Value & Access Collaboration
Partner Spotlight

August 11, 2021
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<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
<th>Affiliation</th>
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<tr>
<td>12:30</td>
<td>Welcome &amp; Introductions</td>
<td>Jen Childress</td>
<td>Senior Program Manager, The National Forum for Heart Disease &amp; Stroke Prevention</td>
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<tr>
<td>12:32</td>
<td>Building Better (Rx) Benefits</td>
<td>Kimberly Westrich</td>
<td>Vice President Health Services Research, National Pharmaceutical Council</td>
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<td>12:42</td>
<td>Smarter Health Care Coalition Update</td>
<td>Michael Budros</td>
<td>Policy Director, Smarter Health Care Coalition</td>
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<td>12:52</td>
<td>Q &amp; A</td>
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Building Better (Rx) Benefits

Kimberly Westrich, Vice President Health Services Research, NPC
Patients Face Many Hurdles; Better Benefit Designs Can Facilitate Access

Building Better Benefits
NPC Resources are the Building Blocks for Designing Better Health Benefits.

Learn more at npcnow.org/employers
BBB Messages and Audiences

Message #1
- Eliminate inappropriate hurdles to improve timely access to needed medicines

Message #2
- Modernize Rx benefit design to incentivize access to high-value medicines

Message #3
- Reduce patients’ out-of-pocket burden to support access to medicines and improve patient outcomes

Desired “Better Benefits” Impact:
- Patients: Request BB
- Employers: Request & Purchase BB
- Policy makers: Incentivize & Mandate BB
- Plans & PBMs: Build & Offer BB
Message #1: Eliminate inappropriate hurdles to improve timely access to needed medicines

NPC Research and Key Messages:

Patients Differ
One-size-fits-all policies based on an “average” patient don’t provide optimal care for individual patients. Coverage and payment policies should account for patient differences.

Payer Coverage Differs
Coverage is becoming more restrictive, and transparency of rationale for restrictions is lacking. Coverage is inconsistent across plans, which rarely cite the same clinical and economic studies.

Step Therapy Best Practices
Stakeholders agree on criteria for developing, implementing, communicating and evaluating step therapy. Most criteria are standards that can and should be used today.
Message #2: Modernize Rx benefit design to incentivize access to high-value medicines

NPC Research and Key Messages:

Pre-deductible coverage in HSA-HDHPs

- Pre-deductible coverage for chronic disease medicines incentivizes value
- Pre-deductible coverage for chronic disease medicines has minimal impact on premiums

Uptake of pre-deductible coverage*

- How are employers implementing pre-deductible coverage?
- What are the barriers to adopting/expanding pre-deductible coverage that need to be addressed?

HDHP Good Practices*

- In what ways can HDHP good practices protect patients?
- How have HDHP good practices evolved?

*This NPC project is ongoing
Message #3: Reduce patients’ out-of-pocket burden to support access to medicines and improve patient outcomes

NPC Research and Key Messages:

**Variable Copays**

Cost-sharing based on formulary tier rather than medical appropriateness may have unintended consequences.

Stakeholders identified five clinical scenarios where an individual patient’s cost-sharing should be reduced.

**Impact of Patient OOP Burden**

Higher cost-sharing is associated with worse adherence; the greater the cost-sharing, the larger the impact.

When designing plan benefits, a holistic view of cost-sharing and patient, clinical, and economic outcomes should be considered.

**Impact of Wage Status and CAAPs***

How does wage status impact utilization of specialty medicines and health care resources?

What is the impact of CAAPs on utilization of specialty medicines and health care resources?

*This NPC project is ongoing
Ways we can work together
VALUE & ACCESS COLLABORATION SPOTLIGHT
AUGUST 11, 2021

Michael Budros, Policy Director
AGENDA

What is SHCC?

SHCC 2021 Priorities

Chronic Disease Management Act

Social Determinants of Health
WHAT IS SHCC?

- Multi-stakeholder coalition dedicated to improving patient experience through integrating benefit design innovations and patient engagement within broader delivery system reform

- Top policy priorities
  1. Advancing V-BID Principles Amidst COVID-19
  2. V-BID in Medicare Advantage
  3. Reducing harmful, low-value care
  4. HSA-HDHPs
  5. Addressing social needs through benefit design
HEALTH SAVINGS ACCOUNT ELIGIBLE HIGH-DEDUCTIBLE HEALTH PLANS (HSA-HDHPs)
A “SHORT” HISTORY OF CDMA & HSA-HDHP REFORM

- Congress creates HSAs attached to HDHPs, preventive safe-harbor
- Smarter Health Care Coalition founded to build bipartisan, bicameral support for expanding the preventive safe harbor — advocates to both Administration and Congress
- The IRS releases Notice 2019-45 which expands the preventive safe harbor to include list of chronic disease management drugs and services
- Senators Thune and Carper re-introduce modified Chronic Disease Management Act of 2021
- University of Michigan Center for Value-Based Insurance Design
- Affordable Care Act, Section 2713 expands the preventive Safe Harbor to include USPSTF and ACIP recommendations
- Chronic Disease Management Act of 2018 first introduced in the House and Senate
- SHCC letter to Senate and House Leadership urging the use of V-BID and CDMA in COVID-19 Response legislation

Timeline:
- 2003: Congress creates HSAs attached to HDHPs, preventive safe-harbor
- 2005: Smarter Health Care Coalition founded to build bipartisan, bicameral support for expanding the preventive safe harbor
- 2013: The IRS releases Notice 2019-45 which expands the preventive safe harbor to include list of chronic disease management drugs and services
- 2016: Senators Thune and Carper re-introduce modified Chronic Disease Management Act of 2021
- 2018: University of Michigan Center for Value-Based Insurance Design
- 2019: Affordable Care Act, Section 2713 expands the preventive Safe Harbor to include USPSTF and ACIP recommendations
- 2020: Chronic Disease Management Act of 2018 first introduced in the House and Senate
- 2021: SHCC letter to Senate and House Leadership urging the use of V-BID and CDMA in COVID-19 Response legislation
CDMA builds on IRS Notice 2019-45 to allow high-deductible health plans (HDHPs) to provide chronic disease prevention services to enrollees prior to satisfying their plan deductible.

Provides employers and health plans the flexibility to lower out-of-pocket costs for critical chronic disease prevention.
We asked: whether and how plans modified HDHP benefit design offers following IRS Notice 2019-45, the impact on premiums, and what future flexibility plans believe would benefit patients

Preliminary results:

- Increased pre-deductible coverage for chronic diseases was widespread
- Fully-insured plans were more likely to reduce or eliminate cost-sharing in all contracts
- Diabetes and heart disease were the chronic health conditions most targeted by changes
- Premium increases were negligible or nonexistent following benefit design changes
- Health plans desire flexibility to cover PCP visits and telehealth pre-deductible for chronic disease management
ADDRESSING SOCIAL NEEDS
Mission
To improve patient experience through integrating benefit design innovations and patient engagement within broader delivery system reform

Approach
Focus on “social needs and identifying social risk factors” relevant to health care, rather than addressing broader social determinants of health

Opportunity
To translate value-based principles that lower barriers to high-value care, to addressing social needs
SHCC APPROACH TO SDOH

- The broad definition of SDOH is a challenge for incorporating SDOH into health care landscape
- Precision in language will help maintain Coalition’s approach to a manageable scope

![Diagram of Social Determinants of Health]

**Social Determinants of Health**

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
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<tbody>
<tr>
<td>Employment Income</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration Support systems</td>
<td>Health coverage</td>
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<tr>
<td>Expenses</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Provider availability</td>
<td></td>
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<tr>
<td>Debt</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Vocational training</td>
<td>Provider linguistic and cultural competency</td>
<td></td>
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<tr>
<td>Medical bills</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Higher education</td>
<td>Quality of care</td>
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<tr>
<td>Support</td>
<td>Playgrounds</td>
<td>Discrimination</td>
<td>Stress</td>
<td></td>
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<td></td>
<td>Walkability</td>
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<td></td>
<td>Zip code / geography</td>
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**Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Motivation: COVID-19 response, community well-being, value-based care, and more – need to think outside box

Goal: align principles of value-based insurance design with efforts to address social needs (i.e., clinical nuance)

Recognizes: early industry innovation in social needs (especially managed care) and the limitations of these efforts

Medicare/commercial recommendations:
1. Expand SSBCI in MA to include social risk factors, functional status
2. Expand MA V-BID demonstration
3. Update commercial MLR standards to include “social needs expenses”
BETTER MEDICARE ALLIANCE REPORT

- Data Sources and Beneficiary Identification (i.e., data standards, eligibility data, Z-codes)
- Interventions
  - Permanently authorize V-BID Model
  - Greater supplemental benefit transparency
  - CMMI innovation model around MA, providers, and community-based organizations
- Evaluation (i.e., share best practices, establish quality measures, modifying Stars quality measures, change risk adjustment)
COVID-19 Response: sent a letter to the Biden Transition Team, urging the administration to prioritize eliminating financial barriers that prevent people from accessing high-value health care, especially as the COVID-19 pandemic continued.

Low-value care: sent a letter to Secretary Becerra recommending that HHS exercise existing authority to reduce harmful, low-value care.

Part D uniformity: The Coalition continues to work closely with hill champions to extend flexibilities to Part D that allow Medicare Advantage plans to alter cost sharing and extend supplemental benefits to more beneficiaries.

Value-based Insurance Design: sent a letter of support for two vaccine bills which would make it easier for more people in Medicare and Medicaid to learn about and gain access to high value vaccines.
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Q & A