



CENTER FOR MEDICARE & MEDICAID SERVICES

DATE: March 8, 2019

TO: All Medicare Advantage Organizations

FROM: Laura McWright, Deputy Director
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Center for Medicare and Medicaid Innovation

SUBJECT: Medicare Advantage – Value-Based Insurance Design (VBID) Model –
Application Process and Frequently Asked Questions

VBID Model Application Process

As Medicare Advantage Organizations (MAOs) are preparing their VBID Model applications (applications), CMS encourages plans to reach out to the VBID model team (VBID@cms.hhs.gov) with any questions, as well as any requests for technical support to assist with the application portal and process.

MAOs interested in applying to the [VBID Model](#) should fill out an application in the [VBID application portal](#) by March 15, 2019. MAOs may also choose to add components to their original application by 11:59 p.m. EDT on April 30, 2019. If the MAO wishes to amend its application with additional components, it must email the VBID model team at VBID@cms.hhs.gov with:

- i. the application (contract, plan-benefit package, and VBID application number) that is being amended; and
- ii. any proposed additions which will allow CMMI to help MAOs to clarify already submitted VBID components or submit new components

MAOs that choose to make additions between the March 15th and April 30th timeframe may submit either a single, illustrative, revised CY 2019 bid pricing tool or a preliminary CY 2020 bid pricing tool, if available. MAOs should consult the VBID model actuarial guidelines for the specific way to approach costs for the different components of the VBID model. Actuarial certification is not required for these preliminary submissions; formal review of VBID assumptions used in bids occurs as part of the June 3 bid submission process.

Any applications that are amended after the March 15, 2019 deadline will be granted provisional approval on a rolling basis before the June 3, 2019, prior to the CY2020 MA bid submission

deadline. Best efforts will be used to review and provisionally approve amended applications in time for bid submission. Provisional approval means that MAOs are permitted to identify themselves as VBID Model participants and the timeline of the provisional approval will depend upon when a completed application is received.

Additionally, MAOs that intend to submit the same component(s) across multiple plan benefit packages (PBPs) may submit one application package that includes a list of all PBPs included as part of the test.

To stay up to date on the VBID Model, please visit our [website](#) and sign up for email alerts [here](#).

We encourage all interested stakeholders to reach out with questions. Please email us at VBID@cms.hhs.gov with questions or comments.

Frequently Asked Questions

1. What is a Medicare Advantage Organization (MAO) required to include in its application by March 15th?

Answer: MAOs should indicate the component(s) of the model (VBID, Rewards and Incentives, Telehealth Networks) that it intends to include, answers to the program narrative questions, along with the supplemental documents outlined in the VBID Model Request for Applications.

2. What may an MAO do between March 15th and April 30th?

Answer: An MAO may choose to add in additional components between March 15th and April 30th. The MAO should email the VBID mailbox, VBID@cms.hhs.gov, as a start to that process.

3. Will CMS work with MAOs on the application process, including clarifying how the application should be submitted in the portal?

Answer: Yes, all MAOs with questions on the application process, including any organization-specific requests, should email VBID@cms.hhs.gov. CMS will work with MAOs throughout the application submission, review, and provisional approval process.

4. What should an MAO include in the application to meet the Wellness and Health Care Planning requirement?

Answer: CMS is looking for how the organization currently promotes health care planning, what systems and structures are in place to support access to advance directives, and what strategies and best practices are in place currently, or would be added as part of the model, to support the timely offer of these supports.

5. Can a VBID Applicant/MAO propose to use the Telehealth Network component of the Model to expand its service area into a new county for CY 2020?

Answer: No. All MAOs seeking to expand the service area of existing contracts must have already submitted a CY 2020 Medicare Advantage Application. The deadline for that was February 13, 2019. MAOs will be subject to the standard SAE application review process, except as relates to the Network Adequacy waivers referenced in the RFA. These MAOs will also be subject to a formal network review in June 2019, which is separate from the SAE application review. CMS will take into account an approval to use the Telehealth Network component of the Model during that review.