SPWG Notes, Meeting 8, December 12, 2023

Attendance:

LAST NAME	FIRST NAME	Organization
Palankar	Dania	Chairperson
Jensen	Carla	Aetna
Pankow	Jenifer	Aetna
Lake	Keith	AHIP
Davis	Janice	Living Capital
Blake	Nikki	CareFirst
Vayda	Kerry	CareFirst
Lucado	Dwayne	CareFirst
Barlow	Yulondra	CareFirst
Neimiller	Jason	CareFirst
Bream	Cory	CareFirst
Orlaskey	Pete	CareFirst
Sucher	Greg	CareFirst
Ongwen	Sam	KP
Mangiaracino	Allison	KP
Blecher	Keith	UHC
Beard	Andre	HBX
Senkewicz	MaryBeth	HBX
Liebers	Howard	DISB
Adomshick	Mary	Oliver Wyman
Scharl	Peter	Oliver Wyman
Feleke-Eshete	Lienna	Whitman-Walker

Discussion:

HBX staff started the meeting by sharing the materials that had been provided to the SPWG the previous week which included the scenarios provided by OW to bring the platinum and gold plans into AVC de minimis range.

HBX Staff advised that the decisions the SPWG faces should be much easier to face considering that the silver and bronze plans are now in compliance with the draft 2025 AVC.

HBX Staff stated the group will discuss Oliver Wyman's options to bring the platinum and gold plans into compliance. During the HBX Board meeting the Board expressed that it is interested in cardiologists- the Board expressed strongly that CVD specialist visits are important and should probably be included. So, we ran those and they are on the table. Also, in our follow-up report/addendum to the Board we will clarify that all labs, not just confined to a physician's office, will be included. The group accepted that clarification.

HBX Staff shared an e-mail from OW which identified the impact of adding cardiologists: +0.01 for platinum; and +0.02 for gold.

HBX Staff then stated that the options to bring the platinum plan into the de minimis AVC are: 1. Increase the MOOP by $100; or 2: Increase lab co-pay by $5. The options to bring the gold plan into the de minimis AVC include: 1. Increased MOOP by $250; or 2. Increase cost-sharing for various services.

HBX Staff then opened the floor first to the CVD specialist discussion and asked the SPWG if there are any objections to adding cardiologist visits.

A carrier participant 1 objected. Participant 1 stated that adding specialists would be an extraordinary benefit that would further increase cost-sharing inequities in the standard plan designs. So, in their view, it would not be recommended. Carier participant 1 further stated that it is not just about the AVC impact, and that the workgroup should consider the tradeoff of pricing increases as a result of adding more $0 services. So, let's keep primary care only. Additionally, we'd be setting the same $0 cost share for primary care and specialists. It goes against general principles of benefit design to have cost-sharing the same for primary care and specialists. So, the cost share should not be $0 for both primary care and specialists because it would encourage overutilization of the specialist over primary care.

Carrier participant 2 stated that they agree with the previous carrier's statement. Carrier participant 2 also stated that reducing cost share for specialty versus others would lead to overuse of the specialist. So, let's continue with primary care only.

Chairperson Palanakar stated that what carrier participant 1 stated needs more thought that cannot be given during this one meeting. The Insurance Committee may need to look at this because we do not want people to overuse cardiology.

HBX Staff stated that the HBX Board is very appreciative of the work the SPWG is doing. So, with platinum, do we increase the MOOP or the cost share for labs?

Chairperson Palankar stated that, with the reasoning of the carrier participants, she leans toward increasing the MOOP.

Carrier participant 2 stated that they do not have a strong preference. Carrier participant 3 stated that they are fine with either one because neither one seems to be very disruptive- both are great options.

Carrier participant 4 stated that increasing the MOOP on platinum makes sense this year but, in the future, there needs to be more analysis.

Chairperson Palankar stated that a $2000 deductible is low, so it's easier for people to meet it.

Carrier participant 1 stated we want increases to the MOOP on both the platinum and the gold. Increasing the MOOP gives us more room for the AVC in the event there are further changes to the final AVC.

HBX Staff stated since the MOOP affects fewer people, do we want to increase the MOOP.

Chairperson Palanker and carrier participant 2 stated, yes, the increase to the MOOP is fine. Chairperson Palankar stated that she suspects most people do not look to the MOOP versus how much they're going to have to pay when they actual visit the doctor and for services.

HBX Staff asked the group if there are any objections to raising the MOOP on platinum. There were no objections.

HBX Staff stated, now for the gold. Our options are to: 1. Raise the MOOP by $250; or 2. Increase the cost share on a number of services. As carrier participant 1 stated, MOOP gives the most room for the AVC. We usually like to stay around 81.95% because 81.99% is dangerously close and could push us over the edge. So, are we in agreement that MOOP is the way to go carrier participant 1 and carrier participant 2?

Carrier participant 4 stated that they echo the sentiments of the other carriers.

HBX Staff asked the group if there were any objections to increasing the MOOP on the gold. There were no objections.

HBX Staff stated our addendum to the report to the HBX Board will note that the group does not favor raising cost sharing. So, the consensus is to: 1. Raise the MOOP for platinum; 2. Raise the MOOP for gold; and 3. Clarify that labs will be included irrespective of setting. Outside these decisions today, as was done in the initial report, we will also include carrier 1's equity concerns. Since we reached a consensus on these decisions, we do not need to go to the Insurance Committee. Are there any objections to those clarifications? There were no objections.