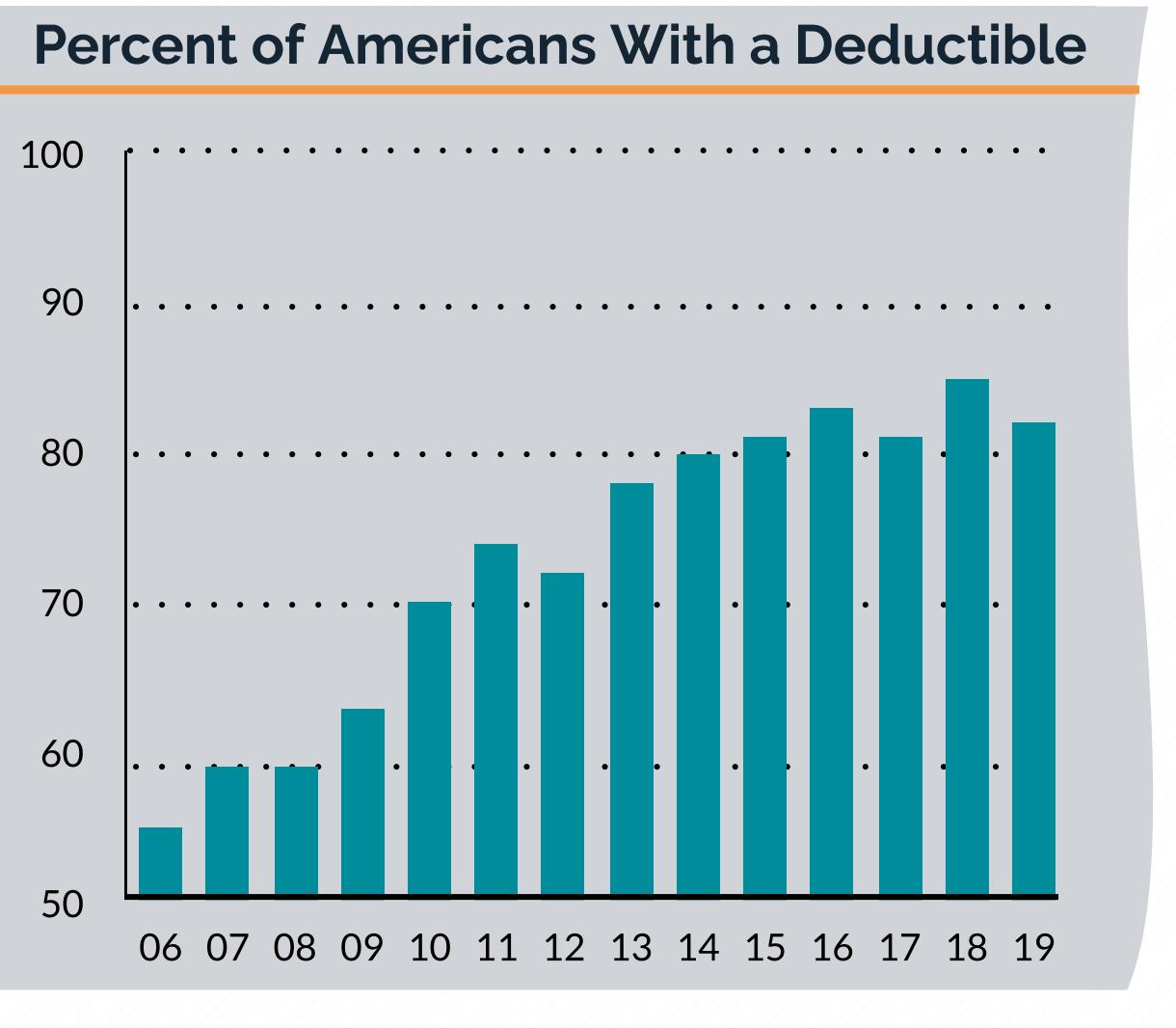
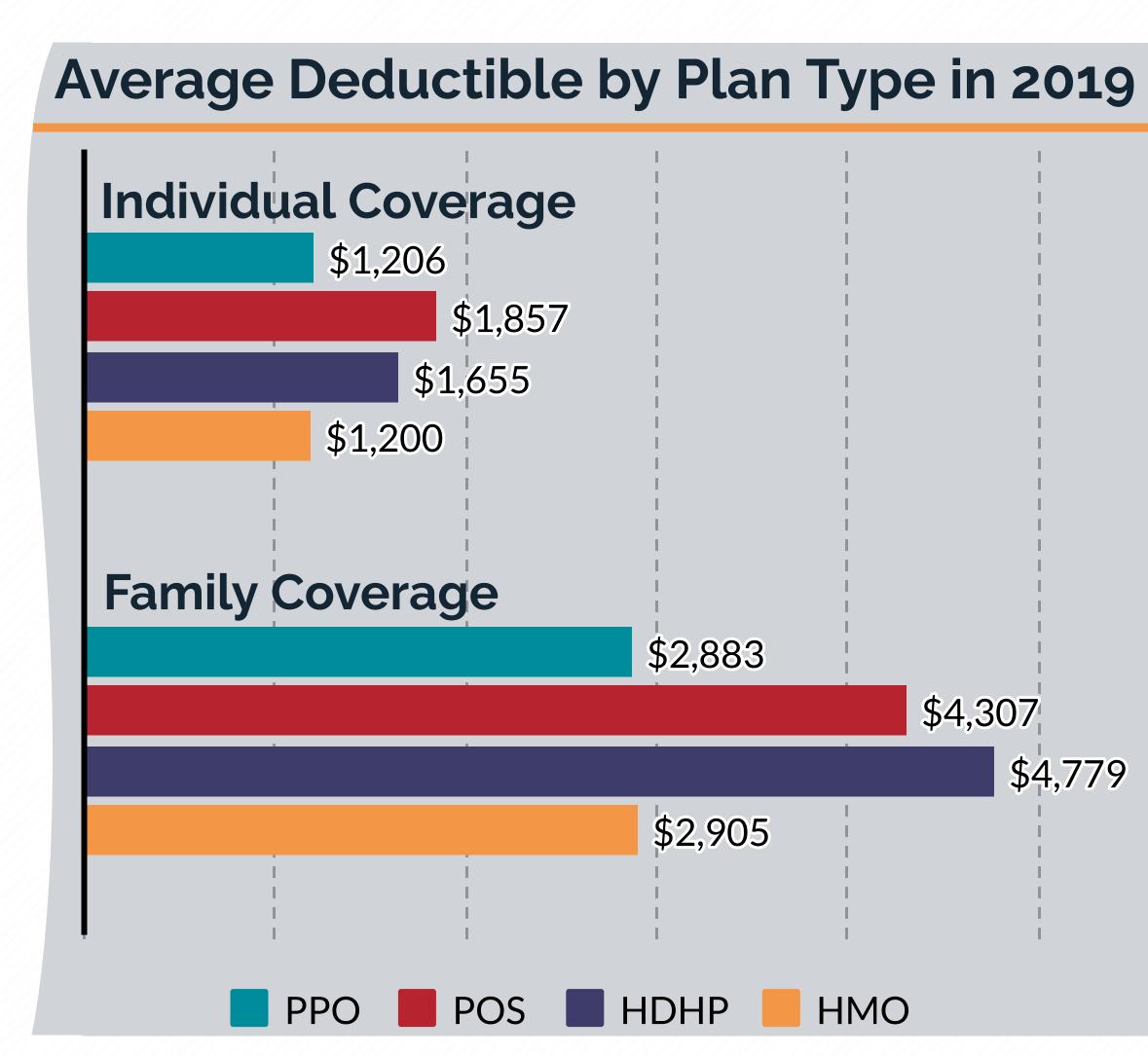
Increasing Access To High-Value Care Through Innovative Benefit Design

Americans are increasingly required to pay high out-of-pocket costs for necessary care





http://www.ajmc.com/publications/issue/2013/2013-1-vol19-n12/medication-utilization-and-adherence-in-a-health-savings-accounteligible-plan

Requiring enrollees to pay high out-of-pocket costs to access high-value care results in lower care utilization, poorer health outcomes, and potentially higher overall costs

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Policies to Expand Pre-Deductible Coverage



Section 2713 of the Affordable Care Act

This section of the ACA mandates non-grandfathered private health insurance plans to provide specified preventive care services with zero patient cost-sharing



IRS Guidance Notice 2019-45

On July 17, 2019, IRS code was amended to allow HSA-HDHPs the flexibility to provide pre-deductible coverage of 14 chronic disease management services, including insulin and other glucose lowering agents



Chronic Disease Management Act of 2021

Introduced on April 28th, 2021, if passed this bill would permit HSA-HDHPs to cover chronic disease prevention services to enrollees prior to meeting their plan deductible

More generous coverage of high-value care can be paid for by reducing the utilization of low-value care

\$345 is spent annually on low-value

or harmful care in the United States.

Vitamin D screening tests

PSA screening for men

Examples include:

Diagnostic tests before low-risk surgery

70 and older Branded drugs when identical

generics are available Low-back pain imaging within 6 weeks of onset

CARE

reduce spending on low-value care HIGH-VALUE LOW-VALUE

Clinically driven plan designs, like V-BID X,



to high-value services without increasing premiums or deductibles