

Appendix 4: Calendar Year (CY) 2025 VBID Technical Specifications for Focus Area and Summary-level Supplemental Benefit Data Reporting

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1 INTRODUCTION

This appendix describes the technical specifications for the **VBID Flex Supplemental Benefits Summary Report** and **Beneficiary-level Focus Area Supplemental Benefits data** submissions via the CMMI portal for MAOs participating in the CY 2025 VBID Model. Collection of these data is expected to provide the Centers for Medicare and Medicaid Services (CMS) with insights into the utilization and value of supplemental benefits. While the **VBID Flex Supplemental Benefits Summary Report** covers all primarily and non-primarily health-related supplemental benefits offered by participating MAOs through the VBID Flexibilities (Flex) component, the **Beneficiary-level Focus Area Supplemental Benefits data** submissions cover only focus-area supplemental benefits offered through VBID Flex and/or through non-VBID channels (e.g. SSBCI, UF, non-targeted MA) to fulfill the HRSN requirements of the VBID Model (i.e. the requirement for each Model-participating PBP in 2025 to offer VBID and/or non-VBID supplemental benefits in at least 2 of the 3 priority or focus HRSN areas).¹

Please see Table 1 below regarding when **VBID Flex Supplemental Benefits Summary Report** and **Beneficiary-level Focus Area Supplemental Benefits data** are expected to be submitted and which MAOs are expected to submit each file.

Table 1: Supplemental Benefit Data Reporting Timelines for CY 2025 MAOs

Submission Period	Data Submission	MAOs Required to Submit
Test Submission from July 1, 2025- July 31, 2025 Data Covering: January 1, 2025-June 30, 2025	Beneficiary-Level Focus Area File (Appendix 3)	MAOs that i) did not offer a VBID Flex or RI intervention in CY 2024 and ii) offer a VBID Flex focus area supplemental benefit or a non-VBID benefit used to fulfill the VBID Model HRSN requirement in CY 2025
Annual Submission from March 1, 2026-March 31, 2026 Data Covering: January 1, 2025-December 31, 2025	Beneficiary-Level Focus Area File (Appendix 3)	MAOs that offer a VBID Flex focus area supplemental benefit or a non-VBID benefit used to fulfill the VBID Model HRSN requirement in CY 2025
	Supplemental Benefit Summary Report (Appendix 5)	MAOs that offer a VBID Flex Supplemental Benefit in CY 2025

Section 2 of this appendix includes guidance for utilizing “Appendix 5: CY 2025 VBID Flex Supplemental Benefit Summary Report Layout” and Section 3 includes guidance for utilizing “Appendix 3: CY 2025 Beneficiary Level Focus Area Supplemental Benefit File Layout”.

2 VBID FLEX SUPPLEMENTAL BENEFITS SUMMARY REPORT

2.1 Overview

For the CY 2025 VBID Flex Supplemental Benefits Summary Report, “VBID Flex supplemental benefits” refer to all primarily and non-primarily health-related supplemental benefits that are offered through the VBID s Flex component, except for cost sharing reductions on original Part C (i.e., original Parts A/B equivalent) services and Part D services. Examples of supplemental benefits include food and groceries allowances, fitness benefits, Over the Counter (OTC) allowances, transportation assistance, etc.

¹ The three focus areas are Food/Nutrition, Transportation, and Housing/Living Environment. See page 22 of the CY 2025 RFA for details. <https://www.cms.gov/files/document/vbid-cy25-rfa.pdf>

All MAOs offering such VBID Flex supplemental benefits in CY 2025 must use the updated file layout for the VBID Flex Supplemental Benefits Summary Report provided in Appendix 5 of the CY 2025 Monitoring Guidelines. First, utilizing this file layout, MAOs must compile data covering the **entire performance period** (e.g., January 1, 2025 through December 31, 2025) for all participating contract-plan-segments offering VBID Flex supplemental benefits. Then, MAOs must submit their compiled data in a single file within the corresponding submission window (e.g., March 1, 2026 through March 31, 2026 for the annual submission period) via the “Summary Report” option in the CMMI Portal. Test submission in July 2025 covering the January 1 - June 30, 2025 performance period is not required but also encouraged for the VBID Flex Supplemental Benefits Summary Report.

MAOs must reference their MAO-specific VBID Benefit Crosswalk, to be delivered to MAOs around Q4 2024, to populate their VBID Flex Supplemental Benefits Summary Report. By utilizing their VBID Benefit Crosswalk, each MAO will ensure submitted data are in accordance with CMS’s expectations.

2.2 Key Updates to the VBID Flex Supplemental Benefit Summary Report Layout

The finalized VBID Flex Supplemental Benefits Summary Report Layout (Appendix 5) contains the following key changes from the CY 2024 Summary-level Supplemental Benefit File Layout that was released in February 2024:

- The Benefit Package and “Supplemental_Benefit_Category_Code” fields have been removed and replaced with the new 2025 “Benefit_Code”, which is now defined at a more granular level as shown in the revised CY 2025 VBID Benefit Crosswalk sample in Appendix 1.
- The “Total_Shared_Allowance_Utilization” and “Median_Shared_Allowance_Utilization” fields are newly added to the CY 2025 layout to collect utilization information on the total shared amount in applicable cases where a VBID Flex supplemental benefit is offered as a combined allowance (i.e., as a combined purse allowance amount) with other VBID and/or non-VBID supplemental benefits. Section 2.3 below provides more details

2.3 Guidelines for Populating the VBID Flex Supplemental Benefit Summary Report

The VBID Flex Supplemental Benefit Summary Report layout will be populated by your MAO using two sources. First, the columns “Contract_ID”, “Plan_Based_Plan_Number”, “Segment_ID”, and “Benefit_Code” will be populated utilizing your organization’s MAO-specific CY 2025 VBID Benefit Crosswalk. Your MAO will then proceed to populate the rest of the summary-level file layout using your MAO’s internal data on the provision and utilization of VBID Flex supplemental benefits (and utilization of shared allowances) that occurred in CY 2025 and submit the completed file by March 31, 2026.

Elements to be Populated Utilizing Your MAO’s CY 2025 VBID Benefit Crosswalk:

- **Contract_ID, Plan_Based_Plan_Number and Segment_ID:** MAOs can reference their finalized 2025 VBID Benefit Crosswalk to identify all contract-plan-segments that are offering VBID Flex supplemental benefits and thus should be reported within the VBID Flex Supplemental Benefits Summary Report.
- **Benefit_Code:** The relevant Benefit Code(s) that should be entered in your VBID Flex Supplemental Benefit Summary Report for each contract-plan-segment are also provided for reference in the “Crosswalk” tab of the MAO-specific VBID Benefit Crosswalk file. Each of your MAO’s VBID Flex supplemental benefits is incorporated within the Benefit Code (e.g., the “VBID1” portion of Benefit Code “V555TP1VBID1”). If a contract-plan-segment has multiple Benefit Codes representing multiple VBID Flex supplemental benefits in your VBID Benefit Crosswalk, you should include multiple rows in your VBID Flex Supplemental Benefit Summary

Report, with each row representing a unique combination of contract-plan-segment and Benefit Code.

Elements to be Populated Using Your MAO's Internal Data (at the end of CY 2025):

- **Unit_Type and Total_Benefit_Utilization:** The “Unit_Type” field indicates the unit with which your MAO will report “Total_Benefit_Utilization” for a given “Benefit_Code” and is expected to map the unit specified for the “Benefit_Code” in your CY 2025 MAO-specific VBID Benefit Crosswalk file, which is populated based on your approved CY 2025 VBID Model Application. “Total_Benefit_Utilization” refers to the total amount of utilization of the specific VBID supplemental benefit captured by the “Benefit_Code” across all targeted beneficiaries in the relevant contract-plan-segments.
- **Total_Num_Benes_Utilizing:** The column “Total_Num_Benes_Utilizing” of the VBID Flex Supplemental Benefit Summary Report Layout will capture the total number of targeted beneficiaries in a given contract-plan-segment who utilized the specific VBID flex supplemental benefit, as captured by the “Benefit_Code”, one or more times in CY 2025, regardless of whether they used the total amount of the benefit allotted to them.
- **Median Number of Utilization Among Targeted Enrollees who Utilized the Benefit at Least Once:** This field captures the median amount of utilization mapping with the Unit Type of each supplemental benefit among targeted enrollees who utilized the supplemental benefit at least once. Enrollees who were targeted to receive the supplemental benefit but did not utilize the supplemental benefit at least once should not be included in this median calculation.
- **Total Shared Allowance Utilization:** If a VBID Flex supplemental benefit (i.e., the specific benefit that is captured by the “Benefit_Code”) is part of a shared allowance (i.e., combined purse allowance amount that a beneficiary can use for various benefits), this field is meant to capture the total amount spent by beneficiaries across all supplemental benefits included in the shared allowance. As such, “Total Shared Allowance Utilization” includes but is not limited to the amount utilized for the specific VBID Flex supplemental benefit captured by the Benefit Code as it also covers all other VBID/non-VBID/Focus Area/non-Focus area supplemental benefits that are part of the same shared allowance.

For example, a contract-plan-segment offers an annual combined purse amount that can be spent on food (a VBID supplemental benefit; V00XTP1VBID1), transportation (a VBID supplemental benefit, V00XTP1VBID2), and OTC items (a non-VBID supplemental benefit). Across all targeted beneficiaries in the contract-plan-segment, \$2,000 is used for food, \$1,000 is used for transportation, and \$7,00 is used for OTC items.

- In one row of the data file for the contract-plan-segment, the Benefit Code for food, V00XTP1VBID1, will be reported with 2000 under the “Total_Benefit_Utilization” field, “Dollars” will be reported under “Unit_Type”, and the “Total_Shared_Allowance_Utilization” field will capture the total of 3700. As a note, the unit type for the shared allowance field should be the same unit type as what is reported for the specific benefit code (i.e., Dollars).
- In a different row of the data file for the contract-plan-segment, the benefit code for transportation, V00XTP1VBID2, will be reported with 1000 under the “Total_Benefit_Utilization” field, and the “Total_Shared_Allowance_Utilization” field will capture the total of 3700.

- Since OTC items is not a VBID supplemental benefit in this PBP's case, there is no Benefit Code for this benefit, and it is not reported in its own row within the data file.

If the specific VBID Flex supplemental benefit (i.e., captured by the "Benefit_Code") is combined with other benefits, some of which use the same "Unit Type" and others that do not, the "Total Shared Allowance Utilization" should only capture total utilization across those benefits in the shared allowance that utilize the same unit type. For example, a contract-plan-segment offers a benefit that consists of a food allowance (offered in dollars, and captured by Benefit Code V00YTP1VBID4), and \$3,000 is utilized across all targeted beneficiaries. This benefit is combined or packaged with non-VBID OTC items benefit, which has \$500 utilized across all targeted beneficiaries, and a VBID transportation benefit (Benefit Code V00YTP1VBID5), which has 600 trips used across all targeted beneficiaries. In this case,

- In one row of the data file for the contract-plan-segment, for Benefit Code V00YTP1VBID4 capturing food, the "Total_Benefit_Utilization" field must be reported as 3000, "Unit Type" as "Dollars", and the corresponding "Total_Shared_Allowance" would be 3500 (after adding the \$3,000 for food and \$500 for OTC that shares the same allowance)
 - In a different row of the data file for the contract-plan-segment, for the Benefit Code V00YTP1VBID5 capturing the transportation benefit, the "Total_Benefit_Utilization" field would be reported as 60, "Unit_Type" as "Trips" and the corresponding "Total Shared Allowance" would also be 60.
 - The OTC benefit would not be reported in a different row as it is a non-VBID benefit with no Benefit Code assigned for reporting in the VBID Flex Supplemental Benefits Summary Report
- **Median Shared Allowance Utilization Among Targeted Enrollees Who Utilized the Benefit at Least Once:** This field captures the median amount of utilization of the shared allowance (if applicable), for each supplemental benefit that is a part of such a shared allowance. Note that this median value should include all the benefits under the shared allowance, including the VBID supplemental benefit, and it should capture the median for targeted enrollees who used the shared allowance at least once. Enrollees who were targeted to receive the shared allowance but did not utilize it at all should not be included in this median calculation.
 - **Total Amount Spent by the Plan to Offer the Benefit:** This field will capture the total dollar amount each contract-plan-segment spent to offer each VBID Flex supplemental benefit. This includes both fee-for-service payments as well as value-based payments (e.g., per member per month). The total amount spent would be for VBID Flex supplemental benefits provided directly to targeted enrollees for each Benefit Code for a given contract-plan-segment in the VBID Flex Supplemental Benefit Summary Report. Do not include any non-benefit or administrative expenses. If you think that administrative expenses are essential to understanding the cost of this supplemental benefit, include those details in the "Benefit_Cost_Accounting" field, but not in the "Total_Amount_Spent" by the Plan to Offer the Benefit field. Please note that this field should only include the total amount for the specific VBID Flex supplemental benefit, and not the entire shared allowance of other benefits, if applicable. Additionally, please note that the "Total Amount Spent" and "Total Benefit Utilization" are expected to have the same amount if corresponding "Unit Type" is dollars, and corresponding "Payment_Arrangement" is *1. Fee-for-service with no link to quality arrangement to include all arrangements where payments are based on volume of services and not linked to quality or efficiency.*

- **Payment Arrangement Used to Implement the Supplemental Benefit:** The type of payment arrangement each contract-plan-segment used to implement the specified supplemental benefit as captured by the “Benefit_Code”. The plan may select one of the categories provided in the Payments and Providers section of the [2025 Part C Reporting Requirements](#) by entering a number 1-5 corresponding to the categories below:
 - **1:** Fee-for-service with no link to quality arrangement to include all arrangements where payments are based on volume of services and not linked to quality or efficiency.
 - **2:** Fee-for-service with a link to quality to include all arrangements where at least a portion of payments vary based on the quality or efficiency of health care delivery including hospital value-based purchasing and physician value-based modifiers.
 - **3:** Alternative payment models built on fee-for-service architecture to include all arrangements where some payment is linked to the effective management of a population or an episode of care. Payments are still triggered by delivery of services, but there are opportunities for shared savings or 2-sided risk.
 - **4:** Population-based payment arrangements to include some payment not directly triggered by service delivery so volume is not linked to payment. Under these arrangements, clinicians and organizations are paid and responsible for the care of a beneficiary for a long period (e.g., greater than a year).
 - **5:** Other payment arrangement that is not described well by categories 1-4. If selecting this option, you must provide further details on your plan’s payment arrangement in the benefit cost accounting field.
- **Benefit Cost Accounting:** If the "Payment Arrangement Used to Implement the Supplemental Benefit" field is marked as "other" (value 5), the “Benefit Cost Accounting” field should be used to explain the payment arrangement. This field can also be used by your plan to explain how your plan accounts for the cost of the benefit. This can include what, if any, administrative costs, delivery costs, or any other costs are attributed to the VBID benefit. Any free-text description that gives CMS better insight on how your plan accounts for costs is welcome in this field. Note that the “Benefit_Cost_Accounting” field is NOT limited to describing the cost captured in the “Total_Amount_Spent” field, as the “Total_Amount_Spent” field excludes administrative, delivery and other non-benefit costs.
- **Vendor_CBO:** The name of all vendors, CBOs, providers, contractors, or other entities (internal or external) which your MAO contracted out with directly² to provide a given supplemental benefit on behalf of your MAO should be listed in the “Vendor_CBO” column. If your MAO contracted with multiple vendors, CBOs, providers, contractors, or other entities (internal or external), the name of each should be reported and separated by a comma. If your MAO does not directly contract with any vendor, CBO, provider, contractor, or other entity, please put a “N/A” for this field.
- **Related Parties:** If any of the contracted vendors, CBOs, or providers that were specified in the “Vendor_CBO” field are a related party, indicate that in the “Related Parties” field by writing the contracted party’s name in this field followed by a description of the nature of the relationship. Related parties are defined in the Instructions for Completing the Medicare Advantage Bid Pricing Tool for Contract Year 2025 (OMB # 0938-0944), as an entity that has a different tax

² MAOs should not list any vendors or CBOs which have been subcontracted to a vendor or CBO (which your MAO did not contract with directly).

identification number than that of the MAO but is associated with the MAO by any form of common, privately held ownership, control, or investment, including any arrangement in which the MAO does business with a related party through one or more unrelated parties.

- Any entity entered into the “Related Parties” field must also be in the “Vendor_CBO” field.
- If there are multiple entities from the “Vendor_CBO” field that are classified as a related party, separate each entity with a semicolon.
- See Table 2B for an example on how to fill out this column.

2.3.1 Examples for Populating the VBID Flex Supplemental Benefit Summary Report Layout

To illustrate this guidance, below is a mock example of a MAO-Specific VBID Benefit Crosswalk (Table 2 A) used to populate the corresponding mock VBID Flex Supplemental Benefit Summary Report Layout (Table 2 B):

Table 2A: Mock Example MAO-Specific VBID Benefit Crosswalk Excerpt (Subject to Minor Changes in the Final Version)

Parent Organization (PO)	Contract ID	PBP	Segment ID	Intervention (i.e., Supplemental Benefit) Description	Supplemental Benefit Information			Benefit Code
					Amount	Unit	Frequency	
Best MAO	H0001	123	000	OTC Items	80	Dollars	Every month	V555TP1VBID1
Best MAO	H0002	123	000	Non-medical transportation	38	One Way Trips	Every year	V555TP1VBID2
Best MAO	H0003	323	000	Contact lenses	300	Dollars	Every year	V555TP1VBID3

Table 2B: Corresponding Mock Example VBID Flex Supplemental Benefit Summary Report Excerpt

CONTRACT_ID	PLAN_BASED_PLAN_NUMBER	SEGMENT_ID	BENEFIT_CODE	UNIT_TYPE	TOTAL_BENEFIT_UTILIZATION	TOTAL_NUM_BENEFICIARIES_UTILIZING	MEDIAN_UTILIZATION	TOTAL_SHARED_ALLOWANCE_UTILIZATION	MEDIAN_SHARED_ALLOWANCE_UTILIZATION	TOTAL_AMOUNT_PAID	PAYMENT_ARRANGEMENT	BENEFIT_COST_ACCOUNTING	VENDOR_CBO	RELATED_PARTIES
H0001	123	000	V555TP1VBID1	Dollars	100,000	225	480	125,000	550	30,000	2	Other payment arrangement is xyz	Your Favorite Vendor	
H0002	123	000	V555TP1VBID2	One Way Trips	8,000	200	5			20,000	1	Plan's costs include administrative costs (a, b, c)	Vendors Inc.; CBO Name	Vendors Corp.- MAO owns Vendors Corp.
H0003	323	000	V555TP1VBID3	Dollars	25,500	200	120	30,200	240	1,500	1		Vendor XYZ	

2.3.2 Data Quality Checks and Validations

Once your MAO's VBID Flex Supplemental Benefits Summary Report for CY 2025 has been compiled, please ensure your MAO has performed the following checks, in addition to other internal validations, before submitting the data to CMS to ensure accuracy and alignment with expectations. Otherwise, your MAO may be asked to make corrections and resubmit data.

- Each reported "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", and "Benefit_Code" combination in your VBID Flex Supplemental Benefits Summary Report is found within your MAO's Benefit Crosswalk.
- Each "Benefit_Code" corresponding to a VBID Flex supplemental benefit (i.e., includes "VBID1", "VBID2" etc.) in the crosswalk is included in the VBID Flex Supplemental Benefits Summary Report. Note that these include but are not limited to Benefit Codes for Focus Area categories.
- Each "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", and "Target_Population_Code" reported in the VBID Flex Supplemental Benefits Summary Report (Appendix 5) is reported within your final cumulative 2025 Beneficiary-Level VBID Flex Targeting file ('VBID Flex' tab, Appendix 2). Please note that although your VBID Flex Supplemental Benefits Summary Report itself does not include the "Target_Population_Code", the first seven characters of the "Benefit Code" (i.e., "V555TP1" of "V555TP1VBID1") represent the Target Population code. This is because, among other VBID Flex benefits, your beneficiary-Level VBID Flex Targeting file must include targeting information for all contract-plan-segments providing VBID Flex supplemental benefits.
 - For example, if the combination of the benefit code "V555TP1VBID1" and the contract-plan-segment "H0001-123-001" was reported in the MAO's VBID Flex Supplemental Benefits Summary Report, contract-plan-segment "H0001-123-001" and Target Population Code "V555TP1" should be found in your 2025 beneficiary-level VBID Flex Targeting file.
- There are no duplicate rows for unique combinations of "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", and "Benefit_Code" included within your 2025 Beneficiary-Level VBID Flex Targeting.
- If a "Benefit_Code" was not utilized by any targeted beneficiary, report utilization as "0", and do not omit the "Benefit_Code" from the report.
- The number of beneficiaries reported under "Total_Num_Benes_Utilizing" for each "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", and "Benefit_Code" combination cannot exceed the number of targeted beneficiaries reported in the beneficiary-level VBID Flex Targeting file ('VBID Flex' tab, Appendix 2) for that particular contract-plan-segment and Target Population Code for the same corresponding submission period. See examples below.
 - In Best PO's beneficiary-level VBID Flex file, there are 15,000 targeted beneficiaries under benefit code "V555TP1" for contract-plan-segment "H0001-123-001".
 - In Best PO Summary-Level Supplemental Benefit Data file, for benefit code "V555TP1VBID1" and contract-plan-segment "H0001-123-001", we expect to see 15,000 or fewer beneficiaries reported in the "Total_Num_Benes_Utilizing" field.
- The average amount utilized by each utilizer is reasonable for the Model year, given what your MAO offers. See example below.

- Best PO offers a VBID supplemental benefit of 38 one-way trips each year to its targeted beneficiaries for benefit code “V555TP1VBID2” for contract-plan-segment” “H0002-123-000”.
- If there are a total 600,000 one-way trips reported under "Total_Benefit_Utilization" and 14,000 utilizers reported under "Total_Num_Benes_Utilizing", dividing these two fields gives us an average of about 43 one-way trips per utilizer.
- Because an average of 43 one-way trips for the model year is larger than the 38 one-way trips provided by the MAO to each beneficiary, in this example, this PO is not reporting a reasonable amount of utilization for their transportation benefit. Outreach may be conducted with your organization to understand the reason.
- Though the Beneficiary-level Focus Area Supplemental Benefits file (Appendix 3) also includes non-VBID benefits, data on *VBID*-specific Focus Area supplemental benefits reported in the file described in Appendix 3 should be reflected in the corresponding summary data in the VBID Flex Supplemental Benefits Summary Report (Appendix 5) on such benefits (e.g. "Total_Num_Benes_Utilizing" in Appendix 5 should match the count of beneficiaries reported as utilizers in Appendix 3 for the same VBID-specific Focus Area Benefit Codes for the same combination of "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", and "Benefit_Code" for the annual submission.
- If payment arrangement is “1” and the supplemental benefit is offered and reported in unit type of “Dollars”, ensure that the “Total_Benefit_Utilization” field and “Total_Amount_Spent” are the number.

3 BENEFICIARY LEVEL FOCUS AREA SUPPLEMENTAL BENEFIT FILE LAYOUT

3.1 Overview

For CY 2025 Beneficiary level Focus Area Supplemental Benefits Data reporting, “Focus Area” refers to the focus or priority HRSN areas identified by CMMI in the CY 2025 Model application, which are Food/Nutrition, Transportation, and Housing and Living Environment. The following supplemental benefits are considered focus area³ supplemental benefits, as also noted in the CY 2025 Model application spreadsheet instructions:

³ In CY 2025, as in CY 2024, OTC supplemental benefits are not considered focus area supplemental benefits.

Table 3 A: List of Supplemental Benefits by Focus Area

Food and Nutrition	Transportation	Housing and Living Environment
<ul style="list-style-type: none"> • Food and Produce • Meal Benefit • Meals (beyond limited basis) • Nutritional/Dietary Benefit • Other (if an “Other” supplemental benefit is identified as falling under the Food/Nutrition in the CY 2025 VBID Benefit Crosswalk) 	<ul style="list-style-type: none"> • Transportation services to any Health-related Location • Transportation for Non-Medical Needs • Other (if an “Other” supplemental benefit is identified as falling under the Transportation in the CY 2025 VBID Benefit Crosswalk) 	<ul style="list-style-type: none"> • Pest Control • Indoor Air Quality Equipment and Services • Structural Home Modifications • General Supports for Living • Home and Bathroom Safety Devices and Modifications • In-Home safety assessments • Other (if an “Other” supplemental benefit is identified as falling under Housing/Living Environment in the CY 2025 VBID Benefit Crosswalk)

Please note that in CY 2025, Focus Area Supplemental Benefits may include non-VBID supplemental benefits (e.g., SSBCI, UF, non-targeted MA) if these benefits are used to meet the Model’s HRSN requirement.

All MAOs are required to offer supplemental benefits in CY 2025 in at least 2 of the 3 focus areas described above. Therefore, all MAOs must use the Focus Area file layout provided in Appendix 3 of the 2025 Monitoring Guidelines. First, utilizing this file layout, MAOs must compile data covering the entire performance period (e.g., entire CY 2025 for the annual submission period in March 2026) for each enrollee in a participating contract-plan-segment that is targeted to receive one or more supplemental benefits falling in one or more of the focus areas. If an enrollee is targeted to receive multiple supplemental benefits that fall under one or more focus areas, then that enrollee must have multiple rows, with one for each supplemental benefit that the enrollee is targeted for. If an enrollee is targeted to receive a Focus Area supplemental benefit combined with a non-Focus area supplemental benefit (e.g., a combined health food and OTC allowance), only reporting a beneficiary record for the focus area component is expected in the Appendix 3 file layout. However, in such cases of combined allowances, the “Total Shared Allowance Utilization” field in the Appendix 3 file layout is meant to capture the total utilization across all benefits that share an allowance amount (including non-VBID, non-Focus Area, and other VBID benefits).

MAOs offering a Focus Area VBID Flex or non-VBID supplemental benefit in CY 2025 must submit their compiled data, covering the January 1 – December 31, 2025 performance period, in a single cumulative annual Beneficiary-level Focus Area Supplemental Benefit File during the **annual data reporting submission period of March 1-31, 2026 via the CMMI Portal.**

MAOs offering a Focus Area VBID Flex or non-VBID supplemental benefit in CY 2025 but which did not offer VBID Flex or RI interventions in CY 2024 must also submit a Beneficiary-level Focus Area Supplemental Benefit File via the CMMI Portal, covering the January 1- June 30, 2025 performance period for the **Test Data Submission Period of July 1-31, 2025.**

3.2 Key Updates to Beneficiary-level Focus Area Supplemental Benefit File Layout

- The Beneficiary-level Focus Area Supplemental Benefits file (and the Benefit Crosswalk) now additionally cover non-VBID (e.g., SSBCI/UF/General MA) Focus Area Supplemental Benefits, which are benefits some participating PBPs offer towards fulfilling the CY 2025 Model

requirement of offering VBID and/or non-VBID benefits covering at least 2 of 3 priority HRSN areas (i.e., Food and Nutrition, Transportation, and Housing/Living Environment).

- The “Benefit_Package” and “Supplemental_Benefit_Category_Code” fields have been removed and replaced with the new 2025 “Benefit_Code”, which is now defined at a more granular level as shown in the revised CY 2025 VBID Benefit Crosswalk sample in Appendix 1.
- The “Total_Shared_Allowance_Utilization” field is newly added for the CY 2025 layout to collect utilization information on the total shared amount, in applicable cases where a Focus Area supplemental benefit is offered as a combined allowance (i.e., as a combined purse allowance amount) with other Focus Area, non-Focus Area, VBID, and/or non-VBID supplemental benefits. Section 3.3 below provides more details.

3.3 Guidelines for Populating the Beneficiary-level Focus Area Supplemental Benefit File

The Beneficiary-level Focus Area Supplemental Benefit File Layout will be populated using your MAO-specific CY 2025 VBID Benefit Crosswalk (see Appendix 1 for the layout) and your MAO’s internal data on the provision and utilization of VBID and non-VBID Focus Area supplemental benefits that occurred in CY 2025.

Elements to be Populated Utilizing Your MAO’s CY 2025 VBID Benefit Crosswalk:

- **Contract_ID, Plan_Based_Plan_Number and Segment_ID:** MAOs can reference their finalized 2025 VBID Benefit Crosswalk to identify all contract-plan-segments that are offering VBID Flex and non-VBID focus area supplemental benefits and thus should be reported within the Beneficiary-level Focus Area Supplemental Benefits File. If a contract-plan-segment is offering such supplemental benefit(s), your MAO-specific VBID Benefit Crosswalk file will indicate which specific Benefit_Code(s) corresponding to the contract-plan-segment need to be reported in the Beneficiary-level Focus Area Supplemental Benefits file.
- **Benefit_Code:** Each enrollee that is targeted to receive a focus area supplemental benefit must include the relevant Benefit_Code(s) that correspond to the focus area supplemental benefits that the enrollee is targeted for. These Benefit_Code(s) are included in the “Crosswalk” tab of your MAO-specific VBID Benefit Crosswalk file and indicated for beneficiary-level Focus Area Supplemental Benefits reporting. Each row should represent an enrollee’s utilization of a specific supplemental benefit falling under a focus area based on the Crosswalk file. If an enrollee in a contract-plan-segment is targeted to receive more than one of such supplemental benefits, then that enrollee should have a unique row for each “Benefit_Code” in the Beneficiary-level Focus Area Supplemental Benefits file.

Elements to be Populated Using Your MAO’s Internal Data:

- **Beneficiary_ID, Last_Name, First_Name, and Middle_Name:** Information on each beneficiary targeted for each Focus Area supplemental benefit captured by the corresponding combination of “Contract_ID”, “Plan_Based_Plan_Number” and “Segment_ID” and Benefit Code should be reported within this beneficiary-level file type, regardless of whether the targeted beneficiary utilized the benefit.
- **Unit_Type:** The “Unit_Type” field indicates the unit with which your MAO will report “Total_Benefit_Utilization for a given Benefit Code and is expected to map the unit specified for the Benefit Code in your CY 2025 MAO-specific VBID Benefit Crosswalk file, which is populated based on your approved CY 2025 VBID Model Application.

- **Total_Benefit_Utilization:** The number entered for “Total_Benefit_Utilization” is the total amount or the total number of units (specified in “Unit_Type”) of the specific Focus-area supplemental benefit, captured by the Benefit Code that the specified targeted beneficiary used during the year. If a targeted beneficiary did not utilize the specified supplemental benefit during the year, the beneficiary will still be included in the Beneficiary-level Focus Area Supplemental Benefits file, with “Total_Benefit_Utilization” reported as “0”.
- **Total Shared Allowance Utilization:** If a Focus Area supplemental benefit (i.e., the specific benefit that is captured by the “Benefit_Code”) is part of a shared allowance (i.e., combined purse allowance amount that a beneficiary can use for various benefits), this field is meant to capture the total amount spent by beneficiaries across all benefits included in the shared allowance. As such, “Total_Shared_Allowance_Utilization” includes but is not limited to the amount utilized for the specific Focus Area supplemental benefit captured by the Benefit Code as it also covers all other Focus Area/non-Focus area/VBID /non-VBID supplemental benefits that are part of the same shared allowance.

For example, a beneficiary may be offered an annual \$800 combined purse amount by their contract-plan-segment that the beneficiary can spend on food (a Focus Area VBID supplemental benefit; V00XTP1VBID1), transportation (a Focus Area VBID supplemental benefit, V00XTP1VBID2), and OTC items (a non-VBID, non-Focus Area supplemental benefit). The beneficiary ends up utilizing \$435 for food, \$80 for transportation, and \$55 for OTC items (i.e., total utilized of \$570 out of the available \$800).

- In one row of the data file, the beneficiary will be reported with the Benefit Code for food, V00XTP1VBID1, and will have 435 reported under the “Total_Benefit_Utilization” field, “Dollars” reported under the “Unit_Type” field, and the “Total_Shared_Allowance_Utilization” field will capture the total shared allowance utilization amount of 570. As a note, the unit type for the shared allowance field should be the same unit type as what is reported for the specific benefit code (i.e., Dollars).
- In a different row of the data file, the beneficiary will be reported with the benefit code for transportation, V00XTP1VBID2, and will have 80 reported under the “Total_Benefit_Utilization” field, “Dollars” reported under the “Unit_Type” field, and the “Total Shared Allowance Utilization” field will capture the total shared allowance utilization amount of 570.
- Since OTC items is not a VBID supplemental benefit in this PBP’s case, nor a Focus Area non-VBID supplemental benefit, there is no benefit code for this benefit and therefore it is not reported in its own row within the data file.

If the specific Focus Area supplemental benefit (i.e., captured by the Benefit Code) is combined with other supplemental benefits, some of which use the same Unit Type as the specific Focus Area supplemental benefit and others that do not, the “Total_Shared_Allowance_Utilization” should only capture utilization across benefits in the shared allowance that use the same unit type. For example, a contract-plan-segment offers a benefit that consists of a food allowance (offered in dollars, and captured by Benefit Code V00YTP1VBID4), and Beneficiary X spends \$500 of this food benefit. This food allowance benefit is combined or packaged with (i) a non-VBID OTC benefit also offered in dollars, and Beneficiary X utilizes \$50 of it, and (ii) a VBID transportation benefit (offered in number of trips, and captured by V00YTP1VBID5), and Beneficiary X utilizes 4 trips.

- In this case, in one row of the data file for the contract-plan-segment for Beneficiary X, for Benefit Code V00YTP1VBID4 capturing food, the “Total_Benefit_Utilization” field must be reported as 500, “Unit_Type” as dollars, and the corresponding “Total Shared Allowance” must have 550 (after adding \$500 for food and \$50 for OTC in the same shared allowance).
- In a different row of the data file for the contract-plan-segment for Beneficiary X, for the Benefit Code V00YTP1VBID5 capturing the transportation benefit, the “Total_Benefit_Utilization” field must be reported as 4, “Unit_Type” as trips and the corresponding “Total Shared Allowance” must also be 4.
- The OTC benefit would not be reported in a different row as it is a non-VBID non-Focus Area benefit with no Benefit Code assigned for reporting in the Beneficiary-level Focus Area Supplemental Benefits File

3.3.1 Examples for Populating the Beneficiary-level Focus Area Supplemental Benefit File Layout

To illustrate this guidance, below is a mock example of a MAO-Specific CY 2025 VBID Benefit Crosswalk (Table 3 B) used to populate the corresponding mock CY 2025 Beneficiary-level Focus Area Supplemental Benefit File Layout (Table 3 C):

Table 3 B: Mock Example MAO-Specific CY 2025 VBID Benefit Crosswalk Excerpt (Subject to Minor Changes in the Final Version)

Parent Organization (PO)	Contract ID	PBP	Segment ID	Intervention (i.e., Supplemental Benefit Description)	Supplemental Benefit Information			Benefit Code
					Amount	Unit	Frequency	
Best MAO	H0001	123	000	OTC Items	80	Dollars	Every month	V555TP1VBID1
Best MAO	H0002	123	000	Non-medical transportation	38	One Way Trips	Every year	V555TP1VBID2
Best MAO	H0003	323	000	Contact lenses	300	Dollars	Every year	V555TP1VBID3
Best MAO	H0003	323	000	Food and Produce	900	Dollars	Every year	V555TP2SSBCI1

Table 3 C: Corresponding Mock Example Beneficiary-level Focus Area Supplemental Benefit File Layout Excerpt

BENEFICIARY_ID	LAST_NAME	FIRST_NAME	MIDDLE_NAME	CONTRACT_ID	PLAN_BASED_PLAN_NUMBER	SEGMENT_ID	BENEFIT_CODE	UNIT_TYPE	TOTAL_BENEFIT_UTILIZATION	TOTAL_SHARED_ALLOWANCE_UTILIZATION
9LV7N44PC71	Doe	John	J	H0002	123	000	V555TP1VBID2	One Way Trips	2	
9LV7N44PC71	Doe	John	J	H0003	323	000	V555TP2SSBCI1	Dollars	320	550
9LV7N55PC72	Da	Jane	D	H0002	123	000	V555TP1VBID2	One Way Trips	0	0
9LV7N55PC72	Da	Jane	D	H0003	323	000	V555TP2SSBCI1	Dollars	100	210

Things to note in this example:

- Although the MAO’s crosswalk contains Benefit Codes V555TP1VBID1 (OTC Items) and V555TP1VBID3 (Contact Lenses), these supplemental benefits should not be reported in Beneficiary-level Focus Area Supplemental Benefit file because they do not fall under any of the focus areas (Food/nutrition, transportation, or Housing/Living Environment) per Table 3 A in Section 3.1 above.
- If your organization has a contract-plan-segment with multiple Target Population and Benefit Codes associated within it, a beneficiary in that contract-plan-segment may fit the targeting criteria for some, all, or none of the Benefit Codes that are included for the contract-plan-segment. In this example, both John Doe and Jane Doe fit the targeting criteria for both Focus Area Benefit_Codes. As such, each beneficiary is reported for each Focus Area Benefit_Code.

3.3.2 Data Quality Checks and Validations

Once your MAO’s Beneficiary-level Focus Area Supplemental Benefits data for CY 2025 has been compiled, please ensure your MAO has performed the following checks, in addition to other internal validations, before submitting the data to CMS to ensure accuracy and alignment with expectations. Otherwise, your MAO may be asked to make corrections and resubmit data.

- Each reported "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", and "Benefit_Code" combination in your Beneficiary-level Focus Area Supplemental Benefits file is found within your MAO's Benefit Crosswalk and indicated as a Focus Area supplemental benefit.
- Each "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", and "Target_Population_Code" in the Beneficiary-level Focus Area Supplemental Benefits file (Appendix 3) for VBID-specific Focus Area benefits is reported within Beneficiary-Level VBID Flex Targeting file ('VBID Flex' tab, Appendix 2) for the same submission period. Please note that although your Beneficiary-level Focus Area Supplemental Benefits file itself does not report the "Target_Population_Code", the first seven characters of the "Benefit Code" (i.e., "V555TP1" of "V555TP1VBID1") represent the Target Population Code. This is because, among other VBID Flex benefits, your Beneficiary-Level VBID Flex Targeting file must include targeting information for all contract-plan-segments providing VBID-specific Focus Area supplemental benefits.
 - For example, if the combination of the benefit code "V555TP1VBID2" and the contract-plan-segment "H0002-123-000" was reported in the MAO’s Beneficiary-level Focus Area Supplemental Benefits file, contract-plan-segment "H0002-123-000" and targeting code "V555TP1" should be found in your 2025 Beneficiary-Level VBID Flex Targeting file, because "V555TP1VBID2" represents a VBID Flex benefit.
- Beneficiaries who did not utilize a Benefit Code for which they were targeted should still be included in the Beneficiary-level Focus Area Supplemental Benefit file and have their "Total_Benefit_Utilization" reported as "0" rather than be omitted from this report.
- There are no duplicate rows for unique combinations of "Beneficiary_ID", "Last_Name", "First_Name", "Middle_Name", "Contract_ID", "Plan_Based_Plan_Number", "Segment_ID", and "Benefit_Code" reported within your Beneficiary-level Focus Area Supplemental Benefits file.
- The amount utilized by each beneficiary is reasonable for the Model year, given what your MAO offers. See example below.

- A focus area supplemental benefit includes \$75 per month for food and produce as documented in the MAO's CY 2025 VBID Benefit Crosswalk. A beneficiary being reported as utilizing \$1,200 in Appendix 3 should not be possible because \$900 should be the maximum amount that the beneficiary will receive in the year.