

## V-BID TEMPLATE FOR SELF-INSURED EMPLOYERS

This template provides recommendations for a comprehensive V-BID benefit plan design for **self-insured employers**. It includes recommended core benefits to be implemented as part of a V-BID plan, and suggested additional benefits that employers may choose to implement with the core elements.

### 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	<ul style="list-style-type: none"> <li>○ Bonus payment for using recommended services, or</li> <li>○ Reduced premium for using recommended services</li> </ul>	V-BID Component 1 (for ACA covered services)
Plans with copayment or coinsurance cost-sharing	<ul style="list-style-type: none"> <li>○ Waived or reduced copayment or coinsurance for recommended services and drugs or visit to high value provider</li> </ul>	V-BID Component 1 (for prescription drug coverage) V-BID Components 2 and 3
Health Reimbursement Account-eligible High Deductible Health Plan (HRA-HDHP)	<ul style="list-style-type: none"> <li>○ Contribution to HRA for utilizing recommended services and drugs, or</li> <li>○ Exclusion of recommended services and drugs from deductible</li> <li>○ Contribution to HRA for visit to high value provider</li> </ul>	V-BID Components 2 and 3
Health Savings Account-eligible High Deductible Health Plan (HSA-HDHP)*	<ul style="list-style-type: none"> <li>○ Contribution to HSA for adhering to recommended services or visits to high value provider</li> </ul>	V-BID Components 1 and 3
All plans <sup>3</sup>	<ul style="list-style-type: none"> <li>○ Financial incentives external to health benefit plan designs, including gift cards, payroll bonuses, and other rewards programs</li> </ul>	Supplemental Benefits

<sup>3</sup> If employers encounter barriers to integrating incentives or coverage of certain services as part of health plan benefits, they may choose to provide incentives outside of the plan design as an alternative. For example, the employer’s benefits department may offer gift cards to those who participate in a supplemental benefit program.

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, participation should be voluntary, and plans are required to offer an alternative way to earn incentives for members who are unable to meet outcomes requirements.<sup>4</sup>

	Participatory	Outcomes-Based
All Members	Incentive for participating in recommended service	Rewards for meeting certain targets, including improving on or maintaining personal targets
Targeted Members	Incentives for participation in chronic disease management program	Rewards for members with certain clinical conditions that meet certain targets

*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 use 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 use 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 state and federal regulations, including mental health parity regulations and health plan nondiscrimination laws. For more information about federal regulations, refer to the Online Resources section on page 53 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.<sup>1</sup> Employers should consult their legal counsel and/or health plan on approaches that incentivize drugs and services based on a member’s clinical condition. Employers are encouraged to work with their health plan on excluding any preventive services and medications that are allowable under IRS guidance from the deductible. For more information from the

<sup>4</sup> This is required by ACA regulations governing wellness programs. For more information, visit <https://www.federalregister.gov/articles/2013/06/03/2013-12916/incentives-for-nondiscriminatory-wellness-programs-in-group-health-plans>

V-BID Center on Increasing Flexibility to Expand IRS Safe Harbor Coverage in HSA-High Deductible Health Plans, refer to Online Resources on page 53 of the Employer Manual.

**RECOMMENDED V-BID COMPONENT 1: CHANGE INCENTIVES FOR SPECIFIC SERVICES AND DRUGS FOR ALL APPLICABLE MEMBERS TARGETED BY AGE AND GENDER**

**It is recommended that employers encourage the 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. Please refer to Online Resources on page 53 for more information on services that are mandated by the ACA.

	Services	Applicable Members*
Recommended Core Benefit Design	<i>Biometric and Mental Health Screenings</i>	
	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
	<i>Cancer Screenings</i>	
	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
	<i>Prescription Drugs**</i>	
	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.

Employers are encouraged to work with their health plan on excluding from the deductible any preventive services and medications that are allowable under IRS guidance.

#### *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 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. 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, when patient consent is granted. 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 page 22 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 component to implement – simplicity was emphasized by stakeholders interviewed and Consortium members. For more information about the Consortium and recommendation process, refer to the Recommendations Development Appendix on page 31.
- Recommended preventive services are determined to be evidence-based by the US Preventive Services Task Force and 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.
- Evidence from employers such as Pitney Bowes, Marriott International, and Procter & Gamble suggests reducing cost sharing for certain drugs for all members prescribed these drugs increases medication adherence and decreases overall medical costs.<sup>2</sup> 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.
- 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 services increases use of primary care and diagnostic screenings, and decreases use of higher cost services such as specialty care and hospitalization.<sup>3</sup>

- Consortium members emphasized the importance of behavioral health and substance use screenings for all members for population health.

**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 an 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.

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

	Employer Type	Employer	V-BID Strategies	Program Results
V-BID Component 1: Change Incentives for Specific Services for <i>All Applicable</i> <i>Members</i> Targeted by Age and Gender	National	Marriott International	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Improved medication adherence in four out of five drug classes</li> <li>Decreased non-adherence by 7 – 14%</li> </ul>
	Publicly funded Connecticut-based	Connecticut State Employee Health Enhancement Program	<ul style="list-style-type: none"> <li>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.</li> <li>Reduces cost sharing for condition-related services for specific conditions (Component 2)</li> </ul>	<ul style="list-style-type: none"> <li>Primary care visits increased by 75%</li> <li>Preventive diagnostic visits increased over 10%, and</li> <li>Specialty visits decreased by 21% in the first year</li> </ul>

**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 their 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 <b>two</b> conditions	Diabetes	<ul style="list-style-type: none"> <li>▪ Office visits related to condition</li> <li>▪ Nutritional counseling</li> <li>▪ Smoking cessation</li> </ul>	<ul style="list-style-type: none"> <li>▪ HbA1c</li> <li>▪ Eye exams</li> <li>▪ Foot exams</li> </ul>	<ul style="list-style-type: none"> <li>▪ Insulin</li> <li>▪ Diabetic supplies</li> <li>▪ ACE inhibitors/ARBs</li> </ul>
	Pre-diabetes	<ul style="list-style-type: none"> <li>▪ Office visits related to condition</li> <li>▪ Nutritional counseling</li> <li>▪ Health coach</li> <li>▪ Smoking cessation</li> </ul>	<ul style="list-style-type: none"> <li>▪ HbA1c</li> <li>▪ Glucose test</li> </ul>	<ul style="list-style-type: none"> <li>▪ Anti-hypertensives</li> <li>▪ Metformin</li> <li>▪ Statins</li> </ul>
	Asthma/COPD	<ul style="list-style-type: none"> <li>▪ Office visits related to condition</li> <li>▪ Smoking cessation</li> <li>▪ Home visits</li> </ul>	<ul style="list-style-type: none"> <li>▪ Spirometry</li> </ul>	<ul style="list-style-type: none"> <li>▪ Long-acting inhalers</li> <li>▪ Inhaled corticosteroids</li> <li>▪ Oxygen</li> </ul>
	Hypertension	<ul style="list-style-type: none"> <li>▪ Office visits related to condition</li> <li>▪ Smoking cessation</li> <li>▪ Nutritional counseling</li> </ul>	<ul style="list-style-type: none"> <li>▪ Blood pressure testing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Anti-hypertensives</li> <li>▪ ACE inhibitors/ ARBs</li> <li>▪ Statins</li> </ul>
	Pre-hypertension	<ul style="list-style-type: none"> <li>▪ Office visits related to condition</li> <li>▪ Smoking cessation</li> <li>▪ Nutritional counseling</li> <li>▪ Health Coach</li> </ul>	<ul style="list-style-type: none"> <li>▪ Blood pressure testing</li> <li>▪ Home blood pressure measurement</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	Depression	<ul style="list-style-type: none"> <li>▪ Office visits related to condition</li> <li>▪ Suicide and other risk assessments</li> <li>▪ Cognitive behavioral therapy</li> <li>▪ Smoking cessation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Screening, evaluation and assessment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Anti-depressants</li> </ul>
	Substance Use Disorders	<ul style="list-style-type: none"> <li>▪ Office visits related to condition</li> <li>▪ Risk assessments</li> <li>▪ Evidence-based treatment programs</li> <li>▪ Smoking cessation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Screening, evaluation and assessment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Methadone</li> <li>▪ Buprenorphine/Naloxone</li> <li>▪ Detox medications</li> <li>▪ Nicotine replacement therapy</li> </ul>

Congestive Heart Failure	<ul style="list-style-type: none"> <li>▪ Office visits related to condition</li> <li>▪ Smoking cessation</li> <li>▪ Nutritional counseling</li> </ul>	<ul style="list-style-type: none"> <li>▪ Echocardiogram</li> <li>▪ EKG</li> <li>▪ Potassium and creatinine testing</li> <li>▪ Digoxin level</li> </ul>	<ul style="list-style-type: none"> <li>▪ Beta-blockers</li> <li>▪ ACE inhibitors/ARBs</li> <li>▪ Spironolactone</li> <li>▪ Diuretics</li> <li>▪ Oxygen</li> <li>▪ Digoxin</li> </ul>
Coronary Artery Disease	<ul style="list-style-type: none"> <li>▪ Office visits related to condition</li> <li>▪ Nutritional counseling</li> <li>▪ Smoking cessation</li> </ul>	<ul style="list-style-type: none"> <li>▪ EKG</li> </ul>	<ul style="list-style-type: none"> <li>▪ Beta-blockers</li> <li>▪ ACE inhibitors/ ARBs</li> <li>▪ Aspirin</li> <li>▪ Clopidogrel/Plavix</li> </ul>

*\*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 a given 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.
- Studies have reported that as copays increase, adherence to chronic disease medications, such as diabetes, decreases.<sup>4</sup> Evaluations of employer programs such as United Healthcare’s “Diabetes Health Plan” and Midwest Business Group on Health’s V-BID Plan 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.<sup>5,6</sup>
- 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](http://Innovation.cms.hhs.gov/initiatives/VBID) or in the Online Resources section on page 53.

- 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.<sup>7</sup>

#### 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 an 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
- Telemedicine, including virtual or audio consultations with the patient's usual healthcare provider
- 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. Further guidance on outcomes-based approaches can be found at [Nondiscrimination in Health Programs and Activities Proposed Rule](#) or in the Online Resources section on page 53.

##### *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 in 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”	<ul style="list-style-type: none"> <li>▪ Reduced copays (\$5) for diabetes, asthma and hypertension medications</li> </ul>	<ul style="list-style-type: none"> <li>▪ Saved \$30M in medical and Rx costs over 3 years</li> <li>▪ Doubled percent of patients adherent to meds</li> <li>▪ Decreased ER visits and inpatient visits and days</li> </ul>
	Connecticut	United Healthcare “Diabetes Health Plan”	<ul style="list-style-type: none"> <li>▪ Eliminated payments for diabetes-related supplies and Rx drugs for participation in routine disease maintenance exams for United Healthcare employees</li> </ul>	<ul style="list-style-type: none"> <li>▪ After one year of implementation reduced total net cost by 9%, saving about \$3 million</li> </ul>

- Provided employees free access to online health educators and disease monitoring systems

**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 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 providers who have been identified as high value based on performance on cost and quality metrics
	Providers who are 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 E on page 45) was developed through an intensive stakeholder engagement and public process, and provides a standardized set of validated metrics that health plans may use for identifying high value providers.

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*For guidance and recommendations on how value should be defined for providers, please see the V-BID Plan Guiding Principles on page 8.*

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*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 incorporation into future V-BID templates.
- Quality measures align with the SIM Quality Council initiative, which is charged with developing a Core Measure set to assess provider performance and 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, high performing 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.<sup>8</sup>

**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 (COE)	<ul style="list-style-type: none"> <li>▪ Transplant surgery</li> <li>▪ Knee or hip replacement</li> <li>▪ Heart surgery</li> <li>▪ Obesity surgery</li> <li>▪ Substance use</li> </ul>	<ul style="list-style-type: none"> <li>▪ All care for specific condition</li> <li>▪ Medications for specific condition</li> </ul>
	Narrow network of high performing providers for specific chronic conditions	<ul style="list-style-type: none"> <li>▪ Coronary Artery Disease</li> <li>▪ Congestive Heart Failure</li> <li>▪ Diabetes</li> <li>▪ Hypertension</li> <li>▪ Cancer</li> </ul>	<ul style="list-style-type: none"> <li>▪ Office visits for condition</li> <li>▪ Medications for condition</li> <li>▪ Procedures for condition</li> </ul>

\*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 follow up, 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	Publicly funded	New York City Employees	<ul style="list-style-type: none"> <li>▪ 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</li> </ul>	<ul style="list-style-type: none"> <li>▪ Program implemented in 2016 – anticipated savings of \$150M</li> </ul>

Visits to High Value Providers	National - Connecticut based	Pitney Bowes	<ul style="list-style-type: none"> <li>▪ Incentivizes use of high performing physicians through tiered network</li> <li>▪ Transplants and infertility treatment is permitted at COEs only</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased cost savings as result of incentive program</li> </ul>
Additional V-BID Component 3 Option: Change Incentives for Specific Services Only If Delivered by High Value Provider	National	Lowe's	<ul style="list-style-type: none"> <li>▪ Covers medical cost and travel cost for patient and one relative for employees who have cardiac procedures performed at Cleveland Clinic</li> </ul>	<ul style="list-style-type: none"> <li>▪ Anticipates reduced costs, lower readmissions, lower mortality</li> </ul>
	National – Connecticut based	General Electric	<ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ Incentivizes employees to use obesity surgery, organ transplant, and substance abuse COEs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Anticipates reduced costs, lower readmissions, lower mortality</li> </ul>

These plans were identified through materials from the V-BID Center as well as discussions with employers.<sup>9</sup>