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: August 31, 2023

TO: Medicare Advantage Organizations (MAOs) Approved to Participate in the Calendar
             Year 2024 Hospice Benefit Component of the Value-Based Insurance Design (VBID)
             Model

FROM: Laura T. McWright, Deputy Director, Seamless Care Models Group, Center for Medicare
             and Medicaid Innovation

SUBJECT: Release of the Contract Year (CY) 2024 HIPAA-Covered Data Disclosure Request
             Form on the Health Plan Management System (HPMS) Electronic Contracting Module

Per the August 21, 2023 HPMS memo, "*Updates to the Health Plan Management System (HPMS)
Electronic Contracting Module – Release of the Contracts and Addenda for Contract Year (CY) 2024,*"
contracts and addenda for CY 2024 have been released in the HPMS Electronic Contracting Module. All
MAOs approved to participate in the CY 2024 Hospice Benefit Component of the VBID Model should
be aware that the voluntary HIPAA-Covered Data Disclosure Request Form is available through the
HPMS Electronic Contracting Module. This voluntary agreement should be completed and signed if an
MAO approved to participate in the CY 2024 Hospice Benefit Component of the VBID Model wishes to
receive certain beneficiary-identifiable claims data and reports for hospice enrollees. The data being
provided may be beneficial to the implementation of the Hospice Benefit Component and associated
health care operations.

**Please note that only authorized officials from an MAO approved to participate in the Hospice
Benefit Component for Calendar Year 2024 should fill out this form.** Furthermore, only an
authorized official (i.e., users with the Chief Executive Officer, Chief Financial Officer, and/or Chief
Operating Officer Electronic Signatory Access) must sign the form. As part of the process of completing
the form, a data custodian and an alternate data custodian must be identified by providing their name,
phone number, and email address. The data custodian is an individual who will have possession of and
responsibility for the data files, per the terms in the request form.

If you have any questions, please reach out to the VBID Model Team at VBID@cms.hhs.gov.

For technical questions regarding HPMS, please contact the HPMS Help Desk at either
hpms@cms.hhs.gov or 1-800-220-2028.