

CY 2022 MA VBID Model Policy

Overview

January 28, 2021

Nate Hoffman:

Hello, and welcome to the Calendar Year 2022 Medicare Advantage Value-Based Insurance Design Model webinar. Questions can be submitted through the WebEx Q&A panel throughout today's presentation. Select Q&A, followed by All Panelists. The VBID Model Team will read submitted general questions and provide answers. Please note that some inquiries may require additional research, and in those cases, the VBID Model Team will investigate and reply via email. [00:00:41]

At this time, I will turn over the presentation to Laurie McWright, the Deputy Director of CMMI's Seamless Care Models Group. Laurie?

Laurie McWright:

Thank you, Nate. Hello, and thank you for joining us today. We certainly appreciate all of you all the time. Today, we would like to provide you with an overview of the Value-Based Insurance Design model, or the VBID Model, for the Calendar Year 2022. We earlier in the year put out a request for applications for next year, and today, we just want to make sure that we provide you information for planning as you're thinking about options for next year. [00:01:39]

And as Nate said, I'm the Deputy Director of the Seamless Care Models Group at the CMS Innovation Center, and we are responsible for a broad set of models that are focused on increasing value through accountable care and direct contracting organizations, hoping to transform primary care, improving access to care for beneficiaries with kidney disease, and innovating of course in the Medicare health plan space. So really together, along with all of the other CMS Innovation Center models, we are focused on how we can improve the quality of care for beneficiaries while we experiment on ways to reduce program costs. [00:02:30]

So now, before digging in, the next slide please. Before digging in, we want to put out that familiar disclaimer, our goal here today is for educational purposes and general information as noted on the slide. Next slide please. [00:02:51]

So today's session, as described on the agenda, is really to provide you all with an overview of the VBID Model, and at the highest level, for those of you who have already had the opportunity to review the request for application, you'll note that actually the Model has not changed really from this year, and that what that really means is that all of the Model components that are available this year will be available in 2022. [00:03:29]

And what we're really hoping with sort of a more stable model design, that it will allow a variety of organizations to take advantage of the opportunity to participate in the VBID Model, and really to make sure that clients are able to create meaningful and innovative benefit packages for

beneficiaries who really need in the most, and for the designs of the components that are not available in the Medicare Advantage program proper. [00:04:16]

And so, you know, as we're moving forward and looking towards 2022, really the design and implementation of these innovative benefit packages really I think will be more important than ever as we're moving towards 2022; the needs of beneficiaries are certainly diverse and growing, an eye to those that have been dealing with or vulnerable to COVID-19. I think we are all mindful of ensuring access to the kinds of care that the Medicare Advantage enrollees need and are excited to work with our value-based insurance design participants, model design participants to focus on the health and well-being of all of the enrollees. [00:05:22]

And as a part of today's session, after we provide you the sort of broader overview, we're also going to review the 2022 application timeline and process, and we want to make sure that applicants are aware of all the technical assistance and resources that are available. And finally, we want to make sure that you have an opportunity to ask questions during the interactive portion of the webinar. [00:05:59]

And you know, of course, as always, as Nate mentioned, if we're not able to get to all of the questions or some may need a little more research, we'll absolutely circle back and try to get out answers to the ones that would be most helpful in considering participating in the VBID Model for 2022 or just might be helpful otherwise. [00:06:25]

Okay, so now to go ahead and get into the next slide, go on the next slide please, thank you. To go into more detail about the VBID Model, I have here with me several of my colleagues. First, Jason Petroski, who is the Director of the Division of the Delivery System Demonstrations, and that actually houses all of our health plan models in the Innovation Center. And then also Hunter Coohill and Sibel Ozcelik, and they are the Co-Model Leads for the VBID Model. So with that, let me hand it over to Jason for some updates on the VBID Model and get us started. Jason? [00:07:14]

Jason Petroski:

Yeah thanks, Laurie. So before we dive deep on VBID, I really wanted to just step back and just make some comments in general about health plan innovation, the work we're doing in the Innovation Center and really speak to the growth over time to lead us to where we're at today with VBID and some of our other projects. [00:07:36]

So if you'll look at this slide starting from the left, in 2017 we really started with one Part C model and one Part D model. MA VBID, as it started in 2017, was really focused on limited waiver of uniformity requirements, and it was set up to encourage value-based insurance design approaches in MA and MAPD plan benefit designs. [00:08:04]

It started limited to only seven states that could participate, or plans in those states, and it was really focused at that time on benefit designs that were focused on targeting around chronic conditions. The other model that started that same period was a Part D-focused model, and that's the Part D Enhanced Medication Therapy Management, or MTM Model, which is an opportunity

for stand-alone basic PDPs to offer innovative MTM programs beyond what was possible in the Part D program. So that's kind of where things started about four or five years ago. [00:08:48]

In 2020, we had some significant VBID Model additions. The first of which, and consistent with the requirements of the Balanced Budget Act of 2018, we expanded eligible Medicare Advantage organizations to all 50 states and territories with the opportunity to apply. In addition to the original start of the Model where there was targeting focused on chronic conditions, we added a unique and important component to our model test, which is targeting based on socioeconomic status. [00:09:33]

So that would apply to targeting supplement benefits and/or the targeting of reduced cost-sharing for specific services. And the addition of the targeting on enrollee's socioeconomic status, that was key, because that really is flexibility that's not available in the regular program. [00:09:59]

In 2020, we also added a new model in the Part D space, with the Part D Payment Modernization Model, and the goal of this model is to test the impact of a revised Part D program design that allowed Part D sponsors to take on more financial responsibility to manage costs in the catastrophic phase of the benefit. And its goal was aligned with incentives to control overall Part D prescription drug spending and beneficiary out-of-pocket costs which is important to us at CMS. [00:10:34]

Finally, in 2021, we expanded even more, and we added another Part D model test in our health plan innovation portfolio, and that was when we announced or launched the new ground-breaking model named the Part D Senior Savings Model, which is aimed at lowering out-of-pocket costs, expenses for insulin, or beneficiaries that are taking insulin through the Model. And we had, last, but not least, another change, or another addition to VBID, constantly growing here. [00:11:17]

In 2021, we began testing, or we are now testing the MA VBID hospice carve-in, which is really such a novel part of our health plan innovation portfolio in general. So again, this slide really shows the growth in models, and really the growth in VBID as well. Next slide, please. [00:11:45]

This next slide is really more about like numbers and participation, and if you start on the left and you look at 2017, we had nine Medicare Advantage organizations, 45 plan benefit packages covering three states in 2017, and in the Enhanced MTM Project, we had six Part D sponsors and 22 stand-alone basic PDPs. [00:12:14]

The gist of this slide is, when you start from 2017, and you look at where we're at now in 2021, not only have we added a bunch of tests, a bunch of models, pieces to the VBID component, but our coverage, in terms of just overall participation, by Medicare Advantage organizations and Part D sponsors, has just grown significantly. [00:12:41]

So here we are in 2021, currently today with 19 Medicare Advantage organizations covering 448 plans in 45 states, the District of Columbia, and Puerto Rico, all participating in VBID. The Part D Payment Monetization Model, or PDM, has two Part D sponsors, nine plans in four states.

And then in the Part D Senior Savings Model, we saw a really robust response to the first year. which is 2021, where we have over 1600 plans across all states, DC, and Puerto Rico participating. Next slide, please. [00:13:30]

So, we're really excited with the participation we've seen over time but even more excited on where we're headed for 2022. So with that, I think we wanted to really now shift towards some more specifics about the VBID Model's design and its components that will be offered in 2022. Next slide, please. [00:14:00]

This slide is what I like to call the menu of options for VBID. These are all the different components in complementary health plan innovation or flexibilities that we're testing under the Model. So let me just like walk everyone through this briefly. And really the starting point again is what is the foundation of VBID. [00:14:27]

The VBID Model is a voluntary model, and it really, as this slide is going to show or present, it tests a broad array of complementary MA health plan innovations designed to reduce Medicare program and expenditures but also enhance the quality of care for Medicare beneficiaries, including those with low incomes, such as dual-eligibles, and also improve the coordination and efficiency of health care service delivery. [00:14:56]

So Sibel and Hunter are going to follow me here and provide a lot more detail on this, but let me just walk you through the menu of options for VBID, starting on the left with benefits by condition, socioeconomic status, or both. This is really building on where the Model started, with targeting of supplemental benefits, or reduced cost-sharing, and it includes both targeting by chronic condition, so target specific benefits that could provide high value, and better quality of care to patients but also targeting can also be done in this flexibility on socioeconomic status. [00:15:43]

The second component, labeled MA and Part D R&I programs refers to rewards and incentives, and this is really allowing us at CMS to test the impact of more robust rewards and incentives programs, including specifically Part D rewards and incentive programs for Medicare Advantage organizations. We highlight Part D rewards and incentives, because that is something that's a flexibility not available right now in the regular program. The third component presented here is Wellness and Healthcare Planning. [00:16:19]

This is actually a required component from MAOs that choose to participate in the VBID Model. Through this component, CMS is testing how current processes and systems for wellness and health care planning, including advanced care planning can be best structured to allow for appropriate sharing and access. [00:16:39]

Now on the right side of the slide in the light blue boxes, starting with the Hospice Benefit Component, or the fourth box. The Hospice Benefit Component tests the incorporation of the Medicare Hospice Benefit into the MA benefits package. One aim here is to improve quality and access to hospice care by increasing appropriate and timely access to care. [00:17:05]

The fifth box, cash or monetary rebates, tests how to permit Medicare beneficiaries to share more directly in program savings by allowing participating MAOs to offer a mandatory supplemental Medicare Advantage benefit that is in the form of cash or monetary rebates to all enrollees in Model PBPs. [00:17:28]

And finally, the last box on this slide, is new and existing technologies. MAOs can propose to cover new technologies that are FDA-approved and that do not fit into an existing benefit category for targeted populations, (i.e., chronic conditions and/or low-income subsidy status), that would receive the highest value from the new technology. [00:17:53]

To be clear, as part of their application, MAOs could choose any one or more of these components to participate in the Model for 2022. So with that, next slide please. With that, I think I'll pass it to Hunter, and he'll provide a deeper dive in the value-based insurance design by condition, socioeconomic status, and both. Hunter? [00:18:24]

Hunter Coohill:

I'll spend a few minutes taking a deeper dive into the different VBID Model Components. So as you can see on this slide, we're starting with targeting benefit designs based on chronic condition and/or socioeconomic status. So consistent with the past years of the Model, MAOs can offer reduced cost-sharing and additional supplemental benefits, which include non-primarily health-related supplemental benefits to targeted enrollees. [00:18:54]

MAOs may also reduce or eliminate cost-sharing for Part D drugs based on chronic conditions and low-income status. So in other words, an MAO can choose to limit this to certain drugs based on condition, or all drugs for any or all four of the LIS levels. Also, as you could see on the slide here, MAOs may include additional eligibility criteria for targeted benefits, such as participation in disease state management programs or seeing a high-value provider. Next slide, please. [00:19:30]

Okay, so before we move on to some of the other Model components, we just want to make a few more points regarding targeting by chronic conditions, socioeconomic status. So, as we discussed briefly on the last slide, MAOs may offer non-primarily health-related supplemental benefits to target enrollees, and as Jason just mentioned a few minutes ago, consistent with the application requirements in general, MAOs will be asked to describe the evidence base and rationale for each proposed targeting methodologies. Next slide please. [00:20:05]

Okay, so now let's spend a few minutes discussing rewards and incentives under the VBID Model, you know, in particular, the flexibilities available to MAOs offering Part C or Part D rewards incentive programs and how that differs a little bit from what's permitted in the MA proper program. So as you can see on this slide, there are a few things that make us different compared to the MA program. So the first is that, these rewards incentives programs in the VBID Model, plans can set a value that reflects a benefit of the service rather than just the cost of the service. [00:20:49]

Second, MAOs can provide a higher-than-allowed annual amount per enrollee up to \$600 per year per enrollee. We also, there's flexibility to target these R&I programs to enrollees who meet certain eligibility criteria established by the MAO as part of their application. [00:21:20]

Again, this could include participation in the disease state management program, transition of care program, or something similar. And then last, but certainly not least, I think a key distinction here, as Jason had also briefly touched on is that, in the VBID Model, MAOs or MAPDs rather may offer R&I programs that are connected to the Part D benefit. Next slide please. [00:21:42]

Okay, so yeah, as I was just saying, Part D rewards and incentive programs are kind of one of the, I guess key distinctions compared to the normal program. So essentially, MAPDs that are in the Model can offer Part D R&I programs that are connected to the Part D benefit, and to really kind of put a finer point on this, what this means is that we've outlined, as you can see here on the slide, four kind of general design buckets that, by which MAOs can offer Part D R&I programs under. [00:22:18]

So these include participation in a disease state management program, participation in preventive health services, for example that, you know, that could include offering a reward or incentive for an enrollee, completing a Part D vaccine course, participation in a plan's MTM or Medication Therapy Management program, as well as participation in educational activities regarding their Part D benefit. Next slide. [00:22:53]

Okay, so all of the Model components we've discussed so far, including the Hospice Benefit Component, which Sibel dive into deeper here momentarily, those are all optional Model components, that the MAs may choose to implement and propose to implement as part of their application. However, wellness and healthcare planning is the one requirement for participation. So, and essentially the requirement is that MAs in the Model have to have a wellness and healthcare planning strategy that reaches all enrollees in their VBID PBPs. [00:23:34]

But what does that really mean? Well, as we've outlined here on the slide, we have some examples of what a broad wellness and healthcare planning strategy might look like. So as you can see, you know, one thing could be making infrastructure investments to advance the reach and documentation of advance care plans, through digital platforms as an example. Another example of a broad strategy could be implementing provider-focused educational initiatives around wellness and healthcare planning and the importance of advanced care planning. [00:24:12]

It could also be member-focused initiatives, so for example, providing information on how enrollees can access wellness and healthcare planning services in the evidence of coverage. But also important to note here, in addition to this kind of broader wellness and healthcare planning strategy, MAOs may also have a more targeted set of wellness and healthcare planning services that they're providing to maybe a more targeted population, that the MAO might feel would benefit from having additional outreach and more targeted engagement around advanced care planning and wellness and healthcare planning. [00:24:51]

So with that, I think I will probably advance to the next slide and turn it over to Sibel. [00:25:00]

Sibel Ozcelik:

Thanks so much, Hunter. So as Jason shared earlier, through the Hospice Benefit Component, we're testing we're testing having participating MAOs include the Medicare Hospice Benefit in their overall benefits package, and our goal here is to enable a seamless care continuum that improves quality and timely access to palliative and hospice care. [00:25:22]

Now, the Hospice Benefit Component not only maintains the full scope of the Medicare Hospice Benefit, but it allows for additional important flexibilities such as around a comprehensive, interdisciplinary palliative care strategy, the provision of individualized, person-centered transitional concurrent care, and hospice-specific supplemental benefits. [00:25:44]

And through the Model component's robust care transparency efforts and a phase-in of networks, the Hospice Benefit Component maintains broad choice and access to hospice and quality care. For further details about the Hospice Benefit Component specifically, we recommend for MAOs, hospices, and other interested stakeholders to review the [Calendar Year 2022 Hospice Benefit Component Request for Applications](#) and/or reach out to us with any questions. [00:26:11]

As we shared during office hours last month, we'll continue to provide ongoing implementation support for 2021, but for hospices and MAOs that are interested, we're also here to provide technical support for 2022. [00:26:25]

As two other key resources, I would point MAOs and hospices to the technical and operational guidance that we published last year to aid in implementation of the Hospice Benefit Component as well as the [Monitoring Guidelines for the Hospice Benefit Component](#), which detail reporting requirements for MAOs. We hope these resources will be incredibly helpful as you consider participation and implementation strategies. Next slide. [00:26:50]

In late February of this year, CMS intends to release the 2022 preliminary hospice capitation payment rate actuarial methodology, prior to releasing the calendar year 2022 final hospice capitation methodology, and hospice capitation ratebook for the Model in late April 2021. As noted in the 2022 RFA, the structure of the hospice capitation rate will generally remain the same and thus, we refer MAOs and other interested stakeholders to the detailed 2021 final actuarial methodology, the data book and the ratebook for reference which are all available on the [VBID Model website](#). [00:27:34]

As a reminder, instead of asking MAOs to project hospice utilization costs, we chose to develop and pay a separate hospice capitation rate to participating MAOs for any enrollee who elects hospice. We took an approach to setting rates similar to how MA rates and the MA ratebook are developed. Specifically, the CMS Office of the Actuary looked at historical experience of hospice coverage, for all beneficiaries who elect hospice, and included for all services hospice and non-hospice such as unrelated care. [00:28:07]

So for each beneficiary that elects hospice, for the first month, MAOs will be paid the "A/B capitation rate" as they are today, an experience-adjusted hospice capitation rate, the beneficiary

rebate amount, and for MAPDs, the monthly prescription drug payment. For the first month only, the capitation rate that MAOs receive will vary based on the number of days of hospice care received in that month. [00:28:34]

So the pricing approach was necessary given the current experience where 25 percent of beneficiaries have six days or less of hospice, and 50 percent of beneficiaries have less than 18 days. For months two and on, CMS will pay a single hospice capitation rate, the beneficiary rebate, and the monthly prescription drug payment, if any. [00:28:55]

And so, rates will vary, and it'll reflect local variation in service delivery and costs, again, based on geography, through a hospice-specific average geographic adjustment, and annually, historical costs will be trended to the contract year and sequestration will be applied as required by current law, of course with the target of the next few months, as a result of the public health emergency. [00:29:24]

So overall, the payment structure was designed to be budget neutral to current fee-for-service payments, consistent with the MA program. And in doing so, the payment structure supports the provision of the full Medicare Hospice Benefit and integrated, coordinated care across the continuum. We're really excited to see plans develop and test innovative palliative and concurrent care programs alongside the full Medicare Hospice Benefit aimed at improving end-of-life care and care for patients with advanced or serious illness more broadly. Next slide. [00:30:00]

One thing that I want to highlight before moving on is that in the 2022 Request for Applications, we are soliciting feedback and comment on what network adequacy requirements should like for 2023. We want to hear from all stakeholders, from hospices and palliative care providers to MAOs. Your comments, along with any questions, you have can be submitted directly to CMS at VBID@cms.hhs.gov. We're asking for comments on a rolling basis and hope to receive the bulk of the comments no later than early March 2021. Next slide. [00:30:35]

So in light of time, and in wanting to get to your questions, I'll touch on the last two components of the VBID Model and provide highlights. So, beginning in 2021 and continuing in 2022, the VBID Model will continue to provide participating MAOs with these two original flexibilities shown on the slide here. So the first one provides an additional flexibility for MAOs to share beneficiary rebates with all of their enrollees in VBID Model PBPs, or Plan Benefit Packages, through a new mandatory supplemental benefit, in the form of cash or monetary rebates. [00:31:10]

And through this new Model component, CMS is testing the different ways that sharing beneficiary rebates (in the form of cash or monetary rebates): (1) incentivizes Medicare beneficiaries to choose MA plans with lower costs and/or higher quality and (2) incentivizes MAOs to offer lower bids and/or earn higher star ratings. [00:31:32]

In addition, CMS is encouraging MAOs that participate in the VBID Model to cover new technologies that are FDA-approved and don't fit into an existing benefit category for targeted populations, such as targeting again by chronic conditions and/or low-income subsidy status. So

these are beneficiaries who would receive the highest value from the new technology. MAOs may propose covering new and existing technologies as a supplemental benefit, when those items and services can lower costs and improve the quality of care. [00:32:08]

The difference in this Model component, as compared to the MA program, is that again, in the Model, model participants, or MAOs, have the flexibility to limit coverage of these technologies to specific enrollee groups, again based on chronic condition or low-income subsidy status, or to those who would benefit from it the most. And now I'll turn it back over to Hunter for next steps. [00:32:33]

Hunter Coohill:

Thanks, Sibel. So, let's spend a few minutes now on kind of just the application process and timeline for the 2022 application cycle. Next slide please. Okay, so as you can see on this slide, we've included here the timeline. So the goal is by this coming Monday, we will have the application portal live that will be live via a Qualtrics link that'll be on our [Model webpage](#). In addition to that, we are going to post a zip file that will include some additional supplemental application materials that you'll want to look at as you read through the RFA and start filling out the Qualtrics submission. [00:33:25]

You know, also want to highlight that the application due date is April 16th, 11:59 PT, Pacific Time, so at that point you want to make sure you have all of your applications, both the Qualtrics submission, and then some of the supplemental files that I mentioned will be zipped. You want to have those ready to go and submitted by the 16th. [00:33:51]

And then following that, by mid-May, CMS will complete our review of the applications. We'll have, you know, work with applicants to get cases where they need to be if we have any questions, and at that point, we will notify applicants that they can include their VBID application as part of their June 7 bid submission. And I think we'll go to the next slide. [00:34:32]

Okay, so to wrap things up before we jump into the Q&A session, we wanted to make sure that folks on the call, on the webinar had a list of resources pertaining to the application. And so all of these, you know, your main source of information again will be the [Model webpage](#), so please make sure to visit that again. [00:34:55]

We will make those application materials available by February 1st, as well as the Qualtrics application link that you will need to access. You know, we also want to stress that please feel free to reach out with any questions throughout the process, leading up to the process. We're happy to answer your questions. [00:35:18]

In addition to that, we have an office hours session to focus in on specific questions regarding the application process, and that will be hosted on February 11th from 4-5 Eastern Time, so feel free to join that webinar. Bring your questions there should you have any. And a couple of last things to mention, we will be posting this slide deck to the [Model webpage](#) as well in the near future, so you'll have that as a resource as well. [00:35:52]

And again, yeah, just look forward to your feedback. Please feel free to reach out if you have any questions about the RFA or the application process, we hope to see you at the office hours next month, and I think with that, I will turn it back to Laurie, and we can jump into the question and answer session. [00:36:15]

Laurie McWright:

Thank you Hunter, appreciate the information. So, you know, you said this one pretty quickly, so I want to say it again as we're loading up questions to answer, and as I see, Hunter, I think there are a couple I'm going to pass to you in a minute, but the office hours for next week will be February 11th from 4-5 Eastern Standard Time, and as we get a sense, if there's interest, we will also plan additional office hour times if we're getting questions that we think would be helpful to present on our topics, so stay tuned. But our next one will be February 11th, 4-5, Eastern Standard Time. [00:37:08]

Okay, so Hunter, if you would just speak for a minute on the application process and maybe start out there was a question on, you know, last year there was a provisional approval process during May for the VBID plan's proposed benefits. Will MAOs be getting the same provisional approval this year? [00:37:36]

Hunter Coohill:

Yeah, that's a great question, Laurie. Yes, so we will follow the same process as last year. So for folks who are familiar, after you submit your application, we will review it at CMS, we will follow up with any feedback that we have, or questions that we have. And then once we've, you know, approved the application, we will send out provisional approvals. And that happens before the bid submission. [00:38:11]

Laurie McWright:

That's right, yeah, no, thank you. And overall, we've been so impressed with the VBID plan submissions and really look forward to this year's as well. So Hunter, another one that I think's a good question, for the VBID Model applicants, are there certain eligibility requirements? [00:38:35]

Hunter Coohill:

Yeah, another great question, Laurie. Yes, and these are listed as well, but essentially, the Model is open to participants, MAOs of certain plan types, HMOs, PPOs, special needs plans, and what's important to note as well is that at least one of the MAOs plan benefit packages that's applying for the Model must have been offered in at least three annual coordination election or open enrollment periods, prior to the open enrollment period for calendar year 2022. [00:39:10]

So what that means is, so that's really open enrollment 2019, 2020, and 2021. So you've got to have one of your PVPs that was offered in one of those three years, leading up to 2022. So, and also want to note, you know, if you're applying and you don't meet this requirement that I've just outlined regarding the PVP offered in the last three years, we do have a process outline in the RFA to request an exception, and it's actually part of the application, so we've got some questions specific to that, if that's something that your organization's seeking. [00:39:50]

Laurie McWright:

Excellent. Okay, thank you. So, probably the last one for you, where will the Model be tested? And I think that's a great question, because that really depends, I would say, on where the Medicare Advantage organizations applying have service areas and they're wanting to test through offering through different VBID benefit packages. Hunter, would you add on to that, or Jason, you know in terms of how to think about that? [00:40:30]

Hunter Coohill:

Yeah, just to add, and Jason feel free to also come after me as well, and Jason you actually had mentioned this early on in the presentation, but the Model is open to the MAOs in the plan types that I mentioned, in all states and territories. And that's for all model components. [00:40:53]

Laurie McWright:

That's right. Like, throughout all the states, you know, the statute changed in 2018 to allow for the testing throughout the country. But of course, we don't control where plans come in to offer the VBID benefit packages. But Jason gave a nice summary of what's available across the country at this point. So, last one on the application before Sibel, want to switch and ask you a couple of more general VBID questions, but the application deadline is going to be April 16th at 11:59 Pacific Time. [00:41:48]

So Sibel, for you, am I required to do wellness and healthcare planning as required in the VBID Model if I'm looking to apply to do the hospice component only? [00:42:04]

Sibel Ozcelik:

That's a great question, Laurie. So yes, all, as Hunter had outlined earlier, all of these Model participants are required to participated in the wellness and healthcare planning component of the Model, even if they're just choosing to participate in hospice. [00:42:22]

Laurie McWright:

Great, thank you. Here's a different kind of question that's really important: where can we find additional information about how to incorporate the VBID pricing into the standard MAPD bid? [00:42:42]

Sibel Ozcelik:

That's a great question, and if you're asking specifically about the Hospice Benefit Component and sort of how to apprise hospice into the MAPD bid, as you might recall when I was going through the hospice structure, the hospice capitation payment is not incorporated into the bid. [00:43:01]

Instead, it's a capitated payment that's paid monthly to the participating VBID Model plans that has been approved to participate in the Hospice Benefit Component on behalf of a hospice enrollee. Having said that, if a plan wishes to offer supplemental benefits as part of a hospice component, specifically hospice-specific supplemental benefits, they should include that information in the bid pricing tool, or the BPT. [00:43:32]

Laurie McWright:

Excellent. I love this one: can hospices participate in the Model? [00:43:41]

Sibel Ozelik:

That's a good question, Laurie. I think I saw it come up twice in the Q&A box. So, participation in the VBID Model, including the Hospice Benefit Component, is, as Hunter had gone over, it's limited to eligible Medicare Advantage organizations, or MAOs, but hospices still have the opportunity to work and collaborate with participating MAOs. [00:44:06]

And so in this way, I see that the Model still offers opportunities for both hospice and palliative care providers to develop relationships with MA plans in their communities. You know, we've been so excited to see what's come out in 2021 and we continue to be excited to see the kinds of innovation that will come out in 2022. [00:44:29]

Laurie McWright:

Excellent. And Sibel, to follow on to that, is prior authorization allowed? [00:44:37]

Sibel Ozelik:

That's a good question, Laurie. So no, MA plans that are participating in the Model are prohibited from using prior authorization or any other utilization management process that interferes with timely access to hospice care. So in essence, no, UM is not allowed around hospice care specifically. [00:45:00]

Laurie McWright:

Excellent, appreciate that. And how about, will payments to hospice providers be timely? [00:45:08]

Sibel Ozelik:

So I can take that one, Laurie. So the Model does, if you go through the RFA, or if you have the opportunity to read through the [hospice technical guidance document](#) that I'd spoken about a little bit earlier, is that the Model does include provisions to ensure that participating MA plans pay their hospice providers within the time frames that are established for all other providers within the MA program, and we included these provisions to ensure that the Model does not delay access to or payments for hospice care specifically. [00:45:46]

Laurie McWright:

Thank you. So I think there's maybe one last one I'd have you answer, and then Hunter you get ready for a couple for you. How will hospice providers know which plans are participating in the Model in 2022? That's a really important -- [00:46:06]

Sibel Ozelik:

Yeah, yeah. So similar to last year, or yes, last year, we'll communicate broadly about plan participation in the fall of 2021 for those who are participating and approved to participate for calendar year 2022. I saw we also got a question about sort of which plans are participating right now in '21, and that information is also available on the [VBID Model website](#). We actually have a lot of resources specific to the Hospice Benefit that's linked from the VBID Model homepage,

and on the participating plans screen, you can actually download and see all of the plans that are participating. [00:45:55]

So at a high level, there are nine parent organizations that are participating and offering 54 plans across the U.S. and Puerto Rico, and specifically in 13 states in Puerto Rico, so I would just add that as well, Laurie. [00:47:14]

Laurie McWright:

Oh no, that's really helpful. And I think the other thing I might add on, others join in as well, but I think also that, you know, our expectation of Medicare Advantage organizations that are approved to participate is that they are in contact with the hospices in their local service areas to be talking with them about contracting opportunities as well as how, you know, billing and payment should be working. [00:47:48]

You know, our expectation would be that it wouldn't happen after the model year starts but ahead of time where there are no surprises, and that their procedures that are worked out ahead of time where hospices are aware of the billing and payment procedures, and so that's not an issue during the plan year. [00:48:17]

Okay, Hunter. Would you mind answering one on advance care planning? It's a very good question. Could advance care planning physician tools be included as a part of a VBID proposal? [00:48:33]

Hunter Coohill:

Yes. Yeah, no, good question. And again, just to kind of quickly summarize the wellness and healthcare planning requirement, essentially the expectation is the MAOs apply with a strategy to broadly advance wellness and healthcare planning across all VBID-participating plan benefit packages, and Laurie, I think what you mentioned in your question, that would be an example of something that could be included as part of that broader strategy because it's an investment in a particular tool to help advance wellness and healthcare planning services. [00:49:11]

And then, but in addition to the broader strategy if MAOs want to provide more targeted services to certain populations, they can also choose to do that. [00:49:26]

Laurie McWright:

Yes. No, that's excellent. So do you need to be an MAO to participate in VBID? And if so, is there a minimum plan size? Either Hunter or Sibel, either one of you could take that. Because you absolutely need to be an approved Medicare Advantage organization to participate. I think, Hunter, you went through the eligible requirements, and I don't believe we have separate minimums, besides making sure that you've been an eligible organization for three years.

Hunter Coohill:

Laurie, yes what you are describing is exactly right. There are requirements, which are listed, starting on page 24 of the RFA. For eligibility, there are plan requirements, length of existence requirements, and plan performance requirements, but there are not any enrollment minimum requirements. [00:50:53]

Laurie McWright:

Yeah, not for VBID, but there may be different pieces in terms of new plans, et cetera, in the MA program itself, so I would encourage applicants to check on those. But we would assume that that had already been met by the time a plan is applying for VBID. Great, Hunter, here is a good one for you. Do you have to submit a rewards and incentives program request in April's application submission window, or does it just need to be submitted in the final June bid submission? [00:51:37]

Hunter Coohill:

That is a good question. So for rewards and incentives, as well as any of the other Model components, you know, that the MAO is seeking to implement, we have to receive those as part of the application process, and then you know, as we discussed, we will review the applications, we will provide feedback on the application, and then ultimately issue a provisional approval, and then at that point, you know, that would, the MAO could take the provisional approval and include those components as part of the June 7 bid submission. [00:52:15]

Laurie McWright:

Excellent. Okay, I'll take this one, and then Sibel, I'm going to give you a couple more, and we may not get to all of these, and we'll definitely take some back. Can you leverage and update your CY 2021 application for 2022? [00:52:35]

And you can absolutely leverage the information in there, but it is an annual, just like the bid review and contracting process, the VBID application process is on an annual basis, and so certainly, plans that have been with us from prior years, we look forward to your applications, and would expect to see some consistency from one year to the next, but also would support building out expansions updates as well. Sibel, I'm going to turn to you. Where can I find more details on the financial methodology for the hospice benefit component? [00:53:27]

Sibel Ozcelik:

So, the financial methodology for 2021 can be found on the [VBID Model homepage](#). So if you go into, on the webpage, if you scroll all the way down, you'll see the Calendar Year 2021 materials, and under that, there are links to lots of different papers and spreadsheets. We specifically want to look for the [final hospice capitation payment rate actuarial methodology paper](#) and click on that and download it. [00:54:00]

We also have the [ratebook](#) up from 2021, and again, you know, the methodology is not changing greatly, as we have stated in the 2022 RFA, so it really is a great resource if you're thinking about, and trying to understand how the actuarial methodology works, what the rates look like. [00:54:20]

Then we also have a [data book](#) which is another excellent resource that goes through what the historical experience of hospice enrollees were across both fee-for-service and MA to really understand what hospice experience looks like. So again, excellent resources in the [VBID Model website](#) that I would point folks to.

Laurie McWright:

Excellent. We have just a couple of minutes here, and I'm just going to try to run through a few answers to questions I see just in the interest of time. The office hours on February 11th will be publicly open, check our website for information on how to come into it. [00:55:10]

There are some questions around giving us feedback on the design of the network hospice requirements, and we are very interested in feedback from all stakeholders, you know, managed care organizations, hospice providers, consumers, all of that is really important, and we'll be putting out some additional information on opportunities for giving us that information. Of course, you can submit, you know, comments at any time through the [VBID mailbox](#) but very interested in talking more about that. [00:55:49]

In addition, the hospice enrollee that's participating in a VBID MAO that is elected to do the hospice benefit can absolutely go to an out-of-network hospice, and the enrollee would keep their MA benefits. That's the hospice carve-in means that enrollees keep their MA benefits and the full hospice benefit as offered on the fee-for-service side. [00:56:28]

Let's see. I think that's going to be all we can get to. Thank you so much for attending today, and your questions were great. We'll review the ones we didn't get to and see if there's any that make sense to put out, and we'll talk to you soon. Thank you.

END OF AUDIO FILE