



# **Calendar Year 2022 Medicare Advantage (MA) Value-Based Insurance Design (VBID) Application Reference Template**

NOTE: This .PDF includes the entire set of VBID RFA questions, and in most cases an applicant will not respond to every question based on the Model Components selected and specifics of your program. This .PDF is for reference only and applicants may not use this document to respond to the VBID application.

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## 1 Introduction and Orientation

***NOTE: This document should only be used for reference purposes. All applicants must fill out and submit Application in Qualtrics. Additionally, some embedded links may only be available on Qualtrics.***

Thank you for your interest in applying to participate in the Medicare Advantage Value-Based Insurance Design (VBID) Model for CY 2022. For CY 2022, CMS has streamlined the VBID Model application process to better align with the CY 2022 bid submission. Specifically, the questions in this application are similar to the questions your organization will need to complete in Health Plan Management System (HPMS) as part of the June 7, 2021 bid submission, if your organization is approved by CMS for participation in the Model.

*Please note that Application questions in Qualtrics are generated based on the different Model Components that you select to implement in the Application, so in Qualtrics you will only see questions for Model Components that you propose to implement.*

### 1.1 Submission of VBID Financial Template

Applicants are also required to submit to CMS: (i) projected costs for each VBID Model Component included in their application and (ii) projected net savings to Medicare over the course of the Model. Please complete and upload as part of this application the CY 2022 VBID Model Financial Template **by April 16, 2021 11:59 PM PT**. You will be asked to upload the CY 2022 VBID Financial Template toward the end of this application. You may also email your completed template to [VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov).

### 1.2 Submission of VBID Summary Template

Applicants are also required to submit to CMS the VBID CY 2022 Summary Spreadsheet, which in conjunction with this survey, includes all contracts, PBPs, Model components, and interventions, and targeting and engagement estimates consistent with your Qualtrics application submission. Please complete and upload as part of this application the CY 2022 VBID Model Summary Template by **April 16, 2021 11:59 PM PT**. You may also email your completed template to [VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov).

Applicants must be a representative, officer, chief executive officer, or general partner of the business organization that is applying to participate in this Model test, and authorized to submit this application on the organization's behalf.

The RFAs are located on the VBID Model webpage at the following link:  
<https://innovation.cms.gov/initiatives/vbid/>.

Additional information regarding the Hospice Benefit Component can be accessed at the following link:  
<https://innovation.cms.gov/innovation-models/vbid-hospice-benefit-overview>.

This application, including all Supplemental Files, requested in this application must be submitted by **April 16, 2021 11:59 PM PT**.

## 2 Model Eligibility Requirements

### 2.1 Model Eligibility Requirements and Applicant (MAO) Attestation

This section outlines the eligibility requirements for an MAO to apply for participation in the VBID Model.

### **2.1.1 Plan Type**

The following MA only and Medicare Advantage-Prescription Drug (MA-PD) plan offerings are eligible to apply:

- Coordinated Care Plans
  - Health Maintenance Organizations (HMOs), including those with a Point of Service (POS) option
  - Local Preferred Provider Organizations (PPOs) or Regional PPOs (RPPOs)
- All Special Needs Plans
  - Chronic Condition Special Needs Plans (C-SNPs)
  - Dual Eligible Special Needs Plans (D-SNPs)
  - Institutional Special Needs Plans (I-SNPs)

The following plan types are not eligible to participate in the VBID Model:

- Private Fee-For-Service (PFFS) Plans
- Employer Group Waiver Plans (EGWPs)
- Medicare-Medicaid Plans (MMPs) or other demonstration plans
- MA Medical Savings Account (MSA) Plans
- Cost Plans
- Programs of All-Inclusive Care for the Elderly (PACE) organizations

### **2.1.2 Length of Plan Existence**

At least one of the MAO's PBP's included in the Model must have been offered in at least three annual coordinated elections (open enrollment) periods prior to the open enrollment period for CY 2022 (i.e., open enrollment for 2019, 2020, and 2021).

### **2.1.3 Plan Performance**

The MAO offering the PBP is not under sanction by CMS, as described in 42 CFR § 422.750 and 423.750, under any contract. CMS may deny an application on the basis of information obtained from a program integrity screening.

The PBP's contract has at least a three-star overall quality rating for the most recently available year. PBP's that are not rated, due to newness or low enrollment, may participate in the Model if other contracts from the same parent organization meet these requirements or the MAO requests, and CMS grants, an exception.

The PBP does not have a "consistently low performing" icon on Medicare Plan Finder. The MAO that offers the plan is not an outlier in CMS's Past Performance Review; more information about this review is available at the following link: <https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/PartCandPartDComplianceActions>.

### **2.1.4 Disclosure of Present or Past History of Sanctions, Investigations, Probations, or Corrective Action Plans**

MAOs must disclose any present or past history of sanctions, investigations, probations, or corrective action plans for the MAO, affiliates, or other relevant persons and entities. CMS will conduct appropriate program integrity screens during the application process and may choose to not select otherwise qualified MAOs based on information found during a program integrity screen.

This information must be submitted to [vbld@cms.hhs.gov](mailto:vbld@cms.hhs.gov).

## 2.2 Model Eligibility Exceptions

### 2.2.1 How to Request an Exception to a Model Eligibility Requirement

CMS will consider exception requests in limited circumstances and will reserve the right, in its sole judgment, to admit a PBP that does not strictly meet the criteria. For example, CMS might admit a plan offered for fewer than three years, where that plan is a successor to a previously offered plan, such that sufficient baseline data is available for evaluation. However, CMS will only exercise that discretion when that admission is consistent with the administration and goals of the VBID Model. In circumstances where a plan fails to meet quality-related criteria, CMS will apply a high degree of scrutiny to the request, and is unlikely to approve such an exception without consideration of additional monitoring or other conditions to be imposed upon the excepted PBP. In addition, CMS will consider applications for plans that do not meet the criteria at the time of application but are anticipated to qualify by January 1, 2022.

- Is your organization requesting an exception to any of the Model Eligibility requirements? For example, will one of your proposed VBID plans be less than 3 years old on January 1, 2022?
  - Yes
  - No
- Since you selected “Yes,” please indicate the type of exception that your organization is requesting
  - Length of Plan Existence (one of your plans is less than 3 years old on 1/1/2022)
  - Plan Performance
- Please provide the grounds for your exception request.
- Please provide the contract(s) and PBP(s) for which an exception is sought in following format (H1234-000)

## 3 Applicant Contact and Organization Information

- Parent Organization Name (Consistent with HPMS)
- Medicare Advantage Organization (Consistent with HPMS)

## 4 Mandatory Submission of VBID Application Summary in Excel

The next series of questions pertains to the contract(s), PBP(s), and plan types (per contract) that your organization will include in the VBID Model. Please note: you are required to submit an Excel file (VBID Application Summary Excel File) with the applicable VBID contracts, PBPs, and Plan Types in addition answer the question included in this application. The Excel File can be downloaded on the Model webpage and from the Qualtrics application.

- State(s) where VBID PBPs will be available. Please list the state, or state(s) or territories that you anticipate your VBID PBPs will be offered in
- Applicant First and Last Name (e.g., John Doe)
- Title
- Street Address 1
- Street Address 2 (Optional)
- State or Territory
- Zip code
- Business Phone # (and extension, if applicable)
- Alternative Phone # (Optional)
- Email Address
- Secondary Contact. First and Last Name (e.g., John Doe) (Optional)

- Secondary Contact. Business Phone # (and extension, if applicable) (Optional)
- Secondary Contact. Email Address (Optional)

#### 4.1 Question on Existing Participation

- Does your organization currently participate in the VBID Model (i.e., are you participating in CY 2021)?
  - Yes
  - No
- Since you selected “Yes,” please summarize any changes and/or updates (as applicable) to Model Components that you are proposing to offer for CY 2022.

### 5 VBID Application Summary

In addition to the required Wellness and Health Care Planning Strategy (which you will answer questions about at a later point in this application), please select the VBID Model Components (or Component) that your organization will offer in CY 2022. You may select more than one option, but you must select at least one of the Model components listed below.

**NOTE:** Please select all of the VBID Model Components that are applicable to your application before proceeding. Specific questions regarding each of these components will only be available if you select the relevant Components below.

- Hospice Benefit Component
  - Value-Based Insurance Design by Condition and/or Socioeconomic Status (LIS)
  - Part C Rewards and Incentives
  - Part D Rewards and Incentives
  - Flexibility to Share Beneficiary Rebates Savings More Directly with Beneficiaries in the form of Cash or Monetary Rebates
  - New and Innovative Technologies
- **Total Model Contract & Plan Benefit Package (PBP) Enrollment.** Please provide a projection of the total number of enrollees across all contracts and PBPs in the Model for CY 2022.
  - **Projected VBID Target Population.** Please provide a projection of the total number of enrollees across all contracts and PBPs to be targeted for VBID components other than WHP (i.e., the number of enrolled potentially eligible for the services, benefits, rewards or incentives, etc.). This projection should not exceed the projected total Model enrollment described above.
  - **Projected VBID Population to be Engaged.** Please provide a projection of the total number of enrollees across all contracts and PBPs to be engaged for VBID components other than WHP (the number of enrollees eligible for the intervention that are expected to be engaged in the intervention or receive the service, benefits, rewards or incentives, etc.).

## 6 Wellness and Health Care Planning (WHP)

Participating MAOs must implement a WHP strategy to reach all enrollees in all of the PBPs included in the Model, not just those members targeted for VBID and not just in select PBPs. Examples of broader strategies include, but are not limited to, infrastructure investments around WHP (e.g., digital platforms to support ACPs), provider initiatives around WHP education, and member focused initiatives (e.g., broad communication [such as providing information on how enrollees can access WHP services in the Evidence of Coverage and/or other materials provided to enrollees that describe their benefits], and outreach, and education opportunities). Additionally, MAOs participating in the Model may have a targeted strategy for their VBID enrollees to receive WHP if a targeted strategy is combined with a strategy for all enrollees in all PBPs that participate in the Model.

- **WHP Program Type.** How will your organization offer WHP Services, including Advance Care Planning? Please check all boxes that apply. You may check more than one box.
  - Annual Wellness Visit
  - Medicare Health Risk Assessment
  - Care Management Program
  - In-Home Assessment
  - Other
- Since you selected “Other,” please use this space below to describe the WHP Program Type.
- **WHP Model of Engagement.** What mode(s) will your organization use to engage enrollees? Please check all that apply. You may check more than one box.
  - Telephonic
  - In-Person (e.g., doctor’s office, in-home, etc.)
  - Web-Based (e.g., web-based portal, telehealth, email, etc.)
- **Timely offer of WHP.** Please describe how your organization will offer timely opportunities that engage all enrollees in VBID Model PBPs in WHP activities/services
- **WHP Rewards and Incentives for Enrollees.** Will your organization offer rewards or incentives to enrollees for participating in WHP activities? *Note: While rewards and incentives for WHP services are not specific to the VBID Model, this question is included to help CMS better understand the comprehensiveness of your organization’s WHP initiative.*
  - Yes
  - No
- Since you answered yes to this question, please check the type of reward or incentive that will be offered to enrollees as part of your WHP Strategy
  - Debit Card
  - Gift Card
  - Item
  - Other
- Since you selected or “Other,” please use this space below to describe the WHP reward or incentive
- Since you selected or “Item,” please use this space below to describe the WHP reward or incentive
- **WHP Reward or Incentive Amount.** Please provide the total dollar amount of rewards and incentives that the enrollee can receive.
- **WHP Reward or Incentive Frequency.** Please provide the general frequency of the offering of the reward or incentive
  - Every year

- Every 6 months
- Every 3 months
- Monthly
- One-time
- Other
- Since you selected “Other,” please use this space below to describe the frequency of the offering of the reward
- **WHP Rewards and Incentives Enrollee Eligibility Criteria.** Please use this space to describe the eligibility criteria for an enrollee to receive the reward or incentive
- **WHP Rewards and Incentives for Providers.** Will your organization offer incentives to providers for engaging enrollees in WHP activities?
  - Yes
  - No
- **WHP Rewards or Incentives Amount for Providers.** Please provide the total dollar amount of rewards and incentives that the provider can receive.
- **(Optional) Additional Information regarding your organization's WHP Strategy** Please use the space below if you would like to clarify or provide additional information regarding your WHP Strategy, including whether any of your WHP services/activities to be offered are tailored to a subset of your VBID population

#### 7 VBID Targeting Methodology, Reduced Cost-Sharing, and/or Supplemental Benefits

Participating MAOs may provide non-uniform supplemental benefits (including “non-primarily health-related supplemental benefits”), such as reduced cost-sharing and/or additional benefits, to targeted enrollees. MAOs are also permitted to reduce cost sharing for High-Value Providers. MAOs may target enrollees for VBID benefits and services based on the following: (1) chronic conditions; (2) Socioeconomic Status (LIS) or Dual Eligibility; or (3) a combination of both (e.g., enrollees who are LIS eligible and have COPD).

Please check how many VBID targeting methodology packages your organization will implement under the Model. **NOTE: If your organization will implement multiple targeting methodologies (packages), you must select each applicable box below (e.g., if you will use 3 targeting methodologies you must select 1, 2, and 3 below). Specific questions regarding each targeting methodology will only be available if you select each box that is applicable to your VBID program**

- 1
- 2
- 3

#### Part D Reduced Cost Sharing

Plans may include reduced cost sharing or additional supplemental benefits for medical services and reduced cost sharing for one or more classes of covered Part D drugs for targeted enrollees

Is your organization offering reduced cost-sharing for Part D drugs?

- Yes
- No

Since your organization is offering reduced cost sharing for Part D drugs, please complete and upload the VBID Part D Supplemental File, which can be accessed here: [CY 2022 VBID Model](#)

[Part D Bids Application File Template](#). You may also email this file to [VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov)

**Note:** If you are waiving cost-sharing for all Part D drugs for LIS enrollees, you do not need to submit the CY 2022 Value Based Insurance Design Bids Application File Template as part of your application.

- **Part D Reduced Cost Sharing Targeting Methodology:** Please choose whether your organization will target enrollees based on chronic conditions, socioeconomic status, or both. Please select all that apply.
  - Chronic Condition(s)
  - Socioeconomic Status (LIS Level, or dual-eligible status for MAOs in U.S. territories)
- **Part D Reduced Cost Sharing Targeting Methodology:** Please list the conditions that will be targeted.
- **Part D Reduced Cost Sharing Targeting Methodology:** Please select the applicable LIS Levels
  - Level 1
  - Level 2
  - Level 3
  - Level 4
  - Dual-Eligible (only for MAOs in U.S. territories)
- **Part D Reduced Cost Sharing.** Which phase(s) of the benefit will have reduced cost-sharing? Please select all that apply.
  - Pre-ICL
  - Coverage Gap
  - Post-OOP Threshold/Catastrophic
- **Part D Reduced Cost Sharing.** Are you modifying the deductible amount?
  - Yes
  - No
- **Part D Reduced Cost Sharing.** Please provide the modified deductible amount.
- **Part D Reduced Cost Sharing.** Is the reduction or waiver of cost-sharing for Part D drugs for LIS enrollees applicable to all drugs, or select drugs?
  - All Part D drugs for LIS enrollees
  - Select Part D drugs for LIS enrollees (to be included in the Part D Supplemental Excel File)
- **Targeting Methodology #1.** Please provide the applicable contracts, PBPs, and segments.  
**NOTE:** (Please enter the data in the following format: Contract-PBP-Segment)
- **Targeting Methodology #1.** Please choose whether your organization will target enrollees based on chronic conditions, socioeconomic status, or both. Please select all that apply.
  - Chronic Conditions(s)
  - Socioeconomic Status (LIS Level, or dual-eligible status for MAOs in U.S. territories)
- **Chronic Conditions #1.** Please list the conditions that will be targeted (e.g., does the enrollee need to have multiple or all of the disease states to be targeted?). If available, please provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.
- **Targeting Methodology #1.** Please indicate whether the receipt of supplemental benefits or reduced cost-sharing is conditional upon the receipt of one, or both, of the following
  - Participation in a disease state management program
  - Use of any specific provider(s) in the network
  - Not Applicable
- **LIS Level or Dual-Eligible Status #1**
  - Level 1

- Level 2
- Level 3
- Level 4
- Dual-Eligible (only for MAOs in U.S. territories)
- **Targeting Methodology #1.** Type of Supplemental Benefits and/or Reduced Cost-Sharing. Please provide the type(s) and amounts (per enrollee) of supplemental benefits (including “non-primarily health-related supplemental benefits”) and or/reduced cost-sharing to be provided.
- **Targeting Methodology #2.** Please provide the applicable contracts, PBPs, and segments.  
**NOTE:** (Please enter the data in the following format: Contract-PBP-Segment)
- **Targeting Methodology #2.** Please choose whether your organization will target enrollees based on chronic conditions, socioeconomic status, or both. Please select all that apply.
  - Chronic Conditions(s)
  - Socioeconomic Status (LIS Level)
- **Chronic Conditions #2.** Please list the conditions that will be targeted, as well as the specific eligibility criteria (e.g., does the enrollee need to have multiple or all of the disease states to be targeted?). If available, please provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.
- **Targeting Methodology #2.** Please indicate whether the receipt of supplemental benefits or reduced cost-sharing is conditional upon the receipt of one, or both, of the following
  - Participation in a disease state management program
  - Use of any specific provider(s) in the network
  - Not Applicable
- **LIS Level or Dual-Eligible Status #2**
  - Level 1
  - Level 2
  - Level 3
  - Level 4
  - Dual-Eligible (only for MAOs in U.S. territories)
- **Targeting Methodology #2.** Type of Supplemental Benefits and/or Reduced Cost- Sharing. Please provide the type(s) and amounts (per enrollee) of supplemental benefits (including “non-primarily health-related supplemental benefits”) and or/reduced cost-sharing to be provided
- **Targeting Methodology #3.** Please provide the applicable contracts, PBPs, and segments.  
**NOTE:** (Please enter the data in the following format: Contract-PBP-Segment)
- **Targeting Methodology #3.** Please choose whether your organization will target enrollees based on chronic conditions, socioeconomic status, or both. Please select all that apply.
  - Chronic Condition(s)
  - Socioeconomic Status (LIS Level)
- **Chronic Conditions #3.** Please list the conditions that will be targeted, as well as the specific eligibility criteria (e.g., does the enrollee need to have multiple or all of the disease states to be targeted?). If available, please provide the data sources (e.g., ICD codes) and note any other qualifying criteria (e.g., lookback period, types of claims considered) used to identify and target enrollees. CMS may follow-up for more information.
- **Targeting Methodology #3.** Please indicate whether the receipt of supplemental benefits or reduced cost-sharing is conditional upon the receipt of one, or both, of the following
  - Participation in a disease state management program
  - Use of any specific provider(s) in the network

- Not Applicable
- LIS Level or Dual-Eligible Status #3
  - Level 1
  - Level 2
  - Level 3
  - Level 4
  - Dual-Eligible (only for MAOs in U.S. territories)
- **Targeting Methodology #3.** Type of Supplemental Benefits and/or Reduced Cost-Sharing. Please provide the type(s) and amounts (per enrollee) of supplemental benefits (including “non-primarily health-related supplemental benefits”) and or/reduced cost-sharing to be provided

## 8 Introduction to Rewards and Incentives Questions

In the VBID Model, plans are permitted to offer Part C rewards and incentives (Part C RI), as well as rewards and incentives in connection with the Part D benefit (Part D RI). The total RI amount per enrollee cannot exceed \$600 per calendar year. For more information, please consult the VBID RFA.

### **Note: Requirements for MAOs (MA-PD plans) offering Part D RI under the Part D Senior Savings (PDSS) and/or Part D Payment Modernization (PDM) Models in addition to the VBID Model**

For CY 2022, multiple Part D RI programs are permitted to be offered in a single PBP under each of the VBID, PDSS, and PDM Models. This means that one PBP might include Part D RI Programs offered under up to three different Models. However, an underlying principle for the requirements for how a single PBP may offer RI Programs under more than one Model is avoidance of overlap and duplication for an enrollee. MA-PDs participating in the VBID Model and/or PDSS and PDM models, and proposing to offer Part D RI in a PBP that is in multiple models, must comply with the requirements in this Section 2.3 of the CY 2022 VBID Model RFA (consistent with the above):

- In no event may a participating plan offer a reward to an individual enrollee for completing the same activity under more than one RI Program; and
- An aggregate \$600 cap, per enrollee per year, applies to all RI Programs offered across models – both Part D RI programs and Part C RI programs. For example, if an enrollee is eligible to receive a cumulative \$600 in gift cards under two Part D RI Programs offered under the PDM and PDSS models, the enrollee may not receive any rewards for participating in a RI Program (whether and Part C or a Part D RI Program) offered under the VBID Model that year.

Note: The Cash or Monetary Rebates Component of the Model is not subject to an annual limit of \$600 per enrollee. If an MAO seeks to offer both Rewards and Incentives programs and participate in the Cash or Monetary Rebates Component of the VBID Model, the MAO must notify beneficiaries, via an explicit notice, of tax consequences associated with the provision of the Cash or Monetary Rebates. This notice must address the combined impact or consequences of the Cash or Monetary Rebate and any Rewards and Incentives (if applicable) also provided by the MAO.

### **8.1 Part C Rewards and Incentives**

In the VBID Model, plans are permitted to offer Part C rewards and incentives (Part C RI), as well as rewards and incentives in connection with the Part D benefit (Part D RI). The total RI amount per enrollee cannot exceed \$600 per calendar year. For more information, please consult the VBID RFA.

- **Number of Part C RI programs to be offered.** Please indicate the number of Part C RI programs that will be offered. If you are offering multiple Part C RI programs, please select multiple boxes as applicable.

**NOTE: If you are offering multiple Part C RI programs, you must select each applicable box below (e.g., if you are offering 3 Part C RI programs you must select 1, 2, and 3 below). Specific questions regarding each Part C RI program will only be available if you select each box that is applicable to your VBID program**

- 1
- 2
- 3

- **Part C RI #1.** Please provide the applicable contracts, PBPs, and segments.  
**NOTE:** (Please enter the data in the following format: Contract-PBP-Segment)
- Type of Part C Reward or Incentive #1
  - Debit Card
  - Gift Card
  - Item
  - Other
- Since you selected “Item,” please describe
- Since you selected “Other,” please use this space below to describe the Part C RI type
  
- Please provide the frequency of the Part C Reward or incentive
  - Every year
  - Every 6 months
  - Every 3 months
  - Every Month
  - One-time
  - Other
- Since you selected “Other” please specify the frequency of the Part C Reward or incentive
  
- **Part C RI #1.** Please provide the per unit and total dollar amount of Part C RI that the enrollee can receive during the plan year
- **Part C RI #1.** Please use this space to describe the enrollee eligibility criteria for receiving the Part C RI
  
- **Part C RI #2.** Please provide the applicable contracts, PBPs, and segments.  
**NOTE:** (Please enter the data in the following format: Contract-PBP-Segment)
- **Part C RI #2.** Type of Part C Reward or Incentive #2
  - Debit Card
  - Gift Card
  - Item
  - Other
- Since you selected “Item,” please describe
- Since you selected “Other,” please use this space below to describe the Part C RI type
  
- **Part C RI #2.** Please provide the frequency of the Part C Reward or incentive
  - Every year
  - Every 6 months
  - Every 3 months
  - Every month
  - One-time

- Other
- Since you selected “Other” please specify the frequency of the Part C Reward or incentive
- **Part C RI #2.** Please provide the per unit and total dollar amount of Part C RI that the enrollee can receive during the plan year.
- **Part C RI #2.** Please use this space to describe the enrollee eligibility criteria for receiving the Part C RI
- **Part C RI #3.** Please provide the applicable contracts, PBPs, and segments.  
**NOTE:** (Please enter the data in the following format: Contract-PBP-Segment)
- **Part C RI #3.** Type of Part C Reward or Incentive #3.
  - Debit Card
  - Gift Card
  - Item
  - Other
- Since you selected “Item,” please describe
- Since you selected “Other,” please use this space below to describe the Part C RI type
- **Part C RI #3.** Please provide the frequency of the Part C Reward or incentive
  - Every year
  - Every 6 months
  - Every 3 months
  - Every month
  - One-time
  - Other
- **Part C RI #3.** Since you selected "Other" please specify the frequency of the Part C Reward or incentive
- **Part C RI #3.** Please provide the per unit and total dollar amount of Part C RI that the enrollee can receive during the plan year
- **Part C RI #3.** Please use this space to describe the enrollee eligibility criteria for receiving the Part C RI

**Additional Information regarding your organization's Part C Rewards and Incentives Programs (Optional)**

- Please use the space below if you would like to clarify or provide additional information regarding your Part C Rewards and Incentives Programs

**8.2 Part D Rewards and Incentives**

In the VBID Model, plans are permitted to offer Part C rewards and incentives (Part C RI), as well as rewards and incentives in connection with the Part D benefit (Part D RI). The total RI amount per enrollee cannot exceed \$600 per calendar year. For more information, please consult the VBID RFA.

- **Number of Part D RI programs to be offered.** Please indicate the number of Part D RI programs that will be offered.

**NOTE:** If you are offering multiple Part D RI programs, you must select each applicable box below (e.g., if you are offering 3 Part D RI programs you must select 1, 2, and 3 below). Specific questions regarding each Part D RI program will only be available if you select each box that is applicable to your VBID program

- 1
- 2
- 3

- **Part D RI #1.** Please provide the applicable contracts, PBPs, and segments.  
**NOTE:** (Please enter the data in the following format: Contract-PBP-Segment)
- Type of Part D Reward or Incentive #1
  - Debit Card
  - Gift Card
  - Item
  - Other
- Since you selected “Item,” please describe
- Since you selected “Other,” please use this space below to describe the Part D RI type
  
- Please provide the frequency of the Part D reward or incentive
  - Every year
  - Every 6 months
  - Every 3 months
  - Every month
  - One-time
  - Other

Since you selected “Other” please specify the frequency of the Part D reward or incentive

- **Part D RI #1.** Please provide the per unit and total dollar amount of Part D RI that the enrollee can receive during the plan year
- **Part D RI #1.** Please use this space to describe the enrollee eligibility criteria for receiving the Part D RI.
  
- **Part D RI #2.** Please provide the applicable contracts, PBPs, and segments.  
**NOTE:** (Please enter the data in the following format: Contract-PBP-Segment)
- **Part D RI #2.** Type of Part D Reward or Incentive #2
  - Debit Card
  - Gift Card
  - Item
  - Other
- Since you selected “Item,” please describe
- Since you selected “Other,” please use this space below to describe the Part D RI type
- **Part D RI #2.** Please provide the frequency of the Part D Reward or incentive
  - Every year
  - Every 6 months
  - Every 3 months
  - Every month
  - One-time
  - Other
- Since you selected “Other” please specify the frequency of the Part D reward or incentive
- **Part D RI #2.** Please provide the per unit and total dollar amount of Part D RI that the enrollee can receive during the plan year.
- **Part D RI #2.** Please use this space to describe the enrollee eligibility criteria for receiving the Part D RI

- **Part D RI #3.** Please provide the applicable contracts, PBPs, and segments.  
**NOTE:** (Please enter the data in the following format: Contract-PBP-Segment)
- **Part D RI #3.** Type of Part D Reward or Incentive #3.
  - Debit Card
  - Gift Card
  - Item
  - Other
- Since you selected “Item,” please describe
- Since you selected “Other,” please use this space below to describe the Part D RI type
- **Part D RI #3.** Please provide the frequency of the Part D reward or incentive
  - Every year
  - Every 6 months
  - Every 3 months
  - Every month
  - One-time
  - Other
- **Part D RI #3.** If you selected “Other” please specify the frequency of the Part D reward or incentive
- **Part D RI #3.** Please provide the per unit and total dollar amount of Part D RI that the enrollee can receive during the plan year
- **Part D RI #3.** Please use this space to describe the enrollee eligibility criteria for receiving the Part D RI

**Additional Information regarding your organization's Part D Rewards and Incentives Program(s) (Optional)**

- Please use the space below if you would like to clarify or provide additional information regarding your Part D rewards and incentives programs

**9 Flexibility to Share Supplemental Rebate Savings More Directly with Beneficiaries**

Through this VBID Model component, CMS is providing participating MAOs additional flexibility to choose to share rebates under section 1854 of the Act with all of their enrollees in Model PBPs through a new mandatory supplemental benefit, in the form of cash or monetary rebates.

Each MAO that chooses to offer cash or monetary rebates may determine the portion of the beneficiary rebate to be provided to all enrollees in a PBP(s); however, the MAO must notify beneficiaries, via an explicit notice, of potential tax consequences associated with the provision of the cash or monetary rebate (Note: This notice must address the combined impact or consequences of the cash or monetary rebate and any Rewards and Incentives (if applicable) also provided by the MAO.)

- Please provide the applicable contracts, PBPs, and segments.  
**NOTE:** (Please enter the data in the following format: Contract-PBP-Segment)
- Please describe how the cash or monetary rebate will be implemented, including how it will be provisioned (e.g., via check, debit card, etc.)
- Please provide the frequency of the cash or the monetary rebate
  - Every year
  - Every 6 months
  - Every 3 months
  - Monthly
  - One-time
  - Other

- Since you selected “Other,” please describe
- Please provide the per unit and total dollar amount of the cash or monetary rebate that the enrollee can receive during the plan year
- Please describe how your organization will monitor and track all cash or monetary rebates issued to guard against potential abuse

**Additional Information regarding your organization's cash or monetary rebates for enrollees. (Optional)**

- Please use the space below if you would like to clarify or provide additional information regarding your cash or monetary rebates for enrollees

**10 Medical Devices & New Technologies**

Flexibility to Cover New and Existing Technologies or FDA Approved Medical Devices Consistent with existing MA rules for supplemental benefits, participating MAOs are permitted to provide coverage for: (i) an FDA approved medical device or new technology that has a Medicare coverage determination (both national and local) where the MA plan seeks to cover it for an indication that differs from the Medicare coverage determination and the MA plan demonstrates the device is medically reasonable and necessary; and (ii) for new technologies that do not fit into an existing benefit category.

- Please provide the applicable contracts, PBPs, and segments.  
**NOTE:** (Please enter the data in the following format: Contract-PBP-Segment)
- Please describe the FDA approved medical device(s) or new technologies
- Will the FDA approved medical device(s) or new technologies be used to cover an indication that differs from the Medicare coverage determination? If yes, please explain
- Do the new technologies fit into an existing benefit category? If yes, please describe
- Please explain how the FDA approved medical device(s) or new technologies are reasonable and necessary for the targeted enrollee population.

**Additional Information regarding your organization's offering of new devices or technologies for enrollees (Optional)**

- Please use the space below if you would like to clarify or provide additional information regarding your offering of new devices or technologies

**11 Hospice Benefit Component**

Through the hospice benefit component, CMS is testing the impact on payment and service delivery of incorporating the Medicare Part A hospice benefit with the goal of creating a seamless care continuum in the MA program for Part A and Part B services. For MAOs that volunteer to participate in the hospice benefit component, CMS will evaluate the impact on cost and quality of care for MA enrollees, including how the Model improves quality and timely access to the hospice benefit, and the enabling of innovation through fostering partnerships between MAOs and hospice providers.

- Are you an existing VBID Model participant for CY 2021 that is currently implementing the hospice benefit component?
  - Yes
  - No

**MAO Hospice Contacts**

- Please provide the below contact information for your organization’s Hospice Network Administrative Contact
  - First and Last Name (e.g., John Doe)

- Email address
- Business Phone #
- Other Phone # (Optional)
- Please provide the below contact information for your organization’s Clinical and Patient Support Contact. This can be the same contact as the Hospice Network Administrative Contact. (Optional)
  - First and Last Name (e.g., John Doe)
  - Email address (Optional)
  - Business Phone # (Optional)
  - Other Phone # (Optional)

### **Hospice Benefit Component - Approach to and Delivery of Palliative Care**

The following questions are about your MAO’s approach to providing access to timely, appropriate, and palliative care services for enrollees who can benefit from these services.

- Which of the following does or will your palliative care program include? Please select all that apply.
  - Palliative care consult
  - Comprehensive care assessments for targeted enrollees
  - Comprehensive services available from an interdisciplinary palliative care team
  - Care planning and goals of care discussions
  - Advance care planning
  - Access to social services and community resources
  - 24/7 access and support by the interdisciplinary care team
  - Psychosocial and spiritual support
  - Pain and symptom management
  - Medication reconciliation
  - Caregiver support
  - Other
- Since you selected “Other” please describe the services that your palliative care program will provide
- Please use this section to provide any additional narrative on the above identified palliative care program and the role of an interdisciplinary team in providing palliative care services. Please include both clinical/medical and social support aspects (e.g., community-based model, telephonic case management, case management, inpatient, outpatient, etc.). (Optional)
- What is your patient identification process (e.g., based on clinical interaction, claims data algorithm, etc.) and what are the patient population characteristics associated with that process (e.g., identified by diagnoses and utilization of specific services)?
- Describe your approach to align or introduce different care options, including hospice for those beneficiaries that elect the hospice benefit, through offering upstream palliative care services in CY 2022.
- Describe the providers you expect to engage with to provide palliative care (e.g., in-network hospice providers, primary care providers, or other specialists).
- How are you accounting for palliative care in the bid (e.g., administrative, medical and/or supplemental benefits)? What are the projected costs for palliative care? Please include cost buildup of the projection (e.g., types of services, volumes and costs for each)? If costs are not budget neutral had hospice not been carved in, please explain.
- Since you are an existing participant implementing the hospice benefit component for CY 2021, please describe any changes to your palliative care program from CY 2021 to CY 2022, if applicable. Include description of how CY 2021 experience informed these changes. (Optional)

### **Hospice Benefit Component - Transitional Concurrent Care**

The following questions are about your MAO's approach to transitional concurrent care.

- Please describe the approach to working with in-network hospice providers to identify the services that will be offered, based on a beneficiary's plan of care, on a transitional concurrent basis.
- Please describe the expected items or services, based on the beneficiary's plan of care, would be offered on a transitional basis in addition to the items or services offered as part of the hospice benefit.
- What are the projected costs for concurrent care? Please include cost buildup of the projection (e.g. types of services, volumes and costs for each)?
- Since you are an existing participant implementing the hospice benefit for CY 2021, please describe any changes to your transitional concurrent care program from CY 2021 to CY 2022, if applicable. Include description of how CY 2021 experience informed these changes. (Optional)
- Please verify the following by selecting Yes to the check box below:
  - 1) Concurrent care will be appropriate, reflective of patients' and caregivers' needs as identified in the plan and goals of care;
  - 2) Concurrent care is transitional and will not duplicate the services covered in the Medicare hospice benefit;
  - 3) Concurrent care will be coordinated among in-network hospices, MAOs and other treating providers, as applicable; and
  - 4) Concurrent care guidelines or policies will be maintained by the MAO to ensure appropriate enrollee access to concurrent care. Yes

### **Hospice Benefit Component – Hospice Supplemental Benefits**

- Are you offering any hospice supplemental benefits that are targeted to or for which eligibility is limited to enrollees who have elected hospice?
  - Yes
  - No
- What is the maximum plan benefit amount?
- Please indicate the types of supplemental benefits that will be offered. Please select all that apply. You may select more than one.
  - Coverage of primarily and non-primarily health related items to ameliorate the functional/psychological impact of hospice enrollees' health conditions and reduce avoidable emergency and healthcare utilization
  - Temporary coverage (as a not primarily health related benefit) of room and board in a residential facility as determined by a beneficiary's need for custodial and activities of daily living care without a caregiver or other residence to which to discharge
  - Reduced cost sharing for unrelated medical care services received during hospice election
  - Reduced cost-sharing for services under the hospice benefit, including hospice drugs and biologicals or inpatient respite care
  - Other mandatory supplemental benefits
- Since you selected "Other" please describe the type(s) of supplemental benefit(s)
- Since you selected "Coverage of primarily and non-primarily health related items to ameliorate the functional/psychological impact of hospice enrollees' health conditions and reduce avoidable emergency and healthcare utilization," please select all that apply from the list below:
  - Home and bathroom safety devices/modifications
  - Over-the-counter (OTC) benefits
  - Support for caregivers of enrollees
  - Meals

- Transportation
- Other
- Since you selected “Other” please describe
- Please detail any use of care managers or other approaches that allow for the provision of hospice supplemental benefits for enrollees that have elected hospice. (Optional)
- Please identify any hospice supplemental benefits that are limited to enrollees who choose in-network providers. For MAOs offering PPO plans, please include an explanation for why the coverage of hospice supplemental benefits need to be limited to in-network providers only. (Optional)

### **Hospice Benefit Component – Beneficiary Access to Hospice Care and Network Requirements**

The following questions are about your enrollees’ access to hospice care, including questions about the hospice provider network structure.

- Describe the identification and selection criteria and processes (including credentialing for in-network providers) supporting the creation of your organization’s hospice provider network
- Describe how you will monitor and evaluate quality of care provided by in-network providers. Include the types of data or processes you expect to use in monitoring and evaluating quality for the purposes of network selection and on an ongoing basis and any training or quality improvement initiatives you plan to offer.
- Describe any planned innovative programs or payment arrangements. (Optional)
- Please describe how you plan to work with out-of-network hospice providers to ensure access for your enrollees and coordination of care throughout the Hospice Benefit Component.
- Please describe any voluntary consultation process aimed at engaging enrollees prior to their accessing an out-of-network hospice. (Optional)

## **12 Financial Submission**

### **Financials Supporting your VBID Application**

\*\*\*Applicants are also required to submit to CMS: (i) projected costs for each VBID Model Component included in their application and (ii) projected net savings to Medicare over the course of the Model. Please complete and upload the [CY 2022 VBID Model Financial Application Template](#) using the upload button below. If you have trouble uploading your completed Financial Application for CY 2022, please email it to [VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov)

**\*\*\*When submitting this information please use the following naming convention for your materials, as well as in the subject of the email: “Parent Org Name\_CY 2022 VBID Model Financial Application”**

## **13 Applicant Attestation**

### **Applicant Information and Attestation**

The applicant must attest that he or she is a representative, officer, chief executive officer, or general partner of the business organization that is applying to participate in this Model test, and authorized to submit this application on applicant’s behalf. If applicant becomes aware that any information in this application is not true, correct, or complete, the applicant must notify the Centers for Medicare & Medicaid Services (CMS) immediately and in writing. CMS reserves the right to inspect and verify the information submitted in this application.

By clicking “Yes” to the button below you are attesting that the information provided in this application is true, correct, and complete as of the date it is submitted to CMS.

- Yes

## 14 Reminder to Submit Supplemental Files

### **\*\*IMPORTANT REMINDERS\*\***

**VBID Financial Application:** If you have not already done so, please download and submit the CY 2022 VBID Model Financial Application Template at the button below by 11:59 PM PT on April 16, 2021. If you have trouble uploading your completed Financial Application for CY 2022, please email your completed to [VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov)

**VBID Part D Supplementary File:** If you are reducing cost-sharing for Part D drugs for targeted enrollees, and you have not already done so, please download and submit the CY 2022 VBID Model Part D Bids Application File Template at the button below by 11:59 PM PT on April 16, 2021. If you have trouble uploading your completed Financial Application for CY 2022, please email your completed to [VBID@cms.hhs.gov](mailto:VBID@cms.hhs.gov)