

**Q1. Please provide a current organizational chart for the District of Columbia Health Benefit Exchange Authority (HBX), and include:**

- a. The number of full time equivalents (FTEs) at each organizational level;**

*See Attachment A.*

- b. A list of all FY15 FTEs broken down by program and activity;**

*See Attachment B.*

- c. The employee responsible for the management of each program and activity;**

<b>Program</b>	<b>Activity</b>	<b>Responsible Manager</b>	<b>Responsible Employee</b>
<b>Agency Fiscal Operations</b>  Provides comprehensive and efficient financial management services, to and on behalf of District Agencies so that the financial integrity of the District of Columbia is maintained. This program is standard for all agencies using performance-based budgeting.	Accounting Operations	Kara Onorato, Chief Financial Officer	Samuel Ince, Accounting Operations
	Budget Operations		Jilu Lenji, Budget Operations
<b>Agency Management</b>  Provides for administrative support and the required tools to achieve operational and programmatic results. This program is standard for all agencies using	Contracts and Procurement	Ikeita Cantú Hinojosa, Chief Operating Officer	Nicole Matthews, Interim Contracting Officer
	Information Technology Services		Candace Walls, Information Technology Specialist
	Personnel		Troy Higginbotham, Management Liaison Specialist

performance-based management.	Facilities Management		Paulette Saunders, Administrative Officer
	Performance Management	Debra Curtis, Senior Deputy Director for Policy and Programs	Debra Curtis, Senior Deputy Director for Policy and Programs
	Legal Services	Purvee Kempf, General Counsel	Purvee Kempf, General Counsel
<b>Consumer Education and Outreach</b>  Educates District residents, small business owners and small business employees about health coverage options available through DC Health Link by organizing special events, participating in sponsored activities, conducting educational seminars, partnering with other District agencies and organizations as well as intensive outreach through all of these methods..	Consumer Education and Outreach	Linda Wharton Boyd, Communications and Civic Engagement Manager	Linda Wharton Boyd, Communications and Civic Engagement Manager
	Marketing and Communications		Linda Wharton Boyd

<b>Marketplace Innovation Policy and Operations</b>  Performs functions required of all state-based marketplaces, including plan management, eligibility determinations, and certification of qualified health and dental plans, as well as to ensure the efficient operation of an on-line insurance marketplace where individuals, families, small businesses, and their employees can shop and enroll in health insurance.	Contact Center	Robert Shriver, Deputy Director of Program Services	Holly Whelan, Consumer Affairs Manager
	Plan Management		Brendan Rose, Program Manager
	Eligibility and Enrollment		Sarah Bagge, Eligibility and Enrollment Manager
	Member Services		Selawamit Teka, Supervisory Case Manager
	Data Analytics and Reporting		Stephen Haines, Statistician
	Small Business Health Options Program (SHOP)		Hannah Turner, Program Manager
	Navigators, Counselors, In-Person Assistants, and CACs		Holly Whelan, Consumer Affairs Manager
Information Technology (DC Health Link)		Suzanne Peck, Director of Information Systems	Suzanne Peck, Director of Information Systems

**d. A narrative explanation of any organizational changes made during FY15 or to date in FY16.**

HBX has concluded realigning its programs and activities to more closely mirror how services are delivered, and fully implemented two new program categories with its FY16 budget —the Marketplace, Innovation, Policy and Operations (MIPO) program, and the Information Technology program. The MIPO program now houses Plan Management, Eligibility and Enrollment, Members Services, SHOP, and the Navigator, Assister, and Certified Application Counselor activities. The Information Technology program provides critical development, maintenance and support of the DC Health Link web portal. In FY15 and FY16, HBX made several changes within each of these program functions to meet needs.

***Marketplace, Innovation, Policy and Operations (MIPO)*** –To improve transparency of HBX operations and the transparency of the cost of those operations, HBX reviewed the projects and plans that would be implemented in the coming years, and made several changes to how the MIPO team is staffed.

First, to serve an increasing volume of small business customers, MIPO increased the number of staff on the SHOP team, both by making new hires and by recruiting existing staff from the Individual market team. MIPO also added additional staff to the Member Services team, which provides assistance to customers with complex circumstances and those needing extra help navigating the DC Health Link.

The MIPO team also is now the lead for the Navigator, Assister, and CAC programs. These outreach and enrollment initiatives had previously been managed by the HBX Legal Department until early FY16. One new position was added to the MIPO team to manage these programs.

Additionally as approved under the FY2016 budget, the MIPO team added one position to help with robust data analytics and to comply with federal data reporting requirements. This position coordinates with both HBX staff as well as other District agencies.

***IT Operations*** – The Information Technology program provides critical development, maintenance and support of the DC Health Link web portal. The work includes providing operations and maintenance of both HBX-only systems and shared systems with Medicaid, managing the team of consultants that develop functionality for DC Health Link, and managing the EDI Operations team that oversees information transmitted between carriers and HBX. In FY15, IT operations provided oversight and delivery augmentation for contracted services from a systems integrator. In FY16, IT Operations is now focused on completing functionality and continuous improvements of business functionality for DC Health Link.

**Q2. For each vacancy posted during FY15 and to date in FY16, please state:**

- a. The date that each position became vacant;
- b. Why the position became vacant;
- c. Steps that were taken to fill the position; and
- d. The date the position was filled.

*See Attachment C.*

**Q3. With respect to employee evaluations, goals, responsibilities, and objectives in FY15 and to date in FY16, please describe:**

**a. The process for establishing employee goals, responsibilities, and objectives;**

HBX performs its hiring functions through one HBX Human Resources Manager employee and a Memorandum of Agreement with the Department of Human Resources (DCHR). Services provided under the agreement include: position classification, benefits and retirement administration, policy development guidance, and employee relations consultation.

Although we have exercised the same performance management principles since 2013, HBX formally transitioned to utilization of the District's PeopleSoft performance management program and system in FY15. Implementation included staff training and education on the development of SMART goals, creation of Performance Improvement Plans (PIP), and completion of performance evaluations. Each manager partners with individuals regarding employee goals and responsibilities related to their overall duties as well as the objectives and mission of the agency. In FY16, all HBX employees have SMART goal-driven performance plans in place.

**b. The steps taken to ensure that all HBX employees are meeting individual job requirements;**

In addition to the above-mentioned process, our managers have worked to establish an organizational culture that emphasizes teamwork, shared leadership, and goal-sharing with service to our customers – District residents and small businesses – at the core. Managers meet regularly with team members to ensure that goals and responsibilities are met and job performance is in line with the position of record for the employee.

HBX's system of performance management rests on the following basic principles:

- Goals should be set and agreed upon by both the manager and the employee;
- Metrics for measuring the employee's success in meeting those goals should be clearly articulated;
- The goals themselves should be flexible enough to reflect changing conditions in our customers' needs, changing federal regulations, and program priorities established by the Executive Board and Executive Director; and
- Managers are encouraged to act as coaches to help their direct reports achieve success.

We do this through full staff meetings, weekly team meetings, weekly policy meetings, manager meetings, senior managers meetings. Every program provides detailed weekly reports that are made available agency-wide, giving employees the opportunity to learn and obtain real time feedback from the Executive Director and other senior managers on problem solving. Feedback is quick, ideas for improvements are shared and immediately implemented, and just as

importantly, performance problems are corrected as they occur rather than waiting until a more formal, once-a-year sit down.

In FY15, HBX also launched a leadership development and coaching program for senior management, and the program has continued in FY16. The program includes a combination of team skills as well as individual growth in order to operate efficiently and effectively as a leadership team, including identifying best practices used by other State-based Marketplaces and the private sector as we shift from the successful implementation phase to the on-going operational years.

**c. The remedial actions taken for employees who failed to meet employee goals, responsibilities, and objectives.**

Employees who fail to contribute to established goals are provided counseling. Managers will put an individual on a 30/60 or 90 day action plan of improvement. In some instances, they have been successfully reassigned to other teams more suited to their skills, knowledge and abilities.

**Q4. Please list all employees detailed from or to your agency, if any. Provide the reason for the detail, date of detail, and projected date of return.**

There were no employees detailed from the DC Health Benefit Exchange Authority in FY15 or to date in FY16.



**Q5. Please provide the Committee with the following for FY15 and to date in FY16:**

- a. A list of all employees who receive cell phones, personal digital assistants, or similar communication devices at agency expense;**

HBX currently provides cell phones to all program and operational staff. Three administrative support personnel and one attorney do not require the use of such devices and have not received agency issued equipment.

- b. A list of employees receiving bonuses, special pay, additional compensation, or hiring incentives in FY15 and to date in FY16 and the amount;**

*See Attachment D.*

- c. A list of travel expenses for FY15 and to date in FY16, arranged by employee;**

*See Attachment E.*

- d. A list of all employees with a salary over \$100,000.**

*See Attachment F.*

**Q6. Please provide the amount budgeted and actually spent in FY15 and to date in FY16 for the agency and its programs and activities, broken out by source of funds, Comptroller Source, and Comptroller Object.**

*See Attachment G.*

**Q7. Have any spending pressures been identified for FY16? If so, please provide a detailed narrative of the spending pressure, including any steps that are being taken to minimize its impact of the budget.**

No spending pressures have been identified for FY16.

**Q8. Please provide an update on all the cost-savings initiatives included in HBX's FY15 budget.**

HBX is firmly committed to keeping its costs as low as possible, using a variety of strategies:

**Agency Partnerships**

HBX minimizes potential duplications in services by leveraging partnerships with sister agencies. These cost-savings initiatives include developing and sharing functionality with DHS and DHCF, sharing data sources with DHCF to verify eligibility, and utilizing ESA case workers to assist with eligibility and identity verification. HBX also partners with DISB for assessment collections, uses DCHR for its human resource services, delegates authority to the Office of Administrative Hearings for appeals of eligibility determinations, and utilizes OCTO for various information technology needs.

**State Partnerships**

HBX continues to explore additional cost-savings through sharing various functions with other state exchanges via common purchasing/negotiations with vendors for better prices when two or more states need the same/similar service, joint contracting, and sharing products/notices, etc. HBX will actively seek opportunities to maximize savings and increase value with shared costs in FY16 and beyond. In 2015 HBX met with other state marketplaces to share information on vendor costs.

**FY16 Cost Reductions**

In addition to these measures, HBX is aggressively working with vendors to reduce costs. For example, HBX was able to renegotiate an existing contract with its Contact Center vendor to achieve a nearly 10% price reduction in FY16, plus additional work including making outbound calls for outreach campaigns, a new team of SHOP experts, and an in-house escalation team. HBX also renegotiated its contract with premium aggregation vendor to achieve cost savings – eliminating per member per month fees that would have been triggered in 2016. Additionally, HBX has moved away from using a large systems integrator for IT development in FY16. Instead, the development is being managed by HBX Information Technology Operations working with IT consultants from CBEs. This means that funds are spent locally. Nine previous consultant positions have also been converted to direct employment in the FY16 budget to save significant funds for HBX. Finally, perhaps the most significant FY16 savings will be realized from the decision to use open source software to support DC Health Link instead of privately licensed software with expensive annual licensing fees. Moving away from these software licenses will save millions of dollars annually. HBX used IT experts provided by CBEs to redesign and convert to open source code. HBX also uses CBEs to test and deploy code upgrades. HBX has moved away from hardcoded software that has long development cycles (6-8 months to deployment) and expensive testing. Using an “Agile” approach and open source

code means quick deployments that are cost effective to test. Using CBEs to accomplish this also means HBX spends locally.

### **Budget Review**

HBX's proposed budget passes through multiple tiers of review. HBX finalized its proposed budget after HBX receives input from the Standing Advisory Board and other stakeholders to ensure that the proposed budget reflects community priorities, and is responsible and efficient. The proposed budget is reviewed and approved by the HBX Executive Board's Finance Committee and the Executive Board. It is then submitted through the Mayor to the Council for review and approval. The stakeholder input and various levels of review ensures that community needs are met in the most cost-effective manner.

**Q9. Please identify any reprogrammings received by or transferred from HBX during FY15 and to date in FY16, and include a description of the purpose of the transfer and which HBX programs, activities, and services were affected.**

*See Attachment H.*

**Q10. Please identify any intra-district transfers received by or transferred from HBX during FY15 and to date in FY16, and include description as to the purpose of the transfer and which HBX programs, activities, and services were affected.**

*See Attachment I.*

**Q11. Provide a complete accounting of any Special Purpose Revenue Funds for FY15 and to date in FY16. Please include the following:**

- a. Revenue source name and code
- b. Description of the program that generates the funds;
- c. Activity that the revenue in each special purpose revenue fund supports;
- d. Total amount of funds generated by each source or program in FY15 and to date in FY16
- e. FY15 and to date FY16 expenditure of funds, including purpose of expenditure

No Special Purpose Revenue Funds were budgeted or spent in FY15 or FY16, to date.



**Q12. Please provide the following information for all grants awarded to HBX during FY15 and to date in FY16:**

*See Attachment J.*

**Q13. For each grant lapse occurring in FY15, please provide:**

No grant lapses have occurred in FY15, to date. Please see Response to Question 12 for grant detail.

**Q14. Please provide HBX's capital budgets for FY15 and FY16 and include the following information:**

- a. The amount budgeted and actually spent;
- b. Impact on operating budget; and
- c. Programs funded by the capital budget.

No capital funds were budgeted or spent in FY15 and FY16, to date.

**Q15. If the agency uses purchase cards to acquire supplies or services, identify:**

- a. Any safeguards has your agency put in place to prevent waste, fraud, and abuse;
- b. Number of purchase cards that were issued in FY15 and to date in FY16;
- c. Maximum amount that can be purchased with a card;
- d. Limitations on items purchased.

HBX Contracting Policies and Procedures (updated September 21, 2015)

(<http://hbx.dc.gov/sites/default/files/dc/sites/hbx/publication/attachments/>) permit HBX to use purchase cards to acquire goods and services. HBX has issued a total of three purchase cards to staff in FY15 and FY16, to date and has set the same spending limits set by the Office of Contracting and Procurement for its purchase card program. The maximum amount that can be purchased with a purchase card is \$20,000 per billing cycle and \$5,000 for a single purchase.

To prevent waste, fraud, and abuse, HBX uses an Agency Review Team to oversee the program. The Agency Review Team consists of an Agency Program Coordinator (APC) and Approving Official (AO). The APC, AO, and HBX CFO meet monthly to reconcile all purchase card transactions and verify that the purchase have been internally approved.

**Q16. Please provide a current list of all properties supported by the HBX budget. Please indicate whether the property is owned by the District or leased and which HBX program utilizes the space.**

Property	Owned or Leased	Space Use
1225 I (“Eye”) Street, NW, 4 <sup>th</sup> Floor, Washington, DC	Leased	HBX Main Office
955 L’Enfant Plaza NW, Plaza Level, Washington, DC	Leased	HBX Contact Center
609 H Street NE, 4 <sup>th</sup> Floor, Washington, DC	Leased	HBX Information Technology Operations

**Q17. Please provide HBX's fixed costs budget and actual dollars spent for FY15 and to date in FY16, and include the following information:**

- a. Source of funding;
- b. Narrative explanation for changes; and
- c. Steps the agency has taken to identify inefficiencies and reduce costs.

*See Attachment K.*

**Q18. Please provide the following information for all contracts awarded by HBX during FY15 and to date in FY16, broken down by HBX program and activity:**

- a. Contract number;
- b. Approved Budget Authority;
- c. Funding source;
- d. Whether it was competitively bid or sole sourced;
- e. Expenditures (including encumbrances and pre-encumbrances);
- f. Name of the vendor;
- g. Contract deliverables;
- h. Contract outcomes;
- i. Date of contract expiration after option years;
- j. Any corrective actions taken or technical assistance provided;
- k. HBX employee/s responsible for overseeing the contract; and
- l. Copy of the latest contractor performance evaluation.

*See Attachment L.*





**Q19. Please provide the following information for all contract modifications made during FY15 and to date in FY16:**

- a. Name of the vendor;
- b. Purpose of the contract;
- c. HBX employee responsible for the contract;
- d. Modification term;
- e. Modification cost, including budgeted amount and actual spent;
- f. Explanation of the reason for the modification;
- g. Funding source; and
- h. Whether or not the contract was competitively bid.

*See Attachment M.*

**Q20 Please describe the step-by-step process of procuring goods and services from start to finish, including how the agency ensures that it is meeting its programmatic needs, and whether there is a standard process.**

Under D.C. Code §31-3171.04(a)(5) and §2-351.05(c)(17), HBX has procurement authority independent of the Office of Contracting and Procurement (OCP), (except that OCP has the authority to audit the procurement activities of HBX). On October 10, 2012, the Health Benefit Exchange Authority Executive Board adopted Contracting and Procurement Policies and Procedures. The Board first updated them in September 2014 and adopted a second set of updates on September 21, 2015. The procurement policies and procedures establish an open and transparent process that: (1) promotes public confidence in HBX's procurements; (2) ensures the fair and equitable treatment of all persons and entities that participate in the HBX's procurement system; (3) fosters competition and provides safeguards for maintaining a procurement system of quality and integrity; (4) promotes increased economic efficiency and responsibility on the part of the HBX; (5) achieves the maximum benefit from the HBX's purchasing power; and (6) provides clarity and simplicity in the rules and procedures governing the HBX's procurements. These policies and procedures are incorporated in this response in Attachment M and also available on the HBX website at <http://hbx.dc.gov/sites/default/files/dc/sites/hbx/publication/attachments/>.

HBX contracting team works closely with program teams to ensure program staff have goods and services necessary for DC Health Link. In addition, financial staff are involved to ensure either grant or assessment funding is available to pay for the goods and services. Please see attached "Request for Purchase Form" that is required with signatures from the Requester, Requester's Supervisor, the Budget Officer, the Deputy Director, and the Executive Director. (Attachment N).

HBX policy is to utilize CBEs. In addition to CBEs, HBX uses the District of Columbia Supply Schedule and Federal General Services Administration schedules. RFPs are issued via the Office of Contracting and Procurement's solicitation page at [www.ocp.dc.gov](http://www.ocp.dc.gov). HBX also posts information regarding each solicitation on the HBX website.

As an instrumentality of the City governed by an Executive Board, the Executive Board is also key to the procurement process. Procurements above \$100,000 must be approved by the Executive Board Finance Committee before consideration and approval by the full HBX Executive Board. All procurements must first be approved by the Executive Director.

Finally, the Council has oversight of HBX procurements as well. As with other District agencies, multiyear contracts or a contract in excess of \$1 million during a 12-month period must be approved by the Council.

**Q21. Describe the methods used by your agency to monitor and oversee contract compliance.**

Every HBX contract contains detailed information regarding the role and authority of the Contract Administrator in monitoring and ensuring contract compliance. Once a staff member has been designated Contract Administrator and the contract is executed, the Contracting Officer issues an assignment letter that provides an overview of the duties, responsibilities and limitations of their role. For the duration of the contract, the Contracting Officer supports the Contract Administrator to ensure they understand their role and that needs are met. All individuals must receive Contract Administrator training from the Office of Contracting and Procurement before they are assigned to a contract.

**Q23. Please provide a list of all studies, research papers, and analyses the agency prepared, or contracted for, during FY15 and FY16, to date. Please state the status and purpose of each study.**

HBX committees and working groups regularly conduct analyses and produce reports to assist with the development of policy and foster transparency. The following provides a brief overview of analyses and reports generated in FY15 and FY16, to date. The full documents can be accessed in the attachments to this response.

### **Fiscal Year 2015**

- **HBX Standard Plans Advisory Working Group Report and Addendum (Attachment O):** This report summarizes the work of the 2014 Standard Plans Advisory Working Group. The report recommended standardized plan designs at each metal level of coverage for plans sold through DC Health Link. The Board enacted resolutions based on the recommendations presented in this report and those resolutions can be found at <http://hbx.dc.gov/page/adopted-resolutions>.
- **Covering the Uninsured Through DC Health Link; Report on the First Year (Attachment P):** This report concludes that the number of uninsured people in the District dropped by as much as 43% as a result of previously uninsured people signing up for coverage through DC Health Link in its first year of operation. HBX Board Member Leighton Ku, Chair of the Research and Data Analysis Committee of the Executive Board of HBX and professor of health policy at the Milken Institute School of Public Health at the George Washington University, conducted the analysis and authored this report for HBX.
- **Annual Rate Review Reports:** Federal law requires state-based marketplaces to review carrier justifications for increasing premiums on health plans sold in the exchange marketplace. HBX contracted with Mercer/Oliver Wyman Actuarial Firm to analyze rate filings and premium justifications in both FY15 and FY16.
- **Executive Board Insurance Market Committee Update on 2016 Plan Year QHP Certification Requirements (Attachment Q):** This report summarizes the work of the Executive Board Insurance Market Committee which reviewed plan certification requirements initially established in 2013. This work follows the initial recommendation of the original working group on this topic that the plan certification requirements should be revisited by the Board.
- **Report on Second Open Enrollment Period Outreach and Enrollment Efforts (Attachment R):** This report, presented to the Executive Board, reviews the effectiveness of the second open enrollment period outreach and enrollment efforts and was presented at a debriefing held with DC Health Link Assistants, business partners, and HBX staff.

- **Overview of the Business Outreach Program (Attachment S):** This report, presented to the Executive Board, reviews the three key HBX business partnerships (Washington DC Chamber of Commerce, Greater Washington Hispanic Chamber of Commerce and the Restaurant Association Metropolitan Washington) in FY15.
- **Third Open Enrollment Period Communication, Outreach & Marketing Strategy (Attachment T):** This report, presented to the Executive Board, previews outreach approach for the third open enrollment period (November 1, 2015-January 31, 2016).

### **Fiscal Year 2016**

- **Consumer Survey Post Third Open Enrollment Period (Pending):** HBX will conduct customer surveys in FY16 following the close of open enrollment. There will be four surveys of various populations: 1) Customers who purchased individual or family health insurance policies through the DC Health Link individual and family marketplace; 2) Customers who were found eligible for Medicaid through DC Health Link; 3) Customers who shopped on DC Health Link, but did not make a purchase; and 4) Employers who obtained coverage through the DC Health Link SHOP marketplace. These surveys will be conducted by a professional survey firm. Survey results will help HBX evaluate performance and make changes and improvements to better serve our customers in the future. A report will be produced from these surveys and the expected date of completion is summer 2016.

**Q24. Please identify all recommendations identified by the Office of the Inspector General or the D.C. Auditor during the previous 3 years. Please note what actions have been taken to address these recommendations.**

The FY 2014 District of Columbia's Comprehensive Annual Financial Report (CAFR) Yellow Book audit included eleven recommendations for HBX. The DC Office of the Inspector General (DC-OIG) followed up on agency actions related to the CAFR recommendations. The results and a listing of the recommendations are available in the DC-OIG report *Audit of Remediation Efforts in Response to Significant Deficiencies Identified in the FY 2014 Independent Auditors' Report at D.C. Health Benefit Exchange Authority* (OIG No. 15-2-11MA). The FY2014 CAFR Yellow Book recommendations are listed on page 14 of the DC-OIG report available at <http://app.oig.dc.gov/news/view2.asp?url=release10%2FOIG+No+15-2-11MA+Remediation+Efforts+in+Response+%0Ato+Significant+Deficiencies+Identified+in+FY+2014+%28for+web%29+Redacted.pdf&mode=release&archived=0&month=00000&agency=62>.

After its review, the DC OIG considered “the actions taken or planned by HBX to be responsive and meet the intent of our observations.” HBX fully concurs with this statement.

HBX met with DC-OIG on Thursday, November 12, 2015 to address the one area of recommendations where DC-OIG continued to have concerns. In response to DC-OIG recommendations at that meeting, HBX formalized its already established IT policies and procedures.

Additionally, there was one recommendation made by CAFR with which HBX strongly disagreed. The Notification of Findings and Recommendations states that “[c]ontrol performers should be trained on [LINUX Administrator] procedure as well as the procedures for removing access of separated personnel.”

HBX clarified for DC-OIG that disabling an account is a very basic operational function that is an expected capability of those hired for the role. This is demonstrated by the HBX job description for LINUX Administrators, which was provided to DC-OIG on October 1, 2015. Additional training is unnecessary because an individual would not be hired or retained in this role without basic operational capabilities.

**Q25. Are there any current statutory or regulatory impediments to your agency's operations?**

There are no current statutory or regulatory impediments to HBX operations. However, there is a pending lawsuit challenging the statutorily-authorized assessment of health carriers that supports HBX's budget. In 2015, the United States District Court for the District of Columbia ruled in favor of the District on all claims and dismissed the lawsuit. The decision was appealed to the United States Court of Appeals for the District of Columbia Circuit and is currently under review. The District believes that it will prevail and that the District Court decision will be affirmed.

**Q26. Please describe any additional programs, activities, and initiatives executed or planned in FY15 and FY16, to date, make the activities of the agency more transparent to the public.**

All HBX policy decisions are developed through a local, transparent, and DC-based community stakeholder-driven process using advisory committees and working groups. The HBX Executive Board makes final decisions on policy based on the input and recommendations from various advisory committees and working groups. Executive Board meetings are open to the public, and all meeting materials are posted on the HBX website at <http://hbx.dc.gov/>. Please refer to HBX's response to Question 22 for a comprehensive discussion of these activities.

HBX also engages in several public education strategies to increase public awareness of DC Health Link and its mission. These are listed in detail in HBX's response to Question 28.



**Q31. Please describe how your agency tracks consumer applications, including the number and type of applications actually reviewed by your agency, how problem applications are identified by the agency, and the number of staff dedicated to handling consumer application problems and/or complaints about the process.**

HBX uses a comprehensive approach to identify and resolve consumer issues. In many cases, consumers notify HBX directly (through the DC Health Link Contact Center or by contacting HBX staff directly) if they have problems with an application or enrollment. HBX also receives referrals from Council Members and staff, the Mayor's constituent services office, and the Office of the Health Care Ombudsman. Brokers and Assistants also bring cases to HBX. HBX uses an internal tracking mechanism to ensure that all consumer issues are resolved as quickly as possible.

HBX also has an internal proactive process to identify and fix issues prior to a customer experiencing an issue. HBX runs daily reports from the DC Health Link IT system on any applications and enrollments with errors. These are used to inform the HBX EDI team on the number of plan selections that DC Health Link should be transmitting to health insurance and dental carriers, and to provide quality assurance around this process. These issues are reviewed and resolved in the event that a correction is needed. HBX also identifies errors in the electronic enrollment transmissions. These are not visible to customers and are resolved through a technical correction to an 834 transaction. Additionally, part of the quality assurance process is a staff review of 834 transactions to identify system errors.

Member services, account managers, plan management, IT including EDI and business/policy staff are all part of the team handling customer issues.

**Application and Enrollment Assistance**

Individuals who experience problems with their applications can also seek assistance from many sources, described below.

- *DC Health Link Contact Center* – Consumers can call Monday through Friday from 8am to 8 pm and Saturdays from 9 am – 6 pm or e-mail [info@DCHealthLink.com](mailto:info@DCHealthLink.com). The Contact Center is also open on select Sundays during open enrollment (usually the Sunday right before or immediately on the day of an enrollment deadline). This center is staffed by more than 60 customer service representatives (CSRs) with access to the eligibility and enrollment information. CSRs can also enroll people over the phone. These CSRs also have an established escalation protocol if they cannot resolve a problem – escalating either to technical support or to the operations at HBX or Economic Security Administration (ESA) (for Medicaid).

- *In-Person Assisters, Navigators, and Certified Application Counselors*– HBX currently has a total of 24 organizations with approximately 130 individuals providing in-person assistance to District residents applying for individual and family health coverage through DC Health Link. Each individual has completed more than 30 hours of rigorous training and passed criminal background checks prior to service (Assisters and Navigators are also required to attend mandatory monthly training sessions). Assisters and Navigators work in the community, including at libraries and community events, while Certified Application Counselors generally work serving customers at their respective organizations. Assisters, Navigators, and Certified Application Counselors all refer cases they cannot resolve to HBX.
- *ESA Service Centers* – Consumers may file applications in-person at the same service centers where they apply for other public benefits. There are five ESA service centers located throughout the District.
- *HBX* – Highly specialized staff resolve consumer application issues.

### **Complaints**

Consumer complaints can be registered via the DC Health Link Customer Service number (1-855-532-LINK) or via e-mail ([info@DCHealthLink.com](mailto:info@DCHealthLink.com)). These complaints are registered in a centralized tracking system and triaged as either a technical issue, procedural issue, or policy issue, then forwarded to the appropriate managers.

A dedicated Member Services team at HBX handles consumer issues and complaints beyond the service that could be provided through the DC Health Link Contact Center. There are currently 9 Member Services staff working collaboratively with the Contact Center, technical Command Center, and other internal and external stakeholders to address consumer issues.

### **Appeals**

There is a formal eligibility appeals process required by the ACA for exchange marketplace eligibility and enrollment. This process is fully described on the DC Health Link website and in the FAQ section. Additionally, in accordance with federal regulations, all eligibility determination notices contain information on how to appeal the decisions. HBX, like the Medicaid agency, has delegated the informal review process to ESA. The formal hearing process is conducted by the Office of Administrative Hearings (OAH).

**Q32. Please describe how other District agencies are involved in the application and enrollment process. Articulate whether the current process enables the agency to meet its target goals, and describe any current or planned efforts to improve the process.**

Several District agencies partner with HBX to administer many components of the application and enrollment process. These are the Department of Health Care Finance (DHCF), Department of Human Services—Economic Security Administration (DHS-ESA), Office of Administrative Hearings (OAH), and the Department of Insurance, Securities and Banking (DISB).

**Department of Healthcare Finance (DHCF)**

When a District resident applies for healthcare coverage seeking financial assistance on DC Health Link, a single assessment determines Medicaid eligibility, eligibility for advanced premium tax credits (APTC) (premium reductions), and cost sharing reductions. DHCF is the single state agency for the administration of Medicaid in the District. Pursuant to a written Memorandum of Understanding approved by CMS, DHCF has delegated Medicaid eligibility determinations to the Economic Security Administration (ESA), a division within the Department of Human Services (DHS). DC Health Link uses common data sources to verify eligibility for Medicaid, APTC, and private individual coverage. Policy team members from HBX and DHCF are in regular communication to ensure consistency.

Policy coordination is particularly important to smoothly transition customers from Medicaid into private coverage as their incomes or circumstances change. Special enrollment periods allow people to select a new health plan up until the last day of the month and not have a break in coverage. However, because few people know about their rights and availability of health insurance outside of annual open enrollment, it is important that agencies work together to ensure that those customers are covered. DHCF provides a monthly list of the customers losing Medicaid to HBX. HBX reaches out to these customers to educate them about their coverage options and help them enroll in a private health plan through DC Health Link.

**Department of Human Services (DHS) - Economic Security Administration (ESA)**

HBX has delegated eligibility verification processes for those applying for financial assistance to the Economic Security Administration (ESA), an agency within DHS. ESA completes applications for consumers who visit service centers. Additionally, ESA verifies documentation submitted by customers for purposes of verifying eligibility factors, such as income and citizenship. ESA has decades of experience performing these functions for other programs. They also join HBX in informal resolutions and formal resolutions of eligibility appeals in the individual marketplace. Application processing and verification must be performed in accordance with standards established by HBX. HBX continues to work with ESA to identify best practices and opportunities to improve the customer experience.

### **Office of Administrative Hearings (OAH)**

HBX has delegated to OAH the role of conducting hearings on formal eligibility appeals. These include consumer appeals of decisions regarding their eligibility for basic private plan enrollment, APTC, cost-sharing reductions, and special enrollment period eligibility. OAH also handles appeals of basic eligibility for small businesses and their employees.

### **Department of Insurance, Securities, and Banking (DISB)**

The Department of Insurance, Securities and Banking is a key partner in the ACA-required review, approval, and certification of qualified health plans and qualified dental plans offered through DC Health Link. HBX plan management staff coordinates with DISB on all aspects of the plan certification process. This coordination ensures that appropriate review of all health plans has been conducted. In addition, DISB, on behalf of HBX, identifies health carriers to be assessed under the Health Benefit Exchange Authority Financial Sustainability Amendment Act of 2015 (D.C. Law No. L20-1033; D.C. Official Code § 31-3171.03), calculates the assessment amount, and issues assessment notices.

HBX also periodically coordinates with DISB in situations where a customer alleges a violation of insurance laws.

### **Outreach Partnerships**

HBX collaborates with several offices within the Executive Office of the Mayor and with sister agencies in the District of Columbia government to provide broad outreach. Among the offices and agencies are the Mayor's Office of Community Affairs, Office on African Affairs, Office on Asian Island Pacific Affairs, Office on Latino Affairs, Office of Gay, Lesbian, Bisexual and Transgender Affairs, Office of Community Relations, Mayor's Office of Communications, Deputy Mayor for Health and Human Services, Deputy Mayor for Public Safety and Justice, District of Columbia Public Libraries, Department of Health, Department of Health Care Finance, Department of Human Services, Department of Behavioral Health, Department of Consumer and Regulatory Affairs, Department of Employment Services, Department of Fire and Emergency Medical Services, Department of Transportation, Metropolitan Police Department, Office of Unified Communications, Council of the District of Columbia, and Advisory Neighborhood Commissioners. Valuable federal outreach partners include the U.S. Department of Health and Human Services, White House Office of Public Engagement, White House Office of Health Care Reform, Centers for Medicare & Medicaid Services, and the Office of Personnel Management.

These partnerships and collaborations have enabled HBX to reach diverse populations and have reduced the District's uninsured rate. HBX will continue these partnerships for the remainder of FY16.

**Q33. What major policy or technical changes, if any, have or will be made to the DC Healthlink in FY15 and FY16, to date?**

A number of important technical changes have been made to DC Health Link in FY15 and FY16. The rest of FY16 will focus on adding new functionality and enhancing existing features:

- **On-line customer experience:** The webpage was redesigned to enhance performance, speed, and user experience. Both Individual Marketplace and SHOP have been improved. The website was redesigned to work on smart devices. In FY 16 additional enhancements will be added providing employers, employees, and individual customers with additional decision support tools and automated/self-service features including stand-alone dental insurance in SHOP.
- **Application for coverage without premium reductions:** As described in our response to Question 29, the DC Health Link enrollment application for full premium private health insurance has been redesigned. Additional enhancements to improve customer experience work will be done in FY16.
- **Decision Support Tools:** In FY15, HBX added consumer decision support tools, including an all plan doctor directory in English and Spanish; DC Health Link Plan Match powered by Consumer CHECKBOOK, which allows customers to shop and compare plans showing out of pocket costs including premiums, coinsurance, copays, and deductible based on a customer's medical needs and health. For small business customers, there is a new budget estimator to help employers determine based on their budget, which options to offer. This was designed by a small business customer. In FY16, HBX will add similar decision support tools for small business customers including an all plan doctor directory and Plan Match.
- **Enhanced Plan Information:** For both the SHOP and individual marketplaces, HBX enhanced information displayed to make shopping, searching, and comparing plans easier for customers. This enhanced display provides a detailed overview of plan benefits and costs. In addition, a "compare" feature now allows customers to compare up to 3 plans on one screen.
- **Self-service updates:** Customers enrolled in private health plans are now able to make the most common updates to their information themselves through their online accounts. Updates that can now be made online include:
  - Address changes;
  - Adding and removing household members, such as a new baby;

- Terminating coverage (for example, when a person gains employer-sponsored coverage).
- **Screen Click Reduction:** The amount of screens to click through during application and other process has been reduced for quicker enrollment:
  - Reduced from 28 screens to 11 screens on the individual application without premium reductions;
  - 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.
- **SHOP Employer Account Snapshot Page:** All plan offerings and contributions now occur on one page so employers can make modifications to options and see the impact automatically reflected in the cost estimate.
- **Easy Employee Roster Upload:** Added ability for employers to upload a roster of eligible employees, including new hires and terminations, through simplified spreadsheet at any time (i.e. during the initial employer application process as well as at any time throughout the plan year).
- **On-Demand SHOP Premium Billing Report:** On-demand premium billing report available to employers (and brokers) at any time throughout the plan year showing all enrolled employees, their plan information, premiums, and contribution breakdown. Report is available as a downloadable spreadsheet for import into payroll systems.
- **Easy SHOP Renewal:** A renewal plan year application is automatically created as a copy of the current plan year with all of the current plan year options pre-selected. This feature enables employers keeping their same options for the next plan year to click just one button and then to complete the entire renewal employer and employee process. Employees have the option to shop for plans during the renewal open enrollment period, but are not required to take action - employees who take no action by the end of the renewal open enrollment period are automatically re-enrolled in the same or comparable plan for the next plan year.
- **New SHOP Broker Features:** New features allow brokers to do everything for employers and employees.
- **Customer service platform:** HBX has redesigned Salesforce, our customer relationship management system in an effort to improve customer service, reduce the time for issue resolution, and improve collaboration across agencies. Salesforce will be customized further to continue automating and improving customer service in FY16.

- **Mobile functionality:** In FY16, HBX will work to optimize the performance of application and account features on mobile devices. HBX also plans to develop full service apps tailored to the needs of specific users, like brokers and individuals and families applying for private health plans.
- **Additional Enhancements Planned in FY16** include a carrier portal that will serve as a direct link between carriers and DC Health Link for plan management.



**Q34. Please provide an update on the agency’s oversight of the DC Health Link call center, including a description of any regular meetings, conferences, or training sessions that occur with management and/or customer service representatives, how certain trends, developments, problems and concerns are communicated to the agency, and the process by which calls are escalated and/or reviewed by the agency, if at all.**

### **General Oversight**

Trends, developments problems and concerns are communicated to HBX via multiple regular channels of communication with the Contact Center vendor, including the following:

- The HBX operations manager and case manager is on-site two to three times per week to work directly with Contact Center Customer Service Representatives (CSRs) on specific consumer cases, to facilitate training, and to assist with consumer follow-up and contact initiatives.
- A nightly “end of day” report and other regular reports provided to HBX management by Contact Center management outlining call volume statistics, types of consumer calls, and any escalated cases.
- HBX holds weekly conference calls with call center management to review any emerging customer issues, casework, trends, and metrics.
- Bi-monthly call calibration sessions are held between Contact Center quality analysts and management to review call quality and consumer handling.
- During open enrollment, HBX communicates with call center management on a daily basis to discuss and resolve all issues as they arise.

### **CSR Training**

Contact Center Management delivers one-on-one refresher trainings to CSRs to reinforce messages and resolution procedures for new or emerging issues, including new policy, system updates, and outreach initiative, as needed. In advance of and throughout open enrollment, on average, CSRs receive 30-40 hours of training on a monthly basis. Semi-annual privacy and security refresher trainings are also delivered to CSRs along with quarterly reminder updates.

### **Call Escalation**

If a case can't be immediately resolved at the Contact Center, Customer Service Representatives use Salesforce, a case triaging and tracking system, to escalate the case to a Tier 2 team of Case Managers within the HBX Eligibility and Enrollment team. Escalated cases that come directly to HBX staff outside of the Contact Center (such as through Councilmembers or from the Executive Office of the Mayor), are also handled by Case Managers. These staff work closely with the HBX Plan Management and Electronic Data Interface (EDI) teams to ensure that any

enrollment updates or information is sent quickly to the health insurance carriers, and that the carriers are in turn working to resolve the cases in a timely manner that HBX sends to them.

**Q35. Please provide the number of calls made to the call center each month from October 1, 2015 to the present.**

The chart below details the number of calls made to the DC Health Link Contact Center from October 1, 2015 through January 19, 2016.

<b>Month</b>	<b># of Calls</b>
October 2015	10,598
November 2015	13,670
December 2015	20,480
January 2016 (through Jan 19 <sup>th</sup> )	10,417
<b>TOTAL</b>	<b>55,165</b>

**Q36. Please identify any plans for major changes to the call center, such as policy changes or changes to its structure and location.**

HBX anticipates relocating the Contact Center to another floor in its current location at the L'Enfant Plaza North Building. The move was requested by the Department of General Services to accommodate another DC government agency requiring first floor access.

**Q37. Please identify the number of completed DC Healthlink applications (that have resulted in enrollment in a Medicaid, individual, or SHOP health plan) per month, for FY15 and FY16 to date, and the monthly enrollment targets and projections for FY16. To the extent practicable, please segregate data according to:**

- a. Ward;
- b. Zip code;
- c. SHOP individual, or Medicaid enrollment;
- d. Age group; and
- e. The channel by which enrollment was completed—(i.e. online, in person, or through a broker, certified application counselor, or assistor).

**Response:**

**Cumulative Enrollment**

The following chart reflects cumulative Individual and SHOP enrollment through DC Health Link from October 1, 2013 through February 2, 2016, as well as the number of persons determined eligible for Medicaid through DC Health Link. While eligibility for Medicaid coverage is determined through DC Health Link – HBX and DHCF share this on-line eligibility system and HBX does not conduct actual Medicaid enrollment. DHCF is the lead agency for Medicaid.

**Cumulative Enrollment from October 1, 2013 – February 2, 2016**

Customers Served	
PROGRAM	COUNT
Individual	33,127
SHOP	26,249
Medicaid	147,443

**Current Individual Enrollment Plan Year 2016**

The following charts reflect current individual marketplace enrollment for the Plan Year 2016. The information is segregated by zip code and delineated by new customers, existing customers who chose new coverage, and customers who were automatically renewed.

### DC Health Link Plan Year 2016 Individual Enrollment as of February 1, 2016

TYPE	TODAY
ACTIVE RENEWAL	3,026
AUTO RENEWAL	13,862
NEW CUSTOMERS	5,805
<b>TOTAL</b>	<b>22,693</b>

### Plan Year 2016 Individual Enrollment as of February 1, 2016

#### By Zip Code

ZIP CODE	ACTIVE RENEWAL	AUTO RENEWAL	NEW CUSTOMERS	TOTAL
20009	391	1,832	662	2,885
20002	266	1,136	611	2,013
20001	281	1,139	510	1,930
20011	255	1,065	514	1,834
20016	225	1,125	311	1,661
20008	233	1,064	352	1,649
20007	243	1,028	345	1,616
20010	193	819	357	1,369
20003	191	770	281	1,242
20015	93	547	179	819
20005	81	425	151	657
20019	50	308	250	608
20020	66	272	217	555
20037	54	314	155	523
20017	73	304	128	505
20012	75	301	114	490
20024	65	305	122	492
20018	50	254	157	461
20036	52	228	84	364
20032	26	151	125	302

TOTAL	2,963	13,387	5,625	21,975
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**Current SHOP Enrollment 2016**

There are 18,575 people currently enrolled through DC Health Link SHOP. Small businesses located in the District and purchasing coverage through DC Health Link employ people who live in the surrounding states and in some cases across the country. Congressional SHOP participants reside in every state. Therefore, SHOP enrollment zip code information is not presented.

**Q38. Please identify the number of brokers, certified application counselors, and assisters, to date, that are authorized to process applications on DC Health Link.**

To date, over 500 brokers, 188 assisters, and 80 certified application counselors have been authorized as trained experts to help individuals, families and employers in the District find quality and enroll in affordable health insurance through DC Health Link marketplace. Note, only brokers are authorized to help employers.

- **Brokers:** Since Fall of 2013, DC Health Link, has provided certification to brokers. Training is led by the National Association of Health Underwriters (NAHU). NAHU administers in person and online policy training sessions to brokers seeking to sell qualified health plans in the marketplace. We have almost doubled the number of appointed brokers since our first open enrollment.
- **Assisters:** During the first open enrollment period, 178 assisters from 33 DC Health Link grantee organizations served consumers; during the second open enrollment period, 75 Assisters and 14 organizations were engaged. Currently, there are 34 Assisters among 7 organizations who have been certified as trained experts to help consumers during the third open enrollment. Although the federally-funded DC Health Link Assister Program was originally scheduled to end in December 2014, HBX obtained extensions for federal grant funding that enabled HBX to continue the program into 2016. The current open enrollment period is the last time federal grants will be made available for funding State Based Marketplaces' Assister programs. However, HBX seeks to continue the DC Health Link Assister program for a fourth year subject to budget approval. HBX recognizes the important role Assister organizations play in helping to reach the uninsured and hard to reach residents in the District.

**Certified Application Counselors:** To date, HBX has certified 20 organizations (including 4 hospitals) as DC Health Link Certified Application Counselor (CAC) Designated Organizations. For the third open enrollment period, there are close to 90 CACs. CACs are staff and volunteers of CAC Designated Organizations who provide in-person assistance to District residents applying for individual and family health coverage through DC Health Link. CACs receive the same training and access as DC Health Link Assisters. CAC-Designated Organizations certify staff and volunteers who meet CAC requirements and complete training. HBX accepts CAC and CAC-Designated Organization applications on an ongoing basis.



**Q39. Please identify and describe any initial and ongoing training for brokers, certified application counselors, and assisters.**

- **Assisters:** Training is a critical component of the DC Health Link Assister Program. The initial certification process to become a Certified DC Health Link Assister included over 30 hours of an in-person 5-day training course that featured daily modular tests and a final comprehensive exam. Beginning in October of 2014, Assisters are required to complete an in-person mandatory training and examination in order to be certified and or recertified to help consumers during the next open enrollment period. Assister training was developed by Families USA, and Whitman-Walker Health serves as the in-person training lead. Trainers also include HBX staff, the Institute for Public Health Innovation, and guest lecturers such as the DC Department of Health Care Finance and DHS/ESA. Assister training covers important policy topics such as an overview of the Affordable Care Act, QHP eligibility requirements, Medicaid eligibility requirements, confidentiality, and individual responsibility requirement, as well as taxpayer responsibility to file tax return to continue eligibility for premium reductions and to demonstrate insured status. In addition, an in-depth tutorial on using the DC Health Link website is provided.

Post-certification training consists of a mandatory, half-day DC Health Link Monthly Continuing Education Meeting that features skills building and networking, as well as a chance for assisters to share their experiences in the field. Additional training opportunities include but are not limited to: DC Health Link issue-specific policy webinars; DC Health Link IT/Tech Systems Training & Trained Expert Resource Guide; DC Health Link Speakers' Bureau Training; and DC Health Link Outreach Advisory Group. In addition, Assisters are supported via a bi-weekly *DC Health Link Assister News* newsletter publication which includes updates and guidance, weekly Assister program manager meetings, electronic grant management tools, the DC Health Link Assisters Resource Guide 2015-2016 and other resources.

HBX is proud that the positive results of its training investments in DC Health Link Assisters have been nationally recognized by numerous entities. A few examples include:

- The DC Health Link Assister Program has contributed to a number reports during the first ACA Open Enrollment Period for delivering effective in-person assistance, including but not limited to: Out2Enroll's "[Key Lessons for LGBT Outreach and Enrollment Under the Affordable Care Act](#)"; and Kaiser Family Foundation's "[Taking Stock and Taking Steps: A Report from the Field after the First Year of Marketplace Consumer Assistance Under the ACA.](#)"

- DC Health Link Assisters presented best practices for enrolling LGBT Americans at the White House Briefing: “The Affordable Care Act and the LGBT Community” (July 24, 2014)
  - DC Health Link Assisters presented innovative outreach strategies for enrolling young adults and our plans for the January 29<sup>th</sup> National Youth Enrollment Day at the White House “Healthy Young America Conference” (January 15, 2015)
  
- **Certified Application Counselors:** The DC Health Link Certified Application Counselor program training is modeled after the DC Health Link Assister program training, and consists of a 15-hour online course with quizzes, and a certification exam. Additionally, the District of Columbia is implementing Section 2202 of the Patient Protection and Affordable Care Act to allow certain hospitals to conduct presumptive Medicaid eligibility determinations in accordance with Department of Health Care Finance (DHCF) established policies and procedures. Using presumptive eligibility, hospitals can temporarily and immediately enroll patients and their families in Medicaid if it appears they are eligible. This can be done quickly, without having to wait for a full eligibility determination from the District. Only “Qualified Hospitals” that are Medicaid providers can conduct presumptive eligibility determinations. To become a Qualified Hospital under the rules, among other requirements, a hospital must become a DC Health Link CAC Designated Organization with HBX. Once such designation is granted, hospital staff identified to become CACs will complete the CAC Hospital Based Presumptive Eligibility (HBPE) training module. Upon successful completion of all requirements, the Qualified Hospitals’ individuals will be certified as CACs.
  
- **Brokers:** Policy and website trainings are mandatory components of a broker’s appointment process with the DC Health Link. The training is composed of four hours of policy and two hours of website information. The policy training is specific to the District of Columbia and is offered online. Course content includes how state health insurance marketplaces work, a review of the District’s insurance and market rules and infrastructure, and both individual and small business market place eligibility and enrollment rules. The training includes a review of tax credits available to individuals and small businesses, mandate requirements for small employers, appeals rights and processes for individuals and small businesses, followed by an examination of the aforementioned subjects. The website training is a walkthrough of the website, which outlines the individual, employer, and employee flows in our system.

Broker training is provided at no cost to those with a resident broker license in the District of Columbia, Maryland, or Virginia. There is a cost of 55 dollars for brokers not licensed in these areas. In addition, there are weekly newsletters to ensure brokers have updated information on the DC Health Link website.

DC Health Link is updating the policy and website training for brokers and will launch this as part of the required re-certification of brokers in early 2016. The updated Preferred Broker Program, which involves incentives like additional training and office hours for participating brokers, will also be launched at this time.

**Q40. Please identify whether any planned changes to the certified application counselor, broker, or assister program in FY17.**

**Assisters:** Of the 7 DC Health Link Assister Program grantee organizations serving consumers during the third open enrollment period, 2 of the grants expire in February 2016, and the remaining 5 expire June 2016. HBX will transition many of the tools, best practices, and lessons learned from the federally-funded DC Health Link Assister Program to the District-funded DC Health Link Navigator Program.

DC Health Link Navigators are designated organizations that also provide in-person assistance to District residents applying for health coverage through DC Health Link. Navigators go through the same in-person training and recertification process as Assisters and perform the same function as Assisters. Navigators differ from Assisters in the way in which they are funded— Navigators are not supported by federal grants. In 2015, the DC Health Benefit Exchange Authority issued a Request for Application (RFA) solicitation in order to award grants to qualified applicants to serve as DC Health Link’s Navigator entities. There are currently 5 Navigators among 3 organizations including DCPCA who have been certified as trained experts to help consumers during the third open enrollment period.

**Certified Application Counselors and Brokers:** There are no significant changes planned for the Certified Application Counselor and broker registration programs. However, HBX will continue to work with these communities to ensure appropriate support is available as they work to enroll consumers and small businesses.