

**FY18-19 HBX Performa  
Schedule A: 5**

<b>Position</b>	<b>Name</b>	<b>Salary</b>
Executive Director (HBX)	Kofman,Mila	228362
Management Liaison Specialist	Higginbotham,Troy M.	126423
Contract Specialist	Matthews,Nicole F	129646
Senior Deputy Director	Curtis,Debra Scott	212383
Case Manager	Burman,Elizabeth	76199
Agency Chief Financial Officer	Edmonds,Marjorie V	172170
Accounting Officer	Ince,Samuel	140083
Budget Officer	Lenji,Jilu	140083
Contract Officer	White,Annie R	149242
Contract Specialist	Tilahuan, Helen	96065
Director of Information System	Sparks,Jason	169146
Supervisory Attorney Advisor	Alonso,Alexander O	175044
Case Manager	Holloway,Candice	73167
Case Manager	James,Keeta	73167
Statistician	Haines,Stephen R	129646
IT Specialist (Network)	Walls,Candace M	101523
Program Analyst	Smith,Cherie R	73167
General Counsel	Kempf,Purvee P	211667
Program Analyst	VACANT	100639
Case Manager	Manuszak,Julie	59727
Program Analyst	Wiggins,Maurice R	113531
IT Specialist (Applic. Software)	VACANT	100639
IT Spec (Application Software)	Liwanag,Andrew	101523
Public Information Officer	Hudson,Adam	139322
Case Manager	Anderson,India	61647
Case Manager	Calderon,Amy	73906
Supervisory Attorney Advisor	Libster,Jennifer M	178602
Communications and Civic Engag	Wharton Boyd Linda	180544
Program Manager	Taylor-Sutton,Kenneth L	139729
Community Outreach Specialist	Green,Kimberly	92250
Deputy Director of Program Ser	Bangit,Eliza Navarro	180544
Case Manager	Beamon,Frankie	54325
Supervisory Attorney Advisor	Senkewicz,Marybeth	184853
Customer Service Manager	VACANT	125642
Program Manager	Pereira,Alix	139729
Community Outreach Specialist	Putta,Kishan	92250
Case Manager	Bracy,DeRon	49570
Program Analyst	Brown,Azizza	113531
Program Analyst	Sullivan,Kathryn	104252
Attorney Advisor	VACANT	117831
Case Manager	Bowden,Stephen	65487
Case Manager	Santiago-Lee,Diane	59080

Case Manager	Worrell, Velvia C	57495
Community Outreach Specialist	Hughley, Alisa	80785
Eligibility & Enrollment Manag	Bagge, Sarah	139729
Case Manager	Jenkins, Mary	73167
Community Outreach Specialist	Cortes Gomez, Emilia	73906
Program Analyst	Morton, Chad	73167
Information Technology Special	Meyer, Brian	113220
Program Analysis Officer	VACANT	109254
Program Analysis Officer	Muse, Alison	118712
Supvy Case Manager	Teka, Selamawit A	112654
Executive Assistant	Pradier, Sara R	94545
Program Analyst	Wong, Alan	93336
Case Manager	Mejia, Grizelda	73906
Business Development Specialis	Dixon, Andre	80785
Information Technology Special	Subedi, Manoj	128764
Case Manager	Romero, Cindy	54325
Case Manager	Franklin, Nikia	54325
Chief Operating Officer	Whelan, Holly	180544
Strategic Analysis Officer	Schwartz, Brian D	126423
IT Project Manager	Bratu, Adriana	146085
Attorney Advisor	Briones, Pedro	173423
IT Specialist (System Analysis	Lukasheva, Tatyana	106981
Information Technology Special	Negeda, Assem	94543
IT Specialist (Security)	VACANT	128764
IT Specialist (Applic. Softwar	Patel, Pritiesh	103862
IT Specialist (System Analysis	Kramer, Joseph R	93336
Supervisory IT Specialist (Sec	Hassan, Mohammed	157000
Information Technology Special	Manda, Prasanth Reddy	142881
Administrative Support Spec.	Berry, Brooklynn	76199
Case Manager	Rawley, Christina	55910
Program Analyst	Joseph, Mark	80785
Attorney Advisor	Ahn, Sandy	152467
Supervisory IT Specialist	Jones, Bobby	137700
Case Manager	Sierra, Victor	67407
Program Analyst	Vasquez, Luis	109710
Associate Director of Business	Franco, Angela	180544
Policy Advisor	Talamantes, William	133426
Case Manager	Spann, Kionna	55910
Case Manager	Goldberg, Rachael	61647
IT Project Manager	Turner, Hannah K	162705
Strategic Business Manager	O'Brien, Lindsay	129223
Program Analyst	Cruz, Marta M	87878
Case Management Coordinator	Cudjoe, Grace Akosuah	85149
Strategic Business Manager	Esdaille, Kyle	132656
Program Analyst	Snider, Joshua	85149
Program Analyst	Bertrando, Jeffrey	87878
IT Specialist (Security)	Eze, Chuka	146033

Program Analyst	Bennett,Catherine	109710
Policy Advisor	Sauders,Lavina	146336
Business Development Specialis	Harris,Julie	83078
Business Development Specialis	Hall,Olufunmilayo	83078
Business Development Specialis	Hooker,Robert	83078
Senior Deputy Director	Cantu Hinojosa,Ikeita	180544
Case Manager	Quigley,Taynaia	54325
Program Analyst	Harvey,Gabriella	89957
Program Analyst	Bell,Stephanie	80785
Program Analyst	Ramirez,Catherine	77007
Program Analyst	Escobar,Alden	93336

**nce Oversight: Attachment A**  
**Staff as of 2.6.2019**

**Program**

Agency Management  
Agency Management  
Agency Management  
Agency Management  
IT Related Operations  
Agency Fiscal Operations  
Agency Fiscal Operations  
Agency Fiscal Operations  
Agency Management  
Agency Management  
IT Related Operations  
Agency Management and Marketplace Innovation, Policy, and Operations  
Marketplace Innovation, Policy, and Operations  
Marketplace Innovation, Policy, and Operations  
IT Related Operations  
IT Related Operations  
IT Related Operations  
Agency Management and Marketplace Innovation, Policy, and Operations  
Marketplace Innovation, Policy, and Operations  
Marketplace Innovation, Policy, and Operations  
IT Related Operations  
IT Related Operations  
IT Related Operations  
Consumer Education and Outreach  
Marketplace Innovation, Policy, and Operations  
Marketplace Innovation, Policy, and Operations  
Agency Management and Marketplace Innovation, Policy, and Operations  
Consumer Education and Outreach  
Marketplace Innovation, Policy, and Operations  
Consumer Education and Outreach  
Marketplace Innovation, Policy, and Operations  
Marketplace Innovation, Policy, and Operations  
Agency Management and Marketplace Innovation, Policy, and Operations  
Marketplace Innovation, Policy, and Operations  
IT Related Operations  
Consumer Education and Outreach  
Marketplace Innovation, Policy, and Operations  
IT Related Operations  
IT Related Operations  
Agency Management  
Marketplace Innovation, Policy, and Operations  
Marketplace Innovation, Policy, and Operations



IT Related Operations

Marketplace Innovation, Policy, and Operations

Marketplace Innovation, Policy, and Operations

Marketplace Innovation, Policy, and Operations

Marketplace Innovation, Policy, and Operations

Agency Management

Marketplace Innovation, Policy, and Operations

IT Related Operations

Marketplace Innovation, Policy, and Operations

IT Related Operations

IT Related Operations

**Q1. Please provide a current Schedule A listing of FTE's by name, salary, position, and program. Please include any vacant positions in the Schedule A.**

*See Attachment A: Schedule A as of February 6, 2019*

**Q2. With respect to employee evaluations, goals, responsibilities, and objectives in FY18 and to date in FY19, please describe:**

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

HBX performs its human resources functions through an agency HBX Human Resources Manager employee with supervisory support from the HBX Chief Operating Officer. In addition, the agency has a Memorandum of Understanding with the DC Department of Human Resources (DCHR). Services provided under this agreement include: access to the Human Resources Management System, new hire/benefits orientation, classification and compensation services, employee relations consultation, workforce development services, and Excepted Service background checks.

HBX continues to use the District's PeopleSoft performance management program and system to establish employee goals, responsibilities, and objectives. Staff and managers receive annual training and education on the development of Specific, Measurable, Attainable, Realistic, Time-Related (SMART) goals; creation of Performance Improvement Plans (PIP); and completion of mid-year and annual performance evaluations. Each manager partners with their staff in the development of annual employee goals and responsibilities related to their overall duties and the objectives and mission of the agency. In FY18, HBX employees had SMART, goal-driven performance plans in place and received mid-year and annual performance evaluations.

**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 established 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 agency-wide staff meetings, department and team meetings, policy meetings, manager meetings, and senior managers meetings. Every department manager meets weekly with the Executive Director to provide progress reports on projects and goals, and receive real-time feedback on the work that is being conducted. Feedback is quick, ideas for improvements are shared and immediately implemented, and, just as important, performance problems are corrected as they occur rather than waiting until a more formal, once-a-year sit down.



HBX continues to conduct a leadership development and coaching program for senior management to ensure that the agency continues to operate efficiently and effectively as a leadership team. In FY18, the program was expanded to include a coaching and development program for agency managers. The new program includes a combination of team skills as well individual growth in order to operate efficiently and effectively as managers.

**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, employees have been successfully reassigned to other teams more suited to their skills, knowledge, and abilities.

**Q3. 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 to or from the DC Health Benefit Exchange Authority in FY18 or to date in FY19.

**Q4. Please provide the Committee with the following for FY18 and to date in FY19:**

- 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 nearly all program and operational staff.

- b. A list of employees receiving bonuses, special pay, additional compensation, or hiring incentives in FY18 and to date in FY19 and the amount;**

*See Attachment B – 2018 and 2019 AIA*

- c. A list of travel expenses for FY18 and to date in FY19, arranged by employee; and**

*See Attachment C – Travel Expenses*

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

*See Attachment D – Salaries above \$100,000*

**FY18 Assessment Travel Expenses**

<b>Employee</b>	<b>Amount</b>
Angela Franco	\$252.34
Brian Schwartz	\$51.58
Debra Curtis	\$29.60
Eliza Bangit	\$247.52
Jilu Lenji	\$1,057.58
Linda Wharton-Boyd	\$204.65
Mila Kofman	\$1,433.50
Purvee Kempf	\$19.64
Candace Walls	\$25.05
Holly Whelan	\$237.61
Sarah Bagge	\$1,611.55
Samuel Ince	\$429.42
Rob Shriver	\$333.98

**FY19 Assessment Travel Expenses**

<b>Employee</b>	<b>Amount</b>
Angela Franco	\$207.89
Emilia Cortes Gomez	\$108.93
India Anderson	\$42.23
Mila Kofman	\$389.59
Nikia Franklin	\$13.08
Purvee Kempf	\$506.77
Sarah Bagge	\$1,253.42

**FY18 Massachusetts Reimbursed Travel Expenses**

<b>Employee</b>	<b>Amount</b>
Alix Pereira	\$828.06
Joshua Snider	\$9,815.06
Lavina Sauders	\$4,569.66
Hannah Turner	\$2,520.12
Kyle Esdaille	1,045.31
William Talamantes	\$628.81

**FY19 Massachusetts Reimbursed Travel Expenses**

<b>Employee</b>	<b>Amount</b>
None to date.	

HBX FY18-19 Performance Oversight: Attachment D Salaries Over 100K as of February 6, 2019

Employee	Position	Salary
Kofman, Mila	Executive Director	\$228,362
Curtis, Debra	Senior Deputy Director	\$212,383
Kempf, Purvee P	General Counsel	\$211,667
Senkewicz, Marybeth	Supervisory Attorney Advisor	\$184,853
Cantu Hinojosa, Ikeita	Senior Deputy Director	\$180,544
Wharton Boyd, Linda	Communications and Civic Engagement Manager	\$180,544
Franco, Angela	Associate Director of Business	\$180,544
Bangit, Eliza Navarro	Deputy Director of Program Services	\$180,544
Whelan, Holly	Chief Operating Officer	\$180,544
Libster, Jennifer M	Supervisory Attorney Advisor	\$178,602
Alonso, Alexander O	Supervisory Attorney Advisor	\$175,044
Briones, Pedro	Attorney Advisor	\$173,423
Edmonds, Marjorie V	Agency Chief Financial Officer	\$172,170
Sparks, Jason	Director of Information System	\$169,146
Turner, Hannah K	IT Project Manager	\$162,705
Hassan, Mohammed	Supervisory IT Specialist	\$157,000
Ahn, Sandy	Attorney Advisor	\$152,467
White, Annie R	Contract Officer	\$149,242
Sauders, Lavina	Policy Advisor	\$146,336
Bratu, Adriana	IT Project Manager	\$146,085
Eze, Chuka	IT Specialist (Security)	\$146,033
Manda, Prasanth Reddy	Information Technology Specialist	\$142,881
Taylor-Sutton, Kenneth L	Program Manager	\$142,729
Pereira, Alix	Program Manager	\$142,729
Bagge, Sarah	Eligibility & Enrollment Manager	\$142,729

Ince, Samuel	Accounting Officer	\$140,083
Lenji, Jilu	Budget Officer	\$140,083
Hudson, Adam	Public Information Officer	\$139,322
Jones, Bobby	Supervisory IT Specialist	\$137,700
Esdaille, Kyle	Strategic Business Manager	\$136,990
Talamantes, William	Policy Advisor	\$133,426
Matthews, Nicole F	Contract Specialist	\$129,646
Haines, Stephen R	Statistician	\$129,646
O'Brien, Lindsay	Strategic Business Manager	\$129,223
Subedi, Manoj	Information Technology Specialist	\$128,764
Higginbotham, Troy M.	Management Liaison Specialist	\$126,423
Schwartz, Brian D	Strategic Analysis Officer	\$126,423
Muse, Alison	Program Analysis Officer	\$118,712
Wiggins, Maurice R	Program Analyst	\$113,531
Brown, Azizza	Program Analyst	\$113,531
Meyer, Brian	Information Technology Specialist	\$113,220
Teka, Selamawit A	Supervisory Case Manager	\$112,654
Vasquez, Luis	Program Analyst	\$109,710
Bennett, Catherine	Program Analyst	\$109,710
Lukasheva, Tatyana	IT Specialist (System Analysis)	\$106,981
Sullivan, Kathryn	Program Analyst	\$104,252
Patel, Pritiesh	IT Specialist (Application Software)	\$103,862
Walls, Candace M	IT Specialist (Network)	\$101,523

**DC HEALTH BENEFITS EXCHANGE AUTHORITY**

**FY18 - FY19 BUDGET**

**FY2019 Expenditures as of 12/31/2018**

**PROGRAM: 1000 - AGENCY MANAGMENT**

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2018 BUDGET	FY 2018 EXPENDITURE	
0620	1010 - PERSONNEL	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	117,267	121,116.78	
			0014 - FRINGE BENEFITS - CURR PERSONNEL	28,964.95	22,542.64	
		<b>PERSONNEL SERVICES - Total</b>		<b>146,231.95</b>	<b>143,659.42</b>	
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	100,250	100,250	
		<b>NON-PERSONNEL SERVICES - Total</b>		<b>100,250</b>	<b>100,250</b>	
	<b>1010 - PERSONNEL - Total</b>				<b>246,481.95</b>	<b>243,909.42</b>
	1015 - TRAINING	NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES		0	0
			<b>NON-PERSONNEL SERVICES - Total</b>		<b>0</b>	<b>0</b>
	<b>1015 - TRAINING - Total</b>				<b>0</b>	<b>0</b>
	1020 - CONTRACTS AND PROCUREMENT	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME		490,239.86	490,239.86
			0013 - ADDITIONAL GROSS PAY		0	0
			0014 - FRINGE BENEFITS - CURR PERSONNEL		85,563.33	85,563.33
			0015 - OVERTIME PAY		0	0
			<b>PERSONNEL SERVICES - Total</b>		<b>575,803.19</b>	<b>575,803.19</b>
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER		0	0
<b>NON-PERSONNEL SERVICES - Total</b>		<b>0</b>	<b>0</b>			
<b>1020 - CONTRACTS AND PROCUREMENT - Total</b>				<b>575,803.19</b>	<b>575,803.19</b>	
1030 - PROPERTY MANAGEMENT	NON-PERSONNEL SERVICES	0031 - TELECOMMUNICATIONS		0	0	
		0031 - TELEPHONE, TELEGRAPH, TELEGRAM, ETC		285,730.24	285,730.24	
		0032 - RENTALS - LAND AND STRUCTURES		1,153,426.47	1,153,426.47	
		0034 - SECURITY SERVICES		0	0	
		0035 - OCCUPANCY FIXED COSTS		0	0	
		0040 - OTHER SERVICES AND CHARGES		0	0	
<b>NON-PERSONNEL SERVICES - Total</b>		<b>1,439,156.71</b>	<b>1,439,156.71</b>			
<b>1030 - PROPERTY MANAGEMENT - Total</b>				<b>1,439,156.71</b>	<b>1,439,156.71</b>	
1040 - INFORMATION TECHNOLOGY	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME		96,632	99,824.85	
		0014 - FRINGE BENEFITS - CURR PERSONNEL		23,868.1	32,959.78	
		<b>PERSONNEL SERVICES - Total</b>		<b>120,500.1</b>	<b>132,784.63</b>	
<b>1040 - INFORMATION TECHNOLOGY - Total</b>				<b>120,500.1</b>	<b>132,784.63</b>	
1060 - LEGAL SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME		901,434.75	848,202.72	

		0012 - REGULAR PAY - OTHER	0	11,904.5
		0013 - ADDITIONAL GROSS PAY	0	29,300.27
		0014 - FRINGE BENEFITS - CURR PERSONNEL	181,697.38	119,696.96
		0015 - OVERTIME PAY	0	1,611.22
		<b>PERSONNEL SERVICES - Total</b>	<b>1,083,132.13</b>	<b>1,010,715.67</b>
	NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	4,000	0
		0041 - CONTRACTUAL SERVICES - OTHER	53,000	30,461.28
		<b>NON-PERSONNEL SERVICES - Total</b>	<b>57,000</b>	<b>30,461.28</b>
<b>1060 - LEGAL SERVICES</b>	<b>- Total</b>		<b>1,140,132.13</b>	<b>1,041,176.95</b>
1090 - PERFORMANCE MANAGEMENT		PERSONNEL SERVICES		
		0011 - REGULAR PAY - CONT FULL TIME	1,202,568.44	1,355,384.18
		0012 - REGULAR PAY - OTHER	53,857.45	146,272.56
		0013 - ADDITIONAL GROSS PAY	32,604.6	39,409.28
		0014 - FRINGE BENEFITS - CURR PERSONNEL	296,612.46	247,008.14
		<b>PERSONNEL SERVICES - Total</b>	<b>1,585,642.95</b>	<b>1,788,074.16</b>
	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	46,000	14,583.63
		0040 - OTHER SERVICES AND CHARGES	216,544.01	96,572.56
		0041 - CONTRACTUAL SERVICES - OTHER	3,834,660.21	3,852,090.89
		0070 - EQUIPMENT & EQUIPMENT RENTAL	15,000	0
		<b>NON-PERSONNEL SERVICES - Total</b>	<b>4,112,204.22</b>	<b>3,963,247.08</b>
<b>1090 - PERFORMANCE MANAGEMENT</b>	<b>- Total</b>		<b>5,697,847.17</b>	<b>5,751,321.24</b>
<b>0620 - Total</b>			<b>9,219,921.25</b>	<b>9,184,152.14</b>



FY 2019 BUDGET	FY 2019 EXPENDITURE
122,862.74	31,052.56
30,347.1	5,307.93
<b>153,209.84</b>	<b>36,360.49</b>
100,250	100,250
<b>100,250</b>	<b>100,250</b>
<b>253,459.84</b>	<b>136,610.49</b>
47,500	8,657.98
<b>47,500</b>	<b>8,657.98</b>
<b>47,500</b>	<b>8,657.98</b>
490,223.12	128,135.68
0	22,267.87
121,085.11	19,082.09
0	1,362.03
<b>611,308.23</b>	<b>170,847.67</b>
25,000	0
<b>25,000</b>	<b>0</b>
<b>636,308.23</b>	<b>170,847.67</b>
393,574	0
0	0
1,209,084	0
2,083	0
92,581	0
44,000	0
<b>1,741,322</b>	<b>0</b>
<b>1,741,322</b>	<b>0</b>
100,058.72	19,698.65
24,714.5	5,197.44
<b>124,773.22</b>	<b>24,896.09</b>
<b>124,773.22</b>	<b>24,896.09</b>
977,189.39	200,379.13

0	0
0	-1,454.23
241,365.79	20,190.33
0	0
<b>1,218,555.18</b>	<b>219,115.23</b>
4,000	0
55,000	1,080
<b>59,000</b>	<b>1,080</b>
<b>1,277,555.18</b>	<b>220,195.23</b>
908,413.91	247,608.49
149,058.51	33,701.31
32,604.6	16,646.7
280,573.45	32,382.82
<b>1,370,650.47</b>	<b>330,339.32</b>
38,000	2,976
202,020.13	11,751.7
1,111,062.69	267,152.87
15,000	0
<b>1,366,082.82</b>	<b>281,880.57</b>
<b>2,736,733.29</b>	<b>612,219.89</b>
<b>6,817,651.76</b>	<b>1,173,427.35</b>

# DC HEALTH I

FY2019

## PROGRAM: 100F - AGENCY FINANCIAL OPERATIONS

Approp Fund	Activity	GAAP Category Title
0620	110F - BUDGET OPERATIONS	PERSONNEL SERVICES
		<b>PERSONNEL SERVICES - Total</b>
	<b>110F - BUDGET OPERATIONS - Total</b>	
	120F - ACCOUNTING OPERATIONS	PERSONNEL SERVICES
		<b>PERSONNEL SERVICES - Total</b>
	<b>120F - ACCOUNTING OPERATIONS - Total</b>	
	140F - AGENCY FISCAL OFFICER	PERSONNEL SERVICES
		<b>PERSONNEL SERVICES - Total</b>
		NON-PERSONNEL SERVICES
		<b>NON-PERSONNEL SERVICES - Total</b>
	<b>140F - AGENCY FISCAL OFFICER - Total</b>	
<b>0620 - Total</b>		

# BENEFITS EXCHANGE AUTHORITY

## FY18 - FY19 BUDGET

### Expenditures as of 12/31/2018

Comp Source Group	FY 2018 BUDGET	FY 2018 EXPENDITURE	FY 2019 BUDGET
0011 - REGULAR PAY - CONT FULL TIME	131,843.41	136,171.91	139,817.67
0014 - FRINGE BENEFITS - CURR PERSONNEL	32,565.32	30,846.52	34,534.96
	<b>164,408.73</b>	<b>167,018.43</b>	<b>174,352.63</b>
	<b>164,408.73</b>	<b>167,018.43</b>	<b>174,352.63</b>
0011 - REGULAR PAY - CONT FULL TIME	131,843.41	136,171.93	139,817.67
0014 - FRINGE BENEFITS - CURR PERSONNEL	32,565.32	31,244.81	34,534.96
	<b>164,408.73</b>	<b>167,416.74</b>	<b>174,352.63</b>
	<b>164,408.73</b>	<b>167,416.74</b>	<b>174,352.63</b>
0011 - REGULAR PAY - CONT FULL TIME	137,227	131,987.34	157,580.11
0013 - ADDITIONAL GROSS PAY	0	2,969.87	0
0014 - FRINGE BENEFITS - CURR PERSONNEL	24,381.98	21,960.89	38,922.29
	<b>161,608.98</b>	<b>156,918.1</b>	<b>196,502.4</b>
0020 - SUPPLIES AND MATERIALS	2,900	2,516.18	2,900
0040 - OTHER SERVICES AND CHARGES	133,000	132,360.75	153,200
0070 - EQUIPMENT & EQUIPMENT RENTAL	0	0	3,000
<b>al</b>	<b>135,900</b>	<b>134,876.93</b>	<b>159,100</b>
	<b>297,508.98</b>	<b>291,795.03</b>	<b>355,602.4</b>
	<b>626,326.44</b>	<b>626,230.2</b>	<b>704,307.66</b>

FY 2019 EXPENDITURE	
	35,307.86
	6,485.52
	<b>41,793.38</b>
	<b>41,793.38</b>
	35,307.88
	6,226.09
	<b>41,533.97</b>
	<b>41,533.97</b>
	17,501.08
	0
	1,418.13
	<b>18,919.21</b>
	0
	0
	0
	<b>0</b>
	<b>18,919.21</b>
	<b>102,246.56</b>

**DC HEALTH BEN**

**FY1**

**FY2019 Exp**

**PROGRAM: 5000 - CONSUMER EDUCATION AND OUTREACH PROGRAM**

Approp Fund	Activity	GAAP Category Title
0620	5010 - CONSUMER EDUC. AND OUTREACH SUPPORT SVC	PERSONNEL SERVICES
		<b>PERSONNEL SERVICES - Total</b>
		NON-PERSONNEL SERVICES
		<b>NON-PERSONNEL SERVICES - Total</b>
	<b>5010 - CONSUMER EDUC. AND OUTREACH SUPPORT SVC - Total</b>	
	5020 - MARKETING AND COMMUNICATION	PERSONNEL SERVICES
		<b>PERSONNEL SERVICES - Total</b>
		NON-PERSONNEL SERVICES
		<b>NON-PERSONNEL SERVICES - Total</b>
	<b>5020 - MARKETING AND COMMUNICATION - Total</b>	
	5040 - NAVIGATORS COUNSELORS AND IPA	NON-PERSONNEL SERVICES
		<b>NON-PERSONNEL SERVICES - Total</b>
	<b>5040 - NAVIGATORS COUNSELORS AND IPA - Total</b>	
<b>0620 - Total</b>		

# EFITS EXCHANGE AUTHORITY

## 8 - FY19 BUDGET

enditures as of 12/31/2018

Comp Source Group	FY 2018 BUDGET	FY 2018 EXPENDITURE	FY 2019 BUDGET
0011 - REGULAR PAY - CONT FULL TIME	227,903.32	243,203.48	177,004.47
0012 - REGULAR PAY - OTHER	176,126.42	166,731.6	184,182.38
0013 - ADDITIONAL GROSS PAY	25,323.95	26,623.59	25,777.49
0014 - FRINGE BENEFITS - CURR PERSONNEL	63,422.94	63,422.94	89,213.14
	<b>492,776.63</b>	<b>499,981.61</b>	<b>476,177.48</b>
0040 - OTHER SERVICES AND CHARGES	0	68.21	0
0041 - CONTRACTUAL SERVICES - OTHER	1,074,845.73	1,074,845.73	372,500
0070 - EQUIPMENT & EQUIPMENT RENTAL	0	0	3,000
<b>al</b>	<b>1,074,845.73</b>	<b>1,074,913.94</b>	<b>375,500</b>
	<b>1,567,622.36</b>	<b>1,574,895.55</b>	<b>851,677.48</b>
0011 - REGULAR PAY - CONT FULL TIME	128,750	136,966.08	136,590.88
0012 - REGULAR PAY - OTHER	0	0	81,449.31
0014 - FRINGE BENEFITS - CURR PERSONNEL	31,801.25	36,436.58	53,855.93
	<b>160,551.25</b>	<b>173,402.66</b>	<b>271,896.12</b>
0041 - CONTRACTUAL SERVICES - OTHER	0	0	904,000
<b>al</b>	<b>0</b>	<b>0</b>	<b>904,000</b>
	<b>160,551.25</b>	<b>173,402.66</b>	<b>1,175,896.12</b>
0020 - SUPPLIES AND MATERIALS	2,800	197.94	2,000
0041 - CONTRACTUAL SERVICES - OTHER	648,183	637,934.27	950,000
<b>al</b>	<b>650,983</b>	<b>638,132.21</b>	<b>952,000</b>
	<b>650,983</b>	<b>638,132.21</b>	<b>952,000</b>
	<b>2,379,156.61</b>	<b>2,386,430.42</b>	<b>2,979,573.6</b>

FY 2019 EXPENDITURE	
	87,978.81
	39,905.57
	6,710.69
	17,798.83
	<b>152,393.9</b>
	0
	2,594
	0
	<b>2,594</b>
	<b>154,987.9</b>
	35,116.26
	0
	7,465.69
	<b>42,581.95</b>
	39,222.22
	<b>39,222.22</b>
	<b>81,804.17</b>
	0
	89,259.09
	<b>89,259.09</b>
	<b>89,259.09</b>
	<b>326,051.16</b>



# DC HEALTH

FY2019

**PROGRAM: 7000 - MARKETPLACE INNOVATION POLICY OPERATIONS**

Approp Fund	Activity	GAAP Category Title
0620	7010 - CONTACT CENTER	NON-PERSONNEL SERVICES
		<b>NON-PERSONNEL SERVICES - Total</b>
<b>7010 - CONTACT CENTER - Total</b>		
	7020 - PLAN MANAGEMENT	PERSONNEL SERVICES
		<b>PERSONNEL SERVICES - Total</b>
		NON-PERSONNEL SERVICES
		<b>NON-PERSONNEL SERVICES - Total</b>
<b>7020 - PLAN MANAGEMENT - Total</b>		
	7030 - ELIGIBILITY AND ENROLLMENT	PERSONNEL SERVICES
		<b>PERSONNEL SERVICES - Total</b>
		NON-PERSONNEL SERVICES
		<b>NON-PERSONNEL SERVICES - Total</b>
<b>7030 - ELIGIBILITY AND ENROLLMENT - Total</b>		
	7040 - MEMBER SERVICES	PERSONNEL SERVICES
		<b>PERSONNEL SERVICES - Total</b>
		NON-PERSONNEL SERVICES
		<b>NON-PERSONNEL SERVICES - Total</b>
<b>7040 - MEMBER SERVICES - Total</b>		
	7050 - DATA ANALYTICS AND REPORTING	PERSONNEL SERVICES
		<b>PERSONNEL SERVICES - Total</b>
		NON-PERSONNEL SERVICES
		<b>NON-PERSONNEL SERVICES - Total</b>
<b>7050 - DATA ANALYTICS AND REPORTING - Total</b>		
	7060 - S.H.O.P OPERATIONS	PERSONNEL SERVICES

			<b>PERSONNEL SERVICES - Total</b>
			NON-PERSONNEL SERVICES
			<b>NON-PERSONNEL SERVICES - Total</b>
	<b>7060 - S.H.O.P OPERATIONS</b>	<b>- Total</b>	
<b>0620 - Total</b>			

# BENEFITS EXCHANGE AUTHORITY

## FY18 - FY19 BUDGET

### Expenditures as of 12/31/2018

Comp Source Group	FY 2018 BUDGET	FY 2018 EXPENDITURE	FY 2019 BUDGET
0020 - SUPPLIES AND MATERIALS	1,440	1,179.26	4,800
0031 - TELECOMMUNICATIONS	0	0	78,574
0031 - TELEPHONE, TELEGRAPH, TELEGRAM, ETC	103,000	40,873.07	0
0032 - RENTALS - LAND AND STRUCTURES	637,470	547,128.07	831,370
0040 - OTHER SERVICES AND CHARGES	867	296.9	4,195
0041 - CONTRACTUAL SERVICES - OTHER	639,616	477,713.93	1,132,000
0070 - EQUIPMENT & EQUIPMENT RENTAL	1,080	0	3,600
<b>al</b>	<b>1,383,473</b>	<b>1,067,191.23</b>	<b>2,054,539</b>
	<b>1,383,473</b>	<b>1,067,191.23</b>	<b>2,054,539</b>
0011 - REGULAR PAY - CONT FULL TIME	320,315.3	406,788.21	227,604.39
0012 - REGULAR PAY - OTHER	77,067.55	216,918.95	267,216.28
0013 - ADDITIONAL GROSS PAY	0	0	0
0014 - FRINGE BENEFITS - CURR PERSONNEL	98,153.56	122,824.61	122,220.71
0015 - OVERTIME PAY	0	3,239.79	0
	<b>495,536.41</b>	<b>749,771.56</b>	<b>617,041.38</b>
0041 - CONTRACTUAL SERVICES - OTHER	1,046,000	932,305.5	1,140,000
<b>al</b>	<b>1,046,000</b>	<b>932,305.5</b>	<b>1,140,000</b>
	<b>1,541,536.41</b>	<b>1,682,077.06</b>	<b>1,757,041.38</b>
0011 - REGULAR PAY - CONT FULL TIME	525,647.41	509,846.68	543,967.33
0012 - REGULAR PAY - OTHER	487,294.05	0	0
0014 - FRINGE BENEFITS - CURR PERSONNEL	250,196.56	86,873.2	134,359.94
0015 - OVERTIME PAY	0	1,404.76	0
	<b>1,263,138.02</b>	<b>598,124.64</b>	<b>678,327.27</b>
0041 - CONTRACTUAL SERVICES - OTHER	529,000	463,668.1	766,500
<b>al</b>	<b>529,000</b>	<b>463,668.1</b>	<b>766,500</b>
	<b>1,792,138.02</b>	<b>1,061,792.74</b>	<b>1,444,827.27</b>
0011 - REGULAR PAY - CONT FULL TIME	511,903.53	1,235,651.17	1,223,682.78
0012 - REGULAR PAY - OTHER	0	306,265.07	354,853.49
0013 - ADDITIONAL GROSS PAY	47,085.66	83,431.14	72,238.19
0014 - FRINGE BENEFITS - CURR PERSONNEL	126,440.16	300,651.91	389,898.46
0015 - OVERTIME PAY	45,000	8,440.07	45,000
	<b>730,429.35</b>	<b>1,934,439.36</b>	<b>2,085,672.92</b>
0020 - SUPPLIES AND MATERIALS	13,500	5,000	10,000
0040 - OTHER SERVICES AND CHARGES	68,000	35,676.61	70,650
0041 - CONTRACTUAL SERVICES - OTHER	50,425	26,496.01	50,390
0070 - EQUIPMENT & EQUIPMENT RENTAL	22,400	0	30,000
<b>al</b>	<b>154,325</b>	<b>67,172.62</b>	<b>161,040</b>
	<b>884,754.35</b>	<b>2,001,611.98</b>	<b>2,246,712.92</b>
0011 - REGULAR PAY - CONT FULL TIME	127,454.19	127,454.19	127,105.09
0014 - FRINGE BENEFITS - CURR PERSONNEL	36,951.06	36,951.06	31,394.96
	<b>164,405.25</b>	<b>164,405.25</b>	<b>158,500.05</b>
0041 - CONTRACTUAL SERVICES - OTHER	0	0	3,640
<b>al</b>	<b>0</b>	<b>0</b>	<b>3,640</b>
	<b>164,405.25</b>	<b>164,405.25</b>	<b>162,140.05</b>
0011 - REGULAR PAY - CONT FULL TIME	450,879.25	240,106.32	984,582.12

0012 - REGULAR PAY - OTHER	483,431.75	483,431.75	420,264.01
0013 - ADDITIONAL GROSS PAY	12,642.54	12,642.54	0
0014 - FRINGE BENEFITS - CURR PERSONNEL	164,025.18	151,062.51	346,997.01
0015 - OVERTIME PAY	0	12,962.67	0
	<b>1,110,978.72</b>	<b>900,205.79</b>	<b>1,751,843.14</b>
0041 - CONTRACTUAL SERVICES - OTHER	726,243.17	726,243.17	750,000
<b>al</b>	<b>726,243.17</b>	<b>726,243.17</b>	<b>750,000</b>
	<b>1,837,221.89</b>	<b>1,626,448.96</b>	<b>2,501,843.14</b>
	<b>7,603,528.92</b>	<b>7,603,527.22</b>	<b>10,167,103.76</b>

FY 2019 EXPENDITURE	
	0
	0
	0
	0
	1,800
	265,385.34
	0
	<b>267,185.34</b>
	<b>267,185.34</b>
	168,986.74
	55,095.93
	525.87
	34,953.5
	2,909.28
	<b>262,471.32</b>
	161,698
	<b>161,698</b>
	<b>424,169.32</b>
	131,669.83
	13,692.54
	19,609.06
	362.86
	<b>165,334.29</b>
	10,558.18
	<b>10,558.18</b>
	<b>175,892.47</b>
	311,719.33
	23,490.78
	6,351
	57,090.98
	3,615.65
	<b>402,267.74</b>
	499.4
	501.
	0
	0
	<b>1,000.4</b>
	<b>403,268.14</b>
	32,677.27
	8,125
	<b>40,802.27</b>
	0
	<b>0</b>
	<b>40,802.27</b>
	231,252.72

98,481.77
0
63,388.64
10,881.34
<b>404,004.47</b>
106,358.34
<b>106,358.34</b>
<b>510,362.81</b>
<b>1,821,680.35</b>

**DC HEALTH**

**FY2019**

**PROGRAM: 8000 - IT RELATED OPERATIONS**

Approp	Fund	Activity	GAAP Category Title
0620	8010	IT RELATED OPERATIONS	PERSONNEL SERVICES
			<b>PERSONNEL SERVICES - Total</b>
			NON-PERSONNEL SERVICES
			<b>NON-PERSONNEL SERVICES - Total</b>
		<b>8010 - IT RELATED OPERATIONS</b>	<b>- Total</b>
<b>0620 - Total</b>			
<b>Overall - Total</b>			

# BENEFITS EXCHANGE AUTHORITY

## FY18 - FY19 BUDGET

### Expenditures as of 12/31/2018

Comp Source Group	FY 2018 BUDGET	FY 2018 EXPENDITURE	FY 2019 BUDGET
0011 - REGULAR PAY - CONT FULL TIME	1,777,117.29	1,777,117.29	2,912,413.26
0012 - REGULAR PAY - OTHER	475,049.56	475,049.56	576,762.95
0013 - ADDITIONAL GROSS PAY	4,072.73	4,072.73	0
0014 - FRINGE BENEFITS - CURR PERSONNEL	437,187.05	437,187.05	861,826.51
0015 - OVERTIME PAY	0	17,979.5	0
	<b>2,693,426.63</b>	<b>2,711,406.13</b>	<b>4,351,002.72</b>
0020 - SUPPLIES AND MATERIALS	6,893.62	6,893.62	34,093
0032 - RENTALS - LAND AND STRUCTURES	637,470	648,716.24	438,510
0040 - OTHER SERVICES AND CHARGES	121,002.96	121,002.96	124,084
0041 - CONTRACTUAL SERVICES - OTHER	17,700,712.14	17,700,079.64	9,780,668
0070 - EQUIPMENT & EQUIPMENT RENTAL	0	0	30,000
<b>al</b>	<b>18,466,078.72</b>	<b>18,476,692.46</b>	<b>10,407,355</b>
	<b>21,159,505.35</b>	<b>21,188,098.59</b>	<b>14,758,357.72</b>
	<b>21,159,505.35</b>	<b>21,188,098.59</b>	<b>14,758,357.72</b>
	<b>40,988,438.57</b>	<b>40,988,438.57</b>	<b>35,426,994.5</b>



FY 2019 EXPENDITURE	
	594,508.27
	66,049.51
	0
	111,155.87
	25.8
	<b>771,739.45</b>
	0
	0
	0
	296,640.33
	0
	<b>296,640.33</b>
	<b>1,068,379.78</b>
	<b>1,068,379.78</b>
	<b>4,491,785.2</b>

**Q5. Please provide the amount budgeted and actually spent in FY18 and to date in FY19 for the agency and its programs and activities, broken out by source of funds, Comptroller Source, and Comptroller Object.**

*See Attachment E*

**Q6. Have any spending pressures been identified for FY19? 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.

**Q7. Please provide an update on all the cost-savings initiatives included in HBX's FY19 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. For example, HBX partners with the Department of Insurance, Securities and Banking (DISB) for assessment collections, uses the Department of Human Resources (DCHR) for some of its human resource services, and delegates authority to the Office of Administrative Hearings (OAH) for appeals of eligibility determinations. HBX also partners with the Department of Health Care Finance (DHCF) on a Contact Center that provides services to individuals seeking Medicaid or private coverage through DC Health Link. Finally, we procure the licenses for our customer service management software on behalf of both HBX and DHCF which permits both agencies to save due to volume discounts.

**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, sharing products/notices, etc.

On February 23, 2017, HBX entered into a first-in-the-nation partnership with the Massachusetts Health Connector for HBX to provide turnkey operations of the Small Business Health Options Program (SHOP) marketplace – replacing their old technology with DC Health Link technology and providing ongoing operational support for the Massachusetts SHOP.

The Massachusetts Health Connector SHOP first went live on August 15, 2017, with a subset of the health insurance carriers that were early adopters. Full go-live was on November 1, 2017. Now, for the first-time, Massachusetts small businesses can offer choice to their employees. HBX was on time and on budget for the project.

HBX realizes savings through this partnership. This is a time and material project. Massachusetts pays HBX cost plus a small administrative fee. Specifically, Massachusetts pays HBX monthly to cover the work done by HBX staff and consultants for maintenance of the system and ongoing development. Massachusetts also pays administrative fees to HBX for overhead expenses. In addition, Massachusetts contributes to shared costs, reducing HBX's operating expenses. For example:

- Massachusetts pays a percentage of the monthly costs of operating HBX's Contact Center.

Massachusetts also pays a percentage of the monthly cost of HBX's premium aggregation vendor. Massachusetts also funds new development. This means we are paying less for new features for DC Health Link than we would if we had to fund all of the development ourselves. For example:

- Massachusetts funded enhancements to HBX's broker quoting tool. HBX will use these enhancements with some modifications for DC Health Link brokers. Massachusetts funded development of a notice automation tool that streamlines the notice generation process and saves operations and maintenance costs for DC and Massachusetts.

Note that DCHBX uses CBEs for IT development and operations and maintenance. Because of the many benefits of this partnership, HBX continues to pursue additional opportunities to partner with other states in a similar manner.

### **Additional FY19 Cost Reductions**

In addition to the measures noted above, HBX continues to work aggressively to reduce costs throughout our agency.

Since our inception, we have strived to achieve cost reductions by converting high cost IT consultants to staff whenever possible. To date, we have successfully converted nine IT consultant roles into HBX employee positions, reducing annual operating costs by approximately \$1.63 million. These employees perform functions essential to our daily operations. Further conversions of consultants to staff positions remain a priority for us.

Beginning in FY17, as DHCF had increasing needs for work space for IT developers working on the broader DC Access System (DCAS) program, HBX entered into a co-location agreement with DHCF, sharing work space with DHCF IT staff and consultants in HBX's IT suite at L'Enfant Plaza which houses HBX IT staff and consultants. In FY18, the DHCF utilized more of the space and reimbursed HBX \$518,291.50. In FY 19, DHCF increased their space needs and will reimburse HBX \$651,544.89. In addition to providing savings to HBX, making this space available on an expedited basis to DHCF has been vital to meet their physical space needs for ongoing DCAS development.

### **Budget Review**

HBX's proposed budget passes through multiple tiers of review. HBX finalizes 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.

FY18-19 HBX Performance Oversight: Attachment F - DCHBX Q8_FY18 Reprogrammings							
Program Name	Activity	Purpose of Reprogramming	Funding Source	Fund Detail	Grant Number	PH	Reprogramming Amount
IT Related Operations	8010	To fund additional contractual needs at the Contact Center	Enterprise Fund	6202			610,000.00
<b>Total</b>							<b>610,000.00</b>

**Q8. Please identify any reprogrammings received by or transferred from HBX during FY18 and to date in FY19, and include a description of the purpose of the transfer and which HBX programs, activities, and services were affected.**

*See Attachment F*

FY18-19 HBX Performance Oversight: Attachment G

**FY2018 MOAs (Transfers)**

Buyer Agency	Seller Agency	FY18 - Amount	Description of Services
DHCF	HBX	\$75,000.00	DHCF to reimburse HBX for cost associated with preparing, printing and sending joint health benefits notices
DHCF	HBX	\$2,609,271.00	DHCF to reimburse HBX for the cost allocated contractual resource at the Call Center (partial Payment)
DHCF	HBX	\$873,944.00	DHCF to reimburse HBX for the cost allocated contractual resource at the Call Center ( Additional Payment)
DHCF	HBX	\$518,291.50	DHCF to reimburse HBX for cost associated with shared IT Space - L'Enfant Plaza
DHCF	HBX	\$527,202.00	DHCF to reimburse HBX for Salesforce License
HBX	DCHR	\$100,250.00	DCHR to provide HR Support Services
HBX	OCTO	\$16,582.77	HBX to pay OCTO for providing Microsoft 365 licenses
HBX	OCTO	\$111,952.29	OCTO IT Assessment services
HBX	DISB	\$50,000.00	HBX to pay DISB to conduct DCHBX's assessment
HBX	DPR	\$2,797.50	HBX to pay DPR for providing equipment and resources for enrollment event
HBX	OFRM	\$392,341.00	HBX to pay OFRM for telecom costs
HBX	MPD	\$277.72	HBX to pay MPD for providing police presence for enrollment event
HBX	OAH	\$8,750.00	HBX to pay OAH for providing administrative support services
HBX	DGS	\$2,893,130.00	HBX to pay DGS rent for 1225 Eye Street, Call Center and IT Space

**FY2019 MOAs (as of 01/31/2019)**

Buyer Agency	Seller Agency	FY19 - Amount	Description of Services
DHCF	HBX	\$4,130,077.99	DHCF to reimburse HBX for expenses related to Contact Center
DHCF	HBX	\$32,761.21	DHCF to reimburse HBX for Salesforce licenses
HBX	DCHR	\$100,250.00	DCHR to provide HR Support Services
HBX	DGS	\$945,441.79	HBX to pay DGS rent for 1225 Eye Street, Call Center and IT Space for 4 months of FY2019
HBX	OAH	\$1,250.00	HBX to pay OAH for providing administrative support services



**Q9. Please identify any intra-district transfers received by or transferred from HBX during FY18 and to date in FY19, and include description as to the purpose of the transfer and which HBX programs, activities, and services were affected.**

*See Attachment G*

**FY18-19 HBX Performance Oversight: Attachment H**

**HBX FY 18 Budget Comparison**

	<b>Budgeted Amounts</b>		<b>Actual</b>	<b>Variance</b>
	<b>Original</b>	<b>Revised</b>		
<b>Revenues and Sources</b>				
Operating revenue	\$ -	\$ 3,806,470	\$ 4,971,319	1,164,849
Assessments	28,142,740	29,477,334	29,227,549	(249,785)
Transfers from fund balance	-	11,033,278	8,204,039	(2,829,239)
Interest and Fees	-	-	122,049	122,049
<b>Total Revenues and Sources</b>	<b>28,142,740</b>	<b>44,317,082</b>	<b>42,524,956</b>	<b>(1,792,126)</b>
<b>Expenditures and Uses</b>				
Regular pay-continuing full time	8,335,098	7,955,953	7,998,337	(42,384)
Regular pay-other	1,579,369	1,906,827	1,804,469	102,358
Additonal gross pay	151,720	151,720	198,449	(46,729)
Fringe benefits-current personnel	2,315,065	2,110,751	1,827,232	283,519
Overtime pay	45,000	45,000	45,638	(638)
Supplies and materials	98,840	98,840	30,371	68,469
Telephone, telegraph, telegram, etc	442,218	442,218	326,603	115,615
Rentals-land and structures	3,017,752	2,493,130	2,349,271	143,859
Other services and charges	625,629	639,827	384,791	255,036
Contractual services-other	11,487,569	27,093,742	25,910,520	1,183,222
Equipment and equipment rental	44,480	44,480	-	44,480
<b>Total Expenditures and Uses</b>	<b>28,142,740</b>	<b>42,982,488</b>	<b>40,875,681</b>	<b>2,106,807</b>
<b>Excess of Revenues and Sources over Expenditures and Uses</b>	<b>\$ -</b>	<b>1,334,594</b>	<b>\$ 1,649,275</b>	<b>\$ 314,681</b>

FY18-19 HBX Performance Oversight: Attachment I - DC HBX Assessment Budgetary Comparison Schedule For the period ending: 12/31/2018

	Council Approved Budget	October	November	December	January*	February	March	April	May	June	July	August	September	Encumbrances as of 01.31.19	Year to Date Expenses Plus Encumbrances
<b>Revenues and Sources</b>															
Interest and Fees	\$ -	\$ 6,799	\$ 6,591	\$ 6,270	\$ 5,589										
<b>Total Revenues and Sources</b>	<b>\$ -</b>	<b>\$ 6,799</b>	<b>\$ 6,591</b>	<b>\$ 6,270</b>	<b>\$ 5,589</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 25,250</b>
<b>Expenditures and Uses</b>															
Personnel	\$ 14,242,279	\$1,019,574	\$ 999,851	\$ 1,105,976	\$ 1,023,749									\$ -	\$ 4,149,150
Agency Management Programs	\$ 2,310,144	\$110,509	\$ 8,835	\$ 5,372	\$ 414,147									\$ 109,921	\$ 648,783
Agency Financial Operations	\$ 159,100	\$0	\$ 0	\$ -	\$ -									\$ 130,552	\$ 130,552
MIPO	\$ 4,875,719	\$2,060	\$ 221,685	\$ 323,055	\$ 1,563,065									\$ 4,201,572	\$ 6,311,438
MOU Payments	\$ -														\$ -
Notices	\$ -														\$ -
Contact Center	\$ -				\$ (4,130,077)										\$ (4,130,077)
<b>Total MIPO</b>	<b>\$ 4,875,719</b>	<b>\$2,060</b>	<b>\$ 221,685</b>	<b>\$ 323,055</b>	<b>\$ (2,567,012)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$4,201,572</b>	<b>\$ 2,181,361</b>
Consumer Education & Outreach	\$ 2,231,500	\$1,010	\$ 72,661	\$ 57,405	\$ 64,705									\$ 1,433,276	\$ 1,629,057
IT															
Operations & Maintenance	\$ 7,324,855		\$ 117,515	\$ 179,126	\$ 2,011,757									\$ 2,140,201	\$ 4,448,599
Development														\$ 1,949,127	\$ 1,949,127
MOU Wire Payments															\$ -
Shared IT Space															\$ -
<b>Total IT</b>	<b>\$ 7,324,855</b>	<b>\$0</b>	<b>\$ 117,515</b>	<b>\$ 179,126</b>	<b>\$ 2,011,757</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,089,328</b>	<b>\$ 6,397,726</b>
<b>Total Expenditures and Uses</b>	<b>\$ 31,143,597</b>	<b>\$ 1,133,153</b>	<b>\$ 1,420,546</b>	<b>\$ 1,670,933</b>	<b>\$ 947,346</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 9,964,649</b>	<b>\$ 15,136,628</b>
<b>Excess of Revenues over Expenditures</b>	<b>\$ (31,143,597)</b>	<b>\$ (1,126,354)</b>	<b>\$ (1,413,955)</b>	<b>\$ (1,664,663)</b>	<b>\$ (941,756)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ (15,111,378)</b>

\* The accounting close for January is not complete. Therefore, January numbers are preliminary.

**FY18 - 19 HBX Performance Oversight: Attachment J**

<b>MA Net Reimbursement</b>		
	<b>FY18</b>	<b>FY19 (as of 1/31/19)</b>
<b>Revenue Generated</b>	4,971,319.06	1,267,199.63
<b>Expenses</b>	4,410,426.84	770,066.53
<b>Net Reimbursement</b>	<b>560,892.22</b>	<b>497,133.10</b>

<b>FY20 MA Savings</b>	
<b>Area</b>	<b>Estimated Savings</b>
Personnel - 5 FTEs	452,170
Admin Fees Collected	250,000
Premium Aggregation	364,000
Contact Center	26,000
<b>Total</b>	<b>\$1,092,170</b>

<b>FY19 MA Budget</b>	
<b>Category</b>	<b>FY19 (10/1/18 - 2/28/19)</b>
Personnel	171,887
Travel	17,948
Contracts	2,386,967
<b>Total</b>	<b>2,576,802</b>

**Q10. Provide a complete accounting of any Special Purpose Revenue Funds for FY18 and to date in FY19. Please include the following:**

**a. Revenue source name and code;**

6202- Assessment Fund  
6208 – MA Health Connector Fund

**b. Description of the program that generates the funds;**

Please refer to 10c.

**c. Activity that the revenue in each special purpose revenue fund supports;**

HBX is not funded by local taxpayer dollars. While initially funded solely by federal grants, now HBX is funded by assessments received from health carriers. The Assessment Fund is used to record collections from HBX's statutorily required broad based assessment of health carriers, interest from checking, and other miscellaneous fees.

The Health Benefit Exchange Authority Establishment Act of 2011, effective March 2, 2012, (D.C. Law 19-94; D.C. Official Code § 31-3171.01 et seq.), was permanently amended on June 23, 2015, to provide for the financial sustainability of the Health Benefit Exchange Authority. The amendment included language for HBX to annually assess, through a Notice of Assessment, each health carrier doing business in the District, and having direct gross receipts of \$50,000 or greater in the preceding calendar year, an amount based on a percentage of its direct gross receipts for the preceding calendar year. Each health carrier is required to pay HBX the amount stated in the Notice of Assessment, within 30 business days after the date of the Notice of Assessment. Failure to pay the assessment shall subject the health carrier to Section 5 of the Insurance Regulatory Trust Fund Act of 1993, effective October 21, 1993 (D.C. Law 10- 40; D.C. Official Code § 31-1204). The funds are used to operate the District's State Based Marketplace.

In addition, HBX has generated some funding support through a partnership with the Massachusetts Health Connector. The MA Health Connector Fund is used to record reimbursement under a memorandum of understanding entered into with the Health Connector in March 2017. HBX is reimbursed for implementing and providing ongoing operational and technical support for the Health Connector's Small Business Health Options Program (SHOP). HBX uses CBEs for IT

development and maintenance support. HBX staff provide operational support. The Health Connector reimburses HBX for all costs including a small administrative fee.

- d. Total amount of funds generated by each source or program in FY18 and to date in FY19; and**

*See Attachments H, I, J*

- e. FY18 and to date FY19 expenditure of funds, including purpose of expenditure.**

*See Attachments H, I, J*

**Q11. Please provide the following information for all grants awarded to HBX during FY18 and to date in FY19:**

- a. Grant Number/Title;**
- b. Approved Budget Authority;**
- c. Expenditures;**
- d. Purpose of the grant;**
- e. Grant deliverables;**
- f. Grant outcomes, including grantee performance;**
- g. Any corrective actions taken or technical assistance provided;**
- h. Funding source;**
- i. HBX program and activity supported by the grant; and**
- j. HBX employee responsible for grant deliverables.**

HBX did not have any grants in FY18 and to date in FY19.

**Q12. For each grant lapse occurring in FY18, please provide:**

**a. A detailed statement on why the lapse occurred;**

N/A

**b. Any corrective action taken by HBX; and**

N/A

**c. Whether the funds can be carried over into FY19.**

N/A



**FY18-19 HBX Performance Oversight: Attachment K**

Vendor Name	Purpose of Contract	Contract Administrator	Modification Term	Modification Cost	FY18 Total Amount Expended	FY19 Total Amount As of Feb. 11, 2019	Reason for Modification	Funding Source <sup>1</sup>	Contracting Method
Courage	IT Consulting Services	Jason Sparks	Option Year One: 5/2/2017 – 5/1/2018 Option Year Two: 5/2/2018 – 5/1/2019	Option Year One: \$3,750,000.00 Option Year Two: \$500.00	\$1,292,087.42	\$0.00	Exercise Option Exercise Option	Assessment	IFB
Data Net Systems	IT Consulting Services <sup>2</sup>	Jason Sparks	Option Year One: 5/2/2017 – 5/1/2018	Option Year One: \$999,900.00	\$377,685.52	N/A	Exercise Option & Increase Cost	Assessment	IFB
Enlightened, Inc.	IT Consulting Services	Jason Sparks	Option Year One: 4/22/2017 – 4/21/2018 Option Year Two: 4/21/2018 – 4/22/2019	Option Year One: \$2,000,000.00 Option Year Two: \$550,000.00	\$711,327.50	N/A \$58,160.00	Exercise Option Exercise Option	Assessment MA	IFB
Center for Study of Services	Plan Shopping Tools: Doctor Directory and Plan Comparison	Kenneth Taylor-Sutton	Option Year Three: 10/1/2017 – 9/30/2018 Option Year Four: 10/1/18 – 9/30/2019	Option Year Three: \$783,800.00 Option Year Four: \$890,000.00	\$783,800.00	\$323,403.00	Exercise Option & Decrease Cost Exercise Option	Assessment	Sole Source
NFP Health Services	Premium Billing Services	Kyle Esdaille	Option Year Four: 10/1/2017 – 9/30/2018	Option Year Four: \$990,000.00	\$977,000.08	N/A	Exercise Options	Assessment MA	Sole Source
NFP Health Services	Premium Billing Services	Kyle Esdaille	(new contract award) Base Period 10/1/2018 – 9/30/2019 \$743,980.00	No Modifications issued	-	\$309,574.09	-	Assessment MA	Sole Source
Maximus, Inc.	Call Center Services	Allison Muse	Base Period 10/1/2017 – 9/30/2018 10/1/2017 – 9/30/2018 (DHCF/Medicaid) <sup>3</sup> 3/18/18 – 9/30/18 (MA)  Option Year One: 10/1/18 – 9/30/19 10/1/2018 – 9/30/2019 (DHCF/Medicaid) 10/1/18 – 3/31/19 (MA)	Base Period: \$3,962,028.00 MA: \$296,323.99  Option Year One: \$4,412,575.47 MA: \$102,783.56	\$4,258,351.99 (DHCF/ Medicaid: \$2,931,900.80)	\$1,486,802.65 (DHCF/ Medicaid: \$3,228,474.52)	Exercise Option & Add Scope of Work  Exercise Option & Add Scope of Work	Assessment DHCF MA	RFP
Mercer Health & Benefit, LLC	Actuarial Services	MaryBeth Senkewicz	Option Year One: 4/1/2018 – 3/31/2019	Option Year One: \$250,000.00	\$148,505.50	\$13,847.25	Exercise Option	Assessment	RFTOP <sup>4</sup>
New Light Technology	IT Consulting Services	Jason Sparks	Option Year One: 5/2/2017 – 5/1/2018 Option Year Two: 5/2/2018 – 5/1/2019	Option Year One: \$5,250,000.00 Option Year Two: \$5,250,000.00	\$3,083,132.61	\$613,653.34	Exercise Option	Assessment MA	IFB
Networking for Future	IT Consulting Services	Jason Sparks	Option Year One: 5/6/2017 – 5/5/2018 Option Year Two: 5/6/2018 – 5/5/2019	Option Year One: \$9,750,000.00 Option Year Two: \$8,650,000.00	\$4,408,171.13	\$1,477,496.08	Exercise Option Exercise Option	Assessment MA	IFB
Software Information Resource Corp	AWS Security Compliance and Ancillary Data Security	Samir Hassan	Base Period: 7/3/2017 – 7/2/2018 Option Year One: 7/3/2018 – 7/2/2019	Base Period: \$854,400.00 Option Year One: \$561,600.00	\$746,935.00	\$121,530.00	Exercise Option	Assessment MA	RFTOP
SNR Denton US	Legal Services	Purvee Kempf	Option Year Four: 5/31/2017 – 5/30/2018	Option Year Four: \$500,000.00	\$24,457.65	N/A	Exercise Option <sup>5</sup>	Assessment	RFP

Immediate Mailing Services	Printing and Mailing Services	Grizelda Mejia	Option Year One: 11/15/2017 – 11/14/2018 10/1/2017 – 9/30/2018 (DHCF/Medicaid) <sup>6</sup>  Option Year Two: 11/15/2018 – 11/4/2019 10/1/2018 – 9/30/2019 (DHCF/Medicaid)	Option Year One: \$250,000.00 Medicaid: \$62,944.88  Option Year Two: \$250,000.00 Medicaid: \$75,000.00	\$217,724.71	\$67,229.87	Exercise Option	Assessment DHCF MA	IFB
A & T Systems	Cloud Computing Services	Samir Hassan	(new contract award) Base Period 6/22/2018 – 6/21/2019 \$550,000.00	No Modifications issued	\$98,000.00	\$255,000.84	-	Assessment MA	RFTOP

Notes:

<sup>1</sup> Please note that the funding source is only for the most current period of FY2018 and FY2019.

<sup>2</sup> Data Net System currently provides these services to HBX under a DC Supply Schedule task order. The order is valued at \$146,980 and has a period of performance of October 1, 2018 to April 30, 2019.

<sup>3</sup> Call Center expenses are cost-allocated between HBX and DC Department of Health Care Finance (DHCF). DHCF's portion of the expenses is Medicaid reimbursable.

<sup>4</sup> Request for Task Order Proposals ("RFTOP").

<sup>5</sup> Only \$25,000 of the contract price for option year 4 of the Denton contract has been encumbered.

**Q13. Please provide the following information for all contract modifications made during FY18 and to date in FY19:**

- 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. Narrative explanation of the reason for the modification;
- g. Funding source; and
- h. Whether or not the contract was competitively bid.

*See Attachment K*

**Q14. Please list and describe each major program and activity, policy initiative, performance objective and legislative objective during FY18 and FY19, to date. For each, please provide the name of the employee responsible for each and the total number of FTEs assigned to the program.**

The Affordable Care Act (ACA) is working in the District of Columbia to help individuals and families have affordable, quality health coverage. More than 96% of the District's residents have health coverage and the District ranks second among all states with the lowest uninsured rates in the country. The District has a long record of expanding health coverage to its residents, and HBX continues to be successful in finding and enrolling people who are uninsured.

The ACA has been implemented in the District through DC Health Link, an online competitive, consumer-driven private health insurance marketplace that enables individuals and small businesses to compare health insurance prices and benefits and purchase affordable, quality health insurance. DC Health Link opened for business on October 1, 2013.

As of February 10, 2019, 16,673 District residents have paid their premium and fully enrolled in private health insurance through the individual marketplace. There are 933 people with Advance Premium Tax Credits (APTC) who have paid their premium. Also, as of February 1, 2019, 78,075 people are covered through the small business marketplace (which includes Congressional enrollment of approximately 11,000).

For plan year 2019, residents have a choice of 25 private health insurance plans (2 of which are catastrophic) from CareFirst and Kaiser. For small businesses, there are 152 private health insurance plans from three United Healthcare companies, two Aetna companies, two CareFirst BlueCross BlueShield companies, and Kaiser. These include HMOs, POS, PPOs, EPOs, zero-deductible plans, and HSA-compatible high deductible coverage.

HBX received the 2018 and 2016 Best Practices in Innovation award from Amazon Web Services (AWS) City on a Cloud Challenge. This is a global competition of local and regional government and technology partners using AWS to deploy innovative solutions to move government forward on behalf of their citizens.

HBX was also recognized by the Clear Choices campaign in 2018 and 2017 for offering the best online comparison shopping tools among all public exchanges in the country. DC Health Link was ranked number 1 among State-based Marketplaces and the Federal Marketplace.

On February 23, 2017, HBX and the Massachusetts Health Connector announced a first-in-the-nation state-to-state partnership. (<https://nashp.org/massachusetts-shop-ed-new-small-group-marketplace/> <https://nashp.org/massachusetts-shop-ed-new-small-group-marketplace/>). Please see Question 7 for full details.

HBX's top priority is to find new ways to improve the customer experience on DC Health Link, resolve customer issues quickly and efficiently, and reach uninsured populations through extensive outreach activities, media campaigns, and partnerships with community organizations and District government agencies.

## **Major Programs and Activities**

### **A. FY18 & FY 19 Program Structure**

**Consumer Education and Outreach** contains the following 3 major activities:

- ***Consumer Education and Outreach Support Services***: Educates District residents, small business owners, and small business employees about health coverage options available through DC Health Link by organizing and participating in events, conducting educational seminars, partnering with other District agencies and organizations, and conducting intensive outreach through all of these methods;
- ***Marketing and Communication***: Provides support and awareness for DC Health Link through development of an earned media plan, printed materials for distribution, and a paid media campaign that may include outdoor advertising, broadcast, newspapers and other publications, digital, and social media avenues; and
- ***Navigators (also called In-Person Assisters) and Certified Application Counselors***: Provides in-person assistance at multiple locations across the District to consumers looking for help starting or completing the online application and plan selection process. There are currently approximately 150 Navigators, Assisters, and Certified Application Counselors assisting consumers across the city.
  - In total, \$650,000 in grant funds were provided to five Navigator/In Person Assister organizations for 2018 to provide enrollment assistance and outreach activities. These organizations included Whitman Walker Health, Mary's Center, La Clinica del Pueblo, Community of Hope, and Leadership Council for Healthy Communities.
  - The Certified Application Counselor program is a non-funded program designed for organizations that provide application and enrollment assistance to consumers, but do not receive grant funds to do so (e.g., hospitals).

**Marketplace Innovation, Policy and Operations**: Performs functions required of state-based marketplaces, including plan management, eligibility determinations, and certification of qualified health and dental plans; as well as, ensures the successful operation of an on-line insurance marketplace where individuals, families, small businesses, and their employees can shop and enroll in health insurance. This program contains the following six major activities:

- ***Contact Center***: Required for state-based marketplaces and is a condition for certification as a state-based marketplace. The Contact Center takes calls to assist customers with DC Health Link questions and on-line applications, processes paper applications, and provides

information for escalated cases to HBX and the Department of Human Services' Economic Security Administration (ESA).

- ***Plan Management:*** Required for state-based marketplaces and is a condition for certification as a state-based marketplace. Working in conjunction with local and federal regulatory bodies, establishes and oversees the process to certify, recertify, and decertify Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs) available through DC Health Link. Also manages enrollment issues related to Qualified Health Plan and Qualified Dental Plan carriers. This includes the coordination of all Electronic Data Interchange (EDI)-related transactions to and from DC Health Link.
- ***Eligibility and Enrollment:*** Required for state-based marketplaces and is a condition for certification as a state-based marketplace. With the support of IT, designs and manages the eligibility and enrollment process through a seamless, web-based application that determines individual and family member eligibility for cost sharing reductions and/or advanced premium tax credits. It also determines eligibility for private health insurance; enables individuals and families to enroll in QHPs and QDPs available through DC Health Link; manages and facilitates a legally required customer appeals process; and, as required by federal law, provides tax reporting information to customers and the IRS.
- ***Member Services:*** Responsible for core customer service. Researches complex customer issues and works with carriers and internal operations to resolve those issues. Provides assistance to customers with complex circumstances and those needing extra help navigating the DC Health Link online marketplace, resolving any technical difficulties a customer may experience, ensuring that changes to eligibility and enrollment information are quickly updated and processed, assessing qualification for special enrollment periods, performing required verifications, and resolving escalated cases including from the Contact Center.
- ***Data Analytics and Reporting:*** Responsible for the development and implementation of federally required data reporting requirements and customer surveys. Manages the end-to-end process of developing functionality for electronic federal data reporting as well as the creation and dissemination of required IRS 1095A forms for tax reporting purposes. Federal reporting responsibilities include monthly IRS H36 reports, monthly HHS/CMS Policy Level Reports and State Based Marketplace Input (SBMI) files, and annual IRS H41 reports. Develops and administers internal customer surveys for DC Health Link.
- ***SHOP Operations:*** Required for state-based marketplaces and is a condition for certification as a state-based marketplace. Develops, operates, and manages DC Health Link's Small Business Health Options Program (SHOP)—the on-line marketplace for small businesses. Manages the process from end-to-end, designs system improvements, and troubleshoots

systems issues to ensure effective operation of the SHOP Marketplace. SHOP Operations also supports brokers, employers, and their employees; works with IT on design; and manages broker relationships, training, certification, and cases. Conducts outreach and works with the small business community.

**IT Related Operations:** Maintains, improves, and supports the IT components necessary to operate DC Health Link. Please see Questions 19 and 20 for more information on IT related operations.

**Agency Management:** Provides for administrative support and the required tools to achieve operational and programmatic results.

- ***Grant Program Director:*** This is a newly created position that is responsible for establishing a grants program and securing grant funding for HBX. As initial federal funding under the ACA for HBX has ended, HBX is currently funded by assessments received from health carriers and some funding support generated through a partnership with the Massachusetts Health Connector. This new program, created in mid-2018, is part of ongoing efforts to expand agency funding and continuing to provide for financial sustainability.

**Agency Financial Operations:** 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.

## **Legislative Objectives**

### **A. Legislation Introduced or Enacted in FY18 and FY19**

**INDEPENDENT PROCUREMENT AUTHORITY:** Independent procurement authority has been fundamental to HBX's ongoing success. HBX's independent procurement authority would have expired at the end of FY18. HBX worked with Council and the Mayor to achieve continuation of this vital tool through inclusion in the Fiscal Year 2019 Budget Support Act of 2018. The provision provides for a five-year extension of HBX's independent procurement authority, which will expire at the end of FY23.

**INDIVIDUAL RESPONSIBILITY REQUIREMENT:** Congress passed a federal tax bill in December 2017, repealing the individual responsibility requirement (also known as the individual mandate). This requirement is considered a cornerstone of the ACA—along with the affordability provisions and the coverage and consumer protection components. The tax bill eliminated the federal responsibility requirement beginning January 1, 2019. According to the Congressional Budget Office, eliminating the individual mandate will lead to 13 million people losing health insurance coverage, annually, over time and will drive up premiums in the individual market by

some 10 percent. Mayor Muriel Bowser asked HBX to reconvene the ACA Working Group to consider steps the District should take in light of federal repeal of the individual mandate.

The Working Group built on its previous recommendations for local actions that would expand coverage and recommended the District of Columbia enact its own individual responsibility requirement that mirrored the federal one with certain improvements to enhance protections for District residents. The HBX Executive Board unanimously adopted the working group's recommendation, which can be found [here](#). The Mayor included a local individual responsibility requirement in the Fiscal Year 2019 Budget Support Act of 2018, which is now law.

**B22-1001, HEALTH INSURANCE MARKETPLACE IMPROVEMENT ACT OF 2018:**

The legislation was enacted to help stabilize the District's individual and small group markets and protect the District against the harm posed by the final AHP regulations. The Act requires association health plans to comply with small group market rules when offering coverage to small business, and individual market rules when offering coverage to individuals in the District. The Act includes additional consumer protections that would even the playing field between AHPs and the ACA regulated market to help prevent market destabilization and protect consumers against the fraud and insolvencies that have long characterized the AHP market.

**ANTICIPATED NEEDS:**

**UPDATES TO THE HBX ENABLING STATUTE:** In December 2018, the HBX Executive Board established an ad hoc Executive Board Committee on Legislation. This committee is currently reviewing the HBX enabling statute, which is now six years old and providing recommendations for updates.

These recommendations would require legislative action. Moreover, depending on whether the Trump Administration finalizes proposed regulations affecting the marketplace, additional legislative action may be needed to protect District residents.

**B. Regulations Introduced or Enacted in FY18 and FY19**

None.

**Policy Initiatives**

**A. Background**

HBX policy decisions are developed through a local, transparent, and DC-based community stakeholder-driven process using advisory committees and working groups. HBX is governed by a private Executive Board of District residents that makes decisions on policy based on the input and recommendations from the Standing Advisory Board, advisory committees, and working groups (<http://hbx.dc.gov/page/meet-health-benefit-exchange-authority-executive-board-members>). HBX believes that to maintain a successful state-based marketplace where residents,



families, and small businesses can choose quality, affordable health plans that meet their needs, it must reflect the priorities of the community and continue to have significant input from DC stakeholders.

**Standing Advisory Board and Committees:** HBX has several standing advisory committees charged with making policy recommendations. The membership includes diverse stakeholders representing a broad range of policy views. The Standing Advisory Board (<http://hbx.dc.gov/page/dc-health-benefit-exchange-hbx-standing-advisory-board>) and Standing Advisory Committees (<http://hbx.dc.gov/page/dc-health-benefit-exchange-advisory-committees>) are on-going committees that review questions and issues and develop policy recommendations for the Executive Board.

The Standing Advisory Board provides input to the HBX Executive Board in developing policy positions on numerous issues including: to prohibit tobacco rating in individual and small group market insurance policies sold in the District; to establish transition periods toward one big marketplace for individual and small group market insurance; to enact new permanent and temporary Special Enrollment Periods for people seeking health insurance coverage outside of the annual open enrollment period; to recommend board action on network adequacy standards; to review and recommend enhanced plan certification requirements for HBX; and each year, the Standing Advisory Board reviews the staff proposed HBX budget and provides input prior to the budget moving forward for Executive Board consideration. The full review of their meetings and materials can be viewed on the HBX website here: <https://hbx.dc.gov/node/431712>.

There are three standing Advisory Committees in addition to the Standing Advisory Board:

Producers Advisory Committee advises on how to best use the experience and skills of health insurance brokers and agents to help people choose coverage to best meet their needs. This includes issues around compensation and appointment, and other issues as requested by the Executive Board or Authority staff. In 2018, the Board appointed new members for the Producer Advisory Committee.

Plan Management Advisory Committee examines issues related to qualified health plan (QHP) requirements, certification processes, and enrollment. This Committee focuses on operational issues.

Consumer Assistance and Outreach Advisory Committee focuses on the design and implementation of the Navigator and Consumer Assistance programs to help educate residents and enroll them.

**Working Groups:** If a policy decision needs specific expertise or must be examined quickly, an ad hoc Working Group chaired by a Board Member and vice chaired by a Member of the Standing Advisory Board is established. The working group is given topic-specific issues to address within

set time-frames. Membership and participation is open and diverse stakeholders participate as voting members. There have been a total of twenty-five (25) working groups since inception (including recurrences). The majority of working groups were created and concluded their work in 2013 when major policy decisions were being made.

Currently, the standard plans working group is the only annually recurring working group.

The meetings and materials can be found on the HBX website at: <http://hbx.dc.gov/page/advisory-working-groups>.

## **B. FY18 and FY19 Policy Decisions**

**Special Enrollment Periods (SEPs):** The federal government sets minimum standards for qualifying events that enable people to enroll outside an annual open enrollment period, otherwise known as SEPs. States are allowed to add additional qualifying circumstances. HBX researches actions taken by other states and the customer circumstances that may warrant action. The Standing Advisory Board then reviews the research, takes public input on expanding SEPs, and recommends new SEPs to be adopted. The HBX Executive Board considers those recommendations for implementation. In 2018 and so far in 2019, the Standing Advisory Board reviewed and made a recommendation to create two new SEPs. The first was to expand the 2019 open enrollment period to November 1, 2018 – January 31, 2019. The second SEP is related to the new local individual responsibility requirement. It would permit District residents who are uninsured and learn of the local individual responsibility requirement when filing their taxes to qualify for an SEP to enroll in coverage and avoid the penalty. The Executive Board adopted these recommendations (found [here](#)) from the Standing Advisory Board on February 13, 2019.

**Updates to Standard Plans for 2020:** The Standard Plan Advisory Working Group reconvened in February 2019 to modify standard plan designs, as needed, for plan year 2020 to make the plans compliant with the federal actuarial value calculator. As a reminder, HBX adopted standard plan designs to permit customers to compare apples-to-apples across carriers and make coverage choices based on quality, price, and provider participation. Carriers continue to be able to offer additional non-standard plans at all metal levels. The standard plans were first adopted for plan year 2015, but they need to be modified each year to ensure compliance with federally mandated actuarial value levels. The Standard Plans Working Group completed its work and the HBX Executive Board approved their standard plan recommendations for 2020 at its February 13, 2019 Executive Board Meeting. The Working Group materials and schedule are posted on the HBX website, and can be found [here](#).

**Federal Proposed Rules and Guidance:** HBX closely monitors federal proposed rulemaking and sub-regulatory guidance. HBX submits comments to the federal government advocating for strong consumer protections, stable and affordable private coverage, and flexibility for state-based marketplaces to ensure market stability and consumer protections. To date, HBX submitted comments on the following proposals: 2019 Notice of Benefit and Payment Parameters, Religious

and Moral Exemptions and Accommodations for Contraceptive Coverage, Association Health Plans, Short-term Limited Duration Health Plans, Public Charge, State Waivers from the ACA, Health Reimbursement Arrangements, and Program Integrity. HBX plans to submit comments to the 2020 Notice of Benefit and Payment Parameters. HBX comment letters are available [here](#).

HBX will continue to review and respond to federal proposals. In addition to submitting comments, HBX will continue to develop, adopt and recommend policies to keep District's private health insurance market stable and enhance affordability, and mitigate negative impact of federal actions.

**Q15. Please identify all recommendations identified by the Office of the Inspector General or the D.C. Auditor in FY18 and FY19, to date. Please note what actions have been taken to address these recommendations.**

In January 2018, the DC Office of the Inspector General (DC OIG) issued the *Health Benefit Exchange Authority: Financial Statements and Management's Discussion and Analysis (with Report of Independent Public Accountants) for the Fiscal Years Ended September 30, 2017, and 2016* (OIG No.18-1-0781). In January 2019, the DC Office of the Inspector General (DC OIG) issued the *Health Benefit Exchange Authority: Financial Statements (with Report of Independent Public Accountants) for the Fiscal Years Ended September 30, 2018, and 2017* (OIG No.19-1-08HI). No deficiencies that are material weaknesses were identified in either report.

**Q16. Are there any current statutory or regulatory impediments to your agency's operations?**

**Federal Efforts to Undermine, Repeal and/or Replace the Affordable Care Act**

There are ongoing efforts by Congress and the federal Administration to repeal or undermine the ACA. These efforts will destabilize individual and small business markets increasing health insurance premiums, cause people to lose health insurance, and allow discriminatory actions against consumers. These actions include, but are not limited to, the following:

- Repealed the individual mandate effective January 1, 2019, as part of the Tax Cuts and Jobs Act of 2017;
- Reduced the federal marketplace open enrollment period from three months to six weeks (November 1, 2018 – December 15, 2018);
- Reduced the federal navigator funding from \$36 million to \$10 million for 2019;<sup>1</sup>
- Allowed insurance carriers to deny enrollment to individuals and families during open enrollment where the individual or family has unpaid premiums from the previous year;
- Limited access to contraceptive services by broadening religious and moral exemptions through a federal interim final rule;
- Exempted association health plans from ACA consumer protections and opened the door to fraud and insolvencies;
- Expanded short-term, limited duration plans from three months to one year;
- Considering expanding the definition of public charge in such a way as to undermine and deter enrollment in individual exchange market health insurance;
- Considering loosening section 1332 waivers to allow exemptions from the ACA consumer protections;
- Considering expanding health reimbursement accounts in the individual and small group markets without strong consumer protections;
- Considering limiting access to women's health care, specifically abortion services, by requiring separate billing for premiums; and
- Considering a prohibition on auto-renewal, which if adopted will result in more uninsured.

All of these actions and continued efforts to repeal and/or replace the ACA are having, and will continue to have, significant negative implications for the District and its residents.

District residents, businesses, and their employees can expect insurance premiums to rise as a result of these legislative and administrative actions that destabilize insurance markets nationwide, whether in or outside the exchange marketplaces, and result in healthier people no

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<sup>1</sup> <https://www.healthaffairs.org/doi/10.1377/hblog20180712.527570/full/>.

longer purchasing health insurance. However, the District has taken strong actions to mitigate these impacts to District residents, businesses, and their employees. These actions include:

- **Outreach** - HBX has continued to support outreach and enrollment and has secured more earned media during open enrollment to counteract the lack of federal support. HBX has also continued funding its Assister and Navigator programs at the same funding levels to continue to provide enrollment assistance.
- **Open Enrollment** - In May 2018, the HBX Executive Board voted to maintain a three month open enrollment period (November 1, 2017 to January 31, 2019). On January 31, HBX extended the open enrollment through February 6, 2019.
- **ACA Working Group Recommendations and Local Individual Responsibility Requirement** - In August 2017, HBX established an Affordable Care Act Advisory Working Group (ACA Working Group) composed of the District's insurance carriers, small businesses, brokers, health care providers, and consumer advocates. There was technical assistance from the District's Department of Insurance Securities and Banking (DISB), Department of Health Care Finance (DHCF), and Office of the Chief Financial Officer (OCFO), to identify local policy options to keep DC's health insurance market stable and improve the affordability of private health insurance. The ACA Working Group developed and approved stability and affordability consensus recommendations. The recommendations include four components:
  1. A locally funded reinsurance program to stabilize the District's individual health insurance and lower premiums for everyone;
  2. The creation of a local subsidy program that would be in addition to federal tax credits to make health insurance more affordable for those who qualify for federal advance premium tax credits (i.e., generally those individuals and families just above Medicaid eligibility levels);
  3. Fallback enforcement of the federal individual responsibility requirement, which is no longer relevant with its repeal; and
  4. Fallback cost sharing reduction payments by the District to health insurance carriers when the federal government does not make payments.

The HBX Executive Board considered and approved the ACA Working Group consensus recommendations on November 8, 2017. Both the insurance market stability and affordability resolution and the ACA Working Group report are available at the HBX website.<sup>2</sup>

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<sup>2</sup> <https://hbx.dc.gov/sites/default/files/dc/sites/hbx/publication/attachments/Resolution%20-%20ACA%20Working%20Group%20Market%20Stability%20Recs.pdf>.

After Congress repealed the individual mandate in December 2017, Mayor Bowser asked HBX to reconvene the ACA Working Group to “consider whether there are actions the District of Columbia should take in light of the repeal of the individual mandate.”<sup>3</sup> HBX reconvened the ACA Working Group beginning January 2018. The ACA Working Group considered the repeal of the federal individual responsibility requirement, the effects on private and public health care coverage in the District, the evidence of the effects of the ACA’s individual responsibility requirement and of its repeal, the pros and cons of implementing a local individual responsibility requirement, and, if a local requirement is implemented, whether DC should build on the federal structure or create its own unique mandate.

After eight meetings, the ACA Working Group, through consensus, voted to recommend for a District of Columbia individual responsibility requirement that mirrors the federal requirement with changes to enhance protections for District residents and to promote District values.<sup>4</sup> This recommendation was subsequently approved by the HBX Executive Board and included the Mayor’s proposed budget for Fiscal Year 2019. A local individual responsibility requirement passed as a part of the Fiscal Year 2019 Budget Support Act of 2018, and is currently in effect. Implementation of the local individual responsibility requirement was jeopardized during the Congressional appropriations process where amendments were introduced to prohibit the District from using local funds to implement or enforce the new local law. The District successfully battled back numerous amendments and riders; however a final federal budget is still being debated which includes DC Appropriations.

**Association Health Plans** – On June 21, 2018, the U.S. Department of Labor (DOL) issued final regulations to change the law for Association Health Plans (AHPs). Under this rule, AHPs can sell to individuals and small businesses, can exist for the primary purpose of selling health insurance, are subject to almost no federal standards or oversight, and can serve as unregulated insurance companies. AHPs have a long history of insolvencies, scams, and fraud. Self-insured AHPs are inherently less stable than state regulated insurance companies because solvency requirements are lower and AHP operations are higher risk operations compared to traditional insurers.

The AHP final regulations circumvent Congress to essentially repeal and undermine the ACA insurance market rules and consumer protections. By offering skimpier benefits, treating individuals differently based on factors such as gender, occupation, and selling

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<sup>3</sup>[https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event\\_content/attachments/Mayoral%20Charge%20to%20HBX%20Board%2028003%29.pdf](https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/Mayoral%20Charge%20to%20HBX%20Board%2028003%29.pdf).

<sup>4</sup> <https://hbx.dc.gov/page/affordable-care-act-aca-working-group-2018-meeting-materials>.

across state lines, AHPs are able to cherry pick the healthiest businesses and people to cover, threatening the stability of the individual and small group (small business) private health insurance markets. While premiums may be lower for those who purchase AHPs, the individuals remaining in the individual and small group markets would face increasing premiums and a destabilized market. According to a review by Oliver Wyman actuaries, the District's small group market could shrink by as much as 90 percent and the individual market by as much as 25 percent; small businesses could see their premiums increase by as much as 12.7 percent, paying \$810 more per year per employee; individual premiums could increase by as much as 12.1 percent, costing \$768 more per year; and as a result of these impacts, some people will become uninsured.<sup>5</sup>

The District has taken steps to help protect District residents from the market destabilization, fraud, and insolvency that will likely result from the DOL AHP final regulations.

First, on July 26, 2018, Attorney General Karl Racine, as part of a 12-state coalition, sued the DOL to overturn the new AHP regulations. The 12-state coalition asked the court to rule that the AHP regulation is illegal on the grounds that it conflicts with the ACA, it is an illegal expansion of ERISA, and that DOL exceeded its authority.<sup>6</sup> On January 24, 2019, there was a federal district court hearing on the case. The decision is expected later this year.

In October of 2018, Councilmember Gray and Mayor Bowser introduced the Health Insurance Marketplace Improvement Amendment Act of 2018 to help stabilize the District's individual and small group markets and protect the District against the harm posed by the final AHP regulations. This Act requires AHPs to comply with small group market rules when offering coverage to small business and individual market rules when offering coverage to individuals in the District. This Act also includes additional consumer protections that would even the playing field between AHPs and the ACA regulated market to help prevent market destabilization and protect consumers against the fraud and insolvencies that have long characterized the AHP market. The Health Insurance Marketplace Improvement Amendment Act of 2018 was passed by DC Council on December 18, 2018 and was signed by the Mayor on January 23, 2019 and is set to become law after the 30-day congressional review period. The Emergency Act was enacted on December 10, 2018 and the Temporary Act was signed by the Mayor on January 16, 2018.

- **Short Term-Limited Duration Plans** - On February 21, 2018, the U.S. Department of Health and Human Services (HHS), the IRS, and DOL (collectively, the Tri-Departments) issued a proposed rule on short-term, limited-duration insurance (STLD). On August 1, 2018,

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<sup>5</sup> See Attachment A, Oliver Wyman Letter, February 21, 2018

<sup>6</sup>AG Racine Sues Trump Administration over Backdoor Attempt to Gut Affordable Care Act and Decimate State Insurance Markets," Office of the Attorney General for the District of Columbia, July 26, 2018, <https://oag.dc.gov/release/ag-racine-sues-trump-administration-over-backdoor>



the Tri-Departments finalized the proposed regulations, which removes consumer protections from STLD plans and allows them to be sold for a duration of up to 12 months. The Administration's goal is to have these junk plans proliferate.

According to an analysis by Oliver Wyman actuaries, the District's individual health insurance markets would see the following changes based on the new federal STLD rule:

- Increase claims costs by as much as 3.1 percent in the District's individual market (note that if the District did not adopt a local individual responsibility requirement, then we could see as much as a 21.4 percent increase in claims cost); and
- Result in as many as 900 people leaving the individual market (note that if the District had not adopted a local individual responsibility requirement, then we could see approximately 6,100 people leaving the individual market.).

In April and May of 2018, the HBX Standing Advisory Board considered and adopted a consensus recommendation to limit the expansion of STLD plans.<sup>7</sup> On May 9, 2018, the HBX Executive Board voted unanimously to approve that consensus recommendation.<sup>8</sup> As mentioned above, District policymakers took strong action to protect residents and small businesses by making the Health Insurance Improvement Amendment Act of 2018 law.

Although Congress has not been able to repeal the ACA, bills that propose doing so continue to exist. Repealing the full ACA jeopardizes:

- Premium tax credits and cost sharing reductions that help make private health insurance affordable;
- Consumer protections requiring all health insurance coverage sold to individuals and small businesses to cover essential health benefits, including primary care and specialists, hospitals, lab work, preventive care, maternity, mental health, substance abuse treatment, and other benefits;
- Consumer protections to prohibit annual and lifetime limits on coverage;
- Consumer protections ensuring that people with medical needs cannot be denied coverage or charged more;
- Consumer protections ensuring that preexisting medical conditions must be covered;
- Rating protection ensuring that women of child-bearing years cannot be charged more;

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<sup>7</sup> Executive Board of the District of Columbia Health Benefit Exchange Authority, May 9, 2018, [https://hbx.dc.gov/sites/default/files/dc/sites/hbx/publication/attachments/STLD%20Health%20Plan%20Resolution%20Final\\_0.pdf](https://hbx.dc.gov/sites/default/files/dc/sites/hbx/publication/attachments/STLD%20Health%20Plan%20Resolution%20Final_0.pdf)

<sup>8</sup> Standing Advisory Board Recommendation for District Action on Short-term Limited Duration Health plans, May 7, 2018, [https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event\\_content/attachments/Proposed%20Language%20for%20STLD%20Plan%20SAB%20Recommendation.pdf](https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/Proposed%20Language%20for%20STLD%20Plan%20SAB%20Recommendation.pdf)

- Rating protection prohibiting premiums based on occupation, gender, and claims history (Premiums can be varied for age with a restriction of 3:1. District law also prohibits tobacco rating. For small businesses, size and industry rating is prohibited.); and
- The Medicaid expansion to childless adults (The effects of repealing the Medicaid expansion would be addressed by DHCF.).

The ACA has been a success in the District, and HBX will continue to work closely with local partners such as providers, consumer groups, brokers, carriers, and others to preserve, improve, and implement statutory and regulatory protections as needed for District residents and small businesses. Moreover, depending on whether or not the federal Administration finalizes proposed regulations affecting the marketplace, further legislative action may be needed to protect District residents.

### **Legal Challenges**

There is one pending lawsuit before the District Court of Appeals challenging HBX's assessment. It involves a consolidated petition filed by six health insurance companies operating in the District of Columbia and is pending adjudication at the District Court of Appeals. The case challenges the statutorily authorized assessment of health carriers that supports HBX's budget. These lawsuits raise the same issues raised by an insurance trade association in a separate federal lawsuit filed in 2014 and ultimately dismissed. The United States District Court for the District of Columbia ruled in favor of the District on all claims and dismissed the suit in 2014. In March 2016, that decision was vacated by the United States Court of Appeals for the District of Columbia, which held that jurisdiction was only proper in the District of Columbia Superior Court Tax Division, not federal court. In the subsequent District of Columbia Superior Court Tax Division, the judge ruled in favor of the District, adopting the decision from the United States District Court judge. The case has been appealed, and the District believes that it will prevail based on the same legal rationale that prevailed in the District of Columbia Superior Court Tax Division. Both parties have filed summary judgement motions and expect oral arguments in the spring of 2019.

### **ACA Case in Texas**

Twenty Republican State Attorneys General brought a legal action in Texas challenging the validity of the ACA based on the fact that Congress zeroed out the individual responsibility penalty as a part of the Tax Cuts and Jobs Act enacted on December 22, 2017. Seventeen Democratic State Attorneys General (including DC AG Karl Racine) are defending the ACA. The Trump Administration is siding with the Republican Attorneys General looking to strike down the ACA and all consumer protections under the ACA. In a ruling issued December 2018, Judge Reed O'Connor of the Federal District Court in Fort Worth struck down the Affordable Care Act. The Democratic States Attorneys General filed a notice of appeal in the case in January 2019.

**Q18. Please describe programs, activities, and initiatives executed or planned in FY18 and FY19, to date, to better inform the public about enrollment, or changes to programs.**

HBX engaged in several programs, activities, and initiatives in FY18 and FY19 to inform the public about enrollment and opportunities to enroll in health insurance coverage. As in previous years, HBX launched robust, proactive, and multifaceted campaigns aimed at connecting with DC residents, small business owners, and their employees “*where they live, where they work, where they play, where they shop, and where they pray.*”

**A. Standard Outreach and Enrollment Campaigns, Events and Activities**

In addition to the events described in the response to Question 17, some of the creative outreach activities in FY18 and FY19, to date, included the following:

▪ **The 24-Hour Enrollment Marathon and Relay**

In FY18, in the final weekend before the January 31, 2019, enrollment deadline, DC Health Link targeted District residents urging them not to wait until the last day to enroll by providing a 24-hour enrollment blitz with around-the-clock opportunities to enroll at locations throughout the city before the final rush. The 24-Hour Marathon began at Unity Health Care Brentwood Health Center and was covered by NBC4. In the afternoon, an enrollment event was held in the Whitman Walker Health offices located at We Work Manhattan Laundry, a popular co-working space for entrepreneurs and others who are self-employed. The marathon continued with a happy hour at Ben’s Next Door and Ben’s Chili Bowl which included a live broadcast by MAJIC 102.3FM and DJ Asia. The overnight hours were spent at Denny’s in Ward 7 and concluded at several places of worship throughout the city.

For FY19, Saturday, January 26 through Sunday, January 27, 2019, HBX held outreach and enrollment events around the city. There was also Late Night Enrollment at IHOP in Ward 7.

▪ **Enrollment Weeks of Action**

Enrollment Weeks of Action, which began as a national ACA effort to boost enrollment in targeted communities, provided an opportunity for concentrated enrollment, education, and outreach in diverse communities. In FY18 and FY19, to date, DC Health Link hosted National ACA Latino Enrollment Weeks of Action. For FY18, the 4th Annual Latino Enrollment Week of Action and Health Leadership Symposium was entitled, “The Changing ACA Environment: Opportunities and Challenges to Enrollment in the Immigrant Community,” with featured speakers: Erin Keefe, Manager of Public Benefits and Insurance

Navigation at Whitman-Walker Health; Maria Gomez, President/CEO, Mary's Center; and Alicia Wilson, Executive Director, La Clinica Del Pueblo.

For FY19, the 5th National Latino Enrollment Week of Action was entitled, "Health Insurance Matters in the Hispanic Community." At the opening ceremony, greetings were given by Jackie Reyes, Director, of the Mayor's Office of Latino Affairs and Leighton Ku, HBX Authority Executive Board member, Professor, and Director of the Center for Health Policy Research at George Washington University, Milken Institute of Public Health.

### **The National ACA African American Enrollment Week of Action**

The activities during this Week of Action were designed to boost enrollment in the African American community, especially among African American men. Activities, described in further detail below, included events at barber and beauty shops and movie theaters. Participation in the Martin Luther King, Jr. Day Parade, Peace Walk, and on-site enrollment at faith-based institutions also occurred during these weeks.

## **B. Millennial Outreach**

### **▪ Costume Karaoke Night**

For FY18, the Costume Karaoke Night had Assisters on site to educate and provide enrollment assistance to customers. Enrollment activities were also set up at Grassroots Comedy, where a "Super Spectacular Comedy Show for Open Enrollment" event was held in support of the DC Health Link open enrollment period and outreach to young residents.

### **▪ National Youth Enrollment Day**

In FY19, on National Youth Enrollment Day, Friday, December 7, 2018, HBX hosted a Healthy Selfies - Young Adult Outreach event with music and a DJ outside of Ben's Chili Bowl.

## **C. Special Education, Outreach and Enrollment Events**

Special, unconventional, and innovative strategies were also employed to reach uninsured residents. These strategies presented unique opportunities to reach targeted populations. Examples include:

### **▪ World AIDS Day**

DC Health Link celebrated this event with Assisters providing an enrollment opportunity while joining in the Walk to End HIV with community partner, Whitman-Walker Health on Freedom Plaza.

- **Wear Red Day SM Campaign**

DC Health Link took advantage of Wear Red Day to educate DC residents about the extended enrollment deadline, and to encourage newly enrolled residents to make their annual well-women visit with their healthcare providers. This resulted in thousands of impressions, and earned as high as a two percent engagement rate (above average) on Twitter.

- **Movie Nights**

DC Health Link advertised and exhibited at various popular movie theaters onscreen and in lobby displays. In FY18, the theater outreach covered the opening weekend of “Star Wars: The Last Jedi” in December, and “Proud Mary” and “Den of Thieves” in January with advertising on over 20 screens daily at three theaters citywide. These ads played 3,686 times to a projected audience of 42,791 moviegoers. In FY19, to date, theatre outreach included five theatres citywide with ads playing more than 7,000 times during the DC Comics’ blockbuster “Aquaman” in December, and “The Upside,” in January, with a projected outreach totaling 112,392.

- **Beauty and Barber Days**

Events took place in local barber shops and beauty salons in African American communities. These shops and salons are a gathering sanctum where men and women meet and share stories about life events and get the latest information about community happenings.

- **NBC4 Health and Fitness Expo**

DC Health Link participated in the largest health and wellness event in the Washington, DC area and not only exhibited but also provided information about the District’s online marketplace for health insurance. An ongoing loop video presentation on how to shop, compare, and enroll in health insurance through DC Health Link helped educate expo attendees.

- **DC Health Link Metro “Fact Mobs”**

Street teams of volunteers took to metro subway stops with a bull horn, foot ladder, plenty of energy and loud cheers to get commuters’ attention by shouting facts about the ACA and DC Health Link. The volunteers also distributed literature, answered questions, and directed commuters to visit nearby enrollment centers. Outreach at Metro stations was conducted before each monthly deadline for enrolling in coverage beginning the next month.

- **MLK, Jr. Day of Service Peace Walk and Parade**

DC Health Link representatives and its community partners marched in the MLK, Jr. Day of Service Peace Walk and Parade. Participants proudly held DC Health Link banners and marched in the annual event reminding people to enroll by the deadlines, handed out flyers,

and directed residents to enrollment events that day, including one-on-one enrollment support at nearby UPO Petey Green Community Center. Several other planned activities took place at the Center, including Street Store fresh produce, workshops, cooking, and healthy living demonstrations. During the event in FY19 at Anacostia Park, DC Health Link certified Assistants were available onsite with information and enrollment assistance to honor Dr. King's legacy and Day of Service.

- **Knock-Knock Door-to-Door Data-Driven Canvassing and FY19**

Using data to identify the neighborhoods with the highest concentrations of probable uninsured residents, DC Health Link teams canvassed residences in Wards 1, 4, 5, 7, and 8 in FY18. In FY19, to date, neighborhoods were canvassed in Wards 1, 4, 7, and 8, with special emphasis east of the River in Wards 7 and 8.

- **Super Bowl Sunday Outreach**

For both FY18 and FY19, to date, with an extended open enrollment deadline, DC Health Link teamed with RedRocks pizzeria to make extra efforts to inform DC residents about quality, affordable health insurance coverage. As part of the extra push, DC Health Link placed stickers on pizza boxes about the extended open enrollment and deadline to enroll. This activity was amplified on social media platforms using the super bowl hashtag which generated thousands of impressions on Twitter with an engagement rate of 2.1 percent in FY18, and 2.3 percent so far in FY19, above average rates on Twitter.

#### **D. Additional Activities to Augment Outreach Activities**

In addition to the activities listed above, “reinforcement strategies” were incorporated to support education, outreach, and enrollment efforts.

- **Social Media**

DC Health Link maintained an active and interactive presence on many social media platforms including Twitter, Facebook, and Instagram. Twitter response strategies were implemented regularly. Participating in Twitter chats, cultivating relationships with online influencers, and using new hashtags with high visibility all served to increase the visibility of the HBX social media accounts and engagement of the posts.

- **Digital Communications**

With approximately 90 percent of customers receiving information from screen-based devices, social media and digital platforms are paramount to reaching uninsured residents. DC Health Link leveraged digital communications to help drive engagement and to educate, engage, and reinforce enrollment messaging. HBX utilized active digital communications tactics. Among them were:

- ✓ Collaboration with internal HBX partners to produce direct mail and email campaigns aimed at maintaining existing customers through the plan renewal process;
  - ✓ Coordination and dissemination of social media messaging on a weekly basis to DC government agencies partners, community advocates, and business partners; and
  - ✓ Mobile device communication with targeted text messaging campaigns.
- **Website Posting of Information**  
Both HBX and the DC Health Link customer website provided an abundance of information and resources for residents. The calendar of events, board meeting information, and request for speakers are major features as is the information on how to get in-person help from DC Health Link Assistants.
  - **Video Ads and Infomercials**  
On both websites, HBX featured important data releases as well as “My Cover Story” video promotions of individuals who share their personal stories about enrolling in health insurance through DC Health Link.
  - **Publications and Collateral**  
DC Health Link used a variety of methods, including surveys, videos, news releases, reports, rack cards, posters, fliers, window clings, and banner bugs to inform the public about enrollment, or changes to programs.
  - **DC Health Link Volunteer Support Program**  
DC Health Link established a volunteer program in 2014 to provide a platform for residents to support outreach and enrollment efforts. Volunteers from area colleges and universities and professionals from the legal, engineering, and health care fields are committed to making sure people in the DC community know about the ACA and the quality, affordable health insurance options available through DC Health Link.
  - **Each One LINK One Campaign**  
In an ongoing effort to engage the public and enlist their support in efforts to locate and reach the remaining uninsured, HBX developed and implemented the Each One LINK One campaign. The campaign is a city-wide, high profile Call-to-Action predicated on the assumption that everyone knows someone who is uninsured. Everyone should make every effort to reach out to their family members first and then their friends, neighbors, and colleagues to encourage them to enroll in affordable, quality health insurance through DC

Health Link. Participants in the Each One LINK One campaign are given their very own button, designating them as “DC Health Linkers.”

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

DC Health Link partnered with many groups to achieve broader community outreach and support for its activities. The partnerships were established with District government agencies, community organizations, local small business partners, retails, restaurants, faith based entities, and others. Examples of the partnerships included:

**DC Health Link Small Business Partners**

- DC Chamber of Commerce (DCCC)
- Restaurant Association Metropolitan Washington (RAMW)
- National Association of Health Underwriters (NAHU)
- Greater Washington Hispanic Chamber of Commerce (GWHCC)

**Community Partners, Educational Institutions, and Community Health Centers**

- DC Health Link Hispanic Advisory Council
- DC Public Schools Office of Student Wellness
- DC Public Charter Schools Board
- Carlos Rosario International Public Charter School
- Mayor’s Office on Latino Affairs
- Latino Student Fund
- Heritage Care Inc.
- Catholic Charities
- Washington English Center
- Life Asset
- Latino Economic Development Corporation (LEDC)
- United Medical Center
- George Washington University School of Public Health
- University of the District of Columbia
- Howard University
- American University
- Georgetown University
- Leadership Council for Healthy Communities
- Latin American Youth Center
- Ward 7 Health Alliance
- Ward 8 Health Council
- Anacostia Coordinating Council



- THE ARC: Town Hall Education Arts Recreation Campus
- Mary's Center
- Whitman-Walker Health
- La Clinica Del Pueblo
- Unity Health Care (Anacostia and Minnesota Avenue Heath Centers, Brentwood)
- Community of Hope (Marie Reed, Family Health & Birth, and Conway Health and Resources Centers)
- DC Fiscal Policy Institute
- AARP DC Chapter
- Families USA
- Enroll America
- Young Invincible
- Get Covered USA
- DC Primary Care Association
- Medical Society of the District of Columbia

**Faith Based Partners**

- Wednesday Clergy Fellowship
- DC Baptist Ministers Conference
- Howard University Gospel Choir
- Israel Baptist Church
- Pilgrim Rest Baptist Church
- First Baptist Marshall Heights
- Union Temple Baptist Church – Rev. Willie Wilson, Senior Pastor
- First Baptist Church Randolph, Rev. Dr. Frank Tucker, Senior Pastor
- Covenant Baptist Church UCC
- African American Episcopal (AME) Church 2<sup>nd</sup> District RED
- Inner Light Ministries
- Metropolitan Community Church of Washington
- Masjid Muhammad, Inc. Mosque
- Our Lady Queen of The Americas -Parish of The Roman Catholic Archdiocese of Washington
- Our Lady of Perpetual Help, Father Thomas Frank
- Kedus Gabriel Ethiopian Orthodox Tewahdo Church
- St. Mary's Ethiopian Orthodox Tewahdo Church
- Sikh Gurdwara, DC
- Chinese Community Church
- Islamic Center of Washington, DC
- Vietnamese Chua Ciac Hoang Buddhist Temple
- Pilgrim A.M.E. Church, Rev. Dr. Wendell Christopher, Sr., Pastor

- Greater St. Paul, Rev. Floyd Patterson
- All Nations Baptist Church, Rev. Dr. James Coleman
- Faith United Church of Christ, Rev. Arlecia Simmons
- New Bethel Baptist Church, Rev. Dexter Nutall
- Allen Chapel A.M.E. Church, Rev. Dr. Michael E. Bell, Sr., Pastor
- Brown Memorial A.M.E. Church, Rev. Charles Smith, Pastor
- New Bethany Baptist Church, Floyd Patterson Senior Pastor
- New Morning Star Baptist, Rev. Donald Sadler, Pastor
- Greater New St. Paul Baptist, Rev. Dr. Regretta Ruffin, Pastor
- Moorish Science Temple, Brother Phillip Chase El
- DuPont Park Seventh Day Adventist, Dr. Marcus Harris, Pastor
- Capitol Hill Seventh-Day Adventist Church, Dr. Gene Michael Donaldson
- First Church Seventh-Day Adventist Church, Pastors John Trusty and Lisa Smith- Reid
- Antioch Baptist Church of Deanwood, Rev. Dr. Eric Baldwin, Pastor
- Church of Christ, Min. Daniel Lester, Pastor
- Pilgrim A.M.E. Church, Rev. Dr. Wendell Christopher, Sr., Pastor
- Metropolitan A.M.E. Church, Rev. William H. Lamar, IV, Pastor
- Shiloh Baptist Church, Rev. Wallace Charles Smith, Senior Pastor
- Peoples Congregational UCC, Rev. Leslie Dowdell-Cannon, Acting Senior Minister
- Ward Memorial A.M.E. Church, Rev. Dr. Michael O. Thomas, Pastor
- New Morning Star Baptist, Rev. Donald Sadler
- Michigan Park Christian Church, Rev. Marvin Owens
- St. John United Baptist, Rev. Dr. John Alexander
- New Bethany Baptist Church, Rev. Dr. Carson Wise

### **Retail and Small Business**

- Solly's Tavern
- The Bier Baron
- Kostume Karaoke
- Grassroots Comedy
- Ben's Chili Bowl
- Midtown Barbershop
- Best Cuts Barbershop
- Christopher's Salon
- Golden Scissors
- @Pizza – H Street
- DC Brau
- LA Fitness
- Huge & Cry Shirt makers
- Union Market

- UrbanStems
- Compass Coffee
- PanAm Store
- Providence Optical
- CNHED (Coalition For Non Profit Housing and Economic Development)
- Bridge Street Books Store
- Link Strategies Partners
- Adams Morgan Bid
- Washington Area Community Investment Fund (Wacif)
- Crystal Insurance Group
- Doble R Productions
- RedRocks Bar and Grill – H Street & Columbia Heights locations
- SunnyNite
- DGC Cleaning Services

**Q19. Have there been any changes to the application process for consumers seeking insurance coverage on DC Health Link in FY17 and FY18, to date?**

Response here refers only to DC Health Link technology for small businesses and residents with private health insurance.

The DC Health Link solution is an agile, cloud-based, and open source technology allowing HBX to make continuous improvements to the application process for customers seeking insurance coverage without having to limit or restrict access when maintenance or updates are required. For example, for 2019 open enrollment, the federal platform (healthcare.gov) restricted access to its customers for 60 hours during its six week open enrollment period for scheduled maintenance. Our agile development approach and cloud-hosted solution enables us to make updates and enhancements without affecting customers' access. Accordingly, HBX continues to add features to enhance the user experience for both application and plan selection without down-time. Users see improvements next time they log in.

DC Health Link has been recognized for its innovative approach. In June of 2018, the cloud-based, open source solution won the Best Practices for Innovation award for the Amazon Web Services (AWS) City on a Cloud Innovation Challenge for the second time. The City on a Cloud Innovation Challenge is a global competition of local and regional government and technology partners using AWS to deploy innovative solutions to move government forward on behalf of their citizens. The DC Health Benefit Exchange Authority won its first award in this category in 2016.

Enhancements in FY18 and FY19 to date include the following:

**Identity Proofing**

HBX made improvements to the federally-required identity proofing process. Federal law requires marketplaces to verify identities of customers signing up for coverage. Identity-proofing requires applicants to answer personal questions online using the credit agency Experian (CMS vendor). Prior to the FY18 enhancements, applicants who were unable to complete the process online because they did not have a significant credit history, common for young adults, recent immigrants, and returning citizens, had to come to HBX offices with verifying documentation or complete and send a paper application with copies of documentation. Both of these options added days and sometimes weeks to the time it took a customer to apply.

In order to make it easier and quicker, HBX developed and deployed a new on-line feature allowing customers to upload documents for verifying of their identity (for example, a driver's license). Once a document is uploaded, HBX staff reviews and allows customers to continue with their application on line. The new feature helps customers and HBX staff (reducing time to perform in-person identity-proofing or processing paper applications. The new feature is only available for people who are not looking for premium reductions, e.g. APTC.

## **Plan Selection: Enhancements to Plan Match**

DC Health Link Plan Match is at the core of HBX's nationally recognized consumer decision support tools. We are ranked number one (2018 and 2017) among all state-based marketplaces and the federal marketplace for our consumer decision support tools powered by Consumers' CHECKBOOK. HBX first made Plan Match available in 2015 for our individual market customers, and we have expanded its functionality each year since then. This tool allows customers to:

- Compare health insurance plans based on an estimate of total out-of-pocket costs in a year;
- Check for in-network doctors;
- Compare how prescription medications are covered in different plans; and
- Using the cost calculator check to see if they may qualify for premium reductions or Medicaid.

HBX made several improvements to Plan Match for both individual market and small business customers in 2018.

For open enrollment for 2019 plans, we launched new features for individual market customers:

- Plan shopping integration: new feature allows customers to use the award-winning Plan Match tool to not only compare plans and their expected out of pocket costs but also skip right to the purchase page;
- Enhanced access to Nationwide Doctor Directory giving DC Health Link customers access to search for doctors anywhere in the nation when determining the right plan for their needs.
- Dental Plan Match: Individual market customers can chose from 18 plans offered by 4 dental insurance companies. Dental plan match allows customers to shop anonymously and compare plan costs and features side-by-side.

In 2018, we enhanced the Plan Match functionality for small businesses and their employees in two ways:

- Enhanced tools for employees providing employees of small businesses with immediate access to Plan Match tools custom to their employer's plan offerings and eligibility. This is in addition to the Plan Match tools available to employers and brokers, allowing them to provide custom Plan Match comparison tools to their prospective employees.
- Enhanced access to Nationwide Doctor Directory giving DC Health Link SHOP covered employees access to search for in-network doctors anywhere in the nation when determining the right plan for their needs.

## **Other Enhancements for SHOP Customers**

We expanded and automated functionality for small businesses with employees who do not have social security numbers (or tax identification numbers). Small businesses in DC face unique challenges, whether it's as an embassy or consular employer that may have a majority of employees who may never have an SSN/TIN to a wide array of employers with recent immigrant employees who may be in the process of applying for an SSN/TIN. No matter the scenario, DC Health Link's enhanced functionality allows HBX staff provide the right level of system support needed by each small business. With this new functionality enabled for applicable small businesses, the employer and their employees will be able to have the full robust DC Health Link small business marketplace self-service experience resulting in faster processing and a better consumer experience for all types of employers.

In FY18 we added new automated COBRA functionality. The enhancement allows an employer or broker to report a COBRA event, which automatically gives the employee an opportunity to enroll in COBRA continuation coverage via DC Health Link.

## **Improved Customer Service Tools**

In FY18, HBX implemented several customer-facing improvements. These improvements are focus on enhancing DC Health Link customer' experience, and on accelerating customer service resolution times.

***For Broker Partners:*** Several of the customer-facing enhancements improved the user interface for our broker partners. In FY18 HBX reconvened a working group of former brokers to provide advice on how best to support brokers and general agents in the District as they serve their customers. This team emphasized brokers' and general agents' need be able to quickly notify DC Health Link of issues or questions without having to call the Call Center. In response to the team's feedback, HBX developed an online tool, webform, which provides access to answers and customer support. Since a broker's business depends on their ability to respond quickly to their client, webform allows brokers to request support from DC Health Link's broker team without having to call. Since webform was launched in June 2018, brokers have used this tool to submit 25% of their cases. Webform has now been expanded to all types of users, including small business employers and employees, and individuals and families.

We also heard from our brokers that the application for DC Health Link Broker Certification was not user-friendly. In response to broker feedback, HBX changed the text on the application page to clearly indicate where to "click" on applications to complete and to submit. HBX also added a new confirmation page to let brokers know when an application had been successfully submitted.

Currently a broker has one login for DC Health Link, which causes broker agencies internal inefficiencies, e.g. when a broker has a team supporting her/his business. In FY19 we will address this by adding new functionality to allow multiple user accounts for broker agencies.

### **Customer Education: Health Insurance Literacy and Individual Responsibility Requirement**

Not everyone understands basic health insurance terms and concepts to make informed decisions; for example, terms like deductible, coinsurance, and copays are not well understood. HBX launched a new glossary of health insurance terms for consumers. These terms were integrated into the website and into anonymous plan shopping.

After the repeal of the federal individual mandate at the end of 2017, the DC Council passed a law requiring all DC residents to have health coverage, qualify for an exemption, or pay a DC tax penalty. HBX is now responsible for administering exemptions for DC residents, a function that CMS previously handled.

To help DC residents understand and comply with the new law, HBX developed information for consumers about the new requirements and exemptions and added the information to DC Health Link website. We developed and deployed a user-friendly “self-check”, which asks questions to help residents determine if they qualify for an exemption. In addition, consumers who may qualify for an exemption can download the exemption application on DC Health Link and mail, email, or upload it through the new contact form feature on DC Health Link discussed in more detail below. A designated member of HBX team reviews the application and provides a determination of whether an individual qualifies. HBX mails a notice and if applicable, also uploads a copy of the notice of the exemption determination. Individuals who disagree with HBX’s determination can also file an appeal through HBX’s appeals process.

### **Customer Service Support Tools**

HBX is committed to making sure it is as easy as possible for customers with questions or concerns to reach us. In the past, customers have had the option to search our FAQs, call our customer service representatives, or send us an email.

In FY18, HBX integrated some of these features to offer customers the ability to request support online without calling our customer service center. While DC Health Link has always had the “Get Help” function directing customers to contact information for help, now customers can fill out a contact form and also upload documents directly on the website. Customers no longer have to write a separate email or call. This enhanced functionality also helps us route questions to the correct team as quickly as possible. Customers can now search common questions, find answers to questions and tips, and submit a request for support all without picking up the phone.

## **Email Campaign Tool**

In FY16, HBX began using an email marketing tool (called *EMMA*) to send emails to customers with information on upcoming deadlines, communicate actions needed to renew coverage, and educate about new tools available on DC Health Link. This email marketing tool allows HBX to track customer responses and further refine email messaging, in order to improve customer decision support and retention.

Our email outreach campaigns have been effective. We routinely score 9 out of 10 on the scale used to measure whether recipients are opening, viewing, or following the links in our email messages. Our communication campaigns to the individuals and families routinely exceed the industry standard ‘click-through rates’, clocking in at an average of 40%, versus the industry-average for the government sector of 9.39%. We continue to use this tool and build on the lessons learned from email campaign responses from previous years.



**Q20. What major policy or technical changes, if any, have or will be made to the DC Health Link in FY18 and FY19, to date?**

As discussed in our response to Q19, DC Health Link is a cloud-based, open source, agile technology system. For FY18 and FY19, to date, HBX deployed the following improvements outlined below. Please refer to Q19 for improvements to the individual and small business application processes, specifically the plan shopping tool which is discussed in detail.

During FY18, many of HBX's development projects focused on automating manual processes and providing DC Health Link staff with the technical tools needed to address complex customer service issues promptly and efficiently, without the need for IT developer support. These improvements are reflected below:

**Improved Customer Service Tools**

*For Individuals and Families.* In FY18, we made a number of customer experience improvements for consumers enrolling through DC Health Link. Improvements were made to individual and family marketplace including Plan Match and identity proofing. These improvements are discussed in greater detail in Q19.

*For Small Businesses and their Employees:* In FY18, we made a number of customer experience improvements for small businesses and their employees enrolling through DC Health Link, such as Plan Match and employees without SSN/TINs. These improvements are discussed in more detail in Q19.

In FY19, we plan to provide additional enhancements for small businesses and their employees, including:

- **Enhanced Real-Time Billing Info**

Currently, employers, and their brokers, can access their full invoice history through their DC Health Link account at any time. In FY19, we plan to expand the type of accessible information to include real-time billing information since the last monthly invoice. The type of billing information will include the current account balance, full payment history, and any other enrollment activity that has occurred since the last invoice that hasn't been billed yet. This detailed real-time data will allow employers to be able to better anticipate their costs when their employees' enrollments change from month to month, and confirm their current balance before the next monthly invoice. This is especially important information for employers who are past due and want to make sure that they have made enough of a payment to bring their account out of arrears and avoid employee late notices or possible termination due to non-payment of premiums. Currently, employers work with

us via phone or email, but the new automated functionality will help save time for the employer.

- **Option to Setup Recurring Payments**

Currently, employers have three different methods to make a payment: mail, phone, or one-time online payments. In FY19, we plan to implement a fourth payment method for employers, the option to setup automatic recurring payments online. Employers who wish to setup automatic recurring payments will be able to manage those payments at any time. An important feature is the ability for employers to setup a maximum automatic payment amount. Since employer invoices can change from month to month based on the enrollment activities of their employees, employer invoice amounts fluctuate monthly. Allowing employers to set a cap on their automatic recurring payments ensures that employers won't be caught by surprise when those normal enrollment fluctuations occur.

- **Plan Match API for Employees**

In FY19, we will be enhancing the employee Plan Match tool experience. This will be similar to the enhancement made for individual market consumers for the 2019 individual market open enrollment period. Employees will be able to make their plan selection from within the Plan Match Tool and immediately complete their plan selection. See Q19 for more details.

***For Broker Partners:*** In FY18, HBX reconvened a working group of local brokers and general agents to provide advice on how best to support brokers and general agents in the District as they serve their customers. The working group emphasized how important it was for brokers and general agents to be able to have a direct line to Tier 2-level support to assist with their questions or concerns so they can quickly respond to their clients, DC Health Link customers. In response to the working group's feedback, HBX developed an online tool that provides brokers with quick answers to frequently asked questions, user guides, and the ability to contact the Tier 2-level Broker Services Support Team directly at any time. Since the webform was launched in June 2018, brokers have used this tool to submit 25 percent of their cases. HBX expanded the webform to provide an alternate customer service path for all types of users, including small businesses, employees, and individuals and families. The additional tools also saves customers time.

Also based on feedback from brokers, HBX made a few changes to the application to become a DC Health Link Broker. These changes resulted in significant improvements to the user experience for brokers applying to participate with DC Health Link and reduced inquiries about the broker application process.

In FY19, we plan to enhance the DC Health Link broker portal to give brokers the ability to give access to their internal support staff to help support the broker's clients. Many brokers have one

or more staff members who provide them with support servicing their clients. By giving these broker support staff users account access to the broker's portal, this will allow brokers to more efficiently streamline their client support activities and improve the experience of our DC Health Link customers.

### **Expansion of Administrative Functionality for HBX Staff**

In FY18 and FY19, to date, we focused many of our technical improvements on transitioning work previously performed by external developers to HBX employees. Transitioning this work in-house to HBX staff served two purposes: (1) it reduced the total cost of operations; and (2) it improved our customer service response times.

Specifically, we provided the following tools to HBX staff in FY18:

- **Support for Customers Requesting Changes to their Username:** The system was designed based on industry standards that required usernames to be unique and not amendable to modification on a regular basis. However, as the system matured and we saw an increase in users opting to use their email address as their username, this increased the volume of requests to change usernames. Based on this increased volume of requests, the developer-centric update process was too significant of a level of effort to be sustainable. Therefore, we developed and deployed technology that now allows HBX staff to quickly and safely update customer usernames directly, without any developer intervention. This has improved our customer service response times, reduced costs, and maintained strong security protections.
- **Support for Cancellation and Termination of Employer Groups:** Similarly, because of the complexities of the multi-step process, employer group terminations or cancellations were previously being processed by developers to ensure all steps were appropriately processed for each nuanced scenario. While this ensured accurate processing, it was also time-consuming and cost-intensive. Now, with our new tools deployed, HBX staff can terminate or cancel employer groups in DC Health Link and all of the appropriate subsequent steps are automatically processed in the right order for the specific scenario. The new technology allows us to process these transactions more quickly for our customers, while also reducing costs.
- **Support for Advance Premium Tax Credit application:** When a customer reports a change in income or circumstances during the year, this could affect their Advance Premium Tax Credits (APTC) amounts, thereby requiring an adjustment. Previously, we had to rely on external developers when we needed to update APTC and this would again

be a time-intensive process. Now with our developed technology, HBX staff can update APTC amounts in all cases rather than having to rely on contractors.

### **Carrier Data Reconciliation and Transaction Monitoring**

In FY18, HBX piloted and implemented a payment reconciliation process for the SHOP market. This process was similar to the one put in place for reconciliation of APTC in the individual market. In the SHOP market, HBX provides premium aggregation services where the exchange collects all employer payments and then distributes the appropriate premium payments to the carriers based on enrollments. This provides small businesses a more efficient single invoice for their health coverage, even when their employees enroll in plans from different carriers. These businesses only have to make one payment to HBX, instead of making a separate payment to each carrier. In an effort to proactively resolve carrier payment disputes, we implemented a process to identify differences between a carrier's expected payments and the payments they actually received. This helped to identify and resolve issues before our customers experience a problem.

**Q21. 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**

We are pleased with the consistent improvement in the performance of our Contact Center. Total calls during this Open Enrollment were generally lower than last year's Open Enrollment. We saw similar call abandonment rates (three percent this year compared to two percent last year), and relatively similar average wait times (42.5 seconds this year versus 38.2 seconds from last year).

We continued fiscal year 2019 with the vendor MAXIMUS for the operations of the call center.

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

- The HBX business manager to the Contact Center is on-site once a week to work directly with Contact Center Customer Service Representatives (CSRs) and Contact Center management on specific customer cases, to facilitate training, and to assist with customer follow-up and contact initiatives.
- A nightly "end of day" report and other regular reports are provided to HBX management by Contact Center management outlining call volume statistics, types of customer calls, and any escalated cases.
- HBX holds bi-weekly in-person meetings with call center management to review any emerging customer issues, casework, trends, and metrics for the individual and small business marketplace.
- HBX holds monthly operations meetings with Contact Center management to discuss operational matters such as contract agreement, quarterly reporting, and facilities maintenance.
- Bi-monthly call calibration sessions are held between Contact Center quality analysts, HBX, and Contact Center management to review call quality and customer handling.
- During open enrollment, HBX communicates with Contact Center management on a daily basis to discuss and resolve all issues as they arise.
- During open enrollment, HBX case and account managers are at the Contact Center on a regular basis as a resource to CSRs and Contact Center management.

## **CSR Training**

New hires go through an extensive, multi-week classroom training regimen and then spend two weeks “nesting” with an experienced CSR before taking calls themselves. Contact Center Management and HBX also deliver one-on-one trainings and refreshers as needed to CSRs to reinforce messages and resolution procedures for new or emerging issues, including new policy, system updates, and outreach initiatives, 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.

## **Case Escalation**

If a case (received via call or email) cannot 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 and Account Managers on the HBX 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 and Account 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 that HBX sends them in a timely manner.

**Q22. Please provide the number of calls made to the call center each month from October 1, 2018 to the present.**

The chart below details the number of calls made to the DC Health Link Contact Center from October 1, 2018 through February 5, 2019.

<b>MONTH</b>	<b>CALLS</b>
October 2018	8,195
November 2018	10,730
December 2018	13,249
January 2019	11,620
February 1 - 5, 2019	1,708
<b>TOTAL</b>	<b>45,502</b>

**Q23. 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 FY18 and FY19 to date, and the monthly enrollment targets and projections for FY19. 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).**

**Current Individual Plan Selection and Paid Enrollment – Plan Year 2019**

The following charts reflect individual plan selections and covered lives currently active for Plan Year 2019. The information is segregated by ward or age group and delineated by new customers, existing customers who chose new coverage, and customers who were automatically renewed.

**DC Health Link Plan Year 2019 Individual Plan Selections as of February 5th, 2019**

<b>TYPE</b>	<b>COUNT</b>
Auto Renewal	13,913
Active Renewal	1,906
New Customer	4,957
<b>TOTAL</b>	<b>20,776</b>

**DC Health Link Plan Year 2019 Individuals Paid as of February 5th, 2019**

<b>TYPE</b>	<b>COUNT</b>
Auto Renewal	11,921
Active Renewal	1,741
New Customer	3,011
<b>TOTAL</b>	<b>16,673</b>



**Plan Year 2019 Individual Plan Selections as of February 5th, 2019 by Age Group**

<b>AGE GROUP</b>	<b>AUTO RENEWAL</b>	<b>ACTIVE RENEWAL</b>	<b>NEW CUSTOMER</b>	<b>TOTAL</b>
< 18	1,482	192	429	2,103
18-25	673	70	385	1,128
26-34	4,246	684	2078	7,008
35-44	3,072	463	1026	4,561
45-54	2,130	292	608	3,030
55-64	2,161	191	397	2,749
65+	149	14	34	197
<b>TOTAL</b>	<b>13,913</b>	<b>1,906</b>	<b>4,957</b>	<b>20,776</b>

**Plan Year 2019 Individuals Paid as of February 5th, 2019 by Age Group**

<b>AGE GROUP</b>	<b>AUTO RENEWAL</b>	<b>ACTIVE RENEWAL</b>	<b>NEW CUSTOMER</b>	<b>TOTAL</b>
< 18	1,284	181	257	1,722
18-25	567	62	236	865
26-34	3,430	599	1,238	5,267
35-44	2,646	432	644	3,722
45-54	1,911	271	369	2,551
55-64	1,978	182	250	2,410
65+	105	14	17	136
<b>TOTAL</b>	<b>11,921</b>	<b>1,741</b>	<b>3,011</b>	<b>16,673</b>

**Plan Year 2019 Individual Plan Selections as of February 5th, 2019 by Ward**

<b>WARD</b>	<b>AUTO RENEWAL</b>	<b>ACTIVE RENEWAL</b>	<b>NEW CUSTOMER</b>	<b>TOTAL</b>
Ward 1	2,177	337	768	3,282
Ward 2	2,553	328	731	3,612
Ward 3	3,051	367	770	4,188
Ward 4	1,573	210	508	2,291
Ward 5	1,225	187	570	1,982
Ward 6	2,402	368	884	3,654
Ward 7	361	53	228	642
Ward 8	232	25	220	477
NON-DC	339	31	278	648
<b>TOTAL</b>	<b>13,913</b>	<b>1,906</b>	<b>4,957</b>	<b>20,776</b>

**Plan Year 2019 Individuals Paid as of February 5th, 2019 by Ward**

<b>WARD</b>	<b>AUTO RENEWAL</b>	<b>ACTIVE RENEWAL</b>	<b>NEW CUSTOMER</b>	<b>TOTAL</b>
Ward 1	1,864	317	499	2,680
Ward 2	2,259	302	504	3,065
Ward 3	2,731	322	532	3,585
Ward 4	1,362	198	314	1,874
Ward 5	1,019	168	315	1,502
Ward 6	2,047	342	590	2,979
Ward 7	289	44	113	446
Ward 8	180	22	88	290
NON-DC	170	26	56	252
<b>TOTAL</b>	<b>11,921</b>	<b>1,741</b>	<b>3,011</b>	<b>16,673</b>

**Plan Year 2019 Individual Plan Selections as of February 5th, 2019 by Zip Code**

<b>ZIP CODE</b>	<b>AUTO RENEWAL</b>	<b>ACTIVE RENEWAL</b>	<b>NEW CUSTOMER</b>	<b>TOTAL</b>
20009	1,762	281	613	2,656
20002	1,297	166	576	2,039
20001	1,101	215	448	1,764
20016	1,263	115	275	1,653
20007	1,185	130	294	1,609
20011	1,022	148	393	1,563
20008	1,093	131	315	1,539
20003	847	123	278	1,248
20010	756	103	255	1,114
20015	597	84	128	809
20037	388	40	110	538
20005	343	56	138	537
20020	2461,524	32	205	483
20024	284	46	138	468
20019	229	36	183	448
20017	260	39	115	414
20012	277	34	101	412
20018	200	56	116	372
20036	233	32	70	335
20032	91	6	86	183
OTHER	439	33	120	592
<b>TOTAL</b>	<b>13,913</b>	<b>1,906</b>	<b>4,957</b>	<b>20,776</b>

**Plan Year 2019 Individuals Paid as of February 5th, 2019 by Zip Code**

<b>ZIP CODE</b>	<b>AUTO RENEWAL</b>	<b>ACTIVE RENEWAL</b>	<b>NEW CUSTOMER</b>	<b>TOTAL</b>
20009	1,519	266	424	2,209
20002	1,075	152	345	1,572
20016	1,146	99	186	1,431
20007	1,096	122	197	1,415
20001	923	201	289	1,413
20008	965	111	205	1,281
20011	872	138	221	1,231
20003	741	113	174	1,028
20010	643	95	157	895
20015	541	77	91	709
20037	341	38	70	449
20005	297	52	88	437
20024	242	42	85	369
20012	241	32	57	330
20017	226	35	68	329
20020	202	26	91	319
20018	169	50	61	280
20019	173	30	76	279
20036	195	29	46	270
20032	67	6	24	97
OTHER	247	27	56	330
<b>TOTAL</b>	<b>11,921</b>	<b>1,741</b>	<b>3,011</b>	<b>16,673</b>

**Current SHOP Enrollment 2019**

For the month of February, there are 78,075 people 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 by ward information is not presented.

## FY18-19 HBX Performance Oversight: Attachment B

### FY18 Additional Income Allowances

Employee	Fiscal Year	Amount
Kofman, Mila	2018	\$33,582.73
Whelan, Holly	2018	\$23,927.26
Shriver, Robert	2018	\$26,550.80
Turner, Hannah	2018	\$23,927.26
Boyd, Linda Wharton	2018	\$26,550.80

### FY19 Additional Income Allowances

Employee	Fiscal Year	Amount
Hassan, Mohammed	2019	\$23,550.00
Kofman, Mila	2019	\$33,582.73
Whelan, Holly	2019	\$17,700.40
Turner, Hannah	2019	\$23,927.26
Boyd, Linda Wharton	2019	\$26,550.80

**Q17. Please describe programs, activities, and initiatives executed or planned in FY18 and FY19, to date, to improve the agency’s performance from a customer service perspective, including any public relations strategies the agency is using to improve its image.**

HBX has a strong customer service record. HBX resolves issues brought to its attention by customers who come to us directly or through other district agencies, the Council or the EOM Correspondence Unit. HBX’s approach is to help everyone who needs assistance. In fact, HBX even receives requests for assistance from residents with Medicaid issues. While HBX can only resolve private health insurance issues, HBX tries to assist as many as possible and refer cases to appropriate agencies if the case is not about private health insurance. Additionally, HBX has added many decision support tools for customers to enhance the on-line experience. Residents who prefer one-on-one help receive assistance through the HBX robust navigator/assister program.

HBX’s mission is to find and enroll residents who are uninsured. In FY18 and FY19, to date, HBX implemented an outreach campaign to inform and educate as well as to enroll District residents in high-quality, affordable health insurance through DC Health Link.

The campaign included activities, initiatives, community and government agency partnerships, and programs to increase public awareness of the benefits and values of health insurance, to ensure access to health insurance coverage.

Using a highly intensive, hyper-local approach to the campaign, HBX endeavored to reach people “*where they live, where they work, where they play, where they shop, and where they pray.*” Below are a few highlights of the campaigns in FY18 and FY19, to date:

**A. Public Relations and Outreach Strategies**

**In FY18**, DC Health Link continued its two-step tactic to outreach, beginning with pre-enrollment education campaigns six weeks prior to open enrollment and targeted outreach campaigns during open enrollment. The pre-enrollment education campaigns involved providing residents with information about the essential benefits of the ACA, DC Health Link, and the step-by-step enrollment process. DC Health Link certified Assisters participated in various onsite community events and activities to provide in-person education to District residents. HBX conducted over 200 marketing, education, and outreach events for FY18-FY19. See Question 18 for a detailed discussion of FY18-19 activities.

Pre-open enrollment activities and events included community street festivals, Ward block parties, Advisory Neighborhood Commission (ANC) meetings, faith-based health fairs, DC Public Schools, Back to School Nights, and Metro lit drops. In addition, with HBX business association partners,

HBX conducted focus group research to help inform its outreach strategies and to identify ways to improve DC Health Link advertising, messaging, and other materials. Based on focus group feedback, HBX modified its advertising and messaging approaches.

**In FY19**, similar to last year, HBX asked the Mayor and all Councilmembers for significant assistance. Mayor Muriel Bowser, the Executive Offices of the Mayor (EOM), the Deputy Mayor for Health and Human Services, and Councilmembers and Council staff actively helped us at the open enrollment press event and the annual community enrollment day event. To kick off open enrollment, we had a press conference on Freedom Plaza with Mayor Bowser. From the press conference, where Interim Deputy Mayor Wayne Turnage, Department of Human Services (DHS) Director Laura Zeilinger, and Commissioner of the Department of Insurance, Securities and Banking (DISB) Stephen Taylor attended, HBX mounted the “Get Covered, Stay Covered Health Insurance Care-A-Van.” The van went to each ward informing residents that the Open Enrollment in DC had begun. The press conference was covered by local TV, radio, and print media, which helped to raise public awareness about open enrollment. Earned media is critical to HBX. Based on internal surveys, HBX learned that earned media—TV, radio, newspapers—is the second most prevalent way its customers learn about DC Health Link.

In addition, HBX hosted its annual community-wide Open Enrollment and Health Fair in Ward 8 at the Anacostia Library. The event included onsite enrollment, health screenings, children’s play activities like face painting, a cooking demo from Chefs Alberto Ferrufino and Juan Luis Kinko, Zumba and DanzaTone aerobic demonstrations, Khepera Wellness Yoga, Sound Factor local DJ, and a Ben’s Chili Bowl food station. DC government agencies and local hospitals participated in the fair, including Fire and EMS Department (FEMS), OCTO Connect Van, the Mayor’s Office of Latino Affairs, DC Public Library (DCPL), DHS, DISB, Georgetown Pediatrics, and Howard University Prostrate Van. Community leaders, the Mayor’s Office of Community Relations, and a few ANCs were also present. They helped to rally residents to get enrolled. The local news coverage helped generate awareness. DC Public Schools (DCPS), Office of the State Superintendent of Education (OSSE), and EOM Communication also supported the outreach and enrollment efforts.

### **Community Partnerships**

HBX continued its strong partnership with community leaders and groups to focus on awareness, education, and outreach campaigns that addressed the District’s diverse populations including Latinos, Asians, Pacific Islanders, African Americans, LGBTQ, Young Invincibles, and millennials. For this open enrollment, we had 12 Storefront Enrollment Centers throughout the city (one more than the previous year at the Town Hall Education Arts Recreation Campus (THERAC) East and West in Ward 8). Additionally, the “One Touch Enrollment” events, which are one-stop-shop of all enrollment services, continued at Carlos Rosario International Public Charter School. For this past enrollment period, we hosted 22 One Touch Enrollment events. These events included HBX staff,

Economic Security Administration (ESA) staff (to help with Medicaid and Alliance), brokers, and navigators/assisters. Residents received all necessary services to get enrolled quickly.

Additionally, District agencies and offices including the Mayor’s Office on Latino Affairs, the Department of Employment Services (DOES), and the Department of Consumer and Regulatory Affairs (DCRA) helped with outreach.

### **Faith Based Institutions - Faith-in-Action Campaign**

The District’s faith community has been an invaluable partner in the effort to reach, educate, and enroll consumers in quality affordable health insurance. DC Health Link’s Faith-In Action campaign was designed to engage the faith community to assist with outreach and enrollment in their congregations and surrounding communities. Faith-Based partners provided valuable resources for many at the outreach and enrollment events, such as helping staff “street teams” to conduct outreach in underserved areas including canvassing neighborhoods and metro stations in Ward 7 and Ward 8.

### **Community Members - Hispanic Community - Hispanic Advisory Committee**

National studies show the Latino community has seen the biggest drops in uninsured rates thanks to the ACA. However, a United States Census report indicates that the uninsured rate for Latinos continues to be significantly higher than in other minority communities. In 2017, DC Health Link created the Hispanic Advisory Committee to share information and discuss emerging issues. Member groups include: Mary’s Center, La Clinica Del Pueblo, Community of Hope, Whitman Walker, Catholic Charities, Washington English Center, Heritage Care Inc., Carlos Rosario International Public Charter School, the Latino Student Fund, the Greater Washington Hispanic Chamber of Commerce (GWHCC), and the Latino Economic Development Center.

### **Small Businesses**

As a reminder, small businesses can enroll at any time during the year. For the Small Business Campaign, HBX launched the “Affordable Choices Campaign,” which included advertisements on Metro buses that feature DC Health Link’s small business customers; media buys with radio stations and local newspapers; digital/social media outreach; and on-screen Hollywood-quality produced movie ads in movie theatres, lobbies, and concession stands throughout the city. Targeted ads were placed on Comcast and DCN which aired on such stations as CNN, ESPN, MSNBC, Fox News, History, and the Weather Channels. These ads were reinforced with online website impressions.

DC Health Link partnered with local business organization to establish the DC Health Link Small Business BrainTrust. The BrainTrust was created with the primary goal to provide valuable information and resources to business owners and non-profit professionals. HBX sponsored its Third Annual POWERUP DC National Small Business Week Forum in partnership with the Washington Business Journal and DC Health Link small business partners, GWHCC, the DC Chamber of

Commerce (DCCC), the National Association of Health Underwriters (NAHU), and the Restaurant Association of Metropolitan Washington (RAMW).

New in FY18, HBX hosted POWERUP DC: EAST, an event geared specifically toward bringing critical resources and opportunities to small businesses east of the river. The forum focused on “Access to Capital for Small Businesses” and was hosted in partnership with Union Temple Baptist Church, Anacostia Economic Development Corporation, Life Assets, and the DC Department of Housing and Community Development. The free information forum was designed to provide support and valuable information about traditional and nontraditional lending opportunities to help small businesses grow and prosper, with a focus on one of the greatest needs of small business owners: access to capital. Participants learned about how the ACA can benefit them and their employees and encouraged their enrollment in high-quality, affordable health insurance through DC Health Link. Financial experts were onsite with access to capital for small businesses as well as certified Small Business Counselors from the Small Business Administration who provided one-on-one counseling with business owners.

## **Volunteers**

HBX continued to work with student and community volunteers through its DC Health Link Volunteer Corp which maintains diverse representation of students and professionals throughout the city. A volunteer training session was held in October 2018 at George Washington University Milken Institute of Public Health, and was attended by prospective volunteers both in person and via livestream. After being trained and certified, volunteers actively participated in the DC Health Link open enrollment kick off events and other activities as necessary during the open enrollment period.

## **Special Outreach and Enrollment Activities and Campaigns (FY18 and FY19)**

- **DC Health Link Jingle “Don’t Delay, Make Sure You Get Insured Today”:** This original jingle was composed, produced and scored by local area millennial artist, Austin Holmes with local area millennial rapper, Terrell Romeo. The jingle was used in various radio and video spots.
- **DC Health Link @Work:** This year, HBX launched its DC Health Link (DCHL) @ Work campaign again to aggressively reach the uninsured small business employees at their place of employment. The program is designed to partner with DC small business owners who either do not offer health insurance or who offer but not all employees qualify (e.g., seasonal, temporary, and part-time workers may not qualify). More than 20 events were held at local businesses, such as the Great Street Program, Latino Economic Development Corporation, ACE Hardware, Assess Green, and the Washington English Centers.



- **DC Health Link Partners With “For Hire-Drivers”:** HBX partnered with Enroll Virginia and the DC Department of For Hire Vehicles (DFHV) in a unique joint enrollment event focused on covering the thousands of area residents who work as drivers of taxis and vehicles through ride-hailing apps. In the days before the event, DFHV recorded a podcast for drivers featuring the Deputy Director of HBX who reminded drivers of the upcoming deadlines using tailored messages.

### **Paid Media**

Paid media, i.e., radio, TV, and print, helped to support outreach efforts.

### **Social Media & Digital Outreach**

Reaching residents through social media and other digital platforms is central to the HBX outreach strategy. HBX leveraged digital communications to help drive engagement, educate, and reinforce enrollment messaging. HBX utilized active digital communications tactics through targeted email campaigns to connect and remind customers of approaching enrollment deadlines. Additionally, HBX employed a text message alert system around each of the deadline dates to remind customers of approaching enrollment deadlines and to enroll in health insurance coverage.

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

HBX currently has more than 800 certified DC Health Link brokers, 27 assisters and navigators, and 118 certified application counselors authorized as DC Health Link trained experts. They are trained and certified to help individuals and small businesses (brokers only) with DC Health Link. They also participate in many of the outreach and education efforts. These trained experts have been vital to helping customers and have been important in helping reduce the number of uninsured in the District. Because they are trusted voices in their communities, these experts will remain vital in the effort to find the remaining uninsured and help them obtain coverage. In stark contrast to the federal government—which greatly reduced navigator funding by 84 percent (\$10 million for plan year 2019 from \$36.8 million, which was reduced from \$63 million) for their navigators in the federal marketplace states, HBX is committed to its investment and proven partnerships.

AWARDS: During FY 18 and to date FY 19, HBX was recognized through the following:

- PR News Platinum PR Awards: Received Honorable Mention in Multicultural Campaign;
- PR News Health Communications Award: Won Community Relations;
- PR News Health Communications Award: Received Honorable Mention in Cause-Related Marketing; and
- PR News named HBX’s Director of Communications and External Engagement, Linda Wharton-Boyd a Finalist in 2018 Top Women in PR.