

## MINUTES

### SPWG meeting #8

Friday, November 8, 2024

#### Summary

The meeting focused on the recommendation for the 2026 standard plan design, with three options discussed: covering HIV services with a \$5 copay for both brand and generic antiretroviral medications, covering HIV services without prescription drugs, and an intermediate option with reduced copays for generic antiretroviral medications. Option three received one objection from Kaiser Permanente, while Care First and others emphasized the need for evaluation of the current equity designs. HBX staff explained that the non-consensus recommendation will be presented to the Executive Board Insurance Market Committee on November 13.

#### Action items

- Ensure the meeting minutes and the draft report reflect the request to seek input from the DC Behavioral Health Association or a comparable nonprofit, and the DC Department of Behavioral Health, as well as a provider who specializes in substance use treatment, regarding cost sharing barriers for mental health and substance use care.
- Provide the draft working group report to the SPWG for review and edit.
- Present the non-consensus recommendation for Option 3 to the Executive Board Insurance Market Committee on November 13.

#### Attendees

LAST NAME	FIRST NAME	Organization
Heyison	Claire	SPWG Chair
Adomshick	Mary	Oliver Wyman
Akier	Daniel	UHC
Barlow	Yulondra	CareFirst
Blake	Nikki	CareFirst
Blecher	Keith	UHC
Parcham	Cheryl	Families USA
Prasad	Kakia	KP
Beard	Andre	HBX
Kempf	Purvee	HBX
O'Brien	Ellen	HBX
Senkewicz	MaryBeth	HBX
Adomshick	Mary	Oliver Wyman
Scharl	Peter	Oliver Wyman

#### Recommendation for 2026 Standard Plan Design

- Claire introduces the meeting's purpose: to vote on the recommendation for the 2026 standard plan design.
- The board is scheduled to meet on November 19 to consider the working group's recommendation.
- HBX staff shared materials describing three options for the group's consideration.
- Options one and two were previously discussed, with option three added as an intermediate option.

### **Description of Options**

- Option one: Cover HIV-related services with prescription drugs at a \$5 copay, including both brand and generic antiretroviral medications.
- Option two: Cover HIV services without prescription drugs, with other services covered at a \$5 copay.
- Option three: Eliminates copays for HIV treatment but limits prescription drug copay reduction to generics, reducing it to a \$0 copay for generic antiretroviral medications.
- Peter and Mary confirmed that option three has roughly the same AV and requires the same cost offsets as option two.

### **Vote on Option Three**

- Claire asks if there are any questions before proceeding to a vote on option three.
- Claire requests a show of hands for those voting no on option three.
- Kaiser Permanente objects to option three. No other voting members object to option 3, but several raise concerns about the need to pause the implementation of equity designs and to evaluate the existing equity benefit designs.

### **Discussion on Evaluation**

- Nikki from Care First supports option three but encourages the working group to pause and evaluate the impact of value-based, equity-based insurance designs.
- Claire notes DC HBX's hope to work with carriers to evaluate the impact of standardized plan designs.
- Cheryl supports looking at the impact of these designs and moving forward with mental health recommendations.
- Allison (Kaiser Permanente) supports further study before moving forward with additional cost-sharing changes based on chronic conditions.
- Keith (United) also supports option three but emphasizes the need to ensure the overall intention of the working group is achieved.
- Claire inquires about current efforts to evaluate standard plan designs.
- Purvee explains that conversations started when the social justice working group recommendations were passed, but there was no agreement on specific evaluation methods. A consultant, clinician, and researcher were brought on to assist with technical conversations with carriers.
- Nikki from Care First mentions that evaluation takes time and suggests having conversations together to ensure data is collected in a uniform way.

### **Detailed meeting notes**

Sorry, this is Care First. No objections to option three. But we did just want to be on the record to say that, you know, we encourage the working group to pause. We've had several of these value based, equity based insurance designs over the past several years. And we know it's a charge from the social justice health disparities working group, but we haven't, you know, as a work group, done any evaluation or looked at any metrics for how these designs are performing, and like we've talked about over this year's work group, and I think, as Kaiser and

other plans have mentioned, you know, these have impacts to all of our members. And you know, as we think about the cost of care going up, we just want to ensure that, as we consider these designs in the future, to ensure that they're actually making a difference in the populations that we wish to serve. So just want to be on record saying that we hope that the work group will consider, you know, how we can look at some some data and ensure that these are working before we continue to move forward.

Noted, thank you, Nikki, and yeah, I think we are or DC, HBX is hoping to work with carriers to evaluate the impact that these standardized plan designs have had regardless.

Cheryl: I support looking at the impact that these designs have, and I support option three, I'm sure if this is the time to put it on the record, but I also want to make sure that we do move forward with the mental health recommendations that with looking at mental health for adults and substance use care, As we had resolved earlier to do I want to I'd like the minutes to reflect that we'd like to do that next year, and also that we will seek input from the DC, DC Behavioral Health Association, or comparable nonprofit, and the DC Department of Behavioral Health and a provider who specializes in substance use treatment regarding cost sharing barriers in the coming year. Thank you.

Claire: Thank you, Cheryl, and we'll ensure that the minutes reflect your request and thank you.

Allison: Just wanted to also express our support for further study before moving forward with any additional cost sharing changes based on chronic condition. We think it's important to establish an evidence basis for this approach.

Keith (UHC): We also support of option three, but would echo the previous comments made around maybe taking a step back and taking a look at ensuring that we're achieving the overall intention of the working group through the approach over the last few years.

Claire: I'm curious maybe HBX staff, or some of the carriers, can chime in on this. But have what have the attempts to evaluate the standard plan designs looked like to date?

Purvee: I can weigh on this a little bit. We started when we passed the social justice and working group recommendations. We did have a conversation at that group level about the importance of evaluation, but there was no agreement on exactly the specifics of how you would do it. So there was language in the resolution where carriers could evaluate based on however they thought was best. Then about, I think it was the end of last year or the beginning of this year, we did also bring on a consultant, clinician and a researcher to assist to really have more technical conversations with the carriers to see what exactly could be collected, what would be helpful in terms of looking at this. And so those conversations happen with the different carriers. They seem to still be ongoing. There's still some back and forth, and it's hard to tell exactly where that will end up, but we're also trying to see if there may be other, another research pathway here that's more concrete that we can work on so we'll circle back with folks on that soon.

Nikki: As Purvee mentioned, those conversations have started. I know something that you know I'm a policy person here at CareFirst, but something that I've been told when I go back to our data folks, is that evaluation takes time. You know that pretty much at this point, the diabetes VBID is maybe the only one that we would be able to begin to see anything from. So I just want to mention that. Another thing I'm hearing is that, I think internally, we would appreciate any

kind of evaluation to function like this, where there's a work group, so that everyone can have perspective and bounce ideas off of each other. I think sometimes we get email requests and everyone's busy and sometimes just having conversations together can help us all make sure we're on the same page and that the data is being collected in a uniform way, kind of like you all do the data request for these work group calls.

I also just want to mention if we move forward I think that'll be the fourth one and we don't have any data on if these are working. So, I just want to continue to emphasize that we truly do support informed decision making, and we've done quite a few of these now, and I understand that, like I mentioned at the top, that it takes time, and diabetes is maybe the only one that we would be able to have data for at this point. But we just, we don't support continue to move forward without, you know, having the informed decision making practices in place.

Allison: I also think it's important, when this evaluation is conducted, that we use the same methodology across carriers. I would encourage working with an outside researcher. I think University of Michigan, the bit center, would have some ideas on how to do this, you know, but due to sample sizes in the small population, I think it would need to be a study conducted in a way that we would contribute data. But would need to, you know, use the same methodology across carriers, as opposed to us conducting our own review of the data. I think that would be the appropriate way to tackle this.

#### **Closing Remarks and Future Plans**

- Claire confirms that because there is no consensus recommendation, the next step is to present to the executive board insurance market committee on November 13.
- Andre thanks everyone for their participation and advises that the non-consensus recommendation will be presented to the insurance committee.
- Ellen clarifies that a working group report will be sent around shortly, reflecting the discussion and input from the meeting.
- Cheryl clarifies that the recommendation to evaluate is not a pause on mental health, but rather a plan to evaluate scenarios for Plan Year 2027.
- Claire confirms that the working group will hold a meeting to evaluate scenarios for adult mental health for Plan Year 2027.