

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

See Attachment A: Schedule A as of Jan. 7, 2020

Q2. With respect to employee evaluations, goals, responsibilities, and objectives in FY19 and to date in FY20, please describe:

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

HBX performs its human resources functions through an agency HBX Human Resources Manager employee with supervisory support from the HBX Chief Operating Officer. In addition, the agency has a Memorandum of Understanding with the DC Department of Human Resources (DCHR). Services provided under this agreement include: access to the Human Resources Management System, new hire/benefits orientation, classification and compensation services, employee relations consultation, workforce development services, and Excepted Service background checks. Beginning in FY20, HBX will also add enhanced suitability screenings to its agreement with DCHR. These screenings will determine whether each specific candidate or employee is suitable for District employment, consistent with DC Municipal Regulations.

HBX continues to use the District's PeopleSoft performance management program and system to establish employee goals, responsibilities, and objectives. Staff and managers receive annual training and education on the development of Specific, Measurable, Attainable, Realistic, Time-Related (SMART) goals; creation of Performance Improvement Plans (PIP); and completion of mid-year and annual performance evaluations. Each manager partners with their staff in the development of annual employee goals and responsibilities related to their overall duties and the objectives and mission of the agency. In FY19, HBX employees had SMART, goal-driven performance plans in place and received mid-year and annual performance evaluations.

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

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

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

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

We do this through agency-wide staff meetings and training opportunities, department and team meetings, policy meetings, manager meetings, and senior manager meetings. Every senior manager meets weekly with the Executive Director to provide progress reports on projects and goals, and receive real-time feedback on the work that is being conducted. Feedback is quick, ideas

for improvements are shared and immediately implemented, and, just as important, performance problems are corrected as they occur rather than waiting until a more formal, mid-year or annual review.

HBX continues to conduct a leadership development and coaching program for senior management to ensure that the agency continues to operate efficiently and effectively through the leadership team. A coaching and development program was also created for agency managers. This program includes a combination of team skills as well individual growth in order to operate efficiently and effectively as managers.

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

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

Q3. Please list all employees detailed from or to your agency, if any. Provide the reason for the detail, date of detail, and projected date of return.

There were no employees detailed to or from the DC Health Benefit Exchange Authority in FY19 or to date in FY20.

Q4. Please provide the Committee with the following for FY19 and to date in FY20:

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

HBX currently provides cell phones to nearly all program and operational staff.

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

See Attachment B – FY2019 and FY2020 AIA

- c. A list of travel expenses for FY19 and to date in FY20, arranged by employee; and**

See Attachment C – Travel Expenses

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

See Attachment D – Salaries above \$100,000

FY19-20 HBX Performance Oversight Hearing: Q4b_Attachment B

FY19 Additional Income Allowances

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

FY20 Additional Income Allowances

Employee	Fiscal Year	Amount
Hassan, Mohammed	2020	\$24,256.50
Whelan, Holly	2020	\$18,596.04
Boyd, Linda Wharton	2020	\$27,894.13
Kofman, Mila	2020	\$35,282.02

FY19-20 HBX Performance Oversight Hearing: Q4c_Attachment C

FY19 Assessment Travel as of 12.05.19

Employee	Amount
Anderson, India	\$42.23
Bagge, Sarah	\$1,253.42
Cortes-Gomez, Emilia	\$144.29
Curtis, Debra	\$28.14
Edmonds, Marjorie	\$2,434.37
Franco, Angela	\$636.02
Franklin, Nikia	\$13.08
Green, Kimberly	\$54.72
Higginbotham, Troy	\$23.50
Hugely, Alisa	\$124.26
Kempf, Purvee	\$506.77
Kofman, Mila	\$2,503.98
Muse, Alison	\$557.00
Schwartz, Brian	\$70.00
Senkewicz, Marybeth	\$84.90
Wharton-Boyd, Linda	\$226.80

FY20 Assessment Travel as of 12.05.19

Employee	Amount
Cortes-Gomez, Emilia	\$61.81
Muse, Alison	\$138.00

FY19 Massachusetts Reimbursed Travel Expenses

Employee	Amount
Beeson, Jennifer	\$1,026.94
Sauders, Lavina	\$2,825.13

FY20 Massachusetts Reimbursed Travel Expenses

Employee	Amount
None to date	

FY19-20 HBX Performance Oversight: Q4d_Attachment D
As of Jan 7, 2020

Employee	Position	Salary
Kofman, Mila	Executive Director (HBX)	\$235,213
Curtis, Debra Scott	Senior Deputy Director	\$218,755
Kempf, Purvee P	General Counsel	\$218,017
Senkewicz, Marybeth	Supervisory Attorney Advisor	\$190,398
Cantu Hinojosa, Ikeita	Senior Deputy Director	\$185,961
Wharton, Boyd Linda	Communications and Civic Engagement Manager	\$185,960
Franco, Angela	Associate Director of Business	\$185,960
Bangit, Eliza Navarro	Deputy Director of Program Service	\$185,960
Whelan, Holly	Chief Operating Officer	\$185,960
Libster, Jennifer M	Supervisory Attorney Advisor	\$183,960
Sparks, Jason	Director of Information System	\$182,461
Alonso, Alexander O	Supervisory Attorney Advisor	\$180,295
Briones, Pedro	Attorney Advisor	\$178,626
Edmonds, Marjorie V	Agency Chief Financial Officer	\$177,335
Beeson, Jennifer	Director of Strategic Operation	\$175,100
Ahn, Sandy	Attorney Advisor	\$161,798
Hassan, Mohammed	Supervisory IT Specialist	\$161,710
Ison, David	Assistant Director for Software Development	\$155,000
Pereira, Alix	Program Manager (Electronic Data)	\$154,500
Bagge, Sarah	Consumer Affairs Manager	\$154,500
White, Annie R	Contract Officer	\$153,719
Sauders, Lavina	Policy Advisor	\$150,726
Bratu, Adriana	IT Project Manager	\$150,468
Eze, Chuka	IT Specialist (Security)	\$150,414
Ince, Samuel	Accounting Officer	\$148,496
Lenji, Jilu	Budget Officer	\$148,496
Manda, Prasanth Reddy	Information Technology Specialist	\$147,168
Taylor-Sutton, Kenneth L	Program Manager	\$147,010
Hudson, Adam	Public Information Officer	\$143,502
Burujukati, Mamatha	IT Specialist	\$142,895
Jones, Bobby	Supervisory IT Specialist	\$141,831
Leung, Isabella	Strategic Business Manager	\$141,099
Esdaille, Kyle	Strategic Business Manager	\$141,099
Talamantes, William	Policy Advisor	\$137,428
Higginbotham, Troy M.	Management Liaison Specialist	\$133,537
Matthews, Nicole F	Contract Specialist	\$133,537
Haines, Stephen R	Statistician	\$133,537

Subedi, Manoj	Information Technology Specialist	\$132,627
Schwartz, Brian D	Strategic Analysis Officer	\$130,217
Muse, Alison	Customer Service Manager	\$129,780
Davuluri, Raj Kiran	IT Specialist (Application Software)	\$126,897
Nicol, Kathlin	Eligibility & Enrollment Manager	\$124,630
Patel, Pritiesh	IT Specialist (Application Software)	\$123,577
Wiggins, Maurice R	Program Analyst	\$120,257
Vasquez, Luis	Program Analysis Officer	\$120,256
Sullivan, Kathryn	Program Analysis Officer	\$117,420
Brown, Azizza	Program Analyst	\$116,937
Meyer, Brian	Information Technology Specialist	\$116,616
Teka, Selamawit A	Supervisory Case Manager	\$116,034
Bennett, Catherine	Program Analyst	\$113,002
Lukasheva, Tatyana	IT Specialist (System Analysis)	\$110,191
Walls, Candace M	IT Specialist (Network)	\$107,380
Liwanag, Andrew	IT Spec (Application Software)	\$104,569
Negeda, Assem	IT Specialist (Security)	\$104,569
Tilahun, Helen	Contract Specialist	\$101,758
Kramer, Joseph R	IT Specialist (System Analysis)	\$101,758

DC HEALTH BENEFITS EXCHANGE AUTHORITY

FY19 - FY20 BUDGET

FY2020 Expenditures as of 10/31/2019

PROGRAM: 1000 - AGENCY MANAGEMENT

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2019 BUDGET	FY 2019 EXPENDITURE	FY 2020 BUDGET	FY 2020 EXPENDITURE	
0620	1010 - PERSONNEL	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	122,862.74	127,578.68	126,423	16,739.78	
			0014 - FRINGE BENEFITS - CURR PERSONNEL	30,347.1	23,569.64	31,226.48	3,129.41	
		PERSONNEL SERVICES - Total			153,209.84	151,148.32	157,649.48	19,869.19
		NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER	100,250	100,250	168,000	0	
			NON-PERSONNEL SERVICES - Total			100,250	100,250	168,000
		1010 - PERSONNEL - Total			253,459.84	251,398.32	325,649.48	19,869.19
		1015 - TRAINING	NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	47,500	33,526.29	0	0
				NON-PERSONNEL SERVICES - Total			47,500	33,526.29
		1015 - TRAINING - Total			47,500	33,526.29	0	0
		1020 - CONTRACTS AND PROCUREMENT	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	490,223.12	470,552.39	507,328.47	58,604.83
0013 - ADDITIONAL GROSS PAY	0			13,554	0	0		
0014 - FRINGE BENEFITS - CURR PERSONNEL	121,085.11			86,159.56	125,310.13	11,424.57		
0015 - OVERTIME PAY	0			1,044.08	0	0		
PERSONNEL SERVICES - Total					611,308.23	571,310.03	632,638.6	70,029.4
NON-PERSONNEL SERVICES	0041 - CONTRACTUAL SERVICES - OTHER			25,000	0	25,000	0	
	NON-PERSONNEL SERVICES - Total				25,000	0	25,000	0
1020 - CONTRACTS AND PROCUREMENT - Total					636,308.23	571,310.03	657,638.6	70,029.4
1030 - PROPERTY MANAGEMENT	NON-PERSONNEL SERVICES			0031 - TELECOMMUNICATIONS	393,574	373,408.63	0	0
				0032 - RENTALS - LAND AND STRUCTURES	1,209,084	1,209,084	1,303,063	0
		0034 - SECURITY SERVICES	2,083	0	0	0		
		0035 - OCCUPANCY FIXED COSTS	92,581	60,596.58	0	0		
		0040 - OTHER SERVICES AND CHARGES	44,000	0	33,000	0		
		NON-PERSONNEL SERVICES - Total			1,741,322	1,643,089.21	1,336,063	0
		1030 - PROPERTY MANAGEMENT - Total			1,741,322	1,643,089.21	1,336,063	0
1040 - INFORMATION TECHNOLOGY	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	100,058.72	96,380.75	104,252	13,460.96		
		0014 - FRINGE BENEFITS - CURR PERSONNEL	24,714.5	32,087.61	25,750.24	4,578.32		
		PERSONNEL SERVICES - Total			124,773.22	128,468.36	130,002.24	18,039.28
1040 - INFORMATION TECHNOLOGY - Total			124,773.22	128,468.36	130,002.24	18,039.28		
1060 - LEGAL SERVICES	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	977,189.39	717,029.87	787,749.87	80,666.2		
		0013 - ADDITIONAL GROSS PAY	0	-473.65	0	0		
		0014 - FRINGE BENEFITS - CURR PERSONNEL	241,365.79	86,682.2	194,574.23	7,604.97		
		PERSONNEL SERVICES - Total			1,218,555.18	803,238.42	982,324.1	88,271.17
		NON-PERSONNEL SERVICES	0040 - OTHER SERVICES AND CHARGES	4,000	0	4,000	0	

PROGRAM: 1000 - AGENCY MANAGMENT

Approp Fund	Activity	GAAP Category Title	Comp Source Group	FY 2019 BUDGET	FY 2019 EXPENDITURE	FY 2020 BUDGET	FY 2020 EXPENDITURE
			0041 - CONTRACTUAL SERVICES - OTHER	55,000	10,052.97	84,500	0
		NON-PERSONNEL SERVICES - Total		59,000	10,052.97	88,500	0
1060	- LEGAL SERVICES	- Total		1,277,555.18	813,291.39	1,070,824.1	88,271.17
1090	PERFORMANCE MANAGEMENT	PERSONNEL SERVICES	0011 - REGULAR PAY - CONT FULL TIME	1,370,173.05	1,614,319.97	1,574,697.82	134,472.41
			0012 - REGULAR PAY - OTHER	149,058.51	103,898.45	132,082.71	12,207.29
			0013 - ADDITIONAL GROSS PAY	32,604.6	51,742.56	51,283.13	6,667.33
			0014 - FRINGE BENEFITS - CURR PERSONNEL	363,194.31	292,774.69	421,574.8	21,027.7
			0015 - OVERTIME PAY	0	8	0	0
		PERSONNEL SERVICES - Total		1,915,030.47	2,062,743.67	2,179,638.46	174,374.73
		NON-PERSONNEL SERVICES	0020 - SUPPLIES AND MATERIALS	38,000	28,655.17	48,500	0
			0031 - TELECOMMUNICATIONS	0	0	381,024	0
			0040 - OTHER SERVICES AND CHARGES	184,420.13	124,302.64	376,418.89	38.32
			0041 - CONTRACTUAL SERVICES - OTHER	3,614,447.13	3,471,392.5	2,493,050.09	26,462.17
			0070 - EQUIPMENT & EQUIPMENT RENTAL	35,000	32,520.56	20,000	0
		NON-PERSONNEL SERVICES - Total		3,871,867.26	3,656,870.87	3,318,992.98	26,500.49
1090	- PERFORMANCE MANAGEMENT	- Total		5,786,897.73	5,719,614.54	5,498,631.44	200,875.22
0620	- Total			9,867,816.2	9,160,698.14	9,018,808.86	397,084.26

Q5. Please provide the amount budgeted and actually spent in FY19 and to date in FY20 for the agency and its programs and activities, broken out by source of funds, Comptroller Source, and Comptroller Object.

See Attachment E

Q6. Have any spending pressures been identified for FY20? If so, please provide a detailed narrative of the spending pressure, including any steps that are being taken to minimize its impact of the budget.

No.

Q7. Please provide an update on all the cost-savings initiatives included in HBX's FY20 budget.

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

Agency Partnerships

HBX minimizes potential duplications in services by leveraging partnerships with sister agencies. For example, HBX partners with the Department of Insurance, Securities and Banking (DISB) for assessment collections, uses the Department of Human Resources (DCHR) for some of its human resource services, and delegates authority to the Office of Administrative Hearings (OAH) for appeals of eligibility determinations. HBX also partners with the Department of Health Care Finance (DHCF) on a Contact Center that provides services to individuals seeking Medicaid or private coverage through DC Health Link. Finally, we procure the licenses for our customer service management software on behalf of both HBX and DHCF which permits both agencies to save due to volume discounts.

State Partnerships

HBX continues to explore additional cost-savings through sharing various functions with other state exchanges via common purchasing/negotiations with vendors for better prices when two or more states need the same/similar service, joint contracting, sharing products/notices, etc.

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

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

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

- Massachusetts pays a percentage of the monthly costs of operating HBX's Contact Center. Massachusetts also pays a percentage of the monthly cost of HBX's premium aggregation vendor. Massachusetts also funds new development. This means we are paying less for

new features for DC Health Link than we would if we had to fund all of the development ourselves. For example:

- Massachusetts funded enhancements to HBX's broker quoting tool. HBX will use these enhancements with some modifications for DC Health Link brokers. Massachusetts funded development of a notice automation tool that streamlines the notice generation process and saves operations and maintenance costs for DC and Massachusetts.
- In FY19 we completed a major version upgrade of DC Health Link, incorporating all enhancements MA funded into the DC system. These enhancements primarily increase the system's flexibility to perform administrative tasks, and increase our ability to develop further new features to allow staff to perform tasks traditionally performed by contractors. Please see our response to Q20 for details.

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

Additional FY20 Cost Reductions

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

Since our inception, we have strived to achieve cost reductions by converting high cost IT consultants to staff whenever possible. To date, we have successfully converted eleven IT consultant roles into HBX employee positions, reducing annual operating costs by approximately \$1.85 million. These employees perform functions essential to our daily operations. Further conversions of consultants to staff positions remain a priority for us. Additionally, as a result of building our own team of IT security professionals, we've reduced our spending on security consultants from \$854,000 in FY17 to \$562,000 in FY18, and realized a further reduction to \$368,000 in FY19.

Beginning in FY17, as DHCF had increasing needs for work space for IT developers working on the broader DC Access System (DCAS) program, HBX entered into a co-location agreement with DHCF, sharing work space with DHCF IT staff and consultants in HBX's IT suite at L'Enfant Plaza which houses HBX IT staff and consultants. In FY18, the DHCF utilized more of the space and reimbursed HBX \$518,291.50. In FY19, DHCF increased their space needs and reimbursed HBX \$651,544.89. In FY20, the arrangement remains the same. In addition to providing savings to HBX, making this space available on an expedited basis to DHCF has been vital to meet their physical space needs for ongoing DCAS development.

Budget Review

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

Q8. Please identify any reprogrammings received by or transferred from HBX during FY19 and to date in FY20, and include a description of the purpose of the transfer and which HBX programs, activities, and services were affected.

None.

Q9. Please identify any intra-district transfers received by or transferred from HBX during FY19 and to date in FY20, and include description as to the purpose of the transfer and which HBX programs, activities, and services were affected.

See Attachment F

FY19-20 HBX Performance Oversight: Q9_Attachment F

FY2019 MOAs (IntraDistrict Transfers)

Buyer Agency	Seller Agency	FY19 - Amount	Description of Services
DHCF	HBX	\$4,130,077.99	DHCF to reimburse HBX for expenses related to Contact Center
DHCF	HBX	\$32,761.21	DHCF to reimburse HBX for Salesforce licenses
DHCF	HBX	\$75,000.00	DHCF to reimburse HBX to prepare and mail joint health benefit notices
DHCF	HBX	\$654,715.35	DHCF to reimburse HBX for Salesforce licenses
DHCF	HBX	\$651,544.89	DHCF to reimburse HBX for leased space at L'Enfant Plaza dedicated to DCAS project team
DHCF	HBX	\$101,048.64	DHCF to reimburse HBX for outstanding invoice related to IT services
HBX	DISB	\$50,000.00	HBX to pay DISB to conduct DCHBX's assessment
HBX	DCHR	\$100,250.00	HBX to pay DCHR for HR support services
HBX	OCTO	\$18,592.38	HBX to pay OCTO for Microsoft Office Enterprise E1 and E3 set-up licenses
HBX	OCTO	\$78,780.72	HBX to pay OCTO for hardware, software and resources necessary for OCTO to support HBX operation
HBX	OAH	\$6,125.00	HBX to pay OAH for administrative appeal hearing services
HBX	OFRM	\$382,088.90	HBX to pay OFRM for providing Telecom services including Language line for HBX
HBX	DGS	\$1,135,722.20	HBX to pay DGS rent for 1225 Eye Street, Call Center and IT Space

FY2020 MOAs (IntraDistrict Transfers as of 12/3/2019)

Buyer Agency	Seller Agency	FY20 - Amount	Description of Services
DHCF	HBX	\$4,006,946.79	DHCF to reimburse HBX for expenses related to Contact Center
DHCF	HBX	\$100,000.00	DHCF to reimburse HBX to prepare and mail joint health benefit notices
DHCF	HBX	\$683,440.58	DHCF to reimburse HBX for leased space at L'Enfant Plaza dedicated to DCAS project team
HBX	DISB	\$50,000.00	HBX to pay DISB to conduct DCHBX's assessment
HBX	OCTO	\$69,644.00	HBX to pay OCTO for hardware, software and resources necessary for OCTO to support HBX operation
HBX	OAH	\$15,000.00	HBX to pay OAH for administrative appeal hearing services
HBX	DCHR	\$100,250.00	DCHR to provide HR support services

Q10. Provide a complete accounting of any Special Purpose Revenue Funds for FY19 and to date in FY20. Please include the following:

a. Revenue source name and code;

6202- Assessment Fund
6208 – MA Health Connector Fund

b. Description of the program that generates the funds;

Please refer to 10c.

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

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

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

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

- d. Total amount of funds generated by each source or program in FY19 and to date in FY20; and**

See Attachments G, H, I

- e. FY19 and to date FY20 expenditure of funds, including purpose of expenditure.**

See Attachments G, H, I

DC HBX Assessment FY20 Budgetary Comparison Schedule For the period ending: 11/30/2019

	Council Approved Budget	Budget Authority Increases	Total Budget	October	November*	December*	Revenue/ Expenditures To Date	Spent As % of Budget	Encumbrances as of 12.02.19	Year to Date Including Encumbrances	Expenditure Budget Available	% Budget Available
Revenues and Sources												
Assessment	\$ 30,485,385	\$ -	\$ 30,485,385	\$ 29,908,619	\$ 32,302		\$ 29,940,921			\$ 29,940,921		
Transfer from Reserve/Unassigned	\$ -	\$ 862,658	\$ 862,658	\$ 862,658			\$ 862,658			\$ 862,658		
Interest and Fees	\$ -	\$ -	\$ -	\$ 5,494	\$ 1,963		\$ 7,457			\$ 7,457		
Total Revenues and Sources	\$ 30,485,385	\$ 862,658	\$ 31,348,043	\$ 30,776,770	\$ 34,265		\$ 30,811,036			\$ 30,811,036	\$ -	
Expenditures and Uses												
Personnel	\$ 14,250,956	\$ 862,658	\$ 15,113,614	\$ 1,689,631	\$ 495,517	\$ (258,139)	\$ 1,927,009	12.75%	\$ -	\$ 1,927,009	\$ 13,186,605	87.25%
Agency Management Programs	\$ 2,317,087	\$ -	\$ 2,317,087	\$ 38	\$ 25,136	\$ 16	\$ 25,190	1.09%	\$ 166,060	\$ 191,250	\$ 2,125,837	91.75%
Agency Financial Operations	\$ 160,000	\$ -	\$ 160,000	\$ 2,158	\$ -	\$ -	\$ 2,158	1.35%	\$ 34,975	\$ 37,133	\$ 122,867	76.79%
MIPO	\$ 4,928,885	\$ -	\$ 4,928,885	\$ 140	\$ 590,313	\$ (3,946,494)	\$ (3,356,041)	-68.09%	\$ 2,479,072	\$ (876,969)	\$ 5,805,854	117.79%
Consumer Education & Outreach	\$ 2,243,000	\$ -	\$ 2,243,000	\$ 1,045	\$ 59,671	\$ -	\$ 60,716	2.71%	\$ 1,630,975	\$ 1,691,691	\$ 551,310	24.58%
IT	\$ 7,868,904	\$ -	\$ 7,868,904	\$ 126,982	\$ 934,671	\$ -	\$ 1,061,653	13.49%	\$ 1,264,865	\$ 2,326,517	\$ 5,542,387	70.43%
Total Expenditures and Uses	\$ 31,768,832	\$ 862,658	\$ 32,631,490	\$ 1,819,994	\$ 2,105,308	\$ (4,204,617)	\$ (279,315)	-0.86%	\$ 5,575,947	\$ 5,296,631	\$ 27,334,859	83.77%
Excess of Revenues over Expenditures	\$ (1,283,447)	\$ -	\$ (1,283,447)	\$ 28,956,776	\$ (2,071,043)	\$ 4,204,617	\$ 31,090,351			\$ 25,514,404		
Investment Interest Income	\$ -	\$ -	\$ -	\$ 46,155			\$ 46,155			\$ 46,155		

FY19 - 20 HBX Performance Oversight: Q10_Attachment I

MA Net Reimbursement		
	FY19	FY20 (as of 11/30/19)
Revenue Generated	4,743,066.18	TBD
Expenses	4,131,018.62	513,146.75
Net Reimbursement	\$612,047.56	TBD

FY21 MA Savings	
Area	Estimated Savings
Personnel - 7 FTEs	845,000.00
Admin Fees Collected	250,000.00
Premium Aggregation	317,550.00
Contact Center	75,000.00
Mailing and	21,000.00
Total	\$1,508,550.00

FY20 MA Budget	
Category	FY20 (10/1/19 - 11/30/19)
Personnel	67,269.00
Travel	0
Contracts	445,878.00
Total	\$513,147.00

Q11. Please provide the following information for all grants awarded to HBX during FY19 and to date in FY20:

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

HBX did not receive any grants in FY19 and to date in FY20.

Q12. For each grant lapse occurring in FY19, please provide:

a. A detailed statement on why the lapse occurred;

N/A

b. Any corrective action taken by HBX; and

N/A

c. Whether the funds can be carried over into FY20.

N/A

Q13. Please provide the following information for all contract modifications made during FY19 and to date in FY20:

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

See Attachment J

FY19-20 HBX Performance Oversight: Q13_Attachment J

Vendor Name	Purpose of Contract	Contract Administrator	Modification Term	Modification Cost	FY19 Total Amount Expended	FY20 Total Amount Expended As of Jan. 6, 2020	Reason for Modification	Funding Source ¹	Contracting Method
Enlightened, Inc.	IT Consulting Services	Jason Sparks	Option Year Two: 4/21/2018 – 4/22/2019	Option Year Two: \$550,000.00	\$61,160.00	N/A	Exercise Option	Assessment MA	IFB
Center for Study of Services	Plan Shopping Tools: Doctor Directory and Plan Comparison	Kenneth Taylor-Sutton	Option Year Four: 10/1/18 – 9/30/2019 Base Period: 10/1/2019 – 9/30/2020 (new contract award)	Option Year Four: \$890,000.00 New Contract: \$732,000.00	\$636,800.00	\$329,400.00	Exercise Option	Assessment	Sole Source
NFP Health Services	Premium Billing Services	Kyle Esdaille	Base Period: 10/1/2018 – 9/30/2019 (new contract award) Option Year One: 10/1/2019 – 9/30/2020	New Contract: \$742,980.00 Option Year One: \$842,980	\$742,980.00	\$265,509.95	Exercise Option	Assessment MA	Sole Source
Maximus, Inc.	Call Center Services	Allison Muse	Option Year One: 10/1/18 – 9/30/19 10/1/2018 – 9/30/2019 (DHCF/Medicaid) 10/1/18 – 3/31/19 (MA) Option Year Two 10/1/19 – 9/30/20 (HBX, DHCF, MA)	Option Year One: \$4,714,570.31 MA: \$301,994.84 Option Year Two: \$4,825,924.78	\$4,714,570.31 HBX: \$1,134,328.80 DHCF: \$3,228,474.52 MA: \$351,766.99	\$1,074,774.98 HBX: \$260,714.12 DHCF: \$742,032.50 MA: \$72,028.36	Exercise Option	Assessment MA	RFP
Mercer Health & Benefit, LLC	Actuarial Services	MaryBeth Senkewicz	Option Year One: 4/1/2018 – 3/31/2019 Option Year Two: 4/1/2019 – 3/31/2020	Option Year One: \$250,000.00 Option Year Two: \$250,000.00	\$125,987.00	\$0.00	Exercise Option	Assessment	RFTOP ²
New Light Technology	IT Consulting Services	Jason Sparks	Option Year Two 5/2/2018 – 5/1/2019 Option Year Three 5/2/2019 – 5/1/2020	Option Year Two: \$5,250,000.00 Option Year Three: \$4,200,000.00	\$1,965,967.75 \$1,762,279.36	\$371,030.20	Exercise Option	Assessment MA	IFB
Networking for Future	IT Consulting Services	Jason Sparks	Option Year Two: 5/6/2018 – 5/5/2019 Option Year Three: 5/6/2019 – 5/5/2020	Option Year Two: \$8,650,000.00 Option Year Three: \$9,200,000.00	\$5,569,02.19 \$3,263,746.72	\$1,509,976.34	Exercise Option	Assessment MA	IFB
Software Information Resource Corp	AWS Security Compliance and Ancillary Data Security	Samir Hassan	Option Year One: 7/3/2018 – 7/2/2019 Option Year Two: 7/3/19 – 9/30/19	Option Year One: \$561,600.00 Option Year Two: \$49,800.00	\$292,440.00 \$14,110.00	\$0.00	Exercise Option	Assessment MA	RFTOP

Immediate Mailing Services	Printing and Mailing Services	Grizelda Mejia	Option Year Two: 11/15/2018 – 11/14/2019 Option Year Three: 11/15/2019 – 11/4/2020	Option Year Two: \$250,000.00 Option Year Three: \$250,000.00	\$177,637.48 HBX: \$1,134,328.80 DHCF: \$3,228,474.52 MA: \$351,768.90	\$58,744.88 HBX: \$51,343.25 DHCF: \$3,333.69 MA: \$4,097.94	Exercise Option	Assessment MA	IFB
A & T Systems	Cloud Computing Services	Samir Hassan	Base Period: 6/22/18 – 6/21/19 Option Year One: 6/22/19 – 6/21/2020	Base Period: \$630,000 (includes contract increase of 80,000.00) Option Year One: \$550,000.00	HBX: \$295,000.00 MA: \$191,999.95 HBX: \$204,554.80 MA: \$191,999.95	HBX: \$90,581.97 MA: \$48,384.39	Increase Base Period Amount \$80,000 Exercise Option	Assessment MA	RFTOP
DataNet Systems Corporation	IT Consulting Services	Catherine Bennett	Base Period: 10/1/19 – 9/30/20 (new contract award)	This is an IDIQ contract with a guaranteed minimum of \$500.00 and a maximum (not-to-exceed) amount of \$7,000,000.00 for the base period.	N/A	N/A	New Contract	Assessment MA	RFP
IdeaCrew	IT Consulting Services	Catherine Bennett	Base Period: 10/1/19 – 9/30/20 (new contract award)	This is an IDIQ contract with a guaranteed minimum of \$500.00 and a maximum (not-to-exceed) amount of \$7,000,000.00 for the base period.	N/A	N/A	New Contract	Assessment MA	RFP
Innovation Horizons, LLC	IT Consulting Services	Catherine Bennett	Base Period: 10/1/19 – 9/30/20 (new contract award)	This is an IDIQ contract with a guaranteed minimum of \$500.00 and a maximum (not-to-exceed) amount of \$7,000,000.00 for the base period.	N/A	N/A	New Contract	Assessment MA	RFP

Notes:

¹ Please note that the funding source is only for the most current period of FY2020.

² Request for Task Order Proposals (“RFTOP”).

Q14. Please list and describe each major program and activity, policy initiative, performance objective and legislative objective during FY19 and FY20, to date. For each, please provide the name of the employee responsible for each and the total number of FTEs assigned to the program.

The Affordable Care Act (ACA) is working in the District of Columbia to help individuals and families have affordable, quality health coverage. Nearly 97% of the District's residents have health coverage and the District ranks second among all states with the lowest uninsured rates in the country. The District has a long record of expanding health coverage to its residents, and HBX continues to be successful in finding and enrolling people who are uninsured.

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

As of December 29, 2019, 14,433 District residents have paid their premium and fully enrolled in private health insurance through the individual marketplace. There are 924 people with Advance Premium Tax Credits (APTC) who have paid their premium. Also, as of December 29, 2019, 78,281 people are covered through the small business marketplace (which includes Congressional enrollment of approximately 11,000). Those are the point-in-time enrollments. Over the course of 2019 (through December 29, 2019), 21,436 District residents have obtained coverage through DC Health Link and 89,804 small business employees have been covered.

For plan year 2020, residents have a choice of 25 private health insurance plans (2 of which are catastrophic) from CareFirst and Kaiser. For small businesses, there are 156 private health insurance plans from three United Healthcare companies, two Aetna companies, two CareFirst BlueCross BlueShield companies, and Kaiser. These include HMOs, POS, PPOs, EPOs, zero-deductible plans, and HSA-compatible high deductible coverage.

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

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

I. Major Programs and Activities

Consumer Education and Outreach: This program contains the following three major activities:

- *Consumer Education and Outreach Support Services:* Educates District residents, small business owners, and small business employees about health coverage options available

through DC Health Link by organizing and participating in events, conducting educational seminars, partnering with other District agencies and organizations, and conducting intensive outreach through all of these methods;

- *Marketing and Communication*: Provides support and awareness for DC Health Link through development of an earned media plan, printed materials for distribution, and a paid media campaign that may include outdoor advertising, broadcast, newspapers and other publications, digital, and social media avenues; and
- *Navigators (also called In-Person Assisters) and Certified Application Counselors*: Provides in-person assistance at multiple locations across the District to consumers looking for help starting or completing the online application and plan selection process. There are currently approximately 150 Navigators, Assisters, and Certified Application Counselors assisting consumers across the city.
 - In total, \$650,000 in grant funds were provided to five Navigator/In Person Assister organizations for 2019-2020 to provide enrollment assistance and outreach activities. These organizations included Whitman Walker Health, Mary's Center, La Clinica del Pueblo, Community of Hope, and Leadership Council for Healthy Communities.
 - The Certified Application Counselor program is a non-funded program designed for organizations that provide application and enrollment assistance to consumers, but do not receive grant funds to do so (e.g., hospitals).

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

- *Contact Center*: Required for state-based marketplaces and is a condition for certification as a state-based marketplace. The Contact Center takes calls to assist customers with DC Health Link questions and on-line applications, processes paper applications, and provides information for escalated cases to HBX and the Department of Human Services' Economic Security Administration (ESA).
- *Plan Management*: Required for state-based marketplaces and is a condition for certification as a state-based marketplace. Working in conjunction with local and federal regulatory bodies, establishes and oversees the process to certify, recertify, and decertify Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs) available through DC Health Link. Also manages enrollment issues related to Qualified Health Plan and Qualified Dental Plan carriers. This includes the coordination of all Electronic Data Interchange (EDI)-related transactions to and from DC Health Link.
- *Eligibility and Enrollment*: Required for state-based marketplaces and is a condition for certification as a state-based marketplace. With the support of IT, designs and manages the eligibility and enrollment process through a seamless, web-based application that determines individual and family member eligibility for cost sharing reductions and/or advanced premium tax credits; determines eligibility for private health insurance; enables individuals and families to enroll in QHPs and QDPs available through DC Health Link; manages and facilitates a

legally required customer appeals process; and, as required by federal law, provides tax reporting information to customers and the IRS;

- *Member Services:* Researches complex customer issues and works with carriers and internal operations to resolve those issues; provides assistance to customers with complex circumstances and those needing extra help navigating the DC Health Link online marketplace, resolving any technical difficulties a customer may experience, ensuring that changes to eligibility and enrollment information are quickly updated and processed, assessing qualification for special enrollment periods, performing required verifications, and resolving escalated cases including from the Contact Center;
- *Data Analytics and Reporting:* Develops and implements of federally required data reporting requirements and customer surveys; manages the end-to-end process of developing functionality for electronic federal data reporting as well as the creation and dissemination of required IRS Form 1095-A for tax reporting purposes; reports monthly IRS H36 reports, monthly HHS/CMS Policy Level Reports and State Based Marketplace Input (SBMI) files, and annual IRS H41 reports to the federal government, as required by the federal government; develops and administers internal customer surveys for DC Health Link; and
- *SHOP Operations:* Required for state-based marketplaces and is a condition for certification as a state-based marketplace. Develops, operates, and manages DC Health Link's Small Business Health Options Program (SHOP)—the on-line marketplace for small businesses; manages the process from end-to-end, designs system improvements, and troubleshoots systems issues to ensure effective operation of the SHOP Marketplace; supports brokers, employers, and their employees; works with IT on design; manages broker relationships, training, certification, and cases; and conducts outreach and works with the small business community.

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

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

Agency Financial Operations: Provides comprehensive and efficient financial management services to, and on behalf of, District agencies so that the financial integrity of the District of Columbia is maintained. This program is standard for all agencies using performance-based budgeting.

II. Legislative Objectives

Independent Procurement Authority: Independent procurement authority has been fundamental to HBX's ongoing success. HBX's independent procurement authority is temporary

and expires at the end of 2023. The Chair of the Committee on Health, Councilmember Gray, and current and former members of the Committee on Health -- Councilmembers Cheh, Nadeau, Grosso, and Bonds – introduced and Councilmember Allen co-sponsored legislation to grant HBX permanent procurement authority with the introduction of B23-571. HBX will work with policymakers to get this passed.

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

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

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

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

Affordability Improvements: The other highest priority for HBX is to ensure affordability of health insurance premiums for District residents. Since the federal reinsurance program expired at the end of 2016, District residents have faced significant annual premium increases that are making coverage less affordable. In 2019, DISB held two hearings on 2020 premium proposals

from health insurers. At each hearing, numerous District residents testified as to the increases they've seen over the years and how those increases are impacting their ability to stay insured.

For example, at the DISB Rate Hearing in August, one resident testified that she and her husband spend \$31,000 a year on premiums alone for their platinum health plan purchased through DC Health Link. This amount is before any other spending on health care such as copayments or deductibles that is required for the year.

The HBX ACA Working Group recommended three steps that could be taken to help mitigate premium increases: a local individual responsibility requirement, which is now in place; a local reinsurance program; and an Advance Premium Tax Credits (APTC) wrap program.

- *Local Reinsurance:* This would lower premiums for all District residents purchasing individual market coverage through DC Health Link. Actuarial analysis completed for HBX indicates that a \$7M investment in reinsurance in 2020 would have changed an average **9.1 percent premium increase** to a **0.8 percent premium decrease**. A reinsurance program would save District residents \$8.2M in premiums for 2020. For every dollar spent in reinsurance, more is saved in premium expenses for District residents.
- *APTC Wrap:* For those residents with incomes at or below 400 percent of the federal poverty level (FPL) (\$49,960 for an individual/\$67,640 for a two person household in 2020), the APTC-wrap policy would further ensure affordability by increasing the premium subsidy amount provided by the federal government. As the subsidy would go directly to the insurers, individuals premiums are reduced upfront and make a significant impact. Providing this additional financial assistance would make insurance more affordable for residents.

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

III. Regulatory Objectives

Individual Responsibility Requirement: Last year, based on recommendations of the HBX ACA Working Group, the Council passed and the Mayor signed a local individual responsibility requirement. On October 18, 2019, HBX, the DC Office of Tax and Revenue (OTR), and DISB published a Notice of Proposed Rulemaking in the *District Register*. One comment was received, which was strongly supportive of the proposed rule as written and emphasized the role the District's individual responsibility requirement played in stabilizing the cost of health coverage for consumers. A Notice of Final Rulemaking is expected to be published soon.

DC Register Notice, Tax Year 2019 Low-income Exemption Eligibility Thresholds: Pursuant to D.C. Official Code § 47-5102(b)(2)(B), HBX published notice on DCHealthLink providing low-income exemption eligibility thresholds to avoid paying the penalty for failure to maintain minimum essential health coverage. The notice can be viewed here: https://www.dchealthlink.com/sites/default/files/v2/pdf/low_income_exemption_thresholds_3_25_19.pdf.

IV. Policy Initiatives

HBX policy decisions are developed through a local, transparent, and DC-based community stakeholder-driven process using advisory committees and working groups. HBX is governed by a private Executive Board of District residents that makes decisions on policy based on the input and recommendations from the Standing Advisory Board, advisory committees, and working groups (<http://hbx.dc.gov/page/meet-health-benefit-exchange-authority-executive-board-members>). HBX believes that to maintain a successful state-based marketplace where residents, families, and small businesses can choose quality, affordable health plans that meet their needs, it must reflect the priorities of the community and continue to have significant input from DC stakeholders. There are three standing Advisory Committees in addition to the Standing Advisory Board:

- *Producers Advisory Committee*: Advises on how to best use the experience and skills of health insurance brokers and agents to help people choose coverage to best meet their needs. This includes issues around compensation and appointment, and other issues as requested by the Executive Board or Authority staff.
- *Plan Management Advisory Committee*: Examines issues related to QHP requirements, certification processes, and enrollment. This Committee focuses on operational issues.
- *Consumer Assistance and Outreach Advisory Committee*: Focuses on the design and implementation of the Navigator and Consumer Assistance programs to help educate residents and enroll them.

Also, if a policy decision needs specific expertise or must be examined quickly, an ad hoc Working Group chaired by a Board Member and vice chaired by a Member of the Standing Advisory Board is established. The working group is given topic-specific issues to address within set time-frames. Membership and participation is open and diverse stakeholders participate as voting members. The majority of working groups were created and concluded their work in 2013 when major policy decisions were being made. Currently, the standard plans working group is the only annually recurring working group.

Special Enrollment Periods (SEPs): The federal government sets minimum standards for qualifying events that enable people to enroll outside an annual open enrollment period, otherwise known as SEPs. States are allowed to add additional qualifying circumstances. HBX researches actions taken by other states and the customer circumstances that may warrant action. The Standing Advisory Board then reviews the research, takes public input on expanding SEPs, and recommends new SEPs to be adopted. The HBX Executive Board considers those recommendations for implementation. In 2019, the Standing Advisory Board reviewed and made the following SEP recommendations all of which were then adopted by the HBX Executive Board:

- *Individual Responsibility Requirement SEP for 2018 Tax Filing Season*: This SEP was time-limited and related to the 2019 local individual responsibility requirement. It permitted District residents who were uninsured and learned of the local individual responsibility requirement when filing their taxes for tax year 2018 to qualify for a SEP to enroll in coverage and avoid the penalty.

- *Open Enrollment SEP*: Since the federal government shortened its open enrollment period to six weeks, the Standing Advisory Board has recommended each year to extend the DC Health Link Open enrollment period to three-months. In May of 2019, the Standing Advisory Board again voted to recommend a permanent three-month annual open enrollment period.
- *Individual Responsibility SEPs*: The first part of this SEP is time-limited and relates to the local individual responsibility requirement. It permits District residents who were uninsured and learned of the local individual responsibility requirement when filing their taxes for tax year 2019 to qualify for a SEP to enroll in coverage and avoid the penalty. It is similar to the SEP enacted for the 2018 tax filing season. An additional permanent provision is also included in this SEP. Because DC is one of only several states that have enacted an individual responsibility requirement, this provision will provide taxpayers who are new DC residents and learn of the individual responsibility requirement as a result, to have a 60-day SEP to enroll themselves or their dependents in individual market health insurance.
- *Auto-Payment Error SEP*: A new SEP will be available to individuals enrolled in an individual market QHP to reinstate their prior coverage if their prior coverage was terminated due to a declined premium payment via a credit card or debit card auto-payment arrangement with the carrier. The individual must have successfully established the auto-payment arrangement. The SEP would not be available if the reason for the declined payment was that the individual voluntarily terminated the auto-payment arrangement. Reinstatement will result in continuous coverage in the same plan.
- *Pregnancy SEP*: HBX is establishing a new SEP for pregnant women, allowing enrollment in an individual market or small business market health plan. The SEP would be triggered based on the date a health care practitioner confirms the pregnancy. Enrollment is available the first of the month of confirmation of pregnancy by a healthcare practitioner or prospective following regular individual market or SHOP market enrollment rules as applicable. Maryland enacted a similar SEP in 2019.

All of these SEPs were adopted by the Executive Board. Resolutions can be viewed here - <https://hbx.dc.gov/page/adopted-resolutions>.

SHOP 2020 Open Enrollment Period Extension: The SHOP marketplace will extend the annual open enrollment period, where minimum contribution and minimum participation requirements do not apply, to small groups seeking to newly offer health insurance coverage to their employees for calendar year 2020. Under current SHOP rules, this annual open enrollment is only available for groups enrolling with a January effective date. This extended open enrollment period will be available to employers offering coverage going into effect during calendar year 2020.

Given District residents may not learn of the District's individual responsibility requirement (IRR) until it is applied to District residents filing their 2019 taxes, this extended open enrollment would give small businesses an opportunity to newly offer coverage if they learn their employees are subject to the IRR during the 2019 tax filing season. This would make it easier for small businesses to offer coverage if they are unable to meet the minimum contribution and minimum participation requirements, even if they miss the deadline for offering January coverage. This would be a limited opportunity and any groups that take advantage of this extended open enrollment period and are

unable to meet the minimum participation and/or contribution requirements would be offered the option to change their group's plan year to begin in January for the 2021 plan year so they can continue to take advantage of the annual open enrollment eligibility rules applicable to January 1 groups. Any group that elects to keep a non-January plan year would then have to meet minimum participation and minimum contribution requirements upon renewal.

This was recommended by the Standing Advisory Board and adopted by the HBX Executive Board on January 8, 2020.

Legislation (updating enabling legislation and ACA clean up legislation): As noted above, the Standing Advisory Board reviewed HBX's enabling legislation and recommended several updates:

1. Revise the HBX statute to ensure that if the Affordable Care Act was struck down or repealed, District residents and businesses would not lose existing ACA consumer protections and that HBX continues as the District's online health insurance marketplace.
2. Update the conflict of interest provision applicable to HBX Board members and staff.
3. Provide HBX with permanent independent procurement authority.

The Standing Advisory Board unanimously recommended the above and the Executive Board adopted these through a resolution on September 11, 2019.

Updates to Standard Plans for 2021: The Standard Plan Advisory Working Group will be reconvening in early 2020 to update standard plans for plan year 2021. This is necessary to comply with changes to the federal actuarial value calculator. Standard plans cover many medical services without deductibles. This includes primary care, specialists and mental health providers, urgent care, and generic prescription medication. Standard plans have the same cost sharing within a coverage level. HBX first adopted standard plans for 2015 and modified each year to ensure compliance with federally mandated actuarial value levels. Once the Standard Plans Working Group completes its work for 2021, the Executive Board will have to review and vote. Recommendations and changes will be posted on the HBX webpage.

Updates to Standard Plans for 2020: The Standard Plans Working Group completed its work and the HBX Executive Board approved their standard plan recommendations for 2020 at its February 13, 2019 Executive Board Meeting. The Working Group materials and schedule are posted on the HBX website, and can be found [here](#).

Federal Proposed Rules and Guidance: HBX closely monitors federal proposed rulemaking and sub-regulatory guidance. HBX submits comments to the federal government on a regular basis advocating for strong consumer protections, stable and affordable private coverage, and flexibility for state-based marketplaces to ensure market stability and consumer protections. In 2019 and to date in FY20, HBX submitted comments on the following federal actions (can also be [viewed here](#)):

- 12/20/19 Comments to Department of State (DOS) on New Public Charge Form (opposed policy and questions on new form for people overseas applying for a visa);
- 11/26/19 Comments to the Centers for Medicare and Medicaid Services (CMS) on Agency Information Collection Activities; Proposals, Submissions, and Approvals (opposed

rulemaking on abortion segregation of funds requirement couched as Paperwork Reduction Act action);

- 11/12/19 Comments to DOS on Inadmissibility on Public Charge Grounds (opposed attempt to end-run federal courts' nationwide injunctions that stop DHS from implementing the Public Charge Rule);
- 10/31/19 Comments to DOS on Immigrant Health Insurance Coverage (opposed Presidential Proclamation);
- 8/13/19 Comments to the Department of Health and Human Services on Nondiscrimination in Health and Health Education Programs and Activities (opposed removing gender identity and orientation protections);
- 7/22/19 Comments to CMS on Individual Coverage HRA Model Notice (asked the federal government to ensure that the model notice is at appropriate reading level);
- 7/1/19 Comments to CMS on ACA Waivers (opposed CMS eroding ACA protections for section 1332 waivers);
- 6/18/19 Comments to the Office of Management and Budget (OMB) on Directive No. 14, "Consumer Inflation Measures Produced by Federal Statistical Agencies" (opposed changing federal poverty formula; Mayor Bowser also submitted comments);
- 5/3/19 Comments to CMS on Sale of Individual Health Insurance Coverage Across State Lines Through Health Care Choice Compact (opposed allowing sale of junk plans across state lines);
- 3/21/19 Comments to CMS on Grandfathered Group Health Insurance Coverage (opposed expanding grandfathered plans);
- 2/19/19 Comments to CMS on Notice of Benefit and Payment Parameters for 2020 (opposed prohibiting/limiting automatic renewal of health insurance); and
- 1/8/19 Comments to CMS on Exchange Program Integrity Proposed Rule (opposed requiring insurers to send two separate bills for health insurance – one bill for abortion coverage and one bill for other health care coverage). The Administration finalized this rule and is requiring two separate premium bills. HBX is reviewing options to protect customers and mitigate the loss of coverage that will be caused by this new federal rule.

Q15. Please identify all recommendations identified by the Office of the Inspector General or the D.C. Auditor in FY19 and FY20, to date. Please note what actions have been taken to address these recommendations.

On November 4, 2019, the Office of the District of Columbia Auditor (ODCA) issued a report titled *Residents Give District High Marks for City Services*. Overall, the report categorized providing health insurance through D.C.s health exchange as “High priority/High quality.” In January 2019, the DC Office of the Inspector General (DC OIG) issued the *Health Benefit Exchange Authority: Financial Statements (with Report of Independent Public Accountants) for the Fiscal Years Ended September 30, 2018, and 2017* (OIG No.19-1-08HI) audit report. The auditor identified no significant deficiencies or material weaknesses in the internal control over financial reporting.

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

Federal Efforts to Undermine, Repeal and/or Replace the Affordable Care Act (ACA)

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

Federal Action	District's Response
The U.S. Department of Homeland Security issued new regulations with a harmful interpretation of the Public Charge statute, which has already had a chilling effect on US citizens, Lawful Permanent Residents, and other Visa holding immigrants obtaining public benefits, including health insurance.	HBX submitted comments opposing the proposed rules; several Attorneys General (AG), including AG Racine, challenged the rule in federal courts, for which HBX and DHCF submitted declarations; and HBX partnered with immigration attorneys funded through Mayor Bowser's Immigrant Justice Legal Services grant program to provide free immigration help at HBX one-touch enrollment events, which also include and HBX- is providing interpreter services.
President Trump issued a Presidential Proclamation requiring immigrants to have health insurance prior to entering the country.	HBX submitted comments opposing the proclamation.
The Centers for Medicare and Medicaid Services (CMS) issued a request for comment regarding the prohibition on auto-renewal, which, if adopted, will result in many residents losing their insurance.	HBX submitted comments opposing this change.
CMS issued a final rule requiring separate billing for the portion of premiums that pay for abortion coverage, limiting access to women's health care;	HBX submitted comments opposing the rule.
CMS eliminated paid media for open enrollment.	HBX opposed this federal action and increased its paid media and outreach budget.
CMS cut the federal open enrollment period in half to six weeks.	HBX Board adopted a three-month open enrollment period to run from November 1 to January 31, annually.

<p>The U.S. Department of Health and Human Services (HHS) issued proposed rules to eliminate non-discrimination protections for LGBTQ, women, and immigrants.</p>	<p>HBX submitted comments opposing this proposal.</p>
<p>HHS and the U.S. Department of Treasury (“Treasury”) released guidance that loosen standards for section 1332 waivers to allow exemptions from the ACA consumer protections.</p>	<p>HBX submitted comments opposing this guidance.</p>
<p>Congress zeroed out federal individual responsibility requirement penalty.</p>	<p>In response, Mayor Bowser proposed and Council passed a local individual responsibility requirement, which requires all District residents to have health insurance. HBX continues to work with the Office of Tax and Revenue and other agencies to help implement this requirement.</p>
<p>The U.S. Department of Labor (DOL) finalized a rule exempting association health plans from the ACA’s consumer protections, which opens the door to fraud and insolvencies.</p>	<p>HBX submitted comments opposing the proposed rule; AGs, co-led by AG Racine, challenged the rule in federal courts. District passed a law to keep consumer protections.</p>
<p>HHS, DOL, and Treasury finalized a rule removing consumer protections related to short-term limited duration plans.</p>	<p>District passed a law to keep consumer protections.</p>

All of these actions, as well as the continued efforts by the federal government to undermine, repeal, and/or replace the ACA, continue to have significant negative implications for the District and its residents. As a result of these federal legislative and administrative actions that destabilize insurance markets nationwide and result in healthier people no longer purchasing health insurance, District residents, businesses, and their employees can expect their insurance premiums to rise, whether in or outside the exchange marketplaces. However, as demonstrated above, the District has taken strong actions to mitigate these impacts. Nevertheless, rising premiums ultimately require a permanent, federal solution.

Until that happens, HBX’s ACA Working Group unanimously recommended and HBX Executive Board through a resolution endorsed a local solution that includes locally funded reinsurance and APTC wrap, in addition to a local individual responsibility requirement (already passed by DC policymakers)

1. A locally funded reinsurance program to stabilize the District's individual health insurance and lower premiums for everyone;
2. The creation of a local subsidy program that would be in addition to federal tax credits to make health insurance more affordable for those who qualify for federal advance premium tax credits (i.e., generally those individuals and families just above Medicaid eligibility levels).

The ACA has been a success in the District, and HBX will continue to work closely with policymakers and stakeholders to preserve, improve, and implement statutory and regulatory protections as needed for District residents and small businesses.

As we continue to look at ways to protect consumers from the negative interference by the federal government, Mayor Bowser and Councilmembers continue to work to ensure that DC residents have access to all the consumer protections available under the ACA. HBX is working with the OAG on technical clean-up legislation that will protect DC residents in the face of such efforts by the federal government.

Independent Procurement Authority

The Council of the District of Columbia granted HBX independent procurement authority for five years in 2013, and extended this authority for an additional five years through the Fiscal Year 2018 Budget Support Act of 2017. This authority has been and remains vital to HBX's success. We have used our authority with transparent, carefully vetted processes that are closely aligned with federal and District of Columbia procurement standards.

As the Committee on Health recognized in 2013, the standard procurement process is intentionally slow to mitigate mistakes and does not fit the fast-track work of HBX. Independent procurement authority has enabled HBX to correct problems caused by standard procurements and meet the ACA challenges of building, maintaining, and protecting a high-functioning marketplace and the complex system that supports it. In addition, ongoing website enhancement based on customer feedback is essential. HBX heavily relies on its independent procurement authority to meet required and self-initiated improvements, and to respond to federal actions undermining the ACA, which are expected to continue for the foreseeable future as seen from the wide-ranging repeal efforts and regulatory actions described above. Further, in its effort to ensure financial sustainability, as required by federal law, HBX relies on its effective and efficient procurement process to get better deals from vendors.

The Chair of the Committee on Health, Councilmember Gray, and current and former members of the Committee on Health -- Councilmembers Cheh, Nadeau, Grosso, and Bonds -- introduced and Councilmember Allen co-sponsored legislation to grant HBX permanent procurement authority (B23-571).

Legal Challenges

There is one pending lawsuit, filed by six health insurance companies, before the District of Columbia Court of Appeals challenging HBX's statutorily authorized assessment of health carriers that supports HBX's budget. The United States District Court for the District of Columbia ruled in favor of the District on all claims and dismissed the suit in 2014. However, in March 2016, that decision was vacated by the United States Court of Appeals for the District of Columbia, which held that jurisdiction was only proper in the District of Columbia Superior Court Tax Division, not federal court. Subsequently, District of Columbia Superior Court Tax Division judge ruled in favor of the District, adopting the decision from the United States District Court judge. The case was appealed to the DC Court of Appeals and oral arguments were held on April 23, 2019. While a final decision has not been issued, the District believes that it will prevail based on the same legal rationale that prevailed in the District of Columbia Superior Court Tax Division. This lawsuit also raises the same issues as that of a separate federal lawsuit filed in 2014 by an insurance trade association, which was ultimately dismissed.

ACA Case in Texas

Twenty Republican State Attorneys General brought a legal action in Texas challenging the validity of the ACA based on the fact that Congress zeroed out the individual responsibility penalty as a part of the Tax Cuts and Jobs Act enacted on December 22, 2017. The Republican Attorneys General, with whom the Trump Administration is siding, are looking to strike down the ACA and all consumer protections under the ACA. Seventeen Democratic State Attorneys General, including DC Attorney General Karl Racine, as well as the U.S. House of Representatives, are defending the ACA against this challenge. In a ruling issued December 14, 2018, Judge Reed O'Connor of the U.S. District Court for the Northern District of Texas struck down the ACA. The case was appealed to the U.S. Court of Appeals for the Fifth Circuit, and oral arguments were held on July 9, 2019. On December 18, 2019, the appeals court found the individual responsibility provision unconstitutional and sent the remaining issue of whether all of the ACA should be struck down (severability) back to the District Court. The Democratic State Attorneys General have announced that they intend to ask the Supreme Court to grant cert to review the decision of the Court of Appeals.

Q17. Please describe programs, activities, and initiatives executed or planned in FY19 and FY20, to date, to improve the agency’s performance from a customer service perspective, including any public relations strategies the agency is using to improve its image.

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

HBX’s mission is to find and enroll residents who are uninsured. In FY19 and FY20, to date, HBX implemented an outreach campaign to inform and educate, as well as to enroll, District residents in high-quality, affordable health insurance through DC Health Link. The campaign included activities, special events for targeted audiences, community and government agency partnerships, and programs to increase public awareness of the benefits and values of health insurance and to ensure access to health insurance coverage. Using a highly intensive, hyper-local approach to the campaign, HBX endeavors to reach people “*where they live, where they work, where they play, where they shop, and where they pray.*” Below are a few highlights of the campaigns in FY19 and FY20, to date:

Public Relations and Outreach Strategies

In FY19, DC Health Link planned, developed, and coordinated over 100 educational and enrollment events for DC residents, participated in more than 50 educational events, and joined over 40 business events. We also participated in over 22 community events.

DC Health Link strengthened and enhanced multicultural outreach through the production of materials and information in multiple languages, and developed and coordinated a Strategic Planning Summit with assisters, business partners, and community leaders to produce a communications, marketing, and outreach work plan for open enrollment.

In reaching out to residents across the city, DC Health Link continued its two-step tactic to outreach, beginning with pre-enrollment education campaigns six weeks prior to open enrollment and targeted outreach campaigns during open enrollment. The pre-enrollment education campaigns involved providing residents with information about the essential benefits of the Affordable Care Act (ACA), DC Health Link, and the step-by-step enrollment process. DC Health Link certified Assisters participated in various onsite community events and activities to provide in-person education to

District residents. HBX conducted over 200 marketing, education, and outreach events for FY19 and FY20, to date. See Question 18 for a detailed discussion of FY19-20 activities.

Pre-open enrollment activities and events included community street festivals, Ward block parties, Advisory Neighborhood Commission (ANC) meetings, faith-based health fairs, DC Public Schools, Back to School Nights, and Metro literature drops. In addition, with HBX business association partners, HBX conducted focus group research to help inform its outreach strategies and to identify ways to improve DC Health Link advertising, messaging, and other materials. Based on focus group feedback, HBX modified its advertising and messaging approaches.

Community Partnerships

HBX continued its strong partnership with community leaders and groups to focus on awareness, education, and outreach campaigns that addressed the District's diverse populations including Latinos, Asians, Pacific Islanders, African Americans, LGBTQ, and millennials. For the FY 19 open enrollment period, HBX had 12 Storefront Enrollment Centers throughout the city (adding the Town Hall Education Arts Recreation Campus (THERAC) East and West in Ward 8 to the 11 in FY18). Additionally, the "One Touch Enrollment" events, which are one-stop-shop of all enrollment services, continued at Carlos Rosario International Public Charter School. F, and HBX hosted 22 One Touch Enrollment events where residents receive all necessary services to get enrolled quickly. These events included HBX staff, Economic Security Administration staff (to help with Medicaid and Alliance), brokers, and navigators/assisters.

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

Faith Based Institutions - Faith-in-Action Campaign

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

Hispanic Community Members - Hispanic Advisory Committee

National studies show the Latino community has seen the biggest drops in uninsured rates thanks to the ACA. However, a United States Census report indicates that the uninsured rate for Latinos continues to be significantly higher than in other minority communities. In 2017, DC Health Link created the Hispanic Advisory Committee to share information and discuss emerging issues. Member

groups include: Mary's Center, La Clinica Del Pueblo, Community of Hope, Whitman-Walker Health, Catholic Charities, Washington English Center, Heritage Care Inc., Carlos Rosario International Public Charter School, the Latino Student Fund, the Greater Washington Hispanic Chamber of Commerce (GWHCC), and the Latino Economic Development Center.

Small Businesses

Small businesses can enroll at any time during the year. For the Small Business Campaign, HBX launched several campaigns to increase enrollment including the "Affordable Choices Campaign," "Plan Choice," "DC Health Link @ Work," "Zero Percent Down," "Debunk the Junk" and "Autopay" to let small businesses know about coverage through DC Health Link and new features like autopay. Each of the campaigns included advertisements on Metro buses that feature DC Health Link's small business customers; media buys with radio stations and local newspapers; digital/social media outreach; and on-screen high-quality produced movie ads in movie theatres, lobbies, and concession stands throughout the city. Targeted ads were placed on Comcast, which aired on such stations as CNN, ESPN, MSNBC, Fox News, the History and the Weather Channels, and the District of Columbia Network. These ads were reinforced with social media and online website impressions.

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

New in FY19, HBX hosted POWERUP DC: EAST, an event geared specifically toward bringing critical resources and opportunities to small businesses east of the river. The forum focused on "Access to Capital for Small Businesses" and was hosted in partnership with Union Temple Baptist Church, Anacostia Economic Development Corporation, Life Assets, and the DC Department of Housing and Community Development. The free information forum was designed to provide support and valuable information about traditional and nontraditional lending opportunities to help small businesses grow and prosper, with a focus on one of the greatest needs of small business owners: access to capital. Participants learned about how the ACA can benefit them and their employees and encouraged their enrollment in high-quality, affordable health insurance through DC Health Link. Financial experts were onsite with access to capital for small businesses as well as certified Small Business Counselors from the Small Business Administration who provided one-on-one counseling with business owners.

Volunteers

HBX continued to work with student and community volunteers through its DC Health Link Volunteer Corp which maintains diverse representation of students and professionals throughout the city. After being trained and certified, volunteers actively participated in the DC Health Link open enrollment kick off events and other activities as necessary during the open enrollment period.

Health Literacy Training and Outreach

Understanding how health insurance works is necessary for consumers to fully use their insurance coverage. To help customers understand how to use their coverage, HBX created and implemented DCHealthSmarts™, a multi-media, multi-phase health insurance literacy program and campaign. DCHealthSmarts™ includes a glossary of terms, a train-the-trainer program with certified assisters, and health insurance literacy education workshops. HBX trained Assisters learn how to lead health insurance literary workshops so they can conduct trainings for DC residents at Assister enrollment centers. HBX staff requested Assisters to conduct 10 health insurance literary workshops throughout the city.

HBX Website Refresh

In FY19, HBX started to work on redesigning its HBX governance website (<https://hbx.dc.gov/>) to improve the user experience and to continue to build awareness and branding of HBX. Planned changes include the ability to generate analytic reports for better marketing and decision-making. The new site will be built by the District's Office of Chief Technology Officer on their secure, cloud-hosted platform government platform. The updated website will be launched sometime in FY20.

Special Outreach and Enrollment Activities and Campaigns (FY19 and FY20)

- **DC Health Link Jingle “Don’t Delay, Make Sure You Get Insured Today”:** This original jingle was composed, produced, and scored by local area millennial artist, Austin Holmes with local area millennial rapper, Terrell Romeo. The jingle was used in various radio and video spots.
- **DC Health Link @Work:** In FY19, HBX launched its DC Health Link @ Work campaign again to aggressively reach the uninsured small business employees at their place of employment. The program is designed to partner with DC small business owners who either do not offer health insurance or who offer but not all employees qualify (e.g., seasonal, temporary, and part-time workers may not qualify). More than 20 events were held at local businesses, such as the Great Street Program, Latino Economic Development Corporation, ACE Hardware, Assess Green, and the Washington English Centers.
- **DC Health Link at DMV:** DC Health Link established several new partnerships with government agencies and community groups. For example, with the DC Department of Motor

Vehicles, HBX Assisters reached out to residents and new comers to the city on a weekly basis conducting outreach and enrollment hours at several DMV stations across the city including L’Enfant Plaza Service Center and the Georgetown Service Center.

- **Debunk da’ Junk Campaign:** To address the negative impact of the availability of association and non-ACA-compliant plans, HBX embarked on an education campaign. The goals of the campaign were to educate small businesses on the advantages of ACA compliant plans and the dangers of plans that lack ACA consumer protections.
- **Targeted Focus:** In FY20, HBX further refined its open enrollment strategy to address a decrease in new customer enrollment. With “all hands on deck” approach, the senior leadership team formed an enrollment work group and identified 13 major targeted populations to engage in a strategic enrollment marketing campaign to ensure all residents have the opportunity to enroll in quality health insurance and to maintain robust enrollment. This also included a targeted focus to reach self-employed people in shared spaces/incubators.

Paid and Earned Media

Paid media, i.e., radio, TV, and print, helped to support outreach efforts. HBX advertised in local and regional papers, radio and television. Also during FY19, HBX had nearly \$400,000 in earned media.

Social Media & Digital Outreach

Outreach through social media and digital platforms continues to be of paramount importance to the strategy for reaching uninsured audiences. DC Health Link leveraged digital communications to help drive engagement and to educate and reinforce enrollment messaging. HBX utilized active digital communications tactics, including:

- Producing email campaigns aimed at retaining existing customers through the plan renewal process;
- Coordinating and disseminating social media messaging and other digital graphics on a weekly basis to DC government agency partners, community advocates, and business partners; and
- Communicating through mobile devices with targeted text messaging campaigns

Certified Brokers, Navigators, Assisters and Certified Application Counselors

HBX currently has more than 800 certified DC Health Link brokers, 27 assisters and navigators from five different community grantee organizations, and 120 certified application counselors authorized as DC Health Link trained experts from 12 designated organizations. They are trained and certified to help individuals and small businesses (brokers only) with DC Health Link. They also participate in many of the outreach and education efforts. These trained experts have been vital to helping

customers and have been important in helping reduce the number of uninsured in the District. Because they are trusted voices in their communities, these experts will remain vital in the effort to find the remaining uninsured and help them obtain coverage. In stark contrast to the federal government—which greatly reduced navigator funding to \$10 million for each of plan years 2019 and 2020 from \$63 million in previous years—HBX is committed to its investment and proven partnerships.

Awards

During FY19 and to date FY20, HBX received several PR News Awards.

Q18. Please describe programs, activities, and initiatives executed or planned in FY19 and FY20, to date, to better inform the public about enrollment, or changes to programs.

HBX engaged in several programs, activities, and initiatives in FY19 and FY20, to date, to educate the public about opportunities to enroll in health insurance coverage. As in previous years, HBX launched robust, proactive, and multifaceted campaigns aimed at connecting with DC residents, small business owners, and their employees “*where they live, where they work, where they play, where they shop, and where they pray.*”

In addition to the events described in the response to Question 17, DC Health Link employs innovative strategies to reach uninsured residents. These strategies present unique opportunities to educate residents about health insurance options, as well as reach targeted populations. Some of the creative outreach activities in FY19 and FY20, to date, include:

- **Annual Open Enrollment Event and 24 Hour-Enrollment Marathon:** For FY20, HBX cancelled the annual open enrollment kick-off event because of the Washington Nationals’ World Series Championship city-wide celebration that was scheduled at the same time. In January 2020, the DC Health Link 24-Hour Enrollment Marathon will occur the weekend prior to the end of Open Enrollment (January 25 and 26). During the 24-Hour Enrollment Marathon, DC Health Link will provide residents with various opportunities to enroll at locations throughout the city. In FY19, the 24-Hour Marathon began at Unity Health Care Brentwood Health Center and was covered by NBC4. In the afternoon, an enrollment event was held in the Whitman-Walker Health offices located at We Work Manhattan Laundry, a popular co-working space for entrepreneurs and others who are self-employed. The marathon continued with a happy hour at Ben’s Next Door and Ben’s Chili Bowl which included a live broadcast by MAJIC 102.3FM and DJ Asia. The overnight hours were spent at Denny’s in Ward 7 and concluded at several places of worship throughout the city.
- **Enrollment Weeks of Action:** Enrollment Weeks of Action, which began as a national ACA effort to boost enrollment in targeted communities, provide an opportunity for concentrated enrollment, education, and outreach in diverse communities. In FY19, DC Health Link hosted National ACA Latino and African-American Enrollment Weeks of Action, and will host these events again in FY20. The 5th Annual Latino Enrollment Week of Action and Health Leadership Symposium, entitled, “Health Insurance Matters in the Hispanic Community,” included remarks from Jackie Reyes, Director, of the Mayor’s Office of Latino Affairs and Leighton Ku, HBX Authority Executive Board member and Director of the Center for Health Policy Research at George Washington University. The National ACA African-American Week of Action is designed to boost enrollment in the African American community, especially among African American men, and included events at barber shops,

beauty salons, and movie theaters, as well as participation in the Martin Luther King Jr. Holiday Peace Walk and Parade and on-site enrollment at faith-based institutions.

- **Brunch Bounce on National Youth Enrollment Day:** On Saturday and Sunday following National Youth Enrollment Day (Friday, December 6, 2019), DC Health Link held a brunch bounce where Assisters and volunteers provided information on open enrollment and health coverage outside of brunch restaurants to target young adults.
- **World AIDS Day:** DC Health Link celebrated this event on Freedom Plaza by providing an enrollment opportunity, while joining in the Walk to End HIV, with Assisters from our community partner, Whitman-Walker Health.
- **Wear Red Day® Campaign:** DC Health Link took advantage of Wear Red Day® to educate DC residents about the extended enrollment deadline, and to encourage newly enrolled residents to make their annual well-woman visit with their healthcare providers. This results in thousands of impressions, and previously earned as high as a two percent engagement rate (above average) on Twitter.
- **Movie Nights:** DC Health Link advertises and exhibits at various popular movie theaters, onscreen and in lobby displays. In FY20, to date, theatre outreach has included fourteen theatres citywide with ads playing more than 7,000 times. During the showing of Stars Wars: The Rise of the Skywalker, DC Health Link had informational stations near concession stands at Regal Gallery Place Stadium 14 during the opening weekend of the movie, December 19–22, 2019. The “Star Wars” films are the second-highest grossing film series in history, and hugely popular with young adults—a group that studies show is the most likely to be uninsured. This unique enrollment outreach opportunity at the Regal Gallery Place was geared to remind young adults to get covered in quality, affordable health insurance coverage through DC Health Link.
- **Beauty and Barber Days:** DC Health Link holds events in local barber shops and beauty salons in African-American communities, where men and women meet and share stories about life events and get the latest information about community happenings.
- **NBC4 Health and Fitness Expo:** Each year, DC Health Link participates in the largest health and wellness event in the Washington, DC area by exhibiting and providing information about the District’s online marketplace for health insurance.
- **DC Health Link Metro “Fact Mobs:”** Before each monthly deadline for enrolling in coverage to begin the following month, street teams of volunteers go to Metro stations with a bull horn, foot ladder, plenty of energy, and loud cheers to get commuters’ attention by

shouting facts about the ACA and DC Health Link. The volunteers also distribute literature, answer questions, and direct commuters to visit nearby enrollment centers.

- **Martin Luther King Jr. Holiday Peace Walk and Parade:** DC Health Link representatives and its community partners march in the Martin Luther King Jr. Holiday Peace Walk and Parade. Participants proudly hold DC Health Link banners and march in the annual event, reminding people to enroll by the deadlines, handing out flyers, and directing residents to same-day enrollment events, including one-on-one enrollment support at the nearby UPO Petey Green Community Center. Several other planned activities take place at the Center, including Street Store fresh produce, workshops, cooking, and healthy living demonstrations. During this event, DC Health Link certified Assisters are available onsite with information and enrollment assistance to honor Dr. King’s legacy and Day of Service.
- **Knock-Knock Door-to-Door Data-Driven Canvassing and FY19 and FY20:** Using data to identify the neighborhoods with the highest concentrations of probable uninsured residents, DC Health Link teams canvassed residences in Wards 4, 5, 7, and 8 in FY19. In FY20, to date, neighborhoods were canvassed in Wards 5, with special emphasis east of the River in Wards 7 and 8.

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

- **Social Media and Digital Communications:** With approximately 90 percent of customers receiving information from screen-based devices, social media, and digital platforms are paramount to reaching uninsured residents. DC Health Link maintains an active and interactive presence on many social media platforms including Twitter, Facebook, and Instagram. Twitter response strategies are implemented regularly. Participating in Twitter chats, cultivating relationships with online influencers, and using new hashtags with high visibility all serve to increase the visibility of the HBX social media accounts and engagement of the posts. DC Health Link also leverages digital communications to help drive engagement and to educate and reinforce enrollment messaging. Among the active digital communications tactics DC Health Link utilized were:
 - ✓ Collaborating with internal HBX partners to produce direct mail and email campaigns aimed at maintaining existing customers through the plan renewal process;
 - ✓ Coordinating and disseminating social media messaging on a weekly basis to DC government agencies partners, community advocates, and business partners; and
 - ✓ Communicating through mobile devices with targeted text messaging campaigns.

- **Website Posting of Information:** Both HBX and the DC Health Link customer websites provide an abundance of information and resources for residents. The calendar of events, board meeting information, and request for speakers are major features, as is the information on how to get in-person help from DC Health Link Assistors.
- **Video Ads and Infomercials:** On both websites, HBX features important data releases, as well as “My Cover Story” video promotions of individuals who share their personal stories about enrolling in health insurance through DC Health Link.
- **Multicultural Publications and Collaterals:** DC Health Link uses a variety of methods, including surveys, videos, news releases, reports, rack cards, posters, fliers, window clings, and banner bugs to inform the public about enrollment, or changes to programs.
- **DC Health Link Volunteer Support Program:** DC Health Link established a volunteer program in 2014 to provide a platform for residents to support outreach and enrollment efforts. Volunteers from area colleges and universities and professionals from the legal, engineering, and health care fields are committed to making sure people in the DC community know about the ACA and the quality, affordable health insurance options available through DC Health Link.
- **Each One LINK One Campaign:** In an ongoing effort to engage the public and enlist their support in efforts to locate and reach the remaining uninsured, HBX developed and implemented the Each One LINK One campaign. The campaign is a city-wide, high profile Call-to-Action predicated on the assumption that everyone knows someone who is uninsured. Everyone should make every effort to reach out to their family members first and then their friends, neighbors, and colleagues to encourage them to enroll in affordable, quality health insurance through DC Health Link. Participants in the Each One LINK One campaign are given their very own button, designating them as “DC Health Linkers.”

DC Health Link partners with many groups, including District government agencies, community organizations, small business partners, faith-based entities, and others, to achieve broader community outreach and support for its activities. Examples of the partnerships included:

DC Health Link Small Business Partners

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ DC Chamber of Commerce (DCCC) ▪ Restaurant Association Metropolitan Washington (RAMW) | <ul style="list-style-type: none"> ▪ National Association of Health Underwriters (NAHU) ▪ Greater Washington Hispanic Chamber of Commerce (GWHCC) ▪ Solly’s Tavern |
|--|---|

- The Bier Baron
- Kostume Karaoke
- Grassroots Comedy
- Ben’s Chili Bowl
- Midtown Barbershop
- Best Cuts Barbershop
- Christopher’s Salon
- Golden Scissors
- @Pizza – H Street
- DC Brau
- LA Fitness
- Huge & Cry Shirt makers
- Union Market
- Compass Coffee
- PanAm Store
- Providence Optical
- CNHED (Coalition For Non Profit Housing and Economic Development)
- Bridge Street Books Store
- Link Strategies Partners
- Adams Morgan Bid
- Washington Area Community Investment Fund (Wacif)
- Washington Business Journal
- Washington, DC Economic Partnership
- Crystal Insurance Group
- Doble R Productions
- RedRocks Bar and Grill – H Street & Columbia Heights locations
- Sunny Nite
- DGC Cleaning Service

Community Partners, Educational Institutions, and Community Health Centers

- DC Health Link Hispanic Advisory Council
- DC Public Schools Office of Student Wellness
- DC Public Charter Schools Board
- Carlos Rosario International Public Charter School
- Mayor’s Office on Latino Affairs
- Latino Student Fund
- Heritage Care Inc.
- Catholic Charities
- Washington English Center
- Life Asset
- Latino Economic Development Corporation (LEDC)
- United Medical Center
- George Washington University School of Public Health
- University of the District of Columbia
- Howard University
- American University
- Georgetown University
- Leadership Council for Healthy Communities
- Latin American Youth Center
- Ward 7 Health Alliance
- Ward 8 Health Council
- Anacostia Coordinating Council
- THE ARC: Town Hall Education Arts Recreation Campus
- Mary’s Center
- Whitman-Walker Health
- La Clinica Del Pueblo
- Unity Health Care (Anacostia and Minnesota Avenue Heath Centers, Brentwood)
- Community of Hope (Marie Reed, Family Health & Birth, and Conway Health and Resources Centers)
- United Medical Center
- DC Fiscal Policy Institute

- AARP DC Chapter
- Young Invincibles
- DC Primary Care Association

- Medical Society of the District of Columbia

Faith-Based Partners

- Israel Baptist Church
- Pilgrim Rest Baptist Church
- First Baptist Marshall Heights
- Covenant Baptist Church UCC
- Masjid Muhammad, Inc. Mosque
- Our Lady Queen of The Americas - Parish of The Roman Catholic Archdiocese of Washington

- Shepherd Park Christian Church
- Debre Meheret Kedus Michael Ethiopian Orthodox Cathedral
- Shepherd Park Christin Church
- Michigan Park Christian
- First Hijra Muslim Mosque
- Ambassador Baptist Church
- Mt. Airy Baptist Church

Q19. Have there been any changes to the application process for consumers seeking insurance coverage on DC Health Link in FY19 and FY20, to date?

This response pertains only to DC Health Link technology for small businesses and residents with private health insurance.

The DC Health Link solution is an agile, cloud-based, and open source technology allowing HBX to make continuous improvements to the application process for customers seeking insurance coverage without having to limit or restrict access when maintenance or updates are required. By comparison, at the start of the 2020 open enrollment period on November 1, the federal platform (healthcare.gov) had technical issues which reduced enrollment by an estimated 100,000. The federal platform also planned to schedule maintenance for up to 72 hours during its six week open enrollment period. While the actual maintenance time has generally been less than scheduled, customers were unable to access the federal platform during the scheduled maintenance. In contrast, our agile development approach and cloud-hosted solution enables us to make updates and enhancements without affecting customers' access. Accordingly, HBX continues to add features to enhance the user experience for both application and plan selection without down-time, with users usually seeing improvements the next time they log in.

DC Health Link has been recognized for its innovative approach. In December of 2019, HBX was selected as a winner in the Amazon Web Services (AWS) City on a Cloud Innovation Challenge for the third time in four years, winning the Sustainability and Equity Award in 2019, and the Best Practices Award in 2018 and 2016. The City on a Cloud Innovation Challenge is a global competition of local and regional government and technology partners using AWS to deploy innovative solutions to move government forward on behalf of their citizens.

HBX made enhancements in FY19 and FY20, to date that include plan selection highlighting standardized plans, enhancements for SHOP customers, improved customer service tools, and customer education. Please see below for details on each enhancement.

Plan Selection: Enhancements to Plan Match

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

- Compare health insurance plans based on an estimate of total out-of-pocket costs in a year;
- Check for in-network doctors;
- Compare how prescription medications are covered in different plans; and

- Using the cost calculator check to see if they may qualify for premium reductions or Medicaid.

HBX made several improvements to Plan Match for both individual market and small business customers in 2019. For open enrollment for 2019 plans, we launched new features for individual market customers:

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

We enhanced the Plan Match functionality for small businesses and their employees in two ways:

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

Highlighting Standard Plans

For the 2020 open enrollment period, we added an icon and the ability to filter by standard plans. Standard plans cover many in-network medical services before an enrollee meets the deductible, which is key to making care more affordable. In addition to adding an icon to easily identify these plans in the individual market, we also worked very closely with consumer-focused stakeholder groups to deliver easily understood language that defines standard plans and highlights the benefits of enrolling into a standard plan. This information is now also displayed in easy-to-find dedicated page on the DC Health Link website.

Other Enhancements for SHOP Customers

Recurring Payments and Billing Portal: Based on meetings with small business customers and their feedback, automatic (or recurring) bill pay was the number one feature employers requested in order to simplify their monthly payment process and make it more efficient. In June 2019, we deployed a new secure billing portal on the DC Health Link website that provides employers with up-to-date payment and billing information, and gives employers the ability to set up recurring bill payments for the first time. The new feature allows employers to enter their payment information

once, and the DC Health Link billing system automatically charges the employer's selected payment method each month. About 1,070 small business customers—roughly 25 percent of our total small group market—have enrolled in and use this new auto-pay feature. The development and implementation of this feature was more complex due to required changes to the DC Health Link IT system, the premium aggregation vendor's system, and Wells Fargo's system (the District's bank). Ninety-eight percent (98%) of the employers using this feature report that it is useful and 89% indicate that it was easy to enroll.

Plan Choice Landing Page: In 2019, the HBX developed and deployed a new webpage on DC Health Link dedicated to promoting and educating employers on the benefits of offering many choices to their employees. Employees of small businesses are able to reap the benefit of having more health insurance plans to choose from - a benefit historically reserved for large employers only. This new informational page explains how an employer can save money and give many options of insurers and coverage levels. The webpage contains an engaging informational video – both in English and in Spanish. The employer is able to easily navigate from the webpage to an online DC Health Link calculator to estimate their cost, and can then simply login or create an account to set up their new benefit plans.

Improved Customer Service Tools

In FY19, HBX implemented several customer-facing improvements. These improvements were focused on enhancing DC Health Link customers' experience and on accelerating customer service resolution times.

For Broker Partners: Several of the customer-facing enhancements improved the user interface for our broker partners. In FY18, HBX reconvened a working group of brokers to provide advice on how best to support brokers and general agents in the District as they serve DC Health Link customers. Several projects HBX completed in FY19 are based on the priorities identified by this working group:

- **Broker staff role:** In FY19, we added new functionality that allows broker agencies to add employees to their master broker agency account. Previously, broker agencies had one login for DC Health Link. The new functionality allows for multiple accounts for broker agencies.
- **Enhanced Broker Quoting Tool (BQT):** This enhancement allows brokers to generate specific quotes and easily share them with clients. The BQT, with expanded census data, now includes coverage information for primary subscribers and their dependents under the group plan. Brokers can download the quote or share it directly with clients.
- **Enhanced Employer Roster:** Brokers can download an enhanced employer roster allowing them to operate more efficiently. The roster now includes everyone covered under

a group plan (not just the employer and employees). The new roster is comprehensive and includes social security number, gender, email address, home address, benefit group, and plan year (i.e., all the information brokers need to service their customers efficiently).

- **Broker staff role training:** Through the use of an open source training platform, managed and configured by HBX staff, we have released in beta form a training module for employees of brokers and general agencies. This training is focused on how to navigate the DC Health Link system when enrolling or renewing consumers or performing account maintenance such as address updates and Special Enrollment Period (SEP) enrollments on DC Health Link consumer accounts on behalf of the customer.

Customer Education

Final federal regulations released in late June 2019 created a new type of Health Reimbursement Arrangement (the Individual Coverage Health Reimbursement Arrangement). Along with the Qualified Small Employer Health Reimbursement Arrangement created in 2017, employers can offer this type of health reimbursement arrangement (HRA) to employees instead of offering a traditional group health plan. The employee can use the HRA to pay premiums for qualifying health insurance (including Individual & Family plans on DC Health Link). The regulations required that Individual Coverage HRAs be available for the 2020 plan year, giving marketplaces only a few months before open enrollment to implement the new rule. As a result, HBX made several updates to make sure all our customers are able to take advantage of this new option:

- **HRA Affordability Tool:** HBX worked with State Health Value Strategies and other state-based marketplaces to create a shared open-source HRA Affordability Tool. This tool allows employees who are offered an HRA to see how their HRA impacts their eligibility for premium reductions. DC was the *first* state to make this tool publicly available (in time for the start of the 2020 open enrollment season). The tool is available on DC Health Link.
- **Employer HRA Tool:** HBX developed a tool to help employers understand all their options for contributing to their employees' health coverage costs. The tool lets employers set how much they'd like to contribute and provides cost estimates for them and their employees for offering an HRA or a plan through DC Health Link SHOP. This tool will be available for employers in DC in the first quarter of 2020. HBX will first release it in beta.
- **Broker HRA training:** HBX created new online training for DC Health Link Brokers on HRAs and how to use HRAs with individual health insurance through DC Health Link.
- **New pages:** HBX added several new pages on DC Health Link explaining what an HRA is and what it means for coverage on DC Health Link. By creating a single landing page to house all HRA information, we've made it easy for both employees and employers to educate themselves about HRA options.

Q20. What major policy or technical changes, if any, have or will be made to the DC Health Link in FY19 and FY20, to date?

As discussed in our response to Q19, which discusses improvements to the individual and small business application processes, DC Health Link is a cloud-based, open source, agile technology system. During FY19, many of HBX's development projects focused on automating manual processes and providing DC Health Link staff with the technical tools needed to address complex customer service issues promptly and efficiently, without the need for IT developer support. We also deployed a number of customer-facing enhancements.

For FY19 and FY20, to date, HBX deployed improved customer services tools, plan match API for employees, and expansion of administrative functionality for HBX staff. Please see below for details on each:

Improved Customer Service Tools

For Individuals and Families. In FY19, we made a number of customer experience improvements for consumers enrolling through DC Health Link. Improvements were made to the individual market including Plan Match and adding Health Reimbursement Arrangement tools. These improvements are discussed in greater detail in Q19. In FY20, we plan to provide additional enhancements for individuals and families, including:

- **Self-service cancellations:** Sometimes customers need to end the coverage they've chosen on DC Health Link (for example, because they accepted a job that provides health insurance). Currently, consumers can end their plans by logging in to their accounts on dhealthlink.com, but only after the plan has started. This enhancement will allow a customer to self-terminate a plan they selected that has not yet become effective.
- **Self-service APTC updates:** Consumers who qualify for premium reductions can choose what portion of their premium reductions they want to apply to their policy up front (versus getting it on their tax return) when they enroll. This new feature will also allow them to adjust the APTC during the year.

For Small Businesses and their Employees: In FY19, we made a number of customer experience improvements for small businesses and their employees enrolling through DC Health Link, such as Plan Match and Auto-pay. These improvements are discussed in more detail in Q19.

Plan Match API for Employees

In FY19, we enhanced the employee Plan Match tool experience, similar to the enhancement made for individual market consumers for the 2019 open enrollment period. Employees are now able to

make their plan selection from within the Plan Match Tool and immediately complete their plan selection. See Q19 for more details.

For Broker Partners: In FY19, we added new functionality that allows broker agencies to add individual broker staff members to their master broker agency account. See Q19 for more details.

Expansion of Administrative Functionality for HBX Staff

In FY19 and FY20, to date, we focused many of our technical improvements on transitioning work previously performed by contracted developers to HBX employees. Transitioning this work in-house to HBX staff serves two purposes: (1) it reduces the total cost of operations; and (2) it improves our customer service resolution times. To enable staff to perform functions in-house, HBX invested in new IT administrative tools. Specifically, in FY19 we provided, and in FY20 plan to provide, the following tools to HBX staff:

- **Notice editing:** HBX used to rely on contractors to build and update the notices we send to our customers. HBX staff are now able to make most edits ourselves, allowing us to make timely updates based on policy changes and feedback from our customers.
- **Plan year editing of SHOP group plan years:** Staff used to rely on contractors to terminate, cancel, and initiate new plan years for SHOP employers. This functionality is now available to staff. In FY20, we are adding staff administrative functionality to allow SHOP staff to reinstate employer groups.
- **Ability to reinstate and re-terminate enrollments:** Staff used to rely on contractors to correct enrollment termination dates and to process reinstatement requests. This functionality is now available to HBX staff. In FY20, we are adding staff administrative functionality to correct enrollment termination dates and other enrollment details for enrollments in prior plan years.
- **Enhanced reporting & internal reconciliation tools:** In FY19, we deployed several data reports used to reconcile data between the customer facing web application and the carrier electronic data interface.
- **Generate SHOP enrollment non-pay terminations:** In FY19, at carrier request, we modified carrier transactions to include a specific termination reason code when SHOP enrollments are terminated due to non-payment of premium.
- **Carrier Termination customization:** In FY19, we customized termination transactions for a carrier at their request. The specification allows the carrier to more efficiently process enrollment terminations.
- **NFP transaction visibility:** In FY19, we added administrative access for staff to view transactions sent to the SHOP billing vendor.
- **Policy view:** In FY19, we granted staff the ability to more easily view the enrollment history of any customer in our enrollment web application.

- **Form 1095-A Enhancements:** Marketplaces are required to issue a Form 1095-A to people with individual market coverage. Marketplaces are also required to provide the information to the IRS. When a customer or an insurer needs to correct information on the Form 1095-A, HBX staff manually generate a corrected 1095-A. In FY20, HBX will deploy new functionality that will automatically produce a corrected 1095-A, and will send the revised Form 1095-A to both the consumer and the IRS after the enrollment updates are processed.
- **Federal Reporting Requirements:** In FY19, we further automated required CMS reports. In FY20, we will add additional automation specifically to differentiate between effectuated and non-effectuated enrollments for reporting purposes.
- **SHOP Payment Reconciliation:** In FY19, we completed the roll-out of a new process to reconcile 820s and payments sent from HBX to carriers. An 820 electronic file contains payment information for enrolled employers.

Q21. Please provide an update on the agency’s oversight of the DC Health Link call center, including a description of any regular meetings, conferences, or training sessions that occur with management and/or customer service representatives, how certain trends, developments, problems and concerns are communicated to the agency, and the process by which calls are escalated and/or reviewed by the agency, if at all.

General Oversight

The call center continues to be operated by the vendor MAXIMUS in FY20. Between October 1, 2019 and January 6, 2020, the call center received 34,266 calls. The call abandonment rate was four percent in October and November and eight percent in December. The average wait time was 32 seconds in October, 12 seconds in November, and one minute and 15 seconds in December.

We are working with the Contact Center on a quality improvement plan and tailored leadership training. The areas of focus this year are to enhance new Customer Service Representatives (CSRs) training and collaboration between MAXIMUS and HBX staff to continue to improve customer service delivery. Enhancements include:

- MAXIMUS staff shadowing HBX case managers’ daily operations so MAXIMUS can get insight on the level and specificity of details HBX case managers need from the call center to efficiently resolve complex cases; and
- HBX staff developing a training module for MAXIMUS staff to help bridge identified knowledge gaps.

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

- The HBX business manager for the Contact Center is on-site two to three times a week to work directly with Contact Center Customer Service Representatives (CSRs) and Contact Center management on specific customer cases, to facilitate training, and to assist with customer follow-up and contact initiatives;
- A nightly “end of day” report and other regular reports are provided to HBX management by Contact Center management outlining call volume statistics, types of customer calls, and any escalated cases;
- HBX holds weekly in-person meetings with call center management to review any emerging customer issues, casework, trends, and metrics for the individual and small business marketplace;
- HBX holds monthly operations meetings with Contact Center management to discuss operational matters such as contract agreement, quarterly reporting, and facilities maintenance;

- Bi-monthly call calibration sessions are held between Contact Center quality analysts, HBX, and Contact Center management to review call quality and customer handling;
- During open enrollment, HBX communicates with Contact Center management on a daily basis to discuss and resolve all issues as they arise; and
- During open enrollment, HBX case and account managers are at the Contact Center on a regular basis as a resource to CSRs and Contact Center management.

CSR Training

New hires for the Contact Center go through an extensive, multi-week classroom training regimen and then spend two weeks “nesting” with an experienced CSR before taking calls themselves. Contact Center Management and HBX also deliver one-on-one trainings and refreshers as needed to CSRs to reinforce messages and resolution procedures for new or emerging issues, including new policy, system updates, and outreach initiatives, as needed. In advance of and throughout open enrollment, on average, CSRs receive 30–40 hours of training on a monthly basis. Semi-annual privacy and security refresher trainings are also delivered to CSRs along with quarterly reminder updates.

Case Escalation

If a case (received via call or email) cannot be immediately resolved at the Contact Center, Customer Service Representatives use Salesforce, a case triaging and tracking system, to escalate the case to a Tier 2 team of Case and Account Managers on the HBX team. Escalated cases that come directly to HBX staff outside of the Contact Center, such as through councilmembers or from the Executive Office of the Mayor, are also handled by Case and Account Managers. These staff work closely with the HBX Plan Management and Electronic Data Interface (EDI) teams to ensure that any enrollment updates or information is sent quickly to the health insurance carriers, and that the carriers are in turn working to resolve the cases that HBX sends them in a timely manner.

Q22. Please provide the number of calls made to the call center each month from October 1, 2019 to the present.

The chart below details the number of calls made to the DC Health Link Contact Center from October 1, 2019 through January 6, 2020.

MONTH	CALLS
October 2019	8,591
November 2019	9,369
December 2019	14,632
January 1-6, 2020	1,674
TOTAL	34,266

Q23. Please identify the number of completed DC Healthlink applications (that have resulted in enrollment in a Medicaid, individual, or SHOP health plan) per month, for FY19 and FY20 to date, and the monthly enrollment targets and projections for FY20. To the extent practicable, please segregate data according to:

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

Current Individual Plan Selection and Paid Enrollment – Plan Year 2020

The following charts reflect individual plan selections and covered lives currently active for Plan Year 2020. The information is segregated by ward or age group and delineated by new customers, existing customers who chose new coverage, and customers who were automatically renewed.

DC Health Link Plan Year 2020 Individual Plan Selections as of January 6, 2020

TYPE	COUNT
Auto Renewal	13,818
Active Renewal	1,509
New Customer	3,316
TOTAL	18,643

DC Health Link Plan Year 2020 Individuals Paid as of January 6, 2020

TYPE	COUNT
Auto Renewal	11,940
Active Renewal	1,353
New Customer	1,954
TOTAL	15,247

Plan Year 2020 Individual Plan Selections as of January 6, 2020 by Age Group

AGE GROUP	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
< 18	1,515	165	313	1,993
18-25	674	54	312	1,040
26-34	4,085	441	1,329	5,855
35-44	3,089	377	686	4,152
45-54	2,165	255	373	2,793
55-64	2,100	213	287	2,600
65+	190	4	16	210
TOTAL	13,818	1,509	3,316	18,643

Plan Year 2020 Individuals Paid as of January 6, 2020 by Age Group

AGE GROUP	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
< 18	1,319	154	157	1,630
18-25	559	51	189	799
26-34	3,342	370	777	4,489
35-44	2,676	337	414	3,427
45-54	1,970	235	226	2,431
55-64	1,926	203	183	2,312
65+	148	3	8	159
TOTAL	11,940	1,353	1,954	15,247

Plan Year 2020 Individual Plan Selections as of January 6, 2020 by Ward

WARD	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
Ward 1	2,223	257	547	3,027
Ward 2	2,492	240	462	3,194
Ward 3	2,910	290	401	3,601
Ward 4	1,523	204	436	2,163
Ward 5	1,446	164	513	2,123
Ward 6	2,405	279	568	3,252
Ward 7	337	34	143	514
Ward 8	299	37	208	544
NON-DC	183	4	38	225
TOTAL	13,818	1,509	3,316	18,643

Plan Year 2020 Individuals Paid as of January 6, 2020 by Ward

WARD	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
Ward 1	1,936	226	348	2,510
Ward 2	2,198	224	306	2,728
Ward 3	2,613	264	289	3,166
Ward 4	1,326	186	251	1,763
Ward 5	1,237	143	278	1,658
Ward 6	2,079	254	362	2,695
Ward 7	264	25	45	334
Ward 8	210	28	57	295
NON-DC	77	3	18	98
TOTAL	11,940	1,353	1,954	15,247

Plan Year 2020 Individual Plan Selections as of January 6, 2020 by Zip Code

ZIP CODE	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
20009	1,576	176	81	1,833
20016	1,196	129	29	1,354
20002	1,098	112	59	1,269
20007	1,104	102	54	1,260
20001	990	98	94	1,182
20008	992	87	47	1,126
20011	866	123	68	1,057
20003	737	109	40	886
20010	634	65	64	763
20015	574	29	22	625
20002	178	33	310	521
20009	199	31	258	488
20001	132	22	231	385
20037	331	29	24	384
20005	330	38	14	382
20011	98	14	234	346
20017	265	35	28	328
20024	251	29	24	304
20020	243	27	29	299
20012	247	28	14	289
20018	247	31	3	281
20019	216	18	24	258
20010	96	14	147	257
20003	83	8	154	245

20008	62	12	170	244
20036	210	15	7	232
20016	82	7	137	226
20007	65	14	139	218
20020	22	5	122	149
20019	25	5	116	146
20032	93	10	9	112
20037	38	-	71	109
20005	43	6	55	104
Other	495	48	438	981
TOTAL	13,818	1,509	3,316	18,643

Plan Year 2020 Individuals Paid as of January 6, 2020 by Zip Code

ZIP CODE	AUTO RENEWAL	ACTIVE RENEWAL	NEW CUSTOMER	TOTAL
20009	1,388	156	49	1,593
20016	1,095	116	20	1,231
20007	1,003	98	40	1,141
20002	936	101	40	1,077
20001	847	82	62	991
20008	877	79	26	982
20011	759	113	35	907
20003	646	103	22	771
20010	563	57	38	658
20015	519	26	11	556
20009	170	27	174	371
20002	144	27	179	350
20037	288	28	15	331
20005	282	34	9	325
20001	109	21	156	286
20017	228	33	19	280
20024	220	24	16	260
20012	218	27	8	253
20018	215	26	0	241
20020	199	21	11	231
20011	84	13	134	231
20036	192	14	4	210
20019	161	13	10	184
20010	77	11	93	181
20008	52	12	114	178
20007	55	13	108	176
20016	63	6	100	169

20003	70	7	92	169
20005	34	6	37	77
Other	446	59	332	837
TOTAL	11,940	1,353	1,954	15,247

Current SHOP Enrollment 2020

For the month of January, there are 79,809 people enrolled through DC Health Link SHOP. Small businesses located in the District and purchasing coverage through DC Health Link employ people who live in the surrounding states and in some cases across the country. Congressional SHOP participants reside in every state. Therefore, SHOP enrollment by ward information is not presented.