January 27, 2012

DC Health Benefit Exchange Authority, Essential Health Benefits Working Group

Meeting Notes

Mental Health & Substance Abuse Parity

The EHB Working Group reviewed draft recommendations from the 1/18 meeting and how decisions would be impacted existing law. Specifically, the group discussed existing D.C. mandates for behavioral health coverage and whether parity would overcome existing mandates on cost-sharing levels for behavioral health. They also discussed the potential for future Federal rule-making on the scope and services under parity. It was decided that the group should move forward with their recommendations and would then defer to the rule which allows greater coverage.

The group discussed whether cost-sharing levels should also be decided by this group when a carrier has a different cost-sharing level for primary care and specialty office visits. Currently, carriers decide whether to cover behavioral health services at the primary or specialist cost-sharing level, subject to a federal guideline. The group felt that leaving this flexibility with the carriers would allow more choice among different plans.

Recommendation:

To meet federal parity rules, HBE will use the behavioral health benefits included as part of CareFirst's large group plans. Carriers should follow federal guidelines when different cost-sharing for primary and specialty services allows discretion in setting cost-sharing levels for behavioral health services.

Habilitative Services

The group discussed whether there would be flexibility to expand on the current D.C. definition of habilitative care. The options discussed included:

- Remove the age limits on existing habilitative definition and CareFirst benefit to meet non-discrimination and EHB rules. This option would meet all existing guidance on EHBs.
- Amend or expand the language defining the existing benefit to include maintenance of abilities in the face of degenerative diseases. Other definitions of habilitative services discussed were the NAIC and CCD definitions, which include the words "keep" or "maintain." The group was wary of changing the definition if doing so would create a new mandate that D.C. would have to pay for or that would require a vote of the D.C. Council. In light of the flexibility included in rule-making, it was decided to ask CCIIO to clarify what flexibility there is for a state to expand on its current definition of habilitative coverage. It was also decided to ask legal counsel for the Exchange whether amending the definition could be done by regulation.

In addition to broadening the habilitative definition, the issue of applied behavior analysis (ABA) was raised i.e., whether this would be included under habilitative care. Many carriers currently do not cover ABA because they consider this service to be educational, but some states are moving towards including this as part of a standard habilitative benefit. This issue was not resolved.

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R/X Formulary

Federal guidance states that prescription drugs must be covered at least the greater of:

- One drug in every category and class; or
- The same number of drugs in each category as the EHB benchmark plan.

Next Steps:

Using the CareFirst formulary, an analysis has been done of how many drugs it covers in each category (attached). There are 14 categories without a drug included. Pharmacists at CareFirst should review this analysis of their formulary for inaccuracies. If no issues found, the group's recommendation would be to require plans to offer at least one drug in those categories where the benchmark CareFirst plan does not have a drug represented. The following categories apparently have no drug listed in CareFirst's formulary, and therefore issuers would be required to cover at least one prescription drug in each of these categories:

1. Anti-Addiction/Substance Abuse Treatment Agents: Smoking Cessation Agents
2. Antibacterials: Beta-Lactam, Other
3. Antineoplastics: Monoclonal Antibodies
4. Antiparasitics: Anthelmintics
5. Blood Glucose Regulators: Glycemic Agents
6. Blood Products/Modifiers/Volume Expanders: Coagulants
7. Central Nervous System Agents: Central Nervous System Agents, Other
8. Central Nervous System Agents: Fibromyalgia Agents
9. Enzyme Replacement/Modifiers: Enzyme Replacement/Modifiers
10. Gastrointestinal Agents: Irritable Bowel Syndrome Agents
11. Hormonal Agents, Suppressant (Parathyroid): Hormonal Agents, Suppressant (Parathyroid)
12. Immunological Agents: Immunizing Agents, Passive
13. Immunological Agents: Vaccines
14. Respiratory Tract Agents: Pulmonary Antihypertensives

Other Issues:

The working group had some separate issues and questions unrelated to the formulary. Questions to HBE leadership was whether there would be a process where these concerns could be expressed:

- Are Injectibles included as part of r/x or inpatient care?
- After a closer review of the CareFirst formulary for missing drugs, would members of the Working Group have an opportunity for input to the formulary requirements?