



Health Benefit Exchange Authority Executive Board Meetingⁱ

MINUTES

Date: Tuesday, September 16, 2025

Time: 5:30 PM

Location:

https://dchealthlink.zoom.us/webinar/register/WN_3UB2gYY_TmOtdSjNKf9KWw#/registration

Members Present: Henry Aaron, Diane Lewis, Leighton Ku, Gabriela Mossi, Rachel Pierre, and Dr. Ayanna Bennett.

Members Absent: Khalid Pitts, Tamara Watkins, Karima Woods, and Wayne Turnage

Welcome and Opening Remarks

Diane Lewis, Chair

Ms. Lewis noted the date as September 16, 2025, and time as 5:31 PM. The Executive Board met only virtually.

Executive Board Business

Executive Board Election Date - *Diane Lewis, Chair*

Ms. Lewis announced that at the July 8 meeting, the Board voted to hold the Executive Board Officer Elections today, however, due to scheduling issues, the Board elections for the positions of Chair, Vice Chair and Secretary/Treasurer would be held at the regularly scheduled December 2 meeting of the Executive Board.

Roll Call

Diane Lewis, Chair

A roll call confirmed a quorum with four voting members present – Henry Aaron, Leighton Ku, Gabriela Mossi, Diane Lewis.

Approval of Agenda and Minutes

Diane Lewis, Chair

Ms. Lewis asked if there are any changes to the draft agenda or the minutes for the July 8, 2025 meeting or if there are any objections to considering the agenda and minutes en bloc. It was moved and seconded to approve the agenda and minutes. The motion passed with Henry Aaron, Leighton Ku, Gabriela Mossi, and Diane Lewis voting yes.

Discussion Items

Ms. Lewis recognized Mila Kofman, Executive Director, to present the discussion item.

Center for the Study of Services (CONSUMERS' CHECKBOOK – Decision Support Tools) –
Mila Kofman, Executive Director

Ms. Kofman described the staff request to increase the contract ceiling for Option Year 1 through Option Year 4 (FY26 – FY29) from up to \$739,350 to up to \$940,000 for CONSUMERS' CHECKBOOK, Center for the Study of Services. This increase will be for further customization and maintenance of the Healthy DC Plan tools including program support and licensure for the Healthy DC Plan quick eligibility, a standalone Healthy DC Plan Provider Directory Tool, and a Healthy DC Plan Compare Tool (with Provider & Formulary Lookup). The proposal was first reviewed by the Finance Committee, which recommended consideration by the full board.

Public Comment

Diane Lewis, Chair

Ms. Lewis, Chair asked if there are any public comments.

Mr. Aaron asked if any members of the public have joined. Ms. Kofman noted that Allison Mangiaracino from Kaiser Permanente has joined.

Move to Executive Session

Diane Lewis, Chair

Ms. Lewis moved to go into Closed Session pursuant to DC Official Code Sections 2-575 (b)(4), 2-575 (b)(2) and 31-3171.11 to discuss litigation, legal advice, and contracting. The motion was approved unanimously with all member present being recorded as voting yes, Henry Aaron, Leighton Ku, Diane Lewis, and Gabriela Mossi.

Resumption of Public Session

Diane Lewis, Chair

Ms. Lewis announced that the Board was resuming the public meeting and will be voting on the contract that was discussed previously, along with an HBX security contract en bloc.

Vote

Diane Lewis, Chair

Center for the Study of Services (CONSUMERS' CHECKBOOK – Decision Support Tools)
Security Services

Security Contract

All members voted in favor of approving the contracts. With all members present, Diane Lewis, Leighton Ku, Henry Aaron, and Gabriela Mossi were recorded as voting yes. Dr. Ayanna Bennett was also present.

Executive Director Report

Mila Kofman, Executive Director

Ms. Kofman delivered her report to the Board, beginning with the status of the implementation of the Basic Health Plan. Ms. Kofman publicly acknowledged the staff for their hard work. She announced that it was being called Healthy DC Plan, and that although we are still waiting for formal approval for our blueprint from the federal government, the website has launched: www.healthydcp.com. Ms. Kofman acknowledged Dr. Ayanna Bennett for her agency's support in educating providers. HBX has a BHP Advisory Council.

Ms. Kofman explained that we anticipate appeals and process rights will look very much like what we have on our ACA plans on the commercial side. Healthy DC Plan was designed to have no premiums and no out-of-pocket costs for covered care for participating providers to help ensure affordability, especially for people who are losing Medicaid because of the Medicaid eligibility changes. We will be ready for open enrollment for Healthy DC Plan on November 1 and coverage will begin January 1, 2026. Childless adults and caregivers are the two categories that will be impacted. Anyone over 138%FPL will no longer be eligible for Medicaid. We will automatically enroll those residents into a Healthy DC Plan if their plans participate. We are on track with IT development, the shopping tool, how we enroll people, and how we pay for those enrollments. Onboarding of carriers is on track.

Mr. Ku inquired if work requirements would apply to the Healthy DC Plan. Ms. Kofman stated that ACA standards based on commercial rules apply to Healthy DC Plan. Anyone who loses Medicaid because of not meeting work requirements would not be eligible. Mr. Ku asked if we should "beat them to the punch" and eliminate Medicaid eligibility before the work requirements make them ineligible for Medicaid. Ms. Kofman emphasized that this decision was not within the purview of the HBX Executive Board. Mr. Ku stated that he was asking this question from the perspective of a citizen. The consensus was that this was a question better put to DHCF or the Deputy Mayor for HHS.

Dr. Bennett asked if there was an expectation from some residents that they would be eligible for Healthy DC Plan even if they are not currently enrolled in Medicaid. Ms. Kofman discussed data from the American Community Survey which showed that HBX could enroll

some uninsured people into the program. Dr. Bennett asked if there was a way to measure the cost of coverage. Ms. Kofman discussed how the federal government will fund the program. HBX expects approximately 25,000 people from Medicaid and 4,000 to 5,000 uninsured people to enroll. If the federal government extends the enhanced premium tax credit, available federal funding will allow for two additional benefits to be covered including adult dental and adult vision. This was built into the contracts with the health plans.

Ms. Kofman provided an overview of the status of the advocacy for enhanced premium tax credits. State-based marketplaces sent a letter to the Hill, encouraging Congress to extend the enhanced premium tax credits. We have current enrollment of 4,350 residents who benefit. Seven of 10 are small business owners.

On September 11, Commissioner Woods held a public hearing at DISB on proposed premiums for 2026. There were approximately 80 witnesses who signed up. Most were our customers from the small business side, as well as from the individual side, a few brokers that we work with, as well as two of the Chambers -- all testified that DISB should not approve the requested premium increases.

Open enrollment starts November 1st and goes through January 31st.

HealthCare4ChildCare is becoming a model nationally. Earlier this summer our team provided technical assistance to a bipartisan group of legislators from Connecticut who were looking to replicate the program there. They modeled their new program on HC4CC, and we shared lessons learned.

Executive Board Finance Committee Report

Henry Aaron, Chair

Mr. Aaron delivered his report to the Board. The Finance Committee met on September 2nd. All three members were present. The Committee did not meet in July or August, but reports were shared by mail. On the investment front, investment accounts remain in money market funds following the recommendations from the DC Treasury. The committee approved transferring \$24MM (in assessments collected to date) in the Operating Account to the Assessment Investment Account and approved moving \$5MM in outstanding assessments (once collected) to the Assessment Investment Account.

With regard to the infertility defrayal costs, we began covering those infertility services as called for by the Expanding Access to Fertility Treatment Amendment Act of 2022 on January 1, 2025. Federal law requires the District to defray claims for costs rendered this calendar year. Ms. Kofman referred to her efforts to make sure there was a limit on our exposure. An actuarial analysis of the first two quarters estimated costs to fund this mandate through the end of this year to be six to seven million dollars. As she noted, we identified two funding sources to cover these costs. The first was administrative fees from the Mass Connector, and the second was dividend earnings on our premium account, which

consists of insurance premiums paid by employers in the SHOP Marketplace. We're going to make a one-time payment to carriers in 2026.

Next calendar year, we will not be liable for these payments because HBX in partnership with DISB added infertility services to the District's essential health benefit benchmark.

The committee approved the two contracts the Board voted on earlier in the meeting. It reviewed the monthly trackers and spending reports and found nothing of concern.

Closing Remarks and Adjourn

Diane Lewis, Chair

This meeting was adjourned as of 6:37 PM on Tuesday, September 16, 2025. The next meeting is scheduled for December 2, 2025, at 5:30 PM.

ⁱ This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov.