

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



VBID DRAFT DECK

Greg Jones

Aetna's Guiding Principles for MA-VBID

We believe that helping people lead healthier lives is central to our mission. Our MA-VBID pilot program will help our members get the right care, at the right place and time, and with appropriate benefit structures that improve access to services that support their health.



What

Testing innovative cost-sharing and care management approaches.



How

Eliminating or reducing patient cost-sharing and integrating care management.



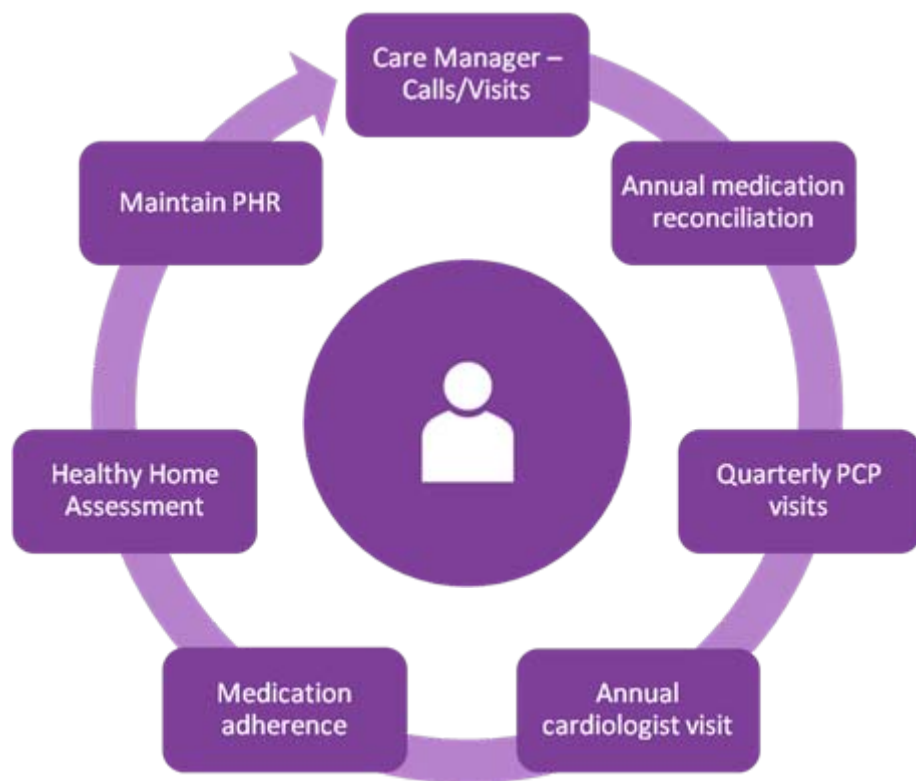
Why

To positively impact members' health by improving quality and reducing overall medical cost.

Aetna's CMMI MA-VBID Program

Our VBID program, called **Aetna's Healthy Heart Partnership**, is designed for members with Congestive Heart Failure (CHF) and requires eligible members to opt-in and actively participate in the care management program in order to receive cost share reductions.

Care Management Program Model



Program Benefits

Aetna's VBID pilot removes cost barriers to allow members access to physician services and generic, evidence based cardiac drugs to support their health.

Cost share reductions include:

- Part C: \$0 copay for Primary Care and Cardiologist office visits
- Part D: \$0 copay for select formulary generic CHF drugs through all phases of the benefit

MA-VBID Implementation Lessons Learned



Clinical

- Eligible population identification
- Care management system enhancements
- Opt-in process development
- Staffing level determination



Operational

- Claims and call center system enhancement funding and implementation
- PBM coordination, integration and education
- VBID specific end-to-end workflow creation



Actuarial

- Modeling for ‘unique’ population (cohort within a cohort)
- Develop manual processes and pricing tools to support the program
- Pilot vs. non-pilot member experience

Appendix

What is Value Based Insurance Design (“VBID”)?

Aetna’s commercial business launched the Healthy Actions VBID program in 2009. We are now testing VBID in Medicare Advantage in partnership with CMS through the Innovation Center. This is the first time VBID is being used in the Medicare Advantage space.



What is it?

Insurance benefit and cost sharing design that encourages enrollees to use the services that have the greatest potential to positively impact their health.



What is the approach?

Benefits and programs are designed to target specific clinical conditions such as COPD, CHF, CKD within specific plans.



Why?

Using VBID should improve quality of care and outcomes, and reduce medical costs.

New MA Benefit Flexibility

Background

- Aetna has been advocating for more flexibility in MA benefit design for several years. We have also been a leader in promoting the concept of Value-Based Insurance Design (VBID), working closely with Mark Fendrick, M.D., VBID Center Director at the University of Michigan.
- MA VBID demonstration in PA through the CMS Innovation Center, Year 2 of 5 Year pilot

CMS 2019 Changes Through Rulemaking

- CMS has *reinterpreted* the uniformity rule language, now allowing targeted groups of benefits to groups of enrollees *within a plan*, who have certain clinical diagnoses. This includes reduced costs sharing, lower deductibles and offering tailored supplemental benefits (i.e., a form of VBID).
- For supplemental benefits, CMS has also expanded the scope of what is “primarily health-related”, for the purposes of providing these benefits not available in Traditional Medicare.
- Eliminated Part C Meaningful Difference Requirements which previously required that plan benefit packages (PBPs) be substantially different from other PBPs in the same geographic area, with respect to premiums, cost sharing and offered benefits.

CMS 2020 Changes Through Rulemaking

- CMS is required by the Chronic Care Act to determine the definition of supplemental benefits, with respect to chronically ill patients that “have a reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee and may not be limited to being primarily health related benefits”.

Benefit Flexibility/VBID Pilot: Where do we go from here?

What do these new flexibilities mean for the CMMI VBID Demo?

Based on our initial analysis, we continue to see a couple of distinct benefits available in the demo that are not clearly outlined in the new rules.

- 1. Ability to waive Part D co-pays*
- 2. Mandatory condition of participation in case management*

Seeking to enhance our current VBID pilot to include new Supplemental Benefits for 2019

➤ Transportation

- Allows for 24 one-way trips annually to plan approved locations at no cost to the member
- Plan approved locations include: doctors' offices, labs, hospitals, radiology and other testing facilities offered only for the Pennsylvania plans

➤ Meal Delivery

- Allows for the delivery of 14 heart healthy precooked frozen meals delivered to their home per plan year (up to 3 times in one CY)
- Members will be eligible for meals based on established plan criteria such as having poor caregiver support or following a discharge from a skilled nursing facility or financial distress
- Offered on all VBID plans in PA and WVA