



DC Health Benefit
Exchange Authority

Standing Advisory Board Meeting

DRAFT MINUTES - DEBBIE TO EDIT

AGENDA

Date: Monday, November 2, 2015
Time: 3:00 pm
Location: Conference Call Only
Call- in Number: 1-877-668-4493; access code: 315 288 895

Members Present: Chris Gardiner, Kevin Dougherty, Claire McAndrew, Dania Palanker, Stephen Jefferson, Chile Ahaghotu, M.D., Billy MaCartee (joined a few minutes late)

Members Absent: Jill Thorpe, Laurie Kuiper

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

Chair Chris Gardiner called the meeting to order at 3:04 pm. A roll call of members present confirmed that there was a quorum with six members present: Mr. Gardiner, Mr. Dougherty, Ms. McAndrew, Ms. Palanker, Mr. Jefferson, and Dr. Ahaghotu. Mr. Gardiner stated that the meeting was informational and no votes would be taken, except to adopt the minutes.

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

It was moved and seconded to approve the minutes from 09/17 meeting. The motion was unanimously approved by a roll call vote. Voting in favor: Mr. Gardiner, Mr. Dougherty, Ms. McAndrew, Ms. Palanker, Mr. Jefferson, and Dr. Ahaghotu.

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

Ms. Kofman reported that the third open enrollment period had begun on Nov. 1 and would continue until Jan. 31. Ms. Kofman stressed in order for coverage to be effective on Jan. 1, customers must enroll by Dec. 15. In addition, she mentioned that the tax penalty for 2016 will rise to \$695 per adult and \$347.50 per child, or 2.5% of household income, whichever of the two is greater. The third open enrollment kickoff began in some of the churches Sunday morning November 1 and the official kick off was at the MLK Library. Speakers at the event included HHS Secretary Sylvia Burwell, Congresswoman Eleanor Holmes Norton, and Councilmember Brandon Todd from Ward 4. In addition, many individuals from the federal government came to support our efforts including Kevin Counihan, CEO of the Federal Marketplace and staff from CCIIO. Moreover, our business partners, all three business associations, assisters, navigators, CACs, certified brokers, and many HBX staff members were present to provide support and help enroll consumers. The turnout for the event was to be expected given it was the third open enrollment. Decent enrollment numbers were seen as a result of the event.

Ms. Kofman also highlighted the new consumer support tools. The DC Health Link Plan Match tool, the doctor directory in English and the beta Spanish version of the directory are currently available for consumer to use. All tools are powered by Consumer Checkbook and are for individual and family customers. Ms. Kofman stated that the same consumer support tools are on the roadmap to be deployed for SHOP during 2016. In addition, stand-alone dental plans will also be made available for SHOP customers later this year.

Ms. Kofman reported that the entire IT system has been revamped and there is an all new customer experience with a new look and new features based on input from our individual customers, brokers, employers and employees. She encouraged the Standing Advisory Board members to take a look at the system and provide feedback and let HBX staff know how the system could be improved even further. Ms. Kofman mentioned that the broker portal has been revamped as well based on feedback from the broker community and HBX welcomes feedback about the broker portal as well. Ms. Kofman stated in rebuilding the system they have moved away from a hardcoded approach to a very agile approach, which means they don't have to wait six months to a year to make changes and updates to the system. Changes can be made quickly on a daily basis and it is more cost effective. Furthermore, most changes can be made on the back end without interrupting the shopping or enrollment process.

The last item Ms. Kofman touched on was the budget process. She stated that last year the Standing Advisory Board was asked to provide feedback on the proposed budget before going to the Executive Board and DC Council for approval and this year the group will be asked to provide feedback for the budget for FY 2017.

Debra Curtis stated that the next Standing Advisory Board meeting is scheduled for December 17, which will be too late to hold a meeting concerning the budget for FY 2017; therefore a meeting will need to be held much sooner. Ms. Curtis stated she will reach out to Mr. Gardiner and Ms. McAndrew to come up with a date and time to have an earlier meeting that could possibly replace the December scheduled meeting.

Ms. Kofman asked if there were any questions regarding the executive director report.

Mr. Ahaghotu stated that the website was very intuitive and appealing visually. He expressed his concern that when searching for providers using the doctor director only a limited number of plans or carriers populate.

Ms. Kofman explained that currently the doctor directory is only for our individual customers, and the carriers currently selling in the individual market are CareFirst and Kaiser. The carriers selling in the small group market are CareFirst, Kaiser, Aetna and United Health.

Mr. Ahaghotu thanked Ms. Kofman for the explanation and explained he now understands why only CareFirst and Kaiser plans were being displayed when using the doctor directory.

Ms. McAndrew asked when would the final budget be submitted and when would the Standing Advisory Board be made aware what the final approved budget will be for the navigator program.

Ms. Kofman responded that they would take the budget recommendations made by the Standing Advisory Board then the proposed budget will go to the Executive Board for approval. Lastly, the proposed budget must go through the city's process for approval at the December 9th meeting. Ms. Kofman explained that in the past the budget has been accepted by the Mayor and Council. Ms. Kofman stated that in regard to the navigator and assister program budget the Exchange is still in the process of figuring out the budget, but if the Standing Advisory Board wanted to have a call before HBX staff reached a conclusion that was possible. Ms. Kofman explained that the problem is that the federal government would no longer be providing funding to fund state based marketplaces' assister programs, but would still be providing funds for states that use the federal marketplace. Ms. Kofman stated that if the advisory board has ideas on different funding mechanisms to please

share and HBX is looking for their input. Ms. Kofman stated that this year the assister program was funded at 800K, which was made possible from using federal funds.

Ms. McAndrew stated that she would like to work with HBX to think through funding options for the assister program in the future.

Ms. Kofman explained that Ikeita Cantu-Hinojosa (HBX Staff) has been working hard to grow the CAC program, which doesn't require any funding from the Exchange. The CACs go through the same training and background checks as the assisters and navigators, but these organization fund the staff themselves. Ms. Kofman stated that the Exchange is also looking into reaching out hospitals that aren't signed up yet and other organizations. Ms. Kofman expressed the importance of not losing the on the ground help that the assisters, navigators and CACs provide.

Ms. McAndrew asked how HBX anticipated it was going to go this year in regard to consumers receiving their insurance cards and paying their premiums.

Ms. Kofman responded that a couple of lessons were learned last year and will be shared with our customers. She stated that they learned that people shouldn't wait to be contacted by their insurance company to pay their first premium, but customers should proactively reach out to the insurance company to pay their premium for the first month. Ms. Kofman also stated that last year that some customers enrolled in auto pay didn't adjust the amount to automatically be deducted, which resulted in their policies being cancelled. Ms. Kofman explained that the notices this year to be sent to customers will have important tips and how to avoid some of the common problems experienced last year. She expressed that it was too early to tell if issues experienced last year could be avoided with this new outreach approach. Ms. Kofman stated that the busiest time is December and the last two days of enrollment; therefore outreach efforts will increase during these times.

Ms. Kofman explained that another issue that may arise this year is with customers who didn't file taxes this year. To qualify for APTC a customer has to file taxes regardless if their income was small enough to not be required by the IRS to file. Ms. Kofman stated that the Exchange reached out to the IRS to get a list of individuals who received APTC and didn't file their taxes, but they were unsuccessful in getting this information from the IRS along with all other states. Ms. Kofman explained that through the tools available at HBX they had a good idea of who didn't file their taxes and those individuals will be contacted to let them know that in order to receive APTC they must file their taxes. Ms. Kofman stressed that it is prohibited to tell a consumer they didn't file their taxes or give tax advice, but they will let consumers know that if they decide to file their taxes that HBX will provide a letter of support to give to the IRS to support filing taxes late. Ms. Kofman stated that there are only about 150 people receiving APTC, so with the small number an effective outreach campaign is possible.

Dr. Ahaghotu asked what was APTC. Ms. Kofman explained that APTC stands for advanced premium tax credit and is the tax credit or subsidy that qualifying individuals can receive to help pay their insurance premiums.

Ms. Kofman stated that another enhancement that she failed to mention earlier was that if an individual qualifies for APTC the silver plans will display first when shopping for a plan. Ms. Kofman explained that in order to revive APTC an individual has to enroll in a silver plan. A survey that HBX administered revealed that individuals who qualify for APTC are leaving tax help on the table because they aren't enrolling in a silver plan. There will also be messaging to remind consumers that if they are eligible for APTC they must enroll in a silver level plan or higher metal level plan.

Ms. McAndrew stated if that feature was what was discussed last meeting and that she thought that Consumer Checkbook wasn't going to provide that enhancement at this time.

Ms. Kofman explained that the feature will be outside of tool provided by Consumer Checkbook. She stated that we are able to put the function into our search engine more quickly.

Ms. McAndrew asked if Consumer Checkbook would eventually add the feature to their tool.

Ms. Kofman responded that the feature is on the roadmap to be added by Consumer Checkbook. She added that it has been great working with Consumer Checkbook in developing some of our new consumer tools, but it takes them much longer to make changes than us, so in the interim HBX will make the change.

Ms. Kofman stated that she want to reemphasize that regarding the APTC population all 150 individuals or so receiving APTC will be contacted and offered a letter of support to provide to the IRS.

IV. Discussion Item

Third Open Enrollment Period, Communications, Outreach, Marketing and Consumer Assistance Overview

Linda Wharton-Boyd, HBX Staff

Ikeita Cantu Hinjosa, HBX Staff

Ms. Wharton-Boyd presented the communications, outreach, and marketing strategy and Ms. Cantu Hinjosa presented the consumer assistance overview. The combined slide presentation is available here [here](#).

Mr. Ahaghotu expressed concern about phasing out the mobile app and he urged that the group may want to think about doing so, because there are certain functions available such as alerts that are possible when using an app that are not available by just going directly to the website via mobile phone.

Ms. Wharton-Boyd explained that people using the app use it for information purposes only and now that it is possible to enroll on your phone by going to the website it is a far more effective and efficient to direct them to the site to enroll. Ms. Wharton-Boyd also stated that we are working with Google to be able to have certain text messaging capabilities, GPS tracking and alerts, which will be more cost effective than continuing to use the mobile app.

Mr. Ahaghotu asked if Ms. Cantu Hinjosa could elaborate on how hospitals qualify to participate in the HPBE program for presumptive eligibility and what incentive is there for a hospital to participate.

Ms. Cantu Hinjosa explained that federal law states that only Exchanges can operate a CAC program. She stated HBX will designate the hospital as a CAC, but the HPBE program is handled by our sister agency.

Ms. Curtis stated that it is a DHCF program.

Mr. Ahaghotu asked if participation in the HPBE program gives the hospital any specific functions, privileges or is just a designation.

Ms. Cantu Hinjosa explained that with the special designation they can determine a person presumptively eligible for Medicaid, however ESA will make the final determination.

Mr. Ahaghotu state as the Exchange continued to attack the number of uninsured that the return on investment will begin to diminish; therefore has the group discussed possibly looking at the level of coverage people have and if it is adequate for their health needs.

Ms. Curtis responded that the ACA put in place minimum essential coverage; therefore people shouldn't be under insured. Ms. Curtis also stated there are certain benefits and requirements that all health insurance plans must meet now. Ms. Curtis mentioned that through surveys that the Exchange has done that affordability is still an issue even for those who qualify for APTC, so that will be an area that we definitely will look at in the future.

Mr. Ahaghotu asked why the numbers represented in the slide presentation about Medicaid determinations was different than the roughly 240K people who currently have Medicaid.

Ms. Curtis explained that the Exchange operates under a no wrong door policy, meaning that if you can come to DC Health Link to be determined eligible for Medicaid, APTC or purchase a plan without APTC. If determined eligible for Medicaid that transaction moves over to ESA to complete that enrollment. Ms. Curtis stated therefore without a doubt that a large number of people in the District found out that they were eligible for Medicaid by using the DC Health Link website. Ms. Curtis explained that the number presented in the slides about Medicaid eligibility initially represented the number of people who didn't know they were eligible for Medicaid, but as a result of using the website are now aware. Now Medicaid renewals are included as well. In the future the number should represent the total number of Medicaid recipients, because the system will also do all Medicaid renewals.

Mr. Gardiner asked if the board had any other questions.

V. Public Comment

No members of the public were present on the call.

VI. Closing Remarks and Adjourn

The meeting was adjourned at 4:22 p. m.