



***Strong support for the concept of value-based insurance design could be found in comments on the Federal Request for Information across a range of health providers, insurers, and advocates. These comments express promise for widespread implementation of V-BID in both government and private settings. Below is a selection of these statements gathered by the V-BID Center.***

“Aetna’s experience has been that VBID is critical to ensuring that patients receive proper preventive care, but without causing unreasonable and unnecessary costs to the plans – and, ultimately, to plan members. Without effective VBIDs in place, plans required to offer preventive care on a first-dollar basis are vulnerable to wasteful spending (which may result in an increase in premiums to participants) due to offering unnecessary and often expensive services. Moreover, effective VBID can also help doctors avoid performing needless procedures, and may also help reduce fraud and abuse.”

*-Aetna*

“The AAFP has been a longstanding advocate for the elimination of cost-sharing for preventive health services. As such, the AAFP supports provisions in the *Affordable Care Act* relating to preventive care and we share the Administration’s interest in promoting high-value, clinically effective, evidence-based preventive care.”

*-American Academy of Family Physicians*

“All stakeholders recognize that our healthcare system must provide better quality and more cost-effective care delivery. VBID supports these important goals by encouraging individuals to access critically needed, high-value services and health improvement activities. The ability of VBID to achieve high-quality and effective care should be promoted and recognized in the context of implementing other provisions of ACA, including essential health benefits.”

*-America’s Health Insurance Plans*

“Studies show that our health care system contributes both to overutilization of many low-value services and to underutilization of many high-value services. Whereas much healthcare strategy in the private industry has focused on correcting the former, a VBID approach is a concerted effort to arrive at the right holistic utilization mix.”

*-Aon Hewitt*

“The Patient Protection and Affordable Care Act promoted many important mechanisms to help bend the cost curve in health care, including VBID. We believe VBID is one of the more

promising areas for potential innovation. As VBID programs become more refined and sophisticated, they may lead to significant gains in worker productivity and lower cost trends for health insurance. We therefore would request that as the Departments approach potential future regulations, they keep in mind the need to promote innovation in this area and to encourage the development of programs that may prove central to bending the long-term health care cost curve.”

*-Blue Shield of California*

“Consistent with health care system transformation goals, Care Continuum Alliance members believe VBID can increase the use of effective evidence-based services including primary prevention, risk intervention, chronic care and medication management to improve clinical outcomes and address cost. The Care Continuum Alliance supports the adoption of VBID strategies in the move toward preventive, patient-centered health care coverage that emphasizes wellness and health promotion at the population level. Specifically, VBID strategies contain educational components geared toward advancing patient awareness and engagement.”

*-Care Continuum Alliance*

“Value-based insurance design has the potential to lower costs, improve health care quality, and improve patient health, and can complement other strategies within the Affordable Care Act.”

*-Families USA*

“We strongly support the provisions of the Patient Protection and Affordable Care Act that require health plans to offer preventive services at no out-of-pocket cost to enrollees. This is a benefit that we offer our own employees and we believe it is essential to promoting optimal use of these services.”

*-Healthways*

“The opportunity to utilize VBID is not limited to large national companies, and the foundational elements are the same regardless of the size of the organization. The key is to align the most appropriate incentives so that everyone- the consumers, providers and the employer- is working toward the same goal of better quality, better value at a better cost.”

*-National Business Coalition on Health*

“On behalf of our member employer purchasers that coordinate, receive and pay for health care services, NEBGH supports the development and advancement of regulations implementing provisions of the Affordable Care Act related to VBID, a relatively novel, yet promising approach to improving health and mitigating long-term health care cost growth. VBID is not solely a preventive care benefit design. Rather, it is a unique and consumer incentive-driven approach to addressing the broader issue of rising health care costs and the return on investment that purchasers experience. In the face of health care cost increases that show no relent, purchasers

of health benefits deserve an option that allows them to utilize data-driven approaches to deliver common sense, high-value preventive health care that staves off costly and debilitating chronic conditions. VBID is one of the few avenues available to employers in helping to control soaring health care costs. And these are efforts usually met with enthusiasm by organizational leadership as well as employees and their dependents who often appreciate encouragement and a financial incentive to live healthier and prevent, rather than have to treat, chronic disease.”

*-Northeast Business Group on Health*

“With regard to the USPTF preventive services Oregon has been pursuing value-based design for several years. Oregon’s proposed design provides “no or low cost sharing” for value-based services, which includes most USPTF-recommended preventive services at levels A & B. However, it also includes the same level of cost sharing for certain other “value-based services” which include medications, tests or treatments that are highly effective, low cost and have ample evidence supporting their use. Conversely, services deemed “preventive” but which do not meet these criteria would be targeted for higher levels of cost sharing, as their clinical benefit to patients is smaller or uncertain.”

*-Oregon Health Authority*

“PhRMA supports private sector efforts that seek to improve the quality of care for patients with chronic conditions—including programs that enhance access to preventive care, promote better coordination of care, and improve care and medication compliance through reducing or eliminating cost-sharing for medications and other services. These programs, often referred to as value-based or clinically-sensitive benefit designs, have been offered by major private employers, health plans, and state governments, and are focused on better meeting the needs of individuals with chronic conditions who may be poorly served by benefit designs which offer better financial protection for acute health care needs than ongoing, chronic care.”

*-Pharmaceutical Research and Manufacturers of America*

“...Our members help employers design and implement group health plans. Use of value-based insurance design is an important part of this process, and will become more so as PPACA’s implementation places increasing emphasis on improvements in plan quality and efficiency. We accordingly commend the Departments for recognizing the important role that value-based insurance design can play in promoting the appropriate use of preventive services, and urge the Departments to establish value-based insurance guidelines that allow for ample flexibility and innovation in the use of value-based insurance design.”

*-The Council of Insurance Agents and Brokers*

“Our clients have increasingly embraced value based design elements for pharmaceutical products, especially those for treatment of chronic diseases such as diabetes, hypercholesterolemia, and hypertension. The movement toward lower or absent member cost sharing for preventive services has increased with the passage of ACA, and even many of our

clients who have “grandfather” status at this point are decreasing or eliminating member cost share for preventive services.”

*-Towers Watson*

“Value based insurance designs (“VBID”) are an important tool to enhance quality and efficacy in the delivery of health care services.”

*-United Health Group*

“As the Chamber articulated in our comments in response to the Interim Final Rule on Coverage of Preventive Services (“Preventive Service Coverage IFR”), we appreciate the Departments exploration of Value-Based Insurance Design. We were pleased that this practice was specifically recognized in the Statute and we applaud the Departments on-going inquiries about VBID.”

*-U.S. Chamber of Commerce*

“Though VBID is in its infancy, the early evidence suggests that these models hold great promise as a means of promoting high value treatments, services and care settings, which should lead to better health outcomes. V-BID programs are often tied to wellness/prevention initiatives because V-BID programs become more effective when at-risk populations are identified. In order to continue to develop appropriate applications of VBID, issuers need regulatory and legal flexibility that permit pursuit of innovative plan designs that will drive the VBID concept forward. WellPoint asks that the Departments keep this in mind as future VBID guidance is developed. In addition, we believe the federal government can help promote VBID as a tool for promoting value.”

*-WellPoint*