



10th Anniversary



Get the facts. Get covered.



DC Health Benefit Exchange Authority

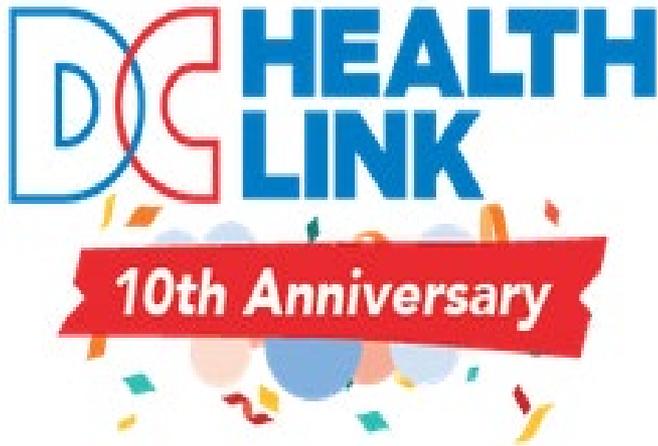
Mila Kofman, J.D., Executive Director

HBX Performance Oversight FY23-24
Oversight Hearing

DC Council Committee on Health
Chairperson Councilmember Henderson
Feb 14, 2024

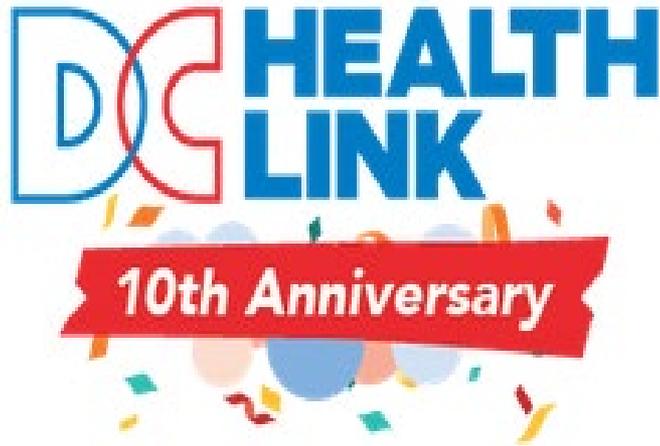


- ✓ Background
- ✓ Open Enrollment
- ✓ Inflation Reduction Act
- ✓ HealthCare4ChildCare
- ✓ Medicaid Unwinding Support
- ✓ Social Justice and Health Equity to address disparities in health outcomes





DC Health Link: ACA State-Based Online Health Insurance Marketplace



- HBX is responsible for DC Health Link – DC's Affordable Care Act online health insurance marketplace
- Last state to start IT build, **1 of 4 state marketplaces opened for business on time** (& stayed open) Oct 1, 2013
- **Funded** through assessment on health carriers



Pre-ACA

- 45,000 people died annually from preventable deaths because they did not have health coverage (Harvard 2009).
- People were locked into jobs because they needed good health coverage.
- People had to be in almost perfect health to get private health insurance.



Pre-ACA

- No guaranteed issue: people denied health insurance because of past or present medical needs
- Rates higher for: health and claims experience, gender, age (no restrictions), industry/occupation, duration of coverage, tobacco and for small businesses and group size
- Pre-existing conditions not covered
- Annual and lifetime limits allowed
- No maternity coverage in individual health insurance



ACA: Consumer Protections

ACA: consumer protections mean that no resident is denied coverage and health insurance now works not just when you are healthy but also when you are sick.

- All health insurance sold to individuals, families, and small businesses must cover essential health benefits: primary and specialty care, hospital stays, lab work, preventive care (with no cost sharing), maternity care, mental health and substance abuse treatment.
- People cannot be denied coverage or charged more because they had a medical condition in the past or currently.
- Pre-existing medical conditions cannot be excluded from coverage.
- No rate ups allowed except for age (1:3 limits). Women are no longer charged higher rates than men. No tobacco rating in DC.
- Annual and lifetime limits on coverage are prohibited.



ACA: Made Premiums More Affordable

- Lower premiums for residents and families (APTC)
- Inflation Reduction Act – lowered premiums even more (as low as \$13/month for quality health insurance)



POTUS With DC Health Link Assister (OE for 2015)





DC Health Link Media Coverage

“.... But if you ordered pizza from Pizza 17 in D.C. last night, you probably did hear about health insurance from the District's health exchange. DC Health Link tucked fliers reminding football fans that the Feb. 15 coverage deadline is coming up....”

POLITICO PULSE
2015







Enrollment Kickoff 2016

- HHS Secretary **Sylvia Burwell**
- U.S. Congresswoman **Eleanor Holmes Norton**
- Councilmember **Brandon Todd**
- CEO of FFM **Kevin Counihan**
- HHS Regional III Director **Joanne Grossi**





ACA Coverage Expansion in DC (early years)

Survey conducted by Center for the Study of Services for HBX found (2016):

- 1 in 4 people with individual private health insurance were uninsured prior to enrolling through DC Health Link.
- 1 in 2 people determined eligible for Medicaid were uninsured before applying.
- 4 in 6 small businesses did not offer health insurance to their employees prior to enrollment through DC Health Link.



2024 DC Health Link Successful ACA State-Based Marketplace

NEAR UNIVERSAL COVERAGE: nearly **97%** of DC residents covered

- ✓ Cut uninsured rate by half since DC Health Link opened for business
- ✓ DC ranks **#2** in U.S. for lowest uninsured
- **Cover 100,000 people** (private health insurance);
- **Cover 5,200+** District small businesses and non-profits
- **Have 900+** DC Health Link brokers providing free help to customers
- **Responsible for \$670+ million** in annual premiums



Open Enrollment Nov 1, 2023 to Jan 31, 2024 for District Residents

- **Window shopping October 16 to October 31:** preview 2024 health plans and rates before Nov 1.
- **2024:** 27 health plans from CareFirst BlueCross BlueShield and Kaiser Permanente.
- **Standard Plans: No deductibles** for primary care, specialists, mental and behavioral health, urgent care and generic Rx.
 - ✓ **NO COST SHARING for Type 2 diabetes care** including insulin, lab work, eye and foot exams, and Rx and supplies – no co-pays, no co-insurance, and no deductibles.
 - ✓ **\$5 for outpatient pediatric mental and behavioral health services** including office visits, certain lab work, and medication – \$5 copay, no co-insurance, and no deductibles.
- **More residents qualify for lower monthly premiums** because of Inflation Reduction Act.



Inflation Reduction Act: Lower Premiums through Dec 31, 2025

Inflation Reduction Act health insurance benefits to residents:

- ✓ Approximately \$36 million annually in lower premiums.
- ✓ **Premiums as low as \$13/month** for quality health insurance through DC Health Link.
- ✓ On average \$6,055/year in lower premiums for families.
- ✓ HBX is working closely with other state-based marketplaces, federal partners, consumer and patient advocates, and others to advocate for Congress to make lower premiums permanent.



HealthCare4ChildCare through DC Health Link helps OSSE licensed child development facilities provide affordable health insurance for their employees. Free premiums & lower premiums started Jan 1, 2023.



HC4CC Inaugural Year: HBX with its partners **more than doubled HealthCare4ChildCare enrollment.**

Small Group Enrollment

- **Licensed facilities almost doubled** from 94 to **184**
- **Employers more than doubled** from 61 to **130**
- **Employees doubled** from 516 to **1,053**
- **Employees and their dependents doubled** from 594 to **1,205**

Individual Marketplace Enrollment

- **Residents more than quadrupled** from 41 to **181**
- **Residents and their dependents more than quadrupled** from 62 to **284**

**HealthCare4ChildCare
covers
1,489 people***

**As of 2/1/24; growth from 1/2023 to 2/2024*



HealthCare4ChildCare through DC Health Link: **New** for 2024 Plan Year

HC4CC pays for Gold standard plans from Kaiser Permanente and CareFirst BlueCross BlueShield HMO and PPO for individual and family plans.

- ✓ DC Health Link automatically switched from silver to gold all residents currently enrolled in HC4CC individual and family plans.

“I wanted to join last year, but the ... silver plans were not what I really needed. I was worried I would dig myself into a hole. Happily, I saw a PPO Gold ... that was wonderful and so quickly jumped into action. It’s perfect for me and my child!” Jocelyn R.



HealthCare4ChildCare through DC Health Link: *New* for 2024 Plan Year Gold Covered

	Gold Plan	Silver Plan
Deductible	\$500	\$4,850 medical and \$350 prescription medication
Co-payment for a Primary Care Visit	\$25	\$40
Co-payment for a Specialist Visit	\$50	\$80



HC4CC Example: DC Residents who Work for an OSSE Licensed Early Child Development Home or Center – Free Health Insurance Premiums for **GOLD Coverage**

Age of Enrollee	Kaiser Permanente Monthly Premium	PREMIUM RESIDENT PAYS	CareFirst Monthly Premium		PREMIUM RESIDENT PAYS
			HMO	PPO	
29	\$506.13	\$0	\$539.53	\$552.73	\$0
40	\$649.31	\$0	\$692.16	\$709.09	\$0
50	\$952.98	\$0	\$1015.88	\$1040.72	\$0



NEW for 2024: HC4CC Pays for Gold Coverage & More Options for Employers

For plan year 2024, for group coverage the HC4CC premium discount is based on the lowest cost Gold standard plan.

- ✓ In 2023, the discount was based on the lowest cost Silver Standard Plan
- ✓ The Gold plan has lower deductibles and out-of-pocket costs than the Silver plan
- ✓ Existing HC4CC customers benefit from gold discount:
 - We renewed **45 employers** (Jan and Feb plan years) that had silver coverage into gold coverage. In addition, we applied gold discount to coverage offered by **20 employers** that already were enrolled in gold or platinum coverage, further reducing costs for employees and employers.

For plan year 2024, employers have the option to cover both DC residents and non-residents in their group plan. In 2023, HC4CC group discount was only for non-residents. Residents and their dependents qualified for free premiums when they enrolled in Individual & Family Marketplace plans.



HC4CC Group Enrollment for Feb 1, 2024 Health Insurance (130 Employers – 184 Licensed Facilities)

- ✓ 68 of the 130 employers did **not** offer coverage before (52% of employers newly offering group coverage). These 68 employers have 256 employees enrolled (total of 280 covered lives)
- ✓ 869 employees have free health insurance premiums
- ✓ 184 employees pay a reduced premium
- ✓ 54 of the 130 employers previously offered coverage through DC Health Link
 - Because of the HC4CC discount, “take up” or **enrollment increased** by 115 employees (**42% increase**) (121 covered lives).
- ✓ 8 employers previously offered outside of DC Health Link



Medicaid Redeterminations (Unwinding) – DC Health Link Activities and Coordination with DHCF (DC Medicaid)

- **DC Health Link expanded opportunities for residents to enroll in individual and family coverage or job coverage if their employer is covered on DC Health Link:**
 - ✓ **Adopted a new Special Enrollment Period** to provide residents terminated from Medicaid coverage between 3/31/2023 and 7/31/2024 with 60 days to select a plan after they submit their application for coverage.
 - ✓ **Allows residents to choose retroactive coverage** to the date of their Medicaid termination.
 - ✓ **Applies a SEP to small group coverage** allowing workers who lost Medicaid to enroll in their employer's DC Health Link health insurance.
- **DC Health Link has open enrollment staffing levels at the DC Health Link Contact Center.**
- **DHCF includes staff from DC Health Link at DHCF community events to discuss available private health insurance options for residents no longer qualified for Medicaid coverage.**



Outreach & Enrollment in Support of Medicaid Unwinding as of Feb 1, 2024

May-Jan. Likely Eligible for DC Health Link Coverage	HBX Outreach	Number of households enrolled in DC Health Link (individual or SHOP)	% of Households Enrolled in Healthcare Coverage
292 households (332 people*)	<ul style="list-style-type: none"> ■ total number of emails sent: 1,990 ■ total number of texts sent: 932 ■ total number of households assigned to assisters: 287* 	<ul style="list-style-type: none"> ■ 44 households enrolled (47 people: 42 in individual coverage and 5 in SHOP) ■ 22 households enrolled in Medicaid ■ 24 households reported having other coverage (told Assisters or reported to us in our text survey) 	31%

*5 households were not assigned to an Assister either because the individual was already enrolled or there is no contact information for the individual.



**Social Justice and Health Equity to Address
Disparities in Health Outcomes:
Update on equity-based benefit design and
eGFR (clinical algorithm)**



Social Justice, Health Disparities, Health Equity HBX Executive Board Actions

- Pandemic data shining the light on race and ethnicity
- George Floyd's murder



DC Health Link Addressing Health Disparities Through Equity-Based Benefit Design

Differences in health outcomes are in part driven by cost barriers to getting care. Equity-based benefit design removes financial barriers for conditions disproportionately impacting communities of color.

- ✓ **In DC, 12.9% of Hispanics/Latinos and 10.1% of Black residents compared to 6.1% of White residents reported not being able to see a doctor because of cost.**
- ✓ **DC Health Link changed its standard plan benefit design to equity-based benefit design removing financial barriers to care.**
- **Plan Design Changes for 2023 plan year:** updated standard plan design to cover Type 2 Diabetes with no cost sharing in individual and small group standard plans. Type 2 diabetes disproportionately impacts communities of color in DC.
 - ✓ **No deductibles, no co-insurance, no copays for physician visits, lab work, eye exams and foot exams, supplies and insulin/Rx.**
- **Updated standard plans for 2024 plan year for pediatric mental and behavioral health services:** reduced cost sharing to \$5 for office visits including specialists, certain lab work and medication (e.g. reduced \$45 copay to \$5 copay). No limit on number of visits.
- **Updated standard plans for 2025 plan year for cardiovascular and cerebrovascular services:** Removed cost sharing for office visits with family medicine or internal medicine doctor, generic Rx, laboratory tests and imaging services including CT scans and electrocardiograms – no copays, no coinsurance, no deductibles.



DC Health Link Addressing Health Disparities Through Equity-Based Benefit Design

- **Future equity-based benefit design:** adult population mental health, HIV, cancer of the breast, prostate, colorectal and lung/bronchus.

- **Evaluate impact of equity-based benefit design:**
 - ✓ Carriers, as part of Social Justice recommendations, are encouraged to evaluate impact of design changes on enrolled population.
 - ✓ HBX partnered with an external expert with clinical expertise to work with carriers on their evaluation activities and strategies.



13 Clinical Diagnostic Tools that Use Race Adjustment

1. American Heart Association Get with the Guidelines- Heart Failure
2. Society of Thoracic Surgeons Short-Term Risk Calculator
3. **eGFR UPDATED to no longer include race adjustment – many, not all, labs have updated their formula**
4. Kidney Donor Risk Index (KDRI)
5. Vaginal Birth after Cesarean Risk Calculator **UPDATED to no longer include race adjustment**
6. STONE Score
7. UTI Calculator **UPDATED to no longer include race adjustment**
8. Rectal Cancer Survival Calculator
9. National Cancer Institute Breast Cancer Risk Assessment Tool
10. Breast Cancer Surveillance Consortium Risk Calculator
11. Osteoporosis Risk SCORE
12. Fracture Risk Assessment Tool FRAX
13. Pulmonary-function tests



OLD eGFR Formula with Race Adjustment

- The eGFR measures kidney function. If you are black, your score is adjusted upward so it looks like your kidneys function better than they actually do. The race adjusted eGFR is a racist practice resulting in African American people getting delayed medical intervention for kidney disease, incorrect dosing of medication, and delays (or not qualifying for) kidney transplants.



DC Health Link Addressing Health Disparities: Additional Actions

- Carriers agreed to prohibit network providers from using race in estimating eGFR.
- To help address on-going discrimination that Black patients with Kidney disease face, HBX took the following steps:
 - ✓ **Hired consultant in September 2023 to lead campaign** to overcome implementation barriers to remove race from eGFR.
 - ✓ **Benchmarking research** showed that only 65.8% of US labs reported that they had already adopted the race neutral e-GFR test.
 - ✓ **Consultant identified the following barriers** to implementation:
 - General awareness
 - IT costs
 - Smaller labs' resource issues
 - ✓ **Working with NKF, AHA, and Clinical associations (5 months into 12 months project)**



HBX Awards and Recognition

- ✓ **Won 2019 Sustainability and Equity Award:** Amazon Web Services (AWS) City on a Cloud international competition
- ✓ **Featured in the Fall 2019 AWS City on a Cloud International Announcement For Applications:** <https://aws.amazon.com/stateandlocal/cityonacloud/>
- ✓ **Won 2018 & 2016 Best Practices in Innovation:** Amazon Web Services (AWS) City on a Cloud international competition
- ✓ **Ranked #1 for consumer decision support tools (ranking of State-Based Marketplaces and Federal Exchange 2018 and 2017)**
- ✓ **Five PR News Awards in 2019 and 2018**
- ✓ **2017 AWS IT case study on cloud solutions:** <https://aws.amazon.com/solutions/case-studies/DC-HBX/>
- ✓ **First in the nation SBM partnership:** Selected by the Massachusetts Health Connector to provide IT solution and on-going operations support for the MA SHOP (Feb 2017)



It Takes a Village

- DC Mayors and Councilmembers
- DC Health Link Business Partners
- DC Health Link Assisters, Navigators & Certified Application Counselors
- DC Health Link Certified Brokers
- DC Government Agencies
- Faith-based Community
- Community Organizations
- Business Leaders
- Providers



greater**washington**
hispanic chamber of commerce



RAMW

RESTAURANT ASSOCIATION
METROPOLITAN WASHINGTON

DC Chamber of Commerce
DELIVERING THE CAPITAL



ONABIP
Shaping the future of healthcare



Supplemental slides



2024 Health Insurance Options through DC Health Link

Plans:

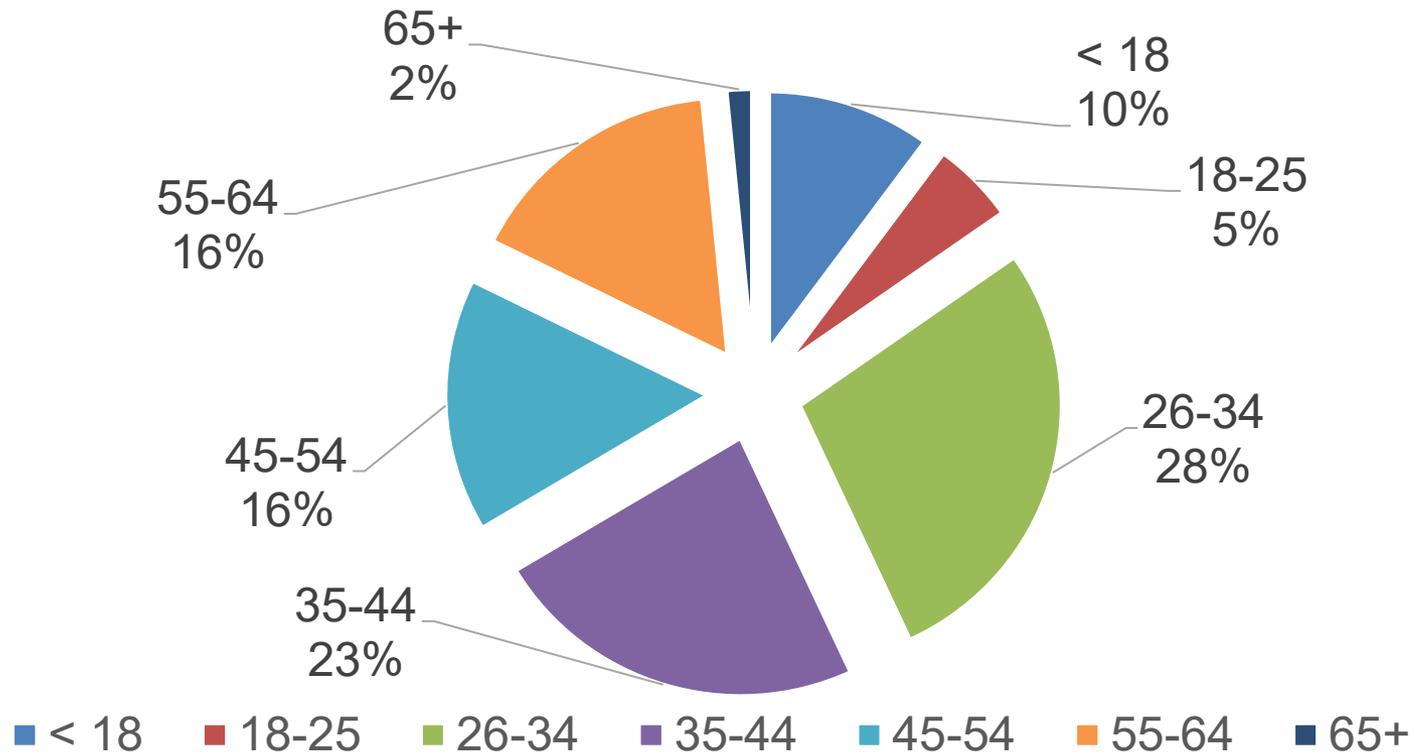
- 188 plans in 2024 (compared to 211 in 2023.) 6 small group plans have lower premiums in 2024 compared to 2023.
- 27 Individual Plans (includes 2 catastrophic)

Insurers:

- 3 UnitedHealthcare Companies (group only);
- 2 Aetna Companies (group only);
- CareFirst BlueCross BlueShield; and
- Kaiser Permanente.

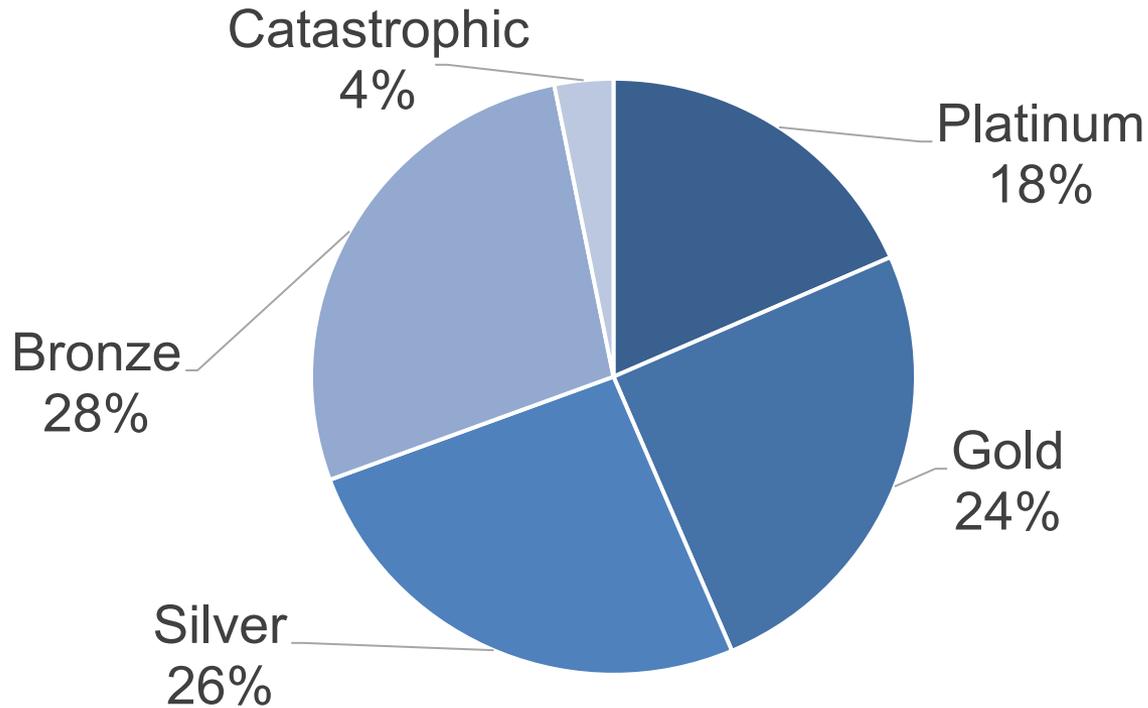


Individual **PAID** Enrollment by Age for 2024 Coverage





Individual by Metal Level 2024 **PAID** Coverage

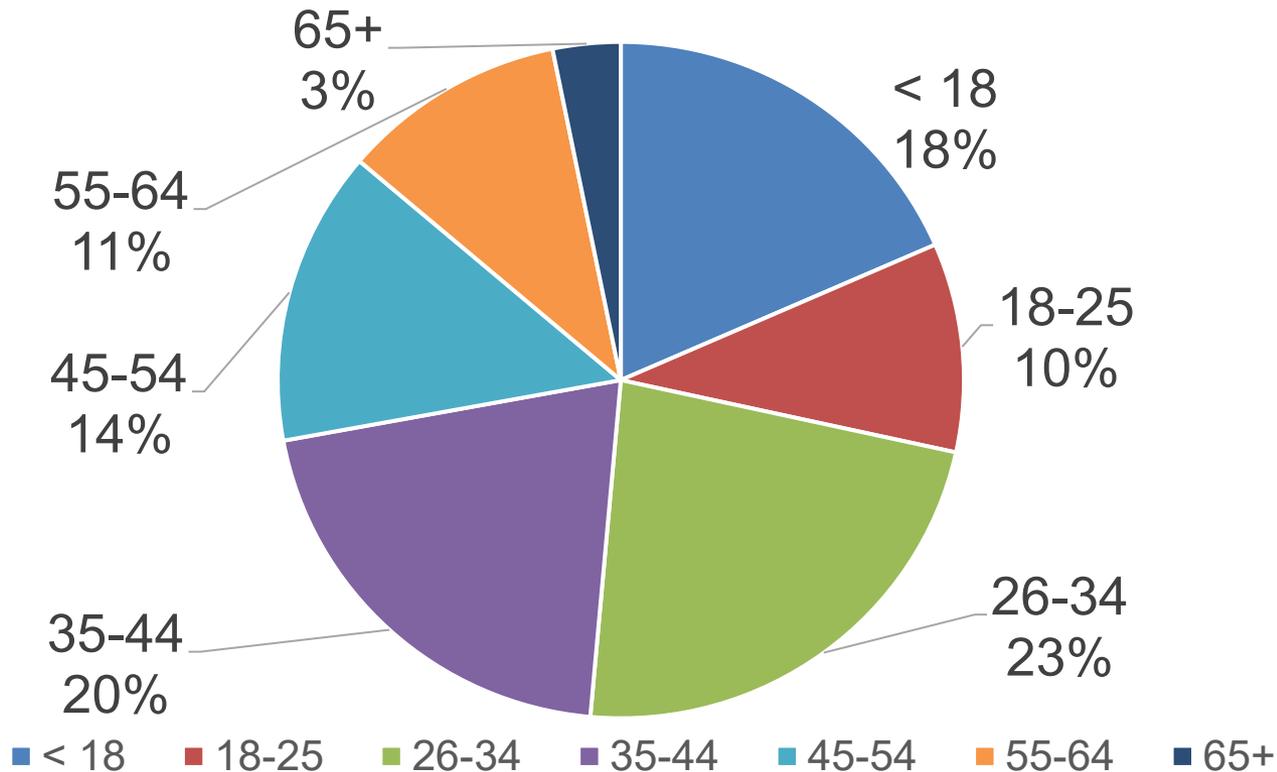




Choice of Plans	Number of employers Jan 2024	Number of employers Jan 2023
1 Plan 1 Carrier	1,440	1,579
All Plans 1 Carrier	3,052	3,094
All Plans (all carriers) 1 Metal Level	775	723
Total Employers	5,267 73% offering choice	5,396 71% offering choice

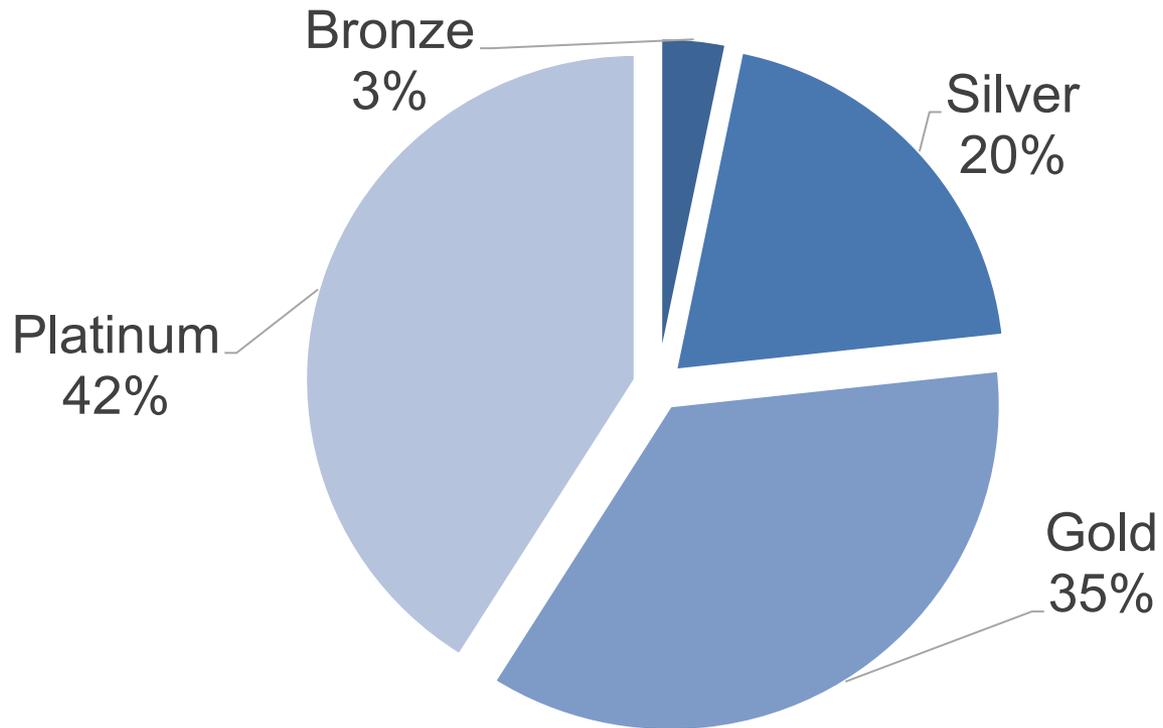


SHOP – Age (Not Including Congress) Jan 2024





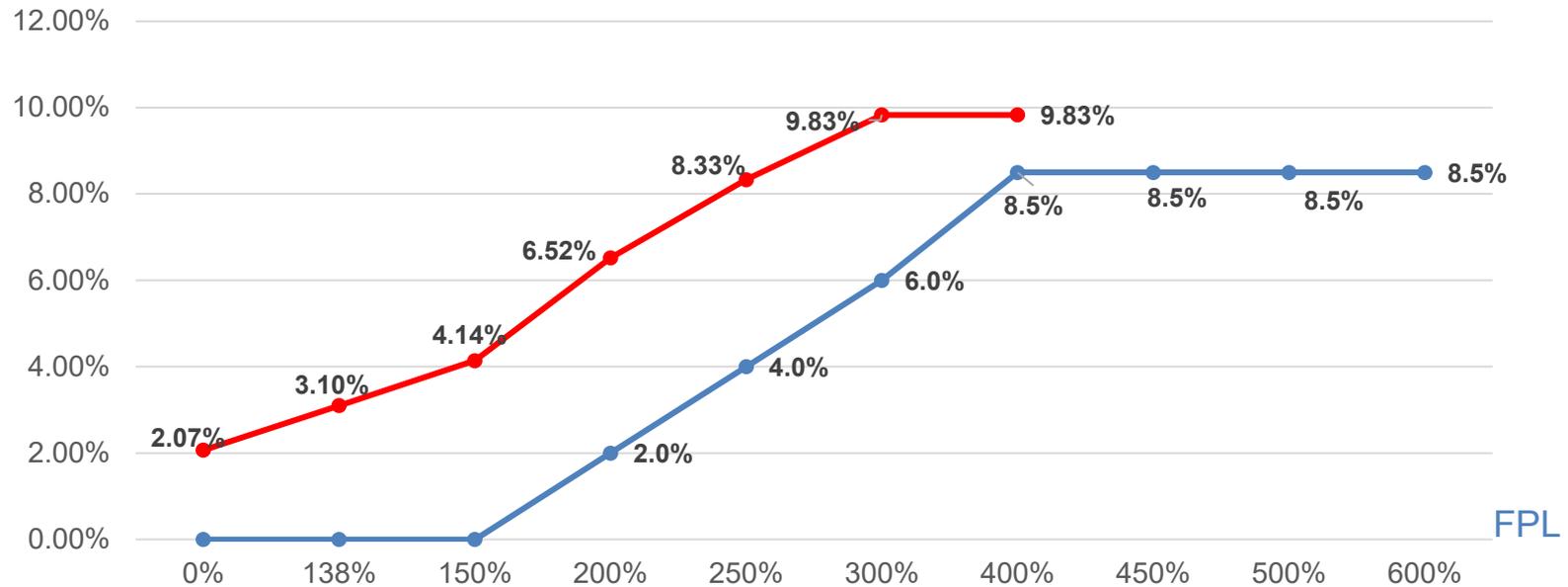
Small Business Enrollment Metal Level Jan 2024





American Rescue Plan/Inflation Reduction Act: Lower Health Insurance Premiums

Percent of Income



ACA (red line) caps premiums for people with incomes up to 400% of federal poverty level. The ARP/IRA (blue line) caps premiums for people at **all** income levels.



HealthCare4ChildCare Through DC Health Link:

Affordable health coverage for early childhood education providers and their teams

HealthCare4ChildCare:

- Provides free health insurance premiums through DC Health Link for District residents (and their families) who are employees of OSSE licensed child development centers and homes.
- Provides free health insurance premiums or lower premiums through DC Health Link for non-District residents who are employees of OSSE licensed child development centers and homes choosing to participate in HealthCare4ChildCare.
- Helps OSSE licensed child development centers and homes provide affordable group health insurance for their employees through DC Health Link's Small Business Market (SHOP).
- **Free or lower premiums are guaranteed for 12 months once an employee or employer* enrolls.**



HealthCare4ChildCare through DC Health Link helps OSSE licensed child development facilities provide affordable health insurance for their employees. Free premiums & lower premiums started Jan 1, 2023.

- **Small Group Marketplace free or lower premium health insurance** for employees of OSSE licensed child development centers and homes choosing to participate in HealthCare4ChildCare. Whether premiums are completely free or lower depends on what the employer selects.
- **Employees of OSSE licensed early child development facilities qualify when the employer enrolls:** all employees qualify including employees not eligible for wage supplement, part-time workers, undocumented workers, etc.
- **Individual & Family Marketplace free health insurance premiums** for District residents who are employees of OSSE licensed child development centers and homes. HC4CC also pays 100% of the premium for dependents enrolling with the resident.



HC4CC Community Engagement

HBX meets with its HC4CC Advisory Council every other month to share updates and receive feedback on the implementation of the program.

HBX Executive Board approved establishing the HC4CC Grant Program for FY2023 and FY2024.

- **In June 2023, HBX awarded five grants to trusted community organizations** with the following objectives:
 - ✓ Educate OSSE-licensed early child development centers and homes and their employees about HC4CC.
 - ✓ Provide HBX with leads on employer and employee prospects.
 - ✓ Facilitate outreach opportunities for HBX to participate in and connect with prospective employers and employees.
- **HC4CC Grantees:**
 - ✓ DC Association for the Education of Young Children (DCAEYC)
 - ✓ The Multicultural Spanish Speaking Providers Association (MSSPA)
 - ✓ SPACES in Action
 - ✓ The DC Early Learning Collaborative, Inc. (DCELC)
 - ✓ Community Educational Research Group (CERG)



HC4CC Outreach and Enrollment Efforts

- **DC Health Link continues to conduct in-person visits, video and telephone meetings**, as well as email campaigns. OSSE continued its email campaigns for HC4CC and has included DC Health Link presentations at large stakeholder meetings.
- **DC Health Link launched** an enrollment push in Fall 2023 based on a comprehensive analysis of 2023 strategies.
- **DC Health Link fielded a survey of employers and employees** enrolled in HC4CC to gather insights and feedback, which we are using to refine and enhance outreach efforts.
- **DC Health Link worked closely with DHCF on redeterminations for Medicaid for workers in OSSE licensed early child development facilities.** DHCF moved these to the last group being redetermined for Medicaid (eligibility will be run in April and notices will be sent in March).
- **DC Health Link is working with DHCF to ensure seamless coverage transition into HC4CC after a resident is no longer eligible for Medicaid.**



HC4CC Enrollment for Feb 1, 2024 Health Insurance

Small Group Enrollment	
Employers (184 licensed facilities)	130
Employees	1,053
Employees and their dependents	1,205
Monthly HC4CC Discount	\$558,165
Individual Marketplace Enrollment	
Residents (employees of OSSE licensed facilities)	181
Residents and their dependents	284
Monthly HC4CC Paid for 100% of Premium	\$232,871
Total Enrollment	
Covered Lives	1,489
Monthly HC4CC total paid	\$791,036



Example: With HC4CC discount, a \$0 deductible Standard Platinum plan from Kaiser Permanente would cost \$0 for a 30-year old employee and \$29.64/month to the employer. The employer *saves* \$216.60/month and the employee *saves* \$157.52/month.

Kaiser Permanente Standard Platinum \$0 Deductible premium for a 30-year-old employee	\$403.76
Max. Employer Contribution 50% of reference plan (UHC Choice Plus Gold 500)	\$246.24
HC4CC Discount	\$374.12
Remainder After Discount	\$29.64
Share of Monthly Premium Employer Pays	\$29.64
Share of Monthly Premium Employee Pays	\$0.00



Medicaid Redeterminations (Unwinding) – DC Health Link activities and coordination with DHCF (DC Medicaid)

- **DC Health Link coordinates with DHCF** to prevent coverage gaps and ensure seamless coverage transitions.
- **DHCF provides a monthly report of people losing Medicaid coverage and likely eligible for DC Health Link coverage.**
 - ✓ After a review of each listed household, DC Health Link staff assign cases to DC Health Link Assisters for personal outreach to help the resident enroll in DC Health Link private health coverage or when eligible to reenroll in Medicaid coverage.
 - ✓ **DC Health Link staff provides ongoing training focused on Medicaid Unwinding.** This training for DC Health Link Assisters includes role-playing with common difficult scenarios that Assisters face when reaching out to residents who lost their Medicaid coverage, e.g. resident doesn't believe that they lost Medicaid.
 - ✓ **DC Health Link uses a targeted email and text campaign** to provide information to people who lost Medicaid coverage and offers call back options to residents who want help enrolling or understanding their options.



HBX Advocacy Examples

- **Association Health Plans:** Biden Administration proposed to rescind the Trump Administration rule which HBX opposed because it would enable fraud and insolvencies, and proliferation of junk plans.
- **Short-Term/Limited Duration Plans:** Biden Administration proposed to reinstate consumer protections and restrict short-term plans, changing current proposal and opposed prior Administration's rules.
- **Non-Discrimination (ACA Section 1557):** Biden Administration proposed rule to reinstate and strengthen protections to include non-discrimination requirements on clinical algorithms. HBX supported current proposal and opposed prior Administration's rules.



HBX Comments Supporting Biden Administration Actions Strengthening the ACA

- 1/9/23 Comments to CMS on Draft 2024 Actuarial Value Calculator (**opposed** proposal to the degree they would curtail state health equity initiatives as part of plan design).
- 1/27/23 Comments to CMS on Proposed Notice of Benefit and Payment Parameters for 2024 (**supported** policies that reduce barriers to getting and staying insured, **supported** policies that allow flexibility for state-based marketplaces, supported CMS' commitment to equity in regulatory designs, **opposed** new and duplicative federal audit requirement related to premium tax credits).
- 1/30/23 Comments to CMS on Essential Health Benefit (EHB) Request for Information (**supported** state plan design flexibility based on health equity initiatives).
- 9/11/23 Comments to CMS on short-term/limited-duration Insurance, fixed indemnity insurance, and level-funded plans (**supported** proposals to curb junk insurance nationwide, protect consumers from medical and financial harm, and promote stability in individual and small group insurance markets).
- 12/5/23 Comments to CMS on Proposed Notice of Benefit and Payment Parameters for 2025 (**supported** policies that reduce barriers to getting and staying insured, **supported** policies that allow flexibility for state-based marketplaces, **supported** CMS' commitment to equity in regulatory designs, **opposed** restrictions on annual open enrollment dates.)
- 12/5/23 Comments to CMS on Draft 2025 Actuarial Value Calculator (**supported** change in methodology which allows HBX to improve our standard plan designs to help address health disparities.)
- Due 2/20/24 Comments to DOL on Association Health Plans (**support** full rescission of 2018 Rule that would have opened the door to fraud, insolvencies, junk insurance, and destabilization of insurance markets)



“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Dr. Martin Luther King, Jr.



Health Disparities

Compared to White Americans with COVID-19 in the U.S. (2021):

- Black Americans are **hospitalized at 3.3** times the rate and **dying at 1.8 times** the rate
- Latinos are **hospitalized at 3.8** times the rate and **dying at 1.3 times** the rate
- American Indian or Alaska Natives are **hospitalized at 3.7** times the rate and **dying at 1.4 times** the rate

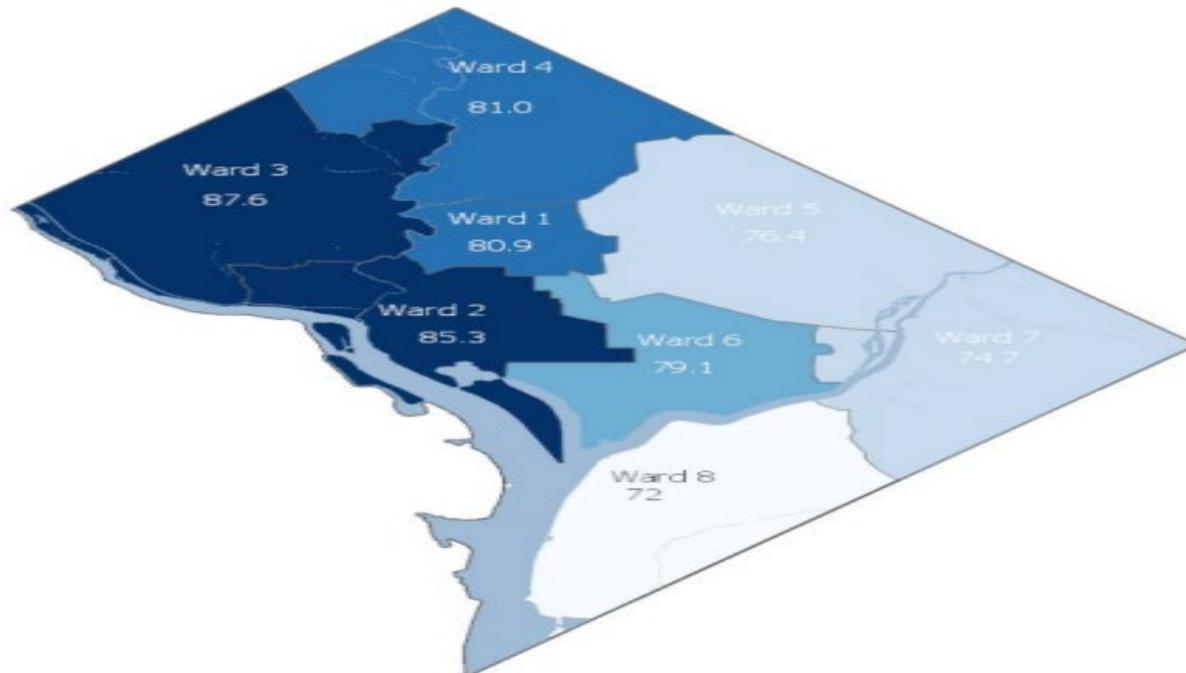
These pandemic inequities reflect a long history in the U.S. of racism, inferior treatment, discrimination and mistreatment of people of color in the health care system.

We believe it is critical to be part of the solution to help end systemic discrimination and injustice.



Health Disparities

Life Expectancy by Ward 2011-2015 (nearly **16** years life expectancy difference)

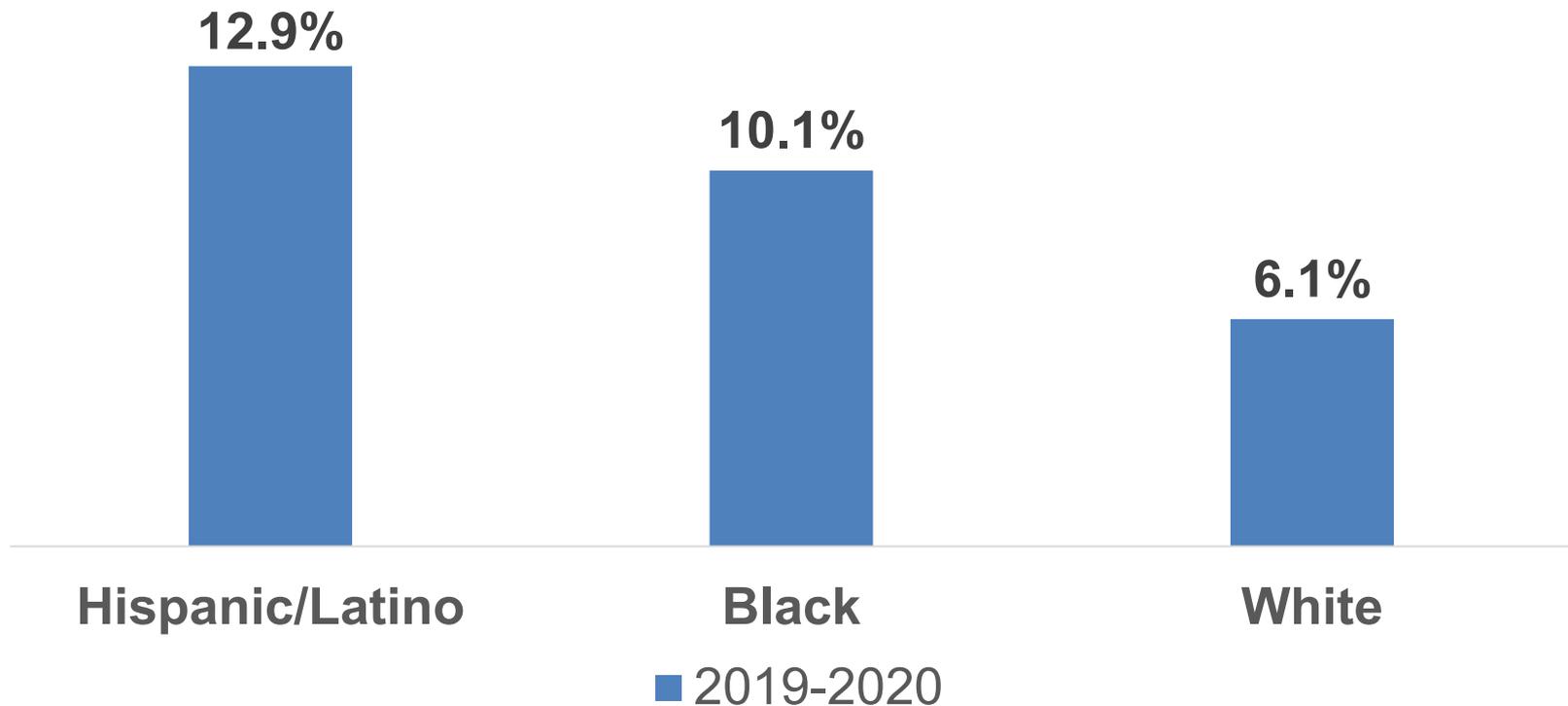


Source: DC Health Equity Report, February 2019



Health Disparities

Many DC Residents Could Not See a Doctor Because of Cost



Source: DC Health, BRFSS Annual Report, 2020.

<https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DC%20BRFSS%202020%20Annual%20Health%20Report.pdf>



Documented Bias & Outcomes Examples

- Studies show that 3rd year medical students and while in residency believe that black skin is thicker than white skin, that black people have a stronger immune system than white people – NONE of that is true – race bias impacts how you diagnose and treat your patients.
- Information from a health plan: a black patient who went to the ER was treated for drug overdose by the ER treating physician who erroneously assumed a drug overdose instead of a severe episode of sickle cell.



DC's State-Based Marketplace: Addressing Social Justice and Health Disparities

- **HBX Executive Board created** a working group on Social Justice and Health Disparities. More needs to be done to help address discrimination, racism, and health disparities. The Board asked the new working group to focus on 3 areas to help identify ways HBX can help.
- **WG Members:** DCHBX Board Members, all DC Health Link insurers (United Healthcare, Aetna, Kaiser Permanente, and CareFirst BlueCross BlueShield), the DC hospital association, Physician association, Children's hospital, patient/consumer advocates, brokers, and experts. Facilitated and staffed by Dr. Dora Hughes (now Chief Medical Officer at CMMI/CMS). Dr. Hughes' work supported by SHVS/RWJF. Chaired by HBX Board Chair & Vice Chaired by former Director of Office of Minority Health at CMS.
- **Goal:** Do not displace or replace important work City agencies, community leaders, providers and payors are already doing. Identify specific solutions within HBX authority that HBX can implement with the health plans.
- **HBX Board adopted unanimous recommendations of the working group** in July 2021.



HBX Board charges to the Working Group on Social Justice and Health Disparities

Focus Area 1: Expand access to providers and health systems for communities of color in the District

Focus Area 2: Eliminate health outcome disparities for communities of color in the District

Focus Area 3: Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District



Focus Area 1 Recommendations Adopted by DCHBX Board July 2021

Carriers (workforce issues – where and who):

- ✓ Provide incentives for both primary care and specialist physicians to practice in underserved areas in DC.
- ✓ Support access to diverse medical professionals. Provide scholarships for STEM students and medical school students of color in the District.
- ✓ Review provider networks to determine the race, ethnicity and primary language of their providers to establish a baseline and develop 5-year goals to improve the diversity of the networks.

DCHBX:

- ✓ Provide the infrastructure as necessary (related to scholarships).



Focus Area 2 Recommendations Adopted by DCHBX Board July 2021

Carriers:

- ✓ Collect and use comprehensive, member-level racial, ethnic and primary language data to support and collaborate with network providers to reduce racial and ethnic inequities.
- ✓ No later than Plan Year 2023, obtain race, ethnicity, and language data directly from members via mail, email, telephone and electronic portals, and other mechanisms.
- ✓ Share with DCHBX baseline metrics for data collection, annual goals and, beginning in Plan Year 2024, progress in meeting such goals.
- ✓ Provide aggregate data by race, ethnicity, and primary language to DCHBX for select diseases and health conditions, in consultation with DCHBX.

DCHBX:

- ✓ Include race and ethnicity data (if provided by enrollee) in enrollment files (834s) to carriers for individual marketplace enrollees.
- ✓ Explore the feasibility of changing the application for small group employees to collect this information and provide to carriers via 834 files.



Focus Area 2 Recommendations Adopted by DCHBX Board July 2021

DCHBX:

- ✓ Modify insurance design for DC Health Link standard plans to eliminate cost-sharing including deductibles, co-insurance, and co-payment for medical care, Rx, supplies & related services for conditions that disproportionately affect patients of color in the District. This is for 2023 plan year for small group and individual coverage.
 - Consider AV and premium impact
- ✓ The HBX Standard Plans Working Group must prioritize:
 - (1) for the adult population -- diabetes, cardiovascular disease, cerebrovascular disease, mental health, and HIV, as well as cancer of the breast, prostate, colorectal and lung/bronchus; and
 - (2) for pediatric population-- mental and behavioral health services.
- ✓ Because product design changes will require provider education, DCHBX must include in its budget funding for provider education in consultation with the health plans.



Focus Area 2 Recommendations Adopted by DCHBX Board July 2021

Carriers:

- ✓ Health plans are encouraged to evaluate impact of design changes on enrolled population and provide periodic updates on trends to DCHBX.
- ✓ Health plans are encouraged to expand their current health equity support and pilot programs to include patients for whom there will be no cost sharing for treatment of certain specific conditions.
- ✓ Identify disparities in care by stratifying quality measures by race, ethnicity and primary language.
- ✓ Conduct “Equity Audits” based on race, ethnicity, and primary language data with focus on HEDIS measure performance, patient experience and provider payment. Such audits should align with NCQA requirements as feasible.
- ✓ Update existing contracts with medical management vendors to require assessment of vendor performance with caring for diverse populations, and development of goals and timeline for improvement.



Focus Area 3: Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District.

- Recent studies identified significant racial bias in health care algorithms used to identify patients who would benefit from additional health care services and for medical decision-making. This results in people of color being less likely to (1) be eligible for intensive care management; and (2) receive timely diagnoses or appropriate care for heart failure, kidney disease, certain cancers and osteoporosis.



Focus Area 3: Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District.

Carriers:

- ✓ Require network providers to complete cultural competency training.
- ✓ Provide and require cultural competency training to support the delivery of culturally and linguistically competent services, in adherence to the Department of Health and Human Services Office of Minority Health's A Physician's Practical Guide to Culturally Competent Care and other resources listed by CDC's National Prevention Information Network.
- ✓ Require cultural competency training annually for all providers in network.
- ✓ Offer incentives to encourage non-network providers to complete training as well.
- ✓ Require cultural competency training in provider contracts, which should be tailored to both primary care physicians and specialists.

DCHBX:

- ✓ Reach out to DC Health to learn how it has encouraged cultural competency training for providers, including whether provider licensure requirements could be leveraged for this purpose.



Focus Area 3: Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District.

Carriers:

- ✓ Obtain the National Committee for Quality Assurance's (NCQA's) Multicultural Health Care distinction. This distinction is awarded to organizations that meet or exceed standards in providing culturally and linguistically appropriate services.
- ✓ Review clinical algorithms and diagnostic tools for biases and inaccuracies and update.
- ✓ Conduct and report to DCHBX on efforts to assess clinical management algorithms that may introduce bias into clinical decision making and/or influence access to care, quality of care, or health outcomes for racial and ethnic minorities. Within one year, report the outcomes of such assessments to DCHBX, as well as plans and timeline for correction, as necessary.
- ✓ Within one year, prohibit use of race in estimating glomerular filtration rate (GFR) by hospitals, laboratories, and other providers in network, in alignment with guidelines promulgated by the National Kidney Foundation.

DCHBX:

- ✓ Carrier reports on algorithms will be used for informational purposes regarding the types and prevalence of algorithms that are found to potentially bias care for diverse populations. These reports will be considered proprietary and confidential. DCHBX may report aggregate outcomes from these reports.



Links to HBX Equity Reports

2023

DCHBX Standard plans working group: details for plan year 2025 (Cardiovascular and cerebrovascular services coverage starts on page 8)

https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/SPWG%20PY%202025%20Standard%20Plan%20Report%20Draft%2011.2.23%20Final.pdf

Addendum to the Recommendations of the Standard Plans Advisory Working Group

https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/Addendum%20to%20SPWG%20PY%202025%20Standard%20Plan%20Report.pdf

July 2023 (Year 2) report to DCHBX Executive Board on Implementation:

https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/Year%20Two%20Implementation%20of%20Social%20Justice%20Working%20Group%20Recs%20DRAFT%20July%2012%202023.pdf



Links to HBX Equity Reports

2022

DCHBX Standard plans details for plan year 2024 (lowered copayments for pediatric mental health to \$5) (Mental health coverage summary starts on page 19):

https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/SPWG_Report_FINAL%2011-9-22.pdf

July 2022 (Year 1) report to DCHBX Executive Board on Implementation:

https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/SJWG%20Slides%20July%2013%202022%20Year%20One%20DRAFT.pdf

The Commonwealth Fund Blog on state-based marketplaces coverage design and diabetes (August 18, 2022):

<https://www.commonwealthfund.org/blog/2022/using-health-insurance-reform-reduce-disparities-diabetes-care>

Using Health Insurance Reform to Reduce Disparities in Diabetes Care (August 22, 2022)

<https://chirblog.org/using-health-insurance-reform-reduce-disparities-diabetes-care/>



Links to HBX Equity Reports

2022

What Four States Are Doing to Advance Health Equity in Marketplace Insurance Plans (April 2022)

<https://www.commonwealthfund.org/publications/issue-briefs/2022/apr/what-four-states-are-doing-advance-health-equity-marketplace>

DCHBX 2022 Standard plan working group: coverage details for plan year 2023 (Diabetes coverage summary starts on page 8):

https://hbx.dc.gov/sites/default/files/dc/sites/hbx/page_content/attachments/Standard%20Plans%20Advisory%20Group%20Report%20PY2023%2007052022.pdf

2021

DCHBX Executive Board Social Justice and Health Disparities Working Group Report, Consensus Recommendations, and Deliberations: <https://hbx.dc.gov/page/social-justice-health-disparities-2021-meeting-materials>



HBX Internal Social Justice Initiative: We believe it is critical to be part of the solution to help end systemic injustice, discrimination, and oppression.

- **Leadership strategic plan includes review of policies, changes in spending practices, and adding DEI goals into performance management plans (initiated in 2021 and on-going).**

- **2023 HBX Social Justice Training for all staff:**
 - ✓ Inclusivity training
 - ✓ Cultural sensitivity and LGBTQI+



HBX Internal Social Justice Initiative

2023 HBX Social Justice Speaker Series for all staff:

- Black History Month, (Marc H. Morial, President and CEO of the National Urban League)
- Arab American Heritage Month (Dr. Amal David, Director of Community Engagement at Arab America, and Warren David, President of Arab America)
- LGTBQ+Pride Month (Derrick Petit, President of Gay Professional Men of Color)
- Jewish American Heritage Month and Asian American and Pacific Islander Heritage Month (Rabbi Mira Rivera, Rabbi in Residence of the LUNAR Collective)
- Hispanic Heritage Month (Cid Wilson, President & Chief Executive Officer of the Hispanic Association on Corporate Responsibility)



HBX Internal Social Justice Initiative

2022 HBX Social Justice Speaker Series for all staff:

- Black History Month (Reverend Dr. Willie Wilson, Senior Pastor Emeritus of the Union Temple Baptist Church),
- Women's History Month (Maria Gomez, founder and former President and CEO of Mary's Center),
- Arab American heritage Month (Dr. Diana Abouali, Director of the Arab American National Museum (AANM)),
- Asian Pacific Islander American Heritage Month and LGBTQ+ Pride (Mr. Kris Hayashi, Executive Director of the Transgender Law Center, and Admiral Rachel Levine, Assistant Secretary for Health at the US Department of Health and Human Services (HHS) recorded a special message for HBX),
- Hispanic Heritage Month (Mickey Ibarra, former White House staffer and president of the Ibarra Strategy Group), and
- American Indian Heritage Month (Colleen Medicine, Program Director of the Association on American Indian Affairs and a citizen of the Sault Ste. Marie Tribe of Chippewa Indians).



HBX Internal Social Justice Initiative

2021 HBX Social Justice Speaker Series for all staff:

- Black History Month (NAACP President & CEO Derrick Johnson),
- Women's History Month (Congresswoman Eleanor Holmes Norton),
- Arab American heritage Month (former Congresswoman and former Secretary of HHS Donna Shalala),
- Asian Pacific Islander American Heritage Month (NBC4 Anchor Eun Yang),
- LGBTQ+ Pride (Human Rights Campaign President Alphonso David),
- Former Lt. Governor of MD and former Chair of the RNC Michael Steele,
- Hispanic Heritage Month (Secretary of the Virginia State Advisory Committee to the U.S. Commission on Civil Rights Raul "Danny" Vargas), and
- American Indian Heritage Month (Director of National Museum of the American Indian and the Smithsonian's Under Secretary for Museums and Culture Kevin Gover).