy has been not have meetings for meetings' sake, but to schedule meetings when there are relevant updates available. Of course the SAB can discuss the matter and decide on a different approach.

The meeting was adjourned at 5:09 p. m.