



**Health Benefit Exchange Authority Executive Board Meeting
FINAL MINUTES**

Date: Monday, September 21, 2015
Time: 5:30 PM
Location: 1225 Eye Street NW, 4th Floor, Board Conference Room
Call- in Number: 1-877-668-4493; access code: 733 916 968
Presentation: If participating by phone, the Consumers' Checkbook presentation on DC Health Link Plan Match can be viewed on your computer at: <https://join.me/DCHBX-ScreenShare>
On a phone or tablet, launch the [join.me app](https://join.me) and enter meeting code: **DCHBX-ScreenShare**

Members Present: Henry Aaron, Nancy Hicks, Leighton Ku, Diane Lewis, Kevin Lucia, Khalid Pitts (via telephone), Stephen Taylor (via telephone), Wayne Turnage (via telephone), Laura Zeilinger
Members Absent: Kate Sullivan Hare, LaQuandra Nesbitt

I. Welcome, Opening Remarks and Roll Call, Diane Lewis, Chair

Chair Diane Lewis called the meeting to order at 5:38 pm. A roll call of members present confirmed that there was a quorum with five voting members present (Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis and Mr. Lucia).

II. Approval of Agenda, Diane Lewis, Chair

Mr. Pitts entered the meeting by telephone.

It was moved and seconded to approve the agenda. The motion passed unanimously, with Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis, Mr. Lucia and Mr. Pitts voting yes.

III. Approval of Minutes, Diane Lewis, Chair

It was moved and seconded to approve the July 21, 2015 minutes. The motion passed unanimously, with Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis and Mr. Pitts voting yes.

IV. Executive Director Report, Mila Kofman, Executive Director

- a. **IT ENHANCEMENTS:** Ms. Kofman reported that significant enhancements were being developed and deployed to improve the consumer experience on DC Health Link. An English version of the doctor directory, powered by Consumers Checkbook, has been deployed. A Spanish version of the doctor directory will become final once it is finished. Today, the Board will see a demonstration of a new consumer support tool, DC Health Link Plan Match, also powered by Consumers Checkbook. The tool will help consumers make more informed decisions by helping them estimate out-of-pocket costs under the various plan options.

Once open enrollment starts on November 1, the website will look a little different to the consumer. HBX has incorporated customer feedback to make the application process more user-friendly. For example, it used to take 28 screens from start to finish on an application, whereas now there will be eight. HBX appreciates the feedback it has received from its individual and small business customers, and its broker partners to make the customer experience better.

The federal government has a requirement that if a person receives tax credits, the person must file a tax return. If taxes are not filed, the person is not eligible for APTC. The IRS is not providing HBX with a list of people who received tax credits but did not file. Thus, HBX outreach on this issue is limited. Consequently HBX is asking our partners to educate the public, and consumers whom they know receive tax credits, on the filing issue so they do not lose access to reduced premiums.

HBX is testing a renewal feature whereby the federal hub gets “pinged” in batches and information about customers is received. The testing is going well on the HBX end, but HBX does not have full confidence in the information received from the federal government and HBX is unsure if the feature will be able to be deployed.

Dr. Ku asked about the implications of not having that functionality. Ms. Kofman stated that HBX can still ping on individuals and receive valid information, but the process is not as efficient as the batch ping functionality.

The thing HBX really wanted was a list of our customers who received APTC but did not file taxes. HBX could use that information to follow up with those individuals. HBX can get the information by pinging the federal hub on an individual basis. It is an automated process, but is done individual by individual who received APTC.

Dr. Ku asked if the IRS would go after people who received APTC but did not file taxes and try to get a refund, or was the scenario just that the individual would not be eligible to receive APTC going forward. Ms. Kofman did not know what the IRS would do, but it is clear that those persons are ineligible to receive APTC going forward.

- b. **CONTACT CENTER:** Ms. Kofman reported that HBX staff had negotiated a reduction in the contract price of 10%. The Contact Center is a large contract so a 10% reduction is significant. The contract is cost-allocated so both Medicaid and HBX benefit by the reduction. The contract is before Council for passive renewal. It was an exercise of an option year, not a new contract.

c. **OPEN ENROLLMENT:** At the next Board meeting, the members will receive a full presentation about year 3 open enrollment (OE3). To preview, Ms. Kofman related what has worked well for us in years 1 and 2 were the one-touch enrollment events, storefronts and other creative initiatives, all of which will be continued.

d. ENROLLMENT DATA:

CUMULATIVE TOTALS OF COVERED LIVES THROUGH 9/20/15:

INDIVIDUAL/FAMILY COVERAGE:	24,616
SHOP:	21,387
MEDICAID:	119,888
TOTAL PEOPLE SERVED BY DC HEALTH LINK:	165,891

Ms. Kofman reminded the Board that that the numbers do not mean that all of these individuals are still enrolled in coverage, but are the number of people who came through DC Health Link.

POINT-IN-TIME TOTALS PER REQUEST OF THE BOARD:

Ms. Kofman said that she is not totally confident in the following figures due to data issues. The data relies on the carriers providing us timely effectuation files and cancellation data. HBX is working with all of the carriers on improving the electronic data communication.

INDIVIDUAL MARKET: On September 1, 2015, we estimate there were **14,789** people enrolled in the individual market. To give another point in time as a reference on July 1, 2015, estimate of enrollees in the individual market was **14,534**. These are people who are actively enrolled.

SHOP: On September 17, 2015 we estimate there were **17,292** covered lives in our small business marketplace.

Ms. Kofman stated that the numbers will be more credible as HBX staff work through the reconciliation process with all the carriers. That process is ongoing and will be used as part of the renewal process.

Mr. Lucia said the SHOP numbers will increase significantly in the coming year as the transition nears completion. Ms. Kofman agreed, saying every month sees growth in the SHOP numbers.

Ms. Hicks noted that the people who are left, who are still uninsured, will be the people who are really hard to reach. She has heard that DC has about 3%-5% of its population that is uninsured. Do we need more data about this population? Ms. Kofman replied that HBX is looking at datasets being made available at the federal level regarding demographics of this population. Dr. Ku said it is inherently slippery. Different data sources do things differently and you wind up with different answers. Ms. Zeilinger noted that providers can play a very important role in helping to keep people covered. Dr. Aaron stated that federal policy will help to make more people low-hanging as penalties for not being

insured increase. Ms. Kofman noted that the DC hospitals are becoming certified application counselors and they will help as people come into the hospital. Also, individuals will be passively renewed unless they make a different plan choice. Last, there will be a special program reaching out to Aetna customers as Aetna exits the individual market.

V. Finance Committee Report, Henry Aaron, Chair

Dr. Aaron reported that the Finance Committee, as the full Executive Board, did not meet in August. It met on September 3.

- a. **FINAL ASSESSMENT REGULATION COMMENT PERIOD:** As the Board may recall, HBX earlier this year promulgated an emergency regulation regarding this year's assessment of health carriers. An emergency regulation was necessary due to timing of the enactment of the Health Benefit Exchange Authority Financial Sustainability Amendment Act of 2015. HBX will be posting a draft permanent regulation that is the same as the emergency regulation currently in effect and soliciting informal comment before proceeding with the formal promulgation process. HBX has used a similar process in the past and has found it useful to solicit informal comment before formal promulgation. Once posted, informal comments will be due on November 20th. The draft regulation will be posted Tuesday, September 22, 2015 and will also be circulated to stakeholders.
- b. **GRANT EXTENSIONS:** At this meeting, HBX Staff updated the Committee on the progress with grant extensions from CMS. While no new grant funding is available for implementation, CMS recognizes that implementation is taking longer than originally anticipated and is permitting states that still have funds on their existing CMS grants to request extensions for ongoing implementation needs. Much like other states, our implementation timeline is ongoing. So, HBX is requesting extensions for the three grants in which we have remaining funds. The work required for these extensions is ongoing and the Finance Committee will report back when we are notified of the outcome.
- c. **FINANCIAL REVIEW:** The Committee did not perform the monthly financial review in September. Given recent guidance from CMS with regard to implementation spending, OCFO (Office of the Chief Financial Officer) staff is working with HBX staff to ensure proper accounting of grant and assessment spending. We will receive a complete update at our October Finance Committee meeting.
- d. **CONTRACT APPROVALS:** The Finance Committee reviewed and approved two pending contracts that are before the full board today: printing and mailing services for notices and the Consumers' Checkbook Consumer Decision Support tools. I will let our Executive Director discuss those in greater detail when they come up on the agenda.
- e. **GRANT APPROVAL:** The Committee reviewed and approved the Navigator organization grant that is also pending before the full board today. Again, our Executive Director will provide more specifics on this at the appropriate point on today's agenda.

VI. Insurance Market Committee Report, Kevin Lucia, Chair

Mr. Lucia reported that overall, the Committee is pleased that the Department of Insurance, Securities and Banking (DISB) approved rates that are lower than what insurers initially requested. Since HBX opened for business in 2013, we have been advocating for our customers for the lowest possible health insurance premiums. HBX knows that even a small increase in premium could mean that premiums become unaffordable for some DC residents and businesses.

HBX uses a nationally respected actuarial firm to analyze proposed rates and to provide DISB actuaries with independent analysis. With the purchasing power of thousands of customers, HBX is committed to look for ways to get the best possible prices for DC Health Link customers.

The Committee was briefed by Tammy Tomczyk of Oliver Wyman, HBX consulting actuaries, on their confidential reports analyzing proposed rates. Oliver Wyman provided DISB staff with the feedback.

Although in some cases we would have liked to see even lower rates, we appreciate the improved process and thank DISB for its work and collaboration.

For future actions, DISB should consider additional improvements to ensure that data supporting rate filings is provided consistently and create a template for such submissions. HBX would like to be part of that process. According to Oliver Wyman, other states, including Maryland, have such templates so information submitted is consistent across all carriers. Additionally, based on last year's discussions with insurers, we are considering preferred status for insurers who choose to provide HBX with a pre-filing. These two areas will have further discussion.

Dr. Ku asked if we knew how much rates had gone up. Ms. Kofman said information was available on DISB's website. It will also be on DC Health Link. Dr. Ku said he thought he had read that overall it was about 4%. Mr. Lucia said that was about right. Ms. Hicks said her reading seemed to indicate that DC did pretty well – in some other states, the rates increased in the double digits.

Dr. Aaron emphasized the improvement in the working relationship between HBX and DISB this year, and hoped for continued improvement.

VII. Research Committee Report, *Leighton Ku, Chair*

Dr. Ku reported that when he last reported to the Board, the Committee was soliciting for survey work that HBX wanted to conduct prior to open enrollment this year. Unfortunately, the proposals received were unacceptable and it became clear that we had not offered a long enough time frame for a professional survey to be conducted.

Given that, HBX withdrew that request for proposals and we delayed conducting such a survey until after this next open enrollment period.

HBX staff is preparing the procurement announcement to go out shortly; it will provide both more time for companies to consider applying for the work and a longer time frame for the work to be done.

The goal is to have this work completed by early summer 2016.

VIII. Annual Board Officer Elections, *Nominations and Vote for Chair, Vice-Chair, Treasurer/Secretary of the Executive Board*

Ms. Lewis stated that pursuant to the Board's bylaws, and agreement at the July 13, 2015 Board meeting, the Annual Executive Board Officer Elections are to be held today for the three positions of Chair, Vice-Chair and Secretary/Treasurer. The bylaws allow for voting board members to make nominations, including nominating themselves. Non-voting members are permitted to make nominations of voting board members. In order to be considered for the vote, a nominated voting member must accept the nomination. Once all nominations and declinations for a position are complete, there will be vote for each position. Elections for each officer shall be made by majority vote. Abstentions are not permitted.

Purvee Kempf, HBX General Counsel and Chief Policy Advisor, asked if there were any nominations for Chair. It was moved and seconded to nominate Ms. Lewis as Chair. Ms. Lewis accepted the nomination. There were no other nominations. The motion passed unanimously, with Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis, Mr. Lucia and Mr. Pitts voting yes.

Ms. Kempf asked if there were any nominations for Vice-Chair. It was moved and seconded to nominate Dr. Aaron as Vice-Chair. Dr. Aaron accepted the nomination. There were no other nominations. The motion passed unanimously, with Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis, Mr. Lucia and Mr. Pitts voting yes.

Ms. Kempf asked if there were any nominations for Secretary/Treasurer. It was moved and seconded to nominate Mr. Pitts as Secretary/Treasurer. Mr. Pitts accepted the nomination. There were no other nominations. The motion passed unanimously, with Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis, Mr. Lucia and Mr. Pitts voting yes.

IX. Discussion Items

a. Consideration of New Special Enrollment Period Categories – Claire McAndrew, Vice Chair, Standing Advisory Board

Ms. McAndrew stated there were two Special Enrollment Periods (SEPs) SEPs for consideration and discussion. The first is a recommendation for an exceptional circumstance SEP to be given to consumers who lose job-based coverage because their employer fails to pay a portion (or all) of its premiums and coverage ends.

Consumers already have access to an SEP when they lose employer-sponsored coverage (loss of minimum essential coverage) but what we have realized is that there are some people who end up outside the 60 day SEP window because they don't learn about the loss of coverage until after the 60

days has ended and through no fault of their own. This exceptional circumstance addresses two situations:

1. SHOP employers are given a 60 day grace period to pay their premiums. If the employer fails to pay those premiums at the end of that grace period, the 60 day SEP window has already ended before the consumer knows the coverage has been cancelled. We've seen these types of SHOP cases. It was never our intent to prohibit employees from being able to get other coverage once their employer coverage ended, and that really is the impetus for this recommendation.
2. Individuals who lose ESI due to employer bankruptcy or other circumstances where the consumer is not informed or made aware until the 60 days has ended. There have been cases like this before, though in very limited numbers.

The Standing Advisory Board's recommendation is to allow a 60 day window from the date the consumer is notified of the loss of coverage.

The Second SEP is a technical correction to an existing exceptional circumstance that was approved in June 2014, and that is loss of COBRA coverage due to employer failure to forward payments to the carrier.

As currently written, this exceptional circumstance is not compliant with federal law. Federal requirements indicate that an SEP window can be no longer than 60 days in length, but as originally written, the length of this SEP is based on the circumstances of the consumer case.

The Standing Advisory Board makes three recommendations:

1. To clarify that the triggering event should be the date of the notice to the individual informing them of the loss of coverage.
2. To indicate clearly that the consumer has a 60 day window from the date of the notice of loss of coverage to choose a new plan.
3. To amend the language to allow for a SEP not just if the employer fails to submit a premium on time, but "fails to submit a portion (or all) of the premium on time". This amendment is included in order to be consistent with the SEP we just discussed, which also allows the exceptional circumstance when an employer fails to pay a portion or all of its premiums.

Mr. Lucia inquired whether criminal law was applicable here. Ms. Kofman said the employer has fiduciary duties under ERISA. Mr. Lucia noted that the employer may be withholding money from the employee's paycheck and not forwarding it to the carrier. Ms. Kofman said there are internal discussions about where to refer the case potentially in addition to the Department of Labor (DOL) and the IRS. For HBX, the most important issue is to approve the SEP and get the person covered. Dr. Aaron noted that prosecutors tend to not take cases where little money is involved. He asked whether it was possible to

group cases together and make them more worthwhile. Also, can individuals pursue remedies on their own. Ms. Kofman said ERISA preempts state remedies. An individual's recourse under a health benefit plan is to go to federal court and recover the money withheld. In her experience, DOL has consumer services that try to help these individuals. The IRS may have jurisdiction in some cases, but it is DOL that really helps people.

Mr. Lucia asked what happens to people who are sick and have pending claims when coverage is terminated. Ms. Kofman said that typically DOL will negotiate with the carrier and try to get the consumer taken care of so the consumer is not stuck with the bills. Alex Alonso, HBX Associate General Counsel and Policy Adviser, said that the wording of the resolution before the Board gave HBX flexibility to assure that the consumer has no gaps in coverage. Ms. Zeilinger asked if other states had adopted SEPs to address this type of misconduct caused by the employer. Mr. Alonso said he had not heard of other states expanding SEPs in this regard. He also stated that the DC marketplace has been lauded as a leader in expanding SEPs, and in fact several SEPs adopted by the Board had been adopted by the federal government and incorporated into federal regulations. However, Mr. Alonso did not want to give the Board the impression that there is an epidemic of employer misconduct, but that one case is too many. Ms. McAndrew concurred, saying it was not the prevalence but the severity of the problem.

- b. Preview Demonstration of DC Health Link Plan Match, a new consumer shopping tool for DC Health Link customers – *Andy Duff, Consumers' Checkbook*

Rob Shriver, HBX Director for Marketplace, Innovation, Policy & Operations stated that the Board would be seeing a preview of the soon to be launched new consumer tool, the DC Health Link Plan Match powered by Consumers Checkbook. Mr. Duff proceeded to demonstrate the new tool. This new consumer decision support tool empowers DC Health Link customers to make more informed decisions by comparing plans based on a current and a future medical need. DC Health Link Plan Match is anonymous and is available to current and potential future customers. A person simply enters their age, if they consider themselves to be in good or bad health, and anticipated medical needs. The Plan Match estimates the total out of pocket costs that include premiums, deductibles, copays and coinsurance and provides the information for each of the 31 health plans currently available to individuals. By being able to compare total costs, the DC Health Link Plan Match empowers customers to make more informed choices and find the best health coverage option to fit their needs.

DC Health Link Plan Match is available in Beta for individuals and families. In the future, similar tools will be available for small business customers and their employees. Customers enrolling in new coverage for 2015 because of a special enrollment right can start using the tool now. District residents shopping for coverage during open enrollment, which starts November 1, 2015 and ends January 31, 2016, will see all plans and premiums available for 2016 beginning November 1, 2015.

With the DC Health Link Plan Match, a customer simply visits DCHealthLink.com, anonymously enters their age, a self-assessed health status, health of any other family members to be covered, any anticipated medical procedures (such as surgery) during the year, and their doctors and they will instantly see a list of health insurance plans offered through DC Health Link with yearly out-of-pocket

estimates. The yearly cost estimates include insurance premiums and out-of-pocket expenses in an average year, as well as for a bad year, in which coverage maybe used more frequently. The Plan Match tool could save DC Health Link customers thousands of dollars by enabling them to pick a health plan that is more tailored to their needs.

- c. Consider nominations from the Executive Board Business Operations Working Committee for the Standing Advisory Board -- *Diane Lewis, Business Operations Working Committee Chair*

Ms. Lewis stated there was a vacancy on the SAB due to the resignation of Dr. Luis Padilla this summer. HBX posted the opening and widely circulated it. Our goal was to fill it with another health professional as that is the perspective brought by Dr. Padilla and we hoped to maintain that perspective on the standing advisory board.

On September 4th, the Board Operations Committee met and reviewed the applicants.

The Committee selected Dr. Chile Ahaghotu to join the Standing Advisory Board. His resume was circulated to each of the board members. He has been a practicing physician in the District for almost 20 years, is a District native and resident of Ward 4. He is currently the Associate Dean for Clinical Affairs at Howard University College of Medicine and also serves as the R. Frank Jones Endowed Chair of Urology at Howard University and is the Chief of Urology at Howard University Hospital. He has a long resume of service in the medical profession in the District as well as working in the community to expand access to care. The Committee is excited about his willingness to serve on the Standing Advisory Board.

The resolution nominates him to the seat previously filled by Dr. Padilla and he will serve the remainder of that term which runs until November 2018.

The Committee also recognized that when we appointed our last two candidates to full terms, we neglected to re-appoint Dania Palanker to the Committee. She does want to continue serving and she has been a valued member – bringing expertise as a senior team member of the National Women’s Law Center, but also from her previous experience as a benefits administrator at a union. The Committee also agreed that Ms. Palanker should be re-appointed and the resolution before you includes that recommendation. Her term will also expire in November 2018.

- d. Update to HBX Procurement Policies and Procedures – *Diane Lewis, Executive Board Operations Committee and Melanie Williamson, HBX Staff*

Ms. Lewis stated the updates are both substantive and technical. The initial policies and procedures were adopted on October 3, 2012 and updated on September 10, 2014. These changes were recommended to better align our policies and procedures with our operations and provide needed clarity. The legal and contracting teams are finalizing contract standards operation procedures that will guide the implementation of these new policies and procedures. These proposed changes were approved by the Board Operations Committee on June 18, 2015 and September 4, 2015. The updates include flexibility

in inter-government procurement, changes to transparency provisions, changes to contract approval and modification provisions, and flexibility to use purchase orders.

e. Approval of Navigator Organization Grants – *Mila Kofman, Executive Director*

Ms. Kofman reminded the Board that HBX’s DC Health Link Navigator Program launched with the DC Health Link marketplace in 2013. While funded through the HBX assessment, the Navigator Program operates as part of the federally funded DC Health Link Assister Program and serves the same role of helping to educate, reach, and enroll uninsured and hard-to-reach target populations. From 2013 to the present, HBX’s one Navigator entity has been the DC Primary Care Association, and its current grant expires on September 30, 2015. For the Third Open Enrollment Period (OEP3) and beyond, HBX is increasing our number of Navigator entities. HBX released a Request for Applications (RFA) for the DC Link Navigator Program on August 17, 2015. The purpose of the solicitation is to award grants for one year with four option years. Navigator RFA applications were due to HBX on September 8, 2015. A confidential HBX Review Panel process took place involving careful consideration and scoring of all submitted applications.

The Navigator Program has an approved FY16 budget of \$150,000. We seek approval from the Board to award three DC Health Link Navigator Program grants for FY 2016. All recommended organizations are experienced DC Health Link partners from previous and current Assister/Navigator/Certified Application Counselor (CAC) entities. The below HBX Staff Recommendations have been approved by the HBX Marketing and Outreach Committee.

Organizations and Funding:

- Whitman-Walker Health (WWH): \$70,000
- African Methodist Episcopal Church Second District Religious, Educational and Charitable Development Projects, Inc. (AME Second District RED): \$40,000
- DC Primary Care Association (DCPCA): \$40,000

Total Funding Recommendation = \$150,000

f. Contract Approval – Doctor Directory and DC Health Link Plan Match, Center for Study of Service (Consumers’ CHECKBOOK), *Mila Kofman, Executive Director*

Ms. Kofman related that on August 13, 2013, the Board approved work by Consumers’ CHECKBOOK/ Center for the Study of Service (CSS). The Board’s approval included a doctor directory. It was also for development of a cost calculator in two parts: an initial “generic” cost calculator to be followed by deployment of a “full cost calculator” that would allow consumers “to compare options with more information,” i.e., to conduct anonymous plan shopping with an out-of-pocket cost calculator. The initial generic cost calculator was deployed in advance of the first open enrollment period (October 1, 2013). Deployment of the full cost calculator was delayed due to technical challenges. Those challenges have

now been overcome, and, this summer, CSS undertook development work to deploy the full cost calculator. The full cost calculator is on track to be available for plan year 2016 for both individual market and SHOP customers when open enrollment begins on November 1. We expect to launch the individual market tool in beta form in September.

The contract with CSS expires on September 30, 2015. We seek approval from the Board to exercise Option Year 1 for FY 2016. We also seek clarification that the Board has approved the exercise of two additional option years for maintenance of the cost calculators and doctor directory. The option year costs include maintenance, which includes updating the algorithm to reflect the current plan year benefits and rates, as well as on going doctor directory updates.

The contract with CSS includes three option years:

Option Year 1 (10/1/15 through 9/30/16): \$522,711

Option year 2 (10/1/16 through 9/30/17): \$513,887

Option year 3 (10/1/17 through 9.30/17): \$514,300

The contract is not cost allocated. Because this is a recurring expense, we seek Board approval to exercise each of these three options at the appropriate time.

- g. Contract Approval – Printing and mailing costs for notices through Open Enrollment Three, Allison Payment Systems, *Mila Kofman, Executive Director*

Ms. Kofman related that Allison Payment Systems (APS) is the contractor currently in place to print and mail all HBX and DHS notices to consumers when they apply for coverage through DC Health Link; when additional documentation is required to verify the information a consumer provides to DC Health Link; when changes are made to a consumer's account, among other things. The contract is managed by DHS, and HBX has a purchase order for all HBX-related tasks performed by APS. The current purchase order is set to expire on September 30, 2015. HBX is requesting approval to allow us to continue to use APS to meet our printing and mailing needs throughout this year's open enrollment period. Upon conclusion of open enrollment, HBX plans to issue an RFP for these services. Authorization to continue to use APS will allow us to maintain continuity and ensure no interruption in the mailing of required notices to consumers while we simultaneously develop the RFP and evaluate potential new vendors.

The scope of work under the APS extension will include:

- Mailing of a series of three renewal notices to IVL consumers (must be completed by mid-November 2015)
- Mailing of all 1095-A notices to IVL consumers (must be completed by late January 2016)
- Continue mailing current notices around enrollment and documentation requirements (through April 30, 2016)

If approved, the purchase order for HBX will be not to exceed \$180,000 to cover the above tasks for FY 2016. DHS will have its own purchase order.

X. Public Comment

No public comment was proffered.

XI. Votes

- a. Resolution – SEP for Loss of Job Based Coverage due to Employer Failure to Pay Premiums
Resolution – Technical corrections to an existing SEP on Employer Non-Payment of COBRA

It was moved and seconded to adopt both resolutions listed above. The motion passed unanimously, with Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis, Mr. Lucia and Mr. Pitts voting yes.

- b. Resolution – Standing Advisory Board Nominations

It was moved and seconded to approve the nominations of Chiledum (Chile) A. Ahaghotu and Dania Palanker. The motion passed unanimously, with Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis, Mr. Lucia and Mr. Pitts voting yes.

- c. Update to HBX Procurement Policies and Procedures

It was moved and seconded to approve the updates to the HBX Policies and Procedures. The motion passed unanimously, with Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis, Mr. Lucia and Mr. Pitts voting yes.

- d. Navigator Organization Grants

It was moved and seconded to approve the following grants:

- 1. DC Primary Care Organization \$40,000
- 2. African Methodist Episcopal Church Second District Religious, Educational and Charitable Development Projects, Inc. (AME SECOND DISTRICT RED): \$40,000
- 3. Whitman-Walker Health Training Contract: \$70,000

The motion passed unanimously, with Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis, Mr. Lucia and Mr. Pitts voting yes.

- e. Contract -- Doctor Directory and DC Health Link Plan Match

It was moved and seconded to approve the contract for Center for Study of Service (Consumer's Checkbook) with the following terms:

- Option year 1 (10/1/15 through 9/30/16): \$522,711
- Option year 2 (10/1/16 through 9/30/17): \$513,887
- Option year 3 (10/1/17 through 9.30/17): \$514,300

The motion passed unanimously, with Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis, Mr. Lucia and Mr. Pitts voting yes.

f. Contract – Notice printing and mailing

It was moved and seconded to approve the contract for Alison Payment Systems for \$180,000. The motion passed unanimously, with Dr. Aaron, Ms. Hicks, Dr. Ku, Ms. Lewis, Mr. Lucia and Mr. Pitts voting yes.

XII. **Closing Remarks and Move to Executive Session**, *Diane Lewis, Chair*

Pursuant to DC Codes Sections 2-575(b)(2), (b)(4) and (b) 10 and Section 3171.11, it was moved and seconded that the Board move to a closed session to discuss contracting, personnel and litigation. The motion passed unanimously, with Ms. Hicks, Dr. Ku, Ms. Lewis, Mr. Lucia and Mr. Pitts voting yes.

The Board went into executive session at 7:40 p.m.