

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop WB-06-05
Baltimore, Maryland 21244-1850



CENTER FOR MEDICARE & MEDICAID INNOVATION

DATE: March 21, 2016

TO: All Medicare Advantage Organizations

FROM: Hoangmai Pham, MD, MPH
Acting Director, Policy and Programs Group
Center for Medicare & Medicaid Innovation

SUBJECT: Medicare Advantage Value-Based Insurance Design Model Test -- Solicitation of Feedback

This memorandum solicits feedback on the Medicare Advantage Value-Based Insurance Design (MA-VBID) model test.

Participants in the MA-VBID model test will begin to offer value-based insurance design benefits on January 1, 2017. For full information on the MA-VBID model test, please visit the model website: innovation.cms.gov/initiatives/vbid/.

CMS is requesting feedback to facilitate the improvement of the MA-VBID model test for model years two through five (contact years 2018 through 2021). We welcome feedback on all areas of the MA-VBID model test, including:

Targeted Conditions

For model year one (CY 2017) participating Medicare Advantage Organizations (MAOs) may offer VBID interventions to enrollees with the following targeted clinical conditions, or combinations of these conditions:

- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Patient with Past Stroke
- Hypertension
- Coronary Artery Disease
- Mood Disorders

Each of these conditions is formally defined by ICD-10 codes. The full list of ICD-10 codes can be found on the model website, innovation.cms.gov/initiatives/vbid/. We are soliciting feedback on the current definition of these conditions.

Further, CMS is seeking suggestions for additional clinical conditions that CMS should consider including in future model years. At this stage, stakeholders are encouraged to propose clinical conditions that are defined by objective criteria, such as ICD-10 codes, HCC scores or patterns of utilization. If a method other than ICD-10 codes is being suggested for defining the clinical conditions, please include details on the method, as well as the data sources that would be used.

CMS is also seeking the views of stakeholders as to whether MAOs should be permitted to propose new conditions as part of the annual application process itself. CMS would appreciate comment on whether this should occur simultaneously with an MAO's proposal of VBID interventions or should be carried out beforehand, and whether proposals for conditions approved through this process should or can be made available to all participants in that contract year, or in the next.

Request for Applications (RFA) Process

For MAOs that applied to (or considered applying to) the MA-VBID model test for CY 2017, CMS would appreciate feedback on the application process, including timelines, the online response portal, and actuarial submissions.

Other Model Test Improvements

CMS welcomes suggestions for other improvements that can be made to the model test to promote quality of care and reduction of cost of care for enrollees in the Medicare Advantage program.

We welcome feedback from all interested parties on these areas and others not specifically listed. Please direct responses to MAVBID@cms.hhs.gov by April 18, 2016. To receive full consideration, correspondence should identify the sender and the organization represented.

Responders are advised that the U.S. Government will not pay for any information or administrative costs incurred in response to this memorandum; all costs associated with responding to this memorandum will be solely at the interested party's expense. There is no requirement to respond to this memorandum. Not responding to this memorandum does not preclude participation in the MA-VBID model test or any future procurement, if conducted. It is

the responsibility of the potential responders to monitor for additional information pertaining to the model test.

Please note that CMS will not respond to questions about the policy issues raised in this memorandum. CMS may or may not choose to contact individual responders. Such communications would only serve to further clarify written responses. Contractor support personnel may be used to review responses. Responses to this memorandum are not offers and cannot be accepted by the Government to form a binding contract or issue a grant. Information obtained as a result of this memorandum may be used by the Government for program planning on a non-attribution basis. Respondents should not include any information that might be considered proprietary or confidential. All submissions become Government property and will not be returned. CMS may publically post the comments received, or a summary thereof.

This is a memorandum only. This memorandum is issued solely for information and planning purposes; it does not constitute a Request for Proposal, applications, proposal abstracts, or quotations. This memorandum does not commit the government to contract for any supplies or services or make a grant award. This memorandum should not be construed as a commitment or authorization to incur cost for which reimbursement would be required or sought. Further, CMS is not seeking proposals through this memorandum and will not accept unsolicited proposals.