



SCHOOL OF PUBLIC HEALTH

CENTER FOR VALUE-BASED INSURANCE DESIGN

UNIVERSITY OF MICHIGAN

## Using Value-Based Insurance Design to Increase Use of High Value Care, Enhance Equity, and Eliminate Low Value Services

A. Mark Fendrick, MD

University of Michigan Center for  
Value-Based Insurance Design

[www.vbidcenter.org](http://www.vbidcenter.org)

CHRT





**I PUBLISHED  
BUT STILL PERISHED**

# Health Care Costs Are a Top Issue For Purchasers and Policymakers: Solutions must protect consumers, reward providers and preserve innovation

- Innovations to prevent and treat disease have led to impressive reductions in morbidity and mortality
- Irrespective of remarkable clinical advances, cutting health care spending is the main focus of reform discussions
- Underutilization of high-value care persists across the entire spectrum of clinical care leading to poor health outcomes
- Our ability to deliver high-quality health care lags behind the rapid pace of scientific innovation



# Star Wars Science





# Flintstones Delivery



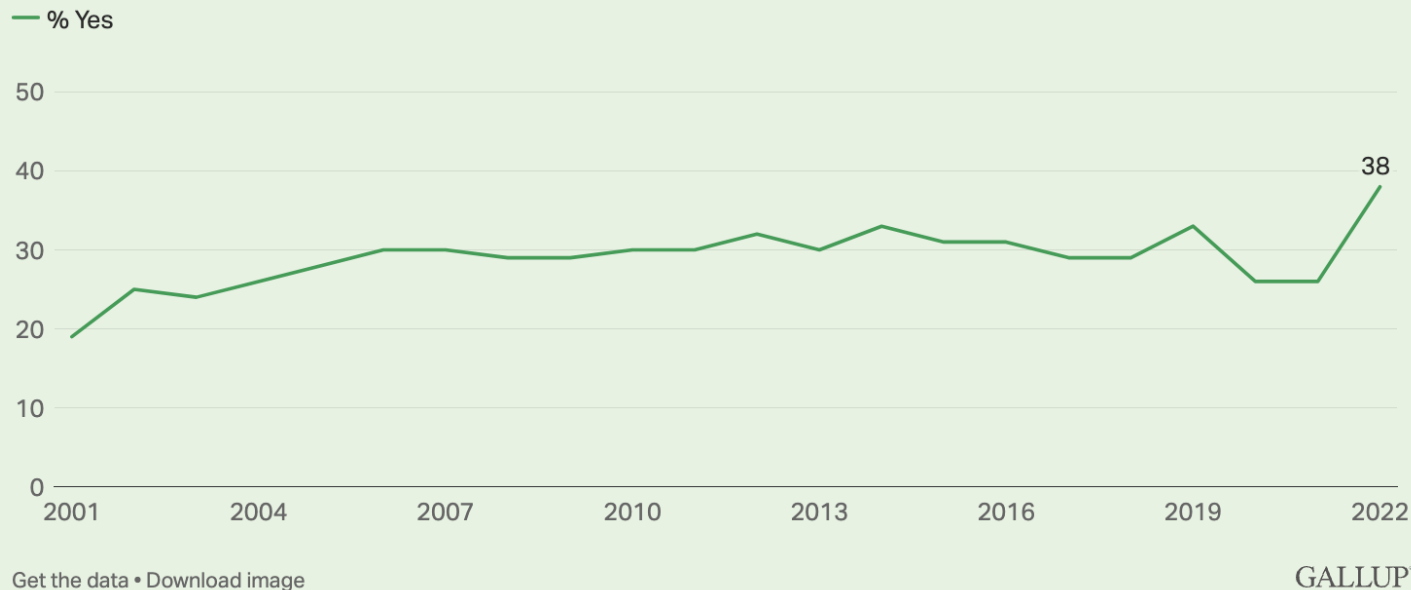
# Moving from the Stone Age to the Space Age: Change the health care cost discussion from “How much” to “How well”

- Everyone (almost) agrees there is enough money in the US health care system; we just spend it on the wrong services and in the wrong places
- Moving from a volume-driven to value-based system requires a change in both how we pay for care and how we engage consumers to seek care
- The most common patient-facing strategy - consumer cost-sharing – is a ‘blunt’ instrument, in that patients pay more out of pocket for **ALL** care regardless of clinical value

# Americans Do Not Care About Health Care Costs; They Care About **What It Costs Them**

## Record High in U.S. Putting Off Medical Treatment Due to Cost, 2001-2022

Within the last 12 months, have you or a member of your family put off any sort of medical treatment because of the cost you would have to pay?



Health care costs are among the leading causes of:

- Personal debt
- On-line fundraisers
- Personal bankruptcy

EDITORIAL | [VOLUME 122, ISSUE 8, P699, AUGUST 2009](#)

[Download Full Issue](#)

## Only in America: Bankruptcy Due to Health Care Costs

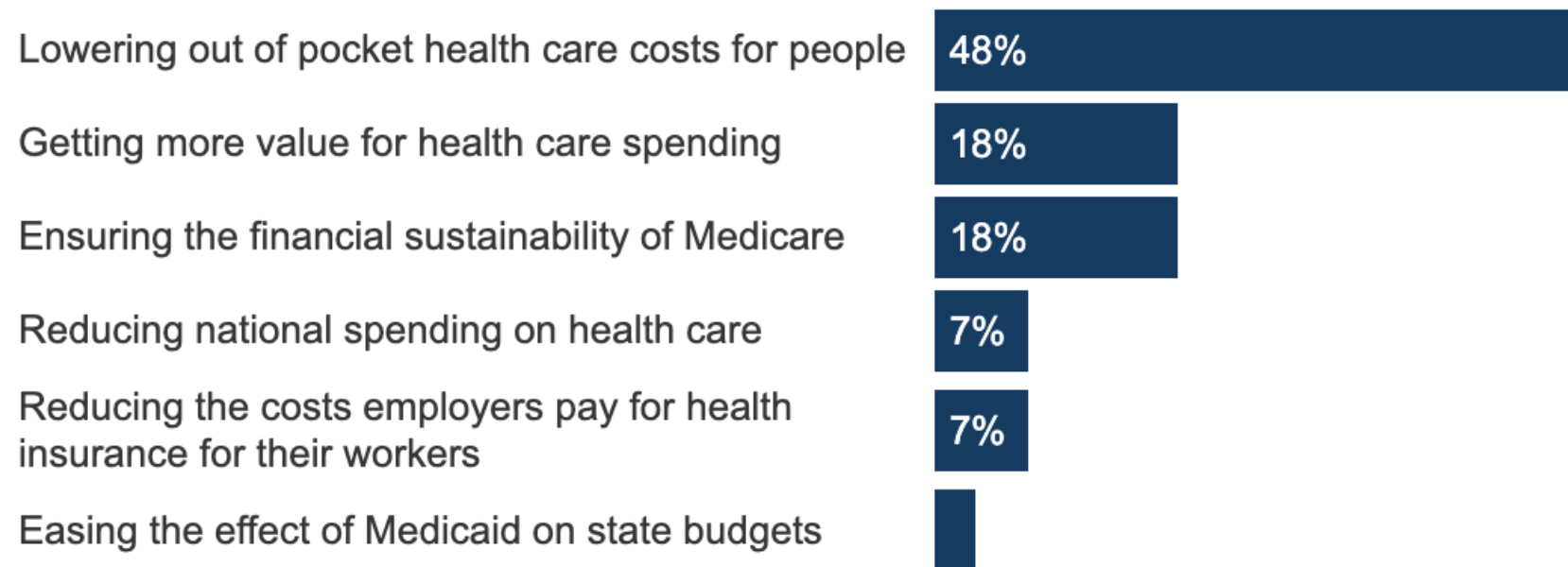
James E. Dalen, MD, MPH



# Americans Do Not Care About Health Care Costs; They Care About **What It Costs Them**

## Most Voters Say Out Of Pocket Costs Are Top Health Priority

Which of the following health care priorities do you think is most important for the country to address?



NOTE: Among registered voters. See topline for full question wording.

SOURCE: KFF Health Tracking Poll (Jan. 30-Feb. 7, 2024) • [Get the data](#) • [PNG](#)

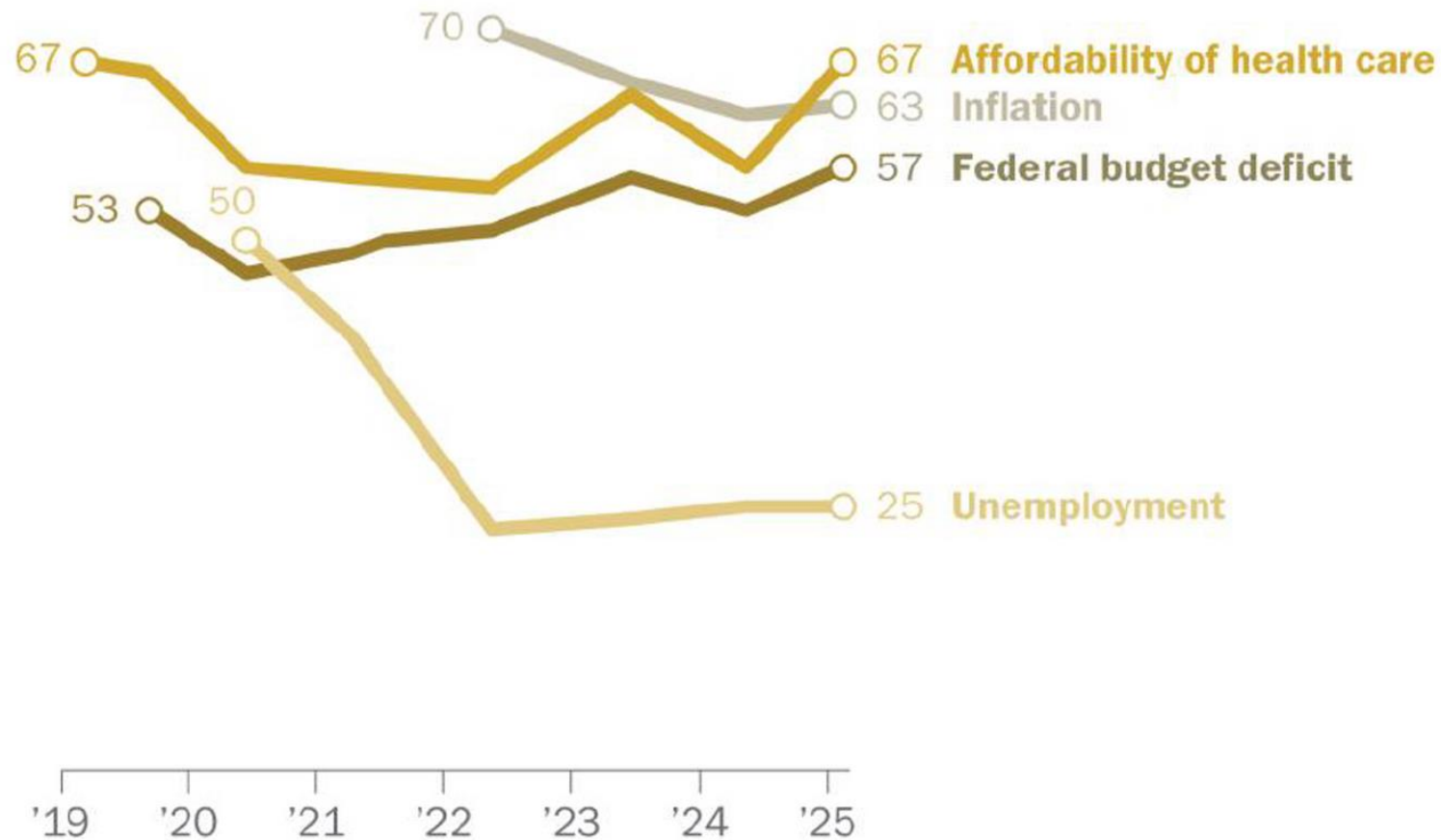
**KFF**



# Health care costs, inflation and federal deficit are top concerns for public; unemployment remains low



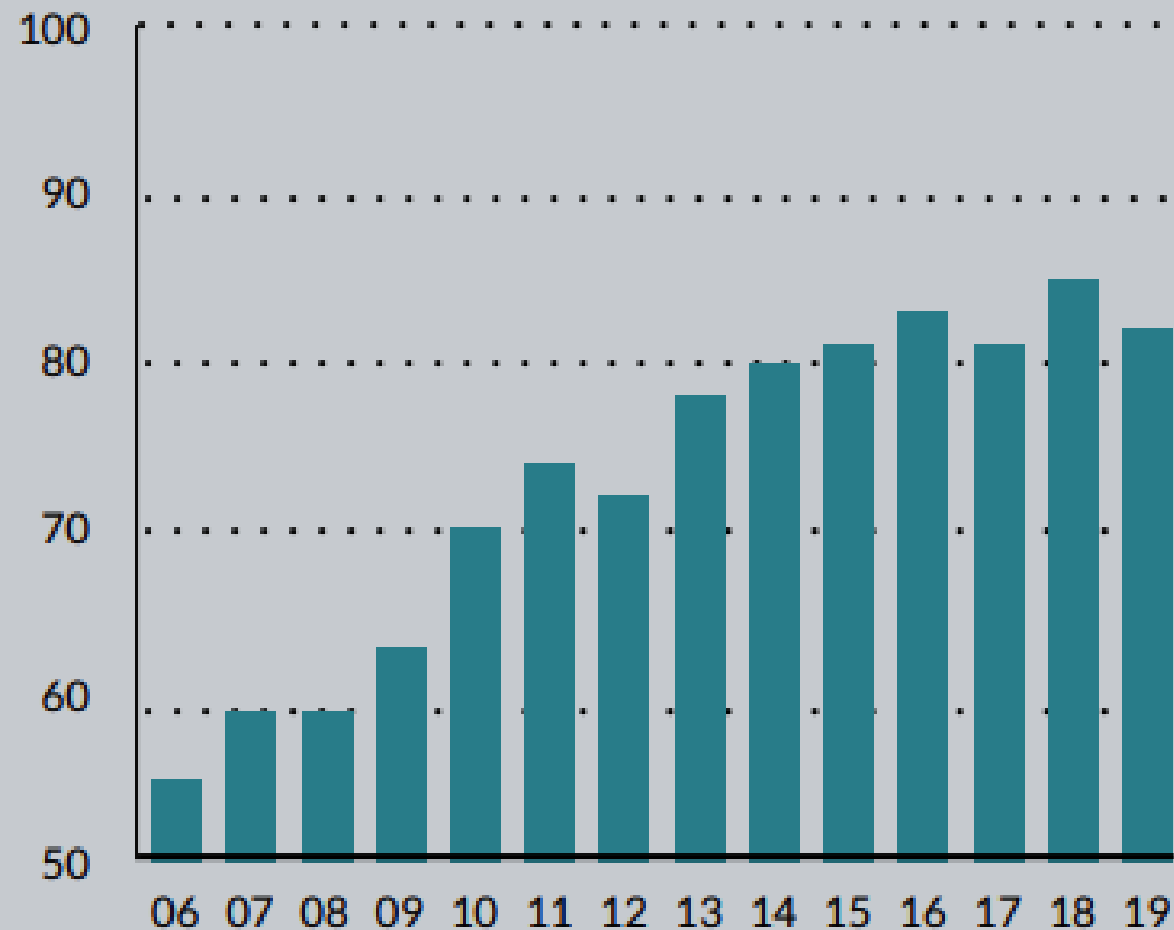
*% who say each of the following is a **very big problem** for the country today*



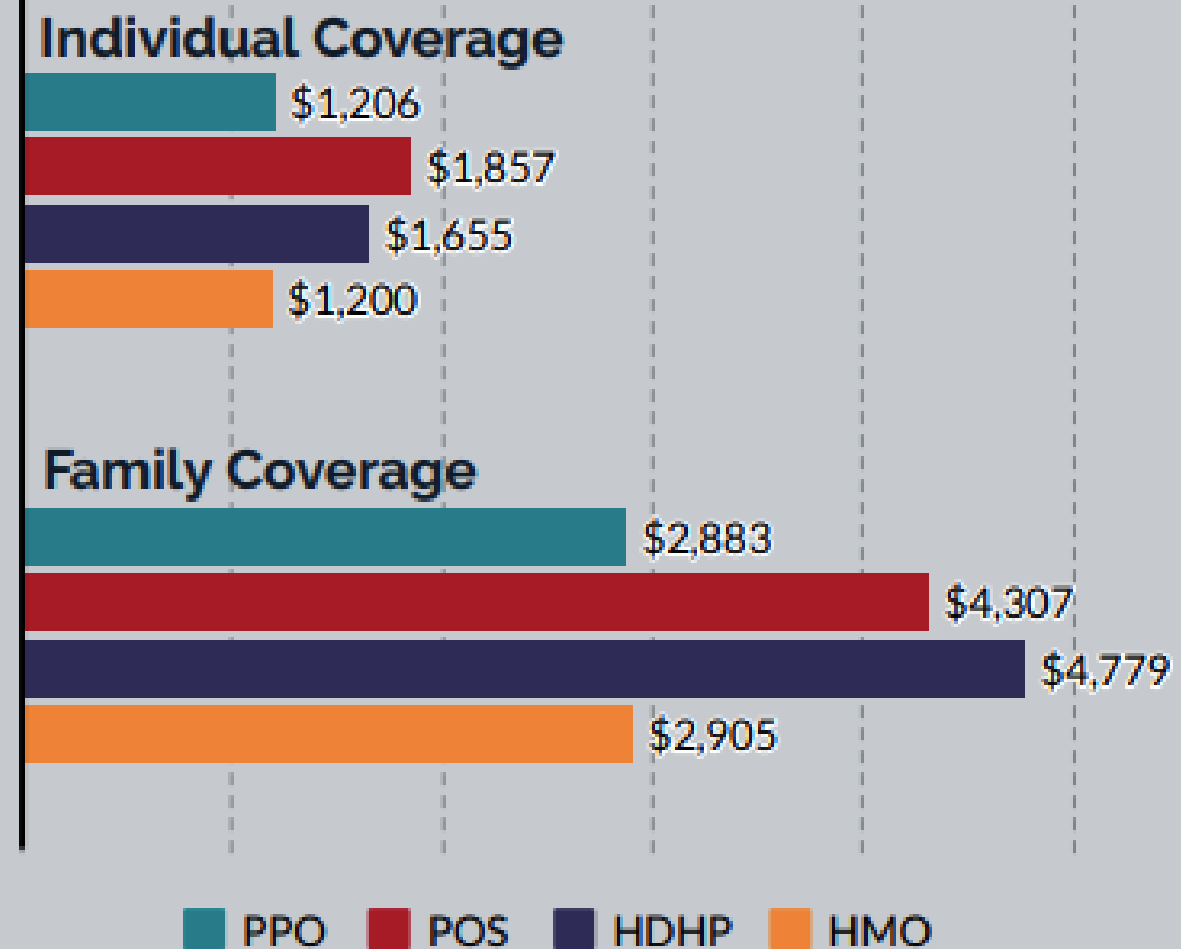
Note: Refer to the topline for a full list of items and trends.  
Source: Survey of U.S. adults conducted Jan. 27-Feb. 2, 2025.

# Americans Do Not Care About Health Care Costs; They Care About **What It Costs Them**

## Percent of Americans With a Deductible



## Average Deductible by Plan Type in 2019



## Inspiration (Still)



“

I can't believe you had to spend a million dollars to show that if you make people pay more for something, they will buy less of it.

”

- Barbara Fendrick (my mother, 1934-2024)



# “Blunt” Cost-Sharing Worsens Health Care Disparities

## Effects of Increased Patient Cost Sharing on Socioeconomic Disparities in Health Care

*Michael Chernew, PhD<sup>1</sup> Teresa B. Gibson, PhD<sup>2</sup> Kristina Yu-Isenberg, PhD, RPh<sup>3</sup>  
Michael C. Sokol, MD, MS<sup>4</sup> Allison B. Rosen, MD, ScD<sup>5</sup>, and A. Mark Fendrick, MD<sup>5</sup>*

Cost-sharing worsens disparities and adversely affect health, particularly among economically vulnerable individuals and those with chronic conditions

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# The New York Times

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OPINION  
GUEST ESSAY

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## What's Wrong With Health Insurance? Deductibles Are Ridiculous, for Starters.

July 7, 2022



**Mark Cuban**   
@mcuban



Want to know one of the biggest problems in healthcare? Deductibles.

Deductibles are defined by the plans the insurance companies design. Then they are approved to be offered by the feds or employers. Then we the people decide what deductible we want when we choose our plans.

Often we choose higher deductibles because we are healthy or because we can only afford the lowest premium plan.



## Alternative to “Blunt” Consumer Cost-Sharing: A Clinically Nuanced Approach

A “**smarter**” cost-sharing approach that encourages consumers to use more high value services and providers, but discourages the use of low value ones

# A Clinically Nuanced Alternative to “Blunt” Consumer Cost-sharing: Value-Based Insurance Design - More of the Good Stuff and Less of the Bad Stuff

- Sets consumer cost-sharing on clinical benefit – not price
- Little or no out-of-pocket cost for high-value care; higher cost-sharing for low-value care
- Implemented by hundreds of public and private payers
- Bipartisan political support
- Improves health outcomes
- Enhances equity

February 9, 2024

## **Acute Diabetes Complications After Transition to a Value-Based Medication Benefit**

J. Franklin Wharam, MD, MPH<sup>1,2,3</sup>; Stephanie Argetsinger, MS, MPH<sup>3</sup>; Matthew Lakoma, MPH<sup>3</sup>; Fang Zhang, PhD<sup>3</sup>; Dennis Ross-Degnan, ScD<sup>3</sup>

By Niteesh K. Choudhry, Katsiaryna Bykov, William H. Shrank, Michele Toscano, Wayne S. Rawlins, Lonny Reisman, Troyen A. Brennan, and Jessica M. Franklin

## **Eliminating Medication Copayments Reduces Disparities In Cardiovascular Care**

# V-BID:

## Rare Bipartisan Political and Broad Multi-Stakeholder Support

- HHS
- CBO
- SEIU
- MedPAC
- Brookings Institution
- Commonwealth Fund
- NBCH
- American Fed Teachers
- Families USA
- AHIP
- AARP
- DOD
- BCBSA
- National Governor's Assoc.
- US Chamber of Commerce
- Bipartisan Policy Center
- Kaiser Family Foundation
- American Benefits Council
- National Coalition on Health Care
- Urban Institute
- RWJF
- IOM
- Smarter Health Care Coalition
- PhRMA
- EBRI
- AMA



# Putting Innovation into Action: Translating Research into Policy



# ACA Sec 2713: Selected Preventive Services be Provided without Cost-Sharing

- Receiving an A or B rating from the United States Preventive Services Taskforce (USPSTF)
- Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP)
- Preventive care and screenings supported by the Health Resources and Services Administration (HRSA)

# ACA Sec 2713: Selected Preventive Services be Provided without Cost-Sharing

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By amending Sec 2713, the CARES Act of 2020 mandated COVID-19 testing and vaccines to be provided without patient cost-sharing



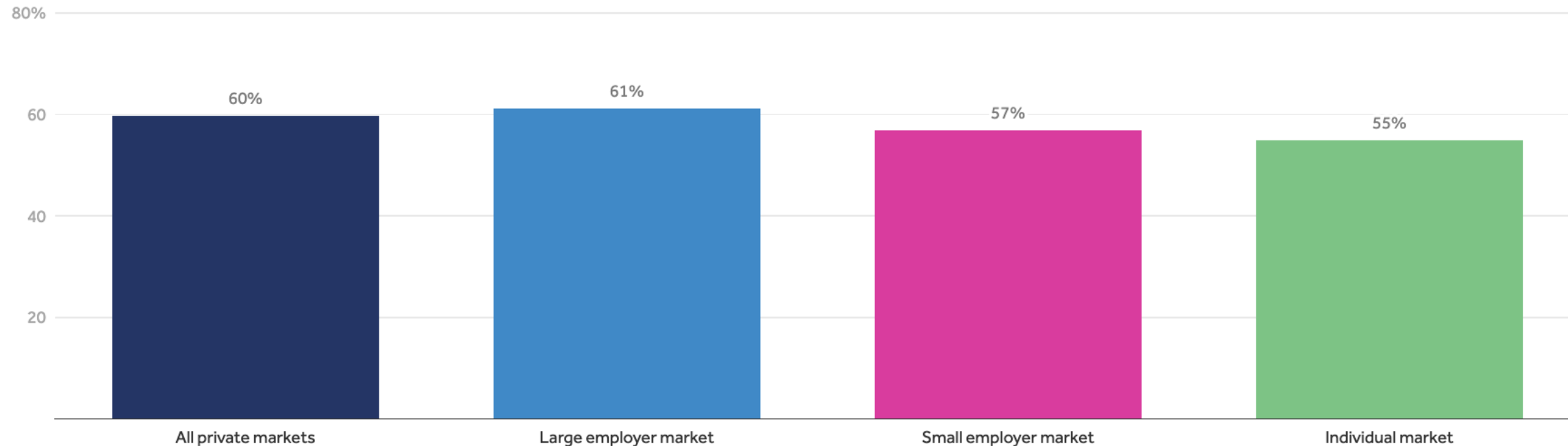


## **Access to Preventive Services without Cost-Sharing: Evidence from the Affordable Care Act**

- Over 230 million Americans have enhanced access to preventive services
  - 150 million with private insurance – including 58 M women and 37 M children
  - 61 million Medicare beneficiaries
  - Approximately 20 million Medicaid adult expansion enrollees
- A majority of studies showed increases in use of fully covered services
- Studies that included socioeconomic status reported more substantial increases in utilization of preventive services in financially vulnerable patients, suggesting that the policy reduced disparities in the delivery of preventive care

# About 6 in 10 privately insured people received ACA preventive care in 2018

Share of privately insured enrollees receiving preventive care, 2018



Source: KFF and RTI International analysis of 2018 Merative MarketScan and 2018 EDGE data • [Get the data](#) • [PNG](#)

# Texas Judge Finds ACA Requirement for Preventive Services Without Cost Sharing Invalid

- Several outstanding questions remain, but it is possible that this ruling will mean that employers will no longer have to provide first-dollar coverage for the 52 services that have received an “A” or “B” rating from the U.S. Preventive Services Task Force
- This requirement benefitted almost 152 million people in 2020 and led to increases in cancer screening and vaccinations, improved access to contraceptives, and earlier detection and treatment of chronic health conditions, including hypertension, depression, high cholesterol and diabetes.



Aging · Health Policy · Why This Matters

# SCOTUS will hear case threatening no-cost preventive care



Joseph Burns and Liz Seegert

March 4, 2025

Share:



[Home](#) / [Health Lab](#) / A freeze, or a fix? Preventive care coverage at a crossroads

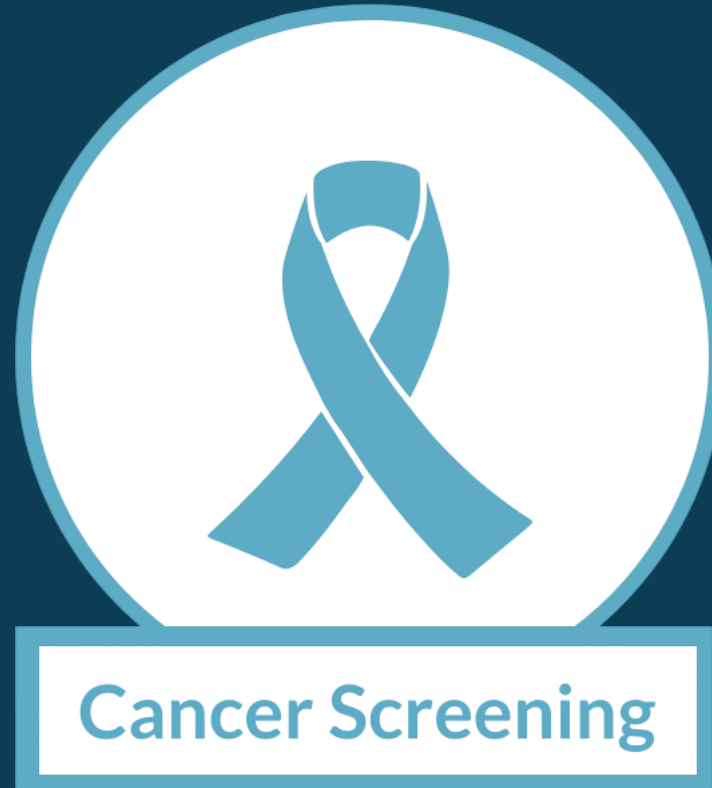
## A freeze, or a fix? Preventive care coverage at a crossroads

The future of free preventive care and health screenings rests in the hands of judges and lawmakers – but for now, patients can keep getting them

March 4, 2025 7:35 AM

Author | [Kara Gavin](#) >

# CANCER SCREENING





# Your Free Cancer Screen Shows Trouble: What If You Can't Afford the Follow-Up?

New V-BID Center research shows that out-of-pocket costs are common and non-trivial for necessary follow-up testing after initial, abnormal no-cost cancer screening test.

- Breast<sup>1</sup>
- Cervical<sup>2</sup>
- Colorectal<sup>3</sup>
- Lung<sup>4</sup>

1. [JAMA Network Open. 2021;4\(8\):e2121347](#)

2. [Obstetrics & Gynecology. 2022;139\(1\):doi:10.1097/AOG.0000000000004582](#)

3. [JAMA Network Open. 2021;4\(12\):doi:10.1001/jamanetworkopen.2021.36798](#)

4. [JACR E-pub ahead of print. 2021.DOI:https://doi.org/10.1016/j.jacr.2021.09.015](#)

## Average out-of-pocket costs for tests after a free cancer screening

Colonoscopy after positive stool test result: **\$100**

Imaging & biopsy after suspicious mammogram: **\$152**

Biopsy after suspicious Pap smear or cervical exam: **\$155**

Follow-up tests after lung cancer screening CT scan: **\$424**

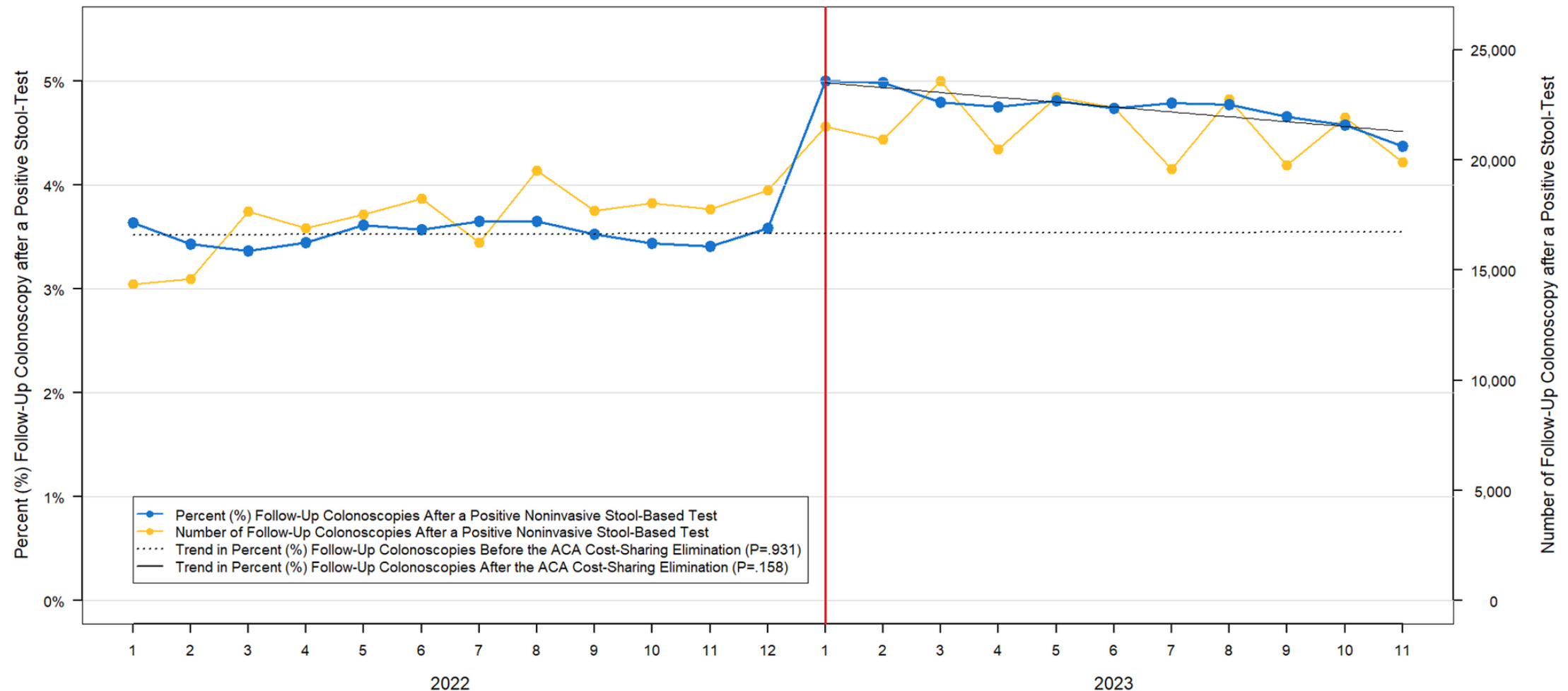
# FAQS ABOUT AFFORDABLE CARE ACT IMPLEMENTATION PART 51, FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION

January 10, 2022

**Q7: Are plans and issuers required to cover, without the imposition of any cost sharing, a follow-up colonoscopy conducted after a positive non-invasive stool-based screening test or direct visualization test (e.g., sigmoidoscopy, CT colonography)?**

Yes. A plan or issuer must cover and may not impose cost sharing with respect to a colonoscopy conducted after a positive non-invasive stool-based screening test or direct visualization screening test for colorectal cancer for individuals described in the USPSTF recommendation. As stated in the May 18, 2021 USPSTF recommendation, the follow-up colonoscopy is an integral part of the preventive screening without which the screening would not be complete.<sup>31</sup> The follow-up colonoscopy after a positive non-invasive stool-based screening test or direct visualization screening test is therefore required to be covered without cost sharing in accordance with the requirements of PHS Act section 2713 and its implementing regulations.

# Impact of Cost-Sharing Elimination on Colonoscopy Utilization by Patients with a Positive Stool-Based Colorectal Cancer Screening



# American Cancer Society Position Statement on the Elimination of Patient Cost-Sharing Associated with Cancer Screening and Follow-up

- It is the position of the ACS that cancer screening should be understood as a continuum of testing rather than a single screening test.
- Screening is a process that includes a recommended screening test and all follow-up tests described as diagnostic and judged to be integral and necessary to resolve the question of whether an adult undergoing screening has cancer.
- These tests should be covered without any patient cost-sharing consistent with the 2022 FAQ specifying no patient cost-sharing for follow-up colonoscopy after a positive non-colonoscopy colorectal cancer screening examination.
- Insurers must cover and should not impose cost-sharing for these recommended examinations, regardless of the patient's designated risk.



# American Cancer Society Position Statement on the Elimination of Patient Cost-Sharing Associated with Cancer Screening and Follow-up

## Redefining Cancer Screening Coverage—Screening to Diagnosis



Crystal D. Taylor, MD, MPH, MS<sup>1</sup>; A. Mark Fendrick, MD<sup>2</sup>; Lesly A. Dossett, MD, MPH<sup>1</sup>

## The Cost to Breathe: Eliminating Cost Sharing Associated with Lung Cancer Screening



J'undra N. Pegues<sup>1,5</sup>, Erin E. Isenberg<sup>2,4,6</sup>, and A. Mark Fendrick<sup>3</sup>

## Eliminating Consumer Cost-Sharing for the Entire Prostate Cancer Screening Pathway



Arnav Srivastava and A. Mark Fendrick

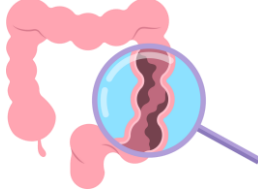


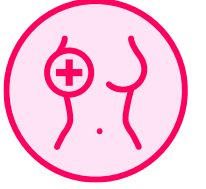


## Coverage for the Entire Cervical Cancer Screening Process Without Cost-Sharing: Lessons From Colorectal Cancer Screening



Allison Ruff, MD, MPHE<sup>a,\*</sup>, Diane M. Harper, MD, MPH, MS<sup>b,c,d</sup>,  
Vanessa Dalton, MD<sup>c</sup>, A. Mark Fendrick, MD, MPH<sup>a</sup>



# First Dollar Coverage of the Entire Cancer Screening Continuum - 1 down, 4 to go

Cancer Type	Commercial Insurers	Medicare
		
		
		
		

# V-BID Policies Implemented During the First Trump Administration: Considerations for the Second Trump Administration

- Medicare
- High Deductible Health Plan Reform
- VBID-X



***Medicare***

# High Out of Pocket Costs are Common and Impactful For Medicare Beneficiaries

- One-third of Medicare beneficiaries said it was somewhat or very difficult to afford health care costs, including half of people under age 65
- More than one in four Medicare beneficiaries said health care costs made it harder for them to afford food and utility bills in the past 12 months
- More than one in five Medicare beneficiaries said they or a family member delayed or skipped needed care because of the cost in the past 12 months

# Medicare Advantage V-BID Model Test

For first time, reduced cost-sharing is permissible for:

- high-value services
- high-value providers
- enrollees participating in disease management or related programs
- additional supplemental benefits (non-health related)

## Wellness and Health Care Planning

Advanced care planning

Incentivize better health behaviors

## Rewards and Incentives

\$600 annual limit

Increase participation

Available for Part D

## Targeting Socioeconomic Status

Low-income subsidy

Improve quality, decrease costs

## Telehealth

Service delivery innovations

Augment existing provider networks



DEC 19, 2024

MORE ON MEDICARE & MEDICAID

# CMS ending VBID model due to high costs

CMS says the excess costs of the program were "unprecedented" in CMS Innovation Center models.

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RELATED TOPICS:

MEDICARE ADVANTAGE | COSTS AND SPENDING | CHRONIC DISEASE | MEDICARE SAVINGS PROGRAMS  
| PAYMENT | COST SHARING | ACCESS TO CARE

# The End Of The MA Value-Based Insurance Design Model: What Next?

[Riya Doshi](#), [A. Mark Fendrick](#)

FEBRUARY 11, 2025

10.1377/forefront.20250207.262401



## Podcast



HEALTH AFFAIRS THIS WEEK

## Podcast: What's Happening with Value-Based Insurance Design? w/ Mark Fendrick

February 14, 2025

# Medicare Two Dollar Drug List Model



The Medicare \$2 Drug List Model is a voluntary model under development that would test whether a simplified approach to offering low-cost, clinically important generic drugs can improve medication adherence, lead to better health outcomes, and improve satisfaction with the Part D prescription drug benefit for people with Medicare and prescribers. The model would aim to standardize cost sharing for low-cost generics through a new, easy-to-understand option for people with Medicare Part D enrolled in a participating plan and their health care providers.

**Our analyses demonstrate that the implementation of the model would will lead to a 63% reduction in beneficiary spending for the selected sample of 101 drugs. However, because these products generally had lower co-payments, savings per beneficiary would be modest.**

# Medicare Two Dollar Drug List Model



REGULATORY

**CMMI to cut participation in  
payment models, estimates \$750M  
in savings**

By Noah Tong · Mar 12, 2025 5:30pm

would be modest.

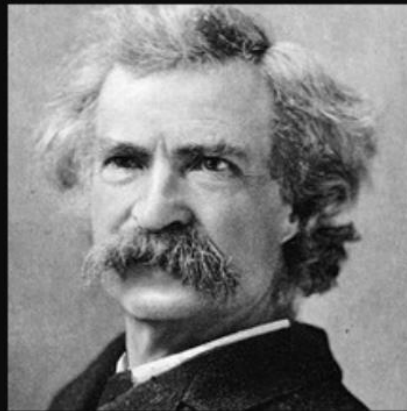


## R.I.P. VBID. IS MEDICARE ADVANTAGE ALONE OR WILL IT GO BEYOND?

ANALYSIS | BY [LAURA BEERMAN](#) | FEBRUARY 27, 2025

## R.I.P. VBID? (PART 2)

ANALYSIS | BY [LAURA BEERMAN](#) | MARCH 04, 2025



The report of my death was an exaggeration.

~ Mark Twain



# Inflation Reduction Act of 2022 Includes Several V-BID Elements

- Caps Medicare patients' out-of-pocket costs at \$2,000 per year, with the option to break that amount into affordable monthly payments (begins in January 2025)
- Covers adult vaccines recommended by the Advisory Committee on Immunization Practices under Medicare Part D without cost-sharing (implemented 2023)
- Caps Medicare patients' out-of-pocket costs for insulin at \$35 per month (implemented 2023)



# Impact of V-BID Elements of the Inflation Reduction Act of 2022

## If you make people pay less for something, they will buy more of it

July 24, 2023

### **Insulin Fills by Medicare Enrollees and Out-of-Pocket Caps Under the Inflation Reduction Act**

Rebecca Myerson, MPH, PhD<sup>1</sup>; Dima M. Qato, PharmD, MPH, PhD<sup>2</sup>; Dana P. Goldman, PhD<sup>3</sup>; John A. Romley, PhD<sup>3</sup>

“The IRA cap on cost-sharing was associated with increases in the total number of insulin fills for Medicare enrollees.”

**Research Letter** | Health and the 2024 US Election

May 23, 2024

### **Shingles Vaccination in Medicare Part D After Inflation Reduction Act Elimination of Cost Sharing**

Dima M. Qato, PharmD, MPH, PhD<sup>1,2</sup>; John A. Romley, PhD<sup>2,3</sup>; Rebecca Myerson, MPH, PhD<sup>2,4</sup>; [et al](#)

“Following IRA implementation, Part D shingles vaccinations increased by 46%.”



# **—Inflation Reduction Act Research Series— Medicare Part D Enrollee Out-Of-Pocket Spending: Recent Trends and Projected Impacts of the Inflation Reduction Act**

The Inflation Reduction Act's redesign of Medicare Part D will reduce enrollee out-of-pocket spending by about \$7.4 billion annually among more than 18.7 million enrollees (36 percent of Part D enrollees) in 2025 – nearly \$400 per person among enrollees who have savings in out-of-pocket costs under the IRA.

As far as you know, is there a federal law in place that...

■ Yes, there is a law that does this
 ■ Not sure
 ■ No, there is not a law that does this

Requires the federal government to negotiate the price of some prescription drugs for people with Medicare



Caps the cost of insulin for people with Medicare at \$35 per month



Places an annual limit on out-of-pocket prescription drug costs for people with Medicare



Penalizes drug companies for increasing prices faster than the rate of inflation for people with Medicare



NOTE: See topline for full question wording.

SOURCE: KFF Health Tracking Poll (Oct. 31-Nov. 7, 2023)

# HSA-HDHP Reform



## PREVENTIVE CARE COVERED

Dollar one



## CHRONIC DISEASE CARE

NOT covered until deductible is met







# U.S. DEPARTMENT OF THE TREASURY

## PRESS RELEASES

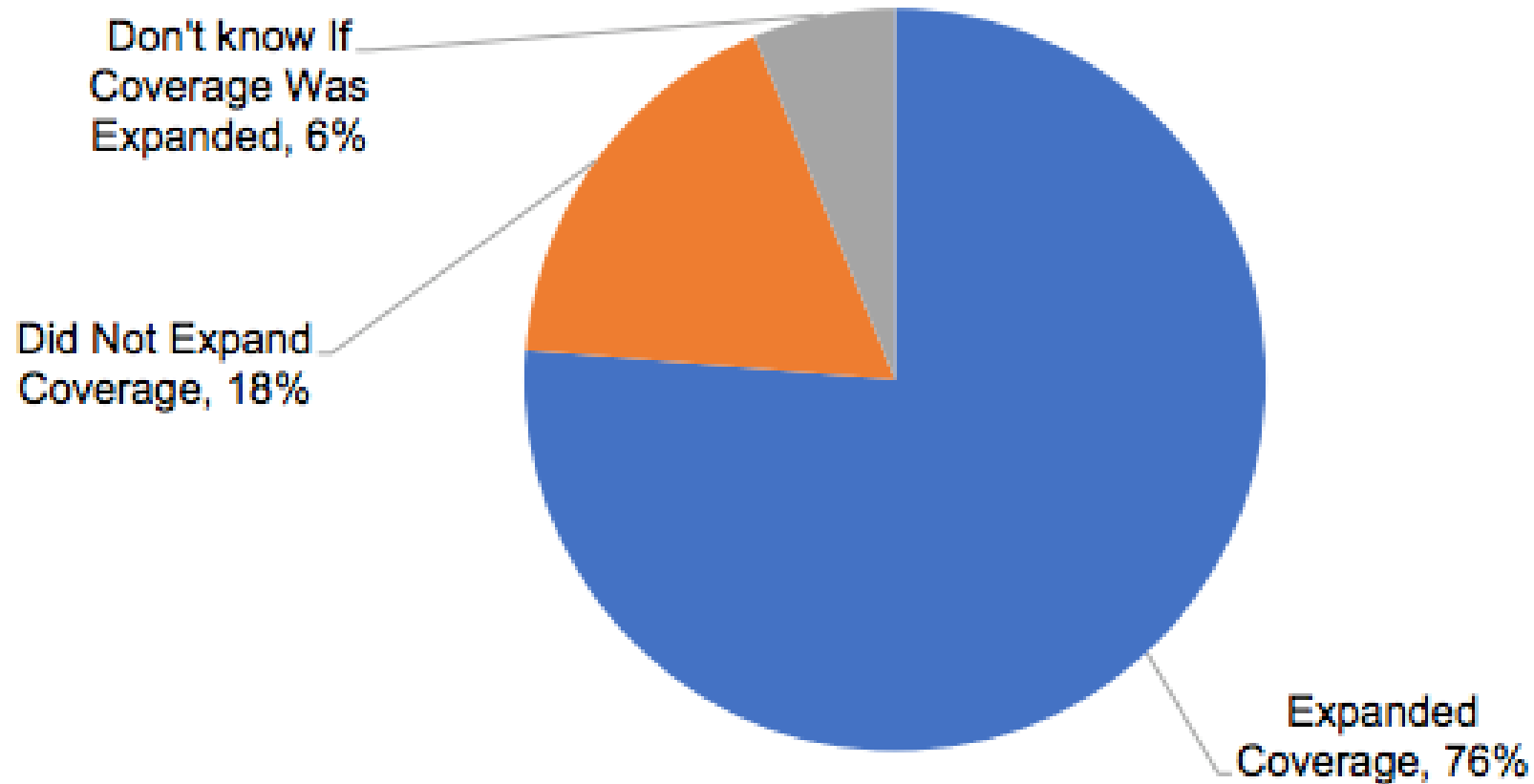
# Treasury Expands Health Savings Account Benefits for Individuals Suffering from Chronic Conditions



# List of Services and Drugs for Certain Chronic Conditions Classified as Preventive Care Under Notice 2019-45

<b>Preventive Care for Specified Conditions</b>	<b>For Individuals Diagnosed with</b>
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

# Significant Uptake of IRS Rule Expanding Pre-Deductible Coverage of Chronic Disease Services



Source: Employee Benefit Research Institute survey.

# Three Quarters of Employers Expanded Coverage of Chronic Disease Services Allowed Under IRS Rule 2019-45, Enhancing Access for Millions of Enrollees

**New Research Finds That Expanding Pre-Deductible Coverage in Health Savings Account–Eligible Health Plans Increased Patient Compliance with Medication Regimens**

SOURCE: Fronstin, Paul, and A. Mark Fendrick, “Employer Uptake of Pre-Deductible Coverage for Preventive Services in HSA-Eligible Health Plans,” EBRI Issue Brief, no. 542 (October 14, 2021).

## Internal Revenue Service Notice 2024-75: Expands the list of preventive care benefits permitted to be provided by a high deductible health plan

- Oral Contraceptives; including OTC
- Male Condoms
- Breast Cancer Screening
- Continuous Glucose Monitors

# Chronic Disease Management Act of 2023: Expands Services and Drugs for Chronic Conditions Classified as Preventive Care

117<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

## S. 1424

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.

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IN THE SENATE OF THE UNITED STATES

APRIL 28, 2021

Mr. THUNE (for himself and Mr. CARPER) introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

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.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*



# PRESS RELEASES

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## House Passes Buchanan's Bill to Expand Coverage Options for Chronic Disease Treatment and Prevention

**March 4, 2025**

*Allows Employers Offering High Deductible Health Plans to Offer Pre-Deductible Coverage of 14 Chronic Healthcare Services*

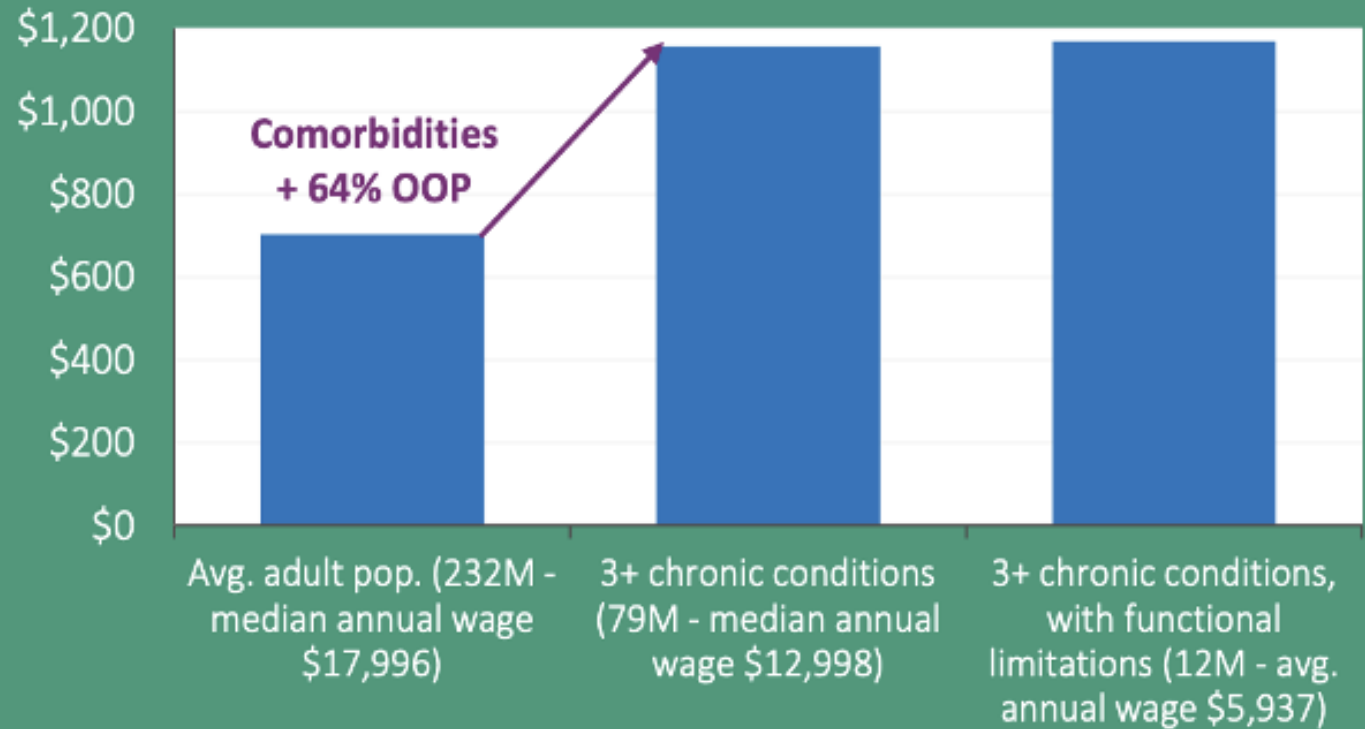
# Paying for More Generous Coverage of High Value Care: Reduce Spending on Low Value Care



## Paying for More Generous Coverage of High Value Care:

- Increase premiums – politically not feasible
- Raise deductibles and copayments – ‘tax on the sick’

Average annual OOP for healthcare: Greater Needs, Greater Burden<sup>2</sup>



High-need patients (2-3 chronic conditions) pay **more than twice as much OOP on healthcare** compared to patients without chronic disease<sup>2</sup>

# Paying for More Generous Coverage of High Value Care: Reduce Spending on Low Value Care

- Increase premiums – politically not feasible
- Raise deductibles and copayments – ‘tax on the sick’
- **Reduce spending on low value care**

**\$345  
BILLION**

## Examples include:



Vitamin D screening tests

Diagnostic tests before  
low-risk surgery



PSA screening for men 70  
and older

Branded drugs when identical  
generics are available



Low-back pain imaging  
within 6 weeks of onset

RESEARCH ARTICLE

[HEALTH AFFAIRS](#) > [VOL. 29, NO. 11](#): DESIGNING INSURANCE TO IMPROVE VALUE IN HEALTH CARE

# Applying Value-Based Insurance Design To Low-Value Health Services

[A. Mark Fendrick](#), [Dean G. Smith](#), and [Michael E. Chernew](#)

[AFFILIATIONS](#) ✓

PUBLISHED: NOVEMBER 2010 **No Access**

<https://doi.org/10.1377/hlthaff.2010.0878>

## Massive waste in healthcare spending

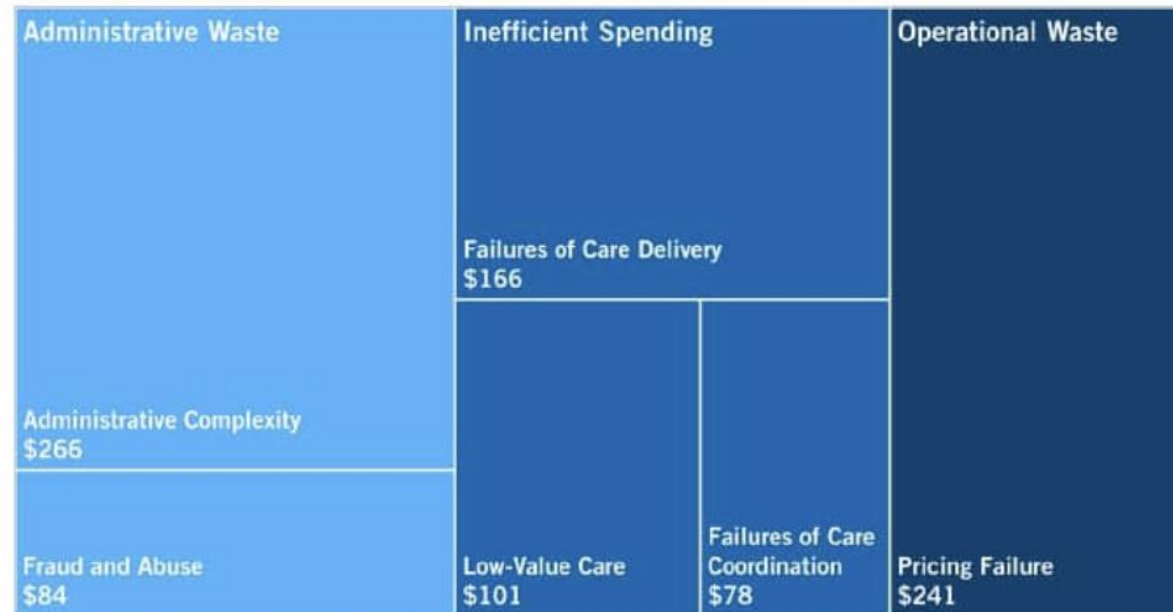
 **The Rabbit Hole**  @TheRabbitHole84 · Dec 4, 2024

Wasteful Healthcare Spending in the United States



Wasteful healthcare spending can reach up to \$935 billion a year

### TYPES OF WASTEFUL HEALTHCARE SPENDING (BILLIONS OF DOLLARS)



SOURCE: Journal of the American Medical Association, *Waste in the US Health Care System: Estimated Costs and Potential for Savings*, October 2019.

NOTES: Data represent the upper threshold of estimates by Shrank and colleagues. Total sum may be different due to rounding.  
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PGPF.ORG



# ACA Sec 4105:

## Selected No-Value Preventive Services Shall Not Be Paid For

### SEC. 4105. EVIDENCE-BASED COVERAGE OF PREVENTIVE SERVICES IN MEDICARE.

(a) **AUTHORITY TO MODIFY OR ELIMINATE COVERAGE OF CERTAIN PREVENTIVE SERVICES.**—Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

“(n) **AUTHORITY TO MODIFY OR ELIMINATE COVERAGE OF CERTAIN PREVENTIVE SERVICES.**—Notwithstanding any other provision of this title, effective beginning on January 1, 2010, if the Secretary determines appropriate, the Secretary may—

“(1) modify—

“(A) the coverage of any preventive service described in subparagraph (A) of section 1861(ddd)(3) to the extent that such modification is consistent with the recommendations of the United States Preventive Services Task Force; and

“(B) the services included in the initial preventive physical examination described in subparagraph (B) of such section; and

“(2) provide that no payment shall be made under this title for a preventive service described in subparagraph (A) of such section that has not received a grade of A, B, C, or I by such Task Force.”.

(b) **CONSTRUCTION.**—Nothing in the amendment made by paragraph (1) shall be construed to affect the coverage of diagnostic or treatment services under title XVIII of the Social Security Act.

HHS granted authority to not pay for USPSTF ‘D’ Rated Services

# Annual Use and Cost of Seven Grade D Services Among Medicare Enrollees



Total Annual Count:

**31 million**



Total Annual Costs:

**\$478 million**

V-BID X:

Better Coverage, Same Premiums and Deductibles



# V-BID X: Expanding Coverage of Essential Clinical Care Without Increasing Premiums or Deductibles

Clinically driven plan designs, like **V-BID X**,  
reduce spending on **low-value care**



...creating headroom to reallocate spending  
to **high-value services** without increasing  
**premiums or deductibles**

# V-BID X: Creating A Value-Based Insurance Design Plan For The Exchange Market

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## CMS promotes value-based insurance design in final payment notice for 2021

Much of CMS’s framework—including a list of high-value services that insurers could cover with little no impact on premiums but better care incentives—comes from the [University of Michigan’s Center for Value-Based Insurance Design](#). The list includes a number of the same preventive care benefits that can be newly provided by a high-deductible health plan paired with a health savings account on a pre-deductible basis under [Treasury guidance](#) from July 2019.

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### High Value Generic Drug Classes with Zero Cost Sharing

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ACE inhibitors and ARBs  
Anti-depressants  
Antipsychotics  
Anti-resorptive therapy  
Antiretrovirals  
Antithrombotics/anticoagulants  
Beta blockers  
Buprenorphine-naloxone  
Glucose lowering agents  
Inhaled corticosteroids  
Naloxone  
Rheumatoid arthritis medications  
Statins  
Thyroid-related  
Tobacco cessation treatments

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### High Value Branded Drug Classes with Reduced Cost Sharing

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Anti-TNF (tumor necrosis factor)  
Hepatitis C direct-acting combination  
Pre-exposure prophylaxis for HIV (PrEP) <sup>1</sup>

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### Specific Low Value Services Considered

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Proton beam therapy for prostate cancer  
Spinal fusions  
Vertebroplasty and kyphoplasty  
Vitamin D testing

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# Enhancing Access and Affordability to Essential Clinical Services

- Save preventive care mandate
- Expand pre-deductible coverage/reduce consumer cost-sharing on high-value, essential chronic disease services
- Identify, measure and reduce low-value care to pay for more generous coverage of high-value care
  - Start with USPSTF D Rated Services
- Implement clinically-driven plan payment reform, technologies and benefit designs (i.e., V-BID X) that increase use of high-value services and deter low value care



An aerial photograph of a large, oval-shaped stadium, likely a football or soccer stadium, with a green field in the center. The word "MICHIGAN" is written in large, yellow letters across the field. The stadium is surrounded by parking lots, roads, and some trees. The sky is clear and blue.

*"If we don't succeed then we will fail."*

Dan Quayle

Thank you

Questions?

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