



December 29, 2023

**Addendum
to the Recommendations of the
Standard Plans Advisory Working Group to the District of Columbia Health Benefit
Exchange Authority
in its November 2, 2023 Report**

This is an Addendum to the report submitted by the Standard Plans Advisory Working Group (SPWG), Dania Palanker, Chair, dated November 2, 2023. The Working Group’s original charge was to modify the standard benefit plan design for appropriate metal level tiers to continue to implement the recommendations of the Executive Board’s Social Justice and Health Disparities Working Group (SJHDWG) on cardiovascular and cerebrovascular disease (CVD).

Here is our proposed equity-based benefit design for plan year 2025:

Zero Cost Sharing for Generic Medications and Services Related to the Prevention and Treatment of Cardiovascular Disease¹

Table 1: ICD Codes

Condition	ICD-10 Code	Code Description
Cardiovascular disease	I11	Hypertensive heart disease
	I20-25	Ischemic heart diseases
	I26-27	Pulmonary embolism and other pulmonary heart diseases
	I30-52	Other forms of heart disease
	I70-79	Diseases of arteries, arterioles, and capillaries
Cerebrovascular disease	I60-69	Cerebrovascular disease

¹ Standard Plans Advisory Working Group meeting materials and minutes: <https://hbx.dc.gov/node/1675771>

Table 2: Medication Classes/Groups

Condition	Medication Classes/Groups at Zero Cost-Sharing
Hypertension	Thiazide diuretics Calcium channel blockers Angiotensin-converting enzyme (ACE) inhibitors Angiotensin receptor blockers Beta blockers
Hypercholesterolemia	Statins Cholesterol absorption inhibitors
Tobacco use	Nicotine replacement therapies Antidepressants (only Bupropion) Nicotine receptor partial agonist (Varenicline)
Post-event care	Aspirin (NSAIDs) Beta blockers Platelet inhibitors (Plavix) Anticoagulants

Table 3: Laboratory Tests

Laboratory Tests at Zero Cost-Sharing	CPT Code
Blood pressure reading (by a physician or self-monitoring)	99211, 99473, 99474
Urinalysis	81000, 81002, 81003
Blood cell count	85025, 85007
Blood chemistry	80053
Lipid panel	80061
Nicotine test	80307, 80323
Troponin testing	84484, 84512
Imaging at Zero Cost-Sharing	CPT Code
Electrocardiogram	93000, 93005, 93010
Computerized tomography (CT) scan	70450, 70460, 70470

Table 4: Treatment Scenarios

Unlimited New and Follow Up Visits at Zero Cost-Sharing

Visit Type	CPT Code	Service Type	Specialty	Description
New, follow up	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99441, 99442, 99443, 93798, 93797	Primary Care	Internal Medicine/Family Medicine	New medical visit; New patient, screening/assessment; Evaluation and management; cardiac rehabilitation
New or Follow-up	99473, 99474, 81000, 81002, 81003, 85025, 85007, 80053, 80061, 80307, 80323, 84484, 84512, 93000, 93005, 93010, 70450, 70460, 70470	Primary Care	Internal Medicine/Family Medicine	Laboratory tests and/or imaging
New, follow up	97802, 97803, 97804	Medical Nutrition Therapy	Medical Nutrition Therapy	New visit, follow up and management

Background

During the November 8, 2023 DC HBX Executive Board meeting, the DC HBX Executive Board requested that the Working Group reconvene after the release of The Centers for Medicare and Medicaid Services (CMS) Draft 2025 Actuarial Value Calculator (AVC) to consider the following: 1) raising the maximum out of pocket (MOOP) by \$250; 2) raising the generic drug copay by \$5 if necessary for the bronze copay plan to remain within the de minimis range requirements; or 3) consider cardiologist and cardiovascular specialist visits at \$0 cost-sharing, and seek the advice of a physician’s organization located in the District for its perspective on the SPWG’s plan year 2025 cardiovascular recommendation to impose a \$0 cost-share for general physician visits, excluding cardiovascular specialist visits, from a policy perspective; and 4) consider additional options to remain within the de minimis range requirements.

CMS released the Draft 2025 AVC on November 15, 2023. HBX staff requested that Oliver Wyman do a run through of various scenarios for each current 2024 plan using the 2024 Final AV Calculator and the 2025 Draft AV Calculator. The proposed AVC put our bronze and silver plans within the allowed AV range. Even adding cardiac services including specialists (per Board discussion), our bronze and silver plans are fine. Therefore, we do not need to make any changes the Board discussed to offset zero cost sharing for certain cardiac services for bronze and silver plans. However, our current gold and platinum plans are outside the de minimis range for 2025. Consequently, we must now do the reverse of what we planned and rather than having a discussion on the bronze plan, we must now discuss and deliberate on options to bring the

platinum and gold plans within their respective de minimis AVC ranges for the Draft 2025 AVC.

As mentioned, in anticipation of our discussion, Oliver Wyman did a run through of various requested scenarios. The results are summarized below with the scenario including all the desired cardiology services at a \$0 copay highlighted in blue:

Plan	Scenario	2024 Final AV Calculator	2025 Draft AV Calculator	Additive Impact
Platinum	Current 2024 Plan	91.72%	92.04%	0.32%
	Only Generic Rx and Cardiac Rehab at \$0 Copay	91.76%	92.08%	0.32%
	All Cardiology Services at \$0 Copay	91.77%	92.09%	0.32%
	Increase MOOP \$100		91.90%	
	Increase Lab Copay \$5		91.93%	
Gold	Current 2024 Plan	81.87%	82.28%	0.41%
	Only Generic Rx and Cardiac Rehab at \$0 Copay	81.88%	82.28%	0.40%
	All Cardiology Services at \$0 Copay	81.89%	82.30%	0.41%
	Increase MOOP \$250		81.95%	
	Increase Lab, PT/OT/ST, and Specialist Copays \$5		81.99%	
Silver	Current 2024 Plan	70.44%	70.48%	0.04%
	Only Generic Rx and Cardiac Rehab at \$0 Copay	70.71%	70.77%	0.06%
	All Cardiology Services at \$0 Copay	70.73%	70.80%	0.07%
Bronze Copay	Current 2024 Plan	64.94%	64.44%	-0.50%
	Only Generic Rx and Cardiac Rehab at \$0 Copay	65.33%	64.69%	-0.64%
	All Cardiology Services at \$0 Copay	65.35%	64.74%	-0.61%
	Option 1 from 2024 Calculator (Increase MOOP \$250)*	64.93%	64.68%	-0.25%
	Option 2 from 2024 Calculator (Increase Generic Copay \$5)	64.75%	64.49%	-0.26%
Bronze HSA	Current 2024 Plan	64.92%	64.00%	-0.92%

*In the 2025 Draft AV Calculator, the maximum MOOP is \$9,200 so the increase was only \$50 (from \$9,150 to \$9,200) with the 2025 Draft AV Calculator

The key items to note for each plan are the following:

- **Platinum**
 - The plan is now outside the de minimis range with the 2025 Draft AVC, even before any cardiology services are included at a \$0 copay
 - The impact of including all the desired cardiology services at a \$0 copay is the same between the two versions of the AVC
 - We created two options to bring the plan back within the de minimis range when including all the desired cardiology services at a \$0 copay
 - Increase the MOOP by \$100 (from \$2,000 to \$2,100)
 - Increase the lab copay by \$5 (from \$20 to \$25)
- **Gold**
 - The plan is now outside the de minimis range with the 2025 Draft AVC, even before any cardiology services are included at a \$0 copay
 - The impact of including all the desired cardiology services at a \$0 copay is the same between the two versions of the AVC
 - We created two options to bring the plan back within the de minimis range when including all the desired cardiology services at a \$0 copay
 - Increase the MOOP by \$250 (from \$5,800 to \$6,050)
 - Increase the lab, PT/OT/ST, and specialist copays by \$5 (lab and PT/OT/ST from \$30 to \$35, specialist from \$50 to \$55)
- **Silver**
 - The plan remains within the de minimis range with the 2025 Draft AVC even with the inclusion of all the desired cardiology services at a \$0 copay
- **Bronze Copay**

- The plan remains within the de minimis range with the 2025 Draft AVC even with the inclusion of all the desired cardiology services at a \$0 copay
- This is a favorable change from what was being observed with the 2024 Final AVC
- **Bronze HSA**
 - The plan remains within the de minimis range with the 2025 Draft AVC

As requested by the HBX Executive Board during the November 8, 2023 public meeting, we will also be clarifying/discussing the following: 1) the AVC impact of adding specialists has a very de minimis impact on the AVC (see blue shading in the above chart; the Board has requested that we consider Whitman Walker’s recommendation to include cardiologists since the impact is de minimis and those services are important to a CVD patient); and 2) clarifying in the upcoming Addendum to our report that CVD lab work/imaging/EKG will be covered at \$0 cost share regardless of the provider.

Discussion

The SPWG held a meeting on December 12, 2023, to discuss and reach a potential consensus on which of the above-mentioned options to recommend to the Board to bring the platinum and gold plans into compliance with the CMS Draft 2025 AVC. Prior to its discussion on the substantive issues around draft 2025 AV calculator compliance, the group discussed a policy issue that the group agreed is important to note for review and for discussions moving forward. To that end, Kaiser Permanente reiterated its previously discussed concerns regarding cost sharing increases to other benefits to finance and meet the AV calculator requirements of the equity-based design implementations. Specifically, the carrier expressed that cost increases related to the equity-based benefit design implementations impose a disproportionate financial burden on consumers with significant health care needs that are not on the list of equity-based conditions chosen for reduced cost sharing. At least one other SPWG carrier member expressed their agreement with this concern. HBX Staff acknowledged the concern and assured the SPWG that the issue is a priority of the Board and will be studied accordingly.

On the substantive issues, SPWG members were given the opportunity to express their concerns and alternative solutions to the platinum and gold AVC problem. Oliver Wyman presented the basis of the findings outlined in the above-referenced table of scenarios to the SPWG that would bring the platinum and gold plans into compliance with the CMS Draft 2025 AVC and answered SPWG members follow-up questions.

After robust deliberations, which included and was open to input from carriers, advocates, regulators and HBX Staff, the group reached the following consensus decisions on bringing the 2025 platinum and gold standard plans into compliance with the CMS 2025 Draft AVC considering the SJHDWG mandate to impose no cost sharing on CVD services starting in 2025:

1. Platinum: Increase the MOOP by \$100 (from \$2,000 to \$2,100)

2. Gold: Increase the MOOP by \$250 (from \$5,800 to \$6,050)
3. Exclude cardiologists and specialists and include primary care only at \$0 cost sharing.

As expressed during the Insurance Market Committee meeting and in the Report to the Insurance Market Committee, some SPWG members reiterated their concerns about increasing the maximum out of pocket and cost-sharing for CVD and future equity-based designs. The carrier participants opined that we should look at the list of services to determine which services have the highest AV impact and leave the copays the same for those services (i.e. drug cost-share) to avoid the need for cost-sharing increases. Carrier participants also opined that the wrong decision could undercut plan equity. Some carriers who were concerned about the \$0 cost-sharing observed that the proposed benefit design changes are likely to have pricing impacts resulting from \$0 or low cost-sharing for select services, even if the AV impact is minimal. Carriers also expressed concern that future cost share changes will likely add upward pressure on premiums for standard plans and potentially drive the populations we hope to benefit from being able to purchase the standard plan. Although the group primarily considered the impact of the PY 2025 Draft AVC changes under federal regulations, which had the strongest effects for platinum and gold plans, it was noted that the changes would increase costs for all plans and likely increase premium cost. Attached is the 2025 Standard Plans benefit grid which captures the cost sharing changes and CVD benefit requirements (Attachment A).

Recommendation

On December 12, 2023, the SPWG discussed that, for both platinum and gold plans, the options to increase the MOOP seemed to have the most impact on the AVC with the least deleterious effect to consumers. The idea is that, for PY 2025, as the equity plan design regarding cardiovascular disease is implemented, increasing the MOOP, rather than increasing costs on other services such as visits and labs, etc., leaves the most “wobble room” when the final CMS 2025 AVC comes out and we must rerun the plans through the final 2025 AV calculator. Therefore, the SPWG reached a consensus that the MOOP would be raised for the platinum plan by \$100 to \$2100; and the gold plan’s MOOP would be raised by \$250 to \$6050. Further, the SPWG reached a consensus that, for the aforementioned reasons, specialist visits would not be included in the CVD no cost sharing, rather primary care visits will be subject to no cost sharing. The consensus preferences will go to the to the HBX Executive Board for deliberation and a vote.

SPWG Members and Staff

LAST NAME	FIRST NAME	Organization
Palankar	Dania	Georgetown University, SPWG Chair
Jensen	Carla	Aetna
Pankow	Jenifer	Aetna
Bailey	LeeAnn	Aetna
Parcham	Cheryl	Families USA
Davis	Janice	Living Capital
Lake	Keith	AHIP
Hathaway	Kris	AHIP
Blake	Nikki	CareFirst
Barlow	Yulondra	CareFirst
Vayda	Kerry	CareFirst
Lucado	Dwayne	CareFirst
Barlow	Yulondra	CareFirst
Bream	Cory	CareFirst
<u>Orlesky</u>	Peter	CareFirst
Sucher	Greg	CareFirst
Ongwen	Sam	KP
Chuang	Stephen	KP
Mangiaracino	Allison	KP
Young	Theresa	KP
Blecher	Keith	UHC
Raymond	Michelle	UHC
Akier	Daniel	UHC
Chandrasekaran	Dave	Voter Empowerment
Beard	Andre	HBX
O'Brien	Ellen	HBX
Senkewicz	MaryBeth	HBX
Liebers	Howard	DISB
Borden	William	GW Faculty Associates
Adomshick	Mary	Oliver Wyman
Scharl	Peter	Oliver Wyman
Feleke-Eshete	Lienna	Whitman-Walker

ATTACHMENT A

DC Health Benefit Exchange

DC Health Benefit Exchange, Standard Plans, PY2025*****		Platinum		Gold		Silver		Bronze Copay		Bronze HSA		
Actuarial Value		91.90%		81.95%		70.80%		64.74%		64.00%		
Individual Overall Deductible		\$0		\$500		\$5,200		\$8,350		\$6,350		
Other Individual Deductibles for Specific Services												
Medical		\$0		\$500		\$4,850		\$7,500		\$6,350		
Prescription Drugs		\$0		\$0		\$350		\$850		Integrated with Medical		
Dental		\$0		\$0		\$0		\$0		\$0		
Individual Out-of-Pocket Maximum		\$2,100		\$6,050		\$8,850		\$9,150		\$7,200		
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	
Health Care Provider's Office or Clinic visit*	Primary care visit or non-specialist practitioner visit to treat an	\$20		\$25		\$40		\$45		20%	X	
	Specialist visit	\$40		\$50		\$80		\$105		20%	X	
	Preventive care/screening/immunization	\$0		\$0		\$0		\$0		20%	X	
Tests	Laboratory tests**	\$20		\$30		\$60		\$55	X	20%	X	
	X-rays and diagnostic imaging	\$40		\$50		\$80		\$80	X	20%	X	
	Imaging (CT/PET scans, MRIs)	\$150		\$250		\$400		\$500	X	20%	X	
Drugs to treat Illness or Condition***	Generic	\$5		\$15		\$20		\$25		20%	X	
	Preferred brand	\$15		\$50		\$50	X	\$75	X	20%	X	
	Non-preferred Brand	\$25		\$70		\$70	X	\$100	X	20%	X	
Outpatient Surgery	Specialty	\$100		\$150		\$150	X	\$150	X	20%	X	
	Facility fee (e.g. hospital room)	\$250		\$375		20%	X	40%	X	20%	X	
	Physician/Surgeon fee	\$0		\$125		20%	X	40%	X	20%	X	
Outpatient Non-surgical Clinic Visit****	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	\$75		\$75		20%	X	40%	X	20%	X	
	Emergency room services (waived if admitted)	\$150		\$300		\$400	X	40%	X	20%	X	
	Emergency medical transportation	\$150		\$300		\$400	X	40%	X	20%	X	
Need Immediate Attention	Urgent Care	\$40		\$60		\$90		\$100		20%	X	
	Facility fee (e.g. hospital room)	\$250 per day up to 5 days		\$600 per day up to 5 days	X	20%	X	40%	X	20%	X	
	Physician/surgeon fee	\$0		\$0	X	20%	X	40%	X	20%	X	
Mental/Behavioral Health	M/B office visits	\$20		\$25		\$40		\$45		20%	X	
	M/B outpatient services	\$20		\$25		\$0		\$0		20%	X	
	M/B inpatient services	Hospital	\$250 per day up to 5 days		\$600 per day up to 5 days	X	20%	X	40%	X	20%	X
		Professional	\$0		\$0	X	20%	X	40%	X	20%	X
	Substance Abuse needs	Substance abuse disorder office visits	\$20		\$25		\$40		\$45		20%	X
Substance Abuse needs	Substance abuse disorder outpatient services	\$20		\$25		\$0		\$0		20%	X	
	Substance abuse disorder inpatient services	Hospital	\$250 per day up to 5 days		\$600 per day up to 5 days	X	20%	X	40%	X	20%	X
		Professional	\$0		\$0	X	20%	X	40%	X	20%	X
Pregnancy	Prenatal care and preconception services	\$0		\$0		\$0		\$0		\$0	X	
	Delivery and all inpatient services	Hospital	\$250 per day up to 5 days		\$600 per day up to 5 days	X	20%	X	40%	X	20%	X
		Professional	\$0		\$0	X	20%	X	40%	X	20%	X
Help recovering or other special health needs	Home health care	\$20		\$30		\$50		\$50	X	20%	X	
	Outpatient rehabilitation services	\$20		\$30		\$65		\$50	X	20%	X	
	Outpatient habilitation services	\$20		\$30		\$65		\$50	X	20%	X	
	Skilled nursing care	\$150 per day up to 5 days		\$300 per day up to 5 days		20%	X	40%	X	20%	X	
	Durable medical equipment	10%		20%		20%		40%	X	20%	X	
	Hospice services	\$0		\$0		\$0		40%	X	20%	X	
Child eye care	Eye exam	\$0		\$0		\$0		\$50		\$0		
	1 pair of glasses per year (or contact lenses in lieu of glasses)	\$0		\$0		\$0		\$0		\$0		
Child Dental Diagnostic and Preventive	Oral Exam	\$0		\$0		\$0		\$0		\$0		
	Preventive – cleaning	\$0		\$0		\$0		\$0		\$0		
	Preventive- x-ray	\$0		\$0		\$0		\$0		\$0		
	Sealants per tooth	\$0		\$0		\$0		\$0		\$0		
	Topical fluoride application	\$0		\$0		\$0		\$0		\$0		
	Space Maintainers – Fixed	\$0		\$0		\$0		\$0		\$0		

DC Health Benefit Exchange

DC Health Benefit Exchange, Standard Plans, PY2025*****		Platinum	Gold	Silver	Bronze Copay	Bronze HSA
Child Dental Basic Services	Amalgam Fill – 1 surface	\$25	\$25	\$25	\$41	\$41
	Root canal – molar	\$300	\$300	\$300	\$512	\$512
Child Dental Major Services	Gingivectomy per Quad	\$150	\$150	\$150	\$279	\$279
	Extraction – single tooth exposed root	\$65	\$65	\$65	\$69	\$69
	Extraction – complete bony	\$160	\$160	\$160	\$241	\$241
	Porcelain with Metal Crown	\$300	\$300	\$300	\$523	\$523
Child Orthodontics	Medically necessary orthodontics	\$1,000	\$1,000	\$1,000	\$3,422	\$3,422

*PCP visits dilated retinal exam (1x per year), diabetic foot exam (1x per year), and nutritional counseling visits (unlimited) with a primary diagnosis of Type 2 diabetes are provided with no cost-sharing.

**For a person with a primary diagnosis of Type 2 diabetes, the following lab services are provided with no cost-sharing:

- Lipid panel test (1x per year)
- Hemoglobin A1C (2x per year)
- Microalbumin urine test or nephrology visit (1x per year)
- Basic metabolic panel (1x per year)
- Liver function test (1x per year)

*** A select list of diabetes supplies and medications within the diabetic agents drug class, as defined by the carrier, **select drug classes, select agents within the drug class and a select list of hypertensive medications within the drug class, as defined by the carrier**, are provided with no cost-sharing. A carrier is not required to change the drugs that are on the carrier's formulary.

****Copay may not apply in a staff model HMO setting

***** Treatment of mental health conditions for children 18 and under will be provided with \$5 cost-sharing as reflected in the Pediatric Mental Health Cost Sharing Treatment Recommendation.

*****Treatment of cardiovascular and cerebrovascular disease will be provided with \$0 cost-sharing as reflected in the Appendix of the Whitman Walker report on "Evaluating Coverage Needs for Cardiovascular and Cerebrovascular Disease Among Communities