

SPWG Notes, Meeting 5, October 10, 2023

Attendance:

LAST NAME	FIRST NAME	Organization
Palanker	Dania	Georgetown University, SPWG Chair
Jensen	Carla	Aetna
Parcham	Cheryl	Families USA
Davis	Janice	Living Capital
Lake	Keith	AHIP
Blake	Nikki	CareFirst
Vayda	Kerry	CareFirst
Chuang	Stephen	CareFirst
Neimiller	Jason	CareFirst
Sucher	Greg	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:

MaryBeth advised the group that she asked the carriers to investigate whether the list of CVD drug codes from the MA list contains brand name drugs. MaryBeth further advised that the MA list contained multiple national drug codes within each RxCUI. She informed the group that KP and CF reviewed the list and identified that the list contained both generic and brand name drugs.

MaryBeth shared Discussion Document #4 with the group. The discussion document is an e-mail response from KP regarding whether the list provided contains all generics, or a combo of generic and brand name. MaryBeth discussed the e-mail and KP's findings that the list did contain both generic and brand name drugs.

MaryBeth then shared CareFirst's findings on whether the list contained all generics, or a mix of generics and brand-named drugs, Discussion Document #5. CareFirst confirmed that the list contains a mixture of the two.

MaryBeth posed the question to the SPWG on whether it is the intention of the SPWG to focus on co-pay reduction for generics only, or if the group's focus should be on the entire list regardless of brand name.

Cheryl asked if there is a reason the brand name would be approved by a carrier over a generic for a brand name equivalent.

MaryBeth posed that question to the carriers. MaryBeth stated that she believes there is a process to determine Cheryl's question that involves one's doctor.

Janice stated that her understanding lines up with MaryBeth's- that there is some type of approval process for a brand name drug.

MaryBeth asked Cheryl to explain. Cheryl stated that she was focused on a medical reason that requires a brand name.

Allison stated that, like the language adopted for diabetes, she wants to confirm that the language would indicate a select list of drugs as defined by the carrier.

Keith said that the class of drugs was the focus and carriers would have to ability to carry a class of drugs.

MaryBeth stated that we'll stick with the classes of drugs with the same approach as diabetes in terms of language.

MaryBeth asked Peter if a re-run of the brand drugs would be negligible. Peter stated that the biggest impact is on the generics, and that there isn't much of an impact if you remove brand names.

MaryBeth stated that we will stick with the classes, the same as the diabetes approach.

MaryBeth stated that the main issue remains the bronze and advised that Peter ran the scenarios for an idea on impact.

MaryBeth then shared Discussion Document #6, the OW scenarios for addressing the bronze AV compliance with the 2024 AV calculator: Options 1-3. She discussed the options including the percentage of each option's impact on the AV calculator and each option's MOOP and co-pay implications.

MaryBeth stated to the group that it seemed like Option 2 has the most bang for the buck and seems to be the least disruptive. She stated that OW has run the AV and we can include the diabetes approach with the "option of the carrier" language.

MaryBeth stated that we've got hypertensives at zero, plus cardiac rehab, and visits associated with the primary care.

Lienna stated that lab tests are in there as well.

MaryBeth stated that this is a lot, and that it sounds like a pretty good outcome.

MaryBeth asked if anyone wants to rerun options other than Option 2 as the least impact on people. She stated that it is her belief that Option 2 would have the least impact on people.

Allison stated, we appreciate the modeling on the tradeoffs. The modeling helps illustrate that the cost sharing increases to support zero-cost shares for CVD services disproportionately impact patients of color- particularly those who are chronically ill. From her perspective, Option 2 isn't equitable. We also don't know the specifics on the new AV and the impact on silver.

MaryBeth thanked Allison for her thoughts and stated that she will ask Nikki Leon where the AVC is in the process.

MaryBeth stated, staff will prepare language and draft a report to the Board. She advised that the Board would meet sometime in November.

MaryBeth asked Dania if we have presented to the Board before the new AV calculator comes out. Dania answered, yes.

Cheryl stated that, to Allison's point, how do we get to the issue of specific diseases?

MaryBeth stated that the Social Justice Report explains it. Cheryl stated that we should give the Social Justice Working Group feedback on this area.

Allison referred to an article regarding black women and menopause, for example. She noted that prolonged menopause with greater intensity of symptoms results in increased anxiety and insomnia, among other things, that impacts the day-to-day lives of patients. She further stated that these issues require numerous doctor visits and other services, and that we need to consider the racial disparities, racism and discrimination that comes into play for all diseases and conditions. Reducing cost sharing for one condition means patients with other conditions will pay more.

Peter stated that we didn't run the deductibles because decreasing the deductible didn't have a major impact.

MaryBeth stated that we will write up the language in conformance with the diabetes piece.

MaryBeth stated that carriers are saying there is a discrepancy in what people are paying for generics and that it is confusing to her.

Dania stated that there are generics that can be very expensive and that some are around \$100 for a 90-day supply.

MaryBeth thanked Dania for that point and asked if the group wanted Peter to run anything else. No one asked for anything else.