Health Enhancement Program

Value-Based Insurance Design

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

**Current Plans** vs **V-BID Plans**

- Increase out-of-pocket costs
- Lower cost-sharing for high-value services and providers
- Offer one-size-fits-all cost-sharing
- Enhance patient-centered outcomes
- Misalign consumer and provider incentives
- Align with provider initiatives

**Motivation for Benefit Design Change**

- Address false budget deficits
- Encourage employee engagement
- Reduce disparities and quality gaps
- Improve individual and population health

**Key Features of the HEP**

- Align out-of-pocket costs with healthy behaviors

**HEP Impact: 2 Year Results**

1. **Office Visit Increases**
   - Preventive Visits
   - Chronic Condition Visits

2. **Preventive Care Utilization**
   - Lipid Screening
   - Mammography

3. **Resource Use**
   - Early Intervention Use
   - Full Preventive Care Coverage

**Moving Forward**

- Combining V-BID principles with participation requirements can help payers increase the use of evidence-based services and reduce low-value care.
- This novel combination increased the utilization of targeted preventive and chronic disease services and reduced costs.

**Participation Requirements**

- Increase out-of-pocket costs
- Align with provider initiatives

- Encourage employee engagement
- Reduce disparities and quality gaps
- Improve individual and population health

**Graphs**

- Pre and Post V-BID comparisons
- Bar charts and line graphs showing changes in preventive care utilization and resource use over 2 years.