



# HealthValue Awards

Presented by **Validation**Institute

**Health Value Awards (2019)**  
Pharmacy Benefit Management

## VI Testing 2020



BYwNdLnV

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### Entry details

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### Special Instructions -PBMs

#### **Special Instructions for Pharmacy Benefit Management Category Applicants**

We want your application to make your value crystal clear, so you can be recognized for your good work. Since pharmacy benefits are handled differently from other medical costs, we created this guide.

#### **Program Summary**

State your value proposition in one sentence. For example, "Our program reduces employers' costs by working with non-compliant patients."

Focus on just one aspect of your program and one measurable result.

#### **Dollar Savings**

To calculate true savings, compare final net costs to final net costs reflecting all rebates. Any calculation that ignores rebates (unless no rebates apply) will not be considered to show savings, and the application will not move forward.

One exception: you can compare a group's final net cost (net of rebates) pre-intervention to gross costs post-intervention. This approach will understate savings.

If you do not have access to the data to calculate true savings, pick a different measurable result for your HVA application. Showing savings net of program fees charged to the health plan or employer, if any, is preferred. If program fees have not been subtracted from the savings estimate, please state, "Savings are not net of health plan or employer program fees."

#### **Use of industry terms**

Include explanations for terms. "Specialty drugs", for example, can refer to all drugs that cost more than a certain amount. Be specific about what you mean.

Spell out all acronyms on first reference.

If you refer to a national average or an industry benchmark, include the full title of the source material and/or a link to it.

|                  |                                |
|------------------|--------------------------------|
| First Name       | Stephanie                      |
| Last Name        | Libby                          |
| Email            | awards@validationinstitute.com |
| Title/Role       | Marketing Manager              |
| Telephone Number | (555) 555-5555                 |

Organization Name | Validation Institute

Type of Organizational Applicant | Health Care Vendor

About Your Organization - Provide a short description about what your organization does, its mission, and other details that would be helpful to know outside of the program for which you're submitting an application.

| Add info here..

Street Address | 99 Bow Street, Suite 3 East

City | Portsmouth

State | NH

Zip/Postal code | 03801

Website URL | www.validationinstitute.com

Is the organization willing to publicly share its success? | Yes

Please upload a high-resolution (300 dpi), PRINT-READY company logo (JPG, PNG, or .AI file - 100 MB max).  
*Before uploading, please be advised that this logo may be used in our program book.*



What is the product or program name? | Add info here..

Program Summary (700 words maximum) - Please describe the focus and goal of the program, as well as the results achieved.

| Add info here..

Abstract (150 words maximum) - Please provide a brief overview of your product/program and its performance/outcomes.

| Add info here..

What is your claim about the program or product? What do you advertise/tell prospects or users they can achieve with your product/program?

| Add info here..

When did the program/product launch? | 07/01/2019

What percentage of your organization's business does this program, product, or approach represent? | More than half

How does the program work?

| Add info here..

Provide a summary of the program's approach and what it is trying to achieve.

| Add info here..

What is the mechanism that creates your claimed outcome?

| Add info here..

## Data, Measure Construction, Statistical Methods and Performance Measurement

How many people/members have been offered the program/product? And how many people/members have engaged with/participated in the program/product?

| Add info here..

What is your study/data analysis design? | Pre/post

**How does the program/product interact with members and professionals?** Answer the following:

How do participants/patients/members learn about the program? (100 word maximum)

| Add info here..

How do participants/patients/members engage with the program/product? (150 word maximum)

| Add info here..

When do participants/patients/members leave the program ? (150 word maximum)

| Add info here..

When do medical professionals (not program staff) learn about the program? (100 word maximum)

| Add info here..

When do medical professionals (not program staff) engage members/patients in the program? (150 word maximum)

| Add info here..

How do medical professionals (not program staff) deliver information or receive information from the program? (150 word maximum)

| Add info here..

How does program staff (may include medical professionals) recruit participants? (150 word maximum)

| Add info here..

How does program staff (may include medical professionals) deliver the program intervention?

| Add info here..

**You may upload program/product brochures, marketing materials, or enrollment materials to the attachments tab found at the end of this application.**

What results does your program or product create?

| Add info here..

Have similar programs been shown to have these results? | Yes

## **Data and Measures Construction**

How did you calculate value or savings? | Compared two similar groups or people

Explain your calculation step by step. You can also upload any supporting documents or additional summaries on the attachments tab.

| Add info here..

**Please upload any external evidence (like academic studies) that supports the program and its claims to the attachments tab found at the end of this application.**

## **Market Viability**

Please provide testimonials, with contact information. If you are a health care purchaser, this testimonial might come from your CFO or HR officer/benefits manager, attesting to the impact/value of the new approach. If you are a health care vendor, it might come from a client.

| Add info here..

Can the approach be replicated in | Yes

other sites and/or with other organizations?

Do you expect that the impacts this approach generates will be long-lasting?

| Add info here..

If you are a health care vendor, are you willing to financially guarantee your performance? Please elaborate on your rationale.

| Add info here..

## Importance and Elegance

Relative to other innovative products or programs, how important do you believe your product/program is? Please explain your thinking.

| Add info here..

How elegant, creative, and/or innovative is your product or program? Please explain your thinking.

| Add info here..

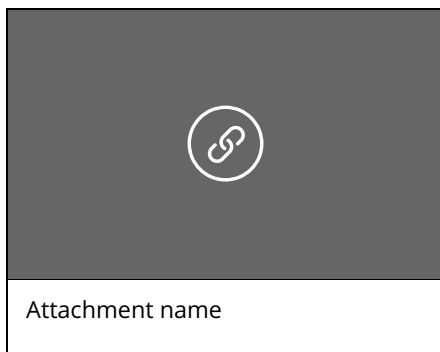
Log in to [healthvalue.awardsplatform.com](http://healthvalue.awardsplatform.com) to see complete entry attachments.

| Example #1            |   |                                  |   |
|-----------------------|---|----------------------------------|---|
| Data Element          | Description   | Source                           | Role in Calculation                             |
| Member months         | Members months for 1,250 members age 18 - 64 for a two-year period  | Member eligibility system        | Denominator for visits per 1,000 member visits  |
| Emergency Room Visits | Ambulatory emergency room visits for patients age 18 - 64 from the 1,250 member group that occurred during the two-year period. | Medical claims processing system | Numerator in the visits per 1,000 member months |

| Example #2                         |   |   |   |
|------------------------------------|---|---|---|
| Data Element                       | Description   | Source  | Role in Calculation   |
| Average cost for target procedures | Healthcare Blue Book Plan Price for the region for each procedure | HealthcareBluebook website accessed on 4/11/16              | Benchmark for determining savings                                 |
| List of target procedures          | Procedures that our program can offer to patients                 | Program materials   | Actual expense for program patients                               |
| Frequency of procedures            | How many members use the target procedures in a given year?       | Average from the program's five year history with 10 groups | Multiplier to estimate how many procedures will be done in a year |

|                               |                      |
|-------------------------------|----------------------|
| Attachment Name               | Data Construct Table |
| Attachment Type               | Data Construct Table |
| <a href="#">HVA table.png</a> | 161 KiB              |



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