

**Attendance**

Ku	Leighton	Chair
Kwarciany	Jodi	Vice Chair
Baker	Kellan	Whitman-Walker
Blake	Nikki	CareFirst
Blecher	Keith	UHC
Bream	Cory	CareFirst
Chandrasekaran	Dave	Voter Empowerment
Chuang	Stephen	KP
Dobrasevic	Stevan	Aetna
Hathaway	Kris	AHIP
Hoffman	Sarah	Children's National Hospital
Le	Ky	KP
Liebers	Howard	DISB
Mangiaracino	Allison	KP
McAndrew	Claire	Waxman Strategies
Neimiller	Jason	CareFirst
Ongwen	Sam	KP
Scharl	Peter	Oliver Wyman
Stoddart	Robert	KP
Storm	Jennifer	CareFirst
Sucher	Greg	CareFirst
Wait	Katherine	KP
Weber	Joni	Aetna
Young	Theresa	KP
Kempf	Purvee	HBX
Libster	Jenny	HBX
O'Brien	Ellen	HBX

**Leighton:** Because this is last meeting, many documents to review. Overview: last week we heard mixed interest and concern about alternatives. Where we had lots of discussion was zero copay option for visits and drugs. Had also discussed a 10 dollar copay for visits and 0 for drugs. Concern about having lower copays for drugs than for visits. May discourage longer term therapy and steer patients towards drugs.

As a result, Purvee helped lead a response. 5 Dollar copays both for visits and for drugs. Trying to get at the equity (mental health parity) concern. Oliver Wyman did AV analysis and we shared that with you. In doing this, Oliver Wyman did AV analysis for 0 copay but hadn't looked at 0 copay for unlimited visit

and medication. The prior analysis was 0 copay up to 20 visits. So we needed zero copay with no limits whatsoever – reason was same as for our shift from limited set of mental health diagnosis to virtually all diagnoses based on coding. Made it operationally easier.

Before, found that when we modified the cost sharing, this led to situation where silver and gold plans went beyond regulatory limits for AV. When Oliver Wyman assessed the zero dollar copay and unlimited visits, there were problems with the bronze plan too.

If you look specifically at the SPWG AV Analysis #7, it shows you what happens with zero versus 5 dollar copay in terms of AV limits. Generally, with zero copay, we are above limits for gold and silver. They have increased somewhat because we went from 20 to unlimited visits. You can see bronze plan is affected as well when we shift to unlimited visits. We are talking about exempting the bronze HAS plan because of separate regulatory rules for that.

All these changes will in general increase the cost of the plans and premiums at all levels. For AV levels, we need to find offsets to bring AV within the regulatory limits.

We're discussing how to modify some deductibles or MOOP.

Problem with Bronze is we are already at maximum MOOP. Under current situation, we can't increase the MOOP for bronze. To bring bronze below / to the level of 65%, deductible needs to go from 7500 to 7700. There are some exceptions – something like they get three odd patients and generic medications without completing deductible. For gold or silver, preference was to change MOOP. Descriptions are in the document. For silver, would be increased to 9100. Gold would be increased to 5900 or 5925.

So we set up either a zero dollar copay for visits and drugs, or a five dollar copay for visits and drugs. Need to set them at parity. No limit on number of visits.

We made a minor tweak in specifications. Hydroxyzine. After discussion with a CareFirst pharmacist, they were concerned it was being used for purposes other than mental health. We took that out of the one with zero copay. In some cases, if a drug is generic with a lower limit, the lower limit would apply.

It's difficult for pharmacists to obtain prescription with a diagnosis code. Like gabapentin, which is an anti-convulsant also used for mental health as well as plantar fasciitis.

**Jen at Carefirst:** We are still down to wire, still talking internally to obtain consensus- not sure we will be able to vote today. I completely understand hoping to vote today. But I don't think we are passing – would have to vote "no" because we don't have consensus either way. May have something different in 5 minutes because talking to internal teams as we speak.

**Leighton:** want to get group's reactions to those two proposals (0 and 5 dollar copay). Trying to change these specifications to accommodate the concerns expressed so far, especially by carriers.

For United, KP, Aetna, do you have specific concerns? We expect some no votes. If we have no complete consensus, under our rules, we will take it to the Insurance Committee. We were thinking of presenting it with a vote on both zero and five dollar copay options, to show them that people are mostly supportive of either option, and both make substantial progress over current plans. Current silver plan has a 40 dollar copay – we'd be going to either 5 or zero dollar copay. Medication prices are typically higher than 0 or 5 dollars, substantially. So this would reduce cost barriers. There are a

relatively limited number of children in IVL. More children are included under SHOP. May be in DC, VA, or MD. They are not poor children, we presume all are above Medicaid eligibility. Middle income to higher than middle income children in these three states.

**KP / Allison Mangiara:** Want to thank chairs and consultants for many rounds of modeling the options. We agree healthcare is unaffordable. Cost sharing has disproportionate impact on people of color. But we disagree on both options. Will vote no on both. Pediatric mental health prices and disparities are driven by SDOH, insufficient delivery system reform and provider shortages. Changing copays does not address the problem. Nondiscrimination – we are vulnerable under EHB nondiscrimination policy if we do these options. AV offsets: in our view, increasing the MOOP and deductible in three of the plans will disproportionately impact sickest enrollees – those with diabetes, cardiovascular disease, HIV, breast cancer etc. These are the conditions targeted by SJWG recommendations. Need to think about that in the long term. Increasing cost sharing on our sickest enrollees. Also believe it will be challenging to implement, and to explain to consumers, when someone falls outside of the criteria. We do appreciate the thoughtful discussion here.

**Paul Speidell / CVS/Aetna:** Echo comments. Really appreciate your work. Share concern with KP. But we feel good about assurances from HBX that anything that goes thru would have to be compliant with relevant requirements federally and under DC law. We do have operational challenges to implement. Looking at how we'd do that. That said, if we do that, running numbers thru our system, hard to meet mental health parity requirements at any copay level. So, we favor the zero copay approach. That's what we'll vote in support of today.

**Leighton Ku:** Question of are we running afoul of federal requirements for EHB when we impose age restrictions. Initial discussions with CMS said it didn't look as though there was a problem. Ultimately how those things are determined is at a state level. To the extent we or DISB believe. HOWARD from DISB has been on these calls.

Same thing for mental health parity. We don't want to do things contrary to federal rules and regulations. Things may change as we learn more. Conceivably there will be changes in the upcoming rules and AV calculator. We will be mindful of need to modify as rules change.

**Howard / DISB:** we've looked at this, been in all these meetings, no cause for concern over noncompliance with district or federal law or regulations. Comes down to matter of the best fit from pricing and AV perspective. No compliance issue.

**Keith Blecher:** echoing thanks. From United Perspective, 5 dollar copay was introduced recently. Talking internally, we are supportive of either zero or 5 but with preference toward 5 dollar copay for drugs and visits. But would support removing visit limits as a requirement completely. Creates operational complexity and doesn't get us much. We lean toward 5 dollar copay because of cost. We've discussed barriers of care due to copays but there is a barrier in premium too. In order to offset expensive plans we would vie for having the 5 dollar copays. So for PCPs we know the 5 dollar copay can offset AV calculation significantly.

**Leighton:** if we have a consensus we may not need a roll vote, but so far there seems to be some opposition to either, so we must have vote.

**Jenny:** Yes, separate votes on zero dollar copay and five dollar copay proposals. These are separate votes today, you can vote yes or no on each/either.

**Claire McAndrew:** Comparing AV, first want to say I support direction overall. For me, landing at 5 dollars because of MOOP and deductible considerations. 200 dollar increase to bronze deductible. Feel comfortable it's a massive improvement in access. (Wanted to explain that so people understand why she votes no on zero dollar copay)

**Jennifer Storm (CF):** We have concerns, similar to KP, about removing cost share for these benefits. Impacts to AV, premiums, for rest of our members. This is something that's talked about expanding in the future (adding more and more diseases) – what is the greatest barrier? May be the premium, because we've created an additional barrier to them. We don't necessarily agree with the approach.

If we had to vote it would be for having some cost share of 5 dollars. Since it sounds like the 10 went away. Everyone was voicing how they felt. We still have internal concerns.

## **VOTING**

Leighton explains process for voting, each of four plans gets a vote, and then SPWG members vote. Jodi and Leighton will then vote last. Leighton will use list of authorized members of SPWG.

Five Dollar Copay Arrangement for visits and medication, no limits, where there is a primary diagnosis in any mental health code

Keith – Yes (preference)

Dave – Yes (for both)

Jennifer (CF) – Yes

Janice – Yes (Absent, confirmed via HBX staff)

Kaiser / Allison – No

Claire – Yes

Paul/Aetna – No

Cheryl – Yes (Absent, confirmed via HBX staff)

Jodi – Yes

Leighton -- Yes

**Leighton:** looks like one No from Kaiser, CVS Aetna was No, CF not sure.

Zero Dollar Copay

Keith – Yes

Dave – Yes (support both)

Jennifer – No (no on zero copay)

Janice -- Yes (via HBX staff)

Kaiser / Alison – No

Claire – Abstain

Paul / CVS – Yes

Cheryl – Yes (via HBX staff)

Jodi – yes

Leighton -- No

**Leighton:** in sum, Kaiser is a No, CF is definite No, but Keith supported either. Myself and CF were the two No's and abstention from Claire. Couldn't get consensus on either one, so will present both options to Insurance Committee. We will present not just the votes but the considerations that went into them. There will be a PUBLIC briefing of the insurance committee next Wednesday. In which any of you can listen. I can participate in that although I'm not a member – due to Sunshine rules. We can send you notification of when that is. No matter which way that committee goes, it will go to final board, hopefully later this month. Our expectation is we will have this notice posted publicly so plans can begin to make arrangements for changes in 2024. Either way we have substantially reduced the cost sharing for children in this mental health crisis. Some misgivings – either option will raise the price for everyone. Some things that interfere are outside of this – provider shortage, stigma.

Thank the plans, appreciate their willingness to consider.

Leighton: Carefirst, for five dollar copay do you have a final vote?

Carefirst (Jennifer): YES, voting for five dollar copay, but might reach back out.

Ellen: Report coming out. We will need some quick turnaround on edits for accuracy so we can finalize

HBX Insurance Committee Meeting is Wednesday, November 9 at 1:30 pm.