

OVERVIEW

The Medicare Advantage (MA) Value-Based Insurance Design (VBID) model test enables MA insurers to offer one or

more of the following:

- VBID Flexibilities*
- Rewards and Incentives
- Cash Rebates

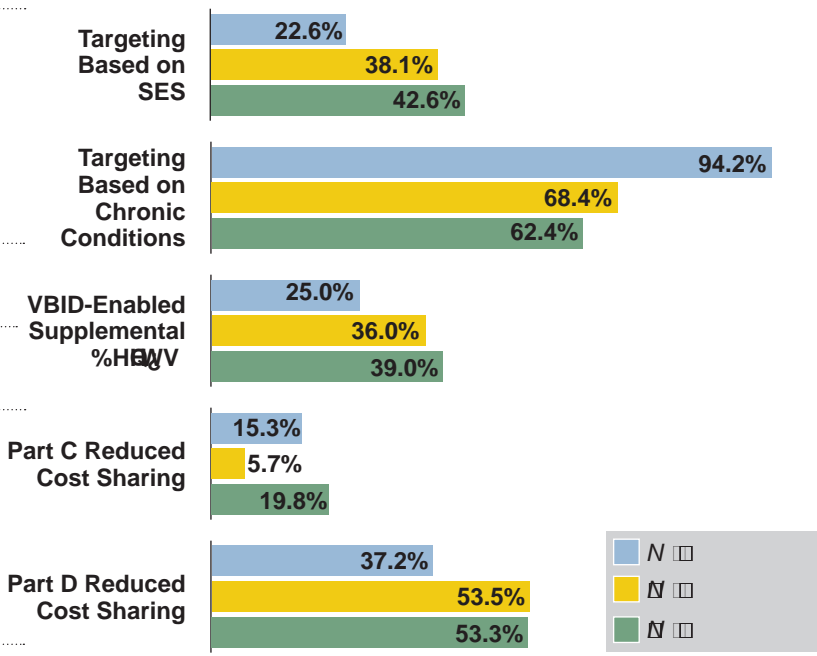


FINDINGS

PARTICIPATION

Insurers have designed interventions that target high-risk populations. **VBID-ENABLED SUPPLEMENTAL BENEFITS AND PART D COST-SHARING REDUCTIONS**

Targeting and Supplemental Benefits



OUTCOMES

Participation was associated with increases in **DRUG ADHERENCE** in 2020 and **STAR RATINGS** (a measure of care quality) in 2021, consistent with the goals of the model.

The association with higher **RISK SCORES** and more **INPATIENT STAYS** in 2020 might have stemmed from increased interactions with providers that identified undiagnosed conditions and unmet need.

COSTS TO CMS reflect the total amount CMS pays for both MA and Part D (MAPD) per member per month (PMPM), including risk-adjusted plan bids, MA rebates, the Part D LIS, and reinsurance. Associated increases in 2021 were driven by increases in MA rebates, risk scores, and LIS payments; MAPD bids did not change.

Associations with higher **MAPD PREMIUMS** in 2021 and 2022 were driven by Part D premiums; in some cases, these costs were borne by CMS, which pays all or part of that premium for LIS-eligible beneficiaries.

VBID General Outcomes, 2020–2022

| OUTCOME | UNIT | 2020 | 2021 | 2022 |
|--|-------------|----------------------------------|---|--------------------------------------|
| Star Ratings (care quality) | Contract | Not assessed | +0.31 points (0.24, 0.38) | Not assessed |
| Non-insulin diabetes drug adherence | Beneficiary | +1.4 ppts. (0.9, 1.9) | Not assessed | Not assessed |
| Hypertension drug adherence | Beneficiary | +0.7 ppts. (0.3, 1.0) | Not assessed | Not assessed |
| Statin adherence | Beneficiary | +1.6 ppts. (1.3, 2.0) | Not assessed | Not assessed |
| Risk scores | Beneficiary | +0.07 points (0.07, 0.08) | Not assessed | Not assessed |
| Inpatient stays | Beneficiary | +11.9% (10.1%, 13.7%) | Not assessed | Not assessed |
| MAPD premiums | Plan | No change | +\$2.25 PMPM (\$0.48, \$4.03) | +\$1.33 PMPM (\$0.39, \$2.27) |
| Costs to CMS | Plan | No change | +\$44.90 PMPM (\$25.81, \$63.99) | Not Assessed |
| MAPD bids | Plan | No change | No change | No change |

Note: Delays related to encounter data run-out and changes in quality reporting in 2020 (due to COVID-19) prevented assessment of every outcome in each year. "No change" = result not statistically significant at conventional levels "ppts." = percentage points. 95% confidence intervals shown in parentheses. Statistically significant values for 2020 shown in blue; for 2021 shown in yellow; and for 2022 shown in green.

IMPLEMENTATION EXPERIENCES

- In 2022, insurers generally described implementation as a minimal lift.
- Fewer implementation challenges were reported in 2022 than 2021.
- Insurers reporting challenges tended to be new to the model.
- The most-frequently mentioned challenges involved model-specific data reporting requirements and working with vendors.

KEY TAKEAWAYS

- Model participation is growing, and interventions are increasingly focused on SES-based targeting, supplemental benefits, and Part D cost-sharing reductions.
- VBID is associated with increases in beneficiary adherence, risk scores, and inpatient stays in 2020; Star Ratings and costs to CMS in 2021; and premiums in 2021 and 2022.
- Many outcomes evaluated were for 2020 only, a year in which COVID-19 caused major disruptions in health care provision; findings may evolve as the pandemic recedes.
- Implementation has gotten easier over time, especially for insurers with more than one year of experience with VBID.