February 14, 2018

To: Interested Parties

From: Carl Schmid, Deputy Executive Director

Re: The AIDS Institute’s Review of Florida’s 2018 Silver Qualified Health Plans

As we have since 2014, The AIDS Institute reviewed the Silver-level Qualified Health Plans (QHPs) offered on the Health Insurance Marketplace in Florida. For each of the six issuers participating in the 2018 Marketplace,¹ we reviewed the cost-sharing and formulary coverage for HIV and hepatitis B and C drugs for the same Silver-level QHPs reviewed in 2017 or if the exact plan was unavailable in 2018, we reviewed the issuer’s comparable Silver QHP.²

Below are highlights and observations from our review. Click here for a summary of each QHP’s benefit design and prescription coverage. Click here for detailed plan analysis.

Overall, HIV drug coverage is extremely good and cost-sharing is theoretically limited to reasonable dollar amounts by order of the Florida Office of Insurance Regulation (FOIR). However, since almost all plans now have very high deductibles and FOIR is allowing plans not to apply the copay limits until the deductible is met, patient cost-sharing remains high even for HIV medications.

For hepatitis C drugs, plans are limiting drug coverage or seem to be favoring certain Direct Acting Agents (DAAs). Every plan places DAA drugs on the highest tier, which often translates into 50 percent coinsurance after a very high deductible, making access to these curative medications prohibitively expensive.

We are pleased that the FOIR continues to require QHPs to abide by the cost-sharing limits for HIV drugs and monitors the coverage of HIV medications as noted in the 2018 Notice to Issuers. Additionally, they continue to require plans to submit information for review of drug coverage and benefit design for other chronic conditions, including hepatitis.

² We review Silver-level QHPs because they are the most popular and the only metal level to which cost-sharing reductions for eligible consumers apply.
General Cost-Sharing & Benefit Design
All plans reviewed had high deductibles ranging from $2,500 for an individual (Florida Health First) to $6,750 for an individual (Florida Blue HMO). Four of the six Florida plans reviewed had higher deductibles than the national average of $3,937 for all silver plans, as according to Avalere. Molina had the greatest increase; which more than doubled from $2,400 to $4,950 in 2018. Florida Blue reduced its deductible by $450 for individuals to $6,050, which still is extremely high, and offered a discount on prescriptions for mail order enrollment.

Health First and Molina were the only plans reviewed that had a separate nominal prescription drug deductible. In the past, Molina exempted all prescription cost-sharing from the deductible. (We note that both Florida Blue and Florida Blue HMO offer Silver-level plan variations with separate prescription drug deductibles but they were not reviewed.)

Also, of concern is the steadily increasing use of high coinsurance for brand name prescription drugs.

It is important to note that we did not analyze the monthly premium for the plans since the calculation of the premium is dependent on many personal factors.

Additionally, in terms of plan area coverage, in 21 out of 67 Florida’s counties, Blue Cross and Blue Shield is the only carrier offering coverage; and in an additional 22 counties, only 2 carriers are offering plans. This means that many consumers throughout the state may not have the option to compare or select a carrier with more affordable cost-sharing and more comprehensive drug coverage essential to maintain their health and manage their chronic conditions.

HIV Drug Coverage, Cost and Utilization Management
Coverage of HIV drugs continues to be strong, with all QHPs complying with, and exceeding, the benchmark plan submission count. Every plan covers all six single tablet regimens and Truvada for PrEP.

As noted above, since the Florida Insurance Commissioner is exempting plans from the copay caps on HIV drugs before the deductible is met, beneficiary costs are still high for HIV drugs in most plans. Ambetter, Florida Blue, Florida Blue HMO, and Florida Health Care all require patients to meet high deductibles before the cost-sharing caps apply for all or some of the HIV drugs. Health First and Molina are the only plans reviewed that clearly apply safe harbor cost-sharing caps (although both have a reasonable Rx deductible that must be met first and it remains unclear if Molina is violating the co-pay cap limit by charging patients 50 percent coinsurance for two HIV drugs).

After The AIDS Institute expressed concerns to Florida Blue and the FOIR about the lack of transparency regarding the co-pay limits, they modified their formulary document to include a reference and external link in the formulary introduction to the safe harbor guidelines; however there is no mention of the co-pay limits and consumers must click on the links to learn of them.
We believe that this incomplete and unclear cost-sharing information could discourage people living with HIV from enrolling in these QHPs.

In a significant positive development, in reaction to complaints by The AIDS Institute and others, Florida Blue and Florida Blue HMO removed their prior authorization requirement for all but one HIV drug, including Truvada for PrEP. However, in violation of FOIR’s directive, Ambetter continues to impose prior authorization on all HIV drugs in tiers 2, 3, and 4, which applies to 41 drugs, including Truvada; Florida Health Care imposes prior authorization for Retrovir; and Molina has newly imposed prior authorization for Truvada, while continuing to require prior authorization for Intelence and Tybost.

In other changes for plan year 2018, Ambetter imposed 31-day quantity limits on 34 of 54 HIV prescriptions, or 90-day supply for mail order. Florida Blue and Florida Blue HMO continued to have quantity limits for all HIV drugs, with restrictions of 30-day supply for retail and 90-day supply through mail order. Florida Health Care required prescriptions be purchased through Florida Health Care Plan (FHCP) network mail-order or retail pharmacies. Health First had quantity limits for 5 out of 6 single tablet regimens. Molina allows all HIV drugs, with the exception of Intelence, available via mail order.

**Hepatitis C Drug Coverage, Cost and Utilization Management**

Our review showed quite a bit of variation in hepatitis C drug coverage with no plans covering all Direct Acting Agents (DAAs) while others seem to be favoring specific ones. Florida Blue offered the most HCV DAAs, while Florida Health Care and Health First covering the fewest.

Every plan places their DAA drugs on the highest cost sharing tiers, which in almost all instances translate into 50 percent coinsurance after an extremely high deductible.

All plans require prior authorization for the DAAs, which when combined with tier placement and high cost sharing, continue to restrict patient access.

**Conclusion**

As this review reveals, due to insurance plan benefit design, access to HIV, hepatitis C and other drugs is very costly to patients. Even with the co-pay limits instituted by the Florida Insurance Commissioner, almost all plans have found ways to get around the requirements.

We will continue to encourage the Florida Insurance Commissioner to review plans and enforce the Affordable Care Act’s nondiscrimination and Essential Health Benefits rules, as well as state law, that prohibit QHPs from discriminating against people living with HIV. We will also work with individual health insurers to address issues as they are identified. Regarding hepatitis C drugs, we believe there is more to be done to bring issuers into compliance with current laws and regulations, which should improve access and limit patient costs.
Lastly, we will continue to listen to individual patient stories and take appropriate steps to help them as they continue to maneuver through the very difficult maze of the private insurance market so that they can access quality healthcare that they need and can afford.

Thank you to Stephanie Hengst and Frank Hood of The AIDS Institute’s DC office for conducting this review. Please feel free to contact us with any questions or comments.