

Standard Plans Advisory Working Group
January 25, 2021

Dania Palanker, Chair

Robert Metz, Jennifer Storm – CareFirst BlueCross BlueShield (CF)

Allison Mangiaracino, Denise Barton, Theresa Young – Kaiser Permanente (KP)+++

Cheryl Fish Parcham – Families USA

Dave Chandrasekaran – consumer representative

Tammy Tomczyk, Corryn Brown – Oliver Wyman

Mary Beth Senkewicz, Jennifer Libster – HBX Staff

Call Notes

Dania – welcome to everyone and overview of the working group.

The federal proposed Actuarial Value (AV) calculator for 2022 has not changed this year because there has not been medical inflation as in normal years. So plans should be keeping AV from last year and no changes should be needed to meet AV requirements this year.

One carrier, CF, has a policy to have \$0 cost sharing for preferred brand insulin. This change deviates from the current standard plan requirement that preferred brand drugs have the required cost-share. There also exists the potential that any change could impact AV.

The \$0 cost-share has already been implemented in MD and we believe that KP does this in MD as well. According to the carriers, this change is de minimus, so this change does not change the AV or result in other changes to the plan.

MB – Clarified that the CF policy also includes supplies, not just insulin. She asked for clarification from the carriers about what is happening in MD.

Allison – MD requirement is limited to preferred insulin and glucometers. Preferred brand insulin is \$0 and in MD, the law already requires testing strips to be zero cost sharing.

MB - for standard plans to reflect CF, we would include preferred brand insulin and diabetes supplies at zero cost sharing. She asked if there a definition of diabetic supplies.

Jennifer – we will have to look to confirm, but she thinks it is just general diabetic supplies.

MB – the issue on the floor is do we want to make this change to standard plans to match what CF has done?

Alison KP – they are prepared to implement this in a way that mirrors the MD requirement. Cautions against going further to include diabetic supplies. Hard time to implement given the time constraints.

Rob – starting to get to more granularity that is usually discussed in standard plans. This is lower level than is included in the contract. Should leave some room for interpretation on the carrier side.

Cheryl – supports this. Are there other prevalent conditions where we should think about doing something similar. Hypertension for example

MB- Segway to other benefits up for discussion.

Think about other types of benefits that might be added that could address health disparity/equity issues. Something to think about for next year.

MB thinks there is consensus to mirror what is happening in MD.

Dania agrees. MB will draft some language based on the MD requirement and circulate to the group.

Denise – wants to confirm that there are no other proposed changes to the plan from last year. Is that correct? MB confirmed that yes, that is correct.

Tammy - we have not spelled out what is covered under preventive health services, so we don't need to change the grid in that regard.

Allison – wants to confirm that when we are talking about additional benefits, we are thinking about this for later years. Correct? MB confirmed yes. Allison – generally we need to know by September to make changes to plans.

MB will work on language to reflect the discussion as indicated above.