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DC Health Benefit Exchange Authority

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HBX Performance Oversight FY21-22
Oversight Hearing
DC Council Committee on Health
Chairperson Councilmember Gray
Jan 24, 2022



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
- **NEAR UNIVERSAL COVERAGE:** more than 96% of DC residents covered
 - ✓ DC ranks **#2** in U.S. for lowest uninsured
 - ✓ Cut uninsured rate in half since DC Health Link opened for business



DC Health Link – Successful ACA State-Based Marketplace

Small group & individual market -- DC Health Link:

- **Cover 100,000 people** (private health insurance); new market for individual dental plans
- **Cover 5,300** District small businesses and non-profits
- **Have 900+** DC Health Link brokers providing free help to customers
- **Responsible for over \$620 million** in annual premiums



Open Enrollment Nov 1, 2021 to January 31, 2022 for District Residents

- ✓ **Window shopping October 15 to October 31:** preview 2022 health plans and rates before Nov 1.
- ✓ **2022 premiums are lower** than 2021 premiums for 6 individual and family plans. Have 27 plans from CareFirst Blue Cross Blue Shield and Kaiser Permanente.
 - ✓ HBX testified at DISB's rate hearing advocating for decreases and lower rates.
- ✓ **Standard Plans: No deductibles** for primary care, specialists, mental and behavioral health, urgent care and generic Rx.
- ✓ **All plans** cover diagnosis, testing, and treatment for COVID-19.
- ✓ **All plans** cover COVID-19 vaccines and boosters at no cost to patient.
 - ✓ PCR and antigen testing at no cost to patient
 - ✓ Starting January 15, 2022 health plans will reimburse up to 8 home FDA approved antigen tests
- ✓ **More residents qualify for lower monthly premiums** because of new federal law.



American Rescue Plan

- ✓ **Lower health insurance premiums: 2021 and 2022.**
- ✓ We estimate **approximately \$36 MILLION per year in premium relief** for District residents with individual marketplace coverage through DC Health Link.
 - ✓ Existing and new customers qualify for lower premiums.
 - ✓ People who received unemployment compensation in 2021, qualified for **\$2/month premiums** and no deductibles for health insurance on DCHealthLink.com (2021 only).
 - ✓ For laid off workers federal government paid 100% of COBRA premium April 1, 2021 to September 30, 2021.



Implementation of the American Rescue Plan

- ✓ **2021 launched a new Open Enrollment for the American Rescue Plan** for all DC residents.
- ✓ **Quickly updated DCHealthLink.com for all new benefits (March 29, 2021) for new and existing customers:** Two weeks after legislation was signed by President Biden, launched all new benefits on DCHealthLink.com.
- ✓ **Re-ran eligibility and automatically (and without residents having to do anything) lowered premiums for customers with income information in DCHealthLink.com accounts:** DCHealthLink.com account and May 2021 invoice from insurers reflected lower premiums.



Implementation of the American Rescue Plan (cont.)

- ✓ **Updated PLAN MATCH, an anonymous shopping tool for new and current customers:**
 - Use “PLAN MATCH” to find out in less than 30 seconds if you qualify for lower premiums.
- ✓ **Added a new calculator for account holders to instantly see if they can qualify for lower premiums.**
- ✓ **Added a streamlined (simplified) income feature to DC Health Link application** for current and new customers for quicker determinations for lower monthly premiums.
 - Complete income information, select a plan, and enroll instantly with lower premiums.



American Rescue Plan Lowers Insurance Premiums

MONTHLY LOWER PREMIUMS (APTC*)	DECEMBER 2020 (1-year ago)	DECEMBER 2021 (Current)
Number of Residents Getting Lower Premiums	1,281	2,510
Total Monthly Savings In Lower Premiums	\$474,783	\$1,174,977
AVERAGE PREMIUM SAVINGS	\$371	\$468
PERCENT OF ENROLLEES WITH LOWER PREMIUMS	8%	16%

*Does not include people who will get PTC when they file their federal taxes. These people pay full price for premiums now, and depending on their income, will get a refundable tax credit when they file taxes. Chart only includes people who provided income information to DC Health Link and qualified for lower monthly premiums. Impact of ARP is much greater than reflected in the chart.



COVID-19

HBX 2021 and 2022 actions:

- ✓ **Helping residents and employers get insured and stay insured**



COVID-19: HBX HELPED RESIDENTS AND SMALL BUSINESSES GET AND STAY INSURED update for 2021

- ✓ **Expanded enrollment opportunities (COVID-19 special enrollment):**
HBX Executive Board adopted COVID-19 special enrollment period in 2020. HBX Board extended this SEP in July 2021 to run through January 31, 2022. **Any uninsured resident or DC Health Link small business employee can sign up.**
 - ✓ **Federal Marketplace COVID-19 SEP expired August 15, 2021.**
- ✓ In 2021:
 - **5,167** District residents enrolled using COVID-19 special enrollment.
 - **1,565** people enrolled in SHOP coverage using COVID-19 special enrollment.



Emergency COVID-19 Relief for Employers & Residents with DC Health Link Health Insurance in Arrears

- ✓ Using funds the ARP provided to DC, Mayor Bowser established Emergency COVID Relief through HBX for \$15 million to help District employers and residents stay insured. This paid for DC Health Link health insurance premiums that were overdue (in arrears).
- ✓ Councilmember Gray prioritized this Supplemental FY21 Budget request and DC Council approved the funding in June 2021.



Emergency COVID-19 Relief for Employers & Residents with DC Health Link Health Insurance in Arrears

- ✓ As of January 17, 2022, HBX issued approximately \$14 million in payments for categorically qualified employers and residents. This helped:
 - 445 employers covering 4,431 people to stay insured during the on-going pandemic. These employers all have a new start for October 2021 premiums.
 - 1,761 residents with individual marketplace coverage. These residents have a new start for their September 2021 premiums.
- ✓ HBX is making individual case-by-case determinations for 27 employers with overdue premiums for September 2021.
- ✓ Health Plans wrote-off an additional estimated \$1.4 million for DC Health Link customers in arrears who did not qualify for COVID relief arrears program.



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) (no report in 2019, 2020, and 2021)**
- ✓ **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)



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Supplemental slides



2022 HEALTH INSURANCE OPTIONS THROUGH DC HEALTH LINK

Plans:

- **157** Small Group Plans
 - 36 plans with lower premiums than in 2021
- **27** Individual Plans (includes 2 catastrophic)
 - 6 plans with lower premiums than in 2021

Insurers:

- 3 UnitedHealthcare Companies (group only);
- 2 Aetna Companies (group only);
- CareFirst Blue Cross Blue Shield; and
- Kaiser Permanente.



Highlights of Open Enrollment and Operations

- **Open Enrollment:** successful approach from prior years – virtual and in-person.
- **What's New in 2021 on DC Health Link:** Streamlined application and expanded access to lower premium.
- **Increased operational efficiency:**
 - ✓ **Transitioned** from contractors to HBX-IT a greater share of enrollment-related tickets.
 - ✓ **Reduced** IT enrollment-related ticket handling time from an average of 11 days in 2019 to an average of 3 days in 2020 and 2021.
- ✓ **State-based Marketplace Partnership** with the MA Health Connector for Business going strong since 2017.



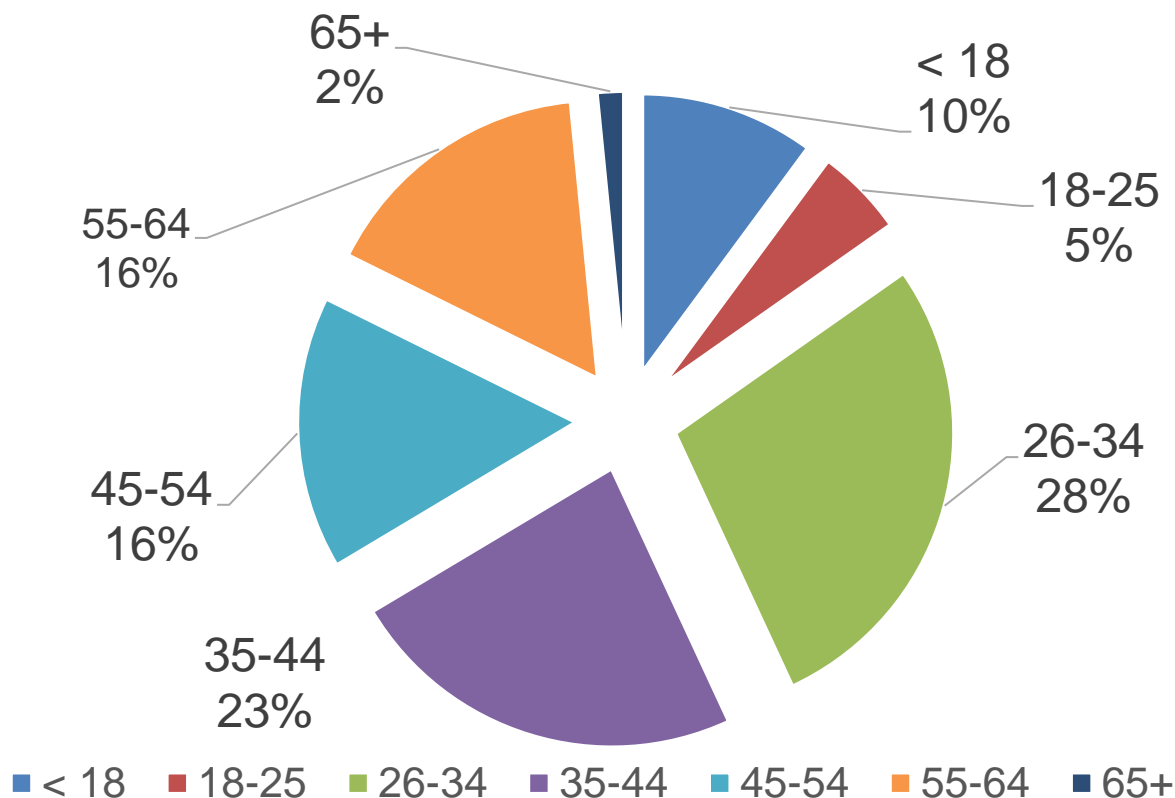
OPEN ENROLLMENT ENDS **JANUARY 31, 2022**

As of **January 16**, plan selections compared to last year: 18,413 compared to 19,166 last year:

Total paid enrollment for individual and small group as of January 16: 99,946 in 2022 compared to 97,586 in 2021

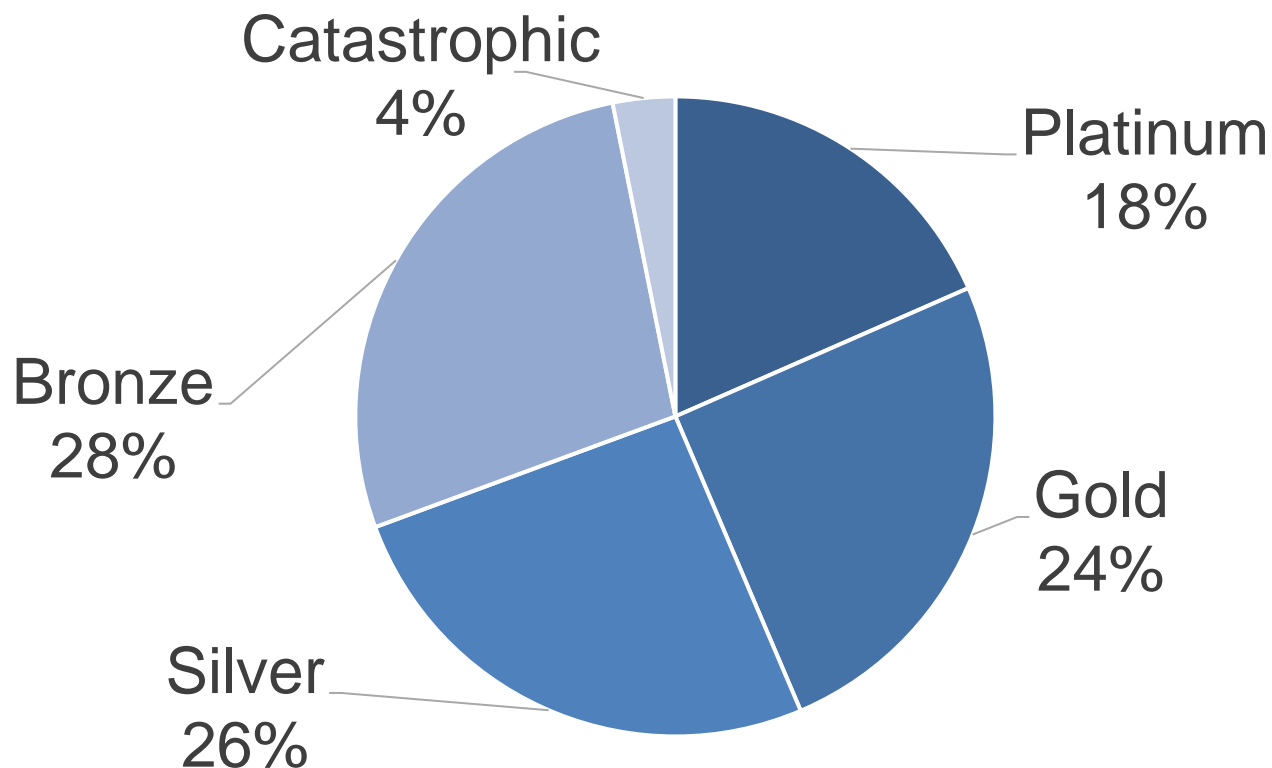


INDIVIDUAL **PAID** ENROLLMENT BY AGE FOR 2022 COVERAGE





INDIVIDUAL BY METAL LEVEL 2022 PAID COVERAGE





Small Group Marketplace Current Enrollment

SHOP ENROLLMENT	GROUPS	COVERED LIVES
Current Enrollment (January 2022)	5,298	84,005
Enrollment 1 Year Ago (January 2021)	5,170	81,213
CHANGE	+128	+2,792

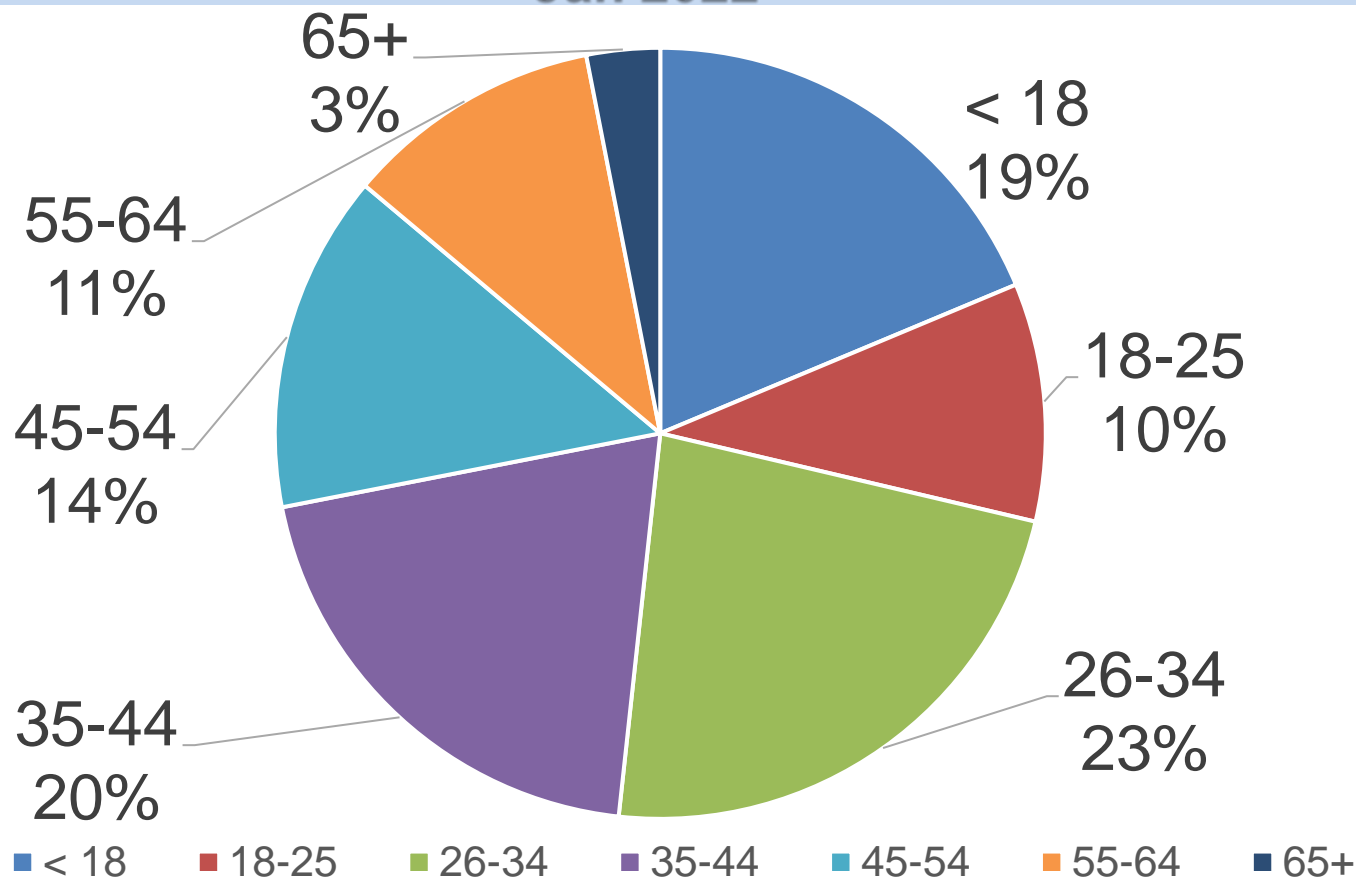


Choice of Plans	Number of employers Jan 2022	Number of employers Jan 2021
1 Plan 1 Carrier	1,637	1,759
All Plans 1 Carrier	3,012	2,806
All Plans (all carriers) 1 Metal Level	649	605
Total Employers	5,298 69% offering choice	5,170 66% offering choice



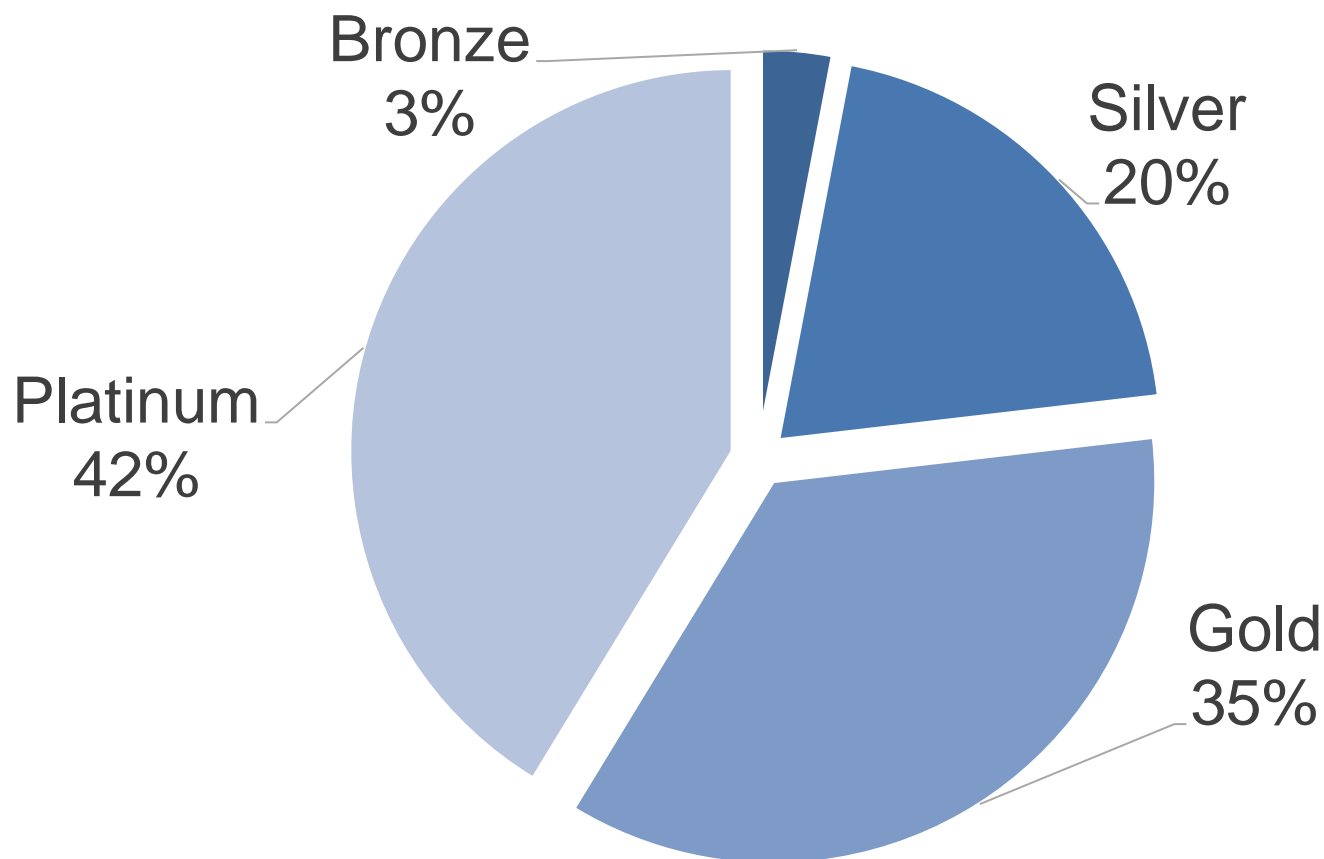
SHOP – AGE (Not Including Congress)

Jan 2022





SMALL BUSINESS ENROLLMENT METAL LEVEL Jan 2022



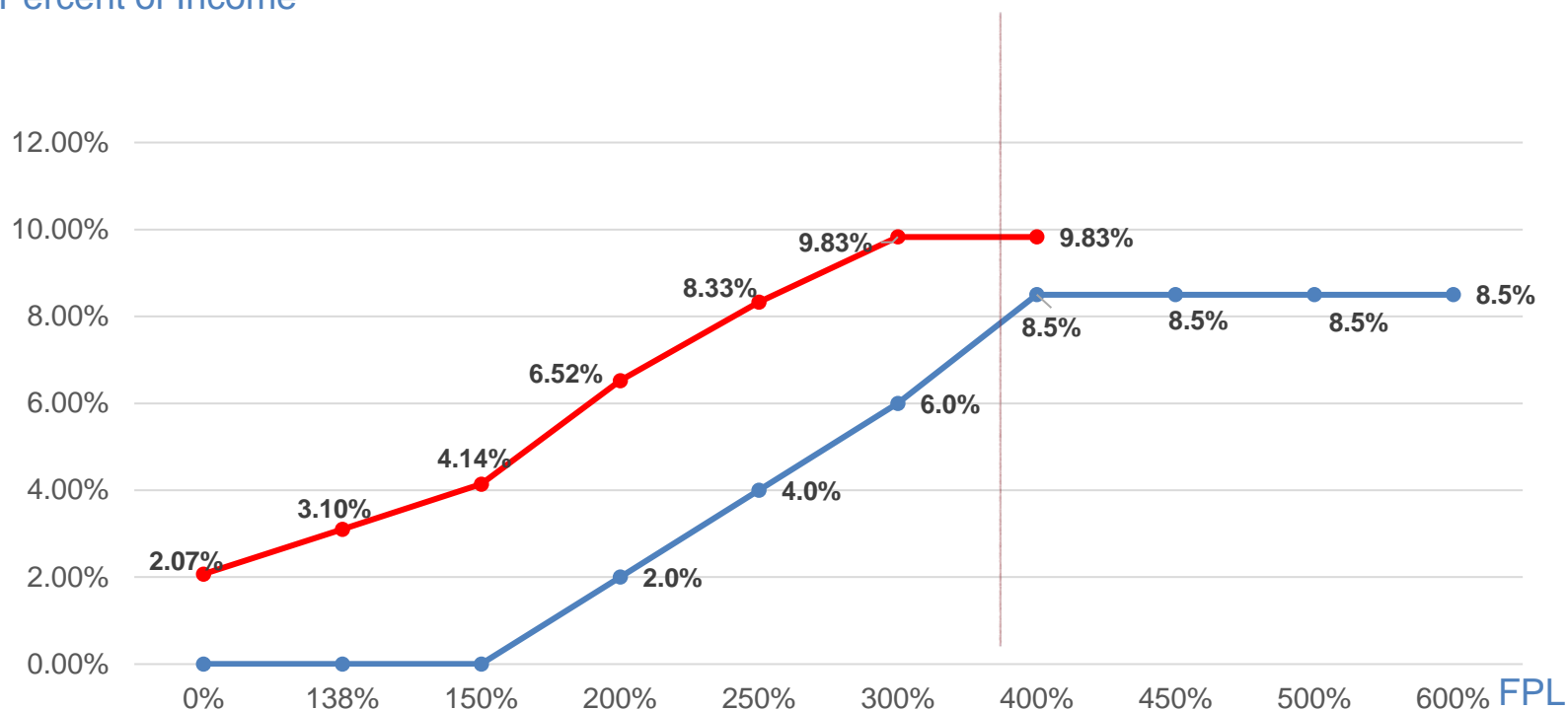


American Rescue Plan (COVID Relief Law March 2021)



American Rescue Plan (ARP) Lowers Health Insurance Premiums

Percent of Income



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



American Rescue Plan Lowers Insurance Premiums

ARP especially helped older residents to lower health insurance premiums.

- For 55 year-olds and older residents covered through DC Health Link who provided income information, the average monthly premium went from **\$920 (full pay) to \$407**.
- The American Rescue Plan cut premiums by more than half for District residents 55-years old and older who did not qualify for lower premiums prior to ARP.



American Rescue Plan: Lower Premiums & Big Savings for DC Residents with Health Insurance on DC Health Link

- ✓ **New customers:** create an account, complete income information for lower premiums and choose a health plan.
- ✓ **Current full pay customers who have not provided income information:** log-in to their account, complete income information, and lower premiums instantly.



Implementation of the American Rescue Plan 2021(cont.)

- ✓ **Deployed “yearly aggregate”** feature that allows people to lower their premiums even more by applying the APTC amount they had since January 2021, instead of waiting until they file their taxes to get the credit for the earlier months before COVID relief law was passed.
 - ✓ **Lowered premiums even more using this new tool.** Automatically lowered premiums even more for people whose income information we already had. DC Health Link account and June invoices from insurers reflected lower premiums.
- ✓ **Launched an outreach campaign:** created FAQs for customers, notified customers about new benefits, launched paid media & outreach campaigns, provided trainings. <https://youtu.be/411UeMYv3qE>
- ✓ **Partnered with DOES** to reach residents with unemployment benefits in 2021. DOES included information in newsletter; and called and sent emails to unemployment compensation recipients.



American Rescue Plan, Open Enrollment and Other 2021 Outreach

- ✓ **HBX (ARP outreach):** 108,717 emails and 29,111 texts
- ✓ **Dep't of Employment Services (DOES) (2021):** 106,994 emails and 90,463 Robo-calls to laid-off residents with unemployment compensation
- ✓ **HBX Open Enrollment:** 565,791 emails and 10,472 texts through Jan 18, 2022
- ✓ **Assisters (2021):** 12,858 calls (through Dec 31, 2021) to DC Health Link employers downsizing or terminating coverage, potential customers who started but didn't finish DC Health Link applications, & ARP outreach calls.
- ✓ **Business Partners:** DCCC, GWHCC & RAMW (2021): 68,348 emails and 1,397 calls through Jan 15, 2022.
- ✓ **Other partners:**
 - ✓ SE Tennis and Learning Center 10,000 emails
 - ✓ Ben's Chili Bowl 90,000 emails



FEDERAL REGULATORY DEVELOPMENTS

President Biden issued several Executive Orders and the Administration issued regulations to strengthen the ACA and reverse prior damage (see supplemental slides for details).



Biden Administration Actions to Strengthen the ACA and Reverse Damage by Prior Administration

1/20/21 Issued Executive Order on Preventing and Combating Discrimination. Ordered federal agencies to update regulations, guidance, and policies to prohibit discrimination on the basis of gender identity or sexual orientation, including in healthcare.

1/28/21 Issued Executive Order Strengthening ACA and Medicaid:

- ✓ Created federal COVID-19 special enrollment period Feb 15 to May 15 and allocated \$50 million for marketing.
- ✓ Ordered federal agencies to review and as appropriate, suspend, revise, or rescind regulations that undermine protections for people with pre-existing conditions, undermine marketplaces or insurance markets, create barriers to coverage, or reduce affordability or assistance for coverage.
- ✓ Revoked two Trump Executive Orders that promoted deregulation of health insurance and junk insurance such as association health plans and short-term, limited-duration plans.

2/2/21 Issued immigration-related Executive Orders. One requires review and reversal as appropriate of the Trump Administration's Public Charge rules and policy.



Biden Administration Actions to Strengthen the ACA and Reverse Damage by Prior Administration (cont'd)

3/15/21 – Department of Homeland Security reversed Public Charge rule and associated form requirements, reverting to 1999 standards.

3/23/21 Suspended Implementation of SUNSET Regulation. The rule would have undermined the federal standards for healthcare programs. On 10/29/21, HHS proposed to rescind the rule entirely.

8/23/21 & 11/17/21 Department of Homeland Security and Department of State requested information to update Public Charge rules.



Biden Administration Actions to Strengthen the ACA and Reverse Damage by Prior Administration (cont'd)

9/27/21 HHS reversed Trump Administration Exchange Rules

- ✓ Repealed requirement for insurers to send two separate bills (women's health – abortion coverage)
- ✓ Expanded Open Enrollment through January 15 (DC Health Link is through Jan 31)
- ✓ Reversed a substantial decrease in carrier user fees on the federal marketplace that would have undermined outreach and enrollment
- ✓ Repealed option for carriers and web-based brokers to determine eligibility for federal programs
- ✓ Reinstated enforcement of statutory guardrails protecting consumers when states seek to waive ACA provisions

1/5/22 HHS proposes new consumer protections and a reversal to prior Exchange Rules (not finalized)

- ✓ Reinstates prohibition on discrimination based on sexual orientation and gender identity by health plans
- ✓ Requires standard plans to be offered on the federal marketplace (DC Health Link does this)



HBX Filed Comments in FY21 and late FY20 Opposing Prior Administration Actions Undermining the ACA and Supporting Biden Administration Actions

- ✓ 12/4/20 Comments to CMS on SUNSET Proposed Rule (**opposed** automatic termination of ACA and other healthcare regulations).
- ✓ 12/29/20 Comments to CMS on Proposed Notice of Benefit and Payment Parameters for 2022 (**opposed** option for direct enrollment, **opposed** allowing state to get rid of ACA consumer protections through 1332 waivers, **opposed** underfunding federal exchange).
- ✓ 7/28/21 Comments to CMS on Proposed Notice of Benefit and Payment Parameters for 2022 (**supported** expansion of Open Enrollment, **supported** expanded Special Enrollment Periods, **supported** reversal of separate abortion billing requirement, **supported** prohibition on direct enrollment, **supported** reinstatement of consumer protection requirements when states seek 1332 waivers, **supported** increase of user fee on federal marketplace to support outreach and operations).
- ✓ 10/22/21 & 1/18/22 Comments to Dept. of Homeland Security and Department of State on revision of Public Charge regulations. (**supported** policies which support medical care for immigrants).



- ✓ HBX Executive Board Working Group on Social Justice and Health Disparities
- ✓ Internal HBX Social Justice Initiative



“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.



2021 HBX Executive Board Working Group on Social Justice and Health Disparities

- ✓ **HBX Board created** a new working group on Social Justice and Health Disparities.
- ✓ **Members:** health plans, hospitals, physicians, community health centers, health insurance brokers, and advocates.
- ✓ **HBX Report to Councilmember Gray on East of the River** was important to help understand what each health plan is doing and included next steps for HBX – new working group.
- ✓ **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. Areas of focus:
 1. Expand access to providers and health systems for communities of color in DC;
 2. Eliminate health outcome disparities for communities of color in DC;
 3. Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in DC.
- ✓ **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. Make recommendations by early summer.



DCHBX 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 Cont.

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 Cont.

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.



Health Equity

- ✓ In July 2021, the Executive Board unanimously adopted the Social Justice and Health Disparities Working Group recommendations.
- ✓ **Status of Implementation:**
 - Health plans review clinical algorithms for bias and prohibit use of race-based adjustments. Must prohibit race adjusted GFR for in-network providers in the first year of implementation.
 - HBX Standard Plans Working Group updated plan design for 2023. All individual and small group standard plans will cover benefits for Type 2 Diabetes at no cost sharing – no deductibles, no coinsurance, and no copayments for office visits, blood tests, eye and foot exams, insulin and supplies, etc. Diabetes disproportionately impacts communities of color in DC and this plan design eliminates financial barriers to care. New plan design will have to meet final federal AV calculator limits.



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.**
- ✓ **Established and Appointed a Chief Equity Advisor to the Executive Director:** directs implementation and oversight of the Board adopted recommendations from the Social Justice and Health Disparities working group. Will guide future work of the working group when it reconvenes. Internally, supports leadership team's strategic plan implementation and will guide future strategic goals.
 - Developed a Guide on Identifying Internal Practices, Policies, and Procedures for Equity Review.
 - Developed Equity Review Toolkit (draft) to use for analyzing new and exiting policies.
- ✓ **Policies reviewed for equity using draft Tool Kit:** HBX COVID-19 Vaccination Policy for Contracts, Purchase Orders and Grants (reviewed for equity impact); HBX Remote Work Pilot program (developed for retention and reviewed for equity impact).



UPDATE ON SOCIAL JUSTICE (Continued)

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).



COVID-19 Workforce Retention and Operational Resilience

Retention (examples):

- ✓ Developed and implemented Board approved Return to Work Flexibility Policy for retention of workforce to ensure flexibilities for staff;
- ✓ Developed and implemented Board approved Remote Work Pilot for IT division and non-IT employees. The Pilot is designed to measure workforce productivity with a voluntary 5-day remote work week (up to one year);
- ✓ Launched pilot employee award program.

Operational Resilience:

- ✓ Transitioned workforce from remote to in-office status (Summer 2021);
- ✓ Transitioned workforce to mandatory remote status on December 22, 2021; (currently until January 31, 2022 due to Omicron);
- ✓ Converted DC Health Link Contact Center to permanent 100% remote operation.



Individual Responsibility Requirement & HBX Implementation Responsibilities and Actions 2021

- ✓ The DC Individual Responsibility Requirement and regulations are similar to the federal requirement which expired beginning with tax year 2019.
- ✓ New DC residents are permitted a special enrollment period (SEP) to gain coverage and comply with the Individual Responsibility Requirement.
- ✓ Processed 13 hardship exemptions and 3 affordability exemptions for Tax Year 2020, 2 hardship exemptions and 2 affordability exemptions to-date for Tax Year 2021, and 0 hardship exemptions and 2 affordability exemptions to-date for Tax Year 2022. If a hardship, prevented someone from getting insurance, they should apply for an exemption. Residents can apply for up to 3 tax years retroactively.
- ✓ Published income level for automatic low-income exemption on [DCHealthLink.com](https://dchealthlink.com) and in the DC Register (March 2021).
- ✓ Posted average bronze plan cost on [DCHealthLink.com](https://dchealthlink.com) (used to cap penalty) and provided to OTR for use in [tax instructions](#) (September 2021).



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**