

STATE OF CONNETICUT
State Innovation Model
Template Design Work Group
Meeting Summary
Tuesday, April 12, 2016
10:30 am – 11:30 am

Work Group Members: Mary Ellen Breault, Thomas Meehan, Russell Munson, Steven Moore, James Cardon, Cheryl Lesarbeau, Mary Bradley, Jennifer Herz, Steven Wolfson, Deremius Williams

Members Absent: Amy Tippet-Stangler, Tekisha Everette, Catie Olinski, Michelle Vislosky, Hugh Penney, Fiona Mohring, Patrick Charmel

Other Participants: Mark Schaefer, Jenna Lupi, Sandra Czunas, Thomas Woodruff, John Freedman, Cathy Cuddy, Alyssa Ursillo, Rachel Pieciak

The Meeting was called to order at 9:35 am.

1. Meeting Objectives

Alyssa Ursillo gave a brief overview of the meeting objectives. The goal of this meeting was for design group members to voice any outstanding concerns regarding the template's content or format and to confirm the project team's understanding of the recommendations that were made during the April 8th work group session.

2. Review of Intended Outcomes of Templates

Ms. Ursillo then clarified the intended outcome of the template. The intent of the template is to:

- Recommend minimum V-BID options for various employer types that can be incorporated into plan designs
- Provide additional V-BID benefits can choose from to best suit their employee demographic

She then shared a sample format of a V-BID template with a minimum recommended option to reduce cost sharing for specific services for members with diabetes, asthma/COPD, and hypertension.

Mary Bradley expressed her concern for mandating minimum V-BID benefits for employers in that requiring employers to change cost-sharing for specific clinical conditions and services may be too prescriptive and deter employers from exploring other V-BID benefit options.

James Cardon asked if the intent was to align consumer and provider incentives, and if so, suggested we recommend a core competency set. He also asked how these three conditions were selected. Ms. Ursillo explained that the conditions presented were intended to serve as examples of what employers could potentially target but that these particular conditions affect large percentage of the population and align with the SIM Quality Council provisional measure set.

Russell Munson described, from a payer's perspective, that the options presented must be simple and recommended that instead of presenting a menu of options, the template should be a one or

two size fits all employers. Ms. Ursillo explained that the templates would be modified for various employer types.

Cheryl Lescarbeau emphasized the importance of aligning consumer and provider-side incentives and to consider those that providers already track (e.g. HEDIS measures). She pointed out that some of the services in the template go beyond this and we should be cognizant of the amount payers can administer and providers can implement.

Steven Moore suggested that substance abuse be added as a component of the minimum benefit plan, or at the very least, an additional option. Steven Wolfson commented that smoking cessation should also be added to the list of services for financial incentives for diabetes.

3. Discussion of Outstanding Questions or Comments

Ms. Ursillo asked the group to consider the incentive structure options that were presented as part of the template, but that the group did not get a chance to discuss during the previous session. The group had no additional suggestions for incentive structures to be added to the template. Deremius Williams expressed her concern that prior authorization for low value services would not be palatable to health plans because prior authorization is done across, and it would be a large administrative burden to instead do this for specific employers/plans. Mary Ellen Breault noted that the Department of Insurance would likely not approve an increased copayment for low value services in a fully insured plan. This would be considered discriminatory because the copayment would be higher based on someone's health status/diagnosis, or would be an outlier-type benefit, in which the plan had higher copays than other plans in the market.

4. Confirmation of Recommendations and Considerations for Templates

Ms. Ursillo reviewed the recommendations made during the first Template Design Work Group Session.

A. Work Group Goals

Jennifer Herz commented that the "high turnover v. low-turnover" employer-type is not helpful and could be removed from the list of different employer types by which to vary template design. Mr. Wolfson suggested abbreviations be spelled out in the template.

B. V-BID Template Design Guiding Principles

Ms. Herz clarified that the additional principle regarding the employers' perspective distinguish between small and large employers in that the potential benefits of implementing a V-BID plan may be different for these groups. She noted that small employers may not see short-term cost savings, but V-BID may improve absenteeism and presenteeism. Mr. Munson noted that there is a distinction between small, large and self-funded employers, and that not all self-funded employers are large.

C. V-BID Template

Ms. Ursillo reviewed the recommendations that were made for the V-BID templates during the previous session. Mr. Munson reiterated the importance of identifying a PCP for all members as part of V-BID for patient attribution efforts. Ms. Bradley voiced concern that this process would be burdensome for employers that use a third party for enrollment. Mr. Wolfson noted that sometimes specialists become the provider that a patient sees more frequently than a PCP, and that insurers should not miss this in their attribution methods. Ms. Williams noted that Anthem's attribution method does take this into account. Mr. Cardon explained that if this is the

case, specialists need to be made aware of the additional tests, screenings etc. that need to be performed or the patient must be re-routed to a PCP.

In response to the recommendation about including pre-conditions as recommended conditions to target, Ms. Munson noted that there are diagnosis codes in claims for pre-diseases.

Mr. Cardon asked if this group was responsible for defining high value, or if this group would leverage other work being done as part of SIM. Ms. Ursillo clarified that it is not the charge of this group to define what it means to be a high-value provider, but recommend that V-BID plans be transparent in how high value providers are identified. Mark Schaefer commented that the question to this group was are there additional components beyond cost and quality that should be considered as part of the definition of value. The group suggested how providers organize their practice, and accessibility to patients, as noted during the previous session. Mr. Wolfson noted there are other components that haven't been considered, such as a providers' credentials, trainings, etc. Mr. Schaefer suggested that for this first iteration of the V-BID templates, the group might focus on cost and quality metrics and transparency, but may recommend that additional components be explored or measured in future iterations.

There were no additional comments or changes to the other template recommendations reviewed.

5. Upcoming Meetings and Next Steps

Ms. Ursillo updated the group that the third Consortium Meeting on April 27th has been changed to webinar. An updated iteration of the template will be presented during this webinar that reflect the recommendations from this workgroup. A final in-person webinar will be scheduled at a later date.

The project team will also send out an employer survey to better understand what employers are already doing around V-BID. The feedback from this survey will be incorporated into the templates to be presented at the final Consortium meeting.

The meeting adjourned at 11:30 am.