DC Council Committee on Health
Councilmember Christina Henderson, Chair
Fiscal Year 2024 Performance Oversight Pre-Hearing Questions
Health Benefit Exchange Authority

*Please submit written responses in **one** Word document. Excel, PDF, and PowerPoint responses may be submitted as separate attachments.*

1. Please provide the current organizational chart for the Health Benefit Exchange Authority (HBX), with information to the cost center level. In addition, please identify the number of full-time equivalents (FTEs) at each organizational level and the employee responsible for the management of each program and activity. If applicable, please provide a narrative explanation of any organizational changes made during FY 2024 and FY 2025, to date.

See Q1 Attachment A.

2. List and describe any sexual harassment or misconduct allegations received by HBX in FY 2024 and FY 2025, to date, and whether those allegations were resolved.

HBX has not received any sexual harassment or misconduct complaints in FY 2024 or FY 2025, to date.

3. How many performance evaluations did HBX complete in FY 2024? How many performance improvement plans were issued in FY 2024? How many employees have submitted SMART Goals or other relevant workplans for FY 2025? For each question, provide the total number and the percentage of total employees.

HBX completed 102 performance evaluations in FY 2024, representing 100% of employees with performance plans. One performance improvement plan was issued in FY 2024, and the employee successfully met the requirements. HBX is currently developing SMART Goals for FY 2025, which will be completed by the June 30th deadline.

4. Please provide the following for FY 2024 and FY 2025, to date:

a. A list of employees receiving bonuses, special pay, additional compensation, or hiring incentives in FY 2024 and in FY 2025, to date, and the amount; and

b. A list of travel expenses for FY 2024 and in FY 2025, to date, by employee.

a.

FY24 ADDITIONAL INCOME ALLOWANCE	
Alonso, Alexander O	4,023.50
Bangit, Eliza Navarro	6,433.44
Beeson, Jennifer	19,733.74
Chen, Yi-Ru	29,600.74
Hassan, Mohammed	26,603.80
Ison, David	18,087.74
Kempf, Purvee P	24,831.56
Kofman, Mila	37,440.52
Pereira, Alix	19,733.74
Townes, Desiree E	19,733.74
Wharton Boyd, Linda	29,600.74

FY25 ADDITIONAL INCOME ALLOWANCE AS OF 12.31.2024	
Alonso, Alexander O	4,425.80
Bangit, Eliza Navarro	1,732.08
Beeson, Jennifer	5,312.93
Chen, Yi-Ru	7,969.43
Hassan, Mohammed	7,181.93
Ison, David	4,787.98
Kempf, Purvee P	6,685.42
Kofman, Mila	10,080.14
Nicol, Kathlin	3,419.95
Pereira, Alix	5,312.93
Sauders, Lavina	3,419.95
Townes, Desiree E	5,312.93
Wharton Boyd, Linda	7,969.43

FY24 BONUS PAY	
Alonso, Alexander O	10,341.10
Chen, Yi-Ru	9,866.94
Eze, Chuka	4,118.65
Flowers, Brian K	11,580.79

Hassan, Mohammed	17,783.90
Jones, Bobby	17,783.90
Kempf, Purvee P	12,415.83
Leon, Nicole	9,355.69
Liskovyi, Sergii	8,891.97
Narro, Christian	12,203.60
Nicol, Kathlin	17,783.90
Pereira, Alix	19,733.73
Sauders, Lavina	17,783.90
Scott, Kelly	8,328.90
Whittier, Kelly A.	3,500.00
Wilson, Denicka	10,798.40

FY25 BONUS PAY AS OF 12.31.2024	
Bangit, Eliza Navarro	10,722.50
Chen, Yi-Ru	9,866.94
Eze, Chuka	8,237.30
Hassan, Mohammed	17,783.90
Kofman, Mila	24,960.44
Lin, Jeffrey	5,686.65
Liskovyi, Sergii	17,783.90

b.

FY24 ASSESSMENT TRAVEL	
Alonso, Alexander	785.06
Beeson, Jennifer	599.95
Cudjoe, Grace Akosuah	375.90
Diaz Dempsey, Reina	2,373.07
DiFelice, Annette	1,230.06
Guernica, Antonio	237.54
Hassan, Mohammed	1,132.26
Ison, David	429.47
Jones, Bobby	388.73
Kempf, Purvee	1,856.23
Kofman, Mila	3,633.06
Nicol, Kathlin	1,441.66
Pereira, Alix	1,254.95

Sauders, Lavina	3,615.21
Scott, Kelly	592.89
Wharton Boyd, Linda	971.95

FY25 ASSESSMENT TRAVEL AS OF 12.31.2024	
Jordan, Brittney	245.29
Kofman, Mila	170.32
Pereira, Alix	319.56

5. Please provide the following budget information, in Microsoft Excel, including the amount budgeted and actually spent for FY 2024 and FY 2025, to date. In addition, please describe any variance between the amount budgeted and actually spent.

a. **At the agency level, please provide information broken out by source of funds and by Account Group and Account;**
b. **At the program level, please provide the information broken out by source of funds and by Account Group and Account; and,**
c. **At the cost center level, please provide the information broken out by source of funds and by Account Group.**

See Q5 Attachments A, B, and C.

6. Please provide a complete accounting of all interagency projects that HBX was a buyer or seller for during FY 2024 and FY 2025, to date. For each, please provide a narrative description as to the purpose of the project and which programs, activities, and services within HBX the project affected.

See Q6 Attachment A.

7. Please provide a complete accounting of all reprogramming received by or transferred from the agency in FY 2024 and FY 2025, to date. For each, please provide a narrative description as to the purpose of the transfer and which fund detail, programs, cost center, and account within the agency the reprogramming affected.

HBX didn't engage in any reprogramming in FY 2024, and there have been none to date in FY 2025.

8. Have any spending pressures been identified for FY 2025? If so, please provide a detailed narrative of the spending pressure, including any steps that are being taken to minimize its impact of the budget.

No spending pressures have been identified for FY 2025.

9. Provide a complete accounting of any Special Purpose Revenue Funds for FY 2024 and FY 2025, to date. Please include the following:

a. **Revenue source name and code;**
b. **Description of the program that generates the funds;**
c. **Activity that the revenue in each special purpose revenue fund supports;**
d. **Total amount of funds generated by each source or program in FY 2024 and FY 2025, to date; and**
e. **Expenditure of funds, including purpose of expenditure.**

a. Revenue source name and code:

FY24 Fund Number	FY24 Fund Name
8362003	Assessment Fund
8362009	MA Health Connector Fund
8362012	HealthCare4ChildCare

FY25 Fund Number	FY25 Fund Name
8362003	Assessment Fund
8362009	MA Health Connector Fund
8362012	HealthCare4ChildCare

b. Description of the program that generates the funds;

8362003 – Assessment Fund

HBX is not funded by local taxpayer dollars. While initially funded solely by federal grants, HBX is now 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 subjects 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.

8362009 – MA Health Connector Fund

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. The Health Connector both reimburses HBX for all costs and pays a small administrative fee.

8362012 – HealthCare4ChildCare

HC4CC helps OSSE-licensed child development centers and homes provide affordable health insurance for their employees. OSSE provides funds for health insurance premiums. OSSE provided HBX with $478,151.16 for 3 FTEs for Fiscal Year 2024.

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

8362003 – Assessment Fund

The fund is used to operate the District's State-Based Marketplace.
8362009 – MA Health Connector Fund
HBX is reimbursed for implementing and providing ongoing operational and technical support for the MA Health Connector's Small Business Health Options Program (SHOP). HBX uses CBEs for IT development and maintenance support. HBX staff provide operational support.

8362012 – HealthCare4ChildCare

HC4CC helps OSSE-licensed child development centers and homes provide affordable health insurance to their employees and helps employees get either free or low premium health insurance. Free or lower premiums started January 1, 2023, and employers are guaranteed free and lower premiums for their employees for 12 months from the date of enrollment. DC residents enrolled through the Individual and Family marketplace are guaranteed free coverage through December 31 of the plan year in which they enroll. Further description of this program can be found in the response to Question 16.

d. Total amount of funds generated by each source or program in FY24 and to date in FY25; and

See Attachments Q9 A, B, and C.

e. Expenditure of funds, including purpose of expenditure.

See Attachments Q9 A, B, and C.

10. Please provide the following information for grants/sub-grants awarded by HBX in FY 2024 and FY 2025, to date, broken down by program and cost center:

a. **Grant Number/Title;**
b. **Approved Budget Authority;**
c. **Funding source;**
d. **Expenditures (including encumbrances and pre-encumbrances);**
e. **Purpose of the grant;**
f. **Organization or agency that received the grant;**
g. **Grant amount;**
h. **Grant deliverables;**
i. **Grant outcomes, including grantee/subgrantee performance;**
j. **Any corrective actions taken or technical assistance provided;**
k. **Program and activity supported by the grant;**
l. **HBX employee responsible for grant deliverables; and**
m. **Any grants where the funds have been reduced or zeroed out in FY 2024, and the amount of the reduction; and**
n. **For grants/subgrants over $2M in local dollars awarded by the agency in FY 2024 or FY 2025, please provide the grant agreement to the Committee.**

See Q10 Attachment A, B, and C.

11. For any grant lapse occurring in FY 2024, please provide:

a. **A detailed statement on why the lapse occurred;**
b. **Any corrective action taken by HBX; and**
c. **Whether the funds can be carried over into FY 2025.**

There were no lapsed funds in FY2024 or FY2025.

12. Please provide the following information for all contracts, including modifications, active during FY 2024 and FY 2025, to date, broken down by program and cost center:

a. **Contract number;**
b. **Approved Budget Authority;**
c. **Funding source;**
d. **Expenditures (including encumbrances and pre-encumbrances);**
e. **Purpose of the contract;**
f. **Name of the vendor;**
g. **Original contract value;**
h. **Modified contract value (if applicable);**
i. **Whether it was competitively bid or sole sourced;**
j. **Final deliverables for completed contracts;**
k. **Any corrective actions taken or technical assistance provided;**
l. **HBX employee(s) serving as Contract Administrator; and**
m. **Any contracts where the funds have been reduced or zeroed out in FY 2025, and the amount of the reduction.**

See Q12 Attachment A.

13. What does racial diversity look like within HBX's staff? Please provide data on the racial diversity among leadership and at all staff levels. How does retention differ by race across levels? How does pay differ by race within levels?

The information below was extracted from Peoplesoft data for 122 employees, with 7 electing not to report race. All responses were made voluntarily by employees' self-selection or designation. Note that the total number of employees does not include members of the OCFO team.

Racial Diversity Among All Staff:

Racial Diversity within HBX	Count	%
Black, not of Hispanic origin	57	46.72%
White, not of Hispanic origin	25	20.49%
Asian or Pacific Islander	15	12.30%
Hispanic	13	10.66%
Asian Indian	4	3.28%
American Indian/Alaskan Native	1	0.82%
Not Reported	7	5.74%
Total	122	100.00%

Racial Diversity Among All Managers:

Racial Diversity Among All Managers	Count	%
Black, not of Hispanic origin	14	34.15%
White, not of Hispanic origin	14	34.15%
Hispanic	6	14.63%
Asian or Pacific Islander	5	12.20%
Asian Indian	1	2.44%
American Indian/Alaskan Native	1	2.44%
Grand Total	41	100.00%

Racial Diversity Among Senior Leadership:

Racial Diversity Among Senior Leadership Team	Count	%
Black, not of Hispanic origin	5	50.00%
White, not of Hispanic origin	2	20.00%
Asian or Pacific Islander	2	20.00%
Asian Indian	1	10.00%
Grand Total	10	100.00%

Racial Diversity and Pay Among all Staff:

Racial Diversity by Staff Grade Levels	Count	%	Average of Comp Rate
Black, not of Hispanic origin	57	46.72%	$112,488.24
MSS16	3	2.46%	$197,337.68
MSS15	2	1.64%	$172,500.00
MSS14	4	3.28%	$150,216.75
MSS13	3	2.46%	$127,791.67
LX03	1	0.82%	$231,615.82
LX02	1	0.82%	$200,000.00
LA15	1	0.82%	$166,649.00
LA14	1	0.82%	$158,849.00
CS15	2	1.64%	$160,373.00
CS14	2	1.64%	$132,899.00
CS13	3	2.46%	$109,972.67
CS12	17	13.93%	$93,016.12
CS11	17	13.93%	$72,689.71
White, not of Hispanic origin	25	20.49%	$150,283.01
ES11	1	0.82%	$249,604.45
MSS16	1	0.82%	$197,337.92
MSS15	7	5.74%	$177,839.09
MSS14	3	2.46%	$153,493.33
MSS13	1	0.82%	$122,036.00
LX02	1	0.82%	$180,000.00
CS15	3	2.46%	$145,848.08
CS14	3	2.46%	$139,358.33
CS13	2	1.64%	$99,035.00
CS12	2	1.64%	$84,541.50
CS11	1	0.82%	$79,971.00
Asian or Pacific Islander	15	12.30%	$148,991.08
MSS16	1	0.82%	$197,338.83
MSS15	2	1.64%	$163,669.50
MSS14	1	0.82%	$160,216.00
LX02	1	0.82%	$214,450.00
LA15	1	0.82%	$193,382.00
CS15	2	1.64%	$150,179.68
CS14	5	4.10%	$133,956.40
CS12	1	0.82%	$98,322.00
CS11	1	0.82%	$73,677.00
Hispanic	13	10.66%	$122,894.51
MSS14	4	3.28%	$148,445.50
MSS13	1	0.82%	$132,127.63

LX02	1	0.82%	$209,220.00
CS15	1	0.82%	$145,652.00
CS13	1	0.82%	$105,001.00
CS12	3	2.46%	$87,464.67
CS11	2	1.64%	$74,726.00
Asian Indian	4	3.28%	$166,022.72
ES11	1	0.82%	$248,316.71
CS15	2	1.64%	$150,912.08
CS13	1	0.82%	$113,950.00
American Indian/Alaskan Native	1	0.82%	$177,839.00
MSS15	1	0.82%	$177,839.00
Not Reported	7	5.74%	$101,601.57
CS15	2	1.64%	$162,373.00
CS13	1	0.82%	$116,933.00
CS11	4	3.28%	$67,383.00
Grand Total	122	100.00%	

HBX retention activities include diverse online recruitment tools and employee referrals, all staff trainings on diversity topics such as Workplace Inclusion and Inclusivity, and a Social Justice Speaker Series to observe and celebrate national heritage months. Please see response to Q18 for more information.

14. Please describe any new major programs, activities, and initiatives executed in FY 2024 and FY 2025, to date, or planned for the remainder of FY 2025.

DACA Eligibility for Affordable Care Act:

In May 2024, the Biden Administration finalized a rule that allows Deferred Action for Childhood Arrival (DACA) recipients to qualify for Affordable Care Act (ACA) marketplace coverage for the first time. Importantly, these "dreamers" qualify for both lower premiums and lower out of pocket costs. HBX implemented this federal regulation making Deferred Action for Childhood Arrival (DACA) recipients eligible for ACA marketplace coverage and lower premiums starting November 1, 2024.

We partnered with Mary's Center as they hosted former Health and Human Services (HHS) Secretary Xavier Becerra to announce the new rule in May 2024. Following the announcement, HBX immediately developed and shared a fact sheet with policy makers and community partners. We highlighted what is available, to whom, how much it would cost, what is covered, and how and when someone can enroll. Federal data show there are 480 DACA recipients living in DC as of September 2024.

DACA Outreach and Enrollment Efforts:

In November of 2024, the HBX Executive Board adopted a new and permanent special enrollment period (SEP) for DACA recipients unanimously recommended by DC Health Link's Standing Advisory Board, which includes consumer advocates, insurers, providers, brokers, and consumers. This SEP allows a DACA recipient to enroll in DC Health Link coverage at any time and start coverage the month they enroll, the following month, or back to November 1, 2024.

We are working closely with the Department of Health Care Finance (DHCF) to identify potentially eligible residents and are targeting our outreach to them. Adopting a similar approach as we used for Medicaid unwinding, HBX and DC Health Link Assisters are sending emails and DC Health Link Assisters are reaching out by email and by calling. Emails highlight premiums as low as $3 a month and include links to make an enrollment appointment. To date, we have sent 147 emails and made 53 calls.

We also partnered with trusted voices in the immigrant community for education and outreach, including DC Health Link Assisters, DC Health Link Business Partners, schools serving immigrant communities, immigrant youth-focused organizations, and immigrant-focused agencies with the Mayor's Office of Community Affairs. This partnership is particularly crucial given court challenges. Specifically, after the December 2024 court ruling allowing 19 states to stop enrolling DACA recipients into ACA marketplace coverage, we convened a meeting with our trusted partners to share that DC Health Link is continuing enrollment and not impacted by the ruling. On January 15, 2025, HBX organized a virtual public town hall featuring local leaders in the Hispanic community focusing on health care. HBX presented on the new DACA eligibility and how to enroll through DC Health Link.

For additional programs, activities, and initiatives, see question 25.

15. Please share how HBX has prepared in FY 2024 and is preparing to implement Law 25-0049, Expanding Access to Fertility Treatment Amendment Act of 2023 in FY 2025, and any challenges HBX anticipates in implementation.

Health Plan Certification and Health Plan Documents:

HBX updated our internal staff checklist for our annual health plan certification process, trained staff, and reviewed plan documents submitted by insurance carriers for updates on the new fertility benefit consistent with DC law. Specifically, we focused on the Summary of Benefits and Coverage (SBC) and the Schedule of Benefits (SOB), two consumer-facing documents. Previously, DC law allowed for exclusions and limitations related to infertility treatment and it was under listed under "Services Your Plan Generally Does NOT Cover." These plan documents are available on the DCHealthLink.com website and the SBC is also available to customers during plan comparison and shopping. This activity is in addition to health plan reviews conducted by the Department of Insurance Securities and Banking (DISB).

DC Health Link Enrollment Experts:

HBX developed training materials to educate DC Health Link enrollment experts. On October 17, 2024, HBX included information about the new benefit in our quarterly broker webinar for DC Health Link Certified Brokers. On January 2, 2025, we included information about the new benefit in our newsletter to DC Health Link brokers. We also added infertility treatment information to the DC Health Link Assister training as a part of the annual Assister Academy held on October 10-11, 2024.

Consumer Inquiries:

HBX set up an internal process to collect, share with DISB, and respond to all consumer inquiries. DISB developed consumer facing guidance, the DISB 2025 Rx Guide on Fertility Treatment available at:
https://disb.dc.gov/sites/default/files/dc/sites/disb/page_content/attachments/DISB_FERT_RXGuide25.pdf

DC's Essential Health Benchmark Plan and Defrayal Payments:

The Affordable Care Act requires DC to defray the cost of the new fertility benefit in the individual and small group markets. Under a new Federal rule finalized in 2024, benefits added to DC's Essential Health Benefit (EHB) benchmark would not require defrayal. In May, HBX partnered with DISB to submit an application to the Centers for Medicare and Medicaid Services (CMS) to update DC's 2026 EHB benchmark plan to include fertility benefits. In October, CMS approved the revision to the 2026 EHB benchmark.

As a result, DC will not have to defray the cost of the new fertility benefit starting in plan year 2026. Defrayal payments for plan year 2025 required by federal law will be paid for based on total actual claims for this benefit after plan year 2025 concludes.

DC EHB benchmark for 2026 available at:
https://www.cms.gov/marketplace/resources/data/essential-health-benefits

16. Please provide the following as it relates to HealthCare4ChildCare:

a. Total number and name of childcare facilities enrolled, stratified by ward;
b. Total number of childcare workers enrolled, to date, and stratified by ward;
c. Total number of dependents of childcare workers enrolled, to date;

HC4CC Cumulative Enrollment:

Since January 2023, HC4CC has helped 2,414 people and 231 facilities.

HC4CC Current Enrollment (as of January 1, 2025):

- HC4CC covers 1,967 people (1,607 employees, 360 dependents);
- HC4CC covers 220 facilities (157 employers); and
- HC4CC covers 79% of eligible facilities. That is 220 facilities out of 280 that are eligible for group coverage.

Note: There are 432 currently licensed early child development facilities in DC. Some are not eligible for HC4CC group coverage either because they have more than 100 FTEs or do not have employees. Also, we have confirmed through individualized outreach that some facilities have employees who all have other coverage, e.g., Medicare, Medicaid, or group coverage through a spouse.

Enrolled District Small Businesses by Ward (as of January 1, 2025):

Ward	# of OSSE Licensed District Businesses	# of Eligible District Businesses*	# of District Businesses Enrolled in HC4CC	% of Eligible District Businesses Enrolled in HC4CC
Ward 1	38	23	20	87%
Ward 2	48	26	20	77%
Ward 3	40	31	28	90%
Ward 4	88	56	50	89%
Ward 5	60	39	28	72%
Ward 6	53	38	31	82%
Ward 7	46	27	16	59%
Ward 8	59	40	27	68%
Total	**432**	**280**	**220**	79%

69 OSSE-licensed facilities have more than 100 FTEs and thus do not qualify for HC4CC group coverage because of their size. Additionally, we have confirmed through individualized outreach that 83 facilities have employees who all have other coverage, e.g., Medicare, Medicaid, or group coverage through a spouse, and are not eligible to enroll. NOTE: Licensed Homes without employees do not qualify for group coverage.* ***These have not been netted out of the number of eligible facilities because if they hire employees, they will become eligible for group coverage.* *Some are currently covered in the individual and family marketplace.*

Current Enrollment by Ward (as of January 1, 2025):

Ward	# of District Businesses Enrolled in HC4CC	People covered through their employer or directly*
Ward 1	23	159
Ward 2	23	161
Ward 3	28	361
Ward 4	47	339
Ward 5	24	200
Ward 6	33	471
Ward 7	18	57
Ward 8	24	219
Total	220	1,967

**A DC resident may live and work in different Wards. This table reflects residents' work location if they are covered by their employer. Sometimes employers have multiple facilities but have only one plan reflecting location of the main facility. If a resident is covered through the individual and family marketplace, the table reflects the Ward where they live.*

Enrollment Push

Beginning in the Fall of 2022, HBX launched a comprehensive education and robust enrollment push to support new employer and employee enrollments into HC4CC. HBX visited Directors and decision makers in-person to educate them about HC4CC (visits required multiple attempts/return visits). Staff conducted in-person, virtual and telephone meetings, and sent thousands of emails in both English and Spanish. Additionally, staff enrolled workers at their work sites.

Grantee Outreach

HBX established a grant program to fund community organizations/trusted voices in the early child development field to assist HBX staff with HC4CC. Grantees worked with OSSE-licensed early child development centers and homes and their employees to educate them about HC4CC and to maximize employer and employee participation in HC4CC. We assigned 155 OSSE-licensed child development centers and homes to grantees for outreach. In addition, grantees held multiple community-wide events to generate interest and enrollment in HC4CC.

Grantees:

- Sent more than 250 emails and made 316 phone calls to employers;
- Held 12 virtual meetings with employers;
- Held 26 in-person outreach and enrollment events; and
- Visited 108 centers and homes.

For Fiscal Year 2025, we reduced the size of the program from five to two grantees and shifted their focus away from enrollment to health insurance literacy to help support HC4CC enrollees. We do **not** use HC4CC local funding to fund the grant program.

HC4CC Grantees:
Fiscal Year 2023 and 2024 Grantees

- SPACES in Action
- Community Educational Research Group
- The Multicultural Spanish Speaking Providers Association
- The DC Early Learning Collaborative
- DC Association for the Education of Young Children

Fiscal Year 2025 Grantees

- The Multicultural Spanish Speaking Providers Association
- The DC Early Learning Collaborative

HealthCare4ChildCare Advisory Council:

HBX established an Advisory Council in 2023 to provide expert advice, policy feedback, and outreach assistance. The 2025 Advisory Council members:

HC4CC Advisory Council Members	
Jamal Berry (Chairperson)	President and CEO, Educare DC
Sally D'Italia (Vice-Chairperson)	Co-Chair, DC Directors Exchange
Christopher Beard	Executive Director, District of Columbia Association for the Education of Young Children (DCAEYC)
Teresa Aspinwall	Director, Multicultural Spanish Speaking Providers Association (MSSPA)
Carrie Thornhill	President, DC Early Learning Collaborative
Sia Barbara Kamara	Board Member, DC Early Learning Collaborative
Jeffrey Credit	President, Washington Association of Child Care Centers (WAC) Founder and CEO, Community Educational Research Group
Cynthia Davis	President, DC Family Child Care Association Owner, Kings and Queens Childcare Center
Maria Cristina Encinas	Board President, Multi-Cultural Spanish Speaking Providers Association (MSSPA) Operations Director, Estrellitas
Almeta Keys	Executive Director, Mazique Parent-Child Center
Maurice Sykes	Early Childhood Leadership Institute
Kimberly Perry	Executive Director, DC Action
Christina Benjamin	D.C. Head Start Association
Raúl Echevarría	CEO/President, CommuniKids Preschool and Children's Language Centers
LaDon Love	Executive Director, SPACES in Action

The success of HC4CC is a reflection of the work that the HBX and OSSE staff have engaged in, stakeholder input for design and roll out, work on the ground by grantees, and our Advisory Council's expert advice and actions helping to educate facilities and workers.

Support for employees of OSSE licensed early child development facilities losing Medicaid:

In 2023, HBX worked closely with the Department of Health Care Finance (DHCF) to move Medicaid redetermination for Medicaid enrollees that are employees of OSSE-licensed facilities to the last group being redetermined in April 2024 (with Medicaid notices sent in March). HBX's approach in supporting employees of OSSE licensed facilities losing Medicaid aligned with HBX's broader Medicaid redetermination effort described in question 25.

Since April 2024, HBX assisted 51 employees: we reenrolled 5 employees into Medicaid and 46 employees (55, including dependents) into HC4CC. In total, we have assisted 388 employees of OSSE licensed early child development facilities with Medicaid since the start of HC4CC.

Additional information: Assistance to Researchers and Policymakers from Other Jurisdictions

HBX provides technical assistance to states and the federal government. We also provide data and information about HC4CC to researchers. Note that researchers outside of the early child development field have viewed HC4CC as a local expansion program building on the ACA. (See Georgetown University study)

d. Total amount spent in FY 2024 and FY 2025, to date, on HealthCare4ChildCare;
e. Remaining balance of funds for HealthCare4ChildCare for the remainder of FY 2025;

Every HC4CC local $1 spent results in more than $1 in premium benefit because employers contribute (what they can afford) and federal premium tax credits lower premiums.

- For every HC4CC $1 spent on small business coverage, the District gets $1.31 in premium value due private employer contributions to premiums.
- For every HC4CC $1 spent on individual marketplace coverage, the District gets $1.29 in premium value because federal premium tax credits pay a portion of the premium.

100% of the HC4CC funding pays for premiums and does **not** support the cost of administering the program.

FY 2024:
Amount paid for premiums in FY 2024: $10,189,457. In addition to the $12 million for each of the fiscal years in the District's 4-year financial plan, all amounts not spent in FY 2024 are necessary to maintain coverage through FY 2028.

Fiscal Years do not align with Plan Years. As of December 31, we have paid $10,280,032 for premiums for Plan Year 2024. Payments for Plan Year 2024 will continue to be made through Fiscal Year 2027. For example, an employer may offer Plan Year 2024 coverage that began

December 1, 2024 and ends November 30, 2025. In addition, retroactive changes and corrections can continue to be made up to one year after the Plan Year ends, which in this case is November 30, 2026. In this example even though it is a 2024 Plan Year, this employer's coverage started in FY 2025 and runs into FY 2027.

FY 2025:
In FY 2025, amount paid for premiums through January 31, 2025: $2,538,800 (this does not include payment for February premiums). In addition to the $12 million for each of the fiscal years in the District's 4-year financial plan, all amounts not spent in FY 2025 are necessary to maintain coverage through FY 2028.

In January 2025, amount paid for premiums: $1,097,329. Fiscal Years do not align with Plan Years. As a reminder, Plan Year 2025 started on January 1, 2025. Plan Year 2025 payments will continue to be made through Fiscal Year 2028. For example, an employer may offer Plan Year 2025 coverage that begins December 1, 2025 and ends November 30, 2026. In addition, retroactive changes and corrections can continue to be made up to one year after the Plan Year ends, which in this case is November 30, 2027. In this example even though it is a 2025 Plan Year, this employer's coverage started in FY 2026 and runs into FY 2028.

See Q16 Attachment - Plan Year Explanation and Examples.

f. Plans, challenges, and timeline to enroll more childcare workers.

Currently, nearly 8 in 10 eligible facilities are enrolled in HC4CC's group coverage and the program covers nearly 2000 people through DC Health Link's group and individual marketplaces.

To ensure that workers, dependents, and facilities currently covered continue to have free and low premium health coverage, effective January 1, 2025, HBX established a wait list. The policy prioritizes DC residents and protects employers and employees currently enrolled.

Wait List:

In Fall 2024, HBX staff developed a draft wait list policy for HC4CC. The HC4CC Advisory Council and OSSE provided valuable feedback on the policy. Based on this feedback, HBX finalized the Wait List Policy. Additionally, the HC4CC Advisory Council helped HBX staff with the rollout plan for the new policy. Based on the Advisory Council's recommendation, HBX sent emails to employers of facilities enrolled in HC4CC and employers who are not enrolled in HC4CC to inform them about the wait list. In our email to HC4CC-enrolled facilities, we let them know that they would not be impacted as long as they maintain their HC4CC coverage.

How the Wait List Works

<u>Not Subject to the Wait List:</u>
- Qualified workers who are DC residents, including workers losing Medicaid;

- New or existing employees of currently enrolled facilities. This includes new hires and current employees who did not enroll before but now want to enroll; and
- Currently enrolled employers opening a new location. Employees in the new location are eligible to be added to the existing group coverage.

Wait List Applies to Employers Not Currently Enrolled in HC4CC:
Priority status on wait list:

- New ownership of a facility that is currently enrolled (*Note: Fact-based analysis);*
- An employer licensed as a home or expanded home;
- An employer located in Wards 1, 4, 5, 7, and 8;
- An employer that participates in the Child Care Subsidy Program;
- An employer that delivers full day care to children ages 0-5;
- All other employers that deliver full day care and do not fall into any of the above categories; and
- All other employers that do not fall into any of the above categories.

Note that as of January 22, 2025 there are **no** facilities on the Wait List.

g. How many employers are providing a higher tier of health insurance to employees as a result of the HealthCare4ChildCare program?

Details about the 220 facilities currently offering coverage (as of January 1, 2025):

- 132 facilities out of 220 (60%) currently enrolled facilities did not offer coverage prior to HC4CC.
    - 464 workers and dependents are covered through these 132 facilities
    - 100 of the 133 facilities are in Wards 1, 4, 5, 7, or 8 (underserved Wards).
    - Smaller businesses, such as childcare homes, were less likely to offer coverage before HC4CC. Those who did not offer coverage before HC4CC have an average of 4 enrollees, compared to those who previously offered coverage, with an average of 12 enrollees.
- 88 facilities out of 220 (40%) currently enrolled facilities offered coverage prior to HC4CC.
    - 66 of the 88 previously offered coverage through DC Health Link, but many of their employees could not afford it.
        - 36 of the 88 (41%) currently enrolled facilities saw increased enrollment after enrolling in HC4CC.
        - 15 of the 88 (17%) currently enrolled facilities are offering a higher tier of coverage than prior to HC4CC.
    - 22 of the 88 previously offered coverage prior to HC4CC, but did not offer coverage through DC Health Link.
        - At least 17 of the 22 (77%) currently enrolled facilities saw increased enrollment after enrolling in HC4CC.
- 901 employees have free health insurance premiums.
- 412 employees pay a reduced premium.

17. Please describe any changes or improvements to HBX's dental and vision coverage in FY 2024 and FY 2025, to date.

Dental Coverage:

After DC Health Link launched, we began offering dental coverage and reconfigured our IT to enable residents to enroll just in dental coverage ("standalone dental plans"), creating a whole new private market. Prior to our offerings, an individual could not buy an individual dental policy directly from a carrier. Rather, such policies were only available through group coverage.

The DC Health Link market now serves a variety of customers beyond those residents who are purchasing their health care coverage through DC Health Link. For example, DC Health Link provides dental plans to residents who have Medicare, which does not provide dental coverage. Similarly, we offer individuals dental coverage on DC Health Link who may have job-based health care coverage, but whose benefits do not include dental coverage.

In addition, modeled on our health care plan-match tool, HBX built a consumer decision support tool that allows residents to compare dental coverage options quickly. The tool allows residents to filter by insurance company, HMO/PPO, level of coverage, and whether there is a waiting period. The comparison chart helps residents compare premiums and plan design such as deductible, copay, and coinsurance.

Enrollment in DC Health Link Dental Plans as of January 6, 2025:

	# of People with a Dental Plan	**# of People that have Medical and Dental Plans**	**# of People that ONLY have a Dental Plan**
Individual and family marketplace	4,386	3,382	1,004
Small group marketplace	5,451	4,943	508
Total	9,837	8,325	1,512

DC Health Link's dental plan options and carrier options are the same in plan year 2025 as they were in plan year 2024 for both the individual and family marketplace and the small group marketplace.

DC Health Link's individual and family marketplace offers 16 dental plans from four carriers:

- Best LIFE (4 plans)
- Delta (2 plans)
- Dominion National (8 plans)
- CareFirst BlueCross BlueShield (2 plans)

DC Health Link's small group marketplace offers two dental plans from one carrier:

- CareFirst BlueCross BlueShield (2 plans)

All DC Health Link plans include pediatric dental coverage as required by the Affordable Care Act (ACA).

Vision Coverage:

The ACA restricts marketplaces from offering products other than qualified health plans and qualified dental plans. As such, DC Health Link cannot offer vision coverage. As a benefit to our customers and to address this need, we have arranged for VSP Vision Care (VSP), the largest not-for-profit vision insurance plan in America, to offer vision coverage to individuals. Consumers who want a vision plan are connected directly to VSP's online enrollment system through the Vision Coverage page on DC Health Link's website: https://www.dchealthlink.com/vision.

All DC Health Link plans include pediatric vision coverage as required by the ACA.

18. Please provide a description of HBX's work in FY 2024 and FY 2025, as produced by the Social Justice and Health Disparities Working Group, for its identified focus areas to promote health equity in areas of:

a. **Expanding access to providers and health systems for communities of color in the District;**
b. **Eliminating health outcome disparities for communities of color in the District; and**
c. **Ensuring equitable treatment for patients of color in health care settings and in the delivery of health care services in the District.**

Stopping systemic racism in health care is complex and requires a variety of approaches. We have been educating federal officials and asking for federal action. We launched a pilot initiative seeking to expedite adoption of one clinical guideline (eGFR). We have also been working with our health plans, both monitoring and in one case assisting their implementation of Social Justice and Working Group (SJWG) recommendations as adopted by the HBX Executive Board. We continued expanding our essential plans with equity-based benefit design. And we've updated DC Health Link application pursuant to our commitment reflected in the SJWG recommendations. We've also shared information about our initiatives with other state-based marketplaces and two have adopted our equity-based benefit design for Type 2 Diabetes. Researchers have included information about our equity and social justice work in issue briefs and other publications.

HBX's Federal Efforts:

HBX educated federal officials on our efforts to address systemic racism affecting commercially insured population. This included briefings, meetings, and written comments.

Through our initial research for the SJWG and implementation of its recommendations, we identified how health care clinical decision-making tools and algorithms perpetuate health disparities among communities of color. For example, one clinical decision-making tool called estimated glomerular filtration rate (eGFR) estimates how well kidneys function. The tool's "race adjustment" automatically added points to the score for Black patients, making it look like their kidneys functioned better. The artificially inflated score delayed kidney treatment and prevented some patients from receiving life-saving transplants. Another tool, pulse oximeters, to determine blood oxygen saturation level (a device we all learned more about during COVID), are calibrated based on white skin resulting in less accurate oxygen levels for Black and Brown populations delaying treatment.

In September of 2022, in comments to the Biden Administration's proposed 1557 rule, HBX urged the federal government to clarify that clinical tools that use race, including the race-based eGFR and pulse oximeters, violate federal non-discrimination protections. While the Administration's proposed rule was specific in discussing the use of an eGFR equation that still has race as a factor, it did not discuss pulse oximeters.

In April 2024, the Biden Administration issued final non-discrimination regulations implementing Section 1557 the ACA. The Administration clarified that Section 1557 applies to patient care decision tools inclusive of clinical tools and algorithms such as an eGFR that uses race as a factor. And although not in the proposed rule, we were pleased to see that the Biden Administration's final rule included pulse oximeter calibrated to white skin as an example of discrimination under 1557. Unfortunately, several states filed lawsuits to challenge the final rule.

Discrimination in Clinical Algorithms – eGFR:

Working with our DC Health Link plans, we identified how health care clinical decision-making tools perpetuate health disparities among communities of color. One example of a clinical decision-making tool perpetuating health disparities is the common kidney screening test called eGFR.

eGFR is a calculation based on a blood test that estimates how well an individual's kidneys are functioning. Until recently, eGFR used race as a factor in the calculation, adding points to the score for Black patients, which made it appear that their kidneys functioned better. The artificially inflated scores resulted in Black patients receiving an incorrect status determination for kidney transplants and therefore dying prematurely. The incorrect determination delayed referral to nephrology, delayed diagnosis of kidney disease, delayed access to therapies to slow progression, incorrect prescription drug dosing and withheld prescriptions, and ineligibility for many benefits available to those deemed disabled by chronic kidney disease. While updated clinical guidelines removed race in 2021, many labs across the United States have yet to adopt the updated race-neutral eGFR.

In 2021, all DC Health Link plans (Aetna, CareFirst BlueCross BlueShield, Kaiser Permanente, and UnitedHealthcare) voluntarily agreed to prohibit use of race-adjusted eGFR by network providers (which is a multi-year process).

Recognizing that our health plans cannot solve this challenge by themselves, we pivoted our strategy. We launched a pilot initiative to help us figure out if we can impact lab adoption of race-neutral eGFR. We recruited a nationally recognized health insurance expert who spent his professional life representing health plans in government affairs. We intentionally engaged him because of his successful record working across the political spectrum, building relationships and having existing relationships with payors, delivery systems, policymakers and regulators.

The campaign had three phases: 1. Identify and partner with leaders within the kidney health community and understand why some labs have yet to adopt the race-neutral eGFR. This first phase included establishing and building new relationships; 2. Outreach focused on solutions to barriers to full adoption; and 3. Partner with policymakers and advocates to advance change.

Next steps include educating large employer purchasers of health insurance about bias in clinical guidelines, tools, and algorithms.

Working with DC Health Link Carriers to Monitor Their Implementation of Social Justice Working Group's Recommendations:

HBX continued to monitor carriers' implementation of the Social Justice and Health Disparities Working Group (SJWG) consensus recommendations. Year 3 report is available at: SJWG Implementation-Year 3.

Carrier major achievements include:

- Health Equity Accreditation: Kaiser Permanente holds NCQA Multicultural Health Care Distinction and obtained NCQA Health Equity Accreditation. CareFirst obtained NCQA Health Equity Accreditation.
- Updates to Provider Contracts: CareFirst has added health equity training requirements to its value-based contracts.

The year two report is available at SJWG Implementation-Year 2 and year one report is available at SJWG Implementation-Year 1.

Additionally, HBX retained a clinical expert and made that expert available to carriers to assist them in implementing evaluations of equity-based benefit design. Carriers wanted to do their own evaluations on the impact of benefit changes. Our expert developed a guide which included clinical outcome measures related to Type 2 Diabetes and we discussed evaluations with carriers. Working with the carriers and based on carriers' recommendation for an independent researcher to conduct a formal evaluation of the equity-based benefit design, we are in discussions with independent researchers to evaluate the equity-based benefit design.

HBX Activities:

Free HIV Care in Plan Year 2026

From September through November of 2024, HBX's Standard Plans Working Group (SPWG) considered free treatment of HIV as a part of its equity-based benefit design in DC Health Link Essential Plans. HBX's SPWG sought input from Whitman-Walker, a nationally recognized care provider and research leader for those living with HIV, to review HIV in DC and treatment of HIV in private health insurance plans. Approximately 71% of the people living with HIV in DC are Black and 8% are Latino. Moreover, Black people with HIV face disparities in access to care and health outcomes. Nationwide, at the end of 2022, only 64% of the Black population with HIV was linked to care and 53% were virally suppressed, meaning their HIV was suppressed through treatment. In contrast, 70% of the White population with HIV was linked to care and 63% were virally suppressed.

With extensive clinical input from Whitman-Walker, HBX's SPWG developed an equity-based benefit design to cover medical care for HIV with no cost sharing — meaning no copays, no coinsurance, and no deductibles — for office visits with family medicine or internal medicine doctors, generic prescription drugs, and laboratory tests. Care that would otherwise cost up to $45 per visit and $55 per lab test will be free. In November 2024, the HBX Executive Board approved these recommendations for plan year 2026, providing time for insurance carriers to develop these plans and submit them for review and approval during 2025.

Race, Ethnicity, and Gender Identity Data

Pursuant to the SJWG's recommendations, HBX updated the individual and small group marketplace applications with changes designed to improve the collection of data on race, ethnicity, and gender identity of enrollees.

We modeled our approach on New York's marketplace, which has a 91% response rate on race and ethnicity questions. For the individual marketplace application, we now require an answer to the race and ethnicity questions, but allow "don't know" and "choose not to answer" as answer options. For employees of small businesses and nonprofits enrolled in DC Health Link's small group marketplace, we added questions on race and ethnicity to information provided by covered employees and dependents.

We also revised the gender identity question to add a non-binary gender marker as an option in both the individual and small group marketplace applications. Previously on the application there was a choice of only male or female. Now three options are displayed: male, female, and non-binary. HBX's changes allow all customers to attest in a way that better reflects and affirms their identities. We provide the updated gender identity information on the electronic enrollment file to carriers.

Internal Activities and Leadership Priorities

HBX continued to implement our agency-wide internal social justice initiative. Each leadership team member developed a social justice strategic plan — a priority for HBX. HBX incorporated social justice goals into performance management plans, such as attending all social justice-related trainings and speakers, and, using FY23 as a baseline, increasing purchasing with DSLBD-designated disadvantaged businesses by 25%.

HBX continued our Social Justice Speaker Series for all staff which included the following speakers in 2024:

- Black History Month, Dr. Lonnie Bunch, III, PhD, Fourteenth Secretary of the Smithsonian Institution
- Women's History Month, Sharon Pratt, Former Mayor of the District of Columbia
- Asian American Heritage Month, Mia Ives-Rublee, Director, Disability Justice Initiative at the Center for American Progress
- LGTBQ+ Pride Month, Jaymes Black, President and CEO, Family Equality
- Hispanic/Latino Heritage Month, Angela Franco, President and CEO, Montgomery County Chamber of Commerce
- Native American Heritage Month, Evangelyn Castagna, Director of the Indian Health Services, Alaska Area

In 2024, HBX's consultant Dr. Kumea Shorter-Gooden trained managers and staff on inclusiveness and bias including microagressions.

19. Please describe the status of implementation for reduced cost sharing amounts for pediatric behavioral health services and zero cost sharing for diabetes care including efforts to ensure an adequate network of providers who accept insurance bought on the Exchange. Please share any data on (1) how many beneficiaries have taken advantage of this benefit and (2) any cost savings achieved.

Equity-Based Benefit Design:

HBX's Social Justice and Health Disparities Working Group (SJWG) recommended, and the HBX Executive Board adopted, equity-based benefit design in 2021 as a part of recommendations to stop systemic racism in health care. Specifically, the group recommended modifying insurance design for DC Health Link Essential Plans, previously known as Standard Plans, to eliminate cost sharing, including deductibles, coinsurance, and copayment, for medical care, prescription drugs, supplies, and related services that prevent and manage diseases and health conditions that disproportionately affect patients of color in the District. In DC, 12.9% of Hispanics/Latinos and 10.1% of Black residents compared to 6.1% of White residents reported not being able to see a doctor because of cost.

HBX begins developing the plan design for each disease or condition it considers through HBX's Standard Plans Working Group (SPWG) two years in advance of the plan year it goes into effect. The working group includes consumers, health insurance carriers, brokers, and consumer advocates. Additionally, HBX sought clinical expertise; for example, from Whitman-Walker, Children's National Hospital's Child Health Advocacy Institute's (CHAI) Community Mental Health CORE, and a DC-based cardiologist recommended by the American Heart Association.

Starting with Plan Year 2023, DC Health Link Essential Plans cover Type 2 Diabetes for free, meaning no cost sharing — no deductible, no coinsurance, and no copay — for primary care physician visits, lab work, an eye and foot exam, supplies including a glucometer and test strips, and prescription drugs, including insulin.

Starting with Plan Year 2024, DC Health Link Essential Plans cover pediatric mental and behavioral health services with a $5 copay and no deductible. These services include an unlimited number of primary care and specialty office visits — down from $45 under bronze coverage — certain lab work, and prescription drugs, including antidepressants, anti-hypertensives, anxiolytics, anti-psychotics, and hormone treatment. Parents who were paying as high as $25 in copays for even the lowest-cost generic prescriptions for their children will pay only a $5 copay starting Plan Year 2024.

New for Plan Year 2025, DC Health Link Essential Plans cover cardiovascular disease and cerebrovascular disease, such as heart disease, stroke, and hypertension, for free. Notably, the rate of Black DC residents who die from heart disease is 2.5 times higher than White residents. This plan design includes no cost sharing — no deductible, no coinsurance, and no copay — for primary care physician visits, lab work, CT scans and EKGs, and generic prescription drugs, such as ACE inhibitors, statins, and anticoagulants. CT scans can cost as much as $400.

Coming in Plan Year 2026, DC Health Link Essential Plans will cover HIV treatment with for free, meaning no cost sharing — no deductible, no coinsurance, and no copay — for primary

care physician visits, laboratory tests, and generic HIV medications.

Each DC Health Link health insurance carrier offers a DC Health Link Essential Plan at each metal level — Bronze, Silver, Gold and Platinum. In 2025, there are 12 equity-based health plan options in the individual and family marketplace and 24 in the small group marketplace. Currently, there are 14,331 people enrolled in a DC Health Link Essential Plans, of which 1,667 are children.

Other Barriers:

HBX developed equity-based benefit design as one action to increase utilization of health care. However, there are other barriers to accessing care. For example, the SPWG discussed provider availability and stigma as two other barriers as a part of the work related to pediatric mental health. The Children's National team discussed several of their efforts to improve access to high-quality mental health care for all children and their families. As we reported in the Year Three Implementation Report on the SJWG Recommendations, CareFirst BlueCross BlueShield increased reimbursement for preventive and mental health care to primary care providers through a new payer-provider alliance with Children's National Hospital. These providers go through specialized mental health training, offered by the Children's National Pediatric Health Network, focused on depression, suicide prevention, anxiety, ADHD, and eating disorders. Kaiser Permanente conducts an annual assessment of provider networks against membership, including language and race, and uses those results to assess opportunities for hiring. They also provide scholarships to young leaders who demonstrate an interest in the health care industry, including clinical careers in medicine, through its Health Equity Scholars Program.

20. Please describe how HBX communicates and promotes any changes made to plans, including the work of the Social Justice and Health Disparities Working Group does, to the public and to enrollees.

HBX Equity Based Benefit Design:

HBX implemented its equity-based benefit design from the Social Justice and Health Disparities Working Group's (SJWG's) recommendations starting with Plan Year 2023 when free care for Type 2 Diabetes, including insulin went into effect in the individual and family marketplace and small business marketplace. In Plan Year 2024, pediatric mental health care for $5, including unlimited doctor and therapy visits went into effect, and in Plan Year 2025 care for heart disease, stroke, and hypertension, including CT scans went into effect.
As a reminder, HBX added equity-based benefit design to DC Health Link Standard Plans (now called Essential Plans). DC Health Link Standard Plans were first effective in Plan Year 2016 in the individual and family marketplace and Plan Year 2023 in the small group marketplace. DC Health Link Standard Plans covered primary care visits, specialist visits, urgent care, and generic prescription drugs without a deductible. Based on feedback from our customers through individual one-on-one research and through a survey, we renamed these plans "essential plans." Customers better understood the value of these plans when labeled "essential" as opposed to "standard." All essential plans now have equity-based benefits design.
We shared information about our equity-based benefit design and provided technical assistance to other state-based marketplaces. Maryland and New York's state-based marketplaces adopted our equity-based benefit design for Type 2 Diabetes.

HBX Focused on Educating Customers on Essential Plans:

In addition to updating DC Health Link website to better highlight equity-based benefit design and the value of essential plans, we updated outreach and marketing material highlighting benefits like free Type 2 Diabetes care. We updated a hover-over tooltip on Essential Plans so when customers shop for a plan they see information on equity-based benefit design and a link to the Essential Plans page. We updated our training for DC Health Link Assisters and Brokers, included information in our Broker Newsletter, and updated our notices to customers. In renewal notices, in the "What's New" section, we added information on essential plans focusing on equity-based benefit design. Additionally, we developed a brochure on Essential Plans for dissemination at enrollment events and included key benefits of Essential Plans, such as free insulin for Type 2 Diabetes, in advertising.

Equity Reports and Independent Research

- August 2024 (Year 3) report to HBX Executive Board on Carrier Implementation: ``https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/Y3%20Social%20Justice%20Update%20Final%20Aug%202024.pdf
- HBX Standard plans details for plan year 2026 (eliminated cost sharing for people living with HIV): https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/SPWG%20PY2026%20Standard%20Plan%20Report%20with%20Addendum_20241115.pdf

- The Commonwealth Fund Blog on policy innovations in state-based marketplaces (November 21, 2023): https://www.commonwealthfund.org/publications/issue-briefs/2023/nov/policy-innovations-affordable-care-act-marketplaces
- HBX Standard plans working group: details for plan year 2025 (Cardiovascular and cerebrovascular services coverage starts on page 8): https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/SPWG%20PY%202025%20Standard%20Plan%20Report%20Draft%2011.2.23%20Final.pdf
- Addendum to the Recommendations of the Standard Plans Advisory Working Group: https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/Addendum%20to%20SPWG%20PY%202025%20Standard%20Plan%20Report.pdf
- July 2023 (Year 2) report to HBX Executive Board on Implementation: https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/Year%20Two%20Implementation%20of%20Social%20Justice%20Working%20Group%20Recs%20DRAFT%20July%2012%202023.pdf
- HBX Standard plans details for plan year 2024 (lowered copayments for pediatric mental health to $5) (Mental health coverage summary starts on page 19): https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/SPWG_Report_FINAL%2011-9-22.pdf
- July 2022 (Year 1) report to HBX Executive Board on Implementation: https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/SJWG%20Slides%20July%2013%202022%20Year%20One%20DRAFT.pdf
- The Commonwealth Fund Blog on state-based marketplaces coverage design and diabetes (August 18, 2022): https://www.commonwealthfund.org/blog/2022/using-health-insurance-reform-reduce-disparities-diabetes-care
- Using Health Insurance Reform to Reduce Disparities in Diabetes Care (August 22, 2022): https://chirblog.org/using-health-insurance-reform-reduce-disparities-diabetes-care/
- What Four States Are Doing to Advance Health Equity in Marketplace Insurance Plans (April 2022): https://www.commonwealthfund.org/publications/issue-briefs/2022/apr/what-four-states-are-doing-advance-health-equity-marketplace
- Health Affairs Forefront piece on DC Health Link's strategy to address health disparities and systemic racism in health care (March 17, 2022): https://www.healthaffairs.org/content/forefront/washington-d-c-s-state-based-marketplace-addressing-health-disparities-and-systemic
- HBX 2022 Standard plan working group: coverage details for plan year 2023 (Diabetes coverage summary starts on page 8): https://hbx.dc.gov/sites/default/files/dc/sites/hbx/page_content/attachments/Standard%20Plans%20Advisory%20Group%20Report%20PY2023%2007052022.pdf
- 2021: HBX Executive Board Social Justice and Health Disparities Working Group Report, Consensus Recommendations, and Deliberations: https://hbx.dc.gov/page/social-justice-health-disparities-2021-meeting-materials

Press Releases and Coverage

- Washington Informer article on DC Health Link's $5 copay for pediatric mental health care (May 29, 2024): https://www.washingtoninformer.com/dc-youth-mental-health/

- The Blade article on DC Health Link's work to make care for people with HIV free (November 26, 2024): https://www.washingtonblade.com/2024/11/26/dc-health-link-insurance-program-hiv-care-free/
- Health Affairs Forefront article on DC Health Link's strategy to address health disparities and systemic racism in health care (March 17, 2022): https://www.healthaffairs.org/content/forefront/washington-d-c-s-state-based-marketplace-addressing-health-disparities-and-systemic
- HBX Press release on free care for heart disease, stroke, and hypertension: https://www.dchealthlink.com/news/2024-01/dc-health-benefit-exchange-authority-makes-it-easier-get-heart-disease-care
- HBX press release on pediatric mental health for $5: https://www.dchealthlink.com/news/2022-11/dc-health-benefit-exchange-authority-makes-it-easier-children-access-mental-and
- HBX press release on Executive Board's adoption of the Social Justice and Health Disparities Working Group recommendations: https://www.dchealthlink.com/news/2021-07/dc-health-benefit-exchange-authority-takes-action-achieve-social-justice-and-equity

Also, HBX includes information about equity-based benefit design in panel discussions and other presentations.

21. Please describe the effect of the federal Inflation Reduction Act on HBX's operations during FY 2024 and FY 2025, to date. This should include operations, IT, and any other communications activities related to the Act.

Find attached the DC Health Link Lower Premium Fact Sheet, September 2024 (Q21 Attachment).

22. Please provide an update on HBX'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 HBX; and the process by which calls are escalated and/or reviewed by HBX, if at all.

General Oversight:

HBX continues to work with the vendor Maximus to operate the DC Health Link Contact Center (i.e., call center). Maximus recently reorganized, so we met with the new executive team to review our performance expectations.

HBX continuously works with the Contact Center to improve the quality of service. HBX provides regular feedback on call handling and problem resolution. Additionally, when customer issues are not resolved properly, HBX staff reviews processes with vendor management and customer service representatives (CSRs), which includes retraining and process changes when necessary. Quality improvement and oversight includes:

- Updating standard operating procedure documents, job aids, and scripts with HBX-approved templates;
- Opening and closing a call correctly;
- Providing accurate information to the caller and documenting the call appropriately;
- Enhancing the customer experience;
- Ensuring compliance with all applicable privacy laws; and
- Monitoring adherence to the contractual Service Level Agreements.

To support remote Contact Center work, HBX:

- Uses instant messaging to communicate quickly and resolve customer issues while the customer is on the phone; and
- Supports 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 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, HBX communicates with Contact Center management daily to discuss and resolve all issues as they arise. Maximus also sends a mid-day report with call statistics;
- Weekly management meetings to review any emerging customer issues, casework, trends, and metrics for both the individual and small group marketplaces;
- Monthly operations meetings with Contact Center management to discuss operations, including quality trends;

- Monthly call calibration sessions between Contact Center quality analysts, HBX, and Contact Center management to review call quality and customer handling; and
- Annual In-Person Strategic Planning Summit with HBX and Contact Center management to set priorities and goals for upcoming open enrollment and fiscal year, strengthen operations, establish agreement around intended outcomes, and ensure that employees are working toward achieving the HBX mission in serving District residents.

HBX took the following steps to minimize call abandonment rates and wait times:

- Reviewed Tier 2 feedback forms to ensure timely coaching to CSRs;
- Developed a performance tracker to address specific areas of improvement, such as Quality Assurance scores; and
- Offered customers a "call-back" option every 60 seconds. This gives the caller the option to hang up and have a CSR call them back when available.

In addition to the "call-back" option, we updated our process to provide callers an alternative to holding when call volumes are high. We now rely on automated triggers to identify long waits so we can more quickly: 1) add a pop-up message on the DC Health Link website informing customers about the high call volume and option to email their request/question; and 2) update the automated hold message that callers hear, advising them that they can send an email message and we will respond to their email message.

CSR Training:

New hires for the Contact Center go through an extensive, multi-week virtual training regimen and then two weeks of "nesting" with an experienced CSR, virtually, before taking calls themselves. Contact Center management and HBX also deliver one-on-one virtual trainings and refreshers as needed to CSRs to reinforce messages and resolution procedures for new or emerging issues, including new policies, system updates, and outreach initiatives. In advance of and throughout open enrollment, on average, CSRs receive 30 to 40 hours of training monthly. CSRs also receive semi-annual privacy and security refresher trainings, along with quarterly reminder updates. The HBX team works with Maximus trainers to ensure timely updates of training materials, standard operating procedures (SOPs), and job aids. HBX also identifies additional trainings that would help the Contact Center better serve District residents, small businesses, and non-profits.

Case Escalation:

If a case (received via call or email) cannot be immediately resolved by the Contact Center, CSRs use Salesforce, a case triaging and tracking system, to escalate the case to a Tier 2 team of case managers and account managers on the HBX team. Escalated cases that come directly to HBX staff from outside of the Contact Center are also handled by case managers and account managers. These staff work closely with the HBX Plan Management and Electronic Data Interface (EDI) teams to ensure that any enrollment update or information is sent quickly to health insurance carriers and track carriers' resolutions.

23. Please provide the following information on the call center for each month in FY 2024 and FY 2025, to date

a. **Number of calls made to the call center;**
b. **Average call time;**
c. **Average wait time before speaking to a call center representative;**
d. **Number of calls dropped.**

The chart below details the calls made to the DC Health Link Contact Center (i.e., call center) in FY 2024.

Month	# of Calls	Average Call Time (Minutes)	Average Wait Time (Minutes)	# of Calls Dropped*
Oct-23	6,489	12.7	0.9	246
Nov-23	7,229	13.7	1.5	353
Dec-23	7,923	12.7	1.8	386
Jan-24	8,532	13.7	3.3	672
Feb-24	5,458	13.6	3.1	440
Mar-24	5,155	13.4	3.7	481
Apr-24	5,248	12.7	3.7	434
May-24	5,632	11.4	2.2	350
Jun-24	4,848	12.2	3.5	474
Jul-24	5,147	12.7	2.6	353
Aug-24	4,978	12.9	0.8	148
Sep-24	4,797	12.6	0.3	70
TOTAL	**71,436**	**12.8**	**2.3**	**4,407**

*"Calls dropped" are callers who hang up before reaching a customer service representative (CSR). The consumer may drop the call after a few seconds or after a longer wait.

After 60 seconds, we offer a "call back" option. A pre-recorded voice message gives the caller the option to hang up and have a CSR call them back when available. This option is offered every 60 seconds while on hold.

In addition to the "call-back" option, we developed a new process to provide callers with an alternative to holding when call volumes are high. Relying on automated triggers to identify long waits, we more quickly: 1) add a pop-up message on the DC Health Link website, informing customers about the high call volume and the option to email their request/question; and 2) update the automated hold message that callers receive, advising them that they can send an email message and we will respond to their email message.

The chart below details the calls made to the DC Health Link Contact Center in FY 2025 from October 1, 2024, through December 31, 2024.

Month	# Calls	Average Call Time (Minutes)	Average Wait Time (Minutes)	# Calls Dropped
Oct-24	5,208	12.2	0.6	111
Nov-24	5,106	13.6	1.2	138
Dec-24	7,583	13.5	3.9	582
TOTAL	**18,939**	**13.1**	**1.6**	**831**

Q24. Please provide the monthly enrollment targets and projections for DC Health Link applications in FY 2024 (that have resulted in enrollment in a Medicaid, individual, or SHOP health plan), actual enrollment numbers, and whether HBX met the targets. Please also provide the monthly enrollment targets and projections for FY 2025. To the extent practicable, please disaggregate data according to:

a. **Ward;**
b. **Zip code;**
c. **SHOP, individual markets;**
d. **Age group; and**
e. **Advanced Premium Tax Credits.**

Current Individual Plan Selection and Paid Enrollment – Plan Year 2025:

The following charts reflect the number of plan selections and separately paid status for plan year 2025. The information is aggregated by Ward, age group, and is delineated by new customers, existing customers who chose new coverage, and customers who we automatically renewed.

Enrollment in the DC Health Link Individual and Family Marketplace:

DC Health Link Plan Year 2025 Individual Plan Selections as of January 6, 2025

RENEWAL TYPE	TOTAL
Auto Renewal	12,439
Active Renewal	1,018
New Customer	2,233
TOTAL	**15,690**

DC Health Link Plan Year 2025 Individuals Paid as of January 6, 2025

RENEWAL TYPE	TOTAL
Auto Renewal	10,945
Active Renewal	979
New Customer	2,136
TOTAL	**14,060**

Plan Year 2025 Individual Plan Selections as of January 6, 2025, by Age Group

AGE GROUP	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
< 18	1,293	92	193	1,578
18-25	757	60	195	1,012
26-34	2,807	235	778	3,820
35-44	2,820	264	489	3,573

45-54	2,127	205	287	2,619
55-64	2,389	157	264	2,810
65+	246	5	27	278
TOTAL	**12,439**	**1,018**	**2,233**	**15,690**

Plan Year 2025 Individuals Paid as of January 6, 2025, by Age Group

AGE GROUP	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
< 18	1,164	87	187	1,438
18-25	642	56	175	873
26-34	2,303	223	749	3,275
35-44	2,450	253	472	3,175
45-54	1,965	199	272	2,436
55-64	2,236	156	255	2,647
65+	185	5	26	216
TOTAL	**10,945**	**979**	**2,136**	**14,060**

Plan Year 2025 Individual Plan Selections as of January 6, 2025, by Ward

WARD	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
Ward 1	1,899	174	354	2,427
Ward 2	2,085	157	294	2,536
Ward 3	2,493	155	275	2,923
Ward 4	1,551	133	294	1,978
Ward 5	1,490	134	369	1,993
Ward 6	1,957	192	406	2,555
Ward 7	451	38	93	582
Ward 8	411	31	105	547
Non-DC	102	4	43	149
TOTAL	**12,439**	**1,018**	**2,233**	**15,690**

Plan Year 2025 Individuals Paid as of January 6, 2025, by Ward

WARD	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
Ward 1	1,655	173	343	2,171
Ward 2	1,863	143	279	2,285
Ward 3	2,305	150	262	2,717
Ward 4	1,378	131	283	1,792
Ward 5	1,285	127	351	1,763
Ward 6	1,685	185	393	2,263
Ward 7	382	38	91	511
Ward 8	355	28	102	485

Non-DC	37	4	32	73
TOTAL	**10,945**	**979**	**2,136**	**14,060**

Plan Year 2025 Individual Plan Selections as of January 6, 2025, by Zip Code

ZIP CODE	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
20009	1,417	128	231	1,776
20002	1,251	123	266	1,640
20016	1,141	71	151	1,363
20008	1,042	60	162	1,264
20001	931	105	194	1,230
20011	952	91	164	1,207
20007	1,006	73	113	1,192
20003	822	84	152	1,058
20010	588	56	122	766
20015	551	37	68	656
20017	313	23	58	394
20012	288	27	60	375
20024	280	22	71	373
20019	268	19	76	363
20037	302	15	41	358
20020	239	29	71	339
20005	274	10	40	324
20018	245	17	56	318
20036	178	14	32	224
20032	136	5	38	179
All Other	215	9	67	291
TOTAL	**12,439**	**1,018**	**2,233**	**15,690**

Plan Year 2025 Individuals Paid as of January 6, 2025, by Zip Code

ZIP CODE	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
20009	1,262	128	224	1,614
20002	1,079	117	258	1,454
20016	1,059	66	145	1,270
20008	962	54	148	1,164
20007	914	71	107	1,092
20011	835	89	160	1,084
20001	783	99	190	1,072
20003	715	81	145	941
20010	499	55	119	673
20015	498	36	62	596
20017	288	23	55	366

20012	266	27	58	351
20024	239	21	70	330
20037	269	15	41	325
20019	226	19	74	319
20020	200	27	69	296
20005	247	10	38	295
20018	209	15	50	274
20036	154	12	31	197
20032	111	5	36	152
All Other	130	9	56	195
TOTAL	**10,945**	**979**	**2,136**	**14,060**

Advanced Premium Tax Credits (APTC):

Plan Year 2025 Individual Plan Selections as of January 6, 2025, by Receiving APTC

APTC	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
Yes	2,969	354	647	3,970
No	9,470	664	1,586	11,720
TOTAL	**12,439**	**1,018**	**2,233**	**15,690**

Plan Year 2025 Individual Paid as of January 6, 2025, by Receiving APTC

APTC	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
Yes	2,751	344	628	3,723
No	8,194	635	1,508	10,337
TOTAL	**10,945**	**979**	**2,136**	**14,060**

Enrollment in the Small Business Marketplace (SHOP):

For the month of January, there are 83,939 people and 5,350 small businesses and non-profits enrolled through DC Health Link SHOP. Small businesses and non-profits located in the District and purchasing coverage through DC Health Link employ people who live across the country. Congressional SHOP participants also reside in every state.

25. Please describe outreach programs, activities, and initiatives executed or planned in FY 2024 and FY 2025, to date, to inform the public about enrollment or changes to programs.

In FY 2024 and FY 2025, to date, HBX executed outreach programs, activities, and initiatives in the following areas:

- Open enrollment for residents, which runs each year from November 1 to January 31, special enrollment opportunities year-round for residents, and year-round enrollment for small businesses and non-profits;
- Medicaid redetermination; and
- Aetna's departure from the Small Group Market.

Open Enrollment Outreach:

Our outreach included media campaigns and partnerships with community organizations and District government agencies focusing on "where people live, work, play, shop, and pray." This includes door-to-door canvassing in neighborhoods likely to have higher uninsured rates; literature drops at places like strip malls, metro stops, and libraries; and street teams on location at major events and street festivals. HBX developed a Student Intern Program (SIP) as an opportunity for students as well as recent graduates, who are interested in healthcare-related issues, to contribute to HBX's mission to provide District residents with access to quality, affordable health insurance. While developing valuable professional skills, the student interns have been engaged in various educational and outreach activities to encourage District residents, and small business owners and their employees, to enroll in health plans.

HBX produced a variety of marketing materials—rack cards, brochures, e-filers, video ads and clips, web pages and banners, and branded promotional items—for targeted populations and translated materials into Spanish, Amharic, Chinese, Korean, French, and Vietnamese. To reach a wider audience, HBX produced radio, television, cable, web, and print ads with various outlets. We also produced culturally sensitive and specific social media graphics and messages that were posted on Facebook, Twitter, and Instagram. Throughout Open Enrollment, HBX placed advertisements at local movie theaters.

Below are highlights of our outreach activities in FY2024 and FY2025 to date, excluding 2023-2024 open enrollment activities reported in last year's responses. We organize some activities directly, others are organized by our business partners, community organizations, other agencies or the Mayor's office.

FY2024 -FY2025 to date Outreach Highlights Individual and Family Marketplace Events and Activities

- Winter Community Resource Fair, Temple of Praise (February 7, 2024)
- Ward 8 Health Council monthly meeting (multiple dates)
- DC-Wide Medicaid Renewal Fair, hosted by DC Department of Health Care Finance (March 21, 2024)
- Black Health Matters Spring Health Summit and Expo (April 13, 2024)
- Latino Student Fund 24th Annual Gala (April 23, 2024)
- Delta Sigma Theta Economic Empowerment Expo (April 27, 2024)
- Pediatric Mental Health Summit by Children's National Hospital and CareFirst BlueCross BlueShield (May 1, 2024)

- Carlos Rosario International Public Charter School "Achieving the Dream" Gala (May 2, 2024)
- Latin American Youth Center Annual Gala (May 9, 2024)
- 2nd Annual Black Mamas Community Wellness Day, hosted by Councilmember Christina Henderson and the Arika Trim Foundation (May 11, 2024)
- Fiesta Asia Street Fair (June 1, 2024)
- Taste of Peru (June 2, 2024)
- Greater Washington Urban League Health Fair (June 8, 2024)
- Ward 8 Community Youth Event, hosted by Union Temple Baptist Church (June 9, 2024)
- Chinatown Park Festival (June 29, 2024)
- Bebe Moore Campbell National Minority Mental Health Awareness Month Virtual Symposium (July 18, 2024)
- Movie Screening and Panel hosted by AGAPE, the LGBTQ+ Ministry at Union Temple Baptist Church (June 22, 2024)
- Ward 5 Family Bike Ride (October 19, 2024)
- "Crisis in Black Washington" Town Hall, hosted by Union Temple Baptist Church (October 26, 2024)
- Greater Washington Hispanic Chamber of Commerce and Catholic Charities Turkey Giveaway (November 6, 2024)
- Open Enrollment Community Day Kick-off and Health Fair (November 13, 2024)
- Jobs Not Guns Recruitment Fair sponsored by the DC Gun Violence Prevention Coalition (November 14, 2024)
- Mayor's Office on Returning Citizens Affairs Resource Fair (November 25, 2024)
- Feast of Sharing, sponsored by Safeway (November 27, 2024)
- EdFEST Citywide School Fair (December 14, 2024)
- World AIDS Day DMV Unity Drag Brunch (December 8, 2024)
- On Touch Enrollment Events: In-Person at Carlos Rosario Sonia Guitierrez Campus or Harvard Street campus selected Wednesdays and virtually on selected Saturdays.
- One Touch Enrollment Events with Resources for Deaf, Deafblind, and Hard of Hearing (multiple dates)
- Instagram Live Youth Health Insurance Enrollment with LAYC (January 8, 2025)
- Virtual Hispanic Health Town Hall Symposium: Health Care Challenges, Access, and Benefits in the Hispanic Community (January 15, 2025)
- Instagram Live "Women and Health Insurance: Access and Benefits" with the Mayor's Office on Women Policies and Initiatives (January 15, 2025)
- MLK Day of Service Event: Community Service Panel and Resource Fair at LAYC (January 16, 2025)
- MLK Holiday Peace Walk, Parade, and Wellness Fair (January 18, 2025)
- National Zoo Panda Public Viewing Day (January 24, 2025)
- Drag Yourself To Enroll in Health Insurance with Mayor's Office of LGBTQ+ Affairs (January 24, 2025)
- Enrollment Marathon Weekend (January 25 – 26, 2025)
    - Ben's Chili Bowl Enrollment
    - Radiothon broadcast from Ben's Chili Bowl

- Annual Brunch Bounce
- Beauty & Barber Day Enrollment
- Faith-In-Action: Pulpit Push and Literature Drops

FY2024-FY2025 to date Outreach Highlights Small Business Marketplace Events and Activities

- DC Chamber Works New Member Orientation and Small Business Health Insurance Options (multiple dates)
- Restaurant Association Metropolitan Washington Broker+Business Connect to Health Insurance Q&A Session (multiple dates)
- DC Health Link @ The Greater Washington Hispanic Chamber of Commerce Hall of Fame Gala (November 18, 2023)
- DC Health Link @ Access to Capital and the Importance of Health Insurance (January 18, 2024)
- Greater Washington Hispanic Chamber of Commerce Business Expo (March 28, 2024)
- Restaurant Association Metropolitan Washington Annual Meeting (April 17, 2024)
- POWERUP For Success: DC 2024 Small Business Summit and Expo (April 30, 2024)
- DC Chamber Health Policy Forum: "From Vision to Action: Creating an Equitable and Accessible Health System in the District of Columbia" (June 12, 2024)
- DC Chamber Webinar: 7 Reasons You Could Be Sued Over Your Website (And How to Avoid Them) (October 30, 2024)
- DC Chamber "Better After Business" networking event (November 14, 2024)
- DC Chamber of Commerce Annual Meeting & Chairman's Inaugural Breakfast (December 19, 2024)

Media Coverage of Deadline Extension from December 15 to December 18 for January 1, 2025 Coverage

- NBC4 – News Desk with Anchor Erika Gonzalez, December 16, 2024; Broadcast multiple times

Medicaid Redetermination:

HBX continues to support the Department of Health Care Finance's (DHCF) Medicaid redetermination efforts and has continued an outreach and enrollment campaign for people losing Medicaid.

Created Special Enrollment Period for Residents Losing Medicaid Coverage

In March 2024, HBX extended its Medicaid unwinding special enrollment period (SEP) from July 31, 2024, through November 30, 2024, matching the federal government's extension. HBX originally implemented the SEP in 2023 for anyone who has lost or will lose Medicaid coverage, allowing them to enroll in DC Health Link's individual and family marketplace or small business marketplace with a start date of the current month or the following month.

In November 2024, the HBX Executive Board approved the Standing Advisory Board's consensus recommendation to further extend the Medicaid unwinding SEP through December 31, 2025. This approval means that anyone losing or has lost Medicaid can enroll in coverage anytime through December 2025.

In April, 2024, the Biden Administration established a permanent "Loss of Medicaid" SEP providing people 90 days after losing Medicaid to select a plan through an ACA marketplace. This SEP is 30 days more than the previous loss of coverage SEP. District residents losing Medicaid can use this SEP after December 31, 2025, when the locally established SEP ends.

HBX's Outreach to Residents losing Medicaid who are Likely Eligible for DC Health Link Coverage

Each month, DHCF provides HBX a report of District residents losing Medicaid coverage and who are likely eligible for DC Health Link coverage.

HBX checks enrollment and assigns anyone who has not already enrolled in a DC Health Link plan to an Assister for outreach. In addition to annual training on Medicaid redeterminations, HBX conducts monthly trainings for DC Health Link Assisters. DHCF staff also present at the annual Assister Academy training.

DC Health Link Assisters contacted 562 households. As of January 1, 2025, Assisters completed 1,089 calls, 640 emails, and 13 appointments. As of January 1, 2025, 118 households that lost Medicaid have enrolled in a DC Health Link health plan, and 33 households reenrolled in Medicaid.

In addition, HBX sent 7,590 emails and 3,692 texts, to date. The email open and clickthrough rates since May 2023 have remained high, averaging 51% and 16%, respectively. To date, our text campaign average clickthrough rate is 5%.

43 households told us through Assisters or through text responses that they have coverage somewhere else.

The following is the enrollment summary as of January 1, 2025:

May 2023 to December 2024 Likely Eligible for DC Health Link Coverage	**HBX Outreach**	**Number of households enrolled in DC Health Link (individual or SHOP)**
605 households (702 people)	• Total number of emails sent: 7,590* • Total number of texts sent: 3,692	• 118 households enrolled (132 people: 108 in individual coverage and 24 in SHOP) • 33 households enrolled in Medicaid

	• Total number of households assigned to assisters: 562**	• 43 households reported having other coverage (told assisters or reported to us in our text survey)

** This number does not include Assister emails.*
***43 households were not assigned to an Assister either because the individual was already enrolled, there is no contact information for the individual, or the individual is being referred to the HC4CC team for outreach.*

Other Outreach Activities

DHCF includes staff from HBX at DHCF community events, including DHCF's biweekly Community Stakeholder Meetings and consumer training sessions. HBX discusses DC Health Link options for residents losing Medicaid. HBX also joined their Medicaid Managed Care Organization Collaborative meetings and trainings.

Aetna's Departure from the Small Group Market:

A designated HBX team is working closely to transition small businesses and non-profits with Aetna enrollments to other carriers as they renew their plans for plan year 2025. Aetna announced that it was leaving the small group market in numerous states, including the District of Columbia, starting in plan year 2025. As of January 2025, Aetna is no longer available as an option for new and renewing small businesses and non-profits. Small businesses and non-profits have 171 health plans to choose from offered by three UnitedHealthcare companies, two CareFirst BlueCross BlueShield companies, and Kaiser Permanente. Aetna continues to cover enrollees throughout their employer's 2024 plan year, the last of which will run through November 2025.

Outreach Timeline

- In June 2024, HBX partnered with the Department of Insurance, Securities and Banking (DISB) to review draft notices Aetna sent to its enrollees. HBX worked with Aetna to send tailored messages depending on the employer's plan offerings and employee enrollments. Aetna's notice also included information letting employers know that the team at DC Health Link will help employers and employees enroll in a new plan to avoid a break in coverage.
- In July 2024, HBX emailed employers and employees with Aetna enrollments, and their brokers, to inform them that Aetna is exiting the marketplace in plan year 2025 and we would be reaching out to them closer to their renewal month to help with renewals.
- In July 2024, HBX included information about Aetna in our quarterly broker newsletter.
- For employers and employees renewing or beginning coverage September through December 2024, HBX emailed and called those enrolled in Aetna to remind them that Aetna is not available for plan year 2025. If the employer has a broker, we partner with the broker to do the outreach.
- In January 2025, HBX reminded brokers about Aetna in the quarterly broker newsletter.
- Each month, HBX emails and calls employers with Aetna plans and offers to help with the renewal.

In January 2024, there were 33 employees plus 9 dependents and 20 employers with Aetna that had a plan year beginning January 1. As of January 2025, 27 employees and all 20 employers chose another plan. Of the remaining six employees, three got other coverage, for example Medicare, and one is leaving their employer. Two took no action but we can provide retroactive corrective enrollment if they need it in the future.

There are currently 133 employees plus 45 dependents enrolled in a 2024 Aetna plan with renewal dates of February through December. Each month we will reach out to the employers and employees renewing.

26. Please confirm the following around the FY 2025 Language Access Policy:

a. **Is HBX is implementing the FY 2025 Language Access Policy?**
b. **How did HBX train staff to implement the new policy?**
c. **Does HBX anticipate any challenges in implementing the new Language Access policy?**
d. **Does HBX have a plan to include a "language support page" on the HBX website? How does HBX inform the public of the multilingual DC Health Link portal?**

HBX complies with the District's Language Access policy and federal language access requirements under the exchange marketplace requirements and nondiscrimination requirements of the Affordable Care Act. Find attached HBX's staff training slides from September 30, 2024 (Q26 Attachment), that provide an overview of our operations and compliance. Here are a few highlights of HBX's language access activities:

- HBX includes 18 language access taglines in Amharic, Spanish, French, Korean, Simplified Chinese, Traditional Chinese, and Vietnamese, plus 11 other languages in emailed and mailed DC Health Link notices.

- HBX employs ten bilingual staff members in public contact positions who have been certified to provide oral interpretation services.

- HBX provides enrollment assistance to consumers in various languages through bilingual DC Health Link Assisters.

- During open enrollment, we arrange for certified translators through a vendor to facilitate enrollment at in-person and virtual One-Touch enrollment appointments.

- HBX offers a search tool on DCHealthLink.com for people looking for enrollment assistance from DC Health Link enrollment experts, certified brokers and assisters. People can search by language preference.

- HBX staff and DC Health Link Contact Center customer service representatives utilize the District's Language Line to provide oral interpretation for those who are limited or non-English proficient (LEP/NEP).

- HBX translates material using a professional translation vendor. Beyond vital documents, HBX translates certain emails, text messages, and outreach material.

- The DCHealthlink.com website contains a "Language Resources" tab that has a health insurance overview on DC Health Link's individual and family marketplace and small business marketplace translated into six languages. It also has a "Forms & Resources" page with vital documents translated into six languages.

27. Please describe how HBX has communicated with residents that the DC Health Link portal has updated translated vital documents?

For information on how HBX implements language access requirements, see question 26.

28. In FY 2023 the top languages encountered were Spanish, Amharic, Mandarin, French, Portuguese, Vietnamese, Cantonese, Farsi, Korean, Turkish, and Arabic. What were the top languages encountered in FY 2024. Does HBX have the capacity to continue translating vital documents in all top languages encountered?

For information on top languages and vital documents, see question 26.

Q29. Are there any current statutory or regulatory impediments to HBX's operations?

We are concerned that the new Federal Administration and Congress will adopt regulatory and legislative changes that may result in District residents and workers, small businesses, and non-profits losing Affordable Care Act (ACA) consumer protections, paying more for health insurance, and/or losing health insurance.

Health Insurance Affordability Risk:

- *Premium Tax Credits:* The most significant risk is a loss of lower premiums if health insurance premium tax credits go away. The Biden Administration built on the ACA by expanding federal tax credits first under the American Rescue Plan and then under the Inflation Reduction Act. As a result, for the first time, middle-class families qualify for lower premiums. These expanded tax credits expire at the end of 2025. If Congress doesn't act, expect huge premium hikes and many working DC residents and middle-class families to lose health insurance coverage. Some residents receive lower premiums up front through DC Health Link, others choose to claim them through their tax filing. Over the course of a year, approximately 5,400 DC residents benefited from lower premiums in 2022 (most recent available IRS data). IRS data also shows that DC residents received $12 million in lower premiums in 2021 (most recent available data). Nearly 70% of residents who qualify for lower premiums are self-employed or small business owners. States are not able to fund this loss (also see Question 21).
    - If Congress doesn't extend expanded health insurance tax credits, nearly five-million people nationwide will become uninsured and millions will see their health insurance premiums increase.
    - If Congress repeals all ACA health insurance tax credits, nearly 24 million people are at risk of losing their health insurance nationwide. It is likely that DC residents with lower premiums will lose their health insurance because they can no longer afford it. As of January 6, 2025, 3,723 residents were enrolled with lower monthly premiums.
    - A total loss would be $54 billion/year nationwide (most recent available IRS estimate from 2022).
- *Cost Sharing Reductions (CSRs)*: The ACA also makes out-of-pocket costs more affordable by paying for deductibles, copays and coinsurance for lower-income individuals and families. Approximately 400 DC residents have this under the ACA. Congress could repeal this provision.

ACA Consumer Protection Risks:

- ACA consumer protections could be reversed through rulemaking and/or Congressional action, including:
    - All health insurance coverage sold to DC residents and small businesses must cover primary care and specialists, hospitals, lab work, preventive care, maternity, mental health and substance abuse treatment, prescription drugs, and other benefits;
    - Private health insurance is available to all residents;
    - Women can't be charged higher premiums than men;

- Preexisting medical conditions are covered;
- People with medical needs cannot be denied coverage or charged more;
- Small businesses cannot be charged more because of their workers' health, industry, or group size; and
- There are no annual and lifetime limits on coverage.

DC Council and Mayor Bowser already passed important laws to protect District residents and workers and small business. DC Law includes ACA insurance consumer protections including prohibiting junk insurance in the District.

Administration Risks:

- Allow junk plans, including association health plans (AHPs) and Short-term Limited Duration Plans, to proliferate. Junk plans make quality coverage more expensive and leave consumers with high medical bills. DC law protects DC's insurance consumers, but concern remains over preemption.
- Reinstate Public Charge rules (chilling coverage among the immigrant community).
- Allow discrimination in health care against LGBTQ+ people, women, and other groups.
- Further restrict women's health care (abortion billing).
- Stop funding outreach and education that promotes enrollment in ACA marketplaces. We have maintained full and consistent funding for outreach and education.
- Cut the federal open enrollment period to six weeks, as done previously. We have adopted a three-month open enrollment period to run from November 1 to January 31.

Litigation Risks:

- The Administration's posture in lawsuits may change, including the following important lawsuits:
  - *Challenging Free Preventive Services under the ACA:* Lawsuit challenging the ACA's requirement to cover preventive services at no cost to patients.
  - *Challenging Non-Discrimination Protections under the ACA:* Lawsuit challenging non-discrimination protections (aka "Section 1557 Rule") that protect women, LGBTQ+, and Black and Brown people against discrimination in health care (e.g., prohibitions against racist clinical guidelines, protecting medical care for transgender people). Rescission of the final 1557 rule, or if the plaintiffs are successful, would weaken the ACA's nondiscrimination protections, intensify barriers for marginalized groups (especially LGBTQI+ people) in accessing care, and deepen existing health disparities.
  - *Challenging ACA Coverage for Deferred Action for Childhood Arrivals (DACA):* Lawsuit challenging DACA recipients qualifying for lower premiums offered on ACA marketplaces. Without lower premiums under the ACA, DACA residents in DC may not be able to afford private health insurance coverage.
  - *Undermining State Insurance Regulation and ACA Consumer Protections:* Allowing certain health insurance coverage to be exempt from state regulation and certain consumer protections, including coverage of pre-existing conditions, access to essential health benefits, and prohibitions on discriminatory pricing. If entities are allowed to avoid ACA consumer protections and state insurance

standards, ACA markets could destabilize through adverse selection and higher premiums.

DC Health Link:

- *Locally Established, Operated, and Managed:* District policymakers leveraged the ACA to ensure that District residents and small businesses and non-profits have access to affordable health care. Through local legislation (D.C. Law 19-0094), DC policymakers established the Health Benefit Exchange Authority (HBX) to ensure that the new health insurance marketplace, called DC Health Link, would best meet the needs of District residents, small businesses and nonprofits and DC would not be reliant on the federal government's ACA platform (Healthcare.gov). HBX advocates to ensure consumer protections and the lowest possible premiums for residents, small businesses, and non-profits with DC Health Link coverage.
- *DC Health Link Successes:* The District's uninsured rate has been cut in half, resulting in more than 97% of the District's residents having health coverage, making DC number two in the nation. This is the highest insured rate in the District's history. Importantly, this reflects DC expanding Medicaid and the successful launch and operations of DC Health Link getting people covered.

HBX is committed to working with our government leaders and diverse stakeholders, including patient and consumer advocates, physicians and other providers, brokers, health plans, small businesses, faith-based organizations, and many others to ensure access to quality and affordable health care to all DC residents. As part of our mission, we will continue in our work to maintain the momentum and progress made.

30. Please provide for each member of the HBX Executive Board:

a. Name and title;
b. Place of employment;
c. Number of years served on the Board, and date when current term ends;
d. Number of vacancies on the Board;
e. Which 2 (or more) enumerated areas of expertise they meet.

There are two vacancies on the Board.

Name	Employment	Years on Board	End Term	Enumerated area of expertise**
Henry Aaron	Senior Fellow Emeritus, Brookings Institution	12	7/6/2025	Health care economics; Health care finance; Public health programs.
Dr. Ayanna Bennett	Department of Health, Director	1	N/A	Statutory ex-officio member.
Leighton Ku	George Washington University	12	7/6/2025	Public health programs; Health care economics; Health care finance.
Diane Lewis	ALTA Consulting Group, Inc.	12	7/6/2028	Human services administration; Health care consumer interest advocacy; Public health programs.
Gabriela Mossi	Uptown Community Initiative	4	7/6/2026	Health care consumer interest advocacy; Individual or small employer health care coverage. Purchasing health plan coverage (small business owner).
Rachel Pierre	Department of Human Services (DHS), Interim Director	<1	N/A	Statutory ex-officio member.
Khalid Pitts	Leadership Conference on Civil and Human Rights, Cork Wine Bar	12	7/6/2022*	Purchasing health plan coverage (small business owner); Enrolling individuals into health benefit plans.
Wayne Turnage	Department of Health Care Finance (DHCF), Director	12	N/A	Statutory ex-officio member.
Tamara Watkins	Amgen	9	7/6/2027	Administering a public or private health care delivery system; Health care economics.
Karima Woods	Department of Insurance, Securities, and Banking (DISB), Commissioner	5	N/A	Statutory ex-officio member.

*A member of the executive board may continue to serve until his or her successor has been appointed by the Mayor and approved by the Council pursuant to D.C. Official Code § 31-3171.05.
**Areas of expertise pursuant to Section 31-3171.05.

Q31. Please provide a summary of the HBX Executive Board's priorities in FY 2024 and FY 2025, and a link to any available meeting minutes.

The HBX Executive Board's priority is protecting consumer protections and coverage gains under the Affordable Care Act, including lower premiums that are set to expire December 2025. Below are the HBX Executive Board meetings minutes for FY 2024 and FY 2025, to date:

- November 8, 2023 – Minutes
- January 10, 2024 – Minutes
- February 15, 2024 – Minutes
- March 13, 2024 – Minutes
- June 24, 2024 – Minutes
- September 18, 2024 – Minutes
- November 19, 2024* – Video (Passcode: u+$tfc9n)

*The November minutes will be approved at the next meeting.