

Operations

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

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

See Attachment A and response to (c) below.

b. A list of all FY14 FTE's broken down by program and activity;

See Attachment B.

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

Program	Activity	# of FTEs	Responsible Manager
Agency Fiscal 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.	Accounting Operations	4	Keith Fletcher
	Budget Operations		
Agency Management Provides for administrative support and the required tools to achieve operational and programmatic results. This program is standard for all agencies using performance-based management.	Contracts and Procurement	27	Sandra Robinson
	Customer Services (Excluding Consumer Cases)		Sandra Robinson
	Human Resources		Sandra Robinson
	Risk Management		Sandra Robinson
	Facilities Management		Sandra Robinson
	Performance Management		Debra Curtis

	Information Technology (DC Health Link)		Suzanne Peck
	Legal Services		Purvee Kempf
	Communications		Linda Wharton Boyd
<p>Business Development*</p> <p>Promotes economic development through marketing initiatives and the establishment of new business relationships that ensure District residents have access to a broad range of affordable health insurance options.</p> <p>*The Business Development Program was recently consolidated into the program, Marketplace, Innovation, Policy and Operations (MIPO) program.</p>	Business Development Support Services	11	<p>Kelvin Robinson (through June 20, 2014)</p> <p>Robert Shriver (present)</p>
<p>Consumer Education and Outreach</p> <p>Informs residents about the Health Benefit Exchange, the health coverage options available through it, and the benefits of purchasing coverage through the Exchange.</p>	Consumer Education and Outreach	1	Linda Wharton Boyd

<p>Eligibility and Enrollment*</p> <p>Provides a seamless, web-based eligibility process for enrollment in qualified health plans available through the DCHBX as well as Medicaid. This includes also includes appeals of eligibility determinations.</p> <p>*The Eligibility and Enrollment Program was recently consolidated into the program, Marketplace, Innovation, Policy and Operations (MIPO) program.</p>	<p>Consumer Eligibility and Enrollment Support Services</p>	<p>2</p>	<p>Bonnie Norton (through April 15, 2014)</p> <p>Holly Whelan</p>
<p>Appeals of Eligibility Determinations</p>	<p>Alexander Alonso</p>		
<p>Plan Management Program*</p> <p>Working in conjunction with local and federal regulatory bodies, establishes and oversees the process to certify, recertify, and decertify qualified health plans available on the Exchange, along with assigning quality ratings for certification.</p> <p>* Plan Management was recently consolidated into the program, Marketplace, Innovation, Policy and Operations (MIPO) program.</p>	<p>Plan Management Support Services</p>	<p>2</p>	<p>Brendan Rose</p>

<p>SHOP Operations Program*</p> <p>Provides support to the Small Business Health Options Program (SHOP) Exchange. The SHOP facilitates the purchase of coverage in qualified health plans for small businesses with 2-50 employees that choose to purchase insurance coverage through DC Health Link and conducts employer eligibility appeals.</p> <p>* SHOP Operations was recently consolidated into the program, Marketplace, Innovation, Policy and Operations (MIPO) program.</p>	<p>SHOP Operations Support Services</p>	<p>2</p>	<p>Hannah Turner</p>
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d. A narrative explanation of any organizational changes made during FY14 or to date in FY15.

During Fiscal Year 2014, the agency began a realignment of its programs and activities to more closely mirror how services are delivered and to meet certain organizational mandates established by the Center for Medicare and Medicaid Services (CMS)/ Center for Consumer Information and Insurance Oversight (CCIIO). Consequently, the following organizational changes were made in 2014 – 2015, to establish two new programs that will be reflected in the agency’s FY 2016 budget submission.

- **Marketplace, Innovation, Policy and Operations (MIPO)** – State-based marketplaces are required to perform certain functions including plan management, eligibility determinations, and certification of Qualified Health and Dental Plans, as well as to ensure an on-line health insurance marketplace where small businesses and employees, and individuals and families can shop for and enroll in health insurance. To improve transparency of HBX operations and transparency of the cost of those operations, HBX undertook an internal realignment. MIPO includes: Plan Management, Eligibility and

Enrollment, SHOP Program Operations, Business Development, Contact Center, Member Services, and Data Analysis and Reporting.

The Contact Center, a required activity for state-based marketplaces, takes calls to assist consumers with DC Health Link questions and on-line applications, processes paper applications, and provides information for escalated cases to HBX staff and DHS' Economic Security Administration staff.

Member Services is responsible for core customer services essential to successful Marketplace operations and key in carrying out core federally required Exchange functions. Member services team members research complex cases and work with multiple stakeholders to resolve issues. They also provide assistance to consumers with complex circumstances and to those needing extra help navigating the DC Health Link online marketplace, and resolve any technical difficulties a customer may experience. Additionally, they ensure that changes to eligibility and enrollment information are updated and processed, enabling consumers to conduct certain services (such as address changes, reporting of life events, or special enrollment period transactions) over the phone, and resolve all escalated cases from the Contact Center and other sources.

Data and Reporting is responsible for the development and implementation of federally-required data reporting and consumer-related surveys. This team manages the end-to-end process of developing functionality for electronic federal data reporting as well as the creation and dissemination of required IRS 1095A forms for tax reporting purposes. They also develop consumer-related surveys around enrollment.

- ***IT Operations*** – These are IT activities required for the maintenance and support of the DC Health Link web-portal.

Q2. For each vacancy posted during FY14 and to date in FY15, please state:

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

See Attachment C.

Q3. With respect to employee evaluations, goals, responsibilities, and objectives in FY14 and to date in FY15, please describe:

- a. The process for establishing employee goals, responsibilities, and objectives;**
- b. The steps taken to ensure that all HBX employees are meeting individual job requirements;**
- c. The remedial actions taken for employees who failed to meet employee goals, responsibilities, and objectives.**

Currently, HBX performs its hiring functions through a Memorandum of Agreement with the assistance of the Department of Human Resources (DCHR). Services provided under the agreement include: staffing, position classification, benefits and retirement administration, policy development guidance, and employee relations consultation. HBX does not utilize the DCHR PeopleSoft performance management system. Instead, since 2013, HBX has taken a different approach to the traditional performance “evaluation” and focuses instead on performance “management.” As such, our managers have worked to establish an organizational culture that emphasizes teamwork, shared leadership, and goal-sharing with service to our customers—District residents and small businesses—at the core. Our 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 who are there not to pass judgment, but to help their direct reports achieve success.

We do this through full staff meetings, weekly team meetings, weekly policy meetings, manager meetings, senior managers meetings. Every program provides detailed weekly reports that are made available agency-wide, giving employees the opportunity to learn, and obtain real time feedback from the Executive Director and other senior managers on problem solving. Feedback is quick, ideas for improvements are shared and immediately implemented, and just as importantly, performance problems are corrected as they occur rather than waiting until a more formal, once-a-year sit down.

Employees who fail to contribute to established goals are provided counseling. In some instances, they have been successfully reassigned to other teams more suited to their skills, knowledge and abilities. In FY 2015, HBX also plans to launch a comprehensive employee development and coaching program that will include identifying best practices used by other State-based Marketplaces, and the private sector.

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

There were no employees detailed from the Health Benefit Exchange Authority in FY 2014 or to date in FY 2015.

Q5. Please provide the Committee with the following for FY14 and to date in FY15:

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

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

- b. A list of employees receiving bonuses, special pay, additional compensation, or hiring incentives in FY14 and to date in FY15 and the amount;**

See Attachment D.

- c. A list of travel expenses for FY14 and to date in FY15, arranged by employee;**

See Attachment E.

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

See Attachment F.

Spending

- Q6. Please provide the amount budgeted and actually spent in FY14 and to date in FY15 for the agency and its programs and activities, broken out by source of funds, Comptroller Source, and Comptroller Object.**

See Attachment G.

Q7. Have any spending pressures been identified for FY15? If so, please provide a detailed narrative of the spending pressure, including any steps that are being taken to minimize its impact of the budget.

No spending pressures have been identified for FY15.

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

In FY14 and FY15, to date, HBX has kept costs down by minimizing potential duplications in services and leveraging partnerships with sister agencies. These cost-savings initiatives include developing DC Health Link and sharing functionality with DHS and DHCF, sharing data sources with DHCF to verify eligibility, utilizing ESA case workers to assist with eligibility and identity verification, and partnering with DISB on all aspects of the certification process. HBX has also used an existing process at DISB to implement the assessment, and has delegated authority to the Office of Administrative Hearings to handle appeals of eligibility determinations. HBX is currently exploring potential additional cost-savings through sharing various functions with other state exchanges via common purchasing/negotiations with vendors for better prices when two or more states need the same/similar service, joint contracting, and sharing products/notices, etc. HBX will continue to actively seek opportunities to maximize savings and increase value in upcoming fiscal years.

Additionally, HBX's proposed budget passes through multiple tiers of review. HBX finalized its proposed budget after HBX receives input from the Standing Advisory Board and other stakeholders to ensure that the proposed budget also reflects community priorities, is responsible and efficient. The proposed budget is also presented to the Insurance Regulatory Trust Fund Bureau, which also has audit authority. 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's process to the Council for review and approval. The process with stakeholder input and various levels of review of the proposed budget ensures efficiency and prioritization reflecting community needs, both of which help keep spending down.

Q9. Please identify any reprogrammings received by or transferred from HBX during FY14 and to date in FY15, and include a description of the purpose of the transfer and which HBX programs, activities, and services were affected.

There were no reprogrammings received by or transferred from HBX during FY14 and to date in FY15.

Q10. Please identify any intra-district transfers received by or transferred from HBX during FY14 and to date in FY15, and include description as to the purpose of the transfer and which HBX programs, activities, and services were affected.

See Attachment H.

Grants and Revenue

Q11. Provide a complete accounting of any Special Purpose Revenue Funds for FY14 and to date in FY15. Please include the following:

- a. Revenue source name and code;**
- b. Description of the program that generates the funds;**
- c. Activity that the revenue in each special purpose revenue fund supports;**
- d. Total amount of funds generated by each source or program in FY14 and to date in FY15; and**
- e. FY14 and to date FY15 expenditure of funds, including purpose of expenditure.**

No Special Purpose Revenue Funds were budgeted or spent in FY14 or FY15, to date.

Q12. Please provide the following information for all grants awarded to HBX during FY14 and to date in FY15:

- 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.

See Attachment I.

Q13. For each grant lapse occurring in FY14, please provide:

- a. A detailed statement on why the lapse occurred;**
- b. Any corrective action taken by HBX; and**
- c. Whether the funds can be carried over into FY15.**

No grant lapses have occurred in FY14 or FY15, to date. Please see response to Question 12 for grant detail.

Fixed and Capital Budgets

Q14. Please provide HBX's capital budgets for FY14 and FY15 and include the following information:

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

No capital funds were budgeted or spent in FY14 and FY15, to date.

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

- a. Any changes to the safeguards has your agency put in place to prevent waste, fraud, and abuse;
- b. Number of purchase cards that were issued in FY14 and to date in FY15;
- c. Maximum amount that can be purchased with a card;
- d. Limitations on items purchased.

On September 10, 2014, the HBX Board updated its contracting policies and procedures and added, among other items, provisions to govern the use of purchase cards in the agency. The policies and procedures permit HBX to participate in the District of Columbia Purchase Card Program coordinated by the Office of Contracting and Procurement (OCP). HBX chose to adopt the same spending limits set by the Office of Contracting and Procurement, and established a purchase card Agency Review Team to oversee the purchase card program. The Agency Review Team consists of an Agency Program Coordinator (APC) and Approving Official (AO). The APC, AO, and HBX CFO meet monthly to reconcile all purchase card transactions, and to verify that the purchases have been internally approved.

Additionally, to prevent waste, fraud, and abuse, OCP now posts all purchase card transactions on its website on a monthly basis so that all transactions are public. HBX issued total of three purchase cards to staff in FY14 and FY15. The maximum amount that can be purchased with a purchase card is \$20,000 per billing cycle and \$5,000 for a single purchase.

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

Property	Owned or Leased	Space Use
1225 I (“Eye”) St. NW, Washington, DC	Leased	HBX Main Office
950 L’Enfant Plaza NW, Washington, DC	Leased	HBX Contact Center
609 H Street NE, Washington, DC	DGS is currently negotiating a lease on behalf of HBX for this property.	HBX Information Technology Operations

Q17. Please provide HBX's fixed costs budget and actual dollars spent for FY14 and to date in FY15, and include the following information:

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

See Attachment J.

Q18. Please provide the following information for all contracts awarded by HBX during FY14 and to date in FY15, broken down by HBX program and activity:

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

See Attachment K.

Q19. Please provide the following information for all contract modifications made during FY14 and to date in FY15:

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

See Attachment L.

Q20

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

Under D.C. Code §31-3171.04(a)(5) and §2-351.05(c)(17), HBX has procurement authority independent of the Office of Contracting and Procurement (OCP), (except that OCP has the authority to audit the procurement activities of HBX). On October 10, 2012, the Health Benefit Exchange Authority Executive Board adopted Contracting and Procurement Policies and Procedures, and updated them on September 10, 2014. The procurement policies and procedures establish an open and transparent procurement process to: (1) promote public confidence in HBX's procurements; (2) ensure the fair and equitable treatment of all persons and entities that participate in the HBX's procurement system; (3) foster appropriate competition and provide safeguards for maintaining a procurement system of quality and integrity; (4) promote increased economic efficiency and responsibility on the part of the HBX; (5) achieve the maximum benefit from the HBX's purchasing power; and (6) provide clarity and simplicity in the rules and procedures governing the HBX's procurements. These policies and procedures are incorporated in this response in Attachment M and also available on the HBX website at <http://hbx.dc.gov/sites/default/files/dc/sites/hbx/publication/attachments/ContractingandProcurementPoliciesandProcedures2014.pdf>.

HBX also uses standard operating procedures to ensure that programmatic needs are met and purchases are made in a manner that is timely, transparent and cost effective. When a need for goods or services is identified by a program, the program creates a statement of work to describe that need. After approvals from the requestor's supervisor and the HBX Executive Director, the Chief Financial Officer must attest to the availability of funds for the procurement.

Next, the HBX Contracting Officer and procurement staff evaluate the request, determine the best method for procurement, and initiate the process. Depending on the cost and complexity of the purchase, the program may be required to evaluate bids, which is one way to assure that programmatic needs are adequately met. During the overall procurement process, there is constant communication between the program and procurement staff to ensure that the program's needs have been clearly expressed and that any changes are immediately taken into consideration.

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

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

Q21. Describe the methods used by your agency to monitor and oversee contract compliance, including any written policies on contract monitoring.

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

Q22. Please list and describe each major program and activity, policy initiative, performance objective and legislative objective during FY14 and FY15, to date. For each, please provide the name of the employee responsible for each and the total number of FTEs assigned to the program.

DC Health Link is a competitive, consumer-driven private health insurance marketplace that enables individuals and small businesses to compare health insurance prices and benefits and to purchase affordable, quality health insurance. For individuals, the first open enrollment period for DC Health Link was October 1, 2013 through March 31, 2014. The second annual open enrollment for individuals began on November 15, 2014 and runs through February 15, 2015.

From October 1, 2013 to February 9, 2015, DC Health Link served 80,780 people: 20,466 people enrolled in a private qualified health plan, 44,550 people have been determined eligible for Medicaid, and 15,764 people enrolled through the DC Health Link small business marketplace (includes Congressional enrollment). Residents have a choice of 31 private health insurance plans (3 of which are catastrophic) from three insurance carriers. Small businesses have access to 193 private health insurance plans from four insurance carriers. These include HMOs, PPOs, zero-deductible plans, HSA-compatible high deductible coverage, and catastrophic health plans.

In FY2014, HBX was focused on the launch and functionality of its new online health insurance marketplace (DC HealthLink.com) and on enrollment. HBX monitored site functionality, developing and refining processes to respond to customer feedback, and reaching potential customers through extensive outreach activities, media campaigns, and partnerships with community organizations and District government agencies. Essential policy and legislation was implemented in FY2014 to ensure that HBX was able to operate efficiently and provide many competitively priced choices to fit everyone's needs and budgets.

In FY2015, HBX is focusing on continuing to improve functionality on the online health insurance marketplace and continues to focus on finding and enrolling people who are uninsured.

Fiscal Year 2014

In Fiscal Year 2014, the agency began a realignment of its programs and activities to more closely mirror how services are delivered and to meet certain requirements established by the Center for Medicare and Medicaid Services (CMS)/ Center for Consumer Information and Insurance Oversight (CCIIO). Consequently, a number of organizational changes were made that will be reflected in the agency's FY 2016 budget submission. These changes were detailed in HBX's response to Question 1 (d).

A. Programs – FY 2014 and FY 2015

- Plan Management – This program works in conjunction with local and federal regulatory bodies, establishes and oversees the process to certify, recertify and decertify qualified health plans available through the marketplace.
- Eligibility and Enrollment – provides a seamless, web-based eligibility process for enrollment in private qualified health plans or Medicaid available through the marketplace. District residents and businesses can enroll through the on-line website, DCHealthLink.com, over the phone through the DC Health Link Contact Center, in person at ESA service centers, or with the assistance of DC Health Link Certified Assistants and Brokers.
- SHOP Operations – provides support to the Small Business Health Options Program (SHOP). The SHOP facilitates the purchase of coverage in private qualified health plans for employees of small businesses with 2-50 employees that choose to purchase coverage through the District’s marketplace and conducts employer eligibility appeals.
- Consumer Education and Outreach– informs residents about the Health Benefit exchange marketplace, the health coverage options available through it, and the benefits of purchasing coverage through the exchange marketplace.
- Business Development – promotes economic development through marketing initiatives and the establishment of new business relationships that ensure District residents have access to a broad range of affordable, easily accessible and diverse health care options.
- Agency Management – provides for administrative support and the required tools to achieve operational and programmatic results. This program is standard for all agencies using performance-based budgeting.
- Agency Financial Management – 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.

B. HBX Legislation Introduced or Enacted in FY2014

- B20-2040, the “Better Prices, Better Quality, Better Choices for Health Coverage Amendment Act of 2013”

This legislation was introduced by the Chairman at the Request of the Mayor on April 15, 2013. Its stated purpose was to amend the Health Benefit Exchange Authority Establishment Act (the Establishment Act) promote meaningful choice, provide enhanced benefits, and build a competitive private health insurance marketplace for the residents and small business owners in the District of Columbia. The bill codified various policies pertaining to the plans that are sold on the Exchange, as well as established other policies that would be central to the operation of DC Health Link. Due to constraints in the legislative process, it was not possible to enact a permanent version of the bill prior to the date that the Exchange needed to have policies in place in time for open enrollment on October 1, 2013. To accommodate this accelerated pace, the Council enacted temporary and emergency versions of the bill on June 19, 2013 and July 15, 2013 respectively. After open enrollment was in full swing, the Committee on Health was able to conduct a hearing on the bill and recommend its passage by the full Council.

The permanent bill was unanimously approved by the Council and enacted into law on July 16, 2014.

- B20-0152, the "Procurement Practices Reform Exemption Amendment Act of 2013”

In 2012, the Council passed the DC Health Benefit Exchange Authority Establishment Act of 2011. That law provided HBX procurement authority independent of the Office of Contracting and Procurement, but required consistency in the District’s procurement rules. The District was the last state based marketplace to begin the IT build necessary for the development of its on-line marketplace. As a result, HBX made the decision to build core functionality and use 2014 to continue to add other federally required functionality and other features. The language in the establishment act did not provide the clear pathway needed to procure goods and services, particularly IT consulting services, in the rapid fashion required to continue this build. Based on this need, the District Council enacted a five year exemption (similar to an exemption for other government instrumentalities) from the Procurement Practices Reform Act for HBX on January 23, 2014.

- B20-0777, the “Health Benefit Exchange Financial Sustainability Amendment Act of 2014”;
- B20-0776, the “Health Benefit Exchange Financial Sustainability Temporary Amendment Act of 2014”; and
- B20-0775, the “Health Benefit Exchange Authority Emergency Amendment Act of 2014”

These bills were introduced by Chairman Mendelson at the Request of the Mayor on April 28, 2014 to amend the Establishment Act to clarify the authority of HBX to fund its

operations through a defined assessment. These bills reflect the work of HBX's local, transparent, and DC-based community stakeholder process to help HBX achieve financial sustainability.

The District's enabling legislation for HBX requires that the Executive Board of the Authority "prepare a plan that identifies how the Authority will be financially self-sustaining by January 1, 2015." In April 2013, the HBX Executive Board established a stakeholder Working Group on Financial Sustainability that developed consensus recommendations for financial sustainability. After discussion and public comment by stakeholders, the Executive Board adopted the consensus recommendations. The approach is fair and equitable and similar to the assessment funding the DC Healthcare Ombudsman program. It allows for assessment of health carriers that benefit directly or indirectly from DC Health Link. The assessment is limited by the annual Council approved budget for HBX. In addition, the broad-based assessment assures minimal impact on premiums and sustainable funding of the District's Affordable Care Act Health Insurance Marketplace.

In Spring 2014, the emergency and temporary forms of the "Health Benefit Exchange Authority Financial Sustainability Amendment Act of 2014" were enacted by a unanimous vote of the Council.

C. FY2014 Policy Priorities

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 that makes decisions on policy based on the input and recommendations from its advisory committees and working groups (<http://hbx.dc.gov/page/meet-health-benefit-exchange-authority-executive-board-members>). The Board and Executive Director firmly believe 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 be built with significant input from stakeholders and the District's community.

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

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

- The Producers Advisory Committee advises on how to best use the experience and skills of insurance brokers and agents to help people choose coverage. This includes issues around

compensation and appointment, and other issues as requested by the Executive Board or Authority staff.

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

In addition, there are Working Groups chaired by a Board Member and vice chaired by a Member of the Standing Advisory Board whenever possible. The groups are given topic specific issues to address within set time-frames. Membership and participation is open and diverse stakeholders participate as voting members.

In 2013, fifteen working groups met to develop multiple policies and protocols needed to begin operation of a state-based marketplace leading up to the opening of DC Health Link on October 1, 2013, the beginning of the Fiscal Year 2014.

These groups completed work to develop policies in the following areas:

Working Group	Description
Essential Health Benefits	Make recommendations on outstanding policy questions related to the District's EHB benchmark plan including habilitative care definition, mental health parity, prescription drug formulary, and EHB benefit substitution.
Network Adequacy	Review existing network adequacy requirements and recommend any new standards/changes if necessary.
Premium Billing and Collections	Recommend whether the Exchange should collect premiums for individual coverage.
Plan Offerings and Benefit Standardization	Make recommendations on whether to specify the number of policy variations offered through the Exchange (within metal levels), whether to require a standardized QHP benefit design which includes cost sharing, and whether to allow or limit benefits not part of the EHB benchmark.
Employer and Employee Plan Choice	Recommend approach for small businesses (e.g. employee choice) for choosing plans, issuers, and contribution to coverage for workers; includes consideration of age rating.
QHP Issuer Certification Process	Recommend standards for certifying QHP issuers.
Financial Sustainability	Recommend revenue sources including assessments to ensure financial sustainability of the Exchange by 2015.

Working Group	Description
Quality	Examine quality ratings for health plans, necessary data collection by the Exchange, and consumer use of quality ratings for implementation after year 1.
Assister Grant Estimates	Recommend the necessary level of funding for the Exchange Assisters grant program to inform the Exchange on its request for federal funding.
Eligibility, Enrollment & Churn	Make recommendations on outstanding policy questions related to eligibility and enrollment, as well as options for providing continuity of care for individuals churning between commercial insurance in the Exchange and Medicaid.
Dental Plans	Recommend standards and benefit offerings for stand-alone dental plans offered in the exchange marketplace.
Carrier IT	Develop business requirements for issuer's connectivity with the Exchange (data submissions, etc).
Broker IT	Develop business requirements for broker interactions and broker functionality for on-line enrollment and plan selection (also included standards for broker selection and participation).
Assistors IT	Develop business requirements for assistor interactions and functionality for online enrollment and plan selection.
IT Policy	Review "off-the-shelf" on-line application/enrollment, identify policy questions that require modifications, and develop business requirements for modifications as necessary.

Each group's meeting materials and recommendations can be found at <http://hbx.dc.gov/page/2013-advisory-working-groups>.

In Fiscal Year 2014, two HBX Working Groups met:

- Dental Plans – Formed to recommend standards and benefit offerings for stand-alone dental plans offered through DC Health Link
- Standard Plans – Formed to recommend a standard qualified health plan design for each metal level of coverage offered through DC Health Link

In addition, the Standing Advisory Board was asked to engage in several policy initiatives. First, the Standing Advisory Board created three subcommittees to conduct research on policy priorities for the marketplace:

- Standing Advisory Board Subcommittee on Network Adequacy: This subcommittee conducted "secret shopper" research and analysis of health plan provider directories in

the individual marketplace. One goal was to determine how accurate and up-to-date provider directories are for health plans offered through the marketplace. They sought to conduct a small random sample from the carrier provider directories to determine:

1. Is the telephone number correct?
2. Is the provider in network?
3. Is the provider taking new patients?
4. How long is it before an appointment can be scheduled?

No written report has been issued. However, oral preliminary findings have been presented to the Executive Board Insurance Market Committee. The work of the Standing Advisory Board's Subcommittee was used to help update health plan certification requirements. The preliminary findings also informed HBX's staff effort to develop and deploy a single provider directory covering all health plans in the individual marketplace. Deployment is scheduled for 2015.

- Standing Advisory Board Subcommittee on Educating Consumers on Using Health Insurance: This Subcommittee researched other state marketplaces, private exchanges, employer plans, and carrier programs to determine how HBX can help to promote health insurance literacy and ensure that people are getting the most out of their new health insurance. Based on private sector innovations, the research informs HBX staff on how to improve consumer decision support tools in the future.
- Standing Advisory Board Subcommittee on Preventive Benefits: This Subcommittee is researching what qualified health plans are doing in the marketplace to promote the use of preventive care benefits. The Subcommittee has asked carriers to provide information on types of communications a carrier uses with their enrollees to promote use of preventive benefits. The research and recommendations will inform HBX activities to supplement carrier activities to promote use of preventive care benefits, e.g. smoking cessation programs.

In addition to working on these three key areas, the Standing Advisory Board also reviewed and made recommendations on expanding special enrollment periods (called SEPs). The federal government sets a minimum level of special qualifying circumstances (like loss of other coverage, marriage, birth, and moving to the District) to allow people to enroll in health insurance outside of open enrollment season. States are allowed to add additional qualifying circumstances. HBX staff researched actions taken by other states. The Standing Advisory Board reviewed the research, had public input on expanding SEPS, and recommended new SEPs to be adopted in the District. The HBX Executive Board adopted the recommendations for implementation (<http://hbx.dc.gov/page/adopted-resolutions>). The Standing Advisory Board also agreed to continue to review the need to update SEPs on an on-going basis.

Each group's meeting materials and recommendations can be found at <http://hbx.dc.gov/page/advisory-working-groups>.

D. FY 2014 Performance

HBX opened the online marketplace, DC Health Link, on time on October 1, 2013. HBX's primary goal in FY2014 was to find and enroll people who were uninsured. HBX was successful in its first year efforts. A study of HBX's first year of operations found that the District's uninsured rate may have dropped by as much as 43%.

HBX worked closely with professional and trade associations representing the small business community, including the three largest chambers of commerce in DC. Utilizing all of these resources, HBX conducted numerous enrollment and outreach events. A full list of events can be seen on our calendar.

To support enrollment, on August 13, 2013, the DC Health Benefit Exchange Authority Executive Board approved conditional grants to numerous DC-based organizations to provide in-person expert assistance to individuals, families, and small businesses looking to enroll in health insurance coverage through DC Health Link (<http://hbx.dc.gov/release/dc-health-link-chooses-35-dc-based-groups-help-people-enroll-health-coverage>.) Through open enrollment in Spring 2014, there were nearly 200 fully trained and certified DC Health Link Assisters among 33 DC Health Link Assister Organizations. After open enrollment ended in the Spring of 2014, the Assister program was narrowed to focus on assister organizations that serve populations year round or had strong outreach success.

The DC Health Benefit Exchange Authority also works closely with brokers to sell qualified health plans through DC Health Link. Brokers are the only licensed individuals in the District permitted to advise residents and businesses on specific health insurance plan selection. They help with completing the enrollment process directly through DC Health Link and are compensated by health insurance carriers for their work. For more information on broker registration please visit: <http://hbx.dc.gov/page/brokers-what-you-needknow-sell-dc-health-link>. Currently, there are approximately 402 brokers registered with DC Health Link.

For additional information about the DC Health Link certified Assister, CAC, and Broker programs, and a full discussion of HBX's public outreach efforts in FY14 and 15, to date, please see HBX's response to Questions 28, 38, 39, and 40.

HBX created a Member Services division in May of 2014 to support enrollment. Every HBX division provides support for DC Health Link and HBX's enrollment efforts.

FISCAL YEAR 2015

- A. Programs – same as FY 2014 above**
- B. Legislation Introduced or Passed in FY2015**

- B21-8, the “Health Benefit Exchange Authority Financial Sustainability Amendment Act of 2015

The permanent version of the Health Benefit Exchange Authority Financial Sustainability Amendment of 2015 has been introduced this year and is under the jurisdiction of the Committee on Health and Human Services chaired by Council Member Alexander. The Chair held a hearing on the bill on January 29, 2015. Swift enactment is necessary for the District to obtain final certification as a State-Based Marketplace under the Affordable Care Act. See FY 2014 above for a discussion of the legislation.

- Health Carrier Assessment Appeal Regulations

On June 11, 2014, HBX through emergency rules established an administrative appeals process for carriers contesting the assessment. The emergency rules were published in the DC Register on June 20, 2014 under 26-D DCMR §110 et seq. HBX provided carriers an opportunity to submit informal comments prior to Executive Board adopting the rules and approving the emergency rules for publication.

The “Health Carrier Assessment Administrative Appeals” rule provided carriers an opportunity to contest the assessment if a carrier believed it was incorrectly classified as a health carrier, if it believed there was a processing error, an incorrect application of methodology, or a mathematical error. The Authority was required to provide a final determination within 30 calendar days of receiving an appeal.

The emergency rule expired on October 9, 2014. The Authority will begin a full notice and comment rulemaking process to establish a permanent administrative appeals process.

C. Fiscal Year 2015 Policy Priorities

Please refer to Fiscal Year 2014 Policy Priorities for a description of the policy process. In Fiscal Year 2015, HBX will continue to use the same transparent and stakeholder inclusive process for policy development.

The following policy priorities have been established for Fiscal Year 2015:

- Update of the QHP Certification Requirements. In 2013, the Qualified Health Plan (QHP) Certification Working Group met to develop QHP certification requirements. It recommended that HBX review these recommendations within two years. During the Fall of 2014 and into 2015, the Executive Board’s Insurance Market Committee

has been working to update the QHP certification requirements through various public meetings including stakeholder presentations and comments. The committee, based on public input, has focused its work on the areas of network adequacy of qualified health plans, review of rates for certification of qualified health plans, quality of qualified health plans, and adherence to the non-discrimination provisions applicable to qualified health plans.

- **Standard Plans.** The Standard Plan Working group formed in FY 2014 continues its work in FY 2015. The group, which includes health plans, consumer advocates, and is led by Executive Board member Leighton Ku will recommend a standard qualified health plan for each metal level of coverage offered through DC Health Link, and update the plans based on changes reported by the federal government such as actuarial value.
- **Enrollment of Small Businesses up to 100 employees through DC Health Link.** The Patient Protection and Affordable Care Act requires exchange marketplaces to expand the small group marketplaces to serve business with 100 or fewer employees starting in 2016. Currently, the District's small business marketplace services employers with 50 or fewer employees.
- **Provider Directory.** HBX is deploying an integrated on-line provider directory that has information for all health plans in the individual marketplace. This will allow consumers to search for health plan options based on specific providers. HBX will consider establishing an integrated provider directory for the small business marketplace.
- **Preventive Benefits.** The Executive Board chose not to allow tobacco rating on DC Health Link health insurance policies, and has opined on the importance of making people aware of the availability of tobacco cessation treatment and other preventive services by DC Health Link, health plans, in person assisters, and others. A subcommittee of the HBX Standing Advisory Board is reviewing "best practices" in providing useful literature on preventative benefits as well as what is being made available now by DC Health Link QHPs in other states.
- **Educating consumers about how to use private health insurance.** HBX will continue focusing on ways to educate people newly enrolled in private health insurance coverage on how to best use their health coverage. As a part of this effort, the HBX Standing Advisory Board convened a sub-committee to research/investigate initiatives with patient and consumer advocacy groups, health plans, medical providers, as well as review efforts made by other states.

D. Fiscal Year 2015 Performance Initiatives

In Fiscal Year 2015, HBX's primary goal is to continue to find and enroll uninsured people in the District. Another goal is to educate consumers about their rights and responsibilities. HBX has engaged in several strategies. Please refer to Fiscal Year 2014 for a description of HBX outreach resources, and HBX's response to Questions 28 and 38-40 for a comprehensive discussion of enrollment and outreach initiatives that continue into FY2015.

For the current open enrollment period, HBX operated six DC Health Link Store Fronts across the District. These locations provide a convenient environment to help consumers shop, compare and enroll in affordable health insurance. They are staffed by certified DC Health Link Assistants. Certified insurance brokers are available also. These locations, including maps, are posted at <https://dchealthlink.com/enrollmentcenters>. The largest enrollment center is at Martin Luther King Library downtown. There is external signage on each of these locations to ensure that passersby know they can apply for DC Health Link coverage at that location.

In addition, HBX has an active DC Health Link Certified Application Counselor program (CAC). CACs are staff and volunteers of CAC Designated Organizations who provide in-person assistance to District residents applying for individual and family health coverage through DC Health Link. Like DC Health Link Assistants, these organizations certify staff and volunteers who meet requirements and complete training. CACs receive the same training and access to DC Health Link Assistants, but the CAC program does not provide grant funding. For more on CACs, the application process and requirements see: <http://hbx.dc.gov/page/certifiedapplication-counselor-program>. There are currently eighteen approved CAC organizations including four local hospitals.

Q23. Please provide a list of all studies, research papers, and analyses the agency prepared, or contracted for, during FY14 and FY15, to date. Please state the status and purpose of each study.

HBX committees and working groups have conducted analyses and produced reports. These groups and committees were staffed by HBX and/or HBX consultants.

Fiscal Year 2014

- **Financial Sustainability Report (Attachment N):** This report details how the Authority intends to maintain financial sustainability. It details the policy development process used by the Authority to reach a recommendation for financial sustainability and explains how the recommendation will be operationalized. This report was required by the Health Benefit Exchange Authority Establishment Act of 2011(D.C. Official Code § 31-3171.16(b)) which states that the Executive Board of the Authority must “prepare a plan that identifies how the Authority will be financially self-sustaining by January 1, 2015.”
- **HBX Dental Working Group Report (Attachment O):** This report summarizes the work of the 2014 Dental Working Group which produced recommendations for the HBX Executive Board for stand alone dental plans. Based on this report, on May 14, 2014 the Executive Board adopted three resolutions enacting their recommended policy which can be found at <http://hbx.dc.gov/page/adopted-resolutions>.

Fiscal Year 2015

- **HBX Standard Plans Advisory Working Group Report and Addendum (Attachment P):** This report summarizes the work of the 2014 Standard Plans Advisory Working Group which produced standardized plan designs at each metal level of coverage for plans sold through DC Health Link. The Board enacted resolutions based on the recommendations presented in this report and those resolutions can be found at <http://hbx.dc.gov/page/adopted-resolutions>.
- **Covering the Uninsured Through DC Health Link; Report on the First Year (Attachment Q):** HBX Board Member Leighton Ku, Chair of the Research and Data Analysis Committee of the Executive Board of HBX and professor of health policy at the Milken Institute School of Public Health at the George Washington University, conducted the analysis and authored this report for HBX. The report concludes that the number of uninsured people in the District dropped by as much as 43% as a result of previously uninsured people signing up for coverage through DC Health Link in its first year of operation.
- **Rate Review Reports (Attachment R):** Federal law requires that state based marketplaces review premium justifications for premium increases for health plans sold

through their marketplace. HBX contracted with Mercer/Oliver Wyman Actuarial Firm to analyze rate filings.

- **Executive Board Insurance Market Committee Update on 2016 Plan Year QHP Certification Requirements (Attachment S):** This report summarizes the work of the Executive Board Insurance Market Committee which reviewed the plan certification requirements initially established in 2013 to consider updating them for plan year 2016. This work follows the initial recommendation of the original working group on this topic that the plan certification requirements should be revisited by the Board.
- **Overview: First Open Enrollment Period Media & Outreach Strategy (Attachment T):** Presented to the Executive Board in May 2014, this report provides an overview of the media and outreach strategies used in DC Health Link's first open enrollment period, including lessons learned for improvements for the future and a review of best practices achieved in the first year.

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

There were no Office of the Inspector General or Office of the DC Auditor recommendations pertaining to HBX in the past three years.

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

As discussed in HBX's response to Question 22, HBX needs the permanent legislation on financial sustainability to be enacted. The ACA requires that state-based marketplaces be financially self-sustaining by January 1, 2015. In addition, the District's enabling legislation for HBX requires a sustainability plan. To this end, the Council unanimously passed emergency and temporary financial sustainability legislation in 2014. The temporary sustainability legislation expires on March 21, 2015. Permanent legislation is necessary if HBX is to receive final certification as a state-based marketplace. It is also necessary for HBX to continue to operate.

On January 6, 2015, Councilmember Alexander, Chair of the Committee on Health and Human Services at the Council of the District of Columbia, introduced Bill 21-8, the "Health Benefit Exchange Authority Financial Sustainability Amendment Act of 2015". The bill is identical to the Temporary financial sustainability legislation (the "Health Benefit Exchange Authority Financial Sustainability Temporary Amendment Act of 2014") that is currently in effect. On Thursday, January 29, 2015, the Committee on Health and Human Services held a hearing on Bill 21-8.

The legislation provides for a broad-based assessment on health carriers in the District to fund HBX, similar to the assessment funding the DC Healthcare Ombudsman program. The approach is fair and equitable. It allows for assessment of health carriers that benefit directly or indirectly from DC Health Link. The assessment is limited by the annual Council approved budget for HBX. In addition, the broad-based assessment assures minimal impact on premiums and sustainable funding of the District's Affordable Care Act Health Insurance Marketplace.

The bill reflects a local, transparent, and DC-based community stakeholder process. HBX policy decisions are made through a stakeholder-driven process. In 2013 and 2014, HBX had many working groups and continues to have standing advisory committees in addition to a Standing Advisory Board. Consistent with this process, the HBX Executive Board established a stakeholder Working Group on Financial Sustainability in April 2013. The working group forwarded consensus recommendations to the full Executive Board for consideration. After much discussion and public comment by stakeholders, the Executive Board adopted the broad based assessment that is reflected in the Health Benefit Exchange Authority Financial Sustainability Amendment Act of 2015.

In August of 2014, the Department of Insurance Securities and Banking, through an interagency agreement, implemented the assessment on behalf of HBX under the authority provided in the emergency and temporary financial sustainability laws. DISB sent out notices of assessment on August 18, 2014 and collected the funds.

After the District Council unanimously passed emergency and temporary versions of the Sustainability Act, the American Council of Life Insurers filed a lawsuit challenging the

District's law in U.S. District Court for the District of Columbia. The Court, in a 60-page decision, disagreed with ACLI's arguments and dismissed the lawsuit in its entirety in November 2014. The Court ruled that the District's funding mechanism for the Exchange was constitutional and not preempted by the Affordable Care Act. On December 15, 2014, ACLI appealed this decision to the U.S. Court of Appeals for the District of Columbia Circuit. The Court has not yet heard the issues and the case is still pending.

Q26. Please describe programs, activities, and initiatives executed or planned in FY14 and FY15, to date, make the activities of the agency more transparent to the public.

All HBX policy decisions are developed through a local, transparent, and DC-based community stakeholder-driven process using advisory committees and working groups. The HBX Executive Board makes final decisions on policy based on the input and recommendations from various advisory committees and working groups. HBX also engages in several public education strategies to increase public awareness of DC Health Link and its mission.

Please see HBX's responses to Questions 22 and 28 for a comprehensive discussion of these programs, activities, and initiatives.

Q27. Please describe programs, activities, and initiatives executed or planned in FY14 and FY15, 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 strives to improve services to DC Health Link customers, employing strategies across a wide variety of programs to ensure that the DC Health Link enrollment process meets customer needs and that any issues are promptly addressed and resolved. For a comprehensive discussion of these various strategies, please see HBX's responses to Questions 30, 31, 32, 33, 34, and 36.

Additionally, in FY14 and FY15, DCHBX initiated several public education strategies to increase public awareness of DC Health Link and its mission. Please see HBX's response to Question 28 for a comprehensive discussion of these strategies.

Q28. Please describe programs, activities, and initiatives executed or planned in FY14 and FY15, to date, to better inform the public about enrollment, or changes to programs.

HBX launched a robust, proactive, and multifaceted education and outreach campaign for the FY15 enrollment period to connect with DC residents, and small business owners and their employees “where they live, work, shop, play and pray.” This approach, which was successfully employed during last year’s enrollment period as well, consists of special events and in-person education, earned and paid media, social and digital media, outreach and enrollment opportunities, and partnerships with community and civic organizations, District government agencies, faith based entities, business partners, and retailers. In fact, PR Week, a leading source of news and analysis for the Public Relations industry, recognized DC Health Link as a finalist for the Community Relations Campaign of the Year. The 2015 winner will be announced during an event in New York City on March 19, 2015.

One of the central components was the launch of the “*Shop, Compare, Enroll*” campaign and message to *Reinforce, Re-enroll, Renew, and Reinvigorate*: *Reinforce* DC Health Link’s brand; *Re-enroll / Renew* consumers in health plans; and *Reinvigorate* enrollment efforts to reach the uninsured, underinsured and hard to reach populations. HBX developed, planned, facilitated and participated in hundreds of unique and specialized events that touched the community in a variety of ways. Among the various strategies:

- **Education, Awareness and Branding**

The education, awareness and branding activities allowed HBX to inform consumers about the benefits of the Affordable Care Act (ACA), health insurance options through DC Health Link (DCHL), financial help with plan premiums and enrollment assistance. Examples of activities under this banner included:

- *DC Health Link Speakers’ Bureau* – designed to respond to requests from community, civic and religious organization seeking speakers and informational presentations
- *Back to School Night Events* – Local public and charter schools
- *Community Festivals and Neighborhood Activities* - H Street Festival, Adams Morgan Day and Barrack Row Day
- *Conferences, meetings and professional forums* – CSOSA / Rivers Community Resource Day Videoconference, Government Finance Officers Association, Prevent Cancer Foundation 5K and White House Office of Public Engagement meetings and conferences

- **Outreach and Enrollment Campaigns**

The enrollment approach encompassed a multifaceted community-based and media relations strategy including working with the nationally recognized host locations for One Touch Enrollment Centers, a one-stop-shop for enrollment support and storefronts. To date, the various outreach strategies resulted in more than 60,000 consumers enrolling in health insurance. Examples of the outreach and enrollment opportunities and events:

- City-wide 2nd Open Enrollment, Information and Health Fair
- One Touch Enrollment Sites
- Six (6) Stationary Enrollment Sites known as “Storefronts”
- *Faith In Action Interfaith Campaign* – engaging the faith based community as partners in the outreach and education, including 2nd Sundays Faith-IN-Action initiatives and Interfaith Weekend
- *National ACA Latino Enrollment Week of Action* - designed to boost enrollment in the Latino community
- *National ACA Africa American Enrollment Week of Action* - designed to boost enrollment in the African American community especially African American men
- *Young Invincible Campaign* - outreach to young adults including Coverage in the Classroom, NHL Winter Classic, and National Youth Enrollment Day

- **Special Events**

Special events presented unique opportunities to reach targeted populations. Examples include:

- *Movie Theatre Nights at SELMA* - DC Health Link screen advertised and exhibited at the Regal Gallery Place Movie Theatre to reach theater goers as they entered and left the theatre to view the story of the 1965 Selma-to-Montgomery March, the first major motion picture about Dr. Martin Luther King, one of the pivotal leaders of the American civil rights movement.
- *Boyz 2 Men* - During National ACA African American Enrollment Week of Action, DC Health Link accelerated its outreach efforts to the African American community at barber shops, a gathering sanctum in African American communities where men meet and enjoy camaraderie, share stories about life events; and get the latest information about community happenings.
- *NBC4 Health and Fitness Expo* - DC Health Link participated in the largest health and wellness event in the Washington, D.C. area and not only exhibited, but also provided information about the District’s online marketplace for health insurance. An ongoing loop video presentation on how to shop, compare and enroll in health insurance through the exchange was presented.
- *Enroll at the Bowls* -DC Health Link representatives were available to share information about DC Health Link and enroll consumers at several DC metro spots bars where college football enthusiasts were watching the BOWL games and rooting for their favorite teams.
- *Watch Night Services* - Good health should be at the top of everyone’s New Years’ resolution list. DC Health Link had it at the top of its list and started the New Year with educational outreach opportunities at local Watch Night Services throughout the city.

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

DC Health Link partnered with many groups to host events to enable broader community outreach. The partnerships were with District government agencies,

community organizations, local small business partners, CVS Pharmacies, faith based entities and others. Examples of the partnerships included:

- Business Partners
 - Greater Washington Hispanic Chamber of Commerce
 - DC Chamber of Commerce
 - Restaurant Association of Metropolitan Washington
 - National Association of Health Underwriters
- Community Partners
 - Leadership Council for Healthy Communities
 - AARP
 - Young Invincibles
 - Latin American Youth Center
- Professional Organizations
 - Cancer Consortium
 - National Association of Minority Contractors
 - National Hispanic Medical Association National Hispanic Medical Association
- Faith Based Partners
 - Wednesday Clergy Group
 - Baptist Ministers Conference
 - 2nd District of the African American Episcopal Church
 - Masjid Muhammad, Inc.
 - Our Lady Queen of The Americas -Parish of The Roman Catholic Archdiocese of Washington
 - Sikh Gurdwara, DC
 - Others
- DC Government Agencies and Instrumentalities
 - Council of the District of Columbia
 - Mayor's Office of Community Affairs (Office on African Affairs, Office on Asian Island Pacific Affairs, Office on Latino Affairs, former Office of Lesbian, Gay, Bisexual and Transgender Affairs (now Office of Gay, Bisexual, and Transgender Affairs), former Office of Neighborhood Engagement (now Office of Community Relations)
 - Mayor's Office of Communications
 - Deputy Mayor for Public Safety
 - Department of Behavioral Health
 - Department of Consumer and Regulatory Affairs
 - Department of Employment Services
 - Department of Fire and Emergency Medical Services
 - Department of Transportation
 - District of Columbia Public Libraries
 - Office of Unified Communications
- Federal Government
 - White House Office of Public Engagement

- U.S. Department of Health and Human Services
 - U.S. Office of Personnel Management
 - Embassy Partner
 - Embassy of El Salvador
 - Educational Partners
 - Carlos Rosario International Public Charter School
 - Local schools
 - Retail and Small Business Partnerships
 - CVS Stores
 - Ben's Chili Bowl
 - Cork Market and Tasting Room
 - Jin Lounge
 - World Class Barbershop
 - Best Cuts Barbershop
 - Denny's
 - Pizza 17
 - DC Brau
 - Curbside Cupcakes
 - Bubbles Laundromat
 - Mama's Laundromat
 - Downtown Locker Room
 - Safeway
 - Wal-Mart
 - Buffalo Billiards
 - D.C. Food Truck vendors

- **Social Media** –HBX maintains an active and interactive presence on many social media platforms including Twitter, FaceBook, and Instagram. Twitter response strategies are implemented on a regular basis.

- **Digital Communications**
 To educate, engage and reinforce enrollment messaging, HBX utilized active digital communications tactics. Among them are:
 - Websites – Both HBX.com and DC HealthLink.com websites provide an abundance of information and resources for residents. The calendar of events, board meeting information and request for speakers are major features that provide interactive experiences with consumers. The special HBX Inbox and email address provides consumers with direct communications to get answers to questions.
 - Mobile App –HBX created two mobile applications: one for individuals and families and another for small businesses. The app provides consumers access to the right information about and from DC Health Link. The mobile apps are on-the-go education tools with applications that include an interactive tax credit calculator, eligibility calculator, broker contact info, access to a curated list of FAQ's and other helpful resources.

- Digital Billboard displays – At the Verizon Center, HBX will promote information through the Metro Brand Immersion Experience with 4 minutes per hour video outlay.
- Video Ads - On the websites, HBX will feature important data releases as well as “MY Cover Story” video promotions of individuals who tell their personal stories about enrolling in health insurance through DC Health Link.

- **Media Relations, Earned Media Exposures and Advertisement**

When HBX geared-up for the 2nd Open Enrollment Period (OEP), it incorporated lessons learned from the first open enrollment period and engaged in a variety of marketing, enrollment messaging, media relations and outreach tactics. The focus was to target the uninsured, underinsured and those who changed their plans. HBX utilized a variety of advertisement and promotional strategies. Included among the strategies were paid media placement, metro bus ads, digital communications, and internal and external networks to promote information, events, activities and specially crafted HBX enrollment messages.

Purchasing media in the District allowed HBX the ability to place pertinent education and enrollment messages in key target areas of the city. Paid media messaging also helped to influence and inform the uninsured, underinsured and renewal populations. Examples of media outlets included:

- | | |
|-------------------------------|------------------------------|
| ▪ Washington Informer | ▪ WKYS |
| ▪ Washington Business Journal | ▪ WPGC |
| ▪ Capital Community News | ▪ WHUR |
| ▪ The Norwest Current | ▪ El Zol |
| ▪ Spotify (digital radio) | ▪ Channel 4 NBC Washington |
| | ▪ WUSA 9 Digital Advertising |

- The HBX Communications and Outreach team utilizes a variety of media relations approaches to garner and secure earned media. The team leverages existing and trusted relationships with media representatives to place positive stories, op-eds and testimonials in influential news publications and media outlets. The goal is to also gain earned media through media roundtables, in-person interviews with key spokespeople and through story pitching. Paid media has also helped HBX spread core enrollment messages to key target demographics in high traffic areas throughout the District.

- **Publications and Collateral**

HBX used a variety of bi-fold and tri-fold brochures, rack cards, palm cards, posters, posters, window clings and banners to create awareness of HBX’S brand, educate consumers about affordable, quality health insurance options and enroll individuals, families and small businesses in health insurance.

Q29. Please provide a step by step explanation of the application process for consumers seeking insurance coverage on DC Health Link, from start to finish. Include a description of:

- a. The process by which insurance carriers or the Medicaid office receives applicant information;**
- b. Any processes that consumers are required to complete offline;**
- c. Any standard or circumstantial waiting period(s) and the reason for such waiting periods; and**
- d. A description of all steps consumers may be required to take to verify their identity.**

Step One: Initiating the Application Process

Most consumers begin the application process by creating an online account—but consumers may also complete an application for health coverage at a DHS Service Center, through a DC Health Link Assister, DC Health Link certified broker, or over the phone with the DC Health Link Contact Center.

For consumers applying online themselves or through a DC Health Link Assister or DC Health Link certified broker, the consumer first creates an account. This involves providing their name and an optional email address, as well as creating a username, password, and answers to security questions (used in the event of a lost password). Once the account has been created, the applicant picks which application he or she wishes to complete: either the application for help paying for health coverage (which determines eligibility for Medicaid, advance premium tax credit and cost sharing subsidies for private health insurance plans), or the application for private health coverage without financial assistance. Applicants applying in person, by phone, or through a DHS Service Center do not have to create an account because the DHS staff member enters the information directly into the system for the customer.

Next, all applicants must provide basic information about each member of the applicant's household (name, address, date of birth, Social Security number, and citizenship or immigration status). It also asks about household income, the relationships of the application household members to each other, and any special needs a member of the application group might have that might make him or her eligible for extra services from Medicaid.

Step Two: Identity Verification

Due to the sensitivity of the data sources used by DC Health Link to determine eligibility (for example, IRS tax records), DC Health Link is required to verify the identity of each person completing an application. At the beginning of the DC Health Link application, applicants provide permission to have their identity verified by the credit reporting agency chosen by the federal government, Experian.

Experian provides a series of challenge questions with multiple choice answers. These questions and answers come directly from Experian and are not known to DC Health Link. If an applicant correctly answers the challenge questions, the application continues. If an applicant does not correctly answer a sufficient number of the challenge questions, or if Experian does not have enough information about the person to generate challenge questions, the application provides the Experian phone number and a reference number. When the applicant calls Experian and provides the reference number, he or she is asked additional challenge questions. If identity can successfully be verified over the phone, Experian allows the applicant to continue on with the application. This means the consumer can continue with the on-line application either themselves, or with the help of the DC Health Link Assister or DC Health Link certified broker.

If identity cannot be verified using Experian's online or phone processes, the applicant is required to verify his or her identity in person. This can be done by taking proof of identification (such as a valid driver's license) to a DHS Service Center or the HBX offices and completing the application with a caseworker. At this time, the application must be completed in person.

Step Three: Eligibility

Private Plans: Eligibility for private health insurance plans and tax credits is determined by DC Health Link as soon as an applicant completes an application. If all of the applicant's information can be verified using electronic data sources, the determination is immediate without any outstanding verifications. Otherwise, the determination is still immediate, but there will be verifications that the consumer needs to complete within 90 days (for example sending in copies of immigration forms). The applicant can complete their enrollment by selecting a health plan.

Applicants who want coverage from a private plan that starts the first of a month must make their plan selection by the 15th day of the month before. Plan selections made after the 15th of the month are effective the first day of the month following the next month. The exception to this rule is if an applicant qualifies for a special enrollment period (SEP) because of a marriage, death, change in employment status. Those applicants may sign up for coverage effective the following month as late as the last day of the previous month. For example, an applicant who qualifies for an SEP could make a plan selection on January 31 that would be effective February 1.

Medicaid: The DC Health Link rules engine determines potential eligibility for Medicaid when an applicant completes the application for coverage with financial assistance. If all of the applicant's information can be verified using electronic data sources, the determination is immediate. Otherwise, the customer is told what verifications are outstanding. Once an applicant is found to be potentially eligible for Medicaid, the applicant's information is automatically entered into the Automated Client Eligibility Determination System (ACEDS). Any further processing of Medicaid eligibility is done by ESA in ACEDS. A final determination

of eligibility for Medicaid is made within 45 days by ESA. Eligibility is retroactive to the first day of the month in which the application is received.

Step Four: Enrollment

Private Plans: Eligible applicants can enroll in a private health insurance plan entirely online. Once an applicant has picked a private health insurance plan, the applicant's information is transmitted to the insurance company electronically in the form of a HIPAA Standard 834 file. An "834" file includes all the information the insurance carriers need to issue an invoice and begin providing coverage, such as names of all family members enrolling, dates of birth, address, and subsidy amount or cost-sharing reduction level (if applicable). The health or dental plan is responsible for sending the customer invoices, insurance cards, welcome packets, and all other documentation regarding coverage.

Medicaid: The Medicaid enrollment process is not a part of DC Health Link. Once an applicant's eligibility for Medicaid is established in ACEDS, the applicant's information is transmitted to DHCF's Medicaid Management Information System (MMIS), which issues Medicaid cards and sends an information packet on selecting a Medicaid managed care plan. Individuals that do not select a managed care plan within 30 days are auto-assigned. If found eligible for Medicaid, applicants must still complete enrollment in a Medicaid plan through DC Healthy Families.

Q30. Please describe how your agency tracks consumer applications, including the number and type of applications actually reviewed by your agency, how problem applications are identified by the agency, and the number of staff dedicated to handling consumer application problems and/or complaints about the process.

HBX uses a comprehensive approach to identify and resolve consumer issues. In many cases, consumers notify HBX directly (through the DC Health Link Contact Center or by contacting HBX staff directly) if they have problems with an application or enrollment, and other times issues are identified during the technical process used to transmit plan selection information from DC Health Link to the health insurance carrier. Errors identified this way are addressed, fixed, and re-submitted to the health insurance carrier as soon as possible after they are identified. HBX also receives referrals from Council Members and staff, the Mayor's constituent services office, and the Office of the Health Care Ombudsman. Brokers and assisters also bring cases to HBX.

HBX has an internal tracking mechanism to ensure that all consumer issues are resolved as quickly as possible. HBX also runs daily reports from the DC Health Link IT system on all applications and enrollments. These are used to inform the EDI team on the number of plan selections that DC Health Link should be transmitting to health insurance and dental carriers, and to provide quality assurance around this process. These reports also help to identify any potential technical issues with plan selections. These issues are reviewed and resolved in the event that a correction is needed.

Application and Enrollment Assistance

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

- *DC Health Link Contact Center* – Consumers can call Monday through Saturday from 8am to 8 pm or e-mail info@DCHealthLink.com. This center is staffed by more than 60 customer service representatives (CSRs) with access to the eligibility and enrollment information. CSRs can also enroll people over the phone. These CSRs also have an established escalation protocol if they cannot resolve a problem – escalating either to technical support or to the operations at HBX or ESA (for Medicaid).
- *In-Person Assisters* – HBX currently has 14 community organizations (approximately 75 individual assisters), that have completed more than 30 hours of rigorous training and passed criminal background checks prior to service. There are also mandatory monthly training sessions. These individuals work in the community, including at libraries and community events, to provide free counseling to consumers on how to complete an application. Assisters refer consumer cases that they cannot resolve to HBX.

- *ESA Service Centers* – Consumers may file applications in-person at the same service centers where they apply for other public benefits. There are five Economic Security Administration (ESA) service centers located throughout the District.
- *HBX* – The agency has several highly specialized staff to resolve consumer application issues. Numerous technical contractors also provide support in resolving consumer application issues.

Complaints

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

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

Appeals

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

Q31. Identify the parts of the process that have proven to be the most problematic for consumers, and the steps the agency has taken to address them.

Identity verification is an essential part of the application process that can be challenging for some consumers, especially those who have not yet established a credit history. Federal regulations require all insurance exchange marketplaces to have a consumer identity verification process. HBX uses the Federal Services Hub – which is a remote identity proofing process through personal questions based on information in credit reports and other data sources. This process is described in detail in response to Question 29.

When a consumer's identity cannot be verified on-line through the Federal Services Hub during an online application or over the phone, the consumer must submit proof of identity and complete their online application in person with a case worker. The DHS Economic Security Administration coordinates with HBX to provide in-person application and identity verification services. To streamline the process and provide additional resources for consumers requiring in-person identity verification, HBX has trained HBX personnel to perform the service as needed at HBX offices and at various outreach events.

In addition, some consumers have encountered technical issues in completing their DC Health Link application and/or the enrollment process online. Some of these issues are attributable to users' unfamiliarity with the system and can be quickly resolved by HBX staff. These errors can be cured with basic self-help tips or technical assistance, such as a password reset, clearing their cache or opening up a different web browser. Other issues have arisen during peak website capacity periods, especially as important deadlines approach. We have addressed these issues by deploying multiple systems improvements and patches throughout January and February 2015.

When we receive information indicating that a consumer is having difficulties, we reach out to him or her to determine if the issue can be immediately corrected, or whether additional technical resources may be needed to identify the root cause of the issue. We follow the issue to completion and let the consumer know when the issue has been resolved. All efforts are employed to ensure customers are not harmed by missing a health coverage effective date based on a system defect. We are also in frequent communication with each of our health insurance and dental carriers to help address consumer issues that involve the carrier's processing of an enrollment. When a customer has a problem, HBX and carriers work to implement a coverage start date that reflects when the coverage would have been effective if not for the problem encountered.

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

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

Department of Healthcare Finance (DHCF)

When a District resident applies for healthcare coverage seeking financial assistance, there is one assessment done that determines Medicaid eligibility, eligibility for advanced premium tax credit (APTC), and cost sharing reduction. DHCF is the Agency responsible for determinations for Medicaid eligibility and enrollment in the District. DHCF has entered into an MOA with DHS-ESA to perform these functions. HBX, DHCF, and DHS-ESA have collaborated on the development of the eligibility rules engine within DC Health Link. DHCF and HBX also use common data sources to verify eligibility for Medicaid, APTC, and private individual coverage. Policy staffs from both agencies are in regular communication to ensure policy consistency.

Policy coordination is particularly important as customers who no longer qualify for Medicaid enroll in private coverage as their incomes or circumstances change. There are special enrollment periods that allow people to select a new health plan up until the last day of the month and not have a break in coverage. However, because few people know about their rights and availability of health insurance outside of annual open enrollment, it is important that the agencies work together. Thus far, the population terminated from Medicaid has been small. However, as DHCF transitions to new income-counting rules under the ACA for its existing Medicaid population, the volume of new private health insurance enrollees will increase.

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

HBX, like DHCF, has delegated all manual eligibility determination processes to the Economic Security Administration (ESA), an agency within DHS. ESA is responsible for in-person identity proofing for individuals who are unable to complete the online Experian process, and paper-based application intake. Additionally, ESA verifies documentation submitted by customers for purposes of verifying eligibility factors, such as income, citizenship, or residency. ESA has decades of experience performing these functions for other programs. They also join HBX in informal resolutions and formal resolutions of eligibility appeals in the individual marketplace. Application processing and verification must be performed in accordance with

standards established by HBX. HBX is working with ESA to identify best practices and opportunities to improve the customer experience.

Office of Administrative Hearings (OAH)

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

Department of Insurance, Securities, and Banking (DISB)

The Department of Insurance, Securities and Banking is a key partner in the review, approval, and certification of qualified health plans and qualified dental plans offered to residents through DC Health Link. HBX plan management staff coordinates with DISB on all aspects of the certification process. This coordination ensures that appropriate review of all health plans has been conducted. This review is especially important as there are several relatively new filing requirements as a result of the ACA.

In addition, pursuant to the authority of the Health Benefit Exchange Authority Financial Sustainability Temporary Amendment Act of 2014 (D.C. Law No. L20-1033), DISB, on behalf of HBX, identifies health carriers to be assessed, determines the assessment amount, and issues assessment notices. HBX intends to continue with this partnership after permanent legislation authorizing HBX to conduct the assessment is in place.

HBX also periodically coordinates with DISB in situations where a customer alleges a violation of insurance laws and the remedy involves changing a customer's effective date for plan coverage in a plan purchased through DC Health Link or approving a special enrollment period.

Outreach Partnerships

Additionally, HBX collaborates with the Mayor's Office and multiple additional District agencies and instrumentalities to provide broad outreach to communities in the District of Columbia, including the Council of the District of Columbia, Mayor's Office of Community Affairs (Office on African Affairs, Office on Asian Island Pacific Affairs, Office on Latino Affairs, former Office of Lesbian, Gay, Bisexual and Transgender Affairs (now Office of Gay, Lesbian, Bisexual and Transgender Affairs), former Office of Neighborhood Engagement (now Office of Community Relations), Mayor's Office of Communications, Deputy Mayor for Public Safety, District of Columbia Public Libraries, Department of Behavioral Health, Department of Consumer and Regulatory Affairs, Department of Employment Services, Department of Fire and Emergency Medical Services, Department of Transportation, and Office of Unified Communications. These partnerships have enabled HBX to reach diverse population segments resulting in as much as a 43% reduction in the number of uninsured people in the District in DC

Health Link's first year of operation. HBX plans to continue these partnerships for the remainder of FY15.

Q33. What major policy or technical changes, if any, have or will be made to the DC Health Link in FY14 and FY15, to date?

DC Health Link went live on the first day of Fiscal Year 14, October 1, 2013, when the first open enrollment period began. Over the past 16 months, HBX has implemented numerous policy and technical changes. These include:

- **Special Enrollment Periods** – HBX adopted additional special enrollment periods that allow consumers who have experienced exceptional circumstances (for example, a serious medical condition such as an unexpected hospitalization or temporary cognitive disability that prevented enrollment) to enroll in a health plan outside of the annual open enrollment period.
- **Auto-Renewal Functionality** – HBX developed and implemented auto-renewal functionality. The new functionality allows for individuals and families who enrolled in coverage in 2014, and did not want to change plans, to be renewed automatically into the same or a similar plan for 2015 without having to take any action.
- **IRS Form 1095-A Reporting** – HBX developed and implemented a process for reporting and producing the IRS Form 1095-A. State-based marketplaces are required to generate and mail a Form 1095-A to individuals and families enrolled in private health insurance through a health insurance marketplace. The form includes information on the months of the year that an individual was covered and the amount of advanced premium tax credit the person received. HBX also implemented an on-line feature to provide a downloadable Form 1095-A to DC Health Link customers. That feature went live February 6, 2015. HBX also successfully implemented annual and monthly data reporting to the IRS.
- **Broker Assignment Flexibility** – HBX added flexibility to the IT system that allows brokers to be assigned at any point in the employer application process, which facilitates their ability to assist customers and be compensated by the carriers.
- **Small Business Re-Enrollment Conversion** – Looking to make the transition into DC Health Link as easy as possible, HBX worked with carriers, small businesses, and brokers to develop the conversion approach. A small business that currently offers health insurance can re-enroll with their current health insurance carrier. The carrier then can establish the employer account through DC Health Link for the employer, or the employer may choose to enroll directly through DC Health Link.
- **IT Patches** – HBX deployed multiple IT system patches to improve website performance. There were four deployments in January 2015 alone, with two more planned for February. When issues are discovered directly by HBX or through the

customer experience, the issues are diagnosed, prioritized, and fixed. When a customer cannot complete the enrollment directly (through the citizen portal), the enrollment is handled by HBX through the caseworker portal or broker/assister on-line portal. All enrollments are electronic using 834 enrollment data files.

- **Plan Certification Requirements** – The HBX Executive Board is considering changes to plan certification requirements related to network adequacy, review of rates, quality, and non-discrimination. A final Board vote on Insurance Market Committee recommendations is scheduled on February 9, 2015. The Insurance Market Committee held numerous public meetings in 2014, which included presentations and testimony from stakeholders and industry experts. Comments from stakeholders are available on the HBX webpage, hbx.dc.gov.
- **IRS Form 1095-A Corrections** - HBX developed a process for customers to request corrections to their IRS Form 1095-A. Upon receiving a request for a correction, HBX will evaluate the request, confer with the customer's carrier, and issue a corrected 1095-A where appropriate.
- **Consumer Decision Support Tool (New Provider Directory)** – In the first calendar quarter of 2015, DC Health Link will have a new feature -- an integrated provider directory. This directory will allow customers to search easily for health plans their providers participate in. This will assist customers in making health plan selections.
- **Standardized Plans** - The HBX Executive Board adopted consensus recommendations from a stakeholder working group on standardized benefits plan design. HBX will build functionality to allow for easy comparison of new standardized plans as part of the health plan shopping features. These standardized benefit plans help customers to compare identical benefit offerings among carriers.

There are many new policy and technical changes planned for the rest of Fiscal Year 2015. Also see HBX's response to question 22 for additional information on policy changes.

- **Large Employer Participation** – Starting with plan year 2016, employers with 51-100 employees will be able to purchase health insurance coverage through DC Health Link's SHOP marketplace. This change has a major operational impact on HBX. The 51-100 market segment is largely unknown. HBX Executive Board is establishing a stakeholder working group to assist HBX to better understand the market for such size employers, customer support needs, past rating/product structure, and other characteristics. The working group will advise the HBX Executive Board on implementation and how to best support access expansion.

- **Individual Mandate Exemptions** - HBX will develop a process to evaluate customer requests for an exemption from the individual responsibility requirement. The Affordable Care Act requires people without health insurance to pay a fine to the IRS unless they meet one of the exemption criteria. The exemption process is currently being administered by the federal government, but responsibility will transition to state-based marketplaces in 2016.
- **Health Plan Performance Metrics** - HBX is developing a way to display additional information about a health plan's performance on key quality metrics. This will also allow for a more robust shopping experience for customers.
- **Broker /Assister Functionality** - HBX will add new functionality to the online portal used by brokers and assisters to directly help consumers with the application process.
- **Stand-Alone Dental** - HBX will add new functionality to provide stand-alone dental plans to small business customers. These plans are currently available only in the individual marketplace.
- **Additional Improvements** – HBX will add additional technical improvements, including adding functionality that allows customers to make changes to their coverage by reporting life events through their on-line “my-account.” Life event changes include marriage, divorce, and birth, as well as, address changes. Also, HBX will continue to work with stakeholder groups and DC Health Link customers to identify other enhancements that will improve the customer experience.

Q34. Please provide a detailed explanation of 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.

The DC Health Link Contact Center provides mission-critical services to support eligibility determinations and enrollments into qualified health plans and Medicaid. The Contact Center serves individuals and families, small businesses and their employees, and certain Members of Congress and their staff.

Maximus Health Services, Inc., a health and human services-based vendor operating in several states across the country, currently operates the Contact Center. The HBX Contact Center Operations Manager ("HBX Operations Manager") serves as the contract administrator for Maximus. In addition to overseeing the day-to-day operations of the Contact Center, the HBX Operations Manager facilitates interagency administrative and technical coordination and the development of major policy for the Contact Center.

On a regular basis, the Contact Center generates reports detailing various statistics on the calls being received, including call volume, type, wait-times, number of applications processed, technical issues, and complaints. Any questions about these statistics are addressed during twice daily calls with HBX staff.

Although it is primarily through these means that problems, trends and issues are identified, HBX also receives regular feedback from consumers, Brokers, Assistants, business partners, other governmental agencies, the Office of the Health Care Ombudsman, the Executive Office of the Mayor, the Council of the District of Columbia, and the city-wide call center (311), as well as through social media and the press.

The HBX Contact Center Operations Manager and HBX staff have worked closely with Contact Center Staff to develop and refine escalation procedures during open enrollment, including implementing daily calls between HBX staff and Maximus leadership to discuss daily operations and address any emerging technical issues; implementing a process to raise consumer issues that may need to be addressed immediately; providing refresher training sessions on hot topics; revising Contact Center scripts and the recorded messages callers hear before they speak with a live operator; changing the way calls are routed to ensure that a sufficient number of customer service representatives are available to address questions generating the highest number of calls; increasing staffing at the Contact Center; and conducting weekly quality calibration sessions where a sampling of calls are reviewed. HBX is also planning for migration to a uniform Customer Relations Management (CRM) platform that will ensure additional coordination between the Contact Center, IT Command Center and the HBX policy team.

Q35. Please provide the number of calls made to the call center each month from November 1, 2014 to the present.

The Contact Center received 43,589 calls between November 1, 2014 to January 23, 2015.

November	December	January 2015
9,728	22,103	11,758

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

HBX conducts continuous quality assurance reviews of the Contact Center to identify ways that the customer experience can be improved. In Fiscal Year 15, the following initiatives were launched to enhance Contact Center performance and consumer satisfaction:

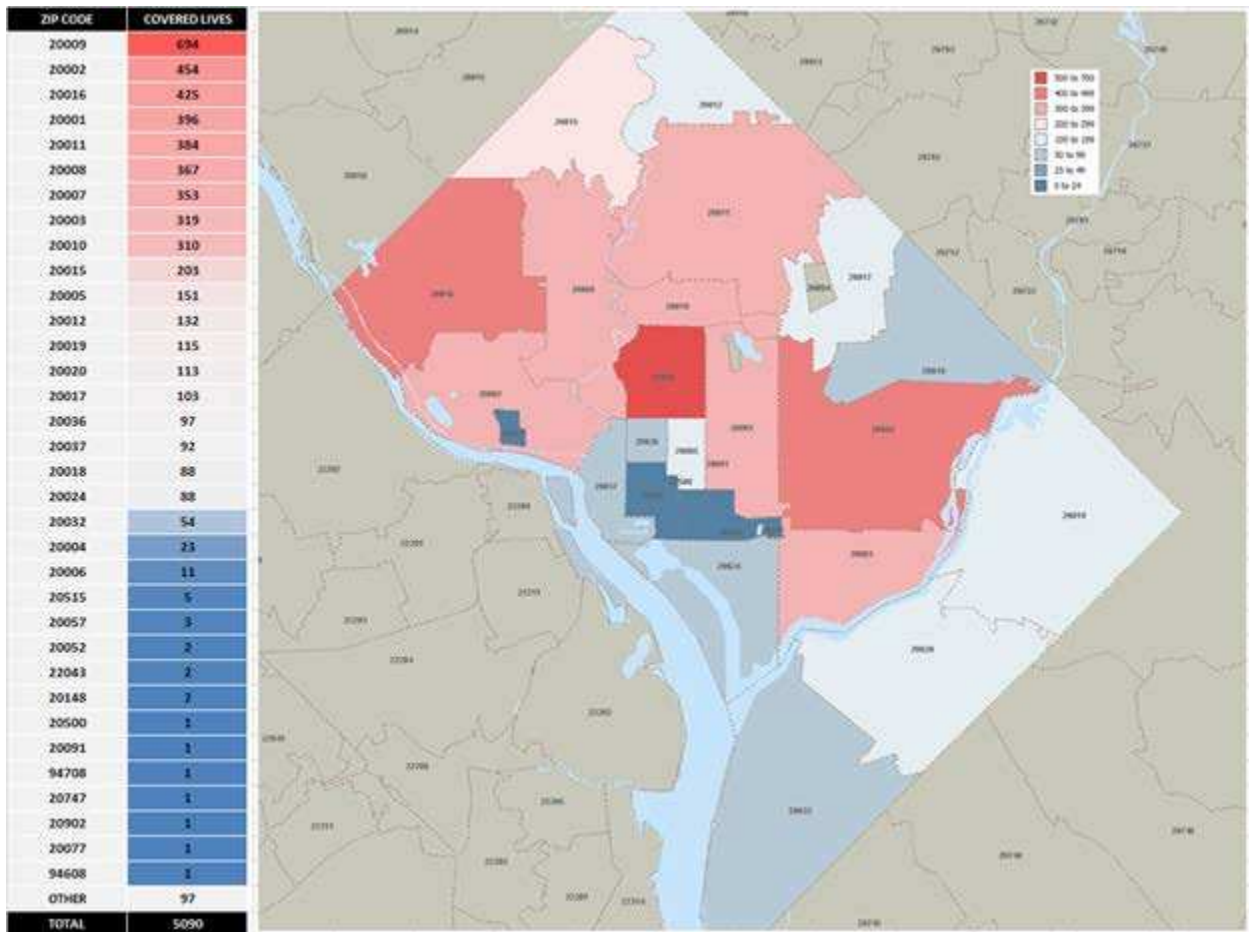
- On October 24, 2014, the Contact Center relocated to a newly renovated 15,000 square foot space in L'Enfant Plaza that allows for additional staff growth, dedicated training space, and conference rooms.
- Enhanced on-site training and coaching to increase the quality, efficiency, and effectiveness of customer care.
- Enhanced hours of operation and diversity of staff to address increased customer demands during open enrollment. This includes being open until 8 pm Monday through Saturday, and designated Sundays. The Contact Center also has HBX staff on-site during periods of peak call volume to address customer issues as quickly as possible when they arise.
- Implemented new IVR (Interactive Voice Response System) technology to communicate Public Service Announcements about circumstances that may impact enrollment and deadlines.

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

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

Response:

- a. Enrollment counts are not available by Ward.
- b. Enrollments below reflect people who chose a health plan. This is by zip code for the individual marketplace.



c. Cumulative information by area for Oct 1, 2013 – Jan 22, 2015:

<u>Type of health coverage</u>	<u>Number of people</u>
Individual	19,909
Medicaid Eligible	40,405
SHOP	15,611

d. Age (Oct 1, 2013 – Jan 22, 2015):

Individual Marketplace - QHPs

<u>Age</u>	<u>Number of people</u>
< 18	1525
18-25	1439
26-34	7740
35-44	3967
45-54	2732
55-64	2378
65+	128
	<hr/>
	19909

SHOP (including Congressional enrollment)

<u>Age</u>	<u>Number of people</u>
< 18	2,748
18-25	1,916
26-34	5,303
35-44	2,457

45-54	1,573
55-64	1,197
65+	417
	<hr/>
	15,611

e. Enrollment counts are not available by channel.

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

As of January 28, 2015, 470 brokers, 188 assisters, and 70 certified application counselors have been authorized as trained experts to help individuals, families and employers in the District find quality, affordable health insurance through the new DC Health Link marketplace.

- **Brokers:** Since Fall of 2013, DC Health Link, in conjunction with the National Association of Health Underwriters, has administered in person and online policy training sessions to applicants seeking to sell qualified health plans in the marketplace. We have almost doubled the number of appointed brokers since our first open enrollment.
- **Assisters:** During the first open enrollment period, 178 assisters from 33 DC Health Link grantee organizations served consumers; during the second open enrollment period, 75 Assisters and 14 organizations were engaged. This scale-down approach was necessary as the federally-funded DC Health Link Assister Program was originally scheduled to end in December 2014. The DC Health Link Assister Program was extended into 2015 because HBX obtained extensions for federal grant funding that enabled HBX to continue a federally-funded DC Health Link Assister program in 2015.
- **Certified Application Counselors:** To date, HBX has certified 18 organizations (including 4 hospitals) as DC Health Link Certified Application Counselor (CAC) Designated Organizations. CACs are staff and volunteers of CAC Designated Organizations who provide in-person assistance to District residents applying for individual and family health coverage through DC Health Link. CACs receive the same training and access as DC Health Link Assisters. CAC Designated Organizations certify staff and volunteers who meet CAC requirements and complete training. Such individuals are currently going through the full CAC certification process.

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

- **Assisters:** Training is a critical component of the DC Health Link Assister Program. The initial certification process to become a Certified DC Health Link Assister included over 30 hours of an in-person 5-day training course that featured daily modular tests and a final comprehensive exam. In October 2014, assisters were required to complete an in-person mandatory training and examination in order to be recertified for the 2014-2015 open enrollment period. Assister training was developed by Families USA, and Whitman-Walker Health serves as the in-person training lead. Trainers also include the DC Health Benefit Exchange Authority and the Institute for Public Health Innovation, as well as guest lecturers such as the DC Department of Health Care Finance. Assister training includes important topics such as confidentiality and privacy & security. Assisters meet for a mandatory, half-day DC Health Link Monthly Continuing Education Meeting that features skills building and networking, as well as a chance for assisters to share their experiences in the field. Additional training opportunities include but are not limited to: DC Health Link issue-specific policy webinars; DC Health Link In-Person IT/Tech Support Office Hours; DC Health Link IT/Tech Systems Training & Trained Expert Resource Guide; DC Health Link Speakers' Bureau Training; and DC Health Link Outreach Advisory Group. In addition, Assisters are supported via a weekly *DC Health Link Assister News* newsletter publication which includes updates and guidance, weekly Assister program manager meetings, electronic grant management tools, the [DC Health Link Assisters Resource Guide 2014-2015](#), and other resources.

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

- The DC Health Link Assister Program has contributed to a number reports during the first ACA Open Enrollment Period for delivering effective in-person assistance, including but not limited to: Out2Enroll's "[Key Lessons for LGBT Outreach and Enrollment Under the Affordable Care Act](#)"; and Kaiser Family Foundation's "[Taking Stock and Taking Steps: A Report from the Field after the First Year of Marketplace Consumer Assistance Under the ACA.](#)"
- DC Health Link Assisters presented best practices for enrolling LGBT Americans at the White House Briefing: "The Affordable Care Act and the LGBT Community" (July 24, 2014)
- DC Health Link Assisters presented innovative outreach strategies for enrolling young adults and our plans for the January 29th

National Youth Enrollment Day at the White House “Healthy Young America Conference” (January 15, 2015)

- **Certified Application Counselors:** The DC Health Link Certified Application Counselor program training is modeled after the DC Health Link Assister program training, and consists of a 15-hour online course with quizzes, and a certification exam. Additionally, the District of Columbia is implementing Section 2202 of the Patient Protection and Affordable Care Act to allow certain hospitals to conduct presumptive Medicaid eligibility determinations in accordance with Department of Health Care Finance (DHCF) established policies and procedures. Using presumptive eligibility, hospitals can temporarily and immediately enroll patients and their families in Medicaid if it appears they are eligible. This can be done quickly, without having to wait for a full eligibility determination from the District. Only “Qualified Hospitals” that are Medicaid providers can conduct presumptive eligibility determinations. To become a Qualified Hospital under the rules, among other requirements, a hospital must become a DC Health Link CAC Designated Organization with HBX. Once such designation is granted, hospital staff identified to become CACs will complete the CAC Hospital Based Presumptive Eligibility (HBPE) training module (DHCF is expected to have full system functionality for the HPBE training module sometime in 2015). Upon successful completion of all requirements, the Qualified Hospitals’ individuals will be certified as CACs.
- **Brokers:** Policy and website training is a mandatory component of a broker’s appointment process with the DC Health Benefit Exchange Authority. The training is composed of four hours of policy and two hours of website information. The policy training is specific to the District of Columbia and is offered online. Course content includes how state health insurance exchanges work, a review of the District’s insurance and market rules and infrastructure, and both individual and small business market place eligibility and enrollment rules. Also included is a review of tax credits available to both individuals and small businesses to pay for insurance, mandate requirements for small employers, appeals rights and processes for individuals and small businesses, followed by an examination of the aforementioned subjects. The web training is a walkthrough of the website, which outlines the individual and employer flow of our system.

Broker training is provided at no cost to those with a resident broker license in the District of Columbia, Maryland, or Virginia, and costs 55 dollars for brokers not licensed in these areas. In addition, there are quarterly newsletters to ensure brokers have updated information on the DC Health Link website. There are also advanced trainings for super user groups, and additional webinars that display

website and system updates. HBX will focus on refining training during the 2015 calendar year, with upgrades and system changes, including online videos, refresher materials, and expert guides. These guides will provide both high and low level outlines of the process so that brokers can confirm the status of clientele's enrollments.

Q40. Please identify whether any planned changes to the certified application counselor, broker, or assister program in FY15.

Assisters: Of the 14 DC Health Link Assister Program grantee organizations serving consumers during the second open enrollment period, 2 of the grants expired on December 2014; 6 expire in February 2015, and 6 expire in September 2015.

DC Primary Care Association (DCPCA) has served as the District's navigator since the fall of 2013, and DCPCA currently serves consumers as a 2-person team. HBX will transition many of the tools, best practices, and lessons learned from the federally-funded DC Health Link Assister Program to be used in the District-funded DC Health Link Navigator Program as we seek to grow and sustain the Navigator Program.

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