SPWG Notes, Meeting 7, October 24, 2023

Attendance:

LAST NAME	FIRST NAME	Organization
Palankar	Dania	Chairperson
Jensen	Carla	Aetna
Pankow	Jenifer	Aetna
Davis	Janice	Living Capital
Blake	Nikki	CareFirst
Vayda	Kerry	CareFirst
Chuang	Stephen	KP
Young	Theresa	KP
Lucado	Dwayne	CareFirst
Barlow	Yulondra	CareFirst
Neimiller	Jason	CareFirst
Bream	Cory	CareFirst
Ongwen	Sam	KP
Mangiaracino	Allison	KP
Blecher	Keith	UHC
Chandrasekaran	Dave	Voter Empowerment
Beard	Andre	HBX
Senkewicz	MaryBeth	HBX
Adomshick	Mary	Oliver Wyman
Scharl	Peter	Oliver Wyman
Feleke-Eshete	Lienna	Whitman-Walker

Discussion:

HBX staff started the meeting by pulling up the voting materials that had been provided to the SPWG the previous week which included the three options w/ the WWI appendices that were factored into the AV.

HBX staff then shared the PY2024 Standard Plan Grid with the SPWG and brought the group's attention to the specific diabetes coverage language that was applied to CVD with a few changes that would be specific to CVD.

HBX staff shared an e-mail with the SPWG that was sent by a carrier participant in response to the voting options. HBX staff clarified that the WWI recommendations have no effect on the AV value. An advocate participant asked HB staff whether the carrier is asking for specialist to be completely removed from the WWI recommended table.

A carrier participant stated that cardiologists aren't primary care providers, so we need to make sure primary care isn't confused with a specialist.

WWI stated that the table can be adjusted to show primary care and specialty concerns are addressed. They'll be recategorized to address carrier concerns.

A carrier participant stated that they wonder why we aren't treating CVD as we did diabetes, it seems more expansive now using specialty. We're differentiating between conditions. We manage our care in the primary care setting, not with the specialist.

HBX staff stated that the carrier's point is understood and that the conditions are different for the visits.

Chairperson stated that we need to understand specialist visits without cost-share for diabetes, while having it for diabetes.

A carrier participant stated that it's concerning to them that we're expanding the list of services for one condition but not the other. I think we should encourage care in the PCP setting and not with the specialist. We should encourage PCP versus specialist.

An advocate participant stated that we need to be mindful that there are many more specialists that can potentially become involved with CVD, and we need to make sure specialists and cardiologists are adequately defined.

HBX staff stated that we're going to be consistent across the board, we could focus on primary vs. specialist, so that specialists aren't included in the list of services, like diabetes.

WWI stated that post event care is noted in the WWI report. Post event patients are seen by specialists.

HBX staff reiterated that we need to be consistent and advised that HBX staff will review Table 4 for consistency; and asked for objections. There were no objections.

HBX staff then shared Table 2 with the SPWG, bringing the group's attention to PCSK9 and Eliquis.

HBX staff informed the group that it researched PCSK9 is new and expensive, so HBX staff agrees with the carrier that it should not be included on the list of meds.

HBX staff advised that the language at issue for the proposed language from the carrier looks consistent, so HBX staff asked the group if anyone objected to the language and the changes in meds. No one objected.

HBX staff summarized where the group is. HBX staff advised the group that HBX staff met with the SPWG Chairperson and that no one likes the Options. However, the SPWG has its marching orders to implement the SJDWG. The AV calculator is driving everyone crazy. We must work within our constraints. HBX staff stated that the report will address the limitations in an intro discussion more in the HBX comment letter on the Table with the AV. The scenarios we discussed and our in our opinion antithetical to what we're trying to do, but Option 2 is deleterious.

HBX Staff stated, does anyone object to this approach; we hate all 3 but Option 2 is the least deleterious.

A carrier participant stated that they object because, as of today, the bronze tier 2 cost plan will be the most expensive in the VA, MD and DC areas. It's concerning that we're increasing cost share for the most utilized services. This is a policy choice, not required by law. In our perspective, this undermines the intended goal because people are paying more for the most used services; makes nonstandard plans more attractive to consumers.

HBX staff stated, so not a full consensus because a carrier participant objects. I will talk to management, and we'll get a report to you in 48-72 hours. We'll have to finalize it by November 6, 2023. We'll need your comments by November 3, 2023.

Chairperson stated to carrier participant, I share a lot of what you're feeling. I don't see it as a recommendation per se. We're saying that, if you decide to move forward with trying to reduce or alleviate cost share for CVD as part of the equity plan, this is the best we can find. The least worst given the constraints.

HBX staff stated, yes, our recommendation is that if you want to do it there are problems.

A carrier participant stated that, even with the Chairperson's explanation, it's still a no.

Chairperson stated that they weren't trying to change people's minds. Just speaking up.

HBX staff thanked the participants and advised that HBX staff will get back to the SPWG on next steps since the HBX staff isn't going directly to the Board since there isn't consensus.