



INCREASING ACCESS TO NECESSARY CARE DURING THE COVID-19 PANDEMIC & BEYOND

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ADVANCING V-BID POLICY PRIORITIES: FOCUS BEFORE COVID-19

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- Allowing pre-deductible coverage of chronic disease management
 - IRS Notice 2019-45
 - S. 3200, the Chronic Disease Management Act
 - V-BID in Medicare
 - Decreasing low-value care to direct resources to high-value care

ADVANCING V-BID POLICY PRIORITIES: PRE-DEDUCTIBLE COVERAGE OF CHRONIC DISEASE

- IRS Notice 2019-45 issued in July 2019



U.S. DEPARTMENT OF THE TREASURY

PRESS RELEASES

Treasury Expands Health Savings
Account Benefits for Individuals
Suffering from Chronic Conditions

ADVANCING V-BID POLICY PRIORITIES: PRE-DEDUCTIBLE COVERAGE OF CHRONIC DISEASE

Preventive Care for Specified Conditions	For Individuals Diagnosed with
Angiotensin Converting Enzyme (ACE) inhibitors	Congestive heart failure, diabetes, and/or coronary artery disease
Anti-resorptive therapy	Osteoporosis and/or osteopenia
Beta-blockers	Congestive heart failure and/or coronary artery disease
Blood pressure monitor	Hypertension
Inhaled corticosteroids	Asthma
Insulin and other glucose lowering agents	Diabetes
Retinopathy screening	Diabetes
Peak flow meter	Asthma
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes
International Normalized Ratio (INR) testing	Liver disease and/or bleeding disorders
Low-density Lipoprotein (LDL) testing	Heart disease
Selective Serotonin Reuptake Inhibitors (SSRIs)	Depression
Statins	Heart disease and/or diabetes

ADVANCING VBID POLICY PRIORITIES: PRE-DEDUCTIBLE COVERAGE OF CHRONIC DISEASE



116TH CONGRESS
2^D SESSION

S. 3200

To amend the Internal Revenue Code of 1986 to permit high deductible health plans to provide chronic disease prevention services to plan enrollees prior to satisfying their plan deductible.

ADVANCING VBID POLICY PRIORITIES: VBID IN MEDICARE

- VBID Medicare Advantage demonstration program
 - The VBID MA Model allows plans to further target benefit design to enrollees based on chronic condition and/or socioeconomic characteristics and/or incentivize the use of Part D prescription drug benefits through rewards and incentives
 - For plan year 2020, 14 Medicare Advantage Organizations are providing tailored model benefits, rewards, and incentives to over 280,000 beneficiaries in 30 states and Puerto Rico
 - CMS announced in January 2019 that beginning in CY 2021, through the VBID Model, plans could include the Medicare hospice benefit in their Part A benefits package
- Part D Senior Savings Model – caps out-of-pocket costs for insulin for certain Medicare beneficiaries

ADVANCING VBID POLICY PRIORITIES: DECREASING LOW-VALUE CARE

Smarter Health Care Coalition letter to Secretary Azar in August 2019 recommending he exercise existing authority, under Section 4105 of the ACA, to eliminate Medicare payment for services rated “D” by the US Preventive Services Task Force

Re-Examining the delivery of high-value care through COVID-19, an op-ed suggesting “as offices and hospitals re-open, we have a once in a century opportunity to align incentives for providers and consumers, so patients get more high-value services in high-value settings, while minimizing the resurgence of low-value care”

ADVANCING VBID POLICY PRIORITIES: ENCOURAGING HIGH-VALUE CARE DURING THE PANDEMIC

- March 11: IRS notice 2020-15 published
 - Allows HSA-eligible HDHPs to provide pre-deductible coverage of “medical care services and items purchased related to testing for and treatment of COVID-19”
 - Confirms vaccinations continue to be considered preventive care for purposes of determining whether a health plan is an HDHP
- March 18: Families First Coronavirus Response Act enacted
 - Requires health plans to cover COVID-19 testing without cost-sharing
 - Prohibits cost-sharing for any in-person or telehealth provider visit that results in a COVID-19 test

ADVANCING VBID POLICY PRIORITIES: ENCOURAGING HIGH-VALUE CARE DURING THE PANDEMIC

- March 27: Coronavirus Aid, Relief, and Economic Security (CARES) Act enacted
 - Allows HSA-eligible HDHPs to cover all telehealth (not just COVID-19 related) pre-deductible for plans beginning before 2021
 - Requires all health plans to cover a future Coronavirus vaccine without cost-sharing within 15 days of a recommendation from ACIP/CDC
 - Specifies options for how COVID-19 testing must be reimbursed by health plans

ADVANCING VBID POLICY PRIORITIES: ENCOURAGING HIGH-VALUE CARE DURING THE PANDEMIC

- May 15: Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act **passes the House**
 - Prohibits cost-sharing for COVID-19 treatment
- June 23: Treasury, Labor, and HHS guidance on COVID-19 testing
 - “testing conducted to screen for general workplace health and safety (such as employee “return to work” programs), for public health surveillance for [COVID-19], or for any other purpose not primarily intended for individualized diagnosis or treatment of COVID-19 or another health condition is beyond the scope of section 6001 of the FFCRA”

ADVANCING VBID POLICY PRIORITIES: WHAT'S NEXT?

- VBID continues to be very bipartisan
- The VBID MA demo began during the Obama Administration and was expanded during the Trump Administration!
- VBID mention in the Biden / Sanders Unity Task Force Recommendations
 - Through the ACA marketplace, provide free or low-cost prescription drugs proven effective in treating for chronic illness (i.e., adopt a [“Value-Based Insurance Design”](#) benefit)
 - Redesign the [Medicare V-BID benefit](#) to provide free or low-cost Rx drugs of proven benefit for chronic illness