



**Testimony
Mila Kofman, J.D.
Executive Director, Health Benefit Exchange Authority
Before the
COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH**

**Agency Performance Oversight Hearing
On the District of Columbia Health Benefit Exchange Authority**

**Wednesday, March 8, 2017 – 11:00 AM
John A. Wilson Building, Room 500
1350 Pennsylvania Avenue, NW
Washington, D.C. 20004**

Chairman Gray and Members of the Committee, my name is Mila Kofman. I am the Executive Director of the DC Health Benefit Exchange Authority (HBX). HBX is a public-private partnership established to create and operate DC's state-based on-line health insurance marketplace called DC Health Link. It is an honor to be here today to testify before you. I would like to thank you and all Councilmembers for your commitment to health care reform, all your efforts to help residents and businesses gain affordable health care, and your help especially during annual open enrollment (tweeting and participating in outreach events). I would also like to thank Mayor Bowser for her support and advocacy for the Affordable Care Act.

The Affordable Care Act (ACA) has enabled the District to expand health coverage so that more than 96% of our residents are now covered. We have the lowest uninsured rate we've ever had and rank between first and third (depending on the study) among all states in the nation for having the lowest uninsured rate. Many states, including the District, leveraged the ACA to expand coverage and improve consumer protections for our residents and businesses. We would like to build on this success. However, there are efforts at the federal level to repeal the law – which would endanger the health coverage of tens of thousands of District residents. A repeal of coverage expansions would add significant new financial burdens on states and the District.

PRE-ACA AND THE ACA

It is important to remember what it was like for people before the ACA was passed. According to a study conducted by Harvard Medical School and Cambridge Health Alliance in 2009, lack of health insurance caused 45,000 preventable deaths annually. Medical expenses were the leading cause of personal bankruptcy (Warren et al). Most of those people had health insurance but it did not work when they became sick. People were locked into jobs because they needed good health coverage.

The ACA was enacted at the federal level and the District immediately took steps to implement it. Now all health insurance sold to individuals, families, and small businesses must cover defined essential health benefits: that includes primary and specialty care, hospital stays, lab work, preventive care (with no cost sharing), maternity care, mental health and substance abuse treatment. Annual and lifetime limits on coverage are prohibited. 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. And, women are no longer a “pre-existing condition” and cannot be charged higher rates than men. There are limits on how much more an insurer can charge someone based on age. The District went beyond minimum federal standards to prohibit insurers from tobacco rating – charging people more because they smoke. The ACA and the District’s 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.

The ACA also helps people afford private health insurance through Advanced Premium Tax Credits, or APTC. If you qualify (people below 400% of poverty level or who make under \$ 47,520 as a single adult), you pay a reduced premium and the IRS pays the rest directly to the insurance company of your choice. Thousands of District residents benefit from this vital component of the law. Instead of repealing this life line, federal lawmakers should be looking at providing higher APTC and should expand it to cover more people.

The District also expanded Medicaid. Director Wayne Turnage from the Department of Health Care Finance (DHCF) will discuss in detail what this expansion has meant for some 90,000 childless adults who now have Medicaid coverage.

DC Health Link

As a reminder, although the District was the last state to start its IT build, DC Health Link opened for business on time on October 1, 2013 for individual and small business customers. Bloomberg News reported that the District was one of only four states that opened on time and stayed open.

Also in October 2013, the federal government designated the District’s small business marketplace as the source of coverage for Members of Congress and their designated staff. This includes their district offices. In December 2013, President Obama enrolled in coverage through DC Health Link (and renewed that coverage in December 2014 and December 2015).

From day one, DC Health Link has offered robust coverage choices. In 2017, we have an individual marketplace with 20 health plan options offered by CareFirst Blue Cross Blue Shield and Kaiser Permanente. These include HMOs, PPOs, and HSA-compatible plans. In our 2017 small group market, we have two Aetna companies, two CareFirst Blue Cross Blue Shield companies, Kaiser Permanente, and three United Healthcare companies offering 151 different plans for small businesses. These include HMOs, PPOs, and HSA-compatible plans. They range from no deductibles to high deductibles. Small businesses can now offer choice of health plans to their employees – something only large companies could do in the past.

A spring 2016 survey of DC Health Link customers found that:

- 1 in 4 people in the individual market were uninsured prior to enrollment;
- 1 in 2 people eligible for Medicaid were previously uninsured; and
- 4 in 10 small businesses did not offer coverage to their employees. Now it is simple and transparent with competitive and predictable premiums.

Our 4th open enrollment (ended January 31, 2017) resulted in nearly 24,000 residents selecting private health plans for coverage in 2017 – with more new customers than either of the past two years. We have more than 65,000 people covered through our Small Business (SHOP) Marketplace. Since opening for business on October 1, 2013, DC Health Link has served more than 300,000 people: 40,736 people have enrolled in a private individual health insurance, 186,605 people have been determined eligible for Medicaid, and 80,137 people have enrolled through the DC Health Link small business marketplace (includes Congressional enrollment).

Far more important are the people behind those numbers. We know that District residents are benefiting from the ACA and its creation of DC Health Link and the Medicaid Expansion. At a recent town hall meeting with Congresswoman Norton, DC residents shared their stories and expressed fear of what would happen if the ACA is repealed. Summary:

A young man Jason is HIV Positive and was diagnosed 5 months before the ACA. His medications cost \$2000 a month. He could never afford them without the ACA to cover them, and he can never get new insurance if the ACA protection against discriminating against pre-existing conditions goes away.

A mom, whose 19-year-old daughter battles a rare disease. Her daughter has been able to stay on the mom's health plan because of the ACA. The daughter can't be in college full time because of her medical condition. Before the ACA she would have lost the ability to remain covered by her parents. The prohibition on life-time limits has been vital. And, the pre-existing condition protection is fundamentally important to her future.

Rob self-identified as an alcoholic, now 32 years sober. He reminds us that DC has high incidences of alcohol abuse -- and the ACA covers treatment and prevention – so people can deal with this problem early, when it is easier to treat and has done less damage.

A young pediatrician, who recently moved here from Texas to become a pediatric cardiologist at Washington Hospital Center. She couldn't believe when she moved to DC from Texas and learned that DC has less than 2% uninsured rate for children because of the ACA and local efforts. She said she's never practiced medicine before Obamacare and she doesn't want to go back to those days!

A Mom who takes care of three special needs people -- a brother with severe mental illness, a dad with dementia, and a child on the spectrum. She reminds us about the District's decision, as part of implementing the ACA, to require that health plans cover applied behavioral analysis (ABA) treatment for autism and how important that is for her family. And, she spoke as a caregiver about how important it is that she can have health insurance and not have to worry about getting sick and not being able to take care of her family.

Casey is a mom of a 2 and half year old daughter. Her daughter suffers from a severe cardiac condition and will require significant, expensive, specialized treatment the rest of her life. She had utilized care in the first six months of her life (\$600,000) that would have been half her lifetime limit if she'd been born before the ACA. Casey, her husband, and daughter moved from Florida because they needed to be near the best cardiac care for her – and Washington Hospital Center has it. The ACA was the bridge that made it possible for them both to quit their jobs and move here. They were covered through DC Health Link when they moved. Now Casey works in DCPS and they have health coverage through her job. They are expecting a second child. The ACA is what made it possible for them to move forward and get the best care they can for their daughter. It was a lifeline for them.

A young man with diabetes recounted being diagnosed at 13 and thinking he'd rather die than have to take four shots a day for the rest of his life. He said we can't imagine how he felt when the ACA was passed. Finally, he was able to think about his future and not his disease! He spoke of being more of a romantic than a pragmatist in his belief that all should be covered, but, he said, it is also pragmatic to provide people health coverage as people are empowered when they have affordable health care.

These are the faces of the Affordable Care Act in the District. They – and thousands more like them – are depending on the health reforms enacted pursuant to the ACA here in the District. We stand with you to advocate for our customers to protect people from losing their health care.

As you can see, we are proud of the work we do each and every day. But, we know we don't do it alone. The HBX board and staff are successful for many reasons including: consistent, strong support from our Mayors and the Council; strong collaboration with the federal government; active participation and input from community members, stakeholders, and advocates; strong partnerships with the health insurers offering coverage through DC Health Link; and ongoing cooperation among sister agencies in the District.

HBX will continue to fight and advocate for our customers. For example, we hire outside actuaries to review proposed rates and provide the insurance department feedback. We advocate for the lowest possible rates for all our customers. In addition, we empower our customers to make informed decisions through on-line decision support tools, transparent and easy to understand information, and simple shopping and enrollment process. Below is a detailed discussion of improvements to the on-line marketplace.

INFORMATION TECHNOLOGY

Since we opened for business, we have learned many lessons. We initially used commercial off-the-shelf (COTS) products for DC Health Link. After the initial build, we faced millions of dollars in annual licensing fees for COTS products. Change requests cost hundreds of thousands and at times millions of dollars due to the complexity of changing hard-coded software. Product development cycles were 6, 8, and sometimes 12 months or longer. Code upgrades and changes required the entire code to be redeployed and the Marketplace to be off-line in maintenance, which meant customers could not use the Marketplace while the system was down.

To help achieve sustainability and a customer-centric on-line experience, in 2015 for SHOP and individual marketplace customers, we began changing the IT system to an agile, cloud-based, and open source code. Open source code means that there are no licensing fees. Agile approach and open source allow us to make changes to the IT system in a cost effective and timely way. There are no long development cycles and we can make changes on a daily basis without having the system down. (See attached policy brief from NASHP recognizing HBX's innovation).

In June 2016, Amazon Web Services (AWS) awarded us a Best Practices in Innovation Award (the only state-based marketplace to have recognition in the IT space). In January 2017, DC Health Link was ranked number one among public marketplaces for its online consumer decision support tools. (Press Release and score-card attached).

As a reminder, SHOP and individual private health insurance enrollment and shopping is cloud-based. This IT solution is used by approximately 65,000 people covered through SHOP and 23,000 people with

selected individual marketplace plans for 2017. Note that the eligibility rules engine shared with Medicaid to make determinations for APTC eligibility is not cloud-based, open source, or agile. The initial IT system built in 2013 (also called DCAS) is used for APTC. There are approximately 1,200 people with APTC.

Recognizing the IT solution (agile, open source, cloud based) HBX build, the Massachusetts Health Connector Authority in February 2017 chose HBX to provide their new SHOP IT solution. HBX and the Massachusetts Health Connector entered into a first in the nation state-based marketplace partnership. HBX will be setting up the IT solution and providing business support for the MA SHOP. With a few configurations reflecting Massachusetts state law, HBX will modify our current SHOP solution. HBX and the MA Health Connector will be sharing on-going operational costs for the SHOP solution. Estimated cost to set up MA SHOP is \$4m and on-going annual cost to support it is approximately \$1.8m to be paid for by the Massachusetts Health Connector to HBX. (Press Release attached) Note that HBX is using CBEs to do most of the work. This partnership means that HBX and the Massachusetts Health Connector will share the cost of future improvements and required federal changes. This partnership also helps HBX to fund on-going IT development work to convert from licensed software to open source.

Our agile development approach and cloud-hosted solution enables us to make continuous improvements without taking the web site down. Accordingly, HBX continues to add features to enhance the user experience for enrollment, plan selection, and changes to coverage.

Enhancements in FY16 and FY17 to date include:

Enhancements to Plan Match

HBX first made available DC Health Link Plan Match in 2015 for our individual marketplace customers. This tool allows customers to compare health insurance plans based on an estimate of total out-of-pocket costs in a year. It also enables customers to see the health plans in which their preferred doctors participate. In 2016, we added a pharmacy look-up tool to Plan Match. This tool allows customers to see which of their medications are covered by which plans, what the co-pay or co-insurance would be in each plan, whether there is separate drug deductible, and whether step therapy or prior approval is required. Also in 2016, we deployed a Spanish language version of Plan Match. In the spring 2017, Plan Match will be expanded to our small business marketplace customers.

Plan Shopping Improvements

Based on feedback from customers and one-on-one user testing, HBX deployed several improvements to plan shopping. For customers eligible for cost-sharing reductions, we made sure that silver level plans (the level into which they have to enroll in order to receive the reductions) appear at the top of the list when they search for plans. We rearranged the order in which metal levels appear moving catastrophic appearing after platinum to appearing before bronze to avoid confusion among some customers that catastrophic coverage is better than platinum. We clarified the naming of standard plans and added an icon that designated which plans are standard plans to make it easier for customers to identify these options. Our standard plans allow customers to make an apples-to-apples comparison. We also added filters to enable customers to search for HSA-compatible plans.

Health Insurance Literacy

In early FY17, HBX integrated a comprehensive glossary of terms and simple explanations of insurance terms into the website and anonymous plan shopping experiences. This ensures that customers can have

the information they need in an easy-to-understand format, in order to make enrollment and plan shopping decisions that are best for themselves and their family.

Better Account Access

During the third open enrollment period (November 1, 2015 to January 31, 2016), a significant driver of call volume at our contact center was from people having difficulty logging in. For security reasons, we require complex passwords when people set up their DC Health Link accounts. Previously, customers who forgot their passwords had to answer a series of questions that they set up when they created their accounts, perhaps several years ago. Many customers were unable to complete the password reset process themselves and had to call for help.

In advance of this year's open enrollment, we deployed a change to the password reset process. We now offer customers the option of being emailed a secure link that they can click on to reset their passwords themselves. This improvement paid huge dividends, as the percentage of calls for login issues to DC Health Link Call Center decreased by more than two-thirds.

We also made it easier for new customers setting up an account and customers resetting their passwords to see our password requirements as they create them. In the past, customers sometimes had difficulty establishing passwords that met our security requirements. Now, as a customer is creating a password, the requirements pop up on the screen and turn green in real time as each one is met.

Translation

HBX has now translated key sections of DC Health Link and important customer notices into four languages: Spanish, Amharic, French, and Chinese. Additional translations are planned in 2017.

Email Campaign Tool

In FY16, HBX began using a data driven email tool to send emails to customers with information on upcoming deadlines, actions needed to renew coverage, and new tools available on the website. This tool allows HBX to track responses to further refine email messaging. In FY17, HBX will develop the capacity to automate these emails in response to customer actions in their accounts.

Improvements for Small Business Customers

In 2016, HBX also added improvements to help small businesses manage their accounts. First, we added all invoices, both current and past, to the employer's DC Health Link online account, also accessible by brokers and General Agencies (GAs). Having access to all DC Health Link invoices enables employers to get their new invoices faster, and to review their past invoices at any time.

Second, we added new reporting capabilities that give employers better insight into the open enrollment process. This included showing employers not just their employee's current enrollments, but also their complete enrollment history as well as future enrollments for the upcoming plan year.

Third, we cleaned up some parts of the website that employers reported to be confusing or not helpful. We streamlined how employers see their employee's information, removing extraneous information.

Fourth, we have deployed a new feature that allows businesses to send flash notices to their employees on their computer screen when logged onto their DC Health Link account. For example, employers can

provide flash notices to their employees to let them know that open enrollment is coming to an end and they must complete their application to secure coverage.

General Agency Portal for Brokers

In April 2016, HBX added a new portal for General Agencies (GAs) and Third-Party Administrators (TPAs). GAs and TPAs work closely with brokers to support small business customers, providing a range of services for customers similar to those provided by brokers. Whether a broker has a large staff or is a sole practitioner, GAs/TPAs provide a critical level of support to brokers in servicing their clients. DC Health Link's GA portal demonstrates HBX's commitment to the important role brokers provide our customers in finding the right health insurance plan for their needs and ongoing support. Ninety percent of small businesses enrolled through DC Health Link have a certified DC Health Link broker. Most brokers use a GA or a TPA.

For Brokers' Improved Employer Reporting

Brokers now have better reporting on all of their clients that are using DC Health Link. They can pull up key information on each group, including their renewal date, status of enrollments during open enrollment, and changes that occur during the plan year. Brokers and employers now have access to their invoice payment history through their online accounts. In addition, all reports available to brokers and employers are not only available through their online accounts but also can be easily downloaded into an Excel spreadsheet. As is the case with many of our features, these improvements were deployed based on feedback from brokers and our small business customers.

Dental Policies in SHOP

In spring 2016, HBX added qualified dental plans to available insurance products for small businesses. Stand-alone dental insurance has been available through DC Health Link's individual marketplace since opening for business in October 2013.

Improved Transactions with Carriers

DC Health Link communicates enrollment transactions to carrier partners through an Electronic Data Interchange (EDI). Our legacy system had a single set of rules by which all carriers were supposed to abide. Those rules, however, did not accommodate differences in the carriers' systems. As a result, manual intervention has traditionally been necessary by HBX, the carriers, or both on some types of enrollment and maintenance transactions.

During 2016, we refactored our EDI system to allow for customized transactions, by carrier. This refactoring has enabled us to tailor automated EDI transactions to flow through the carriers' different systems, reducing manual work and allowing for more efficient HBX-carrier transactions.

In addition, we began to automate multi-step EDI processes. For example, when a current customer came onto our system during open enrollment in order to change plans and add a spouse or dependent, that would create multiple EDI transactions with the carriers. Those transactions required manual intervention. Now, we have automated some of these and remaining automation is scheduled for 2017.

Data Improvements

We completed two significant initiatives that had a substantial positive effect on the application process and renewals this past open enrollment period. The legacy IT systems used prior to deployment of cloud-

hosted Enroll Application resulted in data inconsistencies leading to customer confusion and delays in completing enrollment transactions with our carrier partners. Deployment of the new Enroll Application enabled us to identify the universe of these inconsistencies and, through technical solutions and business processes, resolve discrepancies to synch up the data. This has improved the application process because customer accounts now have accurate enrollment information that reflects what is in the carriers' systems.

We also initiated and successfully executed a similar data reconciliation project with our health plan carrier partners. Similar to the data synchronization project, we worked with the carriers to identify data discrepancies between our systems, to research the root causes of those discrepancies, and to resolve them. This work led to a more efficient automated renewals process for 2017 plans.

Improved Reporting Capabilities

During 2016, HBX also improved its federal reporting performance. We now submit monthly reports to the IRS that pass IRS validation requirements and we have expanded the fields of information we provide CMS on a quarterly and annual basis. Our 1095-A program has been regularly recognized as a model for the country. Just recently, we were able to move 1095-As into the cloud, allowing our customers easy access to their forms for both the current tax year and past tax years. We have also worked hard to improve the data exchange between HBX and our carrier partners so that we now can report out on effectuated enrollment, rather than just plan selections. For 2017, we are implementing the federal government's new requirement of policy-based reporting. This work is important, as once this program goes live, the federal government will rely upon the reports submitted by marketplaces to pay advanced premium tax credits to carriers.

Verifications

HBX launched new functionality to allow for efficient resolution of inconsistencies between information contained in an individual's health insurance application and information from the federal HUB services. The new functionality allows us to send a notice to customers seeking premium and cost sharing reductions and allows customers to upload documents necessary to resolve the inconsistency. HBX case managers have the administrative tools to efficiently resolve the inconsistencies, reducing operational costs.

Improved APTC/CSR Administrative Functionality

HBX created and deployed a tool for HBX staff to use for APTC/CSR customers. The cloud-based agile open source code tool provides functionality that is not available through the eligibility rules engine in the hardcoded system. This allows staff to run estimated APTC/CSR eligibility prior to renewal and allows for new determinations when a customer has a change in their circumstances. When DCAS is down for planned and unplanned maintenance, HBX staff can use this new tool to assist customers with APTC/CSR. In 2017, new functionality will be added to enable customers to use this tool.

Additional Website Improvements in Development

Looking ahead, many additional technical improvements are planned for 2017. Some highlights include:

- **Mobile functionality:** In FY17, HBX plans to add mobile functionality for individuals and families applying for private health plans, as well as for employers and brokers. In previous years, HBX built a mobile app for consumers to get information on whether they might qualify for premium reductions, help them to locate outreach events and also find brokers and assisters who could provide them with help during the application and plan selection process. We also built a

mobile app just for small businesses to see if they qualify to enroll through DC Health Link and to get information on locating a broker. The 2017 mobile functionality updates and expands upon the initial apps. First we will deploy a new app for brokers and employers. Through this new app, brokers and employers will have instant access to renewal deadlines, open enrollment information and participation, plan information, the employee roster, and the monthly costs for providing health insurance coverage to employees. The new app for individuals as well as employees covered through small businesses is planned for later in 2017.

- **Broker Quoting Tool for Small Businesses:** In 2017, we will be launching a robust quoting tool for brokers to develop multiple side-by-side plan year comparisons for their employer clients. After an employer reviews the quotes prepared by the broker, the employer can select a quote to automatically populate in their employer account on DC Health Link.
- **Enhanced COBRA/Continuation Coverage Functionality for Small Business Customers:** In 2017, we will be deploying enhancements to allow small business customers, and brokers working on their behalf, to self-service enrollments into COBRA/continuation coverage.
- **Improved Plan Display:** We are currently conducting user testing to gather information about how customers shop for coverage so we can improve the way we convey health plan information to them. This user testing builds on an earlier round of testing conducted in 2016.
- **Nationwide Doctor Directory:** We are developing a nationwide doctor directory that will enable customers who choose health plans with national networks to see whether doctors located around the country participate in those plans. This is especially important for small businesses based in DC with employees in other states.
- **Self-Service Billing Inquiries and Payment:** When deployed, this functionality will enable employers to setup one-time and recurring payments as well as check payments and balances online.
- **Plan Quality Ratings:** The federal government has been compiling quality ratings for health plans and making them available for review. For the next open enrollment, we plan to display plan quality information as part of the plan shopping experience so customers can consider quality ratings when choosing among health plans.

2015: IT USER EXPERIENCE IMPROVEMENTS, WEBSITE RETOOLING

The improvements noted above all build on those completed in 2015 when we initially moved to the cloud-based, agile, open source code. To briefly summarize: In 2015, the webpage was redesigned to enhance performance, speed, and user experience for both Individual Marketplace and SHOP customers. The number of screens to click reduced for quicker enrollment:

- Reduced from 28 screens to 11 screens on the individual application (full pay);
- Reduced from 22 screens to 5 screens on the employer application; and
- Reduced from 26 screens to 6 screens for employee shopping, account set up, and plan selection.
- Added a progress bar (shows % complete similar to commercial websites) (Individual QHP and employee enrollment)
- Performance data for 1/1/2016 to 2/2/2016: 6:33 minutes average time on site; 1.45 seconds average page load time; 42,852 sessions; 21,673 unique visitors

- **Improved Website Performance:** Quicker Account Set Up and Enrollment. Average in minutes:
 - 1:46 Create account
 - 2:42 Auto check for current customer status (pre-populates data for existing customers)
 - 2:39 Verify Identity (federal hub)
 - 1:50 Enter family demographics (federal hub, hourly re-pinging based on federal hub performance – no impact on customer)
 - 0:36 Select family members to be covered (default is all covered)
 - 3:27 Shop for a plan (on average 4 sessions – customer deliberative process)
 - 1:27 Thank you confirmation page

OUTREACH

HBX once again engaged in a robust outreach and enrollment campaign for our fourth open enrollment period, which ended January 31, 2017. HBX strives to continually improve services to DC Health Link customers, employing strategies and initiatives to ensure that the DC Health Link enrollment process and outreach efforts meet customer needs -- and that when any issues and concerns are raised they are promptly addressed and resolved.

In FY16 and FY17, HBX initiated and engaged in several creative strategies and public education campaigns to increase public awareness of DC Health Link and its mission in both the individual and families and small business marketplaces. The campaigns were developed to educate the public about DC Health Link and make it as easy as possible for people to shop and enroll in quality, affordable health insurance through DC Health Link. The outreach mantra is to *“reach people where they live, work, shop, play and pray.”*

HBX partnered with community leaders and groups to focus on education campaigns that address the District’s diverse populations including Latinos, Asian, Pacific Islanders, African Americans, LGBTQ, Young Invincibles, Millennials and the faith-based communities. In FY17, during open enrollment, HBX had Storefront Enrollment Centers throughout the city. In addition, we continued to have “One Touch Enrollment Centers” (one-stop-shop of all enrollment services) at Carlos Rosario International Public Charter School, with enrollment at Our Lady Queen of the Americas Catholic Congregation and the Consulates of El Salvador, Columbia and Mexico.

Public awareness, education and outreach campaigns included several intense weeks of action to educate and boost enrollment in DC’s diverse Latino, Asian Pacific Islander, Young Invincible and African American communities. Events typically included assisters, brokers, and HBX staff to engage, educate, enroll, and answer attendee questions. Paid media included metro bus ads, radio spots, cable TV, movie screen ads, and community newspaper ads.

Special enrollment and outreach events were held at barbershops and beauty salons, bars and clubs, community meetings, festivals such as the Ward 7 Community Festival and Barry Farms Health, Wellness, and Back to School Festival, Saturday afternoon Brunch Bounce to reach millennials, the “Knock-Knock” door-to-door weekend canvassing, movie theatres (“Star Wars”), DC Health Link Care-A-Van that traveled from ward to ward, the 24Hr + Enrollment Marathon with enrollment sites at Denny’s (Ward 7) Ben’s Chili Bowl (Ward 1), Smith Commons (Ward 6) and MidTown Barber Shop (Ward 4). The marathon ended with enrollment and pulpit messaging at local churches, including Israel Baptist Church (Ward 5) and Pilgrim Rest Baptist Church (Ward 7). Weekend events included the Faith-in-Action involving the faith-based community to help educate and get residents enrolled.

In an ongoing effort to engage the community and enlist their support to reach the remaining uninsured, HBX established the DC Health Link Volunteer Program in FY16 and the “Each One LINK One” Campaign. Both provide an opportunity for residents and individuals to participate in HBX’s mission to reach and enroll uninsured residents. With more than 47 registered volunteers recruited from area colleges and universities, professionals from the legal, engineering and health care fields, and from the District’s Volunteer Clearinghouse website, ServeDC, volunteers have been invaluable to outreach efforts and have provided support at outreach events and marketing activities during DC Health Link’s fourth Open Enrollment Period (OEP 4).

HBX’s DC Health Link “Each One LINK One” is a call-to-action citywide campaign that launched to engage the public in supporting HBX’s efforts to enroll the remaining hard-to reach uninsured. Predicated on the assumption that people know at least one person who may be uninsured, the campaign called on residents to reach out to their family members first and then their friends, neighbors, and colleagues to encourage those they care about to enroll. Participants in the “Each One LINK One” campaign are designated as “DC Health Link Linkers” since they become “the LINK” to helping get those they care about to enroll in health insurance.

Small Business Marketplace

For the small business market, known as SHOP, HBX launched the “Affordable Choices Campaign.” The campaign involved forming new partnerships with groups such as the Coalition for Non-Profit Housing and Economic Development, Congress Heights Community Training and Development Corporation, DC Department of Consumer & Regulatory Affairs, DC Department of Small and Local Business Development, DC Small Business Development Center Network, Howard University, Latino Economic Development Corporation, U.S. Small Business Administration, U.S. Women’s Chamber of Commerce, and the Washington DC Economic Partnership. These groups were instrumental in DC Health Link’s first POWERUP DC to help empower DC’s small business community. The seminar, “***Get Money, Get Movin’... Accessing Capital to Start and Grow Your Business with Non-Traditional Funding Resources***” featured keynote speakers Denise Turner Roth, Administrator, U.S. General Services Administration (GSA), Natalia Olson-Urtecho, Regional Administrator, U.S. Small Business Administration, Mid-Atlantic Region, and Ana Harvey, Director, DC Department of Small Local Business Development (DSLBD).

The “Affordable Choices” campaign also included: advertisements on Metro buses that featured DC Health Link’s small business customers; media buys with radio stations and local newspapers, including Capital Community News, the Hill Rag, MidCity DC, East of the River, Post, Capital News, The Express, El Tiempo, and Washington Business Journal; and a digital/social media outreach campaign through targeted email blasts, text-a-thons, mobile device ads using geo-fencing, and on-screen ads in movie theatres, lobbies and concession stands throughout the city, including locations in downtown Gallery Place, Georgetown, and Uptown. Targeted ads were placed on Comcast and RCN which aired on such stations as CNN, ESPN, MSNBC, Fox News, History, and the Weather Channels. These ads were reinforced with online website impressions.

Here is a short video of our final round of open enrollment events at the end of January 2017 that showcases our approach:

[DC Health Link Outreach Video](#)

Social and Digital Media Outreach

HBX leveraged digital communications to help drive engagement. To educate, engage and reinforce enrollment messaging, HBX also utilized active digital communications tactics. HBX launched targeted email campaigns during the most recent open enrollment period to remind customers of approaching enrollment deadlines. Reaching residents through mobile advertisement was central to the FY16 and FY17 outreach strategy. HBX used a text message alert system around each of the deadline dates to remind customers of approaching enrollment deadlines and to urge them to enroll in health insurance coverage.

Partnerships with businesses, government, community, professional groups, educational and faith based institutions, etc.

DC Health Link partnered with many groups to host events to achieve broader community outreach. The partnerships were with District government agencies, community organizations, local small business partners, faith based entities and others. For a list of partners please see performance oversight response to question 19.

DC Health Link Certified Brokers, Navigators, Assisters, and Certified Application Counselors

Currently there more than 700 brokers, 40 assisters and navigators, and 60 certified application counselors authorized as DC Health Link trained experts. They are trained and certified to help individuals and small businesses through the DC Health Link account set-up, application, and plan selection process. They also participate in many of our outreach and education efforts to find the uninsured in the District, and to let them know about DC Health Link and the benefits of having health insurance coverage. These trained experts have been vital to helping individuals and small businesses, and have been important in helping us make a significant impact on reducing the number of uninsured in the District. Because they are trusted voices in their communities, these experts will remain vital in the effort to find the remaining uninsured and help them obtain coverage.

CONCLUSION

The Affordable Care Act has helped the District to achieve near universal health coverage. HBX is committed to continue to advocate for our customers and continue to work closely with you to help ensure that residents and small businesses do not lose their health care.