

## Health **Enhancement Program**

## Value-Based Insurance Design

V-BID sets cost-sharing to encourage use of high-value services and providers and discourage use of low-value care

## **Current Plans**

### V-BID Plans

Increase out-of-pocket costs

Offer one-size-fits-all cost-sharing

Misalign consumer and provider incentives

Lower cost-sharing for highvalue services and providers

Enhance patient-centered

Align with provider intiatives

## **Motivation for Benefit Design Change**



budget deficits





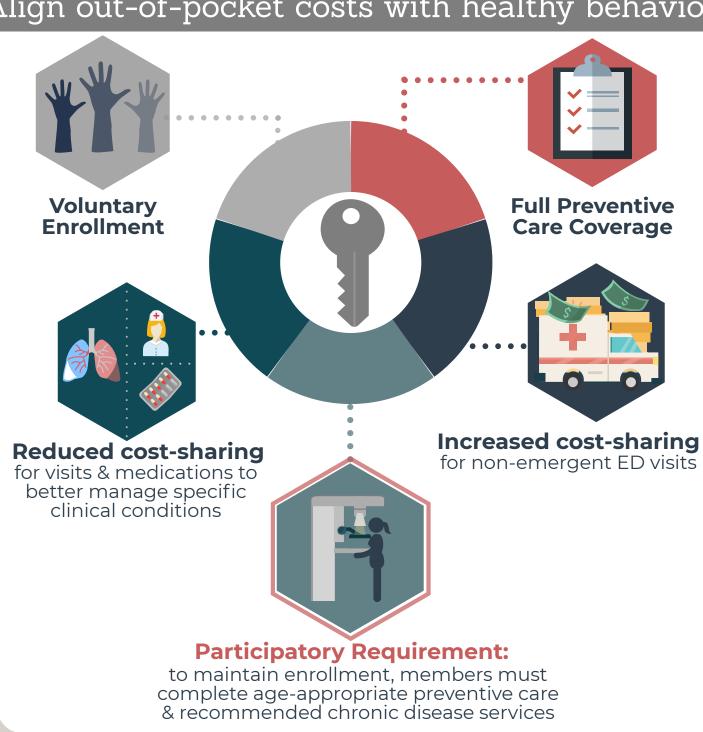
and quality gaps



population health

# **Key Features of the HEP**

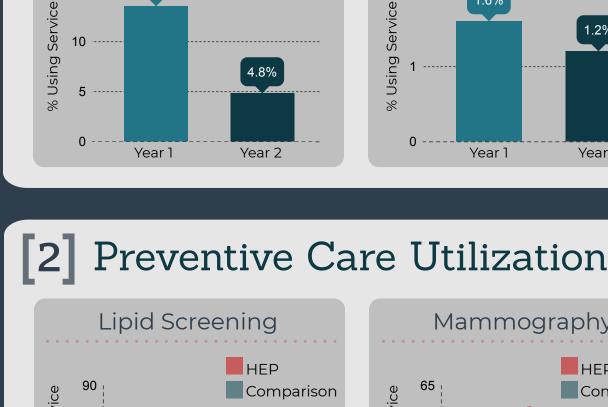
Align out-of-pocket costs with healthy behaviors



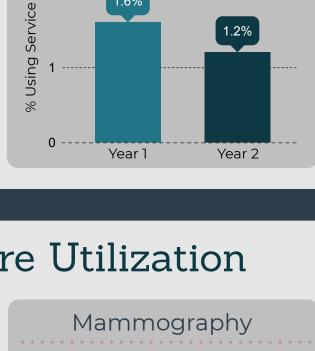
## [1] Office Visit Increases

**HEP Impact: 2 Year Results** 

## 10



Preventive Visits



65

**Chronic Condition Visits** 

1.2%

Comparison

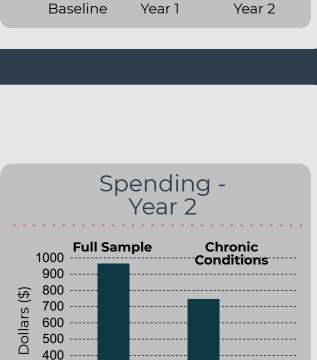
#### % Using Service % Using Service 70 45

#### Baseline Year 2 Year 1 Resource Use **ED** Visits per 1,000 enrollees 250 200 150

Baseline

**HEP** 

Year 1



Total Spending

Out-of-pocket

#ED visits per 1,000 100 400 300 50 200 100

# Moving Forward

Year 2

Comparison

Combining V-BID principles with participation requirements can help payers increase the use of evidence-based services and reduce low-value care

Baseline: July 2010 - June 2011; Year 1: July 2011 - June 2012; Year 2: July 2012 - June 2013 Health Affairs. 2016;35(4):637-46.

This novel combination increased the utilization of targeted preventive and chronic disease services, and reduced ED use among HEP enrollees, relative to other state health plans

-100

- Aligning clinically nuanced, provider-facing and consumer engagement initiatives is necessary to improve quality of care, enhance patient experience, and contain cost growth
- As private and public payers transition from a volume-based to a value-based delivery system, V-BID will be an essential component

Insurance Design