

APPENDICES

Appendix A: Recommendation Development

This Employer Manual is the product of the Value Based Insurance Design Initiative, a joint initiative led by the State Innovation Model (SIM) Program Management Office (PMO) and the Office of the State Comptroller (OSC). The PMO and OSC engaged consultants Freedman HealthCare, LLC, in partnership with Dr. Bruce Landon, and Drs. Mark Fendrick and Michael Chernew of VBID Health, LLC, V-BID's founders and leading experts, to develop a recommended set of core V-BID benefits for integration into employer-sponsored health plans.

The template recommendations, guiding principles and best practices in this Manual were developed through a comprehensive stakeholder engagement process, which consisted of the following activities:

V-BID CONSORTIUM

The initiative was advised by a Value Based Insurance Design Consortium, which served as a workgroup to provide input on recommendations for the V-BID templates and guiding principles, and to provide feedback on all initiative materials, including this Manual. The group met seven times between February and June 2016, including four webinar meetings and three in-person meetings. Consortium members include the following representatives, who were appointed by the Connecticut SIM Steering Committee:

- 1 representative from the Department of Insurance
- 1 representative from the Health Insurance Exchange, Access Health CT
- 5 provider representatives
- 5 health plan representatives
- 5 employer representatives
- 5 consumer advocates
- 3 employer association representatives

EXECUTIVE COMMITTEE

Each stakeholder group (providers, health plans, employers and consumers) appointed one member from the Consortium to be on the V-BID Consortium Executive Committee, which met in advance of the Consortium meetings to vet meeting agendas and materials and provide feedback to the project team. The Executive Committee met three times between February and June.

DESIGN WORKGROUPS

In addition to full Consortium meetings, members volunteered to join two design session work groups:

Template Design Workgroup: This workgroup met twice to discuss the recommendations and formats for the V-BID templates and to discuss the guiding principles.

Learning Collaborative Workgroup: This workgroup met twice to discuss the structure of the Learning Collaborative, recruitment strategies, and the kickoff meeting.

STAKEHOLDER INTERVIEWS

Freedman HealthCare and the Connecticut project team conducted individual interviews with six of Connecticut's major health plans to learn about the benefits they are currently offering both the self-insured and fully-insured markets, and what insurance benefits employers are demanding. In addition, the V-BID Initiative interviewed the three employer associations and three national employers (two of

which are based in Connecticut) currently implementing V-BID about their plans, successes and challenges, and lessons learned. Results of this outreach were summarized in a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis of employer uptake of V-BID in Connecticut.

EMPLOYER SURVEY AND FOCUS GROUP

The V-BID initiative also developed and distributed a qualitative survey for employers in Connecticut to learn more about what V-BID and other innovative strategies employers in the state are currently implementing, how they communicate benefits to employees, and what insurance designs they would be interested in implementing in the future. To discuss the results of the survey, the V-BID initiative engaged several innovative employers throughout the state in an employer focus group. The employers generously shared success stories and best practices from their own experiences implementing V-BID and other innovative benefits.

Appendix B: V-BID Template Worksheets

CORE COMPONENT 1: CHANGE INCENTIVES FOR SPECIFIC SERVICES FOR ALL APPLICABLE MEMBERS

V-BID	Recommended Core Benefits	Incentive	Amount
<p>Component 1: Change Incentives for Specific Services for All Applicable Members</p>	<ul style="list-style-type: none"> ✓ Blood pressure screening for applicable members depending on age group and gender ✓ Cholesterol screening for applicable members depending on age group and gender ✓ Obesity screening for applicable members depending on age group and gender ✓ Depression screening for adolescents over 12 years and adults ✓ Alcohol screening and counseling for all adults ✓ Breast cancer screening for women depending on age group ✓ Cervical cancer screening for women depending on age group ✓ Colorectal cancer screening for applicable members depending on age group and gender ✓ Beta-blockers for all members prescribed drug for any indication ✓ ACE inhibitors and ARBs for all members prescribed drug for any indication ✓ Insulins and oral hypoglycemics for all members prescribed drug for any indication ✓ Long-acting inhalers for all members prescribed drug for any indication ✓ Statins for all members prescribed drug for any indication ✓ Smoking cessation drugs for all members prescribed drug for any indication 	<p>I will provide employees that use any of these services with a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus) 	<p>\$ _____</p>

CORE COMPONENT 2: CHANGE INCENTIVES FOR SPECIFIC SERVICES BY CLINICAL CONDITION

V-BID	Recommended Core Benefits	Incentive	Amount
<p>Component 1: Change Incentives for Specific Services by Chronic Condition</p>	<input type="checkbox"/> Diabetes <ul style="list-style-type: none"> ✓ Office visits related to condition ✓ Nutritional counseling ✓ Smoking cessation ✓ HbA1c ✓ Eye exams ✓ Foot exams ✓ Insulin ✓ Diabetic supplies ✓ ACE inhibitors/ARBs 	<p>I will provide employees with diabetes that use any of these services with a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus) 	<p>\$ _____</p>
	<p>Choose at least two conditions</p>	<input type="checkbox"/> Pre-Diabetes <ul style="list-style-type: none"> ✓ Office visits related to condition ✓ Nutritional counseling ✓ Health coach ✓ Smoking cessation ✓ HbA1c ✓ Glucose test ✓ Anti-hypertensives ✓ Metformin ✓ Statins 	<p>I will provide employees with pre-diabetes that use any of these services with a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)

<p><input type="checkbox"/> Asthma/COPD</p> <ul style="list-style-type: none"> ✓ Office visits related to condition ✓ Smoking cessation ✓ Home visits ✓ Spirometry ✓ Long-acting inhalers ✓ Inhaled corticosteroids ✓ Oxygen 	<p>I will provide employees with asthma/COPD that use any of these services with a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus) 	<p>\$ _____</p>
<p><input type="checkbox"/> Hypertension</p> <ul style="list-style-type: none"> ✓ Office visits related to condition ✓ Smoking cessation ✓ Nutritional counseling ✓ Blood pressure testing ✓ Anti-hypertensives ✓ ACE inhibitors/ ARBs ✓ Statins 	<p>I will provide employees with hypertension that use any of these services with a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus) 	<p>\$ _____</p>
<p><input type="checkbox"/> Pre-hypertension</p> <ul style="list-style-type: none"> ✓ Office visits related to condition ✓ Smoking cessation ✓ Nutritional counseling ✓ Health Coach ✓ Blood pressure testing 	<p>I will provide employees with pre-hypertension that use any of these services with a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus) 	<p>\$ _____</p>

<p><input type="checkbox"/> Depression</p> <ul style="list-style-type: none"> ✓ Office visits related to condition ✓ Suicide and other risk assessments ✓ Cognitive behavioral therapy ✓ Smoking cessation ✓ Anti-depressants 	<p>I will provide employees with depression that use any of these services with a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus) 	<p>\$ _____</p>
<p><input type="checkbox"/> Substance Use Disorders</p> <ul style="list-style-type: none"> ✓ Office visits related to condition ✓ Risk assessments ✓ Evidence-based treatment programs ✓ Smoking cessation ✓ Methadone ✓ Buprenorphine/Naloxone ✓ Detox medications 	<p>I will provide employees with substance use disorder that use any of these services with a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus) 	<p>\$ _____</p>
<p><input type="checkbox"/> Congestive Heart Failure</p> <ul style="list-style-type: none"> ✓ Office visits related to condition ✓ Smoking cessation ✓ Nutritional counseling ✓ Echocardiogram ✓ EKG ✓ Potassium and creatinine testing ✓ Digoxin level ✓ Beta-blockers ✓ ACE inhibitors/ARBs ✓ Spironolactone ✓ Diuretics ✓ Oxygen ✓ Digoxin 	<p>I will provide employees with congestive heart failure that use any of these services with a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus) 	<p>\$ _____</p>
<p><input type="checkbox"/> Coronary Artery Disease</p> <ul style="list-style-type: none"> ✓ Office visits related to condition 	<p>I will provide employees with coronary artery disease that use any of these services with a:</p>	<p>\$ _____</p>

	<ul style="list-style-type: none"> ✓ Nutritional counseling ✓ Smoking cessation ✓ EKG ✓ Beta-blockers ✓ ACE inhibitors/ ARBs ✓ Aspirin ✓ Clopidogrel ✓ Plavix 	<ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus) 	
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CORE COMPONENT 3: CHANGE INCENTIVES FOR VISITS TO HIGH VALUE PROVIDERS

V-BID	Recommended Core Benefits	Incentive	Amount	
<p>Component 3: Change Incentives for Visits to High Value Providers</p>	<p>Choose at least one:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Network providers who have been identified as high value based on performance on cost and quality metrics 	<p>I will provide employees that visit any of these providers with a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Reduced Copayment <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus) 	
		<ul style="list-style-type: none"> <input type="checkbox"/> Provider who is part of an ACO identified as high value based on performance on cost and quality metrics 		<p>\$ _____</p>
		<ul style="list-style-type: none"> <input type="checkbox"/> Primary care physician or Patient Centered Medical Home that has been identified as high value based on performance on cost and quality metrics 		

V-BID OPTIONAL BENEFITS

V-BID -----	Incentive	Amount
<input type="checkbox"/> Transportation to appointments related to condition and/or treatment Condition(s) _____ _____ _____	<input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)	\$ _____
<input type="checkbox"/> 90-day supply mail-order prescriptions for chronic conditions Condition(s) _____ _____ _____	<input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)	\$ _____
<input type="checkbox"/> Virtual/audio/telephonic counseling or consultations: Condition(s) _____ _____ _____	<input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)	\$ _____
<input type="checkbox"/> Meals or other nutritional services Condition(s) _____ _____ _____	<input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)	\$ _____

<p><input type="checkbox"/> Treatment decision support/counseling for members with conditions that have multiple treatment options with differing risks and benefits</p> <p>Condition(s): _____ _____ _____</p>	<p><input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)</p>	<p>\$ _____</p>
<p><input type="checkbox"/> Surgical decision support or second opinion before surgery for members undergoing elective surgeries that have other treatment alternatives</p> <p>Condition(s): _____ _____ _____</p>	<p><input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)</p>	<p>\$ _____</p>
<p><input type="checkbox"/> Chronic Disease Management program for members with chronic diseases</p> <p>Condition(s): _____ _____ _____</p>	<p><input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)</p>	<p>\$ _____</p>
<p><input type="checkbox"/> Pain Management for members with chronic pain</p>	<p><input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)</p>	<p>\$ _____</p>

<input type="checkbox"/> Healthy pregnancy program	<input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)	\$ _____
<input type="checkbox"/> Smoking Cessation for all members, as applicable	<input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)	\$ _____
<input type="checkbox"/> Complex Case Management, for members with complex conditions. Condition(s): _____ _____ _____	<input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)	\$ _____

Appendix C: Overcoming Implementation Barriers

	Barrier	Strategies to Overcome Barriers
Economic	V-BID implementation will initially result in increased costs for employers and health plans due to increased utilization and reduced cost sharing	<ul style="list-style-type: none"> ▪ Many employers have found implementing V-BID results in higher utilization of low cost services, such as primary care, and lower utilization of higher cost services, such as ED visits and inpatient stays.¹⁴ ▪ Although healthcare cost savings may not be realized in the first year of implementation, other outcomes such as decreased absenteeism and presenteeism may result in greater productivity and potentially profit.¹⁵ ▪ It is recommended that health plans and employers work with their health plan administrator on evaluating the actuarial value of the proposed V-BID plan.
	High turnover of employees means that some employers will not see ROI	<ul style="list-style-type: none"> ▪ Even employers with high turnover may see some immediate positive outcomes from V-BID benefits for all members, such as increased medication adherence and reduced utilization of high cost services.¹⁶ ▪ Employers with high turnover should work with their health plan administrator to focus plans on incentivizing services with potential for cost savings in the short-term, such as visits to high value providers and surgery decision support.
Practice	V-BID requires defining and standardizing what is meant by “high-value”, yet there is a lack evidence of the clinical and cost effectiveness of many services and providers.	<ul style="list-style-type: none"> ▪ The template in this manual recommends services for which there is an evidence base from academic, clinical and research bodies that these services improve health.¹⁷ ▪ Evaluation of several V-BID programs that target chronic diseases such as diabetes and cardiovascular disease have demonstrated that reduced cost sharing for medications related to these conditions results in increased medication adherence, decreased costs, and improved health.¹⁸ ▪ The concept of high value provider is being constructed by the SIM Steering Committee, including proposing specific criteria for measuring providers. Refer to Appendix E, page 44 for the complete criteria.
	Determining eligible patient demographics to target for reduced cost sharing for high-value services requires data collection and expert review of data	<ul style="list-style-type: none"> ▪ While data collection and analysis can be challenging, most health plans and employers will find they have enough existing data to determine high risk groups. Most health plans, especially those that administer wellness programs and chronic disease management programs, have the analytic tools available to analyze claims data.¹⁹ ▪ Incentivizing biometric screenings and health risk assessments can help employers collect additional data on their populations. ▪ The template recommends several services targeted only by age and gender, which does not require claims analysis and is less administratively complex.

Practice	Absence of risk factors in claims data	<ul style="list-style-type: none"> ▪ This data may be collected through biometric screenings and health risk assessments. ▪ Although EHR data is typically not used in health plan systems, technology to integrate EHR and claims data is being explored and should be encouraged. ▪ Health plans may integrate VBID with Disease Management programs, which typically make EHR and health assessment data available.
	Physicians may not feel incentivized to persuade/dissuade patients to use/refuse certain services	<ul style="list-style-type: none"> ▪ Involve physicians in the conversation to identify patient groups that would benefit most from differential cost-sharing of certain services.²⁰ ▪ The template aligns provider and consumer incentives by incentivizing services that correspond to quality measures in many value-based payment arrangements. ▪ Implementing a V-BID plan alongside the Connecticut Choosing Wisely campaign can help educate providers on how to have conversations with patients about what services are of high value and which are potentially unnecessary or harmful.
Legal	If patients refuse or fail to meet outcomes that qualify them for incentives, this is discriminatory	<ul style="list-style-type: none"> ▪ Employers and health plans are required to offer alternative ways for members to earn incentives if the incentives are based on meeting certain health outcomes or targets.
	There are regulatory barriers to differential cost sharing for members with specific clinical conditions for HSA-HDHP plans	<ul style="list-style-type: none"> ▪ The V-BID Center at University of Michigan has established a multi-stakeholder initiative to advocate for the expansion of the IRS preventive care safe harbor guidelines to allow HSA-HDHPs to cover additional evidence-based service before the deductible.²¹ ▪ Future V-BID initiatives in Connecticut may include recommendations for changes to certain state regulations that limit V-BID benefits.
Administrative	There are administrative challenges with administering and managing incentive benefits across states for national employers.	<ul style="list-style-type: none"> ▪ While administering incentive programs across states can be administratively complex, several national employers have successfully implemented V-BID plans. Dedicating enough resources to administration of the plan, and gaining senior management buy-in is key.
	Administering different incentive schemes for different members can be challenging.	<ul style="list-style-type: none"> ▪ Technology may play a key role in reducing administrative challenges associated with implementing more complex V-BID plans.

Administrative	<p>Identifying eligible members requires algorithms to measure compliance by patients and providers. Patients and/or providers may misreport information to qualify for V-BID.</p>	<ul style="list-style-type: none"> ▪ Before implementing V-BID plans, employers and health plans should determine which methods they will use to measure member compliance.²² ▪ Some employers implementing V-BID recommend using automated reporting as much as possible, and not relying on self-attestation. ▪ For many VBID elements, health plans can use existing information from claims data to identify eligible members. Many health plans are also exploring methods to automate the collection of information from EHRs.
Cultural	<p>Getting employee buy-in and changing employee culture is challenging and takes too much time.</p>	<ul style="list-style-type: none"> ▪ Engaging key stakeholders early, including senior leadership, union, and other employee leaders will increase buy-in. ▪ Integrating V-BID into a larger employee culture focused on healthcare and wellness can help increase buy-in. ▪ While it may take time to change employee culture, employers can begin communicating about V-BID benefits while still in the planning phases, which allows employees to adjust to the changes while the employer has time to work out the details. ▪ Repeated messaging about the plan through various communication channels is recommended by many employers.
	<p>Motivating employees to change behavior is difficult</p>	<ul style="list-style-type: none"> ▪ Incentives need to be significant to employees to motivate them to change behavior. Soliciting feedback from employees and evaluating the V-BID program throughout implementation can help determine what incentives to offer and how to modify them. ▪ For large employers, bringing services to the employees (via on-site screening clinics, etc.) can increase participation. ▪ Implementing V-BID with other patient engagement strategies may increase participation. ▪ Making V-BID an opt-in plan can increase participation, especially if employees have to meet certain requirements to maintain enrollment in the plan. This also requires a strong incentive structure to motivate employees to opt-in and stay in, such as reduced premiums.
	<p>Explaining the program benefits to employees may be complex, and employees may think targeting of certain groups is discriminatory</p>	<ul style="list-style-type: none"> ▪ Employers should develop a comprehensive communication plan to communicate the V-BID benefits to employees before implementation. ▪ Describing eligibility requirements and incentive structures to employees will require outreach by HR. Many Connecticut employers have had great success with new member communication technologies to help communicate health plan benefits. ▪ Frequent communication through multiple channels will help explain the program. ▪ Emphasizing how the plan benefits all employees is key. When surveyed, employees have not reported thinking V-BID plan designs were discriminatory.²³

Appendix D: Consumer Engagement Strategies

While V-BID plans incentivize the use of specific high-value services and providers for specific members, many employers and health plans currently offer incentives for other wellness and health initiatives. Tying V-BID plan designs into a larger employer wellness and/or incentive program is a strategy many employers in Connecticut have found useful for engaging employees in health improvement activities.

In 2015, the Deloitte Center for Health Solutions conducted the Survey of US Health Care Consumers to determine what motivates consumers to change health behaviors, take a more active role in managing their health, and better engage with their providers and the healthcare system.²⁴ Their findings indicate upward trends in consumer engagement in certain areas for which employers and health plans could provide additional resources and tools, and even incentives. Many Connecticut employers who participated in the employer survey and focus group are currently engaging in these innovative strategies to motivate their employees toward achieving health goals. These strategies may be implemented alongside V-BID plans to help engage employees and increase employee buy-in for V-BID plans.

Consumer Engagement Strategy²⁵	Alignment with V-BID Benefits
Tools for shared treatment decision making with providers	Treatment decision support tools may be used part of a supplemental benefit offered in a V-BID plan design.
Resources about treatment options and how to research health concerns	Treatment decision support resources may be used as part of a supplemental V-BID benefit, or to all members.
Information about provider cost and quality, such as through provider performance scorecards	A V-BID guiding principle is that metrics used to measure provider cost and quality are transparent. Provider scorecards can be provided to members when communicating benefits for visiting high value providers.
Technology to measure fitness and health improvement goals	This may be part of a disease management program for members with chronic conditions.
Technology to monitor health issues, especially chronic conditions	This may be part of a disease management program for members with chronic conditions.
Technology to support medication adherence	This may be part of a disease management program for members with chronic conditions.
Digital communication with providers	In future V-BID initiatives, provider accessibility, including digital access, may be a dimension through which “value” is defined. One employer implementing this strategy suggested it helped improve utilization of primary care services and decrease ER visits.
Premium discounts for participating in health improvement/wellness/fitness programs	Employees may already be used to these incentive structures, making it easier for them to understand similar incentives structures in V-BID plans, such as premium discounts for participating in high value screenings.
Incentives for participating in disease management programs	This may be offered as a supplemental benefit as part of a V-BID plan.
Secure website or patient portal to access records, schedule appointments, order Rx refills, etc.	Health plans may use websites and patient portals to communicate members’ eligibility for incentives and to help track utilization of high value services.

Appendix E: Provider-side Reforms and the SIM Quality Council Core Measure Set

ALIGNING WITH PROVIDER-SIDE REFORMS

V-BID is not a standalone strategy. Rather, it is part of a holistic approach to health care reform, with the intent of aligning incentives for members and providers, to deliver the highest-value services and avoid the lowest-value ones. Self-insured employers should be mindful of the interaction between employee-focused strategies, such as V-BID, and provider-side reforms, such as value based payment and alternative payment arrangements that hold providers accountable for total cost of care.

In a contracting environment where alternative payments are used, V-BID is well-suited to reinforce, from the member's perspective, a movement toward higher value care. Below are some areas where reinforcement between V-BID and provider-side efforts may harmonize. In addition, nearly any V-BID component is reinforced when paired with total cost of care accountability or other alternative payment models for providers.

VBID Feature	Provider-Side Feature
Member incentive to use high-value drugs	Pay for performance for generic prescribing, provider bonus payment for efficient pharmacy utilization
Member incentive to use high-value providers	Limited networks, Global or bundled payments
Member incentive to use high-value services	Total cost of care accountability and other alternative payment models (including for ACOs or PCMHs), bundled payment for certain care (such as hip/knee replacements, chronic condition management), value based payment for meeting quality metrics (e.g. achieving screening rates)
Discourage use of low-value services or drugs	Prior authorization for certain services or drugs, Global or bundled payments

When possible, employers should seek health plans administrators with the experience and ability to implement provider payment arrangements that enhance the effectiveness of the employer's V-BID plan. Connecticut employers may also leverage other initiatives to align V-BID plans with provider-side reforms:

CONNECTICUT CHOOSING WISELY COLLABORATIVE

Choosing Wisely[®], an initiative of the American Board of Internal Medicine (ABIM) foundation, promotes informed patient-provider communication to prevent use of unnecessary care and low-value services. The Connecticut Choosing Wisely Collaborative aims to support the growth of *Choosing Wisely*[®] initiatives in the State and works with provider groups and facilities to educate providers on low value services to avoid, and how to communicate with patients about these services. Employers should discuss with their health plans whether the insurer is engaged with the Connecticut Choosing Wisely Collaborative, and how they can integrate these concepts in their provider networks.

CONNECTICUT SIM QUALITY COUNCIL PROVISIONAL CORE MEASURE SET

The SIM Quality Council Provisional Core Measure Set provides a reference set of quality measures that payers may use in their value-based payment models across the state. Encouraging alignment on quality measures will also help to streamline and reduce administrative burdens of care delivery on provider organizations²⁶

The V-BID initiative seeks to align the recommended consumer benefits with provider incentives; therefore, many of the high value services included in the V-BID plan designs are also targeted in the Core Measure Set. These measures present an ideal opportunity for plans to synchronize their insurance designs with value based payment arrangements, and may also be leveraged by health plans for identifying high value providers.

The provisional core measure set includes 30 measures recommended for the commercial/Medicaid population and two additional measures recommended for Medicaid only.

#	Provisional Core Measure Set	NQF	ACO	Steward	Source*	Equity	MQISSP
Consumer Engagement							
1	PCMH – CAHPS measure**	0005		NCQA		✓	✓
Care Coordination							
2	Plan all-cause readmission	1768		NCQA	Claims	✓	
3	Annual monitoring for persistent medications (roll-up)	2371		NCQA	Claims		
Prevention							
4	Breast cancer screening	2372	20	NCQA	Claims		
5	Cervical cancer screening	0032		NCQA	Claims		
6	Chlamydia screening in women	0033		NCQA	Claims		
7	Colorectal cancer screening	0034	19	NCQA	EHR	✓	
8	Adolescent female immunizations HPV	1959		NCQA	Claims		
9	Weight assessment and counseling for nutrition and physical activity for children/adolescents	0024		NCQA	EHR		
10	Preventative care and screening: BMI screening and follow up	0421	16	CMMC	EHR		
11	Developmental screening in the first three years of life	1448		OHSU	EHR		✓
12	Well-child visits in the first 15 months of life	1392		NCQA	Claims		✓
13	Adolescent well-care visits			NCQA	Claims		✓
14	Tobacco use screening and cessation intervention	0028	17	AMA/PCPI	EHR		
15	Prenatal Care & Postpartum care***	1517		NCQA	EHR		✓
16	Screening for clinical depression and follow-up plan	418	18	CMS	EHR	✓	
17	Behavioral health screening (pediatric, Medicaid only, custom measure)			Custom	Claims		✓
Acute & Chronic Care							
18	Medication management for people w/ asthma	1799		NCQA	Claims	✓	✓
19	DM: Hemoglobin A1c Poor Control (>9%)	0059	27	NCQA	EHR	✓	
20	DM: HbA1c Screening****	0057		NCQA	Claims		✓
21	DM: Diabetes eye exam	0055	41	NCQA	EHR		
22	DM: Diabetes: medical attention for nephropathy	0062		NCQA	Claims		
23	HTN: Controlling high blood pressure	0018	28	NCQA	EHR	✓	
24	Use of imaging studies for low back pain	0052		NCQA	Claims		

25	Avoidance of antibiotic treatment in adults with acute bronchitis	0058		NCQA	Claims	✓
26	Appr. treatment for children with upper respiratory infection	0069		NCQA	Claims	
Behavioral Health						
27	Follow-up care for children prescribed ADHD medication	0108		NCQA	Claims	
28	Metabolic Monitoring for Children and Adolescents on Antipsychotics (pediatric, Medicaid only)	2800		NCQA	Claims	✓
29	Depression Remission at 12 Twelve Months	0710	40	MNCM	EHR	
30	Depression Remission at 12 months – Progress Towards Remission	1885		MNCM	EHR	
31	Child & Adlscnt MDD: Suicide Risk Assessment	1365		AMA/ PCPI	EHR	
32	Unhealthy Alcohol Use – Screening			AMA/ PCPI	EHR	

*Council recommendation regarding measures that require EHR or other data for production

**ACO CAHPS is under consideration as an alternative

***Council requests comment on appropriateness for ACO performance measure

****Continued need for this measure will be re-evaluated after NQF 59 is in production

Appendix F: V-BID Tool Kit and Resources

SAMPLE MARKETING AND COMMUNICATIONS MATERIALS

State of CT Employee and Retiree - Health Enhancement Program Sample Poster



HEALTH ENHANCEMENT PROGRAM (HEP) Requirements

PREVENTIVE SCREENINGS	AGE						
	0 - 5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings*	N/A	At least 1 per year	At least 1 per year	At least 1 per year			
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 2 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	1 screening between age 35-39**	As recommended by physician	As recommended by physician
Cervical Cancer Screening (Pap Smear)	N/A	N/A	Every 3 years (21+)	Every 3 years	Every 3 years	Every 3 years	Every 3 years to age 65
Colorectal Cancer Screening	N/A	N/A	N/A	N/A	N/A	N/A	Colonoscopy every 10 years or Annual FIT to age 75

STAY HEALTHY SAVE MONEY

TIME TO SCHEDULE YOUR 2016 APPOINTMENTS



More info: www.CTHEP.com
 Or call Care Management Solutions at: **877.687.1448**
 (Mon-Thurs 8AM to 6PM, Fri 8AM to 5PM)

2016 HEP Requirements

MORE INFO: www.CTHEP.com | 877.687.1448

PREVENTIVE SCREENINGS	AGE						
	0 - 5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings*	N/A	At least 1 per year	At least 1 per year	At least 1 per year			
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 2 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	1 screening between age 35-39**	As recommended by physician	As recommended by physician
Cervical Cancer Screening (Pap Smear)	N/A	N/A	Every 3 years (21+)	Every 3 years	Every 3 years	Every 3 years	Every 3 years to age 65
Colorectal Cancer Screening	N/A	N/A	N/A	N/A	N/A	N/A	Colonoscopy every 10 years or Annual FIT/FOBT to age 75

*Dental cleanings are required for family members who are participating in one of the state dental plans
 **Or as recommended by your physician

For those with a chronic condition: The household must meet all preventive and chronic requirements to be compliant. As is currently the case under your state health plan, any medical decisions will continue to be made by you and your physician.

The following sample materials are based on examples of current marketing materials used by health insurers offering V-BID plans, strategies suggested in interviews, surveys by employers currently implementing V-BID, and best practices described in the literature on V-BID implementation.

Sample Script for Engaging Company Leadership

Please note: this script uses an example of a V-BID plan that a company could implement. The script would need to be adapted to the specifics of the company and the proposed V-BID Plan incentives.

“In the next [X months], [the Company] will be implementing some changes to our health benefits plan. These changes have three primary goals:

- 1- To improve health outcomes by encouraging the use of high-value services—which have been distinguished as such by validated cost and quality measures—among all employees, including preventive services and certain prescription drugs
- 2- To improve company productivity by decreasing absence from the workplace due to illness and the incidence of sick employees reporting to work
- 3- To reduce health care costs for both the company and the employees with the greatest health needs (e.g. those with chronic conditions)

In order to achieve these outcomes, we will be offering a Value-Based Insurance Design (V-BID) plan. V-BID plans seek to improve health outcomes while controlling for rising healthcare costs by providing financial incentives to employees for high-value services and providers. These services and providers are distinguished as “high-value” by validated cost and quality measures which address cost of care—including price and utilization—clinical quality, and patient experience.

All of our employees will be eligible for an HRA contribution for certain high-value services and for visits to identified high-value providers. Some incentives, such as an HRA contribution, will target a specific population: after analyzing our employee health care claims data, with guidance from our health plan administrator, we have identified diabetes as a condition that has adversely affected our employees. By contributing to an employee’s HRA, this V-BID program aims to relieve some of the financial burdens that are common barriers to managing chronic conditions or adhering to medication regimens. The following incentives will be provided to employees for the following high value services:

- 1- All employees will receive an HRA contribution of \$250 if they participate in the following clinical services:
 - Biometric and Mental Health Screenings
 - Cancer Screenings
- 2- Employees with diabetes will receive waived copayments for the following visits, services, and drugs:
 - Office visits related to condition
 - Nutritional counseling
 - Smoking cessation
 - HbA1c
 - Eye exams
 - Foot exams
 - Insulin
 - Diabetic supplies

- ACE inhibitors/ARBs
- 3- All employees will have reduced copayments for visits to ACO X, which has been identified as a high value provider based on cost and quality metrics.

In order to maximize the impact of these changes, effective communication with employees is essential. The Company will depend on its leadership to understand and promote these benefits to their departments. As such, we would like to offer the Company leadership an opportunity to ask questions and voice any concerns about the proposed changes.”

Sample Materials for Engaging Employees

Frequent and effective communication is essential to gaining employee buy-in and increasing participation in a V-BID plan. Communication materials should aim to educate employees on what Value Based Insurance Design is, the benefits of participation, and how employees can earn incentives. In addition to the infographics noted on page 53, below is sample language that can be adapted by employers to communicate with employees.

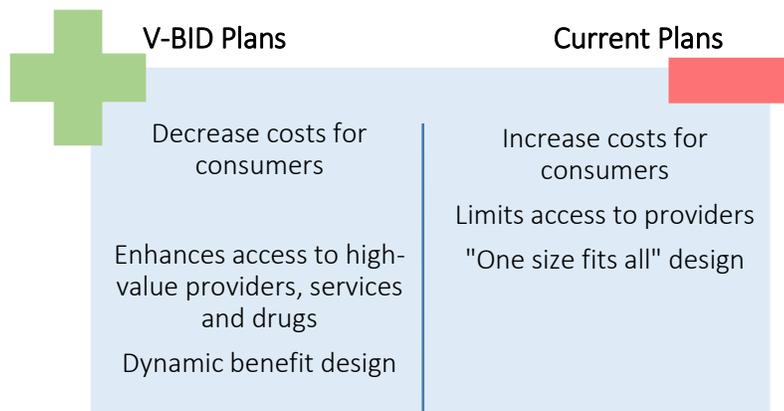
Please note: these scripts use an example of a V-BID plan that a company could implement. The scripts would need to be adapted to the specifics of the company and the proposed V-BID Plan incentives.

Sample Script 1: What is Value-Based Insurance Design?

Be sure that your employees understand how V-BID works and why your company will be moving to a V-BID plan. Start talking to your employees early in the process, and make sure they know the timeline for implementation.

“In [X months], [the Company] will be implementing some changes to our health benefits plan. Our new plan will be a Value-Based Insurance Design benefits plan.

Value-based Insurance Design (V-BID) initiatives offer incentive programs designed to reward patients who visit high-value providers and use high-value services and drugs. You may be wondering: “if these services are “high-value” will I pay more?” The answer is no. V-BID plans actually make it easier for you to complete these visits and receive these drugs and services by reducing their costs, and consequently alleviating the financial barriers to accessing these medically beneficial services.”



Adapted from: http://vbidcenter.org/wp-content/uploads/2016/02/Clinical_Nuance_Infographic.pdf

Sample Script 2: Why Should I Participate in the V-BID Plan?

Be sure to highlight that a V-BID program is not only good for your employees' wallet, but it will improve their health as well. When employees are healthy, this will not only impact their performance at work but will help them to lead fuller lives outside of work.

"Have you ever felt that the cost of an office visit, drug or medical service has stood in the way of managing or improving your health? Prioritizing your health is made easy with value-based insurance design (V-BID) programs. V-BID programs minimize the cost for these visits, services and drugs that you are responsible for covering, making it easier for you to receive the right services at the right time from the right providers. By joining a V-BID plan you are joining a healthier workforce; you are becoming one of several employees throughout the country who have been able to maintain and achieve better health outcomes. By improving your health, you are improving your productivity at work, and you are spending your valuable personal time doing things you *want to* be doing!"

Sample Script 3: How Do I Earn Incentives?

Use clear and concise language when describing your incentives. Be sure to include how the incentive is earned (participation in a program, visiting certain providers, adhering to prescription drug plan, etc.), how they will receive this incentive (through copay reduction, premium reduction, bonus payment, etc.), and how much money they can expect to earn or save through participation.

"Earn money by completing the following visits or choosing the following drugs and/or services:

- Earn \$250 contribution to your HRA account by using these services:
 - Biometric and Mental Health Screenings
 - Cancer Screenings
- Have all copayments waived for staying healthy and keeping your diabetes under control if you use of the following visits, services and drugs:
 - Office visits related to condition
 - Nutritional counseling
 - Smoking cessation
 - HbA1c
 - Eye exams
 - Foot exams
 - Insulin
 - Diabetic supplies
 - ACE inhibitors/ARBs
- Reduce the cost of your office visits by making appointments with [ACO X].
 - Question: Why should I choose a provider from [ACO X]?
 - Answer: These providers have shown a commitment to care quality and have been distinguished as "high-value" because of the cost and quality of the services they provide.
 - For a list of providers who participate in our V-BID program visit [company benefits website].

To learn more about the V-BID incentive program, visit our website at: [company benefits website].

EDUCATIONAL INFOGRAPHICS

[Clinical Nuance Infographic](#)²⁷

[V-BID Infographic](#)²⁸

[Reward the Good Soldier](#)²⁹

[V-BID Center High Deductible Health Plan Infographic](#)³⁰

ONLINE V-BID RESOURCES

[Consumer Centric V-BID Plan Design](#)

[Consumer Criteria for Value-Based Insurance Designs](#)³¹

*Connecticut's Advanced Medical Home Standards⁶

[VBID Center](#)³²

[Value-Based Insurance Design Pro's and Con's](#)³³

[Value-Based Insurance Design Overview](#)³⁴

[V-BID Center Fact Sheet on Connecticut's Health Enhancement Program](#)³⁵

[V-BID Center Fact Sheet on Increasing Flexibility to Expand IRS Safe Harbor Coverage in HSA-High Deductible Health Plans](#)³⁶

[Agency for Healthcare Research and Quality](#)³⁷

[CMS Medicare Advantage Program](#)³⁸

[Choosing Wisely](#)³⁹

[Connecticut State Innovation Model Program Management Office: V-BID Initiative](#)⁴⁰

[U.S. Preventative Services Task Force](#)⁴¹

[American Board of Internal Medicine Foundation](#)⁴²

[Health Enhancement Program](#)⁴³

V-BID DESIGN AND IMPLEMENTATION RESOURCES

["Overcoming Barriers to Shared Decision Making"](#) webinar by the Agency for Healthcare Research and Quality (AHRQ).⁴⁴

⁶ *A final version of Connecticut's Advanced Medical Home Standards is in development and will be made available at the [Connecticut SIM Program Management website](#).

[Evidence-Based Practice and Health Technology Assessment](#)⁴⁵

[Standardization of Patient Reporting and Outcome Measures](#)⁴⁶

[Differences Between Wellness Rewards Programs and V-BID](#)⁴⁷

[“Finding Quality Doctors: How Americans Evaluate Provider Quality in the United States” a report by NORC at the University of Chicago](#)⁴⁸

[Guide to Selecting Doctors, Hospitals and Other Providers](#)⁴⁹

[Guide to Clinical Preventative Services](#)⁵⁰

[Reducing Administrative Costs](#)⁵¹

[“Innovative Payment for Advanced Primary Care Delivery” a report for the Maine Health Management Coalition prepared by Discern Health](#)⁵²

[Strategies for Reducing Health Care and Administrative Costs](#)⁵³

RELEVANT STATE AND FEDERAL REGULATIONS

[Affordable Care Act Mandates](#)⁵⁴

[Nondiscrimination in Health Programs and Activities Proposed Rule](#)⁵⁵

[Mental Health Parity and Addiction Equity Act of 2008](#)⁵⁶

[Americans with Disabilities Act of 1990](#)⁵⁷

[Genetic Information Nondiscrimination Act of 2008](#)⁵⁸

PREDICTING AND UNDERSTANDING RETURN ON INVESTMENT

Employers are encouraged to evaluate the impact of their V-BID plan, and develop metrics to measure Return on Investment (ROI). The likelihood of achieving a positive ROI as a result of V-BID implementation can be improved if the V-BID plan:

1. Targets specific conditions within employee/member populations

Targeting specific conditions and populations will increase the likelihood of a positive ROI because it limits the incentive to only those who will benefit from being compliant. Additionally, members with chronic conditions are more likely to use costly medical services or have complications. Utilization of expensive services may decrease through V-BID benefits.

2. Includes improved productivity measures in evaluations of V-BID efficacy

Reducing financial barriers to high-value services will keep the workforce healthier. Increased productivity and reduction in absenteeism and presenteeism may have a significant impact on company performance.

3. Integrates health and wellness services into its communication and implementation strategy

Incorporating V-BID with pre-existing health and wellness programs offered by the employer may improve consumer buy-in and program results.

4. Maintains a realistic time frame for evaluation measures

Employers and health plans implementing V-BID must be aware of the time needed to realize the benefits of V-BID implementation. When programs are designed to target specific chronic conditions, it is important to recognize that these conditions will not improve overnight. Employers implementing V-BID initiatives should not be discouraged if there is not an immediate ROI, as cost savings may take several years to be realized.

Elements of an ROI Calculation	Savings to Purchaser	Costs to Purchaser
Co-pays or other financial incentives of enrollees filling prescriptions or receiving services prior to implementation of VBBD		increase
Co-pays or other financial incentives of newly engaged enrollees		increase
Treatment costs associated with newly engaged enrollees		increase
Employee Support programs (e.g., disease management, health coaches)		no change
Implementation costs (e.g., communication, vendor fees)		may increase
Savings of direct medical costs associated with newly engaged enrollees	may increase	
Productivity	may increase	

Source: <http://www.nbch.org/NBCH/files/ccLibraryFiles/Filename/00000000222/VBBD%20Purchaser%20Guide.pdf>

Additional resources:

1. [An Actuarial Perspective on Proposals to Improve Medicare's Financial Condition](#), from the American Academy of Actuaries, 2011⁵⁹
2. [Value- Based Benefit Design: A Purchaser Guide](#), from the National Business Coalition on Health, 2009⁶⁰