V-BID Expanded Plan Template

This template provides recommendations for a comprehensive V-BID benefit plan design to be implemented by employers. It includes recommended core benefits (in yellow) to be implemented as part of a V-BID plan, and suggested additional benefits (in grey) that employers may choose to implement with the core elements. This template is recommended for implementation by self-insured employers who have flexibility to modify plan designs to incorporate Value-Based Insurance Design options. Although these are the recommended employer types, any interested employer may use this template if applicable.

Applicable Employer Types:

- Self-insured Employers

Recommended Incentive Mechanism(s)

Incentive mechanisms refer to the method of changing cost sharing for your employees. This could be through changes in copayments, changes in premium rates, bonus payments, and contributions to Health Reimbursement Accounts, among others. Each employer should choose a method appropriate to the structure of the health plan offered. This table provides guidance on the mechanisms that work best for different components:

Plan Type	Incentive Mechanisms	Recommended for:
All plans	○ Bonus payment for complying with recommended services, or ○ Reduced premium for complying with recommended services	V-BID Component 1 (for ACA covered services)
Plans with copayment or coinsurance cost-sharing	○ Waived or reduced copayment or coinsurance for recommended services and drugs or visit to high value provider	V-BID Component 1 (for prescription drug coverage) V-BID Components 2 and 3
Health Reimbursement Account-eligible High Deductible Health Plan (HRA-HDHP)	○ Contribution to HRA for recommended services and drugs, or ○ Exclusion of recommended services and drugs from deductible ○ Contribution to HRA for visit to high value provider	V-BID Components 2 and 3
Health Savings Account-eligible High Deductible Health Plan (HSA-HDHP)*	○ Contribution to HSA for adhering to recommended services or visits to high value provider	V-BID Components 1 and 3
All plans[1]	○ Financial incentives external to health benefit plan designs, including gift cards, payroll bonuses, and other rewards programs	Supplemental Benefits

[1] Employers may encounter barriers to integrating incentives or coverage of supplemental benefits as part of health plan benefits. As an alternative, employers may choose to provide incentives outside of the plan design, such as the employer's benefits department offering gift cards to those who participate in a supplemental benefit program. For example, one large national employer offers $500 gift cards to employees who participate in a surgical decision support program for eligible surgeries.

Commented [CC1]: Cheryl Lescarbeau:
This will generate multiple questions if not clearly defined.

RESPONSE: This will be clearly defined in the Employer Manual, and in the Employer Manual Glossary of Terms.

Recommended V-BID Structures

Incentive Structure

It is recommended that V-BID incentives be based on participation in or compliance with recommended services, such as screenings and disease management programs. However, employers may choose to make incentives for any of the recommended core benefits or additional benefits conditional on achieving certain outcomes. If incentives are outcomes-based, plans must offer an alternative way to earn incentives for members who are unable to achieve required targets.

	Participatory	Outcomes-Based
All Members	Incentive for participating in recommended service, e.g. biometric screening	Rewards based on meeting certain targets, e.g. falling within normal BMI range on biometric screening
Targeted Members	Incentives for participation in chronic disease management program, e.g. no cost diabetic supplies for members with diabetes who participate in nutritional counseling	Rewards for members with certain clinical conditions that meet certain targets, e.g. bonus payment for members with diabetes whose HgA1c levels fall within certain range

Enrollment Structure

Enrollment in a V-BID plan may be compulsory or voluntary. Employers who choose to make the VBID plan compulsory can offer the V-BID plan as the only health plan available to employees. Employers who choose to make the VBID plan voluntary can allow employees to opt-in.

If choosing an opt-in structure, the plan will need a significant enough incentive to encourage high rates of enrollment in the program. If offering an opt-in structure, the plan may require that enrollees comply with recommended services in order to maintain enrollment in the program and V-BID benefits. For example, the Connecticut State Employee Health Enhancement Program offers reduced premiums if employees enroll in the program and comply with the recommended services; employees who do not enroll face a premium penalty.

Implementation Guidance

- *Please note*: When offering V-BID benefits, plans are still required to remain in compliance with the Department of Labor's mental health parity regulations. For more information about the federal regulations, refer to Appendix [ ] on page [ ] of the Employer Manual.
- **For HSA-HDHPs:* According to IRS guidance, coverage does not include "any service or benefit intended to treat an existing illness, injury, or condition, including drugs or medications" until the deductible is met.[i] Employers should seek legal guidance on approaches that incentivize drugs and services based on a member's clinical condition. For more information about the IRS guidance for HSA-HDHPs, refer to Appendix [ ] on page [ ] of the Employer Manual.

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- Concerned that this will be perceived as punishment for not achieving goals
- Does not take into account external factors (food deserts, unsafe neighborhoods, transportation) that could impact outcomes
- Outcomes should be a decision made between a health care provider and the patient

Steve Moore:
- From a behavioral health perspective, people benefit from focusing on outcomes, not process.
- I don't believe rewards for people who achieve goals is in any way punitive to people who don't.
- If it is a true incentive – some added benefit above what would otherwise be available – then there is no punishment involved for not reaching it.

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Commented [CC4]: Cheryl Lescarbeau:
Who will be accountable for measuring the outcome? Would employees have to share clinical outcomes with their employer or health plan to be considered compliant?

Commented [CC5]: Mary Bradley:
With an opt-in design, there has to be some record keeping to make sure that employees are doing what they need to do. Thus, you may want to tell employers that they have t

Commented [CC6]: Mary Ellen Breault/Tekisha Everett:
Recommend adding that "Any VBID program must comply with Federal regulations regarding "Nondiscrimination in Health Programs and Activities" and "Regulations Under the Americans with Disabilities Act: Genetic Information

Commented [CC7]: TO BE DISCUSSED FURTHER DURING CONSORTIUM MEETING JUNE 1

Commented [AU8]: Mary Bradley: Call out that the IRS does allow some chronic condition medication to be treated as preventive medication and the recommendation is for employers to take full advantage of this allowed list as removing financial barriers from

Recommended V-BID Components

Recommended V-BID Component 1: Change Incentives for Specific Services for *All Applicable Members* Targeted by Age and Gender

It is recommended that employers encourage use of specific high value services for all applicable members. In addition to the services below, all plans are mandated by the ACA to cover additional preventive visits and screenings at no cost to the patient. Refer to the appendix for a list of services that are mandated by the ACA.

	Services	Applicable Members*
Recommended Core Benefit Design	*Biometric and Mental Health Screenings*	
	Blood Pressure Screening	Applicable members depending on age group and gender
	Cholesterol Screening	Applicable members depending on age group and gender
	Obesity Screening	Applicable members depending on age group and gender
	Depression Screening	Adolescents over 12 years and adults
	Alcohol Screening and Counseling	All adults
	Cancer Screenings	
	Breast Cancer Screening	Women depending on age group
	Cervical Cancer Screening	Women depending on age group
	Colorectal Cancer Screening	Applicable members depending on age group and gender
	*Prescription Drugs***	
	Beta-blockers	All members prescribed drug for any indication
	ACE inhibitors and ARBs	All members prescribed drug for any indication
	Insulins and oral hypoglycemics	All members prescribed drug for any indication
	Long-acting inhalers	All members prescribed drug for any indication
	Statins	All members prescribed drug for any indication
	Smoking cessation drugs	All members prescribed drug for any indication

*For recommendations on appropriate screenings for age groups and genders, as well as recommended frequency of screenings for each group, visit: http://www.uspreventiveservicestaskforce.org/Page/Name/recommendations

**For HSA-HDHPs: Although this is a recommended core benefit, IRS guidelines on preventive care services prohibit coverage of "any service or benefit intended to treat an existing illness, injury, or condition, including drugs or medications" until the deductible is met. Employers should seek legal guidance on approaches that incentivize drugs for clinical conditions through exclusions from the deductible and/or HSA contributions.

Implementation Guidance

- For high value services included in the core benefit design that are already mandated to be covered at no cost to the patient by the ACA, **it is recommended that employers provide an additional incentive, such as a bonus payment or premium reduction, for employees who participate in the services recommended for their age group and gender to encourage utilization of high value preventive services**
- Employers may choose to make these incentives instead based on outcomes achieved on certain biomarkers, for example blood pressure or cholesterol within a certain range. However, if an employer chooses an outcomes-based incentive approach, health care laws require that there is an alternative way to earn incentives for members who are unable to reach required targets. The ACA also specifies a maximum payout that is allowed.
- To increase utilization of preventive services, plans may encourage recommended screenings to be part of primary care visits, or may offer these services through on-site or nearby clinics to make them convenient for employees. For the purpose of care coordination, it is encouraged that records of services from on-site or nearby clinics be sent to the patient's PCP or usual source of care. For plans such as HMOs that require members to have an assigned PCP, encouraging these services through primary care visits will assist with PCP attribution efforts as well as continuity of care. Refer to the Implementation Strategies section on pg. [ ] of the Employer Manual for various methods for measuring compliance with screenings.
- For prescription drugs, it is recommended that cost sharing is reduced for generic, preferred brand, and brand name drugs for all targeted drug classes.

Justification for Recommendation

- This is the most basic plan design to implement – simplicity was emphasized by stakeholders interviewed and Consortium members.
- Recommended preventive visits/diagnostics align with the Connecticut SIM Quality Council's Provisional Measure Set for measuring provider performance. Consortium members agreed that aligning patient incentives with provider incentives was key to this initiative.
- Most employers currently implementing V-BID plans incentivize biometric screenings, cancer screenings, and at least one of these drugs.
- Evidence from the Connecticut State Employee Health Enhancement Program suggests incentivizing preventive visits/diagnostics increases use of primary care and diagnostic screenings, and decreases use of higher cost services such as specialty care and hospitalization.[ii]
- Consortium members emphasized the importance of behavioral health and substance use screenings for all members as fostering population health.
- Evidence from employers such as Pitney Bowes, Marriott International, and Proctor & Gamble suggests reducing cost sharing for certain drugs for all members prescribed these drugs increases medication adherence and decreases overall medical costs.[iii] Reducing cost sharing for recommended drugs for all members increases access to drugs for members with conditions for which drugs are evidence-based without needing to identify members with specific conditions.

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Additional V-BID Component 1 Option: Change Incentives for Specific Supplemental Benefits for All Applicable Members

In addition to incentivizing specific high value services, employers may choose to incentivize certain supplemental benefits for all applicable members by reducing or waiving out of pocket costs for these services, or providing a bonus payment or incentive for those who participate in the supplemental benefit or program.

	Supplemental Benefits	Applicable members
Suggested Additional Benefits	Treatment decision support/counseling	Members with conditions that have multiple treatment options with differing risks and benefits, e.g. lung cancer, breast cancer, depression, etc.
	Surgical decision support	Members undergoing elective surgeries that have other treatment alternatives, e.g. low back surgery, hysterectomy, hip or knee replacement, bariatric surgery, breast reduction surgery, etc.
	Pain Management	Members with chronic pain
	Healthy pregnancy program	Pregnant women
	Smoking Cessation	All members, as applicable
	Complex Case Management	Members with complex conditions, e.g. cancer, or comorbidities.

**For HSA-HDHPs: Employers should seek legal guidance on plan designs that provide HSA contributions for services related to a member's clinical condition before implementing these benefits. Employers should seek legal guidance on approaches that incentivize drugs and services based on a member's clinical condition.*

Implementation Guidance

Employers may encounter barriers to integrating incentives or coverage of supplemental benefits as part of health plan benefits. As an alternative, employers may choose to provide incentives outside of the plan design, such as the employer's benefits department offering gift cards to those who participate in a supplemental benefit program. For example, one large national employer offers $500 gift cards to employees who participate in a surgical decision support program for eligible surgeries.

Additional V-BID COMPONENT 1 Option: Discourage Use of Low Value Services

Although most V-BID plans incentivize the use of high value services, another possible V-BID approach is increasing cost sharing for certain low value services (e.g. through higher copayments) to discourage their use. If employers are interested in this option, they should consider aligning this approach with Connecticut's Choosing Wisely initiative, which focuses on educating providers about non-evidence based procedures and screenings and how to communicate which services are unnecessary to patients.

Examples of Low Value Services

- Vitamin D screening for patients with no symptoms
- Pap smears for women under age 21

Implementation Guidance

- It is recommended that efforts to discourage low value services by increasing cost sharing for the consumer are coupled with efforts to educate and incentivize providers to discourage ordering low value services, such as Choosing Wisely. Choosing Wisely is an ABIM Foundation initiative that promotes conversations between patients and providers around choosing care that is evidence-based and truly necessary, and questioning procedures that are not evidence-based and may even do more harm than good. Connecticut's Choosing Wisely campaign can be leveraged to educate providers on which services are low value, or non-evidence based and how to communicate with patients about these. Additional information on the Choosing Wisely initiative can be found at http://www.choosingwisely.org/ and in the Employer Resources section of the Employer Manual
- It is highly recommended that patients and providers be alerted as close to the point of services as possible if a service being ordered is considered low-value by Choosing Wisely, especially if this service will result in higher cost sharing for the patient.
- It is recommended that employers determine which low value services are contributing the highest costs in their employee population before discouraging any low value services. Employers may also consider if these services should be targeted through provider incentives instead.
- Effectively communicating to and educating consumers about which services are "low value" and why they have higher cost sharing is essential to gain employee buy-in to this approach. For suggested communication strategies, refer to the Communicating Benefits section.

Examples of Self-Insured Employers Implementing V-BID Component 1

Employer Type	Employer	V-BID Strategies	Program Results

Commented [CC10]: Consumer Group:
- Consumers are in no position to identify what are low-value services
- Some physicians require these tests before proceeding to treat
- Will be interpreted as denying needed care
- This is inappropriate

Cheryl Lescarbeau:
- Providers would argue that they are the ones trying to convince patients that there is no need for low-value services
- We hear all the time about how much patients push for non-value add services, providers can only counsel them
- Makes sense to keep the onus on the employee through disincentives

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Commented [CC12]: Cheryl Lescarbeau/Mary Ellen Breault:
How would this occur?

RESPONSE: The actual implementation of this process would depend on the specific employer, provider, and health plan involved in the process.

V-BID Component 1: Change Incentives for Specific Services for *All Applicable Members* Targeted by Age and Gender	National	Marriott International	• Decreased copayments for members prescribed medications from five drug classes for all tiers: Statins, inhaled corticosteroids, ACE inhibitors and ARBs, beta-blockers and diabetes medications	• Improved medication adherence in four out of five drug classes • Decreased non-adherence by 7 – 14%
	Publicly funded Connecticut-based	Connecticut State Employee Health Enhancement Program	• Reduces premiums and cost-sharing for enrollees who participate in yearly physicals, age and gender-appropriate health risk assessments and evidence-based screenings, vision exams and dental cleanings. • Reduces cost sharing for condition-related services for specific conditions (Component 2)	• Primary care visits increased by 75% • Preventive diagnostic visits increased over 10%, and • Specialty visits decreased by 21% in the first year

Recommended V-BID Component 2: CHANGE INCENTIVES FOR SPECIFIC SERVICES BY CLINICAL CONDITION*

It is recommended that employers incentivize use of high value services for members with specific clinical conditions. **Employers are encouraged to select conditions that affect your specific employee population.** A member must be diagnosed with the condition to be eligible for an incentive.

	Chronic Conditions	Visits	Diagnostics	Drugs
Recommended Core Benefit Plan Design: Recommend employers target at least **two** conditions	Diabetes	• Office visits related to condition • Nutritional counseling • Smoking cessation	• HbA1c • Eye exams • Foot exams	• Insulin • Diabetic supplies • ACE inhibitors/ARBs
	Pre-diabetes	• Office visits related to condition • Nutritional counseling • Health coach • Smoking cessation	• HbA1c • Glucose test	• Anti-hypertensives • Metformin • Statins
	Asthma/COPD	• Office visits related to condition • Smoking cessation • Home visits	Spirometry	• Long-acting inhalers • Inhaled corticosteroids • Oxygen
	Hypertension	• Office visits related to condition • Smoking cessation • Nutritional counseling	Blood pressure testing	• Anti-hypertensives • ACE inhibitors/ ARBs • Statins
	Pre-hypertension	• Office visits related to condition • Smoking cessation • Nutritional counseling • Health Coach	• Blood pressure testing • Home blood pressure measurement	
	Depression	• Office visits related to condition • Suicide and other risk assessments • Cognitive behavioral therapy • Smoking cessation		• Anti-depressants
	Substance Use Disorders	• Office visits related to condition • Risk assessments • Evidence-based treatment programs • Smoking cessation		• Methadone • Buprenorphine/Naloxone • Detox medications
	Congestive Heart Failure	• Office visits related to condition • Smoking cessation	• Echocardiogram • EKG	• Beta-blockers • ACE inhibitors/ARBs

Commented [CC13]: Cheryl Lescarbeau:
Would the health coach be employed by the health plan? Most providers do not have these resources available to them within the practice.

TO BE DISCUSSED DURING THE JUNE 1 CONSORTIUM MEETING

Commented [CC14]: Cheryl Lescarbeau:
Seems very specific; is there capacity of providers who offer CBT if this is strongly recommended?

TO BE DISCUSSED DURING THE JUNE 1 CONSORTIUM MEETING

		• Nutritional counseling	• Potassium and creatinine testing • Digoxin level	• Spironolactone • Diuretics • Oxygen • Digoxin
	Coronary Artery Disease	• Office visits related to condition • Nutritional counseling • Smoking cessation	• EKG	• Beta-blockers • ACE inhibitors/ ARBs • Aspirin • Clopidogrel/Plavix

**For HSA-HDHPs: Employers should seek legal guidance on plan designs that provide HSA contributions for services related to a member's clinical condition before implementing these benefits. Employers should seek legal guidance on approaches that incentivize drugs and services based on a member's clinical condition.*

Implementation Guidance

- Some claims analysis is required to determine which conditions are most prevalent among your employee population, and which employees are eligible for incentives.
- While employers are encouraged to target conditions that most affect their employee population, diabetes is one of the most commonly targeted and evaluated conditions in V-BID plans due to its high prevalence and evidence showing that increased medication adherence to diabetes drugs due to lower cost sharing results in better health outcomes and direct healthcare savings.
- Office visits related to conditions can be identified through the coding used for the visit, so that physician offices know when to waive or reduce patients' cost sharing.

Justification for Recommendation

- Over 57%, or two million, Connecticut residents have one or more chronic diseases, which drives healthcare spending and results in lost productivity.
- Evaluations have demonstrated that reducing cost sharing for high value services such as chronic disease medications, increases medication adherence, resulting in better management of chronic conditions.[iv]
- The conditions selected are based on those for which there is evidence-based treatment, evaluations of other V-BID programs suggest that reducing financial barriers increases treatment adherence and improves health outcomes. The CMS Medicare Advantage pilot V-BID program recommends reduced cost sharing for services for several of the recommended conditions. More information about the CMS selected conditions can be found at Innovation.cms.hhs.gov/initiatives/VBID or in the Employer Resources section.
- Several employers, such as Hannaford Brothers, Wellpoint, Inc. and Caterpillar, Inc., among many others have reduced cost sharing for services and drugs related to chronic conditions as part of a V-BID plan and found this reduced overall spending.[v]

- Studies have reported that as copays increase, adherence to chronic disease medications, such as diabetes, decreases.[vi] Evidence from United Healthcare's "Diabetes Health Plan", Midwest Business Group on Health and other employers suggests that reducing cost sharing for medications increases medication adherence, improves health and results in overall net savings.[vii]

Additional V-BID Component 2 Option: Change Incentives for Supplemental Benefits for Members with Clinical Conditions

In addition to incentivizing high value services for members with specific clinical conditions, employers may choose to also incentivize certain supplemental benefits for members with these conditions. This can be done by reducing, waiving or reimbursing out of pocket spending for these services, or by providing a bonus payment or incentive for those who participate in the supplemental benefit or program.

Examples of Types of Supplemental Benefits

- Transportation to appointment(s)
- 90-day supply mail-order prescriptions for chronic conditions
- Virtual/audio/telephonic counseling or consultations
- Meals or other nutritional services
- Treatment Decision Support program

Implementation Guidance

- Employers may encounter barriers with integrating incentives or coverage of supplemental benefits as part of health plan benefits. As an alternative, employers may choose to provide incentives outside of the plan design, such as the employer's benefits department offering gift cards to those who participate in a supplemental benefit program.
- All members with the targeted clinical condition should be eligible for participation in the disease management program to avoid discriminatory benefits.

Additional V-BID Component 2 Option: Change Incentives for Services for Members who Participate in Chronic Disease Management Programs

Employers may choose to require participation in a disease management program in order to receive incentives for condition-specific high value services and/or supplemental benefits. Employers may also choose to make incentives conditional based on outcomes achieved in the disease management programs. Employers that choose an outcomes-based incentive must provide an alternative way to earn incentives for members who are unable to reach required targets.

Examples of Types of Disease Management Programs

- Disease-specific action plan
- Meetings with health coach or health educator for education on condition
- Medication adherence program
- Pharmacist counseling
- Nutritional counseling

- Behavioral health counseling
- Lifestyle change/wellness program specific to condition
- Weight management/weight loss program indicated for condition
- Smoking cessation program

Implementation Guidance

- Disease management programs are specific to improving health outcomes for a person's condition. They are not a general wellness program for all members.
- Disease management programs may be offered as an additional benefit for members with specific clinical conditions, or may be part of the existing care management activities. If part of existing care management, providers and health plans will need to have open communication about how programs are structured, which members are targeted, and which members are participating these programs.
- All members with the targeted clinical condition should be eligible for participation in the disease management program to avoid discriminatory benefits.

Examples of Self-Insured Employers Implementing V-BID Component 2

	Employer Type	Employer	V-BID Strategies	Program Results
V-BID Component 2: Change Incentives for Specific Services by Clinical Condition	National	Lafarge North America "Building a Better You"	• Reduced copays ($5) for diabetes, asthma and hypertension medications	• Saved $30M in medical and Rx costs over 3 years • Doubled percent of patients adherent to meds • Decreased ER visits and inpatient visits and days
	Connecticut	United Healthcare "Diabetes Health Plan"	• Eliminated payments for diabetes-related supplies and Rx drugs for participation in routine disease maintenance exams • Provided free access to online health educators and disease monitoring systems	• After one year of implementation reduced total net cost by 9%, saving about $3 million

Recommended V-BID Component 3: CHANGE INCENTIVES FOR VISITS TO HIGH VALUE PROVIDERS

It is recommended that employers provide incentives for visits to high value primary care and specialty providers, such that the measures of "value" are transparent, and are defined by both cost and quality metrics.

	Provider Type
Recommended Core Benefit Plan Design: Employers choose to incentivize visits to at least one of the following provider types	Network of primary care and specialty providers who have been identified as high value based on performance on cost and quality metrics
	Primary care or specialty provider who is part of an ACO identified as high value based on performance on cost and quality metrics
	Primary care physician or Patient Centered Medical Home that has been identified as high value based on performance on cost and quality metrics

Implementation Guidance

- Although each health plan may use different measures and criteria to define "value" for providers, it is recommended the measures used are transparent to providers and consumers, and at a minimum use a validated set of cost and quality metrics. The SIM Quality Council Provisional Measure Set (see Appendix [ ]) was developed through an intensive stakeholder engagement and public process, and provides a standardized set of validated metrics that may be leveraged for identifying high value providers.
- While many employers and health plans offer tiered networks of facilities, the current recommendations focus on only primary care and specialty providers, for which performance measurement based on cost and quality is more firmly established in Connecticut. At this time, this initiative will not include tiered networks in its recommendations while efforts to tier facilities based on transparent cost and quality metrics are still ongoing. Nevertheless, incentivizing use of specific high value facilities through tiered networks may be a future direction for the next generation of V-BID plan designs.

For guidance and recommendations on how value should be defined for providers, please see the V-BID Plan Guiding Principles on pg.[_]

Justification for Recommendation

- Approach aligns consumer incentives with provider incentives, which experts and stakeholders agreed was essential.
- Consortium members emphasized that while important, value cannot be defined solely in terms of cost but should also include quality measures, and that measures need to be transparent. Other dimensions, such as provider accessibility, credentials, etc. should be considered for incorporated into future V-BID templates.

Commented [CC15]: Consumer Group/Cheryl Lescarbeau:
- There is not currently enough precision in the metrics to differentiate between providers.
- Will raise the feeling that the choice of providers is being limited.
- Each plan could define this how it wants
- Doesn't address patient access or provider availability issues
- Could be very complicated to administer
-Recommend incorporating at a later date when high value providers may be more readily identified through other SIM Initiatives.
- SIM Provisional Measure Set has not been implemented and is likely to be controversial among providers and plans.

TO BE DISCUSSED DURING THE JUNE 1 CONSORTIUM MEETING

- Quality measures align with the SIM Quality Council initiative, which is developing a Provisional Core Measure set to propose tying provider payment to selected quality metrics.
- According to stakeholders, many health plans in Connecticut have established incentive structures to drive consumers towards high value providers. Stakeholders suggested building/improving upon these models and ensuring transparency in defining value.
- Health plans such as Anthem's Patient Centered Primary Care Program and Aetna Whole Health - Hartford HealthCare & Value Care Alliance that reduce cost sharing for providers who are being paid for performance have seen success with these programs.[viii]
- The focus on primary care and specialty providers takes into account the specific Connecticut landscape, and that identifying high value facilities based on transparent cost and quality metrics remains a work in progress. Incentivizing use of specific high value facilities may be a future direction for the next generation of V-BID plan designs.

Additional V-BID Component 3 Option: Change Incentives for Specific Services Only If Delivered by High Value Provider

Employers may choose to incentivize specific services only when delivered by a high value provider.

	Provider Type	Conditions	Services
Suggested Additional Benefits	Center of Excellence	• Transplant surgery • Knee or hip replacement • Heart surgery • Obesity surgery • Substance use	• All care for specific condition • Medications for specific condition
	Narrow network of high performing providers for specific chronic conditions	• Coronary Artery Disease • Congestive Heart Failure • Diabetes • Hypertension • Cancer	• Office visits for condition • Medications for condition • Procedures for condition

*See V-BID Plan Guiding Principles for additional recommendations on how value should be defined for providers.

Implementation Guidance

As part of this option, employers may also cover additional out of pocket expenses associated with these services. For example, if employees need to travel to a Center of Excellence for a surgery, employers such as Lowe's cover the cost of travel for the patient and a family member, in addition to the care received while at the facility. Employers should consider provider access and employees' abilities to visit certain providers for followup, especially if they require ongoing care from the provider.

Examples of Self-Insured Employers Implementing V-BID Component 3

	Employer Type	Employer	V-BID Strategies	Program Results
V-BID Component 3: Change Incentives for Visits to High Value Providers	Publicly funded	New York City Employees	• Will eliminate copayment for primary and specialty care visits at one of 36 sites in which providers are part of specified pay for performance contracts	• Program implemented in 2016 – anticipated savings of $150M
	National - Connecticut based	Pitney Bowes	• Incentivizes use of high performing physicians through tiered network • Transplants and infertility treatment is permitted at COEs only	• Increased cost savings as result of incentive program
Additional V-BID Component 3 Option: Change Incentives for Specific Services Only If Delivered by High Value Provider	National	Lowe's	• Covers medical cost and travel cost for patient and one relative for employees who have cardiac procedures performed at Cleveland Clinic	• Anticipates reduced costs, lower readmissions, lower mortality
	National – Connecticut based	General Electric	• Covers 100% of medical cost and up to $2,000 of travel costs for employees who get hip and knee replacements at one of four COEs • Incents employees to use obesity surgery, organ transplant, and substance abuse COEs	• Anticipates reduced costs, lower readmissions, lower mortality

These plans were identified through materials from the V-BIID Center as well as discussions with employers.[ix]

[i] http://www.irs.gov/irb/2004-33_IRB/ar08.html

[ii] http://vbidcenter.org/wp-content/uploads/2016/03/CT-HEP-infographic-3-30-16.pdf

[iii] Fendrick, M., MD. "Value-Based Insurance Design Landscape Digest". *National Pharmaceutical Council*. July, 2009. Retrieved from < http://vbidcenter.org/wp-content/uploads/2014/08/NPC_VBIDreport_7-22-09.pdf>

[iv] http://vbidcenter.org/wp-content/uploads/2014/10/HA2008impactdecreasingcopays.pdf

[v] Fendrick, M., MD. "Value-Based Insurance Design Landscape Digest". *National Pharmaceutical Council*. July, 2009. Retrieved from < http://vbidcenter.org/wp-content/uploads/2014/08/NPC_VBIDreport_7-22-09.pdf>

[vi] http://vbidcenter.org/wp-content/uploads/2014/10/vbid-diabetes-drug-therapy-RR12-01-08.pdf

[vii] Fendrick, M., MD. "Value-Based Insurance Design Landscape Digest". *National Pharmaceutical Council*. July, 2009. Retrieved from < http://vbidcenter.org/wp-content/uploads/2014/08/NPC_VBIDreport_7-22-09.pdf>

[viii] "2015 Connecticut Plan Guide for Businesses with 51-100 eligible employees." *Employer Plans*. Aetna. Web. March 11, 2016. < https://www.aetna.com/employers-organizations.html> and https://www.anthem.com/health-insurance/about-us/pressreleasedetails/VA/2012/939/anthem-blue-cross-and-blue-shield-launches-innovative-program-to-enhance-primary-care-by-paying-physicians-more-for-quality-and-cost-improvements

[ix] Fendrick, M., MD. "Value-Based Insurance Design Landscape Digest". *National Pharmaceutical Council*. July, 2009. Retrieved from < http://vbidcenter.org/wp-content/uploads/2014/08/NPC_VBIDreport_7-22-09.pdf> and http://www.crainsnewyork.com/article/20160226/HEALTH_CARE/160229902/city-overhauls-health-plans-for-municipal-workers-in-shift-toward-preventive-care