

Helping Members Stay Healthy

This approach to managing costs focuses on improving the health of members who have chronic conditions.

Value-based benefit enhancements target savings for members in areas of care shown to deliver improvements in health, lower cost, and compliance with treatment programs.

They focus on two key areas:

1. Lower member cost for certain chronic disease medications. This will help minimize complications associated with nonadherence to treatment plans and to lower plan costs over the long term. It will apply to the following conditions:
 - a. Asthma
 - b. Coronary artery disease or risk for cardiovascular disease (treatment of **both** high blood pressure **and** high cholesterol)
 - c. Depression (when associated with asthma, cardiovascular disease risk or diabetes)
 - d. Diabetes
2. Eliminate cost sharing on two diabetic monitoring visits to encourage regular, proactive treatment and avoid high-cost complications.

The Power of Value-Based Benefit Enhancements

- **Increased Medication Adherence**—Lower prescription drug copayments, along with health education and support, increased chronic disease treatment adherence by 15 percent in just one year (among those previously considered out of compliance).¹
- **Fewer Complications**—Risk of future complications and hospitalizations decreased for diabetics who were newly compliant with their drug regimens, reducing claims up to \$2,000 annually.²

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1. Chernew, Michael E., Shah, Mayur R., Wegh, Arnold, et al. "Impact of Decreasing Copayments on Medication Adherence Within a Disease Management Environment," *Health Affairs*, (2008) 27: 1; and Blue Cross Blue Shield of Massachusetts 2008 data.

2. Blue Cross Blue Shield of Massachusetts 2012 and 2013 claims data.

Value-Based Benefit Enhancements

The medical benefits chart below illustrates the impact of value-based benefit modifications (highlighted in light blue) on a standard deductible plan.

	Standard HMO Blue New England Deductible Plan SM Design	HMO Blue New England Deductible Plan SM with Value-Based Benefit Enhancements
Deductible (individual/family)	\$1,000/\$2,000	\$1,000/\$2,000
Out-of-Pocket Maximum	\$6,350/\$12,700	\$6,350/\$12,700
Preventive Care³ Waive copayments to increase compliance with recommended preventive care (required by federal legislation)	Nothing	Nothing
Diabetes Management Services (first two visits per member per calendar year) ⁴ Waive copayments to increase adherence and avoid complications	\$20 copayment	Nothing

Pharmacy Benefits

	Standard HMO Blue New England Deductible Plan Design	Standard HMO Blue New England Deductible Plan with Value-Based Benefit Enhancements
For Certain Chronic Diseases⁵ Pay less for a three-month supply of certain Tier 1 and Tier 2 medications through the mail service pharmacy to increase medication adherence, lower complications, and encourage use of lower-cost drugs.		
Retail Pharmacy Benefit (up to 30-day supply)	\$15/30/50	\$0/\$0/\$50—for smoking cessation drugs \$15/\$30/\$50—for other medications
Mail Service Pharmacy Benefit (up to 90-day supply)	\$30/60/150	\$15/\$30/\$150—for certain chronic conditions ⁵ \$0/\$0/\$150—for smoking cessation drugs \$30/\$60/\$150—for other medications

- Includes routine adult physical exams, routine OB/GYN exams, well-child care visits, routine hearing and vision exams, and family planning office visits. No cost for preventive care is required under federal laws.
- Services include diabetes evaluation and management; diabetic eye exams; diabetic foot care; and diabetes self-management training and education, including medical nutrition therapy.
- Includes certain covered drugs for the treatment of asthma, diabetes, coronary artery disease or risk for cardiovascular disease (taking both high blood pressure medications and high cholesterol medications), and depression associated with any of these conditions.