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Submitted via PMPolicy@cms.hhs.gov

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Center for Consumer Information & Insurance Oversight
Department of Health and Human Services,
200 Independence Avenue, SW
Washington, DC 20201

Re: Proposed Draft 2025 Actuarial Value Calculator

To Director Ellen Montz:

The District of Columbia Health Benefit Exchange Authority (HBX) appreciates your consideration of our comments on the proposed draft 2025 Actuarial Value (AV) Calculator.

By way of background, HBX is a private-public partnership established by the District of Columbia (District) to develop and operate the District's on-line health insurance marketplace, DC Health Link (DCHealthLink.com). We cover approximately 100,000 people -- District residents and people who work for District small businesses. DC Health Link fosters competition and transparency in the private health insurance market, enabling individuals and small businesses to compare health insurance prices and benefits and to purchase affordable, quality health insurance. Since we opened for business, we have cut the uninsured rate by 50% and now approximately 97% of District residents have health coverage.

HBX supports CMS's approach and greatly appreciates the use of new methodology. We urge CMS to finalize bronze and silver standards as proposed. The proposed approach for bronze and silver plans allows HBX to continue to improve our standard plan design to help address health disparities.

Additionally, we request CMS to make a small adjustment to the de minimis range for platinum and gold plans. As proposed, our current standard platinum and gold plans would be out of compliance. Also, we are working to add zero cost sharing for certain services and prescription medication, lab, and imaging for cardiovascular disease, which disproportionally impacts communities of color. If we eliminate such cost-sharing, we would further exceed the proposed allowed de minimis range.

We recommend a small adjustment to de minimis range of +0.3 for gold (+2.3/-2) and +0.1 for platinum (+2.1/-2) to eliminate the problem unintentionally created by the draft AV Calculator.

Background – DC HBX equity-based benefit design to address disparities in health outcomes related to financial barriers to care.

HBX is committed to addressing health disparities and getting to equity in health coverage and care. We are using the tools we have available in our state-based marketplace to narrow disparities in health outcomes and access to care that communities of color experience. Changing our coverage design to equity-based benefit design is one of a few tools we have to address financial barriers to care – a major contributor to health disparities.

- In the District of Columbia, people who are Black or Hispanic are twice as likely as White people to have difficulty accessing care due to cost.[1]

To address cost barriers, we developed and are implementing equity-focused benefit design for our standard plans.[2] Our stakeholders, including all our health plans, consumer and patient advocates, brokers, clinicians, and other experts, developed equity-based benefit design for our standard plans in the individual marketplace and small group marketplace.

- Plan Year 2023 Standard Plans covered medical care for Type 2 Diabetes including physician visits, blood tests, vision and foot exams, prescription medications, and supplies with no cost-sharing – no deductibles, no copays, and no coinsurance. This included free insulin. Eliminating cost barriers for diabetes care will help address financial barriers to care for patients with diabetes, which disproportionally impacts communities of color in the District with much higher rates of Type 2 Diabetes than White residents. Eliminating cost barriers will help address disparities in health outcomes.

- In addition to no cost-sharing benefits for Diabetes that underlie the Plan Year 2023 Standard Plans, the Plan Year 2024 Standard Plans also covered pediatric mental health services and prescription drugs at just $5. Reducing copays to $5 for pediatric mental health will help narrow the wide racial and ethnic mental health treatment disparities among privately insured children in the District and address a crisis that has worsened during the COVID-19 pandemic.[3] Note that Children's National Hospital, in addition to all our health plans' clinicians, provided extensive clinical support to help develop treatment protocols grounded in experience treating privately insured children.

For Plan Year 2025, our Standard Plans Stakeholder Working Group, with extensive clinical input, developed the following additional no cost-sharing benefit design for cardiovascular disease. The rate of Black residents in DC who die from heart disease is 2.5 times higher than White residents.[4]

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[1] *See* Behavioral Risk Factor Surveillance System (BRFSS) data, page 24, at: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DC%20BRFSS%202020%20Annual%20Health%20Report.pdf

[2] Our standard plans cover physician visits, specialist visits including mental health and behavioral health, urgent care, and generic prescription medications without deductibles. There are also no limits on how many times you can see your doctors. This standard plan design means that everyone has access to essential care without the financial burden of a high deductible. Access to essential care without deductibles is how we eliminate financial barriers to care and ensure that residents can access essential care.

[3] *See* the discussion of pediatric mental health benefit design for the District's standard plans at: https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/SPWG_Report_FINAL%2011-9-22_0.pdf

[4] *See* New Georgetown Report Highlights Health Disparities and Calls for Racial Equity in the District of Columbia at:

In DC, as discussed above, 10.1% of Black residents and 12.9% of Hispanic/Latino residents compared to 6.1% of White residents Report not seeing a doctor because of cost.[5] We believe eliminating cost sharing for cardiovascular disease, a condition that disproportionally impacts communities of color will save lives.

Here is our preliminary equity-based benefit design:

Zero Cost Sharing for All Generic Medications and Services Related to the Prevention and Treatment of Cardiovascular Disease

Table 1: ICD Codes

Condition	ICD-10 Code	Code Description
Cardiovascular disease	I11	Hypertensive heart disease
	I20-25	Ischemic heart diseases
	I26-27	Pulmonary embolism and other pulmonary heart diseases
	I30-52	Other forms of heart disease
	I70-79	Diseases of arteries, arterioles, and capillaries
Cerebrovascular disease	I60-69	Cerebrovascular disease

Table 2: Medication Classes/Groups

Condition	Medication Classes/Groups at Zero Cost-Sharing
Hypertension	Thiazide diuretics Calcium channel blockers Angiotensin-converting enzyme (ACE) inhibitors Angiotensin receptor blockers Beta blockers
Hypercholesterolemia	Statins Cholesterol absorption inhibitors
Tobacco use	Nicotine replacement therapies Antidepressants (only Bupropion) Nicotine receptor partial agonist (Varenicline)
Post-event care	Aspirin (NSAIDs) Beta blockers Platelet inhibitors (Plavix) Anticoagulants

https://provost.georgetown.edu/new-georgetown-report-highlights-health-disparities-and-calls-for-racial-equity-in-the-district-of-columbia/#:~:text=The%20number%20of%20Black%20residents%20who%20die%20from%20heart%20disease,Whites%20(%24135%2C263)%3B%20and

[5] *See* DC Health, BRFSS Annual Report, 2020. https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DC%20BRFSS%202020%20Annual%20Health%20Report.pdf

Table 3: Laboratory Tests

Laboratory Tests at Zero Cost-Sharing	**CPT Code**
Blood pressure reading (by a physician or self-monitoring)	99211, 99473, 99474
Urinalysis	81000, 81002, 81003
Blood cell count	85025, 85007
Blood chemistry	80053
Lipid panel	80061
Nicotine test	80307, 80323
Troponin testing	84484, 84512
Imaging at Zero Cost-Sharing	**CPT Code**
Electrocardiogram	93000, 93005, 93010
Computerized tomography (CT) scan	70450, 70460, 70470

Table 4: Treatment Scenarios

Unlimited New and Follow Up Visits at Zero Cost-Sharing

Visit Type	**CPT Code**	**Service Type**	**Specialty**	**Description**
New, follow up	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99441, 99442, 99443, 93798, 93797	Primary Care	Internal Medicine/Family Medicine	New medical visit; New patient, screening/assessment; Evaluation and management; cardiac rehabilitation
New or Follow-up	99473, 99474, 81000, 81002, 81003, 85025, 85007, 80053, 80061, 80307, 80323, 84484, 84512, 93000, 93005, 93010, 70450, 70460, 70470	Primary Care	Internal Medicine/Family Medicine	Laboratory tests and/or imaging
New, follow up	97802, 97803, 97804	Medical Nutrition Therapy	Medical Nutrition Therapy	New visit, follow up and management

In addition, the DC HBX Executive Board has requested that the Working Group consider covering at no cost-sharing office visits with specialists, e.g., cardiologists.

While we appreciate the new methodology for the AV Calculator, we ask for additional flexibility on de minimis adjustments for the platinum and gold metal levels. Here is our initial analysis:

Draft AV Calculator 2025 Plan Year: Analysis of DC HBX Standard Plans (source: Oliver Wyman analysis)

Metal Level	Allowed de minimis range	Current standard plans*	With No cost sharing for specified cardiovascular care and services**	DCHBX recommended allowed de minimis range
Platinum (90%)	+2/-2	91.72%	92.09%	+ additional 0.1% to the upper limit
Gold Plan (80%)	+2/-2	81.87%	82.30%	+ additional 0.3% to the upper limit
Silver (70%)	+2/0	70.44%	70.80%	
Bronze (60%)	+5/-2	64.94%	64.74%	

*Current plan design includes Type 2 Diabetes at zero cost sharing and pediatric mental health at reduced cost sharing of $5.
**Per Tables 1, 2, 3, and 4 eliminating cost sharing for cardiovascular care and services to include generic Rx, PCP, and listed services. This also assumes zero cost sharing for specialists office visits similar to internal and family medicine office visits.

Recommendation for additional small de minimis adjustment

CMS has authority to adjust the de minimis range.[6] Here is a historical summary of different ranges CMS has allowed for on-Exchange plans:

- For 2023 and 2024 Plan Years: +5/-2 bronze, +2/0 silver, +2/-2 gold and platinum
- For 2018 through 2022 Plan Years: +5/-4 bronze, +2/-4 silver, gold, and platinum
- For 2014 through 2017 Plan Years: +2/-2 bronze, silver, gold, and platinum

Additionally, President Biden's Executive Order No. 13985 calls on the entire Federal Government to address disparities. It states:

> Entrenched disparities in our laws and public policies, and in our public and private institutions, have often denied that equal opportunity to individuals and

[6] Section 1302(d)(2) of the Affordable Care Act (ACA) directs the Secretary of the Department of Health and Human Services (HHS) to issue regulations on the calculation of AV and its application to the metal tiers. Section 1302(d)(3) directs the Secretary to develop guidelines that allow for de minimis variation in AV calculations.

> communities. Our country faces converging economic, health, and climate crises that have exposed and exacerbated inequities, while a historic movement for justice has highlighted the unbearable human costs of systemic racism. Our Nation deserves an ambitious whole-of-government equity agenda that matches the scale of the opportunities and challenges that we face.[7]

We applaud CMS's efforts to continue to develop policies that prioritize health equity. Consistent with CMS's stated goals and the directive from President Biden to address disparities, we ask CMS to make changes to its AV Calculator to recognize and to encourage states to use all tools available to address health disparities and specifically move to equity-based benefit design.

We recommend allowing an upper de minimis value of +2.3% for Gold and +2.1% for Platinum.

Conclusion

Thank you for considering our comments on issues that will directly impact District residents, employers and their workers. We appreciate CMS's continued support for state flexibility, consumer protections, and working to ensure a more equitable future. We look forward to working with you on these issues.

Sincerely,

Mila Kofman, J.D.
Executive Director
DC Health Benefit Exchange Authority

[7] Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, No. 13985, Jan. 20, 2021. 86 Fed. Reg. 7009 (Jan. 25, 2021).