DC HEALTH LINK

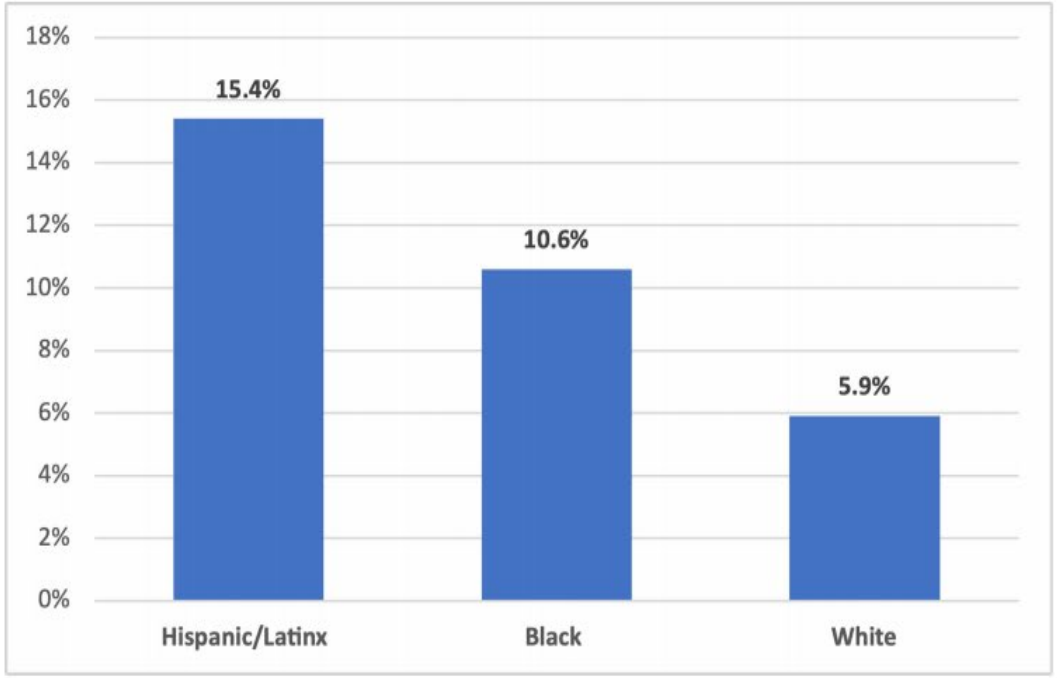
Get the facts. Get covered.

DC Health Benefit Exchange Authority

DC Health Link: ACA State-Based Online Health Insurance Marketplace

- DCHBX: Private-public partnership (private Executive Board) responsible for DC Health Link – DC's Affordable Care Act online health insurance marketplace
- **100,000 people** (private health insurance): 80,000+ people with job-based coverage (5,200+ District small businesses covered; 11,000 Congress -- Members and designated staff in district offices and on the Hill)).
- **Cut uninsured rate in half** since DC Health Link opened for business. Near universal coverage with more than 96% of DC residents covered
  - ✓ DC ranks **#2** in U.S. for lowest uninsured
- **156 small group health plans and 27 individual and family health plans in 2022**

Many DC Residents Could Not See a Doctor Because of Cost



Source: DC BRFSS 2016 and DC CHNA

DC HEALTH LINK
Get the facts. Get covered.

- Black Americans and Latinos are hospitalized at over 3 times the rate of their white counterparts.
- About 40% of African Americans compared to 28% of white people have high blood pressure.
- Rate of diagnosed diabetes is 77% higher among African Americans than whites.
- African American men have the highest cancer death rate of any racial and ethnic group in the U.S.

DC HEALTH LINK
Get the facts. Get covered.

DCHBX Board established a Working Group on Social Justice and Health Disparities

- ✓ Diverse stakeholders: all health plans, patient advocates, experts in health disparities, doctors, hospitals, brokers, and others
- ✓ Unanimous recommendations

DC HEALTH LINK
Get the facts. Get covered.

Working Group's Strategic Focus:

- ✓ Focus on areas within DCHBX control or influence, e.g., private health insurance coverage not housing/food security
- ✓ Supplement not supplant efforts by city agencies, communities, and the private sector

DC HEALTH LINK
Get the facts. Get covered.

DCHBX Board charges to the Working Group on Social Justice and Health Disparities

Focus Area 1: Expand access to providers and health systems for communities of color in the District

Focus Area 2: Eliminate health outcome disparities for communities of color in the District

Focus Area 3: Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District

Focus Area 1 Recommendations Adopted by DCHBX Board July 2021

Carriers (workforce issues – where and who):

- ✓ Provide incentives for both primary care and specialist physicians to practice in underserved areas in DC.
- ✓ Support access to diverse medical professionals. Provide scholarships for STEM students and medical school students of color in the District.
- ✓ Review provider networks to determine the race, ethnicity and primary language of their providers to establish a baseline, and develop 5-year goals to improve the diversity of the networks.

DCHBX:

- ✓ Provide the infrastructure as necessary (related to scholarships).

Focus Area 2 (1 of 2) Recommendations Adopted by DCHBX Board July 2021

Carriers:

- ✓ Collect and use comprehensive, member-level racial, ethnic and primary language data to support and collaborate with network providers to reduce racial and ethnic inequities.
- ✓ No later than Plan Year 2023, obtain race, ethnicity, and language data directly from members via mail, email, telephone and electronic portals, and other mechanisms.
- ✓ Share with DCHBX baseline metrics for data collection, annual goals and, beginning in Plan Year 2024, progress in meeting such goals.
- ✓ Provide aggregate data by race, ethnicity, and primary language to DCHBX for select diseases and health conditions, in consultation with DCHBX.

DCHBX:

- ✓ Include race and ethnicity data (if provided by enrollee) in enrollment files (834s) to carriers for individual marketplace enrollees.
- ✓ Explore the feasibility of changing the application for small group employees to collect this information and provide to carriers via 834 files.

Focus Area 2 Recommendations Adopted by DCHBX Board July 2021 *(continued)*

DCHBX:

- ✓ **Modify insurance design for DC Health Link standard plans to eliminate cost-sharing including deductibles, co-insurance, and co-payment for medical care, Rx, supplies & related services for conditions that disproportionately affect patients of color in the District. This is for 2023 plan year for small group and individual coverage.**
  - ✓ **Consider AV and premium impact**
- ✓ **The HBX Standard Plans Working Group must prioritize:**
  - **(1) for the adult population -- diabetes, cardiovascular disease, cerebrovascular disease, mental health, and HIV, as well as cancer of the breast, prostate, colorectal and lung/bronchus; and**
  - **(2) for pediatric population-- mental and behavioral health services.**
- ✓ Because product design changes will require provider education, DCHBX must include in its budget funding for provider education in consultation with the health plans.

DC HEALTH LINK
Get the facts. Get covered.

Implementation

- Standard plans working group
  - ✓ Diabetes Type 2 based on federal scenarios (SBC)
  - ✓ Future considerations for additional conditions: claim codes, treatment standards (medical expertise)
  - ✓ Actuarial modeling of claims cost to determine AV (actuarial value for ACA standards)
  - ✓ Value based design for savings (increase cost sharing for low value services)
  - ✓ Impact on premium (additional claim cost, savings from more severe claims cost)
- Other considerations:
  - ✓ Provider education (lessons from implementation of the ACA preventive services -- improperly charging patients for preventive zero cost-sharing services, incorrect billing codes)
  - ✓ Patient education (lessons from the ACA preventive services)

Lessons Learned from DCHBX Standard Plan Working Group: Type 2 Diabetes Coverage

- Policy Considerations
  - Should $0 Cost-sharing be targeted to certain types/categories of services?
    - For example, focus on services for prevention and PCP related care or include services for more complicated cases
    - Note: HBX Working Group recommendations are limited to the primary DX, not comorbidities
  - Impact on formularies
    - How to define RX benefit (specific drugs vs. categories)
  - Equity vs Equality

Lessons Learned from DCHBX Standard Plan Working Group: Type 2 Diabetes Coverage

- Operational Considerations
  - AV Calculator
    - How to off-set changes: Low value services; MOOP; Deductible
  - Impact on Parity Compliance
  - Impact on claims processing (medical services)

Focus Area 2 (2 of 2) Recommendations Adopted by DCHBX Board July 2021

Carriers:

- ✓ Health plans are encouraged to evaluate impact of design changes on enrolled population and provide periodic updates on trends to DCHBX.
- ✓ Health plans are encouraged to expand their current health equity support and pilot programs to include patients for whom there will be no cost-sharing for treatment of certain specific conditions.
- ✓ Identify disparities in care by stratifying quality measures by race, ethnicity and primary language.
- ✓ Conduct “Equity Audits” based on race, ethnicity, and primary language data with focus on HEDIS measure performance, patient experience and provider payment. Such audits should align with NCQA requirements as feasible.
- ✓ Update existing contracts with medical management vendors to require assessment of vendor performance with caring for diverse populations, and development of goals and timeline for improvement.

DC HEALTH LINK
Get the facts. Get covered.

Focus Area 3: Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District

Recent studies identified significant racial bias in health care algorithms used to identify patients who would benefit from additional health care services and for medical decision-making. This results in people of color being less likely to (1) be eligible for intensive care management; and (2) receive timely diagnoses or appropriate care for heart failure, kidney disease, certain cancers and osteoporosis.

Focus Area 3 (1 of 2)

Carriers:

- ✓ Require network providers to complete cultural competency training.
- ✓ Provide and require cultural competency training to support the delivery of culturally and linguistically competent services, in adherence to the Department of Health and Human Services Office of Minority Health's A Physician's Practical Guide to Culturally Competent Care and other resources listed by CDC's National Prevention Information Network.
- ✓ Require cultural competency training annually for all providers in network.
- ✓ Offer incentives to encourage non-network providers to complete training as well.
- ✓ Require cultural competency training in provider contracts, which should be tailored to both primary care physicians and specialists.

DCHBX:

- ✓ Reach out to DC Health to learn how it has encouraged cultural competency training for providers, including whether provider licensure requirements could be leveraged for this purpose.

DC HEALTH LINK
Get the facts. Get covered.

Focus Area 3 (2 of 2)

Carriers:

- ✓ Obtain the National Committee for Quality Assurance's (NCQA's) Multicultural Health Care distinction. This distinction is awarded to organizations that meet or exceed standards in providing culturally and linguistically appropriate services.
- ✓ **Review clinical algorithms and diagnostic tools for biases and inaccuracies and update**.
- ✓ Conduct and report to DCHBX on efforts to assess clinical management algorithms that may introduce bias into clinical decision making and/or influence access to care, quality of care, or health outcomes for racial and ethnic minorities. Within one year, report the outcomes of such assessments to DCHBX, as well as plans and timeline for correction, as necessary.
- ✓ Within one year, prohibit use of race in estimating glomerular filtration rate (GFR) by hospitals, laboratories, and other providers in network, in alignment with guidelines promulgated by the National Kidney Foundation.

DCHBX:

- ✓ Carrier reports on algorithms will be used for informational purposes regarding the types and prevalence of algorithms that are found to potentially bias care for diverse populations. These reports will be considered proprietary and confidential. DCHBX may report aggregate outcomes from these reports.

DC HEALTH LINK
Get the facts. Get covered.

Questions?