



**Mila Kofman, JD, Executive Director,
Health Benefit Exchange Authority
Performance Oversight Hearing
before
DC Council Committee on Health
Chairperson Councilmember Gray
January 15, 2020**



ACA is Working in DC

- **NEAR UNIVERSAL COVERAGE:** Nearly 97% of DC residents covered
 - ✓ DC ranks **#2** in U.S. for lowest uninsured
 - ✓ Cut uninsured rate in ½ since DC Health Link opened for business
 - ✓ 5th lowest individual market premiums (CMS 2019 data)
- **Small group & individual market -- DC Health Link:**
 - **100,000 covered lives** (private health insurance); new market for individual dental plans
 - **5,000+** District small businesses
 - **800+** DC Health Link brokers



2020 HEALTH INSURANCE OPTIONS THROUGH DC HEALTH LINK

Plans:

- 156 Small Group Plans
- 25 Individual Plans (includes 2 catastrophic)

Insurers:

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



OPEN ENROLLMENT ENDS JANUARY 31, 2020

Open enrollment for individual health insurance for residents ends January 31, 2020

To date plan selections compared to last year (as of Jan 7, 2020):

Individual:  Small Group: 

Total paid enrollment (January 7, 2020): 95,056 in 2020 compared to 94,007 in 2019



2020 OPEN ENROLLMENT NEW OUTREACH APPROACH

CONTINUE successful approach from prior years

NEW inward focus on existing DCHealthLink contacts (2019 & 2018):

- ✓ residents with incomplete applications;
- ✓ residents who did not qualify for a special enrollment period;
- ✓ residents whose coverage was terminated;
- ✓ SHOP -- didn't renew or terminated for nonpayment;
- ✓ callers to contact center;
- ✓ currently enrolled residents (each one link one)



2020 OPEN ENROLLMENT NEW OUTREACH APPROACH cont.

NEW outward focus:

- ✓ new residents (*see next slides for sample postcard*);
- ✓ highly likely uninsured (90 percentile degree of certainty) (population we targeted in prior years but now using a **new strategy**);
- ✓ assisters & business partners (also a **new strategy**);
- ✓ people who signed up to receive emails (**new strategy**);
- ✓ incubators and shared space.



MOVING TO **DC** **is good for your health!**

Enroll by December 15 for coverage starting January 1.
Open enrollment ends January 31, 2020.

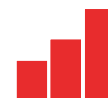


25

Choose from **25 health insurance plans** with comprehensive coverage



Costs are among the lowest in the region and the nation



Consistently ranked among the best states for health care in the US

Welcome to DC!

Don't miss the opportunity to enroll in quality, affordable coverage.

- **Visit DCHealthLink.com** to view your plan options, or **call us at (855) 532-5465 / TTY:711**
- **Compare plans with Plan Match** and see if you qualify for cost savings
- **Consider a standard plan** with no deductible for many health services: bit.ly/StandardPlansDC

DON'T DELAY, ENROLL TODAY!

*Please be advised that the District of Columbia requires you to have health insurance, an exemption, or pay a tax penalty. **We are here to help** if you have questions. Call 855-532-5465 / TTY:711, or go to: bit.ly/GetCoveredStayCoveredDC*



Get the facts. Get covered.

1225 I Street NW
Washington DC, 20005



2020 OPEN ENROLLMENT NEW OUTREACH APPROACH

NEW STRATEGY (minimum of “7 touches”): Email (multiple emails with deadline “countdown” and A/B testing); text messaging; direct mail; phone calls. SUMMARY (through 12/31):

- 337,468 emails;
- 15,035 texts;
- 62,448 direct mail;
- 2,594 calls

Business partners (DCCC): 310 emails and 15 calls resulted in 17 businesses requesting on-site individual enrollment for workers (scheduled for January)



Targeted outreach strategy: 1,552 *new* individual health insurance customers

Assessing effectiveness of new targeted outreach strategy, out of all targeted groups, the highest number of new customers are in the following categories:

- started but didn't finish an application in 2019: 464 (out of 14,886)
- terminated coverage during 2019: 231 (out of 4,148)
- started but didn't finish an application in 2018: 134 (out of 19,036)
- all other categories: 615 (out of 66,994)

Using % to assess, the highest % of new customers are in the following categories:

- didn't qualify for a SEP in 2019: 24% (54 people out of 228)
- didn't qualify for a SEP in 2018: 11% (19 people out of 167)
- cancelled in 2019: 9% (110 people out of 1274)

Assisters: enrolled 108 residents for 1/1/20 private health insurance coverage compared to 63 for 1/1/19 last open enrollment



2020 OPEN ENROLLMENT OUTREACH & ENROLLMENT

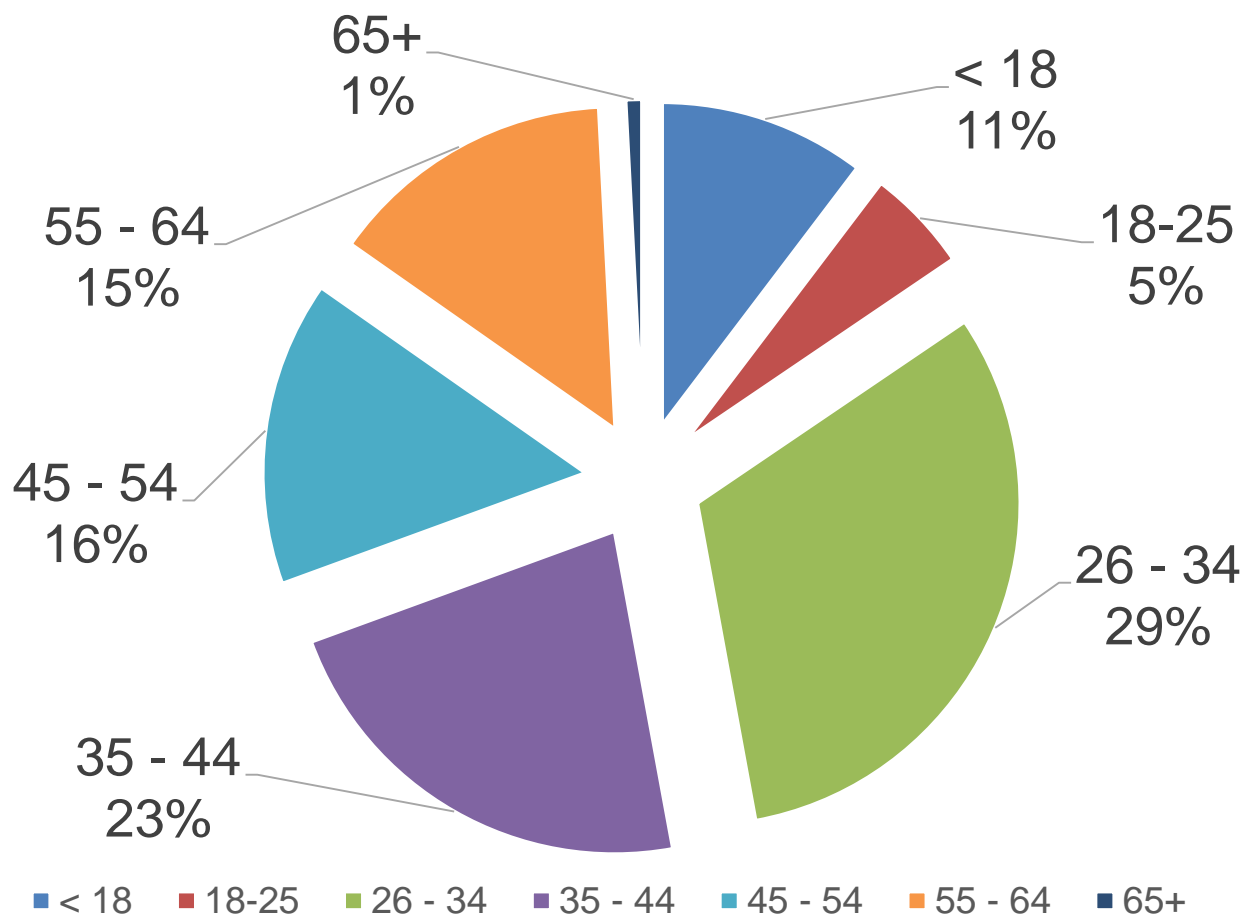
Issue: lower enrollment due to fear and confusion from federal anti-immigrant policy

NEW: HBX partnered with immigration lawyers funded by the Mayor's Immigration Justice Legal Services Grant Program

- **Free immigration lawyers** (funded by the Immigration Justice Legal Services Grant) **with interpreters** (funded by HBX) to provide one-on-one immigration advice at one-touch enrollment at Carlos Rosario every Thursday 5pm to 8pm and Saturday 9am to 12pm.

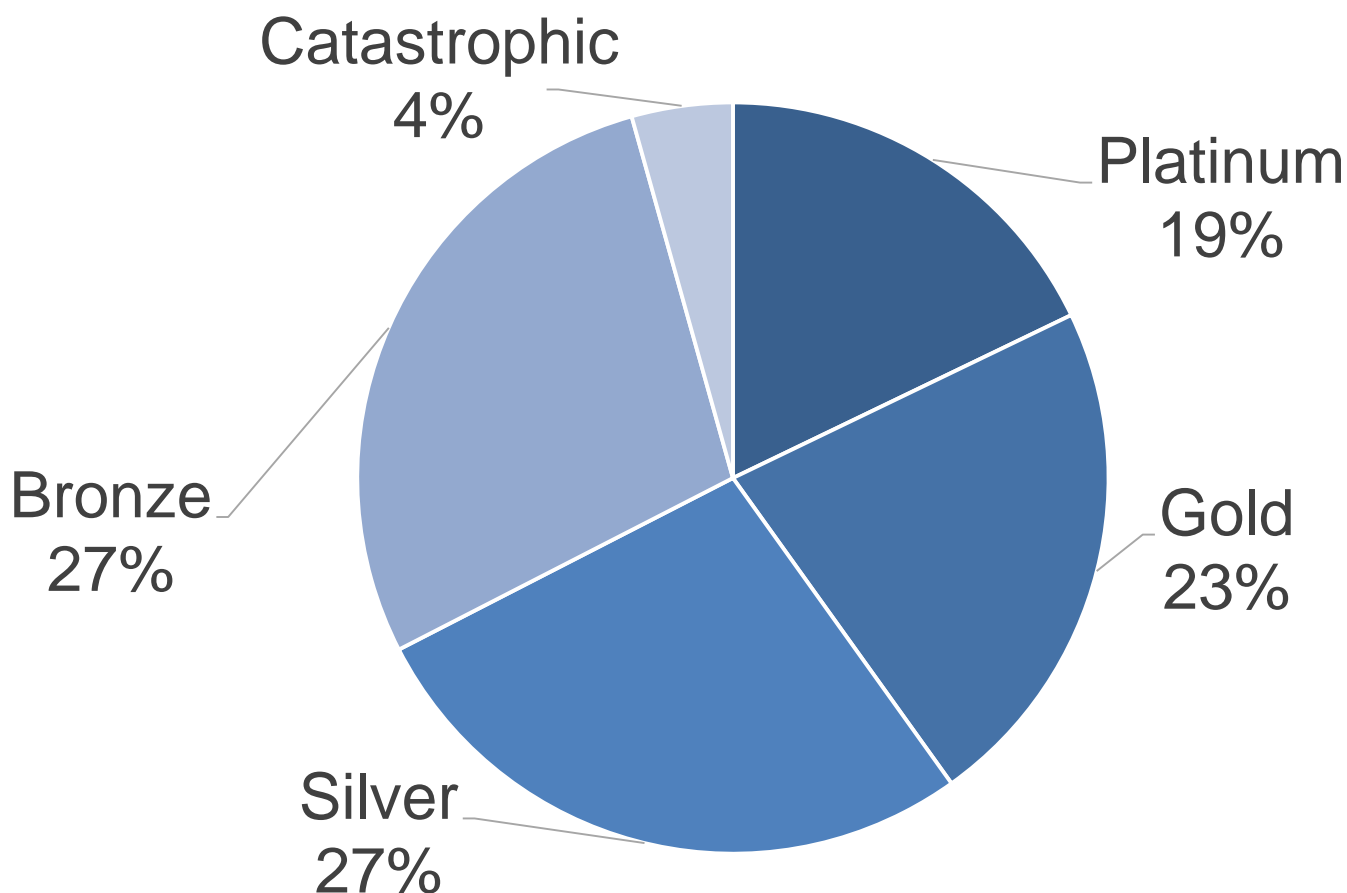


INDIVIDUAL **PAID** ENROLLMENT BY AGE FOR 2020 COVERAGE





INDIVIDUAL BY METAL LEVEL 2020 PAID COVERAGE





ENROLLMENT INFORMATION

Standard Plans Individual Marketplace (63% of DC Health Link customers enrolled in a standard plan)

- **PRE-DEDUCTIBLE COVERAGE:** These plans cover primary & specialty care (including outpatient mental health), urgent care, and generic Rx without first having to meet a deductible.
- Standard plans have the same benefits and same out-of-pocket costs (deductibles, copays, coinsurance) for easy comparison.
- Customers enrolled in standard plans have higher effectuation and paid rates than customers enrolled in non-standard plans (86% paid status compared to 74% paid for non standard plans and 74% for standard HSA plans).

Dental Insurance Individual Marketplace 2020 Coverage: over 4,000 people with individual dental coverage



DC Health Link Contact Center (12/31/2019 for OE7)

OE CALL CENTER STATS	OE 1	OE 2	OE 3	OE 4	OE 5	OE 6	OE 7
Calls Received	86,632	56,415	52,886	47,182	41,295	37,898	24,008
Average Wait Time (Minutes)	10	9	1.5	1.9	0.7	0.7	1.6
Average Max Wait (Minutes)	29	60	8	9	6	3	15
Abandonment Rate	31%	23%	6%	11%	3%	3%	7%

FINAL DAY STATS	3/31/2014	2/15/2015	1/31/2016	1/31/2017	2/5/2018	2/6/2019	TBD
Calls Received	4,419	748	932	1,552	970	591	TBD
Average Wait Time (Minutes)	24	10	2.9	8.9	6.8	0.2	TBD
Average Max Wait (Minutes)	37	28	19	16	16	4	TBD
Abandonment Rate	77%	25%	12%	28%	22%	1%	TBD



Plan Choice

Small businesses that provide choice of health plans to employees:

- ✓ Can save money
- ✓ Provide better employee benefits
- ✓ Offer options that large employers offer

It is **administratively easy** - NO extra work to offer choice.
Receive one monthly bill, regardless of how many different plans employees select.

<https://www.dchealthlink.com/employee-plan-choice>

English and Spanish language videos



2019 PLAN CHOICE CAMPAIGN

MARKETING AND COMMUNICATIONS:

- ✓ English and Spanish radio & newspaper ads, informational fliers

PARTNERSHIP WITH BROKERS (92% of enrolled employers have a broker):

- ✓ One on one meetings with brokers
- ✓ Basic training on plan choice as part of certification
- ✓ Information in “Broker News” and webinars on plan choice

SMALL BUSINESSES:

- ✓ One on one meetings with employers
- ✓ Educated through PowerUp DC and PowerUp DC East
- ✓ Information at DCRA every other month
- ✓ Participation in events led by OED, including Great Street Program, Main Street Program and the DC Economic Partnership, among others
- ✓ Distribution of information by business partners: DCCC, GWHCC and RAMW

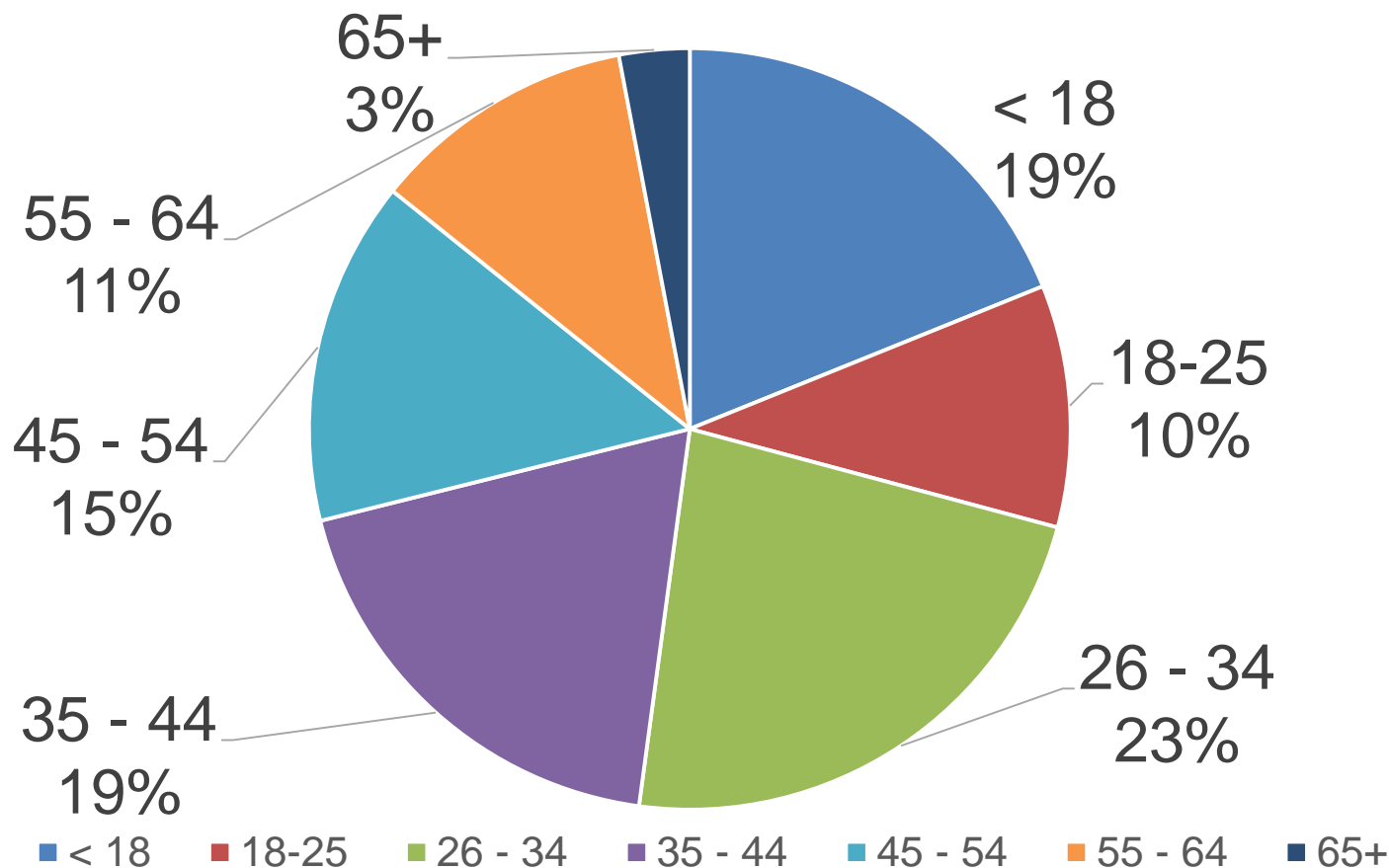


Choice of Plans	Number of employers Dec 2018	Number of employers Dec 2019
1 Plan 1 Carrier	2,008	1,869
All Plans 1 Carrier	2,475	2,624
All Plans (all carriers) 1 Metal Level	494	561
Total Employers	4,977 60% offering choice	5,054 63% offering choice



SHOP – AGE (Not Including Congress)

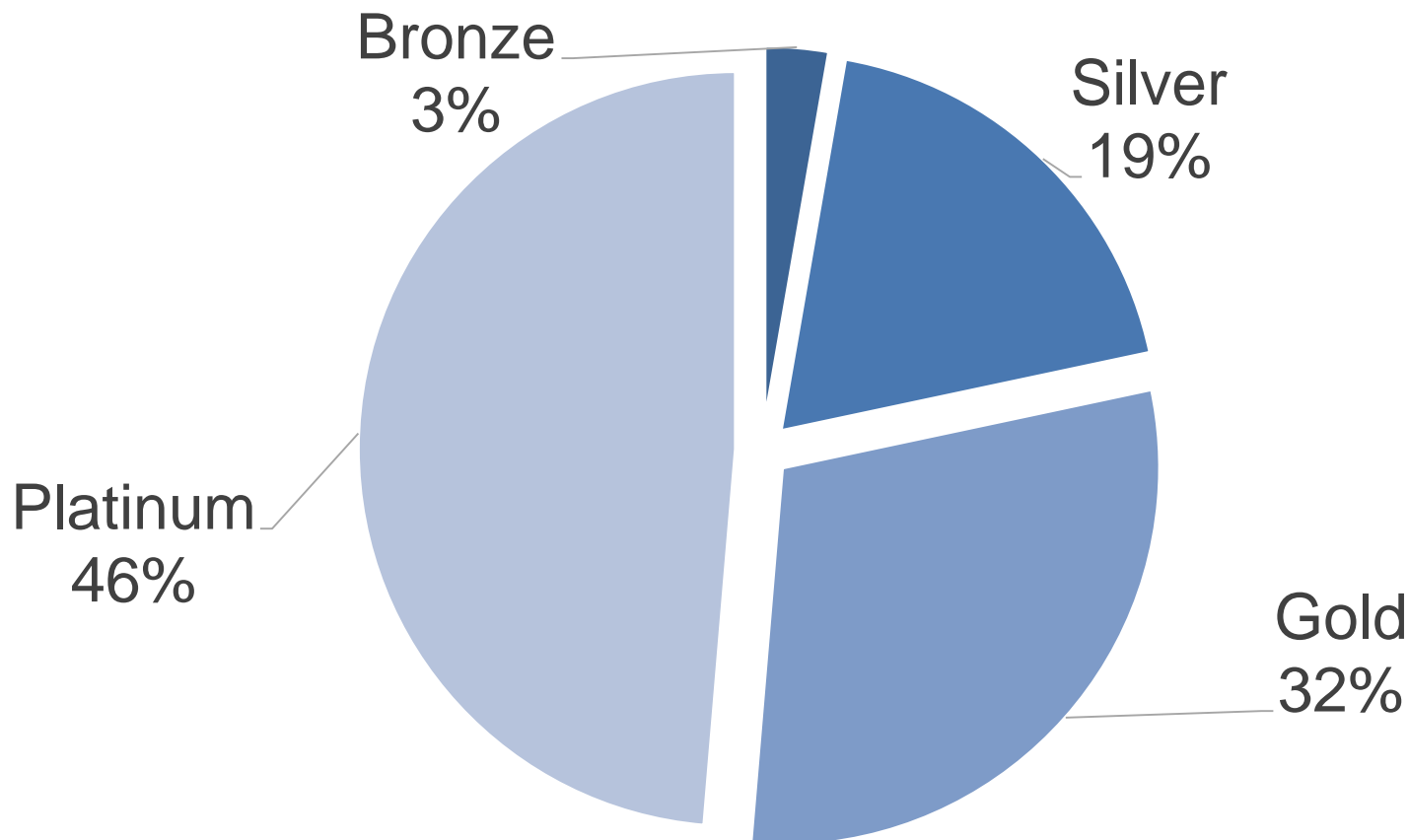
Jan 2020





SMALL BUSINESS ENROLLMENT METAL LEVEL

Jan 2020





WHAT'S NEW IN 2019

- ✓ **Autopay for Employers:** *Enhanced* payment options for employers to allow automatic electronic recurring payments. Over 1,143 employers enrolled since Summer launch.
- ✓ **Fully Integrated “plan match” for Quicker Selection and Enrollment:** *Enhanced* and simplified shopping experience for employees of small businesses covered through DC Health Link SHOP.
- ✓ **Expanded Real-Time Billing Information for Employers:** *Enhanced* billing information available real-time in the employer’s account showing account balance, payments and other activity since the last monthly invoice. Information available to employers and their brokers.
- ✓ **New for Brokers:** *New* system functionality to allow brokers to give their internal staff ability to support the broker’s clients on behalf of the broker.
- ✓ **Enhanced Broker Quoting Tool:** *Enhanced* features and improved experience for brokers using the quoting tool and new client management tools to allow brokers to better manage their DC Health Link clients.



WHAT'S NEW AT DC HEALTH LINK INDIVIDUAL MARKETPLACE IN 2019?

- ✓ **Window shopping for 2020 plans:** Mid-October 2019 residents were able to preview prices and coverage options for 2020 even before open enrollment started. Very popular feature -- over 900 users on its first day compared to over 600 users on Nov 1 the first day of open enrollment.
- ✓ **Easier to find Standard Plans:**
 - **New** icon to easily identify standard plans;
 - **Enhanced** ability to filter for standard plans; and
 - **New** page on DC Health Link to provide more information explaining the benefits of standard plans.
- ✓ **New Individual Responsibility Requirement Page:**
 - **New** page on DC Health Link to provide information on DC's coverage requirement; and
 - **New** on-line exemption tool to help residents understand eligibility for an exemption and to apply on-line for an exemption.



New Tools on Health Reimbursement Arrangements (HRAs)

- ✓ *New* HRA Affordability Tool developed with stakeholders and other state-based marketplaces. Allows residents to see how the HRA offered by their employer impacts their eligibility for premium reductions.
- ✓ *Coming in 2020* Employer HRA Tool to help employers compare and understand options for contributing to their employees' health coverage costs including offering an Individual Coverage HRA, offering small group coverage through DC Health Link, and increasing employees' salary.
- ✓ *New* online training for DC Health Link Brokers on HRAs and how to use HRAs with DC Health Link coverage.
- ✓ *New* page on DC Health Link explaining HRAs and how an Individual Coverage HRA can be used to purchase private health insurance on DC Health Link.



New Tools for HBX Staff

To shorten service resolution time and to become more efficient, developed the following functionality to enable HBX staff to process certain transactions that have historically been completed by HBX contractors:

- ✓ *New* notice editing allows HBX staff to make edits to notices.
- ✓ *New* functionality allows HBX staff to correct enrollment termination dates and process reinstatement requests.
- ✓ *New* functionality allows HBX staff to terminate, cancel, and initiate new plan years for SHOP employers.



Enhancements *Coming in 2020*

- **Self-service APTC Updates:** This new online feature will allow customers to adjust the APTC amount they claim throughout the year. For example, if a customer wants to claim 80% of the amount they qualify for initially and then adjust to 100%, they will be able to do so.
- **Self-service cancellations for customers in individual health insurance coverage:** Customers will no longer have to contact the DC Health Link contact center to cancel coverage that they enrolled in that has not yet become effective. They will be able cancel through new online functionality simply by logging into their account and cancelling.
- **New tools for HBX staff to continue to automate manual functions:** For example, new functionality will automatically generate corrected Form 1095-A when a customer or carrier initiates a change. The system will automatically trigger a revised 1095-A form to both the customer and the IRS.



Marketplace Support Improvements

- ✓ **Cut** resolution time for broker tickets from an average of 10 days in 2018 to 5 days in 2019.
- ✓ **Enhanced** processes for managing and resolving IT customer support tickets cutting the average resolution time for IT tickets in half from 33 days to 14 days between 2018 and 2019. In Nov and Dec 2019 resolution time 3-5 days.
- ✓ **Transitioned** support and management of front-end (consumer-facing pages) and back-end (software and infrastructure) of DC Health Link's pre log-in pages from contractors to HBX employees. HBX staff now handle all website updates to DC Health Link, and manage the infrastructure that hosts those pages. This saves money and enables quick updates to site.



HBX Recent 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 SBMs and FFM) in 2018 and 2017 (no report in 2019)**
- ✓ **Five PR News Awards in 2018 and 2019**
- ✓ **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)



DC Health Link & MA Health Connector for Business State-based Marketplace Partnership: MA report

- **Small businesses like the new platform:** 88% percent of employers are extremely to somewhat likely to recommend the platform to other small businesses.
- **Premium savings:** Small businesses and their employees in Massachusetts collectively save nearly \$9M per year on health insurance premiums by shopping through the Health Connector for Business compared to similar groups off-Exchange.
- **Newly insured small businesses:** 46% percent of new businesses reported that they previously did not offer coverage before signing up with the Health Connector for Business.
- **Brokers like offering employer choice:** Brokers report Choice Model is one of several main reasons why they choose the Health Connector for Business platform over other sales channels for their clients.
- **All-time highest enrollment:** Small business members are currently at an all-time high at 7,366 covered lives.

Source: MA Health Connector for Business -- Board of Directors Meeting, September 12, 2019



Federal actions putting health insurance coverage of millions of Americans and District residents and businesses at risk

- Trump Administration asked federal courts to strike down the ACA (DC AG defended the ACA)
- Continued to threaten to prohibit automatic renewal of health insurance
- Required insurers to send two separate bills (women's health – abortion coverage)
- \$0 federal individual responsibility requirement estimated to raise premiums by 10% nationwide (DC passed a law requiring residents to be insured or pay a tax penalty)
- Continued shortened open enrollment (HBX extended to 3 months)
- Continued not to fund outreach and enrollment at proper levels (compared to HBX \$3m budget)
- Removed anti-discrimination protections for women, immigrants, and LGBTQ community
- Restricted Special Enrollment Periods (HBX expanded)
- Expanded attacks on immigrants through the Public Charge Rules and Presidential Proclamation (DC AG court challenge)
- Further encouraged growth of junk plans like association plans, e.g., DC estimate is \$1,307/yr higher premiums for individual coverage and \$1,486/year per person small group; and short-term limited duration plans estimated to raise premiums by 20% and cause 6,100 people to become uninsured (DC passed a law to mitigate negative impact of federal actions and to protect DC residents and businesses); DC AG court challenge to AHP rule



HBX filed comments opposing federal actions undermining the ACA:

- 12/20/19 Comments to State Dep't on New Public Charge Form (**opposed** policy and questions on new form for people overseas applying for a visa);
- 11/26/19 Comments to CMS on Agency Information Collection Activities; Proposals, Submissions, and Approvals (**opposed** rulemaking on abortion segregation of funds requirement couched as Paperwork Reduction Act action);
- 11/12/19 Comments to State Dep't on Inadmissibility on Public Charge Grounds (**opposed** attempt to end-run federal courts' nationwide injunctions that stop DHS from implementing the Public Charge Rule);
- 10/31/19 Comments to State Dep't on Immigrant Health Insurance Coverage (**opposed** Presidential Proclamation);
- 8/13/19 Comments to HHS on Nondiscrimination in Health and Health Education Programs and Activities (**opposed** removing gender identity and orientation protections);
- 7/22/19 Comments to CMS on Individual Coverage HRA Model Notice (asked the federal government to ensure that the model notice is at appropriate reading level);



Cont.:

- 7/1/19 Comments to CMS on ACA Waivers (**opposed** CMS eroding ACA protections for section 1332 waivers);
- 6/18/19 Comments to OMB on the Consumer Inflation Measures Produced by Federal Statistical Agencies, Directive No. 14 – OMB (**opposed** changing federal poverty formula; Mayor Bowser also submitted comments);
- 5/3/19 Comments to CMS on Sale of Individual Health Insurance Coverage Across State Lines Through Health Care Choice Compact (**opposed** allowing sale of junk plans across state lines);
- 3/21/19 Comments to CMS on Grandfathered Group Health Insurance Coverage (**opposed** expanding grandfathered plans);
- 2/19/19 Comments to CMS on Notice of Benefit and Payment Parameters for 2020 (**opposed** prohibiting/limiting automatic renewal of health insurance). End of the year spending bill prohibited this for 2021. Note this may reappear in the future; and
- 1/8/19 Comments to CMS on Exchange Program Integrity Proposed Rule (**opposed** requiring insurers to send two separate bills for health insurance – one bill for abortion coverage and one bill for other health care coverage). The Administration finalized rule and is requiring two separate premium bills. HBX is reviewing options to protect customers and mitigate loss of coverage that will be caused by this new federal rule.



Expanded Enrollment Opportunities in DC

- ✓ **Pregnancy SEP:** pregnant person & dependents can enroll in individual or small group coverage. SEP triggered based on the date a health care provider confirms the pregnancy. Can enroll retroactively or up to 60 days (30 if small group coverage) after confirmation of pregnancy by health provider.
- ✓ **Reinstatement SEP (auto-enrollment error):** customers terminated due to a declined premium payment via a credit card or debit card auto-payment arrangement with the carrier can reenroll but must successfully establish the auto-payment (e.g., update credit card information). No break in coverage.
- ✓ **Individual Coverage HRA SEP:** if employer offers an HRA, resident has a SEP from time HRA is offered.
- ✓ **Small group open enrollment 2020:** small businesses can enroll without participation and contribution requirements (will help businesses who can't afford 50% premium contribution).



Response to Federal Action/Inaction: Local Legislative Policy

**HBX Executive Board adopted (unanimously)
recommendations of ACA working group
recommending local policies:**

- ✓ Individual responsibility requirement – *now DC law*
- ✓ Locally funded APTC wrap (to lower premiums for moderate income people)
- ✓ Locally funded reinsurance (to lower premiums for all residents with individual health insurance)

Long-term solution: Federal action is necessary to fund reinsurance and expand APTC



New individual responsibility requirement: similar to federal requirement

- **Applies to 2019 tax year** (when federal fine decreased to \$0)
- **Applies to any “applicable individual”** (Similar to federal standards as of 12/15/2017)
- **Applies if go without coverage for ≥3 months** (per federal standards 12/15/2017)
- **Fine similar to federal** (offset if federal is reinstated)

Fine:

Whichever is greater: \$695 per adult/\$347.50 per child -- up to a cap of \$2085 per family OR 2.5% of family income that is over the filing threshold

Fine is capped at cost of the average DC bronze level health plan (\$3,072/person with a max of \$15,360)

https://otr.cfo.dc.gov/sites/default/files/dc/sites/otr/publication/attachments/2019%20D-40_Booklet.pdf



New individual responsibility requirement: similar to federal requirement

Individual must have minimum essential coverage (MEC) (federal standards 12/15/2017)

- DC Immigrant Children's Program (considered to meet the requirement);
- AHP qualifies **only if** provided coverage in DC on 12/15/2017 OR it complies with 2/15/2017 federal rules
- Same as federal rules: short-term limited duration plans don't qualify (defined as up to 3 months through reference to federal 12/15/2017 standards)



New individual responsibility requirement

- **Exemptions:**
 - **Automatic** exemption (on DC income tax form): 222% FPL; 324% FPL for under 21 (% adjusted by Mayor based on eligibility for Medicaid, CHIP & Immigrant Children's Program)
 - **Individuals must apply** for affordability/hardship exemption: to apply online <https://www.dchealthlink.com/individual-responsibility-requirement?page=#exemption> (HBX administers)
 - **Outreach requirement:** Office of Tax and Revenue (OTR) outreach to people who are subject to a penalty
- **\$\$ collected:** new Fund to help educate about coverage options and increase affordability of individual health insurance premiums



HBX implementation responsibilities and actions:

- ✓ **Established on-line process & administering hardship/affordability exemptions** (Fall 2018) <https://www.dchealthlink.com/individual-responsibility-requirement?page=#exemption>
 - 2019 tax year: HBX granted 17 hardship and 3 affordability exemptions
- ✓ **Established a special enrollment period (SEP) 2019** for residents who learned about DC's health insurance coverage requirement when they filed their taxes (recommended unanimously by the HBX Standing Advisory Board and adopted by the HBX Executive Board, Feb 2019)
 - 342 people qualified for private health insurance tax SEP in 2019
- ✓ **Established new coverage opportunities in 2020 to avoid/limit tax penalty:**
 - learn of coverage requirement at tax time (deadline to enroll in individual coverage is 60 days from filing taxes)
 - new residents don't need to have prior coverage (60 days from establishing residency)
 - SHOP – extended open enrollment through 2020 (requirements for minimum contribution and participation don't apply)



HBX implementation responsibilities and actions:

- ✓ Post on DCHealthLink income level for automatic low-income exemption (March 2019 & annually)
https://www.dchealthlink.com/sites/default/files/v2/pdf/low_income_exemption_thresholds_3_25_19.pdf
- ✓ Post on DCHealthLink <https://www.dchealthlink.com/individual-responsibility-requirement#penalty> and provide to OTR the average bronze plan cost for use in tax instructions (used to determine maximum fine) (Sept 2019 & annually)
https://otr.cfo.dc.gov/sites/default/files/dc/sites/otr/publication/attachments/2019%20D-40_Booklet.pdf
- ✓ Produce 1095As or comparable report to OTR (January 2020 & annually)
- ✓ Launched an education campaign (coordinating and significant partnership with OTR): added information about the individual responsibility requirement to paid media and updated brochures/literature
- ✓ Promulgated proposed implementation regulations with OTR and DISB (Oct 18, 2019) (DMHHS led and coordinated): Regulations are similar to the federal ones.
- ✓ Support OTR's implementation efforts



Implementation

- ✓ **DC Office of Tax and Revenue:** issue local guidance; change tax forms; establish process for reporting of 1095s or comparable reports (production requirement same as federal but reporting to local tax office); train tax office call center staff; change software/systems; education/notices including specifically to those who pay a penalty.
- ✓ **Department of Health Care Finance (DHCF):** provide input on exemptions; continue to produce 1095Bs or comparable reports to local tax office; assist with education campaign; work with HBX and OTR.



A few highlights of OTR's efforts:

- **Issued FAQ** Guidance on the Individual Responsibility Requirement Amendment Act of 2018, Aug. 9, 2019:
<https://otr.cfo.dc.gov/sites/default/files/dc/sites/otr/publication/attachments/FAQ%20reporting%20SRP%20%288.6.19%29.pdf>
- **Issued a notice** (OTR Notice 2019-04) linking to above FAQ Guidance on IRR, Sept. 19, 2019:
<https://otr.cfo.dc.gov/node/1423626>
- **Listed** the new requirement second on its Page on 2020 tax filing season changes Dec. 13, 2019:
<https://otr.cfo.dc.gov/release/learn-about-tax-year-2020-filing-season-changes>
- **Highlighted** new requirement in blog called MyTax.DC.gov (from CFO, Jeff DeWitt): <https://mytaxdc.wordpress.com/> with links to DCHealthLink website, Dec. 30, 2019



Federal Individual Responsibility Requirement: A New Report

- **IRS staff Dec 2019 study:**
 - **being insured reduces mortality rates; and**
 - **letters from the IRS lead people (45-64 year olds) to sign up for health insurance.**
- HBX shared the study with OTR. Lessons from the IRS including frequency of letters and content are important to help DC's efforts. HBX and DHCF are working with OTR to strategize and coordinate.



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**
- **Local Businesses**



greater**washington**
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RAMW

RESTAURANT ASSOCIATION
METROPOLITAN WASHINGTON

DC Chamber of Commerce
DELIVERING THE CAPITAL

