Application Office Hours Webinar Transcript

Tuesday, April 11, 2023

John Cialek:
Hello, and welcome to today's Application Office Hours webinar. At this point, I'd like to pass it to Michael to get us started with introductions. [00:00:18]

Michael de la Guardia:
Great. Hello, and thank you for joining us today, where we'll provide an overview of the application process for the Value-Based Insurance Design, or VBID Model for calendar year 2024. I'm Michael de la Guardia, one of the co-leads for the VBID Model. [00:00:38]

So before digging in, I want to put out a disclaimer that this presentation is for educational purposes and general information sharing, as noted on this slide. Also, we'll be posting slides from the VBID Model website promptly as we know applications are coming due very soon. [00:01:00]

And today, our team will start off with a quick overview of the application process, tips and timeline in the hospice payment methodology. But we'll use the bulk of the time that we have together to answer your questions during our interactive Q&A session. [00:01:22]

And here are today's presenters, which includes the leads of the VBID Model, one of our health equity plan experts, and our colleague, Richard Coyle, from the Office of the Actuary. I'll let my colleagues introduce themselves as we move throughout the presentation. So with that, lets dive into today's content. [00:01:48]

Before we get into the application portion today, related to the 2024 application cycle, we'd be remiss to not mention some exciting news that came out about the VBID Model over the last two weeks or so. As you may have seen, we announced that the VBID Model will be extended for calendar years 2025 through 2030, and will introduce changes intended to more fully address the health-related social needs of patients, advance health equity, and enhance care coordination for patients with serious illness. [00:02:22]

The VBID Model will continue to include the core flexibilities and interventions uniquely available under the model, including the hospice benefit component. This next generation of the model also includes several new policies under VBID general and VBID hospice, and we'd direct you to our fact sheet for more information on details of those new policies. In the summer, we'll be conducting outreach on policies, and plan to release a request for application for the 2025 plan year in late fall. [00:02:55]

With that, we'll now move into the application process and materials. Here, to aid your submission, we have outlined a number of CY2024 application materials and resources at a high level. The materials on this slide are available for download in a zip file of application materials on the VBID Model webpage, and also, within the Qualtrics application, which is also linked on the VBID Model webpage. This slide is really meant to be a cheat sheet of sorts to help your organization understand the application materials and available resources, and their purposes. Now we'll go through each one of these with a little bit more detail, and can provide some more information. [00:03:58]

Great. So, here you'll see a screenshot of the online Qualtrics application, where you'll do your actual application submission. The online tool gives an introduction to the application, and provides opportunities to respond to required questions about your organization and associated proposals for the model. Of note, only questions about the Model components selected at the start of the application will be displayed as you navigate through the survey. You can navigate through the survey using the back and

forward arrows at the bottom of the page. And everything must be submitted through the Qualtrics application. [00:04:37]

We have also received a few questions about exception requests, and wanted to confirm that exception requests may be submitted for CMI review via the Qualtrics application. [00:04:53]

So, on this slide, we have the screenshot of our PDF of the application, which is in the zip file of the 2024 application materials found on the VBID Model website. This document, the application reference template contains all of the questions that are asked in the online Qualtrics application, and this item is really for your reference, and all of the responses still need to be provided via the online Qualtrics portal. Next slide. [00:05:27]

Great. Here we have an image of our supplemental application instructions, which are really designed to be a roadmap of your submission requirements. Here there are reminders of the application materials that are required, and where to access all of the reference materials, which are also available on the VBID Model webpage. Tzvetomir will review some of the tips outlined in this document a little bit later during today's office hours presentation. [00:06:02]

So the next few slides touch on the financial portion of the application. Here, the net savings template requires, at the plan level, that Medicare payments per member per month, with your VBID Model interventions, included in our expected payments in the absence of the Model. For the required financial application template, you'll be asked to outline the projected costs and savings of your VBID Model interventions throughout the course of the model, and any quantitative support and changes to pricing as a result of VBID Model participation. [00:06:51]

And on this slide, you'll find our financial application FAQ document, and this is a really important resource in terms of how to price and reflect the cost and savings of your VBID Model interventions within not only the financial application and the net savings template, but also in your bid submission and your VBID, if your VBID interventions are approved. [00:07:20]

Here's another required submission, which is the application summary spreadsheet. You'll submit this with your Qualtrics application. Here you'll outline the contracts, PBPs, and segments where you have proposed to include a VBID Model intervention, or interventions, along with some information about the enrollment and expected targeting and engagement. [00:07:48]

And finally, to round out our application materials, we have the Part D supplemental files. This file is required only for those MAPDs that are proposing to reduce or eliminate cost sharing in a way that is not consistent across all Part D drugs or specific formulary tiers. For example, an organization that is interested in reducing cost sharing on tiers one through three does not need to submit a supplemental file. But an organization interested in reducing cost sharing for drugs that treat diabetes would need to submit this file. [00:08:24]

If there are any questions about whether your proposal requires a Part D supplemental file, please do not hesitate to reach out to the VBID Model team. I'll now pass it over to Megan to talk about the Health Equity Plan, also known as the HEP. [00:08:41]

Megan Coufal:
Yes, thank you Michael. So the Health Equity Plan, or the HEP, is a required section of the application. And these HEP questions ask about efforts that you plan to undertake to address potential inequities and disparities in access, outcomes, and/or enrollee experience of care as it relates to your participation in the

VBID Model. So as a reminder, the HEP and all HEP questions must be answered to have a complete application. "N/A" is not an appropriate answer for any of the HEP questions. [00:09:18]

And these HEPs should address the various components of the VBID Model for what you're applying to participate. The HEP can look at how health equity is being addressed through your participation in the VBID Model for 2024. And we're interested in how your organization plans to tailor VBID interventions to address the outlined inequities, as well as how these efforts are being monitored. [00:09:39]

And so, just a few tips for completing the HEP: Use a systematic and data-driven approach to identify health disparities and priority populations is a good approach to start with. Using standardized and a consistent approach will assist you with getting organized, it'll aid in the decision making, and improve performances. This data can come from publicly available or internal data sources, and this includes the use of potentially both quantitative and qualitative data sources to better assess health disparities and their impacts on access, outcome, and/or enrollee experience. [00:10:15]

These plans should set goals that are specific, measurable, attainable, relevant, and timebound to drive your actions to reduce the identified disparities. When defining the disparities that your organization is going to address, it may help to prioritize just one or two disparities, so that you can have the maximum effort to ensure your HEP is specific, focused, and realistic. [00:10:37]

Some plans might consider creating, you know, different plans as you're creating your HEP. An engagement plan might help, you can use this as a roadmap for how your team will engage and collaborate with both internal and external partners. A data management plan can be used to outline how the data will be handled as you implement your HEP. And a communication plan can help outline how you'll effectively deliver information about the HEP to appropriate internal staff, including leadership, as well as external partners. And in addition, you might consider convening a multidisciplinary team to help develop, implement, monitor, and evaluate your HEP. [00:11:14]

We do want to note that as stated in the RFA, the HEP may not propose actions that selectively target or discriminate against any protected class. And you know, we're happy to take further questions on the HEP, as well. And so with that, I'd like to turn things over to Rich Coyle from OACT to provide an update on the Hospice Capitation Methodology. [00:11:34]

Richard Coyle:
Thank you, and good afternoon. So as many of you know, we released a preliminary actuarial memorandum for the VBID hospice capitation rates, back on February 17th of 2023. And we outlined many of the key assumptions and approach that we're using for the rate development. And we have finalized the rates, they have not been published yet, we're hoping they will be published this afternoon, after 4:00 p.m. And included in that posting will be, you know, the rates themselves at the county level, a final actuarial memorandum methodology paper, and two data books, which provide detail for the rate development, one for the year one rates, and the other for the mature year rates. [00:12:24]

As you know, the rates themselves are broken out between first month, month one, and month two and later. And those are spelled out in the rate development. Also wanted to mention that the rates are largely going to follow the methodology that we spelled out in the February 17th memorandum with just one minor methodology change. So with that, I'll pass it back to Tzvetomir. [00:12:59]

Tzvetomir Gradevski:
Thank you very much, Rich. I'm now going to review a series of tips for a seamless submission process for your application. Good afternoon everyone, my name is Tzvetomir Gradevski, I'm the lead for the hospice benefit component of the VBID Model. [00:13:18]

We've mentioned all of these tips during today's presentation, but I just wanted to reiterate a few key tips to keep in mind throughout the process. The first being that you can find all the resources we've discussed today on the VBID Model website at the link you see on your screen, including the request for application, the application link, and the associated supplemental materials. Second, please submit only one application per parent organization. Third, we highly encourage you to review the Qualtrics application tips ahead of time, and please be sure to select the correct number of interventions. [00:13:58]

The selections that you select in the beginning of the application will dictate the questions that you see throughout the rest of the application. And finally, please reach out to the VBID model team with any questions through the VBID Model mailbox, which is VBID@cms.hhs.gov. [00:14:24]

So for next steps, for our MAO applicants, first if you have any questions or need for technical assistance, please email the VBID Model team at VBID@cms.hhs.gov, and please email us as soon as possible with your questions so that we can respond to you well in advance of the April 14 application deadline. Second, as Rich mentioned earlier, we intend to publish the hospice-specific county-level rate books later today after 4:00 p.m., and we encourage MAOs who are interested in participating in the hospice benefit component to review those documents. Third, MAO applicants must submit their applications to CMS via the Qualtrics application portal by April 14th, 2023. [00:15:14]

Fourth, after application submission and review, we plan to provide notifications for MAOs with provisional approval for Model participation in mid to late May of this year, and those provisionally approved MAOs may include their VBID interventions in their bids, which are due on June 5th, 2023. And then sixth, for organizations and MAOs that are granted final approval for the model for calendar year 2024, those MAOs will execute contracts addenda for their 2024 participation in the VBID Model in September of 2023. [00:15:52]

So with that, we will now turn to the question and answer portion of today's session. I want to remind everyone on today's call to please use the Q&A function that you see through the WebEx portal, and we'll begin to go through the list of Q&As as they are received. So once again, please use the Q&A function to submit any questions that you might have. [00:16:21]

Great. And you'll see the directions here on the screen as well about how to submit questions through the Q&A function. Okay. So with that, we will begin with our first question, and that is, "when is an exception to the eligibility requirements for length of planning assistance needed?" [00:16:46]

So the answer to that is, "as described in section 3.1 of our request for application in the 2024 RFA, at least one of an MAO, MAO applicants, MA plans, or PBPs, listed in the application for the Model, must have been offered in at least three annual coordinated selections open enrollment periods, prior to open enrollment for calendar year 2024 (in this case, it would be open enrollment in 2021, 2022, and 2023.). An MAO applicant that does not meet the length of planning assistance eligibility criteria may request an exception to this eligibility criteria from CMS. And the exception process is further described in section 3.1 of the RFA (as I mentioned earlier)." [00:17:34]

Our next question, "can an MAO combine VBID and non-VBID benefits onto a flex card, debit, or shared allowance? If so, how should this look like in the application?" Michael, would you like to take this question? [00:17:52]

Michael de la Guardia:

Yeah, sure. So yes, you are allowed to combine VBID and non-VBID benefits onto a flex card, debit card, or a shared allowance. In your application though, please do include a description of the flex card, or debit card, including the amounts and the approved spending categories for all your relevant VBID

PBPs within the Qualtrics application. Also include a description that this will be a combined benefit if applicable, include a brief description of the other non-VBID benefits this will be in a combined benefit with, if that is applicable. [00:18:36]

And then when entering the value of the VBID benefit, please list the total possible value of that VBID benefit, and finally, please also ensure that the actuarial estimates and the financial application reflect that the VBID benefit is a combined benefit with a shared allowance, if that is indeed applicable. [00:18:56]

A few other items I would just note here. All VBID benefits are subject to the Model's communication and marketing guidelines, and monitoring guidelines, and as such, if they combined benefit is on a debit card that includes VBID benefits, any marketing of the cards would need to comply with the Model's communication and marketing guidelines. And then, the 2023 VBID monitoring guidelines would also require you to report to us the amount that was spent on the VBID benefits by category, and not include the amount that was spent on the non-VBID benefits. [00:19:32]

I'll also just note that the 2024 monitoring guidelines are still in development, and will be released in the fall, but we welcome feedback on those guidelines. [00:19:46]

Tzvetomir Gradevski:
Great, thank you, Michael. Going through some questions, I see one [that asks], "is Appendix B intended to be uploaded with the VBID application for a health equity plan, or HEP?" This is in reference to Appendix B, which is the VBID HEP evaluation checklist in the RFA. To clarify, this evaluation checklist is how we at CMS will evaluate the Health Equity Plans. So in that case, no, you do not need to upload Appendix B, the HEP evaluation checklist, with your application. However, all MAO applicants who wish to participate in the VBID model must complete all sections of their Health Equity Planning questions, as Megan mentioned earlier. [00:20:35]

And I see another question in the chat, "when will the VBID screens be released with the 2024 PBPs? And noting that the current 2024 screens are not available for existing plans, when will they be available?" Michael, would you like to take this question? [00:20:55]

Michael de la Guardia:
Yeah. So we plan to release the VBID screens in a similar timeframe as last year, so as soon as possible after the application deadline. [00:21:08]

Tzvetomir Gradevski:
Great, thank you. All right. Going through our other set of questions. This is related to the applications in general, is there a word count or a word limit associated with the applications? So, and I can take this question. So in general, there is not a word count limit for the applications, but we highly encourage MAO applicants to be concise and precise with their responses. So, if you would like to submit additional information to us for consideration, we also encourage you to upload that through the Qualtrics application process into, along with your other supplemental application materials, in a single zip file. [00:22:07]

All righty, moving on. I see a couple of questions regarding disclosures of past history of sanctions and when they need to be reported. So one question asks, as it pertains to question 2.2, regarding present or past history of sanctions, does this pertain to MAO issues only? Or is it also flexible to other lines of business, such as the marketplace? To note, there are two separate requirements associated with reporting past histories, potential histories of sanctions, corrective action plans, etc. [00:22:51]

So, there is the first requirement, which is, regards the eligibility requirements for the VBID Model, and to satisfy that requirement, plans must note or report any past sanctions within the past 12 months related to their participation, both in the Medicare Advantage program, and in the Part D program. So please, we will need to receive an exception request if, within the past 12 months, the MAO and the contract being offered or submitted for application in the VBID Model has received some sort of compliance action, either through the Medicare Advantage program, Part C, or Part D. [00:23:37]

Now separately, there is a separate requirement for the MAO as a whole, or the parent organization to disclose within the past 36 months any past history of sanctions. And so that is a broader disclosure requirement, and applies generally to federal healthcare programs as a whole. [00:24:23]

If a D-SNP or C-SNP is reducing cost sharing to zero for all drugs related, targeted to LIS members, should we select that we are modifying the deductible? Michael, would you like to take that question? [00:24:36]

Michael de la Guardia:
Yeah, sure. So, the MAO should select no to modifying the deductible. Technically, by reducing cost sharing to zero for all Part D covered drugs, the plan is not modifying the deductible, but rather the plan is reducing cost sharing to zero on all drugs for those targeted enrollees. [00:24:59]

Tzvetomir Gradevski:
Great. Thank you, Michael. Next question I see, "for the component level totals table on the application spreadsheet, would you define engaged and VBID intervention or hospice benefit component as those who elect hospice, or those that receive palliative care?" So, we would expect to see two separate rows for both your palliative care intervention, and the hospice intervention. So, engaged, and I'll just lead with transitional concurrent care, or TCC. [00:25:35]

For each of those rows, we would expect to see how many of your plan enrollees you expect to be targeted for those interventions, and then engaged in VBID intervention, are what you predict, or project to be the number of enrollees who go on to then utilize that intervention. For hospice, engaged in VBID intervention would be how many enrollees in your PBP do you expect to elect hospice in calendar year 2024. Similarly, the same could be said for palliative care and TCC. [00:26:15]

All right. Next question. For Part C supplemental benefits and Part C reduced cost sharing, even though all members of the PBP will receive the same type of benefit, benefit amounts will differ if you're in an HMO versus the PPO for our plans. Because there are different amounts for different H members, is that one benefit package, or two? Michael, would you like to take this question? [00:26:42]

Michael de la Guardia:
Yeah. So in this example, just one benefit package. But MAO would need to detail the differing amounts for each PBP in the application spreadsheet. [00:26:59]

Tzvetomir Gradevski:
Great, thank you. I see a question, "can we see a past copy of our VBID submission in Qualtrics or elsewhere?" If you, for some reason, do not have access to your past submissions, we would encourage you to email the VBID Model team, VBID@cms.hhs.gov, and we can try to pull up your past applications. Though in general, we highly encourage all applicants to save a copy of their application ahead of time after submission. [00:27:51]

Okay, I see another question. "Within the application, there's the question about joining the Health Equity Incubation Program, or HEIP. If we choose yes, will we be required to submit additional Appendix Fives?" Michael, would you like to take this question? [00:28:08]

Michael de la Guardia:
Yeah, sure. So, choosing to join the Health Equity Incubation Program will not result in any additional mandatory data reporting, and 2024, you know, what I'd say is the 2024 VBID Monitoring Guidelines have not been released yet, and required submission requirements are still in development. But we really want plans to view the Health Equity Incubation Program as a voluntary working group, that's how we've been trying to transition it over this year to focus more on, rather than presenting on these broader topics, focus on more operational issues related to implementing the Model, and we hope that, you know, as part of that, this voluntary working group aspect of it can make it a valuable benefit to plans. [00:28:59]

Tzvetomir Gradevski:
Thank you, Michael. I see a question in the chat about the hospice benefit component. "If additional benefits are offered, who absorbs the cost of such benefits, the MAO or hospice provider? As an example, meal provision." So, I believe this is in reference to the hospice supplemental benefits, which are supplemental benefits that a participating Medicare Advantage Organization can choose to target to enrollees who have a hospice election. And in this case, as with all supplemental benefits, these benefits are provided through rebate dollars afforded to MAOs. So if an MAO chooses to offer, for example, additional meals to enrollees who elect hospice, the MAO would finance that through their rebate dollars. [00:29:57]

Okay, reviewing additional questions in the chat for the next question. And this other question, "can you please clarify, for the health equity plan, do plans need to address all components for which the MAO is applying? Michael, would you like to take that question?" [00:30:23]

Michael de la Guardia:
Yeah, sure. So, HEP should address the various components of the VBID Model that you're applying with, so if you're applying to participate in hospice benefit, for example, your intervention should contain specific information related to hospice, and any other components that you're applying to. Really, when thinking about the HEP, we want it to be specific to the various interventions that you're applying to the Model with. [00:30:56]

Tzvetomir Gradevski:
Great. Thank you, Michael. I see another question about the hospice benefit component. "We are trying to understand why moving ahead with the hospice benefit component makes sense if Medicare members already have hospice benefits through fee for service Medicare. Can you elaborate on that, please?" [00:31:14]

So in general, the goal of the hospice benefit component is to create a more seamless care experience for enrollees who may have serious illness. As you all may know, today if an enrollee in a Medicare Advantage plan chooses to elect hospice, they receive coverage of their hospice care, and any other care delivered during their hospice election, through traditional Medicare or fee-for-service Medicare. [00:31:40]

Now, we have observed a number of issues that have resulted through this fragmented financing, including a lack of coordination amongst providers potentially, and additionally, potential confusion amongst enrollees about the responsibility for their MAO to provide coverage of certain services, versus traditional fee for service. So, our goal in testing the hospice benefits component is to evaluate the extent

to which MAO participation can create a more seamless care experience for enrollees with serious illness before hospice election, and after they elect hospice. [00:32:21]

And if you have any other, more specific questions about the hospice benefit component, we highly encourage you to review the existing webinars that we've provided on the benefit component, alongside the 2024 request for applications for the hospice benefit component. [00:32:42]

Okay, I am now scanning the Q&A section for our next question. And Michael, if you see a question that you want to answer, please let me know, and I'm happy to pivot to that one, as well. [00:33:16]

Michael de la Guardia:
Yeah, and here's another one that we can hit on. "So, what scenario should a plan include in the without VBID scenario in the net savings template? Is it always the previous year's offerings?" Here, I would say the without VBID scenario should reflect your best estimate of what would be offered in the absence of participation in VBID. This may or may not be consistent with past offerings. [00:33:43]

I'd also say, you know, alternatively, in the absence of participation in the model, savings to Medicare could be shown over a longer period of time, consistent with the guidance in the VBID Model calendar year '24 financial projections guidance document, which states that net savings to CMS may occur over the course of participation in the Model performance period, and now extended to 2030, we're doing the applicable calendar year of participation. [00:34:20]

Tzvetomir Gradevski:
Great. Thank you, Michael. And I see a couple of follow-up questions about the hospice supplemental benefits. So, to clarify, yes, the financing for hospice supplemental benefits comes from an MAO's rebate dollars, and there is a follow-up question, "would transitional concurrent care costs also fall under the MAO responsibility?" For transitional concurrent care, it is the responsibility of the MAO to define their conditional concurrent care programs, such as when it would offer coverage of transitional concurrent care, for how long, potentially, or if there are any other service level utilization limits. [00:35:06]

And it is up to the, in the hospice and non-hospice providers to provide a thorough care plan and examine the preferences of enrollees to determine if transitional concurrent care is appropriate for their enrollees. And then ultimately, to coordinate coverage of those transitional concurrent care services with the MAO. [00:35:33]

I see another question in the chat, "will there be specific reporting requirements for the new HEP component?" Megan, would you like to take this question? [00:35:44]

Megan Coufal:
Sure. So, there will be a qualitative survey that we send, that's used to collect information about, and monitor the implementation of the HEPs. Participating MAOs will complete and submit this survey biannually to show cumulative progress reports. Again, through a survey mechanism. [00:36:08]

Tzvetomir Gradevski:
Great, thank you, Megan. And I see another question in the Q&A. "Our VBID intervention applies to three plan benefit packages. Do we need to provide a net savings estimate for each PBP?" Michael, would you like to take this question? [00:36:43]

Michael de la Guardia:
I may defer to Ryan if he's on the call. [00:36:51]

Ryan Brake:
Yes, hi. I think, you know, we do expect a net savings estimate for each PBP. Although in general, if the components are similar, and the estimates are similar across the three, an example, you know, may be appropriate in those cases. [00:37:13]

Tzvetomir Gradevski:
Great. Thank you, Ryan. I see another question.[00:37:40]

Michael de la Guardia:
It looks like we've got one more, Tzvetomir. So, we've received some questions regarding this, do we need to have a CMMI portal access to submit our 2024 VBID application? Here I'd say that 2024 VBID application is available on Qualtrics, and is completely separate from the application for the CMMI portal access required for reporting submissions. You can access, as we said a little earlier, the VBID applications on the VBID Model website. [00:38:19]

Tzvetomir Gradevski:
Thank you, Michael. I see a question in the chat, "in regards to question 17.4, can MAOs offer transitional concurrent care in excess of 30 days? The question is [more addressed to if the MAO could extend past 30 days?" So to clarify, yes, participating MAOs are permitted to structure their transitional concurrent care programs past 30 days. We have generally observed two approaches by the participating MAOs when structuring their transitional concurrent care programs: one approach is offering a generally open benefit or program for a time-limited duration. [00:39:04]

For example, a plan may structure their transitional concurrent care program to say for enrollees with all types of chronic conditions or terminal diagnoses, we will authorize previously authorized services that would be normally considered curative 30 days, 45 days, etc., etc., into a hospice election. [00:39:30]

On, kind of on the reverse side, other participating MAOs may have chosen to, for example, structure their TCC programs such that they identify specific terminal conditions, such as ESRD (end-stage renal disease), or certain cancers, and to say for these kinds of conditions, we are offering an open-ended transitional concurrent care program, such that there's no time limit duration, however, only enrollees with these terminal conditions may qualify for the TCC program, and they receive certain specific services as part of their transitional concurrent care into their hospice election. [00:40:18]

Okay. And then, I see another question related to the hospice benefit component. "Is section 20 in the 2024 Model application or template only to be completed by a plan seeking to offer the hospice benefit component?" And to clarify, section 20 refers to the section regarding our, CMMI's expectations for additional network adequacy requirements, and so yes, those specific, that specific section is only to be filled out by Medicare Advantage Organizations applying specifically to continue into their second year of participation, or beyond. Second or third year, or fourth, in the Hospice Benefit Component. So if you're not participating in the Hospice Benefit Component, section 20 will not show up in your Qualtrics application. [00:41:17]

Okay. I see another question. "Are plans permitted to change the value, increase or decrease, of the Part C supplemental benefits after the initial application submission, but before a provisional approval?" Michael, would you like to take this question? [00:41:35]

Michael de la Guardia:
Yeah. So after the application is submitted, yes a plan can update the value of these benefits. We would just ask that the plan submit to us that change in writing. If those significantly affect the magnitude of the savings estimates, or the financial application portion, we would also request that that be flagged. And

then the final item I would note is that after submission, a plan could not apply with an entirely new component. Although they could remove a component after submission. [00:42:32]

Tzvetomir Gradevski:
Great, thank you, Michael. Another question is, how will plans be notified of provisional VBID application approval? So as noted in the timeline earlier, we plan to offer all applicants provisional approval sometime in mid to late May. The way we will notify applicants of their provisional approval is via email, and we will reach out specifically to the points of contact listed on the VBID applications, so please be sure to monitor any emails from the VBID mailbox, VBID@cms.hhs.gov. [00:43:09]

We will, we may also reach out to your organization after you submit your application for, to clarify certain parts of your application, or to request a resubmission if we find the need to do so. So please, be on the lookout for any communications from the VBID Model mailbox, both for clarifications, and for the potential provisional approval of applications. [00:43:42]

Next up, "can an MAO request to add additional PBPs to a VBID flex package prior to provisional approval?" Michael, would you like to take this one? [00:43:54]

Michael de la Guardia:
Yup. The answer is yes, again, we'd request that you notify us in writing, and some of the application materials would need to be updated. Also, you know, I saw another comment in the chat around the VBID screen, so after submission of the application, we will be able to open up the VBID screen, so we expect to do that shortly after the application deadline. [00:44:42]

Tzvetomir Gradevski:
Great, thank you Michael. Now going back into the Q&A section to find another question. One question, "does each VBID flex package need to have the same value of each benefit intervention, or only the same intervention type? For example, VBID allows 13-B OTC to now be combined for other benefits in one package, or multiple packages. [00:45:26]

For multiple packages, depending on what 13-B OTC is filled as? So, does each VBID flex package need to have the same value of each benefit intervention, or only the same intervention type?" Michael, would you like to take this question? [00:45:39]

Michael de la Guardia:
Yeah. So, I know this question is about Part C, but I would just note for Part D and the hospice the benefit value cannot vary by PBP. This is allowed for; however, it is allowed on the Part C side, so you could vary the benefit value by PBP. We would just ask that you include that in the application spreadsheet. And that would be submitted as one package, not multiple packages. And I'd clarify, it's on the Part C side, PBP segment that you could list it on. [00:46:28]

Tzvetomir Gradevski:
Thank you, Michael. Next question, "for VBID-related cost savings estimates, correlating overall savings back to VBID interventions may become challenging, especially if plans may be deploying multiple cost-saving initiatives. How is CMS looking at quantifying VBID-related cost savings, and is there a method that CMS can share with plans?" Ryan, do you want to take this question? [00:47:00]

Ryan Brake:
Well I would defer to Michael on this initially. [00:47:09]

Michael de la Guardia:

So, you know, I think this question probably requires a fairly long response, we're happy if you follow up with us for us to share a bit more. And I think through our various evaluations, and other materials we make available to the public, we show some of the ways that the Model is demonstrating savings. [00:47:38]

Tzvetomir Gradevski:
Great. And just as a reminder, if we're not able to get to your question today, we highly encourage you all to email the VBID mailbox, VBID@cms.hhs.gov. And our colleague Anna has put the email address in the chat for everyone to be able to access. All right. Looking through our other questions. Michael, please feel free to let me know if you see a question that you'd like to go for. [00:48:48]

Michael de la Guardia:
Yeah, I'm looking through. So I would add, just perhaps as a next step, out of this session, we will be posting these slides to the VBID Model webpage though, very shortly after this session, so this will be a resource available to all those attending this call, and who access the webpage. [00:49:13]

Tzvetomir Gradevski:
Thank you, Michael. I see a question, "we will be offering a new plan benefit package in 2024 for VBID. Must I create the PBP first in order to obtain the PBP number to include in the application?" So, if you have not yet created the PBP, but intend to offer it in 2024, we encourage you to use placeholder PBPs and to just label them as such in your applications. [00:49:45]

So, for example, if you are, you know, please include the H contract number, which we intend to offer the PBP number, and then have the placeholder number starting with 999, and then counting backwards up until 900, as a placeholder. So, if your H contract is 1234, and you need a placeholder for that PBP, for a PBP under 1234, it would be 1234-9999, triple 9, as the placeholder PBP. [00:50:19]

I also see a question about a policy that we've announced, "do flexibilities for MAOs participating in the hospice benefit reflect only in-network hospices start in 2024 and 2026? So as we mentioned in our announcements for the future policies we intend to implement for the VBID Hospice Benefit Component, the ability to limit coverage for hospice care to in-network providers, that is in line with the plan type, such as HMO or PPO, will begin in 2026. [00:51:16]

Michael de la Guardia:
While we're waiting, so I know that we had a question come up on saving, saying, you know, I think there's a couple opportunities to highlight there. I think one is, it highlights why the data we're collecting is so important, and the value of the, you know, our summary level utilization data efforts that we have just started up this year. So, definitely for those interested in the savings that this Model can produce, the reporting and submission, that data is very important. [00:51:53]
And just kind of as a broader note, I would say, on the savings of the model, we are seeing very promising results across both VBID general, and VBID hospice, and quality improvement, both from the standpoint of quality improvement, and savings. And so here, I'd highlight that these include increased enrollee access to reduce cost sharing, and non-primarily health-related supplemental benefits, particularly for enrollees who receive the low-income subsidy, or LISes, as everyone on this call knows. Also, a decrease in bids, and an increase in supplemental benefit costs, and specific to VBID hospice, a decrease in unrelated costs for hospice enrollees. [00:52:40]

Also, just a few resources I'd suggest that plans check out, and then these are available on our website, the 2021 eval report, you know, really highlighted that, a plan's decision to apply to VBID or enter into VBID as positively associated with social risk factors in the plan service area. And accordingly, the

evaluation report showed an increase in investment in mandatory supplemental benefits over the comparison plans. [00:53:18]

So, I think those are some important things to highlight, and really speak to kind of the, you know, strategic direction and purpose of the model. And I just wanted to be sure to take some time to highlight that and direct folks to the resources available online there. [00:53:42]

Tzvetomir Gradevski:
Thank you, Michael. I want to quickly loop back to a question I asked earlier in a follow-up, and this is in regards to the component level totals table, how do you define engagement intervention for the Hospice Benefit Component, on the component level's total table? So, to clarify for that component level, we are looking for the unique beneficiary count of the number of beneficiaries and enrollees expected to be engaged by the Hospice Benefit Component. So overall, in the Hospice Benefit Component, how many beneficiaries do you expect to be engaged for your participation in that specific component of the Model? [00:54:32]

And this is across all of the -- and that total should line up with the numbers that you present at the PBP intervention level table, as well. Okay. I see we're coming up to the end of time. So, to follow up, engaged equals on hospice. So, across the Hospice Benefit Component, that could be hospice, palliative care, transitional concurrent care. [00:55:24]

All right, I just also wanted to make a quick plug that we will be posting the slides and the recording for this webinar as soon as possible, recognizing that applications are due this Friday [April 14 by 11:59 pm PT]. So if you are looking for the slides and materials from this webinar, please be sure to check back on the VBID Model website, and we will expedite posting as quickly as possible. In the last three minutes, are there any other additional questions that folks would like for us to address in the chat or Q&A? [00:56:03]

And then as a reminder, once again if we were not able to get to your question, please do email us at VBID@cms.hhs.gov, so we can address any questions that we may have missed today. We're also happy to schedule a quick phone call or a video call if folks would like that, as well. [00:56:48]

Michael de la Guardia:
Okay with that, I will, I just want to thank everybody again for their time today. And thank you for joining us, and good luck filling out the applications. Bye.