

## Standard Plans Advisory Working Group November 2, 2021

### Standard Plan WG Members and Attendees

Dania Palanker, Chair

Robert Metz, Alex O'Brien, Dwayne Lucado, Cory Bream, Jenifer Storm– CareFirst BlueCross BlueShield (CF)

Allison Mangiaracino, Sam Ongwen, Theresa Young – Kaiser Permanente (KP)

Keith Blecher, Stephen Chuang - UnitedHealth Group

Paul Speidell - Aetna

Cheryl Fish-Parcham

Dave Chandrasekaran

Kris Hathaway – AHIP

Janice Davis – Producer

Peter Scharl – Oliver Wyman

Mary Beth Senkewicz and Jenny Libster – HBX Staff

Howard Liebers -DISB

### Meeting Notes

Mary Beth (MB): AV came back. Peter did the work after the meeting and AV came back. I sent out of the grid with the updated AV and everything was within AV range based on the changes.

Allison: I wanted to confirm that the updated is only for the diabetes drugs and not the ace inhibitors or other RX being used.

I noted in the email that the NDC list was used to narrow the drugs that apply and I wanted to confirm that it only included the diabetic agents and not other drugs that were excluded.

Peter: that is correct. The old list included those, but the revised assumptions was limited to 180 or so rx that were identified as being covered with no cost sharing. This would have removed cholesterol drugs and other drugs.

MB: I got an email from Allison yesterday. Regarding revised language for supplies and medications. (displaying screen with email)

Proposing to change language the state “a select list of . . .”

Cheryl: What if someone has a problem would they be able to request an exception\?

MB: Yes, there is always an exception process.

Cheryl: If the exceptions process works would the drug be covered at no cost sharing?

MB: Yes if the exception is approved by the carrier.

Jenny and I met with our leadership team and we were instructions to review the SBC scenario to compare with the list of services recommended by this group.

Jenny reviewed and I sent an email to Allison and Rob to review with clinical teams.

Rob provided a response this morning. Thank you for the quick turnaround Rob. What we have here:

We identified in red text anything that was different in the SBC scenario.

- 1) Hemoglobin testing – SBC listed 4 times per year vs the 2 times recommended with this group. Rob indicated 2 times is clinically appropriate for maintained diabetics.
- 2) Renal function. Not on Standard plan list. Rob indicated they thought this would already be covered under the metabolic panel.
- 3) Basic vs comprehensive metabolic panel: Rob indicated that the only difference here is an additional liver function test, so this would already be covered.
- 4) Allay Glucose Blood Quant: CF is not aware of clinical guidance recommended this for a diabetic.
- 5) Specialist visits:
  - a. Ophthalmology services: CF agrees this could be appropriate 1 time per year
  - b. Podiatry – CF agrees this could be appropriate 1 time per year

Rob: I talked to medical team. We should not take anything as an exact set of rules. Based on relationship with patient and doctor. In theory the PCP is doing these things listed for an eye exam and a foot exam, but they are not specialists, so it could be appropriate to have these conducted by a specialist, depending on the patient. We are open to it, but not sure it is necessary to open to a discussion about this.

MB: Ok. Not sure that a PCP could do an eye exam.

Allison: I checked with clinical team. We agree on Rob's comments. There is no standard protocol and the number of annual tests will vary depending on the patient and how well their diabetes is managed, so we should be careful about calling things protocols. The CMS scenario is not a protocol, but it could inform how we design this.

We agree on the recommended number of tests.

MB: Are we going to add eye and foot exam?

Dania: I expect this is a small cost, because only 1 over the year and only diabetic population, I would recommend including these services.

Cheryl: I agree.

MB: I sent to Peter. He does not think this will impact AV, but will need to check.

Peter: To the extent these services are typically utilized based on the coding in CMS scenario, this would already be included in the calculations.

Allison: I wonder if we could resolve this by moving the asterisk to the common medical event column. So it would apply to either PCP or specialist visit, based on what is appropriate.

MB: (pulling up grid)

Allison: could we move the \* to the first Column rather than the second.

MB: Yes, we could do that.

Allison: I did note that nutritional counseling is still listed under labs.

MB: Ok, got it. I will correct.

Allison: I know that we still are waiting on the 2023 draft, then final, AV calculator. Do we need to put some language that this is not final until we get the new calculator. Not sure if this is going to the Board or not, but want to be clear about that.

MB: I'll add a header.

This is going to the Board, but only on VBID equity piece. Adding header not final for PY 2023.

Do we have any objections to the eye and foot exam proposal? Peter will still have to run the AV.

Proposal on the table, should include 1 time per year for eye and foot exams - any objections?

Jenny: The retinal exam was already included, I was flagging that the SBC scenario covered this by a specialist .

MB: So the only change needed would be foot exam. Any objections? Not hearing any, this will be added to the list. Peter, can you run this today? But you will need the codes from Rob.

Rob: Since it's a podiatry visit, we will need to pull info. Also flagging that we are really close on AV, so have his team run this tool.

MB: Yes, understand that. The issue here is timing. Here are our options. To get to the next Board meeting, we have to post the report by Monday to comply with open meetings act.

Question for the group is. Do we want to meet next week to finalize the services, or do we want to come to a consensus now based on the proposal, conditionally approve based on AV compliance?

Cheryl: I'm for conditional approval

Rob: we may need to reconsider in light of AV calculations. I think we can reach consensus with the understanding that we may need to adjust cost sharing for AV compliance.

Allison: If there is an AV impact, would want to consider that. If this change would result in an increase to MOOP, that could be contrary to the goals. Ok, with understanding this is conditional consensus.

MB: any objection to a conditional consensus?

Any other comments? Otherwise we may not need to meet again for a couple of weeks.

I will be sending around the draft report in a few days; there will be a quick turnaround time. I'll send the corrected and updated grid shortly.

Dania: Thank you everyone.

MB: Yes, hopefully we will not see wacky changes in the AV calculator this year.