

SPWG Notes, Meeting 4, October 3, 2023

Attendance:

LAST NAME	FIRST NAME	Organization
Palanker	Dania	Georgetown University, SPWG Chair
Jensen	Carla	Aetna
Pankow	Jenifer	Aetna
Parcham	Cheryl	Families USA
Davis	Janice	Living Capital
Lake	Keith	AHIP
Blake	Nikki	CareFirst
Vayda	Kerry	CareFirst
Lucado	Dwayne	CareFirst
Bream	Cory	CareFirst
Orlesky	Peter	CareFirst
Neimiller	Jason	CareFirst
Sucher	Greg	CareFirst
Ongwen	Sam	KP
Mangiaracino	Allison	KP
Chuang	Stephen	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:

Update: Peter Sharl, FSA, MAAA (Senior Manager, Actuarial Consulting- Oliver Wyman)

Peter discussed his findings based on his test run of the \$25 co-pay for all services scenario in search for the bronze standard plan tipping point. Assuming all services would be subject to a \$25 co-pay, he searched for the impact by introducing increments of 0.50 cents. The results yielded a result of 7 hundredths of a percent. Based on the results, Peter opined that there doesn't seem to be a tipping point for silver and bronze.

Peter was then asked what a co-pay would need to be for a silver or bronze plan that was not in compliance. Peter was unsure. However, he advised that the co-pay would likely have to be between \$22.60 and \$25, but, even with those co-pays, there would not be much movement without making any other adjustments.

In response to Peter's findings, MaryBeth opined that it's her gut reaction that HBX leadership may not be as moved by Peter's co-pay range as it seems to be very paltry. She stated that we need to consider other options, other off sets.

MaryBeth asked Peter where we could get the biggest impacts. Peter stated that the biggest impacts include deductible, coinsurance and maximum out of pocket.

Allison stated that the generic forms of the drugs are already low cost. So, increasing deductibles and MOOP aren't good tradeoffs. She stated that we should look at the list of services discussed at the last meeting and determine which services have the lowest impact and leave the co-pays the same for those services (ie. office visit cost-share). Take drugs off the table because they are already low cost. The wrong decision could undercut plan equity.

Dania stated that if we move forward with Allison's suggestion we, as a group, need to know exactly what the drug costs are and what is or isn't a generic drug. She stated that Allison's suggestion is appreciated, and that there is a reality of high-cost share for bronze. So, we should go through the list of drugs and determine whether they are, by brand name, generic.

Peter stated that he ran the generic co-pays.

MaryBeth asked Lienna if the WWI drugs were all generic. Lienna stated that she would double-check.

Lienna asked Dr. Borden if he could offer a provider's perspective what the impact of zeroing out the generic drugs would be. Dr. Borden did not answer as he was not on the call.

MaryBeth stated that she will look at the SJWG report to see what parameters we have. She also stated that she will reach out to Dr. Borden for his perspective, she will also compare Lienna list of drugs outlined in the WWI report to the Massachusetts list of drugs. MaryBeth also said we may need to rely on carriers for help on determining whether a drug is a generic.

Janice stated that perhaps we could look at claims by industry, in terms of what services clients choose. MaryBeth replied that we do not have that information, and that carriers would likely have the information. MaryBeth stated that we can investigate Janice's suggestion in the long term.

MaryBeth asked Peter if he had any new news on the PY 2025 AV calculator. He replied that he did not.

MaryBeth stated that she and Andre would compare Massachusetts drugs to WWI report and would reach out to Dr. Borden for guidance.