

**FY19-20 HBX Performance Oversight Hearing: Q1\_Attachment A**  
**Schedule A as of Jan. 5, 2021**

<b>Position</b>	<b>Name</b>	<b>Salary</b>
Accounting Officer	Ince,Samuel	148,496
Administrative Support Spec.	Berry,Brooklyn	83,209
Agency Chief Financial Officer	Edmonds,Marjorie V	182,363
Assistant Director for Softwar	Ison,David	155,000
Assistant Director for Softwar	Liskovyi,Sergii	167,586
Associate Director of Business	VACANT	
Attorney Advisor	Briones,Pedro	182,232
Attorney Advisor	Dai,Daisy	74,462
Attorney Advisor	VACANT	
Attorney Advisor	VACANT	
BUDGET OFFICER	Lenji,Jilu	148,496
Business Development Specialis	Dixon,Andre	85,570
Business Development Specialis	Hall,Olufunmilayo	87,931
Business Development Specialis	Hooker,Robert	87,931
Case Management Coordinator	Cudjoe,Grace Akosuah	98,947
Case Manager	Anderson,India	71,406
Case Manager	Beamon,Frankie	57,587
Case Manager	Bracy,DeRon	61,521
Case Manager	Cook,Sara	67,452
Case Manager	Franklin,Nikia	63,498
Case Manager	Henry,Lottie	67,452
Case Manager	Holloway,Candice	77,337
Case Manager	James,Keeta	79,314
Case Manager	James,Telethia	52,691
Case Manager	Lawrence,Maria	52,691
Case Manager	Mejia,Grizelda	87,931
Case Manager	Narro,Christian	67,452
Case Manager	Quigley,Taynaia	65,475
Case Manager	Santiago-Lee,Diane	62,483
Case Manager	Simms,Brendi	63,498
Case Manager	Spann,Kionna	67,452
Case Manager	Titus,Naquita	52,691
Case Manager	VACANT	
Case Manager	Wilson,Denicka	65,475
Chief Operating Officer	Whelan,Holly	185,960
Communications and Civic Engag	Wharton Boyd, Linda	185,961
Community Outreach Specialist	Huang,Xiaofeng	54,323
Community Outreach Specialist	Hughley,Alisa	87,931
Community Outreach Specialist	VACANT	
Consumer Affairs Manager	Bagge,Sarah	162,000
Contract Officer	White,Annie R	153,720

Contract Specialist	Matthews,Nicole F	133,537
Contract Specialist	Tilahun, Helen	101,758
Customer Service Manager	Muse,Alison	140,000
Deputy Chief Information Ofcr.	VACANT	
Deputy Director of Program Ser	Bangit,Eliza Navarro	185,960
Director of Information System	Sparks,Jason	182,461
Director of Strategic Operatio	Beeson,Jennifer	175,100
Eligibility & Enrollment Manag	Nicol,Kathlin	140,000
Executive Assistant	Pradier, Sara R	97,375
Executive Director (HBX)	Kofman,Mila	235,214
General Counsel	Kempf,Purvee P	218,262
Information Technology Special	Manda,Prasanth Reddy	147,168
Information Technology Special	Meyer,Brian	116,617
Information Technology Special	Subedi,Manoj	132,628
IT Project Manager	Bratu,Adriana	150,469
IT Spec (Application Software)	Liwanag,Andrew	104,569
IT Specialist (APPL. SFTWARE)	Burujukati,Mamatha	142,895
IT Specialist (Applic. Softwar	Davuluri,Raj Kiran	126,897
IT Specialist (Applic. Softwar	Patel,Pritiesh	126,897
IT Specialist (Network)	Walls,Candace M	107,380
IT Specialist (Security)	Eze,Chuka	150,414
IT Specialist (Security)	Negeda,Assem	107,380
IT Specialist (System Analysis	Kramer,Joseph R	101,758
IT Specialist (System Analysis	Lukasheva,Tatyana	113,002
IT Specialist (System Analysis)	VACANT	
Lead Business Development Spec	Bell,Stephanie	90,292
Lead Business Development Spec	Calderon,Amy	90,292
Lead Business Development Spec	Jenkins,Mary	90,292
Management Liaison Specialist	Higginbotham,Troy M.	133,537
POLICY ADVISOR	Talamantes,William	137,429
Program Analysis Officer	Sullivan,Kathryn	131,286
Program Analysis Officer	VACANT	
Program Analyst	Acuna,Alexander	61,521
Program Analyst	Bennett,Catherine	123,577
Program Analyst	Bertrando,Jeffrey	104,569
Program Analyst	Bhog,Radhika	80,848
Program Analyst	Brown,Azizza	123,577
Program Analyst	Burman,Elizabeth	83,209
Program Analyst	Calderon-Brogsia,Ezan	75,360
Program Analyst	Capel,Todd	80,848
Program Analyst	Escobar,Alden	98,947
Program Analyst	Harvey,Gabriella	95,014
Program Analyst	Jackson,Gloria	78,487
Program Analyst	Joseph,Mark	85,570

Program Analyst	Ocampo, Virgil	61,521
Program Analyst	Ortiz, Julissaida	65,475
Program Analyst	Romero, Cindy	75,360
Program Analyst	Smith, Cherie R	77,337
Program Analyst	VACANT	
Program Analyst	Wiggins, Maurice R	123,577
Program Analyst	Wong, Alan	96,136
Program Manager	Vasquez, Luis	147,000
Program Manager (Electronic Da	Pereira, Alix	162,000
Public Information Officer	Hudson, Adam	143,502
SENIOR DEPUTY DIR	Curtis, Debra Scott	229,692
Strategic Business Manager	VACANT	
Senior Director of Programs an	Chen, Yi-Ru	185,961
Senior Program Manager	Sauders, Lavina	152,500
Statistician	Haines, Stephen R	133,537
Strategic Analysis Officer	Schwartz, Brian D	133,537
Strategic Business Manager	Esdaille, Kyle	147,000
Strategic Business Manager	Leung, Isabella	147,000
Supervisory Attorney Advisor	Alonso, Alexander O	180,296
Supervisory Attorney Advisor	Libster, Jennifer M	183,960
Supervisory Attorney Advisor	Senkewicz, Marybeth	190,399
Supervisory IT Specialist	Jones, Bobby	141,831
Supervisory IT Specialist (Sec	Hassan, Mohammed	161,710
SUPVY CASE MGR	Teka, Selamawit A	131,286

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Agency Management Program
Agency Management Program
Marketplace Innovation, Policy, and Operations
IT Related Operations
Marketplace Innovation, Policy, and Operations
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Business Development Program
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Marketplace Innovation, Policy, and Operations
IT Related Operations
Consumer Education and Outreach
Agency Management Program
Marketplace Innovation, Policy, and Operations
Agency Management Program
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IT Related Operations
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Agency Management Program and Marketplace Innovation, Policy, and Operations
Agency Management Program and Marketplace Innovation, Policy, and Operations
IT Related Operations
IT Related Operations
Marketplace Innovation, Policy, and Operations

**Q2. 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 (HBX) in FY20. In early FY21, we had 4 employees detailed from HBX to the DC Board of Elections to support work surrounding the 2020 presidential election. Those employees include:

<b>Name</b>	<b>Reason for Detail</b>	<b>Dates of Detail</b>	<b>Date of Return</b>
Jennifer Beeson	Election Detail with DC Board of Elections	October 27, 2020 – November 4, 2020	November 5, 2020
Grace Cudjoe	Election Detail with DC Board of Elections	October 27, 2020 – November 4, 2020	November 5, 2020
Olufunmilayo Hall	Election Detail with DC Board of Elections	October 27, 2020 – November 4, 2020	November 5, 2020
India Anderson	Election Detail with DC Board of Elections	October 27, 2020 – November 4, 2020	November 5, 2020

## **FY20-21 HBX Performance Oversight Hearing: Q3 Attachment B**

### **FY20 Additional Income Allowances**

<b>Employee</b>	<b>FY20</b>
Mila Kofman	\$35,282.02
Mohammed Hassan	\$24,256.50
Holly Whelan	\$18,596.04
Linda Wharton Boyd	\$27,894.13
Purveen Kempf	\$10,913.10
Yi-Ru Chen	\$27,894.18

### **FY21 Additional Income Allowances**

<b>Employee</b>	<b>FY22</b>
Mila Kofman	\$35,282.02
Mohammed Hassan	\$24,256.50
Holly Whelan	\$18,596.04
Linda Wharton Boyd	\$27,894.13
Purveen Kempf	\$11,349.62
Yi-Ru Chen	\$27,894.18
Eliza Bangit	\$27,894.06



**FY20-21 Performance Hearing Q3 – Attachment C**

**FY20 Assessment Travel Expenses**

<b>Employee</b>	<b>Amount</b>
Anderson, India	\$207.00
Bhog, Radhika	\$80.47
Curtis, Debra	\$105.11
Cortez-Gomes, Emilia	\$61.81
Edmonds, Marjorie	\$1,012.95
Franco, Angela	\$102.30
Henry, Lottie	\$9.87
Ince, Samuel	\$715.80
Kofman, Mila	\$849.29
Kempf, Purvee	\$46.00
Leung, Isabella	\$37.11
Narro, Christian	\$11.70
Schwartz, Brian	\$70.00
Sparks, Jason	\$1,072.27
Walls, Candace	\$115.00
Wharton-Boyd, Linda	\$415.20

**FY21 Assessment Travel as of 12.31.20**

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

**FY20 Massachusetts Reimbursed Travel Expenses**

<b>Employee</b>	<b>Amount</b>
None	

**FY20-21 HBX Performance Oversight: As of Jan 8, 2021**  
**Question 3 Attachment D**

Employee	Position	Salary
Kofman, Mila	Executive Director (HBX)	\$235,213
Curtis, Debra Scott	Senior Deputy Director	\$229,692
Kempf, Purvee P	General Counsel	\$218,262
Senkewicz, Marybeth	Supervisory Attorney Advisor	\$190,398
Chen, Yi-Ru	Senior Director of Programs and Operations	\$185,961
Wharton Boyd, Linda	Communications and Civic Engagement Manager	\$185,960
Bangit, Eliza Navarro	Deputy Director of Program Services	\$185,960
Whelan, Holly	Chief Operating Officer	\$185,960
Libster, Jennifer M	Supervisory Attorney Advisor	\$183,960
Sparks, Jason	Director of Information System	\$182,461
Edmonds, Marjorie V	Agency Chief Financial Officer	\$182,363
Briones, Pedro	Attorney Advisor	\$182,232
Alonso, Alexander O	Supervisory Attorney Advisor	\$180,295
Beeson, Jennifer	Director of Strategic Operations	\$175,100
Liskovyi, Sergii	Assistant Director for Software	\$167,586
Pereira, Alix	Program Manager (Electronic Data)	\$162,000
Bagge, Sarah	Consumer Affairs Manager	\$162,000
Hassan, Mohammed	Supervisory IT Specialist (Security)	\$161,710
Ison, David	Assistant Director for Software	\$155,000
White, Annie R	Contract Officer	\$153,719
Sauders, Lavina	Senior Program Manager	\$152,500
Bratu, Adriana	IT Project Manager	\$150,468
Eze, Chuka	IT Specialist (Security)	\$150,414
Ince, Samuel	Accounting Officer	\$148,496
Lenji, Jilu	Budget Officer	\$148,496
Manda, Prasanth Reddy	Information Technology Specialist	\$147,168
Vasquez, Luis	Program Manager	\$147,000
Leung, Isabella	Strategic Business Manager	\$147,000
Esdaille, Kyle	Strategic Business Manager	\$147,000
Hudson, Adam	Public Information Officer	\$143,502
Burujukati, Mamatha	IT Specialist	\$142,895
Jones, Bobby	Supervisory IT Specialist	\$141,831
Nicol, Kathlin	Eligibility & Enrollment Manager	\$140,000
Muse, Alison	Customer Service Manager	\$140,000
Talamantes, William	Policy Advisor	\$137,428
Higginbotham, Troy M.	Management Liaison Specialist	\$133,537
Matthews, Nicole F	Contract Specialist	\$133,537
Haines, Stephen R	Statistician	\$133,537
Schwartz, Brian D	Strategic Analysis Officer	\$133,537
Subedi, Manoj	Information Technology Specialist	\$132,627

**FY20-21 HBX Performance Oversight: As of Jan 8, 2021**  
**Question 3 Attachment D**

Employee	Position	Salary
Sullivan, Kathryn	Program Analysis Officer	\$131,286
Teka, Selamawit A	Supervisory Case Manager	\$131,286
Davuluri, Raj Kiran	IT Specialist (Application Software)	\$126,897
Patel, Pritiesh	IT Specialist (Application Software)	\$126,897
Wiggins, Maurice R	Program Analyst	\$123,577
Brown, Azizza	Program Analyst	\$123,577
Bennett, Catherine	Program Analyst	\$123,577
Meyer, Brian	Information Technology Specialist	\$116,616
Lukasheva, Tatyana	IT Specialist (System Analysis)	\$113,002
Walls, Candace M	IT Specialist (Network)	\$107,380
Negeda, Assem	IT Specialist (Security)	\$107,380
Liwanag, Andrew	IT Spec (Application Software)	\$104,569
Bertrando, Jeffrey	Program Analyst	\$104,569
Tilahun, Helen	Contract Specialist	\$101,758
Kramer, Joseph R	IT Specialist (System Analysis)	\$101,758

**Q3. Please provide the Committee with the following for FY20 and to date in FY21:**

- 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 FY20 and to date in FY21 and the amount;**

See Attachment B – FY2020 and FY2021 AIA

- c. A list of travel expenses for FY20 and to date in FY21, 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

DC HEALTH BENEFITS EXCHANGE AUTHORITY

FY20 - FY21 BUDGET

FY2021 Expenditures as of 12/31/2020

PROGRAM: 1000 - AGENCY MANAGEMENT

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2020 BUDGET	FY 2020 EXPENDITURE	FY 2021 BUDGET	FY 2021 EXPENDITURE	
0620	1010 - PERSONNEL	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	126,423	133,628.57	133,537	33,750.96	
			0014 - FRINGE BENEFITS - CURR PERSONNEL	31,226.48	25,040.23	32,983.64	6,357.88	
		PERSONNEL SERVICES - Total			157,649.48	158,668.8	166,520.64	40,108.84
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	168,000	122,310.92	103,258	0	
			NON-PERSONNEL SERVICES - Total			168,000.	122,310.92	103,258.
		1010 - PERSONNEL - Total			325,649.48	280,979.72	269,778.64	40,108.84
	1020 - CONTRACTS AND PROCUREMENT	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	507,328.47	464,710.26	451,010.82	118,768.8	
			0014 - FRINGE BENEFITS - CURR PERSONNEL	125,310.13	87,124.68	111,399.68	20,970.91	
		PERSONNEL SERVICES - Total			632,638.6	551,834.94	562,410.5	139,739.71
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	25,000	0	25,000	25,000	
			NON-PERSONNEL SERVICES - Total			25,000.	0.	25,000.
		1020 - CONTRACTS AND PROCUREMENT - Total			657,638.6	551,834.94	587,410.5	164,739.71
	1030 - PROPERTY MANAGEMENT	NON-PERSONNEL SERVICES	0032 - RENTALS - LAND AND STRUCTURES	1,303,063	1,253,565.63	1,338,897.23	209,858	
			0040 - OTHER SERVICES AND CHARGES	33,000	0	18,000	5,000	
		NON-PERSONNEL SERVICES - Total			1,336,063.	1,253,565.63	1,356,897.23	214,858.
		1030 - PROPERTY MANAGEMENT - Total			1,336,063.	1,253,565.63	1,356,897.23	214,858.
	1040 - INFORMATION TECHNOLOGY	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	104,252	95,476.65	112,424.34	27,139.88	
			0014 - FRINGE BENEFITS - CURR PERSONNEL	25,750.24	32,662.42	27,768.81	9,706.27	
			0015 - OVERTIME PAY	0	2,448.51	0	4,174.22	
		PERSONNEL SERVICES - Total			130,002.24	130,587.58	140,193.15	41,020.37
	1040 - INFORMATION TECHNOLOGY - Total			130,002.24	130,587.58	140,193.15	41,020.37	
	1060 - LEGAL SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	787,749.87	664,335.37	751,333.99	168,762.72	
			0013 - ADDITIONAL GROSS PAY	0	3,417.88	0	1,379.14	
			0014 - FRINGE BENEFITS - CURR PERSONNEL	194,574.23	91,128.16	185,579.49	16,760.74	
		PERSONNEL SERVICES - Total			982,324.1	758,881.41	936,913.48	186,902.6
		NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	4,000	0	6,000	0	
			0041 - CONTRACTUAL SERVICES - OTHER	84,500	24,484	34,500	0	
		NON-PERSONNEL SERVICES - Total			88,500.	24,484.	40,500.	0.

Approp	Fund	Activity	GAAP Category Title	Comp Source Group	FY 2020 BUDGET	FY 2020 EXPENDITURE	FY 2021 BUDGET	FY 2021 EXPENDITURE
	1060 - LEGAL SERVICES - Total				1,070,824.1	783,365.41	977,413.48	186,902.6
	1090 - PERFORMANCE MANAGEMENT	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME		1,739,604.82	2,236,807.48	1,679,022.53	238,156.87
			0012 - REGULAR PAY - OTHER		132,082.71	83,223.92	97,375	2,686.26
			0013 - ADDITIONAL GROSS PAY		51,283.13	90,562.85	53,878.1	19,310.58
			0014 - FRINGE BENEFITS - CURR PERSONNEL		475,667.8	449,108.81	481,049.43	32,593.28
			0015 - OVERTIME PAY		0	18,383.4	0	-3,032.35
		PERSONNEL SERVICES - Total			2,398,638.46	2,878,086.46	2,311,325.06	289,714.64
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS		58,500	12,843.98	25,000	374.56
			0031 - TELECOMMUNICATIONS		391,024	179,727.32	488,134.34	0
			0040 - OTHER SERVICES AND CHARGES		459,247.89	361,511.09	369,178	30,943.28
			0041 - CONTRACTUAL SERVICES - OTHER		3,705,861.09	3,376,644.02	2,566,127	476,868.73
			0070 - EQUIPMENT & EQUIPMENT RENTAL		60,000	40,643.97	32,000	0
		NON-PERSONNEL SERVICES - Total			4,674,632.98	3,971,370.38	3,480,439.34	508,186.57
	1090 - PERFORMANCE MANAGEMENT - Total				7,073,271.44	6,849,456.84	5,791,764.4	797,901.21
0620 - Total					10,593,448.86	9,849,790.12	9,123,457.4	1,445,530.73

# DC HEALTH BENEFITS EXCHANGE AUTHORITY

## FY20 - FY21 BUDGET

### FY2021 Expenditures as of 12/31/2020

PROGRAM: 100F - AGENCY FINANCIAL OPERATIONS								
Approp	Fund	Activity	GAAP Category Title	Comp Source Group	FY 2020 BUDGET	FY 2020 EXPENDITURE	FY 2021 BUDGET	FY 2021 EXPENDITURE
0620	110F - BUDGET OPERATIONS	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME		144,171	149,168.97	150,975.1	37,531.77
			0014 - FRINGE BENEFITS - CURR PERSONNEL		35,610.24	32,818.58	37,290.85	8,153.54
			PERSONNEL SERVICES - Total		179,781.24	181,987.55	188,265.95	45,685.31
	110F - BUDGET OPERATIONS - Total				179,781.24	181,987.55	188,265.95	45,685.31
	120F - ACCOUNTING OPERATIONS	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME		144,171	149,168.92	150,975.1	37,531.76
			0014 - FRINGE BENEFITS - CURR PERSONNEL		35,610.24	32,920.16	37,290.85	7,592.55
			PERSONNEL SERVICES - Total		179,781.24	182,089.08	188,265.95	45,124.31
	120F - ACCOUNTING OPERATIONS - Total				179,781.24	182,089.08	188,265.95	45,124.31
	140F - AGENCY FISCAL OFFICER	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME		172,170	178,580.8	182,363	46,091.54
			0014 - FRINGE BENEFITS - CURR PERSONNEL		42,525.99	28,595.38	45,043.66	5,478.91
			PERSONNEL SERVICES - Total		214,695.99	207,176.18	227,406.66	51,570.45
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS		3,000	0	3,000	0
			0040 - OTHER SERVICES AND CHARGES		154,000	99,490.63	157,000	0
			0070 - EQUIPMENT & EQUIPMENT RENTAL		3,000	2,158	4,000	0
			NON-PERSONNEL SERVICES - Total		160,000.	101,648.63	164,000.	0.
	140F - AGENCY FISCAL OFFICER - Total				374,695.99	308,824.81	391,406.66	51,570.45
0620 - Total					734,258.47	672,901.44	767,938.56	142,380.07

# DC Health Benefit Exchange Authority

## FY20 - FY21 BUDGET

### FY2021 Expenditures as of 12/31/2020

PROGRAM: 5000 - CONSUMER EDUCATION AND OUTREACH PROGRAM								
Approp	Fun	Activity	GAAP Category Title	Comp Source Group	FY 2020 BUDGET	FY 2020 EXPENDITURE	FY 2021 BUDGET	FY 2021 EXPENDITURE
0620	5010 - CONSUMER EDUC. AND OUTREACH SUPPORT SVC	PERSONNEL SERVICES		0011 - REGULAR PAY - CONT FULL TIME	356,770.96	170,533.13	319,154.39	13,779.49
				0012 - REGULAR PAY - OTHER	76,305.85	42,591.2	80,971.01	626.79
				0013 - ADDITIONAL GROSS PAY	26,550.8	28,003.01	27,894	7,050.13
				0014 - FRINGE BENEFITS - CURR PERSONNEL	106,969.97	34,070.76	98,830.97	3,068.71
				PERSONNEL SERVICES - Total			566,598	275,198
		NON-PERSONNEL SERVICES		0020 - SUPPLIES AND MATERIALS	1,000	539.5	1,000	0
				0041 - CONTRACTUAL SERVICES - OTHER	539,500	307,568.41	539,500	37,982.2
				0070 - EQUIPMENT & EQUIPMENT RENTAL	4,000	0	4,000	0
		NON-PERSONNEL SERVICES - Total			544,500	308,108	544,500	37,982
		5010 - CONSUMER EDUC. AND OUTREACH SUPPORT SVC - Total			1,111,097.58	583,306.01	1,071,350.37	62,507.32
	5020 - MARKETING AND COMMUNICATION	PERSONNEL SERVICES		0011 - REGULAR PAY - CONT FULL TIME	139,322.69	109,183.91	143,502.4	17,878.58
				0014 - FRINGE BENEFITS - CURR PERSONNEL	34,412.7	30,228.23	35,445.09	4,983.22
		PERSONNEL SERVICES - Total			173,735	139,412	178,947	22,862
		NON-PERSONNEL SERVICES		0041 - CONTRACTUAL SERVICES - OTHER	743,500	671,009.93	743,500	163,754
		NON-PERSONNEL SERVICES - Total			743,500	671,010	743,500	163,754
	5020 - MARKETING AND COMMUNICATION - Total			917,235.39	810,422.07	922,447.49	186,615.8	
	5040 - NAVIGATORS COUNSELORS AND IPA	NON-PERSONNEL SERVICES		0020 - SUPPLIES AND MATERIALS	5,000	0	2,000	0
				0041 - CONTRACTUAL SERVICES - OTHER	950,000	944,529.32	1,000,000	129,093.39
		NON-PERSONNEL SERVICES - Total			955,000	944,529	1,002,000	129,093
	5040 - NAVIGATORS COUNSELORS AND IPA - Total			955,000.	944,529.32	1,002,000.	129,093.39	
0620 - Total					2,983,332.97	2,338,257.4	2,995,797.86	378,216.51



DC Health Benefit Exchange Authority  
FY20 - FY21 BUDGET  
FY2021 Expenditures as of 12/31/2020

PROGRAM: 7000 - MARKETPLACE INNOVATION POLICY OPERATIONS				Question 4 Attachment E				
Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2020 BUDGET	FY 2020 EXPENDITURE	FY 2021 BUDGET	FY 2021 EXPENDITURE	
620	7010 - CONTACT CENTER	NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	1,500	334.24	1,560	86.85	
			0031 - TELECOMMUNICATIONS	103,025	12,345.32	26,780	0	
			0032 - RENTALS - LAND AND STRUCTURES	830,744	188,305.68	853,589.46	124,380.64	
			0040 - OTHER SERVICES AND CHARGES	4,186	-2,428.92	4,062	0	
			0041 - CONTRACTUAL SERVICES - OTHER	1,375,000	1,221,381.9	1,361,266	595,698.32	
			0070 - EQUIPMENT & EQUIPMENT RENTAL	5,000	4,998.04	1,300	0	
			NON-PERSONNEL SERVICES - Total	2,319,455	1,424,936.26	2,248,557	720,166	
		7010 - CONTACT CENTER - Total		2,319,455	1,424,936.26	2,248,557	720,166	
	7020 - PLAN MANAGEMENT	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	1,139,676.18	737,801.57	1,428,968.44	168,294.76	
			0012 - REGULAR PAY - OTHER	308,718.78	63,464.09	0	7,660.89	
			0013 - ADDITIONAL GROSS PAY	23,927.26	32,018.11	25,137.9	0	
			0014 - FRINGE BENEFITS - CURR PERSONNEL	357,753.57	174,784.45	352,955.19	37,933.92	
			0015 - OVERTIME PAY	0	14,127.74	0	6,219.98	
			PERSONNEL SERVICES - Total	1,830,076	1,022,195.96	1,807,062	220,110	
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	950,000	785,326.75	950,000	630,900	
		NON-PERSONNEL SERVICES - Total		950,000	785,326.75	950,000	630,900	
	7020 - PLAN MANAGEMENT - Total		2,780,076	1,807,522.71	2,757,062	851,010		
	7030 - ELIGIBILITY AND ENROLLMENT	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	529,522.24	320,979.52	637,863.08	89,995.18	
			0012 - REGULAR PAY - OTHER	55,910	0	0	0	
			0014 - FRINGE BENEFITS - CURR PERSONNEL	144,601.76	50,776.73	157,552.17	14,996.08	
			0015 - OVERTIME PAY	0	3,125.3	0	2,467.08	
			PERSONNEL SERVICES - Total	730,034	374,881.55	795,415	107,458	
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	746,500	217,082.6	444,000	32,637.05	
		NON-PERSONNEL SERVICES - Total		746,500	217,082.6	444,000	32,637	
		7030 - ELIGIBILITY AND ENROLLMENT - Total		1,476,534	591,964.15	1,239,415	140,095	
	7040 - MEMBER SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	740,822.15	1,265,034.34	939,126.89	339,679.15	
			0012 - REGULAR PAY - OTHER	114,990	0	0	0	
			0013 - ADDITIONAL GROSS PAY	0	6,679.57	0	1,379.07	
			0014 - FRINGE BENEFITS - CURR PERSONNEL	211,385.61	265,336.67	231,964.35	60,572.93	
			0015 - OVERTIME PAY	45,000	23,907.41	45,000	274.49	
			PERSONNEL SERVICES - Total	1,112,198	1,560,957.99	1,216,091	401,906	
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	10,000	606.34	6,000	137.84	
			0040 - OTHER SERVICES AND CHARGES	94,000	54,187.95	79,000	5,285.89	
			0041 - CONTRACTUAL SERVICES - OTHER	25,390	17,453.5	20,000	0	
			0070 - EQUIPMENT & EQUIPMENT RENTAL	30,000	27,646.06	30,000	26,771	
			NON-PERSONNEL SERVICES - Total		159,390	99,893.85	135,000	32,195
			7040 - MEMBER SERVICES - Total		1,271,588	1,660,851.84	1,351,091	434,100
	7050 - DATA ANALYTICS AND REPORTING	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	129,646	91,833.98	133,537	20,837.5	
			0014 - FRINGE BENEFITS - CURR PERSONNEL	32,022.56	28,056.72	32,983.64	6,442.32	
			PERSONNEL SERVICES - Total	161,669	119,890.7	166,521	27,280	
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	3,540	3,290.19	4,000	398	
		NON-PERSONNEL SERVICES - Total		3,540	3,290.19	4,000	398	
		7050 - DATA ANALYTICS AND REPORTING - Total		165,209	123,180.89	170,521	27,678	
	7060 - S.H.O.P OPERATIONS	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	1,437,497.42	634,998.87	951,240.15	372,618.09	
			0012 - REGULAR PAY - OTHER	235,879.57	644,199.35	672,462.41	100,823.58	
			0013 - ADDITIONAL GROSS PAY	0	5,291.46	0	0	
			0014 - FRINGE BENEFITS - CURR PERSONNEL	413,324.11	269,640.38	401,054.54	105,564.69	
			0015 - OVERTIME PAY	0	49,474.66	0	16,816.73	
			PERSONNEL SERVICES - Total	2,086,701	1,603,604.72	2,024,757	595,823	
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	750,000	560,608.36	848,000	82,327.24	
		NON-PERSONNEL SERVICES - Total		750,000	560,608.36	848,000	82,327	
		7060 - S.H.O.P OPERATIONS - Total		2,836,701	2,164,213.08	2,872,757	678,150	
	0620 - Total				10,849,562.21	7,772,668.93	10,639,403.22	2,851,199.27

**DC Health Benefit Exchange Authority**

**FY20 - FY21 BUDGET**

**FY2021 Expenditures as of 12/31/2020**

**PROGRAM: 8000 - IT RELATED OPERATIONS**

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2020 BUDGET	FY 2020 EXPENDITURE	FY 2021 BUDGET	FY 2021 EXPENDITURE	
0620	8010 - IT RELATED OPERATIONS	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	3,300,407.31	3,317,259.43	3,486,805.58	868,011.87	
			0012 - REGULAR PAY - OTHER	336,090.62	93,510.76	95,014	40,239.68	
			0013 - ADDITIONAL GROSS PAY	0	24,951.94	24,256.5	6,130.72	
			0014 - FRINGE BENEFITS - CURR PERSONNEL	898,214.99	697,101.36	884,709.45	179,628.26	
			0015 - OVERTIME PAY	0	8,319.79	0	5,082.48	
		PERSONNEL SERVICES - Total			4,534,712.92	4,141,143.28	4,490,785.53	1,099,093.01
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	8,280	690.48	7,920	8.47	
			0032 - RENTALS - LAND AND STRUCTURES	876,359	245,799.19	250,000	151,346.8	
			0040 - OTHER SERVICES AND CHARGES	126,000	285,529	111,644	0	
			0041 - CONTRACTUAL SERVICES - OTHER	10,906,764.36	8,878,588.12	5,862,010	1,850,057.53	
			0070 - EQUIPMENT & EQUIPMENT RENTAL	24,000	22,678.41	24,000	7,706.99	
		NON-PERSONNEL SERVICES - Total			11,941,403.36	9,433,285.2	6,255,574.	2,009,119.79
		8010 - IT RELATED OPERATIONS - Total			16,476,116.28	13,574,428.48	10,746,359.53	3,108,212.8
	0620 - Total				16,476,116.28	13,574,428.48	10,746,359.53	3,108,212.8
Overall - Total				41,636,718.79	34,208,046.37	34,272,956.57	7,925,539.38	

**Q4. Please provide the amount budgeted and actually spent in FY19 and to date in FY20 for the agency and its programs and activities, broken out by source of funds, Comptroller Source, and Comptroller Object.**

See Attachment E

**Q5. Have any spending pressures been identified for FY21? 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.

**Q6. Please provide an update on all the cost-savings initiatives included in HBX's FY21 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. However, this partnership is ending after FY21 when DHCF establishes its own contact center for Medicaid and other public programs. Finally, by coordinating our procurement with DHCF, we are able to achieve volume discounts on the licenses for our customer service management software for both agencies.

**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, Massachusetts small businesses can offer plan choice to their employees. Initially, HBX was on time and on budget for the project and HBX continues to be on time and budget maintaining the operations and delivering new features.

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, and 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 was able to 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 HBX uses CBEs for IT development and operations and maintenance. From inception of the partnership through December 2020, we have paid CBEs approximately \$10.9 million for this work. Because of the many benefits of this partnership, HBX continues to pursue additional opportunities to partner with other states in a similar manner.

#### **Additional FY21 Cost Reductions**

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

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 eleven IT consultant roles into HBX employee positions and eliminated two consultant roles, reducing annual operating costs by approximately \$1.85 million. These employees perform functions essential to our daily operations. Further conversions of consultants to staff positions remain a priority for us. Additionally, as a result of building our own team of IT security professionals, we have reduced our spending on security consultants from \$854,000 in FY17 to \$562,000 in FY18 and realized a further reduction to \$368,000 in FY19. In FY20, we reduced our spending on external consultants to \$214,720 by transitioning more security work to HBX staff.

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. Over time, DHCF has utilized more of the space. In FY20, DHCF reimbursed HBX \$578,255 and in FY21, that amount is \$699,844. 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.

### **COVID-19 Environment**

HBX moved the DC Health Link contact center to a fully virtual status in the Spring of 2020. HBX intends to continue a virtual contact center to save resources and for better retention of contact center staff. HBX is working with the Department of General Services to find new tenants for the contact center space located at L'Enfant Plaza.

In March 2020, HBX developed an internal COVID-19 expense tracker and, through the Office of Pay and Retirement Services, created a COVID-19 code for the PeopleSoft system to enable tracking of all COVID-19 related hours for each employee. Since the Presidential Declaration, HBX worked with the DC Homeland Security and Emergency Management Agency (HSEMA) and submitted to the Federal Emergency Management Agency (FEMA) for Public Assistance (PA) reimbursement. An initial PA reimbursement request was submitted to FEMA for the period March 1, 2020 through April 30, 2020. As of January 28, 2021, the HBX request was still under review by FEMA. A second PA reimbursement request for the period of May 1, 2020 through September 30, 2020 will be officially submitted to FEMA after preliminary reviews are completed by FEMA and HSEMA.

### **FY21 Cost Increase**

The cost sharing for DC Health Link contact center with DHCF changed for FY21. The Centers for Medicare and Medicaid Services (CMS) approved a new cost-allocation. For FY21, the cost allocation changed from 74% Medicaid and 26% HBX (in FY20) to 48% Medicaid and 52% HBX (in FY21).

### **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.

**FY20-21 HBX Performance Oversight: Q7 Reprogramming**

Program Name	Activity
<b>Total</b>	

Program Name	Activity
<b>Total</b>	



<b>FY21 HBX Reprogrammings</b>
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<b>Purpose of Reprogramming</b>
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N/A

<b>FY20 HBX Reprogrammings</b>
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<b>Purpose of Reprogramming</b>
---------------------------------

N/A

Funding Source	Fund Detail	Grant Number	PH	Reprogramming Amount
				-

Funding Source	Fund Detail	Grant Number	PH	Reprogramming Amount
				-

**Q7. Please identify any reprogrammings received by or transferred from HBX during FY20 and to date in FY21 and include a description of the purpose of the transfer and which HBX programs, activities, and services were affected.**

None.

**FY20-21 HBX Performance Oversight: Q8 Attachment G**

Buyer Agency	Seller Agency	FY20 - Amount
DHCF	DCHBX	\$4,006,946.79
DHCF	DCHBX	\$683,440.58
DHCF	DCHBX	\$135,775.94
DHCF	DCHBX	\$100,000.00
DCHBX	OCTO	\$69,644.00
DCHBX	DCHR	\$100,250.00
DCHBX	DISB	\$50,000.00
DCHBX	OAH	\$4,500.00
DCHBX	OFRM	\$266,072.64
DCHBX	DGS	\$1,687,670.50

Buyer Agency	Seller Agency	FY21 - Amount
DCHBX	DCHR	\$51,871.68
DCHBX	DSLBD	\$204.44
DHCF	DCHBX	\$699,843.75

**Q8. Please identify any intra-district transfers received by or transferred from HBX during FY20 and to date in FY21 and include description as to the purpose of the transfer and which HBX programs, activities, and services were affected.**

See Attachment G

**Q9. Provide a complete accounting of any Special Purpose Revenue Funds for FY20 and to date in FY21. 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 FY20 and to date in FY21; and**

See Attachments H, I, J

- e. **FY20 and to date FY21 expenditure of funds, including purpose of expenditure.**

See Attachments H, I, J

**FY20-21 HBX Performance Oversight: Q9 Attachment H**

**HBX FY 20 Budget Comparison**

	Budgeted Amounts			
	Original	Revised	Actual	Variance
Revenues and Sources				
Operating revenue	\$ -	\$ 4,432,730	\$ 3,893,556	(539,174)
Assessments	31,768,832	31,768,832	30,542,134	(1,226,698)
Additional budget authorization	-	5,435,157 *	-	(5,435,157)
Interest and fees	-	-	12,048	12,048
Imvestment income	-	-	657,078	657,078
Total Revenues and Sources	31,768,832	41,636,719	35,104,816	(6,531,903)
Expenditures and Uses				
Regular pay-continuing full time	10,050,523	11,499,535	10,719,502	780,033
Regular pay-other	1,259,978	1,259,978	926,989	332,988
Additonal gross pay	101,761	101,761	190,925	(89,164)
Fringe benefits-current personnel	2,793,694	3,164,961	2,329,394	835,567
Overtime pay	45,000	45,000	117,349	(72,349)
Supplies and materials	77,280	87,280	15,015	72,265
Telephone, telegraph, telegram, etc	484,049	494,049	192,073	301,976
Rentals-land and structures	3,010,166	3,010,166	1,687,671	1,322,495
Other services and charges	535,186	874,434	798,290	76,144
Contractual services-other	13,325,195	20,973,555	17,132,431	3,841,124
Equipment and equipment rental	86,000	126,000	98,124	27,876
Total Expenditures and Uses	31,768,832	41,636,719	34,207,762	7,428,956
Excess of Revenues and Sources over Expenditures and Uses				
	\$ -	\$ -	\$ 897,053	\$ 897,053 **

\* For IT Development, COVID related expenses and Personnel in FY20

\*\* For IT development started in FY20 and continuing in FY21



Section 1 - Monthly Tracker												
	Council Approved Budget	Budget Authority Increases	Total Budget	October	November	December*	Revenue/Expenditures To Date	Spent As % of Budget	Encumbrances as of 12.30.2020	Year to Date Including Encumbrances	Expenditure Budget Available	% Budget Available
Revenues and Sources												
Assessment	\$ 30,845,853	\$ -	\$ 30,845,853	\$ 30,531,793	\$ -	\$ -	\$ 30,531,793			\$ 30,531,793		
Transfer from Reserve/Unassigned	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -		
Interest and Fees	\$ -	\$ -	\$ -	\$ 269	\$ 299	\$ 56	\$ 624			\$ 624		
Total Revenues and Sources	\$ 30,845,853	\$ -	\$ 30,845,853	\$ 30,532,062	\$ 299	\$ 56	\$ 30,532,417			\$ 30,532,417	\$ -	
Expenditures and Uses												
Personnel	\$ 15,234,731	\$ -	\$ 15,234,731	\$ 1,070,433	\$ 1,115,621	\$ 647,257	\$ 2,833,311	18.60%	\$ -	\$ 2,833,311	\$ 12,401,420	81.40%
Agency Management Programs	\$ 2,373,740	\$ -	\$ 2,373,740	\$ 2,788	\$ 51,917	\$ 216,492	\$ 271,196	11.42%	\$ 174,686	\$ 445,882	\$ 1,927,857	81.22%
Agency Financial Operations	\$ 164,000	\$ -	\$ 164,000	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 11,000	\$ 11,000	\$ 153,000	93.29%
MPO	\$ 4,629,557	\$ -	\$ 4,629,557	\$ 35,514	\$ 645,123	\$ 805,944	\$ 1,486,581	32.11%	\$ 1,436,621	\$ 2,923,202	\$ 1,706,355	36.86%
Consumer Education & Outreach	\$ 2,290,000	\$ -	\$ 2,290,000	\$ 11,295	\$ 86,315	\$ 214,260	\$ 311,870	13.62%	\$ 1,635,962	\$ 1,947,832	\$ 342,169	14.94%
IT	\$ 6,255,574	\$ -	\$ 6,255,574	\$ 84,536	\$ 1,052,428	\$ 872,165	\$ 2,009,120	32.12%	\$ 3,803,845	\$ 5,812,965	\$ 442,609	7.08%
Total Expenditures and Uses	\$ 30,947,602	\$ -	\$ 30,947,602	\$ 1,204,556	\$ 2,951,404	\$ 2,756,118	\$ 6,912,077	22.33%	\$ 7,062,114	\$ 13,974,191	\$ 16,973,410	54.85%
Excess of Revenues over Expenditures	\$ (101,748)	\$ -	\$ (101,748)	\$ 29,327,506	\$ (2,951,105)	\$ (2,756,062)	\$ 23,620,339			\$ 16,558,225		
Investment Interest Income	\$ -	\$ -	\$ -	\$ 13,916	\$ 14,575	\$ -	\$ 28,490			\$ 28,490		

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

**FY20 - 21 HBX Performance Oversight: Q9 Attachment J**

<b>MA Net Reimbursement</b>		
	<b>FY20</b>	<b>FY21 (as of 12/31/2020)</b>
<b>Revenue Generated</b>	3,893,555.85	617,106.20
<b>Expenses</b>	3,680,615.66	538,214.65
<b>Net Reimbursement</b>	<b>212,940.19</b>	<b>78,891.55</b>

<b>FY22 MA Savings</b>	
<b>Area</b>	<b>Estimated Savings</b>
Personnel - 7 FTEs	930,240.00
Admin Fees Collected	264,000.00
Premium Aggregation	344,000.00
Contact Center	212,000.00
Mailing and Postage	26,000.00
<b>Total</b>	<b>\$1,776,240.00</b>

<b>FY21 MA Budget</b>	
<b>Category</b>	<b>FY21 (10/1/20 - 12/31/20)</b>
Personnel	61,365.92
Travel	0
Contracts	476,848.73
<b>Total</b>	<b>538,214.65</b>

**Q10. Please provide the following information for all grants awarded to HBX during FY20 and to date in FY21:**

- 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 receive any grants in FY20 and to date in FY21.

**Q11. For each grant lapse occurring in FY20, 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 FY20.**

N/A

FY19-20 HBX Performance Oversight: Q12 Attachment K

	Vendor Name	Purpose of Contract	Contract Administrator	Modification Term	Modification Cost	FY20 Total Amount Expended	FY21 Total Amount Expended as of Jan. 21, 2021	Reason for Modification	Funding Source <sup>1</sup>	Contracting Method
	Maximus, Inc.	Call Center Services	Allison Muse	Option Year Two 10/1/2019 – 9/30/2020 (HBX, DHCF, MA)  Option Year Three: 10/1/2020 – 9/30/2021	Option Year Two: \$5,008,515.76  Option Year Three: \$5,351,320.19	HBX: \$1,210,990.86 DHCF: \$3,334,445.46 MA: \$352,676.15	HBX: 606,332.32 MA: \$56,280.86	Exercise Option	Assessment MA	RFP
	Mercer Health & Benefit, LLC	Actuarial Services	MaryBeth Senkewicz	Option Year Two: 4/1/2019 – 3/31/2020  Option Year Three: 4/1/2020 – 3/31/2021	Option Year Two: \$250,00.00  Option Year Three: \$250,000.00	\$90,665.75	\$0.00	Exercise Option	Assessment	RFTOP <sup>2</sup>
	New Light Technology	IT Consulting Services	Catherine Bennett	Option Year Three 5/2/2019 – 5/1/2020  Option Year Four: 5/2/2020 – 5/1/2021	Option Year Three: \$4,200,000.00  Option Year Four: \$600,000.00	\$1,136,761.67	\$24,761.02	Exercise Option	Assessment MA	IFB <sup>3</sup>
	Networking for Future	IT Consulting Services	Catherine Bennett	Option Year Three: 5/6/2019 – 5/5/2020  Option Year Four: 5/6/2020 – 5/5/2021	Option Year Three: \$9,200,000.00  Option Year Four: \$1,100,000.00	\$4,154,542.95	\$131,122.80	Exercise Option	Assessment MA	IFB
	Immediate Mailing Services	Printing and Mailing Services	Grizelda Mejia	Option Year Three: 11/15/2019 – 9/30/2020  Option Year Four: 10/1/2020 – 9/30/2021	Option Year Three: \$261,242.85  Option Year Four: \$250,000.00	HBX: \$243,564.14 MA: 17,242.85	HBX: \$64,641.94 MA: \$7,532.10	Exercise Option	Assessment MA	IFB
	A & T Systems	Cloud Computing Services	Samir Hassan	Option Year One: 6/22/2019 – 6/21/2020  Option Year Two: 6/22/2020 – 6/21/2021	Option Year One: \$630,000.00  Option Year Two: \$630,000.00	HBX: \$349,445.12 MA: \$219,538.44	HBX: \$94,974.98 MA: \$51,724.22	Exercise Option	Assessment MA	RFTOP

	Vendor Name	Purpose of Contract	Contract Administrator	Modification Term	Modification Cost	FY20 Total Amount Expended	FY21 Total Amount Expended As of Jan. 21, 2021	Reason for Modification	Funding Source <sup>4</sup>	Contracting Method
	DataNet Systems Corporation	IT Consulting Services	Catherine Bennett	Base Period: 1/13/2020 – 9/30/2020 Option Year One: 10/1/2020 – 9/30/2021	Base Period: \$7,000,000.00 Option Year One: \$1,200,000.00	\$0.00	\$0.00	Exercise Option	Assessment MA	RFP
	IdeaCrew	IT Consulting Services	Catherine Bennett	Base Period: 1/13/2020 – 9/30/2020 Option Year One: 10/1/2020 – 9/30/2021	Base Period: \$7,000,000.00 Option Year One: \$10,800,000.00	\$4,756,501.60	\$2,672,209.48	Exercise Option	Assessment MA	RFP
	Innovation Horizons, LLC	IT Consulting Services	Catherine Bennett	Base Period: 1/13/2020 – 9/30/2020 Option Year One: 10/1/2020 – 9/30/2021	Base Period: \$7,000,000.00 Option Year One: \$800,000.00	\$0.00	\$0.00	Exercise Option	Assessment MA	RFP
	MW Consulting LC	AWS Cloud Security Services	Samir Hassan	Base Period: 1/13/2020 – 1/12/2021 Option Year One: 1/13/2021 – 1/12/2021	Base Period: \$253,000.00 Option Year One: \$253,000.00	\$219,620.00	\$17,600.00	Exercise Option	Assessment	RFP
	Center for Study of Services	Plan Shopping Tools: Doctor Directory and Plan Comparison	Luis Vasquez	Base Period: 10/1/2019 – 9/30/2020 (new contract award) Option Year One: 10/1/2020 – 9/30/2021	New Contract: \$732,000.00 Option Year One: \$658,900.00	\$732,000.00	\$630,000.00	Exercise Option	Assessment	Sole Source
	NFP Health Services	Premium Billing Services	Kyle Esdaille	Option Year One: 10/1/2019 – 9/30/2020 Option Year Two: 10/1/2020 – 9/30/2021	Option Year One: \$842,980 Option Year Two: \$742,980.00	HBX: \$350,966.50 MA: \$472,683.36	HBX: \$106,358.34 MA: \$79,836.66	Exercise Option	Assessment MA	Sole Source

Notes:

<sup>1</sup> Please note that the funding source is only for the most current period of FY2021.

<sup>2</sup> Request for Task Order Proposals (“RFTOP”).

<sup>3</sup> Invitation for Bid (“IFB”)

<sup>4</sup> Please note that the funding source is only for the most current period of FY2021.

**Q12. Please provide the following information for all contract modifications made during FY19 and to date in FY20:**

- 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

DCHBX 12 MONTHS SOCIAL JUSTICE STRATEGIC PLAN

Question 14 Attachment L

<b>HBX Social Justice Values Statement: We believe in social justice and the power of diversity, equity, and inclusion, and are committed to fighting longstanding discrimination, racial injustice, and systemic racism to contribute to a more just and equitable future for our workforce, our customers, and our partners.</b>				
	<p><b>Goal 1: Individually and collectively foster a more inclusive work environment at HBX.</b></p> <p>Establish a leadership team initiative on social justice (3 months):</p> <ul style="list-style-type: none"><li>- Make Social Justice work a leadership team priority (3 months)</li><li>- Develop and finalize a values statement on social justice (3 months)</li><li>- Develop and finalize goals (3 months)</li><li>- Develop and finalize a 12 months strategic plan (3 months)</li><li>- Execute fully the final 12 months strategic plan (12 months)</li></ul> <p>Create safe space for staff (3 months):</p> <ul style="list-style-type: none"><li>- Use all staff meetings to create safe space (3 months)</li></ul> <p>Within 12 months have an internal cultural shift (focus on process):</p> <ul style="list-style-type: none"><li>- Each division reviews internal HBX existing and new policies for impact on communities of color, women, and all oppressed/discriminated groups (6 months);</li><li>- Each division Identifies policies for change and make changes AND if new policies are necessary identify and create – up to 4 policies (12 months; within 24 months all others if applicable)</li></ul> <p>Create new opportunities for staff input into policies (3 months):</p> <ul style="list-style-type: none"><li>- Create Social Justice Advisory Committee (3 months)</li><li>- Review recommendations of the committee and identify 3 actions to implement (3 months)</li><li>- Leadership team and/or divisions implement 3 actions (9 months) – prioritizing ideas from Committee in policy actions for change/new policies discussed above (6 months)</li></ul>	<p><b>Goal 2: Through education and training, empower staff to identify and combat implicit and learned behaviors including but not limited to biases and micro-aggressions that contribute to discrimination, prejudice, and social injustice.</b></p> <p>Procure external experts to conduct trainings (3 months)</p> <p>Provide monthly training HBX-wide (3 months)</p> <p>Empower managers by creating a safe space for managers:</p> <ul style="list-style-type: none"><li>- Establish small group meetings facilitated by external experts (3 months)</li></ul>	<p><b>Goal 3: Use the lens of health disparities in decision-making to effectuate institutional change.</b></p> <p>Consider the impact on communities of color in decision making (new decisions) (3 months)</p> <ul style="list-style-type: none"><li>- decision making includes IT (UI), marketing (images), research questions (surveys), presentations; policy positions (rates);</li><li>- ask this question in every decision</li></ul> <p>Each division reexamine existing decisions to consider impact on communities of color (6 months)</p> <ul style="list-style-type: none"><li>- Review external policies including standard plans (6 months)</li><li>- Identify policy changes (9 months)</li><li>- Implement up to 3 policy changes (12 months and the rest 24 months)</li></ul>	<p><b>Goal 4: Use the lens of social justice in decision-making to effectuate change.</b></p> <p>Within 12 months see an internal cultural shift:</p> <ul style="list-style-type: none"><li>- For procurement requests, prioritize CBEs and women owned businesses, black and brown owned businesses (3 months),</li><li>- Review spending in all divisions to establish a baseline for CBE and women, black and brown owned/led businesses so in 12 months exceed baseline by 20% (3 months)</li><li>- Request a review of internal promotions, hiring and other HR practices (6 months)<ul style="list-style-type: none"><li>o Operations division to identify areas for change (9 months).</li><li>o Operations division to implement one policy change or enhancement (12 months and 3 policy changes/ enhancements within 24 months)</li></ul></li><li>- After the divisional review of internal HBX policies under Goal 1, identify and create up to 4 policies (changes and/or new) (focus on outcomes) (12 months)</li><li>- Institute an award program recognizing team(s) successes (9 months)</li></ul>



**Q14. Please list and describe each major program and activity, policy initiative, performance objective and legislative objective during FY20 and FY21, 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. Nearly 97% 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 January 31, 2021, 16,318 District residents have paid their premium and fully enrolled in private health insurance through the individual marketplace. There are 1,097 people with Advance Premium Tax Credits (APTC) who have paid their premium. Also, as of January 31, 2021, 80,583 people are covered through the small business marketplace (which includes Congressional enrollment of approximately 11,000). Those are the point-in-time enrollments. Over the course of 2020, 21,069 District residents have obtained coverage through DC Health Link and 98,354 small business employees have been covered.

For plan year 2021, residents have a choice of 25 private health insurance plans (2 of which are catastrophic) from CareFirst BlueCross BlueShield and Kaiser Permanente. For small businesses, there are 163 private health insurance plans from three UnitedHealthcare companies, two Aetna companies, two CareFirst BlueCross BlueShield companies, and Kaiser Permanente. These include HMOs, POS, PPOs, EPOs, zero-deductible plans, and HSA-compatible high deductible coverage.

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/>). Please see Question 6 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.

**I. Major Programs and Activities**

**Consumer Education and Outreach:** This program contains the following three 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 for consumers that need help starting or completing the online application and plan selection process. There are currently 143 Navigators/Assisters, and Certified Application Counselors assisting consumers across the city.
  - HBX provided \$684,200 in grant funds to five Navigator/In Person Assister organizations for FY21 (\$650,000 in FY20) to provide enrollment assistance and outreach activities. These organizations include 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:** This program contains six major activities to perform the 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; 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:* 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:* Develops and implements 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 Form 1095-A for tax reporting purposes; reports monthly IRS H36 reports, monthly HHS/CMS Policy Level Reports and State Based Marketplace Input (SBMI) files, and annual IRS H41 reports to the federal government, as required by the federal government; and develops and administers internal customer surveys for DC Health Link; and
- *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; supports brokers, employers, and their employees; works with IT on design; manages broker relationships, training, certification, and cases; and 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 18 and 19 for more information on IT-related operations.

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

**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.

## **II. Legislative Objectives**

**Independent Procurement Authority:** The Council of the District of Columbia granted HBX independent procurement authority for five years in 2013 and extended this authority for an additional five years through the Fiscal Year 2018 Budget Support Act of 2017. This authority has been and remains vital to HBX's success. We have used our authority with transparent, carefully vetted processes that are closely aligned with federal and District of Columbia procurement standards. HBX's procurement authority helps HBX meet the changing needs of District residents and small businesses as an Affordable Care Act state-based marketplace and is vital to help us implement Biden Administration and Congressional actions related to the ACA and its expansion. We thank Council for unanimously approving independent procurement authority legislation that makes permanent HBX's authority.

**Updates to the HBX Enabling Statute:** In December 2018, the HBX Executive Board established the Ad Hoc Legislation Committee to review the HBX enabling statute and to provide recommendations for updates. As part of the review, the committee asked the Standing Advisory Board for recommendations.

The Health Benefit Exchange Authority Establishment Act of 2011 became effective March 2, 2012, prior to enactment of the Comprehensive Code of Conduct of the District of Columbia Establishment and BEGA Amendment Act of 2015 (Ethics Act). Subsequently, the current, more comprehensive Ethics Act and related ethics statutes and implementing regulations, established a higher or different standard for financial conflicts of interest prohibitions than was included in the HBX enabling legislation. In addition, the current, more comprehensive Ethics Act and related ethics statutes and implementing regulations, establish detailed post-employment restrictions and prohibitions similar to those in place for federal government employees, but differ from the specific restrictions in the HBX Establishment Act. Consequently, a recommendation from the Standing Advisory Board was to revise the conflict of interest provisions of the enabling statute applicable to HBX Board members and staff to align with the District's ethics law, specifically:

- Adding a provision to state that the District’s ethics laws, as implemented and enforced by the Board of Ethics and Government Accountability (BEGA), apply to HBX Executive Board members and HBX staff;
- Having post-employment conflict of interest restrictions and financial conflict of interest restrictions governed by the District’s ethics laws as implemented and enforced by BEGA, thus striking the conflicting and additional post-employment restrictions and financial conflict of interest provisions;
- Retaining specific prohibitions, but adding that conflicts of interest arising from affiliations with an entity are for purposes of financial affiliation as opposed to any other affiliations;
- Adding a prohibition for “third party administrators”; and
- Clarifying that only holding a senior leadership position in a professional trade association creates a conflict of interest, thus allowing professionals to retain their non-leadership membership in a professional trade association.

These recommendations will require legislative action. In addition, to ensure that the ACA consumer protections are properly included in District law, additional technical amendments to the HBX enabling statute are necessary.

**Affordability Improvements:** The other highest priority for HBX is to ensure affordability of health insurance premiums for District residents. Since the federal reinsurance program expired at the end of 2016, District residents have faced significant annual premium increases that are making coverage less affordable. In 2020, DISB held a virtual hearing on 2021 premium proposals from health insurers. At that hearing, and in similar hearings in previous years, numerous District residents testified about the increases they have seen over the years and how those increases are impacting their ability to stay insured. HBX Executive Director Kofman also testified to the importance of keeping rates low, especially during the COVID-19 pandemic. She requested that DISB decrease 2021 premiums where possible and freeze 2021 rates at the 2020 level for products with proposed increases.

In 2017, HBX created an ACA Working Group to develop consensus recommendations for local policy interventions. The working group recommended steps that could be taken locally to help mitigate premium increases, such as a local individual responsibility requirement, which is now in place; a local reinsurance program; and an Advance Premium Tax Credit (APTC) wrap program.

- *Local Reinsurance:* This would lower premiums for all District residents purchasing individual market coverage through DC Health Link. Actuarial analysis completed for HBX indicates that a \$7 million investment in reinsurance in 2020 would have changed

an average 9.1 percent premium increase to a 0.8 percent premium decrease. A reinsurance program would save District residents \$8.2 million in premiums for 2020. For every dollar spent in reinsurance, more is saved in premium expenses for District residents.

- *APTC Wrap*: For those residents with incomes at or below 400 percent of the federal poverty level (FPL) (\$49,960 for an individual/\$67,640 for a two person household in 2020), the APTC-wrap policy would further ensure affordability by increasing the premium subsidy amount provided by the federal government. As the subsidy would go directly to the insurers, individuals' premiums are reduced upfront and make a significant impact. Providing this additional financial assistance would make insurance more affordable for residents.

Taken together, these two policies would enhance affordability, which would encourage more people to get covered in the first place, to be able to afford to maintain that coverage throughout the year, and build on the District's mission to ensure that each resident has affordable, quality health coverage.

During this time, HBX and the community we work with looked for ways to protect our residents and businesses against the Trump Administration assaults on the ACA—actions that caused increases in premiums and threatened residents losing their health insurance.

Currently, we are working with the Biden Administration and Congress to strengthen protections for residents and employers and make coverage more affordable.

### **III. Regulatory Objectives**

**Individual Responsibility Requirement:** In late 2018, based on the recommendations of the HBX ACA Working Group, the Council passed, and the Mayor signed a local individual responsibility requirement. On October 18, 2019, HBX, the DC Office of Tax and Revenue (OTR), and DISB published a Notice of Proposed Rulemaking in the *District Register*. One comment was received, which was strongly supportive of the proposed rule as written and emphasized the role the District's individual responsibility requirement played in stabilizing the cost of health coverage for consumers. In line with this legislation, HBX—along with sister agencies—published a Notice of Final Rulemaking on February 7, 2020.

**DC Register Notice, Tax Year 2020 Low-income Exemption Eligibility Thresholds:** Pursuant to D.C. Official Code § 47-5102(b)(2)(B), on March 20, 2020, HBX published notice on DC Health Link providing low-income exemption eligibility thresholds to avoid paying the penalty for failure to maintain minimum essential health coverage. The notice can be viewed here: [https://www.dchealthlink.com/sites/default/files/v2/pdf/low\\_income\\_exemption\\_thresholds\\_10\\_21\\_20.pdf](https://www.dchealthlink.com/sites/default/files/v2/pdf/low_income_exemption_thresholds_10_21_20.pdf).

#### **IV. Policy Initiatives**

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 make 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. 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.
- *Plan Management Advisory Committee*: Examines issues related to 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.

Also, 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 timeframes. Membership and participation is open and diverse stakeholders participate as voting members. The majority of working groups were created and concluded their work in 2013 when major policy decisions were being made. Now these groups are formed on an as-needed basis. Currently, we have two active working groups: the Standard Plans Working Group and the Social Justice and Health Disparities Working Group (see additional information below).

#### **Response to the COVID-19 Pandemic:**

- *Coverage and Care*: A critical focus for HBX in 2020 was to consider all we could do within our authority to ensure residents and small businesses get insured and stay insured and we worked to remove any financial barriers for COVID-19 related medical care. HBX began meeting with carriers in January 2020 to prepare for the possibility of a significant impact from this virus. DC Health Link's carriers—Aetna, CareFirst BlueCross BlueShield, Kaiser Permanente and UnitedHealthcare—all agreed to voluntarily waive cost-sharing for COVID-19 testing, diagnosis, and related visit costs. Carriers also agreed to refill prescription

medications earlier than the typical 30 days and make available free round-the-clock member services and nurse advice lines. All carriers also extended comprehensive telehealth benefits for COVID-19 and non-COVID-19 visits for free to all DC Health Link customers. Most did this on a temporary basis, though Kaiser Permanente always offers free telehealth services. We coordinated closely with DISB as they took action to require health plans to waive cost-sharing for testing, diagnosis and treatment of COVID-19, prohibited terminations of coverage during the District's public health emergency, and required a minimum twelve-month repayment period for people to pay back insurance premiums after the District's public health emergency ends.

- *New Coverage Opportunities:* As outlined in more detail below under the Special Enrollment Section and in Q18, HBX created new opportunities for anyone who needs coverage during the public health emergency to be able to easily get covered through DC Health Link and have coverage effective dates that meet their needs during the pandemic. Additionally, as noted in more detail below, we extended the opportunity for small businesses to offer coverage without being required to meet the regularly required two-thirds participation and 50 percent contribution requirements.
- *Building on DISB's Requirements:* HBX stopped sending late payment notices and added a 60-day deferral period to the end of the public health emergency—so employers can defer premium payments up to an additional 60 days after the public health emergency ends. We have also made this deferral period automatic so no small business has to ask for this flexibility.
- *Automatic Premium Reductions:* Because DC Health Link invoices covered employers, we worked with CareFirst BlueCross BlueShield and UnitedHealthcare to apply premium relief. This resulted in employers having to pay less (instead of waiting for a refund check). CareFirst BlueCross BlueShield also reduced stand-alone dental premiums by 50 percent for one month. In order to implement this, we customized our billing system to reflect the reduction. The customization to the invoice clearly reflected the amount of total refund, as well as the amount of refund per employee.
- *COVID-19 Webpage:* On March 14, 2020 we created a coronavirus page on DCHealthLink.com (<https://www.dchealthlink.com/coronavirus>) and developed a summary benefit chart focused on new COVID-19 benefits offered by all health insurance companies on DC Health Link. This page also includes answers to frequently asked questions, provides direct links for how to enroll, and contains each of the email alerts the Executive Director has sent to customers during the pandemic.



- *Agency Remote Operations:* When Mayor Bowser declared both a state of emergency and the public health emergency on March 11, 2020, HBX had been actively developing plans for how to continue daily operations in a 100 percent remote posture for several weeks. Managers met frequently to prepare and ensure that all staff were equipped with needed hardware, software, information and instructions for telework expectations. As a result of this planning and preparation, beginning March 16, 2020, every HBX employee began working 100 percent remotely. Our transition to telework was smooth as many staff had routinely teleworked one or two days per week prior to March.
- *Contact Center Virtual Operations:* In addition to HBX staff moving to a 100 percent telework status, HBX moved its Contact Center operations from our office space in L'Enfant Plaza to 100 percent telework, allowing all customer service representatives and managers to fully telework while continuing to serve HBX customers at the same level of quality. To aid in this effort, HBX engaged one of its CBE IT vendors to transport contact center workstations from the contact center office to contact center contractors' homes. HBX IT department coordinated this effort, which started March 18, 2020 and completed on Wednesday, March 25. HBX IT staff also provided dedicated remote support to the contact center contractors to troubleshoot installation and system access issues as issues occurred in real-time. In total, we transitioned 38 contractors from the physical contact center to working remotely from home in one week. The HBX contact center office uses a telephone system which requires specialized equipment not available in contractors' homes. In order to enable contractors to answer calls, HBX procured cell phones on an emergency basis from Verizon Wireless and deployed these to the contractors' homes. HBX IT was then able to reconfigure the contractors' computers to receive calls to DC Health Link's contact center over their new HBX-issued cell phones. In July 2020, working with DC's Office of the Chief Technology Officer, HBX upgraded the contractors' phone system software and transitioned them from answering calls via cell phone to answering them via a headset directly on their computers.
- *COVID-19 Outreach:* We worked with the Department of Employment Services to include health insurance enrollment information for people applying for unemployment services. We made more than 2,500 calls to small businesses that are downsizing and or terminating coverage through DC Health Link to help enroll their former employees who are District residents into private insurance or Medicaid. We have expanded that outreach to larger employers, not covered through DC Health Link, to get their former employees who live in the District covered through private insurance or Medicaid through DC Health Link.

**HBX Internal Social Justice Initiative:** In the summer of 2020, the HBX created an agency-wide internal social justice initiative. We believe it is critical to be part of the solution to help end systemic injustice, discrimination, and oppression. We used our all-staff meetings to create safe spaces to talk about staff experiences in their community. In addition, leadership team developed a social justice values statement and goals. We shared drafts and asked for input from

all staff. The team also developed a 12-months strategic plan that includes examining current spending that is not-CBE spending and increasing spending by 25 percent with women and black and brown owned businesses. The plan also includes reviewing existing and new policies and procedures through the lens of social justice. See Sample Plan in Attachment L.

HBX hired social justice consultants to provide trainings, workshops, and counseling. We have been holding monthly trainings for managers and staff on topics such as micro-aggressions; bias training; and LGBTQI awareness. Our social justice consultants have to-date provided workshops on “Bridging the Generational Gap”, “The Importance of Building an Inclusive Team”, and “Fostering an Inclusive Workplace”. We have also established a Social Justice Advisory Committee with HBX Managers and Staff that is staffed by our social justice consultants.

**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 2020, the Standing Advisory Board reviewed and made the following SEP recommendations, all of which were then adopted by the HBX Executive Board. These focused on getting people covered during the COVID-19 pandemic. We describe these in greater detail in Q18 and Q19:

- *SHOP Special Enrollment Period:* In response to the public health emergency, we created a COVID-19 special enrollment period for SHOP (see Q18 for additional detail).
- *Extended the SHOP COVID-19 SEP:* In September 2020, the HBX Board extended this SEP with automatic renewal when the DC public health emergency is extended. HBX modified the on-line SEP to reflect the extension. Through January 31, 2021, 1,706 employees or their dependents have obtained coverage through this SEP.
- *Individual Market SEP:* In order to make it as easy as possible for DC residents to enroll in health insurance through DC Health Link as a result of the pandemic, on March 21, 2020 we re-configured the DC Health Link system to “open enrollment mode. Allows individuals/families more flexibility on the effective date of coverage. This SEP extends until the end of the month in which the District of Columbia COVID-19 public health emergency ends. For more detail see Q18.
- *Auto-Payment Error SEP:* On January 8, 2020, the HBX Board established a SEP for people enrolled in an individual market QHP to reinstate their prior coverage if their prior coverage was terminated due to a declined premium payment via a credit card or

debit card auto-payment arrangement with the carrier. The individual must have successfully established the auto-payment arrangement.

- *Pregnancy SEP*: On January 8, 2020, HBX established a SEP for pregnant women, allowing enrollment in an individual market or small business market health plan.

The Executive Board resolutions adopting these SEPs: <https://hbx.dc.gov/page/adopted-resolutions>.

**SHOP 2020 Open Enrollment Period Extension:** Federal SHOP regulations require an annual open enrollment period that is only available for groups enrolling with a January effective date. During this period, small businesses are not required to meet minimum participation and contribution requirements. Early in 2020, HBX extended this open enrollment period to employers offering coverage going into effect throughout calendar year 2020. The Standing Advisory Board recommended this and HBX Executive Board adopted this policy on January 8, 2020. The Board resolution:

<https://hbx.dc.gov/sites/default/files/dc/sites/hbx/publication/attachments/Resolution%20-%20SHOP%20Open%20Enrollment%20passed%20final%201-8-2020.pdf>

**Further Extension of SHOP Open Enrollment:** In response to COVID-19 to make it easier for employers who cannot afford to contribute 50 percent to employee premium and who don't have enough employees who want to sign up for coverage, the Standing Advisory Board recommended that the HBX Board waive these rules through 2022. The HBX Executive Board on September 23, 2020 extended this flexibility to employers. The Board Resolution:

<https://hbx.dc.gov/sites/default/files/dc/sites/hbx/publication/attachments/Resolution%20Final%20-%20COVID%20SEPs%209%209%202020.pdf>

**Updates to Standard Plans for 2022:** The Standard Plan Advisory Working Group is currently meeting to update standard plans for plan year 2022. This is necessary to comply with changes to the federal actuarial value calculator. Standard plans cover many medical services without deductibles. This includes primary care, specialists, and mental health providers, urgent care, and generic prescription medication. Standard plans have the same cost sharing within a coverage level. HBX first adopted standard plans for 2015 and modifies them each year to ensure compliance with federally mandated actuarial value levels. Once the Standard Plans Working Group completes its work for 2022, the Executive Board will have to review and vote. Recommendations and changes will be posted on the HBX webpage.

**Updates to Standard Plans for 2021:** The Standard Plans Working Group completed its work and the HBX Executive Board approved their standard plan recommendations for 2021 at the April 1, 2020 Executive Board Meeting. Board Resolution:

<https://hbx.dc.gov/sites/default/files/dc/sites/hbx/publication/attachments/Resolution%20Standard%20Plans%20Board%204%201%202020%20final.pdf>

**How Health Insurance Companies Offering Coverage through DC Health Link are Taking Steps to Improve Access to Services for District Residents East of the River:** The Chairman of the Council of the District of Columbia’s Health Committee asked the DC Health Benefit Exchange Authority (HBX) to investigate whether health insurers providing coverage through DC Health Link could be part of the solution to expanding access to services (including mental and behavioral health) for District residents residing east of the Anacostia River in Wards 7 and 8 (“East of the River”). In response, the DC Health Benefit Exchange Authority’s Executive Board established an initiative led by Board Chair Diane Lewis. The Board Chair worked with each of the health insurance companies that offer coverage through DC Health Link. CareFirst Blue Cross Blue Shield and Kaiser Permanente offer coverage in both the individual and small group markets. Aetna and UnitedHealthcare offer coverage in the small group market. Each company actively engaged in this initiative. HBX produced and submitted the report to the Committee on Health in September 2020. HBX posted the report at:

[https://hbx.dc.gov/sites/default/files/dc/sites/hbx/page\\_content/attachments/HBXEastofRiverSept2020Report.pdf](https://hbx.dc.gov/sites/default/files/dc/sites/hbx/page_content/attachments/HBXEastofRiverSept2020Report.pdf), HBX is continuing to follow-up with health plans about the progress on these initiatives.

**Social Justice & Health Disparities:** The HBX Executive Board in September 2020 established a new working group, Social Justice & Health Disparities. It is chaired by HBX Board Chair Diane Lewis and includes two other Board Members, DISB Commissioner Karima Woods and Tamara Watkins. Members include health plans, hospitals, physicians, community health centers, health insurance brokers, and advocates. We believe it is critical to be part of the solution to help end systemic discrimination and injustice. The HBX Report on East of the River was important to help understand what each health plan is doing, but we need to do much more to help address discrimination, racism, and health disparities. The Board charged the new working group with three focus areas to help identify ways HBX can help. The focus areas are: 1. Expand access to providers and health systems for communities of color in the District; 2. Eliminate health outcome disparities for communities of color in the District; 3. Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District.

Similar to working groups in 2013, HBX has an outside expert on health disparities, Dora Hughes, MD, MPH, Associate Professor of Health Policy and Management at the Milken Institute School of Public Health at The George Washington University, helping to staff the work of this working group. The Working Group held its first meeting on February 3, 2021. We expect the group to meet over the next several months with the goal of making policy recommendations to the Executive Board this summer. Note that in addition to this working

group, the Standard Plans working group is looking at ways to improve coverage design to eliminate cost barriers for conditions prevalent in black and brown communities.

**Federal Proposed Rules and Guidance:** HBX closely monitors federal proposed rulemaking and sub-regulatory guidance. HBX submits comments to the federal government on a regular basis advocating for strong consumer protections, stable and affordable private coverage, and flexibility for state-based marketplaces to ensure market stability and consumer protections.

In FY20, HBX submitted comments to the Trump Administration on the following federal actions ([viewed here](#)):

- 12/29/2020 Comments to CMS opposing a Trump Administration rule allowing web-based brokers and insurance carriers to perform essential government functions currently performed by ACA exchanges, putting consumers at risk and endangering the stability of ACA insurance markets. HBX asked the Biden Administration to repeal the provisions related to web-brokers and direct enrollment entities. This final regulation released on January 14, 2021 is frozen pursuant to instruction from the White House Chief of Staff.
- 12/04/20 Comments to HHS on SUNSET (opposed policy that would force the expiration of HHS regulations unless HHS reissues the regulations.). On January 20, 2021 The Biden Administration issued a regulatory freeze memo to postpone current effective dates of final regulations not yet in effect. They also issued an Executive Order that instructs agencies to revoke regulations that create administrative burdens for agencies such as this one.
- 4/02/20 Comments to HHS on Notice of Benefits and Payment Parameters of 2021 (Supported provisions that would strengthen markets and the ACA and opposed provisions that would create barriers to coverage)
- 12/20/19 Comments to State Department on New Public Charge Form (opposed policy and questions on new form for people overseas applying for a visa);
- 11/26/19 Comments to the Centers for Medicare and Medicaid Services (CMS) on Agency Information Collection Activities; Proposals, Submissions, and Approvals (opposed rulemaking on abortion segregation of funds requirement couched as Paperwork Reduction Act action);
- 11/12/19 Comments to State Department on Inadmissibility on Public Charge Grounds (opposed attempt to end-run federal courts' nationwide injunctions that stop DHS from implementing the Public Charge Rule);

- 10/31/19 Comments to State Department on Immigrant Health Insurance Coverage (opposed Presidential Proclamation)

**Q15. Please identify all recommendations identified by the Office of the Inspector General or the D.C. Auditor in FY20 and FY21, to date. Please note what actions have been taken to address these recommendations.**

In January 2020, the DC Office of the Inspector General (DC OIG) issued the *District of Columbia Health Benefit Exchange Authority: Financial Statements (With Reports of Independent Public Accountants) For Fiscal Years Ended September 30, 2019, and 2018* (OIG No.19-1-08HI) audit report. The auditor identified no deficiencies in internal controls over financial reporting that are considered to be material weaknesses.

**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 (ACA)**

The Trump Administration made numerous attempts to repeal and undermine the provisions of the Affordable Care Act (ACA). These efforts allow discrimination and destabilization in the individual and small business markets, increases in health insurance premiums, and cause people to lose health insurance. Many of these regulatory actions have been challenged and are the subject of ongoing litigation. In addition, the Biden Administration issued a memorandum instructing agencies to freeze regulations that are not yet in effect pending a review, pull back regulations that have been submitted to the Federal Register but have not yet been published, and not propose or issue a regulation until it is approved by the Administration.

For other harmful regulations in effect, including those under injunction pending a legal challenge, see below both the federal action and the District's response:

<b>Federal Action</b>	<b>District's Response</b>
The U.S. Department of Labor (DOL) finalized a rule exempting association health plans from the ACA's consumer protections, which opens the door to fraud and insolvencies.	HBX asked the Biden Administration to repeal the final regulation. Attorneys General (AG), co-led by AG Racine, challenged the rule in federal courts. District passed a law to keep consumer protections. HBX submitted comments opposing Trump Administration rule.
The U.S. Department of Homeland Security and Department of State issued new regulations with a harmful interpretation of the Public Charge statute, which has already had a chilling effect on US citizens, Lawful Permanent Residents, and other Visa holding immigrants obtaining public benefits, including health insurance.	HBX asked the Biden Administration to repeal the final regulations and associated Information Collection requests. AG Racine joined litigation opposing the public charge rule. HBX continues to partner with immigration attorneys from the Immigrant Justice Legal Services grant program to provide free immigration help to consumers who attend one-touch enrollment events. HBX is providing interpreter services at these enrollment events. HBX submitted comments opposing Trump Administration rule.
President Trump issued a Presidential Proclamation requiring immigrants to have health insurance prior to entering the country.	HBX asked the Biden Administration to repeal the Presidential Proclamation and associated Information Collection requests. Litigation by advocate groups opposing this proclamation is pending. HBX submitted comments opposing the Trump Administration proclamation.
	HBX asked the Biden Administration to



Federal Action	District's Response
<p>CMS finalized a rule requiring separate billing for the portion of premiums that pay for abortion coverage, limiting access to women's health care.</p>	<p>repeal this provision. HBX worked with health insurance carriers to ensure they were prioritizing their response to the COVID-19 pandemic over implementation of this provision that would cause loss of health insurance coverage and create consumer confusion. AG Racine joined litigation in California opposing this rule. Based on that litigation, as well as a similar case in Maryland, this rule is currently halted nationwide. HBX submitted comments opposing Trump Administration rule.</p>
<p>CMS finalized a rule allowing web-based brokers and insurance carriers to perform essential government functions currently performed by ACA exchanges, putting consumers at risk and endangering the stability of ACA insurance markets.</p>	<p>HBX asked the Biden Administration to repeal the provisions related to web-brokers and direct enrollment entities. This final regulation released on January 14, 2021, is currently frozen. HBX submitted comments opposing Trump Administration rule.</p>
<p>The U.S. Department of Health and Human Services (HHS), DOL, and U.S. Department of the Treasury (Treasury) finalized a rule removing consumer protections related to short-term limited duration plans.</p>	<p>The District passed a law to maintain a three-month limit on short term, limited duration plans. HBX asked the Biden Administration to revert to the Obama Administration consumer protections related to these plans under federal law. HBX submitted comments opposing Trump Administration rule.</p>
<p>HHS finalized a rule to eliminate non-discrimination protections for LGBTQ, women, and immigrants.</p>	<p>HBX asked the Biden Administration to repeal the final regulation and reissue Obama Administration protections. President Biden issued an Executive Order (EO) to prevent and combat discrimination on the basis of gender identity or sexual orientation. The EO instructed agencies to review their regulations, guidance, and policies for compliance with Title VII of the Civil Rights Act and with the policies in the order. HBX submitted comments opposing Trump Administration regulations.</p>
<p>Treasury released guidance that loosen standards for section 1332 waivers to allow exemptions from the ACA consumer protections. A recent final rule converts the guidance into regulation.</p>	<p>HBX asked the Biden Administration to repeal this provision. This final rule, released on January 14, 2021, is currently frozen. HBX submitted comments opposing Trump Administration rule.</p>
<p>The ACA requires taxpayers to reconcile the</p>	<p>In response to the economic devastation and</p>

<b>Federal Action</b>	<b>District's Response</b>
amount they received in tax credits paid directly to health carriers for health insurance premiums with their income for that tax year when they file taxes.	uncertainty caused by the COVID-19 pandemic, HBX asked the IRS to provide maximum flexibility to taxpayers related to reconciliation.

All of the Trump Administration actions to undermine, repeal, and/or replace the ACA, continue to have significant negative implications for the District and its residents. These federal actions destabilize insurance markets nationwide and result in healthier people dropping out. District residents, businesses, and their employees can expect their insurance premiums to rise, whether in or outside the exchange marketplaces. The District has taken strong actions to mitigate these impacts. Nevertheless, these actions ultimately require a permanent, federal solution. Therefore, HBX asked the new Administration to repeal or otherwise reverse the harmful provisions.

The 117<sup>th</sup> Congress which includes Democratic control of the House and Senate are expected to consider proposals to make coverage more affordable and strengthen the ACA. President Biden's COVID-19 relief package seeks to expand tax credits under the ACA, including increasing premium reductions for people under 400%FPL and providing premium reductions for all people by ensuring that no one pays more than 8.5% of their income on premiums. If this passes, approximately 18,000 residents covered through DC Health Link's individual marketplaces will have lower premiums. The ACA has been a success in the District, and HBX will continue to work closely with policymakers and stakeholders to preserve, improve, and implement statutory and regulatory protections as needed for District residents and small businesses.

### **Independent Procurement Authority**

The Council of the District of Columbia granted HBX independent procurement authority for five years in 2013 and extended this authority for an additional five years through the Fiscal Year 2018 Budget Support Act of 2017. This authority has been and remains vital to HBX's success. We have used our authority with transparent, carefully vetted processes that are closely aligned with federal and District of Columbia procurement standards. HBX's procurement authority helps HBX meet the changing needs of District residents and small businesses as an Affordable Care Act state-based marketplace and is vital to help us implement Biden Administration and Congressional actions related to the ACA and its expansion.

We thank CM Gray, Cheh, Bonds, Grosso, and Nadeau for introducing this legislation and Councilmember Allen for cosponsoring it. We also thank Councilmember Gray for holding a hearing in January 2020 and passing this bill out of the Committee on Health. We also thank CM White for holding a hearing and passing this bill out of the Committee on Facilities and Procurement. The Council unanimously approved making HBX's independent procurement authority permanent on December 15, 2020, and the Mayor signed the legislation on January 13, 2021. D.C. Act 23-575 is going through Congressional review.

## **Legal Challenges:**

### **Assessment Litigation**

Numerous carriers have challenged HBX's assessment that supports HBX's operations. All of these failed including cases in the United States District Court for the District of Columbia, the United States Court of Appeals for the District of Columbia, the District of Columbia Superior Court Tax Division, or the District Court of Appeals. The decision by the District of Columbia Court of Appeals on September 24, 2020 affirmed a previous DC Superior Court's opinion in HBX's favor. There are no other open cases challenging HBX's assessment.

### **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. The Republican Attorneys General, with whom the Trump Administration sided, were looking to strike down the ACA and all consumer protections under the ACA. Seventeen Democratic State Attorneys General, including DC Attorney General Karl Racine, as well as the U.S. House of Representatives, defended the ACA against this challenge. The case reached the U.S. Supreme Court which heard oral arguments on November 10, 2020. The decision is expected by end of June 2021.

Unlike other states, DC does not rely on the federal government's on-line marketplace, Healthcare.gov, but there are still significant risks and negative impacts if the ACA's coverage expansion is found to be unconstitutional. District residents could lose premium reductions, called advance premium tax credits (APTCs), and cost sharing reductions that help make private health insurance more affordable. Private health insurance premiums for people and small businesses (and non-profits) would increase and many District residents could also lose coverage if the Medicaid expansion is struck down by the Supreme Court. If the Court strikes down the ACA in part or entirely, Congress would need to take action to preserve the ACA.

### **Data Marketing Partnership Litigation**

A federal District court in the Northern District of Texas issued a decision that preempts state regulation and oversight of an entity engaging in the unauthorized sale of insurance. The District Court overturned a U.S. Department of Labor Advisory Opinion and is permitting the entity to use ERISA as a shield from state oversight. The U.S. Department of Labor appealed this decision to the U.S. Court of Appeals. DC Attorney General Karl Racine is leading a state effort to submit an amicus brief in support of preserving state regulation of insurance and individual market stability. This case is important because if entities are allowed an exemption from state insurance standards, premiums would rise, and ACA markets would de-stabilize.

**Q17. Please describe programs, activities, and initiatives executed or planned in FY20 and FY21, to date, to better inform the public about enrollment, or changes to programs.**

HBX engaged in several programs, activities, and initiatives in FY20 and FY21, to date, to educate the public about 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.*”

DC Health Link employs a number of innovative strategies to reach uninsured residents. These strategies present unique opportunities to educate residents about health insurance options, as well as reach targeted populations. Some of the creative outreach activities in FY20 and FY21, to date, include:

- **Annual Open Enrollment Event and 24 Hour-Enrollment Marathon:** In the last 12 months, DC Health Link operated its seventh and eighth open enrollment periods. In FY20, HBX cancelled the annual open enrollment kick-off event due to the Washington Nationals’ World Series Championship city-wide celebration that was scheduled at the same time. Instead, HBX partnered with the Mayor’s Office of Community Affairs (MOCA), specifically the Office of African-American Affairs, Office of Latino Affairs, Mayor’s Advisory Commission on Caribbean Community Affairs, and the Office of Asian-Pacific Islander Affairs to host the first city-wide Multi-Cultural Resource Fair at Bell Multicultural High School Columbia Heights Campus. More than 3,000 families from across the District attended the event and receive health insurance information, and other support services including assistance with health insurance enrollment. In 2021, due to the COVID-19 pandemic, the annual open enrollment kick-off event was held on Saturday, November 7, 2020 as a redesigned “Enroll-A-Thon” virtual activity to bring awareness to the start of the open enrollment season. The event featured messages from local and national leaders. In January 2020, the DC Health Link 24-Hour Enrollment Marathon occurred the weekend prior to the end of Open Enrollment (January 25 and 26). During the 24-Hour Enrollment Marathon, DC Health Link conducted a radio-thon with live broadcast from Ben’s Chili Bowl, a DC Health Link small business customer. Several radio stations participated, and the event was simulcast by District Cable DCN.
- **Enrollment Weeks of Action:** The COVID-19 pandemic disproportionately impacts communities of color. As a result, DC Health Link launched a “Communities of Color” ad campaign to reach these communities and communicate the importance of health insurance coverage for at-risk populations. Ad placements were targeted to outlets that reach African American, Hispanic, and Asian-American Pacific Islander audiences.

Enrollment weeks of action were created to promote outreach and education to each of these communities of color, as well as the LGBTQI community.

- **National Youth Enrollment Weekend:** In FY20, DC Health Link partnered with Young Invincibles to promote National Youth Enrollment Weekend. This was an interactive social media campaign designed to engage audiences to share their favorite self-care activities while educating them on the importance of health coverage, even as a young adult. The weekend culminated with assisters and volunteers providing information on open enrollment and health coverage during a popular local established tradition known as Brunch Bounce.
- **Drive-In Movie Campaign 2020:** DC Health Link partnered with RFK stadium, Union Market, Buzzard Point, and the Capitol Riverfront Drive-In Movie Series for a Drive-In Movie Campaign to raise awareness and urge enrollment. Advertisements about DC Health Link benefits and the COVID-19 Special Enrollment Period aired before each film and during intermission. Each car also received a DC Health Link information flier, branded hand sanitizer, and mask.
- **PPE Distribution - COVID Testing Sites @ Fire Stations:** DC Health Link partnered with DC Fire and Emergency Medicine (FEMS) to distribute DC Health Link branded PPE (masks and sanitizers) and enrollment information cards at all fire stations providing COVID-19 testing.
- **DC Health Link Jingle:** HBX commissioned a local area millennial artist and rapper to compose, produce, and score an original jingle entitled, “Don’t Delay, Make Sure You Get Insured Today.” This jingle was used in various radio and video spots. Due to its success, the artists were commissioned again to produce a second jingle, “Mask Up, Get Covered”, for the national Get Covered Day awareness campaign. The jingle targeted the importance of wearing a mask and being insured during the pandemic.
- **2020 POWERUP DC 5thAnnual Strategic Planning Summit:** Hosted by DC Health Link, its business partners, media partners, and the DC Health Link Small Business Brain Trust, POWERUP DC was developed to support the small business community by providing information about business resources and networking opportunities. During POWERUP DC, government and private sector representatives share the latest business trends and opportunities for small businesses.

The 5th Annual POWERUP DC was presented in a different format and style—a FREE virtual forum on an interactive platform (Zoom). The format was designed to provide small businesses, women-owned businesses, non-profits and young entrepreneurs with

information, tools, resources, and opportunities to be resilient as they reimagine and innovate ways of doing business during the COVID-19 pandemic. Opportunities to support the revitalization and stability of small businesses through COVID-19 were shared during the forum along with updates on DC Health Link's health insurance response to COVID-19.

- **Window Shopping Campaign:** Beginning October 15, 2020, current customers and potential new customers were able to see prices and options for 2021 (i.e., window shop). This campaign included paid media to raise awareness.
- **Virtual One Touch Enrollment Events:** DC Health Link, in partnership with the Department of Human Services (DHS) and the Department of Health Care Finance (DHCF), hosted a series of One Touch Enrollment events designed to provide health insurance enrollment services and resources to DC residents, small businesses and their employees. DC Health Link certified in-person assisters and licensed health insurance brokers delivered this virtual one-stop shop enrollment support service by appointment on the Zoom platform using group and one-on-one breakout rooms. Attendees had access to identity proofing and verification, insurance eligibility and enrollment, Medicaid enrollment, information about premium reduction, and legal assistance. Services are available in multiple languages.
- **COVID-19 Prevention Campaign:** DC Health Link promoted COVID-19 prevention strategies by distributing more than 3,500 branded face masks, hand sanitizers, and rack cards about open enrollment support and resources at the 65 DHS food distribution sites across the city.
- **Multi-lingual Health Insurance Literacy Webinars:** In support of the DCHealthSmarts™ health insurance literacy initiative, several webinars were convened to address the overwhelming experience by consumers due to the abundance and complexity of health insurance choices and the vast array of plan features. DC Health Link assister partner, Mary's Center and Leadership Council for Healthy Communities (LCGC) hosted the health insurance literacy educational forum entitled, "101 Health Insurance Enrollment Education", to provide residents with information and resources to understand and make informed decisions about health insurance options. One session was specifically for Amharic speaking residents, while another session was specifically for Spanish speaking residents.
- **Faith-Based Outreach:** The District's faith-based community has been an invaluable partner in the effort to engage, educate, and enroll consumers in quality affordable health insurance. DC Health Link's Faith-In-Action campaign was designed to engage the faith-

based community to assist with outreach and enrollment in their congregations and surrounding communities. Faith-based partners provided valuable resources for many at outreach and enrollment events, such as helping staff “street teams” to conduct outreach in underserved areas including neighborhoods and metro stations in Wards 7 and 8.

In addition to the activities listed above, the following “reinforcement strategies” are incorporated to support education, outreach, and enrollment efforts:

- **Social Media and Digital Communications:** Outreach through social media and digital platforms continues to be a paramount strategy for reaching the uninsured. DC Health Link maintains an active and interactive presence on many social media platforms including Twitter, Facebook, and Instagram. Twitter response strategies are implemented regularly. Participating in Twitter chats, cultivating relationships with online influencers, and using new hashtags with high visibility all serve to increase the visibility of the HBX social media accounts and engagement of the posts. DC Health Link leveraged digital communications to help drive engagement and to educate and reinforce enrollment messaging. DC Health Link utilized the following digital communications tactics:
  - ✓ Produced email campaigns aimed at maintaining existing customers through the plan renewal process;
  - ✓ Coordinated and disseminated a robust amount of information through social media messaging and other digital graphics on a weekly basis to DC government agencies partners, community advocates, and business partners; and
  - ✓ Delivered communications through mobile devices with targeted text messaging campaigns.
- **Website Posting of Information:** Both HBX and the DC Health Link customer websites provide 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 features 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.
- **Multicultural Publications and Collaterals:** DC Health Link uses 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.”



**Q18. Have there been any changes to the application process for consumers seeking insurance coverage on DC Health Link in FY20 and FY21, to date?**

This response pertains 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. By comparison, the federal platform (healthcare.gov) planned to schedule maintenance for up to 72 hours during its six-week open enrollment period. While the actual maintenance time has generally been less than scheduled, customers were unable to access the federal platform during the scheduled maintenance. In contrast, 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 DC Health Link—which operates on an agile, cloud-based, and open source platform—to enhance the user experience for both application and plan selection without down-time, with users usually seeing improvements the next time they log in. HBX made enhancements in FY20 and FY21 to-date that include responding to the COVID-19 pandemic, making it easier for small businesses to offer coverage, improving the individual market user experience, adding new self-service tools, and making more information available in other languages.

**Response to the COVID-19 Pandemic**

In response to the COVID-19 pandemic, HBX made a number of changes to ensure DC residents and small business employees were able to get and keep the coverage they needed and to comply with changes in federal and local regulations.

***For Individuals and Families:***

- **Individual Market SEP:** In order to make it as easy as possible for DC residents to enroll in health insurance through DC Health Link as a result of the pandemic, on March 21, 2020 HBX re-configured the DC Health Link system to “open enrollment mode,” which allows residents to apply for and enroll in health insurance—no questions asked. We also adopted a COVID-19 special enrollment period (SEP), which enabled us to develop more flexibility on the effective date of coverage. Under this SEP, an enrollee and their dependents can choose their effective date of coverage to be retroactive to the first of the month in which they are applying or have it be prospective and start the first of the following month. Like the SHOP COVID-19 SEP, the individual market COVID-19 SEP extends until the end of the month in which the District of Columbia COVID-19 public health emergency ends.

- **Self-attestation of DC Residency:** In order to qualify for health insurance on DC Health Link, a DC resident must provide evidence of their DC residency. Typically, we verify an applicant's DC residency status by automatically checking with the DC DMV database. If the DMV database does not provide verification of the applicant's DC residency, the applicant is then required to provide DC Health Link with proof of residency. In response to the urgent need to remove barriers to enrollment, we reconfigured DC Health Link to allow applicants to self-attest their DC residency status, bypassing the need to provide documentation during the public health emergency.

***For Small Businesses and Their Employees:***

- **Special Enrollment Period:** In response to the public health emergency, we updated DC Health Link by creating a COVID-19 SEP to allow employees of small businesses who were not enrolled in health insurance to enroll immediately. This SEP also allowed dependents to enroll.
- **Suspending Terminations for Non-Payment:** In response to the pandemic, the Department of Insurance, Securities, and Banking (DISB) issued an order prohibiting issuers in the District of Columbia from cancelling coverage due to non-payment of premiums. HBX quickly made the necessary changes to our invoicing system to maintain coverage and suspend late and termination notices. We also informed small businesses of the change and the repayment period at the end of the public health emergency.
- **Payment Deferral:** We implemented new flexibility to help small businesses covered through DC Health Link keep their health insurance coverage. In addition to suspending terminations and late payment notices, HBX provided a 60-day grace period for premium payments. The grace period will start when the public health emergency ends. This will allow small businesses time to re-open before requiring them to pay premiums. Also, this deferral is automatic so small businesses do not need to take the time to call and request it. DC Health Link never charges late fees or interest for late or deferred payment of premium.
- **Automatic 12-months Repayment Period:** In addition to prohibiting terminations of coverage during the District's public health emergency, DISB also required at least a 12-month repayment period for small businesses to pay back insurance premiums after the District's public health emergency. HBX made this 12-month repayment period automatic so that it is seamless and easy for small businesses. Small businesses do not need to contact HBX and do not have to apply.
- **Premium Rebates:** We requested premium relief for our customers. CareFirst and United Healthcare offered more than \$4 million in premium relief to employers covered through DC Health Link.
- **Automatic Premium Reduction on Invoice:** Because DC Health Link invoices covered employers, we worked with CareFirst BlueCross BlueShield and UnitedHealthcare to

apply premium relief. This resulted in employers having to pay less (instead of waiting for a refund check). CareFirst BlueCross BlueShield also reduced stand-alone dental premiums by 50% for one month. In order to implement this, we customized our billing system to reflect the reduction. The customization to the invoice clearly reflected the amount of total refund, as well as the amount of refund per employee.

### **Relaxed Eligibility Rules for Small Businesses**

In early FY20, the HBX Executive Board approved a policy change to provide small businesses newly offering insurance on DC Health Link with increased flexibility to offer health insurance to their employees in the event the employer was unable to meet certain of HBX's eligibility requirements. Specifically, small businesses and nonprofits can enroll in coverage even if they can't afford to contribute to their employee premiums and even if only some of their employees enroll. These requirements are called minimum contribution and participation requirements. We updated DC Health Link quickly to implement this new policy. Later in FY20, the Executive Board expanded this flexibility. We quickly updated DC Health Link allowing employers at all contribution and participation levels to enroll or renew in coverage.

### **New Tools for Individual Market Customers**

Over the course of FY20, HBX rolled out several improvements to the individual market customer experience:

- **“PayNow” for Kaiser Permanente Customers:** When a customer enrolls in health insurance, to start coverage they must pay their first month's bill. The new feature integrates the DC Health Link enrollment system with Kaiser Permanente's payment system to allow the customer to make their first month's payment immediately. Previously, the customer needed to wait to receive their first bill from Kaiser Permanente in the mail to make their payment. By developing this enhancement we hope to increase the number of customers who make their first payment and effectuate their coverage. In FY21, we are looking to partner with other carriers to extend the same feature to their customers.
- **Self-service Plan Cancellations:** Sometimes individual customers sign up for coverage that they do not end up needing (for example, if they receive an offer of employer-sponsored coverage before their DC Health Link plan starts) and need to cancel. This year we added a tool to allow customers to do these cancellations themselves as a self-service feature.
- **Self-Service APTC Updates:** Previously, customers wanting to change the amount of advance premium tax credit (APTC) applied to reduce their monthly health insurance premium had to call the HBX Contact Center to facilitate the change. This enhancement streamlines the process by empowering customers to update their applied APTC amount from their own DC Health Link account without any HBX staff intervention needed.

- **Addition of Informational Text and Definitions to the Application:** In FY20 we updated the application to include “help text” based on our user testing. Additional details on this update is included in Q19.
- **Automatic Renewal of Coverage Obtained During Open Enrollment:** At the beginning of open enrollment, we automatically renew all customers for the following plan year. Previously, new customers whose coverage for a current year begins between November 1 and December 31 (during open enrollment) had to actively sign up again for the new plan year. We changed this to automatically renew those customers just like we automatically renew customers who enroll before open enrollment.

### **Translations**

In FY20 we continued to work to make DC Health Link more accessible to all District residents through translations. This work included:

- **Information:** We translated 11 English-language materials, e.g. appeal forms, special enrollment information, for individuals, small businesses, and employees into the six most commonly spoken languages in the District: Spanish, Amharic, French, Vietnamese, Chinese, Korean.
- **Dental Plan Match:** At the beginning of FY20 we launched a Spanish version of our dental Plan Match tool. This means all our decision support tools (Plan Match for health and dental coverage, and our provider directories) are available in Spanish.
- **Google Translate on DCHealthLink.com:** To increase accessibility to DC Health Link informational pages, in FY20, HBX configured Google Translate to allow customers to select from a list of 20 frequently used languages to view the website in their preferred language.

Final federal regulations released in late June 2019 created a new type of Health Reimbursement Arrangement (the Individual Coverage Health Reimbursement Arrangement). Employers can now offer this type of health reimbursement arrangement (HRA) to employees instead of offering a traditional group health plan. The employee can use the HRA to pay premiums for qualifying health insurance (including Individual & Family plans on DC Health Link). The regulations required that Individual Coverage HRAs be available for the 2020 plan year, giving marketplaces only a few months before open enrollment to implement the new rule. As a result, HBX made several updates to make sure all our customers are able to take advantage of this new option:

- **HRA Affordability Tool:** HBX worked with State Health Value Strategies and other state-based marketplaces to create a shared open-source HRA Affordability Tool. This tool allows employees who are offered an HRA to see how their HRA impacts their eligibility for premium reductions. DC was the *first* state to make this tool publicly available (in time for the start of the 2020 open enrollment season). The tool is available on DC Health Link.

- **Employer HRA Tool:** HBX developed a tool to help employers understand all their options for contributing to their employees' health coverage costs. The tool lets employers set how much they'd like to contribute and provides cost estimates for them and their employees for offering an HRA or a plan through DC Health Link SHOP.
- **Broker HRA training:** HBX created new online training for DC Health Link Brokers on HRAs and how to use HRAs with individual health insurance through DC Health Link.
- **New Pages:** HBX added several new pages on DC Health Link explaining what an HRA is and what it means for coverage on DC Health Link. By creating a single landing page to house all HRA information, we've made it easy for both employees and employers to educate themselves about HRA options.

**Q19.What major policy or technical changes, if any, have or will be made to the DC Health Link in FY20 and FY21, to date?**

During FY20, many of HBX's development projects focused on simplifying the enrollment process for residents affected by the COVID-19 pandemic. In the spring of 2020, we quickly shifted gears to prioritize projects that removed barriers to enrollment during the public health emergency. In FY20 we continued to invest in technical changes that automate manual processes and provide DC Health Link staff with the technical tools needed to address complex customer service issues promptly and efficiently, without the need for costly IT contractor support. We also deployed a number of customer-facing enhancements.

For FY20 and FY21 to date, HBX deployed enhancements responsive to the COVID-19 pandemic, improved customer enrollment tools, a more user-friendly application for individuals applying for health insurance, and expansion of administrative functionality for HBX staff. In addition to the changes described in response to Question 18, please see below details for further policy or technical changes:

**Response to the COVID-19 Pandemic**

- ***Consumer Inquiries:*** HBX's Contact Center saw a significant spike in call volume in the early months of the pandemic and public health emergency. To help alleviate high call wait times, we implemented a web form for consumers to submit their request for assistance. We made available a link to the form as a pop-up when a customer visits DC Health Link's website, on our website banner, and in our contact center welcome message. This process enabled HBX case managers to help contact center staff to handle timely all consumer inquiries.
- ***Coverage and Care:*** A critical focus for HBX in 2020 was to consider all we could do to ensure residents and small businesses get insured and stay insured. We worked closely with carriers to ensure that DC Health Link customers had access to COVID-19 testing, diagnosis, and treatment, as well as early prescription medication refill support and access to nurse advice lines and telehealth services. See Q14 for additional detail.

***For Individuals and Families:*** In response to the public health emergency, in FY20, we made system changes and enhancements to remove barriers to enrollment for DC residents. For additional information see Q18:

- ***Reopened open enrollment in DC Health Link:*** On March 21, 2020 we re-configured the DC Health Link system to "open enrollment mode," which allows residents to apply for and enroll in health insurance – no questions asked. In September 2020, we extended the special enrollment period and added new functionality for a COVID-19 SEP with automated effective date feature.

- **Self-attestation of DC Residency:** In response to the urgent need to remove barriers to enrollment, we reconfigured DC Health Link to allow applicants to self-attest their DC residency status, bypassing the need to provide documentation during the public health emergency

***For Small Businesses and their Employees:*** HBX took the following actions in support of our small businesses and their employees:

- **Special Enrollment Period:** Allows employees of small businesses who were not enrolled in health insurance to enroll immediately. This special enrollment period also allowed dependents to enroll.
- **Suspended Terminations for Non-Payment:** See detail in Q18.
- **Payment Deferral:** In addition to suspending terminations and late payment notices, HBX provided a 60-day grace period for premium payments. See detail in Q18.
- **Automatic 12-months Repayment Period:** HBX made this 12-month repayment period automatic so that it is seamless and easy for employers. Employers do not need to contact HBX and do not have to apply.
- **Premium Reductions:** We requested premium relief for our customers. CareFirst and UnitedHealthcare offered more than \$4 million in premium relief to employers covered through DC Health Link.
- **Automatic Premium Reduction on Invoice:** In order to implement this, we customized our billing system to reflect the premium reduction. See Q18 for additional details.

**Relaxed Eligibility Rules for Small Businesses:** Made it easier for employers to offer group health insurance. See Q18 for details.

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

In FY20 and FY21 to date, we focused many of our technical improvements on transitioning work previously performed by contracted developers to HBX employees. Transitioning this work in-house to HBX staff serves two purposes: (1) it reduces the total cost of operations; and (2) it improves our customer service resolution times. To enable staff to perform functions in-house, HBX invested in enhancements to the DC Health Link system. Specifically, in FY20 and FY21 to date we delivered the following DC Health Link enhancements to HBX staff:

- **Special Enrollment Period Tool:** Previously, when HBX needed or wanted to create a new special enrollment period (SEP), or to edit or discontinue an existing SEP, HBX relied on contractors to perform that work. This was costly and took time to implement HBX staff are now able to create, edit, and discontinue SEPs in DC Health Link without contractors, resulting in better outcomes for our customers and reduced costs for HBX.

- **Broker Agency Staff Management:** Previously, when broker agency staff information in DC Health Link needed to be changed in the system, contractors were required to make those changes. This enhancement enables HBX staff to view, edit, and manage broker agency staff information, resulting in faster customer service resolution for broker issues and reduced operating costs for HBX.
- **Ability to Upload Secure Messages to Employer Mailboxes:** Each DC Health Link customer—including small businesses—has a “secure mailbox” accessible from their DC Health Link account. The secure mailbox receives important information from DC Health Link including eligibility notices, payment notices, and other documents and notifications. Previously, uploading a message to an employer’s DC Health Link mailbox required a contractor to perform the work. The new feature gives HBX staff the ability to upload secure messages to employer mailboxes, allowing for timelier sharing of critical and sensitive information while further reducing HBX operating costs.

#### **Customer-Facing Improvements to DC Health Link:**

- **Addition of Informational Text and Definitions to the Application:** To further simplify the process of applying for health insurance, in FY20 we updated the application to include “help text” for questions based on our user testing. For example, the new application includes a clickable link next to each such question, labeled “Not Sure?” Clicking “Not Sure?” presents the customer with a plain language explanation of the question. Additionally, where we use certain terms specific to the health insurance industry in the application, we have linked those terms to our DCHealthSmarts Glossary which provides plain language definitions of these terms.
- **Cleaner, Modern “Look and Feel” to the Application:** By adopting standardized navigation throughout the application, we have made it more intuitive for customers to understand where they are in the application process, and which steps remain to complete the application. The updated navigation increases accessibility for all users of the application.
- **Application Text and Error Message Updates to Improve User Experience:** We made 115 text and error message updates to improve the overall user experience and the quality of the application. With these updates we have clarified what actions customers need to take when they receive an error message, standardized capitalization and other formatting throughout the application, and reworded text that previously was unclear.

**HBX added new features to dhealthlink.com. These include “PayNow”, “Self-Service APTC updates”, “Self-Service Plan Cancellations, Dental Plan Match, and website translations. We detail these new features in Q18.**



**Q20. 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**

The call center continues to be operated by the vendor MAXIMUS in FY21. Between October 1, 2020 and January 31, 2021, the call center received 37,320 calls. The call abandonment rate was two percent in October, one percent in November, two percent in December, and one percent in January. The average wait time to speak with a customer service representative (CSR) was 30 seconds in October, 15 seconds in November, 43 seconds in December, and 16 seconds in January. HBX actively worked with MAXIMUS throughout FY20 to improve customer service, particularly during open enrollment when we see our highest call volume. As a result, the average call abandonment rate during open enrollment dropped to 1.5 percent this year compared to 5.4 percent last year, while the average wait time also dropped to 26 seconds this year compared to 60 seconds during the last open enrollment.

We continuously work with the Contact Center to improve quality of service, including:

- Correctly opening and closing a call;
- Providing accurate information to the caller and documenting the call appropriately;
- Enhancing the customer experience; and
- Ensuring HIPAA compliance.

Shifting to remote work due to the pandemic has meant HBX had to suspend two mechanisms of communication and oversight in March 2020: (1) having HBX staff on-site at the Contact Center, and (2) having Contact Center staff shadow HBX staff at the HBX office. We have made two major adjustments to support remote work:

- Using instant messaging as a means to communicate quickly and resolve customer issues while we have the customer on the phone wherever possible; and
- Creating a direct line of communication between Contact Center program managers and HBX IT support staff to ensure any connectivity or equipment issues are resolved as quickly as possible so customer service representatives (CSRs) can resume taking calls.

MAXIMUS communicates trends, new developments, problems, and concerns to HBX through multiple channels, including:

- A nightly “end of day” report outlining call volume statistics, types of customer calls, and any escalated cases. During open enrollment, Maximus also sends a mid-day report with call stats;

- Weekly management meetings to review any emerging customer issues, casework, trends, and metrics for the individual and small business marketplace;
- Monthly operations meetings with Contact Center management to discuss operations, including quality trends;
- Bi-monthly call calibration sessions are held between Contact Center quality analysts, HBX, and Contact Center management to review call quality and customer handling;
- Communicating with Contact Center management on a daily basis during open enrollment to discuss and resolve all issues as they arise.

### **CSR Training**

New hires for the Contact Center 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 monthly. Semi-annual privacy and security refresher trainings are also delivered to CSRs along with quarterly reminder updates. HBX also works to identify additional trainings that would help the Contact Center better serve DC residents and small businesses. For example, in FY20 we had trainers from Whitman-Walker Health to train the reps on LGBTQ inclusivity.

### **Case Escalation**

If a case (received via call or email) cannot be immediately resolved at the Contact Center, CSRs 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.

**Q21. Please provide the number of calls made to the call center each month from October 1, 2020 to the present.**

The chart below details the number of calls made to the DC Health Link Contact Center from October 1, 2020 through January 31, 2021.

MONTH	CALLS
October 2020	8,449
November 2020	8,430
December 2020	11,821
January 2021	8,620
<b>TOTAL</b>	<b>37,320</b>

- Q22. 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 FY21 to date, and the monthly enrollment targets and projections for FY21. 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 2021**

The following charts reflect individual plan selections and covered lives currently active for Plan Year 2021. 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 2021 Individual Plan Selections as of January 31, 2021**

RENEWAL STATUS	TOTAL
Auto Renewal	15,642
Active Renewal	1,015
New Customer	3,157
<b>TOTAL</b>	<b>19,814</b>

**DC Health Link Plan Year 2021 Individuals Paid as of January 31, 2021**

RENEWAL STATUS	TOTAL
Auto Renewal	13,421
Active Renewal	943
New Customer	1,954
<b>TOTAL</b>	<b>16,318</b>

**Plan Year 2021 Individual Plan Selections as of January 31, 2021 by Age Group**

AGE GROUP	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
< 18	1,629	90	295	2,014
18-25	809	36	306	1,151
26 - 34	4,668	287	1,346	6,301
35 - 44	3,586	272	594	4,452
45 - 54	2,400	176	333	2,909
55 - 64	2,315	150	256	2,721
65+	235	4	27	266
<b>TOTAL</b>	<b>15,642</b>	<b>1,015</b>	<b>3,157</b>	<b>19,814</b>

**Plan Year 2021 Individuals Paid as of January 31, 2021 by Age Group**

AGE GROUP	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
< 18	1,410	86	159	1,655
18-25	677	33	184	894
26 - 34	3,745	259	871	4,875
35 - 44	3,093	252	376	3,721
45 - 54	2,192	165	187	2,544
55 - 64	2,130	144	159	2,433
65+	174	4	18	196
<b>TOTAL</b>	<b>13,421</b>	<b>943</b>	<b>1,954</b>	<b>16,318</b>

**Plan Year 2021 Individual Plan Selections as of January 31, 2021 by Ward**

WARD	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
Ward 1	2,440	170	522	3,132
Ward 2	2,540	192	456	3,188
Ward 3	3,123	158	410	3,691
Ward 4	1,755	105	300	2,160
Ward 5	1,625	116	456	2,197
Ward 6	2,721	186	594	3,501
Ward 7	527	35	167	729
Ward 8	443	29	149	621
Non-DC	468	24	103	595
<b>TOTAL</b>	<b>15,642</b>	<b>1,015</b>	<b>3,157</b>	<b>19,814</b>

**Plan Year 2021 Individuals Paid as of January 31, 2021 by Ward**

WARD	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
Ward 1	2,097	158	338	2,593
Ward 2	2,217	178	331	2,726
Ward 3	2,795	151	278	3,224
Ward 4	1,537	97	171	1,805
Ward 5	1,414	106	278	1,798
Ward 6	2,310	176	384	2,870
Ward 7	425	31	64	520

Ward 8	339	27	55	421
Non-DC	287	19	55	361
<b>TOTAL</b>	<b>13,421</b>	<b>943</b>	<b>1,954</b>	<b>16,318</b>

### Plan Year 2021 Individual Plan Selections as of January 31, 2021 by Zip Code

ZIP CODE	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
20009	1,898	113	387	2,398
20002	1,433	99	408	1,940
20016	1,379	56	148	1,583
20001	1,206	94	278	1,578
20007	1,274	94	183	1,551
20011	1,180	65	225	1,470
20008	1,141	68	178	1,387
20003	925	70	207	1,202
20010	823	66	168	1,057
20015	604	41	59	704
20019	381	23	132	536
20020	363	29	118	510
20037	374	28	88	490
20024	365	27	84	476
20005	371	30	64	465
20017	329	11	72	412
20018	297	28	69	394
20012	300	16	67	383
20036	223	16	42	281
20032	153	5	52	210
Other	623	36	128	787
<b>TOTAL</b>	<b>15,642</b>	<b>1,015</b>	<b>3,157</b>	<b>19,814</b>

### Plan Year 2021 Individuals Paid as of January 31, 2021 by Zip Code

ZIP CODE	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
20009	1,674	103	283	2,060
20002	1,209	95	259	1,563
20016	1,252	52	110	1,414
20007	1,143	92	123	1,358
20001	1,004	87	181	1,272
20011	1,019	58	130	1,207
20008	1,002	62	135	1,199
20003	818	68	128	1,014
20010	697	58	102	857
20015	538	39	36	613
20037	337	26	60	423
20005	303	28	55	386
20024	300	25	50	375
20019	301	21	40	362

20020	293	27	39	359
20017	294	11	41	346
20012	263	16	32	311
20018	248	25	32	305
20036	192	15	31	238
20032	115	5	17	137
Other	419	30	70	519
<b>TOTAL</b>	<b>13,421</b>	<b>943</b>	<b>1,954</b>	<b>16,318</b>

### **Current SHOP Enrollment 2021**

For the month of January, there are 80,583 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.