# CMS Value in Opioid Use Disorder Treatment Demonstration

**Access the full demonstration program and RFA** [**here**](https://innovation.cms.gov/innovation-models/value-in-treatment-demonstration)**.**

**Brief Summary**: Four-year demonstration program that will test whether a performance-based payment for OUD treatment services can improve access to treatment, improve outcomes, and reduce expenditures for Medicare beneficiaries.

Value in Treatment will create two new payments for OUD treatment services, not otherwise eligible for payment under Medicare, furnished to applicable beneficiaries participating in the demonstration:

* A per beneficiary per month care management fee (CMF) of $125 per applicable beneficiary, paid in addition to payments for eligible OUD services currently eligible for Medicare payment.
* A performance-based incentive, payable based on the participant’s performance with respect to criteria specified by CMS, which may include evidence-based medication-assisted treatment (MAT), as well as patient engagement and retention in treatment. For these incentives, a portion of participant CMF payments will be subject to a percentage quality withhold in each year (0% in performance year 1; 5% in performance year 2; and 10% in each performance years 3-4 thereafter) and eligibility to earn back withheld monies will be based on minimum criteria established by CMS that includes number of beneficiaries participating and performance threshold relative to a national benchmark.

**Anticipated Timeline:** [Applications](https://innovation.cms.gov/media/document/vit-rfa-appendix) due January 3, 2021. Program anticipated to run from April 2021-December 2024.

**Eligible Applicants**: To ensure your program’s eligibility for participation, review the [RFA eligibility checklist](https://innovation.cms.gov/media/document/vit-rfa-appendix) provided by CMS. Entities and individuals enrolled in Medicare and are one of the following types of individuals or entities:

* Physician
* Group practice comprised of at least one physician
* Hospital outpatient department
* Federally qualified health center
* Rural health clinic
* Community mental health center
* Clinic certified as a certified community behavioral health clinic pursuant to section 223 of the Protecting Access to Medicare Act of 2014
* Opioid treatment program (entity specified by the Secretary)
* Critical Access Hospital (entity specified by the Secretary)

Participants may concurrently participate in Value in Treatment and certain other CMS initiatives, including shared savings, total cost of care, and medical home initiatives. Practices participating in CPC+, PCF, or the Maryland Primary Care Program (MDPCP) will not be eligible to participate in Value in Treatment due to potential redundancy in payments for services.

**Applicable Beneficiaries**: Applicable beneficiaries for participation include Medicare beneficiaries and those who are dually eligible for Medicare and Medicaid, as long as they meet the following criteria:

* Individuals who are entitled to, or enrolled for, benefits under Medicare Part A and enrolled for benefits under Medicare Part B;
* Are not enrolled in a Medicare Advantage plan under Medicare Part C; and
* Have a current diagnosis for an opioid use disorder.

**Potential Uses of Program Funds:** Demonstration funds should be used to furnish OUD treatment services not otherwise eligible for payment under Medicare. Examples include, but are not limited to:

* Support improved transitions from inpatient hospitals and EDs to ongoing community-based OUD treatment services for individuals who have received treatment for an opioid overdose;
* Hire or contract with multi-disciplinary OUD care team members to address health related social needs;
* Expand care delivery settings or modalities (e.g., beneficiary’s home; using telecommunications technology; mobile outreach);
* Provide recovery support services on a limited or extended duration.

**Application Outline and Scoring Criteria**

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| Section | Scoring | Structure/Criteria |
| Applicant Eligibility | 0 | Checklist. Applicant must meet eligibility requirements. |
| Applicant Information and Governance Structure | 10 | Checklist + Brief Summary   * All requested contact and billing information is provided. * Has an organizational structure that promotes the goals of Value in Treatment. * Has a history of compliance. |
| OUD Care Team | 20 | Checklist + Spreadsheet Completion   * Identifies all OUD care team members, including the required physician furnishing primary care services and/or addiction treatment services. * Completes and submits care team roster. * Confirms formal relationship with OUD care team members. |
| Proposed Demonstration Region | 20 | List of each state and county where OUD treatment services will be furnished under the demonstration.   * Prevalence and utilization rates exceed the national average in specified county(s) and state(s). |
| Applicant Medicare Patient Volume | 15 | Checklist + Data figures on clients   * Provides requested data figures to assess OUD treatment capacity. * Furnishes OUD treatment services to a high number of applicable beneficiaries |
| Proposed OUD Treatment Services | 35 | Narrative – 3,800 word max.   * Clearly identifies OUD treatment challenges and how proposed OUD treatment services under the demonstration intend to address those challenges. * Ability to ensure care access outside of normal business hours and office-based visits. * Partners with emergency department or hospital as part of patient follow-up protocol. * Partners with emergency department or hospital and other community partners to coordinate care for OUD patients. * Uses Health Information Exchange (HIE) or other mode(s)of data sharing for enhanced patient care communication and coordination. * Confirms patient safety and communication plans, including involvement of family and caregivers. |
| Program Duplication Assessment | 0 | Brief narrative, if applicable.   * Confirms participation in other Medicare initiatives and other federally-funded programs. * Clearly outlines monitoring plan to identify duplicative payments. |