

Value Based Insurance Design

The goals of Value Based Insurance Design are:

- Increase the use of high-value services
- Reduce the use of low-value services
- Result: Improved member health and decreased costs

CalPERS has a long-standing history with Value Based Insurance Design

- Maturing Population Health and Integrated Health Models (IHMs)
- Value based purchasing design at preferred sites of care
- Cost share savings for specific elective procedures performed at ASCs
- Robust utilization management for medical and pharmacy services
- U.S. Preventive Services Task Force A and B list with no cost share

Three approaches to Value Based Insurance Design have been presented to date

- 1 Vary premiums based on goals (Robert Kryz, Connecticut)
- 2 Vary cost share based on service value (PERS Select example)
- 3 Vary cost share based on provider tier (premium stays the same) (Josh Fangmeir, Minnesota)

1 Vary premiums based on goals
Robert Kryz, Connecticut

Pros	Cons
Lower premium for health and wellness goals; all family members affected Lower cost-share premium 97% compliance Lower cost share Health and wellness evidence-based medicine Shared decision making	Administrative complexity for employer-purchaser Higher cost-share premium Resource intensive for multiple stakeholders Financial savings not realized Appeals for non-compliant members

2 Vary cost share based on service value
 PERS Select example

Pros	Cons
<p>Enhanced personal care physicians</p> <p>CalPERS experience with PPO benefit designs and cost share differentials</p> <p>Least administratively complex/burdensome for purchaser</p> <p>May eliminate need for narrow network approach for PERS Select</p> <p>Lower premium and employer cost share</p> <p>Shared decision making</p>	<p>May not lower premiums enough to satisfy employers</p> <p>Higher employee cost burden for use of hospital facilities for care</p> <p>Members avoid care because of higher cost share</p> <p>Member confusion and dissatisfaction</p> <p>May increase medically necessary appeals</p>

3 Vary cost share based on provider tier (premium stays the same)
 Josh Fangmeir, Minnesota

Pros	Cons
<p>Alternative to narrow network approach</p> <p>Consumer choice</p> <p>Purchaser control</p> <p>Drives provider competition/incentive</p> <p>Consumer engagement</p> <p>Shared decision-making</p>	<p>Administratively burdensome because of direct negotiation with providers by TPA</p> <p>Depends on provider geographic distribution</p> <p>Resource demands on purchaser</p> <p>Inconsistent with reducing complexity</p> <p>Focused primarily on cost rather than quality</p> <p>Greater emphasis on open enrollment</p>